64th Annual Scientific Meeting “LifestyleLifespan”
INEQUALITIES AND HEALTH: EXPLORATIONS OF GENDER, RACE, AND EDUCATION

GENDERED HEALTH AND ITS LONG TERM CONSEQUENCES IN SOUTH ASIAN REGIONS
M. Choudhury, T. Bhatta. 1. Michigan State University, East Lansing, Michigan, 2. Case Western Reserve University, Cleveland, Ohio

How social, cultural, and economic factors influence long term health of men and women in South Asian countries? A growing body of literature argues that men and women face differential challenges of health disparity in South Asian countries. In the South Asian context women experience heavier burdens of social, cultural and economic discrimination compared to men. Several other factors such as biological differences between men and women, socially defined gender roles, attitudes, and beliefs also contribute to discrimination in defining health disparity across gender. Unequal impact of various factors renders a cumulative effect on men’s and women’s health overtime. Based on life course perspective, this study, therefore addresses implications of social, cultural, economic and socio-biological factors contributing to health disparity across gender in South Asia. For this study, we choose to compare two South Asian nations, India and Nepal that are very similar in beliefs, attitudes, and role expectations for men and women. World Health Organization data will be analyzed for assessing men and women mortality rate to measure the nature of health outcomes existing between genders, in these two nations. World Health Organization maintains a longitudinal data set of mortality rate separately for men and women of different age groups. Our analysis of a longitudinal data set would help in understanding long term consequences of the factors influencing health disparity. In addition to knowledge expansion in the fields of Sociology and Gerontology at large, this study will also be useful to policy makers in public health and health care access.

HEALTH STATUS IN LATER LIFE: CAN YOUR ADULT CHILD’S EDUCATION BUY YOU BETTER HEALTH?
A.M. Pienta, ICPSR, University of Michigan, Ann Arbor; Michigan

Intergenerational transfers of time and money have well-documented relationships with a number of later life outcomes including health. Less is known about whether the social attainment of adult children translates into better health of the parents. Over the last several decades, the younger generation has experienced widespread gains in educational attainment that may benefit not only their life chances, but the life chances of the older parent generation. Scholars have referred to this as adult children being an “asset.” This paper examines the hypothesis that adult children’s education will have direct benefits on health status in later life, net of own education. Longitudinal data from the Health and Retirement Study (age 50+) are used to model the relationship between the educational attainment of the most educated adult child and later life health status of the parent. Findings from multivariate growth curve models suggest that the higher adult children’s education the better one’s own self-rated health in later life. This finding is robust net of other sociodemographic characteristics (including own education). Both women and men benefit from having a more educated adult child. Also, when adult children have completed more education than the parents, parents’ health is better. The paper outlines several theoretical mechanisms linking parents’ later life health to the education of their adult children.

THE EFFECT OF EDUCATIONAL ATTAINMENT ON ALLOSTATIC LOAD: DOES THE SOCIAL GRADIENT IN HEALTH VARY BY AGE?
T. Bhatta, J. Kelley-Moore, Sociology, Case Western Reserve University, Shaker Heights, Ohio

Extensive literature has established a social gradient in health demonstrating that people in higher socioeconomic strata experience better health compared to their mid- and lower socioeconomic counterparts. Yet there have been inconsistent findings about whether there are age-based patterns to the social gradient in health. Some find that education contributes to a steeper health gradient in late life relative to midlife, while others find the health gradient by education remains steady or becomes less steep in older adulthood. Using the National Health and Nutrition Examination Survey (2005–2008), we examine two questions: (1) Is there an educational gradient in allostatic load, net of other social and health factors? (2) Is there an age-based pattern to the extent of that gradient? Our Tobit models indicate that allostatic load, a summated indicator of physiologic dysregulation, tends to increase with age but there are distinctive gradient patterns by education level (<high school, high school, > high school). Within each age group, there is, on average, a difference of 0.4 between the lowest and the highest education group. This gradient, however, systematically increases across age groups, peaking for adults ages 60 to 69. There is not only a slight decrease in overall allostatic load for adults ages 70+ but an attenuation of the educational gradient. This distinctive age-based and gradient-based pattern to allostatic load informs the literature on both life course accumulative processes (stratified opportunities; selective mortality) and cohort dynamics (e.g., changing importance of a given education level). We discuss implications for both literatures.

CHILDHOOD CONDITIONS, EDUCATIONAL ATTAINMENT, AND ADULT HEALTH: WHO BENEFITS THE MOST FROM COLLEGE?
M.H. Schafer, L.A. Rinaldo. 1. Center on Aging and the Life Course, Purdue University, West Lafayette, Indiana, 2. University of Toronto, Toronto, Ontario, Canada

College-educated adults are able to age more successfully than other people in the United States, but selection bias complicates the understanding of how education affects health. This article focuses on the possibility that the health benefits of college may vary according to people’s propensity to attain a college degree in the first place. Several perspectives from life course sociology offer competing hypotheses as to whether the most or the least advantaged gain the most from educational attainment. The authors use a national survey of middle- and older-age American adults to assess risk of three serious health problems and
mortality. Results from propensity score and hierarchical regression analysis indicate that the protective effect of college attainment is indeed heterogeneous. Further, the greatest returns are among those least likely to experience this life course transition. The authors offer several explanations for this negative selection effect.

SESSION 10 (PAPER)

INFLUENCES ON PHYSICAL LIMITATIONS, PAIN, AND FRAILTY

ASSOCIATIONS BETWEEN HS CREDENTIALS AND OLDER AGE ADL AND IADL LIMITATIONS: IS A GED COMPARABLE TO A HS DEGREE?
S.Y. Liu, M. Glymour, SHDH, HSPH, Boston, Massachusetts

Since 1943, the General Educational Development (GED) test has been used to certify a high school level of academic knowledge and skills. Currently 15-20 percent of all new high school credentials issued each year is a GED. Several studies suggest that the social and economic benefits associated with GED credentials are less than that of a traditional HS degree and similar to individuals without a HS credential. The potential difference in health returns for GED vs. high school degree holders is less well known and especially important given the disproportionate number of GED recipients who are racial/ethnic minorities. In this study we examine whether HS degree holders differ from GED recipients and individuals without any HS credentials in later-life physical functioning using the 2008 Health and Retirement Study (HRS), a nationally representative sample of older adults in the US. Compared to HS degree holders, individuals with GED credentials and those without any HS credentials had similar increased odds of having an independent activity of daily living (adjOR=1.44, 95% CI=1.11-1.88) and adjOR=1.93, 95% CI=1.69-2.21 for GED and no HS credentials respectively) and an activity of daily living limitations (adjOR=1.42, 95% CI=1.08-1.86 and adjOR=1.49, 95% CI=1.30-1.70 for GED and no HS credentials respectively) even after adjusting for age, gender, race, father’s education, childhood health and nativity. Although GED is widely accepted as the equivalent of a high school diploma, study results suggest GED credentials do not offer a comparable health advantage in older-age.

TO WHAT EXTENT ARE A PERSONS’ RESOURCES A PROTECTIVE FACTOR FOR NEGATIVE OUTCOMES OF FRAILTY
B.H. Ament1,2, M.E. de Vugt1, F.M. Koomen3, S. Mujakovic3, F. Verhey2, G.I. Kempen1, 1. Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands, 2. Maastricht University, Alzheimer Center Limburg, MHeNS School for Mental Health and Neuroscience, Maastricht, Netherlands, 3. Department of Health Promotion, Public Health Services, South Limburg, Sittard-Geleen, Netherlands

Although frailty is often conceptualized in terms of (personal) deficits, the level of frailty can be perceived as a complex interplay between personal deficits and personal resources. We studied whether personal resources, such as educational level, financial situation, and living alone situation, moderate the negative outcomes of personal deficits on two potential adverse consequences of frailty: self-perceived health and receiving professional care. Logistic regression analysis was performed using data from a cross-sectional survey, designed by the Public Health Service in the South of the Netherlands. The questionnaire was sent to a representative sample of people aged 70 and over. Interaction between deficits (multimorbidity, difficulty performing ADLs, psychological distress, loneliness) and resources (educational level, financial situation, living alone situation) were studied in relation to the two specific outcome measures. The sample (N=5912) included 44.3% men and 55.7% women with a mean age of 78 years. We found that the effect of ADLs on self-perceived health was modified by educational level (p<.01) (indicating a stronger relationship for those with higher education) and living alone situation (p<.05) (indicating a stronger relationship for those living alone). The effect of psychological distress on receiving professional care was modified by educational level (p<.05) (indicating a stronger relationship for those with higher education). The main effects in the final model for both deficits and resources largely remained significant. We conclude that the selected personal resources only partly moderate the impact of personal deficits on adverse outcomes.

LATE-LIFE DEPRESSION IS A PRODROME FOR FRAILTY
D. Paulson, P.A. Lichtenberg, Institute of Gerontology/Dept. of Psychology, Wayne State University, Detroit, Michigan

Frailty is a common geriatric disorder associated with decreased mobility, ADL impairment, hospitalization and death (Fried, et al., 2001). Women, who constitute a majority of adults over age 80, experience more disability and live longer with disability than men. Identification of risk factors for frailty in this vulnerable population will inform prevention efforts, contributing to preserved independence in late-life. Katz (2004) and others have identified phenomenological evidence suggesting that late-life depression may be a prodrome for frailty. The present research tests a broader theoretical framework relating cerebrovascular burden (CVD), depression, frailty and longevity using a sample of stroke-free women over the age of 80 from the Health and Retirement Survey. Frail respondents endorsed at least three indicators (loss of at least 10% of bodyweight, exhaustion, weakness, slowness, and falls). Respondents with high CVD endorsed at least two risk factors (hypertension, diabetes, heart disease, smoking). Respondents with probable depression were those who scored over 2 on the 8-item Center for Epidemiological Studies Depression scale. Of 485 non-frail respondents in 2000, 162 experienced frailty in 2004. Using logistic regression, incidence of new frailty was predicted by change in self-rated health (p=.001) and incidence of probable depression (p=.037), but not by age, education, BMI or CVD. In a follow-up logistic regression, incidence of death after 2004 was significantly predicted by age (p=.002), education (p=.013), BMI (p=.002), CVD (p=.004) and frailty (p<.001). These results suggest that late-life depression is a prodrome for frailty and represents a point at which enhanced integrated care is indicated.

REDUCING INTERFERENCE FROM PAIN IN LATER LIFE: THE ROLE OF LIFESTYLE FACTORS
J. Richardson, A. Moore, M. Bernard, K. Jordan, J. Sim, Arthritis Research UK Primary Care Centre, Keele University, Stafford, United Kingdom

Research shows that chronic musculoskeletal pain impacts on older people’s health and well-being, and is associated with increased use of health/social care services and decline in quality of life. Preventing the disabling effects of chronic pain as people age is consequently a major public health priority. Our research focused on individuals whose pain did not seemingly interfere with their lives or who were free of pain in old age, in order to explore how older people can best be helped as they age in the presence of musculoskeletal pain. We used data from an ongoing cohort study of older people to create three groups: (1) ‘no pain’, (2) ‘pain with no interference’, (3) ‘pain with interference’. We conducted sixty in-depth lifegrid interviews, across three age bands: pre-retirement (55–64 years); post-retirement (65–79 years); and the oldest old (80+ years). Findings suggest that pain with no interference can be a long-term state, characterised by high levels of pain medication and frequently involving widespread pain, but participants appeared to be able to control its effects. This paper will therefore explore the lifestyle factors in participants’ accounts that appear to be important in reducing interference, including lifestyle, financial issues, social activity and involvement. It will also discuss the specific strategies adopted by participants for reducing interference from pain, including everyday activity, attitude and adaptation. We will explore practical implications of
these findings for improving wellbeing in older people with chronic musculoskeletal pain.

**THE RELATIONSHIP BETWEEN LONELINESS AND CHARACTERISTICS OF CHRONIC PAIN IN A NATIONAL SAMPLE OF AMERICANS**


Theory and research suggest that loneliness should be related to the experience of chronic physical pain. However, very little research has been published using general population samples and a full spectrum of causes, severity, location, and duration of chronic pain. Using a 2010 national telephone sample of 1000 participants in the US, we examine the relationship between loneliness and the experience of pain. Participants are 51% female, ages ranging from 18-92; 304 reported having chronic pain, defined as any painful, aching, burning or throbbing sensations on most days during the past 3 months. Back pain and arthritis were the most frequently reported pain site and condition; 36% aged 60 or over reported chronic pain. Loneliness was measured using two items from the UCLA Loneliness Scale: feeling a lack of companionship and feeling isolated from others (r=.489, p < .0001). Of the 304 who self-reported chronic pain, 33% reported having pain causing them to cut down on their usual activities for at least 8 days in the preceding month. Across all conditions and sites of pain, the self-report rating of pain severity (0-10 intensity scale) was significantly related to the number of days usual activities were affected by pain, coded into four categories (0, 1-7, 8-14, 14+ days) (F = 14.015, p < .001). Loneliness was related to the rating of pain severity (r= .211, p < .001) and to the number of days of activity restriction (F = 6.95, p < .001). We discuss implications for the treatment of older adults with pain.

**SESSION 15 (PAPER)**

**RESIDENTIAL SHIFTS, RETIREMENT COMMUNITIES, AND ADAPTATIONS**

**“THE MORE INVOLVED YOU ARE, THE BETTER YOU FEEL”: SOCIAL COHESION AND PERSONAL ADJUSTMENT IN CONTINUING CARE RETIREMENT COMMUNITIES**

T.P. Shippee, Health Policy and Management, University of Minnesota, 420 Delaware St. SE, MMC 729, Minnesota

Objectives: This study examines the relationship between social cohesion—i.e., group solidarity and togetherness—and residents’ adjustment and well-being in Continuing Care Retirement Communities (CCRCs). Nearly a million older adults live in CCRCs, with numbers continually increasing, yet few studies investigate how the social climate of CCRCs affects residents’ personal adjustment. Methods: Data included four years of observation in one CCRC and two years in another, as well as extended qualitative interviews with sixty consenting and cognitively able residents from independent, assisted, and nursing living across both facilities. Purposive sampling was utilized to optimize sample diversity for interviews. The researcher also addressed transitions between levels of care within facilities to examine the relationship between social cohesion and personal adjustment in the face of high residential turnover. Results: Social cohesion’s effect on personal adjustment manifested primarily within participation in activities and social support. First, participation had a mutually reinforcing relationship with well-being, but the benefits of participation depended on one’s level of care. Second, residents mainly received emotional support from each other, but described family as a source of mainly instrumental support. Emotional support by staff was especially beneficial for adjustment among nursing residents. Discussion: Findings illuminate how elements of social cohesion promote personal adjustment, and therefore pose a challenge for CCRCs to promote greater social engagement among residents. The mutual relationships between participation, support, and personal adjustment highlight the accumulation of advantages in individuals’ lives in light of social statuses, preexisting relationships, and transitions within the facility.

**EVERYDAY LIFE IN A UK PURPOSE-BUILT RETIREMENT COMMUNITY**

J. Liddle, B. Bartlam, M. Bernard, T. Scharff, J. Sim. Keele University, Keele, United Kingdom, 2. National University of Ireland, Galway, Ireland

Purpose-built retirement villages are often marketed as communities of ‘like-minded people’, offering ‘exciting leisure activities’ with ‘as much or as little social activity as you want’. However, in contrast with the US, there are comparatively few studies in the UK that explore what everyday life is like for older people living in such environments, particularly once they have had time to settle in and potentially create new social relationships and lifestyles for themselves. Denham Garden Village (DGV) in Buckinghamshire, England, was opened in 1958 to provide accommodation for 250 residents in rented properties. Since 2001, it has been redeveloped into a purpose-built retirement village incorporating 326 mixed-tenure properties and a range of facilities including a gym, swimming pool, café bar and Medical Center. This paper presents preliminary findings from 20 in-depth qualitative interviews conducted with residents who had been living in DGV for at least 3.5 years. Using a broad interpretation of ‘environment’, a ‘facets of life’ approach was taken to explore the ways in which residents’ everyday lives were connected with the environment at DGV. In particular, residents’ perceptions of their everyday routines and lifestyles in DGV compared to life outside a retirement village were explored. Findings highlight the complex relationships between aspects of everyday life (such as daily routines, social relationships, leisure activities and standards of living) and dimensions of the environment, including place as home and community, environment as an experience at individual, group and organization levels, and environment in terms of perceptual, cognitive and affective processes.

**ADAPTING TO LIFE IN A RETIREMENT VILLAGE: EXAMINING RESIDENT EXPERIENCES OVER THE FIRST 12 MONTHS**

D. Crisp, T. Windsor, K. Anstey, P. Butterworth. Centre for Mental Health Research, Australian National University, 2. Australian National University, Australian Capital Territory, Australia, 2. Flinders University, Adelaide, South Australia, Australia

In the face of normative age-related declines in health and mobility, increasing numbers of older adults are considering self-care accommodation within the context of a retirement community as a mechanism to maintaining independence. Whilst the benefits of down-sizing are well established, relocation to a retirement community offers the additional provision of a) facilities catering for current and anticipated future healthcare needs; b) general household maintenance and cleaning services; c) the security of an enclosed complex that increases feelings of physical safety; and d) a close and supportive community network that reduces social isolation. The present study employs a prospective longitudinal design and multilevel modeling techniques to examine the adaptation of 83 older Australians (aged 57 to 90 years) to independent living units within a retirement village, over a 12 month period. Health, subjective well-being and social network outcomes are examined. Results indicate a reduction in perceived loneliness and an increase in social networks as significant benefits to relocation. Furthermore, whilst the majority of participants did not anticipate any difficulties or hold concerns prior to moving, a large proportion did report the relocation as a highly stressful experience. This presentation will highlight issues indicated to be of concern to residents in conjunction with the benefits.
experienced. Comparisons are drawn with an additional sample of community residing older adults. Recommendations are described with the aim to inform and assist aged care providers identify key factors contributing to the relocation experience and its impact on residents’ well-being and adjustment to this major transition.

THE LONG-TERM CARE ENVIRONMENT: REFLECTIONS OF NOVICE PRACTITIONERS
L. Lovegreen, E. Kahana

Providing nursing students with instruction in a nursing home setting can offer a rich clinical experience, while simultaneously enhancing the quality of care of nursing home residents. However, nursing homes can also expose students to a myriad of quality of care issues that they may be ill-equipped to handle. To better understand the clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experiences of sophomore nursing students, seventy-three students were asked to reflect on their clinical experiences at six Connecticut nursing homes. A total of 462 clinical reflections were systematically coded and analyzed. Themes which consistently emerged included: a) concern regarding the lack of resident autonomy, b) bearing witness to untreated pain and depression and c) a disconnect between classroom teaching and clinical experiences. These data provide insight not only into the problems of care often present in nursing homes, but also these problems to be viewed through the lens of a novice nurse. Further, these findings call into question the goals and objectives of the nursing home clinical experi...
We. C. Farran, College of Nursing, Rush University Medical
Caregiving has been linked to cardiovascular disease
Spousal caregiving poses an important inde-
pendent risk of new onset hypertension for U.S. adults. Whites are at a
significantly elevated risk of new onset hypertension, while Blacks are at a significantly decreased risk.

THE DYADIC EFFECTS OF STROKE SURVIVOR AND
CAREGIVER MUTUALITY ON DYADIC STRESS
K. Godwin1, P. Swank2, S.K. Ostwald1, 1. School of Nursing, University of
Texas Health Science Center at Houston, Houston, Texas, 2. Medical School, University of Texas Health Science Center at
Houston, Houston, Texas

Background: A stroke occurs, on average, every 40 seconds in the
United States. The resulting functional impairment of the stroke sur-
vivor frequently requires the care of a family caregiver, often the spouse.
This change from the usual spousal relationship to a caregiver/care
receiver relationship can be extremely stressful for the couple. Meth-
ods: This secondary data analysis of 159 stroke survivors and their
spousal caregivers examined the dyadic relationship between mutual-
ity, a measure of the positive caregiving relationship, and stress over
the first year post discharge from inpatient rehabilitation using the Actor
Partner Interaction Model (APIM). Specifically, cross-lagged regress-
ion was utilized to investigate the dyadic, longitudinal relationship
between caregiver and stroke survivor mutuality and caregiver and stroke
survivor stress over time. Results: Caregiver mutuality was found to
influence their own stress over time (β=-3.82, p < .0001) but not the
stress of the stroke survivor. Caregivers who had higher mutuality scores
over the 12 months of the study had lower perceived stress. Addition-
ally, a partner effect of stress for the stroke survivor but not the care-
giver, was found, indicating that stroke survivor stress over time affected
caregiver stress (β=-13, p=.047), but caregiver stress over time did not
significantly affect stroke survivor stress. Conclusion: These findings
highlight the interpersonal nature of stress in the context of caregiving,
especially among spousal relationships. Thus, caregivers and stroke sur-
vivors should be encouraged to focus on the positive aspects of the care-
giving/care receiver relationship in order to mitigate stress.

DOES SPOUSAL CAREGIVING INCREASE RISK OF
INCIDENT HYPERTENSION?: EVIDENCE FROM A
NATIONALLY REPRESENTATIVE SAMPLE
B.D. Capistrant, M. Glymour, Dept of Society, Human Dev & Health, Harvard
School of Public Health, Boston, Massachusetts

Background: Caregiving has been linked to cardiovascular disease
but no study to date has investigated the effect of spousal caregiving on
incident hypertension in a nationally representative sample. Methods:
We followed U.S.-based Health and Retirement Study (HRS) respon-
dents aged 50+, married and hypertension-free (n=5,708) at baseline,
on average, 5.0 years between 2000 and 2008. We defined caregiving
as providing ≥14 hours of care for instrumental or basic activities of
daily living per week to a spouse. We used discrete-time hazards mod-
els and time-updated exposure and covariate information to predict risk
of incident hypertension. We used inverse probability weights (marginal
structural models) to adjust for survival or selection bias and time-vary-
ing confounding. Confounders included core sociodemographics and
health behaviors. We also tested models stratified by race. Results: We
documented 1725 new diagnosis of hypertension onset during follow-
up. When caregiving and all covariates are time-updated, caregiving
was associated with a 39% excess risk of hypertension onset (HR=1.39,
95% CI: 1.04, 1.86). In inverse probability weighted models, caregiving
poses a 40% excess risk of hypertension onset (HR=1.40, 95% CI:
1.04, 1.87). The association differed significantly (p=0.01) between
blacks (HR=0.38, 95% CI: 0.09, 0.97) and whites (HR=1.57, 95% CI:
1.18, 2.12) Conclusions: Spousal caregiving poses an important inde-
pendent risk of new onset hypertension for U.S. adults. Whites are at a

SESSION 25 (SYMPOSIUM)
IMPLEMENTING A LIFESTYLE PHYSICAL ACTIVITY
INTERVENTION WITH CAREGIVERS OF PERSONS WITH
DEMENTIA
Chair: C. Farran, College of Nursing, Rush University Medical
Center, Chicago, Illinois
Co-Chair: J.J. McCann, Rush University Medical Center - Rush
Institute for Health Aging, Chicago, Illinois
Discussant: C. Etkin, College of Nursing, Rush University Medical
Center, Chicago, Illinois

The purpose of this symposium is to report preliminary processes,
outcomes and issues faced during the clinical trial of a lifestyle physi-

cal activity intervention conducted with strained and sedentary family
caregivers of persons with dementia. Participants attending this ses-

tion will: 1) increase their knowledge concerning recruitment, treat-
ment fidelity, control and treatment group intervention implementation
and preliminary study findings; and 2) improve their ability to address
selected challenges to implementing future caregiver intervention tri-
als. Five papers will address a range of topics. The first paper will iden-
tify challenges and positive outcomes to Recruiting Strained and Seden-
tary Family Caregivers. The second paper will discuss approaches to
Monitoring Treatment Fidelity including use of technology to support
efforts. The third paper, Implementing a Skill-Building Control
Intervention will describe a quantitative assessment of caregiving skill
and will differentiate clinical considerations that facilitate skill assess-
ment. Implementing a Lifestyle Physical Activity Treatment Intervention
the fourth paper, will present the process of intervention goal set-
ing and goal attainment, as well as challenges faced in assisting strained
and sedentary family caregivers to increase their physical activity. The
final paper will summarize Preliminary Physical Activity, Physical
Health and Functional Study Outcomes. Discussant, Dr. Laura Gitlin,
will synthesize conclusions concerning this study, facilitate group dis-

cussion of study findings and conclude with recommendations for future
research.

RECRUITING STRAINED AND SEDENTARY FAMILY
CAREGIVERS
C. Etkin, College of Nursing, Rush University Medical Center,
Chicago, Illinois

Recruitment into clinical trials is one of the most challenging phases
in the research process. This presentation will: 1) describe the theoreti-
cal approach utilized for subject recruitment for the Telephone
Resources and Assistance for Caregivers (TRAC) clinical trial; and 2)
articulate the enablers and barriers faced in recruiting strained and seden-
tary family caregivers to a clinical trial. The social marketing approach
provided a commercial theoretical framework for organizing TRAC
recruitment activities. Social marketing in the TRAC study expanded
upon the typical “4 Ps” of commercial marketing (product, price, place
and promotion) and included identifying participants and working with
partners. A number of recruitment enablers and barriers were unique to
strained and sedentary caregivers of persons with AD such as the nature
of the trial inclusion and exclusion criteria and the social isolation that
occurs by nature of the caregiving role.

MONITORING TREATMENT FIDELITY
J.J. McCann, 1. Rush University Medical Center — Rush Institute for
Healthy Aging, Chicago, Illinois, 2. College of Nursing, Rush
University Medical Center, Chicago, Illinois

The TRAC clinical trial extends over 18 months, increasing the like-
lihood of drift from the intervention protocol. Because treatment fidelity
affects both internal and external validity, it is vital to assure that the

64th Annual Scientific Meeting 5

Downloaded from https://academic.oup.com/gerontologist/article-abstract/51/suppl_2/1/646194 by guest on 30 March 2019

Downloaded from https://academic.oup.com/gerontologist/article-abstract/51/suppl_2/1/646194 by guest on 30 March 2019
IMPLEMENTING A SKILL-BUILDING CONTROL INTERVENTION
O. Paun, College of Nursing, Rush University Medical Center, Chicago, Illinois

A 12-month skill-building intervention was implemented with dementia caregivers in the control group of the TRAC clinical trial. After each telephone session, the telephone counselor (TC) used electronic forms to document background information, care-related concerns, program adherence goals, and to rate caregiver treatment compliance and enactment. In addition, the TC used an electronic form to document a clinical assessment of caregivers’ behavioral skill at baseline (face-to-face interview), two, six, and 12 months. This paper will: 1) describe the instrument used to conduct a professional quantitative assessment of caregiving skill and 2) discuss the interplay between theoretical knowledge and clinical expertise in facilitating this assessment process. The presentation will be illustrated with concrete examples of how clinical experience may inform the professional caregiver behavioral skill assessment process.

IMPLEMENTING A LIFESTYLE PHYSICAL ACTIVITY TREATMENT INTERVENTION
A. Eisenstein, College of Nursing, Rush University Medical Center, Chicago, Illinois

The goal of lifestyle physical activity is to help caregivers find the right combination of activities that fit their needs, interests and abilities in order to gradually increase their levels of activity. The Enhanced Physical Activity Intervention (EPAI) is designed to help strained and sedentary caregivers reach the optimal frequency, duration and intensity of exercise in a safe and enjoyable manner. Strategies for increasing physical activity rely heavily on working with caregivers to set short and long-term goals and to self-monitor activity patterns. In keeping with the current Surgeon General recommendations, caregivers are encouraged to engage in moderate physical activity 30 minutes/day for most days/week. Additional support from the telephone counselor focuses on how to overcome obstacles and barriers to physical activity brought on by caregiving responsibilities, and discussions of practical solutions to overcome them and mechanisms to prevent relapse.

PRELIMINARY OUTCOMES OF A LIFESTYLE PHYSICAL ACTIVITY INTERVENTION FOR FAMILY CAREGIVERS OF PERSONS WITH ALZHEIMER’S DISEASE
C. Farran, College of Nursing, Rush University Medical Center, Chicago, Illinois

A total of 210 caregivers were enrolled in this study. Strain is prevalent in our study, as 84% (n=176) experienced moderate to high levels of strain. Caregivers reported multiple chronic conditions and health risk factors. Major chronic physical conditions included 52% (n=109) arthritis, 16% (n=34) heart disease and 13% (n=27) diabetes. Health risk factors included hypertension (41% (n=86)) with 29% (n=61) who had a systolic blood pressure >140 at baseline; and obesity with subjects having a mean BMI of 30 and 36% (n=76) with a BMI of 30 or higher. SF-36 subscale scores and results from physical function tests were lower than national norms. Physical activity self-report and direct monitoring demonstrated high levels of sedentary behavior with caregivers reporting 2 hours of weekly physical activity and expending an average of 397 kcals per day. Changes in both self-report and direct monitoring of physical activity over 6 months will be presented.

SESSION 30 (SYMPOSIUM)

INTERPERSONAL EXPERIENCES AND CHOICES THROUGHOUT THE LIFESPAN: IMPLICATIONS FOR HEALTH AND WELL-BEING
Chair: K. Fiori, Gordon F. Derner Institute of Advanced Psychological Studies, Adelphi University, Garden City, New York

The theme of this year’s conference, “Lifestyle Leads to Lifespan,” highlights how both contextual circumstances and personal choices can influence development over the lifespan. In this symposium, we will examine how interpersonal experiences (e.g., childhood attachment experiences, social interactions) and interpersonal choices (e.g., social engagement, choosing to remain divorced) occurring throughout the lifespan may have implications for health and well-being in older adulthood. First, Merz examined how both positive (e.g., supportive parents) and negative (e.g., conflict) childhood interpersonal experiences predicted various aspects of relationship quality and well-being in adulthood. Newton examined the relationship between early adult social role with personality and well-being in late midlife women who had followed non-normative life paths. Fiori, Windsor, and Crisp found that positive social exchanges can buffer against the negative health effects of negative exchanges for young-old adults, but not for older adults. Windsor and Anstey showed that changes in positive and negative exchanges are differentially associated with changes in cognition in an aging sample. Finally, Huxhold, Fiori, and Windsor found that changes in various aspects of social networks (e.g., social engagement, emotional support) are differentially associated with changes in health in older adults. Overall, these studies highlight how both interpersonal experiences (e.g., supportive parents) and interpersonal choices (e.g., to foster close relationships) can shape development and continue to impact health and well-being into late life.

CHILDHOOD ATTACHMENT AND SOCIAL NETWORKS IN ADULTHOOD
E. Merz, Social Demography, Netherlands Interdisciplinary Demographic Institute, The Hague, Netherlands

This paper intends to gain insight into the role of childhood relationships and experiences within the parental home for the formation and meaning of later family relationships. Particularly, childhood attachment to mother and father and stressful childhood experiences were studied in their association with satisfaction in the romantic relationship, the quality of adult family ties and social loneliness in adulthood. Data from the Netherlands Kinship Panel Study (N=5,441) were analyzed to predict adult relationships with childhood experiences. Positive attachment experiences with parents, such as reliability, closeness and supportiveness during childhood were associated with greater satisfaction in the romantic relationship, stronger family ties and less loneliness in adulthood whereas stressful childhood experiences, such as conflicts and violence negatively predicted the quality of adult relationships. This study points out that attachment-theory is a useful unifying framework to study social relationships, their interconnectedness and association with outcome during all phases of the life-course.

THE ROAD LESS TRAVELLED: LIFE PATHS, PERSONALITY DEVELOPMENT, AND WELL-BEING
N. Newton, University of Michigan, Ann Arbor, Michigan

Commitment to particular roles or life paths has been associated with midlife personality development and well-being (Vandewater & Stew-
art, 1997; Hoppmann & Smith, 2007). For women following non-normative life paths - long-term single parent, not having children, or undertaking a male-dominated profession - societal punishments can ensue (Diekmann & Eagly, 2008), potentially influencing well-being. Although personality research has shown that long-term single mothers are assertive (Fahs, 2007), women without children have non-traditional sex role beliefs (Bram, 1984), and women in traditionally male professions are competent (Phillips & Imhoff, 1997), women who follow these non-normative paths are still perceived as less well-adjusted, “incomplete,” and cold, respectively (Etaugh & Nekolny, 1990; Parry, 2005; Heilman, 2001). Using discriminant analysis, the current exploratory study identified unique combinations of personality traits, personality development, life satisfaction, and psychological well-being in late midlife women (mean age 62) who had followed these particular non-normative life paths.

**CAN POSITIVE SOCIAL EXCHANGES BUFFER THE NEGATIVE EFFECTS OF NEGATIVE SOCIAL EXCHANGES?: AGE AND GENDER DIFFERENCES**

K. Fiori, T. Windsor, D. Crisp, I. Gordon F. Derner Institute of Advanced Psychological Studies, Adelphi University, Garden City, New York, 2. Flinders University, Adelaide, South Australia, Australia, 3. Australia National University, Canberra, Australian Capital Territory, Australia

The health effects of negative and positive social exchanges in adulthood have been well-documented. Less well-understood are how negative and positive exchanges might interact in predicting health. The purpose of this study is to examine these interactions, with particular attention paid to age and gender differences. Using a series of regressions in a sample of 561 Australian older adults (ages 55-94), we found that positive social exchanges buffered against the negative health effects of negative social exchanges, but that this buffering effect varied by age and gender. Specifically, we found that positive exchanges buffered against negative exchanges for young-old adults, but not for older adults, and for women, but not for men. Findings are interpreted in light of research on individual differences in coping responses and goals among older adults.

**ASSOCIATIONS OF POSITIVE AND NEGATIVE SOCIAL EXCHANGES WITH COGNITIVE FUNCTIONING: A POPULATION-BASED, LONGITUDINAL STUDY OF OLDER ADULTS**

T. Windsor, K. Anstey, 1. Flinders University, Adelaide, South Australia, Australia, 2. The Australian National University, Canberra, Australian Capital Territory, Australia

Emerging evidence indicates that positive social exchanges (e.g., supportive interactions) are associated with better cognition in older adulthood. However little is known regarding associations between negative exchanges (e.g., disagreements, tensions) and cognition. The present study examined associations of positive and negative exchanges with cognition in a sample of 2551 older adults (aged 60 to 64 at baseline) assessed at three time points over an 8-year interval. Positive exchanges were associated with better performance on tests of memory (immediate recall), speed (symbol digit modalities), and verbal ability (spot-the-word) at baseline, while negative exchanges were associated with better memory and verbal ability. Increases in positive exchanges over the study interval were associated with slower rates of decline in memory and verbal test performance, while increases in negative exchanges were associated with slower decline in speed. Results highlight the complex, context specific nature of associations between quality of social exchanges and health-related outcomes.

**THE DYNAMIC INTERPLAY OF SOCIAL NETWORK CHARACTERISTICS, WELL-BEING AND HEALTH**

O. Huxhold, K. Fion, T. Windsor, 1. German Centre of Gerontology, Berlin, Germany, 2. Adelphi University, New York, New York, 3. Flinders University, Adelaide, South Australia, Australia

This study investigated the interacting dynamics of social integration and activity engagement (structural network aspects), emotional support (a functional network aspect), and different aspects of health and well-being in a representative sample of 2034 older adults across 6-years of development. The analysis, using a single latent change score model, revealed that activity engagement was beneficial for functional health and positive affect in older ages, whereas emotional support was most clearly related to lower negative affect and higher subjective health. Mediation analyses suggested that social integration may act as a resource for activity engagement and emotional support and can consequently exert indirect influences on a number of aspects of successful aging. The results underscore the importance of considering the multifaceted nature of social relations in understanding their impact on distinct developmental goals, and across different domains of successful aging.

**SESSION 35 (SYMPOSIUM)**

**PERSON-CENTERED COMMUNICATION STRATEGIES AND INTERVENTIONS**

Chair: M.Y. Savundranayagam, Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin

The long-term care context and the cognitive impairments associated with dementia present unique challenges for the promotion of person-centered care among nursing home residents. Social interaction plays a pivotal role in the maintenance of a resident’s identity and nursing home staff are often the sole source of social interaction for residents. Given insufficient staff training, most staff communication with residents tends to be task-focused, directive, and/or patronizing. Behavioral problems, such as resistiveness to care and agitation, have been linked to such communication. Therefore, improving communication between long-term care staff and residents is a critical component of person-centered care. One of the challenges with implementing person-centered approaches in long-term care is the lack of specificity in how to communicate in a person-centered manner. As such, this symposium will include research on evidence-based communication strategies and interventions that enable long-term care staff to support the uniqueness of residents. Each presenter will provide examples of person-centered strategies from audio or video recordings of staff communication during routine care. In addition, presentations will identify structural barriers to the implementation of new communication skills in nursing home practice and discuss strategies to overcome them.

**LANGUAGE-BASED COMMUNICATION STRATEGIES THAT SUPPORT PERSON-CENTERED COMMUNICATION**

M.Y. Savundranayagam, R.K. Garrett, N.M. Davidson, Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin

This study examined the relationship between language-based and person-centered strategies that support communication with persons with dementia. Conversations (N=46) between staff-resident dyads were audio-recorded during routine care tasks over 12 weeks. Staff utterances were coded twice, using both language-based and personhood categories. Findings revealed that there were specific language-based strategies that characterized each personhood indicator. For recognition, 47% of utterances were greetings, 16% were yes/no questions, and 12% were affirmations. Questions (yes/no, choice, open-ended) comprised 91% of utterances that were coded as negotiation. A similar pattern was observed for utterances coded as facilitation-conversation-starter; 65% were close-ended questions and 23% were open-ended questions. Of
CHANGING TALK (CHAT): PERSON-CENTERED COMMUNICATION INTERVENTION
K.N. Williams, 1. University of Kansas School of Nursing, Kansas City, Kansas, 2. University of Kansas Gerontology Center, Lawrence, Kansas

Long term care is challenged to train nursing staff in person-centered communication skills, essential to person-centered care. Training staff to communicate effectively requires extensive resources, reinforcement of skill use in practice, and administrative support. Effectiveness is limited by heavy workloads that limit consistent application of skills in practice and high turnover rates necessitating constant retraining. The Changing Talk (CHAT) communication training intervention meets these challenges in a 3-session program focused on reducing elderspeak communication. CHAT uses videos of actual staff-resident interactions to guide staff in practice of easily adopted communication strategies that are readily monitored in practice. CHAT has demonstrated effect sizes ranging from .35 to .62 in reducing elderspeak and increasing respect for residents. This session will use the Diffusion of Innovation framework to present the CHAT intervention as an efficient and readily adopted intervention to increase person-centered communication in long term care.

PERSON-CENTERED COMMUNICATION STRATEGIES IN ACTION: A FOCUS ON RESIDENTS WITH DEMENTIA IN AGED CARE
E. Smith, R. Baker, M. Broughton, A.J. Angwin, C. Gallois, H.J. Chenery, The University of Queensland, Brisbane, Queensland, Australia

The ability to communicate well is critical to the provision of person-centred care in residential nursing facilities. The MESSAGE training program is designed to provide care staff with the skills to facilitate communication with residents with dementia. It highlights simple strategies to support both the cognitive and the person-centered aspects of communication (e.g. the need to be understood, the importance of social engagement, and the satisfaction of participating in enjoyable interaction). Conversations between care staff and residents with dementia were audio-recorded as part of a trial of the MESSAGE program in four aged care facilities in Queensland, Australia. Conversation transcripts were analyzed in terms of the communication strategies used (or not used) by staff. Training appeared to increase the use of verbal encouragement, and reduce under-accommodative behavior. Examples from the transcripts will be used to illustrate the communication strategies in action, and demonstrate their influence on the residents’ participation.

OPTIMIZING COMMUNICATION WITH PEOPLE LIVING WITH DEMENTIA
C.R. Manthorp, Barchester Healthcare, Harrow, Middlesex, United Kingdom

This presentation details research which produced a new toolkit and a related book. The research drew together best current practice in effective communication with people living with dementia and their social partners (Young & Manthorp, 2009; Young, Manthorp & Howlett 2010, 2011). Representatives from a wide range of stakeholder groups in the UK (n = 150) took part in a series of consultation exercises to discuss and agree best practice. Participants included people living with dementia, family members and professional carers. A three level framework for the toolkit was agreed. Level 1 is a statement of foundational beliefs and principles underlying a person-centred and empowering approach to communication with people with dementia. Level 2 of the toolkit indexes ten components of effective communication. Level 3 consists of practical and individualised advice on communication techniques. A regime for empirically testing efficacy and for training is also outlined.

HOW TO COMMUNICATE AND “CONNECT” WITH ALZHEIMER’S: A PERSON-CENTERED STRATEGY FOR FAMILY VISITORS OF RELATIVES WITH DEMENTIA
L. Levy-Stoms, UCLA, Los Angeles, California

The purpose of this pilot intervention study was to improve how family caregivers relate to their loved ones with dementia during visits in nursing homes. The core research question is: do family caregivers improve in their person-centered communication skills after an intervention? The intervention, “Are We Connected?” was a one-on-one session with a speech therapist that used video-tapes of each participating family member/relative’s actual interaction as a training stimulus. Ten volunteer family caregivers and their relatives with dementia were digitally audio- and video-recorded at mealtimes before and after the intervention. Their videos were coded for verbal and non-verbal communication techniques. Quantitative analyses indicated no improvements in family members’ communication at posttests, but pretest measures were already good, which suggests a ceiling effect. Qualitative data indicate insightful nuances in person-centered communication strategies. Subjects’ videos will be used to produce a training video intervention for future, self-identified communication-challenged family members.

SESSION 40 (PAPER)

MANAGEMENT OF CARDIOVASCULAR DISEASE

A COMMUNITY-BASED PROGRAM TO IMPROVE HEART FAILURE SELF-CARE
V. Vaughan Dickson1, A. Levine Wong1, S. R’Bibo1, J. Dillworth1, J. Schipper1, S. Katz1, G.D. Melkus2, B. Riegel1, 1. College of Nursing, New York University, New York, New York, 2. University of Pennsylvania, Philadelphia, Pennsylvania

Approximately 5.7 million people in the United States have heart failure (HF), and 670,000 new cases are diagnosed each year. The prevalence of HF among elders is 6.6-9.4%. Despite advances in HF treatment, outcomes remain dismal including poor quality of life, increased healthcare utilization and early mortality. Nearly half of HF related admissions are preventable and attributable to poor self-care. HF self-care encompasses adherence to medication, diet and symptom monitoring behaviors and symptom management by the patient when HF symptoms occur. Unfortunately, traditional HF self-care education delivered as part of hospital-based discharge planning and outpatient care has been ineffective. The purpose of this session is to describe the development and implementation of a community-based HF self-care educational program. Guided by a Community Participatory Action framework, we partnered with key leaders of an urban senior center and clinicians providing care to an underserved population with HF to pilot a skill-building intervention for community-dwelling elders with HF. This novel approach addresses the significant challenges in self-care faced by HF patients. Recruitment for the program takes place in the community from senior centers and outpatient clinics. Weekly sessions led by a health educator, focus on building skill in the essential elements of self-care including how to plan and prepare low salt meals, identify signs of worsening heart failure; and management of symptom. The group format highlights senior center resources and leverages social supports essential to community-dwelling elders. Focus group feedback from participants and partners confirms the acceptability and feasibility of the community-based program.
ARE MEDICARE BENEFICIARIES WITH HEART FAILURE RECEIVING RECOMMENDED TREATMENT?
S.K. Dutcher,1 I.H. Zuckerman,1 G.B. Rattinger,1 P.T. Chhabra,1 S.S. Gottlieb,1 L. Simoni-Wastila,1 B. Stuart,1 1. University of Maryland School of Pharmacy, Baltimore, Maryland, 2. University of Maryland School of Medicine, Baltimore, Maryland

Heart failure (HF) is one of seven chronic conditions identified as a target for medication therapy management (MTM) programs required under Medicare Part D in order to optimize treatment of older adults. This study aimed to describe evidence-based medication use and to identify factors associated with use in older Medicare beneficiaries with HF. This cross-sectional study used 2006-2007 data from the Centers for Medicare and Medicaid Services Chronic Condition Warehouse. The sample comprised Medicare beneficiaries with Parts A, B, and D coverage and with a diagnosis of HF with systolic dysfunction (ICD-9-CM 428.2x, 428.4x). Identification of evidence-based medications was based on published guidelines for treatment of HF with systolic dysfunction: angiotensin-converting enzyme inhibitors or angiotensin receptor blockers (ACE-or-ARB), and selected beta-blockers (carvedilol, bisoprolol, metoprolol succinate). A binary measure of medication use captured receipt of ≥1 prescription during 2006-2007. Modified Poisson regression models identified factors associated with medication use. The average age of 9,838 beneficiaries identified with HF was 75.9 (±12.0) years; 60.7% were female and 80.4% were Caucasian. Comorbid conditions included atrial fibrillation (43.3%), chronic kidney disease (45.6%), chronic obstructive pulmonary disease (49.1%), and diabetes (55.6%). Most (77.1%) used an ACE-or-ARB, 56.7% received a selected beta-blocker and 47.6% received both an ACE-or-ARB and a beta-blocker. Individuals with other cardiovascular comorbidities were more likely to receive both drug classes; older age and COPD were associated with lower use. Since room for improvement still exists, MTM programs should consider interventions to increase the use of evidence-based medications in HF patients.

THE IMPACT OF DIFFERENT TYPES OF EXERCISE ON ARTERIAL STIFFNESS IN OLDER ADULTS AT VERY HIGH CARDIOMETABOLIC RISK
K. Madden, C. Lockhart, D. Cuff, G.S. Meneilly, Medicine, UBC, Vancouver, British Columbia, Canada

BACKGROUND: The relationship between increased arterial stiffness and cardiovascular mortality is well established in older adults and in subjects with Type 2 diabetes. Short-term vigorous exercise interventions have been shown to reduce arterial stiffness in older adults with T2DM. We examined whether training type (aerobic training versus strength training) influences the improvement in arterial compliance in older adults with Type 2 diabetes complicated by comorbid hypertension and hyperlipidemia. METHODS: A total of 45 older adults (mean age 72.3±7.0 years) with diet-controlled or oral hypoglycemic-controlled T2DM, hypertension, and hypercholesterolemia were recruited. Subjects were randomly assigned to one of three groups: an aerobic group (6 months vigorous aerobic exercise, AT group, n=20) a strength training group (6 months strength training, ST group, n=15) and a control group (no training, C group, n=10). Exercise sessions were supervised by a certified exercise trainer three times per week, and a combination of cycle ergometers and treadmills was used. Arterial stiffness was measured as pulse-wave velocity (PWV) using the Complior device. RESULTS: There was a significant difference in the response to training (group * time) between the AT and NA groups for both radial (β=0.011) and femoral (β=0.017) PWV. This was primarily due to an improvement in the AT group after 3 months training as compared to control (p=0.001 radial PWV; p=0.001 femoral PWV), that was not maintained at the 6-month mark for either radial or femoral PWV (post-hoc analysis between groups at 3 and 6 months). DISCUSSION: Our findings indicate that in older adults with T2DM, long-term strength training resulted in no improvement in measures of arterial stiffness. Aerobic exercise resulted in an initial 3-month improvement in arterial stiffness, but this short term improvement became attenuated over the long term, likely due to the continuing effect of multiple cardiometabolic risk factors on vascular compliance.

SERUM 2-METHOXYESTRADIOL, AN ESTROGEN METABOLITE, IS POSITIVELY ASSOCIATED WITH SERUM HDL IN A POPULATION-BASED SAMPLE
C. Masi, L. Hawkey, J.T. Cacioppo, University of Chicago, Chicago, Illinois

Serum high-density lipoprotein (HDL) is inversely associated with coronary artery disease, ischemic stroke, and atherosclerosis in men and women. Among postmenopausal women, oral supplementation with conjugated equine estrogen increases serum HDL. Although the mechanism of this effect is not well-understood, 2-methoxyestradiol (2-MeOE2), an estrogen metabolite, inhibits HMG-CoA reductase in vitro. A population-based sample completed surveys regarding demographic characteristics and use of antihyperlipidemic agents, including HMG-CoA reductase inhibitors (statins), niacin, bile acid sequestrants, and cholesterol absorption inhibitors. Serum was analyzed for estradiol and 14 estradiol metabolites (EM) using mass spectrometry. EM concentrations exhibited a positively skewed distribution and were therefore subjected to natural log (ln) transformation. Results included serum EM data from 51 men and 51 postmenopausal women. Four women were excluded because they were taking hormone replacement therapy. Preliminary analysis revealed no correlation between 2-MeOE2 and serum HDL in men so the current analysis includes only women (N = 40) with no missing demographic, medication, EM, or lipid profile data. Mean age was 57 years. An ordinary linear regression model revealed that serum ln 2-MeOE2 (β = .276, p = .043) and antihyperlipidemic agents (β = .307, p = .047) were positively associated with serum HDL when age, race/ethnicity, and body mass index were held constant. Because this study was cross-sectional, prospective analyses are needed to determine if 2-MeOE2 leads to increased serum HDL. A better understanding of this relationship could lead to new strategies for raising serum HDL and reducing the risk of cardiovascular disease, especially among postmenopausal women.

DOES RESOLUTION OF DEPRESSIVE SYMPTOMS ATTENUATE STROKE RISK?
P. Gilson1, K. Patton1, M. Glymour2, 1. Harvard School of Public Health, Boston, Massachusetts, 2. University of Washington Medical Center, Division of Cardiology, Seattle, Washington

Background Emerging data suggest depressive symptoms predict stroke incidence. It remains unclear whether the mechanisms operate via long or short-term processes. This distinction is important for guiding patient treatment and identifying mechanisms. Hypothesis 1. Among individuals with elevated depressive symptoms at the prior interview, resolution of depressive symptoms predicts reduced stroke risk. 2. Among individuals without elevated depressive symptoms at the prior interview, new elevations of depressive symptoms predict elevated stroke risk. Methods Participants in the Health and Retirement Study (n=17,960) were interviewed every two years for up to 15 years. We examined whether patterns in depressive symptoms across two interview waves predicted onset of self or proxy reported first stroke (1,775 events) during the subsequent two year interval. Scores of 3+ on the 8-item Centers for the Epidemiologic Study of Depression were considered “elevated depressive symptoms.” All models were estimated using pooled logistic regression adjusting for sociodemographic characteristics and continuous symptom score from the prior wave, with confidence intervals (CIs) based on robust variance corrections. Results Among participants with elevated depressive symptoms during the prior interview wave, resolution of depressive symptoms predicted reduced odds of stroke onset (OR=0.66; 95% CI: 0.53, 0.82). Among participants without elevated depressive symptoms during the prior interview wave, resolution of depressive symptoms predicted reduced odds of stroke onset (OR=0.86; 95% CI: 0.72, 1.03). We considered depressive symptoms to be a risk factor for stroke, and are more likely to be associated with increased stroke risk. Longitudinal data will be needed to elucidate the role of depressive symptoms in the incidence of stroke.
OBJECTIVE ASSESSMENT OF PHYSICAL ACTIVITY AND RISK OF FALLS AND FRACTURES: OSTEOPOROTIC FRACTURES IN OLDER MEN (MROS)
J.A. Cauley1, S. Litwack Harrison2, D.C. Mackey3, K. Ensrud1, E. Orwoll3, P.M. Castronova1, 1. Epidemiology, University of Pittsburgh, Pgh, Pennsylvania, 2. CPMC Research Institute, San Francisco Coordinating Center, San Francisco, California, 3. University of Minnesota, Minnesota, Minnesota, 4. Oregon Health and Sciences University, Portland, Oregon

The relationship between physical activity (PA), falls and fractures in older adults is complex. Some studies suggest a U shaped association: the most inactive and most active people are at a higher risk. Many of the previous studies of falls and fractures relied on self-reported PA measures using activity questionnaires focusing on leisure time sporting activities. The association between objectively measured PA and risk of falls and fractures in older adults is uncertain. We performed objective measurements of daily energy expenditure and minutes of PA using a body monitoring system (Body Media) which included an activity based device called the SenseWear armband in 3088 men, average age 79 years; 9x%, white. Men wore the armband for ≥3 days. Falls and fractures were assessed every 4 months by phone or mail; fractures were confirmed with x-ray reports. We examined the risk of 1+ fall and ≥2 falls in the 12 months after the PA assessment. Over an average follow-up of 2.7 years, 150 (4.8%) men experienced an incident non-spine fracture, 842 (27.2%) men experienced > 1 fall and ≥2 falls 448 (14.5%). There was no association between falls and total energy expenditure (EE) or minutes of physical activity. In contrast, men with the lowest objective PA experienced a greater risk of non-spine fractures, (e.g., Q1 vs. Q5 HR=1.66 (1.06, 2.59), p trend = 0.02). There was no evidence of a U shaped relationship between objective PA and fracture risk. Results suggest that increasing physical activity may prevent fractures in older men.

PHYSICAL ACTIVITY PREDICTS REDUCED HEALTH SERVICE UTILIZATION
J.M. Jacobs, A. Cohen, J. Stessman, Geriatrics and Rehabilitation, Hadassah Hebrew-University Medical Center, Jerusalem, Israel

Purpose: Despite the health benefits of physical activity (PA), little evidence exists concerning its impact upon health service utilization (HSU). Methods: The Jerusalem Longitudinal Study (1990-2010) is a prospective study of a community-dwelling cohort, born 1920-21. Comprehensive assessment at age 78 and 85 included PA levels (sedentary<4 hours/week vs. active≥4 hours/week), HSU included hospitalization, emergency-room, family physician or community nurse (≥1 in the previous 12 months), and Home Help usage. Logistic regression analyses adjusted for gender, diabetes, ischemic heart disease, hypertension and self-rated health. Results: 520 subjects were assessed at both 78 and 85. PA was reported among 430/520 (82.7%) and 331/520 (63.7%) at 78 and 85 respectively. In cross-sectional analyses, adjusted Odds Ratios for PA at age 78 were associated with significantly decreased likelihood of HSU at age 78 for all the outcomes except hospitalization. Similar findings emerged at age 85 for all outcomes except doctors visits. Subjects were classified according to PA levels at both 78 and 85: Consistent (PA/PA), Decreasers (PA/Sedentary), Increasers (Sedentary/PA), and Low (Sedentary/Sedentary). Using consistent activity as a reference, low or decreasing levels of PA respectively were associated with increased hospitalization (OR 1.8 95%CI 1.0-3.6; OR 1.7 95%CI 1.04-2.8) and emergency-room use (OR 2.3 95%CI 1.2-4.3; OR 1.78 95%CI 1.1-2.8). No differences in OR’s were found between consistently active versus those becoming active at 85. Conclusions: Among the very old, the increase in physical activity may prevent falls and related fractures in older adults.

PHYSICAL ACTIVITY PREDICTS REDUCED HEALTH SERVICE UTILIZATION
J.M. Jacobs, A. Cohen, J. Stessman, Geriatrics and Rehabilitation, Hadassah Hebrew-University Medical Center, Jerusalem, Israel

Purpose: Despite the health benefits of physical activity (PA), little evidence exists concerning its impact upon health service utilization (HSU). Methods: The Jerusalem Longitudinal Study (1990-2010) is a prospective study of a community-dwelling cohort, born 1920-21. Comprehensive assessment at age 78 and 85 included PA levels (sedentary<4 hours/week vs. active≥4 hours/week), HSU included hospitalization, emergency-room, family physician or community nurse (≥1 in the previous 12 months), and Home Help usage. Logistic regression analyses adjusted for gender, diabetes, ischemic heart disease, hypertension and self-rated health. Results: 520 subjects were assessed at both 78 and 85. PA was reported among 430/520 (82.7%) and 331/520 (63.7%) at 78 and 85 respectively. In cross-sectional analyses, adjusted Odds Ratios for PA at age 78 were associated with significantly decreased likelihood of HSU at age 78 for all the outcomes except hospitalization. Similar findings emerged at age 85 for all outcomes except doctors visits. Subjects were classified according to PA levels at both 78 and 85: Consistent (PA/PA), Decreasers (PA/Sedentary), Increasers (Sedentary/PA), and Low (Sedentary/Sedentary). Using consistent activity as a reference, low or decreasing levels of PA respectively were associated with increased hospitalization (OR 1.8 95%CI 1.0-3.6; OR 1.7 95%CI 1.04-2.8) and emergency-room use (OR 2.3 95%CI 1.2-4.3; OR 1.78 95%CI 1.1-2.8). No differences in OR’s were found between consistently active versus those becoming active at 85. Conclusions: Among the very old, the increase in physical activity may prevent falls and related fractures in older adults.

PHYSICAL ACTIVITY PREDICTS REDUCED HEALTH SERVICE UTILIZATION
J.M. Jacobs, A. Cohen, J. Stessman, Geriatrics and Rehabilitation, Hadassah Hebrew-University Medical Center, Jerusalem, Israel

Purpose: Despite the health benefits of physical activity (PA), little evidence exists concerning its impact upon health service utilization (HSU). Methods: The Jerusalem Longitudinal Study (1990-2010) is a prospective study of a community-dwelling cohort, born 1920-21. Comprehensive assessment at age 78 and 85 included PA levels (sedentary<4 hours/week vs. active≥4 hours/week), HSU included hospitalization, emergency-room, family physician or community nurse (≥1 in the previous 12 months), and Home Help usage. Logistic regression analyses adjusted for gender, diabetes, ischemic heart disease, hypertension and self-rated health. Results: 520 subjects were assessed at both 78 and 85. PA was reported among 430/520 (82.7%) and 331/520 (63.7%) at 78 and 85 respectively. In cross-sectional analyses, adjusted Odds Ratios for PA at age 78 were associated with significantly decreased likelihood of HSU at age 78 for all the outcomes except hospitalization. Similar findings emerged at age 85 for all outcomes except doctors visits. Subjects were classified according to PA levels at both 78 and 85: Consistent (PA/PA), Decreasers (PA/Sedentary), Increasers (Sedentary/PA), and Low (Sedentary/Sedentary). Using consistent activity as a reference, low or decreasing levels of PA respectively were associated with increased hospitalization (OR 1.8 95%CI 1.0-3.6; OR 1.7 95%CI 1.04-2.8) and emergency-room use (OR 2.3 95%CI 1.2-4.3; OR 1.78 95%CI 1.1-2.8). No differences in OR’s were found between consistently active versus those becoming active at 85. Conclusions: Among the very old, the increase in physical activity may prevent falls and related fractures in older adults.
not only continuing but also initiating PA was associated with reduced HSU. This finding supports the encouragement of physical activity into advanced old age.

LIGHT INTENSITY PHYSICAL ACTIVITY IS ASSOCIATED WITH INSULIN RESISTANCE IN JAPANESE OLDER WOMEN
Y. Gando $^{1,2}$, H. Murakami$^2$, R. Kawakami$^2$, M. Higuchi$^1$, M. Miyachi$^2$, J. Waseda University, Saitama, Japan, 2. National Institute of Health and Nutrition, Tokyo, Japan

PURPOSE: High level of physical activity (PA) and moderate to vigorous intensity PA are beneficially associated with insulin resistance. However, it is unclear whether light PA is also associated insulin resistance. This cross-sectional study was performed to determine the relationships between amount of light PA determined with a triaxial accelerometer and insulin resistance in Japanese adults. METHODS: A total of 776 healthy men and women participated in this study. PA was measured by triaxial accelerometer worn for 2 weeks and summarized as light-intensity (1.1-2.9 METs), moderate-intensity (3.0-5.9 METs) and vigorous-intensity (>6.0 METs). Insulin resistance was evaluated by HOMA_R [FPG (mg/dL)×IRI (μLU/mL)/405]. RESULTS: The daily time spent in light PA was associated with HOMA_R in older women ($r =-0.23$, $P < 0.05$) only, whereas the daily time spent in moderate PA was associated with HOMA_R in young women ($r =-0.19$, $P < 0.05$) and older both sexes (women: $r =-0.17$, men: $r =-0.32$, $P < 0.05$). The daily time spent in vigorous PA was associated with HOMA_R in young men ($r =-0.15$, $P < 0.05$) only. Stepwise multiple regression analysis revealed that daily time spent in light PA ($β=-0.11$) and moderate PA ($β=-0.10$) and BMI ($β=0.53$) were independent correlates of HOMA_R ($r =-0.58$, $P < 0.05$) in women and daily time spent in moderate PA ($β=-0.18$) and BMI ($β=0.47$) were independent correlates of HOMA_R ($r =-0.50$, $P < 0.05$) in men. Conclusion: These cross-sectional data suggest that light intensity PA is beneficially associated with insulin resistance in older women.

SESSION 50 (SYMPOSIUM)

ACTIVE GAMING FOR BALANCE IMPROVEMENT IN POST-STROKE AND FUNCTIONAL OLDER ADULTS
Chair: D.E. Krotish, Division of Geriatrics, Palmetto Health, Columbia, South Carolina, University of South Carolina, Columbia, South Carolina
Discussant: D.E. Krotish, Division of Geriatrics, Palmetto Health, Columbia, South Carolina

Regular participation in physical activity is one of the most successful ways to improve quality of life, increase functional independence and prevent chronic disease in older adults with and without disabilities. In order to implement this behavior change, we need to identify alternative, innovative, long-term, economically feasible (Flynn et al., 2007) interventions and therapeutic approaches for older adults. The presentation’s aim is to explore an innovative intervention and therapeutic approach through examining effects of commercially-available gaming systems on balance, mobility and fear of falling in individuals with chronic stroke motor deficits and a healthy community-dwelling older adult. The two commercially-based platforms used are Nintendo Wii and Sony PlayStation 2. These gaming systems allow repetitive practice of activities to occur without the assistance of a rehabilitation specialist, augmented feedback is a component of the gaming environment (Light, 2003), the interactive interface maintains participant interest and motivation, and the system may be an affordable option for many individuals (Flynn et al., 2007). Specific games used address dynamic balance, speed, accuracy, general mobility, and weight shift; all of which are distinct limitations for many individuals post-stroke and precursors of functional limitation in healthy older adults. In this symposium the presenters will examine the history of gaming, define how off-the-shelf video gaming variables can be used in function, balance and mobility research with disabled and healthy community dwelling older adults, and discuss the results from a randomized single-blind control group and case study.

ACTIVE GAMING FOR BALANCE IMPROVEMENTS POST-STROKE
S. Fritz, University of South Carolina, Columbia, South Carolina

More than half of individuals post-stroke have residual movement disabilities, including reduced mobility and balance. Recently, a focus has been placed on the use of interactive gaming as a low cost and effective manner of treating movement disorders. This session will examine the history of gaming in rehabilitation and the results of a randomized, single-blind, control group study that examined the effects of commercially-available gaming systems (Wii and Playstation) in a sample of 28 individuals with chronic motor and balance deficits following stroke. Participants were randomized to play one of two gaming systems and played one hour per day, four days per week, for a total of 20 hours with supervision. Both systems provide an interactive interface in which the system presents real-time movement of either the participant or the representative character on the screen. Following the intervention, significant improvements were measured in balance, walking speed, movement control, and endurance.

WIIFIT & SPORTS: MEASUREMENT OF FUNCTIONAL RESEARCH VARIABLES, A COMMUNITY-DWELLING OLDER ADULT CASE STUDY
M. Dombek, Physical Education & Athletic Training, University of South Carolina, Columbia, South Carolina

Extending older adults functional capabilities is important since loss of physical function results in dependence, disability and increased burden on our health care system and the families of older adults. This case study is based on data from one hour per day, two days per week, 20 hours of supervised WiiFit and WiiSports game play. Functional components of games will be presented with a discussion of variables that can be measured to track improvement. Benefits and limitations of using game produced feedback and scoring will be compared with other variable recording protocols. The appropriateness of pre and post-test measures, their discriminatory potential and ceiling effects in measuring participant functional status will be discussed. After attending this session, participants will be able to define how off-the-shelf active video gaming, specifically, WiiFit and WiiSports game variables can be used in function, balance and mobility research with community-dwelling older adults.

SESSION 55 (PAPER)

INNOVATIONS IN AGE FRIENDLY COMMUNITIES

AGING WELL AT HOME: A DEMONSTRATION PROJECT TO PROMOTE AN AGING-FRIENDLY URBAN NEIGHBORHOOD
J.G. Gonyea, K. Barnes, 1. Social Work, Boston University, Boston, Massachusetts, 2. Jewish Family and Children’s Service of Greater Boston, Boston, Massachusetts

The changing demographic of an increasingly older US population presents both opportunities and challenges for local communities. One key challenge is meeting the desire of most Americans to age-in-place or stay in their own homes as they grow older. Indeed, the successful aging paradigm has highlighted the importance of not only the immediate environment of home but also the physical and social environment of community on individuals’ well-being. Thus, there is a growing movement in the US and globally toward the promotion of aging-friendly or lifelong communities and an increasing number of pilot programs or initiatives. One such example is the Aging Well at Home Program.
AGING IMPROVEMENT DISTRICTS: A NEW MODEL OF LOCAL CHANGE
D.E. Block, R. Finkelstein, New York Academy of Medicine, New York, New York

As social networks and mobility diminish with age, the environmental, social, cultural and economic resources of neighborhoods often determine how active and independent the older adults who live there can remain. Aging Improvement Districts are a new model of bringing together all sectors of a neighborhood to implement no and low-cost improvements to better accommodate and benefit from older adults. With guidance from older adults, a neighborhood’s public agencies, businesses, cultural and religious institutions and health and social services can often make small shifts to better meet the needs of the aging population. This model was initiated in three diverse New York City neighborhoods in 2010 and 2011 and has demonstrated much success. The model is built around a four-part iterative process which involves: 1) community consultations; 2) coalition building; 3) the sharing of findings with community members; and 4) the implementation of solutions. A guidebook to facilitate other cities or neighborhoods in engaging in such a process is expected to be completed by the end of the year. The Aging Improvement District model is part of the larger Age-friendly New York City initiative, a partnership between the Office of the Mayor, the New York City Council and The New York Academy of Medicine. Age-friendly New York City, which promotes an “age-in-everything” lens for all aspects of city life and planning, grew out of and is a part of the World Health Organization’s Global Age-friendly Cities initiative.

SESSION 60 (SYMPOSIUM)
ALIGNING THEORETICAL CONSTRUCTS AND MEASUREMENT OF DISABILITY WITHIN THE STUDY OF AGING WITH DISABILITY
Chair: M. Putnam, School of Social Work, Simmons College, Boston, Massachusetts

This symposium presents a tiered discussion regarding the importance of aligning theoretical constructs of disability and measurement of aging with disability. Aging with disability (the experience of growing older with onset of disability in early or mid-life), remains a relatively new area of scientific study that spans across disciplinary fields. Subgroups of this population include persons diagnosed with polio, multiple sclerosis, traumatic brain injury, rheumatoid arthritis, intellectual disabilities, and other significant injuries. Scholarly discussions about how to bridge theoretical and conceptual models of disability are ongoing. To a lesser extent, dialogues about measurement have begun but substantial hurdles remain for researchers trying to advance research on aging with disability including forwarding a scientific rationale for studying cross-diagnosis populations, selection and validation of measures and identification of aging with disability populations, and translating new knowledge into practice and policy initiatives that support positive health and wellness outcomes for persons aging with disability. The three symposium presentations provide an introduction into this topic and field of study.

RATIONALES FOR ALIGNING THEORY, MEASURES, AND DISTINGUISHING AGING WITH DISABILITY POPULATIONS
M. Putnam, School of Social Work, Simmons College, Boston, Massachusetts

Calls have been made to gerontologists to adopt the International Classification Functioning, Disability and Health (ICF) to facilitate the study of disability across the life course. Similarly, advancements of ontologies for aging and disability service delivery are recommended as a means of standardizing data collection and facilitating knowledge transfer across regional and national contexts. On-going scholarly distinctions in theoretical approaches to framing the aging and disability experience contribute to difficulties in conceptualizing and studying the experience of aging with disability - from agreement on selection of measurement variables to assessment of global health and wellness outcomes. Rationales for distinguishing the aging with disability population (disability onset in early and mid-life) from the aging into disability population (disability onset in old age) include advancement of research, clinical practice, program development, and public policy design. Examples of areas where new knowledge is required are identified.

LEGISLATIVE AND PROGRAMMATIC INITIATIVES SUPPORTING THE NEED FOR MEASUREMENT ADVANCEMENT
M. Campbell, National Institute on Disability and Rehabilitation Research, Vienna, Virginia

Disability and Health objectives in Healthy People 2020 calls for improved opportunities for people with disabilities to be included in public health activities, receive timely interventions and services, interact in their environments without barriers, and participate in everyday life activities. These goals are complimentary but distinct from those identified for older adults that emphasize medical care, treatment, and reduction in unmet care needs. Discrepancies between theoretical con-
EXPERIENCING OLD ATTITUDES: VARIED PERSPECTIVES ON OLD WORKERS IN EUROPE

Chair: S.A. Vickerstaff, SSPSSR, University of Kent, Canterbury, Kent, United Kingdom

The aim of this symposium is to enhance understanding of the varied attitudes towards old age, with particular reference to perspectives on older workers in work and in transition to retirement. The symposium draws upon a comparison of attitudes across Europe with specific examples drawn from the UK and the Netherlands. To introduce the topic and provide an overview of general attitudinal concepts, a study of 27 European countries produced for the Department for Work and Pensions in the UK, presents varied perceptions of older people. Each subsequent presentation develops from this overview to present a viewpoint of older workers from different perspectives. Older workers attitudes and feelings about age have not figured so large in analyses which seek to understand retirement behaviour. In the second paper findings from a British qualitative study designed to explore the interaction of the factors affecting retirement timing are used to examine how the older men and women in the sample thought about their own age and how they framed age as an issue in retirement timing. The third talk presents the various reasons that older workers choose to put off retirement and continue working, while exhibiting some guilt for this in regards to denying young workers. Finally, a multi-level analysis demonstrates manager views and their willingness to hire older workers for bridge employment before retirement.

BABY BOOMER ATTITUDES TOWARDS CONTINUING WORK IN A RECESSION: THE GUILT OF OLDER WORKER EMPLOYMENT

E. Alden, School of Social Policy, University of Kent, Canterbury, Kent, United Kingdom

The benefits of continuing work are highly attractive to Baby Boomer workers who are seeking to redefine the transition to retirement. There are the financial benefits of continuing work, the social inclusion benefits, and the general view that these workers are continuing to gain fulfilment and contribute to society in a meaningful way to them. However, in a recession this can come at a price to younger workers wishing to enter the workforce and progress in their early careers. Exploring the data provided by a recent British qualitative study for Age UK, this paper presents older worker attitudes of being a ‘blessed’ and ‘empowered’ generation and the guilt they feel in regards to the challenges of generations following them. Particular interest is presented in the lot of younger workers, as many of these Baby Boomers exhibit a desire to continue working in the recession, while watching their employment-age children experience the difficulties of career entry and lack of financial success.

IMPACT OF AGE NORMS AND AGEIST STEREOTYPES ON HIRING OF EARLY RETIREES IN THE NETHERLANDS: A MULTILEVEL ANALYSIS OF MANAGERS’ DECISIONS

K. Karpinska, K. Henkens, J. Schippers, 1. Utrecht University, Utrecht, Netherlands, 2. Netherlands Interdisciplinary Demographic Institute, The Hague, Netherlands

Changing patterns of retirement transitions suggest that a growing number of older workers can opt for bridge employment, i.e. employment that occurs between career jobs and permanent retirement. Our study investigates the role of managers in the employment process of early retirees in the Netherlands. In particular, we focus on the effect of managers’ age norms and ageism attitudes on their employment decisions. A vignette study was designed to answer this question. Profiles of hypothetical retired job applicants were presented to the employers who were asked to make a specific hiring decision. The information on age norms and age stereotypes (collected a month before the vignette study was administered) was consecutively combined in the analysis. The results indicate that higher age norm (i.e., the age deadline defined as the age when an employee is too old to work) results in higher propensity of hiring an early retiree. Stereotypes, on the contrary, do not influence managers’ decisions.

OLDER WORKERS ATTITUDES TO AGE: IMPACTS ON RETIREMENT PLANNING

S.A. Vickerstaff, SSPSSR, University of Kent, Canterbury, Kent, United Kingdom

The factors which influence retirement timing are well rehearsed through survey research in a number of different countries: financial and pension position, health status, caring responsibilities, domestic circumstances; labour market factors and job satisfaction. Older workers attitudes and feelings about age have not figured so large in analyses which seek to understand retirement behaviour. In this paper findings from a British qualitative study researched for the DWP was designed to explore the interaction of the factors affecting retirement timing outlined above are used to examine how the older men and women in the sample thought about their own age and how they framed age as an issue in retirement timing. A number of different themes emerged: not feeling old but having a sense of having done one’s bit through a long working life; expressing a view about the need to give way to younger workers and a sense of perhaps having little time left. The paper concludes that we should factor attitudes to age into our understanding of retirement planning.

PREDICTORS OF ATTITUDES TO AGE IN THE EUROPEAN SOCIAL SURVEY

H. Swift, Centre for the Study of Group Processes, University of Kent, Canterbury, United Kingdom

As populations age, in some countries faster than others, government policies and market players are grappling with the question of how to change peoples’ perceptions and expectations about ageing so that societies can adapt to these changes. Here, we present key findings from the Age Attitudes and Experiences of Ageism Module in the 2008/9 European Social Survey (ESS), including respondents from 27 European countries (N = 54,988). Using multi-level modelling we examined how people’s demographic characteristics combine with different characteristics of the countries in which they live to affect their perceptions of older people. Taken together, the picture is one in which it is countries that have higher GDP per capita, those with late state pension ages, a higher proportion of people aged over 65 and those that value autonomy hold the most positive view of older people. These findings point to some potentially important issues for policy, as well as for future research.
THE COUPLES LIFE STORY PROJECT: A DYADIC APPROACH TO DEMENTIA CARE

Chair: B. Ingersoll-Dayton, School of Social Work, University of Michigan, Ann Arbor, Michigan
Discussant: R.S. Allen, University of Alabama, Tuscaloosa, Alabama

Dementia affects not only individuals with memory loss but their partners as well. When attempting to address dementia-related issues, it is important to use interventions that involve both members of the couple. This symposium focuses on a dyad-based approach to dementia care, the Couples Life Story Project (CLSP), which is intended to enhance couples' relationships, communication, and quality of life. Through pilot testing, focus groups, and interviews with experts, the CLSP was developed as a way by which couples participate in a collaborative process to create a memory book that describes the story of their lives together. The first paper in the symposium provides an overview of the theoretical frameworks (e.g., strengths-based approaches, legacy therapy, life review, and communication theory) that were synthesized and undergird the intervention. The second paper highlights some of the therapeutic themes that emerged during the CLSP and may have broader applicability to dyadic interventions such as maintaining identity and enhancing involvement of the person with dementia. The third paper describes an evaluation of the effectiveness of the CLSP. Quantitative and qualitative data were analyzed to examine the extent to which the intervention is associated with changes over time. The final paper in this symposium examines the cultural context of the CLSP by comparing the varied ways in which it has been implemented in both the United States and in Japan. Video clips and case examples are included throughout the symposium to illustrate key points.

THEORETICAL CONTRIBUTIONS TO DYADIC DEMENTIA INTERVENTIONS

K. Scherrer, B. Ingersoll-Dayton, B. Spencer, University of Michigan, Ann Arbor, Michigan

Memory loss and dementia can have devastating effects, although research indicates that dyadic interventions ameliorate negative outcomes for both caregivers and care recipients. This paper synthesizes several theoretical approaches to dyadic interventions with couples where one partner has dementia and discusses the foundations of the Couples Life Story Project (CLSP). The CLSP is a five-week intervention that employs elements of life review and legacy therapeutic approaches as couples work with interventionists to recall important past events and create a photo/memory book that documents their relationship. Utilizing a strengths-based approach, interventionists highlight the positive aspects of the couple's life together. The CLSP also employs a communication component to cultivate the couple's skills for communicating more effectively. We use video examples from intervention sessions to demonstrate these techniques. Synthesizing these theoretical approaches has created a unique dyadic intervention to aid couples struggling with memory loss.

THERAPEUTIC THEMES IN A COUPLES-ORIENTED DEMENTIA INTERVENTION

B. Spencer, B. Ingersoll-Dayton, L. Mabie, K. Scherrer, J. Turner, Geriatric Clinic, University of Michigan, Ann Arbor, Michigan

The Couples Life Story Project was developed for couples where one partner has memory loss in response to the need for more dyadic approaches to help couples with this difficult journey. Interventionists worked with 18 couples over a five-week period to review and document their shared life together. A number of therapeutic themes have emerged with wider applicability to working with such couples. For some dyads, the concept of identity has been salient, with emphasis on the strengths of past roles as well as evolving identity within the relationship. Grief and loss issues experienced by one or both partners have surfaced and been explored with some couples. Creating a vehicle whereby each partner has a voice and can affirm the other in the past and the present is a hallmark of this strengths-based intervention. Video clips will illustrate some of these themes.

HOW CULTURAL CONTEXT MATTERS IN IMPLEMENTING A DYADIC DEMENTIA APPROACH

R. Campbell, Y. Kurokawa, M. Ito, B. Ingersoll-Dayton, B. Spencer, University of Tokyo, Tokyo, Japan, 2. Sophia University, Tokyo, Japan, 3. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 4. University of Michigan, Ann Arbor, Michigan

Increasingly, Japanese couples feel isolated and stressed living apart from other family, especially when one partner has dementia. To address this, we adapted the Couples Life Story Project intervention to a Japanese context. In this presentation, we compare this couples-oriented intervention over multiple sessions in the U.S. (n=18) and Japan (n=8) and discuss structural changes made in the intervention to illuminate how dyadic dementia interventions may need to be adapted based on cultural context. For example, in Japan we used two interventionists (rather than one) to provide a familiar, comfortable experience for participants as this is a more culturally customary format. As another example, instead of creating a single life story album, we used an electronic version so that Japanese couples could easily share copies of their book with family—a high value for Japanese families. Feedback from other family members affirmed the couples' relationship and inspired additional themes.

PRELIMINARY FINDINGS FROM A COUPLES-ORIENTED INTERVENTION FOR DEMENTIA

B. Ingersoll-Dayton, M. Kwak, B. Spencer, School of Social Work, University of Michigan, Ann Arbor, Michigan

Involving both members of a couple is becoming increasingly prevalent within dementia care. This paper evaluates the Couples Life Story Project based on data from 18 couples. The evaluation incorporated standardized measures (e.g., relationship satisfaction, communication, and quality of life) as well as open-ended questions about the couple's relationship and a favorite photograph. While few significant differences existed when data were analyzed at the aggregate level, many individual level differences emerged. To distinguish between participants who experienced positive vs. negative outcomes, analyses included demographic data and interventionists' observations about the couples. Findings indicate that one factor related to positive outcomes was the couple's ability to collaborate on enhancing the memory of the care recipient. Associated with negative outcomes was the care recipient's difficulty with remembering positive events from the early years of the relationship. Discussion focuses on ways in which the intervention was adapted based on these preliminary findings.

SESSION 75 (SYMPOSIUM)

GEROBESITY: THE COMING EPIDEMIC

Chair: S. Olshansky, University of Chicago, Chicago, Illinois

Obesity rates worldwide have doubled in the last three decades and the incidence is still rising at alarming rates in all age groups. Obesity has a major impact on human health and disease. Speakers in this session will focus body weight and composition trends in the geriatric population. Body composition trends from the Baltimore Longitudinal Study on Aging will be discussed. Nutritional causes of obesity in the aged will be addressed as well as the challenges of the health care system in dealing with obesity and consequent life expectancy.
OBESITY AND FUTURE LIFE EXPECTANCY

I will document the magnitude of the trend, explore the relationship between obesity and life expectancy, and discuss how these trends could influence longevity disparities already present by race and level of completed education.

SESSION 80 (PAPER)
INFLUENCES OF EXERCISE ON HEALTH OUTCOMES AMONG OLDER ADULTS

PHYSICAL ACTIVITY, ANXIETY AND DEPRESSIVE SYMPTOMS PREDICT FUTURE EXECUTIVE FUNCTIONING DECLINES

Several studies have suggested that physical activity can minimize or prevent cognitive decline in older adults, however little research has examined whether it affects specific cognitive abilities. This study investigated the effect of weekly physical activity on change in Dementia Rating Scale-2 (DRS-2) subscales after six months. We also examined whether physical activity could account for additional variance beyond measures of anxiety and depression. This study utilized data from a larger, longitudinal study measuring late-life anxiety risk factors in older adults. Participants (N=152) were given various neuropsychological assessments at baseline and biannually over a two-year period. Measures used for this study included the Geriatric Depression Scale (GDS), Perceived Stress Scale, Positive and Negative Affect Schedule (PANAS), Spielberger Trait Anxiety Inventory and DRS-2. Standardized residual change scores were computed for each DRS-2 subscale by predicting six-month performance from baseline performance. Results: Significant changes in the Initiation/Perseveration subscale at six-month follow-up were significantly (p<.05) negatively associated with baseline GDS, Perceived Stress Scale, PANAS negative affect, and Spielberger Trait Anxiety (p’s=.026 to .004). An index of weekly physical activity predicted additional variance beyond these measures. Weekly physical activity appears to minimize 6-month changes in executive functioning, as measured by the Initiation/Perseveration scale on the DRS-2. The presence of depression and anxiety in participants at baseline was also predictive of declines on the Initiation/Perseveration scales. These findings suggest that although depressive or anxious symptoms may raise the risk of future decline in executive functioning in late life, weekly physical activity can reduce their impact.

SHARED EXERCISE BEHAVIORS, ADHERENCE, AND DISEASE BURDEN AMONG PATIENTS WITH TYPE 2 DIABETES

Regular exercise is an important health behavior for the successful self-management of type 2 diabetes. Engaging in regular exercise is especially difficult in later life, however, as evidenced by low rates of physical activity among older adults. Given spouses’ central role in their partners’ chronic disease management, spousal engagement in exercise behaviors may help their diabetic partners overcome difficulties associated with engaging in regular exercise, and at the same time, relieve feelings of burden. The current study accordingly sought to examine how the correspondence between couples’ engagement in exercise behaviors was associated with patients’ reported difficulty in adhering to their prescribed exercise regimen and subjective disease burden. Data were analyzed from a sample of 143 non-Hispanic white (n=78) and Mexican American (n=65) older adults with type 2 diabetes and their possible birth cohorts in the U.S. from the 1980s and 1990s could experience shorter life expectancies than their parent’s generation. Here I will document the magnitude of the trend, explore the relationship between obesity and life expectancy, and discuss how these trends could influence longevity disparities already present by race and level of completed education.
spouses. Among older whites, there was a significant degree of correspondence between couples’ exercise behaviors (r=.24, p<.05, patient M=3.22, spouse M=3.64), whereas among older Mexican Americans, there was not a significant degree of correspondence between couples’ exercise behaviors (r=.01, p=.94, patient M=3.86, spouse M=4.45). Compared to patients who exercised alone, patients whose spouses also exercised regularly had less difficulty adhering to their exercise regimen (for white and Mexican American patients, both p<.04) and less subjective burden (for white patients only, p<.05), after adjusting for age, gender, education, and total illness burden. The findings from this study highlight the importance of shared exercise behaviors for couples managing diabetes.

RELATIONSHIPS BETWEEN LATENT CHANGES IN PHYSICAL ACTIVITY AND COGNITIVE FUNCTION IN OLDER ADULTS FROM ELEVEN EUROPEAN COUNTRIES: MODERATING EFFECTS OF AGE, GENDER OR EDUCATION?

M. Lindwall, B. Johansson, Department of Psychology, University of Gothenburg, Gothenburg, Sweden

This prospective study investigated the relationship between latent changes over two years in physical activity (PA) and cognitive function (CF) in 16,960 older adults (Mage =63.58, SD =9.19) recruited in 11 European countries. Data was drawn from the Survey of Health, Ageing and Retirement in Europe (SHARE) database. We also examined the moderating effects of age, gender and education in these relationships. Latent change score models and multiple group analyses using structural equation modelling (SEM) were used to analyse data. The latent factor of CF was measured by delayed memory, verbal fluency and numeracy at baseline (T1) and at follow-up (T2). PA was measured at T1 and T2 as frequency of moderate physical activity and vigorous physical activity. The measurement models of the latent factors of CF and PA at both T1 and T2 fitted data well, and displayed weak invariance across time and groups. For the full sample, there was a significant and positive correlation (r=.217, p<.001) between latent change in PA and CF. Differences across age-groups in the association of PA and CF latent change were marginally significant (p=.054). The PA and CF latent change association was stronger (r=.356, p<.001) in the oldest age group (70-79) compared with the youngest (50-59) age group (r=.127, p<.009). However, differences in the PA and CF latent change relationship were not significant across groups of gender or level of education. The results suggest that changes over time in PA and CF are related and most strongly related in the oldest.

LONGITUDINAL PATTERNS OF PHYSICAL ACTIVITY MAINTENANCE AND RELAPSE IN OLDER POPULATIONS

K.C. Carey, T. Prohaska, University of Illinois at Chicago, Chicago, Illinois

While much study has been devoted to initiation of physical activity (PA), less is known about maintenance and relapse among older adults who are already active. Longitudinal research is needed to assess the stability of PA with aging and correlates of continued PA. This study uses four waves (1996-2002) of a biennial cohort survey to identify a sample of older adults meeting PA guidelines at baseline and then construct their subsequent trajectories. Measures include PA status, demographics (education, gender, race, ethnicity), and time-varying characteristics (age, retirement, health, marital status). The baseline sample of 5,494 active older adults was primarily aged 55-64 (68%), white (83%), and educated (77% HS graduate or higher). Four patterns of PA were identified: maintenance, relapse, and reactivation following relapse. In all waves maintenance remained the largest category but decreased over time (67-41%). The proportion of relapsers was relatively constant across waves (33-34%). 49% of relapsers resumed PA; of those, 33% relapsed again. Additionally, the occurrence of life transitions was observed and linked to PA. Over time, the proportions of participants reporting partial or full retirement, widowhood, and fair/poor health all increased. Controlling for demographic characteristics, PA relapse was linked to poorer health and widowhood while retirement was associated with reactivation. Overall, substantial heterogeneity in the stability of PA is seen. The high rate of reactivation suggests that such interventions could meet with success. The shifts in PA coinciding with life transitions suggest opportunities for further study of the predictors of change in PA.

THE EFFECT OF PHYSICAL ACTIVITY ON COGNITIVE ABILITY THROUGHOUT ADULTHOOD

A.A. Bielak1, N. Cherbuin1, D. Bunce1,2, K. Anstey1, 1. Ageing Research Unit, Australian National University, Canberra, Australian Capital Territory, Australia, 2. Brunel University, West London, United Kingdom

It is well established that there are positive associations between physical activity and cognition in older adulthood, where higher physical activity at baseline is associated with a decreased risk of cognitive decline, mild cognitive impairment, and dementia (e.g., Abbott et al., 2004; Yaffe et al., 2001). However, few studies have investigated this relationship longitudinally with multiple concurrent assessments of both cognition and physical activity. Further, because nearly all evidence focuses exclusively on older adulthood, we do not know whether the effect of physical activity on cognition differs across adulthood. Using the PATH Through Life Study, we evaluated whether physical activity participation was associated with cognitive ability within 3 age cohorts (20-24, 40-44, 60-64 years at baseline) assessed on three occasions over 8 years (n = 66,480). Multilevel models indicated that the between-person differences in weekly hours of physical activity across the 8 years significantly predicted baseline ability on a fluid cognitive composite, controlling for education, physical and mental health, and mental and social activity. Greater average physical activity participation was associated with higher baseline cognitive ability (β = .037, p<.001). This effect did not significantly differ across age group, indicating the relationship between average physical activity and baseline fluid ability is the same across adulthood. Importantly, the amount of physical activity did not alter cognitive change over time. However, on occasions when individuals were more physically active than average, they tended to show slightly higher cognitive scores (β=.011, p<.05). Being physically active is positively related to cognitive ability, and this effect is similar across adulthood.

SESSION 85 (PAPER)

MENTAL HEALTH, MORBIDITY, AND MORTALITY

CHILDMHOOD PHYSICAL ABUSE LINKED TO LIFETIME SUICIDAL IDEATION: FINDINGS FROM A POPULATION-BASED STUDY

E. Fuller-Thomson, T.M. Baker, S. Brennenstuhl, Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada

In the United States, suicide is the 11th leading cause of death. Research suggests a link between adverse childhood experiences and suicidal ideation. A representative community sample from the Canadian province of Saskatchewan was used to investigate the gender-specific relationship between childhood physical abuse and lifetime suicidal ideation. The total unweighted sample size of those in Saskatchewan age 18 or older with complete data on abuse and suicidal ideation was 6,642 (females = 3,774; males = 2,868). The provincial-level response rate was 84.1%. The prevalence of childhood physical abuse was much higher among those who had seriously considered suicide than among their non-suicidal peers (males 17.8% vs 3.1%; females 40.4% vs 7.9%). Logistic regression analyses were conducted controlling for age and race in addition to each of the following potentially confounding factors: 1) adverse childhood conditions (ie. parental divorce, addictions...
and long term unemployment); 2) socioeconomic factors (ie. Income and education); 3) health behaviors (ie. recreational physical activity, smoking and alcohol use); 4) psychosocial stressors/chronic illnesses (ie. self reported daily stress, marital status, number of chronic health conditions); 5) mental health (ie. 12 month major depression, diagnosis of mood disorders and/or anxiety disorders). After full adjustment, childhood physical abuse remained significantly associated with suicidal ideation (OR women = 4.48, 95% CI = 3.32–6.04; OR men = 3.57, 95% CI = 2.08–6.14). These findings suggest childhood physical abuse is independently associated with suicidal ideation and highlights the importance of providing preventative treatment to abuse survivors.

SUICIDAL IDEATION AND SUICIDE ATTEMPTS IN OLDER HOMELESS VETERANS
1. Schinka1,2, K. Schinka1, R. Casey1,2, W. Kasprów1, R. Bossarte1, 1. VA National Center for Homelessness Among Veterans, Tampa, Florida, 2. University of South Florida, Tampa, Florida, 3. Kent State University, Kent, Ohio, 4. VA Northeast Program Evaluation Center, West Haven, Connecticut, 5. VA Center of Excellence at Canandaigua, Canandaigua, New York

Current population estimates suggest that 75,000+ veterans are homeless on any given night and perhaps twice as many experience homelessness at some point during the course of a year. Veterans are over-represented in suicides across all adult age groups, representing approximately 20% of the suicides in America. A sizable and growing minority (21%) of homeless veterans are age 55 and older. Several factors are known to be risk markers for suicide in the elderly, including depression, substance abuse, physical illness, decline in functional capacity, and social isolation. Although older homeless veterans might be predicted to be especially vulnerable to suicidal behaviors as a result of nutritional, traumatic, and healthcare factors, no studies have examined suicidal behaviors in this group. In this study we examine the frequency of suicidal ideation and suicide attempts in a large sample of older homeless veterans. The analyses are based on comprehensive intake, admission, and discharge data from the largest VA housing intervention program (Grant and Per Diem) during years 2003-2009. Using data collected from 435 service providers across the nation, the sample consisted of 10,141 older veterans. Univariate and logistic regression analyses were used to specifically address the frequency of suicidal behaviors, characteristics of older homeless veterans experiencing suicidal ideation or attempting suicide, the determination of predictors of suicidal behavior, and the impact of the presence of suicidal behaviors on housing intervention outcomes. Implications for focused evaluation of suicidal behaviors in older veterans are discussed.

NEED AND UNMET NEED FOR MENTAL HEALTH CARE AMONG ELDERLY IN NEW YORK CITY
W. Gallo1, S. Li1, M.C. Fahn1, 1. CUNY School of Public Health at Hunter College, New York, New York, 2. School of Medicine, New York University, New York, New York

Research suggests that untreated mental health problems are associated with such adverse outcomes as functional disability, diminished productivity and increased medical expenses. Yet there is limited descriptive evidence on whether older individuals living in urban settings have adequate mental health care. This study identified correlates of unmet mental health care need among participants of New York City senior centers. Using data from the Brookdale Demonstration Project Initiative on Healthy Urban Aging, a survey administered in 2008 to a sample of 1,870 senior center enrollees, we characterized unmet mental health need as: PHQ9 depression score indicating moderate or severe depression, but no receipt of psycho-therapeutic services. The results showed that over 28% of participants met the PHQ9 criteria for moderate to severe depression. Among these individuals, over 80% did not receive advice or care from a health professional (e.g. a psychiatrist, psychologist or social worker) in the previous 12-month period. Multivariate logistic analysis revealed that the use of mental health service was inversely associated with age and marriage, but positively related with physical disability. Our findings indicate that the mental health needs of the older urban adults are not adequately addressed.

DISABILITY AS A RISK FACTOR FOR PSYCHOLOGICAL DISTRESS AMONG ASIAN AMERICAN ELDERS
C.S. Huang1,2, M.R. Crowther1,2, G. Kim1, 1. Department of Psychology, University of Alabama, Tuscaloosa, Alabama, 2. Center for Mental Health and Aging, University of Alabama, Tuscaloosa, Alabama

The population of older Asian Americans is rapidly growing and the need for identifying risk factors of poor mental health outcomes is urgent. Research shows Asian American elders demonstrate significant within-group differences in mental health status. However, little is known concerning the impact of disability on mental health status among diverse Asian American subgroups. The present study sought to examine psychological distress in five subcategories of Asian Americans aged 60 and older (n = 1,398): Chinese (n = 291), Japanese (n = 175), Koreans (n = 383), Filipinos (n = 149), and Vietnamese (n = 400). Data were drawn from the 2009 California Health Interview Survey (CHIS). Bivariate correlation and hierarchical multiple regression were conducted to assess the predictability of disability on psychological distress. Results show that after adjusting for socio-demographic characteristics and general health conditions, cognitive disability significantly predicts psychological distress in all five subgroups with the highest beta value found in the Filipinos (β = .352, p < .001). ADL disability also significantly accounts for psychological distress among all subgroups (β = .197, p < .05) except for Koreans. In addition, vision and hearing disability is found as an ethnic-specific risk factor for Filipinos (β = .183, p < .05). The current study brings incremental knowledge in understanding disability as a risk factor for poor mental health among the five older Asian American subgroups. The findings can be applied to enhance the overall psychological well-being of older Asian Americans by providing culturally-sensitive mental health services when disability strikes.

SESSION 90 (PAPER)

TECHNOLOGY AND HEALTH LITERACY

A QUALITATIVE ANALYSIS OF OLDER ADULTS’ SEARCH STRATEGIES FOR HEALTH INFORMATION ONLINE
A.E. Wiley, E.M. Agree, D.L. Borzokowski, Johns Hopkins School of Public Health, Baltimore, Maryland

Most research on search strategies relies on either post-hoc reconstruction or pattern discovery methods to analyze Internet use behavior. Little has been done to understand the motivations and decisions made by users while searching for information. As part of a larger study of Online Health Literacy, a sub-sample of participants aged 60 years and older was asked to narrate their thoughts and actions, as well as reasons for their actions, while they used the Internet to find answers to a series of health-related search tasks. This paper analyzes the data obtained from these talk-aloud sessions with older participants and describes findings regarding the reasoning and logic behind participants’ actions and search strategies from these data. 35 subjects took part in the Talk Aloud sessions. Text analysis of session transcriptions was used to analyze subjects’ thoughts and perceptions, and video recorded during the sessions was coded to capture specific actions. Data suggest several strategies and obstacles common across subjects, including reliance on one or two specific sites to guide searches (even when subjects express dissatisfaction with site content) and an inability to use an unfamiliar interface (as evidenced by subjects typing search terms directly into the address bar when initiating a search).
HEALTH LITERACY AND COGNITIVE PROCESSING SPEED AS PREDICTORS OF SUCCESSFUL ONLINE SEARCHES FOR HEALTH INFORMATION
E.M. Agree, D.L. Borzekowski, A.E. Wiley, Johns Hopkins School of Public Health, Baltimore, Maryland

As we age, we confront chronic health conditions and complex health insurance systems. Studies show that older people have more difficulty navigating the Internet for health information, but computer experience, health knowledge, and cognitive abilities are also important. In this study, we examine the relationship of education, health literacy, cognitive processing speed, and Internet experience to success in using the Internet to answer health-related questions. From 2009-2010, at Johns Hopkins and Stanford Universities, 346 subjects ages 35-90 performed online searches to answer eight health-related questions. A Rapid Estimate of Adult Literacy in Medicine (REALM), the WAIS-III Digit Symbol Substitution Test (DSST) of cognitive processing speed, health status, computer experience, and background information were collected. The sample is 50% female, most are highly educated (91% with a BA); use the Internet daily (85%); and have good health literacy (mean REALM=127). Logistic regression models were used to predict the probability of a correct answer on the search tasks. Results show that being female, higher education, frequent Internet use, prior health literacy, and processing speed significantly increase the odds of success. However, for more complex questions (e.g., locating arguments for and against over-the-counter genetic testing), where education and health literacy are included in the models, DSST is not significant. Findings confirm prior studies but suggest that age-related changes in processing speed may be less important than health literacy and education for tasks involving more subjective evaluation of complex material.

ACCESSIBILITY OF HEALTH-RELATED SOCIAL MEDIA SITES FOR OLDER ADULTS
I. Watkins, B. Xie, College of Information Studies, University of Maryland, College Park, Maryland

Social media sites are an increasingly important source of health information. Yet, little is known about the accessibility of health-related social media sites for older adults. This study examined high-traffic health-related social media sites for compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 using Total Validator, an automated testing tool. Total Validator identifies areas of Web pages failing to employ sufficient design and authoring techniques for compliance with the success criteria for WCAG 2.0. Websites were selected from an initial list of 40 most visited health Websites generated using Alexa’s traffic rankings for health Websites. Three selection criteria were then applied to screen these sites: (1) focus on health information for the general public; (2) Web 2.0/social networking capabilities; and (3) volume of Website traffic. Fourteen sites met these three criteria and were included in the final sample of social media sites. Ten Web pages for each Website were tested for accessibility, including each site’s homepage and the page where users register to create a profile. The remaining eight Web pages were randomly selected from each site’s homepage. Major findings: out of the 140 Web pages examined, only 3 Web pages fully met the lowest level of WCAG 2.0 accessibility requirements. 98% of the sites do not meet at least one of the WCAG 2.0 accessibility criteria. Conclusions: the vast majority of the most visited health-related social media sites do not meet WCAG 2.0 accessibility requirements. As a result, older adults may experience difficulty utilizing health-related social media Websites.

HOW OLDER ADULTS USE INFORMATION TECHNOLOGY TO REDUCE CAREGIVER BURDEN

Ethical Technologies in the Homes of Seniors (ETHOS) was a three year study funded by the National Science Foundation to explore the privacy concerns of independently living older adults regarding home-based ubiquitous technologies. Data was collected in five phases during the study: focus groups, surveys, user trials, an in situ study, and another survey. During the in situ study, technology prototypes were installed in the homes of six study participants for six weeks. Four participants had paired technologies installed in the homes of their informal caregivers. Some participants were given a prototype that allowed them to control the sharing of their personal data with their chosen informal caregiver. A particular area of interest was the effect of the technology on the relationship between older adults and their caregivers. Several themes emerged from the quantitative and qualitative data about the technologies’ impact on participant/caregiver relationships: 1) communication patterns were maintained or improved; 2) perceived interpersonal closeness was maintained or improved; 3) although there are privacy implications, technology can increase awareness of daily activities and reduce caregiver burden; 4) older adults use technology to reduce their perception of caregiver burden. This last point suggests a previously unconsidered nuance to the use of in home technologies to reduce caregiver burden. While monitoring can provide emergency alerts and peace of mind to caregivers, older adults who are empowered to be users rather than passive subjects of monitoring also use information to reduce caregiver burden.

CO-DESIGNING AN INTEGRATED E-TUTORIAL TOOL TO IMPROVE OLDER ADULTS’ E-HEALTH LITERACY
B. Xie, T. Yeh, G. Walsh, I. Watkins, M. Huang, College of Information Studies, University of Maryland, College Park, Maryland

Older adults’ e-health literacy, or the ability to access and use reliable health information through electronic sources, is generally low. Improving older adults’ e-health literacy requires innovative instructional approaches and tools. Integrated e-tutorial displays instructions as an overlay on the actual Website. Evidence in the literature suggests integrated e-tutorial is more effective than paper- or video-based tutorial among younger people. Yet, relatively little is known about the effectiveness of integrated e-tutorial on the older population. This exploratory study began to explore the applicability of integrated e-tutorial to the older population, focusing on the content area of e-health literacy. A specific integrated e-tutorial, the Online Tutorial Overlay Presenter (OnTOP), was used to add an overlay to the NIHSeniorHealth.gov Website. Features of the overlay were then examined thoroughly in six 2-hour-long participatory design sessions with ten older adults during November 2010-March 2011. A range of participatory design techniques were used to elicit older adult participants’ preferences for design features of the OnTOP. These techniques included drawing on the board, participant voice recording and integration, peer instruction, layered elaboration and augmentation on paper prototyping. These participatory design techniques helped reveal common preferences among the participants. These preferences included: adding auditory instructions; and using images of everyday objects to replace unfamiliar abstract computer symbols (e.g., using the dollar bill image to replace the back symbol “$” on a Web browser) to facilitate navigation. These findings helped improve design features of the OnTOP, which in turn may enhance older adults’ experience with health information Websites.

SESSION 95 (PAPER)
WORK AND RETIREMENT IN LATER LIFE

IT’S YOUR AGE, BABY, OR IS IT? A LOOK AT AGE DISCRIMINATION IN THE GREAT RECESSION
S.E. Rix, AARP, Washington, District of Columbia

Good data on the incidence of age discrimination are unavailable—employers are hardly likely to admit to engaging in discriminatory behavior, and charges filed with the EEOC are not themselves proof of age discrimination. Yet older workers say that they see discrimination all
A better understanding of the preretirement process is highly relevant. Panel data containing life history information collected in 2001 (N=1634) and 2007 (N=652) among Dutch older workers, were analyzed to reach this aim. At both points in time respondents were asked several questions about their attitudes and perceptions regarding work investments and motivation. This offers the unique opportunity to construct a broad preretirement work disengagement measure and to study changes in disengagement over time. First, the results of both cross-sectional analyses and change-score analyses suggest that employees disengage more from their work when getting closer to retirement. Second, the results show that both mid-career voluntary job mobility (promotion and employer change) and anticipated future opportunities for mobility relate to a lower level of late-career work disengagement. In line with these cross-sectional results, the change-score analyses show that late-career mobility slows down the disengagement process. In general, these results suggest that mobility prevents older workers from disengaging from their job.

PERCEPTIONS OF INTENTIONAL AND UNINTENTIONAL AGE DISCRIMINATION

As older workers of today are less likely to exit the workforce in predictable ways, there is a need to understand their needs for learning, development, and promotion and act accordingly. The understanding of intentional and unintentional discrimination may be useful in examining the impact of discrimination on employee engagement, productivity, and other organizational outcomes. The purpose of this paper is to examine the relationship between employee perceptions of unfair treatment of older workers and employee engagement among workers of all ages in a retail workforce. In a sample of over 6,000 workers, ages 18-94, from a retail workforce in 352 stores across 3 regions of the U.S., we examine perceptions that older workers are less likely to be promoted using multi-level modeling. We also examine whether older workers were seen as fit for promotion and whether discrimination is: intentional (fit, but less likely to be promoted) or unintentional (unfit, and less likely to be promoted). Results indicate that perceived discrimination is related to lower levels of employee engagement among workers of all ages. Findings also suggest that there is a more negative relationship between intentional vs. unintentional discrimination, especially for older workers. The issue of age discrimination is a critical issue for employers and employees as older workers may not exit the workforce in predictable ways.

PRERETIREMENT WORK DISENGAGEMENT: EXAMINING THE ROLE OF PAST AND ANTICIPATED WORK CAREER EXPERIENCES
M. Danneman1, K. Henkens2, M. Kalmijn1, 1. Netherlands Interdisciplinary Demographic Institute (NIDI), The Hague, Netherlands, 2. Tilburg University, Tilburg, Netherlands

In both retirement and career literature it has been suggested that employees disengage from their work when approaching retirement. From a life course perspective, not only the anticipated work future, but also past work career experiences can be expected to be of importance for understanding variation in disengagement among older workers. However, empirical insights on relationships between career experiences and preretirement work disengagement are limited. This study aims at filling this gap. Given the aging workforce, achieving a better understanding of the preretirement process is highly relevant. Panel data containing life history information collected in 2001 (N=1634) and 2007 (N=652) among Dutch older workers, were analyzed to reach this aim. At both points in time respondents were asked several questions about their attitudes and perceptions regarding work investments and motivation. This offers the unique opportunity to construct a broad preretirement work disengagement measure and to study changes in disengagement over time. First, the results of both cross-sectional analyses and change-score analyses suggest that employees disengage more from their work when getting closer to retirement. Second, the results show that both mid-career voluntary job mobility (promotion and employer change) and anticipated future opportunities for mobility relate to a lower level of late-career work disengagement. In line with these cross-sectional results, the change-score analyses show that late-career mobility slows down the disengagement process. In general, these results suggest that mobility prevents older workers from disengaging from their job.

READINESS TO WORK PAST OFFICIAL RETIREMENT AGE: THE IMPACT OF LATE ADULT CAREER MOBILITY
H. Van Solinge1, K. Henkens2, 1. Social Demography, NIDI, The Hague, Netherlands, 2. Tilburg University, Tilburg, Netherlands

As in the US, more and more older adults in the Netherlands take up bridge employment after early retirement from their career jobs. This paper examines whether this type of late adult career mobility affects older adults’ work-retirement attitudes. Using data from a panel study on retirement behaviour in the Netherlands (N=1,611 older workers aged 50+ at baseline in 2001), conditional changes models are estimated to examine the effect of different types of career mobility on older adults’ readiness to work past official retirement age (65 year). We compare work-retirement attitudes of a) older adults who did not change status (i.e. working in the same career job in 2001 & 2007), with b) individuals that took up bridge employment (either as employee or in self-employment) and c) individuals that retired early but did not return to labor. The results indicate that older adults who took up bridge employment significantly more often changed their work-retirement attitudes in favour of working past the official retirement age. All in all this suggests that late career mobility may extend the older adults work life, even beyond official retirement ages.

A “THIRD AGE” OF THE LIFE COURSE? GENDERED TIME WORKING AND VOLUNTEERING, AGES 50 TO 75
P. Moen1, S. Flood1, V. Louis2, 1. University of Minnesota, Minneapolis, Minnesota, 2. Texas A&M University - Kingsville, Kingsville, Texas

The traditional retirement status passage in the U.S. is eroding and the new demography of aging is marked by postponement of the debilities associated with old age, leading to what is increasingly called a “third age” marked by ongoing but reduced labor market and/or civic engagement. We draw on life-course concepts and data from the American Time Use Survey (2003-2009) to move beyond conventional models of retirement or labor force exits to examine both the odds of and time spent in paid and unpaid (volunteer) work for 5-year subgroups of American men and women ages 50-75. Four life course processes – social-locational context, biographical pacing, linked lives, and historical timing – are theorized to predict the likelihood and amount of time in public engagement. Full-time employment declines steadily over this age period; but, as predicted by third-age discourse, many continue public engagement through and even beyond their 60s by working part time, being self-employed, or volunteering. Women in the third-age years are less apt to be employed but more apt to volunteer than men, with volunteering and employment inversely related. Analysis of a subsample
shows self-reported health predicts engagement in paid but not always unpaid work at various ages.

SESSION 100 (SYMPOSIUM)

EAT? DRINK? BE MERRY?: LIFESTYLE FACTORS AND HEALTH OUTCOMES
Chair: L.C. Barry, Internal Medicine, Yale University School of Medicine, New Haven, Connecticut
Co-Chair: D.K. Miller, Indiana University, Indianapolis, Indiana
Discussant: M. Pahor, University of Florida Institute on Aging, Gainesville, Florida

Determining risk factors for health outcomes that may be amenable to preventive intervention, such as lifestyle factors, is important for optimizing physical and mental functioning in older age. Longitudinal epidemiologic studies are uniquely poised to evaluate the association between lifestyle factors, such as smoking and drinking, diet, and sleep, on important health outcomes in older persons. The Chicago Health and Aging Project (CHAP) enrolled 9,318 persons age 65 and older (1993 to 2005) from a biracial Chicago neighborhood, with follow-up interviews occurring every 3 years for up to 12 years. Begun in 1986, the Study of Osteoporotic Fractures (SOF) is a prospective cohort study following 9,700 initially healthy Caucasian women age 65 years or older, with clinical visits every 2 years. The Mini-Finland Health Examination Survey enrolled a nationally representative sample of 8,000 Finnish persons aged 30 or over (from 1978-1980), with 22-year follow-up among 1,278 of the participants. This symposium will describe the association between Mediterranean diet and depressive symptoms in the Chicago Health and Aging Project (Dr. Skarupski). Findings from the Study of Osteoporotic Fractures will include the relationship between sleep and functional decline (Dr. Spira) and the relationship between alcohol consumption and cognitive impairment (Ms. Hoang). Finally, results from the Mini-Finland Health Examination Survey (Dr. Stenhom) will highlight lifestyle factors, including smoking and sedentaryness and their association with muscle strength decline. The discussion will focus on lifestyle factors associated with health outcomes, particularly physical and mental function, and future directions for research in longitudinal epidemiologic studies.

THE ASSOCIATION OF MEDITERRANEAN DIET WITH DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS OVER TIME

K.A. Skarupski, C.C. Tangney, H. Li, D.A. Evans, M. Morris, Rush University Medical Center, Chicago, Illinois

Adherence to a Mediterranean diet has been linked to various health outcomes. We tested the prospective association between adherence to a Mediterranean-based diet (0-55 points) with depressive symptoms (0-10 points) in participants 65+ years from the Chicago Health and Aging Project (n = 3,502; 59% African American). In Poisson-response GEE models, greater dietary adherence was associated with a reduced number of newly occurring depressive symptoms (estimate = -0.002, SE = 0.001; p-value = 0.04) in up to 12 years of follow-up, after adjusting for age, sex, race, education, income, widowhood, antidepressant use, smoking, alcohol use, medical conditions, and cognitive function. That is, for every 5-point increase in the Mediterranean Diet Score, the annual rate of new symptoms was reduced by 0.064 points – a 14% reduction.

OBJECTIVELY MEASURED SLEEP AND FUNCTIONAL DECLINE IN OLDER WOMEN


Sleep disturbance is common among older adults, but its impact on disability has not been well studied. We determined the association between poor sleep, measured by actigraphy, and incident instrumental activities of daily living (IADL) impairment in 817 women (mean age = 82 years). At baseline, participants completed actigraphy. IADL data were acquired at baseline and five years later. Women with the shortest total sleep time (lowest quartile) had a greater odds of incident IADL impairment (adjusted odds ratio (AOR) = 1.93, 95% confidence interval (CI) 1.25, 2.97) than those with the longest total sleep time. Similarly, women in the lowest sleep efficiency quartile (who spent the smallest proportion of time in bed asleep) had a greater odds of IADL impairment (AOR = 1.65, 95% CI 1.06, 2.57) than those with the highest sleep efficiency. Shorter and less efficient sleep are risk factors for IADL impairment among older women.

ALCOHOL CONSUMPTION OVER THE LIFE COURSE AND COGNITIVE OUTCOMES IN OLDER WOMEN

T. Hoang, D.A. Byers, P.M. Cawthon, K. Yaffe, I. San Francisco Veterans Affairs Medical Center, San Francisco, California, 2. Department of Psychiatry, University of California, San Francisco, 3. San Francisco Coordinating Center, California Pacific Medical Center Research Institute, San Francisco, California, 4. Department of Neurology, Department of Epidemiology and Biostatistics, University of California, San Francisco, San Francisco, California

Background: The association between moderate alcohol consumption and cognitive impairment (CI) in late-life is controversial with few studies considering life course approaches or oldest-old populations. Methods: We studied 1318 women, mean age 68.3 (SD=2.8), enrolled in a 20-year prospective cohort study. Current alcohol use and use prior to baseline were self-reported at repeated visits, and incident CI determined at year 20. Results: Incident CI was not significantly different between nondrinkers, light, or moderate drinkers at baseline or year 16 (p=0.30, p=0.48). Women who reported drinking more prior to baseline and women who changed from nondrinking to drinking over the follow up period were at increased risk of CI even after adjusting for covariates (OR=1.30, 95% CI 1.02-1.66; OR=1.95, 95% CI 1.13-3.38). Conclusions: In this oldest-old cohort, greater alcohol use prior to baseline and increased use in late-life were associated with increased risk of CI over 20 years.

LIFE-STYLE FACTORS AS DETERMINANTS OF MUSCLE STRENGTH DECLINE OVER TWO DECADES


This study examines the effects of midlife life-style factors and their changes through 22 years of follow-up on handgrip strength change and handgrip strength 22 years later. Data are from 963 men and women aged 30 to 73 years at baseline participating in the population-based Mini-Finland Health Examination Survey (1978–80) and living in the 9 municipalities in which the handgrip strength measurement was
repeated in 2000–01. Poor baseline handgrip strength was a strong predictor of low handgrip strength 22 years later. Other factors predicting incident low handgrip strength or higher handgrip strength decline included overweight, smoking and co-morbidity (p < .05 for all). Additionally, pronounced weight loss and becoming physically sedentary predicted incident low strength or higher handgrip strength decline (p < .05 for all). In conclusion, efforts should be made to recognize and target early interventions to lifestyle factors at middle age to slow down muscle strength decline and prevent future functional limitations and disability.

SESSION 105 (SYMPOSIUM)

THE STRESS, HEALTH, AND AGING RESEARCH PROGRAM: EFFECTS OF MILITARY SERVICE ON VETERANS’ LIFE COURSE
Chair: E.H. Davison, Women’s Health Sciences Division, National Center for PTSD, VA Boston and Boston University, Boston, Massachusetts
Discussant: C.M. Aldwin, Oregon State University, Corvallis, Oregon
The Stress, Health, and Aging Research Program (SHARP) at VA Boston studies the effects of exposure to combat and other stressful and traumatic aspects of military service on mental and physical health in aging veterans from an interdisciplinarian, lifespan developmental perspective. These four papers represent current lines of research within the SHARP program. Park discusses the long-term impact of wartime captivity and torture upon repatriated Vietnam prisoners of war, and reveals that resilience may buffer the detrimental impact of captivity severity on later life posttraumatic stress symptoms and other aspects of wellbeing. Brady describes the development and validation of a short form of the Late-Onset Stress Symptomatology (LOSS) Scale, and discusses our evolving conceptualization of LOSS as a normative phenomenon for some aging combat veterans. Stellman presents data from a large survey of nurses deployed to Vietnam; describes relations among demographic factors, deployment-related stressors, and current mental and physical health status; and demonstrates that posttraumatic stress symptoms mediate relationships between warzone stress and other health outcomes in women veterans. Finally, Hilgeman examines the impact of combat exposure on narratives of combat veterans who recently received cancer treatment, and elucidates the unique risk and resilience factors that emerge from their narratives. Together, these papers demonstrate the value of a lifespan developmental perspective on the long-term health effects of military service.

PTSD MEDIATES THE IMPACT OF WARZONE STRESSORS ON HEALTH IN WOMEN VIETNAM VETERANS
J.M. Stellman, 1, A. Pless Kaiser, 2, A. Spiro, 3, 1. Health Policy & Management, School of Public Health Columbia University, New York, New York, 2. Boston University School of Medicine, Boston, Massachusetts, 3. Boston University School of Public Health, Boston, Massachusetts
We assessed the health and well being of 983 Vietnam-era nurse veterans who had been deployed to Vietnam, a subset of a larger mailed survey of women members of the Vietnam Women’s Memorial Project, Inc. We examined their general health, mental health and physical function (SF-36), depression (PERI scale) and self-rated general health in relation to self-rated stress levels in Vietnam, current PTSD symptoms and age. PTSD symptoms and age were significant predictors of the health outcomes. Warzone work stress and military stress were not. However, both of the warzone stress scales significantly predicted PTSD and age did not. When PTSD was omitted, age and the warzone stressor scales independently predicted the health outcomes. These findings support PTSD as an important and enduring outcome of war-related stress and a mediator of the relationship between warzone stress and other health outcomes in women veterans.

WAR-TIME CAPTIVITY: DOES RESILIENCE MODERATE ITS IMPACT ON WELL-BEING ACROSS THE LIFE COURSE?
C. Park1, A. Pless Kaiser2, D. King2, L. King3, A. Spiro2, 1. University of Connecticut, Storrs, Connecticut, 2. VA Boston Healthcare System, Boston, Massachusetts
Earlier life trauma has detrimental effects on later life well-being. However, this impact varies, based on contextual and individual factors. In a cohort of Vietnam-era repatriated prisoners of war (RPWs), we examined whether resilience (operationalized as fewer elevations on MMPI scales) assessed at repatriation moderated the impact of captivity severity on well-being assessed nearly 30 years later. More severe captivity conditions were modestly related to poorer well-being in later life. However, resilience at repatriation buffered the impact of captivity severity on later PTSD symptoms, life satisfaction, and mental and physical health-related quality of life. For example, RPWs who experienced more torture but were relatively unaffected at repatriation had higher levels of mental health quality of life than those who experienced less torture but more distress at repatriation. Results suggest that coping effectively with captivity, as evidenced by reduced distress at repatriation, buffered its impact several decades later.

COMBAT-RELATED STRESS SYMPTOMS IN AGING VETERANS: DISTINCT SUBGROUPS OR POINTS ON A CONTINUUM?
C.B. Brady1, 2, A. Pless Kaiser1, 2, A. Spiro1, 3, 1. VA Boston Healthcare System, Boston, Massachusetts, 2. Boston University School of Medicine, Boston, Massachusetts, 3. Boston University School of Public Health, Boston, Massachusetts
Older Veterans who experience combat-related trauma earlier in life may experience a waxing and waning of trauma-related psychological distress over their lifespan ranging in severity from Posttraumatic Stress Disorder (PTSD) to less severe “subclinical” stress-related symptomatology. In this paper, we examined patterns of distress in a national sample of over 100 combat Veterans age 55 and older (mean age 68). Evidence for four subgroups emerged that varied on the type and degree of self-reported stress symptomatology, from none to clinically significant levels. The subgroups did not differ on education, cognitive function or self-reported combat exposure. However, those subgroups reporting higher levels of stress were younger, suggesting a diminution in the severity of combat-related stress symptomatology with increasing age. Whether these subgroups represent dissociable age-related differences in coping with combat-related stress versus points on a continuum of stress-related symptomatology will be discussed.

FROM COMBAT TO CANCER: RISK AND RESILIENCY IN VETERAN CANCER SURVIVORS
M.M. Hilgeman1, E. Archambault1, 2, R.L. Billings1, J. Gosian1, M. Karel1, J. Moye2, 1. Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, 2. VA Boston Healthcare System, Boston, Massachusetts, 3. Harvard Medical School, Boston, Massachusetts, 4. Northshore Psychological Associates, LLC, Boston, Massachusetts
Almost 70% of patients report symptoms of cancer-related post-traumatic stress disorder during their cancer experience. This study examined the impact of combat exposure on cancer narratives of military veteran survivors who received treatment in the past 3 years. Fourteen male participants (M=66.2 yrs., 92% White/Caucasian, and 43% with previous combat) with diverse cancer diagnoses attended one of three focus groups. Analyses of transcripts revealed evidence of increased resiliency (“It didn’t bother me. Hey, I was in the South Pacific for 4 years”) and exacerbation of PTSD-like symptoms (“When I was first diagnosed, a lot of Vietnam came back- a little stronger”) in those with combat history. Many discussed cancer-related PTSD symptoms regardless of combat exposure, particularly at diagnosis (“It’s like branded in your brain”). Combat status also revealed some variation in coping styles and thoughts.

64th Annual Scientific Meeting 21
about survival/mortality. Implications for mental health treatment and diagnosis in cancer survivorship will be discussed.

SESSION 110 (SYMPOSIUM)

WHEN TIME IS ON OUR SIDE: NEW PERSPECTIVES ON THE ROLE OF PAST AND FUTURE EXPERIENCES IN PSYCHOSOCIAL DEVELOPMENT

Chair: G.J. Westerhof, Psychology, Technology and Health, University Twente, Enschede, Netherlands
Discussant: S.K. Whitbourne, University of Massachusetts, Amherst, Massachusetts

There is increasing interest in the role of time in individual development across the lifespan. During their life, individuals repeatedly look back on their personal past and forward to their personal future. Reflecting on one’s past and anticipating one’s future provides a sense of identity, coherence, and purpose in life. It is thereby related to positive developmental outcomes, such as mental health and well-being. As there are still few studies addressing these issues, this symposium brings together three new approaches on the role of time in psychosocial development. The first paper uses an Eriksonian framework on identity development and studies the correlates of ego integrity as the outcome of a process of reviewing one’s past in later life. The second paper studies the balanced use of past and future in relation to age and positive outcomes of psychosocial development. The third paper presents the narrative foreclosure scale as a measure of stagnation of the life story which intrinsically relates time and identity. As part of the validation of this scale, it is also found to be related to the measures used in the first two papers: ego integrity and balanced time perspective. The symposium ends with a discussion on the promises and pitfalls in the study of time experience across the lifespan as well as possible routes for interventions.

EGO-INTEGRITY IN THE SECOND HALF OF LIFE

G.J. Westerhof1, D.P. McAdams2, E.T. Bohlmeijer1, 1. Psychology, Technology and Health, University Twente, Enschede, Netherlands, 2. Northwestern University, Evanston, Illinois

Relatively few empirical studies exist on Erikson's intriguing concept of ego-integrity. The present study examines ego-integrity, using the Northwestern Ego Integrity Scale (NEIS) in a Dutch study (55-95 years; N=163). The NEIS measures (1) ‘integrity’, i.e. drawing meaning from all life experiences and (2) ‘despair’, i.e. having regrets about the course of one’s life. Step-wise multivariate regression analyses show that ‘integrity’ is related to time perspective (reminiscence and hope) and mental health, whereas ‘despair’ is only related to personality characteristics (neuroticism and openness to experience). All relations hold in two age groups (55-74 versus 75-95 years). The study shows that the NEIS is a reliable and valid measure of ego integrity. As there is no evidence of age differences, ego integrity is an important concept across the second half of life. Given the pattern of relations, the promotion of meaning in life is an interesting target for psychosocial interventions.

TIME TO FLOURISH: TEMPORAL PERSPECTIVE AND WELL-BEING ACROSS THE LIFESPAN

J. Webster1, E.T. Bohlmeijer2, G.J. Westerhof3, 1. Langara College, Vancouver, British Columbia, Canada, 2. Psychology, Technology and Health, University Twente, Enschede, Netherlands

Little research is available on a balanced time perspective in older age. Balanced time perspective consists of using both one’s personal past and anticipated future to a relatively high degree. This study investigated the relationship of balanced time perspective with age, mental health, personality, and wisdom using the Balanced Time Perspective Scale (BTPS). Persons high on both past and future subscales of the BTPS are termed ‘time expansive’ (balanced); persons low on past and future ‘time restrictive’; ‘reminiscers’ are high on past but low on future; ‘futurists’ low on past but high on future. 512 Dutch adults (17-92 years) completed the BTPS and questionnaires on mental health, personality, and wisdom. As predicted, persons in the time expansive category scored higher on all three dependent measures. Less older than younger or middle aged adults are in the time expansive category. Implications are discussed within a lifespan perspective.

THE NARRATIVE FORECLOSURE SCALE: DEVELOPMENT AND PSYCHOMETRIC PROPERTIES OF A NEW INSTRUMENT MEASURING STAGNATION OF IDENTITY IN LATER LIFE

E.T. Bohlmeijer1, G.J. Westerhof2, G. Kenyon3, W.L. Randall4, 1. Psychology, Technology and Health, University Twente, Enschede, Netherlands, 2. St Thomas University, Fredericton, New Brunswick, Canada

Narrative foreclosure is a new sensitizing concept for studying stagnation of identity development in later life. It is defined as the conviction that no new interpretations of one’s past, nor new commitments and experiences in one’s future are possible that can substantially change one’s life story. The Narrative Foreclosure Scale (NFS) was developed to study this concept empirically. The NFS comprises two subscales: Past and Future. The psychometric properties were studied in two samples of older adults (n=247 and n = 220). Confirmatory factor analyses confirm that the scale consists of two distinct factors. Internal consistencies are sufficient to good. The validity is further confirmed by the relationship with demographics and other psychological constructs, such as personality, hope, reminiscence, ego-integrity, balanced time perspective, wisdom, depression, and positive mental health. It is discussed that diminishing narrative foreclosure may be an important process factor in life-review and narrative therapy with older adults.

SESSION 115 (PAPER)

AGING MUSCLE AND RELATED THERAPIES

LEUKOCYTE TELEOMERE LENGTH IS ASSOCIATED WITH AGE-RELATED CHRONIC DISEASE BURDEN IN OLDER ADULTS


Background: Most studies of leukocyte telomere length (LTL) focus on diagnosed disease in one system. A more encompassing depiction of health is disease burden, defined here as the sum of markers of structure or function in different organ systems. We hypothesized shorter LTL is associated with greater age-related disease burden and less strongly with disease in individual systems or diagnosed conditions (cardiovascular disease, stroke, pulmonary disease, diabetes, kidney disease, arthritis, or depression). Methods: Cross-sectional study. LTL was measured by Southern blots of terminal restriction fragment length. Age-related disease included internal and common carotid intima-media thickness, lung vital capacity, white matter grade, serum cystatin-C, and serum fasting glucose; each graded 0 (best tertile), 1 (middle tertile), or 2 (worst tertile); and summed (0 to 10) to estimate disease burden. Of 419 participants randomly selected for LTL measurement, 236 also had disease burden assessed (mean (SD) age 74.2 (4.9) years, 42.4% male, 86.4% white, 13.1% black). Results: Mean (SD) LTL was 6312 (615) bp and disease score was 4.7 (2.1) points. In adjusted models a strong association with disease burden was found (β(SE) = -130(46) bp, P<0.01), age (β(SE) = -07(44), P=0.02), and carotid thickness (β(SE) = -87(37), P=0.02) was associated with shorter LTL but diagnosed conditions or number of conditions were not associated with LTL. Disease score attenuated the effect of age on LTL by 35%. Conclusions: LTL was strongly associated with a characterization of disease burden across multiple physi-
Skeletal muscle c-Jun N-terminal kinase (JNK) is related to impaired insulin resistance. We hypothesized higher post-exercise skeletal muscle JNK would be related to lower adipose adiponectin and higher muscle/adipose TNFα, IL-6 and IGF-1 in older adults with T2D. Methods The Graded Resistance Exercise And Type 2 Diabetes in Older Adults (GREAT2DO) study was a randomized double-blind, sham-exercise controlled trial which assessed efficacy of power training in T2D. All participants performed a single bout of acute resistive exercise and biopsies were performed immediately afterwards at baseline assessment. Skeletal muscle and adipose tissue were obtained in the same biopsy. Muscle total and phospho-JNK were measured via Western Blots. All cytokines were measured via cytometric bead array. Results Results were available for 35 participants (67.2±5.8 years, 46% female). Higher muscle total JNK was related to higher muscle IGF-1 (r=0.641, p<0.001) and tended to be related to lower adipose HMW/total adiponectin ratio (r= -0.465, p=0.060) and . Higher muscle phospho/total JNK ratio was related to higher muscle IL-6 (r=0.644, p<0.001) and IGF-1 (r=0.548, p=0.004). No significant correlations were found between JNK and TNFα or adipose IL-6 and muscle IGF-1. Conclusion This was the first study to analyze potential associations between skeletal muscle JNK and selected cytokines in T2D after acute exercise. The relationships between skeletal muscle JNK, IL-6 and IGF-1 suggests that increased muscular JNK, IL-6 and IGF-1 might be a response to acute resistive exercise. Further studies are needed to confirm the consistency and clinical relevance of JNK associations we observed with inflammatory (IL-6) and anti-inflammatory (adiponectin) and their relationship to insulin signaling and glucose homeostasis.

**ASSOCIATION OF FREE-LIVING PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR WITH THE RED CELL DISTRIBUTION WIDTH**

K. Patel, A. Koster, P. Caserotti, D.R. Van Dornelen, T.B. Harris, National Institute on Aging, Bethesda, Maryland

Background: The red cell distribution width (RDW) quantifies heterogeneity in the size of circulating erythrocytes. Higher RDW values reflect greater variation in cell sizes and are strongly associated with increased mortality in various community-dwelling and patient populations. While studies have examined the acute effects of exercise on erythrocyte properties, the role of free-living physical activity in RDW has not been investigated. Methods: RDW was measured in 3,198 community-dwelling adults aged 50 and older participating in the 2003-2006 National Health and Nutrition Examination Survey. The proportion of time spent sedentary and in moderate to vigorous physical activity (MVPA) over 7 consecutive days were measured with uniaxial accelerometry. Multiple linear regression was used to assess associations with RDW. Results: The median RDW value was 12.7% (IQR=12.3-13.4%). Compared to the lowest quartile of sedentary time, the following coefficients regressing RDW were adjusted for age, sex, ethnicity, education, hemoglobin concentration, mean cell volume and MVPA: second quartile, β=0.03 (p=0.585); third quartile, β=0.13 (p=0.015); and fourth quartile, β=0.34 (p<0.001). From the same model, the following coefficients compare the highest quartile of time spent in MVPA: second quartile, β=0.03 (p=0.474); third quartile, β=0.16.
theoretical assumptions about selective optimization with compensatory trajectories of health. The results are interpreted in the context of life satisfaction were fairly stable, and did not correspond to the negative prioritization could be observed. At the same time, overall ratings of individual changes in health and functioning over time, differential shifts in those domains that are most important to their overall life satisfaction. Empirically, older adults display a wide variety of different priorities when asked to define determinants of their subjective well-being. Adaptation and selection processes contribute to the change in physical health scores over the 12 years. Using latent profile analysis, we identified four main patterns in the scores among those who survived and stayed in the study at Survey 4: consistently higher scores declined, a large proportion of the women experienced minimal decline in physical health scores for the cohort, as measured by Short Form (SF-36) health related quality of life sub-scales. However, while average scores declined, a large proportion of the women experienced minimal change in physical health scores over the 12 years. Using latent profile analysis, we identified four main patterns in the scores among those who survived and stayed in the study at Survey 4: consistently higher scores (61% of women); increasing scores (3% of women); consistently low scores (25% of women); declining scores (11% of women); consistently high SF-36 scores include fewer clinical diagnoses, healthy weight, and a range of social and behavioural factors.

DIFFERENTIAL TRAJECTORIES OF HEALTH AND SUBJECTIVE PRIORITIES IN LIFE-SATISFACTION
M. Holzhausen1, C. Scheit-Nave2, B. Gaertner3, A. Schneider3, P. Martus4, I. Charité - Universitätsmedizin Berlin, Berlin, Germany, 2. Robert Koch Institute, Berlin, Germany

Life satisfaction is one of the main components of subjective well-being and overall quality of life. It is assumed that differential components, domains or dimensions make up an overall judgment of satisfaction with life. Empirically, older adults display a wide variety of different priorities when asked to define determinants of their subjective well-being. Adaptation and selection processes contribute to the individual configuration of important life domains. In a sample of n=299 men and women aged 65+ years, participants answered a mixed-methods questionnaire, asking about subjective priorities regarding satisfaction with life. In the tool, participants freely name, rate, and weigh those domains that are most important to their overall life satisfaction. Simultaneously, a large array of instruments covering health, functional capacity, psychological and physical well-being, and social contacts was administered at baseline and 12-months follow-up. Depending on individual changes in health and functioning over time, differential shifts in prioritization could be observed. At the same time, overall ratings of life satisfaction were fairly stable, and did not correspond to the negative trajectories of health. The results are interpreted in the context of theoretical assumptions about selective optimization with compensation and adaptation to losses in old age. Implications for patient-centered interventions such as individual case-management in order to maintain quality of life and subjective well-being are discussed.

SUCCESSFUL AGING IN TRANSITION: CONTEMPLATING THE PATH TO LIVING WELL
G. Warner, S.E. Doble, S. Hutchinson, Dalhousie University, Halifax, Nova Scotia, Canada

In order to help seniors in their desire to remain in their own homes and communities, we need to consider not just whether they are capable of doing so but whether they will experience “successful aging.” In this study, we examined the perspectives of 11 older adults (53-89 years of age) who had recently been discharged home following an acute health crisis and subsequent stay on a rehabilitation unit in one of two small rural community hospitals. When participants were interviewed one and three months following discharge, they were asked to define “successful aging” and identify what would help them age successfully. Qualitative analysis involved iterative content analysis. Research codes identified by the research team evolved into themes which were reviewed to confirm their credibility and trustworthiness. Even though participants were confronted with losses and a need for adjustment, the concept of successful aging (i.e., a process of development and growth) was still relevant. Despite diverse abilities, the participants expressed a shared vision of what it means to age successfully. Their definition highlighted the importance of having something to do, having something to get up for and go to, getting out and mingling with others. The ability to participate in personally meaningful activities was a critical element. Health, personal attributes and external resources enabled them to engage in valued activities. Rather than being a condition of successful aging, good health was viewed as a facilitator that influenced the extent to which they experienced autonomy.

WHAT DO YOU EXPECT OF AN 88 [YEAR-OLD] PERSON? DISABLED ELDERS PERSPECTIVES ON SUCCESSFUL AGING

Background: Rowe and Kahn’s term “successful aging” is often operationalized by researchers to mean freedom from disability. Yet the perspectives of elders living with late life disability have not been well described. Methods: Using a qualitative grounded theory methodology, we interviewed a diverse sample (N=62, mean 2 ADL impairments) of Cantonese-speaking Chinese American, African American, Spanish-speaking Latino American, and European American elders who participate in On Lok Lifeways, a Program of All-inclusive Care for the Elderly (PACE). Through semi-structured interviews with open-ended questions, we explored the elders’ perceptions of what successful aging and being old means to them. Results: Themes related to aging were losing abilities, becoming dependent, and adapting to and accepting the effects of aging. Most participants felt that late-life changes that occur with aging were normal and inevitable. For these participants, losing independence was viewed as a natural part of aging that one must adapt to as part of a successful aging process. However, other participants, Latino-Americans in particular, held a negative view of losing abilities and, consequently, a negative view of aging. They did not feel they had aged successfully because they were dependent on others and “felt old.” Discussion: Most of these elders with late life disability felt they had aged successfully even while acknowledging feeling old. The concept of successful aging was closely tied to the elder’s acceptance of losing abilities and adapting to loss of independence as a normal part of the aging process, which, in turn, was influenced by ethnicity.
ELDER’S STRATEGIES TO RECOVER AND MAINTAIN ATTRIBUTED DIGNITY

C. Jacelon, University of Massachusetts, Amherst, Massachusetts

Dignity is important for the wellbeing of elders. Many situations, particularly interactions with healthcare professionals threaten elder’s dignity. Vulnerable elders, like those with chronic health problems, are at a greater risk for alterations in their dignity than their healthier counterparts. However, little is known about how elders respond to threats to their dignity. Using grounded theory methods and audio recorded interviews with nine community dwelling elders who have chronic health problems, the researcher explored 1) Characteristics of situations in which the dignity of elders is threatened; 2) Strategies employed by elders in situations where their dignity is threatened; 3) Variation in strategies employed by elders to maintain or enhance their attributed dignity according to the characteristics of the elder; and 4) Similarities between strategies used by community-dwelling elders with chronic health problems and those used by acutely ill, hospitalized elders. Data were analyzed using the constant comparative method. Findings included identifying three types of strategies used by elders to maintain or restore attributed dignity when it was threatened. These included introspective, interactive, and active strategies. Although all individuals used all three types of strategies, each participant had a dominant style. Community-dwelling elders exhibited greater breadth in their responses to threatened attributed dignity than did their hospitalized counterparts. Understanding of the strategies used by community-dwelling elders with chronic health problems to maintain their attributed dignity will help healthcare providers develop interventions to protect the dignity of elders.

SESSION 125 (SYMPOSIUM)

DYSREGULATION IN COMPONENTS OF FRAILTY IN RESPONSE TO DYNAMIC STRESSORS

Chair: A. Cappola, University of Pennsylvania, Philadelphia, Pennsylvania

Discussant: L.P. Fried, Columbia University, New York, New York

One conceptualization regarding frailty is that it is a medical syndrome presenting with an identifiable phenotype associated with dysregulated energetics, predicts mortality and disability, and, etiologically, results from dysfunction in multiple physiologic systems and, potentially, underlying biologic mechanisms. In theory, the vulnerability of frailty is a result of loss of complexity and effectiveness of physiologic responses, particularly manifested in the presence of stressors. To test this theory, we have conducted a series of nested substudies within the Women’s Health and Aging Study II, in which women 85-96 years have undergone multiple low level physiologic stressors, each separated by weeks to months from the other. We present data here from three of these substudies: 1. glucose tolerance testing with resting metabolic rate and metabolic biomarker measurements pre and post; and 2. Taste and swallowing testing with nutritional assessment; and 3. ACTH stimulation testing with assessment of fatigue and stress hormone measurements pre and post. We report here on associations of frailty status and specific components of frailty (waking speed, grip strength, weight loss, and fatigue) with objective measurements of the physiologic response to challenges that are safe to administer in this population. These findings support the potential value of low level stress testing to unmask vulnerability inherent in frailty and pathways by which specific frailty components may be affected.

METABOLIC RESPONSE TO ACTH AND FRAILTY AND FATIGUE IN OLDER WOMEN


The metabolic response to ACTH is poorly characterized in old-old adults and may provide insight into the physiologic response to stress. We performed a standard 250 mcg ACTH stimulation test in a home-based substudy of 51 women aged 85-96 enrolled in the Women’s Health and Aging Study II who were not taking corticosteroids. We examined the cortisol, DHEA, and IL-6 responses at 0, 30, 60, and 120 minutes. Women were found to have adrenal insufficiency. In all women, the cortisol response to ACTH was prolonged, resulting in peak levels at 120 minutes, rather than the expected 30-60 minute timeframe. DHEA and IL-6 responses, along with their associations with frailty and responses to a standardized fatigue questionnaire will be presented. Our data demonstrate a robust cortisol response to ACTH challenge testing, but inadequate negative feedback in older women, resulting in prolonged exposure to cortisol.

TASTE AND SWALLOWING FUNCTION IN THE OLDEST OLD


Alterations in the perception of taste and changes in swallowing occur with aging, which may affect nutritional intake and the eating experience. We examined the ability of 48 women aged 84-95 enrolled in a sub-study of the Women’s Health and Aging II to perceive standardized low and high-concentration solutions of sweet, sour, salty, and bitter taste. We also performed a swallowing evaluation using the 3-ounce water swallow test. The low salt concentration sample was perceived by 51% of women. Identification of sour and bitter tastes were often confused, consistent with population norms. We also found that 70.8% of participants failed at least one of the three swallowing challenge trials. We will summarize the nutritional intake and weight trajectory of participants by taste and swallowing function. Unrecognized dysfunction in taste and swallowing is highly prevalent in the oldest old, clinically relevant, and may be easily detected via simple bedside testing.

METABOLIC RATE DYNAMICS AND FRAILTY CRITERIA: A WHAS II SUBSTUDY


 Declines in energy levels and increased fatigue are important signs and symptoms of the geriatric syndrome of frailty. Changes in metabolism may play a critical role in understanding the pathogenesis of frailty. If metabolic rate is lower in frail older adults, compared to non-frail, it is likely downstream and follows muscle loss. Alternatively, it can be higher and indicate upstream cachexia-like wasting in frail older adults. We performed metabolic rate measurements at rest and after 75g of oral glucose and participation in a standardized protocol. Initial analyses of metabolic rate suggested increased heterogeneity in frailty. We now report principal components analysis reveals two qualitative relationships between metabolic rate dynamics and body weight. Each is associated with self-selected walking speed (multiple regression model p-values for each principal component, PC: PC1 = 0.8; PC2 = 0.04) and grip strength
SESSION 130 (SYMPOSIUM)

RECRUITMENT AND RETENTION WITH TOUCHY TOPICS: ADVANCING NURSING SCIENCE WITH DIVERSE POPULATIONS
Chair: M. Ruiz, UCLA, Los Angeles, California
Discussant: E. Lee, UCLA, Los Angeles, California

Researching sensitive topics has become more challenging as nurse researchers strive to recruit and retain participants for research studies. Only limited existing research address complex sensitive topics, and few guide investigators on ways to approach, recruit, and retain participants from culturally diverse or hard to reach communities. In this symposium, presenters from diverse nursing backgrounds discuss strategies specifically focused on aging research. Gleaned from their research experiences, four presenters will describe strategies for enlisting participants in research studies that deal with such complex issues as health crisis, socioeconomic, gender, and culture related challenges. Discussants will highlight the complexities of recruiting and retaining populations of older Koreans managing diabetes, seniors dealing with elder mistreatment, older women who recently completed treatment for breast cancer, and older homeless Latinos surviving in skid row. The symposium concludes with a discussion that ties the themes together, exploring future directions for aging research with diverse and vulnerable populations.

WOMEN ≥70 YEARS WHO RECENTLY COMPLETED TREATMENT FOR BREAST CANCER: TAILORING RECRUITMENT STRATEGIES
H. Pieters, School of Nursing, UCLA, Los Angeles, California

The median age for a new diagnosis of breast cancer is 61 years, but older women who have experienced the disease are sorely understudied. This presentation will describe the unexpected challenges with recruitment and retention of older women who completed treatment for early stage breast cancer within the past 3–15 months. Lessons learned in the field resulted in problem solving of the many unforeseen demands in participant recruitment. The presentation will focus on implications for future research.

THIS IS NOT A SCREEN FOR ELDER ABUSE: LESSONS LEARNED ENCOURAGING ELDERLY IN THE COMMUNITY TO PARTICIPATE IN ABUSE RESEARCH
C.E. Ziminski1, V.F. Rempusheski2, 1. Nursing, University of California, Los Angeles, Los Angeles, California, 2. University of Delaware, Newark, Delaware

Elders are unlikely to self-report elder mistreatment (EM). Barriers to reporting include fear of retribution, isolation, and dependency of the abuser on the elder. These same barriers to self-report of EM also may affect elders’ participation in research about EM. The aim of this study is to examine perceptions about definitions, barriers and reporting of EM in a sample of community-dwelling elders. The survey consists of three vignettes describing physically abusive situations, and was validated by a content expert panel of community elders. The sample (n=76) was recruited from local senior centers (89.5%) and meals on wheels (10.5%). During recruitment returned surveys were incomplete. Several strategies were implemented to increase participation, including information sessions, face sheets, distribution of surveys with certain activities and reading the surveys to participants. Though recruitment increased, surveys (n=43) still had missing data suggesting EM is a sensitive topic for the community elderly.

LATINOS AGING IN SKID ROW: BRIDGING NURSING SCIENCE AND SOCIAL JUSTICE
M. Ruiz, S.A. Escalante, A.O. Ramirez, UCLA, Los Angeles, California

Getting older has become a financial and physical hardship, as more Americans experience poverty and housing insecurity in older age. Although increasing numbers of racial/ethnic minorities deal with homeless, little is known about older homeless Latinos. Using data from a pilot study conducted in the skid row area of Los Angeles, this presentation will describe pitfalls encountered by faculty and student research assistants in challenging neighborhoods. Strategies for gaining entry, trust, and for developing ongoing relationships with vulnerable communities will be shared. Qualitative data from audiotape interviews will serve to highlight recommendations for advancing aging research, advocacy, and health policy development.

RECRUITMENT AND RETENTION FOR AN EMPOWERING INTERVENTION FOR OLDER KOREAN PARTICIPANTS WITH DIABETES
E. Choi, 1. School of Nursing, UCLA, Los Angeles, California, 2. Inje University, Busan, Republic of Korea

A successful research intervention requires successful recruit and retention of participants. This is particularly true when the intervention requires multiple sessions and a distant measurement of outcomes. It is even more true when the study involves individuals unique cultural group. The diabetes empowerment education program consisted of consecutive sessions for six weeks. HbA1c level was measured to evaluate the effect of the intervention 12 weeks after the six sessions were completed. All participants were Koreans. The study targeted community dwelling Koreans. This paper will describe unsuccessful and successful strategies for recruitment and retention. Particularly important strategies for Koreans were communication and interpersonal relationships for this group dialogue.

SESSION 135 (PAPER)

EVIDENCE BASED EFFORTS TO IMPROVE LONG TERM CARE SERVICES
STATE LONG-TERM SERVICES AND SUPPORTS SCORECARD
S.C. Reinhard, B. Mollica, E. Kassner, A. Houser, Public Policy Institute, AARP, Washington, District of Columbia

This session will highlight findings from the State Long-Term Services and Supports (LTSS) Scorecard, the first performance measure-
ADAPTING EVIDENCE-BASED PROGRAMS TO YOUR

to collect information on their direct service workforce.

Based on the experiences of the initial seven states, a toolkit of infor-

dentiality, data entry, data analysis and reporting, and estimating costs.

administration and follow-up with non-respondents, assuring confi-

titles and service settings, pilot testing and survey refinement, survey

states in tailoring survey instructions to reflect state terminology for job

sion discusses the experiences of seven CMS State Profiling Tool grantee

for each of five individual characteristics of a high-performing system.

By assessing state performance in five dimensions, the Scorecard estab-

ishes a detailed baseline of where states are now and where they can

improve. By identifying the characteristics of a high-performing LTSS

system, the Scorecard provides state and federal policy makers with

clear, obtainable goals for the future.

COLLECTION OF A MINIMUM DATA SET ON THE

DIRECT SERVICE WORKFORCE: EXPERIENCES OF

SEVEN STATES

D. Seavey1, S.A. Larson1, L. Sedlacek2, B. Wright1. 1. The Lewin Group,

Falls Church, Virginia. 2. PHI, New York, New York. 3. University of

Minnesota, Minneapolis, Minnesota

In developing and assessing state efforts to improve access to home

and community based services, a consistent challenge has been that

states lack basic information about the direct service workforce pro-

viding these services. In 2009, the CMS National Direct Service Work-

force Resource Center collected input from several federal agencies and

states to develop a recommended set of minimum data elements. While

existing several national and state data sources provide some informa-

tion about these workers, no state currently collects this information

across all service settings and service recipient populations. This ses-

sion discusses the experiences of seven CMS State Profiling Tool grantee

states in collecting the six recommended core direct service workforce
data elements, through surveys of employer agencies and independent

providers, and to develop systems to continue tracking this information

over time as part of the National Balancing Indicators Project. As part

of the project, the Resource Center developed guidelines to assist

states in tailoring survey instructions to reflect state terminology for job

titles and service settings, pilot testing and survey refinement, survey

administration and follow-up with non-respondents, assuring confi-

dentiality, data entry, data analysis and reporting, and estimating costs.

Based on the experiences of the initial seven states, a toolkit of infor-

mation and resources will be developed to assist other states that seek to

collect information on their direct service workforce.

ADAPTING EVIDENCE-BASED PROGRAMS TO YOUR

NEEDS: IMPLEMENTATION OF PERSON-CENTERED

BATHING IN FIVE NURSING HOMES

K. Revitt, Research, Foundation for Long Term Care, Latham, New York

Responding to stress experienced with traditional bathing techniques,

Bathing Without a Battle (BWOB) was developed and tested for ten

plus years. BWOB, a staff education program focused on a non-phar-

maceutical bathing approach, decreased aggression while offering a bet-

ter bathing experience for bather and person being bathed. The results

were overwhelmingly positive, establishing BWOB as an evidence-

based program that offers those with dementia a more relaxed, even

pleasant, bathing experience without increasing bacterial levels. This

presentation discusses how BWOB philosophy -flexible, creative, per-

son-centered- enables agencies to adapt bathing techniques to meet res-

ident and staff needs, addressing items on the new Quality Indicator

Survey (QIS) that relate to choice in bathing. We will review five nurs-

ing home case study implementations through a project funded by the

NYS Department of Health and managed by the Foundation for Long

Term Care with BWOB Developer Joanne Rader and research evalua-

tion from Brown University. Examples will demonstrate how this evi-

dence-based approach was customized to grantee sites to sustain BWOB,

thus incorporating its tenets into facility culture. The results of Brown

University’s analysis on: physical agitation/aggression, comfort level

and psychotropic medication use; and job satisfaction, turnover and

injuries will be discussed. While evidence-based programs have estab-

lished protocols, BWOB demonstrates that a program with flexibility

as its foundation especially lends itself to successful translation. As

one RN Supervisor responsible for training CNAs said, “I cannot think

of one time it has not been successful because there is no right or wrong;

it’s what the resident is comfortable with.”

SESSION 140 (SYMPOSIUM)

COSTS AND OUTCOMES OF EXTRA CARE HOUSING IN

ENGLAND

Chair: A. Netten, University of Kent, Canterbury, United Kingdom

Extra care housing in Great Britain includes a range of specialist

housing models, from smaller schemes similar to assisted living in the

USA, to larger retirement villages. Although their characteristics vary,

extra care developments aim to provide an integrated approach to the

housing, care and support needs of older people, while helping them to

maintain their independence in their own self-contained, rented or pur-

chased, accommodation. In particular, it has been seen as a possible

alternative to care (residential or nursing) homes. To encourage the

development of extra care housing, the Department of Health in Eng-

land allocated £227 million between 2004 and 2010. However, there is

a lack of evidence about the effectiveness and, particularly, the costs

of extra care housing, relative to care homes. Without this, short term finan-

cial considerations and opportunities for cost-shunting are likely to dom-

inate investment in extra care. The symposium will provide participants

with an overview of an evaluation which covered three villages, each

with approximately 250 units of accommodation, and 16 smaller

schemes. Approximately 1,250 residents participated in the evaluation,

including 800 with care needs, who were followed up at six, 18 and 30

months. Robin Darton will examine the outcomes for residents in rela-

tion to their characteristics on entry. Theresa Bämker will discuss the

costs of extra care, and compare the costs with those for a matched sam-

ple of care home residents. Lisa Callaghan will examine the social well-

being of residents and discuss the relative advantages and disadvantages

of different sizes of scheme.

OUTCOMES FOR RESIDENTS IN EXTRA CARE HOUSING

R. Darton, Personal Social Services Research Unit, University of

Kent, Canterbury, United Kingdom

Comparisons with a 2005 study of care home admissions suggested

that extra care housing may be operating as an alternative for some indi-

viduals, as well as providing for a wider, less dependent population than

care homes. Among the residents included in the follow-ups, physical

functioning tended to deteriorate over time, whereas increasing pro-

portions of those followed up had improved cognitive functioning.

Movers were more dependent on entry than those who remained or who

died, but those lost to follow-up were not more dependent. A survival

model previously developed for care home admissions predicted much

higher death rates for extra care (median 32 months) than were actu-

ally recorded (34% deaths in 30 months). The results will be used to ex-

amine the degree to which residents with differing levels of depend-

ency can be maintained in extra care and identify residents who may

need to move to accommodation with higher levels of support.

64th Annual Scientific Meeting
SOCIAL WELL-BEING OF RESIDENTS IN EXTRA CARE HOUSING

L.A. Callaghan, Personal Social Services Research Unit, University of Kent, Canterbury, Kent, United Kingdom

One of the potential benefits of extra care housing is its ability to promote social interaction and activity participation through the provision of social activities, communal facilities and accessible, enabling design. One strand of the evaluation examined residents’ social well-being in 15 of the schemes. Findings indicated that, one year after moving in, most residents enjoyed a good social life, valued the social activities and events on offer, and had made new friends, suggesting that extra care housing can provide an environment supportive of older people’s social well-being. Some residents, however, reported feeling socially isolated, and barriers to social participation will be discussed alongside ways the schemes had attempted to overcome such barriers. Extra care villages appeared well suited to more active older people, and may offer social advantages over smaller schemes for some, but may not always suit more dependent residents.

COSTS AND COST-EFFECTIVENESS OF EXTRA CARE HOUSING

T.L. Baumker, Personal Social Services Research Unit, University of Kent, Canterbury, Kent, United Kingdom

The costs analyses followed key economic principles. Costs were measured comprehensively to include as many service components as possible, differences in cost between individuals were identified and explored, and costs were related to outcomes. The presentation will report total costs of extra care housing for the sample at six months, the component costs (capital, housing management, health and social care services, living expenses) and the results of a multivariate analysis of cost variation at the individual and scheme level. Equivalent information collected in studies of admissions to care homes in 1995 and 2005 was used to explore comparative costs and outcomes at six months. To achieve an unbiased comparison, statistically matched samples were extracted from the extra care and 1995 datasets. Using change in physical functioning as the primary outcome measure, the results suggested that there is a high probability that extra care is more cost-effective than residential care.

SESSION 145 (SYMPOSIUM)

NEW DIRECTIONS IN RESEARCH ON ELDER MISTREATMENT

Chair: M. Iris, Research, CJE SeniorLife, Chicago, Illinois
Co-Chair: K. Conrad, University of Illinois at Chicago, Chicago, Illinois
Discussant: S.M. Stahl, National Institute on Aging, Bethesda, Maryland

Elder mistreatment poses serious threats to the health and well-being of older adults, including increased mortality, higher risk of nursing home placement, and decreased quality of life. In addition, EM places increased burden on social and health care services. Yet despite several decades of research, we still know little about the efficacy of current interventions for EM, the associated costs, and what constitutes best practice. Furthermore, there is a dearth of research on effective EM prevention and screening strategies or interventions with abusers. A recent report on research issues in elder mistreatment, abuse, and financial fraud called for innovative multidisciplinary approaches to the problem. Although we have seen improvements in identification and tracking of elder mistreatment and exploitation, there is still room for improvement. The symposium will highlight the methodological differences within these studies that could have lead to the prevalence variations for elder mistreatment in community setting. Moreover, we will emphasize the additional methodological challenges when studying elder mistreatment in different racial/ethnic populations and how our group has leveraged the principles of community-based participatory approach to overcome these challenges. This symposium will synergistically complement other symposiums planned during this session.

MEASURING ELDER ABUSE IN A HIDDEN POPULATION: THE LOS ANGELES LATINO STUDY

K. Wilber, Z.D. Gassoumis, M. Riparetti-Brown, Univ. of So Calif., Los Angeles, California

We used Promotores as interviewers to assess the prevalence of elder abuse and neglect in a low income community of Latino elders, a population that may be hard to reach using traditional research approaches. Elder abuse was conceptualized and measured as conflict (psychological aggression, physical assault, and sexual coercion), caregiver neglect, and financial exploitation. Promotores going door-to-door interviewed 200 Latinos over age 65. The prevalence of all types of
abuse/neglect was 40.4%, which is much higher than other regional and national studies. Only 1.5% of the sample had reported abuse to Adult Protective Services (APS), which is comparable to the 1.8% of elders reported to APS as abuse victims from this community. This study highlights the importance of using culturally competent methods to ensure that older adults who may be unlikely to participate in traditional research studies are given a reasonable opportunity to be included in research on elder abuse.

**METHODOLOGICAL CONSIDERATIONS IN ELDER MISTREATMENT RESEARCH WITH ETHNIC MINORITIES**

L.L. Jervis, Anthropology, University of Oklahoma, Norman, Oklahoma

This presentation examines the identification and measurement of elder mistreatment among ethnic minorities, with examples from a research project on mistreatment among older American Indians. It focuses primarily on the research design: Differing conceptualizations and definitions of elder mistreatment; researcher access to communities and their willingness to participate in studies; and the accuracy of participants’ responses—especially important with groups who have valid reasons to be distrustful of research given their histories of subjugation by the dominant society. Moral and practical dilemmas involved in determining abuse in situations where there is intracultural and/or intercultural uncertainty will be highlighted, as will the stakes involved in “getting it right.” From a methodological standpoint, the presentation suggests incorporating qualitative methods other than focus groups, exploring the usefulness of privacy enhancing survey technologies, and employing mixed methods that allow for triangulation of findings.

**SESSION 150 (POSTER)**

**CIVIC ENGAGEMENT, VOLUNTEERISM, AND EDUCATION**

**AN INVARIANT MODEL OF SUPPORT, JOB SATISFACTION, AND AFFECTIVE COMMITMENT AMONG MANAGERS OF OLDER VOLUNTEERS**

S.B. Maitland, B. Gottlieb, 1. Family Relations & Applied Nutrition, University of Guelph, Guelph, Ontario, Canada, 2. Department of Psychology, University of Guelph, Guelph, Ontario, Canada

Based on Cutrona and Russell’s (1990) formulations of optimal matching between types of support and supportive needs, as well as self-verification (Swann & Brown, 1990) and exchange (Blau, 1964) theories, we used SEM to develop a multidimensional measurement model of support specific to managers of volunteers. This unique sample was comprised of 314 managers of older volunteers (94% female) included 9% who were under 30 years of age, 25% were 30–40 years old, 32% were between 41–50, and 33% were 51–65 yrs old with 1% over 65. Dimensions in the model included: support gained from the organization, co-workers, volunteers, and the value-expressive nature of the work. This model of support significantly predicted the managers’ job satisfaction, which mediated the relationship between support and affective commitment, with value-expressive nature of the work being the strongest predictor. The measurement model was found to be invariant across managers with greater and less than 10 years of work experience. Latent mean differences revealed that more experienced managers demonstrated higher levels of volunteer attachment and expressive nature of their work. The findings highlight the importance of sources of workplace support that shore up employees’ valued identities.

**SECOND GENERATION SERVICE-LEARNING IN GERONTOLOGY: WHAT WORKS?**

P. Roodin, experience-based education, sunny oswego, Oswego, New York

Service-learning in gerontology has become an important pedagogy, in use in undergraduate and graduate courses. This session will focus on a discussion of “What Works?” Participants will understand current best practices and outcome evaluations from a review of published research. By examining the strategies and instructional design adopted in highly successful or model programs, it will be possible to identify common characteristics or essential features. It will also be possible to examine the strategies that have not proven successful. By reviewing these data, it will also be possible to evaluate the assumptions underlying various models of service-learning. Some models provide service TO older adults, while others provide service WITH older adults as partners etc., inter-generational service-learning. Exploring the assumptions in this and other models will provide insights into how service experiences are best identified and how service-providers/students can best work with older adults in different settings.

**PERCEPTIONS OF VOLUNTEERISM AND DECISIONS TO VOLUNTEER AMONG KOREAN OLDER ADULTS**

H. Shin, E.L. Csikai, N.S. Park, L. Roth, 1. The University of Alabama, Tuscaloosa, Alabama, 2. The University of South Florida, Tampa, Florida

Volunteerism has long been seen as a positive civic engagement activity for people of all ages in the Western countries. It has only recently taken on a similar importance in Korea and is being promoted by the government as a way that older adults can be productive in later life and meet the needs of a rapidly aging Korean society. Because the majority of research on Korean volunteerism is primarily descriptive, this study was designed to gain an in-depth understanding of the perceptions about and decisions to volunteer among older adults. A phenomenological qualitative study explored the lived experiences of Korean older adults about the phenomenon of volunteerism. Data were collected from thirty older adults, ages 60 and older, including 20 volunteers and 10 non-volunteers, who were recruited from one senior welfare center in Seoul and one community welfare center in Guangmyeong City. Two volunteer decision-making process models: initial decisions to engage in volunteering and decisions to continue volunteering, emerged from the data. Background contextual factors (individual characteristics, cultural factors, personal life experiences) and a range of facilitators/barriers (including internal motives, attitudes about aging, definitions of volunteering and recruitment and supportive strategies) seemed to be linked to the decision-making processes. The results suggested that strategies and policies to recruit and retain volunteers must be further developed and targeted to each specific group. Policy change and media efforts to combat ageism may be helpful in recruiting new volunteers, while increased emotional support, ongoing training, and recognition programs may help with retention.

**KOREAN OLDER ADULTS’ PERCEPTIONS ABOUT VOLUNTEERING WITH OLDER ADULTS IN HEALTH CARE SETTINGS**


Because the aging population in Korea is growing rapidly, corresponding increases will be seen in the number of healthy older adults and older adults who need assistance with a range of health concerns. Senior volunteerism is being promoted by the Korean government as a promising way to engage older healthy adults in productive aging activities. Through these activities it may be possible to meet needs of older adults in various health care settings in a cost-effective way. However, little is known about older adults’ interest in volunteering with older adults in formal health care settings. In this phenomenological qualitative study, data were collected via semi-structured in-depth interviews with 30 community-dwelling older adults (ages 60–79) in two metropolitan cities in Korea. Four salient themes related to motivations to volunteer with older adults in health care settings emerged from the
data: attitudes about themselves; attitudes toward older care recipients;
attitudes about health care settings; and volunteer investment for future
care needs. Many participants were not confident in their abilities to be
able to assist older adults and expressed reluctance to volunteer with
older adults; believing that older care recipients would not want an older
person helping them. They also described health care settings as places
to avoid if possible. The data revealed that educational efforts should
be targeted to dispel cultural misconceptions of aging and negative
attitudes about health care settings. In addition, recruitment strategies
must be designed to both support decisions to volunteer and recognize
volunteers’ contributions to the community.

CIVIC ENGAGEMENT PROGRAM FOR SENIORS LIVING
IN EXTREME POVERTY: AN INTERVENTION AND
COMMUNITY SOLUTION
L.I. Stevens1,2, I. Min1, 1. San Diego State University, San Diego,
California, 2. Senior Community Centers, San Diego, California

Civic Engagement is a concept considered primarily for older adults
in moderate to high socioeconomic status. Little is known how civic
engagement programs would benefit vulnerable at-risk older adults. An
innovative approach to improving social engagement among low-income
older adults has been developed at a large senior wellness center in
Southern California. The purpose of this study is to report on prelimi-
nary findings of the effects of a Civic Engagement (CE) program on
seniors living in extreme poverty. The aim of the CE program is two-
fold: addressing and acting on community needs, and increasing par-
ticipants’ social engagement. The CE program provides weekly meet-
ings, steering committees, community outreach, and political activism.
This study assessed physical, mental, and social aspects of 18 CE pa-
ticipants by using qualitative and quantitative measures. They were pri-
arily African American and Caucasian aged 60 or older, 72% living
alone, and all living 100% below the poverty line. The level of physi-
cal and mental health as measured by SF12v2 were 45.3, and 38.9,
substantially below 50. The level of social support from family and
friends was very low, showing 21.33 from the Lubben’s Social Support
Scale. Themes from qualitative measures indicated that most partici-
pants have experienced isolation and used involvement with this pro-
gram as a way of overcoming this isolation. CE activity, involvement,
and learning were imperative aspects enhancing participants’ social
engagement. The impact and implication of an innovative solution on
low-income older adults’ social engagement and unmet needs of a com-
munity will be discussed.

AN EXAMINATION OF HOSPICE VOLUNTEERS’
MOTIVATION AND POLITICAL ORIENTATION
K. Kirilova, G.Q. Zhan, Kennesaw State University, Kennesaw,
Georgia

The number of elderly citizens in the United States continues to grow.
Older population presents new challenges, as increasing numbers require
the need of extra formal and informal care. Hospices provide emotional,
medical, physical, and spiritual support for this vulnerable population.
One of the important aspects of the hospice is the volunteers. They
promote compassionate care. Hospice volunteers’ motivation plays a
major role in the quality of services provided, and it also affects the
training and recruiting procedure of the volunteers. Previous research
showed that the hospice volunteers expressed a high level of intrinsic
motivation (altruism). Research also shows that political orientation and
altruism are correlated. Based on these previous findings, our study
examines the relationship between the type of motivation in a group of
hospice volunteers in the southeastern part of US and their political
orientation. This poster will present systematic analyses of the differ-
ent types of motivation found in our participants, and the types of politi-
cal preferences they have. It will also report the results on any rela-
tionship between our participants’ motivation and political preferences.
After reading the poster, the conference participants will have a better
understanding of the type of motivation embedded in hospice volun-
tees, and will also understand how political preferences can affect the
type of motivation in volunteers. The findings may have implications
for recruiting and training of hospice volunteers, thus improving the
quality of the care.

IT’S GOING TO HELP ME HELP SOMEONE ELSE: USING
CBPR TO DEVELOP A PEER MENTORING PROGRAM FOR
AFRICAN AMERICAN CAREGIVERS
A.D. Robinson, School of Social Work, University at Buffalo, Buffalo,
New York

Well-documented health disparities are exacerbated by caregiving
among African Americans, who rely more on informal supports and care
for their elders at home longer than their white counterparts. Peer-to-
peer interventions are an evidenced-based mechanism for addressing
health disparities by building on the natural strengths of the commu-
nity and may hold the key to reducing health and mortality risks related
to the burdens associated with caregiving demands. The purpose of
this study was to use community based participatory research methods
to develop and pilot a peer-to-peer mentoring program for African Amer-
ican caregivers uniquely suited to their needs and strengths. Thirteen
experienced caregivers were asked in a semi-structured, focus group
interview to identify information, resources, and training needs as well
as content delivery methods. Discussions were audio-recorded, tran-
scribed, and analyzed for themes. A second focus group was held for
member checking the draft curriculum. The resulting 4-session, 8-hour
curriculum addressed the mentoring role as well as caregiving-specific
knowledge, skills, and resources needed by mentors. Five caregivers
participated in pilot testing the training program. Preliminary qualita-
tive analysis suggested gains in participant knowledge and satisfaction
with the program. Other emergent themes suggested extant mentoring
activity prior to training and the identification of patient advocacy skills
as a critical focus of mentoring. This pilot study is a first step toward
determining the feasibility and utility of peer mentoring as a mecha-
nism for building community capacity to address caregiving-related bur-
den and resultant health disparities among African American caregivers
through information sharing, skill building, and support.

SESSION 155 (POSTER)

COGNITION, DEMENTIA, AND MENTAL HEALTH

THE RELATIONSHIP BETWEEN SUBJECTIVE MEMORY
AND AFFECT IN BLACK AND WHITE OLDER ADULTS
WITH CIND AND DEMENTIA
N.M. Reed, Gerontology, Georgia State Univ, Atlanta, Georgia

This secondary data analysis of the Health and Retirement Study
– Aging, Demographics, and Memory Study(ADAMS)examines the
relational differences between black (n=81) and white (n=303) older
adults in subjective cognition, depression, and anxiety, according to
cognitive impairment with no dementia (CIND) and dementia status.
With a cross-sectional design, this study consists of 384 older adults
between ages 72-105. Participants completed the Mini-Mental State
Examination to measure general cognition. Anxiety and depression
were measured by the Neuropsychiatric Inventory (NPI). Subjective
memory was measured by the Health and Retirement Study (HRS)
Self-report Memory Questionnaire. Independent t-tests and Pearson
correlation analysis were employed to determine differences between
the black (CIND=43, dementia=38) and white (CIND=187, demen-
tia=116) groups. Results demonstrated that blacks reported slightly
worse subjective memory than whites in both cognitive groups. Whites
in both groups had significantly better general cognition; anxiety/depression were significantly related in blacks and whites with
CIND and moderately related in dementia groups. Subjective mem-
ory and gender were slightly related in blacks in the dementia group and subjective memory and age were related in whites in the dementia group.

LIFE DOMAINS AFFECTED BY A DIAGNOSIS OF DEMENTIA ACROSS TIME

S.M. Zoller, B. Carpenter, Psychology, Washington University in St. Louis, St. Louis, Missouri

A diagnosis of dementia can have a significant impact on the lives of patients and caregivers. The disease can transform multiple domains of life, and its reach can expand as the disease progresses. In this study we followed 65 patients and caregivers for one year after the patient’s new dementia diagnosis. We tracked self-reports of which life domains were affected, comparing perceptions within dyads. Patients and caregivers were consistent about which life domains were most altered. 39% of patients and 55% of caregivers reported that living with dementia had affected their relationship with their partner; 17% of patients and 35% of caregivers said dementia had affected their social life; 35% of patients and 42% of caregivers said living with dementia had affected their mental health. Across time, an increasing proportion of caregivers but decreasing proportion of patients reported changes in their lives due to dementia. Within dyads, there was substantial disagreement about whether the disease had an impact on their relationship. Over time that disagreement grew, with more patients (39%) concerned about the relationship impact relative to caregivers (4%). These results suggest that dementia has a broad impact in the first year of living with the disease, affecting multiple domains of life, and affecting them differentially for patients and caregivers. Individual relationship to the disease and related roles and responsibilities may account for the discrepant, but consistently substantial impact of dementia. Sharing perceptions of the disease within couples might enhance positive adjustment to a new dementia diagnosis.

EVALUATING THE ASSOCIATION BETWEEN BEHAVIORS AND NURSING HOME PLACEMENT FOR PERSONS WITH ALZHEIMER’S

C.N. Porter, M. Lane, D. Davis, C. Cormann, K. Sarsour, K. Kahle-Wrobleski, 1. University of South Carolina, Columbia, South Carolina, 2. Eli Lilly and Company, Indianapolis, Indiana

Multiple factors influence placement of a person with Alzheimer’s disease (AD) into a nursing home. The purpose of this cross-sectional case-control study was to characterize the influence of behavioral disturbances (BD) on nursing home admissions (NHA). This poster describes the basic methodology of the study. The sample was drawn from the South Carolina Alzheimer’s Disease Registry. 41,069 persons were identified with AD as being eligible for the study. Individuals were identified as study cases if they had entered a nursing home within six months of study initiation or as study controls if they remained in the community but were nursing home eligible. Study eligibility was confirmed by an initial caregiver/patient report of a physician diagnosis of AD that was verified through other registry data sources via ICD-9-CM codings of AD (ICD-9-CM Code 331.0) or Pre-Senile Dementia due to AD (ICD-9-CM Code 290.1). In addition to information from the nursing home eligibility assessment, a telephone survey was conducted with caregivers that included the Neuropsychiatric Inventory, Zarit Burden Inventory, and other validated tools. A caregiver was defined as a person spending at least 4 hours per day at least 4 days per week with the person who has AD. The sample included 363 cases and 342 controls matched on age within 5 years, race, gender and closest assessment within 120 days. Interview response rate was 72%. Analysis of the association between behaviors and nursing home placement using this population and design are discussed.

PERSONHOOD IN DEMENTIA AND THE LONG-TERM CARE ENVIRONMENT: AN EVOLUTIONARY CONCEPT ANALYSIS

M. Clapsadl, A.H. Burfield, University of North Carolina at Charlotte, Charlotte, North Carolina

The concept of personhood in health care is well recognized as person-centered care becomes the new standard of care. However, this concept is not well developed in the context of persons with dementia; a growing population with a variety of needs. Clarification and further development of the concept of personhood in the context of dementia and long-term care is needed, as well as a more holistic understanding of its use by discipline. Utilizing Rodgers’ evolutionary concept analysis methodology and thematic content analysis, research based literature on personhood as perceived by older adults with dementia have been reviewed and analyzed. The philosophical underpinnings of the concept were also reviewed through a systematic literature search. In addition, an exemplary case of the concept in action is presented with the evolution of personhood throughout the course of dementia.

THE IMPACT OF THE RESIDENT’S COGNITIVE STATUS ON NURSING HOME STAFF KNOWLEDGE OF PERSONHOOD

L. Compere, B. Buron, Nursing, University of Arkansas, Fayetteville, Arkansas

Preservation of personhood, the root of individual identity, is essential to the progressive movement of person-centered dementia care. Unfortunately, it is difficult for nursing home staff to truly know a resident’s identity, including likes/dislikes/interests when residents suffer from progressive cognitive and communication deficits often associated with dementia. The purpose of this research is to explore the correlation of two factors (resident cognitive status, and nursing staff characteristics) with nursing staff knowledge, and hence preserved personhood among nursing home (NH) residents living with dementia (RLWD). The research will involve 90 nursing staff and 36 residents from three similar NHs. Nursing staff participants will complete self-administered questionnaires to indicate their occupational role, education, length of employment, and number of past employments in NHs. They will also complete questionnaires to assess knowledge of individual resident participants, consistently under their care, in three areas: resident’s family, past jobs/careers, and past and current dislikes/likes/interests. The Brief Interview for Mental Status (BIMS), a section on the Minimum Data Set 3.0, will be used to categorize residents into varying degrees of cognitive impairment. Bivariate correlation will be used to evaluate the degree of relationship between resident cognitive status and staff characteristics with nursing staff knowledge about RLWD in their care. Findings from this study will add to the existing research in personhood and person-centered care. The results may contribute to excellence in the future of dementia care giving through the identification of ideal caregiver qualities to best preserve future resident personhood among the inevitable progressive dementia disease.

EXAMINATION OF THE MONTREAL COGNITIVE ASSESSMENT (MOCA): FINDINGS FROM THE ALABAMA VETERANS RURAL HEALTH INITIATIVE

M.M. Hilgeman, A.F. Mahaney-Price, S. Kertesz, L. Davis, 1. Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, 2. The University of Alabama, Tuscaloosa, Alabama, 3. Birmingham VA Medical Center, Birmingham, Alabama, 4. The University of Alabama at Birmingham, Birmingham, Alabama, 5. University of Alabama School of Medicine, Tuscaloosa, Alabama

The Montreal Cognitive Assessment (MoCA; Nasreddine et al., 2005) has emerged as a promising cognitive screening instrument that addresses weaknesses of other tools by increasing sensitivity for mild cognitive deficits. However, question about optimal cut-off scores has
been raised in more recent studies (e.g., among community-dwelling older adults in the southeast). The current analyses expanded previous validation work by examining performance on the MoCA in an all rural sample. Participants included 167 veterans [M=55.3 years old (SD=15.18), 91.6% male, 39.5% Black/African American and 1.2% Hispanic/Latino] who completed baseline assessment of the Alabama Veterans Rural Health Initiative. Veterans not currently enrolled or receiving services through the VA healthcare system were eligible for the larger study (N=203). Descriptive analyses revealed that individuals in this sample scored M=23.95 (SD=4.33) on the 30-point scale after adding educational adjustments (1 point for high school or less) to 85% (N=175) of the study sample. Using the original proposed cut-off score of 26/30, 66.5% (N=111) performed in the impaired range. However, application of the more conservative cut-off score of 23/30 suggested by Luis and colleagues (2009) results in 39.5% (N=66) performing in the impaired range. Analyses of variance using 23 as a cut-off score revealed significant differences between groups (p<.01) for age and across all seven domains (e.g., visuospatial/executive, naming, attention, delayed recall, orientation, etc.). Caution in application of cognitive screening measures to rural populations should be observed; however, rates of undetected cognitive impairment may be quite high in this underserved and at risk subpopulation.

MEASURING HOPE IN INDIVIDUALS IMPACTED BY COGNITIVE IMPAIRMENT

Hope has been explored as an important construct related to coping and adaptation at times of great loss or suffering. While hope has been explored across several disease processes, there is less understanding of its meaning among individuals with cognitive impairment and their family caregivers. This exploratory study of a secondary dataset (N=99) aims to examine the psychometric properties of the Herth Hope Index (HHI) among individuals with cognitive impairment (mild cognitive impairment and early dementia), their family caregivers, and healthy controls with no cognitive impairment. The sample was predominantly female (61.0%) and white (86.7%). The HHI had high internal consistency (Cronbach’s alpha = .87) and all items had high corrected item-total correlations. Using principal components analysis, the HHI had a one-dimensional structure that explained 45.31% of the variance. Among a subsample of individuals with cognitive impairment and healthy controls (n=59), hope score was significantly negatively correlated with scoring on the Hamilton Rating Scale for Depression (r = .26, p = .048) and positively correlated with satisfaction with support from family and friends (r = .51, p <.001). Hope scores were not correlated with insight into illness or performance on neurocognitive testing. More work is needed to understand how hope is conceptualized within this population, as it may be an important coping mechanism when faced with a progressive illness such as dementia.

REGIONAL VARIATION IN THE EFFECT OF RACE ON DEPRESSION: RESIDENCE IN EARLY LIFE VS. CURRENT RESIDENCE
J. Brown1, S.M. Lynch1, 1. Sociology and Gerontology, Miami University, Oxford, Ohio, 2. Princeton University, Princeton, New Jersey

Substantial research includes U.S. region as a predictor in models of health-related outcomes. The implicit basis for inclusion of regional predictors is cultural variation across these diverse contexts such as the prominence of fried food in Southern cooking. Other sources of regional disparities, however, are largely ignored. For example, the history of racial prejudice is different across U.S. regions, and this difference in geo-historical context likely heightens stress for racial minorities, especially for African-Americans. Additionally, whether one is socialized into contexts where race is historically more salient or whether one currently resides in such regions may relate to health outcomes differently. We use HRS data from 1998-2008 to longitudinally model regional effects on depressive symptoms in whites and African-Americans using three different measures: (1) current region, (2) birth region, and (3) school-age region. We find birth and school-age region are most important in differentiating health across regions. Implications are discussed.

SOCIAL SERVICE UTILIZATION BY DEPRESSED HOMEBOUND ELDERLY

Frail older adults who do not receive necessary supportive services are at high risk for depression, and symptoms of depression have been linked to higher utilization of health and mental health care. Social isolation, medical co-morbidity and physical impairment are positive predictors of depression but are also barriers to obtaining care. The purpose of this project was to determine whether the quantity and types of social services used by community-dwelling older adult care management clients differed by severity of depression symptoms as measured by the Patient Health Questionnaire (PHQ-9). This study included 162 clients a age 60 who accessed care management services. Care managers (CM) assessed each client’s service needs at intake. The PHQ-9 was administered within two weeks of intake and then again after 30 days. Service utilization between intake and follow up PHQ-9 included the number of interactions between care manager and client, contact type (phone or in-person), and the types of service referrals made by...
the care managers. The sample was 73% female; 70% white. Clients PHQ-9 scores were distributed as follows: 29% < 5; 30% < 10; 16% 10-14; 25% ≥ 15. Clients with severe depression used more mental health and legal services than those with no, mild or moderate depression. Phone contacts between care managers and clients increased as the PHQ 9 score increased. Depressive symptoms are associated with utilization of community-based social work services, with implications for service system design.

OLDER ADULTS AND PERCEPTIONS OF BURDEN TO OTHERS

Evidence suggests perceived burdensomeness (PB) may be an important mediator of depressive symptoms and suicide ideation among community-dwelling older adults (Jahn, Cukrowicz, Linton, & Prabhu, 2011). However, the literature regarding PB in later life has largely focused on those with advanced medical illness (e.g., Wilson, Curran, & McPherson, 2005), with limited information regarding PB in older adults who are not dealing with a terminal illness. This study investigated PB among a community sample of older adults, using a 10-item burden subscale derived from the Interpersonal Needs Questionnaire (INQ; Joiner et al., 2009). Participants (N = 230, M age = 73.0 years, SD = 6.92, age range: 64–96) completed the INQ, Geriatric Anxiety Scale, Patient Health Questionnaire, Geriatric Suicide Ideation Scale, Beck Hopelessness Scale, RAND 36-Item Health Survey, and Sense of Belonging Inventory. PB had medium-to-large positive correlations with anxiety (r = .40), depression (r = .50), suicide ideation (r = .51), and hopelessness (r = .42) and negative correlations with physical health (r = -.22), and belonging (r = -.54). Simultaneous multiple regression assessed the relative contribution of each predictor variable. The total variance explained by the overall model was 38.2%, F(6, 203) = 22.54, p < .001. Depression was the only significant positive predictor (β = .24, p < .01), whereas belonging was the only significant negative predictor (β = -.31, p < .001). Results provide basic information regarding the correlates of PB among community-dwelling older adults and suggest PB should be assessed clinically.

THE RELATION OF EGO-INTEGRITY TO MENTAL HEALTH IN OLDER ADULTS WITH MODERATE DEPRESSIVE SYMPTOMS
S. Lamers, G. Westerhof, J. Korte, E.T. Bohlmeijer, Psychology, Health & Technology, University of Twente, Enschede, Netherlands

In Erikson’s theory of psychosocial development, the psychosocial issue of the last life-stage is centered on ego-integrity versus ego-despair. This psychosocial issue is based on life-review and the assumption that older adults reflect upon their past. Integrity involves feelings of meaning and acceptance, whereas despair involves feelings of regret about the course of one’s life. This study examines the relation of ego-integrity to mental health in a sample of Dutch older adults with moderate depressive symptoms (40-82 years; N = 174). This study uses the baseline data of an RCT on the effectiveness of life-review therapy as guided self-help. The Northwestern Ego Integrity Scale was used to measure ego-integrity and ego-despair. Both positive mental health, using the Mental Health Continuum-Short Form, and psychopathology, using the Brief Symptom Inventory were measured. Results show that higher integrity and lower despair are related to higher positive mental health, with the strongest relations for integrity. Despair is positively related to psychopathology. Moderator analysis of ego-integrity and age to psychopathology shows that integrity is also negatively related to psychopathology, but only in the youngest age group of 40-55 years. The results remain when controlled for age, gender, educational level and subjective health. In conclusion, both ego-integrity and ego-despair are related to mental health in older adults with moderate depressive symptoms. This suggests that promotion of ego-integrity by increasing feelings of meaning and acceptance in one’s life might be an effective target in interventions to increase older adults’ mental health, such as in life-review therapy.

THE TRAJECTORY ANALYSIS OF DEPRESSION AND LIFE EVENT: USING LATENT CLASS GROWTH MODELS
T. Nakata, Hokusei Gakuen University, Sapporo, Japan

The aim of this study is to examine the differences in depression trajectories and life events as factors among elderly Japanese people. It is said that one of the health problems among later life is depression. To examine the individual trajectories in depression, panel data is needed in the strict sense, though cross-sectional data is sometime applied. Therefore latent class growth models, which can deal with count variables, for estimating developmental trajectories using SAS PROC TRAJ was applied. This study employed the National Survey of the Japanese Elderly, from wave I (1987) to wave IV (1996), which was conducted by Michigan University and Tokyo Metropolitan Institute of Gerontology. The independent variable was a shortened version CES-D scale, which was measured by seven items. Age was used as a dependent variable. Dummy variables of occupational status and marital status, which were used as life events, were time varying covariates. This indicated retirement and loss of spouses. Education and gender are used to identify the factors for time fixed factors. The results of this analysis are as follow: 1) Dividing into three classes was adequate through the goodness of fit tests. 2) While the first class showed stable low depression, the others increased. 3) Gender was significant for the group division, but education was not. 4) Occupational and marital status were not significant in the third significant. These results show that there exists a gender difference in depression and life events always do not have impact on the mental health.

LIFE-REVIEW THERAPY FOR OLDER ADULTS WITH MODERATE DEPRESSIVE SYMPTOMS: A PRAGMATIC RANDOMIZED CONTROLLED TRIAL
J. Korte1, E.T. Bohlmeijer1, P. Cappeliez2, F. Smit1, G. Westerhof1, 1. University of Twente, Enschede, Overijssel, Netherlands, 2. University of Ottawa, Ottawa, Ontario, Canada, 3. Netherlands Institute of Mental Health and Addiction, Utrecht, Utrecht, Netherlands

Although there is substantial evidence for the efficacy of life-review as an early treatment of depression in later life, the effectiveness in its natural setting has not been studied and most trials included relatively small sample sizes. Therefore, the present study evaluates a life-review therapy intervention in a large, multi-site, pragmatic randomized controlled trial. Compared with care-as-usual (n=102), the life-review therapy intervention (n=100) is effective in reducing depressive symptoms, at post-treatment, and three months follow-up, and for the intervention condition also at nine months follow-up. Moreover, the likelihood for a clinically significant change in depressive symptoms was significantly higher. In addition, small significant effects were found for symptoms of anxiety and positive mental health. To identify groups for whom the intervention is particularly effective, moderator analyses were carried out (on demographics, personality, reminiscence functions, clinically relevant depressive and anxiety symptoms, and past major depressive episodes). These analyses showed only two significant moderators, the personality trait extraversion and the reminiscence function boredom reduction. Qualitative analyses on the clients’ perspective showed that it is not only the integration of life experiences itself that makes the intervention effective. Social aspects are of equal importance. Furthermore, even participants who did not profit with respect to depressive symptoms experienced relief. To summarize, this study shows the
effectiveness of life-review therapy as an early intervention of depressive symptomatology in ecologically valid circumstances which is applicable to a broad target group.

DEPRESSION AS A RISK FACTOR FOR SURVIVAL AFTER A DEMENTIA DIAGNOSIS

J.Y. Jang1, N.L. Pedersen1,2, M. Gatz1,2, 1. Psychology, University of Southern California, Los Angeles, California, 2. Karolinska Institutet, Stockholm, Sweden

The objective of the present study was to investigate the association between co-morbid depressive symptoms and the duration of survival in patients with dementia. The sample included 383 individuals from the Study of Dementia in Swedish Twins (HARMONY), who received a diagnosis of dementia following a complete clinical work-up. In order to establish statistical independence, we randomly eliminated one twin from any dementia-concordant pair. Each twin had a study informant who reported the twin’s neuropsychiatric symptoms on the Neuropsychiatric Inventory (NPI). The difference between the age at death and the age of onset provided the duration of survival. Simple t-tests revealed no significant sex and zygosity differences in the number of years the twins lived after the onset of dementia. A multiple linear regression model, including sex and age of onset as covariates, found a significant negative relationship between the NPI Depression score and the duration of survival (p<.05). This finding offers some evidence that co-morbidity of depression in patients with dementia may have aversive effects on survival. Further research may help us to understand the importance of emotional health in progression of dementia and longevity of people who suffer from the disease.

THE COMPLEX RELATIONSHIP BETWEEN SOCIAL SUPPORT AND DEPRESSION: THE SIGNIFICANCE OF PATIENT SATISFACTION AND MEDICATION ADHERENCE


The relationship between social support and depression has received considerable research attention, however, the factors that mediate this relationship are poorly understood. We examined baseline indicators of social support with depression and antidepressant adherence outcomes 7- and 18-months later in a sample of 761 VA primary care patients with depression (mean age = 60). Although baseline tangible social support was linked to lower depression at 18 months (p = .02), it was not significantly associated with medication adherence. We used logistic regression to examine the relationship between patients’ satisfaction with their VA providers’ involvement of family members in their care and three dichotomous indicators of medication adherence. Higher satisfaction with family involvement at baseline was significantly associated with worse adherence on all indicators at 7- and 18-months. In an attempt to clarify these findings, we found that 58% of the 434 participants who were “somewhat” to “very satisfied” with family member involvement reported that providers involved family members “very little” to “not at all” in their care (X2 (12) = 152.6, p < .001). This suggests the possibility that depressed patients’ satisfaction with limited family involvement may contribute to negative treatment adherence. It may also be that more depressed patients are less amenable to reaching out to others, thus experiencing sustained depressive episodes.

Additional research is needed to clarify these findings before causal conclusions can be drawn. Better understanding of the treatment impact of family involvement in care may particularly benefit aging patients who experience social isolation.

DEPRESSION AND MORTALITY AMONG THE OLDEST OLD

Y. Rottenberg, J.M. Jacobs, J. Stessman, Geriatrics and Rehabilitation, Hadassah Hebrew-University Medical Center, Jerusalem, Israel

Purpose: The causal relationship between depression and mortality is complex, and among the oldest old the association between depression and mortality has yet to be validated. Methods: The Jerusalem Longitudinal Study (1990-2010) is a historical prospective study of a representative community-dwelling cohort, born 1920-21. At age 85 comprehensive assessment of physical, functional, and psychosocial domains was performed (n=1124). Depression was defined as ≥2 by the 5 items Geriatric Depression Scale. Mortality data were collected from age 85-90. Proportional hazards models controlled for social, functional and medical confounders, in addition to gender. Results: A total of 354 subjects (31.5%) died throughout 5-year follow-up. Depression prevalence was 30.0% (n=337) at age 85. During the 5-year follow-up, among depressed subjects 38.6% (130/337) died versus 33.1% (174/527) among non-depressed subjects (p<.0001). Depression was associated with mortality in the social model (HR=2.03, 95%CI: 1.57-2.62) after controlling for financial status, marital status and loneliness, and the functional model (HR=1.35, 95%CI:1.05-1.73) which controlled for physical inactivity, frequency of leaving the house, and ADL dependence. However, after controlling for medical variables (diabetes, IHD, hypertension, cancer, smoking, dementia, joint or back pain and poor self-rated health), the association between depression and mortality was not significant (HR=1.28, 95%CI:0.98-1.67). Furthermore, the association was further attenuated in the combined model, which included all the above confounding variables (HR=1.14, 95%CI:0.87-1.49). Conclusions: The association between increased 5-year mortality and depression at age 85 became insignificant after controlling for medical comorbidity, suggesting that the oldest old may be resistant to the negative effects of depression.

HEALTH PREDICTORS OF CES-D-8 DEPRESSION IN THE LONGITUDINAL DATA OF THE HEALTH AND RETIREMENT STUDY

R.F. Kennison1, J. Cox2, 1. Psychology, Calif State Univ Los Angeles, Los Angeles, California, 2. Veterans Administration Sepulveda, Los Angeles, California

Diseases, such as diabetes and arthritis, are known to predict depression in older age but their effects on depression in middle adulthood are less clear. To assess this question, longitudinal data of the CES-D-8 depression scale (N = 24,000) from the Health and Retirement Study was analyzed with two-piece spline models from ages 45 to 99. Based on the results from an exploratory multivariate adaptive regression splines (MARS) analysis, the change point was fixed at age 71. Predictors of the intercept and splines included self-reported: back problems, lung disease, arthritis, diabetes, high blood pressure, heart disease, cancer, stroke, gender, and education. Declines in depression score were observed from ages 45 to 71 while increases were observed from ages 71 to 99. With the exception of cancer and high blood pressure, all of the predictors affected the intercept. Predictors of the 45 to 71 age spline were back problems, arthritis, diabetes, gender, and education. Predictors of the 71 to 99 age spline were back problems, lung disease, arthritis, diabetes, high blood pressure, stroke, gender, and education. Heart disease and cancer did not reliably predict depression. While many of the same diseases were found to predict both age splines, vascular diseases only appeared as predictors of the older age spline.
HEAVY FOCUS ON INDEPENDENCE MODERATES THE RELATION BETWEEN DEPRESSIVE SYMPTOMS AND SUICIDAL BEHAVIOR IN YOUNGER AND OLDER ADULTS
P. Bamonti, P. Prentice, E.C. Price, J.J. Gregg, T. Fallen, A. Fiske, West Virginia University, Morgantown, West Virginia

Identification of older adults at risk for suicide is crucial for prevention efforts. Depression is a known predictor of late life suicide; however only a minority of depressed older adults engage in suicidal behavior, suggesting other factors are contributing to risk. Investigating the factors that moderate the depression-suicide relation may offer information for intervention and prevention efforts. Previous research has focused on the influence autonomy has on well-being in late life. Autonomy is a cognitive style characterized by a heavy emphasis on personal independence and need for control. More autonomy has been associated with more severe depression and suicidal behavior. However, it remains unknown whether autonomy modifies the relation between depression and suicide. The purpose of the current study was to examine the association between autonomy and suicidal behavior in younger and older adults. In particular, we hypothesized that autonomy would moderate the relation between depression and suicidal behavior. 79 community dwelling adults (60 years and older) completed paper and pencil questionnaires including the Personality Style Inventory-II, the Center for Epidemiological Studies Scale - Revised, and the Suicide Behaviors Questionnaire-Revised. 474 adults (age 18-31) completed the same questionnaires via web-based survey. The relation between depression and suicidal behavior differed as a function of autonomy scores in both younger (β = .151, SE = .001, p < .001) and older adults (β = .258, SE = .001, p = .022), whereby autonomy amplified the relation between depression and suicidal behavior. Future research is needed to investigate how autonomy functions to enhance the association between depression and suicidality.

EFFECT OF SOCIAL CAPITAL AND PERSONAL AUTONOMY ON THE INCIDENCE OF DEPRESSIVE SYMPTOMS IN THE ELDERLY
A. Salinas, B. Manrique-Espinoza, M. Tellez-Rojo Solis, I. Bojorquez-Chapela, National Institute of Public Health, Cuernavaca, Morelos, Mexico

Background: Depressive symptoms (DS) in the elderly are associated with an increased risk of developing other health problems. Autonomy and social capital could be protective factors against the occurrence of DS in this population. The aim of this study was to estimate the effect of social capital and personal autonomy on the DS in older people (OP) living in poverty. Methods: Longitudinal study of elderly participants in the impact evaluation study of a non-contributory pension program -70 y más in México. For this study we selected the group of OP without significant depressive symptoms at baseline. Personal autonomy, social capital indicators and covariates were measured at baseline. Using the Geriatric Depression Scale the incidence of DS was assessed in the follow-up measurement. The effect of social capital and autonomy on the occurrence of DS was estimated by using a multilevel logistic regression model. Results: Of the various indicators of personal autonomy, not being functionally dependent, and being able to read / write were associated with lower risk of DS. A higher level of social capital at baseline was associated with lower incidence of DS in women (OR=0.73, p<0.01), while for men there was no significant association (OR=1.04, p=0.69). Conclusion: Personal autonomy and social capital proved to be protective factors against the onset of depressive symptoms in OP. It is necessary to explore more precisely which are the most important aspects of this relationship.

SESSION 165 (POSTER)

DISABILITY, REHABILITATION, AND ASSISTIVE TECHNOLOGIES

EVALUATION OF SELF-EFFICACY AND THE USE OF COMPENSATORY STRATEGIES DURING DAILY TASKS AMONG PRE-CLINICALLY DISABLED OLDER ADULTS

The objective of the current study was to expand upon knowledge of characteristic changes which accompany transitions in functional ability by assessing associations among self-efficacy and the use of compensatory strategies during common daily tasks in pre-clinically disabled older adults. One hundred thirty-five older adults (68.5 ± 6.98) were categorized as pre-clinically disabled after reporting having no difficulty, but modifying the method or frequency with which they perform daily tasks. Participants then reported to a laboratory setting where task modifications and self-efficacy were objectively evaluated. Univariate analyses revealed significant associations among self-efficacy and task modification (Spearman correlations: 0.20-0.48, p < 0.05). Multivariate logistic regression adjusting for age, obesity and gender indicated that low self-efficacy (Odds Ratio (OR): 1.7, 95% Confidence Interval (CI): 1.2-2.3) was positively associated with a high number of task modifications (≥ 6 modifications). Our results offer insight into the multidimensional changes associated with early signs of disability. Specifically, the results suggest self-efficacy is associated with the degree of modifications older adults use to compensate for functional impairments.

THE ROLE OF GENDER IN LATE-LIFE CHANGES OF OBJECTIVE AND SUBJECTIVE MARKERS OF PHYSICAL FUNCTIONING

Extant research reports that women often experience and suffer from disability more than men. This study aims at examining gender differences in late-life changes across several subjective and objective markers of functionality and explores the contributing roles of demographic characteristics as well as indicators of physical health, cognitive, and social functioning. Applying growth curve models to data pooled across four Swedish studies of more than 1,000 participants aged 70-100+ over up to nine years, we modeled gender differences in trajectories of objective (grip strength) and subjective markers of functioning (self-reported Activities of Daily Living, ADL). Our results revealed that women showed considerably lower grip strength and also reported more ADL limitations than men. Although men tended to experience stronger declines in grip strength longitudinally, the vast gender differences were maintained over time. Physical health and cognitive resources were both associated with shallower change trajectories and were found to reduce, but not completely eliminate the earlier seen disadvantages for women. We conclude that the particular physical health challenges reported for women across adulthood continue to be evident in late-life trajectories of objective and subjective markers of functionality. Our discussion considers the contributing roles of biological factors and socially constructed gender roles.
THE PARTICIPATION RESTRICTION PATHWAY: A NEW MODEL OF DISABILITY
K. Latham, University of Florida, Gainesville, Florida

Drawing from previous models of disability including the International Classification of Functioning, Disability, and Health (ICF) and the Disablement Process as well as empirical studies, this research presents a new model of disability called the Participation Restriction Pathway (PRP). There has been resistance among U.S. aging researchers in adopting the ICF model even though the concepts and language utilized represent a shift away from negative health outcomes toward positive outcomes. The ICF language emphasizes levels of functioning and presents the opportunity to have an internationally agreed upon taxonomy for functional health. However, there are major critiques of the ICF model that have prevented leading U.S. disability scholars in favoring the adoption of the ICF. For example, U.S. researchers have noted that the ICF model lacks a specified pathway and is not dynamic. Another critique of the ICF stems from the terminology itself; critics have commented on the insufficient clarity among the domains of activity and participation. The PRP addresses the major criticisms of the ICF model and furthers our understanding of contextual factors (i.e., environmental and personal factors) on functional health outcomes.

TRAJECTORIES OF OBJECTIVE AND SUBJECTIVE MARKERS OF PHYSICAL FUNCTIONING PREDICT INSTITUTIONALIZATION AND MORTALITY
E.B. Fauth1, M. Ernst-Bravell1, D. Gerstorf2, N. Ram3, I. Family, Consumer, and Human Development, Utah State University, Logan, Utah, 2. Jönköping University, Jönköping, Sweden, 3. Pennsylvania State University, University Park, Pennsylvania

Objective and subjective markers of physical functioning are known predictors of key successful aging outcomes, including institutionalization and mortality. Although research also documents considerable overlap between objective and subjective functional assessments, little is known about the unique and independent predictive effects of either marker. It is also an open question whether changes in physical functioning contribute additional effects over and above functional status. To examine those questions, we utilize data pooled across four Swedish studies of more than 1,000 participants aged 70-100+ and target level and two-year changes in objective functional health indicators (grip strength; lung function) and subjective functional health indicators (Personal Activities of Daily Living, ADL; Instrumental Activities of Daily Living, IADL). Covarying for the effects of demographic characteristics, results from Cox proportional hazard regression models revealed that level and short-term changes in both objective and subjective markers of functional health independently predicted hazards of institutionalization and mortality. Specifically, better grip strength and fewer IADL limitations as well as shallower decline in grip strength and fewer increases in IADL limitations were each associated with a lower risk of becoming institutionalized or deceased. We conclude that both objective and subjective markers of functional health differentially and independently predict key outcomes late in life and recommend that both constitute key information to be included as assessments of functional ability in research and practice alike.

EXAMINING THREE DESIGNS OF A ROBOTIC NIGHTSTAND FOR OLDER ADULTS AND REHABILITATION PATIENTS
M. Mossey1, J.O. Brooks1, L. Smallentzov1, S. Healy2, K.E. Green1, I. Walker1, J. Manganelli1, J. Clemson University, Clemson, South Carolina, 2. Greenville Hospital System, Greenville, South Carolina

This study aims to explore the desired and needed characteristics of items and functions as they pertain to an automated nightstand. Creating a user-centered “smart” nightstand could potentially aid aging in place. With the help of architects and engineers, three cardboard nightstand prototypes were built. Older adults (n=39) and current rehabilitation hospital patients (n=10) were interviewed to examine their preferred features regarding the three prototypes. Participants were asked to choose their preferred feature from the three nightstands (forced choice) as well as rate how much they like each feature on a scale from 1 to 5. Some of the most popular features across both older adults and patients include having a large magazine rack (97% of older adults, 90% of patients) and a large extendable tray from the nightstand (92% of older adults, 86% of patients). Older adults and patients also showed similarities in features they disliked, such as having a lip only around part of the nightstand, as opposed to all around (5% of older adults, 0% of patients). There were also differences between preferences; older adults preferred the larger sized nightstand (74%) whereas only 10% of patients preferred the larger size. Their needs and preferences are important to understand for potentially creating a nightstand that can aid future generations to age in place.

INSUFFICIENT HELP FOR ADLS DISABILITIES AND MEDICARE EXPENDITURES
D. Yu1, H. Xu2, P. Stallard2, L.P. Sands3, B. Craig1, K. Covinsky1, J. Thomas1, 1. Purdue University, West Lafayette, Indiana, 2. Indiana University School of Medicine, Indianapolis, Indiana, 3. Duke University, Durham, North Carolina, 4. Nursing, Purdue University, West Lafayette, Indiana, 5. University of California, San Francisco, San Francisco, California

BACKGROUND. Insufficient help for ADL disabilities is associated with self-reports of health consequences. Prior research has not determined whether these self reports are associated with increased health care expenditures. METHODS. Medicare claims were linked to survey data from the community component of the 2004 National Long-term Care Survey (NLTCES) for 2,313 respondents who had at least one ADL difficulty and were enrolled in fee for service during 2004-2005. Average half-year per capita expenditures were calculated and compared for those who reported they had insufficient versus sufficient help for their ADL disabilities. RESULTS. Seventy four percent were aged 75 or older, 68% were female, 89% were white, 36% were married, 75% had arthritis, 27% had diabetes, 9% had cancer, 55% had heart disease, 9% had stroke, 9% had emphysema, 19% had cognitive impairment, and 4% died in the half year. The percentages of having 1, 2-4, and 5 ADL disabilities were 29%, 54%, and 17% respectively. Twenty-three percent reported insufficient help for at least 1 ADL disability. Those with insufficient ADL help had average half-year expenditures that were $1805 higher than those with sufficient ADL help (p=0.0072). CONCLUSION. Future research is needed to determine whether resolving insufficient ADL help is associated with reductions in Medicare expenditures.

BASELINE FUNCTIONAL DISABILITY PREDICTS DEMENTIA RISK EVEN AFTER CONTROLLING FOR COGNITIVE STATUS
E.B. Fauth1, S. Schwartz2, K. Smith2, J. Tschanz3, T. Ostbye1, C. Corcoran1, M.C. Norton1, J. Family, Consumer, and Human Development, Utah State University, Logan, Utah, 2. University of Utah, Salt Lake City, Utah, 3. Duke University Medical Center, Durham, North Carolina

Late life disability in Activities of Daily Living may be caused by underlying cognitive and/or physical impairment. It is expected that ADL impairment related to cognitive deficits would be related to risk for dementia, but less is known about the role of underlying physical impairment and frailty in dementia risk. The current study examines whether impairment in Personal Activities of Daily Living (PADL) and Instrumental Activities of Daily Living (IADL) is related to developing dementia, after controlling for cognitive ability. Participants from the population-based Cache County Study (N=4615) were assessed in four triennial waves, beginning with the Modified Mini-mental State Exam (3MS). 724 cases of incident dementia were identified through in-depth cognitive assessment, ending in expert consensus diagnosis.
ADL impairment was coded in the presence of 2+ IADLs or 1+ PADLs. In the current analyses, Cox proportional hazards regression models predicted whether baseline ADL impairment predicted incident dementia after controlling for age, APOE4 status, education, gender, and baseline 3MS. Results suggest that ADL impairment was a statistically significant predictor of participant’s incident dementia (adjusted Hazard Ratio=1.947, p<.001), even after controlling for the covariates in the model. These findings suggest that the presence of physical impairment and disability may offer some unique contributions in increasing one’s risk for dementia, suggesting that physical disability may exacerbate any pre-clinical cognitive deficits.

FOCUS GROUP DISCUSSION FOR THE DETECTION OF AGE-RELATED REQUIREMENTS FOR SERIOUS GAMING
S. Butz, A. Stadmeier, B. Brossmann, R. Schwarz, M. Gövercin, I. Geriatrics Research Group, Charité - Universitätsmedizin Berlin, Berlin, Germany, 2. Sandrascha Brossmann, Berlin, Germany

There is a growing interest in the use of video games as a means to educate and train people (1). The combination of game technology and therapeutic methods can lead to beneficial therapeutic effects (2). Especially older people with disabilities or age-related functional decline can benefit from new developed ‘exergames’. In recent years many clinical trials were conducted giving evidence that serious games have a significant positive impact on older person’s mental and physical health(3). Moreover, the motivational approach can help older people exercising steadily in their home environment. Because little is known about senior adults’ acceptance, it is crucial to include the target group at an early stage of the development process. Within the project “Gerigames”, we investigate the opportunities of serious games for the assistance of prevention and rehabilitation of older people by exemplary use of the Nintendo Wii™. Here we present data of a qualitative study measuring specific requirements of senior adults using the Nintendo Wii. The study consisted of focus-group discussions with 40 older adults and paired-interviews with different medical experts and dependents. Additionally, 16 ethnographic in-home-interviews with older people using the “out-of-the-box” method were conducted with the aim to measure usability issues during installation and handling of the Wii™ in their home environment. The results demonstrate the major need of an intuitive handling of both software and hardware devices and the adaptivity for age-related limitations or disabilities. Furthermore older adult’s acceptance for gaming concepts seem to depend on his own biographical and social background. (1) Durkin, K. (2010): Video games and young people with developmental disorders. Review of General Psychology, 14, 122–140. (2) Kato, P.M.: Video Games in Health Care: Closing the Gap (2010): Review of General Psychology 2010, Vol. 14, No. 2, 113–121 (3) Grif- fiths, M. (2005): The therapeutic value of video games. In Raessens, J & Goldstein, J. (Eds.) Handbook of Computer Games Studies (pp. 161-171). Cambridge, MA: The MIT Press.

ABSTAINING FROM ALCOHOL OVER THE LIFESPAN AND FUNCTIONAL DECLINE IN OLD AGE
K. Ahac, I. Kärehoti, P. Allebeck, I. Department of public health, Social medicine, Karolinska Institutet, Stockholm, Sweden, 2. Karolinska Institutet, Aging Research Center, Stockholm, Sweden

This study examined the odds for functional decline (mobility limitations) for people abstaining from alcohol earlier in life. A representative Swedish sample (n=2500) of people aged 47 to 86 at the last follow-up were followed in five waves over three decades. The relationship between having become less mobile, i.e., running, stairs, or walking limitations, between last waves and abstinence in the four preceding waves were examined with logistic regression models. Results indicated that functional decline during last decade was above all predicted by having become an abstainer in the decade before – between the two preceding waves. When regressions took this change into account, being abstainer at all four preceding waves was not significant; neither was being abstainer at wave one or two. Results were similar with or without adjustments for birth-year and gender. While abstinence both preceded and predicted functional decline in this study, it is still possible that the found relationship is spurious. E.g., if health deteriorates before it becomes evident as functional decline, it may possibly also explain why people became abstinent in the period before functional decline. The study confirms the relationship between abstinence and poor health found by earlier research. Further study of alcohol consumption and functional ability in old age is needed.

UNDERSTANDING AGING PATIENTS’ NEEDS IN A REHABILITATION HOSPITAL ROOM
J.O. Brooks, M. Gövercin, S. Healy, J. Psychology, Clemson Univ, Clemson, South Carolina, 2. Greenville Hospital System University Medical Center, Greenville, South Carolina

To improve patient satisfaction and improve staff efficiency, it is important for hospitals to have an understanding of patient needs. This study sought to evaluate the reasons why patients use the call light button as well as requests made during hourly rounding. Hourly rounding is the process where a hospital employee checks on each patient in their room once an hour to see if they have any needs. Volunteers for this study consisted of 47 patients in a rehabilitation hospital. The patients’ mean age was 57 years (up to 92 years). A total of 96 data points were collected and grouped into seven categories: actions for alarms (e.g. turn off bed alarm), actions for room (e.g. change television station), actions for bed (e.g. move bed position), information requests (e.g. medication administered that day), item requests (e.g. hospital gown), medical professional required (e.g. bathroom assistance), and other (e.g. assistance with visitor’s cot/bed). When combining across all types of requests, the number of requests by each category was highest for medical professional required (n = 52), followed by item requests (n = 21), and actions for alarms (n = 9). Knowing why patients need assistance may improve outcomes, quality of care, reduce costs and allow designers to effectively incorporate the needs of the patient. As the patient population continues to age it is important to consider how these needs may be similar to patients needs when they leave the facility whether patients age-in-place or live in a variety of facilities.

WHAT PREDICTS ASSISTIVE DEVICE USE AMONG OLDER ADULT VETERANS?
K.A. Pressler, K. Ferraro, N. Chambler, S. Black, 1. Center on Aging and the Life Course, Purdue University, West Lafayette, Indiana, 2. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana

The purpose of this study is to identify predictors of assistive device use among older adult male veterans using both quantitative and qualitative data. Assistive devices include items such as walkers, wheelchairs, raised toilet seats, etc. Quantitative data are from the 1994, 1999, and 2004 waves of The National Long Term Care Survey (NLTCS). A total of N=870 veterans were interviewed at baseline and followed over time. Negative binomial regressions predicting count of assistive devices controlled for demographic variables, health factors, disability, and previous use of assistive devices. A total of N=35 veteran respondents were recruited to participate in an in-depth interview after being trained on using a prescribed assistive device at a VA Medical Center’s Physical Medicine and Rehabilitation Clinic. Qualitative respondents were questioned on their familiarity and opinions of assistive devices and asked to identify members of their social network who use devices. Qualitative respondents were interviewed four months later to identify whether they currently used or abandoned the assistive device they were prescribed. Quantitative results reveal that age, education, disability, previous use of devices, and obesity were significant and positive predictors of assistive device use in 2004. Among qualitative respondents, preliminary results reveal that family and friends play a significant role in the decision to adopt, use, or abandon devices, specifically, mobility devices such as walkers, canes, and wheelchairs. Findings from this
research can be used to inform health care practitioners of the demographic, health, and social factors that influence veterans use of assistive devices over time.

SESSION 170 (POSTER)

FITNESS, PHYSICAL ACTIVITY, AND EXERCISE IN OLD AGE

TAI CHI VERSUS STANDARD BALANCE EXERCISES ON OLDER ADULT EFFICACY IN EMOTIONS, BALANCE AND MOBILITY
L. LaDue, Bethany Renewal Center, Lincoln, Nebraska

Every year nearly 60% of older adults fall causing injury, hospitalization, and even death. The research problem addressed in this study was to find an exercise program that improves balance, mobility efficacy, and emotional well-being to aid in reducing the incidence of falls. The purpose of the study was to compare tai chi and a traditional balance exercise program with two groups of older adults 65 and older. In addition, the study addressed whether or not these older adults would continue their exercises after the initial instruction. The research question addressed the efficacy each intervention to improve balance, mobility efficacy, emotional well-being and exercise adherence. Data was collected at pretest, 10 weeks and 14 weeks. Using a 3 (time) x 2 (group) mixed-model analysis of variance design, baseline and postintervention measures of outcome variables were compared: treatment group was the between-subject variable and testing period was the within-subject variable. Data analysis revealed no statistically significant results for mobility efficacy or anxiety. The data did reveal significant results for home exercise program minutes per day. In addition, objective balance showed statistically significant results. The results for time (week 1, 10 and 14) for depression and home exercise practice did not reach statistical significant when corrected for a Type-I error. The results of this study identify ways that can assist older adults in reducing hospital admissions from unexpected falls and depression-related illnesses. In addition, these interventions are simple to learn, cost-effective, and easy for older adults to continue independently.

THE ASSOCIATION OF NATURAL ELEMENTS AND TRAIL USE BY OLDER ADULTS
A.E. Price1, J.A. Reed2, S. Long2, A.L. Maslow2, S.P. Hooker3, 1. College of Education & Health Professions, Sacred Heart University, Fairfield, Connecticut, 2. Health Sciences, Furman University, Greenville, South Carolina, 3. Prevention Research Center, University of South Carolina, Columbia, South Carolina, 4. R. Stuart Dickson Institute for Health Studies, Carolinas HealthCare System, Charlotte, North Carolina

Promoting trail use could be an effective strategy for increasing physical activity among older adults. This study examines the association between natural elements (i.e., season, weather, temperature) and older adults’ trail use. A rail-trail in South Carolina was evaluated using The System for Observing Play and Recreation in Communities. There were 1053 observations of older adults engaging in physical activity on the trail over 16 quarterly observation periods (2005-2009). The majority (74.2%) were observed walking; 25.9% were observed in vigorous activity. Older adults were most often observed using the trail in the spring (40.1%), sunny weather (76.8%), and moderate temperatures (56.2%). The odds of observing older adults walking on the trail rather than engaging in vigorous activity were higher in sunny weather (OR=3.32, 95% CI=1.51, 7.27) or cloudy (OR=1.73; 95% CI=0.77, 3.92) compared to rainy, and greater in low temperatures (OR=2.42; 95% CI=1.22,4.79) rather than high (adjusting for season, time period, gender, and ethnicity). The odds of observing older adults engaging in vigorous activity versus walking were highest in rainy weather and high temperatures. Professionals promoting trail use among older adults should consider: 1) providing suggestions for alternative activities when weather conditions are unfavorable, 2) environmental changes, such as shaded rest spots and water fountains along the trail, to maintain use by older adults in high temperatures, and 3) providing information about safely engaging in physical activity on the trail during adverse weather for older individuals who use the trail despite less optimal weather conditions.

FACTORS UNDERLYING LACK OF USE OF VOLUNTEER LAY HEALTH LEADERS FOR A COMMUNITY-BASED EXERCISE PROGRAM IN ARKANSAS
L. Washburn1,2, L. Traywick1, 1. University of Arkansas Division of Agriculture, Hot Springs, Arkansas, 2. University of Arkansas Division of Agriculture, Little Rock, Arkansas

The University of Arkansas Division of Agriculture uses the Family & Consumer Sciences County Faculty of the Cooperative Extension Service to deliver “StrongWomen,” a community-based strength training program for middle-aged and older women. Fifty-six of Arkansas’ 75 counties have offered the program. At the time of data collection, 68 groups were active in 37 counties. Of those, 21 were led by county faculty and 47 were led by volunteers. In an attempt better understand why more faculty were not utilizing lay volunteer health leaders, IRB approval was obtained to perform a qualitative descriptive study with 19 faculty, six of whom utilized volunteers to teach the exercise class and 13 who did not. The results showed that the counties where volunteer lay health leaders were not being utilized was not due to lack of volunteers willing to be trained, but due to the faculty themselves being unwilling—sometimes unconsciously—to allow lay leaders to take leadership of the program. Additional supporting themes include the faculty assumption that class participants would not want to lead, perception that the exercise group needed them present for the class to continue, professional validation received from teaching the class, and expression of personal desire to continue leading.

SOCIAL NETWORK TYPES AND HEALTH RELATED BEHAVIORS: EVIDENCE FROM AN AMERICAN NATIONAL SURVEY OF OLDER ADULTS
S. Shiovitz-Ezra, H. Litwin, the Hebrew University of Jerusalem, Jerusalem, Israel

The construct of social network type takes into account the complexity of the interpersonal environment in late life by incorporating a composite of network characteristics. Despite its analytical and practical potential, however, there is still only limited research that utilizes this construct. Moreover, there is hardly any research exploring the associations between social network type and health-related behaviors that have the potential to influence morbidity, disability and mortality. The aim of the present study is to fill this gap by exploring the relationship between network type and three realms of health-related behaviors: health-promoting behavior (engaging in physical activity), health-damaging behavior (alcohol consumption), and health-related help-seeking (using alternative medicine). We hypothesize that respondents embedded in socially resourceful network types will engage more frequently in health-enhancing behavior whereas respondents embedded in network types characterized by lesser social capital will engage more frequently in risky behavior. Data from the 2005-2006 NSHAP (the National Social Life, Health & Aging Project) wave were used to derive five network types among the respondents aged 65 and older: “Friends”, “Diverse”, “Congregant”, “Family” and “Restricted” networks. Findings from multivariate logistic regression conducted for each health behavior outcome separately underscored that people embedded in less resourceful network types are at greater risk for alcohol abuse and physical inactivity net of the effects of sociodemographic and health correlates. More mixed findings were found in regard to using alternative medicine. The current examination emphasizes the importance of social network type in relation to health promotion among older people.
LIVING (WELL THROUGH) INTERGENERATIONAL FITNESS AND EXERCISE (LIFE) PROGRAM: A LOGIC MODEL APPROACH

J. Margrett, S. Francis, W. Franke, M. Peterson, K. Strand, Dept. of Human Development and Family Studies, Iowa State Univ, Ames, Iowa

Physical inactivity among older adults is a growing public health issue that, if not addressed, will lead to increased incidence of chronic disease and disability translating into lower quality of life and increased health care costs. Most older adults do not engage in adequate physical activity despite physical, cognitive, and psychological health benefits. Rural-residing older adults are at greater risk due to limited access. In response, a multidisciplinary team developed the LIFE Program for rural congregate mealisites. A logic model approach guided program development. Logic models, although not currently widely used in gerontological research, are useful in aiding program development and evaluation due to the explicit identification of resources, products, and outcomes. Using preliminary data from the LIFE Program, this presentation focuses on the utility of a logic model in the planning, implementation, and dissemination of a community-based prevention and intervention program targeting older adults.

OLDER ADULTS’ DAILY ACTIVITY AND EVERYDAY MEMORY: A 10-DAY DIARY STUDY USING FITBIT® TRACKERS

S. Stahl, J.H. Patrick, . Morgantown, West Virginia

Research has shown that aerobically based exercise is associated with improvements in working memory (Colcombe & Kramer, 2003). A small, but growing, area of research has examined the relation between physical activity and cognition from an everyday perspective. A primary goal of the current study was to examine how older adults’ daily activity was associated with everyday memory at a within-person level. Participants were ten (men = 7; women = 3) healthy older adults (M age = 64.10 years, SD = 3.28) who supplied self-report and objective data. Using Palm® pilots, participants recorded their daily activities and memory problems for ten days, while wearing a Fitbit® motion tracker that recorded their engagement in light, moderate, and vigorous activity. On average, adults experienced two memory failures and engaged in 30 minutes of activity per day. Results indicate a negative relation between daily activity and memory failures, such that older adults committed fewer memory failures on days they self-reported more daily activity (r = -.41). We also compared older adults’ self-reported activities (via the Palm® pilot) to their objective measures (via the Fitbit®) of activity. Paired-sample t-tests indicate that older adults underestimated the amount of time they spent in moderate activity (M self report = 33min; M objective = 59min) t(9) = -5.55, p<.01. Findings are discussed within a life-span perspective and focus on ways to use technology to better inform health promotion programs in late life.

OBJECTIVELY MEASURED PHYSICAL ACTIVITY AND BONE HEALTH IN OLDER WOMEN

H. Park, S. Park1, Y. Kwon1, E. Kim, T. Komatsu1, 1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. Dong-A University, Busan, Republic of Korea, 3. Tokyo University of Technology, Tokyo, Japan

The present study aimed to examine the relationship between baseline physical activity and the risk of osteoporosis. Subjects were free-living aged 67-84 years (113 women). Step count and physical activity intensity were measured continuously by accelerometer for 1 month. Bone mineral density (BMD) was determined by dual energy X-ray absorptiometry at baseline and each year end. ANCOVA at 1st-2nd measurements or Cox regression analysis assessed independent relationships between baseline physical activity and year-end value BMD or the risk of osteoporosis, after controlling for baseline BMD, age, body mass, years since menopause, calcium intake, and alcohol consumption. BMD increased with increasing baseline physical activity, the relationship being more marked for moderate intensity than for step count. However, when data were categorized into physical activity quartiles, final BMD values were not significantly greater in persons exceeding counts of around 6,900 steps/day and/or moderate intensity of around 16 min/day. A multivariate-adjusted Cox regression model predicted that during the 2 years, individuals (especially women) who engaged in <7,000 steps/day and <15 min/day of activity at moderate intensity were, respectively, 1.4-2.2 and 2.0-3.3 times more likely to sustain fractures than those participating in >10,000 steps/day and >30 min/day of moderate intensity. The bone health of older women is associated with both the step count and the moderate intensity of habitual physical activity. To preserve bone health, elderly people should be encouraged to take at least 7,000 steps/day and/or spend at least 15 min/day at moderate intensity.

USE OF PREVENTIVE CARE BY ELDERLY IN NEW YORK CITY

G. Bayaz-Ozturk, W. Gallo, M.C. Fabs, CUNY School of Public Health at Hunter College, New York, New York

Although there is general evidence that individuals living in poverty are significantly less likely to receive preventive health care, research specifically targeted to older populations is limited. This study assesses the relationship between poverty and preventive care use among older adults in New York City. We analyze data from the 2008 Health Indicators Project, a sample of 1,870 participants of New York City senior centers. We focus on two outcomes, which are uncovered or partially covered by Medicare: self-reported dental and eye examinations. The outcome variables are binary coded. Poverty level is dummy coded, based on a three-level (<100% [ref.], 100% - 200%, ≥200%) categorical variable that we construct by comparing size-adjusted household income to Census Bureau thresholds for poverty. We fit logistic regression models to identify the association of poverty level on receiving dental and eye care, controlling for various demographic factors and health conditions. Results indicate that higher income levels monotonically increase the likelihood of obtaining preventive dental care. The association between poverty level and preventive eye care is significant only for the intermediate (100% - 200%) income level, which may reflect partial coverage by Medicare. This study presents evidence that elderly people are constrained by their income level in obtaining dental and eye care (as opposed to covered preventive services), which may result in lower utilization of these services and ultimately lead to worse health outcomes.

SOCIAL RELATIONSHIPS AND LONG-TERM CHANGES IN PHYSICAL ACTIVITY AFTER DIAGNOSIS OF HEART DISEASE


We investigated whether several aspects of social relationships are predictive of changes in physical activity following a first time diagnosis of coronary heart disease (N = 321). Data were for ages 50 and over from the Canadian National Population Health Survey, a representative, longitudinal health survey collected biannually. Piecewise latent growth curves that modeled changes in energy expenditure prior to reported diagnosis and up to 8 years after diagnosis indicated that physical activity did not increase after diagnosis on average. Subsequent models investigated whether frequency of contact, criticisms, overly demanding behavior, and perceived availability of emotional, tangible, informational, confidant, and companionship support from family and friends predicted individual variation in physical activity changes after controlling for age, sex, education, and income. Although those with higher levels of available tangible, confidant, and companionship support were more active at baseline, no positive aspects of support were related to changes in activity before or after diagnosis. Those reporting
more criticisms, however, showed declines in activity prior to diagnosis and increases in activity following diagnosis. These findings may suggest that criticism from family and friends before diagnosis may stem from sedentary behavior but may act as an impetus for physical activity after heart disease diagnosis.

AN ANTHROPOLOGICAL APPROACH TO EVALUATION RESEARCH: THE EXERCISE AND DEMENTIA PROJECT
M.A. Perkinson, Saint Louis University, St. Louis, Missouri

Anthropological evaluation research that focuses on the process of an intervention as it is learned, modified, and performed within the context of everyday life of its participants can complement more traditional standardized evaluations of outcome and can help to explain the magnitude of change resulting from a given program or therapy. The Exercise and Dementia Project illustrates an anthropological contribution to the development and evaluation of a gerontological intervention: family-supervised physical activity programs for persons with mild dementia. An interdisciplinary team (occupational therapists, physical therapist, and medical anthropologist) developed and evaluated individualized physical activity programs for 30 persons with mild dementia and their primary family caregivers. Analysis of exercise diaries, in-depth follow-up interviews, and focus groups with family exercise supervisors revealed unanticipated barriers and incentives to performance of adherence to the program, ad hoc modifications made by the exercise supervisors, criteria established by family supervisors to assess adequacy of exercise performance, introduction of technical devices to enhance the program, participants’ general perceptions of the program and its impact on daily functioning, and participants’ suggested changes. Anthropological evaluation research can provide insight into the manner in which the activities of an intervention are integrated into everyday life and the meaning and value of interventions from the perspectives of its participants. (Funded by the Alzheimer’s Association).

OLDER ADULTS’ PERCEPTION OF THE BENEFITS ASSOCIATED WITH INTERVENTION-BASED VIDEO GAME PLAY
L.A. Whitlock1, T. Patterson2, A. Trujillo3, A. McLaughlin1, M. Gandy2, J.C. Allaire1, 1. Psychology, North Carolina State University, Raleigh, North Carolina, 2. Georgia Institute of Technology, Atlanta, Georgia

There exists growing evidence for the successful use of video games as tools for cognitive improvement, with one recent study showing improvements in task switching, working memory, visual short-term memory and reasoning for older adult participants in a game-based intervention (Basak, Boot, Voss, & Kramer, 2008). However, the success of video games as tools in real-world cognitive interventions for older adults depends on adoption of the technology among the target population. When older adults decide whether to adopt a new technology they tend to take a benefit-driven approach where they are willing to overcome costs, such as usability issues, when the perceived benefit is high enough (Mellenhorst, Rogers, & Bouwhuis, 2006). A previous model was proposed to explain adherence or non-adherence to therapeutic interventions via participant characteristics, motivational components, and facilitating conditions such as social engagement (Whitlock, McLaughlin, & Allaire, 2010). The current work expands on the model with findings from two game-based cognitive interventions comprising 64 older adult participants (age: M = 77.54, SD = 8.04), incorporating qualitative data from Likert-scale surveys, open-ended questionnaire responses, and ~15 hours per participant of audio recordings during game play. For example, a participant comment about enjoying friendship with her game partner during the intervention provided evidence for the facilitating condition of social engagement. Discussion also covers differences in benefit perception between participants with varying characteristics and future directions for increasing older adult adoption of technology for therapeutic interventional purposes.

SESSION 175 (POSTER)

HEALTH & ILLNESS: DISPARITIES AND DIFFERENCES

ACCULTURATION AND THE HEALTH OF KOREAN AMERICAN OLDER ADULTS: THE GEOGRAPHIC VARIATIONS
Y. Jang1, S. Roh2, K. Kwag1, S. Cho3, D.A. Chiriboga1, 1. Aging and Mental Health Disparities, University of South Florida, Tampa, Florida, 2. Elmhurst Hospital Center, New York, New York, 3. City University of New York, New York, New York

To expand knowledge of acculturation and health in environmental and contextual settings, this study explored different impact of acculturation on the health of older Korean Americans in two areas that varied in the density of the Korean population. It was hypothesized that the level and the function of acculturation may differ depending on locations where density of the same ethnic people and availability of ethnic-oriented resources vary. Participants for the study included older Korean Americans living in Florida (low density, N=672) and New York (high density, N=420). Older Korean Americans in New York scored lower on levels of acculturation compared to those in Florida. In the hierarchical regression models with the New York sample, the impact of acculturation on physical and mental health (perceived health and depressive symptoms) was found to be gradually attenuated and eventually become non-significant with the sequential entry of control variables. On the other hand, in the Florida sample, the impact of acculturation on physical and mental health remained significant. The results suggest that the impact of acculturation on immigrants’ health may differ by geographic locations and therefore, contextual aspects need to be considered in developing interventions to promote the health of immigrant populations.

DISPARITIES IN HEALTH STATUS AND HEALTH CARE ACCESS AND USE BETWEEN OLDER AMERICAN INDIANS AND ALASKA NATIVES AND NON-HISPANIC WHITES
G. Kim1, A.N. Bryant1, R. Goins2, C.B. Worley1, D.A. Chiriboga1, 1. Center for Mental Health and Aging/Department of Psychology, The University of Alabama, Tuscaloosa, Alabama, 2. West Virginia University, Morgantown, West Virginia, 3. University of South Florida, Tampa, Florida

Given the paucity of research with older American Indians and Alaska Natives (ANIs), the present study compared the characteristics of health status and health care access and use among older ANIs to those of non-Hispanic Whites (NHWs). Data were drawn from the 2009 California Health Interview Survey, with a total of 17,156 adults aged 60 and older (198 ANIs and 16,958 NHWs) analyzed. Results show that in general, older ANIs had poorer physical and mental health conditions and health care access and use than NHWs. ANIs were more likely than NHWs to have poor self-rated health (p < .001), a greater number of chronic diseases (p < .001), and higher disability (p < .05). ANIs reported higher levels of psychological distress (p < .01) and had higher prevalence of serious psychological distress (p < .05) than NHWs. With respect to health care access and use, ANIs were less likely than NHWs to see a medical doctor (p < .01) and have a usual source of medical care (p < .01). Also, ANIs were more likely than NHWs to delay getting needed medical care (p < .05) and report difficulty understanding the doctor at their last visit (p < .01). These findings highlight the vulnerability and unmet health care needs of older ANIs. More research on the older ANI population is clearly needed to document their health care needs, which may be the first step to reduce health disparities.
Studies have consistently shown cancer diagnosis and treatment to be associated with increased depression. However, research that directly examines the coping strategies to deal with depression of elderly minority cancer survivors is sparse. Addressing that gap, this study examines coping strategies that used among older Korean immigrant cancer survivors. To investigate strategies to cope with depression among this group, our qualitative study utilized face-to-face, in-depth interviews: 10 individuals from the state of New York (NY) and 10 from Minnesota (MN). Each interview was digitally audio-recorded and transcribed verbatim in Korean. Grounded theory was employed to analyze the data, using Atlas ti 5.0. Each analysis of the MN and NY interviews revealed two common primary internal depression coping strategies: (1) reliance on religion through prayer and belief, (2) positive outlook—avoiding negative thoughts. With regard to external depression coping strategies, the analysis of the two regions showed three shared external depression coping strategies: (1) utilization of mental health services, (2) social support and network, and (3) health management by exercise and diet. Religion, social support, and mindset control emerged as most frequent strategies to deal with depression from both locales. By contrast, analysis implied a regional difference with regard to two external depression strategies: meeting with pastor or priest and easy accessibility of community facilities. These findings suggest that specialized programs or practices for effective coping with depression of cancer survivors should consider regional features.

THE ROLE OF ACCULTURATION AND PERCEIVED RACIAL DENSITY IN DEPRESSIVE SYMPTOMS AMONG HISPANIC OLDER ADULTS

K. Kwag, Y. Jang, D.A. Chiriboga, Aging and Mental Health Disparities, University of South Florida, Tampa, Florida

The present study examined how Hispanic older adults’ depressive symptoms varied according to acculturation status and/or perceived density of Hispanics in their neighborhood. Using data from the Sacramento Area Latino Study on Aging (SALSA), participants (N = 1,054; mean age = 71.23) were classified into three groups of acculturation (Hispanic-oriented, bicultural, and Anglo-oriented) and two groups of neighborhood (Hispanic-dominant neighborhood and Hispanic-isolated neighborhood). Hierarchical regression models of depressive symptoms were estimated by entering demographics, health-related variables, acculturation, perceived racial density, and an interaction term for acculturation and perceived racial density. In addition to the direct effects of acculturation (Hispanic-oriented; β = .09, p < .05) and perceived racial density (Hispanic-isolated neighborhood; β = .07, p < .05), the interaction between them (β = .09, p < .05) was found to be significant. Findings indicate that depressive symptom scores are highest among Hispanic-oriented individuals who lived in Hispanic-isolated neighborhoods. Discussion draws on the idea of the social capital available in neighborhoods, with Hispanic-oriented older adults being more likely to encounter barriers for formal and informal resources in racially isolated neighborhoods. Findings have implications for the allocation of mental health services.

WHAT ARE COPING STRATEGIES TO DEAL WITH DEPRESSION AMONG OLDER KOREAN CANCER SURVIVORS? SOCIO-CULTURAL COMPARISON OF TWO REGIONS OF THE U.S


There is extensive evidence of elevated risk of diabetes mellitus accruing to minorities in the US. However, information regarding incident diabetes mellitus among older individuals is more limited, particularly those involving Mexican Americans over an extended period of time. This research examines the risk of developing diabetes mellitus among older Americans for a period of up to 11 years. It focuses on self-reported diabetes mellitus incidence changes over time for white, black, and Mexican Americans. Data came from 14,783 respondents of the Health and Retirement Study who report being diabetes-free at baseline with up to five repeated time intervals (1995-2006). Discrete-time survival models adjusting for socioeconomic, time-varying health status and behavior differences are used to analyze ethnic variations in the probability of developing diabetes for older adults. The risk of new diabetes increased in 1995-2006, with 11% cumulative incidence for all respondents. For black Americans, the 11-year cumulative incidence is 12%, while the incidence increases from 0.01 in the initial interval to 0.03 in the final intervals. In contrast, the 11-year cumulative incidence for Mexican Americans is 19%. Examining the period-by-period risk for Mexican Americans reveals a more than doubling from 0.02 in the initial to 0.05 during the final time interval. These results suggest that increasing diabetes mellitus incidence for Mexican Americans persists through adjustment for differences in health behaviors, socioeconomic status, demographic characteristics and changing health status. Relative to white Americans, Mexican Americans have a significantly elevated risk of diabetes throughout the 11-year period of observation.

DIFFERENCES IN DIABETES MELLITUS RISK FOR OLDER BLACK, WHITE AND MEXICAN AMERICANS

A.R. Quinones1,2, J. Liang1,4, W. Ye1, J. Public Health & Preventive Medicine, Oregon Health & Science University, Portland, Oregon, 2. Veterans Administration Medical Center, Portland, Oregon, 3. University of Michigan, Ann Arbor, Michigan, 4. Institute of Gerontology, Ann Arbor, Michigan

In the U.S., low health literacy (HL) has been identified as a contributor to poor health. Currently, the most widely used measure of health literacy is the Rapid Estimate of Adult Literacy in Medicine (REALM). It is a word recognition and pronunciation tool used in health care settings and has been highly correlated with other measures of HL. It is easy to administer and only takes 2-3 minutes to complete. However, two limitations of the REALM are noted: 1) it has only been available in English; 2) it only tests recognition and pronunciation of medical words and, thus, has limitations as a measure of the full concept of HL. To address the limitations, we created a Spanish version of the REALM-SF and administered it to 156 monolingual and bilingual Spanish-speaking Latino caregivers of dementia patients in California. The revised version contains an additional component that required participants to recognize the definitions of the words. Latino caregivers were recruited from San Diego, Santa Cruz, Salinas, and Sacramento, CA. These family caregivers ranged in age, educational level, gender, and number of years living in the U.S. Preliminary results show that the Spanish REALM-SF is valid in measuring health literacy, with the added component being the ability to determine whether caregivers understood the meanings of the words fully. The project team believes that the latter is crucial in testing health literacy more accurately. Further research is needed to validate this revised REALM-SF with the broader Latino population.
EPESE study. Level of rurality was measured by the USDA Economic Research Department’s rural-urban continuum codes, a 9-tiered system. Mean depression score (modified CES-D) and the prevalence of depression (CES-D score > 9) did not differ significantly between the four county codes. However, there were important differences by race. The most rural code had a significantly greater prevalence of Black residents (73.51%) compared to the three other county codes (49.12% - 57.12%; χ² (1) = 79.59, p < 0.001) and overall, Black participants reported more depressive symptoms than White participants (F (18, 3953) = 3.38, p < 0.001). However, a three-way loglinear analysis indicated a significant highest-order interaction: Race x Code x Prevalent Depression (χ² (3) = 7.62, p = 0.046), such that rates of prevalent depression increased as rurality increased for White participants (highest rates in most rural counties), but decreased as rurality increased for Black participants (lowest rates in most rural counties). This finding suggests individual characteristics, such as race, need to be investigated to understand the relationship between rural/urban status and depression. In addition, this finding may suggest a racial disparity in terms of depression for Black older adults living in more urban locations, but not necessarily for those living in rural settings.

SOCIOCULTURAL SUPPORT MODEL FOR HEALTHY AGING FOR OLDER IMMIGRANTS: PERSPECTIVES FROM THE UNITED STATES, SWEDEN, AND JAPAN

K. Hoshino, University of California, Berkeley, Berkeley, California

1. Purposes: Using qualitative analyses of the interview with experts in gerontology, the author examines the commonalities and differences between sociocultural support models for older adults and immigrants in the United States, Sweden, and Japan. Next, the author proposes policy implications, and finally, a Sociocultural Support Model is presented. 2. Methods: The participants were eight researchers in the United States, Sweden, and Japan. The author conducted in person interview according to a semi-structured interview protocol concerning his/her model and finding. 3. Results and Discussions: 1) Commonalities and Differences: As a result of a content analysis, a conceptual structure was proposed which included four Dimensions and twenty Categories: The Physical, Social, Psychological, and Spiritual Dimensions. In the United States underdeveloped immigration policies contributed to the mediability of life expectancy, people’s negative attitude towards aging and end of life. In Sweden the well-developed policies affected higher life expectancy, people’s neutral attitude towards aging and end of life. In Japan the developing policies influenced high life expectancy, people’s neutral attitude towards aging and end of life. 2) Policy Implications: The content analysis of the policy implications led to a conceptual structure which included six Dimensions: (1) History, (2) Law, (3) Economy, (4) Social Network, (5) Education, and (6) Research. Considering historical patterns, we should develop culturally sensitive health care and immigration policies and culturally generationally sensitive social programs as well as lifelong education programs for professionals. 3) Sociocultural Support Model: A Sociocultural Support Model for Healthy Aging was demonstrated which included four Dimensions and twenty Categories, and was a comprehensive multidimensional unique model. 4. Acknowledgements: I would like to thank Professor Steven H. Zarit, Professor Andrew Scharlach, Professor Gerdt Sundstrom for their contributions.

FOTONOVela: A CULTURALLY COMPETENT APPROach TO PROVIDe HEALTH EDUCATION TO LATINO CAREGIVERS REGARDING ALZHEIMER’S DISEASE AND ASSOCIATED DEMENTIAS (ADAD)

P. Alvarez1, J. Rengifo Nevarez2, Y.M. Tsuang3, J.M. Holland2, D. Gallagher-Thompson1; 1. Palo Alto University; Palo Alto, California; 2. Stanford University; Stanford, California

Latinos are one of the largest and fastest growing populations in the United States. Thus, it is imperative to identify effective approaches to educate them about Alzheimer’s disease and associated dementias (ADAD). The fotonovela, which translates to “photo novel”, appears to be a culturally acceptable method to reach out to a population that often relies on the media to obtain their basic health information. The simple language and visually captivating images narrate the day-to-day events of a family living with ADAD. A total of 156 Latino caregivers of older persons with dementia were recruited from four major cities in California (Sacramento, Salinas, Santa Cruz and San Diego). They differ in ages, gender, education level, and number of years living in the U.S. The control group (n=66 completers) received traditional pamphlets currently offered by the Alzheimer’s Association. The intervention group (n=88 completers) received the 20-page fotonovela. All participants received four monthly follow-up phone calls after baseline interview to assess the value and impact of both educational methods. Preliminary analysis found a higher dropout rate in the control group and a lesser tendency toward reading the material multiple times and sharing it with friends and family, compared to those who received the fotonovela. This suggests that caregivers were more interested in reading the fotonovela than the traditional pamphlet. All data collection is now complete; outcomes (e.g., depressive symptoms and self-reported stress) will be compared between the 2 conditions over time and will be available to present at the GSA meeting.

DEPRESSION INTERVENTIONS AMONG MINORITY OLDER ADULTS: A SYSTEMATIC REVIEW ACROSS 20 YEARS

D. Fuentes, F. Aranda, School of Social Work, University of Southern California, Los Angeles, California

Treatments for depression exist, and numerous studies have reported that pharmacological and psychosocial interventions are efficacious among older adults. However, there is a dearth of research that reports depression treatment outcomes for racial and ethnic minority older adults. Thus the efficacy of such interventions remains unclear for this population. The objectives are to: (1) identify depression treatment studies tested with samples of racial/ethnic minority older adults in the U.S.; (2) appraise depression outcomes and level of evidence for the studies meeting systematic review criteria; and (3) describe cultural considerations or modifications made to the depression treatments. Five electronic databases were systematically searched to identify empirical research published in the U.S. between 1990 and 2010 that describe depression treatment outcomes for older adults by racial/ethnic group or for a sample of older adults that are primarily (i.e., at least 50%) racial/ethnic minorities. Of 80 unduplicated articles on depression treatment outcomes in U.S. minority adults, only six met all inclusion criteria. Of these, four examined the integration of depression care into primary care or home care settings. Six interventions included individualized or group therapy, either as a single intervention or as part of a larger menu of services. Based on a small subgroup of depression treatment, our results show that racial and ethnic minority older adults experience favorable treatment outcomes in interventions with varying degrees of cultural adaptations or modifications. It is imperative to increase the participation of minority older adults in depression treatment research for significant group comparisons to be made.

RACIAL/ETHNIC DIFFERENCES IN PREDICTORS OF SELF-RATED HEALTH: FINDINGS FROM THE SURVEY OF OLDER FLORIDIANS (SOF)

N. Park1, Y. Jang2, B. Lee2, D.A. Chiriboga2, J. School of Social Work, University of South Florida, Tampa, Florida, 2. University of South Florida, Tampa, Florida

The single self-rated health (SRH) question, “how would you rate your overall health?”, has been widely used in health outcomes studies, serving as a powerful indicator of general health and well-being. Focusing on racial/ethnic differences and with group variations, the present study examined how SRH was influenced by socio-demographic characteristics (age, gender, education, marital status, and income),
health (chronic conditions and functional disability), and social resources (family support, religious attendance, and – for two Hispanic groups—English proficiency) among diverse racial/ethnic groups. The data source was the Survey of Older Floridians, a statewide sample of Whites (n = 503), African Americans (n = 360), Cubans (n = 328), and non-Cuban Hispanics (n = 241) who were age 65 and older. A hierarchical regression model was used to estimate the effects of each block of variables and interactive effects on SRH. On average, Whites had the most favorable perceptions of health followed by African Americans, non-Cuban Hispanics, and Cubans. Health variables were consistently significant predictors of SRH across all groups. For Whites, religious attendance had a positive effect on SRH and the effect was more prominent for those with advanced age. For African Americans, older age worsened the effect of functional disability on SRH. For Cubans, older age reduced the effects of chronic conditions and English proficiency, decreased the effects of functional disability on SRH. Lastly, English proficiency lessened the effect of chronic conditions on SRH for non-Cuban Hispanics, and its benefit was more salient among men.

10-YEAR TRENDS IN HEALTH DISPARITIES-RELATED GRANTS FUNDED BY NATIONAL INSTITUTE ON AGING (NIA)

G. Kim, C.S. Huang, J. DeCoster, Center for Mental Health and Aging/Department of Psychology, The University of Alabama, Tuscaloosa, Alabama

There have been significant efforts to close the gaps in health status and health care between racial/ethnic minorities and majorities. Federal funding agencies such as National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) have paid special attention to fund programs reducing or eliminating health disparities. The present study sought to examine the characteristics of health disparities-related grants funded by National Institute on Aging (NIA) in the past 10 years. Objectives were (1) to understand 10-year funding trends in health disparities-related grants funded by NIA; (2) to identify moderators associated with 10-year funding trends in NIA-funded health disparities-related grants; and (3) to use this information for future NIA grant submission for health disparities-related topics. Our primary data source was the NIH Research Portfolio Online Reporting Tools Expenditures and Results (RePORTER) system. Data obtained from the RePORTER were merged with data from the Carnegie Classification of Institutions of Higher Education. Descriptive analysis and generalized linear model (GLM) were conducted to examine the 10-year funding trends. Results show that NIA funding for health disparities research has increased over time during the past 10 years. Significant moderators were types of mechanism (R & P), type of institution (Very high research vs. other), region or states (Southeast), having a medical school (Yes), and historically Black colleges/universities (No). The findings highlight NIA’s current efforts to reduce health disparities among older adults, and gerontology researchers may find this information very useful for their future grant submission.

PERCEIVED DISCRIMINATION AND PSYCHOLOGICAL DISTRESS IN MINORITY CAREGIVERS: MODERATING EFFECTS OF RACE AND RELIGIOUS COPING

D. Stevens, M.K. Higgins, Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia

Background: Fifty million Americans provide care to chronically ill family members. Substantial evidence supports that caring for chronically ill, older adults can have negative mental and physical health consequences. Minority caregivers may be at greater risk because of pre-existing psychosocial adversities like discrimination. Little is known about the relationship between perceived discrimination and psychological distress in minority caregivers, and the potential mitigation of religious coping. The purpose of this analysis was to explore the relationship of discrimination, psychological distress, with caregiver status and religious coping. Methods: The data were drawn from the National Survey of Midlife Development in the United States (MIDUSII), conducted in 2004-2006 (N=2342). Correlations procedures were conducted with demographic characteristics (age, gender, race, caregiver status) with perceived discrimination and psychological distress. Multivariate regression analyses were conducted and interaction effects were tested to explore the influence of religious coping and discrimination on psychological distress. Results: Women, minorities, and caregivers had higher psychological distress scores. Perceived discrimination was positively correlated with psychological distress and preserved its independent effect on psychological distress after controlling for potential confounders. While the data showed a moderating effect of race and discrimination on psychological distress, the effect of religious coping was not significant. Discussion: The findings indicate a significant relationship between discrimination and psychological distress. Minority caregivers may be at particular risk for compounding stressors and subsequent negative health outcomes. Conclusions: Data support the argument that discrimination needs to be considered as a psychosocial risk factor for minority caregivers of older adults.

HEALTH AND HEALTH CARE CONCERNS AMONG OLDER IMMIGRANTS AND REFUGEES IN ST. LOUIS: A CROSS-CULTURAL STUDY OF CHINESE AND BOSNIAN ADULTS

L.M. Willoughby, H. Matsuo, D. Tao, C.M. Brown, M. Gao, M. Grabic, Saint Louis University, St. Louis, Missouri

The health of older adults is a key area of study in gerontological research, yet comparisons across different immigrant populations remain lacking. The goals of this pilot study were to examine the health care concerns of community-dwelling older adults in the St. Louis area Chinese and Bosnian communities who arrived in the U.S. at 18 years or older in reference to a sample of older adults who were born in the U.S. Individuals from the Chinese and Bosnian communities were selected because of their distinctive group differences in terms of entry to and length of stay in the U.S., community structure, and cultural backgrounds. Thirty-five individuals, ages 65 years or older (M=73.9), completed questionnaires and participated in focus groups that were conducted separately for each group by gender. Quantitative data were analyzed using parametric and nonparametric methods, when appropriate. The results from the questionnaires indicated differences in subjective health ratings and some aspects of activities of daily living between the groups. An examination of the qualitative data from the focus groups revealed clear group differences with respect to health concerns, use of traditional medicine, positive and negative experiences with the U.S. health care system, and needs, with prominent gender differences noted. These results provide valuable information about the unique and common health needs and concerns across two distinct immigrant populations.

ASSOCIATION OF GERIATRIC SYNDROMES WITH ACUTE HEALTH CARE USE IN OLDER HOMELESS ADULTS

R. Brown1,2, M. Blauer1, D.K. Kiely3, S.L. Mitchell1, 1. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2. Hebrew SeniorLife, Boston, Massachusetts, 3. Boston Healthcare for the Homeless Program, Boston, Massachusetts

The average age of the US homeless population is increasing faster relative to the general population. One-third of homeless adults are currently aged 50 and older, increased from 11% in the early 1990s. Limited research in older homeless persons suggests that they suffer premature aging-related health problems compared to the general population. It is unknown if geriatric syndromes also have earlier onset. Geriatric syndromes, including cognitive impairment and falls, are associated with higher mortality, disability, and acute healthcare use. However, aging research demonstrates that geriatric syndromes are often amenable to relatively simple interventions. While delivering standard
SESSION 180 (POSTER)

HEALTH AND WELL-BEING OF THE OLDEST OLD
INFLUENCE OF SOCIAL PROVISIONS AND PRIVATE RELIGIOUS ACTIVITY IN THE AFTERMATH OF EXPERIENCING A MAJOR DISASTER: THE UNDERLYING DYNAMICS OF LIFE SATISFACTION AT 100 AND BEYOND
A. Bishop1, G. Randall2, 1. Human Development and Family Science, Oklahoma State University, Stillwater, Oklahoma, 2. Bradley University, Peoria, Illinois

The purpose of this investigation was to examine the multiplicative influence that a major disaster (MD), social provisions (SP) and private religious activity (PRA) has on the life satisfaction (LS) of long-lived persons. Data originated from a pilot of examination of N=154 community-dwelling centenarians (M=101; SD=1.71) residing in Oklahoma. Hierarchical regression analyses using pair-wise deletion (N=150) was employed, while controlling for the influence of confounding variables including age, sex, education, and perceived health status. Key study variables of interest as well as all possible interactions (MDxSP, MDxPRA, SPxPRA, MDxSPxPRA) were then examined relative to their associated influence on LS. The final model explained 31% of the variance in LS. Relative to control variables, perceived health status maintained a significant positive association with LS (β=.35; p<.001). This suggests that centenarians who view their health positively also feel greater satisfaction with life. Evidence of a significant three-way interaction MDxSPxPRA also emerged (β=.18; p<.05). It appears that the degree to which centenarians possess social resources and engage in private religious activity may help diminish the noxious influence of a major disaster experience on life satisfaction in extreme old age. Implications related to the dynamics between experiencing a major disaster, levels of social provisions, and levels of private religious activity on the life satisfaction at 100 years of age and beyond are addressed.

RESOURCES AND SELF-RATED MENTAL HEALTH AMONG OLDEST-OLD ADULTS: FINDINGS FROM THE GEORGIA CENTENARIAN STUDY
J. Cho1, P. Martin1, M. MacDonald2, L. Poon3, 1. Iowa State Univ, Ames, Iowa, 2. Kansas State University, Manhattan, Kansas, 3. University of Georgia, Athens, Georgia

This study investigated the effect of the reference point of self-rated mental health items on the relationship between resources and oldest-old adults’ subjective mental health from two different perspectives (self- and proxy reports). One hundred and ninety two octogenarians and centenarians from the Georgia Centenarian Study participated in the study. Two different self-rated mental health measures with different points of reference (global vs. self-comparative) were used from two different perspectives (self- and proxy reports). Blocked multiple regression models (linear and logistic) revealed different resources associated with self-rated mental health depending on the mental health reference point. For self-reports, social resources, functional capacity, and conscientiousness and the interaction between social resources and conscientiousness significantly related to global mental health, whereas functional capacity and neuroticism were significantly associated with self-comparative mental health. For proxy-reports, functional capacity, perceived economic status, and neuroticism were strongly associated with global mental health, whereas only perceived economic status was related to self-comparative mental health. The findings suggest that the reference point and different perspectives of mental health among oldest-old adults are important. The results have implications regarding the phrasing of mental health questions and indicate that the reference point is another consideration when evaluating the quality of life among very old people.

DO THE FACETS OF OPENNESS TO EXPERIENCE AND NEUROTICISM PREDICT LEVELS OF FATIGUE AMONG OCTOGENARIANS AND CENTENARIANS?

The purpose of this study was to investigate the effects of NEO personality facets on fatigue. Using the Georgia Centenarian Study, 321 proxies’ evaluated personality and fatigue levels of centenarians and octogenarians. Blocked multiple regression analyses were computed and results suggest that, after controlling for gender, age, ethnicity, and depressive symptoms, two facets of Openness to Experience, Fantasy, and Aesthetics, were positively related to fatigue, whereas Actions and Ideas were negatively related, β=.26, t(310) = .36, p<.001. The facet of Fantasy, β=.26, t(310) = .36, p<.001 was positively related and Feelings and Ideas, β=.36, t(310) = .38, p<.001 were negatively related to mental fatigue. Next, the Neuroticism facet Vulnerability positively related to total fatigue, β=.45, t(310) = 5.90, p<.001. Impulsiveness and Vulnerability, β=.19, t(310) = 2.52, p<.01; and β=.58, t(310) = 6.59, p<.001, were positively related to mental fatigue. Participants higher in Impulsiveness and Vulnerability experienced higher levels of mental fatigue. In conclusion, higher levels on Fantasy, Aesthetics, Impulsiveness, and Vulnerability were associated with higher levels of total fatigue; whereas Actions and Ideas were associated with low levels of total fatigue. In addition, Fantasy, Feelings and Ideas, Impulsiveness, and Vulnerability were associated with higher levels of mental fatigue.

DISTAL AND CONTEMPORANEOUS INFLUENCE OF TRAUMATIC EVENTS ON THE WELL-BEING OF CENTENARIANS
P. Eckert, A. Bishop, K. Schwerdtfeger, Oklahoma State University, Stillwater, Oklahoma

Data for this study included N=154 centenarians (M=101.01, SD = 1.72) residing in Oklahoma. The primary purpose of this study was to explore how reported lifetime traumatic experiences of extremely long lived persons influence well-being. A key objective was to identify the association between distal and proximal occurrence of cumulative lifetime trauma on current life satisfaction, depressive affect, and loneliness. Participants reported experiencing an average of 2.07 (SD = 2.07) traumatic events during their lifetime. After controlling for age, gender, education, and marital status, cumulative traumatic events encountered before age 30 (β = -.22, p<.01) as well as after age 80 (β = -.19, p<.05) were negatively associated with life satisfaction. In particular, past and recent traumatic events decrease life satisfaction among centenarians. Cumulative trauma experiences after age 80 also maintained a direct positive association with depressive affect (β = .18,
EXAMINING LIKELIHOOD OF OPTIMAL LIFE SATISFACTION AT 100 AND BEYOND
C.R. Hixson, A. Bishop, Oklahoma State University, Stillwater, Oklahoma

Data for this investigation originated from pilot study of N = 154 centenarians (M = 101.01, SD = 1.72) residing in Oklahoma. Logistic regression analyses were computed to assess the association of socio-demographic characteristics, physical and mental health covariates, and psychosocial influences to optimal life satisfaction. Gender (OR = 0.12, 95% CI [0.01, 0.99]) and education (OR = 0.67, 95% CI [0.46, 0.99]) were significant socio-demographic indicators. In particular, women were less likely than men to report optimal satisfaction with life. However, centenarians reporting lower educational achievement were more likely to be optimally satisfied with life compared to those with a higher educational background. Relative to co-varying influences, cumulative lifetime trauma (OR = .60, 95% CI [.39, .92]), co-morbidity (OR = 0.31, 95% CI [0.1, 0.97]), and perceived health (OR = 0.24, 95% CI [0.08, 0.71]) were associated with decreased odds of experiencing optimal life satisfaction. After controlling for the influence of socio-demographic and mental and physical covariates, extraversion (OR = 1.15, 95% CI [1.04, 1.28]) and perceived economic status (OR = 1.69, 95% CI [1.04, 2.73]) emerged as key psychosocial influences of optimal life satisfaction. It appears that cumulative lifetime trauma, multiple health impairments, and poor health perceptions reduce the likelihood of feeling optimally satisfied with life at 100 years of age and beyond; yet centenarians who were sociable and maintain positive perceptions about their current economic state are more likely to view life as optimal. Results from this study have implications relative to recommendations on how aging service providers can enhance quality-of-life among long-lived persons.

PROXY REPORTS ON ETHNIC DIFFERENCES IN DEPRESSION BETWEEN OCTOGENARIANS AND CENTENARIANS
J.B. Baenziger1, A. Aneja1, G.D. da Rosa1, P. Martin1, L. Poon2, 1. Iowa State University Gerontology Program, Ames, Iowa, 2. University of Georgia, Athens, Georgia

The purpose of this study was to investigate ethnic differences in depression using the Georgia Centenarian Study (Poon et al., 2007). Three-hundred and six proxies reported depression levels of octogenarians and centenarians using the Cornell Scale for Depression in Dementia (Alexopoulos et al., 1988). This study included 240 Caucasians (78%) and 66 African-American (22%) centenarians from the state of Georgia. ANOVAs were conducted to compare the effect of ethnicity on five domains of depression. Analyses were conducted separately with centenarians by combined age groups. For proxy reports of African-American centenarians, mean scores (M=1.87, SD=1.76) were significantly higher than Caucasian mean scores (M=1.23, SD=1.39) on behavioral disturbance, F(1, 147) = 4.53, p = 0.03. Proxy reports for the combined age groups suggested that African-Americans had higher levels of behavioral disturbance compared to White centenarians.

DEPRESSION IN CENTENARIANS: DIRECT AND INDIRECT EFFECTS OF RESOURCES AND MEANING IN LIFE
D.S. Jopp1, Y. Liu1, C. Rott1, 1. Psychology, Fordham University, Bronx, New York, 2. Heidelberg University, Heidelberg, Germany

Depression among the elderly is considered as a major issue with considerable implications at the individual and public health level. Although the prevalence of major depression is small in advanced age, depressive symptoms and subclinical depression are widely present. Which factors are responsible for depression in the elderly is less well-known. In the present study, we investigated a subsample of the Heidelberg Centenarian Study with respect to predictors of depression, by including personal resources (i.e., job training, health, cognition, social network, and extraversion) as well as meaning in life as an existential construct. The sample had on average only low levels of depression measured with the 10-item Geriatric Depression Scale; one third of the participants, however, had low to moderate levels of depression. A structural equation model was used to test direct effects of resources as well as meaning in life as a mediator between resources and depression. In this model, health was the only resource that had a direct effect on depression; meaning in life had the strongest effect. Indirect effects were found for extraversion and job training. Findings suggest that resources are less important for individual levels of depression compared to existential constructs such as meaning in life, which parallels findings on subjective well-being. Nevertheless, in contrast to well-being findings, health had a substantial role. Thus, loss of health may have a stronger impact on quality of life when considering negative aspects such as depression than indicated by work on the well-being paradox.

CVD RISK FACTORS AND EXECUTIVE FUNCTIONING IN THE OLDEST-OLD: THE FRAMINGHAM STUDY
J.N. Miller, J.J. Hinami, A. Beiser, J.M. Murabito, S. Seshadri, P.A. Wolf, R. Au, Boston University, Boston, Massachusetts

The oldest old are now the fastest growing population in the world, but research on the cognitively intact oldest old is particularly limited. Are there predictors of intact cognition in extreme age? Cardiovascular risk factors in old age have been linked to poorer cognitive performance, but it has been suggested that a different relation may exist between cardiovascular risk factors and cognition in this extreme age group. Participants included 191 women and 105 men ages 80+ from the Framingham Heart Study Original cohort who were free of clinical dementia. We evaluated how cardiovascular risk at young-old age (73±3.3 years) impacted successful cognitive aging in the 9th and 10th age decades (85.2±4.4 years). After adjusting for premorbid intelligence (using WRAT 3 Reading scores) and gender, the absence of diabetes was related to better visual memory (WMS Visual Reproduction, 0.83±0.40, p = 0.039); this relationship was not significant when adjusting for educational attainment. Interestingly, the presence of CVD was related to better performance on executive functioning (Trails B – Trails A; 0.39±0.15, p = 0.012 when adjusting for WRAT 3; and 0.34±0.16, p = 0.037 when adjusting for educational attainment); results that could be attributed to a survival effect or post-CVD event healthy lifestyle changes. Because adult onset diabetes is a modifiable disease, aging individuals may benefit in reducing risk for diabetes as they work toward healthy cognitive aging.
aim is to study the possible thresholds or constraints to participation. These include characteristics of living environment, one’s physical capabilities, material resources and so called cultural thresholds, based on individual (but socially constructed) tastes and distastes. The activities studied range from high culture to popular culture and beyond. They are considered as one expression of one’s life style. The data consists of extensive longitudinal survey data from a Finnish research project on ageing and well-being, GOAL, Good Ageing in Lahti Region (n=2815 at the baseline). The information is gathered from men and women in three birth cohorts (born 1926-30, 1936-40, 1946-50). The main research method employed is multiple correspondence analysis (MCA). Using MCA makes it possible to map the studied variables into a two-dimensional biplot graph and thereby visualize the information of cross-tabulations between all the studied variables. According to the study, both the tastes and different kinds of individual and environmental resources define the variety of activities of people in older age cohorts. Thresholds of environment can be more difficult to surpass in certain situations of life, for example after spousal loss. Environmental and physical thresholds are subject to change more easily compared to cultural thresholds which may be more profound.

CREATIVE INTENTION, PARTICIPATION IN CREATIVE & CULTURAL ACTIVITIES, AND QUALITY OF LIFE IN OLDER ADULTS LIVING IN THE COMMUNITY

A.N. Hui1, D. Yeung1, S. Cheng1, C. Sue-Chan1, D. Hui1, K. Chan1, 1. Applied Social Studies, City University of Hong Kong, Hong Kong. Hong Kong, 2. Chinese University of Hong Kong, Shatin, N. T., Hong Kong. 3. Hong Kong Institute of Education, 10 Lo Ping Road, Tai Po, Hong Kong. 4. Hong Kong Baptist University, Kowloon Tong, Hong Kong.

The present study aimed at investigating the relationship among intention of creativity, participation in creative cultural activities and quality of life in an older population. In light of the Theory of Planned Behavior, it was hypothesized that social norm of creativity, perceived control of creativity, social axiom for creativity and perceived creative self efficacy were significant predictors of intention of creativity, participation and monthly expenses of creative cultural activities, as well as quality of life. Participants included 95 individuals (21 Male and 74 female; aged 60 or above) all living in the community. Hierarchical multiple regression analyses had indicated that perceived control and creative self efficacy were significant predictors explaining 25% of the variance in explaining creative intention after controlling for gender and educational attainment. Quality of life in older adults was significantly predicted by their participation in taking part in creative and cultural activities explaining 17% of the variance. Implications on enhancing creative self efficacy and engaging older adults in creative and cultural activities will also be discussed.

THE AGING ARTISTS: AN EXPLORATORY EXAMINATION OF THE EFFECTS OF CREATIVE MEDIA ON SELF-ESTEEM

K. Walk0, J.D. Jackson, J.S. Burnett, 1. Kutztown University of Pennsylvania, Kutztown, Pennsylvania. 2. School of Psychology, Georgia Institute of Technology, Atlanta, Georgia.

The utilization of art as a therapeutic intervention has been shown to benefit a variety of populations, both aged and young. Findings from similar case studies involving older adults include improved levels of self-esteem (Doric-Henry, 1997), a greater sense of independence (Seraki & Bloomgarden, 2004), and overall improvements in well-being (McElroy, Warren, & Jones, 2006). These results have largely shown that artistic expression improves the quality of life for older adults with impairments, but these effects may be exaggerated by the conditions of their participants (see Harlan, 1990; Rusted, Sheppard, & Waller, 2006). This present case study explores the effects that artistic interventions have on the level of self-esteem in a sample of seven older adults residing within an unrestricted assisted living facility (72% Female, M=81).

Older adults in the intervention condition (n=3) participated in ten weeks of classes, and were given assessments of self-esteem before and after the intervention. Participants in the non-intervention condition received the same assessments, but were not exposed to any other experimental stimuli. An independent-samples t-test was employed to explore changes in self-esteem in the intervention and non-intervention conditions. A significant difference was found in levels of self-esteem between the intervention (M=4.33, SD =1.53) and the non-intervention (M=0, SD =1.15) conditions; t(5)=4.518, p<.006. These results illustrate the potential benefits of artistic interventions for healthy older adults, as participants within the intervention condition showed significant improvements in their level of self-esteem. Further research should replicate and extend these present findings.

CONTINUITY AND MEANING OF LONGSTANDING OCCUPATION: FACTORS OF SUCCESSFUL AGING

R. Stevens-Ratchford, Occupational Therapy and Occupational Science, Towson University, Towson, Maryland.

Background. Continuity (Menec, 2003) and meaning (Hassellung, 2002) of longstanding occupation are important factors in successful aging. Longstanding occupational engagement contributes to successful aging by fostering physical activity and social connections that promote health, well-being, and function (Wilcock, 2006). Objective. I examined the continuity and meaning of longstanding occupation and its relation to successful aging in a sample of 275 community-dwelling older adults. Longstanding occupations are activities in which individuals have devoted time and effort for a prolonged period. Continuity of participation is the duration or continued participation in an activity. The meaning of activity is the value of the activity. Successful aging is ongoing health and well-being, continued cognitive and physical function, and engagement with life (Rowe & Kahn, 1999; Stevens-Ratchford, 2008). Method. I used cross sectional survey procedures to collect data on the continuity and the meaning of four domains of longstanding occupation: life management, productive activity, leisure activities, and social participation. The Longstanding Occupation Measure (LSOM; r=.81) measured continuity and meaning of activity. The Successful Aging Profile (SAP; r=.84) measured successful aging. Descriptive and correlational analyses determined frequencies and percentages of participation and correlations among longstanding occupation, successful aging, and well-being. Results. The majority of the sample ([172 62.6%-(199 72.3%)] reported 40-60+ years of participation in one-five activities in each of the four occupational domains. The participants reported a positive value/meaning of longstanding occupations (range=44-26; mean=182.43; SD=41.82). Conclusion. These older adults had participated in numerous life management, productive, leisure, and social activities across their life courses.

LONGSTANDING OCCUPATION: A CORRELATE OF WELL-BEING AND SUCCESSFUL AGING IN LATE LIFE

R. Stevens-Ratchford, Occupational Therapy and Occupational Science, Towson University, Towson, Maryland.

Background. Longstanding occupation can contribute to successful aging in older adults by promoting function and well-being across the life course (Franklin & Tate, 2009). Objective. I used mixed methods (Peddie & Tashakkori, 2009) to examine the relation between longstanding occupation, well-being and successful aging in a sample of 30 community-dwelling seniors. Longstanding occupations are activities in which individuals have engaged for prolonged periods. Successful aging is health and well-being, high cognitive and physical function, and engagement with life (Rowe & Kahn, 1999). Well-being is a complex physical, mental, and social state of overall contentment (Hao, 2008). Method. The study used correlational and qualitative procedures to examine four domains of longstanding occupation: life management, productivity, leisure, and social participation. The Longstanding Occupation Measure (LSOM; r=.81) measured continuity and meaning of...
activity. The Successful Aging Profile (SA; r=0.84) measured successful aging. The Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, Griffin, 1985) and the Quality of Life Scale (QOLS) (Burckhardt, Woods, Schulz, & Ziebarth, 1989) measured well-being. The Occupation Successful Aging Interview Guide collected data on experiences of longstanding occupation, successful aging, and well-being. Quantitative data was collected first, and followed by three interviews. Results. Analyses revealed two themes: (a) Longstanding occupation is a correlate of well-being and health living; and (b) Longstanding occupation promotes successful aging. The LSOM was positively related to the SAP (r=0.51**), QOLS (r=0.46**), and SWLS (r=0.47**). Conclusion. For these participants longstanding occupation perpetuated engagement with life promoted their successful aging and well-being across the life course.

ACTIVITY PARTICIPATION, LIFE STYLE, AND HEALTH STATUS OF OLDER ADULTS IN SOUTH KOREA

Objectives: Population aging in South Korea poses a grave challenge to the task of improving the quality of lives of older citizens whose health status has been challenged by various socioeconomic and demographic shifts. Previous studies have shown a strong positive relationship between activity participation and quality of life among older adults. Yet, less attention has been focused on examining determinants of specific activity participation. This study examined factors related to a variety of activity participation in social clubs, self-development, and labor force. Methods: The nationally representative sample of community dwelling older adults aged 55+ (n=6,688) was drawn from the Wave II of the Korean Longitudinal Study on Aging (KLoSA), and conducted in 2008. Three separate logistic regressions were undertaken to assess the effect of sociodemographics, lifestyle (e.g., smoking, drinking, and exercise), and health status on a variety of activity participations. Results: Determinants of participation in social clubs and labor force were age, income, drinking, exercise, self-rated health, and depression. While marital status, religion, and cognition were significant predictors for social club activity participation, gender and education predicted labor force participation. Major determinants of self-development activity were educational attainment, exercise, and depression. The results revealed that lower depression and regular exercise were predictive of all three types of activities. Discussion: In order to encourage activity participation among community dwelling older adults, gerontologist should develop community-based interventions to promote physical activity and reduce depression. Other implications for practice, policy, and research were discussed.

PERCEIVED BENEFITS OF OLDER ADULTS’ PARTICIPATION IN PERFORMING AND CREATIVE ARTS PROGRAMS
L.S. Noelker, M. Rose, Katz Policy Institute, Benjamin Rose Institute on Aging, Cleveland, Ohio

Engagement in meaningful activity is an important element of quality of life for older adults. Yet, little evidence exists about the perceived benefits of novel types of activities, such as performing and creative arts programs, which have creative and social components likely to appeal to older adults. To gain a better understanding of older adults’ reasons for joining and continuing to participate in arts programs, focus groups were conducted after a two-month creative arts program (n=8) in a museum and a two-month dance program (n=6) at a senior center. Although the two groups differed with respect to location, ethnic composition, and type of arts activity, a content analysis of verbatim transcripts by two independent coders yielded several common themes. These included: interest in staying active, opportunities for personal growth, a sense of accomplishment, and social engagement. For example: “You have to exercise your brain and your body.” “I liked being creative.” “My artistic skills improved.” “…real fun to do and...something new that I learned.” “You never know what you can do until you try.” “…I came back because of the camaraderie of the group.” Differences between the groups’ responses were found related to each program’s artistic content, the cultural aspects of the African-American dance program, and the physical and public performance aspects of dance. Findings about the reasons older adults give for joining and continuing to participate in performing and creative arts programs can be used to improve translation and dissemination of arts programs, as well as uptake and adherence.

THE EFFECTS OF NUMBER OF ACTIVITIES AND AFFECT ON QUALITY OF LIFE IN ADULT DAY CENTER PARTICIPANTS
B. Gez, S. Meeks, Department of Psychological and Brain Sciences, University of Louisville, Louisville, Kentucky

The purpose of the study was to determine if Activity theory (Harris & Bodden, 1978) or Socioemotional Selectivity theory (Carstensen, 1998) predicted the relationship between activity level and quality of life (QOL) in Adult Day Centers. Activity theory suggests that the number of activities that are engaged in is related to QOL, while Socioemotional Selectivity theory suggests that the number of activities engaged in is only related to QOL if the activities that are engaged in provide emotional fulfillment. Twenty-seven participants at Adult Day Centers were observed for five minutes a day over a two week period. The Apparent Affect Rating Scale (Lawton, Van Haitsma, Perkins, & Ruckdeschel, 1999) was used to measure affect. Information on the type of activity being engaged in, the location of the activity, and the client’s level of participation was also observed. The Quality of Life-Alzheimer’s Disease Scale (Logsdon, Gibbons, McCurry, & Teri, 2002) was used to assess QOL. No relationship between the number of activities engaged in and QOL was found, suggesting that Activity theory is not supported. There was also no relationship found between level of alertness and pleasure displayed while engaging in activities and QOL. A linear regression showed that anger, number of solitary activities engaged in, sadness, number of medications, and family presence were significant predictors of QOL suggesting that QOL is related to expression of negative affect, engagement in group activities, and family presence in adult day centers. These findings are more consistent with Socioemotional Selectivity theory than Activity theory.

THROUGH AGING EYES: ENVIRONMENTAL GERONTOLOGY THROUGH PHOTOVOICE
A. Johnson, S. Spencer, University of South Carolina, Columbia, South Carolina

The purpose of this project was to explore environmental gerontology using PhotoVoice methodology. Environmental gerontology is a growing field dedicated to understanding the environmental factors that can affect older adults. PhotoVoice is often used when working with vulnerable and underserved populations as a way to have their voices heard through photographs. Participants aged 65 years and older were recruited from an urban area of the Southeastern U.S. and given disposable cameras to photograph aspects of their environment which might inhibit or facilitate activities of daily living. Cameras were collected after one week and a follow-up interview was scheduled to collect in-depth qualitative information about the photos. Results showed that participants focused on images of their home modifications, such as ramps, handrails, and various types of hospital equipment. During the interviews, participants described how these items helped maintain their independence. Participants also documented and discussed how they used professional housing and lawn services when were no longer physically able to perform certain daily tasks. These images and the participants’ commentary indicated that as one ages, the environment becomes a very different place. Older adults adapt to these changes.
either by modifying their environment or by changing the way in which they interact with it. Understanding the perceptions of older adults can inform communities about what can be done to improve quality of life in older adulthood. Results also indicated that in order to preserve independence in late life, older adults must have continued access to medical supplies and assistive technology.

LEISURE ACTIVITY PARTICIPATION AND LEISURE SATISFACTION AMONG OLDER PEOPLE: DOES THE SOCIAILITY OF PARTICIPATION MAKE A DIFFERENCE?

P. Lu, Graduate Institute of Social Work, National Chengchi University, Taipei, Taiwan

Background: The factors related to leisure participation have been well documented in the literature. However, the factors related to leisure satisfaction among older adults remained relatively unexplored. This study investigated whether the satisfaction with leisure participation among older people in Taiwan differs by the sociability. The sociability was referred to the involvement of others in engaging activities. Methods: Data comes from a national representative sample of Taiwanese older people (N=1308: aged 65 and over). Hierarchical regression analysis was applied to capture the effect of sociability on leisure satisfaction. Findings: 1. Poor physical health and disability are negatively related to leisure satisfaction, education level and income are positively related to leisure satisfaction. 2. The more types of activities the respondents engaged, the higher the satisfaction. 3. Having controlled for the effects of individual characteristics and types of leisure activity, sociability was positively related to satisfaction. 4. The age effect becomes insignificant after we controlled the effect of individual characteristics, types of leisure activity, and sociability. Conclusions and Implications: The results support the importance of social component of leisure experiences of older adults. The activity specialists should take such "sociability" issue into consideration when designing programs.

HUMAN HAPPINESS: THE TRIUMVIRATE OF EUDEMONIA, POSITIVE PSYCHOLOGY, AND THE CREATIVE PROCESS

T. Abramson1, P.B. Schmidt2, 1. Center for Gerontology and Geriatrics, NYIT, Old Westbury, New York, 2. Bunker Hill Community College, Boston, Massachusetts

Eudemonia, happiness and human flourishing based on engagement, philosophical wisdom, and finding a higher good in life, is one central concept which can be linked to the circumstances of older adults that allow them to exert control. Research indicates that involvement in arts programs can help older adults build and sustain resilience. Such participation has a positive impact on overall health, loneliness, and morale — all of which reflect important health promotion and disease prevention effects. The fact that these positive outcomes develop, despite the increasing risks associated with old age, clearly links elder arts participation with resilience and capacity for creativity. Langer’s research indicates that opportunities for mindful learning are effective in increasing older adults’ intellectual and creative adventurousness. Seligman’s research supports the nurturing of genius and talent throughout the lifespan to make life more fulfilling. Tal ben Shahar’s research emphasizes the value of learned optimism and how to live life meaningfully through emotional and physical challenges. Creative endeavors provide a context for continuous self-invention that fosters adaptation and allows individuals to thrive in circumstances that are challenging and difficult. The creative process embodies our natural desire for change moving us from stagnation to adjustment to recovery. Human strength and resiliency transforms the deep universal human experience of loss and trauma. Emotional healing is transformative and provides creative solutions to living our lives. Our mental health and immunological systems improve with hope and optimism, which can be learned throughout the lifespan and embodied as lifestyle factors in later life.

THE CREATIVE INTENTION INFLUENCED BY AGE, SOCIAL NORM AND CREATIVE SELF EFFICACY

A.N. Hui1, D. Yeung2, S. Cheng3, C. Sue-Chan3, K. Chan1, D. Hui1, 1. Applied Social Studies, City University of Hong Kong, Hong Kong, 2. Hong Kong Institute of Education, Hong Kong, Hong Kong, 3. Hong Kong Baptist University, Hong Kong, Hong Kong, 4. Chinese University of Hong Kong, Hong Kong, Hong Kong

Older adults are seldom perceived as consumers of creative products and services. Does creativity only appeal to the younger population? The present study examined the effect of age on taking part in creative activities and making a creative intention. Participants included 1241 adults from 4 different age groups. Results indicated that social norm and axioms toward creativity, and creative self efficacy were significant predictors for creative intention. Monthly expenses on creative activities were also significantly predicted by social norm and axioms toward creativity. Age was found to be a significant moderator. Implications on age integration in formulating policy on creative and cultural industries were discussed.

I AM ACTIVE: EFFECTS OF A PROGRAM FOR PROMOTING SUCCESSFUL AGING


Introduction: I AM ACTIVE is a program designed to encourage successful aging in people 60 years and over, through improved physical activity, healthy nutritional habits and cognitive functioning, that promote better quality of life. The objective of this study is to assess the effectiveness of this program. Methods: Randomized Controlled Trial. Participants were n=69 healthy elderly attending community centers divided in two groups (experimental group n=36, control group n=33, no differences in age, gender, education), the first took part in the program during sixteen sessions of 2 hours twice a week, the second remained in a wait list. The program consisted in theoretical-practical sessions of physical exercise including balance, flexibility and strength, nutrition habits and cognitive training. A pre-post battery included Tinetti Scale, manual dynamometer, goniometer, Mini Nutritional Assessment, anthropometric measures, Digit Symbol-Coding and Backward Digit Span (WAIS-III), self-efficacy measures, Quality of Life Index. Mean differences and effect size was calculated. Results: After the program, in the experimental group were found positive and significant outcomes in the different domains of successful aging compared with control group. Physical activity: balance (p<.05, Cohen-d=.32), range of motion in arms (p<.05, Cohen-d=.56), strength (p<.05), and self-efficacy for conducting regular physical activity (p<.01, Cohen-d=.76). Nutrition: self-efficacy for improving nutritional habits (p<.001, Cohen-d=.61). Cognitive: operative memory (p<.05, Cohen-d=.25), processing speed (p<.001, Cohen-d=.63), and self-efficacy for improving the memory (p<.01, Cohen-d=.75). Conclusion: Findings show that the program promotes an enhancement in domains of successful aging (physical activity, nutritional habits and cognitive functioning) in healthy elders.

CLASSIFICATION BY LEISURE ACTIVITIES OF JAPANESE ELDERLY PEOPLE AND RELATIONSHIP WITH PERSONALITY: FROM THE SONIC STUDY

M. Ogawa1, Y. Ishioka2, Y. Gondo1, Y. Masui1, K. Kamide2, K. Ikebe1, Y. Arai1, R. Takahashi1, 1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. Osaka University, Osaka, Japan, 3. Keio University, Tokyo, Japan

Leisure activities in old age are important for successful aging. In the present study, we classify the elderly people who participated in the leisure activities and clarify the characteristic of personality in each group. Firstly, we performed cluster analysis for the data of 408 people aged from 69 to 71years old. People chose all things to participate among 11 kinds of activities(physical activities, crafts, game playing,
TV watching, social activities with close social partners, group-centered public activity, religious activities, developmental activities, experimental activities, technology use and travel). As a result, three groups emerged. First group was involved in many activities and average of the activity was 8.6. Second group was involved in some activities especially TV watching, social activities with close social partners, experimental activities and technology use, and average was 5.6. Third group was doing few activities and average was 3.5. Secondly, we examined the characteristic of personality in each group. Neuroticism, Extraversion, Openness and Conscientiousness were significantly different. The first group was higher score of Extroversion, Openness and Conscientiousness, and lower score of Neuroticism than other groups. The second group and third group were lower score of Extraversion and Openness and higher score of Neuroticism than the first group. The second group was same level of Conscientiousness as the first group. This result indicate that personality influence leisure activities in which elderly participating in Japan.

SESSION 190 (POSTER)

MEANINGS AND MEASURES OF SUCCESSFUL AGING

GLOBAL MEANING AS A MEDIATOR OF STRESSFUL LIFE EVENTS, REGRETS IN LIFE, AND HEALTH IN OLDER ADULTS

G.T. Reker, Psychology, Trent University, Peterborough, Ontario, Canada

Global meaning has been identified as an important personal resource in confronting the challenges brought on by life’s changing circumstances. A person high on global meaning has a clear life purpose, a sense of direction, strives for goals consistent with life purpose, feels satisfied with past achievements, and is determined to make the future meaningful. Empirical studies have clearly demonstrated that global meaning is an important variable in the buffering of stress and the enhancement of physical, psychological, and mental well-being. The purpose of this study was to assess the mediating role of global meaning in the relation between stressful life events and outcome measures of mental and physical health. One hundred and forty-six older adults (54+ years) completed measures of stressful life events, global meaning, existential regret, life satisfaction, depression, and physical health. Using structural equation modeling, it was found that global meaning partially mediated the relationship between life stress, existential regret, and mental well-being (depression, life satisfaction). A mediating effect was not found for physical health. Model fit in all instances was good with CFI exceeding the cut-off point of .90. A causal interpretation from stressful life events to global meaning to existential regret and mental well-being (depression, life satisfaction) is the mediating role. This study conducted descriptive statistical analyses and multiple regression analyses to explore the determinants of quality of life for the elderly. RESULTS: The results of this study showed us that various socioeconomic and social capital attributes, subjective health condition, employment status, income, subjective economic status, trust, and partnership in community were statistically significant predictors of quality of life for elderly Korean immigrants in the full model. Elderly who were employed, had higher income, who felt healthier and wealthier, and who experienced more trust and partnership in their communities enjoyed higher quality of life than their counterparts. IMPLICATIONS: The study delivered some policy and practice implications that more policy and program considerations should be made for elderly Korean immigrants to strengthen their social capital as well as human capital in order to improve their levels of quality of life.

SELF-REGULATION AND EURAIMONIC WELL-BEING ACROSS ADULTHOOD

L.D. Frazier, M. Barreto, Psychology, Florida International University, Miami, Florida

We developed a conceptual model to examine the developmental self-regulatory pathways that lead to optimal eudaimonic well-being across adulthood. Adults (N = 590) between the ages of 17 and 94 (Mage = 44.59; SD = 23.62) participated in this cross-sectional study. Findings show that the model predicts interactions among age, hoped-for possible selves, age-sensitive developmental processes (i.e., goal adjustment, optimization), and psychological well-being. Results showed direct effects of self-regulatory processes on well-being. Goal adjustment was more strongly predictive of higher well-being than was optimization or hoped-for selves. Goal adjustment and optimization also influence well-being indirectly through hoped-for possible selves. There were significant age differences in the indirect effects of goal adjustment on possible selves and well-being, such that, by age 55, these pathways disappear, and the role of future self-representations diminish. These findings indicate that the role of the possible selves in regulating self-motivated development changes across the adult lifespan.

IN THEIR OWN WORDS: AN EXAMINATION OF SUCCESSFUL AGING THROUGH FOCUS GROUPS

M. Troutman, UNC Charlotte, Charlotte, North Carolina

There remains a paucity of research on successful aging in minority older adults. Southern older adults, particularly Black individuals,
have been largely overlooked, yet are at great risk for not aging successfully due to health and socioeconomic disparities. The purpose of this study was to describe successful aging in the words of Black and White persons who self-identify as successful aging, and to analyze the variations and commonalities between Southern-dwelling Black and White older adults’ descriptions of characteristics associated with successful aging. Sixty-five Black and White older adults participated in race-specific focus groups of 6-8 participants each. The researcher facilitated each group session guided by a set of questions on successful aging, within the context of her theory of successful aging. Audiotaped sessions were transcribed verbatim and subject to content analysis by the researcher and two more senior research consultants. Four central themes were found: connecting and relating—spirituality, friends and social, and spouse (subthemes); temporality—impressions of the past, family and history, present experiences as teacher, future generations and the desire to teach/testify (subthemes); perception and interpretation—mental and cognitive, adjusting (subthemes); and activity—mobility, independence, exercise, and nutritional (subthemes). Participants validated content from the researcher’s theory-based Successful Aging Inventory, and their focus group discussions yielded content areas from which foci for interventions aimed at promoting successful aging in Southern-dwelling Black and White older adults can be derived.

VIVA! A SUCCESSFUL AGING PARADIGM
J.M. Gaines, K.A. Marx, K.L. Burke, J.M. Parrish, The Erickson Living Foundation, Catonsville, Maryland

Responses of 364 participants (mean age 80.8; sd = 5.9; range 64-98 yrs) in a longitudinal study were examined at baseline via 24 individual measures of physical, psychological, and social well-being to identify naturally occurring clusters of older adults. Factor analyses of these measures yielded 3 factors (Physical, Psychological and Social) and a factor score for each. Using these scores, a hierarchical cluster analysis was performed resulting in three clusters: Typical Agers (n = 324); Balance Impaired Agers (n = 32); Cognitively Impaired Agers (n = 8). Each participant rated how successfully s/he was aging on a scale of 0 (not successfully) to 10 (very successfully). Self-ratings by Balance Impaired Agers were significantly lower (M = 7.39) than those of Cognitively Impaired Agers (M = 7.75) and Typical Agers (M = 8.18). Cluster groups were compared over three years using annually-derived factor scores. Typical Agers demonstrated a slight decline in physical status and social status, with a slight improvement in cognitive status. Balance Impaired Agers showed a distinct improvement from Baseline to Yr 1, after being informed of balance difficulties at baseline. Thereafter, they experienced a similar, though lower level, functional trajectory as the Typical Agers. The Cognitively Impaired Agers varied highly in regard to their observed changes in physical and social well-being over time. However, their performances re: the psychological factor more uniformly declined over time, and remained consistently lower than that of the other two groups.

THE OLDER THEY ARE, THE LESS SUCCESSFUL THEY BECOME? FINDINGS FROM THE GEORGIA CENTENARIAN STUDY
J. Cho1, P. Martin1, L. Poont2. 1. Iowa State Univ; Ames, Iowa. 2. University of Georgia, Athens, Georgia

This study examined whether oldest-old adults are successful agers. Three-hundred and twenty-one octogenarians and centenarians of Phase III of the Georgia Centenarian Study participated in this study. A first model examined Rowe and Kahn’s successful aging model (1989) including the probability of disease, physical or cognitive capacity, and engagement with life. All three components were applied to assess how many oldest-old adults satisfied all three criteria. The result showed over 10% of octogenarians (15.1%) and none of centenarians satisfied all three components of successful aging. Consequently, a second alternative model, focused on psychosocial aspects including three different components: self-rated health, perceived economic status, and happiness. Different from Rowe and Kahn’s successful aging model, a total of 62.3% of octogenarians and 47.5% of centenarians satisfied all three components of the alternative model of successful aging. This result suggests that additional criteria of successful aging should be considered thereby expanding the concepts and multidimensional aspects of successful aging among oldest-old adults.

WHAT MAKES KOREAN BABY BOOMERS HAPPY?
K. Eun1, H. Choi1, J. Lee1, S. Joo1, J. Kim1, G. Han1, Y. J. Cho1, 1. Seoul National University, Seoul, Republic of Korea, 2. Chonnam National University, Gwangju, Republic of Korea, 3. Ewha Woman’s University, Seoul, Republic of Korea

Korean baby boomers are usually defined as those who were born between 1955 and 1963. Facing retirement, Korean baby boomers may not be happy because they are not well prepared for the life after retirement physically, materially and mentally. Many boomers still feel happy. We are interested in the conditions that make boomers happy. At the beginning of this research, we investigate how happy they feel in everyday life. Then, we explore what conditions make them much happier. Above all, individual socio-demographic conditions such as sex, age, education, marital status, employment status, income and religion can be related to the happiness of baby boomers. Another factor is health status. Physical and mental health status is expected to be closely related to the happiness of baby boomers. Also, family characters such as family size, burden to support children and elderly parents, and satisfaction in the relationship with family members can affect the happiness of baby boomers. The last condition to affect the happiness of boomers is social capital. The happiness of baby boomers can vary by interactions with family members, relatives, friends and so on in daily life. Data for this research come from the Korean Baby Boomer Panel Survey which was first conducted in 2010. 4,668 baby boomers born between 1955 and 1963 were interviewed in this survey. An exploration of the conditions affecting happiness of boomers is made by the comparison of models which step-wisely contain factors such as individual characters, health status, family characters and social capital.

RELATIVE IMPORTANCE OF SUCCESSFUL AGING DOMAINS AND QUALITY OF LIFE
Y. Young, Department of Health Policy, Management and Behavior, State University of New York at Albany School of Public Health, Rensselaer, New York

Objectives. This study quantifies the relative importance of successful aging domains (i.e., physiological, sociological, and psychological health) and Perceived Quality of Life (PQoL). Methods. A sample of 302 independent living older adults were randomly selected from a retirement community. Three domains of successful aging were (a) physiological (i.e., diseases, functional impairment), (2) sociological (i.e., engagement with life), and (3) psychological (i.e., emotional vitality). Perceived Quality of Life (PQoL) score ranges from 0 to 10 with higher scores indicate greater satisfaction with life. Multivariate linear models quantify the association between the successful aging domains and PQoL. Results. The mean age was 82 years (range 66-97), 71% were female, and 99% White, with an average of 15 years of education. Multivariate results indicated that residents with high scores in sociological domain had a 1.6 point higher PQoL score (p<0.001) than those with lower sociological scores. Similarly, those with higher psychological and physiological scores, respectively, had 1.3 point (p<0.002) and 0.4 point (p<0.001) higher PQoL scores than their counterparts. When stratifying by age, the same order of importance was observed particularly on the 85+ group: sociological (diff=1.7 point, p<0.001); psychological (diff=1.3 point, p= 0.005); but the effect of physiological domain diminished (diff=0.3, p=0.19). Discussion. Preliminary results suggest that sociological domain of successful aging has the largest effect on PQoL, followed by psychological and the lease.
important physiological domains. To foster successful aging, interventions may focus on sociological and psychological domains of health.

**TOWARD A STRENGTH-BASED MODEL OF RESILIENCE IN OLDER ADULTS**

G.T. Reker, L.C. Woo, Psychology, Trent University, Peterborough, Ontario, Canada

The present research concerned the development of the Woo Resilience Scale (WRS) based on a strength-based model of resilience with the emphasis on the residual strengths of each unique older adult. In Study 1, an item analysis of the responses of 228 older adults (aged 55 and over) suggested the creation of a 32-item measure. Exploratory factor analysis (N = 113) yielded 6 factors: Adaptive Coping, Spiritual Transcendence, Personal Meaning, Positive Social Interaction/Support, Proactive Coping, and Taking Charge. The WRS was found to correlate positively with measures of successful aging and emotional intelligence, but negatively with alexithymia. In Study 2, confirmatory factor analysis supported the replicability of the 6-factor structure of both the 32-item WRS and the revised 36-item WRS. In Study 3, psychometric properties of the WRS were assessed using both the classical test theory (CTT) and item response theory (IRT) approaches. From the CTT perspective, subscales of the WRS are highly reliable and convergent validity of the WRS was suggested through its positive associations with measures of resilience, hardiness, successful aging, meaningfulness, optimism, life satisfaction, task-oriented coping, mindfulness, and spirituality, and through its negative associations with measures of depression and emotion-oriented coping. From the IRT perspective, the WRS subscale items fit the Rasch (rating scale) model and demonstrated item invariance across gender. Overall, the results suggest that the WRS is a valid and highly reliable multidimensional measure of resilience in older adults. The potential utility of the WRS in clinical practice and research are discussed.

**THE CONTRIBUTION OF DAILY LIFE ACTIVITIES TO AGING WELL**

K. Kim, Y. Lee, 1. Indiana University, Bloomington, Indiana, 2. University of Toledo, Toledo, Ohio

Daily life activity refers to activities that older adults engage in every day which promote life satisfaction, health, and well-being in old age (Hawkins, 2011). It has been well established that daily activities (e.g., physical, leisure, volunteer, and paid activity) are related to health outcomes, well-being, and mortality risk for older adults (Agahi & Parker, 2005, 2008; Burke, Marlow, Lento, 2010; Janke, Payne, & Van Puymbroeck, 2008; Krause, 2009; Talbot, Morrell, Fleg, & Metter, 2007). A little research, however, has been done about what activities are assessed and what activities more contribute to aging well or successful aging. The purpose of the study was to examine the relationship between daily life activity and aging well. More specifically, the study investigated what activities constitute daily life activity for older adults. It also examined how these activities are related to aging well. The study used secondary data from Aging Well: A Study of Adult Well-Being, which was part of the Global Aging Initiative (2004). Data includes individuals ranging in age from 50-92 years. This study used structural equation modeling to test the relationship between daily life activity and aging well. The study found that productive activity, social network based activity, and leisure activity contributed to aging well. Social network based activity was the strongest contributor among daily life activities. The study identified what activities represent daily life activity. It also what activity has the most influence on well-being for older adults.

**MULTIPLE LIFESTYLE DOMAINS AS CONTRIBUTORS OF VALUATION OF LIFE**

D.W. Coon, M.K. Keaveny, J. Gavin, K. O’Connor, L.R. Evans, W.J. Nier, 1. College of Nursing & Health Innovation, Arizona State University, Phoenix, Arizona, 2. Banner Sun Health Research Institute, Sun City, Arizona

As the number of older adults will double by 2030 (AoA, 2008), understanding the important lifestyle factors that influence successful aging is warranted. The current study examines predictors of Valuation of Life (VOL; e.g., Jopp et al., 2008; Lawton et al., 2001; Moss et al., 2007) to understand lifestyle domains that contribute to the oldest-olds (aged 80 and above) appraisal of life. Method The current study draws on participants, aged 80 and over, from the Learning from our Elders project. Structured interviews encompassed multiple lifestyle domains: cognition, emotional well-being, physical health, and social support. Domain variables correlating with VOL (ps ≤ .05) were entered into a hierarchical multiple regression. Results Participants (N = 330) were on average 91.2 years old (SD = 6.2), female (61.8%), widowed (59.7%), highly educated (67.3%), and reported good physical health (53.3%). Multiple lifestyle domains significantly correlated with VOL (ps ≤ .05) including: physical health, activity, emotional well-being, and personal agency domains. The final model predicted 53% of the individual variation in VOL, with personal agency accounting for the most variance (22.8%), versus sociodemographics (2.7%) and activity (9.0%). Discussion In contrast to prior models, this study demonstrates the important role of personal agency and suggests potential lifestyle factors for intervention with the oldest-old, including enhancing physical activity and increasing personal agency. Finally, a limitation stems from the homogeneity of the current sample, suggesting future research explore models of VOL among more diverse populations.

**FREE TO BE: DOES OLDER AGE FACILITATE AUTHENTICITY?**

A.T. Franzese. Elon University, Elon, North Carolina

Authenticity—the idea of being one’s true self—may be a construct of self that is not equally accessible across the life course. Authenticity may be a result of freedom that may come with the aging process. This research empirically addresses the question of whether older adults are more authentic than younger adults, emphasizing how social structural factors and individual differences work together to influence behavior. It is hypothesized that older adults will report more authentic behavior than younger adults. The associations between age, authenticity, and expectations about authenticity are explored in data from approximately 200 survey respondents and interview data from two dozen interviews. Results indicate that quantitatively, there is a slight difference in authentic behavior levels reported by younger and older adults in the direction hypothesized. Qualitative findings, while consistent with the quantitative results, suggest that there is a shared view and expectation among younger and older adults alike that with increasing age comes greater freedom to behave authentically. This research explores the sources of that belief within cultural representations of aging and popular media as well as the possible benefits of that belief at both the individual and societal levels. Most importantly, this research suggests that a gift of aging is the expectation that one can be more authentic.

**SESSION 195 (POSTER)**

**PERSONALITY, COGNITION, HEALTH AND LONGEVITY**

**RELATIONSHIPS BETWEEN PERSONALITY, HEALTH FACTORS, AND HEALTH-RELATED BEHAVIORS IN CENTENARIANS**

K. Kato, R.A. Zweig, G. Atzmon, N. Barzilai, 1. Ferkauf Graduate School of Psychology at Yeshiva University, Bronx, New York, 2. Albert Einstein College of Medicine at Yeshiva University, Bronx, New York

This study examined the relationship of personality to health factors, biological markers (e.g., blood lipid levels and genotypes), and health-related behaviors in high and low functioning groups (HFG, n=75, and LFG, n=166) of Ashkenazi Jewish centenarians (total N=241, age 95 to 107) from the Longevity Genes Project at the Albert Einstein...
College of Medicine. Personality was assessed by the Personality Outlook Profile Scale-Revised (POPS-R), consisting of two domains, Positive Attitude Towards Life (PATL: optimism, easygoing, laughter, and introversion/outgoing) and Emotional Expression (EE: expressing emotions openly and not bottling up emotions). Other health factors were assessed by the Centenarian Questionnaire which includes Mini-Mental Status Examination (MMSE), Geriatric Depression Scale (GDS), and questions about health history. Results showed that after adjusting for demographic variables PATL was positively associated with MMSE ($R^2=.06, p<.05$ in HFG and $R^2=.03, p<.05$ in LFG) and that EE was positively associated with MMSE ($R^2=.03, p<.01$ in LFG. PATL was also negatively associated with mental distress ($R^2=.28, p<.001$ in HFG and $R^2=.05, p<.05$ in LFG) and associated with selective health-related behaviors (e.g., social activity, hobbies, and relaxation). Further mediation analysis demonstrated a significant mediation effect of relaxation on the relationship between PATL and MMSE and mediation effects of hobbies and relaxation on the relationship between PATL and GDS in LFG. Findings suggest that personality may be protective of cognitive/mental functioning in advanced age, and health-related behaviors may partially explain this mechanism; however, these findings merit further study.

The Gerontological Society of America

The effects of personality and health on cognitive performance in African American older adults

Aiken Morgan1, J.C. Allaire2, K.E. Whitfield1. 1. Duke University Medical Center, Durham, North Carolina. 2. North Carolina State University, Raleigh, North Carolina

Previous research has suggested the importance of health, specifically cardiovascular health, on late life cognitive performance in African American elders. However, fewer studies have explored the influence of personality factors in the relationship between health and cognitive function. The objective of this study was to examine the effects of personality and health on cognition among a sample of 291 community-dwelling African American elders (mean age = 67.2 (SD = 8.6)). Participants were recruited as part of the Baltimore Study of Black Aging (BSBA) and were administered 8 cognitive measures of working memory, attention, spatial ability, general intellectual ability, and semantic memory, and the NEO Personality Inventory. Multiple linear regression analyses were conducted, controlling for age, education, and sex in step 1; personality indices were added as predictors in step 2, while self-reported cardiovascular health was added in step 3. Results showed that participants higher on openness scored better on progressive matrices, figure rotations, and the California Verbal Learning Test (CVLT) ($p<.05$). Individuals higher on agreeableness performed better on alpha span and the CVLT. However, those scoring higher on neuroticism and conscientiousness performed more poorly on the CVLT and progressive matrices ($p<.05$). When self-reported cardiovascular health was added to the models, it significantly predicted performance on progressive matrices and the CVLT ($p<.05$). These findings suggest the importance of accounting for individual differences in both personality and health when understanding predictors of late-life cognitive function.

Low control beliefs as a risk factor for memory: anxiety and cognitive interference as mediators

S. Agrigoroaei, M. Lachman, Brandeis University, Waltham, Massachusetts

There is evidence that low control beliefs can be a risk factor for poor cognitive functioning, but little is known about the mediators of this association. This study focused on the relationship between control beliefs and memory with the aim of testing two possible mechanisms: anxiety and cognitive interference. Based on previous empirical evidence, we predicted a three-path mediation model: lower control beliefs are associated with higher anxiety and anxiety impairs memory performance by reducing inhibitory control, thus increasing the likelihood of intrusive off-task thoughts. We used data from 152 adults, aged 22 to 84, who participated in a study on memory. Control beliefs, state anxiety, and cognitive interference were assessed by self-report. Two measures of episodic memory, a categorizable word list recall task and a paired associates task, were administered. We analyzed the mediation chain using the joint significance test approach which requires a set of three regression models (Taylor et al., 2007). Consistent with past work, while controlling for age, sex, and verbal abilities, we found a significant positive association between control beliefs and memory. As predicted, analyses revealed a significant three-path mediation model. Low control beliefs were associated with higher levels of state anxiety. Furthermore, higher anxiety was tied to higher levels of cognitive interference, which in turn significantly impaired memory performance on both tasks. The findings are discussed in the context of cognitive aging, with a focus on ways to improve memory by targeting control beliefs, state anxiety, inhibitory control, and minimizing distraction during cognitive tasks.

The role of affect in attentional functioning for younger and older adults

S. Noh1,2, M. Larcom1, D. Isaacowitz1,2. 1. Psychology, Brandeis University, Waltham, Massachusetts. 2. Volen National Center for Complex Systems, Waltham, Massachusetts

This study examined the relationship between positive and negative affect and the functioning of attention, as well as the role of age in this relationship. Younger (n=42, 18-29 yrs) and older (n=43, 63-91 yrs) adults completed the Attention Network Test (Fan et al., 2002), which assesses the efficiency of alerting, orienting and executive control. Results indicated that negative affect was associated with increased alerting only for younger adults, thus making them more sensitive to incoming stimuli. There was no relationship between affect (positive or negative) and orienting. Negative affect was associated with reduced executive control for both younger and older adults, but positive affect was only related to reduced executive control for older adults. Thus, older adults showed impaired executive control in both positive and negative mood states. These results indicate that affect modulates the efficiency of attention differently in different age groups.

Do older adults modulate their mood in the service of processing goals?

P. Dennis1, L.E. Popham1, T.M. Hess1, L. Emery2. 1. Psychology, NC State University, Durham, North Carolina. 2. Appalachian State University, Boone, North Carolina

According to the positivity effect (PE), older adults, in contrast to younger adults, attend to and recall positive affective information to a greater extent than negative affective information. Considering that PE appears to be limited to scenarios in which older adults exercise a deliberate (as opposed to an automatic) choice regarding how many processing resources to allot to various stimuli, PE likely reflects a voluntary focus on positive affective information, presumably for the purpose of sustaining positive mood. Consequently, if older adults are asked to privilege accurate processing, PE should disappear. In fact, older adults may be willing to sacrifice positive mood in the service of facilitating more detailed processing, which is enhanced by negative mood. To test this hypothesis, 196 community-dwelling participants, evenly represented by younger (20-44), middle-aged (45-64), and older adults (65-89), viewed a series of negative, positive, and neutral pictures. Half of the participants were instructed to view the pictures “as if they were watching TV” (incidental condition), whereas the other half was aware that their memory for the pictures would be tested later (intentional condition). As a measure of mood modulation, participants ranked their preference for reading positive, negative, or neutral news articles prior to viewing the pictures. Preliminary results indicated that PE was evi-
PERSONALITY FACTORS IN THE LONG LIFE FAMILY STUDY (LLFS)
S.L. Andersen1, J. Huntly1, L. Feldman1, N. Solovieff2, T.T. Perls1, 1. Geriatrics, Boston University Medical Center, Boston, Massachusetts, 2. Boston University School of Public Health, Boston, Massachusetts

Objective: To evaluate the role of personality in familial longevity. Methods: Data were collected for two domains, neuroticism and conscientiousness, of the 5 factor NEO in the first wave of data collection of the LLFS cohort for 717 male and 886 female subjects in the proband generation, 1018 male and 1387 female offspring generation participants, and 418 male and 374 female spouses of offspring (LLFS controls). Results: Mean neuroticism scores for all male LLFS subjects including controls ranged from 11.7 to 13.9 and 14.2 to 16.0 for female subjects. These mean scores were lower than published normative data (from manual, PAR) for males (17.6) and females (20.5). Mean conscientiousness scores were similar amongst all groups including normative data with values ranging from 33.7 to 36.3 for males and 34.5 to 37.1 for females. Conclusions: Low neuroticism is associated with emotional stability and a favorable response to stressful events. Our results suggest that low neuroticism and the ability to handle stress is a key phenotype of familial longevity. In this sample the spousal controls also had lower levels of neuroticism than published normative data. Other studies have shown that those with higher levels of neuroticism are more likely to separate or divorce indicating that our spouse control group may be biased toward lower neuroticism. In addition, high neuroticism is associated with greater mortality and therefore those spouses with higher neuroticism may have died before the study period.

EXAMINING CONSCIENTIOUSNESS ITEMS AND LATE-LIFE HEALTH USING A COUPLE-LEVEL APPROACH
L.L. Vie1, M.L. Kern1, C.A. Reynolds1, H.S. Friedman1, 1. University of California, Riverside, Riverside, California, 2. University of Pennsylvania, Philadelphia, Pennsylvania

Conscientiousness is predictive of subjective and objective health outcomes; the important question is why such associations exist. Specific facets (e.g., self-control, responsibility, order) and contextual influences (e.g., spouse personality) may be informative for understanding processes linking personality and health. Using a couple-level approach in a four-decade prospective archival design, we examined specific aspects of self and spouse conscientiousness and relations with old age physical health, in a sub-sample from the lifespan Terman Life Cycle Study (N = 341 married couples). In 1940 (mean age = 30), participants and spouses rated their own personalities. From these items, measures corresponding with the Big Five were previously developed and validated. Using each of the seven items of conscientiousness, we grouped couples into one of three a priori groups: (a) high-high (both members of a couple gave a higher conscientious response); (b) low-low (both members gave a lower conscientiousness response); and (c) mixed (mismatch between the spouses). We expected that the high-high group would report the best health later in life (mean age = 76), followed by participants in the mixed group, and then participants in the low-low group; and this pattern was found for six of the seven items. Contrast t-tests were significant for “definite purpose” (p = .04), with a trend for “thrifty and careful” (p = .06), indicating that purposeful couples stayed healthiest. Thus, future work should continue to examine matches between persons and their key social contacts, focusing on facet-level relations between personality and late life healthy aging.
of optimism, extraversion, conscientiousness, and emotional stability (the inverse of neuroticism) in centenarians.

SESSION 200 (POSTER)

PSYCHOMETRICS IN AGING AND HEALTH

PRELIMINARY EVALUATION OF A BRIEF OUTCOME SCALE TO MEASURE EFFECTIVENESS OF AN AT-HOME PSYCHOTHERAPY PROGRAM


Introduction: Home-based psychological services are becoming increasingly popular in geropsychology. This study examined the effectiveness of an at-home psychotherapy program using a brief outcome measure. Method: Participants (N = 21) were older adults (M age = 68.86 years, SD = 6.65) receiving at-home psychotherapy services. The Outcome Rating Scale (ORS; Miller & Duncan, 2000) was administered at each session. The ORS contains four subscales which are summed to comprise the total score: Overall, Individually, Interpersonally, and Socially. Results: The internal consistency of the ORS ranged from poor (Session 1; Cronbach’s α = .09) to good (Session 7; Cronbach’s α = .89). ORS scores significantly increased from Session 1 (M = 16.84, SD = 5.83) to Session 2 (M = 25.96, SD = 8.25), t(13) = -2.74, p = .02, with a large effect size (Cohen’s d = 1.28). Changes in ORS scores between sessions beyond Session 2 were not significant. The change in ORS scores from Session 1 to Session 7 was not significant, t(12) = -1.19, p = .26. Discussion: Results may indicate that the ORS is not appropriate for use in this demographic, that the underlying structure has more than one dimension, or that some items fit poorly with this unique population (e.g., measuring functioning at work or school). Results may also indicate that while psychotherapy initially results in increased well-being (e.g., expectancy effects), this stabilizes over time. Additionally, more than seven treatment sessions may be needed to detect significant change in a significantly impaired home-bound sample.

PSYCHOMETRIC EVALUATION OF THE GERIATRIC ANXIETY SCALE IN A CLINICAL SAMPLE OF OLDER ADULTS

A. Mueller, D.L. Segal, A. June, Psychology, University of Colorado at Colorado Springs, Colorado Springs, Colorado

Introduction: The Geriatric Anxiety Scale (GAS; Segal et al., 2010) is a 25-item self-report anxiety assessment measure designed for use with older adults. The GAS possesses both convergent and divergent validity in community-dwelling samples (Yochim et al., 2011). Preliminary results for the psychometric properties of the GAS in a clinical sample were positive, but constrained by a small sample size. This study sought to further examine the psychometric properties of the GAS in a larger clinical sample of older adults receiving outpatient psychotherapy services. Method: Participants were older adults (N = 92; M age = 69.10, SD = 7.78, range = 60-87, 73.9% female, 85.9% European American) seeking psychotherapy services at a community mental health clinic. They were administered the GAS and Geriatric Depression Scale at intake. Results: Reliability of the GAS total score was excellent (Cronbach’s α = .93), and the reliability of each subscale was good: Somatic (α = .82), Cognitive (α = .86), and Affective (α = .82). GAS total score was significantly correlated with age (r = -.25), GDS total score (r = .71), and Global Axis of Functioning (r = -.46). It was not significantly correlated with education. GAS total score did not significantly differ between men and women, t(80) = -1.49, p = .14. Discussion: Consistent with other studies, the GAS demonstrated good internal consistency as well as convergent and divergent validity within this clinical sample. Future studies should examine the psychometric properties of the GAS, including its factor structure, in more diverse samples.

THE DEVELOPMENT OF AN ATTITUDE SCALE FOR FACILITATOR OF COGNITIVE INTERVENTION FOR THE ELDERLY

F. Miyamae1,2, N. Yatom1, I. Yokohama National University, Yokohama, Kanagawa, Japan, 2. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 3. Institute of Gerontology, The University of Tokyo, Kashiwa, Chiba, Japan

OBJECTIVE: The facilitator of a cognitive intervention program for elderly must help participants to establish a cognitive behavior habit by themselves. In order to elicit participant’s behavioral changes, it seems important for facilitator to be sociable, analyze the participant’s interpersonal situation and respect their self-determination. This study examined to development of an attitude scale for facilitator of cognitive intervention. METHODS: The subjects were 106 people who participated in a facilitator training program for cognitive intervention (mean age=42.4, SD=12.0). They were required to answer the questionnaire consisted with 30 items. Each items represents the question reflecting one of 3 dimension of attitude trait ; Sociable, Analytical, Respect self-determination. RESULTS: The confirmatory factor analysis showed that the three factor model had a sufficient fitness index (χ²=91.87, df=85, GFI=.900, AGFI=.859, RMSEA=0.28). The three model had a higher fitness than the two factor model did (χ²=4=94, Δdf=46.48, p<.01), although the correlation coefficient between the two factors, Analytical and Respect self-determination, were moderately correlated (r=.649). The Cronbach’s alpha of each subscales were .697 to .885. CONCLUSION: These results suggested that this newly developed scale had adequate factorial validity and reliability to measure three traits.

RELIABILITY AND VALIDITY TESTING OF THE MARS-MFS AMONG COMMUNITY-DWELLING OLDER ADULTS

J.S. Carmasin, S.V. Rowe, B.T. Mast, Psychological and Brain Sciences, University of Louisville, Louisville, Kentucky

The Memory Awareness Rating Scale – Memory Functioning Scale (MARS-MFS) was developed to assess awareness of cognitive functioning in older adults with early Alzheimer’s disease (AD). To our knowledge, the MARS has not been studied in non-demented samples, where data might provide earlier opportunities for intervention. The current study examined 72 community-dwelling older adults (mean age = 68.64 years, SD = 7.79 years) from the Study of Thinking and Relationships (STAR). Each subject completed several measures, including the self-report MARS-MFS and the Hopkins Verbal Learning Test-Revised (HVLT-R), while an informant completed the informant MARS-MFS. Reliability testing was also performed on both the self-report and informant versions of the MARS-MFS. The MARS-MFS was highly reliable among both participants (alpha = .80) and informants (alpha = .92). 36.1% of subjects (n = 26) showed a positive MARS-MFS discrepancy (higher reporting than the informant), while 63.9% of subjects (n = 46) showed a negative MARS-MFS discrepancy (lower reporting than the informant). Performance on the HVLT-R Delayed Recall predicted self-report MARS-MFS ratings (R-sq = .236, p = .018) but not informant ratings (R-sq = .045, p = ns). Self-report and informant ratings were not significantly correlated. These results suggest that the MARS-MFS is a highly reliable measure of cognitive awareness among community-dwelling older adults and that verbal memory ability is predictive of cognitive awareness in this population. These findings highlight a need for further investigation of awareness among non-demented elders.
APPLES VS. ORANGES: MMSE SCORES NOT EQUIVALENT TO MOCA OR SLUMS IN AN OLDER VETERAN SAMPLE

B. Mossbarger, 1, Veterans Admin. Med. Ctr., Indianapolis, Indiana, 2, Indiana University School of Medicine, Psychiatry Department, Indianapolis, Indiana

Recent years have witnessed the advent and increased use of alternative cognitive screening instruments. With this development has come the inevitable comparison of the newer measures with the Mini Mental Status Exam (MMSE), long considered the “standard” in mental status screening. The present study examined scores on the MMSE with those of two other screens, the Montreal Cognitive Assessment (MoCA) and the St. Louis University Mental Status (SLUMS), among 111 patients (mean age 74.94 years) to whom more than one of these instruments was administered. First, all three measures were found to correlate significantly with GAF ratings. Second, among patients who completed two measures, scores were significantly correlated for all pairings (i.e., MMSE/MoCA, MMSE/SLUMS, and MoCA/SLUMS). Finally, pairwise t-tests found a significant difference in mean scores, with MMSE consistently yielding higher total scores than either MoCA or SLUMS – which did not differ significantly from one another – among patients who completed two measures. This latter finding, in particular, leads to the conclusion that neither MoCA nor SLUMS, while similar to each other, should be interpreted as being equivalent to MMSE ratings in screening for cognitive status. Further implications and research suggestions are offered.
UNDERSTANDING PHYSICIAN-PATIENT DIFFERENCES IN GLOBAL RATINGS OF HEALTH
E.L. Idler1, J. Daugherty1, E.A. Leventhal1, H. Leventhal2, 1. Sociology, Emory University, Atlanta, Georgia, 2. Rutgers University, New Brunswick, New Jersey, 3. University of Medicine and Dentistry, New Brunswick, New Jersey

Global ratings of health incorporate health status information relating to diagnoses, functioning, diagnoses, and other dimensions of health. They are significant predictors of mortality in representative population-based samples, for reasons that remain unclear after two decades of research. In clinical samples, global ratings are often included in multi-item measures of health-related quality of life. However, physician-reported global ratings are rarely collected, despite their potential importance for tracking patient health; they may provide an important alternative perspective that could be used to understand the consistent criterion validity of global self-ratings. The Processes of Illness Management (PRIM) study (N=378 participants) was fielded to examine physician-patient relationships and chronic disease management. Patients completed questionnaires before and after primary care visits in a large urban teaching hospital. Physicians and residents completed questionnaires following the visit. A subset of patients (N=140) had their visit audio-recorded and transcribed. We examined these qualitative data for patient or physician references to overall global health and references to biomedical, functional, or psychosocial issues. Our findings showed that 1) patient and physician global health ratings agreed 38.6% of the time; 2) in discrepant cases, physicians more often gave the higher “optimistic” rating; 3) references to overall health were more common among “optimistic” than “pessimistic” patients; 4) references to overall health were more common for “optimistic” than “pessimistic” physicians; 5) “optimistic” patients made more references to psychosocial aspects of health than “pessimistic” patients. Representations of health in the clinical setting reveal the context for the formation of global ratings of health.

SESSION 205 (POSTER)

SUCCESSFUL AGING AND HEALTH

HIGHER MEDICAL MORBIDITY BURDEN IS ASSOCIATED WITH EXTERNAL LOCUS OF CONTROL
D.E. Henninger1, H.E. Whiston1, H. Cohen1, D. Ariely1, 1. Duke University Medical Center, Durham, North Carolina, 2. Duke University, Durham, North Carolina

OBJECTIVES: Locus of control (LOC) is a psychological construct reflecting the degree to which one perceives circumstances to be controlled by personal actions (internal LOC) versus outside factors (external LOC). Because LOC could influence a patient’s medical decision-making and health behaviors, our objective is to describe the association between an increasing number of co-existing conditions and LOC in older adults. DESIGN: Cross-sectional study using survey data from the North Carolina Established Population for Epidemiologic Studies of the Elderly (NC EPESE) dataset. PARTICIPANTS: Community-dwelling older adults aged 68 and older (N=3,212). MEASUREMENTS: Ten common medical conditions were assessed by self-report. LOC was measured by standard questionnaire. Analyses adjusted for demographics, functional status (self-reported activities of daily living), cognition (Short Portable Mental Status Questionnaire), and depression score. RESULTS: A higher number of chronic conditions was associated with external LOC (β=0.37, p<0.001). This relationship persisted after adjustment for age, race, sex, functional status, cognition, and depression (β=0.17, p <0.0001). Most individual conditions were not associated with LOC, although vision impairment (p<0.001) and arthritis (p=0.05) were associated with more internal LOC. The relationship between increasing number of conditions and external LOC was stronger among females (β=0.19, p<.0001) than males (β=0.12, p=0.0290). CONCLUSIONS: These results suggest that medically complex patients tend to exhibit a more external LOC, meaning that they perceive little personal control over circumstances and environment. Clinicians should be aware of this tendency, as external LOC may impede an older adult’s willingness to engage in the considerable task of managing multiple chronic conditions.

HOW DO TRAJECTORIES OF SELF-RATED HEALTH AND LIFE SATISFACTION INTERFACE OVER TIME?
H. Hsu1, J. Liang2, 1. Department of Health Care Administration, Asia University, Taichung, Taiwan, 2. University of Michigan, Ann Arbor, Michigan

Objective: Although there is close cross-sectional association between self-rated health (SRH) and life satisfaction (LS), there is little understanding how their trajectories are linked over time. This research aimed to analyze how multiple trajectories of SRH and LS were associated with one another among older Taiwanese. Methods: Data came from a six-wave longitudinal study of a national sample of some 4049 individuals ages 60 and over in Taiwan between 1989 and 2007. Group-based trajectory analysis was used to identify trajectories in waves 1-3 (1989-1996) and waves 4-6 (1999-2007) separately. Then trajectories identified during 1989-1996 were used to predict those identified during 1999-2007. Results: For both 1989-1996 and 1999-2007 periods, four SRH groups (i.e., low, medium, improving, and declining) and two LS groups (i.e., high and low) were identified. Relative to those with low SRH in 1989-1996, individuals with medium, improving, and declining SRH trajectories were more likely to have a trajectory of high LS in 1999-2007. In contrast a trajectory of high LS was negatively correlated with medium SRH trajectory in 1999-2007. Discussion: There are multiple trajectories of SRH and LS. There is some evidence that trajectories of SRH and LS are reciprocally linked.

SUCCESSFUL AGING, DEPRESSION, AND RESILIENCE IN OLDER ADULT
J.M. Gaines, K.A. Marx, K.L. Burke, J.M. Parrish, The Erickson Living Foundation, Catonsville, Maryland

Background/Objectives: Up to 30% of older adults report depressive symptoms. Such symptoms may limit their self-evaluation of the extent to which they are aging successfully. We investigated whether resiliency moderated the relationship between self-reported depressive symptoms and self-evaluation of successful aging. Methods: 90 older adults (mean age = 78.9, 65% female) provided self-ratings of successful aging (SA) at the time they completed two standardized measures: (1) Geriatric Depression Scale (GDS) and (2) Resilience Scale Results: Consistent with prior research, higher levels of reported depressive symptoms were associated with lower self-ratings of successful aging. Among older adults with medium and high levels of resiliency, this observed relationship between depressive symptoms and successful aging was moderated such that successful aging scores were higher in the presence of higher depression scores. This moderation effect was not present in those with low levels of resiliency. Discussion: These findings suggest that inclusion of an assessment of resiliency may allow a practitioner to target older adults at a higher risk for depressive symptomatology that may adversely impact an older adult’s self-evaluation of successful aging.

PSYCHOLOGICAL ASPECTS RELATED TO PHYSICAL FUNCTIONALITY
F.J. Prestos, S. Song. Family Medicine, Midwestern University, Downers Grove, Illinois

This study was designed to empirically examine the association between sense of purpose in life as a remediating effect on medical burden among older adults. Wellness has been discussed repeatedly in the psychology literature (Reker & Peacock, 1981); yet, its definition remains elusive (Roscoe, 2009). The concept is often equated with “pur-
pose in life,” “well-being,” and “quality of life” (Roscoe, 2009). 120 consenting male and female patients ages 65-97 were recruited for participation from an inpatient rehabilitation unit at a large metropolitan hospital. Patients with cognitive impairment secondary to dementia, delirium and stroke-related deficits were excluded. Two medical consultants scored the participants on the Cumulative Illness Rating Scale for Geriatrics (CIRS-G), a measure of medical illness burden based on physical examinations, review of symptoms, and laboratory testing. All participants completed the Life Attitude Profile (LAP), a multidimensional measure designed to assess the degree of existential meaning and purpose in life; and Meaning in Life Questionnaire (MLQ), a measure of the presence of meaning in life and the search for meaning in life. Results showed that significant relationships existed between the severity index on the CIRS-G and measures of goal seeking ($r = 0.23$, $p < .05$) and striving for meaning ($r = 0.21$, $p < .05$) on the LAP. Factor analysis suggested that the MLQ had limitations for use with an older adult population. Further research may be needed to identify any other factors that help to explain illness severity such as hereditary vulnerability and smoking history.

SUCCESSFUL AGING FOR HIV+ WOMEN
S. Deren, S. Strauss, College of Nursing, New York University, New York, New York

It is estimated that approximately 50% of people living with HIV/AIDS in the US will be aged 50 or older by 2015. Women are increasingly represented in this aging HIV+ group: the proportion of new infections among women increased from 8% in the early 1980s to the current 27%. Aging women living with HIV/AIDS (WLWA) are primarily minority: 79% of WLWA at the end of 2005 were African-American or Hispanic. Although substantial declines in HIV/AIDS mortality have resulted from advances in antiretroviral treatments, women and minorities are less likely to be receiving these medications. Factors related to health disparities among older WLWA have been identified in the literature. For example, almost half of older WLWA report high levels of depressive symptoms and current alcohol or illegal drug use, and these have been related to poor treatment adherence. Using the Rowe and Kahn tripartite theoretical framework of successful aging - disease management, functionality and engagement in life - multi-level influences on successful aging among WLWA will be described. Issues that are particularly salient for WLWA include individual-level factors (e.g., comorbid conditions such as depression, substance abuse, PTSD), social/structural level influences (e.g., stigma, disclosure concerns, social support) and cultural factors (e.g., trust in health care providers and gender role expectations). This paper will summarize the multi-level influences on successful aging in this population that have been identified in the literature, and that must be addressed in research efforts and health care initiatives undertaken to reduce health disparities among aging WLWA.

SESSION 210 (POSTER)

TECHNOLOGY: APPLICATIONS AND IMPLICATIONS

REMOTE CONTROLLED TELE-PRESENCE IN SENIORS’ HOMES: A PILOT STUDY OF FEASIBILITY AND ACCEPTANCE
K. Wild, N. Larimer, S. Maxwell, P. Kearns, J. Kays, J. OHSU Dept. of Neurology, Portland, Oregon, 2. OHSU Dept. of Biomedical Engineering, Portland, Oregon

Telemedicine research has established the acceptability of remote health care among elderly populations. However in most cases the technology provides a limited interface between the target and recipient of transmitted information. The remote tele-presence described here represents a new approach toward obtaining important health information while providing a means of social engagement for older adults without leaving the home. This pilot study tested the feasibility and acceptance of a remotely controlled robot with video communication capability in a sample of independently living older adults. We investigated the attitudes and preferences of seniors, and those of family or friends who communicated with them via the device. Eight persons 65 years of age or older and living alone in their own homes were enrolled in the study. Subjects completed a questionnaire following their two-day experience with the remote controlled device. Identified friends or family members were also asked questions about their interaction with the study participant via the device including positive and negative aspects of appearance, communication, driving experience, and privacy issues. Responses indicated that the majority of older adults had highly positive experiences with the robot and had little difficulty with its operation. One participant with mild cognitive impairment remained confused about its purpose and asked to have the device removed after one day. Remote users, who were friends or adult children of the participants, were more likely to test the mobility features (e.g., driving the robot about the senior’s residence), and had several suggestions for additional useful applications.

THE EMOTIONAL RESPONSES OF OLDER ADULTS TO NEW TECHNOLOGY
K. Kim, L. Malavasi, A. Schwingel, W. Chodko-Zajko, B. Lindley, University of Illinois, Urbana, Illinois

Understanding the perceptions and emotions of older adults when they encounter new technology is important. Although learning to use and adopt new technology can often provide a significant benefit, many older adults decline to adopt new technologies due to feelings of anxiety and discomfort they experience when exposed to unfamiliar items. This study was designed to explore the perceptual and emotional reactions of four older adults to a number of commercially available products. Participants were invited to examine four devices, two TV remote controls and two commercially available step counters. For both the TV remotes and the step counters, a very simple and a very complex version of each type of item were provided. Participants were invited to inspect each item carefully and then complete a Product Personality Profiling Questionnaire (McDonagh, Brusebergh & Haslam, 2002) which assessed their initial reaction to each item. Next each participant participated in a 60-90 minute semi-structured interview. All interviews were transcribed and analyzed. Three dominant themes emerged from the data; (1a) It is easy, this is for me, (1b) It is too difficult, (2) I am smart, I can figure it out, and (3) I do not need this: Why should I care? Themes 1a and 1b confirm that older adults often gravitate towards simple and familiar version of technology. Themes 2 and 3 provide evidence of a more nuanced perspective. Some seniors have high levels of self-efficacy and believe themselves to be capable of using and understanding new technology but they do not always see the need to change. Previous experience, exposure frequency, socio-economic status, and education level were factors that appeared to differentiate between older adults who were likely to be ‘early adopters’ and those who were not. Technology design and interface, and appropriate technological education as also emerged as factors that might influence technology anxiety and perceived complexity. Our findings contribute to our understanding of the complexities underlying older adult’s emotional responses to new technology.

SUSTAINING HEALTHY LIFE: 3D BODY SCANNING TECHNOLOGY AS A HEALTH-RISK PREVENTION TOOL
Y. Lee, Iowa State Univ, Ames, Iowa

Weight gain throughout an individual’s lifetime leads to changes in body composition which has resulted in the need for accurate measurements of body shape and dimensions to assess the relationship between health risk and body shape. Anthropometric measurements using a tape measure have been used for assessing future risk to health,
as increased circumference of the waist vs. hip is associated with greater chronic disease rates later in life. These circumferences and ratios have been correlated to health risk over time, and have fallen in and out of favor for their utility in identification of future chronic disease development. This study explores the accuracy of body measurements gathered from trained observers employing a tape measure compared with those generated by the 3D body scanner. Findings indicated that significant differences existed between circumference measurements calculated by the body scanner and those gathered from a tape measurement. This research indicates that utilization of the body scanner as an anthropometric measurement tool for the assessment of health risk has tremendous benefits to sustain older adults’ healthy life. In conclusion, the 3D body scanner has potential application in the prevention, treatment and monitoring of diseases that are related to obesity via the provision of accurate circumference measurements. Visual inspection of the 3D figure generated by the body scanner could also provide useful in research examining posture modification and body image. Investigations involving examination of the 3D body image could have intervention significance from both a disease as well as a psychological health risk perspective.

**USING SKYPE TO ENHANCE OLDER ADULT SOCIAL NETWORKS**


Throughout the lifespan, and particularly in older adulthood, social relationships are a key component to psychological health and wellbeing. However, due to multiple factors (e.g., mobility problems, rural isolation, and long distances between friends and family), older adults may have difficulty maintaining their social networks over time. This study assessed Skype usage of seven older adults residing in an independent apartment complex over a period of ten days. Participants contacted research assistants using Skype during a specified time-period each day. Over the ten-day period, four of the residents called in all ten times, one participant called in nine times, and two of the participants called in seven times. The length of the conversations via Skype ranged from one minute and thirty-seven seconds to ten minutes and fourteen seconds. The Skype conversations, which primarily served as a “check-in,” ranged from one minute and thirty-seven seconds to ten minutes and fourteen seconds. Results from this study showed that older adults were successful in using Skype and incorporating such technology into their everyday lives. For most participants, initial hesitations were easily overcome (e.g., privacy concerns) and many expressed enjoyment of use and the intention to continue Skypeing. Skype demonstrations, personal tutorials, and clear step-by-step instructions likely all influenced successful participant Skype use. At a time in which older adults may be experiencing changes (e.g., widowhood and increased health problems), electronic social relationships may reduce the impact of such challenges. This poster conveys the potential of Skype to supplement older adults’ social connections.

**EVALUATION OF DIFFERENT TECHNOLOGIES: DOES GENERATION AND PERSONALITY MATTER?**

K. Classen, F. Oswald, H. Wahl, *1. Heidelberg University, Institute of Psychology, Heidelberg, Germany; 2. Interdisciplinary Aging Research, Faculty of Educational Sciences, Goethe University Frankfurt, Frankfurt am Main, Germany*

This ongoing dissertation project aims at identifying the role of personality related factors (e.g. neuroticism, openness, self-efficacy) regarding the attitudes toward and evaluation of technology. Furthermore, the assumption is made that cohort differences between technology generations such as the mechanical generation and the household appliance generation may exist in terms of technology attitudes and evaluation. The internationally renowned Technology Acceptance Model (TAM; version 3) was applied as theoretical background. The study focuses on three technological devices, echoing the areas of care and prevention, household tasks, and leisure activities: (1) a sensor mat featuring an alarm option in case of falls as well as turning on the bedside lamp when getting up, (2) a robotic vacuum cleaner and (3) a video game console. Preliminary data analysis includes 235 participants aged 60 to 99, representing the two technology generations mentioned above. Findings support the notion that the evaluation of the three technological devices is clearly different, with the sensor mat scoring highest in the dimensions perceived usefulness and perceived ease of use. No generation differences appeared in terms of the intention to use the three technological devices. However, the younger generation had a higher intention to use all of the three devices in the future. Regarding personality related factors, higher neuroticism was related with more perceived distance to technology and higher self-efficacy comes along with openness toward innovativeness. Findings underscore that both a psychological and a generation related view is in place, when variability in technology acceptance is the research target.

**BRINGING TECHNOLOGY HOME: ACCEPTABILITY AND FEASIBILITY OF A COGNITIVE TRAINING PROGRAM FOR INDIVIDUALS WITH DEMENTIA**

S. Orsulic-Jeras, C.J. Whitlatch, J.D. Johnson, S. Schwartz, *Benjamin Rose Institute on Aging, Cleveland, Ohio*

There is growing evidence to support the potential usefulness of computer-based cognitive training programs to slow the natural cognitive decline that occurs within a healthy aging population. As a result, there has been an attempt in recent years to adapt these programs for use with individuals with dementia (IWDs). Many cognitive training programs are designed to improve working memory, selective attention, memory recall, eye-hand coordination, and overall processing speed. The goal is to build “spare capacity” allowing IWDs to continue to function at a high level even if neural damage occurs. This poster examines the acceptability and feasibility of a computer-based adaptive cognitive training program with 46 community-dwelling IWDs. Participants were provided a laptop computer or used their own computers in order to complete cognitive training tasks for an hour per week for 3 months. Training tasks included “cognitive exercises” for attention, working memory, long-term episodic memory, and decision making. The MindFit™ cognitive training program was user-friendly (with both text and auditory tutors) and adapted task difficulty across all the cognitive domains based upon earlier performance. Family caregivers were instructed on how to assist IWDs and project staff were available by phone to answer questions and provide support. Discussion will include: 1) a description of specific barriers and challenges unique to implementing a technology-based intervention in the home; 2) the role these barriers played in the intervention process and potential effects on study outcomes; and 3) case-specific examples detailing how to address and reduce these barriers.

**MEDIA USE, COMPUTER EXPERIENCE, AND SUCCESSFUL ONLINE HEALTH SEEKING AMONG OLDER ADULTS**

D.L. Borzekowski, A.E. Wiley, E.M. Agree, *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland*

As technology evolves, people of all ages are adopting and using new media. But how willing are those in the oldest groups to use media, and are they successful, especially when they are looking for important health and medical information? To better understand how older adults use the Internet to get health information, this laboratory-based study examined, among adults from Maryland and California, one’s success in finding accurate online health information. We explored if and how one’s gender, age and previous use of new media helped predict one’s success. Also, we considered how one’s attitudes regarding adoption of new media was related to successfully finding online health information. Among our 334 participants, media ownership and use was high.

**The Gerontological Society of America**

58
Practically all the participants (98%) had home access to the Internet and on average, participants spent 27.5 hours/week online. One’s attitudes towards new media were significantly associated with time spent online, but not one’s age or gender. Controlling for gender, age, and one’s attitudes about using technology, one’s use of a computer at his or her place of employment significantly predicted success in finding accurate health information.

**COMPUTER PROTOTYPE FOR DAILY HEALTH MONITORING AMONG INDEPENDENT-LIVING OLDER ADULTS**


The aim of this study was to test a prototype of the web-based daily health diary with end users who are age 70 or older, with specific focus on older adults’ abilities and compliance rate in their use for everyday health monitoring. A website was developed for this purpose and eight participants (three women and five men) agreed to test the web-based health diary questionnaire over ten consecutive days. The website was designed to evaluate participants’ general computer skills and usage as well as monitor everyday self-rated health, nutritional consumption, physical activity, and cognitive function. All the responses that older adults submitted on the computer platform were sent to a centralized server on campus for further statistical analysis. Preliminary analyses indicate that older adults typically reported being confident or neutral about their computer skills. On average, they reported using computers everyday. There were 25% of the participants who completed the health diary questionnaire every day during the ten-day trial period, whereas 75% of the participants completed the questionnaire from a range of one to nine days. All participants completed the questionnaire on the first day, but 62.5% to 87.5% of the participants completed the questionnaire on any one of the other nine remaining days. Among all the responses, 68.2% of them were reported in the morning. The results of this study suggest that a web-based computer platform can be used as a distal health monitoring device and as communication systems with health professionals and family members of independently living older adults.

**TECHNICAL EXPERIENCE IN OLDER ADULTS’ TECHNOLOGY USE**

B. Williger, F.R. Lang, Institute of Psychogerontology, Erlangen, Germany

Technical innovations provide new potentials for independent living, health, and mobility in aging societies. However, older users often do not adopt new technical solutions of everyday challenges. Our work builds on an ecological framework of the dynamic interplay between technical innovations and older users acknowledging age-related changes of older adults’ capacities, resources, needs, and recent technology experience. Human factors research focuses on general aging processes and their implications for the design of technical products. However, it is not well understood, how older adults’ usage behavior unfolds over time when interacting with technology. In a two-year longitudinal study, we asked 101 older adults (M = 68.29, SD = 5.21) with different levels of technical expertise to regularly test and evaluate technical products and prototypes. Older adults with technical expertise, who were frequently confronted with new technologies, reported more frequent use of modern technologies after the intervention. In contrast, older participants with little prior technical expertise did not change in usage behaviors, and reported a temporal increase of skepticism towards technology within the first year. Results show that especially those older adults that reported technical expertise profit from experiences with technical environments. Further research will need to clarify possible mediation and moderating effects of individual characteristics (e.g. cognitive mechanics, affect, self regulatory) on technology usage behavior in later adulthood.

**SOCIAL RELATIONS, COGNITION AND TECHNOLOGY: THEIR ROLE IN DESIGNING A P2P PLATFORM FOR ELDERLY PEOPLE**

J. Yanguas1, B. Morales1, U. Diaz2, D. Facal1, A. Garcia1, P. Doikos2, N. Passas2, E. Urdaneta1, J. R+D, Fundación Ingema, San Sebastian, Spain, 2. Athens development Agency, Athens, Greece, 3. University of Athens, Athens, Greece

Indicators of social isolation and cognitive decline pose health risks and reduce quality of life in elderly persons. Information and communication technologies have a potential role in improving social networks and cognitive performance. In an attempt to fulfill these needs, the PeerAssist project, funded by the AAL Joint Programme, promotes a P2P platform supporting virtual communities to assist independent living. We applied to both Spanish and Greek elderly users a questionnaire divided in different domains, including: familiar situation (“objective” and “perceived frequency of contact), social relationships, leisure activities, perceived health status, satisfaction with life, cognitive (WAIS’s Digit Symbol Subtest) and motor abilities (Gibson’s Spiral Test), subjective memory complaints (MAC-S), and technological expertise (including use of a computer and interest in talking to relatives or meeting new people via Internet). Valid responses were collected for 20 participants in Gipuzkoa, Spain (8 men and 12 women, 57 to 78 years, average age=66.35; S.D.=6.532) and 18 in Athens, Greece (9 men and 11 women, 67 to 76 years, average age=71.70; S.D.=2.67). Quality of social contacts was higher and memory complaints lower in the group of participants who would like to talk to others via Internet; both cognitive and motor performance were better in those who had used a computer. Intentions to use internet for social support seems related to subjective, psychological dimensions of the aging process.

**BELIEFS AND ATTITUDES OF THE ELDERLY TOWARDS NEW TECHNOLOGIES**

E. Urdaneta, M. Gonzalez, A. Etxaniz, R. Vaca, X. Ansorena, J. Yanguas, R+D, Fundación Ingema, San Sebastian, Spain

BACKGROUND: The User Acceptance of a Device Depends not Only on the Accessibility and Usability of the System, but Also on the Previous Pre-conceptions of the User. AIM: The Aim of the European Project GUIDE, “Gentle User Interfaces for Elderly People”, is to Develop Multimodal Intuitive User Interfaces Capable of Intelligently Adapting to the Individual Needs of Users with Different Kinds of Mild Impairments. In the Context of this Project a Study about Elderly People’s (EP) Feelings and Attitudes towards New Technologies Was Carried Out. METHODOLOGY: 33, Spanish, EP (Average Age: 70.97; SD: 7.7; 75.7% Female), Were Assessed by Means of an Ad-hoc Likert-type Scale Questionnaire Which Evaluated the Beliefs and Attitude Towards the Information and Communication Technology (ICT). RESULTS: Most of EP pointed out that They Need to Use ICT (62.2%); should be Open-minded to ICT (90.9%); Have the Necessary Skills to Use ICT (66.7%). They Disagreed with the Following Ideas: Only Young People Are Able to Use ICT (85.3%); It is Not Very Important for Elderly People to Use ICT (85.8%); It is Very Difficult for EP to Feel Comfortable Using ICT (69.7%); EP Cannot Use Any Technology Tool Even After Being Taught (69.7%); EP Have Problems to Properly Use ICT (66.7%); EP Should Be Reluctant of Using ICT (90.9%); EP Forget How to Use the New Tool (48.5%); CONCLUSIONS: It seems that Elderly People Acknowledge the Advantages that ICT can Offer them and, at the Same Time, they are Willing to Use Them.

**A PILOT STUDY OF COMPUTER MEDIATED FLOW AMONG OLDER ADULTS ENROLLED IN A 6 WEEK BRAIN FITNESS COURSE**

T. McCallum, Psychological Sciences, Case Western Reserve University, Cleveland, Ohio

The term ‘flow’ refers to a state of consciousness that occurs when individuals are deeply involved in an enjoyable activity. Flow is characterized by a balance between the challenge presented by the task and
the individual’s level of skill; clear task goals and feedback; concentration on the task; a sense of control; the merging of action and awareness; a partial loss of self-consciousness; and a distorted sense of time. Though the last decade has yielded a great deal of literature exploring the relationship between flow states and computer usage, few studies include older adults. At the same time, numerous studies have examined the utility of computerized brain fitness games designed to improve different aspects of cognition among older adults and found few lasting cognitive effects. This pilot study examined computer-mediated flow in a group of older adults to determine if flow states could consistently be reached. Eight female older adults between the ages of 58 and 72 were enrolled in a brain fitness computer course. The course met for one hour a week for six weeks. The participants engaged in various computer games designed to enhance memory, attention, visuo-spatial abilities, executive function, and language skills. Participants completed a modified version of the Flow Scale (Pearce, 2004) following each session. While varying in amount, all participants reported experiencing every element of flow. These preliminary results suggest that more research is needed to examine if older adults can consistently reach flow states by using computerized brain fitness programs.

USING THE HOME COMPUTER AS A SAFETY CHECK-FOR OLDER ADULTS
J.B. Baenziger, P. Martin, W. Hsieh, H. Yang, Iowa State University Gerontology Program, Ames, Iowa

Gerontechnology is a burgeoning field in gerontology. This presentation summarizes findings from a focus group held after applying a home computer as a daily check-in device. During the application session, older-adult residents were asked to contact researchers for 10 consecutive days using a web-site and a SKYPE check-in procedure. After simply reporting to the web site, participants were sent a daily cartoon. Focus groups revealed three important themes: security, routine, and rewards. First, one important advantage to using the check-in component was noted that the social director would know everybody in the apartment building was well. Second, residents noted that the check-in should occur on a daily basis for consistency of knowing that residents were safe or not. A third point was made that residents enjoyed reading the comic strip each day so it did give residents something to look forward to. Overall, the check-in system was a noticeable benefit in the perception of the usefulness of computers and the internet in supporting those activities.

PERCEIVED USEFULNESS OF COMPUTERS IN THE SUPPORT OF HEALTH RELATED ACTIVITIES
R. Best, K. Arredondo, Florida State University, Tallahassee, Florida
While 24.9% of older adults and 8.2% of younger adults self describe their health as “fair” or “poor” (CDC, 2009), only 29% of older adults reported searching online for health information compared to 71% of younger adults (Pew, 2010). This study examines if self-reported measures of health among older adults relate to perceptions of the importance of various health related activities to quality of life and if computers and the internet are useful in supporting those activities. As part of the Computer Preference & Usage Questionnaire distributed by the Center for Research and Education on Aging and Technology Enhancement (CREATE), two hundred and twenty-nine participants ages 60-94 (M = 74.3) answered questions pertaining to the importance of nine health related activities to their quality of life and the usefulness of computers in supporting those activities. After controlling for education, income, computer use, and frequency of computer use, self-reported health rating significantly predicted the importance of creating medication reminders, β = -.198, and managing illnesses, β = -.191, to quality of life. Self-reported health rating trended in the opposite direction for predicting perceptions of the usefulness of computers in supporting the creation of medication reminders, β = .115, p = .083, and managing illnesses, β = .129, p = .055. Decreasing health ratings were found to be related to an increase of the importance of creating medication reminders and managing illnesses, but a decrease in the perception of the usefulness of computers and the internet in supporting those activities.

VIABILITY OF A FACE RECOGNITION AID FOR THOSE WITH EARLY ALZHEIMER’S DISEASE

Advanced Medical Electronics Corp. (AME) has developed a facial recognition device for people with mild dementia. It provides memory cuing by displaying on a wristwatch the name and relationship of the person whose face is recognized. The study purpose was to explore the viability of the device for persons with dementia by answering the following question: What were caregivers’ (of loved ones with dementia) overall impressions of the device as a means of aiding their loved ones in facial recognition? Second, what features of the device would promote adoption of the technology to aid facial recognition in a social context? Methodology: Caregiver participants (N=12) were recruited by community fliers to three different focus groups held in July, 2010. A script was used to facilitate discussion in a recorded focus group. Recordings were transcribed, and coded for theme analysis via two independent coders. Results: Four, consistent themes emerged. Participants felt the device would 1) be useful to their loved ones, 2) aid in facial recognition, 3) likely be purchased, and 3) interestingly, perceived as a means to decrease caregiver burden.
SESSION 215 (POSTER)
WORKFORCE ISSUES IN LONG-TERM CARE

SMALL-SCALE, HOMELIKE DEMENTIA CARE ENVIRONMENTS: EFFECTS ON NURSING STAFF
S.M. Zwakhalen1, H. Verbeek1, E. van Rossum1,2, G.I. Kempen1, J. Hamers1, 1. Maastricht University, Maastricht, Netherlands, 2. Centre of Research on Autonomy and Participation, Zuyd University of Applied Sciences, Heerlen, Netherlands

Long-term dementia care is increasingly organized in small-scale homelike care facilities. Nursing staff employed in these facilities have different (e.g. more integrated) roles and tasks compared to staff employed in larger facilities. This study investigates the effects of working in small scale living facilities on staff's job satisfaction and motivation. In a quasi-experimental study, two types of long-term institutional nursing care conditions were included: 28 small-scale living facilities and 21 regular psychogeriatric nursing homes wards. At baseline and at follow-ups after 6 and 12 months nursing staff was assessed using self-report questionnaires. A total of 305 employees were enrolled in the study: 114 working in small-scale living facilities (intervention group) and 191 in regular wards (control group). The primary outcomes were job satisfaction and work motivation. Data were analyzed using multi-level analysis. Groups were comparable on baseline characteristics, except that nursing staff working in small-scale living facilities was employed shorter and was more often women compared with staff working in regular wards. In the total group of employees no significant differences was found on job satisfaction and work motivation. Subgroup analysis showed that staff working in the most typical small scale living facilities was more satisfied and motivated than staff working in most typical regular wards. On the main outcome measures job satisfaction and work motivation no convincing effects were found. Differences in the subgroup analysis suggests that the degree of small scale organizational climate may affect outcomes.

NURSING HOME ADMINISTRATORS’ PERSONALITY STYLES AND CMS 5-STAR RATINGS
K. Osbaldiston1, R. Osbaldiston1, J. Henning1, C. Mallard2, T. Harris1, 1. Eastern Kentucky University, Richmond, Kentucky, 2. Predictive Results, Orange Park, Florida, 3. PI Worldwide, Wellesley Hills, Massachusetts

There are approximately 17,000 nursing homes in the US, and practically all of them have a nursing home administrator (NHA) who is responsible for running the facility. And every one of these nursing homes is rated by the CMS 5-star rating system. It has been well-established that there are relationships between workers’ personality styles and job performance, but is there a relationship between the NHA’s personality style and the CMS ratings? The answer to this question is yes! The Predictive Index (PI) is a measure of personality styles that was developed for use in the workplace, and it measures six personality traits (dominance, extraversion, patience, formality, decision making, and response level); the PI has been validated in dozens of studies with hundreds of different types of jobs and tens of thousands of employees. For this study, 107 nursing home administrators completed the PI and provided their CMS rating. We correlated PI scores with CMS ratings, taking into account three control variables: cost of living, tenure at the facility, and amount of control over staffing levels. The PI was an effective predictor of CMS ratings, and it was twice as strong as other personality measures at predicting job performance. From this research, we can identify the ideal personality profile of the best NHA, and we can make recommendations about what things NHA might want to work on to improve their leadership skills. Making modifications to one’s personality style is a very low-cost treatment that could have very large rewards.

ASSOCIATION OF SELECTED EMPLOYEE BENEFITS WITH FULL-TIME HOME HEALTH AIDE (HHA) OVERALL JOB SATISFACTION
A.L. Essex, A. Bercovitz, M. Sengupta, Division of Health Care Statistics, National Center for Health Statistics, Hyattsville, Maryland

While demand for HHAs is increasing, recruitment and retention remain a challenge. We examined selected benefits reported by the employer and whether benefits are associated with overall HHA job satisfaction. Linked, cross-sectional data from the 2007 National Home and Hospice Care Survey (agency reported benefits) and the 2007 National Home Health Aide Survey (HHA reported job satisfaction) were analyzed. In a sample of 2,111 full-time HHAs, 90% were extremely (52%) or somewhat (38%) satisfied with their jobs. Most agencies reported offering: paid days off (94%), pensions (75%), health insurance (74%), and education reimbursement (65%). HHAs offered and not offered these four benefits were compared using t-tests to determine the percentage difference in the level of satisfaction. No significant differences were found by whether employers offered “paid days off” or “health insurance.” Fifty-six percent of HHAs offered pensions were extremely satisfied compared with 39% who were not offered pensions (p<.001). Sixty-one percent of HHAs offered education reimbursement were extremely satisfied compared with 37% who were not offered education reimbursement (p<.001). However, 7% of HHAs offered pensions were dissatisfied compared with 24% who were not offered pensions (p<.001). Five percent of HHAs offered education reimbursement were dissatisfied compared with 23% who were not offered education reimbursement (p<.002). Multivariate analyses are planned to understand the association between a series of benefits and job satisfaction, adjusting for HHA demographics and agency characteristics. Findings from this study will clarify the association between employment benefits and HHA job satisfaction.

RELATION OF TURNOVER AND STAY RATES TO EBP ADOPTION: RESULTS FROM THE MULTILEVEL TRANSLATION RESEARCH APPLICATION IN NURSING HOMES (MTRAIN) INTERVENTION STUDY
P. Mobily1, A. Bossen1, K. Lane1, M. Stolder1, J. Specht1, J. Russell1, D.A. Reed1, 1. Nursing, University of Iowa, Iowa City, Iowa, 2. University of North Carolina, Chapel Hill, North Carolina

National turnover rates from nursing homes (NH) range from 75-100% (Donoghue, 2010; Wunderlich & Kohler, 2001). High turnover destabilizes the organization and makes innovation nearly impossible. Turnover and stay rates were collected for one year in 48 Iowa nursing homes as part of the MTRAIN intervention study. The average turnover rate was 26% and the average stay rates were 72.5% at 12 months. Stay rates more accurately reflect stability in an organization (Price & Mueller, 1986). While turnover rates in MTRAIN NHs were relatively low compared to national rates, they still were troublesome to the implementation of evidenced based practice. In addition, director of nursing (DON) turnover rates were low, but some individual nursing homes showed high turnover. DON turnover was significantly negatively correlated with DONs’ perceptions of their leadership style (p=.031), indicating that the lower they rated their own leadership style, the more they tended to leave positions. Staff ratings of their supervisor’s behavior showed a significant negative association; the lower the rating of supervisory behavior, the higher the turnover rates (p=.042). DON turnover was significantly correlated to general staff turnover (p=.000), which is consistent with the findings that leadership turnover begets staff turnover (Castle, 2005). Staff of NHs with higher staff turnover showed high variance in perceptions of EBP (pain; p=.002) use, reflecting lack of continuity in perceptions of EBP use (lack of innovation). Stay rates rather than turnover rates along with DON turnover more accurately reflect facilities’ ability to adopt innovation.
ASSISTED LIVING DIRECT CARE WORKER PERCEPTIONS OF INTERACTIONS WITH RESIDENTS WITH DEMENTIA: A QUALITATIVE ANALYSIS

Purpose: Assisted Living is a fast growing residential care option for older adults, over 50% of whom have dementia and 75% of those with dementia have behavior issues that can impede care. Direct Care Workers (DCW) provide the majority of care to residents in assisted living. This study used video vignettes as a standardized method to evaluate DCW perceptions of interactions with residents exhibiting behavioral issues. Methods: 31 DCWs viewed a series of 4 video vignettes, involving interactions between a DCW and a resident with dementia. DCWs were asked a series of questions following each scene to gather data about perceptions. Data was analyzed via framework analysis to identify major themes and patterns among the participants. Results: Perceptions appear tied to outcomes. 100% of DCWs felt interactions with positive outcomes went well. Over 90% of DCWs focused on the resident if there was a poor outcome and approximately 40% acknowledged both participants in a positive outcome. DCW responses were multi-dimensional and demonstrated a high degree of concrete responses (>75%) versus abstract concepts. DCWs were able to recognize appropriate response actions (90%); however they were unable to generate such strategies (<66%). Conclusion: Results demonstrate use of video vignettes paired with interview questions as a successful method for assessment of DCW perceptions; this method has been discussed but not empirically validated in this group. Implications for training include capitalizing on the awareness of outcomes, encouraging focus on DCW actions, and moving forward to teach response strategies that lead to positive outcomes.

SUPPLEMENTING THE DIRECT CARE WORKFORCE: CAN NON-WORKING, EXPERIENCED AIDES FILL THE GAP?
J. Deichert, K. Kosloski, L. Holley, University of Nebraska at Omaha, Omaha, Nebraska

The federal program for systems change encourages states to provide supports for chronically impaired older adults who wish to remain in the community rather than be institutionalized (Folkemer & Coleman, 2006). This movement has put increasing pressure on the supply of home care workers, where serious shortages already exist (U.S. DHHS, 2003), and placed an increasing emphasis on recruiting and retaining home care aides. One overlooked resource is the population of persons who have worked as home care aides in the previous 5 years, but currently are not working. The Census Bureau’s American Community Survey shows that in 2009, there were approximately 216 thousand former home care workers. This represents about 17% of the existing workforce and provides a pool of potential, experienced workers. This paper looks at the characteristics of this potential pool of workers. People leave the workforce for a variety of reasons. We found that 42 percent of this group was receiving Social Security, other retirement income, or Supplemental Security Income. We, therefore, focused our study on the remaining population – approximately 125,000 potential workers. Compared to current workers, this group was more likely to be poorer (receive food stamps, be below poverty, and have lower incomes), have someone in the household younger than 18, have a disability, be native born, 25 to 34 years old, female, and White, non-Hispanic. These characteristics have direct implications for programs that can be designed to mobilize this “reserve” workforce.

SESSION 220 (POSTER)

CHRONIC DISEASES

SKELETAL MUSCLE MASS IN ELDERLY HEART FAILURE PATIENTS: COMPARISON BETWEEN SYSTOLIC AND DIASTOLIC HEART FAILURE AND CORRESPONDING SIGNIFICANCE IN EXERCISE CAPACITY
K. Kim, S. Park, H. Yoo, C. Kim, Seoul National University Bundang Hospital, Seongnam-si, Republic of Korea

Background: Exercise intolerance is a common symptom of heart failure and has a detrimental impact on the quality of life. Skeletal muscle atrophy has been considered an important contributor to exercise intolerance; however, most studies have been conducted in patients with advanced systolic heart failure. Methods: We studied 39 ambulatory heart failure patients (age: 77.9 ± 6.5, male: 17 (43.6%)) and 39 age- and gender-matched, community-dwelling, elderly subjects. Clinical, laboratory, and echocardiographic evaluations were performed. Dual-energy X-ray absorptiometry was performed to assess the body composition. Exercise capacity was measured by a six-minute walk test. Comprehensive geriatric assessments were also performed to evaluate comorbidity, medication, physical function, cognitive function, and nutritional status. Results: Skeletal muscle mass of heart failure patients showed no differences when compared with that of age- and gender-matched control subjects in any part of the body or in the whole body. Although, diastolic heart failure patients showed lower levels of skeletal muscle mass than systolic heart failure patients, no significant difference was identified in either systolic or diastolic heart failure patients compared with respective age- and gender-matched control groups. The six-minute walk distances showed no difference between the groups (257.2 ± 117.8 m in diastolic heart failure group versus 302.7 ± 109.4 m in systolic heart failure group, p = 0.226). Conclusion: Although skeletal muscle mass has been known to be an independent factor associated with exercise capacity in advanced heart failure patients, skeletal muscle mass was not decreased in ambulatory, elderly heart failure patients when comparing age- and gender-matched control subjects.

EXPLORING CONCEPTUAL RELATIONSHIPS IN A LIFE COURSE HEART FAILURE SELF-CARE MODEL

Background: Older adults with heart failure (HF) conduct daily self-care to maintain physiologic stability. A conceptual Life Course Model of Patient Characteristics suggests that self-care impacts quality of life but findings on this are mixed. Purpose: To explore the relationship between self-care and quality of life in older adults with moderate to severe HF Methods: Self-care was measured with the Self-care of Heart Failure Index (SCHFI). Health related quality of life (HRQOL) was measured with the Minnesota Living with Heart Failure Questionnaire. Pearson’s correlations, independent sample t-tests and linear and logistic regression modeling were used. Results: In 207 adults (age-M 72.9, SD 6.3), NYHA Class III (82%), significant linear associations were observed between self-care confidence and total (r=-0.211; p=.002), physical (r=-.189; p=.006), and emotional HRQOL (r=-.201; p=.004). No significant correlations were found with self-care maintenance or management. Patients with HRQOL total scores better than average had higher confidence scores than patients with worse than average HRQOL scores (58.7±19.20 vs. 52.8±19.58; p=.028). Confidence was an independent determinant of total (Bs=-3.191; p=.002), physical (Bs=-2.346; p=.002), and emotional (Bs=-3.182; p=.002) HRQOL controlling for other SCHFI scores, age, gender, and NYHA class. Each one-point increase in confidence was associated with a decrease in the likelihood that patients had worse (above median) HRQOL scores (OR=0.980
CARDIAC REHABILITATION: FACTORS AFFECTING UTILIZATION AMONG MEDICARE BENEFICIARIES AND DISPARITIES IN UTILIZATION BETWEEN MALE AND FEMALE BENEFICIARIES

S. Bhalotra, M. Razavi, D.S. Shepard, Brandeis University, Waltham, Massachusetts

A research team at Brandeis University led by Shepard, P.I., conducted a longitudinal study to evaluate Medicare’s Lifestyle Modification Program Demonstration (LMPD). They found through a claims data analysis of 600,000 Medicare beneficiaries, that although CR has been demonstrated to improve outcomes after a cardiac event such as acute myocardial infarction or cardiac surgery, only one in five eligible Medicare beneficiaries utilized this benefit. They identified some of the factors associated with utilization of CR, and demonstrated the variation by State (Suaya et al., 2008). In tandem, the first author of this abstract (Bhalotra) led the implementation and analysis of a survey of Medicare beneficiaries composed of Medicare beneficiaries who utilized CR and a matched control group who did not (n=1001). Using the Andersen model of healthcare utilization and controlling for need through a clinical algorithm, the multivariate analysis identified statistically significant enabling and pre-disposing factors that were associated with utilization of CR in the entire sample. Next a sub-analysis was conducted that demonstrated statistically significant differences in enabling factors among men and women, but not in predisposing factors. Next, organizational factors that influenced the rate of CR utilization in hospitals that offered the benefit were studied. Putting these quantitative and qualitative results together provides a template for interventions to increase the utilization of CR in general, and in women in particular. Given the increasing numbers of elderly with chronic cardiovascular conditions, interventions to prevent avoidable morbidity and premature mortality such as CR provides, can both improve quality and reduce costs.

LIVING WITH HEART FAILURE IN LONG TERM CARE: EXPERIENCES OF RESIDENTS AND THEIR FAMILY MEMBERS

S. Kaasalainen, P. Strachan, G. Heckman, McMaster University, Hamilton, Ontario, Canada

Background: Heart failure affects almost a third of residents who live in long term care, yet little research has been conducted that examines the experiences of residents and their family members related to heart failure management. The purpose of this study was to explore the perceptions of LTC residents and their family members about their experiences in managing residents’ HF along with related barriers and facilitators to their care management. Methods: An exploratory descriptive design was used to collect data from seven LTC residents and seven family members. Data were analysed using thematic content analysis. Findings: Both residents and family members described their experiences trying to manage residents’ advancing HF in LTC. Although their understanding of the disease itself appeared limited, particularly for the residents, they described it in the context of symptom management. Residents often struggle with managing their HF symptoms while suffering from other comorbidities as well, which complicated their treatment decisions. Residents and family members communicated with many health care providers about managing their HF symptoms but worked through the nurse mostly when problems arose or decisions needed to be made. Finally a number of facilitators and barriers were identified that influenced how resident care was managed with a large emphasis on the need for individualized care. Conclusions: The findings from this study contribute to our understanding of how residents and family members manage residents’ heart failure in long term care. These findings may be helpful in designing interventions aimed at improving care management practices in long term care, ultimately improving the quality of life for long term care residents and their family members.

OLDER ADULT OSTEOARTHRITIS PAIN MANAGEMENT RESULTS FROM THE NATIONAL AMBULATORY MEDICAL CARE SURVEY

D.D. McDonald, School of Nursing, University of Connecticut, Storrs, Connecticut

Recommended initial osteoarthritis pain treatment for older adults includes exercise and acetaminophen, and avoidance of non-steroidal anti-inflammatory analgesics (NSAIDs). The aim was to describe physicians’ prescription of recommended initial osteoarthritis pain treatments for older adults. A secondary data analysis of the 2008 National Ambulatory Medical Care Survey (NAMCS) was conducted. The final sample consisted of 128 office visits by people age 60 or older with documented osteoarthritis and painful joint listed as a reason for the visit. Major analyzed variables included reason for visit, diagnoses, health education for exercise, and analgesic prescriptions. Of the 28,741 NAMCS office visits, 9,314 were by adults age 60 or older, 871 of those visits involved a painful joint, and 128 were by people with documented osteoarthritis. Only 21 (16.1%) were prescribed exercise and/or acetaminophen and not prescribed NSAIDs. NSAIDs were the most frequently prescribed analgesics (n = 36 (28.1%)). Analgesics of any type were prescribed during 52 (40.6%) of the visits. No complementary alternative medicine was prescribed. Weight reduction was discussed during 5 (3.9%) visits. Osteoarthritis may be under-diagnosed, under-reported, or over shadowed by co-morbid medical conditions. Older adults with persistent osteoarthritis pain are at increased risk for adverse events from prescribed NSAIDs. Safe and effective multimodal pain treatments need to be prescribed for older adults with persistent osteoarthritis pain. Referral to a rheumatologist or pain management specialist should be considered when pain intensity remains moderate or greater.

MANAGING OSTEOARTHRITIS: COMPARISONS OF CHAIR YOGA, REIKI, AND PAIN EDUCATION GROUPS

J. Park1, R. McCaffrey2, D.J. Dunn2, R.L. Goodman2, 1. Florida Atlantic University, School of Social Work, Boca Raton, Florida, 2. Florida Atlantic University, College of Nursing, Boca Raton, Florida

This pilot study investigated the effect of chair yoga and reiki on managing osteoarthritis pain and improving physical function and emotional health. In this pretest/posttest randomized control trial, 30 (≥ 55 years) diagnosed with osteoarthritis were randomly assigned: (a) Group 1 attended semiweekly 45-minute chair yoga sessions for 8 weeks (16 sessions); (b) Group 2 attended weekly 30-minute individual reiki session for 8 weeks; (c) Group 3 (control group) met bi-weekly for 8 weeks (4 sessions) of education about treating osteoarthritis pain. Four participants dropped out; 26 participants (10 in Group 1, 9 in Group 2, 7 in Group 3) completed the same survey three times: before the intervention, mid-intervention (4 weeks), and end of intervention (8 weeks). One week after the intervention, a focus session for each group was conducted. Participants were 20 women (77%) and 6 men (23%), with a mean age of 79 years (SD=8.8); a majority (73%, n = 19) reported having had chronic pain for more than a year. In the focus group session, participants in the yoga group reported reduced pain intensity, improved mobility and blood circulation, and reduced stress and sleep problems; participants in the reiki group reported reduced stress and increased relaxation but no change in pain intensity. Repeated measures will be conducted to compare the group mean scores within and between groups on all three test occasions. Post hoc analysis will be used to measure differences in mean scores. Study results will be presented during the GSA poster presentation.
THE STABILITY OF COPING STRATEGIES IN OLDER ADULTS WITH OSTEOARTHRITIS AND THE ABILITY OF THESE STRATEGIES TO PREDICT CHANGES IN DEPRESSION, DISABILITY, AND PAIN

N.G. Regier 1, P. Parmelee 2, T.L. Harralson 1, I. University of Alabama Center for Mental Health and Aging, Tuscaloosa, Alabama, 2. Polaris Health Directions, Langhorne, Pennsylvania

Older adults with chronic pain such as osteoarthritis (OA) tend to develop cognitive and behavioral strategies to cope with their pain. Research has identified many styles of coping with chronic pain, but the literature on how and why individuals might adjust their preferred strategies over time is scarce. Consequently, this study looks at how coping with OA predicts long-term well-being and how coping changes over time. Participants were 369 Philadelphia-area residents with physician-diagnosed knee OA. Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression scale; arthritis-related pain and disability were measured by the Arthritis Impact Measurement Scales II. Coping strategies were represented by 57 items drawn from the Coping with Illness measure and Coping Strategies Questionnaire. All assessments were administered at baseline (T1) and 24-months follow-up (T2). Data analysis proceeded in three phases: (1) Exploratory factor analysis of the 57 coping items yielded a 5-factor underlying structure (stoicism, faith, emotional expression, fantasy, self-blame); (2) Confirmatory factor analysis tested the fit of the factor structure from T1 at T2; (3) Regression analysis examined the fit of the T1 factor structure to predict change in depression, disability, and pain from T1 to T2. Coping strategy at T1 predicted change in depression from T1 to T2. Changes in pain and disability were predicted by T2 coping strategy. Coping strategy shifts were associated with change in pain and disability over the two-year period. Findings are discussed in terms of stability and change in coping style in adjustment to chronic pain.

AN INDIVIDUALIZED INTERVENTION TO IMPROVE SYMPTOM MANAGEMENT IN OLDER HEART FAILURE PATIENTS

S.K. Plachy 1, F. Kuö 1, R. Rolland 1, S.M. Heidrich 1, E. Weller 1, S.T. Kelber 1, I. School of Nursing, UW-Madison, Madison, Wisconsin, 2. College of Nursing University of Wisconsin-Milwaukee, Milwaukee, Wisconsin

Heart failure (HF) negatively affects older patients’ life quality (QOL), but early initiation of HF self-management reduces complications and hospitalizations and helps to maintain QOL. A key to preventing HF complications is early recognition and treatment of HF symptoms. But patients’ beliefs about symptoms (their cause, consequence, controllability) may interfere with correct recognition of symptoms and appropriate self-care. The aim of this pilot feasibility study was to examine the effects of an individualized, representational symptom management intervention (HR-IRIS) on symptom distress and quality of life. Fifty three older (mean age = 75.3) persons diagnosed with HF classification II or III as determined by the New York Heart Association’s functional classification system were randomly assigned to an intervention group or wait-list control group. The telephone-delivered intervention was conducted by a registered nurse and consisted of a symptom assessment, representational interview (eliciting symptom beliefs), and development of symptom management goals and strategies. Symptom distress (severity, interference) ratings were taken at baseline, 2, 4, 6, 8 and 16 weeks; QOL (SF36: physical functioning, social functioning, and role limitations physical subscales) at baseline, 8, and 16 weeks. GLM analysis, controlling for gender, indicated a significant intervention effect for symptom distress, and a trend for physical quality of life. Symptom distress improved in the intervention group and worsened in the control group. An individualized, telephone-delivered nursing intervention has potential to reduce symptom distress by improving symptom management in older persons with HF.

A COMPARISON OF CKD EPIDEMIOLOGY FORMULA WITH OTHER FORMULAS FOR THE DETERMINATION OF CALCULATED CREATININE CLEARANCE IN THE OUTPATIENT ELDERLY

K. Alagiakrishnan 1, A. Senthilselvan 2, I. Medicine, University of Alberta, Edmonton, Alberta, Canada, 2. School of Public Health, University of Alberta, Edmonton, Alberta, Canada

BACKGROUND: In elderly as serum creatinine is not accurate in estimating renal function, calculated creatinine formulas are used in clinical practice to assess chronic renal failure. AIM: To compare recently introduced CKD epidemiology formula with other calculated creatinine formulas in the elderly. METHODOLOGY: An outpatient chart review was conducted on consecutive elderly patients aged ≥ 65 years over a 9-month period. Data regarding age, gender, cognitive status, clock drawing, weight, height, and serum creatinine were collected. Pearson’s correlation coefficient, Bland-Altman plot, and kappa statistics were used for statistical analysis. RESULTS: Of the 197 subjects in the study, 72% were cognitively impaired or had dementia. Using the CKD Epidemiology formula 35% of the patients had stage 3 renal disease (GFR < 60 ml/min); 36% using the MDRD formula; 48 % using the CG/BSA formula and 48% using the Wright formula and 18% using the Mayo clinic formula. There was a high correlation between the CK EPI and MDRD (Pearson correlation coefficient, 0.97; P < 0.0001), CG/BSA formulas (Pearson correlation coefficient, 0.91; P < 0.0001), Wright formula (Pearson correlation coefficient, 0.84; P < 0.0001) and Mayo clinic formula (Pearson correlation coefficient, 0.84; P < 0.0001). However, agreement determined by paired sample was weak between the four formulas. CONCLUSION: The diagnosis of having stage 3 chronic kidney disease both in normal and cognitively impaired elderly depended on the formula used. With the CKD Epidemiology formula, discordance of (+1 ml/min) was seen between the MDRD, with CG/BSA formulas (-9 ml/min), with Wright formulas (-12 ml/min) and with Mayo Clinic formulas (+13 ml/min) for estimating GFR.

A SYSTEMATIC REVIEW OF EVIDENCE ON MEDICATION THERAPY MANAGEMENT (MTM) PROGRAMS’ EFFECTIVENESS FOR OLDER ADULTS


Medication Therapy Management (MTM) programs aim to improve medication use and reduce adverse events in high-risk populations by having a health care professional – usually a pharmacist – examine all of a patient’s medications to identify, resolve and prevent medication-related problems. Under Medicare Part D, prescription drug plans are required to offer MTM to eligible beneficiaries. The objective of our study was to examine the evidence of MTM programs’ effectiveness in ambulatory settings on the economic, clinical, and humanistic outcomes for older adults, and to outline the implications of our findings for Medicare Part D and health reform. Using PubMed, we conducted a systematic review of the peer-reviewed literature on MTM programs for elderly populations. Our initial search returned 1,253 articles of which 189 examined MTM; of those fifteen evaluations or research studies examine outcomes in older adults and are being reviewed by three senior-level doctorate researchers. The review process will be completed by May 2011, but our preliminary findings indicate that there is robust, rigorous evidence (e.g., randomized controlled trials) as well as less rigorous but relevant findings on the effect of MTM on important outcomes among the elderly. We will present the complete findings of the systematic review of the evidence on MTM programs effectiveness on economic, clinical and humanistic outcomes in older adult populations. Additionally, we will discuss the policy implications of our findings as they relate to Medicare Part D and, more broadly, health reform.
COGNITIVE IMPAIRMENT AND SELF-CARE AMONG PATIENTS HOSPITALIZED FOR DECOMPENSA TED HEART FAILURE
A. Hajduk\(^1\), D. Lessard\(^1\), C. Emery\(^1\), F. Spencer\(^2\), R.J. Goldberg\(^1\), J. Saczynski\(^1\), 1. University of Massachusetts Medical School, Worcester, Massachusetts, 2. McMaster University, Hamilton, Ontario, Canada

Background/Aims: Heart failure (HF) is an increasingly prevalent chronic disease that requires extensive self-care to control symptoms and prevent hospitalization. Cognitive impairment (CI) may impact the ability to initiate and maintain HF self-care activities. We examined the association between CI and HF knowledge, self-care confidence, and adherence to self-care activities in patients hospitalized with acute HF. Methods: 575 patients with acute HF (mean age=72 years, 45% female) were interviewed from 2007 to 2010 for information regarding HF knowledge, confidence in ability to perform self-care activities, and adherence to self-care regimens. CI was assessed using standardized measures. Results: 79.3% of patients were impaired in at least one cognitive domain. Compared to patients without CI, those with high levels of CI were significantly older (77 vs. 65 yrs), more likely to be male, (61% vs. 45%), and less formally educated (12.8% vs. 57.6% college graduates). Compared to unimpaired patients, patients with high levels of CI had lower HF knowledge (13.5 vs. 14.7; 20-point scale) and confidence in carrying out self-care regimens (15.5 vs. 17.6; 32-point scale). However, mean adherence to self-care activities was significantly higher among patients with high CI (27.4 vs. 31.1; 60-point scale, all p’s<0.05). Conclusions: CI is associated with lower HF knowledge and confidence in self-management practices but greater adherence to self-care regimens. Further investigation into the role that caregivers play in the management of HF in cognitively impaired patients may clarify these findings.

STRUCTURE AND PROCESS COMPONENTS ASSOCIATED WITH DISABILITY MAINTENANCE/IMPROVEMENT IN A PRIMARY CARE AFFILIATED HOME VISITING NURSE INTERVENTION
D.V. Liebel, B. Friedman, B. Powers, N.M. Watson, University of Rochester, Rochester, New York

Objectives: To perform a process evaluation of a primary care affiliated home visiting nurse intervention reporting beneficial disability outcomes to determine which intervention components were associated with disability maintenance/improvement. Methods: Secondary analysis of data on 238 community-dwelling Medicare beneficiaries with disability in parts of New York State, West Virginia, and Ohio. Data were obtained from patient interviews, a Computer Assisted Nursing Documentation Index, and a Nurse Activities List. Structure and process variables were examined in descriptive, correlational, bivariate, and logistic regression analysis. Results: The sample had a mean age of 77.1 years and 30.3% was male. Participants reported dependence in a mean of 2.0 ADLs and difficulty in 2.8 ADLs. Virtually all participants received home visits and medication management, 89.5% engaged in goal setting, 83.2% attended at least one physician-patient-family-nurse conference visit, at least 79.8% were involved in disease management, and 32.4% received visiting nurse visits while they were in healthcare facilities. The number of physician-patient-family-nurse conference visits was associated with maintenance/improvement in ADL dependence (p=0.017). In logistic regression analysis greater probability of maintenance/improvement in ADL dependence was associated with number of disease management activities (p=0.001), physician-patient-family-nurse conference visits (p=0.030), health information materials (p=0.061), and home visits (p=0.065). Higher likelihood of maintenance/improvement in ADL difficulty was associated with number of goals (p=0.077). Conclusion: Several structure and process variables in a primary care affiliated home visiting nurse intervention were found to be associated with maintaining/improving disability for community-dwelling beneficiaries with disability. Associations should be examined in further research.

EFFECTS OF STROKE ON FUNCTIONAL RECOVERY AMONG OLDER ADULTS WITH HIP FRACTURE (HIPFX)
R.O. Mathew\(^1\), W. Hsu\(^1\), Y. Young\(^1\), 1. Albany Stratton VA Medical Center, Albany, New York, 2. Department of Epidemiology and Biostatistics, State University of New York at Albany School of Public Health, Rensselaer, New York, 3. Department of Health Policy, Management and Behavior, State University of New York at Albany School of Public Health, Rensselaer, New York

Introduction. As a complicating factor, stroke predisposes to bone loss especially in weight bearing bone such as femur. This study compares functional independence measure (FIM) trajectory among hipfx patients with or without prior history of stroke (self-reported) and their long-term care (LTC) needs. Methods. Data were collected in 268 community-dwelling older adults age 65 or older with unilateral hipfx at admission and prior to discharge from postacute rehabilitation, then at 2, 6, and 12 months following discharge. Mixed-effect model quantifies FIM functional recovery patterns between stroke and non-stroke groups, adjusting for potential confounders. Results. 17% had history of stroke prior to hipfx. Proportion of males (41.3% vs. 23.4%, p=0.01) and co-morbidities (mean 4.1 vs. 3.2, p<0.001) were greater in the stroke group. All patients demonstrated the greatest degree of recovery in the mobility functions (Locomotion and transfers) in the first 2 months following postacute rehabilitation. Multivariate results showed both groups had functional recovery over time; the stroke group had worse recovery in all 6 FIM domains. At 1-year patients with prior history of stroke required supervision or some direct assistance > 25% of the time in locomotion, self-care and transfers (FIM score <6); those without stroke only required supervision in locomotion. Discussion. Rehabilitation following hipfx is often incomplete when there is a prior stroke history and long-term personal assistance is needed, which should be planned for pre-acute rehab discharge. Efforts that maximize functional recovery during the first 2 months following hipfx may reduce resource use and foster functional independence.

EFFECTS OF HEARING & VISUAL IMPAIRMENTS ON FUNCTIONAL INDEPENDENCE AMONG OLDER ADULTS WITH HIP FRACTURES
Y. Young\(^2\), W. Hsu\(^1\), 1. Department of Health Policy, Management and Behavior, State University of New York at Albany School of Public Health, Rensselaer, New York, 2. Department of Epidemiology and Biostatistics, State University of New York at Albany School of Public Health, Rensselaer, New York

Introduction. This study examines the effects of vision/hearing impairments on functional recovery among older adults with hip fracture. Methods. A one-year longitudinal data were collected in 208 elderly hip fracture patients within 72 hours of admission to and prior to discharge from postacute rehabilitation and thereafter at 2, 6, and 12 months following postacute rehabilitation discharge. Functional Independence Measures (FIM) were used to assess functional recovery. Self-reported Vision/hearing impairment was obtained via in-person interviews. Mixed-effects analyses quantify differences on FIM functional recovery between impaired and non-impaired vision/hearing groups while adjusting for covariates. Results. The adjusted mixed-effects estimates showed that patients with impaired vision/hearing had notably different functional recovery patterns and significantly worse overall FIM function (p<.001) than their counterparts in all 6 FIM functions. For locomotion function at 1-year, no vision/hearing impaired group required supervision (mean FIM = 5.7), while patients with impaired vision/hearing needed 25% human assistance (FIM = 4.2). In addition to needing human assistance in locomotion assistance, patients with impaired vision/hearing also required supervision in transfers (FIM =
5.3), and sphincter control (FIM mean = 5.5). Discussion. Visual and hearing impairments decrease functional independence and quality of life may be compromised. An increase in medical evaluation during postacute rehabilitation and use of special devices/equipments may maximize rehabilitation effects and could potentially improve functional independence.

OLDER ADULTS USE OF PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN MANAGEMENT: THE MOBILIZE BOSTON STUDY
T. Tougas, J. Egan, S.M. Heidrich

Successful pain management among older persons is often elusive. This study describes the prevalence of pharmacological and non-pharmacological pain management in older adults with chronic pain. We studied 599 persons aged ≥70y in the population-based MOBILIZE Boston Study who reported chronic pain using the Brief Pain Inventory (BPI) at baseline. Average age was 77.8y, two-thirds were female and 77% were white. 49% of participants currently used analgesics and 68% currently used ≥1 non-pharmacologic pain management strategies (modified Pain Management Inventory), including 37.6% using both analgesics and non-pharmacologic methods. Exercise was the most commonly reported non-pharmacologic method (49.7%). Any analgesic use was associated (p<0.0001) with being female, moderate-severe pain and mobility limitation. Lower self-efficacy for pain management was moderately associated with analgesic use (p=0.042). Elders reporting moderate-severe pain, high pain interference and those of non-white ethnicity were more likely than their peers to utilize non-pharmacologic methods (p<0.0001). After multivariable adjustment, greater pain severity (p<0.001) and less education (p=0.04) were associated with any use of non-pharmacologic methods. Substantial differences among older persons in their use of individual strategies were observed. For example, heavier persons were less likely than normal weight persons to exercise for pain management (p=0.005). In general, more older adults reported using non-pharmacologic pain management than analgesics. Pain severity appeared to be the most influential factor associated with either modality. While further research is required to understand reasons behind use, clinicians should consider both the range of strategies available and the medical and psychosocial factors that might influence adherence to pain management recommendations.

OLDER BREAST CANCER SURVIVORS’ SYMPTOM BELIEFS AND BARRIERS TO SYMPTOM MANAGEMENT
T. Tougas, J. Egan, S.M. Heidrich, School of Nursing, UW-Madison, Madison, Wisconsin

Older breast cancer survivors (BCS) are faced with managing sometimes ambiguous symptoms related to breast cancer, its treatment, and conditions related to aging. Beliefs about symptoms may influence how symptoms are managed. The purposes of this study were to (1) describe older breast cancer survivor’s beliefs about symptoms based on the dimensions proposed by the Common Sense Model (CSM) of illness, (2) to describe barriers to symptom management, and (3) examine relationships of beliefs and barriers to symptom distress (severity, interference, effect on mood) and quality of life (purpose in life, SF-36 Physical and Mental). Participants were 47 BCS, aged 65+, who participated in a randomized clinical trial of a symptom management intervention. Baseline open-ended interviews about symptoms were conducted by nurses and were audio-recorded, transcribed and coded into the domains of the CSM and barriers to symptom management by two independent raters (agreement = 95%). Support was found for the CSM domains of Identity (symptoms), Consequences, Cause, and Control, but not Time-line. Nine categories of barriers to symptom management were described. CSM domains were significantly correlated with each other. Symptom interference was significantly related to beliefs about cause and worse consequences. More barriers to symptom management was significantly related to more symptom interference and more negative mood from symptoms. Higher Purpose in life and SF-36-Physical were significantly related to more beliefs about Control. These findings indicate partial support for the Common Sense Model and suggest avenues for targeted symptom management interventions to improve quality of life.

FRACTURE-INDUCED CHANGES TO SPINAL CURVATURE INCREASE THE RISK OF FUTURE VERTEBRAL FRACTURE
A. Bruno¹,², D.E. Anderson³,⁴, J. D’Agostino³, M.L. Bouxsein¹,², J. Harvard-MIT Division of Health Sciences and Technology, Boston, Massachusetts, 2. Center for Advanced Orthopaedic Studies, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 3. Department of Orthopedic Surgery, Harvard Medical School, Boston, Massachusetts

Age-related vertebral fractures (VFx) occur in one-third of women over 50, leading to marked pain and disfigurement. The presence of a VFx significantly increases the risk of incurring subsequent VFx’s, but the mechanisms underlying this elevated risk are unknown. We hypothesized that a prevalent VFx increases risk of future VFx by altering spinal geometry and compressive loading. To test this, we used a biomechanical model of the spine to simulate the effect of a VFx at T12 on spinal loading in a representative 66-yr-old woman (ht = 167cm, wt = 69.4kg) for three body positions: upright standing, 30° forward flexion, and a 20° lateral bend. Mild, moderate, and severe anterior wedge fractures were simulated by reducing the height of the anterior face by 20%, 30%, and 40% respectively. These geometric changes were implemented in our model, and the compressive loads at vertebral levels T6-L5 were estimated and compared to a model with no fractures. We found that a prevalent fracture increased compressive loading for all body positions, and that more severe fractures resulted in larger increases in loading. The most significant increases were observed in the thoraco-lumbar junction, with a VFx at T12 increasing compressive force at L1 45-90% for upright standing, 12-22% for forward flexion, and 9-17% for lateral bending. These results indicate that alterations in spine biomechanics due to the presence of a VFx may contribute to the ‘vertebral fracture cascade’, and that interventions to restore normal spine geometry may lessen the risk of future VFx.

DIABETES IN OLDER ADULTS: RESULTS FROM NHANES 2003-2008
S.M. Strauss¹, A. Danoff², S. Deren¹, 1. College of Nursing, New York University, New York, New York, 2. New York University School of Medicine, New York, New York

National estimates suggest that more than one fourth of persons aged 65 or older have diabetes. To better understand diabetes-related statistics in this age group, we analyzed data collected from older adults who participated in the National Health and Nutrition Examination Survey (NHANES) from 2003 to 2008. Findings extrapolated to the U.S. population indicate that 13.9% of persons age 65 or older are taking anti-diabetic medications. Of those not taking these medications, 48.5% have fasting plasma glucose (FPG) values between 100 mg/dl and 125 mg/dl (in the pre-diabetes range), and 11.3% have FPG values > 125 mg/dl (in the diabetes range). Of note, 75.6% of individuals in this latter group had never been told that they had diabetes, nor even that they were borderline for the condition. With respect to those older adults whose FPG values were > 125 mg/dl and were never told that...
they had diabetes or were borderline for it, analyses indicate that many have “traditional” diabetes risk factors (e.g., 78.6% have BMI of 25 kg/m2 or more), but other traditional risk factors are not as prevalent (e.g., 21.2% have triglyceride levels > 250 mg/dl). Findings emphasize the importance of diabetes testing for all older adults as a result of high pre-diabetes and diabetes prevalence, including among those who may not have “traditional” risk factors. Importantly, earlier diabetes identification may lead to the potential delay and diminished severity of debilitating diabetes complications.

ALTERED BLOOD GLUCOSE (MALGLYCEMIA) IN OLDER ADULTS WITH CANCER

M.J. Hammer, G.D. Melkus, College of Nursing, New York University, New York, New York

Individuals age 65 and older comprise 54.2% of annual cancer incidence with a median age at diagnosis of 66 years old. Nearly 27% of all individuals age 65+ have diabetes and up to 18% of patients with cancer have pre-existing diabetes. Additionally, the American Cancer Society and American Diabetes Association issued a joint statement detailing epidemiological evidence for diabetes as a risk factor for cancer. Although a contributing factor, patients with cancer are at increased risk for altered blood glucose levels (termed malglycemia) even without a history of diabetes. Older adults with cancer are particularly at risk for malglycemia which can lead to adverse outcomes including infections and non-malignancy related death. Furthermore, older adults undergo the process of cellular senescence and specific to the immune system, immunosenescence. Malglycemic states further impair immune function through creating an overabundance of molecular oxygen (superoxide) which leads to excess reactive oxygen species causing oxidative stress. Oxidative stress activates transcription factors including NF-KB, STAT3, and HIFI-alpha which trigger proinflammatory cytokine expression. Prolonged proinflammatory cytokine expression from malglycemia causes interferences with normal cell signaling, which impedes immune cells from their ability to detect and arrest aberrant cell formation and eliminate foreign microorganisms. Older adults with cancer are at particular risk for this deleterious pathway due to nutritional imbalances, medications, decreased physical activity levels, and stress. Understanding these events can ultimately lead to enhanced protocols for better glycemic control and in turn, reduced rates of both cancer onset and adverse outcomes in older adults with cancer.

ONCOLOGISTS’ END OF LIFE TREATMENT DECISIONS: HOW MUCH DOES AGE MATTER?


Compared to younger patients, older cancer patients often receive less treatment, resulting in poorer outcomes. Despite this notable disparity, few studies have explored oncologists’ perspectives on how patient age influences their decisions about prescribing treatment. In-depth qualitative interviews were conducted with 17 oncologists to assess factors that influence decisions about chemotherapy for patients with incurable cancer. Transcripts of recorded interviews were coded line by line and analyzed with NVivo software, using qualitative methods to identify themes. All oncologists identified patient age as a factor in their decisions to offer chemotherapy. Oncologists believed that older adults were not as likely to want or tolerate treatment compared to younger patients and that the circumstances of older patients were not as emotionally compelling. Qualitative analysis of in-depth interviews can result in a rich understanding of how patient age influences oncologists’ decisions about cancer treatment that cannot be achieved with other methods. It can also prompt reflection and discussion of those influences on quality of cancer care at end of life and may serve as an essential first step toward policy and practice change. Future research examining oncologists’ beliefs and attitudes about older cancer patients may suggest new opportunities for improving cancer care.

GERIATIC SCREENING OF OLDER BREAST CANCER PATIENTS – A PILOT PROJECT

M.D. Denkinger1, T. Nikolaus1, M. Hasch2, A. Gerstmayr2, K. Hancke2, J. Agaplepton Bethesda Hospital, Ulm, Germany, 2. Womens hospital Ulm university, Ulm, Germany

Background: We have set up a pilot study to address the value of different screening methods to predict toxicity, function and disability in older breast cancer patients. Methods: 79 consecutive patients over the age of 65, suffering from breast cancer were included. Patients were assessed before treatment and 2-3 months after radiotherapy or chemotherapy was finished. Different geriatric assessment tools were used to determine functional status (VES-13, EORTC scales, performance assessments). Cognitive status, comorbidity and other were measured. Endpoints were toxicity, disability (LLFDI) and quality of life (EORTC-QOL). Results: Patients were 70 years old (65-86). Tumors were mostly T1 or T2 (94%),15% were estrogen- and progesterone-receptor negative, 49% were HER2neu negative, 75% were lymph-node negative and none of the tumors had distant filiae at time of diagnosis. When comparing patients 75 years and older with those between 65 and 75 years, frequency and dosage of radiotherapy and chemotherapy and tumor characteristics were equally distributed. Functional assessment revealed more deficits in the older age group. However, functional and activity measures increased in older people as compared to a decrease in the younger age group after treatment. This could not be explained by comorbidity, number of medications in bivariate analysis. Both parameters are increased in the higher age group. The EORTC function and symptom scales performed better than the other scales above. Further analyses will be presented at the conference. Conclusion: ADL-type physical function measures seems to be a good parameter for toxicity and disability of older breast cancer patients.

CORRELATES OF UNTREATED PAIN AMONG OLDER ADULTS WITH SYMPTOMATIC OSTEOARTHRITIS

K.L. Lapane1, S. Yang1, R. Jawahar1, M. Sands2, C. Eaton3, J. Epidemiology and Community Health, Virginia Commonwealth University, Richmond, Virginia, 2. Memorial Hospital of Rhode Island, Pawtucket, Rhode Island, 3. Brown University, Providence, Rhode Island

Background: Osteoarthritis (OA) is a leading cause of disability among elderly adults. Management of knee OA is largely palliative, including both complementary and alternative medicine (CAM) and conventional pharmacological medications. Objectives: To estimate the extent to which older adults with symptomatic OA do not receive treatments for symptoms and to identify correlates of under-treatment. Methods: Using data from Osteoarthritis Initiative, we identified 772 older adults (age 60+) with symptomatic and radiographically confirmed OA. Trained interviewers collected comprehensive information on both CAM and conventional medications for managing OA symptoms. Patients were considered under-treated if they reported symptoms in more than half days in the past month, but did not report use of either CAM or conventional medications. Logistic regression identified correlates of under-treatment. Results: One in five older adults did not receive any treatment, but reported frequent symptoms in the past month. CAM (55.5%) was as commonly used as conventional medications (51.6%) to manage symptoms. Glucosamine (32.9%), chondroitin (30.6%), and NSAIDs (30.8%) were most commonly used. No association between race/ethnicity, obesity, and old age was observed. College graduates were least likely to be under-treated relative to those with a high school education.
or less (Adjusted Odds Ratio: 0.59, 95% Confidence Interval: 0.36-0.98). Older adults with multijoint arthritis were at reduced risk for lack of treatment (Adjusted Odds Ratio: 0.61; 95% Confidence Interval: 0.41-0.92). Conclusions: The proportion of older adults experiencing symptoms of OA, but not receiving treatments is non-trivial. Why patients forgo use of therapies needs to be explored.

SESSION 225 (POSTER)

EXERCISE AND PHYSICAL THERAPY

PHYSICAL ACTIVITY ASSESSMENT IN OLDER ADULTS: A COMPARISON OF ACCELEROMETER FINDINGS AND SELF-REPORT

Background. When physical activity (PA) is measured by self-report, results are often over-reported. Accelerometers are recognized as a valid and objective tool to assess PA in free-living people. Purpose. This study examined the relationship between self-reported frequency and duration of PA and accelerometer data on older adults. Method. In this cross-sectional design, fifty nine older adults wore accelerometers for 1 week. Accelerometer findings were compared to the CHAMPS questionnaire. The Actical® accelerometer, worn on the waist, measured ambulatory movement summed as min/wk of light, moderate, and vigorous PA and total energy expenditure. CHAMPS data were: caloric expenditure/week in all activity and moderate-intensity activity as well as frequency/week in all activity and in moderate-intensity activity. Spearman rank correlation analyzed relationships between the measures. Acceptable significance was set at .05. Results: Using CHAMPS data, 2.9 (SD=4.0) episodes of moderate PA/wk were reported, falling short of 2007 ACSM-AHA recommendations to engage in moderate PA 5 times/wk. With the Actical®, participants spent a mean 317.3 (SD=195.8) minutes in moderate PA/wk, exceeding 2008 National PA Guidelines for moderate activity of 150 min/wk. Correlations were significant between scores for the CHAMPS calories expended in moderate PA and (a) Actical® total energy expenditure (r2=.399) and (b) Actical® moderate PA min/wk (r2=.450). Conclusions. The associations between self-report and objective measures of PA show that they are measuring similar facets of activity.

SAFETY OF ONE REPETITION MAXIMUM TESTING IN COMMUNITY-DWELLING ELDERS: THE MOBILIZE BOSTON STUDY
M.M. Gagnon1, B. Aronsky2, D.K. Kiely2, L. Lipsitz1,2, S.G. Leveille2, J.F. Bean1, 1. Institute for Aging Research, Hebrew Senior Life, Boston, Massachusetts, 2. University of Massachusetts, Boston, Massachusetts

Lower extremity strength is important for maintaining mobility and preventing falls in older adults. One repetition maximum (1RM) testing is a reliable and valid method of measuring strength. However, debate exists regarding the safety of 1RM testing among community-dwelling elders of varying functional abilities. The MOBILIZE Boston Study is a population-based cohort of 764 Boston area community-dwelling older adults, median age = 78y, 64% female, and 15% with fair or poor self-rated health. In the baseline clinic assessment, participants completed 1RM testing via a standardized protocol using a double leg press. American College of Sports Medicine criteria were utilized to screen for medical contraindications before testing: 143 participants were thus excluded. Of the 621 participants who met testing criteria: 562 (90%) completed the test and 59 (10%) refused. Participants were assessed for safety/injuries by trained nurses during the testing and by telephone within 5 days after testing. Among participants who completed the test, 545 (97%) reported no adverse effects either immediately or within days after testing. Of the 17 (3%) who reported adverse effects, all reported transient musculoskeletal soreness that resolved within several days, without interfering with daily activities. Participants who rated their health fair to poor were no more likely to report adverse effects than those who reported better overall health. Our study results indicate that following a standardized protocol, 1RM testing for the assessment of lower extremity strength can be conducted safely in a population-based sample of older adults.

HIGH-SPEED POWER TRAINING IN OLDER ADULTS WITH KNEE OSTEOARTHRITIS
S.P. Sayers, K. Gibson, Physical Therapy, University of Missouri, Columbia, Missouri

PURPOSE: To compare the effects of high-speed power training and slow-speed strength training on muscle performance and function in older adults with knee osteoarthritis (OA). METHODS: 29 participants (8m, 21f; Age=67±7.3yrs) were randomized to high-speed power training (HSPT) at 40% one-repetition maximum (1RM) (n=11; 3x12-14 repetitions), slow-speed strength training (SSST) at 80%1RM (n=9; 3x8-10 repetitions) or control (CON: n=9; stretching) 3 times/week for 12 weeks. Leg Press (LP) 1RM, peak power (PP), peak power velocity (PPV) and a battery of mobility-based functional tasks were obtained at baseline and 12 weeks. Rating of perceived exertion (RPE) was assessed during exercise. Muscle performance, function and RPE changes were evaluated using analysis of variance and t-tests. Significance was accepted at p<0.05. RESULTS: Changes in 1RM and PP in HSPT (1RM:419±211; PP:202±124) and SSST (1RM:405±148; PP:133±134) were greater than CON (1RM:103±178; PP:39±1123) (both ps<0.02), but not different from each other (both ps>0.47). Changes in PPV were greater only in HSPT (0.14±0.18) compared to SSST (-0.04±0.12) (p=0.04). Function did not improve in HSPT and SSST compared to CON (all ps>0.05), but RPE was lower in HSPT (12.4: “light to somewhat hard”) compared to SSST (15.6: “hard to very hard”) (t[18]=3.8, p=0.001) despite similar work output between groups (HSPT=7304±2129; SSST=7247±1936; t[18]=0.6, p=0.59). CONCLUSIONS: HSPT showed greater success at increasing movement speed in older adults with knee OA than SSST, but did not improve function. Because RPE was lower, HSPT may be a more appealing form of exercise to maintain exercise behavior in this population.

EFFECTS OF INTENSIVE EXERCISE INTERVENTION ON ALZHEIMER’S PATIENTS - A RANDOMIZED, CONTROLLED TRIAL
K.H. Pitkala, M. Laakkonen, M.M. Raivio, R.S. Tiihonen, H. Kautiainen, T.E. Strandberg, General practice, University of Helsinki, University of Helsinki, Finland

Objective: To study the effectiveness of intensive exercise rehabilitation on physical and cognitive functioning of home-dwelling Alzheimer (AD) patients. Material and methods: 210 AD patients were recruited from central Alzheimer drug register in Finland in 2008–2009. The patients were randomized into three arms: 1) days-care group-based exercise (DCGE) (four hours twice/week in day center) 2) tailored home-based exercise (HE) (one hour twice/week for one year) 3) control group (CG). Patients were assessed with Functional Independence Measure (FIM) for physical functioning and clock drawing test for cognitive functioning. Results: Three randomized groups were well balanced at baseline. Patients’ mean age was 78 years, and 39% were females. Two in three of AD patients suffered from moderate or severe dementia. At baseline mean FIM-total points were 70.6 in DCGE, 69.7 in HE, and 69.7 in C. All groups deteriorated during the follow-up year but the HE group significantly slower. At 12 months decline in HE arm was -6.8 points (95%CI -3.6 to -9.9) whereas the respective figure in the DCGE
The difference in decline in FIM motor points was significant whereas the difference in decline in FIM cognitive points was not significant between the groups. The HE group improved in clock-drawing test (change 0.5 [95%CI 0.06 to 0.09] whereas the C group declined -0.2 [95%CI -0.7 to 0.2] (p=0.029). Conclusions: Intensive tailored home-based exercise has beneficial effects on AD patients’ physical functioning and cognition over one year.

GROUP EXERCISE IMPROVES QUALITY OF LIFE IN OLDER ADULTS INDEPENDENT OF CHANGES IN THEIR PHYSICAL PERFORMANCE

W.M. Valencia Rodrigo1,2, F.A. Andrade, L. Oropesa1, D.C. Stanziano1,2, L.M. Salgueiro3, J.R. Dahn3, B.A. Rooc1,2, H. Flores1,2. 1. University of Miami Miller School of Medicine, Miami, Florida. 2. Miami Veterans Affairs Healthcare System - GRECC, Miami, Florida. 3. South Florida Veterans Affairs Foundation for Research and Education, Inc. (SFVAFRE), Miami, Florida

Our aim was to assess the impact of adherence to exercise and physical performance (PP) on health-related quality of life (HRQoL) among older adults participating in a group exercise intervention. Methods: A quasi-experimental study was conducted in community-dwelling older adults (n=151, 66.7±6.4 years, 96.7% men, 41.7% non-Hispanic white, and body mass index (BMI) 35.4±6.4 kg/m²) enrolled in the MOVE! Weight Management Program at Miami Veterans Affairs Healthcare System. Based on attendance to Enhance Fitness, a 1-hour group exercise intervention 3x/week, participants were divided into 2 groups: good adherence (GA, n=79, 37±6 sessions, >50%) or poor adherence (PA, n=72, 7±7 sessions, <50%). HRQoL was assessed with the Short-Form 36 (SF-36). PP was assessed using hand grip (HG), arm curl (AC), chair stand (CS), and 8-foot walk (8FW). Results: At baseline, GA and PA groups were similar on demographic, anthropometric, PP and both SF-36 summary measures: physical component summary (PCS) (59.7±23.5 and 59.2±23.5 respectively) and mental component summary (66.1±25.0 and 66.3±25.0 respectively). Baseline PCS did not correlate with HG and AC, but did with CS (r=0.18, p=0.02) and 8FW (r=-0.24, p<0.01). After 4 months and compared to PA, the GA group achieved greater improvement only in PCS (6.7±1.9 vs. 0.5±1.9, p=0.02), which was independent of demographic factors, depression, fatigue, changes in weight and PP. Conclusion: Improvements in HRQoL are associated with exercise adherence and independent of changes in PP. Social interaction among the participants and with research personnel may have played a role. We recommend studies that evaluate similar interventions in the community.

IMPACT OF HIGH-VELOCITY TRAINING ON FUNCTIONAL FITNESS AND MUSCULAR POWER OF ELDER ADULTS

M. Powers1, M. Gray2, K. Garver1. 1. University of Central Oklahoma, Edmond, Oklahoma. 2. University of Arkansas, Fayetteville, Arkansas

The purpose of this 52-week pilot study was to examine changes in functional fitness and muscular power following high-intensity, low-velocity resistance training (LV) and low-intensity, high-velocity resistance training (HV). Nineteen adults over the age of 75 were randomly assigned to a LV or HV group. Both groups trained two days per week using free-weight resistance. HV completed 24 weeks of LV before transitioning to HV. Outcomes assessed were three tests from the Senior Fitness Test (chair stand, arm curl, and 8-foot up-and-go) and functional chair stand power conducted at baseline, 24 weeks, and 52 weeks. Repeated measures ANCOVA were conducted with the baseline score serving as the covariate. Due to the sample size, percent change was calculated. Results indicated no significant effects for any outcome measure. We did observe a trend toward significance in the group-by-time interaction for the 8-foot up-and-go test (p = .10) and the chair stand test (p = .15). For the 8-foot up-and-go test, HV improved performance (2.5%), while LV experienced reduced performance (3.8%). For chair stand, HV experienced a 7% decrease in the number of chair stands performed, while the performance of LV was unchanged. These results indicate little difference between LV and HV training in functional fitness and power. Despite the small sample size, this study is important. To our knowledge, it is the first to incorporate functional high-velocity training for this duration among adults over the age of 75 years. We recommend that this pilot study be replicated with a larger sample size.

THE EFFECT OF AGE ON PHYSICAL ACTIVITY LEVELS AND QUALITY OF LIFE IN BREAST CANCER SURVIVORS

M.J. Benton1, M.C. Schlairet1, D.R. Gibson1. 1. College of Nursing, Valdosta State University, Valdosta, Georgia. 2. Valdosta State University, Valdosta, Georgia

With early diagnosis and treatment, breast cancer survival rates are now greater than 50%, the number of breast cancer survivors is growing, and quality of life is increasingly important. As healthy adults age, greater physical activity is associated with greater quality of life. It is unclear how aging affects this relationship in women who have survived breast cancer. This cross-sectional study evaluated the effect of age on the relationship between physical activity and quality of life in 20 breast cancer survivors (42-84 years). Physical activity levels were self-reported as hours per week spent in “light,” “moderate,” and “vigorous activities” with an overall rating of “not active,” “somewhat active,” “active,” or “very active.” Physical-activity related quality of life was measured with the Vitality Plus Scale. Upper and lower body strength was measured using chest (10RM) and leg press (1RM). Functional ability was assessed with the 30-second Arm Curl and Chair Stand tests. Age, BMI, strength, and functional ability had no relationship to physical activity levels or quality of life. However, time since diagnosis was positively associated with overall physical activity (P<0.05), and overall physical activity was positively associated with overall quality of life (P<0.05). Physical activity levels were also strongly related. Women who reported regular light activity were more likely to report moderate activity (P<0.001) and those who reported moderate activity were more likely to report vigorous activity (P<0.001). These findings demonstrate the benefits of physical activity in breast cancer survivors. Clinicians should counsel women to be physically active without regard to age.

TAI CHI AND DUAL TASK COST IN OLDER ADULTS WITH MOBILITY DIFFICULTY

B.L. Roberts, M. Marsiske, L. Altman, L. Thomas, University of Florida, Gainesville, Florida

Usual daily activities require simultaneous coordination of motor and cognitive tasks. Interventions to improve this ability must include simultaneous motor and cognitive interactions. Tai chi, a mind-body exercise, is such an intervention that involves allocation of attention to complex motor movements and cognitive tasks to coordinate tai chi movements, mental relaxation and imagery. To assess the effects of one hour of tai chi three times a week for 16 weeks, 46 adults >70 of years and older (mean±76) with difficulty climbing a flight of stairs or walking a ¼ mile were randomly assigned to no-contact control or tai chi. Participants completed >75% of tai chi sessions. Balance was the motor task because it improves with tai chi and is essential for daily activities. Participants stood on a foam pad placed on a force plate for this task. Spontaneous speech was the cognitive task, and the participant answered a question for 3 minutes. Each task was done alone (single task condition) and together (dual task condition). Dual task cost was the difference in task performance when done in the single and dual task conditions. The interaction effects between time (pretest and posttest) and intervention (control and tai chi) from repeated measures ANOVA revealed little change in dual task costs.
for balance in either group (p= .67) while dual task costs for the speech task increased more in the tai chi group (p=.02). Tai chi may increase ability to give priority to balance tasks but at the expense of cognitive tasks.

CROSS-SECTIONAL STUDY OF ELDERLY PEOPLE IN RELATION TO PLASMA HEAT SHOCK PROTEIN 72 LEVELS

K. Ogawa1, Y. Fujiiwara2, T. Fukaya3, T. Shimizu4, M. Sunaga5, S. Abe1, S.K. Calderwood1, 1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. The University of Tokyo, Chiba, Japan, 3. Nippon Sport Science University, Tokyo, Japan, 4. Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, Massachusetts

Heat shock protein 72 (Hsp72), an intracellular chaperone, has been identified in the extracellular milieu, where it is clear that eHsps play a role as pro-inflammatory immune effectors. There is an age-related decrease in eHsp72, but centenarians are an exception in that they have increased eHsp72, suggesting that higher eHsp72 leads to healthy outcomes later in life. The present study was designed to assess the plasma levels of eHsp72 in elderly people, and to investigate its potential interaction with elderly-specific syndromes. A total of 665 elderly people (male, n=264, 73.5±6.0 years; female, n=356, 73.4±6.3 years) participated in an official medical health examination, including psychological and physical fitness test. Significant increases in age, log TNF-alpha, and Beta2-MG, and decreases in height, weight, muscle volume, grip strength, and hemoglobin were observed with the highest tertile of eHsp72. Height, weight, skeletal muscle volume, grip strength, walking speed, and hemoglobin were negatively associated with eHsp72. Higher eHsp72 levels in patients with stroke (cerebral infarction), myocardial infarction, and cancer were found compared to those in the healthy control. Additional adjustment for these diseases on eHsp72 levels, partially reduced the association between eHsp72 and sarcopenia factors such as skeletal muscle mass, grip strength, and walking speed, suggesting that underlining the diseases would not have confounded the association of sarcopenia with eHsp72. Our results revealed that eHsp72 in plasma is linked to sarcopenia.

EFFECT OF HOME-BASED ROWING TRAINING BY RESISTANCE TUBE ON TRUNK MUSCLES IN ELDERLY MEN

M. Asaka, A. Hasegawa, H. Kawano, S. Sakamoto, M. Higuchi, Waseda University, Tokorozawa, Saitama, Japan

The trunk muscles play an essential role in stabilizing the body and/or making various movements in activities of daily living. Therefore, it is important to prevent the age-related decrease of trunk muscles for elderly people. The purpose of this study was to examine the effect of the home-based rowing training by using resistance tube on trunk muscles in elderly untrained men. Nineteen elderly untrained men (70.7±3.3yr, 163.3±4.3cm, 61.6±6.4kg) were assigned to either a tube-rowing training group (n=8) or control group (n=11). Those in the tube-rowing training group underwent the home-based rowing exercise by using resistance tube three times a week for 3 months, and each training session consisted of 2 sets of 10 minutes of tube-rowing workout. The average achievement rate of training was 97%. The cross-sectional areas (CSAs) of trunk muscles were measured by MRI at the baseline and post 3 month-training. There were no differences between the two groups for all the baseline measurement values. In the training group, the CSAs of total trunk muscles, rectus abdominis, and psoas major significantly increased by 4%, 9%, and 9%, respectively (P<0.01–0.001). No changes were observed for all the CSA values in the control group. These results were similar to the rowing exercise training by using rowing ergometer in our previous study. This study suggested that home-based rowing training by resistance tube remarkably increases trunk muscles, especially rectus abdominis and psoas major in elderly untrained men.

THE EFFECT OF 6 WEEKS OF WII BALANCE TRAINING ON MEASURES OF STATIC AND DYNAMIC BALANCE OF OLDER ADULTS: A CASE STUDY

K. Caillouet1, B. Desai2, P. Schuler3, T. Huffman4, A. Leja5, University of West Florida, Pensacola, Florida

Purpose: This research assessed the effects of six weeks of Nintendo’s Wii Fit Balance Training on measures of static and dynamic balance. Methods: Two community dwelling older adults (91 years/78 years) volunteered for this study. Participant 1 was healthy with no functional limitations; participant 2 had severe left-sided weakness due to stroke. Pre- and post-training assessments included 3 components of the Fullerton Advanced Balance (FAB) Scale (measures of static balance; 0=lowest score, 4=highest score) and the 8 foot up-and-go test (dynamic balance; measured in seconds). The training phase consisted of two sessions a week for a total of 6 weeks, each session lasting 25-30 minutes. Each session participants were instructed to play 3 different balance training games (Ski Slalom, Table Tilt, and Balance Bubble) each lasting approximately 5 minutes with 2 minutes rest in between them. Results: Participant scores were as follows: Standing with feet together: participant 1: pre-0; post-3; participant 2: pre-0, post-3; reaching forward: participant 1: pre-4; post-4; participant 2: pre-3, post-4; standing on foam: participant 1: pre-3, post-4; participant 2: pre-0, post-3; 8 foot up and go: participant 1: pre-5.73, post-5.85; participant 2: pre-26.47, post-28.85. After 6 weeks of training both participants showed improvements on the selected measures of static balance while their dynamic balance showed no change (participant 1) or a slight decrease (participant 2). Conclusion: Six weeks of Nintendo’s Wii Fit Balance Training improved selected measures of static balance but not dynamic balance for the two older adults in this study.

THE EFFECTS OF NINTENDO WII FIT ON GAIT SPEED, BALANCE AND FUNCTIONAL MOBILITY ON IDIOPATHIC PARKINSON’S DISEASE: A CASE STUDY

K.K. Zettergren1, M.S. Antunes2, J.M. Canhao2, C. Lavallee1

A 69 year old male with a diagnosis of idiopathic Parkinson’s disease participated in eight weeks of Nintendo Wii fit training. The subject ambulated independently community distances with bilateral straight canes, but was unable to drive. Pre-test/post-test assessments included: 1) The Timed up and go (TUG), 2) The Berg Balance scale, 3) Self selected gait speed (with canes), 4) Fall history, and 5) Geriatric Depression Scale (GDS). The subject participated in bi-weekly, 60 minute training sessions with the Nintendo Wii fit gaming system. Sun salutation, half moon and chair pose were used each session as a warm up. The subject then performed several of the following activities: Penguin slide, torso twists, obstacle course, island cycling, rhythm parade and balance bubble. At the onset of the study, easier activities were chosen (ie: Penguin slide, torso twists). As the subject progressed functionally and became more familiar with the gaming technology, more difficult activities were added (rhythm parade, balance bubble and island cycling). After eight weeks, the subject’s Berg balance score improved from 31 to 42 (35% improvement), the TUG decreased from 36.5 seconds to 24.1 seconds (34% improvement) and self selected gait speed improved from .26 m/s to .37 m/s (42% improvement). The subject showed no change on the GDS, however, initial scores were at the ceiling. The Nintendo Wii Fit may be a viable alternative to independent exercise programs for people diagnosed with idiopathic PD. Further research is needed to examine the possible uses of the Nintendo Wii Fit.

ASSOCIATIONS BETWEEN PHYSICAL AND COGNITIVE DIMENSIONS AFTER FITNESS TRAINING IN FRAIL AND NON-FRAIL OLDER ADULTS

F. Boeuf1, F. Langlois1, M. Vu1, M. Kergoat1, L. Bherer1, CRUUGM, Montréal, Quebec, Canada

Aging is associated with changes in physical and cognitive dimensions, which may lead to poor quality life. Recent studies reported that
high level of physical fitness is associated with better cognitive performances. The present study assessed the relationship between physical capacities and cognition performances prior to and after a 3-month fitness training program in frail and non-frail individuals. Thirty-six participants (24 non-frail/12 frail) were engaged in a 3-month training program (3 times/week, 1 hour/session) including aerobic, strength and flexibility exercises. Pre-/post-test included battery of physical and cognitive tests. At baseline, significant relationship (p<.01) was observed between speed of processing and mobility (TUG-T) in non-frail individuals. TUG-T was found to be predictive factor of speed processing (R²=0.381). In frail participants, executive functions were positively correlated (p<.01) with maximal gait-speed but negatively with physical endurance (6MWT). Maximal gait-speed and 6MWT were found to be predictive factor of executive functions (R²=0.558). The training program lead to significant improvement in physical capacities (PPT, TUG-T, 6MWT) and cognition performances (episodic memory, speed of processing) in both frail and non-frail individuals. The relationships between physical capacities and cognitive performances were not observed after training intervention, which suggests that the intervention has lead to improvement in cognitive functions in both groups. Moreover, physical dimension lost its predictive values of cognitive performances. Results of this study suggest that the relationships between physical capacities and cognition differ among frail and non-frail older adults. Moreover, both frail and non-frail older adults show positive changes in physical capacities and cognition after fitness training.

**THE IMPACT OF PHYSICAL TRAINING ON PHYSICAL AND COGNITIVE CAPACITIES IN FRAIL GERIATRIC PATIENTS**

F. Langlois1,2, M. Saint-Martin1, K. Chassé1, P. Campana1, L. Bherer1,2,1. Institut universitaire de géériatrie de Montréal (IUGM), Montreal, Quebec, Canada, 2. Université du Quebec a Montreal (UQAM), Montreal, Quebec, Canada

Background: after discharge from a geriatric day hospital, frail patients may still be at risk of falling and functional decline. Recent studies suggest that physical activity programs can enhance physical and cognitive capacities in older adults and therefore might reduce post-hospitalization complications. However, whether such a program could be implemented effectively with frail geriatric patients remains understudied. Objectives: this study evaluated the impact of a 12-week (twice a week) physical training program on physical and cognitive capacities in frail geriatric patients following discharge from a day hospital. Methods: thirty-four patients (M = 81.32 years) completed physical tests before and after the physical training program. Fourteen of those participants also completed a Pre/Post cognitive evaluation battery. For each physical and cognitive measure, effect sizes were computed as followed: Cohen’s d = Mpre - Mpost / SDpooled [SDpooled = √(SDpre2 + SDpost2)/2]. Results: participants showed significant improvements in mobility (d=0.77), balance (d=0.67), gait speed (d=0.64), physical endurance (d=0.54), and strength (d=0.47) (p<.05). Improvements were also observed on neuropsychological tests measuring global cognitive functioning (d=0.38), working and episodic memory (d=0.31), speed of processing (d=0.27), and executive functions (d=0.23), although none of them reached statistical significance. Conclusions: this study suggests that physical training can enhance physical capacities and potentially cognitive functions in recently discharged frail geriatric patients.

**COMPARISON OF PHYSICAL AND MENTAL FUNCTION BETWEEN COMPLETERS AND NON-COMPLETERS OF A ONE-YEAR EXERCISE STUDY**

K. Garver1, M. Gray2, M. Powers3, 1. University of Central Oklahoma, Edmond, Oklahoma, 2. University of Arkansas, Fayetteville, Arkansas

The purpose of this study was to compare baseline characteristics of older adults who completed an exercise program to those who did not complete the program. Fifty-seven elders (mean age = 80.75 ± 5.04) volunteered to participate in a 52-week progressive resistance training research study. During the year, 33 volunteers (58%) left the study for a variety of reasons including lack of interest, health challenges, and time conflicts. In order to better understand reasons for the high rate of attrition, we compared baseline characteristics of completers to non-completers on measures of body composition, functional fitness, and quality of life using independent samples t-tests. Significant differences were observed in performance on the Short Physical Performance Battery (p = .02) and the mental health composite score of the Short Form-36 (p = .03). A trend toward significance was observed in the 8-foot up-and-go test of the Senior Fitness Test (p = .09) and the Activities-Specific Balance Confidence survey (p = .14). On average, the non-completers had a poorer score indicating lower levels of physical function and mental health. These results may indicate that non-completers are at greater risk of developing disability and functional limitations making them the most susceptible to attrition, but also the most at need for an exercise intervention. Likewise, these results help us understand the large rate of attrition in the current study. Future researchers should plan for attrition and develop strategies to improve retention among those with lower levels of physical and mental function at baseline.

**EFFECT OF SITTING PAUSE TIMES ON POSTURAL STABILITY AFTER SUPINE TO STANDING TRANSFER IN DIMLY LIT ENVIROMENTS**

E. Johnson, Loma Linda University, Loma Linda, California

Background and Purpose: Falls in the older adult population are a common occurrence often taking place in the home. Dimly lit environments have been identified as one of many contributing causes. The purpose of this investigation was to measure the effects of sitting pause times on postural sway velocity immediately following a supine-to-standing transfer in a dimly lit room in older and younger adult females.

Methods: Five females ages 65-70 and five females ages 23-30 participated in the study. On each of 2 consecutive days, study participants lay on a plinth table with their eyes closed for 45 minutes prior to performing a supine-to-standing transfer in a dimly lit room. Sitting pause times of 2 seconds and 30 seconds preceded the transfers. Results: Mean postural sway velocity for both groups combined was significantly less after a 30 second sitting pause time compared to a 2 second sitting pause time (P=0.001). Mean postural sway velocity was also significantly less after a 30 second sitting pause time compared to a 2 second sitting pause time for individual groups, younger adults (P=0.019) and older adults (P=0.021). No significant difference in mean postural sway velocity was observed between the two groups (P=0.05). Conclusions: Postural sway velocity was less when study participants performed a sitting pause of 30 seconds prior to standing in a dimly lit room. These results suggest that longer sitting pause times may afford improved adaptability to dimly lit environments contributing to improved postural stability.

**THE DIAGNOSTIC UTILITY OF SELF-REPORTED AND PERFORMANCE-BASED OUTCOME MEASURES TO PREDICT FALLS IN COMMUNITY-DWELLING OLDER ADULTS**

E. Hood1, K.K. Chui2, M. Lusardi2, 1. Warren Hospital Balance Center, Phillipsburg, New Jersey, 2. Physical Therapy and Human Movement Science, Sacred Heart University, Fairfield, Connecticut

Introduction: Physical therapists often administer a battery of outcome measures when treating patients with impaired balance. Unfortunately, the diagnostic utility of these outcome measures to predict falls has not been adequately studied. This study evaluated the diagnostic utility of self-reported and performance-based outcome measures to predict falls. Methods: Thirty-three community dwelling older adults (mean age 77.82 ± 7.1 years, 73% female) referred to physical therapy (PT) participated in this longitudinal study. All participants had diagnoses that impaired their balance (mean duration 9.3 ± 10.0 months) and 58%.

64th Annual Scientific Meeting 71
reported at least one fall in the prior 6 months. Interventions included balance and vestibular exercises, and gait and strength training, among others (mean visits = 9.8 ± 4.4). Discharge data was then used to predict self-reported falls in the following 6-months. Results: In the 6-months following discharge from PT, 36% of participants reported at least one fall. Receiver Operating Characteristic Curves were used to calculate the overall diagnostic utility (as measured by Area Under the Curve) of the Activities-specific Balance Confidence scale (61%), Performance Oriented Mobility Assessment (subscales 61-68%), Dynamic Gait Index (69%), Gait Speed (38%), Four Square Step Test (58%), and Timed Up and Go (70%) to predict falls. Using a cut score of 9.8s on the Timed Up and Go (TUG) produced the best overall diagnostic utility (SN = 71%, SP = 82%, -LR = 4.0, -LR = 0.35). Conclusion: Using a pre-test probability of 36%, the post-test probability of falling within 6-months increases to 69% when TUG scores are ≥ 9.8s or decreases to 16% when TUG scores are less than 9.8s.

**INFLUENCE OF VERBAL STIMULUS DURING 6 MINUTES WALK TEST IN ELDERLY AND COPD PATIENTS WITH DEPRESSIVE SYMPTOMS**

A. Dornelas de Andrade1, P.M. Marinho1, A. Teixeira1, M. Santana1, D. Braz Junio1, R. Guerra1, L. Fisioterapia, Universidade Federal de Pernambuco, Recife, Brazil. 2. Universidade Federal do Rio Grande do Norte, Natal, Brazil

Depressive symptoms are frequent in elderly and in chronic obstructive pulmonary disease (COPD) patients. Some studies report decreased performance of 6-minute walk test (6MWT) in the presence of these symptoms, but do not know to what extent the presence of the verbal stimulus would affect the distance (SD) achieved by those carrying elderly depressive symptoms. Aim: To evaluate the performance in 6-minute walk for the presence of the stimulus words between healthy elderly and patients with COPD. Methods: A cross-sectional study with 53 healthy elderly and 40 elderly patients with COPD in both sexes, mean age of 69.68 ± 7.03 years and 70.63 ± 6.98 years respectively. They were evaluated for presence of depressive symptoms (GDS-15) and performance in 6-minute walk test, walked distance (WD) and perceived exertion (Borg Scale). Results: The prevalence of depressive symptoms in patients with COPD was 25% and 5.7% among the healthy elderly group (p = 0.013). COPD patients without depressive symptoms walked a shorter distance when the test was performed without verbal stimulus (373.10±142.67m vs. 461.92 ± 96.33 m and 292.33±91.88s vs. 355, 40 ± 22.98s respectively) and with verbal stimuli (411.78 ± 115.43m vs. 477.36 ± 85.99m and 322.04±60.23 s vs. 355.90±25.52s). There was no difference between the groups on the Borg scale. No differences were observed in walked distance between groups with depressive symptoms in the presence and absence of verbal stimulus. Conclusion: The use of verbal stimulus during the 6MWT was not enough to improve the performance of walked distance between the groups when they had depressive symptoms.

**EFFECTS OF AN AEROBIC EXERCISE PROGRAM ON INTERNAL RIGHT CAROTID RESISTIVE INDEX AND FUNCTIONAL AUTONOMY LEVELS OF ELDERLY WOMEN**

A. Dornelas de Andrade1, P. Uchoa1, Y. Meseses1, R. Vale1, L. Fisioterapia, Universidade Federal de Pernambuco, Recife, Brazil. 2. Universidade Estadual do Piauí/UESPI and Faculdade NOVAFAPI, Terezina, Piauí, Brazil. 3. Universidade Castelo Branco (PROCIMH-UCB/RJ), Rio de Janeiro, Brazil

Objectives: The aim of this study was to analyze the effects of an aerobic exercise program on internal right carotid resistive index (IRCRI) and functional autonomy levels of elderly women. Methods: The sample consisted of 25 elderly sedentary women (60-75 years), divided into two groups: an experimental group (n=14), which submitted to aerobic exercise, and a control group. Assessment of IRCRI was conducted by Doppler ultrasound and functional autonomy using the following tests: 10-m walk (10mW); rising from a sitting position (RSP); rising from a chair and moving about the house (RCMH); rising from a ventral decumbent position (RVD); and putting on and removing a t-shirt (PRTS). Results: The experimental group had a significant decrease in IRCRI and a significant increase in the 10mW, RSP, and RCMH tests. Discussion: These results suggest that the exercise program was effective in reducing IRCRI and in improving functional autonomy in elderly women.

**ASSESSING FATIGABILITY: CONSTRUCT AND PREDICTIVE VALIDITY OF TWO PERFORMANCE-BASED METHODS**

E.M. Simonsick1,2, J.A. Schrack1, N.W. Glynn1, L. Ferrucci1, 1. National Institute on Aging, Baltimore, Maryland. 2. Johns Hopkins University Medical Institutions, Baltimore, Maryland. 3. University of Pittsburgh, Pittsburgh, Pennsylvania

Deterioration in performance and high perceived effort for a standardized task have been conceptualized as indicating fatigability. This study evaluates the validity of operational measures of these constructs – substantial slowing or inability to complete a 400m fast walk (SLOWED) and rating of perceived exertion ≥10 following a 5-minute treadmill walk at 0.67m/s (HIGHRPE) in respectively, 433 and 353 BLSA participants (41% women) aged 70-97. In models adjusted for age, sex, race, obesity, smoking and walking activity, both SLOWED and HIGHRPE were associated with higher odds of tiredness and weakness (OR>1.6; p<.01 for all) and slower gait speed (0.94 vs. 1.03 and 0.98 vs. 1.07; p=.001) and poorer reported walking ability (0-9 point scale; 6.24 vs. 7.77 and 7.20 vs. 7.94; p<.001). These findings support both construct and predictive validity. Assessing fatigability may provide both an early marker of impending mobility loss and new insight to the disablistment process.

**WALKING EFFICIENCY AS AN INDICATOR OF FATIGABILITY AND RISK FACTOR FOR MOBILITY LIMITATION**

J.A. Schrack1,2, E.M. Simonsick1, L. Ferrucci1, 1. Epidemiology, Johns Hopkins School of Public Health, Baltimore, Maryland. 2. National Institute on Aging / National Institutes of Health, Baltimore, Maryland

This study examines the contribution of the energetic cost of walking (ECW) to the established link between fatigue and diminished functional status in 350 (49% women) BLSA participants aged 70-97 (mean=79.2). ECW was derived from average energy expended per meter (mi02/kg/m) during 2.5 minutes of customary walking using a portable metabolic analyzer. Fatigability was derived from rating of perceived exertion during a 5 minute treadmill walk at 0.67m/s. In models adjusted for age, sex, race and depression, high ECW (>0.20 mi02/kg/m) was associated with higher odds of mobility limitation, assessed as reported difficulty (OR=3.0, 95% CI: 1.7-5.5) and as poor endurance walk performance (OR=2.7, 95% CI: 1.5-5.1) and high fatigability (OR=1.9, 95% CI: 1.1-3.3). Findings suggest that poorer walking efficiency contributes to both greater fatigability and mobility limitation and that identifying threats to walking efficiency may be an important research target for improving risk of functional decline.

**ASSESSMENT AND ASSOCIATION OF FATIGUE AND FATIGABILITY WITH FUNCTION, FITNESS AND ENERGY EXPENDITURE**


Fatigue may underlie functional decline. Perceived fatigue and its relationship to function, fitness and energy expenditure was examined...
in 38 older adults (mean age 78.3±4.9 yrs) from the Study of Energy and Aging Pilot. Energy level score from Health ABC, two questions from the CES-D, physical energy subscale score from the Motivation and Energy Inventory and the 13-item Situational Fatigue Scale (SFS) were compared. SFS was associated with 400m walk time (r=0.37, p=0.04), gait speed (r=-0.43, p=0.02), VO2peak (r=-0.50, p=0.01) and daily active energy expenditure measured by SenseWear Pro armband (r=-0.34, p=0.05), all adjusted for age and sex. No other fatigue measures were associated with function, fitness or energy expenditure. Although not previously validated for older adult populations, the SFS may be preferred for epidemiologic studies because it measures reported fatigue in relation to performing specific types and duration of activity rather than perceived global fatigue.

RELATIONSHIP BETWEEN FATIGABILITY AND MITOCHONDRIAL FUNCTION IN OLDER ADULTS

Fatigability is assumed to reflect poor health and low energy and mitochondrial function may be in the etiologic pathway. The relationship between fatigability and mitochondrial function was examined in the Study of Energy and Aging-Pilot (N=38, mean age 78.3±4.9 yrs). Fatigability was measured as Rating of Perceived Exertion (RPE) at the end of a 5 min treadmill walk at .67m/s. Maximum phosphorylation capacity (ATPmax) of the quadriceps and skeletal muscle mitochondria was measured by 31P magnetic resonance spectroscopy, a direct and non-invasive measure of the capacity of muscle to replenish ATP after a 20-30s rapid isometric contraction. Quadriceps ATPmax was 162.61mM ATP/s lower in those with high (RPE ≥10) vs. low (RPE ≤9) fatigability, p=0.03. ATPmax of skeletal muscle mitochondria was 0.08mM ATP/s lower in those with high vs. low fatigability, p=0.09. This suggests that mitochondrial function may be an important contributor to the onset of fatigability in older adults.

SESSION 230 (POSTER)

HEALTH PROMOTION AND SUCCESSFUL AGING

SCREENING IN OLDER ADULTS: WHAT EVIDENCE DO WE REALLY NEED?
E. Eckstrom1, D.H. Feeny2,3, E.P. Whitlock2, L. Perdue1, 1. Medicine, Oregon Health & Science University, Portland, Oregon, 2. The Center for Health Research Kaiser Permanente Northwest, Portland, Oregon, 3. Health Utilities Inc., Dundas, Ontario, Canada

Older adults often have multiple chronic conditions and modest additional life expectancy. Evaluating the benefits and harms of screening must include consideration of competing morbidities, increased harms of screening, and patient preferences. Key issues include the lack of evidence for older adults on the harms of screening tests; the over diagnosis of disease; the burden of disease labeling; the effects of inaccurate test results; the harms of disease treatment; and harms related to prioritization of healthcare (for a particular patient life style counseling may be more important than screening). Non-traditional outcomes such as the effects on family caregivers are also relevant. Studies comparing trajectories of quality-adjusted survival with and without screening to assess net benefit are typically lacking. There is little evidence on the preferences of older adults for deciding whether to be screened, the process of being screened, and the health states associated with being or not being screened. To enhance the quality and quantity of evidence, older adults need to be enrolled in screening trials. Measures of functional status and health-related quality of life (HRQL) need to be included in trials, registries, and cohort studies. This presentation will address these challenges and review potential solutions for systematic reviewers wishing to produce evidence-based guidelines to inform policy and practice.

DEVELOPMENT OF COMPUTER SOFTWARE TO EVALUATE EXERCISE FOR OLDER ADULTS
K. Yamauchi, Y. Lau, T. Ichikawa, S. Oshita, A. Ogita, Institute of Physical Education, Kanta University, Yokohama, Kanagawa, Japan

Introduction: Audio visual system as learning material of exercise for older adults has been developed and part of it has been reported in GSA2010. Further development of the audio visual system based on the effectiveness has been carried out. Some problems that we encountered were demonstrated in a survey that we present here. Purpose: The purpose of this research was to develop computer software and to investigate the effectiveness of computer software as learning material of exercise for older adults. Methods: Computer software as learning material of exercise was developed. There were two screens on computer. One screen showed an instructor and another screen showed a learner. These two screens can be reproduced and compared by learners in order to evaluate their exercise. The software also can be calculated angle of joints of older adults. These learning materials were provided to older adults as examinees who are living in the suburb of K prefecture in Japan for a trial. After these trials, they were asked about their impression by researchers and interviewed regarding these learning materials. Results: Most learners stated that although they felt they could exercise as same as the instructor, they couldn’t do it accurately. They also indicated that it was useful to watch the scene of exercise repeatedly anytime. On the other hand, some learners suggested that it had better to take direct coaching of exercise first, then to utilize indirect coaching by software. In conclusion, the software was efficient for learners to exercise accurately by themselves.

FACTORS AFFECTING DEPRESSION OF COMMUNITY DWELLING OLDER WOMEN IN KOREA
Y. Lim, Department of Nursing, Yonsei University Wonju College of Medicine, Wonju, Kanwon-do, Republic of Korea

The purpose of the study was to examine a staged causal model as a theoretical base to explain the depression of community-dwelling older women in Korea. The model contained three stages including antecedents (Stage 1), perception (Stage 2), and outcome (Stage 3). The antecedents included physical function performance (grip strength, standing balance, and sit and reach flexibility). Stage 2 focused on activity specific balance self-efficacy. In Stage 3, the outcome variable was depression. A total of 163 community dwelling older women over 60 year-old participated. The instruments were the Korean version of CESD, Korean version of Activity-Specific Balance Confidence Scale (K-ABC), Grip strength test, Sit-and-Reach test, and One-leg balance test. Results show activity balance self-efficacy (β= .437, p=.00) explained 26.6% of the variance in depression. Grip strength (β=.350, p=.00), sit-and-reach test (β=.196, p=.00), and one-leg balance test (β=.158, p=.03) explained 27.6% of the variance in activity balance self-efficacy. Results indicated that low muscle strength, reduced body flexibility, and low balance had an indirect influence on depression through lower self-efficacy of activity balance. The findings showed that activity balance self-efficacy mediates the relationship between the physical function performance and depression as a negative outcome.
CONTRIBUTING FACTORS TO VITAMIN D DEFICIENCY AND ITS HEALTH OUTCOMES
M. Pallaki1,2, D.M. Kresevic1,2, J.E. Denton1, C.J. Burant1,2, 1. Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio, 1. Case Western Reserve University Frances Payne Bolton School of Nursing, Cleveland, Ohio, 3. Case Western Reserve University School of Medicine, Cleveland, Ohio, 4. University Hospitals Case Medical Center, Cleveland, Ohio

Research continues to indicate that 25-hydroxyvitamin D (25-OHD) deficiency is prevalent among older Americans and is associated with health problems including cancers, fractures, and hypertension. However, there are no current guidelines for routine testing and guidelines for oral supplementation remain controversial. This prospective study gathered data from older community-dwelling Veterans and included a survey of health habits, a chart review, and a physical performance measure for frailty (Fried et al.). The sample included 36 men (M=77 years) from the geriatric outpatient clinic. Mean 25-OHD was 29 mg/dl with 57% of the sample below 32 mg/dl (identified as the lower limit of normal based on the Cleveland Veterans Affairs Hospital criteria). Respondents most often noted spending an average of 2 hours per week outdoors in the sunlight. Common food sources included tuna (160 IU/serving) and milk with cereal (40 IU/serving), with an average 25-OHD dietary intake of 60 IU/day. Lower 25-OHD levels were not significantly correlated with elevated HbA1C levels, falls, or the summative frailty scale; however, they did correlate with the single item of activity (r=−0.503, p=0.002) on the Fried scale. In addition, lower 25-OHD levels demonstrated trends with higher Body Mass Index (r=−0.284, p=0.098) and higher Geriatric Depression Scale scores (r=−0.293, p=0.098) and higher Geriatric Depression Scale scores (r=−0.293, p=0.098) but not with the St. Louis University Mental Status Examination. Recommendations for screening and oral supplementation are needed due to low reported sunlight exposure and dietary intake. There is a continued need to investigate health outcomes associated with vitamin D including depression and physical performance.

THE USE OF COMPLEMENTARY THERAPIES TO ENHANCE PATIENT SATISFACTION
D.M. Kresevic1,2, A.M. Bee1, J.E. Denton1, B. Heath1, M. Rashid1, N. Seift1,2, N. Thompson1, 1. Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio, 2. University Hospitals Case Medical Center, Cleveland, Ohio, 3. Case Western Reserve University Frances Payne Bolton School of Nursing, Cleveland, Ohio, 4. MetroHealth Medical Center, Cleveland, Ohio

Complementary/alternative medicine (CAM) has been shown to have health benefits including decreased pain, anxiety, and confusion among older patients. Patient and family interest in these therapies continues to grow. However, incorporating CAM programs (e.g. Tai chi, relaxation) into hospital care has been challenging. As part of a comprehensive patient care initiative in the Cleveland VA Geriatric Research, Education, and Clinical Center (GRECC), the C.A.R.E.S. Project developed a “CAM Center of Excellence” which focused on education of staff and family members and the purchasing of CAM resource materials. A total of 346 healthcare professionals attended 20 CAM programs offered over 4 months; 97.9% of individuals who completed an evaluation (n=233) found the programs to be useful in their personal/professional life (e.g. patient care). Overall responses to the programs were very positive and many staff requested further workshops/trainings. Resource acquisition included the initiation of “comfort carts” for inpatient wards. These carts included books/magazines, DVD players, healthy snacks, and guided imagery on stress, pain, and health for delivery of comfort care 24/7 to patients and families. Beds were purchased for inpatient wards to encourage extended family visitation. Though implementing these items onto the wards was slow, patient satisfaction scores improved. Inpatient overall quality (% of responses 9 or 10 out of 10) increased between Quarters 1/2 (before the program) and Quarters 3/4 (during the program) to benchmark levels. Education programs through the GRECC are ongoing to improve access to and knowledge of CAM and to track outcomes associated with CAM’s use.

OUTPATIENT ANTIICOAGULATION EDUCATION AND OUTCOMES
D.M. Kresevic1,2, C.J. Burant1,2, J.E. Denton1, S. Ibrahim1, C.J. Burant, 1. Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio, 2. University Hospitals Case Medical Center, Cleveland, Ohio, 3. Case Western Reserve University Frances Payne Bolton School of Nursing, Cleveland, Ohio, 4. Philadelphia VA Medical Center, Philadelphia, Pennsylvania

Venous thromboembolism (VTE) (pulmonary embolism/deep vein thrombosis) is estimated to be the third most common vascular disorder with one-year survival possibly as low as 63.6%. Age and race have previously been identified as increasing the risk for VTE-associated mortality. The aim of this study was to evaluate outpatient anticoagulation education and outcomes and assess differences based on race, patient education level, or trust in the anticoagulation clinic staff. The study followed 39 Veterans (M=60.95 years; n=35 males; n=30 Caucasian; n=9 AA) from the time of VTE diagnosis to 3 months after anticoagulation treatment initiation. Overall, trust in the anticoagulation clinic staff who provided the education was high (mean 48.9 out of 55) and did not correlate with race, education, or income. Subjects with greater trust in the anticoagulation clinic staff had higher satisfaction with their healthcare decision regarding anticoagulation (r=0.668, p=0.001), found the anticoagulation management to be less complicated (r=0.397, p=0.012), and had better mental health scores (r=0.368, p=0.021). The mean score on the Oral Anticoagulation Knowledge (OAK) test was 13.54 of 20 (range: 4 to 18). OAK scores were not significantly correlated with race, education, income, social support, mental/physical health, or trust in anticoagulation clinic staff. In regard to outcomes, the average percentage of INR values within therapeutic range (2.0-3.0) was 37.1%. No significant differences were found in INR management based on race (p=0.05). These findings should be validated in a larger study but suggest the need for additional educational strategies to achieve quality anticoagulation outcomes for all patients.

WHAT DO OLDER ADULTS UNDERSTAND AND REMEMBER AFTER READING COLORECTAL CANCER PREVENTION INFORMATION?
C. Liu, S.M. Rawl, Indiana University at Indianapolis, Indianapolis, Indiana

Colorectal cancer is the third leading type of cancer affecting both men and women age 50 years and above. Although the national screening rate has slightly improved after decades of prevention efforts, it still falls below the optimal level. The availability of easy to read cancer prevention information is fundamental to increase awareness and the screening rate. The purpose of the current study was to examine whether or not cancer prevention information written at high text cohesion would be easier for older adults to understand and remember than information written at low text cohesion. Forty-five adults (51 to 84 years old) read the information written at either high text cohesion or low text cohesion. Results show that text cohesion facilitates reading speed but not comprehension nor recall. Both comprehension and recall decline after weeks. Non-significant findings of text cohesion could be due to the high percentage of participants with adequate health literacy. Additionally, although poor lifestyle (high fat diet, inactivity) is mentioned as a risk factor in the information given to participants, more than half of the participants recalled lifestyle change along with screening tests as ways to prevent cancer. Conclusion: To help older adults retain knowledge of colorectal cancer prevention, multiple exposures to the information is necessary. Further research on the effect of text cohesion among older adults with limited health literacy is recommended. The results also indicate that participants often have misconceptions about lifestyle change and how it relates to cancer prevention.
OUTDOOR ENVIRONMENT, MOBILITY DECLINE AND QUALITY OF LIFE AMONG OLDER PEOPLE

M. Rantakokko, S. Swarsson, T. Rantanen, Gerontology Research Centre, Department of Health Sciences, University of Jyväskylä, Jyväskylä, Finland, 2. Department of Health Sciences, Lund University, Lund, Sweden

Objective: The purpose of this study was to examine the effects of perceived barriers in the outdoor environment on outdoor mobility and quality of life in older people. Methods: Baseline data on all participants (n=727) and follow-up data on the control group (n=314) from the Screening and Counseling for Physical Activity and Mobility among Older People randomized controlled trial was used. Participants were 75- to 81-year-old community-dwelling people living in Jyväskylä, Finland and the total follow-up time was 3.5 years. Data on barriers in the outdoor environment, walking difficulties, fear of moving outdoors, unmet physical activity need and quality of life (QoL) were obtained in face-to-face interviews. Results: Perceived barriers in the outdoor environment predicted development of walking difficulty in the 3.5-year follow-up. Barriers in the outdoor environment also underlay fear of moving outdoors, which predicted development of walking difficulty and unmet physical activity need. Fear of moving outdoors predicted walking difficulties independently of the environmental factors. Unmet physical activity need was more common among ambulatory community-dwelling older people who had mobility problems and reported barriers in the outdoor environment. Barriers in the outdoor environment which encumbered outdoor mobility increased perceptions of fear of moving outdoors and unmet physical activity need and resulted in poor QoL. Conclusions: Barriers in the outdoor environment may hinder older people to maintain outdoor mobility which is a prerequisite for independent living in the community. Ways of overcoming fear of moving outdoors and barriers to physical activity need to be developed and further explored.

ASSOCIATION OF SMOKING AND BLOOD PRESSURE AMONG OLDER CHINESE POPULATION

X. Pan, Miami University, Oxford, Ohio

The objective of the current study is to examine cigarette smoking as a predictor of blood pressure among the Chinese population 45 or older. It is hypothesized that smoking will be associated with increased blood pressure after adjusting for demographic characteristics, social class, BMI, and alcohol intake. Pilot data from the CHARLS 2008 (Chinese Health and Retirement Longitudinal Survey) were used to investigate the difference in blood pressure between smokers and nonsmokers. Participants were 1,945 residents (51.7% men and 48.3% women) of the Zhejiang and Gansu provinces of China. Data include survey interviews (including smoking status: never, past, or current) and laboratory exams (e.g., BMI, BP measurements). Participants were stratified into 4 age groups (under 55, 55-65, 65-75 and 75+). Multiple regression investigated the prediction of smoking in BP. Results revealed that male smokers 55-65 had higher systolic BP adjusted for age, BMI, social class, and alcohol intake than nonsmoking men. Among women, light smokers (1 to 4 cigarettes/day) tended to have lower BPs than heavier or never smokers, significantly so for diastolic BP. Among men, a significant interaction between BMI and BP on smoking. In women, BP differences between nonsmokers and light smokers were most obvious in those who did not drink alcohol. In summary, the independent chronic effect of smoking on BP among older Chinese population is small, and differences between men and women in this association are likely due to complex interrelations among smoking, alcohol intake, social class and BMI.

THE RELATIONSHIPS BETWEEN RETIREMENT, SOCIAL CAPITAL, AND HEALTH: A POPULATION-BASED LONGITUDINAL COHORT STUDY

J. Wang, L. Chang, 1. Department of Health Care Management, Chang Jung Christian University, Kwy Jyen, Tainan, Taiwan, 2. National Cheng Kung University, Tainan, Taiwan

Study Objectives: To examine the impact of retirement on self-perceived health and social capital of community-dwelling elderly in Taiwan. Methods: Subjects aged 50 and older participating in 2003 and 2007 waves of the Survey of Health and Living Status of the Elderly in Taiwan were included in analyses. After excluding observations with missing values, nursing home residents, and people without prior employment history, the final sample numbered 3322. Multinomial logistic regression models were used to examine the relationships between retirement and self-perceived health. Logistic regression and multiple regression models were used to examine the relationships between retirement and three measures of social capital — social trust, social support, and social participation. All models were controlled for age, gender, race, marital status, educational level, comorbidities, and health behaviors. Results: 1217 subjects retired between 2003 and 2007. Retirement status is not significantly associated with change in self-perceived health and social trust. However, those who retired had significantly higher levels of social participation and social support. Conclusions: Contrary to the ageist belief of decreasing health with aging, the results suggest that retirement does not predict change in subjective health. The findings do not support the notion of disengagement theory and, instead, suggest that retirement provides more opportunities for building social support and participation. Future studies should examine whether social capital mediates the relationships between retirement and subjective health.

DIFFERENCES IN PHYSICAL ACTIVITY BETWEEN ELDERLY JAPANESE MEN AND WOMEN

T. Sakai, Faculty of Health and Sports Science, Doshisha University, Kyoto, Japan

The purpose of this study was to determine the differences in the duration and intensity of physical activity among elderly couples. The participants comprised 20 elderly Japanese couples (husband: 71.1 ± 5.6 yrs, wife: 67.9 ± 4.8 yrs). All the participants were issued with an Active Style PRO HJA-350IT accelerometer for 3 months (Omron Healthcare Co., Ltd., Japan). The participants were instructed to wear the pedometer on their waistline all day, except when bathing, showering, swimming, or sleeping. This instrument was to measure the number of steps and the duration and intensity levels of various activities. Data were excluded if the participants wore the accelerometer for less than 420 minutes (7 hours). Overall, all the participants had a mean step count of 6444 ± 4044 steps/day (husbands: 6650 ± 3212 steps/day, wives: 5921 ± 2094 steps/day). The duration of physical activity of the husbands (609.1 ± 97.1 minutes/day) was significantly shorter than that of their wives (730 ± 110.0 minutes/day, P < 0.05). In addition, the duration of activity < 3 METs among the husbands was significantly shorter than that for their wives (553.1 ± 107.6 minutes/day vs. 671.3 ± 97.7 minutes/day, P < 0.05). However, the durations of activity > 3 METs were very similar between men and women. The most characteristic difference in physical activity in elderly couples is the duration of activities of different intensities. Therefore, I think that it is necessary to measure not only step counts but also the intensity of activity.

THREE DIMENSIONS TO DESCRIBE THE HEALTH OF THE ELDERLY: FUNCTIONING, MORBIDITY AND PERCEIVED HEALTH


This study aimed to describe the relation among functional impairment, number of chronic diseases, and subjective health in the elderly...
Hearing loss (HL) is common in older adults yet many do not seek treatment or obtain hearing aids (HAs) when screened for HL because they lack knowledge about HL and what to expect from HAs. We designed a short educational intervention for use in primary care settings that addresses HL, perceptions about its consequences, and issues related to HA adaptation. Twenty-seven adults age 60 or older with mild to moderately severe hearing loss, who were hearing-aid users for at least three months of hearing aids with the same technology, brand and model. The individuals were submitted to an anamnesis and to the test of the Silent Sentence Recognition Threshold (SSRT) and in the presence of noise (NSRT). The sentences and the noise (fixed in 65 dB) were presented on free-field through the “ascendant-descendant” strategy, using the test material idealized by Costa. Results There was a statistically significant difference (p=0.026) between the SSRT obtained with and without the use of hearing aids, and also in the NSRT (p=0.012). Conclusion In the elderly group evaluated, the use of hearing aids was effective for speech recognition, both in silence and in the presence of noise. 

THE MEANING AND IMPACT OF CREATIVE DANCE AND STORY TELLING IN LONG TERM CARE: AN INTERDISCIPLINARY PERSPECTIVE  
L. Dutton1, M. Genne2, K. Haertl1, C.N. Sullivan1, S. Rydholm1, K. Shafer1, 1. St. Catherine University, Minneapolis, Minnesota, 2. Kairos Dance Theatre, Minneapolis, Minnesota  
PURPOSE: The aim of this study was to apply mixed methods to explore the impact of an arts-based program incorporating creative dance, reminiscence and story-making on the quality of life of long-term care residents. Recent research has sparked renewed interest in the importance of the arts for the health and well-being of older adults (Cohen, 2006). This literature suggests that participation in arts-based programs may be associated with positive health outcomes related to quality of life, physical function, cognition and depression (Cohen et al, 2006; Eyigor et al, 2009; Hokkanen et al, 2008). However, there is a dearth of research examining these outcomes as they relate to the impact of creative dance for long-term care residents. DESIGN AND METHODS: A mixed methods design study was conducted by an interdisciplinary team. Professionals from Kairos Dance Theatre designed and implemented a creative dance and story-telling program at five long-term care facilities. Quantitative measures of cognition (MMSE), mood (GDS) and balance (Berg Balance Scale) were collected at the beginning of the program and after each 12 week session by facility staff. These data were analyzed using a retrospective design with paired t-tests and repeated measures ANOVA. The prospective phase of the study made it more likely they would seek a hearing evaluation, consider getting HAs, or use assistive devices if they had HL, all but two answered positively. All questions assessing knowledge showed higher scores on the post-test compared with the pre-test. Some changes were dramatic; four items increased by 0.85-1.30 points: #6 (not hearing consonants in words), #13 (other assistive aids besides hearing aids can help), #15 (you hear better when someone shouts) and #20 (you have to relearn how to listen and hear when you get a hearing aid). In spite of the small N, 14 changes were statistically significant. This short intervention could improve acceptance and use of hearing assistive devices for those undergoing screening for HL.

HEARING-AID IMPROVES SPEECH RECOGNITION IN BOTH SILENCE AND PRESENCE OF NOISE IN THE ELDERLY  
C.C. Soldera1,2, A.J. Boz3, M.I. Costa1, 1. Federal University of Health Science of Porto Alegre, Porto Alegre, RS, Brazil, 2. Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, RS, Brazil, 3. Federal University of Santa Maria, Santa Maria, RS, Brazil  
The aging process causes a physiologic degeneration of the whole organism, causing physical and psychological changes, including hearing loss, called presbycusis. Presbycusis is characterized by a high-frequency hearing loss and difficulties in speech intelligibility, mainly in noisy environments. The aim of this study was to verify, in elderly subjects, the effectiveness of hearing aids use in the recognition of sentences in silence and in the presence of noise. Methodology Thirteen elderly patients, with ages between 67 and 92 (average of 76 y.o.), with mild to moderately severe hearing loss, who were hearing-aid users for at least three months of hearing aids with the same technology, brand and model. The individuals were submitted to an anamnesis and to the test of the Silent Sentence Recognition Threshold (SSRT) and in the presence of noise (NSRT). The sentences and the noise (fixed in 65 dB) were presented on free-field through the “ascendant-descendant” strategy, using the test material idealized by Costa. Results There was a statistically significant difference (p=0.026) between the SSRT obtained with and without the use of hearing aids, and also in the NSRT (p=0.012). Conclusion In the elderly group evaluated, the use of hearing aids was effective for speech recognition, both in silence and in the presence of noise.
was conducted at the end of the program in two of the five facilities. Semi-structured interviews were administered to 11 volunteers and staff and 3 caregivers. Questions focused on their observations of the dance program’s impact on the participants, volunteers, families and staff. RESULTS: There was a statistically significant improvement (n = 71, t = -2.11, p = .034) in balance scores from baseline (m = 22.55, SD = 16.36) to 12 weeks (m = 24.15, SD = 17.46). Average MMSE scores significantly declined (n = 116, t = -2.10, p < .031) from baseline (m = 13.39, SD = 8.99) to 12 weeks (m = 13.21, SD = 9.19). On the GDS no significant differences were found after 12 weeks. No significant differences were found on any measure at 24 or 36 weeks. Initial analysis of the qualitative data using framework analysis (Lacey and Luff, 2001) suggests that this program had a positive impact on participants’ mood, cognition, mobility, personal validation and creativity. There was also a positive influence on the atmosphere of the long-term care facilities. IMPLICATIONS: This mixed method study suggests that creative dance programming can have a positive influence on residents in long-term care facilities. Quantitative results were mixed but largely remained stable over time, while qualitatively positive impacts were reported for participants, caregivers, staff and the facilities.

SESSION 235 (POSTER)

DISEASE MANAGEMENT

ASSOCIATIONS BETWEEN PHYSICAL ACTIVITY, BODY MASS INDEX, AND HEALTH RELATED QUALITY OF LIFE AMONG OLDER BREAST CANCER SURVIVORS


Physical activity among breast cancer survivors has been linked to a reduction in treatment-related burden and an improvement in health-related quality of life (HRQOL). However, few studies have reported on the associations between physical activity and HRQOL in older breast cancer survivors. The purpose of this study was to examine the associations between physical activity, body mass index (BMI), and HRQOL in the context of demographic and medical characteristics among an older sample of cancer survivors. This study is based on 715 older (mean age = 64.7, SD=3.4) breast cancer survivors that participated in the Women’s Healthy Eating and Living (WHEL) Study. At baseline, survivors were assessed on height and weight and they completed measures regarding physical activity, HRQOL, demographic and medical characteristics, including total number of chronic conditions and physical function. Crude and adjusted Spearman correlation coefficients were used to examine associations between physical activity, body mass index, and HRQOL. The analyses revealed that total number of chronic conditions adversely influenced HRQOL (p <.001). Physical activity was significantly and positively associated with physical function, general health, and energy (p < .001). BMI was inversely associated with physical function, role limitations, and energy (p <.001). These results indicate that medical characteristics play a considerable role in the health and health behaviors of survivors. The data also suggests that participating in physical activity may preserve function and improve mental health outcomes among older survivors.

HEALTH CARE UTILIZATION BY PATIENTS WITH CANCER NEWLY ENROLLED IN LONG TERM CARE


OBJECTIVES: The limited research concerning older adults with cancer enrolled in Long Term Services and Supports (LTSS) primarily targets nursing home patients close to their death. The purpose of this descriptive study was to more fully explicate the older adult cancer population newly enrolled in LTSS and their health care utilization. METHODS: Secondary analysis of baseline data from 470 study patients ages 60 and over enrolled in Health Related Quality of Life: Elders in Long-Term Care Study. Patients were newly enrolled in LTSS from assisted living facilities (ALF) (n=156), nursing homes (NH) (n=158), and home and community based sites (HCBS) (n=156). Demographics, cancer status, health care utilization (defined as sum of number of hospitalizations, emergency room visits, short-term rehabilitation stays, nursing home placements, and physician visits during previous three months) were abstracted from medical records. Statistical analysis consisted of descriptive statistics and t-tests. RESULTS: Among patients enrolled in the study, 84 (18%) were diagnosed with cancer. Majority of patients with cancer lived in ALFs (54%) and diagnosed with breast (24%), prostate (19%), or colon (11%) cancers. Four of the patients with breast and prostate cancer received hormone therapy. Patients with cancer had significantly higher health care utilization during previous three months before enrolling in LTSS (p=0.01) than those not diagnosed with cancer. CONCLUSIONS: The results of this study suggest that patients with cancer newly enrolled in LTSS may have differing health care requirements than other LTSS populations.

THE PREVALENCE OF ARTHRITIS AMONG MEN AND WOMEN FARMERS

M. Teaford, S.R. Flinn, The Ohio State University, Columbus, Ohio

Rural America is aging which is putting a strain on the rural health care system since there are fewer healthcare professionals available to care for older adults. For example, the average farmer is 57 years old (Census, 2007). Because of the strenuous activity involved in their occupation, farmers may develop arthritis. This is a disease that can impact functional health and economic livelihoods. Women now are 30% of all farm operators, an increase of almost a third since 2002. In general, women are significantly more likely to report that they have arthritis than men (43% v. 31%) and this increases with age (CDC, 2011). Are farmers more likely to report that they have arthritis and are women who farm more likely to report that they have arthritis than male farmers? A recent study of farmers in Ohio studied 111 women and 198 men (age 50 to 89) who are farming. They were recruited at county fairs and other agricultural events. They were asked if they had been told by a health care professional that they had arthritis: 144 reported they had been told they had arthritis (37.8%). Of the women, 56.4% reported arthritis compared to 41.8% of the men (chi-square= 5.968, p<.01). The results suggest that women are more likely to see a health care professional regarding arthritis. Given the shortage of professionals in rural areas, there is a need for better outreach to farmers regarding arthritis prevention and management in order to better serve men.

ADAPTING THE ASHP FOR USE IN THREE RACE/ETHNICITY GROUPS: DESCRIBING THE PROCESS AND PRODUCTS

S.J. Parker1, E.K. Chen2, K. Pillemer2, C. Reid1, J. Weill Cornell Medical College, New York, New York, 2. Cornell University, Ithaca, New York

Pain disorders are common in later life and a major cause of disability and suffering. Self-management programs have been developed and implemented as a means of helping individuals better manage pain. The Arthritis Self Help Program (ASHP) is an evidence-based program that improves participants’ pain-management abilities, but has limited reach, particularly among older minority communities. Using community based participatory research (CBPR) methods, we adapted the ASHP in an effort to enhance the program’s reach and utility among three groups of older persons: African American, Hispanic and non-Hispanic white adults. Specific steps included: 1) creating a community steering committee (SC); 2) implementing the ASHP among older adults...
with pain and using diverse data collection methods to generate recommendations for program change; and 3) employing a shared decision-making approach to determine which recommendations to adopt. The process generated 71 recommendations for program change; 54% were accepted by the SC and grouped into several categories: 1) restructuring class format to maximize learning (e.g., cutting down on individual sharing during class), 2) modifying programmatic elements to accommodate persons with lower literacy levels, and 3) expanding existing or adding new educational components (e.g., expanding section on healthy eating, adding new section on spirituality as a method of dealing with pain). The CBPR model was a practical tool for adapting the ASHP for use by the target populations and produced suggestions for change that may help to extend the program’s reach and effectiveness. Implications of the findings regarding adaptation of evidence-based programs are discussed.

WARFARIN-SPECIFIC MEDICATION CHARTS - DO THEY HAVE A PLACE IN AGED CARE FACILITIES?
J. Mullan, M. Jordan, V. Traynor, Graduate School of Medicine, University of Wollongong, Wollongong, New South Wales, Australia

Research Methods An action research study using a qualitative approach was used to evaluate the implementation of a warfarin-specific medication chart in a number of different residential aged care facilities based in Australia. At the conclusion of a 3 month trial with the new chart, semi-structured interviews were conducted with General Practitioners (GPs) and Registered Nurses (RNs) involved in trialing the new chart. Research Results The warfarin specific medication chart was successfully developed by a multidisciplinary team (including doctors, nurses and pharmacists) and trialed in three Australian ACFs managing 23 older residents receiving warfarin therapy. The 10 GPs and 12 RNs interviewed about the new chart at the completion of the 3 month trial, unanimously agreed that the chart should be accepted as usual practice for all ACFs because it was easy to use; time-saving; and improved communication about warfarin doses, administration times and monitoring. Research Conclusions A warfarin specific medication chart can be used effectively to improve current practice with regard to warfarin prescribing, management and administration. Furthermore, these improvements in clinical practice could also potentially reduce the number of warfarin related adverse events in ACFs.

SLEEP: AN OVERLOOKED COMPONENT OF HEALTH AND QUALITY OF LIFE IN OLDER ADULTS
J. Hughes, J.L. Martin, Geriatric Research, Education, and Clinical Center, VA Greater Los Angeles Healthcare System, North Hills, California

Sleep complaints are prevalent in older adults (57%) and are associated with a variety of medical and psychiatric comorbidities, poor health behaviors, and increased medication use. Numerous studies show that self-reported indicators of poor sleep (e.g., nightly hours of sleep) are associated with poor health outcomes, low quality of life, and elevated mortality risk. Healthy People 2020 includes sleep as a national health objective; yet, few state-level health surveys measure sleep-related variables. The current analysis explored factors known to be related to poor sleep among older (age≥65) respondents to the California Health Interview Survey (CHIS). 22.8% of respondents were 65 or older. Among factors known to be related to sleep apnea, high blood pressure (60.1%), anti-hypertensive use (53.8%), obesity/overweight (53.9%), and heart disease (23.6%) were commonly reported. Among factors known to be related to insomnia, arthritis (50.2%), limited activity/sedentariness (72.2%), and low health-related quality of life (42.0%) were commonly reported. Only 20.2% had discussed health behaviors with a doctor. These findings suggest a high number of older CHIS respondents report factors known to be associated with poor sleep. While sleep is known to worsen with increasing age and number of chronic conditions, the role of poor sleep in overall health and quality of life remains unclear. To understand this role, sleep itself must be measured. Since there are clear evidence-based treatments for poor sleep, and given that early treatment is known to improve health and quality of life, the addition of sleep-related items to statewide surveys is recommended.

IMPORTANT OF VISION IN MAINTAINING HEALTHY LIFESTYLE HABITS IN JAPAN
A. Hagedom1, Y. Saito2, J. Davis School of Gerontology, USC, Los Angeles, California, 2. Nihon University, Tokorozawa, Japan

Vision loss is closely associated with difficulty functioning in a community setting, and is associated with the need for long term care services. This study investigates longitudinal changes in vision and disability that occurred over the decade between 1999 and 2009 across 5 waves of data in the Nihon University Japanese Longitudinal Study of Aging (N=4,997, nationally representative of the population 65+) and analyzes how loss of vision at one point over the 10 year study is associated with 2.6 times increased risk of being unable to perform Instrumental Activities of Daily Living, 3.6 times lower likelihood of participating in social activities, and 1.9 times increased mortality risk over the time period, controlling for demographic characteristics and lifestyle behaviors. Vision loss is associated with a high degree of comorbidity, and the impact of vision loss fades considerably in multivariate models which control for chronic diseases and physical activity. The only significant predictors of vision loss are diabetes in a prior wave, untreated cataracts and advanced age. Vision loss is experienced by 25.5% of this sample, with wide variation in the effects of vision loss on later reports of behaviors such as social participation, ability to perform ADLs and IADLs, and the onset of depression. The results suggest that successful adaptation to vision loss can profoundly affect level of disability, risk of falls, and depression in late life.

SEXUAL BEHAVIOR AMONG OLDER PEOPLE ON ART IN LOMÉ, TOGO: A CASE STUDY
Y.A. Bessa, A. Moore, Sociology, University of North Texas, Denton, Texas

Recent increases in the availability of antiretroviral therapy (ART) in low-income countries have led to substantial health improvement among people living with HIV/AIDS (PLHA). Studies have shown that PLHA on ART have also gained improved sexual health. However, studies have mostly investigated sexual behavior of younger people, ignoring older people. This study examined the sexual behavior of older Togolese who were on ART. Data were collected on 49 older PLHA via in-depth interviews. More men (73%) reported being sexually active in the past three months of the study relative to women (15%). Several concepts explained sexual behavior among participants. Both men and women reported that because of age and positive serostatus, they could not be promiscuous. However, women were more likely to report that they were sexually inactive to avoid trouble from sexual relationships and have a peace of mind. Findings are explained within the cultural context of the study.

A TWO-YEAR FOLLOW-UP STUDY OF NUTRITION STATUS AMONG VETERANS LIVING IN A LONG-TERM SETTING
A. Bostrom1,2, D. Van Soest3, B.K. Kolewaski1, D. Faulder1,2, D.L. Milke1,2, C. Estabrooks2, 1. Neurobiology, Care sciences, and Society, Division of Nursing, Karolinska Institutet, Huddinge, Sweden, 2. University of Alberta, Edmonton, Alberta, Canada, 3. Capital Care Area, Edmonton, Alberta, Canada

In a 2008 study of the nutrition status of elders living in a Veterans’ LTC setting, 58% were identified as ‘at risk for malnutrition’, 31% were malnourished, and 11% were well nourished. In a 2010 follow-up study, following changes in care practices, including more frequent monitoring of intake and weight, nutrition status of the earlier participants was reviewed. The Mini Nutritional Assessment (MNA), well known in...
BUILDING BRIDGES TO EFFECTIVE CHRONIC KIDNEY DISEASE MANAGEMENT: A MIXED-METHODS NEEDS ASSESSMENT OF PRIMARY CARE PHYSICIANS AND OLDER MINORITY NEPHROLOGY PATIENTS IN EASTERN NORTH CAROLINA

T. Hilliard¹, J.W. Bethel², M. Barchman². 1. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, 2. East Carolina University, Greenville, North Carolina

Introduction: Aging adults constitute a substantial portion of the Chronic Kidney Disease (CKD) population. This study assesses and identifies CKD management-related needs among primary care physicians (PCPs) and older minority nephrology patients in Eastern North Carolina (ENC). Methods: PCPs practicing in ENC were invited to complete a mailed, semi-structured questionnaire assessing knowledge of CKD management variables and physician-identified needs for improvement. Minority nephrology patients were recruited to participate in a one-time, qualitative interview assessing barriers to care. Results: Thirty-three PCPs responded and twenty-four patients were interviewed (patient mean age=55). The majority of PCP respondents (45.5%) answered exactly three out of five structured test questions correctly. Physician-identified needs included a desire for increased CKD knowledge and the need for affordable medications. Patient-identified barriers included an inability to afford and obtain necessary medications, gaps in Medicare and Medicare coverage, and inconsistency among primary care providers. Conclusions: Our study highlighted some very important needs among PCPs and minority nephrology patients in ENC. Additional research, to directly assess and address gaps in CKD management most relevant for aging CKD patients, is strongly recommended.

SESSION 240 (POSTER)

HEALTH PROMOTION

OUTREACH TEAM IMPACT: ADDRESSING ISSUES OF OLDER ADULTS IN SENIOR LIVING FACILITIES

K. Segrist, ball state university, Muncie, Indiana

The Community Center for Vital Aging in Muncie, Indiana has been in existence for over 9 years. Within the past 5 years, the Center has reached out to persons living in a variety of housing arrangements in the city. Programming has been provided to a senior exercise group in a federally subsidized housing complex, five skilled nursing care facilities, two low income senior apartment complexes, and an adult day care center. From 2006 through 2010, 297 visits have been made with 3613 persons in attendance. Programming offered included: arts and entertainment (e.g. crafts, Bingo, music presentations, Asian children song presentation, “what if...” sessions); cultural presentations; physical presentations such as Tai-Chi, breathing and hydration, laughing yoga, exercise tactics; and health and education programs on such topics as osteoporosis, preventing stroke, changing and adapting in later life, seasonal depression, brain health, etc. Each semester at least a minimum of 20 programs occurred. A 2009 survey of those who attended the programs indicated the following: 92% learned something from the programs; 91% felt that the programs were well organized; 88% felt comfortable joining in the programs; 82% felt the programs met or exceeded their expectations; 68% indicated that they felt motivated by the programs. Comfort in joining and expectations indicate to be important as a predictive variable to determining results of other variables evaluated. As an example of impact on individuals is the case of Jim, a 62 year old with multiple chronic diseases and with over a 10 year experience with prescription medications can be cited. Jim attended programs, learned information that he applied to daily life, saved money on his ability to cut down on medications (under health professional supervision), reported feeling better, and lost 100 lbs.

USING MEDIA STRATEGIES TO PROMOTE HEALTH LITERACY AND COMMUNITY CAPACITY


Media strategies within the health communications arena have built a track record for their use and impact, especially utilizing the Theory of Diffusion of Innovation. Gerontologists can also take advantage of these strategies to promote health literacy and build community capacity, however these concepts and approaches are not commonly and consistently used within the aging workforce. This presentation examines the case studies of two communities that utilized specific media strategies to promote health literacy and build community capacity, devised and executed by social workers specializing in gerontology. Newspaper columns, radio shows, therapeutic workbooks and documentary shows were used and devised using Procheska and Diclemente’s “Stages of Change” theory. The different media strategies targeted specific stages of behavior along the “Stages of Change” continuum. Public policy and program planning efforts often neglect the use of public media as a strategy to promote initiatives, or to garner public support. Findings suggest that these approaches have been helpful in the development of community capacity and improvements in community members’ health literacy.

THE UTILIZATION OF HEALTH CARE SERVICES BY OLDER ADULTS WITH SELF-REPORTED AND ACTUAL MEMORY DECLINE

H. Lee, C. Lee, K. Porter, J. Vaughan, E. Dugan, University of Massachusetts Boston, Boston, Massachusetts

Self-report and objective health statuses are associated and can be a significant predictor of behaviors including health care service utilization. However, self-reported memory decline does not always reflect actual decline accurately. In this study we compared preventive health care utilization among those who self-report memory impairment (and may or may not have actual impairment) and those with and without cognitive impairment (those aware of the decline or not). We sought to understand how cognitive function and concern about cognitive function impacts preventive care service utilization. Using data from the 2008 wave of the Health and Retirement Study (HRS), a longitudinal, nationally representative survey of older Americans, a total of 9,702 respondents aged 65 or older (male=4,098, female=5,816) were included in the analysis. Statistical analyses included descriptive statistics, Pearson’s Chi-Square, and oneway ANOVA. Results show that persons with actual cognitive impairment are more likely to use health care services (t=11.26, p=0.00). We found that older women with self-reported memory decline and actual cognitive impairment were less likely to get preventive health services (flu shot, dentist, breast exam) (p=0.00). The percentage of men with cognitive impairment was as expected, but men had a much lower rate of self-report compared to women. Men who do
not report memory decline but actually experience cognitive impair-
ment were much less likely to use health care services (flu shot, cho-
sterol, dentist, prostate cancer screening) (p=0.00). These findings
underscore the need for increased assistance for vulnerable older adults
in obtaining routine, but nonetheless important, preventive health care.

SOCIAL INTEGRATION AND SELF-RATED HEALTH
AMONG OLDER ADULTS IN URBAN CHINA: DEPRESSIVE
SYMPTOMS AS THE MEDIATOR
W. Mao, I. Chi, University of Southern California, Los Angeles,
California

The few studies that have investigated the relationship between social
integration and health within the Chinese cultural context are very lim-
ited, both in terms of explanatory factors considered and sample loca-
tions. Utilizing the “social integration and health conceptual frame-
work”, this study aims to examine how social network and community
involvement influence self-rated health among older adults in urban
China and understand the mediating effect of depressive symptoms.
Data used are from the nationally representative study “Sample Survey
On Aged Population in Urban and Rural China in 2006”, collected by
the China Research Center on Aging. A subsample of adults age 60 and
above in urban China (N=8,018) was included in the structural equa-
tion modeling using AMOS 18.0 software. Social networks were mea-
ured with the 6-item Chinese Version of Lubben Social Network Scale.
Depressive symptoms were measured with the 15-item Chinese Version
of Geriatric Depression Scale. The model fit was acceptable ($2 =
3170.75; df = 57; p = .000; NFI = .94; CFI = .94; RMSEA = .08). Gen-
der, years of education, marital status, functional capacities, presence
of chronic disease, community involvement, and depressive symptoms
were significantly associated with self-rated health. The effects of fam-
ily network and friend network on self-rated health were mediated by
depressive symptoms. Encouraging and maintaining social integration
have protective effects on self-rated health among older adults in urban
China, however, interventions should also focus on preventing and reduc-
ing depressive symptoms besides strengthening and expanding social
connections among older adults in order to improve health outcomes.

BODY-MIND-SPRIT PRACTICE FOR HEALTHY AGING:
EDUCATIONAL PROGRAM DEVELOPMENT AND
IMPLEMENTATION
J. Lee, E. Lee, H. Yoon, E. Jang, Y. Ji Young, Boston College,
Chestnut hill, Massachusetts, 2. University of North Carolina at
Charlotte, Charlotte, North Carolina, 3. Hallym University,
ChonChun, Republic of Korea

The changing needs for health promotion of South Korean older
adults and their broad definition of healthy aging call for innovative
educational programs that can be implemented at senior centers. This
community-based, health promotion program for older adults provided
a comprehensive review of the effects of body-mind-spirit (BMS) inter-
ventions on health behaviors. The 12-week curriculum offered ses-
ts, one or more emergency department visits or hospital admissions
in the previous six months, and screened for high nutritional risk. Sig-
ificant improvements for hours of weekly exercise, daily distance
walked, performance on six different fitness tests, depression scores,
nutritional risk scores, and body measurements (including circumference,
weight, body fat percentage, and body mass index) were observed. Findings
speak to the healthy benefits of exercise and good nutrition as
possible alternatives to pharmacological interventions for weight loss
and depression.

BE WELL: RESULTS OF A NUTRITION, EXERCISE, AND
WEIGHT MANAGEMENT INTERVENTION AMONG FRAIL
OLDER ADULTS
A. Coulourides Kogan, B. Hart, J. Gonzalez, S. Enguidanos, Davis
School of Gerontology, University of Southern California, Los
Angeles, California. 2. Food and Nutrition Management Services,
Inc., North Hollywood, California, 3. Partners in Care Foundation,
San Fernando, California

Exercise and physical activity are thoroughly documented to improve
psychosocial well-being by reducing depressive symptoms, in addition to
the multitude of physical health benefits. As the number of older
adults increases worldwide, including the prevalence of chronic dis-
eases and extended life expectancy, it is imperative to develop inter-
ventions specifically targeted at this population to combat the effects of
and increased risk for frailty, disability, and hospitalizations. The pur-
pose of this study was to test the effectiveness of a multifaceted exer-
cise, health, and nutritional education intervention for community-
dwelling older adults with multiple chronic conditions. This study reports
findings from Be Well; a fitness and exercise program providing nutri-
tional counseling, low impact exercise, and weight management espe-
cially designed for nutritionally high-risk older adults with chronic con-
ditions. A pre/post, quasi-experimental study design as employed with
data collection points at baseline and four-month follow-up in the set-
ting of two community-based senior centers in the Los Angeles area.
Participants included sixty-two older adult health maintenance organi-
zation members, aged 60 years or more, with multiple chronic condi-
tions, one or more emergency department visits or hospital admissions
in the previous six months, and screened for high nutritional risk. Sig-
ificant improvements for hours of weekly exercise, daily distance
walked, performance on six different fitness tests, depression scores,
nutritional risk scores, and body measurements (including circumference,
weight, body fat percentage, and body mass index) were observed. Findings
speak to the healthy benefits of exercise and good nutrition as
possible alternatives to pharmacological interventions for weight loss
and depression.

BE WELL: AN EXERCISE AND NUTRITION
INTERVENTION TO IMPROVE THE HEALTH STATUS
OF CHRONICALLY ILL OLDER ADULTS
M.E. Canon, S. Enguidanos, B. Hart, N.E. Gibbs, J. Gonzalez, USC-
Gerontology, Los Angeles, California. 2. Be Well Services,
Inglewood, California. 3. Kaiser Permanente Medical Center,
Baldwin Park, California. 4. Partners in Care, San Fernando,
California

Environmental factors such as diet and exercise have been shown
to greatly influence the development and progression of many chronic
conditions. Chronically ill older adults have increased risk of hospi-
talization, disability and death, as well as presenting a distinct chal-
lenge for the American Healthcare system. The purpose of this study
is to assess whether chronically ill older adults participating in Be
Well—a fitness and nutrition intervention that provides low impact
exercise classes, nutritional counseling, and weight management—
exhibit improved health. Participants included 62 males and females
over the age of 60. Eligible participants included individuals with two
or more chronic conditions, and who had been admitted into the hos-
A CREATIVE ARTS PROGRAM: UNDERSTANDING MORALE AND EXPERIENCES OF OLDER ADULTS

I.A. Guthiel, J.C. Heyman, M. Bial, M. O’Malley, R. Ravazzin Center on Aging, Fordham University, West Harrison, New York, 2. Lifetime Arts, Pelham, New York

A one-group pretest posttest design was used to determine if arts and performance programs offered to older adults at public libraries in New York City increased the morale of participants. Each workshop series had from 8 to 10 sessions led by a professional teaching artist provided by Lifetime Arts. The Philadelphia Geriatric Center (PGC) Morale Scale was used in this study. This instrument has been widely used and was one of the measures in Cohen’s (2004) research. Morale is a composite score of 17-items and three factors: attitudes, loneliness dissatisfaction, and agitation. Possible scores range from 0 to 17, with higher scores indicating higher morale. Of the 45 matched cases, participants were predominately female (88.9%) and Caucasian (66.7%), with an average age of 68.6 years (SD=8.1). Over 55% lived alone. At pretest the average morale score was 12.40 (SD=3.80). At posttest the average morale score increased to 13.11 (SD=3.59), indicating a statistically significant improvement in overall morale of program participants. Participant responses to an open-ended question asking what they liked best about the program underscored its value. Examples of responses: “Coming together for the program development, going through the process and finding a new aspect of myself,” and “Replaces any therapy I might feel I need.” This study adds to the empirical literature demonstrating the value for older adults of involvement in creative arts programs.

PROVIDER-ADMINISTERED CAM THERAPY: CHIROPRACTIC, ACUPUNCTURE & MASSAGE USE AMONG OLDER AMERICANS

K. Porter, C. Lee, M. Nguyen, E. Dugan, UMass Boston, Quincy, Massachusetts

Previous CAM research includes a range of therapies (e.g., self-administered treatments like supplements and prayer). This study focuses on provider-administered, licensed, modalities that require accredited education: chiropractic, acupuncture, and massage (CAM). The aim of this study is to investigate: 1) demographic characteristics of older users and reasons for use 2) financial burden of use, and, 3) role of allopathic physicians. Data for this analysis come from the 2007 National Health Interview Survey (NHIS). The NHIS is a representative, population-based survey of the civilian, non-institutionalized US population. The analytic sample (N=2,554) included adults age 55 and older who reported ever having used CAM. The mean age of subjects was 66.99 (SD=8.87), 58% were female, 81% were non-Hispanic White, and 56% reported at least some college education. Logistic regression showed racial and ethnic disparities in provider-administered CAM use: Non-Hispanic Black, Hispanic, and Other Race adults were less likely to use CAM (p<0.05). Those most likely to use CAM were: female, college education, White, very good/excellent health.

RACIAL-ETHNIC DIVERSITY, MIND-BODY INTERVENTIONS, AND DEPRESSION AMONG SENIOR CENTER USERS: RESULTS FROM THE NEW YORK CITY HEALTH INDICATORS PROJECT


As the older adult population grows and racial/ethnic diversity increases, there is increasing evidence that older adults are turning to complementary and alternative medicine (CAM) to address physical and mental health issues. However, there are mixed findings regarding racial and ethnic differences in the use of CAM. The Health Indicators Project included a comprehensive survey with a representative sample of seniors at centers in New York City. Using a stratified random sample of 56 senior centers citywide, in-person interviews were conducted in five languages using standardized individual and neighborhood-level measures. This paper examines the relationship between one type of CAM known as mind-body interventions (MBI) and severity of depressive symptoms among an ethnically and racially diverse sub-sample with depressive symptoms (n=525). Bivariate analysis showed racial/ethnic differences in MBI use (Chi square = 14.09, p<.01) and suggest a significant negative relationship between MBI use and depression severity (F = 6.73, p<.01) as measured by the Patient Health Questionnaire-9 (PHQ-9). These findings depart from the literature in that African American elders in this sample were more likely to have used MBI than other racial/ethnic groups. Multivariate analysis using ordinal regression suggests that when controlling for race/ethnicity, health status, use of MBI, and barriers to medical care, predictors of depression severity include health status, experiencing barriers to medical care, and Hispanic identity. The implications for designing community-based interventions as well as directions for future research will be discussed.

SESSION 245 (POSTER)

INTERGENERATIONAL RELATIONS

THE EFFECT OF GRANDPARENTING ON THE GRANDPARENT’S PSYCHOLOGICAL WELL-BEING: SOCIAL SUPPORT AS MEDIATORS

S. Won, Social Welfare, Daegu Cyber University, Gyeongsan, Republic of Korea

As a maternal employment rate has been increasing in Korean society, grandparents often provide child care for their grandchild. Thus, the purpose of this study is to investigate the effect of grandparenting on the grandparent’s psychological well-being, depression. In addition, it is to analyze the mediating effect of relationship with the adult child, relationship with friends, and social gathering in relation to grandparenting and the grandparent’s depression. The researcher conducted a secondary data analysis using the Korean Longitudinal Study of Aging (KLOSA), collected between July and December in 2006. The 555 grandparents were included in the structural equation model for the analysis. The findings indicated that the time grandparents spent to care for their grandchild per day and the total grandparenting period per year were significantly related to the grandparents’ level of depression. Among social support measures, the relationship with the adult child was a significant mediator between grandparenting and the grandparent’s well-being. In addition, grandparent’s age was also associated with the grandparenting and the grandparents’ level of depression. However, grandparent’s health condition was not significant to depression while it had a negative relationship with time of grandparenting per day. This
study suggested community based social support programs for grandparent caregivers as their psychological well-being decreases as they spend more time caring for their grandchild. In addition, as family support mediates the relationship between care stress and the psychological well-being of the grandparents, it is necessary to provide programs to enhance family ties for three generation families.

LEGAL CHALLENGES AND CONCERNS FACING GRANDMOTHER CAREGIVERS
A. Jeanblanc1, C. Musil2, C. Warner2, 1. Jeanblanc & Rosser, LLP, Cleveland, Ohio, 2. Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio

In the legal world, there is much attention paid to the issue of visitation rights of non-custodial grandparents, but significantly less to the needs of grandparents actively raising their grandchildren. With ever-increasing numbers of children living in skipped-generation households, more public attention to the corresponding legal issues is needed. According to the 2008 American Community Survey, 2.6 million US grandparents (1.6 million grandmothers) are responsible for the day to day care of 7 million grandchildren. This paper focuses on the general legal needs and analysis of specific issues faced by Ohio grandparent caregivers and includes analysis of legal issues and needs raised by 486 Ohio grandparents participating in a longitudinal study of grandmother caregivers. Most of our grandmothers raising grandchildren took on the responsibility because one or both parents were unable to do so, most commonly because of substance abuse or mental health issues. Many have faced long legal battles to obtain custody of their grandchildren – still others remain in an informal limbo, reluctant or unable to fight their adult children for custody. These women face a number of challenges raising these children, many of which are complicated by the fact that not all have legal custody of their grandchildren. In our sample, fourteen percent of primary caregiving grandmothers reported that they had unmet legal needs. Without legal custody, grandmothers face an uphill battle on a number of fronts – school enrollment, medical care, public assistance, and even planning their own estate.

THE EFFECTS OF LIVING ARRANGEMENTS ON SELF-RATED HEALTH AND DEPRESSION SYMPTOMS AMONG OLDER KOREAN
B. Kim, J. Liang, The University of Michigan, Ann Arbor, Michigan

Objectives: This study examined (a) the linkages between living arrangements (i.e., living alone, living with spouse only, living near children, and living with children) and changes in health outcomes (i.e., self-rated health and depression symptoms) among older adults in South Korea, and (b) how these linkages differ by marital status and gender.

Methods: Data came from the 2006 and 2008 waves of the Korean Longitudinal Study of Ageing, which involved a national sample of persons 65 years of age and over, who had at least one living adult child (N=3,946). Results: Among the married, those living with their children were less likely to rate their health as poor than those living with spouse only or those living near their children. However, older adults living with their spouses had fewer depressive symptoms than those living with their children and those living near children. Among those not married, living arrangements were not associated with changes in self-rated health and depressive symptoms. In addition, baseline living arrangements were uncorrelated with health outcomes among older women, whereas older men who lived with their children had better self-rated health.

D. Cox1, M.M. Way1, 1. Economics, Babson College, Wellesley, Massachusetts, 2. Boston College, Newton, Massachusetts

What happens to intergenerational transfers with the onset of a recession, when economic shocks hit family members across the generations?
Economists have long recognized transfers might serve to insure against the risk of income shortfalls. Yet there is little evidence about how transfers might vary over the business cycle because few surveys collect the needed information on an ongoing basis. One that has is the Health and Retirement Survey (HRS), which started in 1992 and includes the first year of the Great Recession of 2008, with supplemental data for 2009. Together with the RAND American Life Panel (ALP), which queries respondents about the effects of the recession using monthly panel surveys, we examine familial transfers during the recession from both givers’ and recipients’ perspectives. A priori, it is not clear whether interhousehold transfers should increase during a recession—problems of potential recipients become more severe, but resources of potential donors become less plentiful. The question therefore becomes an empirical one. We find that despite diminished wealth, older parents increased their financial help to adult children as the recession deepened and children suffered from job losses and mortgage problems. Parents who gave tended to harbor expectations of having to provide financial help well before the recession began. Financial help appears to have been targeted to those in economic distress, such as the recently unemployed. Taken as a whole, our estimates indicate an important role for familial insurance—private transfers are responsive to income shortfalls and are comparable in the aggregate to Unemployment Insurance. Still, the family safety net provides only partial coverage, because financial distress is correlated among family members.

CORRELATES OF INTERGENERATIONAL CONFLICT OF OLDER NEPALESE ADULTS WITH THEIR DAUGHTERS-IN-LAW
R. Gautam, S. Houde, Department of Nursing, University of Massachusetts Lowell, Lowell, Massachusetts

The family social norm in Asian countries is to live with a married son where daughter-in-laws (DIL) are expected to take care of their parents-in-law. This study explores the correlates of intergenerational conflict of older Nepalese adults with their DIL. A cross-sectional quantitative study of 489 older Nepalese adults aged 60 and older, living with their DIL, was conducted with face-to-face interviews using structured instruments. Intergenerational conflict was measured by three items commonly used in the literature: make too many demands, criticize, and argue. The Cronbach’s reliability alpha coefficient was 0.88. The Intraclass Correlation Coefficient was 0.86 during a one week interval (n = 10). The score for the scales ranged from 3 to 12 with higher scores denoting more conflict in the relationships. Bivariate analysis revealed gender, marital status, education, instrumental activities of daily living, instrumental and emotional support received from DIL and education of DIL correlated with intergenerational conflict with DIL. Variables with significant correlations were entered in a regression model. Factors correlated with lower conflict with DIL among older adults of Nepal was older adults being educated (B = -0.545; p<.005), instrumental support received (B = -0.939; p<.0001), and higher education of DIL (B = -0.442; p<.05). Intergenerational relationships in an urban modernizing context is discussed. The study results will contribute to the knowledge of aging in Nepal by exploring family relationships of older adults, which are important considerations when developing policy to meet the needs of both older adults and their family members.

LIKELIHOOD OF COMMUNITY-DWELLING ELDERLY TO LIVE WITH A CHILD: DOES COGNITIVE IMPAIRMENT MATTER?
A. Chan1,2, M. Setia1, R. Malhotra1, D.B. Matchar1,2. 1. Health Services and Systems Research, Duke-NUS Graduate Medical School, Singapore, Singapore. 2. Duke University Medical Center, Durham, North Carolina. 3. National University of Singapore, Singapore, Singapore

Aim: Assess if the likelihood of non-institutionalized elderly to live with their child is associated with cognitive functioning of the elderly.

Methods: Data for 4,207 elderly Singaporeans – 1,564 not married and 2,643 married, >60 years old, living in the community, and surveyed as part of nationally-representative Social isolation, health and lifestyle survey (SIHLS) was analyzed. Cognitive function is assessed using 10-item SPMSQ scale. We used descriptive statistic and multivariate logistic regression that adjusts for socio-demographic characteristics, physical health of the individuals, and other mental health conditions (depressive symptoms). Analysis was stratified by marital status. Results: A higher percentage (84%) of not-married elderly live with a child compared to married elderly (69%). Also, elderly who are not married have worse cognitive functioning compared to married elderly. Multivariate analysis show that for both married and not-married elderly a higher score of cognitive impairment increases the likelihood of elderly to live with their child, but the rate of change is slightly higher for not-married elderly (10% versus 9%). Conclusion: The study shows that irrespective of the marital status, as the cognitive functioning of the elderly deteriorates, they are more likely to live with their children. Indicating that the children are taking caregiving responsibilities for their parents as cognitive impairment sets in, these findings suggest the need to strengthen home and community-based care for cognitively impaired through provisions of support services, respite care, and education/training to reduce caregiver’s burden.

SUPPORT PROVIDED BY ELDERLY CHINESE PARENTS TO THEIR ADULT CHILDREN
M. Ye, Y. Shen1. 1. Department of Sociology, Bowling Green State University, Bowling Green, Ohio. 2. Shanghai Research Center on Aging, Shanghai, Shanghai, China

Many studies have examined the ways in which Chinese adult children support their elderly parents; few studies have focused on how and why these parents support their adult children. This study investigates the manifestations of elderly parents’ support, including financial support as well as caregiving for the house and grandchildren. The dataset is 2005 Shanghai Elder Citizen Longitudinal Tracking Study, a stratified sample of 1630 respondents aged 60 and above. Age, gender, marital status, number of children, self-care status, and self-report health are included as independent variables. The dependent variables are (1) the proportion of parents’ monthly income given to children; and (2) the provision of caregiving. The ordinary least squares (OLS) regression shows that monthly income of elderly parents is positively correlated to the monthly financial support provided to their adult children but negatively correlated to caregiving, which means the richer parents tend to help with money while poorer parents tend to provide caregiving assistance. Moreover, reciprocal monthly money from their adult children positively affects both monetary as well as task-based assistance provided by their parents, which means parents no longer consider their children’s financial support as only a type of filial piety and take it without payback. The findings of the study provide insight into intergenerational exchange rules that Chinese elder parents are willing to help their adult children through financial support or task-based assistance and the more financial support they get from their children, the more help they provide back to their children.

PUBLIC SUPPORT, FAMILY SUPPORT, AND ELDERS’ LIFE SATISFACTION: EVIDENCE FROM A NATURAL EXPERIMENT
E. Kim. Duke University, Durham, North Carolina

Many governments provide poor elderly people with supplemental income in order to improve elders’ well-being. However, it is still largely unknown how effective such policies are. This concern is particularly keen in countries where families play an important role in taking care of the elderly population since families might undercut the effectiveness by reducing their support in response to the government policies.
This paper addresses these issues by utilizing a unique natural experiment from Korea. The Korean government radically expanded its financial support for elders in 2008 with the introduction of the Basic Old-Age Pension (BOAP), a means-tested income support program for elders. I examine how the program affected adult children’s support (in terms of co-residence and geographic proximity, financial transfers, and contact) and, eventually, elders’ life satisfaction. For empirical analyses, this paper takes a difference-in-difference quasi-experimental approach and uses two recent longitudinal datasets, the Korean Retirement and Income Study and the Korean Longitudinal Study of Ageing. Results suggest that BOAP benefits partially, but not completely, crowded out adult children’s financial transfers, causing a net increase in elders’ income for those with no change in other sources of income. BOAP had little impact on other types of family support, including cohabitation, geographic proximity, and visiting. BOAP did cause elderly recipients’ life satisfaction to increase in the short-term. However, the positive effect disappeared over time, suggesting elders’ adaptation to the increased level of income.

CAMBODIAN GRANDPARENTS’ TRANSCENDENT SACRIFICES

D.C. Lewis, Child and Family Development, University of Georgia, Athens, Georgia

Over 7000 families live and work in a dumpsite in Cambodia’s capital (population of about 2 million). This study focused on ten elder-headed families residing in that dumpsite, nine households included at least one orphaned grandchild and one grandmother who had recently experienced the deaths of all three of her co-resident grandchildren. Ethnographic methods, including in-depth, semi-structured interviews and participant-observation, were used for this study. Analysis was an ongoing, iterative coding process that led to themes of life’s difficulties, and spiritual sacrifice. These themes correspond with the day-to-day existence of these grandparent-headed households, an existence that consisted of too little food, inadequate housing, no clean water, lack of organized sanitation and abject poverty. In this predominantly Buddhist nation, religion and spirituality provide a beacon of hope for coping with one’s present-day existence and improving one’s merit that might allow for a better next life. Family Exchange Theory (a synthetic theoretical perspective recently developed by the author) provides a three-part foundation across instrumental, affective, and symbolic exchanges for analysis of these qualitative data. This study shows that meeting their family exchange responsibilities, including filial responsibility of providing care to their orphaned grandchildren, severely limited the ability of grandparents to fulfill their expected late-life Buddhist practices of offering rice to honor Buddha and ancestors, time in prayerful meditation, and service to the Temple. The consequences of their caregiving had detrimental consequences negatively influencing their present lives and negatively influenced the conditions of their next lives. Implications for these sacrifices will be discussed.

SESSION 250 (POSTER)

MENTAL HEALTH

A RANDOMIZED CONTROLLED TRIAL OF A SPECIFIC NARRATIVE GROUP IN ENHANCING THE PERSONAL WELL-BEING OF STROKE SURVIVORS IN HONG KONG

E. Chow, Applied Social Studies, City University of Hong Kong, Kowloon, Hong Kong

As majority of the psychosocial interventions for the chronically ill clients are cognitive behavioral therapy or psycho-educational in nature, this study is a first attempt to apply narrative therapy in group practice for stroke survivors, with aims to address their psycho-social-spiritual needs, affirm their personal values and strengths, share practical wisdom of life and living, and promote continuity of the post-stroke life with positive attitude. 35 stroke survivors recruited from stroke registries of the Hospital Authority in Hong Kong are randomly assigned using computerized minimization method to either intervention group or treatment-as-usual group. Participants in the intervention group received 8 consecutive weeks of narrative therapy while the treatment-as-usual group received 8 consecutive weeks of psycho-education. Quantitative data are collected at baseline, 4 weeks, and 2 month after the sessions through face-to-face interviews to assess the effectiveness of both groups. Friedman’s ANOVA reveals that narrative therapy has significantly improved stroke survivors’ self-esteem, locus of control, subjective wellbeing, proactive coping, hope, meaning in life, and reduced depression. On the other hand, the psycho-education program is significant on hope. Findings obtained from the study contribute to the knowledge and development of strength-based practice in enhancing quality into the survival years.

CLERGY VIEWS ON HOW PREPARED THEY ARE TO COUNSEL OLDER ADULTS

J. Pickard1, M. Inoue2, 1. University of Missouri-St. Louis, St Louis, Missouri, 2. Boston College-Graduate School of Social Work, Boston, Massachusetts

Background: Clergy provide substantial amounts of counseling services to older adults, and they are an important component of the de facto system of mental health services. The purpose of this study was to examine clergy’s perceptions of how prepared they feel to counsel older people. Methods: This study used Dillman’s tailored design method for a mailed survey. Responding clergy (N=509) completed a two page questionnaire that included information on the amount of counseling they do with older adults, the Attitudes toward Older Adults and Mental Illness (AOAMI) scale, their relationships with mental health professionals, their knowledge of resources for referring people for additional help, and basic demographic data, such as race, age, years in the clergy, and education level. Logistic regression was used to examine clergy’s perceptions of how prepared they feel to counsel older people. Results: Being male, having good relationships with mental health professionals, having more knowledge of outside resources, and having more training were all associated with increased perception of being prepared for their counseling roles concerning older people. Discussion: Public-private partnerships should be formed for providing trainings to help clergy improve relationships with mental health providers and to help them increase their abilities to recognize issues needing referrals.

FACTORS ASSOCIATED AND MENTAL HEALTH OUTCOMES OF USING POTENTIALLY INAPPROPRIATE MEDICATION IN ELDERLY AUSTRALIANS

H. Alfonso1,2, J.J. Pfaff1, C. Beer1, F. Flicker1,3, O. Almeida1,2, 1. WA Centre for Health and Ageing, Perth, Western Australia, Australia, 2. School of Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, Western Australia, Australia, 3. School of Medicine and Pharmacology, University of Western Australia, Perth, Western Australia, Australia, 4. Department of Geriatric Medicine, Royal Perth Hospital, Perth, Western Australia, Australia, 5. Department of Psychiatry, Royal Perth Hospital, Perth, Western Australia, Australia

BACKGROUND Despite the agreement that several medicines are inappropriate for use among older people, they are still commonly used. Little is known about risk factors and consequences of using potentially inappropriate medications (PIM) in elderly. AIM To examine the prevalence, associated factors and the mental health outcomes of using of PIM in older Australians METHODS We obtained health information from an Australian-wide sample over a period of 24 months. We identified PIM following the consensus criteria of medications to avoid (independent of diagnosis) in older adults (Arch Inter Med 2003; 162:2716). Logistic regression was applied to examine associations between PIM use and risk factors, and outcomes variables. RESULTS: Of 17,309 par-
Participants over 65 years, 15% were exposed to PIM. Higher prevalence of PIM was associated with older age, having more than 5 diseases or depression (defined as PHQ ≥10). Older adults who were physically active, who had a BMI of 25 or more, or good self-perceived quality of life (SF-12 physical and mental scores ≥ 50) had a lower odds of using PIM. After two years of follow up, being exposed to PIM at baseline was not statistically associated with depressive symptoms or suicide ideation, once prevalent cases and potential confounders were taken into account. However, those using PIM had lower self-perceived QoL at the end of the study period. CONCLUSION Work is required to determine the factors leading prescribers to initiate medicines agreed to be inappropriate in this population, and to determine benefits associated with modifying use of inappropriate medicines.

THE STRAINS AND GAINS OF CAREGIVING: AN EXAMINATION OF THE EFFECTS OF PROVIDING PERSONAL CARE ON A RANGE OF PSYCHOLOGICAL OUTCOMES

T. Hansen, Norwegian Social Research (NOVA), Oslo, Norway

As the need for informal care rises it is important to know how such caregiving affects well-being and the factors that moderate these consequences. The literature so far has been limited by their scope of dependant variables and there has been little discrimination between groups of caregivers. This paper explores caregiving effects along a wide range of measures of well-being (life satisfaction, self-esteem, mastery, positive and negative affect, depression, and loneliness). Data is from the Norwegian Life Course, Ageing and Generation (LOGG) study (N=8,104, age 40-85). We find the caregiving has predominantly negative consequences, as it relates to lower life satisfaction and more depressive symptoms and loneliness, particularly among women. However, these consequences only apply to caregiving for a partner or co-residential parent. The more common practice of caregiving for a non-residential parent, has few such costs and also relates to higher mastery. Hence, there are psychological rewards associated with caregiving, a fact that tends to be ignored in theoretical and empirical work on caregiving. Analysis of potential moderators of the association between caregiving and well-being shows that gender, age, education, concomitant work and family responsibilities, and receipt of public care services play little role in these associations. Having access to social support, however, is an important buffer against the adverse consequences of caregiving. We discuss ways in which policies can promote more extensive systems of support to caregivers.

PREDICTORS OF HEALTH UTILITY IN OLDER DEPRESSED AFRICAN AMERICANS: BEAT THE BLUES TRIAL RESULTS

L. Pizzi1, E. Jutkowitz2, L.N. Gittin2, D. Suh1, I. Thomas Jefferson University, Philadelphia, New Jersey, 2. Johns Hopkins University, Baltimore, Maryland, 3. Rutgers University, Piscataway, New Jersey

OBJECTIVES: Beat the Blues (BTB) is a non-pharmacological intervention designed address depression in older community-dwelling African Americans. BTB was tested in an 8-month randomized two-group experimental design (treatment vs. wait list control). We examined factors associated with health utility at baseline. METHODS: Patients were enrolled from 2009-2010 and eligible if they had depressive symptoms (PHQ-9 score ≥5), >55 years, English speaking, and cognitively intact (MMSE ≥24). Data included demographics, co-morbidities, functionality (ADL, IADL, and mobility), and health utility (EQ-5D and HUI2/3; 0=death and 1=full health). Regression analyses were conducted to assess the relationship between health utility (EQ-5D and HUI2/3) and relevant variables with focus on PHQ-9 score, adjusting for demographics and comorbidities. RESULTS: In the sample (n=86), average age was 68, most patients were female (77%), unmarried (92%), and taking at least one medication for depression, anxiety, sleep, or pain. Mean EQ-5D utility index score was 0.56 (SD 0.2; n=83) compared to mean HUI2 0.52 (SD 0.206) and HUI3 0.36 (SD 0.308; n=64); mean PHQ-9 score was 12.6 (moderate depression; SD 4.9). After adjusting for patients’ age, education, and gender, EQ-5D utility scores significantly decreased as patients had mobility difficulty, high PHQ9 score, or more comorbidities. Regression results were consistent with HUI2/3 utility score except for PHQ-9 (not significant). CONCLUSIONS: BTB serves as a unique sample for examination of contributors to health utility in depressed African American elders. Mobility, depression severity (only EQ-5D), and number of comorbidities appear to be significant predictors of health utility.

POST-TRAUMATIC STRESS AND ALZHEIMER’S DISEASE: TOWARD AN INTEGRATING MODEL FOR THEORY AND PRACTICE


Exposure to life-threatening situations can cause posttraumatic stress disorder (PTSD), which involves symptom clusters of re-experiencing, avoidance, and hyper-arousal (DSM-IV-TR). Six-month prevalence rates of PTSD and sub-threshold PTSD are 0.9 and 13.1% respectively after age 60 (van Zelst et al., 2003), so it is not an uncommon disorder. Clinical features of PTSD are nearly identical in younger and older adults, but the course of the disorder, the intensity of symptoms and co-morbid physical and mental diagnoses differ (Hyer, 1999). In addition, there are various types of PTSD: chronic PTSD, marked by persistent symptoms since the time of the trauma; delayed-onset PTSD, whereby people exhibit signs of the disorder decades after the trauma; complex PTSD due to exposure to repeated traumas in early development and PTSD de novo, occurring after exposure to extreme trauma in old age. We draw on empirical and theoretical knowledge on life-time PTSD and Alzheimer’s Disease (AD) to postulate that a diagnosis of AD and the disorganization that often follows in its wake may activate or reactive symptoms of PTSD. We will review neurobiological (structural and functional similarities between the two conditions), psychological (traumatic effects of being diagnosed with life-threatening and self-threatening diseases, with attention to anosognosia in dementia); and social (stigma and social identity) concepts to propose a multidimensional model of AD-related trauma. PTSD is often misdiagnosed among older adults and we will conclude with implications for building theory and improving clinical practice at the nexus of these two diseases.

RELATIONSHIP BETWEEN HOME CARE USE AND ITS DURATION AND PSYCHOLOGICAL DISTRESS AMONG ADULTS AGE 50 AND OVER

S. An, N.G. Choi, School of Social Work, University of Texas at Austin, Austin, Texas

Although many previous studies found high rates of depression in older adult recipients of home care services, little research examined the level of overall psychological distress among home care users. Based on data from the 2009 National Health Interview Survey, the purposes of this study were to examine (1) the relationship between home care use in the preceding 12 months and psychological distress among persons age 50 and over (n=11314); and (2) the relationship between the use and duration of home care and psychological distress among those with functional impairment (n=1042). Psychological distress was measured with the Kessler 6 (K6) scale, a 6-item, 5-point screening tool for non-specific distress in the last 30 days. The negative binominal regression results show that home care use was associated with significantly higher K6 scores among the general population age 50+, controlling for sociodemographic and health status indicators. However, home care use and duration were not significantly associated with K6 scores among those with impaired activities of daily living (ADL) or instrumental activities of daily living (IADL). For this group, age, race, education, number of chronic medical conditions, degree of functional impairment,
and the history of mental health help seeking were significant predictors of their K6 scores. With respect to functional impairment, those with 1-2 ADL impairments had significantly higher K6 scores than those with only IADL impairment, but those with 3+ ADL impairments did not differ from those with only IADL impairment. Implications of the findings are discussed.

FAMILY RELATIONS, SOCIAL CONNECTIONS, AND MENTAL DISORDERS AMONG ASIAN AND LATINO OLDER ADULTS: A CROSS-CULTURAL STUDY

Supportive family and social ties are important sources of strength in late-life mental health. However, little is known about whether these protective factors function in the same way and to the same extent across racial/ethnic groups. Using data from National Latino and Asian American Study, this research compared Latinos and Asian elderly, two fastest-growing minority groups, in terms of their family relations and social connections (i.e., family cohesion, family conflict, support from friends, support from relatives, and neighborhood cohesion), and how these family and social ties are associated with lifetime risks of mental disorders in the two groups. Results showed that Latino and Asian elderly had similar levels of family cohesion, family conflict, and neighborhood cohesion. However, Latino elderly reported more support from friends and relatives, but were twice as likely to have mental disorders as their Asian counterparts. Among the five types of family and social ties examined, only family conflict was associated with a higher risk of lifetime mental disorders among both Latino and Asian elderly. This association was not significant for Latinos when personal resources such as education, income, and physical health were controlled for. The study showed that although in general Latino and Asian older adults shared a high level of family cohesion, the negative influence of family conflict on their mental health was more detrimental than the benefit of family cohesion. Particular attention is needed for Latino older adults, because such an association was moderated by personal resources, which many of Latino elderly lacked.

THE EFFECTS OF DEBT ON MENTAL HEALTH OUTCOMES AMONG MID-AGED AND OLDER AMERICANS

Objectives. This study examines the effects of unsecured debt on two distinct mental health outcomes: depression and psychological well-being. Domain-specific control over finances is used as a mediator to test its indirect effects on mental health outcomes. Methods. Based on cross-sectional data from the Health and Retirement Study (HRS), we studied 5,502 adults aged 51 and greater in 2006. Data from the psychosocial leave-behind questionnaire were merged with the HRS core data and we estimated the effects of the independent variable and mediator using ordinary least squares regression analysis. Results. Thirty-three percent of the respondents have unsecured debt. Unsecured debt had a positive effect on depression and a negative effect on psychological well-being. Domain-specific control over finances influenced the size and magnitude of the linkages between unsecured debt and the mental health outcomes. Domain-specific control over finances boosted explained variance in psychological well-being and depression by 83 and 12 percent, respectively. Discussion. Control over one’s financial circumstances strongly influences the psychological well-being of mid-aged and older Americans and has a moderate influence on their depression levels. Accordingly, interventions that influence peoples’ control over their finances may enhance their psychological well-being significantly. This study provides new evidence regarding the domain-specific measure of control as a factor that mediates the relationship between the debt of adults and their mental health outcomes.

THE STRESS PROCESS AND QUALITY OF LIFE OF DISABLED ELDERLY IN TAIWAN
S. Chao, P. Lu. 1. Tzu Chi University, Hualien City, Taiwan; 2. National Chengchi University, Taipei City, Taiwan

Background: Being dependent has been regarded as one of the most stressful life events in later life. The functional disabilities that occur among many older individuals not only diminish their independence but also largely change their existing life styles, social roles and social relationships. However, some people maintain their quality of life, despite disabilities and irreversible functional losses in old age. Methods: The study examined the usefulness of the revised Pearlin et al.’s “Stress Process Model” in understanding the lives of aging persons with disabilities in Taiwan. Data from the Taiwanese 2003 Survey of Health and Living Status of the Elderly (SHLSE) was utilized. Hierarchical regression analysis was applied to capture the interrelations among the six domains proposed to describe the stress process in disability. Findings: 1,154 out of 2,751 participants in the 2003 survey had at least one IADL difficulty. Analyses mapped associations among primary stressors (cognitive functioning, IADL difficulty and self-reported health status), secondary stressors (changes in family relationship and social participation), secondary intrapsychic strains (self-esteem and attitude toward old age), moderating factors (social support) and quality of life outcomes. 3.Elderly quality of life was best predicted by the degree of disability, self-reported health status and elder-caregiver relationships. Conclusions and Implications: The findings from the current investigation support rediseign of social policy and interventions guided by the identified differential factors associated with the quality of life of this vulnerable population.

IMPACT EVALUATION OF THE NON-CONTRIBUTORY SOCIAL PENSION PROGRAM 70 Y MÁS ON DEPRESSIVE SYMPTOMS
M. Tellez-Rojo Solis, A. Salinas, B. Manrique-Espinoza, G. Angeles-Tagliaferro, National Institute of Public Health, Cuernavaca, Morelos, Mexico

Objective: To estimate the impact of the Non-contributory Social Pension Program 70 y más on depressive symptoms. Methods: We applied a discontinuity regression design based on the 2 eligibility criteria used by the program (age and population size). The intervention (70-74 yr) and a 1st control group (65-69 yr) were selected from localities with ~2500 inhabitants. The 2nd and 3rd control groups were selected from localities with 2,501-7,000 inhabitants (70-74 and 65-69 yr, respectively); the later will allow us to estimate potential anticipation effects. A baseline survey was conducted in late 2007 interviewed 5465 elderly in 516 localities in seven states of Mexico. The follow-up survey was conducted in late 2008 and interviewed 96% of the individuals from the baseline. Surveys collected data on individual, household and locality characteristics. Depressive symptoms (DS) were measured using Geriatric Depression Scale. A dif-in-dif model was used for the estimation. Results: The program reduces the prevalences of DS and severe DS in the beneficiary group (between 6 or 7 percentage points) and there is a differential impact by sex, larger in women. Conclusion: According to the Madrid International Action Plan on Aging, non-contributory pensions can help to fulfill the commitment of reducing in half the number of poor elderly by 2015, as well as contributing to their empowerment. Our results show that the effect of a non-contributory pension program may go beyond the economic sphere, impacting other health indicators, specifically mental health indicators.
SENSE OF COMMUNITY AND DEPRESSIVE SYMPTOMS AMONG OLDER EARTHQUAKE SURVIVORS IN SICHUAN CHINA

Y. Li, School of Social Work, San Diego, California

Purpose: To evaluate the impact of earthquake on depressive symptoms among older survivors and to examine how sense of community might buffer the impact of earthquake. Method: A mixed method approach was used. At the first stage, a household survey using standardized questionnaires was conducted among 299 older earthquake survivors three months after the 2008 Sichuan earthquake in China. Demographic information, distress associated with the earthquake, social psychological resources and depressive symptoms were assessed. Following the survey, a qualitative study using focus groups was conducted to explore older survivors’ perceptions on the sense of community and identify strategies which helped cultivate their sense of community. Results: Quantitative analyses show that the earthquake associated distress had a direct effect on depression and such effect remained significant controlling for coping, informal support, and sense of community. The effect of earthquake associated distress on depressive symptoms is contingent upon the level of sense community. Qualitative analyses reveal that strong government support, new perspectives on meaning of life, mutual support and volunteering experience during and after the earthquake helped older earthquake survivors develop a sense of community in their neighborhoods. Conclusion: The findings highlighted the role of individuals’ sense of community as a protective factor against depression among older earthquake survivors. Providing a place for older survivors is far from sufficient to meet their psychosocial needs. Attempts to build trust and form a sense of community among elder survivors would help reduce their distress and facilitate a smooth recovery.

THE EFFECTS OF RELIGIOSITY ON THE ONSET AND RECOVERY FROM DEPRESSION IN OLDER ADULTS

C.R. Oala, Gerontology, University of Massachusetts Boston, Boston, Massachusetts

Nearly 20% of older adults suffer from depression in the U.S. Extant studies suggest that religious activity serves as a protective factor against depression in this population. However, most research has analyzed cross-sectional data for samples that are unrepresentative of the elderly population generally. This study examines the relationship between religious activity and both the onset of and recovery from depression with the 2006 and 2008 waves of the Health and Retirement Study (HRS), a nationally representative sample of older adults in the U.S. Onset of depression in 2008 is modeled for respondents (n=5,740) without depression in 2006. Recovery from depression by 2008 is modeled for respondents (n=1,992) with depression in 2006. Depression is measured using the CES-D depression scale. Religiosity is assessed using multiple measures of religious service attendance, prayer, and other activities contained in the general HRS as well as the Leave-Behind Questionnaire. Gender, race, and age differences in the relationship between religiosity and depression onset were explored as well. Multivariate analyses suggest inverse and positive relationships between religious involvement and depression onset and recovery from depression, respectively. Findings highlight the potential role that elder involvement in religious and other activities might play as buffers against depression. They suggest that places of worship should be considered as safe pathways through which to deliver mental health services, particularly among women, African Americans, and other population subgroups with strong ties to their faith communities.

THE RELATIONSHIP BETWEEN LONELINESS AND THOUGHTS OF DEATH IN THE SECOND HALF OF LIFE

L. Ayalon1, S. Shiovitz-Ezra1, 2. Bar Ilan University, Ramat Gan, Israel, 2. Hebrew University, Jerusalem, Israel

OBJECTIVES: To evaluate the relationship between loneliness and thoughts of death in the general population of Europeans over the age of 50. DESIGN: Thoughts of death were evaluated in wave 1 and 2 of the Survey of Health Ageing and Retirement in Europe, using the question, “in the past month, have you felt that you would rather be dead?” Predictors were gathered in wave 1. Analysis was stratified into three age groups (50-65, 66-75, >75). RESULTS: Both thoughts of death (15.6%) and loneliness (M(SE)=1.68(0.03)) were the highest in those over the age of 75, relative to the other two age groups (age 50-65: 4.6%, M(SE)=1.43(0.11); age 66-75: 7.3%, M(SE)=1.50(0.02), respectively). Loneliness remained a significant risk for thoughts of death, net of the effect of demographic, health, mental health, and various social indicators in those 50 to 65 (OR=1.47, 95%CI: 1.10-1.97) and 65 to 75 (OR=1.74, 95%CI: 1.28-2.38), but not in those over the age of 75 (OR=1.12, 95%CI: 0.84-1.47). None of the objective social indicators were associated with thoughts of death in any of the age groups. CONCLUSIONS: The present study emphasizes the differential role of loneliness across the lifespan. Any intervention to alleviate thoughts of death in the general population will benefit from addressing the subjective sense of loneliness more than objective indicators of social interaction.

WHEN CHILDREN GO FIRST: HOW MANY OLDER SWEDES LOSE AN ADULT CHILD?


Family networks of older Swedes have become tighter: older people increasingly have partners, siblings, children and other offspring, and even parents. Maybe these findings – although many people presume the opposite tendency – have numbed us for the potential loss of close relatives. We use demographic sources to describe how common it is to lose an adult child and how this has shifted over time. Losing a small child was common until recently, with on average 18 % of mothers in 1935 having lost at least one small child. (Longer marriages and unions with many children had much higher risks.) For Swedish women born in 1940 or later the risk of losing a child 0-4 years old the risk was less than 1 %; for any child under 20 years of age the risk was ca. 1.5 %. Among women born in 1940 3.4 % have so far lost an adult (20+) child. Probing loss of adult children with survey data is problematic. Estimates of this loss for today’s older Swedes vary from 5 % for 50-74 year olds, to 16 % of the 80+. Historical population data since 1749 suggests a decreasing risk of death of adult children, but the risk is still sizeable. Possibly as many as 4 out of 10 of today’s older persons will lose one or more of their adult children before they die themselves.

THE EFFECT OF ASSET OWNERSHIP ON THE WELL-BEING OF OLDER AMERICANS: AN EVALUATION OF THE RELATIONSHIPS BETWEEN FINANCIAL WEALTH AND CES-D SCORES AMONG AMERICANS AGE 65 AND OLDER

L.E. Bercaw, Brandeis University, Waltham, Massachusetts

As the American population ages, many senior citizens are seeking environments to “age-in-place,” meaning that they remain in their own homes as they grow older rather than relocating to institutional or facility settings. In addition, aging in place can maintain seniors’ happiness and sense of well-being while preserving the financial wealth and assets that might be spent otherwise on residential facility care. Accordingly, this researcher hypothesized that older Americans who are aging-in-place, as defined by having financial wealth and owning homes, would experience lower levels of depression than those seniors who have not remained in their own homes to age. Using 2008 data from the Health and Retirement Study, “in the past month, have you felt that you would rather be dead?” Predictors were gathered in wave 1. Analysis was stratified into three age groups (50-65, 66-75, >75). RESULTS: Both thoughts of death (15.6%) and loneliness (M(SE)=1.68(0.03)) were the highest in those over the age of 75, relative to the other two age groups (age 50-65: 4.6%, M(SE)=1.43(0.11); age 66-75: 7.3%, M(SE)=1.50(0.02), respectively). Loneliness remained a significant risk for thoughts of death, net of the effect of demographic, health, mental health, and various social indicators in those 50 to 65 (OR=1.47, 95%CI: 1.10-1.97) and 65 to 75 (OR=1.74, 95%CI: 1.28-2.38), but not in those over the age of 75 (OR=1.12, 95%CI: 0.84-1.47). None of the objective social indicators were associated with thoughts of death in any of the age groups. CONCLUSIONS: The present study emphasizes the differential role of loneliness across the lifespan. Any intervention to alleviate thoughts of death in the general population will benefit from addressing the subjective sense of loneliness more than objective indicators of social interaction.
and Retirement Study (HRS) national database, this researcher examined relationships between residence type (homeownership, facility residence, or other), financial wealth, and Center for Epidemiologic Studies Depression Scale (CES-D) among older Americans (age 50+), comparing findings across social strata (marital status and race) to explore significant differences. Preliminary results show a significant negative relationship between assets and CES-D scores, where greater financial assets and home dwelling yield lower levels of depression among seniors. This finding is also true for the oldest cohort of residents (age 85+), married/partnered respondents, and respondents of White and Hispanic descent.

OVERCOMING BARRIERS TO CARE: SERVING OLDER ADULTS WITH SUBSTANCE USE DISORDERS
C.I. Jensen, The Center for Excellence in Aging and Geriatric Health, Williamsburg, Virginia

Substance abuse by older adults is a complex and often hidden problem in our society. Some of the substance misuse or abuse is better conceptualized as hazardous use that is unintentional and is impacted by other mental health conditions, such as depression or dementia, and the use of numerous prescription medications. Through an evidence-based framework, an extensive literature review and primary data collection, this project identified: 1) the types of substances older adults are abusing; 2) the causes for the abuse; and 3) how the abuse is linked to dementia and other mental health issues. In addition, barriers to screening and treatment were uncovered. Focus groups with inpatient and outpatient treatment teams (n = 21), surveys of direct care workers (n = 47), and a review of inpatient medical records (n = 25) was completed. The Virginia project team worked closely with representatives of the Florida BRITE (Brief Intervention and Treatment of Elders) Project. The information gleaned from these data sources has informed the future direction of work in this area, specifically in training area healthcare providers in Screening, Brief Intervention, and Referral to Treatment (SBIRT). It was determined that screening of substance use and other geriatric syndromes (e.g., depression, dementia) is not widely done. Screening and referral to treatment is an area in which improvements can be made in order to enhance quality of life of older adults with substance use disorders and those most at risk.

AN ANALYSIS OF NEEDS/RESOURCES ASSESSMENT FINDINGS ON MENTAL HEALTH ISSUES AND PROVIDER ACCESS AMONG RURAL OLDER ADULTS
D.C. Wihry1, L.W. Kaye1. M. Callaway2, J. Critten1, 1. UMaine Center on Aging, Bangor, Maine, 2. Community Care, Bangor, Maine

A qualitative needs and resources assessment combined with secondary data analysis was conducted targeting mental health issues impacting adults age 55 and older in the state of Maine. The study utilized key informant interviews (N=22) with geriatric mental health providers including physicians, social workers, and nurses. Findings underscore that: 1) Rural service providers of mental health services continue to lack the essential expertise required to respond to the special psychological and behavioral health considerations of the older adult population; 2) The lack of available transportation options as well as personal mobility limitations for individuals create significant barriers for older adults with mental health conditions in rural areas from accessing specialized services; 3) There is a pronounced need for more home-based geriatric mental health services; and 4) There are often major differences in the integrity of the continuum of services that are available to geriatric mental health patients in different geographic regions of the state. These findings highlight serious challenges faced by older adults with mental health needs in rural communities and the importance of educating mental health professionals about the needs of this segment of the aging population.

SESSION 255 (POSTER)

OLDER WORKERS & ELDER CARE WORKFORCE

ELDERCARE PREVALENCE AND CORRELATES AMONG MANUFACTURING SECTOR EMPLOYEES
R.H. Fortinsky, A. Kleppinger, Center on Aging, University of Connecticut Health Center, Farmington, Connecticut

Background: Despite increased attention in the business community to challenges of juggling caregiving and work responsibilities, surprisingly little is known about eldercare responsibilities among employees in the manufacturing sector. As part of a larger study (R01OH008929, M. Cherniack, PI), we examined the prevalence of eldercare and compared caregivers to non-caregivers according to sociodemographic and health-related characteristics. Methods: In a self-administered questionnaire, employees from 6 manufacturing companies in Connecticut were asked: “How many adults age 65 and older depend on you in any way to help them due to disability or chronic illness?” We compared those responding “0” (non-caregivers) to those responding 1+ (caregivers) by: company; gender; age group (<35, 35-44, 45-54, 55+); race (Black vs others); ethnicity (Hispanic vs others); educational level (high school or less vs college); self-reported health (current and compared to previous year). Results: Sample members (n=778) were: 70.1% male; mean age=48.6 (sd=11.0; range=22-72); 5.7% Black; 7.3% Hispanic. More than one-fifth (21.9%) reported eldercare responsibilities; prevalence ranged from 11.1%–26.3% across companies (p=0.09). Caregiver prevalence did not vary by gender, race, or ethnicity, and no differences were observed in self-reported health between caregivers and non-caregivers. Age group did distinguish caregivers in a linear fashion, ranging from 4.7% of the youngest group to 28.3% of the oldest group (p<0.001). Employees with college education (23.9%) tended to report caregiving more often than employees with less education (18.5%; p=0.09). Conclusions: Manufacturing sector employees with eldercare responsibilities were older and more highly educated than non-caregivers, and caregiving prevalence varied across companies.

THE WORK-ELDERCARE INTERFACE: WORKPLACE FLEXIBILITY AND WELL-BEING AMONG FAMILY CAREGIVERS
M. Brown, 1. Boston College, Chestnut Hill, Massachusetts, 2. Sloan Center on Aging and Work, Brighton, Massachusetts

The ability of society to meet the challenges associated with an aging population—and to do so in a manner that honors and respects older adults—is dependent on ensuring the well-being of caregivers of older adults. Of the estimated 44.5 million people providing unpaid care to an older family member or friend, over 60% are currently working, with the vast majority doing so full-time (National Alliance of Caregiving & AARP, 2009). While caregiving can be a rewarding and positive experience (Fredriksen-Goldsen & Scharlach, 2001), it can also be a demanding one. In fact, the majority of employed caregivers of older adults report inter-role conflict in managing the demands of work and caregiving roles (Families and Work Institute, 2002). As an increasing number of employees become caregivers, the role of workplace resources in supporting caregivers has attracted the attention of researchers, employers, and policymakers. Workplace flexibility is one type of resource that has attracted particular interest, with research exploring whether flexibility (that is, giving employees some control over when and/or where work gets done) is related to important outcomes for both employees and employers. This investigation develops and tests a mediational model explicating the process through which workplace flexibility impacts caregiver well-being. Using a sample of 211 caregivers from the National Study of the Changing Workforce (2008), results show that work-to-family conflict mediates the relationship between perceived
workplace flexibility and caregiver well-being. However, the mediational model is not supported for caregivers in fair/poor health.

RETIREE RISK IN MA STATE AGENCIES: IMPLICATIONS FOR STRATEGIC PLANNING
A. Tull, 1. University of Massachusetts Boston, Boston, Massachusetts, 2. Commonwealth Corporation, Boston, Massachusetts

Public sector Health and Human Service (HHS) agencies in Massachusetts are characterized by an older workforce (mean age 48.3), which places these organizations at risk for knowledge loss and skill gaps as older workers transition into retirement. Patterns of delaying retirement that are normative in the private sector are less applicable to Massachusetts state employees, who receive defined benefit pensions and retiree health insurance. This paper, based on dissertation work, analyzes the retirement risk within HHS agencies using a Cox regression model to predict retirement, based on the demographic, agency, employment and pension characteristics of 9,157 retirement-eligible employees over a 5.5 year study period. This analysis is supplemented by interviews with agency leaders regarding their perceptions of retirement risk and the actions taken to plan for the retirement transitions of older workers. The results suggest that workers in licensed positions (HR 1.03, p=.000) and protective service positions (HR 1.38, p=.000) were at greater risk for retirement than similar administrative, non-licensed employees. The results also suggest that pension benefit accrual is a significant determinant of retirement behavior, with hazard ratios increasing rapidly once employees reach the 60% benefit accrual level. Interview results provided evidence of the need for workforce planning processes within state agencies, and also described the barriers to planning, which are not well accounted for in theories of organizational response to risk.

WHO ENJOYS GOING TO WORK IN OLD AGE? INDIVIDUAL AND JOB-RELATED CONDITIONS AFFECTING OLDER WORKERS' POSITIVE ATTITUDES TOWARD WORK
E. Choi, I. Nam, School of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania

Purpose: Although working in old age is commonly thought of as a means of filling the lack of retirement income, many older workers, in fact, find prolonged working lives enjoyable. However, there is a lack of knowledge of what contributes to older workers' positive attitudes toward work. Thus, this study aims to examine individual and job-related conditions that influence older workers' positive attitudes toward work. Methods: Using the 2008 Health and Retirement Study (HRS) dataset, this research selected older workers aged 65+ (N=1,117). In addition to demographic variables, this study included two levels of variables: individual (education, financial status, and health) and job levels (working hours, salary, job stress, a level of physical effort to perform the job, and occupation type). Given the dichotomous nature of the dependent variable (whether older workers enjoy going to work or not), the model was analyzed by Probit and PRE (predicted probabilities) analysis. Results: At the p .1 level, the older workers that enjoy going to work in old age are those who are older (β=.076, p=.077), have good health (β=.514, p=.004), work longer hours (β=.024, p=.066), have higher salaries (β=.010, p=.046), and receive less job stress (β=.972, p=.000). More interestingly, it is not significant whether older workers are wealthy or not, whether the job requires physical effort or not, and whether the job is blue- or white-collar. Discussion: Regardless of financial status and job types, older workers appear to be happy with working longer in old age as long as they are healthy enough to work, and the job is not stressful. Also, those who are relatively older and receive higher salaries seem to appreciate more working in old age.

FACTORS PROMOTING WORKFORCE DIVERSITY IN NURSING-CARE AND MEDICAL FACILITIES IN JAPAN
I. Kitamura1, K. Ishi2, 1. Nihon Fukushi University, Chita, Aichi, Japan, 2. Osaka City University, Osaka, Japan

The Japanese government accepted 208 Indonesian certified care-worker/nurse candidates under the Japan-Indonesia EPA program as a measure towards alleviating the labor shortage in nursing-care/medical facilities in 2008. Non-nationals generally cannot work as care-workers/nurses in Japan, but as an exception, Indonesian candidates can work in Japan for 4 years. They need to get a care-worker/nurse certification from the Japanese government within 4 years to continue working in Japan. They are assigned to nursing-care/medical facilities, and the staff of those facilities support them in preparing for the certification exams. It is expected that very few candidates will pass because of their language competencies. The government may change the rules to allow the candidates continue working in Japan without certification. A survey was conducted to identify factors that promote diversification of the workforce, with 460 staff members working in 20 facilities out of 100 cooperating. The results indicate that candidates are diverse, and factors such as language ability, professional knowledge and skills, reliability, sincerity, and desire to get a certification are important. Language ability and professional knowledge and skills are more important in the medical facilities than in nursing facilities. Characteristics of the candidates, such as reliability and sincerity, are the key when Japanese staff support them and accept workforce diversity. In the nursing facilities, workforce diversity tends to be accepted if the candidates have good nature and strong desire to stay and work in Japan. In the medical facilities, language ability and professional knowledge and skills are crucial.

THE FUNCTIONING OF GERIATRIC SOCIAL WORKERS IN CHINA: A PILOT STUDY
Y. Sui1, L. Gao1, W. Guo2, Y. Zhang3, 1. Renmin University of China, Beijing, China, 2. Jinan University, Jinan, China, 3. China University of Political Science and Law, Beijing, China, 4. Yunnan Newspapers, Kunming, China

This study explored the content of the newly emerging geriatric social workers’ job, and their perceptions of their work. Subjects were from 8 elderly welfare institutions and 8 urban communities in 9 cities which were selected to implement a national pilot project for developing professional social work forces. Both qualitative and quantitative methods were employed. Totally 16 in-depth interviews were conducted, and 63 standardized questionnaires were administered. It was found that over half of the subjects received no formal social work training. The in-depth interviews showed that most of the subjects had a narrow definition of their work focusing on remedial work, e.g. solving financial difficulties, dealing with family and other interpersonal relationship issues, and help the elders to cope with emotional stress. Results of the quantitative study verified this finding. Only few subjects emphasized on preventative and developmental work in their daily routines, e.g. empowering the elders, advocating for social policy that response to the elders’ needs, and creating a social environment respecting and caring elders. Social functioning was paid less attention compared to physical and psychological functioning when conducted need assessment of the elders. Subjects who got formal professional training showed a more comprehensive understanding of their work, and commitment to a broad definition of their work. This study suggested that professional training was essential for new geriatric social workers to be fully functioning.

HOME CARE AIDES: DIFFERENCES BETWEEN AGENCY AND CONSUMER-DIRECTED EMPLOYEES
C.M. Kelly, P.M. Quinn, J. Deichert, University of Nebraska, Omaha, Nebraska

Home care is the fastest-growing occupation in the direct care workforce and is largely comprised of two types of workers: 1) aides who
work for home care agencies and 2) consumer-directed aides who work for private households. In 2009, there were 172 thousand consumer-directed aides, an increase of more than 50 percent since 2000. However, there is little known about these aides. While home care agencies are increasingly regulated, with many states strengthening training requirements for new employees, consumer-directed aides are largely unregulated and therefore do not appear in government databases (for example, the U.S. Bureau of Labor Statistics). In this study, we compare the characteristics of consumer-directed aides with those who work for home care agencies, using data from the 2009 American Community Survey from the U.S. Census Bureau. Based on our results, we find that aides working for private households receive higher earnings, are less likely to receive food stamps or be in poverty, are less likely to have someone under 18 in their household but are more likely to have someone 65 or older, are more likely to have health insurance, own their home, and receive some type of retirement income. Consumer-directed aides are also more likely to be 55 or older, White, non-Hispanic, and college graduates. This study enhances what is known about a largely hidden workforce. Not only are consumer-directed aides more likely to be related to clients (as has been noted previously), these aides may also have greater capacity to assume increased care responsibilities.

**SESSION 260 (POSTER)**

**PERCEPTIONS OF AGING**

**DECISION-MAKERS’ PERCEPTION AND KNOWLEDGE ABOUT LONG-TERM CARE IN NEPAL: AN EXPLORATORY STUDY**

K. Basnyat, R. Applebaum, J. Brown, S. Kunkel, J. Subedi, *Sociology & Gerontology, Miami University, Oxford, Ohio*

Understanding issues related to long-term care (LTC) is more prominent in western countries than in developing countries. Many developing countries including Nepal are passing through a process of modernization which is replacing traditional social structures and value systems. For example in Nepal, even though long-term care is sometimes provided by a very limited number of government funded old age homes and non-profit organizations, the family remains the sole care-taker for most elderly. Research has demonstrated that the modern ideology of individualism along with the growing number of nuclear families is placing vulnerable populations such as the elderly in a difficult predicament. It is thus safe to argue that if decision-makers of Nepal lack basic knowledge of needs related to aging, disability, and LTC, this will impact all policies concerning these issues. This paper, therefore, explores the perception and knowledge pertaining to aging, disability and LTC among key decision-makers (bureaucrats and politicians) of Nepal. This exploratory study was conducted in Kathmandu and involved face-to-face in-depth interviews with 18 decision makers. The findings reveal that decision-makers have limited knowledge about aging, disability in aging and LTC needs. This paper maintains that the formulation and implementation of any new policies regarding aging and LTC needs could be problematic due to the unstable Nepali political climate.

**WHAT ARE THEY THINKING: SURVEY OF BABY BoomERS OF MINNESOTA**

L.A. Knatterud, *MN Dept of Human Services, St. Paul, Minnesota*

The state of Minnesota has worked for 15 years to prepare for 2011 when the first boomers begin to turn 65 and the age wave begins. As a way to mark the beginning of this age wave, a survey of Minnesota’s boomers was completed in July 2010. The survey content was developed through research and discussions with boomers, our own staff and collaboration with our internal survey research coordinator on the survey design and methodology. The focus of the survey questions was the key transitions that boomers are experiencing: work vs. retirement and civic engagement, decisions on moving or staying in current homes and communities, perceptions of their financial situations now and in the future, staying healthy vs dealing with chronic illness, caregiving and social relationships. Surveys were mailed to a random sampling of residential addresses in July 2010, a total of 10,000+ households in all parts of the state. The sample included individuals born between 1946 and 1964, with a heavier weighting on the leading edge boomer group born 1946 - 1951. Surveys were completed and returned by 3,800 boomers, a very high response rate for a mailed survey. The poster session will provide results of this survey and implications for actions that the state, cities, providers and employers may want to take based on boomer attitudes and perceptions. For example, 51 percent of those who responded have lived in the same community for 20 years and expect to stay there for another 20 or more years. Only 5 percent said they would consider moving to senior only housing. A total of 60 percent of those responding said they provided financial help to family members in the past year. These are just a sampling of the results.

**MASCULINE GENDER SCRIPTS AND AGING STEREOTYPES: A FOCUS GROUP STUDY**

T.L. Peak, J. Gast, *Social Work Program, Utah State University, Logan, Utah*

It is accepted wisdom that men prefer to avoid health care settings and will participate in health prevention activities only if these activities are somehow disguised. Masculine gender scripts may promote this gendered response to health issues. Burns and Mahalik (2007) define masculine gender scripts as ways of acting, feeling, and thinking based on socially prescribed norms of masculinity. Thompson (2008) refers to this notion as masculinity performance and suggests that men may adopt unhealthy behaviors like smoking because that demonstrates masculinity. This is relevant to health education and health prevention because, unlike advertisers who do utilize male stereotypes when marketing for men, few health education and health promotion programs incorporate masculine gender scripts into program needs assessments or planning. This study examines focus group results from the perspective of masculine gender scripts and aging male stereotypes (Levy, 2003). Of particular interest is how masculine gender scripts impact men’s views on aging. Four focus groups were held with a volunteer sample of men for a total of 32 men, all Caucasian, whose ages ranged from 21-68 (Mean = 42.65). Results indicated that 1) men recognize that their bodies change as they age, 2) masculine gender scripts have an impact on their views on aging, 3) men need to and will rethink what masculinity means when faced with the challenges of aging, and 4) men think of aging in terms of capacity for physical activity. Implications for health education and men’s health research will be discussed.

**INFLUENCE OF EXPECTATIONS REGARDING AGING AND EMOTION ON THE PRIORITIZATION OF PATIENT NEEDS**

A. Conlon, *The University of Texas at Austin, League City, Texas*

Previous research has identified the existence of age-based differences in the provision of psychological and emotional care to people diagnosed with cancer. PURPOSE: The purpose of this study was to examine this phenomenon and to test the relationships between practitioners’ expectations regarding aging, their emotions towards the patient’s situation and the prioritization of patient needs. **SUBJECTS:** Participants included 322 social work practitioners who were members of the Association of Oncology Social Work. METHODS: The study utilized a 2x2 vignette design; four identical vignettes were created describing a patient diagnosed with lung cancer differing only by the age (78/38) and gender (Female/Male) of the patient. It was embedded in an on-line survey that included a random assignment of one of the four vignettes followed by questions concerning the situation described in the vignette and the Mental Health and Physical Health subscales of the Expectations Regarding Aging (ERA-12) scale. RESULTS: Analysis of Variance and Univariate measures found significant differences
in the prioritization of psychological/emotional needs (i.e., depression, anxiety and adjustment) and functional needs (i.e. transportation, financial assistance and home care) based on patient age. Path analysis using a structural equation model confirmed the relationships among practitioner’s expectations regarding aging, emotions, and the prioritization of patient needs for older patients (CMIN=9.417; p=.926; CMIN/df=.544; RMSEA=.000; PClose=.989). CONCLUSION: This research highlights age-based differences in the prioritization of patient’s psychological/emotional and functional needs and how these differences are influenced by practitioners’ expectations regarding aging and emotions towards.

SESSION 265 (POSTER)

TRANSPORTATION

EXAMINING AGING PROCESSES THROUGH THE STRESS-COPING FRAMEWORK: APPLICATION TO DRIVING CESSION IN LATER LIFE

M. Choi1, K.B. Adams2, B. Mezuk1. 1. Department of Epidemiology and Community Health, Virginia Commonwealth University, Richmond, Virginia. 2. Case Western Reserve University, Cleveland, Ohio

The aging process is marked by a series of transitions that influence multiple domains of well-being. One important transition for older adults is the process of driving cessation. Numerous studies have examined the predictors and consequences of driving cessation; however these reports have been largely empirical and do not draw from a defined conceptual framework. Establishing a theoretical model of how driving cessation interacts with other processes and domains of aging will promote synthesis of seemingly disparate findings and link the empirical research on cessation to the broader field of gerontology. This presentation provides a conceptual model for articulating and examining the components of the driving cessation process based on the stress-coping paradigm. This model situates driving cessation within the context of primary and secondary stressors, individual vulnerabilities and coping strategies, and environmental hazards and buffers over the lifespan. This model can facilitate interdisciplinary research on aging processes such as driving cessation.

REGIONAL AND ORGANIZATIONAL CHARACTERISTICS OF ALTERNATIVE SENIOR TRANSPORTATION PROVIDERS

M. Nguyen, K. Barton, C. Lee, E. Dugan, University of Massachusetts, Boston, Boston, Massachusetts

When a senior person experiences driving cessation, he or she continues to have transportation needs. Alternative transportation is vital in securing their mobility and independence in old age. Understanding characteristics of alternative senior transportation providers is needed to identify best practices, gaps in current services, and future needs. The objective of this study is to examine organizational and regional characteristics of alternative senior transportation. A total of 655 supplemental transportation programs (STPs) completed the Beverly Foundation’s 2008, 2009, or 2010 STAR survey (n=481 non-profit; n=132 government, and n=21 profit). The purpose of the STAR survey is to demonstrate that STPs for seniors add value to their lives and maintain active and enriching lives. Data were analyzed from the Beverly Foundation 2011 nationwide, electronic survey of community-based transportation programs (n=281). Results indicate that 78% of the organizations surveyed were nonprofit with almost half (46%) serving between 100 to 500 passengers with 27% operating with budgets less than $50,000. Three-quarters of these programs had been in operation longer than 10 years. Most (96%), including programs with both paid and/or volunteer drivers, reported having no crashes in 2010. Eighty-seven percent reported that they had background checks performed on their drivers, with 40% on all drivers, both paid and volunteer; 17% just for paid drivers; and 29% just for volunteer drivers. A high level of assistance was noted with 85% providing door-to-door service; 90% providing door through door service; and 63% reporting stay at the destination service. Areas of difficulty noted in the ability to assist passengers were in transports passengers with wheelchairs, obesity, or cognitive impairments.

SUPPLEMENTAL TRANSPORTATION PROGRAMS FOR SENIORS: SAFE AND HELPFUL OPTIONS

M. Nguyen, E. Bernardi, G. MacKinnon, W.P. Perry, L. Weaver, J. Williams-Mitchell, N.M. Silverstein, Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts

Supplemental transportation programs (STPs) are an important source of senior transportation options for those that have given up driving or have limited mobility. STPs supplement existing transportation services such as public transit and paratransit as well as taxi and livery services. STPs enable older adults to stay connected to their communities and maintain active and enriching lives. Data were analyzed from the Beverly Foundation 2011 nationwide, electronic survey of community-based transportation programs (n=281). Results indicate that 78% of the organizations surveyed were nonprofit with almost half (46%) serving between 100 to 500 passengers with 27% operating with budgets less than $50,000. Three-quarters of these programs had been in operation longer than 10 years. Most (96%), including programs with both paid and/or volunteer drivers, reported having no crashes in 2010. Eighty-seven percent reported that they had background checks performed on their drivers, with 40% on all drivers, both paid and volunteer; 17% just for paid drivers; and 29% just for volunteer drivers. A high level of assistance was noted with 85% providing door-to-door service; 90% providing door through door service; and 63% reporting stay at the destination service. Areas of difficulty noted in the ability to assist passengers were in transporting passengers with wheelchairs, obesity, or cognitive impairments.

IS IT SAFE FOR AGING DRIVERS TO USE THEIR LEFT LEG INSTEAD OF THEIR RIGHT WHILE DRIVING?

R.R. Goodenough1, J.O. Brooks1, M. Crisler1, K.J. Jeray2, S.L. Tanner2, J. Mckee2, 1. Clemson Univ; 2. Greenville Hospital University Medical Center; Greenville, South Carolina

Physicians are commonly asked if patients with a right leg injury can drive using their left leg. This is an important question for the aging population due to joint replacements and lack of transportation alternatives. Older (M=66 years) and younger licensed drivers (M=22 years) drove a driving simulator with a 360° field of view. Three driving scenarios were developed. In the “braking” scenario, participants drove on a straight 2-lane roadway with the cruise control set to 55 MPH following a white SUV; participants tapped on their brake to respond when the SUV’s brake lights illuminated. While there were no differences between the age groups, the mean response time when using the left leg (1.08 seconds) and the right leg (0.97 second) was significantly different. The “target detection” scenario also required the participant to follow the white SUV; however, drivers controlled the speed, and identified and responded to targets in the driving environment. While no “leg” differences were revealed, the younger participants tended to correctly respond to more targets than the older participants. In the “brake control” scenario, drivers followed a white SUV and when the SUV decelerated from 55 MPH to a target speed of either 45 or 35 MPH the participant was required to brake in order to avoid collisions. Drivers using their left leg tended to brake harder (82.5% brake pedal depression) compared to using their right leg (73.9% depression), suggesting a more controlled braking maneuver was used when the right leg was controlling the brake.
DOOR-THROUGH-DOOR MEDICAL ESCORT SERVICE: PARTICIPANT SATISFACTION AND VOLUNTEER OPINION OF EFFECTIVENESS
L.A. Martin1,2, A. Butt1, W. Sit1, A. Athey2, 1. Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts, 2. FriendshipWorks, Inc., Boston, Massachusetts

Environmental barriers encompassing transportation difficulties, hazardous office or hospital access, building navigation and issues with street and sidewalk safety have been recognized by the American health care system as impeding patients’ access to care. This is particularly true for older and disabled adults. This case study evaluates a volunteer-driven door-through-door program whose goal is to remove the environmental barriers keeping older and disabled adults from getting to medical appointments. Research findings consist of 32 volunteer and 78 client surveys (response rates of 74.4% and 66.7% respectively). Presented are results on the role volunteer assistance plays in helping individuals get to and from medical appointments. Overwhelmingly, volunteers report door-through-door assistance is improving the quality of care for elderly and disabled adults. The volunteers report they are providing continued assistance above and beyond their volunteer responsibilities, such as accompanying into the exam room (66%), facilitating doctor/patient communication (59%), advocating on patient’s behalf (53%), picking up medicines (38%) and scheduling follow-up appointments (34%). Findings also suggest door-through-door assistance improves access to care among program participants. Eight-four percent of volunteers and 59 percent of clients state it was unlikely that clients could attend their appointments without door-through-door assistance. Recipients of this service were mostly low-income (74%), living alone (88%), disabled (43%) and isolated (45% have no friend/family living nearby, 18% have one person). The results indicate that this door-through-door program reaches a particularly disadvantaged population and reduces barriers that would otherwise impact access to medical care.

AGING IN PLACE FOR VULNERABLE OLDER ADULTS: THE IMPORTANCE OF ACCESS TO TRANSPORTATION
L.M. Richardson, J. Vaughan, H. Lee, M. Nguyen, K. Barton, C. Lee, E. Dugan, Gerontology, University of Massachusetts Boston, Boston, Massachusetts

Most adults hope to age in place. Yet few have considered the home modifications or possible services needed to achieve this goal. Driving cessation is a transition that may impact the feasibility and safety of aging in place. Barriers to transportation put older adults at a greater risk for nursing home placement and dependency. The objective of this study was to explore preferences and expectations related to aging in place and to understand the role that transportation plays. The sample for this study includes N=414 vulnerable older adults age 75 and over (Ages 75-84 n=331, Ages 85 and older n=83). The sample includes 286 women and 128 men. The data are from the Community Partnerships for Older Adults (CPFOA) Program Survey of Older Adults (2008), an initiative of the Robert Wood Johnson Foundation aimed at promoting improvements in the organization and delivery of long-term care and supportive services for older adults. The study surveyed adults regarding supportive and long-term care services for older adults. Desire to age in place, expectation to age in place, demographic variables (e.g., age, gender, family proximity), health variables, and service variables were all explored. Nearly all (96%) participants expected to stay in their communities and 84% said it was important to remain in their home. Most frequently, transportation was reported as a change needed to make the community more senior friendly. A significant relationship (p<0.05) was found between expectation to live in their communities in the next five years and availability of transportation.

INVESTIGATING GENDER DIFFERENCES IN THE ASSOCIATION BETWEEN HEARING IMPAIRMENT AND DRIVING BEHAVIOR AMONG OLDER ADULTS
K. Barton, C. Lee, M. Nguyen, E. Dugan, University of Massachusetts Boston, Boston, Massachusetts

Senior transportation research has demonstrated that visual, cognitive, and ambulation deficits may lead to driving limitation or cessation in older adults. However, results about other medical conditions are less clear. Hearing impairment affects a significant proportion of this growing population and has the potential to impinge on critical driving skills needed for safe navigation. Additionally, continued (safe) driving can help retain one’s independence, autonomy, and quality of life. We examine whether a common age-related sensory impairment (hearing) might impact driving behavior in a large, nationally representative sample of older adults. The data source utilized in this study is the 2006 wave of the Health and Retirement Study (HRS)—a longitudinal, nationally representative survey conducted biannually. The analytic sample included N=8219 adults age 65 or older (3859 men and 4360 women). Logistic regression analyses revealed that—controlling for selected demographic, health, and social variables—females with excellent hearing were less likely to limit their driving to nearby destinations than those females with very good hearing (OR=.80, p<.05). However, males reporting good, fair, or poor hearing were significantly more likely to report having driven in the past month than males who reported very good hearing (OR=.80, p>.05; OR=2.80, p<.001; and OR=2.25, p<.05, respectively). Thus, males who reported the highest levels of hearing impairment in this sample were more likely to be driving than males who reported less impairment. Further research on male gender roles, driving behavior, and risk of driving with hearing impairment is needed to clarify the implications of these findings.

GOING VIRAL IN ACADEMIC MEDICINE: USING A COMPUTERIZED EDUCATIONAL PROGRAM TO ENSURE ALL PHYSICIANS PROVIDERS CAN ASSESS, COUNSEL AND TREAT OLDER DRIVERS

Medically impaired older drivers have elevated crash histories when compared to age matched controls. Physicians and other health professionals are often faced with questions about chronic and/or acute conditions and fitness to drive, yet may lack the knowledge and/or confidence to respond. A web-based educational course, Medical Fitness to Drive: Is your patient at risk? was piloted tested (residents, physicians and other health care providers) to assess and benchmark change in knowledge through didactic and case studies. This project sought to understand how knowledge gained scores compare across, practice type and level of experience. Participants (N=225) completed pre/post survey questionnaires which assessed their level of knowledge, knowledge gained, and practice improvement implications. Each of the six sites completed self evaluations of the program after the participants completed the training. Mixed method evaluations of data collected over 7 months (August, 2010 through February, 2011) will be presented. Preliminary descriptive statistical data highlight that the participants increased their knowledge and level of confidence about the content after the educational session. Moreover, the participants agreed to strongly agreed (90%) that the course (1 hour) and it’s educational resources were beneficial for practice. When comparing groups (physician/resident/other healthcare) the majority of participants (70%) recognized that the educational session will improve their practice. Lessons learned regarding methods used to engage and complete the
SESSION 270 (SYMPOSIUM)

THE HEALTHY GUT AND AGING
Chair: R. Martin, Pennington Biomedical Research Center, Baton Rouge, Louisiana
Co-Chair: M. Marco, University of California-Davis, Davis, California

In the past, the gastrointestinal system has been relatively understudied for its contribution to overall health. However, we are now starting to realize how integral this system is in terms of age-related disease and well-being throughout life. This session will have talks focused on the role of the gastrointestinal system in aging. Specifically, speakers will address the issues of cellular biology of the aging gut, weight control in aging and the health benefits of pre- and probiotics. Overall, this topic will address the contribution of this physiological system to overall health during aging.

INTRINSIC AGING OF GUT EPITHELIUM
T. Kirkwood, Newcastle University, Newcastle upon Tyne, United Kingdom

The epithelial lining of the mammalian intestine is an excellent model for investigating how intrinsic aging affects the long-term functional homeostasis of a tissue maintained by ongoing division of stem cells. Any age-related deterioration of these cells can have important consequences for gut function in old age. Important alterations were detected in key functional properties of the stem cells within the crypts of the murine small intestine, including the apoptotic response to low dose radiation, regeneration of radiation-damaged crypts, and mechanisms for detecting and responding to DNA damage. In human colon, aging was shown to be associated with accumulation of mitochondrial dysfunction and mtDNA mutations, which were associated with changes in cell proliferative properties and apoptosis. Understanding how damage accumulates in such a highly proliferative tissue requires detailed attention to kinetics and selection at the cellular level.

PREBIOTICS: A REVIEW OF POTENTIAL MECHANISMS FOR IMPROVED HEALTH SPAN
R. Martin1, J. Zhou1, D. Ingram1, M. Keenan1, 1. Louisiana State University, Baton Rouge, Louisiana, 2. Veterans Affairs Medical Center, Washington, District of Columbia

It is well known that diet restriction attenuates the aging progress and increases lifespan. Our lab found dietary prebiotics, in many aspects, mimic many of the short term effects of diet restriction and, therefore, may also increase healthspan. Although the mechanisms remain uncertain, prebiotics have been shown to decrease plasma cholesterol and triglycerides, increase insulin sensitivity, decrease fat storage, and produce anticancer effects in humans. Early results show that the manipulation of gut microbes with prebiotics leads to a cascade of events involving increased fermentation products, butyrate and propionate, improved gut health and gut peptide release and enhanced feeding behavior. As a HDAC inhibitor, butyric acid activates PPARα and PGC-1α in liver tissue to stimulate mitochondrial biogenesis and energy expenditure. Increased production of propionic acid by the microbiota might be considered beneficial. Propionate lowers fatty acid content in liver and plasma, to exert immunosuppressive actions, and to improve tissue insulin sensitivity. Both propionate and butyrate stimulate the expression of gut hormones like Glucagon-like Peptide 1 (GLP-1). It is may be important that prebiotics elevate blood levels of GLP-1 in aging for several reasons. First, GLP-1 can reverse the age-related decline in glucose tolerance by reversing some of the known defects that arise in the beta cell of the pancreas. Second, GLP-1 receptor stimulation has been shown to reduce amyloid-β peptide accumulation in animal models of Alzheimer’s disease. And third, GLP-1 preserves primary cortical and dopaminergic neurons in cellular and rodent models of stroke and Parkinsonism. From these observations it is clear that novel dietary approaches are essential to enhance beneficial bacteria and the cascade of positive events associated with healthy aging.

DINTRY MODIFICATION OF THE INTESTINAL MICROBIOTA TO IMPROVE HEALTH
M. Marco, University of California, Davis, Davis, California

The human gastrointestinal tract is colonized by large amounts of bacterial cells with established roles in food digestion, immune function, and the prevention or development of various disease states. Prebiotics and probiotics offer the opportunity for diet-directed improvements to health by stimulating the growth of beneficial bacteria in the gut, particularly among elderly populations which experience declines in appetite and energy intake. We found that the digestive tracts of aged (2 year-old) mice fed prebiotic type 2 resistant starch, a high amylase corn starch, were enriched with members of the Verrucomicrobia, Actinobacteria, and Bacteriodetes bacterial phyla compared with control mice on an energy balanced diet. The amounts of prebiotic-responsive bacterial genera correlated with physiological parameters including increased food intake, intestinal weight, and gut secreted hormone production. These organisms might serve as targets for dietary intervention studies aimed at improving intestinal homeostasis and longevity of the elderly.

SMALL MOLECULES AND NATURAL PRODUCTS THAT SUPPRESS PROTEIN AGGREGATION AND SLOW AGING
S. Alavez1, P. Rodriguez2, M. Vantipalli1, D. Zucker1-2, I. Klang1-3, G.J. Lithgow1, 1. Buck Institute for Research on Aging, Novato, California, 2. Dominican University of California, San Rafael, California, 3. Karolinska Institute, Huddinge, Sweden

We have undertaken screen of synthetic and natural compounds to find agents for aging interventions. Since aging can be considered a factor in a number of age-related diseases. We hope such screen could yield useful therapeutics. We focused our search on compounds that maintain protein homeostasis. Collapse of protein homeostasis results in protein misfolding cascades and the accumulation of insoluble protein fibrils and aggregates, such as amyloids. A group of small molecules, traditionally used in histopathology to stain amyloid in tissues, bind protein fibrils and slow aggregation in vitro and in cell culture. We proposed that treating animals with such compounds would promote protein homeostasis in vivo and increase longevity. Here we show that exposure of adult Caenorhabditis elegans to the amyloid-binding dye Thioflavin T (ThT) resulted in a profoundly extended lifespan and slowed aging. ThT also suppressed pathological features of mutant metastable proteins and human β-amyloid-associated toxicity. These beneficial effects of ThT depend on the protein homeostasis network. Other agents that extend lifespan also suppress protein homeostasis such as Lithium. We are testing for common mechanisms of action. Our results to date demonstrate that pharmacological maintenance of the protein homeostatic network has a profound impact on ageing rates, prompting the development of novel therapeutic interventions against ageing and age-related diseases.
HEALTH AND CHRONIC DISEASE TRENDS IN LATE LIFE

SOCIOECONOMIC POSITION ACROSS THREE LIFE STAGES AND INCIDENCE OF DEPRESSIVE SYMPTOMS LATER IN LIFE: RESULTS FROM THE SACRAMENTO AREA LATINO STUDY ON AGING

A. Zeki Al Hazzouri, M.N. Haan, S. Galea, K. Vafte, A.E. Aiello, 1. Department of Epidemiology and Biostatistics, School of Medicine, University of California San Francisco, San Francisco, California, 2. Department of Psychiatry, Veterans Affairs, University of California San Francisco, San Francisco, California, 3. Center for Social Epidemiology and Population Health, Department of Epidemiology, School of Public Health, University of Michigan, Ann Arbor, Michigan, 4. Mailman School of Public Health, Columbia University, New York, New York

The socioeconomic gradient with regard to depressive symptoms remains relatively unexplored among older Mexican Americans; majority of the work is cross-sectional and does not address the multiple dimensions of socioeconomic conditions. The purpose of the present analysis was to examine the associations between socioeconomic conditions across three life stages and risk of depressive symptoms among a cohort (N=1,789) of older Mexican Americans followed for up to a decade in the Sacramento Area Latino Study on Aging. Depressive symptoms were assessed at baseline and each of six follow-up visits by the 20-item Center for Epidemiologic Studies-Depression Scale. Indicators of socioeconomic position (SEP) from three life stages were used to derive a six-level categorical measure of trajectories of SEP mobility. In fully-adjusted Generalized Estimating Equations models, the baseline risk of depressive symptoms was 50% lower among participants who maintained high SEP across the life course (RR=0.50; 95%CI=0.34, 0.74; p-value=0.0005) compared to those who maintained low SEP across the life course. Participants with an upward or downward SEP trajectory but who achieved high early adulthood SEP (educational attainment) showed lower risk of depressive symptoms compared to those with low SEP across the life course (RR=0.53; 95%CI=0.28, 1.00; p-value=0.05 and RR=0.63; 95%CI=0.46, 0.86; p-value=0.004, respectively). Educational attainment seems to play a decisive role in one’s life course socioeconomic trajectory. Education may buffer childhood disadvantages and may shape later midlife stages such as aspects of labor force participation which may in turn influence psychological well-being later in life, depressive symptoms in particular.

DEMENTIA AND THE RISK ASSOCIATED WITH MEDICAL CO-MORBIDITIES: RESULTS FROM THE CACHE COUNTY STUDY LINKED TO MEDICARE CLAIMS


Stressful life experiences can have detrimental neuro-physiological effects that may elevate the risk of dementia in late-life. Physical and psychological disorders are likely strong stressors. We examined the role of late-life co-morbid conditions on the incidence of dementia among elderly participants of the Cache County (Utah) Study (CCS). CCS participants were assessed in four triennial waves, with incident dementia identified through in-depth cognitive assessment, ending in expert consensus diagnosis. CCS dementia outcomes were linked to the Utah Population Database (UPDB), a unique, large and extensive population-based data resource, and through the UPDB, to Medicare claims spanning 1992-2002. Cox proportional hazards regression are estimated to study association between medical morbidity and the onset of dementia—either all-cause, Alzheimer’s disease (AD), or vascular dementia (VAD) based on 2,047 linked subjects. Medical conditions derived from the Medicare files included diseases from the Charlson Comorbidity Index (CCI), number of inpatient days, number of Medicare claims, and whether there were claims associated with psychological disorders. Covariates were: age, gender, APOE genotype, education, self-rated health, and parental lifespan. An adjustment was made to correct for competing risks of mortality. An increase of one point in CCI (range 0-6) is associated with a 13% higher hazard rate ratio (HRR) of all-cause dementia (HRR=1.13, p<.05), a result non-significant for AD but larger for VAD (HRR=1.71, p=.01). Subjects whose claims were related to psychological events (mood and anxiety disorders and depression) had an HRR=3.7 (p<.01) for AD. This evidence suggests that comorbid conditions may accelerate the onset of dementia.

GENDER SPECIFIC TEMPORAL RELATIONSHIP BETWEEN OBESITY CLASS AND DEPRESSION IN THE ELDERLY

B. Wild, W. Herzog, H. Brenner, E. Raum, 1. Department of General Internal Medicine and Psychosomatics, University Hospital Heidelberg, Heidelberg, Germany, 2. German Cancer Research Center, Heidelberg, Germany

Objective: The aim of the study was the gender specific analysis of the temporal relationship between obesity class and depression in a large representative sample of elderly German people. Methods: At baseline (2000-2002), 9,953 participants of the ESTHER study completed a comprehensive questionnaire including items regarding weight, height, and depression history. A total of 7,850 participants of the second follow-up five years later (=94.9% of the responders) again completed the items on height and weight, and more than 12 items of the geriatric depression scale (GDS-15). The analysis of the association between obesity class at baseline and depression at follow-up was stratified by gender. Results: Logistic regression analysis - adjusted on age, education, marital status, smoking, multimorbidity, physical activity, self-perceived cognitive impairment, and antidepressive medication - showed that for women with obesity class II (BMI = 35 ± BMI < 40) and III (BMI ≥ 40) at baseline, the odds for being depressive five years later were significantly elevated (class II: 1.67; 95%CI=1.06; 2.64); class III: OR=2.93; 95%CI=1.37; 6.26) compared to women with normal weight. In men, odds ratios for obesity classes II and III were not significantly increased; however, overweight men (BMI=30) had lower chances for being depressive than normal weight men (OR=0.69; 95%CI=0.51;0.92). Conclusion: The longitudinal relationship between obesity and depression in older people appears to be heterogeneous across different BMI classes. Women are more affected by obesity class II and III then men; moreover, in elderly men, overweight appears to be a protective factor for depression.


Sweden has one of the world’s highest proportions of people aged over 80 and the life expectancy at higher ages continues to increase. At the beginning of the 21st century a Swedish study of the oldest old showed increasing health problems between 1992 and 2002. This study looks at data gathered in 2010/2011 to see if health in this very old population has continued to deteriorate. SWEOLD—a nationally representative Swedish interview survey of people aged 77+ including institutionalized and proxy interviewed individuals—used several health indicators, including objective tests of physical and lung function, and showed a significant worsening of health between 1992 and 2002. Both women and men showed worsening health. A new wave of SWEOLD has been conducted during 2010/11. Cross-sectional analysis of the first
75% of the interviews conducted, showed neither an improvement nor a deterioration of self-reported health problems. Reports of e.g. pain in shoulders, back pain, problems climbing the stairs, anxiety and nervousness, have not changed significantly since 2002. Also the proportion reporting poor self-rated health has been stable at a level of 12% over the years 2002, 2004 and 2010. The preliminary conclusion is that the deterioration of health seen between 1992 and 2002 has not continued. Nor are there any signs of improvement. Results will be discussed with a special emphasis on gender differences and methodological issues.

DIABETES IN AN AGING SOCIETY: IS IT UNUNDERREPORTED BY SENIORS?
M.G. Ory, S. Ahn, M.L. Smith, J.B. Dickerson, K. Kim, Texas A&M University System Health Science Center School of Rural Public Health, College Station, Texas

Background: Diabetes is a recognized public health problem with many negative health and health care cost consequences for older adults. Yet, diabetes is often undetected and untreated. The purposes of this study are to assess whether older adults’ reports of being told they are diabetic match their actual glucose values and identify factors associated with underreported diabetes. Methods: Data from the 2007-2008 National Health and Nutrition Examination Survey (NHANES) were analyzed for those over the age of 65, who had fasting glucose levels equal to or greater than 126mg/dl (n=962). Logistic regression was used to identify factors associated with diabetes underreporting. Results: Approximately 70% of study participants with glucose values indicating the presence of diabetes did not report being told by their health care providers that they had diabetes. Underreporting of diabetes was more common among those over age 75 (OR=1.73, p = 0.008), whereas it was less common among those who were Hispanic (OR=0.43, p = 0.005) or African American (OR=0.47, p = 0.004), had more than two chronic conditions (OR=0.04, p < 0.001), or were severely obese (OR=0.29, p = 0.002). Conclusions: It is critically important that older adults with diabetes be aware of their status so they can receive appropriate diabetes management counseling. Knowing the characteristics of seniors who underreport their disease can help tailor recruitment efforts for screening and treatment programs.

SESSION 280 (PAPER)

INTERGENERATIONAL SUPPORT

INTERGENERATIONAL SUPPORT AND THE RECESSION: SHIFTING FAMILY INTERDEPENDENCE ACROSS GENERATIONS
I.A. Connidis, Sociology, University of Western Ontario, London, Ontario, Canada

This paper assesses the recession’s impact on intergenerational relations in families in the United States and Canada. The recession’s impact on employment, savings, and pensions affects intergenerational relations as older parents witness the delayed entry of adult children into secure jobs and experience increased uncertainty about their own economic security should they retire. In turn, adult children witness a poor labor market and the threat to their parents’ financial security of eroding or cancelled pensions. Using available information on education, family transitions such as marriage, employment, retirement, and pensions across generations, I assess the unique impact of the recession on each generation and consequences for intergenerational family relations. Government statistics and media and think-tank reports are used for a critical analysis of intergenerational responses within families to the challenges created by the recession. A model of intergenerational relations incorporates support to and from each generation (adult children and their older parents and grandparents), including financial transfers, living arrangements, and decisions to delay or speed up education, job searches, marriage, childbearing, labor force participation, and retirement. In dealing with a current reality that continues to unfold, I will incorporate additional information as it becomes available between now and November. A life course perspective (especially the concepts of linked lives and life stage), a critical perspective that highlights structured social relations (gender, class, age, race), and the concept of ambivalence inform this analysis of links between social change and family life and between social and personal responsibility in public policy.

GEOGRAPHIC PROXIMITY AND FAMILY CONTEXT: EXPLORING MONETARY AND TIME-BASED TRANSFERS BETWEEN OLDER ADULTS AND THEIR CHILDREN
C.A. Maié, F. Chen, J. University of Maryland, Baltimore County, Baltimore, Maryland. 2. University of Maryland, College Park, College Park, Maryland

Geographic proximity constitutes an opportunity structure that can either facilitate or restrain monetary and time-based transfers between older adults and their children. Family context, such as the parent or child’s financial or practical needs, may intensify the likelihood of transfers. In this study, we utilize newly available public data from the Health and Retirement Study (2004, 2006, 2008) on geographic distances between older adults and their children to explore if and to what extent proximity and family context are associated with monetary transfers from older parents to children, monetary transfers from children to older parents, and older adults’ time-based transfers to children in the form of grandparent caregiving. In addition, we examine if and to what extent family context moderates the relationship between proximity and intergenerational transfers. Finally, we utilize fixed effects models to explore if change in proximity and change in family context predict the likelihood of transfers over time. We find that geographic proximity and family context are significant predictors of both monetary and time-based transfers between older adults and their children. In addition, the presence of greater family need (family context) and increases in family need over time moderate the relationship between proximity and likelihood of transfers. Our findings underscore the importance of examining geographic proximity and family context jointly when studying intergenerational transfers.

LONGITUDINAL ANALYSIS OF OLDER ADULT’S PSYCHOLOGICAL WELL-BEING IN JAPAN: HOW INTERGENERATIONAL FAMILY SUPPORT INFLUENCES OLDER ADULTS’ MORALE
E. Takagi, Y. Saito, 1. Health Science, Towson University, Towson, Maryland, 2. Nihon University, Tokyo, Japan

This study investigated; 1) characteristics of Japanese older adults who are involved in different patterns of support exchange with their children; and 2) potential longitudinal impacts of support exchange on older parent’s psychological well-being. We analyzed four waves of data in the Nihon University Longitudinal Study of Aging (NUJLSOA) between 1999 and 2006 (n=6201). By pooling the transitional data between each wave, we constructed longitudinal dataset that contained 4441 cases of transition that captured a longitudinal trend of psychological well-being measured by the Philadelphia Geriatric Center (PGC) Morale Scale. We categorized support exchange patterns as: only receiving support from adult children, only providing support to adult children, and both receiving and providing support. Different types of assistance were also considered by creating three categories of support: instrumental support, financial support, and emotional support. We observed an increasing incidence of transitions to the status where parents receive support from adult children as they age. Support exchanges were most commonly observed with older mothers and those living with children. Receipt of support from children was also associated with parents’ declining physical health. The ordered logistic regression in this study revealed a significant negative association between exchange of...
support with children and older parents’ psychological well-being, which implies that receiving or providing help with children may contribute to older adult’s declining morale. We discuss the implications of our results in relation to older adults’ individual life transitions and family contexts.

THE INTERGENERATIONAL SOCIAL CONTRACT REVISITED: CROSS-NATIONAL PERSPECTIVES
C.S. Marcum, J. Treas, UCI, Irvine, California

The intergenerational social contract is an implied agreement between society’s providers and dependents. Using data from the International Social Survey Programme’s 2001 Social Network II module, we evaluate individual attitudes towards state spending on children and older adults from thirty largely industrialized and Western countries. A majority of people support the idea that it is the government’s responsibility to provide childcare for everyone who wants it and to provide a decent standard of living for the aged. On average, the largest share of people in each country is supportive of spending on young and old alike. This is a nearly universal orientation among a few populations such as Russians (96%), Spaniards (96%) and Israeli Arabs (97%), but the intergenerational orientation is not embraced by majorities in the liberal welfare regimes of U.S., Australia, and New Zealand, as well as Switzerland. As multinomial logistic regressions show, respondent’s age increases the odds of having an “older adult only” orientation compared to attitudes favorable to government’s support of both age groups; furthermore, older respondents are more disposed to family or market (rather than government) solutions to the support young or old. Respondents having children younger than 18 are less likely to advocate an “older adult only” or “family-market” approach to social welfare. Despite evidence that self-interest motivates some beliefs, our findings point to a social context that is amiable towards the intergenerational social contract — although results indicate a greater potential for generational conflict in liberal welfare regimes such as the United States.

SESSION 285 (SYMPOSIUM)

BROADENING DEMENTIA ASSESSMENT: NON-COGNITIVE TARGETS
Chair: B.T. Mast, Psychological & Brain Sciences, University of Louisville, Louisville, Kentucky
Discussant: R.G. Logsdon, University of Washington, Seattle, Washington

The assessment of Alzheimer’s disease and other dementias focuses primarily on early detection, cognitive decline, and functional implications. Traditionally there has been less attention given to the personal, social and psychological aspects of developing and living with a dementia syndrome. Because these assessment foci have been underdeveloped in the clinical and research literatures it has not been clear (1) what other targets should be assessed, (2) what tools are available, and (3) how they can be used to provide more individualized intervention and care for people experiencing the earlier stages of dementia. This symposium includes four presentations and seeks to broaden the range of targets in dementia assessment by describing new approaches and tools that can be used to better understand the person being assessed. The first presentation (Mast) will provide an overview for the symposium and will outline principles and methods for broadening dementia assessment to integrate non-cognitive targets. The second presentation (Carpenter) will describe the Alzheimer’s Disease Knowledge Scale and how it can be used to assess knowledge and understanding of dementia. The third presentation (Burgener) will describe the evaluation of stigma associated with Alzheimer’s disease and how it impacts the diagnosed person and their family. The final presentation (Whitlatch) will describe methods for assessing the personal preferences of individuals with dementia regarding their care and preferred ways of living with dementia. Each presentation will describe specific tools or methods and the ways they can be integrated into clinical assessment.

EMPHASIZING THE WHOLE PERSON IN DEMENTIA ASSESSMENT
B.T. Mast, Psychological & Brain Sciences, University of Louisville, Louisville, Kentucky

Broadening dementia assessment includes requires a dual focus on the dementia syndrome and on the person experiencing dementia. Although methods to evaluate the various dementia syndromes are well developed, methods to assess the person and her experience have lagged considerably behind. This presentation will describe a whole person approach to dementia assessment that includes a renewed emphasis on the person while maintaining a strong focus on systematic evaluation of dementia and related changes. This framework reconsider specific aspects of the assessment process including the goals and focus of assessment, the way clinicians approach the interview, and the selection of tests and measures to be incorporated. Specific ways in which standard dementia assessment approaches can be modified to provide a greater focus on the whole person will be described along with the scientific and clinical basis for these changes.

CONSIDERATIONS IN MEASURING PERCEIVED STIGMA IN PERSONS WITH EARLY-STAGE DEMENTIA

Recent studies describe the negative effects of stigma on persons with dementia (PwD) including negative self-attributes and accounts of experienced stigma. A longitudinal study is examining the ‘natural history’ of perceived stigma in early dementia stages using the 24-item Stigma Impact Scale (SIS) adapted for PwD. From a sample of 50 PwD (mean MMSE = 21.6), 7 items have item-to-total scale score correlations of >.60, supporting the relevance of experienced loneliness, feeling set apart from others, self-blame, and embarrassment to perceived stigma. Total SIS scores (mean = 40.8) for PwD exceed those for other debilitating illnesses. Qualitative interviews reveal that PwD often underestimate SIS ratings, as responses include stigmatizing experiences not reflected in quantitative ratings. Relationships among SIS scores and quality of life (QoL) outcomes underscore the relevance of perceived stigma. These outcomes point to the need to measure perceived stigma when assessing QoL in PwD, including multiple data sources.
ASSESSING THE PERSONAL CARE VALUES AND PREFERENCES OF INDIVIDUALS WITH DEMENTIA
C.J. Whitatch, Benjamin Rose Institute on Aging, Cleveland, Ohio

Individuals with dementia and their family caregivers face a variety of challenges and stressors as they manage and adapt to changes in the individual’s memory, personality, and functioning. These challenges and stressors can be exacerbated if care partners (i.e., individuals with dementia and their family caregivers) do not understand each other’s views about care values and preferences for care tasks. This presentation describes methods for assessing the personal care values and preferences of individuals with dementia and their caregiver’s perception of these preferences. Assessing the perceptions of both care partners provides important information for developing a care plan that respects each person’s perspectives and preferences. Discussion points will include evidence that: 1) individuals with dementia are able to answer assessment questions with a high degree of reliability and accuracy, and 2) family caregivers often underestimate the importance of the care values and preferences of their relatives with dementia.

SESSION 290 (SYMPOSIUM)

CAREGIVING AND SOCIAL SUPPORT IN LESBIAN, GAY, BISEXUAL AND TRANSGENDER POPULATIONS: FINDINGS FROM NATIONAL AND INTERNATIONAL SURVEYS

Chair: B. de Vries, San Francisco State University, San Francisco, California, The Fenway Institute, Boston, Massachusetts

Discussant: J. Bradford, The Fenway Institute, Boston, Massachusetts

Lesbian, Gay, Bisexual and Transgender (LGBT) older adults have been largely invisible in gerontological research; most of the few available studies have been modest and local in scope. The four studies represented here usher in a new wave of research focusing on LGBT caregiving and social support, using large, national and international samples.

Friedriksen-Goldsen and colleagues present on their national health study of 2,560 LGBT adults ages 60 and older and the protective nature of social support as it relates to physical and mental health outcomes. de Vries and colleagues present on the MetLife national study of 1,201 LGBT persons, ages 45 and 64, and a comparatively aged sample of 1,206 from the general population; analyses reveal higher levels of caregiving involvement among LGBT boomers highlighting the role of friends and “chosen families.” Witten reports on a sample of 1,056 transgender-identified persons from 18 countries finding that elder transgender persons have greater needs, fewer resources and seek support within their communities to a higher degree. The extent to which traditional aging agencies are ready to serve and cognizant of the needs of LGBT persons is the focus of the presentation by Moone and colleagues; they find readiness to serve paired with lack of knowledge of LGBT populations. Together, as Bradford notes, these studies highlight the social spheres, needs and resources of LGBT older adults; they illuminate the study of disenfranchised populations offering new ways to conceptualize, understand, and study caregiving and social support.

CAREGIVING AND SOCIAL SUPPORT AMONG LGBT BOOMERS: A FOCUS ON FRIENDSHIP


Poised between prominent social and demographic waves, the LGBT baby boomer population has recently captured scientific and popular attention, focusing on their preparation for later life, including plans for and experiences with caregiving. Using the MetLife nationally representative sample of 1,201 LGBT persons ages 45 to 64 and a comparatively aged sample of 1,206 from the general population, this study found that LGBT persons were more likely to have provided care in the previous six months than were those from the general population (21 vs. 17%). Friends were more likely to be the recipients of care from LGBT persons; similarly, LGBT persons were more likely to turn to their friends for support than were respondents from the general population. Concomitantly, almost two-thirds of LGBT boomers reported a “family of choice.” These data highlight the understudied but valuable role of friends in the lives of LGBT persons—and perhaps more generally.

SESSION 290 (SYMPOSIUM)

READYNESS OF THE AGING NETWORK TO SERVE LESBIAN, GAY, BISEXUAL AND TRANSGENDER COMMUNITIES

R. Moone, K. Knochel, C. Croghan, J.K. Quam, School of Social Work, University of Minnesota, Apple Valley, Minnesota

Since the inception of the National Family Caregiver Support Program in 2000 over 1.5 million contacts are made with caregivers annually through the national Aging Network. These providers support a crucial system linking caregivers to information, counseling, training, and respite care. Research shows that lesbian, gay, bisexual and transgender (LGBT) older adults have significantly different family and caregiving systems than their heterosexual and cisgender peers. This study provides the first snapshot of the Aging Network’s experience with and readiness to serve LGBT older adults; 50% (n=320) of eligible agencies completed the study. More than one-third had offered or funded some type of LGBT aging training to staff; four out of five were willing to offer training. Agencies that had funded or offered training were also two to three times more likely to have received requests to assist LGBT older adults. Implications for caregiver service development are included.

CAREGIVING AND END OF LIFE RESULTS FROM THE INTERNATIONAL TRANS-METLIFE SURVEY ON END OF LIFE PREPARATION

T.M. Witten, Center for the Study of Biological Complexity, Virginia Commonwealth University, Richmond, Virginia

The MetLife GLBT Survey attempted to understand later life preparations of the GLBT community. However the Phase 1 response to the MetLife instrument had negligible trans-identified responses. The Phase 2 transgender-identified response was significantly larger but still remained small. In addition, the questionnaire itself was designed to capture an overall GLBT picture and therefore lacked the needed focus to address many of the unique population challenges of the transgender population. The Trans-MetLife Survey is a trans-focused version of the Phase 2 MetLife Survey instrument. As of this abstract submission n = 1,068 respondents, from 18 countries and across the ages of 18 to over 80, have responded to the online mixed methods survey. In this presentation we will give a brief demographic overview of the survey and then focus on the respondents challenges around healthcare and end of life issues. Quantitative results will be illustrated along with some of the qualitative responses.

WHY OLDER LESBIANS LIVING ALONE OFTEN FARE BETTER THAN OTHER OLDER WOMEN LIVING ALONE?

E. Portacolone, UCSF, Berkeley, California

Remaining at home later in life is often lauded as a sign of freedom and independence, and therefore an important achievement. However, this study is driven by the concern that living alone in societies that reward independent behaviors may create significant strains in women missing informal and often intangible assistance from cohabitants. It is critical to study sexual minorities living alone in older age considering several factors that distinguish them from the heterosexual counterpart. Sexual minorities are more likely to be disconnected from their family of origin, to be poor, to access less legal benefits, to avoid health care providers, and to lack the support of adult children. They are also more likely to be in worst health and to have suffered stigma and abuse.
because of their sexual orientation. More than one year of ethnographic fieldwork among 21 San Franciscans over 75 living alone led to the contention that lesbian informants tend to report less concerns than other women. Some older lesbians created mechanisms of support that effectively allows them to navigate the system and lead a fulfilling life. Their example can be source of inspiration for best practices in long-term care of older adults living alone.

LIVING ARRANGEMENT AND RELATIONSHIP STATUS AS PREDICTORS OF HEALTH AMONG OLDER LGBT ADULTS: THE IMPACT OF SOCIAL SUPPORT
K. I. Fredriksen-Goldsen, H. Kim, C. Hoy-Ellis, University of Washington, Seattle, Washington

The health and well-being of lesbian, gay, bisexual and transgender (LGBT) older adults have not been adequately addressed in aging research. This presentation highlights findings from the first national research project addressing the health of LGBT older adults. Based on a survey of 2,560 respondents, we investigate the influence of living arrangement and relationship status on quality of life and depression, and impact of social support on these relationships. The results indicate that social support fully mediates the relationship between living arrangement and quality of life and moderates the relationship between living arrangement and depression. For LGBT older adults with higher social support, living arrangement does not influence depression. While both relationship status and social support independently predict quality of life, social support fully mediates the association of relationship status with depression. Future intervention efforts need to address the important impact of social support on health among LGBT older adults.

SESSION 295 (SYMPOSIUM)

FEAR OF FALLING IN DIFFERENT POPULATIONS: IDENTIFICATION, DETERMINANTS, AND CONSEQUENCES
Chair: G. Zijlstra, Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands
Co-Chair: G. I. Kempen, Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands
Discussant: E. W. Peterson, University of Illinois, Department of Occupational Therapy, Chicago, Illinois

Prevalence rates for fear of falling among community-dwelling older people range from 20 to over 60% and increase with age, frailty, and number of falls. In view of the increase in life expectancy and the commonness of (co)morbidity in older people, it is highly likely that fear of falling will be even more prevalent in the near future. This merits the development and implementation of (cost) effective programs to manage fear of falling. These programs obviously need to correspond to people’s physical and cognitive abilities and thus different programs may be needed for different populations, e.g. in community or geriatric rehabilitation settings. During this symposium five researchers from the US, Germany and Switzerland present new data on the identification of fear of falling, and the determinants and consequences of fear of falling in different populations. The presentations will focus on: 1) identifying and addressing fear of falling in hip fracture patients of a geriatric rehabilitation setting, 2) the influence of cognitive status or frailty on reporting fear of falling in patients with dementia, 3) determinants of balance confidence among older priests, 4) the relationship between fall concerns and gait performance in well-functioning older persons, and 5) the associations between falls efficacy and rehabilitation outcomes in older patients. Our discussant from the US will reflect on the presentations and will facilitate a discussion on-site.

IDENTIFYING AND ADDRESSING FOF IN GERIATRIC REHABILITATION – RESULTS OF A PILOT STUDY WITH HIP FRACTURE PATIENTS
K. Pfeiffer1, C. Becker2, K. Stranzinger1, K. Stoever1, M. Kuepper1, D. Klein1, M. Jamour1, M. Hautzinger1, J. Robert-Bosch-Krankenhaus, Stuttgart, Germany, 2. University of Tuebingen, Tuebingen, Germany, 3. Geriatric Rehabilitation Clinic, Echingen, Germany

Hip fractures are one of the most serious consequences of a fall and a high risk for becoming community immobile and functionally dependent. There is some evidence that FOF, self-efficacy and perceived control are important psychological variables in the recovery from hip fracture. In contrast to interventions for community-residing older people there is little knowledge about sensitive screenings and cognitive behavioural interventions targeting such psychological variables during inpatient rehabilitation. The following three screening approaches to identify patients with FOF are discussed in terms of feasibility and validity: (a) Short FES-I (Kempen et al. 2007), (b) extended Short FES-I including less demanding activities (e.g. transfer situations) presented with icon cards, (c) 3-item screener with questions referring to the injurious fall, current concerns about falls, and worries regarding future falls. The iterative development of the tools and data collection was done within a pilot study of a multifactorial intervention including CBT components.

EFFECT OF COGNITIVE, PSYCHOLOGICAL, AND MOTOR STATUS ON REPORTS ON CONCERNS ABOUT FALLING IN PATIENTS WITH DEMENTIA
K. Hauer, M. Schwenk, T. Zieschang, P. Oster, Bethanien Hospital/ Geriatric Centre at the University of Heidelberg, Heidelberg, Germany

Objective: to determine whether motor, psychological, somatic, and cognitive status predict fall-related self-efficacy in patients with dementia. Methods: Data collected by valid, established measures in diagnostically confirmed mild to moderate stage dementia (n=130) were used as independent variables in linear regression analysis to predict fall related self-efficacy (Falls Efficacy Scale International: FESI). Results: In a step-wise, backward regression model: age (standardised coefficient beta (β) =0.165; p=0.025), ADL (Barthel) (β = -0.176; p=0.024); QUOL (SF-12) (β = -0.175; p=0.024), motor function (Timed-up-and-go) (β = -0.289; p=0.021); (stair climbing) (β = -0.348; p=0.006); vertigo (β = -0.259; p<0.001) and depression (GDS) (β = -0.400; p=0.0001) were identified as significant predictors for fall-related self-efficacy. (Corrected R2 for the total model: 0.467). Those specific cognitive tests, which were significant predictors within parameters of cognitive status alone (verbal fluency, word recognition, trail making test) were no longer predictive in the comprehensive model including high impact parameters of motor, somatic and psychological status.

FEAR OF FALLING AMONG OLDER MEN: THE PRIEST STUDY
D. Klima1, R. Newton2, A. Davey2, E. Keshner2, 1. University of Maryland Eastern Shore, Baltimore, Maryland, 2. Temple University, Pennsylvania

OBJECTIVES: To compare balance confidence in two age cohorts of older adult clergy and identify correlates and predictive determinants of balance confidence in a liturgical research initiative. PARTICIPANTS: 131 community-dwelling Roman Catholic priests aged 60-97 years. METHODS: Subjects completed a demographic profile, the Physical Activity Scale for the Elderly (PASE), the Berg Balance Scale (BBS), and Timed Up and Go (TUG) Test. Psychosocial assessments included the Activities-specific Balance Confidence Scale (ABC) and 15-item Geriatric Depression Scale (GDS). RESULTS: Fear of falling (FOF) was present in thirty-nine (30%) individuals and 46 (35%) had fallen in the prior year. Subjects demonstrated a mean test value of 83.0+/−14.4 pts. on the ABC tool. Younger priests (60—74 years) demonstrated a significantly higher ABC score than the older cohort (75 and above.
SESSION 300 (SYMPOSIUM)

LIFE COURSE DETERMINANTS OF PHYSICAL, COGNITIVE, AND EMOTIONAL FUNCTIONING: THE HALCYON AND IALSA COLLABORATION

Chair: S.M. Hofer, Psychology, University of Victoria, Victoria, British Columbia, Canada
Co-Chair: D. Kuh, MRC Centre for Lifelong Health and Aging, London, United Kingdom
Discussant: L. Ferrucci, National Institute on Aging, Baltimore, Maryland

Birth cohort and longitudinal aging studies provide an important basis for understanding lifelong determinants, processes, and consequences of aging. Many of these studies are working together through the Healthy Aging across the Life Course (HALCyon; NDA) and the Integrative Analysis of Longitudinal Studies of Aging (IALSa; AG026453) research networks on inter-cohort and transnational comparative projects to build up robust evidence from multiple sources. The HALCyon network is comprised of nine UK cohort studies and the international IALSa network is comprised of over 30 longitudinal studies of aging for the coordinated analysis and synthesis of longitudinal research. In this symposium, we highlight several of the latest findings on life course influences and consequences of physical, cognitive and emotional functioning, their interdependency and change with age, involving European and North American contributors and multiple longitudinal studies. Hardy highlights the value of both inter-cohort comparison and in depth analysis of cohort studies for understanding early life determinants of physical capability (the capacity to undertake the physical tasks of daily living). Cooper examines the impact of physical capability on well-being across five UK cohorts. Clouston examines the causal role of education, in the context of childhood cognition and SES, on cognitive functioning. Sparks examines the impact of morbidity and comorbidity on changes in cognitive functioning. Ben-Shlomo discusses findings on life course exposure and associations between stress, the HPA axis, and aging-related traits.

LIFE COURSE DETERMINANTS OF PHYSICAL CAPABILITY

R. Hardy1, R. Cooper1, A. Aihie Sayer2, D. Kuh1. 1. MRC Unit for Lifelong Health and Ageing, London, United Kingdom, 2. MRC Life Course Epidemiology Unit, Southampton, United Kingdom

Systematic reviews and meta-analyses from the HALCyon study team have shown that simple objective measures of physical capability (grip strength, walking speed, balance and chair rising performance) are related to subsequent health and mortality. It is therefore of clinical relevance to understand the lifetime determinants of these measures. We present findings from systematic reviews of the literature, cross-cohort analysis in the HALCyon collaboration and in depth work in the MRC National Survey of Health and Development (NSHD) to illustrate how lifetime socioeconomic position (SEP), body size and cognitive function are related to physical capability in later life. For example, we found by carrying out a systematic review that there was a small effect of childhood SEP on physical capability after adjustment for adult SEP. We build on this work using new data from NSHD and eight other HALCyon cohorts to further investigate the pathways across life which influence physical capability.

PHYSICAL CAPABILITY AND SUBSEQUENT WELL-BEING: FINDINGS FROM FIVE BRITISH COHORTS

R. Cooper3, C.R. Gale3, R. Hardy3, D. Kuh1. 1. MRC Unit for Lifelong Health and Ageing, London, United Kingdom, 2. MRC Life Course Epidemiology Unit, Southampton, United Kingdom

Low or declining physical capability, as indicated by objective measures of physical performance and self-reported functional limitations may influence wellbeing among older populations. Using data from five

LAUSANNE COHORT 65+ STUDY: FEAR OF FALLING AND GAIT PERFORMANCE IN WELL-FUNCTIONING OLDER PERSONS

S. Rochat1, C.J. Bula1, E. Martin1, L. Seematter-Bagnoud1,2, A. Karmaniola2, K. Aminian3, C. Piot-Ziegler4, B. Santos-Eggimann4, 1. University of Lausanne Medical Center, Lausanne, Switzerland, 2. Institute of Social and Preventive Medicine, University of Lausanne, Lausanne, Switzerland, 3. LMAM, Ecole Polytechnique Federale de Lausanne, Lausanne, Switzerland, 4. Institute of Psychology, University of Lausanne, Lausanne, Switzerland

Objective: To investigate the association between fear of falling and gait performance in well-functioning older persons. Methods: Fear of falling and its severity was assessed in 860 community-dwelling subjects (65-70 years) by two questions about fear and related activity restriction. Gait performance, including gait variability, was measured using body-fixed sensors. Results: Overall, 29.6% of the subjects reported fear of falling, with 5.2% reporting activity restriction. Fear of falling was associated with reduced gait performance and increased gait variability, independent of gender, comorbidity, functional status, falls, and depression. A gradient in gait performance was observed from participants without fear, to those reporting fear without restriction and those reporting fear and activity restriction. Conclusions: In well-functioning older people, those reporting fear of falling with activity restriction had reduced gait performance and increased gait variability. These relationships suggest that interventions targeting fear of falling might potentially prevent adverse consequences on mobility and function.

FALLS-EFFICACY PREDICTS GAIT AND FUNCTIONAL PERFORMANCE AFTER REHABILITATION IN OLDER PERSONS

C. Bula1, S. Rochat1, E. Martin1, C. Piot-Ziegler1, K. Aminian2, 1. University of Lausanne Medical Center, Lausanne, Switzerland, 2. LMAM, EPFL, Lausanne, Switzerland, 3. Psychology Unit, University of Lausanne, Lausanne, Switzerland

Objective: To determine the relationship between falls-efficacy and evolution in gait and functional performance after rehabilitation in elderly patients. Methods: Participants (N=180, mean age 81.3±7.1 years, 75.6% women) were patients consecutively admitted to post-acute rehabilitation over a 6-month period. Falls-efficacy (Fall Efficacy Scale, FES), gait and functional performance were assessed at admission and discharge. Functional status was assessed by self-report one month after discharge. Results: From admission to discharge, participants significantly improved their gait and functional performance. In multivariate analyses, baseline FES score independently predicted gait performance and functional status at discharge, as well as 1 month later, with higher confidence at baseline predicting greater improvements. Conclusion: In these elderly patients, falls efficacy predicted gait and functional rehabilitation outcomes, independent of baseline performance. Further study should determine whether interventions aiming at falls-efficacy improvement during rehabilitation might contribute to enhance gait and functional performance after rehabilitation in fearful subjects.

years) of priests (89.1±12.6 vs.78.4±13.9). Confidence was significantly correlated with BBS (r=0.69;p<0.01), TUG (r=-0.58;p<0.01), and GDS (r=-0.39;p<0.01). Stepwise regression modeling analysis demonstrated that balance ability, mood, assistive device use, and physical activity predicted 52% of the variance in balance confidence. Conclusions: In older men, balance confidence is linked to age, physical performance, and mood. Fear of falling is multifaceted and effective management interventions should consider both physical and psychosocial correlates.
British cohorts born between 1920 and 1946, we are investigating links between physical capability and measures of wellbeing. In cross-sectional analyses we found consistent evidence that people with lower levels of physical capability had higher levels of anxiety and depression. We are now exploring associations between physical capability and subsequent levels of positive wellbeing, measured using the Warwick-Edinburgh Mental Wellbeing Scale, and examining the modifying role of age, gender, social support and neuroticism. The associations between physical capability and wellbeing could operate in a number of ways across life. Within five British cohorts, there is evidence that one way in which this association operates in later life is through an influence of low physical capability on subsequent wellbeing.

THE HYPOTHALAMIC-PITUITARY-ADRENAL (HPA) AXIS AND AGING: AN EPIDEMIOLOGICAL LIFE COURSE PERSPECTIVE

Y. Ben-Shlomo, M. Gardner, S. Lightman, University of Bristol, Bristol, United Kingdom

Aging is clearly a progressive multisystem process that occurs at many levels from the cellular to whole body systems. This process will vary between individuals and populations. Neuroendocrine systems are in a key position to modulate aging mechanisms. The hypothalamic-pituitary-adrenal (HPA) axis in particular, has effects on metabolic, inflammatory and immune function. The interaction of the HPA axis and aging is likely to be a two way process with HPA activity affecting the aging process and vice versa. We describe evidence from the HALCyon collaboration as well as other studies on the associations between the HPA axis and aging traits and how life course exposures may influence HPA function.

THE IMPACT OF HEALTH ON CHANGE IN COGNITIVE FUNCTIONING: A CROSS-STUDY COMPARISON

C. Sparks1, A.M. Piccinin1, M. Richards2, B. Johansson1, S.M. Hofer3, 1. University of Victoria, Victoria, British Columbia, Canada, 2. MRC Unit for Lifelong Health and Aging, London, United Kingdom, 3. University of Gothenburg, Gothenburg, Sweden

Chronic and acute health conditions have been found to account for individual differences in cognitive impairment and declines that have been generally associated with normative aging. In order to understand the impact of aging, it is important to identify the extent to which declines in cognitive capabilities with age result from disease processes, considering both independent and interactive effects of particular health conditions (i.e., dementia, diabetes, hypertension and other cardiovascular disease, and cerebrovascular events). Relatively few studies have considered how changes in health are associated with changes in cognition. We report findings from multiple studies affiliated with the IALS network that differ in country, cohort, design, and measurement, providing an opportunity for comparison and synthesis of longitudinal results. In general, health conditions were found to impact cognitive functioning in later life, with particular health conditions affecting some aspects of cognition more than others.

SELECTION AND CAUSATION: THE EDUCATIONAL BENEFIT TO COGNITION IN LATER LIFE

S. Clouston1,2, M. Richards2, D. Kuhl3, S.M. Hofer1, 1. University of Victoria, Victoria, British Columbia, Canada, 2. MRC Unit for Lifelong Health and Ageing, London, United Kingdom

Substantial argument remains regarding the importance of education to adult cognition. Many argue that childhood cognition is better at determining adult cognition than education. We use three birth cohorts in the U.S. and U.K. to relate selective and causal processes of cognition and education. Cognition predicts educational attainment; social class predicts cognitive development and educational attainment. We propose a counterfactual comparison using cognition and education as interactive processes: the impact of cognitive outcomes on respondents from a range of cognitive backgrounds. Findings show that selection determines some of the relationship between education in early life and cognition in later life. However, the gain to education is significant: for a person within the selected range, the gain to education (E) was significant between [0.29adult,0.41adult]. Barring educational attainment, respondents would need to have substantially higher childhood cognitions to expect similar adult cognition as those with better educational attainment (ΔC=[0.78child,1.56child]).

SESSION 305 (SYMPOSIUM)

NARRATING OLD AGE: THE COMPLEX ACT OF TELLING AND LISTENING

Chair: K. de Medeiros, Miami University, Oxford, Ohio
Discussant: E.T. Bohlmeijer, University of Twente, Twente, Netherlands

Florida Scott Maxwell wrote, “You need only claim the events of your life to make yourself yours. When you truly possess all you have been and done, which may take some time, you are fierce with reality.” Narratives on the experience of aging offer just that – an opportunity to claim the past through story and, in many cases, to reclaim or reaffirm an identity that might otherwise be marginalized or forgotten. These narratives offer invaluable insight not only to their tellers, but to students, friends, family, scholars and practitioners who “take up” another’s story. The purpose of this symposium is therefore to explore the potential and complexities of narratives of aging from various perspectives. Papers will address the larger issue of irony and resilience in narratives as means of narrative foreclosure or a type of “arrested” state that occurs when stories of the past are simply recycled without being reexamined, rewritten, and re-imagined; language, trauma and immigration as themes in narratives of African-American and Caribbean seniors; the tragedy/comedy of narratives of dementia, as experienced by a mother and son, and practical strategies for using narratives to introduce aging studies into classes in other disciplines. Overall, the symposium will introduce both the richness and complexity of telling and listening to narratives of aging.

WRITING THE TRAGICOMEDY OF DEMENTIA: CHALLENGES AND OPPORTUNITIES

M. Freeman, Psychology, College of the Holy Cross, Worcester, Massachusetts

As a long-time student of memory and identity as well as the son of an 88-year old woman with dementia, I have had an extraordinary opportunity to try to understand and narrate the trajectory of her experience. The process has been difficult. The fact that she is my mother is one reason. So too is the fact that much of her experience remains obscure, such that I can only surmise, sketchily, the realities of her inner world. In addition, there is the challenge of writing, that is, of finding a way to tell her story – which is of course not hers alone – that truly does justice to her life. That much of the story of dementia is tragic is clear enough. But it is not only that. By writing the “tragedy/comedy” of dementia, perhaps a fuller phenomenological portrait can emerge.

THE VALUE OF NARRATIVE AS SEEN BY AFRICAN AMERICAN AND CARIBBEAN SENIORS

I.K. Nwankwo, Vanderbilt University, Nashville, Tennessee

This presentation shares qualitative data gathered by the Voices from Our America research project in Panama and the U.S. South. Through analyses of life history interviews with African American and Caribbean seniors it provides insight into the value these elders attribute to narrative – into the specific reasons they want to tell their stories, the impact they wish it to have on the particular audiences they envision, and the new directions for research and care-giving their rationales suggest. These seniors perspectives on narrative are significant because as members of historically marginalized populations their and their commu-
nity’s access to the word, to the right to speak and write publicly about themselves has been not only tenuous, but often also prohibited by law, restricted, proscribed, and over-determined (Andrews 1988, Baker 1983, Blassingame 1977). Experiences of racial discrimination, histories of trauma, and legacies of immigration figure prominently alongside hopes for the future.

LEARNING ADVANTAGE: NARRATIVE AGING STUDIES IN GENERAL EDUCATION COURSES AS WORKFORCE PREPARATION
L. Marshall, Department of English and Philosophy, University of Wisconsin - Stout, Menomonie, Wisconsin

NARRATIVES are told by people who are always already aging; thus, “narratives of aging” comes loaded with invisible redundancy. To fully appreciate a narrative, readers and listeners should be as aware of age as they are of gender, race, and other identity categories. Symposium attendees will be able to explain how narratives can serve as vehicles to introduce critical gerontology / aging studies concepts into general education classes such as first-year composition and literature courses, even when instructors are unfamiliar with those concepts. Lesson plans and materials were developed for a one-day class; pre- and post-tests measure pedagogical efficacy. The results show that students gain knowledge via this narrative intervention; a follow-up study will assess long-term impact. Symposium attendees will also understand how these activities can have a positive impact on classroom pedagogy, students’ encounters with age diversity in the workplace, and students’ considerations of their own aging processes.

THE IMPORTANCE OF BEING IRONIC: NARRATIVE REFLECTION, RE-GENRE-ATION, AND PERSONAL RESILIENCE IN LATER LIFE
W. Randall, St. Thomas University, Fredericton, New Brunswick, Canada

Viewing lives as stories, narrative gerontology contributes uniquely to our understanding of many important themes, among them stress and depression. Drawing on insights into the “poetics” of biographical aging (Randall & McKim, 2008), this paper focuses on the theme of resilience (see Ong, Bergeman, Bisconti, & Wallace, 2006), arguing that a key element in coping with the challenges of later life is the genre by which we store them. Specifically, it proposes that aging itself, on several levels, pushes us past a view of aging as unmitigated tragedy toward an ironic stance - i.e., an openness to complexity, ambiguity, and multiplicity of meaning - and with it, an attitude of humor and wonder. Moreover, various forms of “narrative reflection” (Freeman 2010) and “narrative care” (Bohmietje, Kenyon, & Randall, 2011) - life review, life-writing, guided autobiography - can foster such a stance by thickening the stories through which we experience our lives.

SESSION 310 (SYMPOSIUM)

OLDER ADULTS LIVING WITH HIV/AIDS: STRATEGIES FOR REDUCING THE BARRIERS TO SERVICE USE
Chair: N. Orel, Gerontology, Bowling Green State University, Bowling Green, Ohio
Discussant: C.A. Emlet, University of Washington, Tacoma, Washington

In 2005, the U.S. Senate, Special Committee on Aging convened a hearing and subsequent report entitled HIV OverFifty: Exploring the New Threat. The hearing documented that HIV/AIDS in adults age 50 and over has been largely overlooked by researchers, practitioners and policy makers and provided recommendations for increasing research on the impact of HIV on older persons. In October of 2010, the White House, through the Office of National AIDS Policy, convened the first White House meeting on aging and HIV/AIDS. In both the Senate hearing and the White House meeting, the social impact of HIV disease received primary focus (The White House, Office of National AIDS Policy, 2010). The increasing rate of HIV infection among older adults, coupled with the dramatic increase in longevity of people living with HIV disease, should make aging and HIV a topic of importance to gerontologists, health care providers, and society at large. The increasing number of older adults living with HIV/AIDS will place greater demands on community-based service providers and medical providers, who often need technical assistance to meet the complex needs of older adults living with HIV/AIDS as well as strategies to reduce the barriers to service use. This symposium will highlight relevant issues and current research on a) barriers to medical/service use among older adults with HIV, b) strategies to improve physician-patient relationships in order to reduce poor HIV+ older adults’ health outcomes, and c) the importance of social support for service use among HIV+ older adults.

EXPLORING THE EFFECTS OF PSYCHOSOCIAL STRESS FACTORS ON UNMET HEALTH NEEDS FOR A SAMPLE OF MIDLIFE AND OLDER GAY MEN BASED ON HIV STATUS

A cross-sectional sample of 294 participants age 45 – 85 from fifteen states revealed differences in health influencing factors based on HIV status. The HIV group was significantly more likely to report being aware of unmet physical/mental health needs for which services have not been sought. Using a regression model for unmet health needs, resiliency and internalized homophobia was found to be inversely related to unmet health needs. Discrimination based on sexual orientation and mental health distress was also found to be positively associated with unmet health needs. The effects of discrimination based on sexual orientation and internalized homophobia for midlife and older gay men will be discussed and the implications on physical health and social service utilization will be explored. The outcomes of this study provide a starting point in understanding the factors that affect service use for midlife and older gay men, particularly those living with HIV/AIDS.

THE PHYSICIAN-PATIENT RELATIONSHIP: ADHERENCE TO MEDICATION AND BEHAVIORAL RECOMMENDATIONS
T. Davis, A. Thornton, F. Zanjani, Gerontology, University of KY, Lexington, Kentucky

One way to improve medication/behavioral adherence among older adults with HIV is to improve the physician-patient relationship. Physician-patient relationships are extremely important in managing health conditions and can lead to increased longevity. The purpose of this research was to examine the level of satisfaction and comfort HIV+ patients have with their physicians, as well as adherence to HIV medication and behavioral recommendations (e.g., practicing safe sex). This presentation will discuss the group differences in health outcomes between HIV+ individuals who reported greater comfort as compared to those who reported less comfort with their physician interactions. The results of this study will assist in understanding the level of communication and relationships between the HIV+ patients and physicians from the patient’s perspective. This research can serve as an initial step towards improving physician-patient relationships to reduce poor patient health outcomes among older adults living with HIV.
MULTIMORBIDITIES AND ADL DIFFICULTY PREDICT USE OF COMMUNITY-BASED SERVICES AMONG OLDER ADULTS WITH HIV

Multimorbidity is becoming the norm among older adults living with HIV, which has implications for community-based service planning and provision. Using structural equation modeling, we examined the interrelationships of age, physical and mental health problems, ADL difficulty, and barriers to service use on the use of government programs, HIV-specific services, health care, and other older adult services among 180 older adult clients at GMHC. The model fit the data well (RMSEA = .065). Health status, ADL difficulty, and more barriers to services were related to greater use of services, while age was negatively related to the number of services accessed. The increasingly complex needs of the growing older adult population with HIV will place demands on community-based service providers, who may need technical assistance to help them meet the needs of these older adults. Reducing barriers to service use for this growing population is an important policy and program goal.

GROWING OLDER WITH THE EPIDEMIC: HIV AND AGING POLICY RECOMMENDATIONS
N. Schaefer, Gay Men’s Health Crisis, New York, New York

As we enter the fourth decade of the HIV epidemic in the U.S., it has become abundantly clear that we must prepare the HIV and aging infrastructures to care for older adults living with and at risk for HIV. In this presentation, the work of GMHC, ACRIA and SAGE will be discussed, including efforts to make federal policies, such as the Older Americans Act, best serve HIV-positive and at risk older adults. Presenters will also discuss the priorities from a 2010 report, “Growing Older with the Epidemic: HIV and Aging”, which offers policy recommendations for improving the care and treatment of HIV in aging populations, especially in the context of federally-funded senior services, with particular discussion on discrimination and stigma therein. Finally, presenters will discuss recommendations for improving surveillance systems and prevention programs funded by the Centers for Disease Control and Prevention, and research at the National Institutes of Health.

ELEVATED IL-6 LEVELS AND FUNCTIONAL DECLINE IN HIV INFECTED AND IV DRUG USERS: PRELIMINARY RESULTS FROM THE ALIVE STUDY
S. Leng1, M. Saltter2, B.R. Manwani1, H. Li1, G. Kirk2, 1. Johns Hopkins University School of Medicine, Baltimore, Maryland, 2. Johns Hopkins University School of Public Health, Baltimore, Maryland

Chronic inflammation marked by elevated IL-6 has been suggested as an important biological mechanism that contributes to disability in older adults. To gain insight into relationships of IL-6 levels with HIV infection and functional decline in IV drug users, we evaluated baseline serum IL-6 in 1442 participants of the AIDS Linked to the Intra-Venous Experience (ALIVE) study. The results showed that HIV(+) subjects over 50 (n=137) had higher IL-6 than HIV(-) counterparts (n=400) (median 2.003pg/ml versus 1.742pg/ml, respectively, p=.03, Wilcoxon rank-sum test). Similarly, HIV(+) individuals under 50 (n=275) had higher IL-6 levels than HIV(-)s (1.867 versus 1.436pg/ml, respectively, p<.001). Moreover, subjects in highest IL-6 quartile had slower walking speed (mean±SD: 0.949±0.263 meter/second versus 0.991±0.273 m/s, p=.01) and weaker grip strength (36.96±10.21kg versus 39.13±10.69kg, p<.001) than those in lower three IL-6 quartiles. These findings indicate that elevated IL-6 is associated with HIV infection and functional declines in IV drug users.

SESSION 315 (SYMPOSIUM)

RUSH ENHANCED DISCHARGE PLANNING PROGRAM: A SOCIAL WORK MODEL OF TRANSITIONAL CARE
Chair: G. Shier, Older Adult Programs, Rush University Medical Center, Chicago, Illinois
Discussant: P.J. Volland, Social Work Leadership Institute at New York Academy of Medicine, New York, New York

Researchers estimate that one-fifth of all Medicare beneficiaries are rehospitalized within 30 days of discharge, and that 75% of readmissions are potentially preventable. Poor transition outcomes for older adults yield dangerous results including caregiver burden, medication errors, and mortality. Rush University Medical Center’s Enhanced Discharge Planning Program (EDPP) is a social work based transitions of care model that provides phone follow-up and short term care coordination for at risk seniors as they transition from hospital to home. This model places equal importance on psychosocial factors impacting health outcomes, in particular for seniors who are more vulnerable to adverse events post-discharge. EDPP social workers utilize a biopsychosocial framework for assessing post-discharge adherence to the treatment plan including medication compliance, physician visits, strategies for coping with care demands, and other issues that impact health and quality of life. EDPP interventions focus on forming collaborative relationships with existing health care and community based providers. The goals of EDPP are to promote patient safety and satisfaction; to improve the quality of life for older adults and caregivers; and to reduce unnecessary health care costs, particularly those related to preventable rehospitalizations and emergency room visits.

EDPP: A SOCIAL WORK MODEL FOR TRANSITIONAL CARE
M. Rooney1, D. Markovitz2, M. Packard1, W. Rosenberg1, S. Altfeld2, R. Golden1, G. Shier1, 1. Older Adult Programs, Rush University Medical Center, Chicago, Illinois, 2. University of Illinois at Chicago School of Public Health, Chicago, Illinois

The Enhanced Discharge Planning Program model provides transitional care to older adults identified as at risk for adverse events after an inpatient hospitalization. Eligible patients are identified daily through a risk stratification tool drawing upon clinical documentation in the hospital’s electronic medical record. Master’s prepared social workers with experience in health care and aging communicate telephonically with identified older adults and caregivers post-discharge and intervene around a wide array of issues including available social support, transportation, financial resources, health literacy, and mental health. EDPP’s social workers utilize their training in care coordination, extensive knowledge of community resources, and understanding of strategies for navigating complex systems to create a bridge between the hospital and the community, ensuring the direction provided by the medical team is not lost. This presentation will describe this innovative model, focusing on program’s unique use of social workers as transitional care managers.

PUTTING IT ALL TOGETHER: MODEL REFINEMENT AND REPLICATION
G. Shier1, S. Altfeld2, V. Fabbre3, M. Rooney1, R. Golden1, W. Rosenberg1, 1. Older Adult Programs, Rush University Medical Center, Chicago, Illinois, 2. University of Illinois at Chicago School of Public Health, Chicago, Illinois, 3. University of Chicago School of Social Service Administration, Chicago, Illinois

After data collection was complete, quantitative and qualitative findings were analyzed as quality improvement mechanisms for the EDPP model. Lessons learned during the randomized controlled trial and clinician interviews revealed many areas for success and development in the model, particularly pertaining to potentially unexplored community...
EDPP MODEL INTEGRATION INTO PRACTICE AND NATIONAL REPLICATION

R. Golden1, M. Rooney1, W. Rosenberg1, S. Altfeld2, G. Shier1, 1. Older Adult Programs, Rush University Medical Center, Chicago, Illinois, 2. University of Illinois at Chicago, Chicago, Illinois

EDPP is a model for care coordination across settings and providers. The program is built upon a foundation of social work education and theory, making it widely generalizable to multiple hospital and community-based settings where social workers practice. EDPP analysis contributes to an evidence base for care coordination, strengthening the case for its integration into medical care and outlining a process by which it can be provided. Findings from model analysis have potential to inform implementation of health care reform provisions internally, locally, and nationally. This presentation will outline the successes and challenges of integrating EDPP into standard practice and efforts informed by EDPP findings, including hospital care model improvements and discharge standards of care for home health agencies. Details on EDPP’s involvement in the Illinois Transitional Care Consortium, and AoA funded transitional care project, will also be shared.

EDPP: RANDOMIZED CONTROLLED TRIAL RESEARCH DESIGN AND OUTCOMES

V. Nandi1, G. Shier1, S. Altfeld1, L. Weiss2, S. Sims1, M. Rooney1, A. Perry1, 1. Older Adult Programs, Rush University Medical Center, Chicago, Illinois, 2. Center for Urban Epidemiologic Studies New York Academy of Medicine, New York, New York, 3. University of Illinois at Chicago School of Public Health, Chicago, Illinois

This presentation will share outcomes from a randomized controlled trial of the EDPP intervention with 744 participants (360 intervention; 384 usual care). Intervention group participants received a biopsychosocial assessment within 72 hours of discharge and services until problems were resolved. Control group participants received usual care after discharge. EDPP social workers identified issues in 83% of intervention group participants. For 74% of the 83% with issues, the problems did not emerge until after hospital discharge. Intervention group patients reported significant (p<.05) improvement from initial intervention call to 30 days post-discharge, including improved comprehension of medication plan, decreased patient stress, and decreased caregiver stress. Intervention group participants also showed significant (p<.05) differences compared to the control group when surveyed at 30 days, including greater understanding of their responsibilities for managing their health, more communication with physicians, more scheduled follow up appointments, and higher rate of attendance at follow-up medical appointments.

SOCIAL WORK AND TRANSITIONS OF CARE: OBSERVATIONS FROM AN INTERVENTION FOR OLDER ADULTS

V. Fabre1, A. Buffington1, S. Altfeld1, G. Shier1, R. Golden1, 1. Older Adult Programs, Rush University Medical Center, Chicago, Illinois, 2. University of Chicago School of Social Service Administration, Chicago, Illinois, 3. University of Illinois at Chicago School of Public Health, Chicago, Illinois

Interviews with the clinicians who managed 360 intervention group participants in the EDPP randomized controlled trial and a review of clinical notes were analyzed in order to identify salient themes relevant to care transitions. This presentation will detail three salient themes that intertwine the nature of patients’ transitions and the role that social workers played in this intervention. First, while some problems and challenges after a discharge seem to have been avoidable, clinicians encountered many that came about largely as a result of ‘surprises’ and therefore could not be anticipated. Second, the overarching framework through which clinicians approached their cases was in the context of an unusually broad and interconnected conceptualization of the client system in a health care setting. And third, this broad conceptualization of the client system was infused with heightened attention to relationship building between providers, patients and caregivers.

SESSION 320 (SYMPOSIUM)

STRESS, HEALTH, AND WELL-BEING: INDIVIDUAL AND RELATIONAL PERSPECTIVES ON RISK AND RESILIENCE

Chair: K.E. Cichy, Human Development and Family Studies, Kent State University, Kent, Ohio
Co-Chair: R.S. Stawski, University of Michigan, Ann Arbor, Michigan
Discussant: K.S. Rook, University of California Irvine, Irvine, California

The current symposium features research examining risk and resilience from individual and relational perspectives. Everyday life is comprised of positive and negative experiences that interact to shape health and well-being. Positive experiences are seen as protective, whereas adverse experiences threaten psychological well-being and physical health. Further, previous research emphasizes risk and resilience. Certain characteristics may increase risk and exacerbate the negative effect of life’s challenges on health and well-being. In contrast, psychological resources shape individuals’ social experiences and appear to neutralize the consequences of negative experiences. Together, the following presentations explore individual and relational perspectives on risk and resilience considering how resources and vulnerabilities interact to contribute to health and emotional well-being. Wethington and Exner will examine four theoretical models of how stressors accumulate and impact mental and physical health across the adult life course. Stawski, Ryan, and Smith will examine how older adult husband’s and wife’s personality and life events influence their own, as well as their spouse’s well-being. Cichy, Stawski, and Almeida will examine the effects of family support on daily well-being and the extent to which family support buffers/exacerbates reactivity to daily stressors. Finally, Ong and Bergeman will examine the coordinated response to everyday positive events of those high in personality resilience that comprises a “resilience cascade”. Karen Rook will reconcile the presentations and offer insights into how these studies furthering our understanding of individual and relational perspectives on health and well-being.

A DOUBLE-EDGED SWORD: RACE, DAILY SOCIAL SUPPORT EXCHANGES, AND DAILY WELL-BEING

K.E. Cichy1, R.S. Stawski1, D. Almeida2, 1. Human Development and Family Studies, Kent State University, Kent, Ohio, 2. University of Michigan, Ann Arbor, Michigan, 3. The Pennsylvania State University, University Park, Pennsylvania

Social support is a mixed blessing, where receiving support is accompanied by the burden of providing support. This study explored the effects of family support on daily well-being and the extent to which family support buffers/exacerbates reactivity to daily family stressors. African Americans and European Americans aged 34 to 84 (N = 1,931) from the National Study of Daily Experiences (NSDE) reported on their daily family support provision/receipt, stressors, and affect during 8 days of telephone interviews. Only European Americans reported compromised well-being on days they received more family support (p < .001). African Americans reported greater increases in negative affect than European Americans on days they provided more family support.
PERSONALITY, POSITIVE EMOTIONS, AND THE RESILIENCE CASCADE
A.D. Ong, Cornell University, Ithaca, New York

To suggest that personality can shape our responses to daily experience is to claim that individual dispositions such as neuroticism can set off a complex suite of coordinated responses, propelling a person to act in characteristic ways. There is diverse and abundant evidence that this is so. Here the authors report on the results of a research program that considers the processes that contribute to the frequent experience of positive emotions reported by individuals high in personality resilience. Five distinct, but interrelated, aspects of the emotional experience of resilient individuals are described. The authors propose that these five processes—differential engagement, differential responsibility, differential control, positive mood savoring, and capitalization—represent integral components of a coordinated response to everyday positive events that together comprise “a resilience cascade.”

FOUR APPROACHES TO MEASURING STRESS ACCUMULATION OVER THE LIFE COURSE IN A NATIONAL SAMPLE
E. Wethington, D. Exner, Human Development, Cornell University, Ithaca, New York

The aim of this paper is to develop and test empirically four theoretical models of how stressors accumulate across the adult life course and have an impact on mental and physical health. Models of stress accumulation are under-developed in the literature. Analyzing the longitudinal Midlife in the United States data, including its two daily diary samples (National Survey of Daily Experience), we show that the predictive power of a simple additive model of stressor accumulation—counting the simple number of severe or chronic stressors over a 10 year period—can be improved by: (1) accounting for the “match” or consistency of stressor exposure in life domains across time; (2) giving greater relative weight to accumulation of stress in relationship domains; and (3) accounting for positive events and resources that may reverse or neutralize the accumulation of stress. Health outcomes are examined at retrospective interview and experience sampling levels.

STRESSFUL EXPERIENCES, HEALTH, AND WELL-BEING AMONG OLDER COUPLES: THE HEALTH AND RETIREMENT STUDY
R.S. Stawski¹, L.H. Ryan¹, K.E. Cichy², J. Smith¹, 1. University of Michigan, Ann Arbor, Michigan, 2. Kent State University, Kent, Ohio

Stressful experiences are antecedents of poorer physical health and well-being across the lifespan. However, in the context of couples, less is known about the extent to which the stressful experiences of one partner can crossover to impact the health and well-being of the other. The current study will examine stressful experiences, including lifetime traumas, chronic stressors, and recent life events, of older adult couples in relation to their own and their partner’s health and well-being. Data for the current study come from 1,978 couples who completed the psychosocial assessment during the 2008 wave of the Health and Retirement Study. Preliminary results indicate that each partner’s stressful experiences were negatively associated with their own self-rated health and well-being. Moreover, each partner’s stressful experiences were negatively associated with their partner’s well-being. Discussion will focus on the role stressful experiences play in understanding health and well-being in the context of older couples.
A PILOT STUDY TESTING A MOTION DETECTION FALL PREVENTION INTERVENTION IN OLDER ADULTS
M.A. Ferrari1, B.E. Harrison1, O. Rawashdeh1, G. Qu1, R. Hammond2, M.E. Maddens2, 1. School of Nursing, Oakland University, Rochester, Michigan
2. William Beaumont Hospital, Royal Oak, Michigan

Background: Interventions to prevent hospital based falls in older adults are critically important to reduce morbidity, mortality, and healthcare costs. Biomedical technology, such as wearable motion sensors, which measure and integrate movement in space, may identify human movement patterns that immediately precede falls, thus allowing early prevention. Methods: The purpose of this pilot study was to test the acceptance and accuracy of a wireless, five sensor, motion detection system (5S-MDS) where sensors were attached to ankles, wrist, and chest. This descriptive feasibility study recruited five healthy older adults who wore the 5S-MDS while performing movement scenarios. Results: Participants were 3 males/2 females (mean age 68.1 years). The system was determined to be accurate when compared to video recording. Results on acceptance and skin integrity indicated the sensors were acceptable. Conclusion: The 5S-MDS was accurate acceptable to healthy older adults. The 5S-MDS has potential as an early warning system for falls.

HOSPITAL NURSE AIDES DECISION MAKING ON IMMEDIATE RISK OF FALLS IN VIDEO-MONITORED OLDER ADULTS
B.E. Harrison1,2, M.A. Ferrari1. 1. Oakland University, Rochester, Michigan
2. University of Delaware, Newark, Delaware

Background: Hospital based falls among older adults are critical events. In one magnet hospital, nurse aides (NA) monitor live video activity of older adults at high risk of falls to detect immediate risk and alert staff. However, nursing does not know what themes contribute to NA decisions about immediate risk of falls. Methods: This qualitative study used grounded theory to explore the decision making themes used by NA to determine the immediate risk for falls in video-monitored, hospitalized older adults. Participants had to be regularly assigned to video monitoring on the unit. The convenience sample (N = 8) was asked five open-ended questions, responses were audio recorded, and themes were verified by an independent researcher. Results: Decision making themes on impaired cognition, impulsivity, speed of mobility, unmet needs, and room conditions were described. Conclusion: Decision making themes of NA can aid in designing systems technology that will replace video monitoring.

SESSION 330 (SYMPOSIUM)

VULNERABLE OLDER WOMEN
Chair: R.N. Rooks, Health and Behavioral Sciences, University of Colorado Denver, Denver, Colorado
Co-Chair: S. Arber, Health and Behavioral Sciences, University of Colorado Denver, Denver, Colorado

This symposium is a joint session between the Task Force on Minority Issues in Gerontology and the Task Force on Women’s Issues. The topic of vulnerability includes intersecting issues of gender with financial status, race and ethnicity, caregiving, chronic conditions, and disability. Our speakers will discuss connections between older women’s socio-economic status (SES), race and ethnicity, and health outcomes providing a broader understanding of the range of factors contributing to women’s vulnerability. Dr. Karen Holden will examine differences in women’s and men’s contributions to retirement savings accounts based on survey data, contributing to women’s inadequate retirement income and greater vulnerability in later life. Dr. Tracie Harrison will discuss how long-term employment conditions and associated benefits contribute to the disablment process and health disparities among Mexican American vs. Non-Hispanic White women using content analyses and descriptive statistics. Dr. Karen Roberto will focus on racial (White and African American) and SES variation in caregiving experiences of family members with mild cognitive impairment using Pearlín’s stress and coping framework and interview data. Dr. Barbara Cochran will discuss a synthesis of findings on ill health and chronic conditions by race and ethnicity from the longitudinal Women’s Health Initiative study based on clinical center data across the United States. After attending this symposium participants will be able to identify and explain the pathways connecting women’s SES and related resources to their health outcomes, with attention to racial and ethnic variations, contributing to the greater vulnerability of women over the life course.

EMPLOYMENTS CONTRIBUTION TO HEALTH DISPARITIES IN MEXICAN AMERICAN WOMEN AGING WITH DISABILITIES
T. Harrison, S. Hendrickson, T. Scott Ricks, University of Texas at Austin, Austin, Texas

Work environment and associated benefits may contribute to health disparities in older women. The investigators explored how work experiences contributed to health disparities over the life course among Mexican American (MA) and Non-Hispanic White (NHW) women. The sample consisted of 56 MA and 54 NHW age 55 to 75 with mobility impairment who completed questionnaires and were interviewed multiple times (n=363) regarding disablement. Content analysis of interviews and descriptive statistics were performed. The MA women began work at an earlier age and were more likely to report work injury than the NHW women. NHW women were more likely to remain employed after disability onset. Once injured, both groups described similar problems. Types of employment and benefit trajectories varied based upon ethnicity. The study highlights the cumulative effect of work related injuries with differential benefits as experienced over the life course.

64th Annual Scientific Meeting 105
WHAT HAVE WE LEARNED FROM THE WOMEN’S HEALTH INITIATIVE ABOUT RACIAL/ETHNIC MINORITY WOMEN’S HEALTH?
B.B. Cochrane1,2, V.G. Benavente1, L.H. Coker1, School of Nursing, University of Washington, Seattle, Washington, 2. Fred Hutchinson Cancer Research Center, Seattle, Washington, 3. Wake Forest University School of Medicine, Winston-Salem, North Carolina

The Women’s Health Initiative (WHI) is one of the largest longitudinal studies to date of postmenopausal women’s health. Over 160,000 women, ages 50 to 79 years at baseline, were enrolled at 40 clinical centers across the United States. Representative numbers of racial/ethnic minority women were included, in part by designating 10 WHI minority centers with goals of enrolling 60% of their participants from diverse racial/ethnic minority groups. A total of 28,267 WHI participants (17.5%) identified their race/ethnicity within one or more minority groups. As the study continues in long-term follow-up, many of these WHI participants have been contributing data about their health for over 15 years, and over 500 papers have been published from these data. This presentation will synthesize study findings related to the health of older racial/ethnic minority women, focusing specifically on cancer, cardiovascular disease, fracture and osteoporosis, and psychosocial health. Implications for future research will be identified.

OLDER WOMEN CARE PARTNERS: RACE AND SOCIOECONOMIC INFLUENCES ON CARING FOR A RELATIVE WITH MCI
K.A. Roberto, R. Blieszner, N. Brossoie, J. Savla, Ctr for Gerontology, Virginia Tech, Blacksburg, Virginia

Researchers have paid insufficient attention to the influence of race and socioeconomic status on family caregiving, yet the effects of inadequate resources are known to be detrimental to health and well being. Guided by Pearlman’s stress and coping framework, we examined challenges and outcomes among 105 women (M age = 66.7; 81W; 25AA) caring for a family member with mild cognitive impairment. Lower income was associated with more negative views of formal service use and less planning for the future. Neither income nor race was associated with the women’s reports of burden or stress. However, open-ended interviews revealed differences, including by race, in how low and high income women approached assisting their memory-impaired relative and unwelcomed changes in their lives. Identifying how older women with varying resources respond to caregiving responsibilities underscores the importance of tailoring education and interventions for sub-groups of women providing family care.

SESSION 335 (PAPER)

BRAIN PHYSIOLOGY

THE EMERGING ROLE OF ADIPOKINES IN COGNITIVE DECLINE AND DEMENTIA
D.J. Llewellyn1, D. Melzer1, I. Lang1, K.M. Langa1, K. Kos1, J. Parcel1, I. Peninsula College of Medicine and Dentistry, University of Exeter, Exeter, Devon, United Kingdom, 2. Department of Internal Medicine and Institute of Social Research, University of Michigan, Ann Arbor, Michigan, 3. Department of Veterans Affairs, VA Center for Practice Management and Outcomes Research, Ann Arbor, Michigan

Obesity increases the relative risk of incident dementia over 10 years or more by around 75%, but the mechanisms involved are unclear. It is commonly overlooked that the effects of excess adipose tissue on the brain may be mediated by recently discovered adipokines that cross the blood brain barrier and whose functions in the brain have yet to be fully established. White adipose tissue is the largest endocrine organ in the body, and adipokines establish cross-talk between adipose tissue and the brain to communicate energy status. Adipokines may influence the risk of conditions related to dementia such as atherosclerosis and stroke through inflammatory mechanisms. However, recent large population-based studies suggest that the proinflammatory adipokine leptin may paradoxically be neuroprotective. Here we review recent adipokine research, with particular attention to the roles of leptin, adiponectin, TNFα, IL-6, and ZAG. Adipokines may provide early markers for those at higher risk and new insights into the complex pathogenesis of cognitive decline and dementia. Increased understanding of these mediators may also make it possible to prevent cases of dementia resulting from obesity by pharmacological manipulation of selected adipokines.

TESAMORELIN, A HUMAN GROWTH HORMONE RELEASING HORMONE ANALOGUE, IMPROVES COGNITIVE FUNCTION IN MCI AND HEALTHY AGING: RESULTS OF A RANDOMIZED PLACEBO-CONTROLLED TRIAL

Age and pathology related changes in the somatotrophic axis (growth hormone releasing hormone [GHRH]), also known as Growth Hormone Releasing Factor (GRF)/growth hormone/insulin-like growth factor-I (IGF-I) have potent effects on brain function, setting the stage for targeted interventions to improve cognition. Previously we reported preliminary evidence that six weeks of GHRH treatment improved cognitive function in healthy older adults. Here we report a replication and expansion of that preliminary study. One hundred twenty-four older adult men and women (55-87 yrs), half of whom were cognitively normal and half of whom were diagnosed with amnestic mild cognitive impairment (MCI), received either tesamorelin, a stabilized analogue of human growth hormone releasing hormone (1 mg/d, provided by Theratechnologies Inc.), or placebo subcutaneously 30 minutes before their normal bedtime for 20 weeks in a double-blinded, randomized, placebo-controlled design. Tesamorelin increased IGF-I (p<0.0001), although IGF-I values remained within the normal physiological range. Tesamorelin improved executive function (response inhibition, p=0.009, set-shifting, p=0.01 and working memory p=0.07) in both cognitively normal healthy older adults and in adults with MCI. Tesamorelin improved delayed verbal recall (p=0.05) only in adults with MCI. Tesamorelin had no effect on general cognitive status, visual memory, word fluency, or processing speed. This study is the first to demonstrate that short-term administration of a human GHRH analogue improves executive function for both cognitively normal and memory-impaired older adults, and has an additional favorable effect on verbal memory for MCI adults, who are at high risk for progression to Alzheimer’s dementia. Supported by PHS R01-AG025515 (MVV) and Theratechnologies Inc.

DO CEREBROSPINAL FLUID CYTOKINES CONFIRM THE MICROGLIAL THEORY OF DELIRIUM?

Background: Delirium pathophysiology remains unknown, but inflammation may contribute to dysfunction and pathology of both aged and diseased neurons. It has been proposed that peripheral interleukin-β (IL-1β), tumour necrosis factor α (TNFα) and IL-6 could promote brain microglial activation with local production of these proinflammatory molecules. Methods: Inflammatory markers were measured in cerebrospinal fluid (CSF) from 22 patients with long-lasting delirium and 20 with Alzheimer’s dementia (AD). Human cytokine 25-plex bead
Using cerebral oximetry, we previously showed that 5.4% of subjects (72 women, 40 men, age 70 years) underwent two nights of standard polysomnography; we report data from night 2. Group differences in hourly mean rSO\textsubscript{2} trends during sleep were examined using linear mixed models. Results: Overall, the change in rSO\textsubscript{2} was significantly greater in the groups with below normal rSO\textsubscript{2} (\(\Delta rSO\textsubscript{2}(normal\text{-}marginal\text{-}low) = 1.6\% \pm 3.6\% \); \(2.9\% \pm 3.9\% \); \(4.9\% \pm 5.4\% \); \(F_{(2,101)} = 3.1\), \(p<0.05\)). In all groups, rSO\textsubscript{2} declined during the first hour of sleep but exceeded presleep levels by morning. Half the marginal group (n=21), but none of the low group, reached normal levels by morning. Compared to those with normal presleep rSO\textsubscript{2}, the rise in rSO\textsubscript{2} occurred sooner in those with marginal rSO\textsubscript{2} and later in those with low rSO\textsubscript{2} (Group x Time interaction: \(F_{(2,518)} = 9.19\), \(p<0.001\)). Conclusions: These trends in rSO\textsubscript{2} (an initial drop during the first cycle of sleep with recovery to presleep levels by morning) support the hypothesis that sleep restoration of neural function depends on adequate cerebral oxygen reserve. Furthermore, low pre-sleep rSO\textsubscript{2} is associated with impaired cognitive function, and may identify individuals at risk for cognitive decline. Increased oxygen extraction and inadequate cerebral oxygen reserve suggest a cerebral microvascular pathologic mechanism and give direction for early intervention.

**SESSION 340 (PAPER)**

**EPIDEMIOLOGY AND CARDIOVASCULAR HEALTH**

**STATISTICAL AND MATHEMATICAL APPROACHES TO UNDERSTANDING LONGITUDINAL CHANGES IN SUITES OF BIOMARKERS**

A.A. Cohen\(^1\), A. El-Mousselly\(^2\), F. Dusseault-Bélanger\(^3\), Q. Xue\(^2\), L.P. Fried\(^4\), \(^1\)Université de Sherbrooke, Sherbrooke, Quebec, Canada, \(^2\)Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, \(^3\)Columbia University Mailman School of Public Health, New York, New York

There is increasing recognition that studies of aging involving biomarkers need to consider not just their static levels but also their dynamic properties and their interactions with each other. This is methodologically challenging, given the large number of potential biomarkers and our still-imperfect knowledge of which ones are most important. Because correlations among biomarkers are often in opposite directions at different timescales (such as minutes and years), biochemical relationships are not sufficient to predict relationships important at longer timescales. Here we present a method we have developed for understanding the roles of biomarkers as they interact with each other during aging by combining two complementary statistical tools. First, principal components analysis (PCA) and/or factor analysis (FA) is applied to suites of markers to identify primary axes of variation. A variation on this conduct PCA/FA on the differences in markers between time points of longitudinal data sets. This method allows us to assess the dimensionality of aging in the biomarkers measured, as well as to understand the biological relevance of each axis as a function of biomarker loadings on each axis. Second, structural equations models or D-separation are used to test hypotheses about causal pathways among biomarkers operating at timescales of years. We present validation data using the Women’s Health and Aging Study II data set from Baltimore, and discuss various complicating factors, limitations, and extensions. We conclude that

**TRENDS IN CEREBRAL OXYGEN DURING SLEEP IN COMMUNITY DWELLING OLDER ADULTS, AGE 70 YEARS & OLDER**

B. Carlson\(^1\), V.J. Neelon\(^1\), J. Carlson\(^1\), M. Hartman\(^1\), B. Bliwise\(^2\), \(^1\)Biobehavioral Laboratory, School of Nursing, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, \(^2\)Office of Research Support and Consultation, School of Nursing, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

**Background**. Using cerebral oximetry, we previously showed that low pre-sleep cerebral oxygen reserve [rSO\textsubscript{2}] is associated with lower cognitive function. Here, we examine trends in rSO\textsubscript{2} in 112 older adults with normal (\(>60\%\), \(n=64\)), marginal (50%-59.9%, \(n=41\)), and low (\(<50\%\), \(n=7\)) pre-sleep rSO\textsubscript{2}.

**Methods**. Subjects (72 women, 40 men, \(\geq 70\) years) underwent two nights of standard polysomnography; we report data from night 2. Group differences in hourly mean rSO\textsubscript{2} trends during sleep were examined using linear mixed models. **Results**. Overall, the change in rSO\textsubscript{2} was significantly greater in the groups with below normal rSO\textsubscript{2} (\(\Delta rSO\textsubscript{2}(normal\text{-}marginal\text{-}low) = 1.6\% \pm 3.6\% \); \(2.9\% \pm 3.9\% \); \(4.9\% \pm 5.4\% \); \(F_{(2,101)} = 3.1\), \(p<0.05\)). In all groups, rSO\textsubscript{2} declined during the first hour of sleep but exceeded presleep levels by morning. Half the marginal group (n=21), but none of the low group, reached normal levels by morning. Compared to those with normal presleep rSO\textsubscript{2}, the rise in rSO\textsubscript{2} occurred sooner in those with marginal rSO\textsubscript{2} and later in those with low rSO\textsubscript{2} (Group x Time interaction: \(F_{(2,518)} = 9.19\), \(p<0.001\)). **Conclusions**. These trends in rSO\textsubscript{2} (an initial drop during the first cycle of sleep with recovery to presleep levels by morning) support the hypothesis that sleep restoration of neural function depends on adequate cerebral oxygen reserve. Furthermore, low pre-sleep rSO\textsubscript{2} is associated with impaired cognitive function, and may identify individuals at risk for cognitive decline. Increased oxygen extraction and inadequate cerebral oxygen reserve suggest a cerebral microvascular pathologic mechanism and give direction for early intervention.
both methods have great potential to help understand the aging process, but must be implemented with care.

CHANGING PREDICTION OF MORTALITY BY SYSTOLIC BLOOD PRESSURE WITH INCREASING AGE: THE ROTTERDAM STUDY

J. Blom,1 W. de Ruijter,1 J. Witteman,2 W. Assendelft1, M. Breteler2, A. Hofman2, J. Gussekloo1, 1. Leiden University Medical Center, Leiden, Netherlands, 2. Erasmus University Medical Center, Rotterdam, Netherlands

Background There are indications that in people of old age high systolic blood pressure (SBP) is not associated with mortality anymore. This finding brings up the question how the predictive value of SBP changes from younger to older age groups. Design, setting and participants An analysis in the Rotterdam Study, a population-based prospective cohort study, among 4612 participants aged ≥55 years, without previous cardiovascular disease. Median follow-up 14.9 (IQR 11.1-15.8) years. Measurements Within four age groups (55-64, 65-74, 75-84 and ≥85 years) the predictive value of baseline SBP for mortality was studied. Results From age 55-64 to age ≥85 risk for all-cause mortality associated with SBP=160 mmHg decreased from HR=1.7, 95%CI 1.2,2.2 to HR=160 0.7, 95%CI 0.4,1.1, p for trend <0.001. For SBP=140-159 mmHg the risk decreased from HR=140-159 1.2, 95%CI 0.9,1.5 to HR=140-159 0.7, 95%CI 0.5,1.1, p for trend <0.001. Analysis in 5-year age groups showed an increased risk with higher SBPs up to age 75 years. Conclusion Up to 75 years of age high SBP predicts higher mortality. After 75 years, SBP is no longer associated with an increased mortality risk. From 85 years, high SBP predicts lower mortality risk. The discrepancy of these findings with recently shown beneficial effects of antihypertensive treatment, also in high age groups, fuels the discussion about possible clinical consequences.

ARTERIAL STIFFNESS, PHYSICAL FUNCTION AND FUNCTIONAL LIMITATION: THE WHITEHALL II STUDY

E.J. Brunner1, M. Shipley1, D.R. Witte2, A. Singh-Manou3, A.R. Britton1, A. Tabak1, C.M. McEniery1, I.B. Wilkinson1, 1. Department of Epidemiology and Public Health, University College London, London, United Kingdom, 2. Steno Diabetes Center A/S, Gentofte, Denmark, 3. Semmelweis University Faculty of Medicine, Budapest, Hungary, 4. University of Cambridge, Cambridge, United Kingdom

Arterial stiffness has been proposed as an indicator of vascular aging. We aimed to examine this concept by analyzing associations of arterial stiffness with age, subjective and objective measures of physical functioning, and self-reported functional limitation. We measured aortic pulse wave velocity by applanation tonometry among 5392 men and women aged 55-78 years. Arterial stiffness was strongly associated with age (mean difference (SE) per decade: men 1.37 (0.06) m/s, women 1.39 (0.10)). This association was robust to individual and combined adjustment for pulse pressure, mean arterial pressure, anti-hypertensive treatment and chronic disease. Participants took an 8 ft (2.44 m) walking speed test, a spirometry lung function test, and completed health functioning and (instrumental) activities of daily living questionnaires. Associations of stiffness and blood pressure with physical function scores scaled to SD=10 were compared. One SD higher stiffness was associated with lower walking speed (coefficient (95%CI) -0.96 [-1.29 to -0.64] m/s) and poorer physical component summary score (-0.91 [-1.21, -0.60]), and poorer lung function (-1.23 [-1.53, -0.92]) adjusted for age, sex and ethnic group. Pulse pressure and mean arterial pressure were linked inversely only with lung function. Associations of stiffness with functional limitation were robust to multiple adjustment including pulse pressure and chronic disease. In conclusion, the concept of vascular aging is reinforced by the observation that arterial stiffness is a robust correlate of physical functioning and functional limitation in early old age. The nature of the link between arterial stiffness and quality of life in older people merits attention.

BLOOD PRESSURE, APOE GENOTYPE, AND WHITE MATTER HEALTH

B.K. Lee1, D.D. Jagatia1, B.S. Schwartz1, 1. Epidemiology and Biostatistics, Drexel University School of Public Health, Philadelphia, Pennsylvania, 2. Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland

Prior studies suggest that increased blood pressure in midlife is associated with white matter (WM) deterioration and subsequent cognitive decline. The apolipoprotein E (APOE) ε4 allele is a well-known genetic predictor of late-onset Alzheimer’s disease and may modify effects of vascular risk factors. We examined the associations of blood pressure, APOE genotype, and indices of WM health in a male cohort of 342 former occupationally-exposed lead workers and controls ages 40-78 at first blood pressure measurement. We rated WM lesion grade using the 10-point Cardiovascular Health Study scale and with diffusion tensor imaging (DTI) completed 9.4 years on average after first blood pressure measurement. DTI assessed fractional anisotropy (FA), the extent to which the diffusion of water is oriented in a single direction and which reflects the amount of myelin and axonal loss. Blood pressure was parameterized as the continuous means of systolic and diastolic measurements collected over an average of five study visits on or prior to CHS and CA assessment. After multiple linear regression adjustment for age, education, tibia lead, control status, and use of anti-hypertensive medications, the adverse associations of both mean systolic (p = 0.04) and diastolic blood pressures (p = 0.01) with WM lesion grade and FA were worse in subjects with the APOE-ε4 allele. The results of this study suggest that the association of blood pressure with white matter health is modified by APOE genotype, a biologically plausible observation.

THE ASSOCIATION OF BLOOD PRESSURE AND MORTALITY DIFFERS BY FUNCTIONAL STATUS IN OLDER LATINOS


The relationship between blood pressure and mortality changes with age. We hypothesize that the association of blood pressure and mortality is modified by functional status in older adults. Study participants were 1,497/1,789 adults aged 60-101, from the Sacramento Area Latino Study on Aging. Functional status was measured by self-reported walking speed, and blood pressure was measured by automatic sphygmomanometer. There were 547 deaths from 1998 - 2009, and 46% were cardiovascular. Mean blood pressure levels varied across fast, medium, and slow walkers: 136, 139, and, 140 mmHg (systolic), p<0.02, and 75, 76, and 77 mmHg (diastolic), p<0.08, respectively. After adjustment for potential confounders, higher systolic blood pressure was associated with increased mortality in fast walkers: hazard ratio (HR): 1.29 per 10 mmHg higher blood pressure (95% confidence interval: 1.07, 1.55), but not in medium: 1.00 (0.93, 1.08), or slow walkers: 0.94 (0.87, 1.01). We found a similar trend for diastolic blood pressure; the adjusted HR per 10 mmHg higher blood pressure was 1.20 (0.82, 1.76), 1.00 (0.88, 1.15), and 0.90 (0.78, 1.04) in fast, medium, and slow walkers, respectively. The associations were similar when we excluded deaths in the first year of follow-up, and when we included antihypertensive medication use in the models. In high functioning older adults, elevated systolic blood pressure is a risk factor for all-cause mortality. In low-functioning adults, higher diastolic blood appears to be associated with lower mortality and may be a marker for physiologic vigor.

108 The Gerontological Society of America
SESSION 345 (PAPER)

OSTEOPOROSIS AND OSTEOARTHRITIS

HAND GRIP STRENGTH AND ITS INFLUENCE ON BONE MINERAL DENSITY AND BONE BIOCHEMICAL MARKERS: ARE GRIP MEASUREMENTS ABLE TO PREDICT A RISK FOR OSTEOPOROSIS?

V. Acker, D. Spira, N. Bacholz, M. Henig, N. El-Zidy-Ibrahim, M. Ibrahim, E. Steinhagen-Thiessen, R. Eckardt, Prof. Steinhagen, Forschungsgruppe Geriatric (geriatric research group), Charité Universitätsmedizin Berlin, Berlin, Germany

Objectives: In women aged 50 years and older hand grip strength has been reported to be associated with bone mineral density. Deoxypyridinoline and osteocalcin are useful bone biochemical markers for the management of osteoporosis. The aim of our study was to examine the association between hand grip strength and bone mineral density in women and men aged 60 years and older as well as to examine the relation between grip strength, deoxypyridinoline and osteocalcin.

Methods: 318 women and 185 men aged 60 years and older were recruited for participation in the Berlin Aging Study 2. Subjects had bone mineral density measurements performed at the spine and hip using dual-energy x-ray absorptiometry. Subjects were assessed for grip strength measurements using a hand dynamometer. Blood and urine samples of the participants were taken to measure deoxypyridinoline and osteocalcin. Our participants had to answer an interviewer-administered questionnaire about their physical activities and underwent height and weight measurements. Drug use, smoking habits, alcohol intake and previous diseases were also recorded. First preliminary results show a correlation between grip strength and BMD at the total hip (r = .44, p < .01), at the femoral neck (r = .36, p < .01) and at the spine (r = .31, p < .01). We will show the full results with multivariate analysis and implications for clinical practice.

CYSTATIN C AND HIGH LOWER EXTREMITY PERFORMANCE IN OLDER WOMEN: STUDY OF OSTEOPOROTIC FRACTURES (SOF)


Serum cystatin C is a biomarker of renal function; lower levels indicate better function. Lower cystatin C is associated with a lower risk of self-reported physical disability in older adults, but the longitudinal association between cystatin C and objectively measured physical performance is uncertain. To determine whether lower cystatin C in older women is associated with a high level of lower extremity performance 10 years later, we measured cystatin C using frozen serum specimens from the SOF Year 10 exam in 1384 surviving women (mean age 87.5 years) who completed the Short Physical Performance Battery (SPPB) at the SOF Year 20 Exam (average 9.8 years between exams). Cystatin C was expressed in quartiles (cutpoints 0.82, 0.91 and 1.03 mg/L). The SPPB summary score (range 0-12) was created for each participant based on gait speed, five chair-stands test, and balance test; high performance was defined by a summary score of 10-12 (26% of cohort). After adjustment for age, race, education, health status, diabetes, prevalent cardiovascular disease, and body mass index, lower cystatin C at Year 10 was associated in a graded manner with increasing likelihood of high performance at Year 20. Compared with quartile 4 (worst renal function), the odds ratio (95% CI) was 1.58 (1.07-2.34) for quartile 3, 1.78 (1.19-2.66) for quartile 2, and 1.80 (1.21-2.68) for quartile 1, p-trend = 0.006. Among older women, lower cystatin C may be a biomarker for successful aging as manifested by a high level of lower extremity performance measured 10 years later.

EFFECT OF OSTEOPOROTIC FRACTURES ON FUNCTION, QUALITY OF LIFE AND HOSPITALIZATION. THE AGES-REYKJAVIK STUDY


Background: Understanding the determinants of health burden after fracture in aging populations is important. We investigated the effect of vertebral fractures (Vfr) and other osteoporotic fractures (oOSfr) on function, activity of daily living (ADL), quality of life (QoL) and hospitalization. Methods: 5764 free living individuals born, 1907-1935, from the population based cohort study Age, Gene/Environment Susceptibility (AGES)-Reykjavik Study were examined between 2002 and 2006 and followed-up for an average of 5.3 years. The impact of sustained fracture on future hospitalization was prospectively assessed using Cox proportional hazards model in 3 subgroups with history of Vfr, oOSfr, and no fracture at entry into the study. The main outcomes were associations of fracture status with concurrent measures of mobility, strength, ADL and QoL; and risk ratios (RR) for hospital admission and length of hospitalization during followup. Results and conclusion: History of Vfr conferred an increased risk of hospitalization compared with controls, RR = 1.4, (95% CI 1.3-1.7), (P<0.001), while for history of oOSfr the RR was 1.2, (95% CI 1.1-1.3), (P=0.001). Vfr individuals had on average 50% (95%CI 27%-77%) longer hospital stay than those not fractured (P<0.0001) and 33% (95%CI 11%-60%) higher than the oOSfr group. History of osteoporotic fractures was reflected in a consistently worse performance assessed by functional tests and ADL in both sexes and QoL for women only. This was especially pronounced for those with Vfr, who carried more of a health burden than those with oOSfr. It is thus important to pay greater attention to the care of those with regard to complication and consequent diseases.

WEEKS OF COMBINED EXERCISE TRAINING ELICITS FAVORABLE CHANGES IN BONE MINERAL DENSITY AND C-REACTIVE PROTEIN IN OLDER MEN AND WOMEN

E.A. Marques, J. Mota, J.C. Ribeiro, P. Moreira, J. Carvalho, 1. Research Centre in Physical Activity, Health and Leisure, University of Porto, Porto, Portugal, 2. Faculty of Nutrition and Food Sciences, University of Porto, Porto, Portugal

Physical inactivity is a well recognized risk factor for osteoporosis and in recent years, inflammation has also been implicated. High-sensitivity (hs) C-reactive protein (CRP) is a circulating marker of systemic inflammation, and high CRP has been associated with lower BMD, higher levels of bone turnover markers, and even, greater risk of fracture. However, there are no reports documenting the effect of exercise interventions on both bone mineral density (BMD) and hs-CRP in older adults, which is the purpose of the present study. Forty-eight older adults (68.9 ± 5.3 years, 24 females, 23 males) performed supervised combined training of resistance training 2 d/wk, for 60 min, and weight-bearing and balance training 1 d/wk for 60 min. Primary outcomes included lumbar spine (LS) and proximal femur BMD (by dual X-ray absorptiometry) and hs-CRP (Cholestech LDX® Analyzer). Secondary outcomes included dietary intake, accelerometer-based physical activity (PA) and body composition. After 32 weeks, no significant changes were observed in body composition, PA and dietary intake. There were significant interactions between sex and time on BMD and CRP. A significant main effect of time (p<0.05) on CRP and trochanter, intertrochanter, total hip, and LS BMD was observed. Moreover there
was a significant main effect on sex (p=0.05) for all BMD sites. Together, these data confirm that a training program combining resistance exercise and moderate-impact weight-bearing training is safe and effective for increasing BMD and decrease hs-CRP in older adults, which suggest that the association between exercise and reduced osteoporosis risk, may be, at least in part, mediated by anti-inflammatory effects of regular exercise training. Acknowledgement This research was funded by the Portuguese Foundation of Science and Technology, grant FCOMP-01-0124-FEDER-095877 - PTDC/DES/102094/2008 and PTDC/DES/104518/2008 (FCOMP-01-0124-FEDER-095997). E. A. Marques and J. Mota are supported by grants from Portuguese Foundation of Science and Technology (SFRH/BD/36319/2007 and SFRH/BSAB/1025/2010 respectively).

THE MEDIATING EFFECT OF LEPTIN ON THE RELATIONSHIP BETWEEN INCREASING BODY MASS INDEX AND KNEE OSTEOARTHRITIS

A. Fowler-Brown, D. Kim, L. Shi, E. Marcantonio, C. Wee, R.H. Shmerling, L. Lipsitz, S.G. Leveille, J. Medicine, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2. Hebrew SeniorLife, Boston, Massachusetts, 3. University of Massachusetts, Boston, Massachusetts

Obesity is associated with increased risk of osteoarthritis (OA) of the knee. While it is generally assumed that mechanical factors underlie this relationship, emerging evidence suggests that adipokines, substances produced by adipose tissue, may also play a role in the development of knee OA associated with obesity. Our aim was to determine whether the inflammatory adipokine, leptin, mediates the relationship between body mass index (BMI) and symptomatic knee OA. We used baseline data from 659 participants aged ≥70 years in the population-based MOBILIZE Boston study. Height and weight were measured and participants were assessed for knee OA using standard clinical criteria. Serum leptin was measured using a microsphere-based assay. Average BMI and serum leptin was 27.5kg/m2 and 589pm, respectively; the prevalence of knee OA was 24.7%. Using Sobel-Goodman mediation analysis, we found that BMI was positively associated with both prevalence of knee OA (Odds ratio [OR] = 1.06, p=0.004), and with serum leptin (regression coefficient=65.2, p<0.001). Increasing serum leptin was associated with a higher prevalence of knee OA (OR=1.0004, p=0.012). Models controlled for age, sex, race, smoking, alcohol use and medical conditions. The ratio of indirect/total effect was 0.49, suggesting that approximately half of the total effect of BMI on knee OA could be mediated by serum leptin. Based on the bootstrap results, the indirect effect and total effect are both significant (confidence interval does not contain zero), whereas the direct effect is not statistically significant. Further research is warranted on the possible role of leptin in OA pathology.

SESSION 350 (SYMPOSIUM)

AN INTERNATIONAL PERSPECTIVE OF HEALTH CARE NEEDS, INFORMAL CAREGIVING AND HEALTH OUTCOMES IN OLDER CARE-DEPENDENT ADULTS

Chair: K. Wolf-Osterrmann, Alice Salomon University, Berlin, Germany
Co-Chair: E. Tanner, Johns Hopkins Schools of Nursing and Medicine, Division of Geriatric Medicine and Gerontology, Baltimore, Maryland
Discussant: E. Capezuti, Hartford Institute for Geriatric Nursing New York University College of Nursing, New York, New York

In most parts of the world the number of older care-dependent adults is increasing rapidly. The comonunat expectation for a rise in cost of care, as well, will place greater demand for new solutions, including an increase in sufficient caregiving. Yet, caregiving must not only be understood in terms of professional care provided, but also in terms of informal caregiving – including family caregivers as well as volunteers – since the role and importance of informal caregiving is needed to meet the rising care dependency demands. Bringing together academic researchers from multiple disciplines in the US, Germany and the Netherlands, this symposium will examine health care needs, caregiver characteristics and burden, models of attracting caregivers and health outcomes in older adults. The first presentation will focus on the health and function of community-living older adults who are managing co-morbidities, furthermore, care dependency characteristics will be discussed which elucidate the need for informal caregiving in the US. The second presentation will compare the influence of caregiver’s health status between African American and white caregivers of dementia patients on health outcomes of care recipients. The third presentation will describe health outcomes of older, care-dependent people with dementia living in shared housing arrangements in Germany and relate these to the type and amount of informal caregiving provided. In the fourth presentation, we will discuss models of attracting informal caregivers in long term dementia care and the opportunities for informal caregiving to improve the quality of care in the Netherlands.

OLDER ADULTS WITH DEMENTIA LIVING IN SHARED HOUSING ARRANGEMENTS (SHA): HEALTH OUTCOMES AND EFFECTS OF INFORMAL CAREGIVING

K. Wolf-Osterrmann, J. Gräße, Alice Salomon University, Berlin, Germany

Objectives: Informal caregivers (ICG) without family relationship to residents often assist professional caregivers in SHA in Germany. It is unclear if this leads to better health outcomes and quality of life (QoL) of residents. Methods: Using a cross-sectional design, all 400 SHA in Berlin/Germany were asked to participate in the survey in spring 2011. Using the MDS we examined the type and amount of informal caregiving provided and health outcomes of residents including cognitive and ADL functioning, challenging behavior and QoL. Results: In nearly half of all surveyed SHA ICG are present, typically visiting weekly. Most frequent assisting tasks are going for a walk, helping with administrative aspects, shopping or meaningful activities in general. Further results on residents’ health outcomes will be presented. Conclusion: Involvement of ICG is not as present as postulated. The study will add some clarification whether or not claims of QoL-improvement in SHA are viable.

INFLUENCE OF CAREGIVER’S HEALTH STATUS ON HEALTH OUTCOMES OF CARE RECIPIENTS WITH DEMENTIA

N.A. Hodgson, L.N. Gitlin, Johns Hopkins University, Baltimore, Maryland

The stress and burden of caring for a relative with dementia can result in biopsychosocial consequences for both caregivers (CGs) and care recipients (CR). We examined whether CG characteristics including health status and demographic factors are associated with CR outcomes including the presence of undiagnosed but treatable illness. The sample included 117 CGs of community residing CR assigned to experimental arm in a randomized controlled trial (Project COPE). Stepwise standardized logistic regression was conducted with variables selected from the stress process model. The dependent variable, undiagnosed illness, determined through brief nursing assessment and lab evaluations, was present in 35% of sample. Different patterns that emerged between CG and CR health outcomes will be explored in the session. The stress and burden associated with the CG role may be associated with undiagnosed but treatable illness. Future interventions that address modifiable factors contributing to undiagnosed illness may reduce burden in dementia CGs.
IN VOLVING VOLUNTEERS IN LONG TERM DEMENTIA CARE: OPPORTUNITIES TO INCREASE QUALITY OF CARE
D. Smits, B. Willems, J.D. Lange, A. Pot, I. program on aging, Netherlands institute of mental health and addiction, Utrecht, Utrecht, Netherlands, 2. Department of Clinical Psychology, Faculty of Psychology and Education, Vrije Universiteit, Amsterdam, Noord-Holland, Netherlands

The growing number of older adults places a large burden on the sustainability of long term care in terms of financial and human resources. Also in living arrangements for people with dementia labor shortages and costs will increase. Hereby individual residents’ needs for wellbeing and activities will be difficult to fulfill, as it already is to some extent. The involvement of voluntary workers offers the opportunity to fulfill personal needs of residents with dementia, thereby increasing their wellbeing. There is much variation in the amount of voluntary workers that living arrangements for people with dementia involve into care. In this presentation, results from the Living Arrangements for people with Dementia study are presented that provide an overview of the involvement of volunteers in long term dementia care in the Netherlands. Furthermore, conditions for a successful involvement of voluntary workers and examples of good practices of involving voluntary workers are presented.

HEALTH CARE NEEDS, RISKS FOR CARE DEPENDENCY AND NEED FOR INFORMAL CAREGIVING AMONG OLDER ADULTS
E. Tanner, M. Hayat, Johns Hopkins University School of Nursing, Baltimore, Maryland

Independent living is challenging for older adults with co-morbidities, particularly with functional decline when informal care giving is lacking. Health care needs, risks for care dependency, and informal caregiver resources will be discussed. The sample (n=1348) is 76% female, 70% white, with a mean age of 78.5. Sixty-nine % reported poor/fair health status; 73% reported functional dependence; 63% reported ≥ 3 chronic illnesses; 57% reported ≥ 3 medications, yet 60% lived alone. 33% received home healthcare and only 46% had someone to call for help. Caregiving provided and caregiver perceptions of ADL/IADL help. Caregiving provided and caregiver perceptions of ADL/IADL function, compared with clients’ perceptions are discussed. Predictors of informal caregiving to help with managing health problems are determined by logistic regression. Adequacy of informal caregiving and factors placing older adults at risk for loss of independent living, as well as the benefits and gaps of aging services provided for older adults living in the community will be discussed.

SE SSION 355 (SYMPOSIUM)
CREATING A SAFE LIFESTYLE FOR SENIORS: INNOVATIONS IN POLICY, HEALTH CARE, AND TECHNOLOGY
Chair: L. Lipsitz, Harvard Medical School, Boston, Massachusetts
Co-Chair: D.Z. Bliss, Univ of MN, Minneapolis, Minnesota
Discussant: L. Lipsitz, Harvard Medical School, Boston, Massachusetts

As the elderly population rapidly expands over the next decade, many of our current systems of health care, our environment, and our existing technologies threaten the safety and lifestyle of seniors with chronic illness and injury. Several Massachusetts leaders have been working to reduce these risks in our hospitals, long-term care facilities, and communities through innovative policies and legislation, creative payment incentives and quality of care initiatives, and the application of modern technologies in homes, public places, and transportation systems. The speakers in this symposium, who hold leadership positions in government, health care, and academic programs, will describe recent initiatives in these areas and how they are likely to improve the lifestyle, safety, and well-being of seniors in the near future.

MAKING THE ACUTE HOSPITAL SAFE FOR SENIORS
M. Zeidel, Medicine, Beth Israel Deaconess Med Ctr, Boston, Massachusetts

Although elders often need acute hospital care, hospitals are unsafe places for them, because they are more likely to develop drug reactions, skin breakdown, delirium, incontinence, falls, and functional loss. The BIDMC lay leadership has adopted a hospital-wide goal of eliminating all preventable harm by 2012. Based on Toyota “Lean” principles of quality improvement, we developed the following “GeroSafe” programs: 1) A computer program that identifies high-risk elderly patients for geriatric consultation. 2) Pre- and post-operative co-management of surgical patients. 3) Physician Order Entry (POE) program modifications to warn physicians when dangerous medications are prescribed and prompt them to write ambulation orders and discontinue urinary catheters. 4) A bedside checklist on the vital sign sheets that screens patients for delirium and “triggers” a call to the responsible physician when delirium is detected. These interventions have reduced complications from Whipple operations for pancreatic cancer and the use of 10 inappropriate medications.

IMPROVING THE SAFETY OF RESIDENTS IN LONG-TERM CARE
A. Bonner, Long-term Care Services, Centers for Medicare & Medicaid, Baltimore, Maryland

This presentation will address care transition initiatives in Massachusetts and how they align with national initiatives. A statewide strategic plan for care transitions was developed by an interdisciplinary group in the Commonwealth to address safer transitions across healthcare settings. A specific topic of focus will be nursing home transfers to the acute care setting, such as INTERACT (Interventions to Reduce Acute Care Transfers), a CMS special study. Data of a pilot study in Georgia, then a demonstration project in three states (New York, Florida, Massachusetts), suggest that a relatively inexpensive and simple intervention in nursing homes can reduce acute care transfers by as much as 25%. Many transfers are potentially preventable. The INTERACT project is helping to shape state and national nursing home policy, and addresses the Triple Aim of improving the experience/health of individuals, improving health of defined populations, and reducing per capita costs and increasing value.

SESSION 360 (SYMPOSIUM)
MUSCLE POWER: A DISTINCT AND CRITICAL PIECE OF MUSCLE FUNCTION
Chair: P. Caserotti, National Institute on Aging, NIH, Bethesda, Maryland
Co-Chair: E.S. Strotmeyer, Epidemiology, University of Pittsburgh, Graduate School of Public Health, Pittsburgh, Pennsylvania
Discussant: R. Fielding, Tufts University, Boston, Massachusetts

Muscle power (MP), defined as the product of contractile force and movement velocity or the rate of performing mechanical work, is generated during any type of body movement. Compared to muscle strength, which is the maximal force produced during one single contraction (isometric or dynamic), MP is distinct and defined by several additional characteristics: i) the movement velocity, which depends on the resistance against which muscle force is exerted (e.g. high resistance, low velocity), and ultimately regulates the inverse J-shaped power-load relationship; ii) rate of force development, or the ability to produce force rapidly, which is essential particularly in time-limited actions (e.g. when attempting to reverse a fall) and regulates the load (e.g. body) acceleration at the very beginning of muscle contraction. While these physiologic differences between MP and muscle strength are established, their mechanistic and clinical implications require further clarification. This symposium will describe the mechanism of MP loss with aging (Reid). Key contributors to lower MP such as loss of lean mass and peripheral
nerve function (Lee, Ward) and relationship of unique components of MP (velocity, force) vs. strength with mobility will be presented from epidemiologic studies (Osteoporotic Fractures in Men Study, InCHIANTI Study). Finally, a strength and power training intervention associated with improvements in lean recovery will be described (Dr. Marsh).

The discussion led by Dr. Fielding will critically review current research, focusing on important issues for future research to defining the role of MP in muscle function and disability among older adults.

LONGITUDINAL CHANGES IN MUSCLE POWER OUTPUT AMONG HEALTHY OLDER AND MOBILITY-LIMITED OLDER ADULTS: PHYSIOLOGICAL DETERMINANTS

K. Reid1, D.J. Clark2, G. Doros3, E. Pasha1, C. Patten4, E. Phillips3, R. Fielding4, 1. Nutrition, Exercise Physiology and Sarcopenia Laboratory, Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts, 2. Brain Rehabilitation Research Center, Malcom Randall VA Medical Center, Gainesville, Florida, 3. Department of Biostatistics, Boston University School of Public Health, Boston, Massachusetts, 4. Department of Physical Therapy, University of Florida, Gainesville, Florida, 3. Department of Physical Medicine and Rehabilitation, Harvard Medical School and Spaulding Rehabilitation Hospital, Boston, Massachusetts

This longitudinal study examined the major physiological determinants of leg extensor muscle power output among two distinct groups: healthy older adults (70-85yrs, n=21) and mobility-limited older adults (70-85yrs, n=14). After 2.8 years of follow-up, significant deficits in peak muscle power were evident in healthy older (-26.2%, p<0.001) and mobility-limited elders (-18.9%, p<0.001). While the overall magnitude of muscle power loss was similar between groups (p>0.8), mobility-limited elders had greater reductions in muscle mass (-6.4%, p< 0.01) and muscle strength (-12.3%, p<0.02) compared to healthy older participants (-1.4%, p=0.8 and -3.0%, p=0.07, respectively). Both groups exhibited significant declines in specific peak muscle power (p<0.006), however, rate of vastus lateralis neuromuscular activation was significantly impaired within healthy older participants (-27.8%, p<0.05) but not in mobility-limited participants (-5.5%, p<0.3). These data suggest that divergent physiological mechanisms contribute to lower extremity muscle power decrements with advancing age among healthy older adults and elders with overt mobility limitations.

COMBINED CHANGES IN MUSCLE AND FAT ASSOCIATED WITH LOSS IN POWER


Older adults with sarcopenia obesity have greater disability. We examined age-related, combined changes in lean (LM) and fat mass (FM) (by quintiles) over 4.6±0.4 years in 4364 men (ages 65-93) from the Osteoporotic Fractures in Men study. With increasing age, the most common change in body composition shifted from the greatest combined increase in LM and FM (ages 65-79) to the greatest combined decrease in LM and FM (ages ≥85). In 2782 men, the average change in leg power (LP) was computed for quintile combinations of LM and FM change. Compared to men with median combined changes, men with the most LM loss had greater LP loss that worsened with concurrent decreases in FM (p-value for trend<0.05); whereas men with the greatest concurrent gain in LM and FM had attenuated LP loss (p>0.05). Aging men experience concurrent LM and FM loss – a combination associated with the greatest decline in LP.

PERIPHERAL NERVE FUNCTION AND LOWER EXTREMITY MUSCLE POWER IN OLDER MEN

R.E. Ward1, P. Caserotti2, K. Faulkner1, R. Boudreau1, P.M. Cawthon1, A.B. Newman1, J.A. Cauley1, E.S. Strotmeyer1, 1. Epidemiology, University of Pittsburgh, Pittsburgh, Pennsylvania, 2. Laboratory of Epidemiology, Biometry, and Demography, National Institute on Aging, National Institutes of Health, Bethesda, Maryland, 3. NIOSH/National Personal Protective Technology Laboratory, Centers for Disease Control, Pittsburgh, Pennsylvania, 4. California Pacific Medical Center, San Francisco, California

Decline in muscle power with age may be partly due to lower peripheral nerve (PN) function, particularly number and firing rate of motor units. We assessed cross-sectional relationships between maximal power/kg body weight (Nottingham power rig) and sensorimotor nerve function (peroneal/sural nerve conduction, monofilament testing, symptoms) in 568 men (mean age=77.2±5.1, BMI=28.2±4.0, power=1.87±0.6 watts/kg) from the Osteoporotic Fractures in Men (MrOS) Study in Pittsburgh, PA. Covariates included age, body composition, comorbidities (e.g. diabetes, ankle arm index), lifestyle factors (e.g. physical activity), and grip strength. Higher compound muscle action potential (CMAP) and detection of 1.4g monofilament were associated with greater power/kg (both p<0.05). Having >2 PN symptoms (numbness/tingling, stabbing/burning/pain, open/persistent sores/gangrene) was associated with lower power/kg (p<0.01). Sural nerve conduction and motor latency were not associated with power/kg after adjustment. In these older men, CMAP, monofilament detection and PN symptoms were related to power/kg and may identify muscle function problems.

THE RELEVANCE OF LEG SPEED, LEG STRENGTH AND OTHER PHYSICAL ATTRIBUTES TO SUCCESSFUL WALKING SKILLS


Many physical attributes including leg speed and leg strength, the components of leg muscle power, are considered important within the rehabilitative care of older adults with mobility problems. We aimed to identify which attributes are most important for optimal mobility. We conducted an analysis of baseline data from the InCHIANTI study among (n=723) participants that completed a battery of 10 physiologic tests that could be easily administered in rehabilitative care settings. Among multivariable logistic regression models predicting self-reported ability to walk 400 meters, kyphosis, leg speed, leg strength and unipedal balance were significant predictors (p<0.001, c = .86). In another model substituting, leg power for leg speed and strength the findings were not substantially different (p<.001, c = .83). Kyphosis, balance, and both components of leg power (leg strength, leg speed) are important attributes relevant to walking ability.

POWER AND STRENGTH TRAINING TO IMPROVE THE ABILITY TO RECOVER IN A FORWARD AND LATERAL LEANING TASK IN OLDER ADULTS

A. Marsh1, D. Pamukoff2, E.C. Haakonsen1, J.A. Zaccaria1, M. Madigan2, 1. Health and Exercise Science, Wake Forest University, Winston Salem, North Carolina, 2. Virginia Tech, Blacksburg, Virginia

Improving muscle strength and power may mitigate the effects of sarcopenia and improve one’s ability to recover from postural perturbations. We used a forward leaning task and a lateral leaning task and quantified maximum recoverable lean angle (Forward Leanmax, Lateral Leanmax) in 20 older adults (age: 70.8±4.4 yrs, BMI: 30.4±4.4...
Klotho and FGF-23 are implicated in calcium and phosphorus metabolism. Further insight into their roles in mineral metabolism will be provided by the latest results in this exciting and rapidly evolving area of investigation. Klotho has important and fundamental implications for human aging.

KLOTHO AND AGEING: PERSPECTIVES FROM MICE TO HUMANS

L. Ferrucci, NIA/NIH, Baltimore, Maryland

The “anti-aging” klotho gene was originally identified in mutant strains of mice that had a shortened lifespan when the gene was disrupted and an extended lifespan when the gene was overexpressed. There is 80% homology in klotho between mice and humans. Klotho is expressed in the kidney, parathyroid, and choroid plexus. There are two forms of klotho: membrane and secreted. Membrane klotho is an obligate co-receptor for fibroblast growth factor-23 and controls phosphate homeostasis. Circulating klotho controls nitric oxide production in the endothelium, calcium homeostasis, and inhibition of intracellular insulin and insulin-like growth factor-1 signaling. Do older humans with low klotho levels show aging phenotypes as found in the klotho mouse model, such as atherosclerosis, osteoporosis, sarcopenia, impaired cognition, and shorter lifespan? The human studies in this symposium provide the latest results in this exciting and rapidly evolving area of investigation. Klotho has important and fundamental implications for human aging.

PLASMA KLOTHO, CARDIOVASCULAR DISEASE, AND MORTALITY IN OLDER ADULTS

R. Semba, A. Cappella, K. Sun, S. Bandinelli, J. Guralnik, L. Ferrucci, I. Ophthalmology, Johns Hopkins University School of Medicine, Baltimore, Maryland

Objective: To examine the relationships of circulating klotho with prevalent cardiovascular disease and mortality. Methods: We measured circulating klotho in 1023 participants in the InCHIANTI Study. Results: At baseline, 259 (25.3%) participants had cardiovascular disease. Adjusting for traditional cardiovascular risk factors (age, sex, smoking, total cholesterol, HDL cholesterol, systolic blood pressure, and diabetes), log plasma klotho was associated with prevalent cardiovascular disease (OR per 1 SD increase = 0.85, 95% CI 0.72, 0.99). In 804 adults, ≥65 years, those in the lowest tertile had an increased risk of death compared with participants in the highest tertile of plasma klotho (HR 1.78, 95% CI 1.20, 2.63) in a Cox proportional hazards model adjusting for potential confounders. Conclusions: In older community-dwelling adults, circulating klotho is associated with cardiovascular disease and predicts mortality. Further studies are needed to elucidate the potential biological mechanisms by which circulating klotho could affect longevity in humans.

KLOTHO AND HORMONES INVOLVED IN MINERAL METABOLISM


Objective: To examine the relationships of serum klotho and fibroblast growth factor-23 (FGF-23) with calcium and phosphorus concentrations and other hormones involved in mineral metabolism in older women. Methods: Serum klotho and FGF-23 were measured in 702 community-dwelling women enrolled in the Women’s Health and Aging Studies (WHAS) I and 394 women enrolled in WHAS II. Results: The relationships of klotho and FGF-23 with calcium, phosphate, 1,25-dihydroxyvitamin D, 25-hydroxyvitamin D, parathyroid hormone, and insulin-like growth factor-1 will be described. To our knowledge, this is the first large study to examine the interrelationships of klotho and FGF-23 with calcium and phosphorus concentrations. Conclusion: Klotho and FGF-23 are implicated in calcium and phosphorus metabolism. Further insight into their roles in mineral metabolism will be provided by our ongoing epidemiological studies in humans.

KLOTHO AND SKELETAL MUSCLE STRENGTH


Objective: Sarcopenia is a feature of klotho-deficient mice, but whether circulating klotho is related to muscle strength in humans is not known. Our objective was to examine the relationship of circulating klotho with muscle strength. Methods: We measured circulating klotho in 804 adults, ≥65 years, in the InCHIANTI study. Grip strength was measured in the same subjects using dynamometry. Results: Grip strength was positively correlated with plasma klotho at threshold ≤681 pg/mL. After adjusting for age, sex, education, smoking, physical activity, cognition, and chronic diseases, plasma klotho (per 1 standard deviation increase) was associated with grip strength (beta = 1.20, standard error = 0.35, P = 0.0099) in adults with plasma klotho ≤681 pg/mL. Conclusion: These results suggest that older adults with lower circulating klotho have poor skeletal muscle strength.

64th Annual Scientific Meeting
AGING IN TURKEY: CHALLENGES IN LIFESTYLE AND LIFESPAN

Chair: İ. Tufan, Gerontology, Akdeniz University, Antalya, Turkey
Discussant: G. Naegle, Technical University of Dortmund, Dortmund, Germany

According to 2002 data from the Turkish Statistical Institute, Turkey is aging very quickly. While in 1960, Turkey’s population of older adults was approaching 1 million, today the number of seniors aged 60+ has increased 6 fold. Within the past 42 years (1960-2002) the overall number of older adults has increased 628%. During this same period, Turkey’s population has increased by 24.8%. Accordingly, the population of older adults has increased 25 times faster than the overall general population. (TÜİK 2002; Calculations: Tufan & Arun, 2006).

It is thought that many serious social challenges will be created in the future as a result of demographic aging. This symposia will address aging in Turkey and related challenges, namely: intergenerational relations, aging migrants, effects of demographic aging and a gerontological agenda, and rural and urban care for dependent older adults in Turkey. An effort to address these challenges include the inception of a program in 2006 by the Prime Ministry Social Services and Child Protection Agency (SHİÇEK) to provide institutional support for in-home care. While the number of individuals receiving support is minimal, SHİÇEK reports that numbers are quickly rising. As part of it’s 2011-2013 care strategy and plan of action, attention has been given the necessity of care insurance provision under the social security system.

OLDER GERMAN MIGRANTS IN ANTALYA

I. Tufan, Gerontology, Akdeniz University, Antalya, Turkey

Over a relatively long period now, foreigners have been buying homes and settling in Antalya and it’s vicinity. Germans aged 50+ make up a considerable proportion of such migrants. While in German society the term “foreigner” has significant political weight, in Turkey it evokes the image of a “tourist”. However, foreigners who have settled in the region are no longer tourists; conversely, they should be accepted as compatriots. We’ve collected empirical data from our German compatriots regarding their lives in Turkish society. From 105 ad hoc samplings, we collected information on topics including: their general situation, expectations, social relationships, interest in the Turkish language and activities planned for the future. This sampling is not representative of the German population. However, this project done in 2009 on older German adults (50+) represents the first such study to obtain findings independent of the term “tourist”.

AGING IN TURKEY: FINDINGS OF THE FIRST TURKISH GERONTOLOGY ATLAS PROJECT

S. Yazıcı, Gerontology, Akdeniz University, Antalya, Turkey

Statistics clearly show that population aging is a reality in Turkey. However, there is a widely accepted belief in society that social and intergenerational relations of Turkish families are strong and that older adults will be well cared for by families. Yet findings of the First Gerontology Atlas have found the opposite to be true. The First Gerontology Atlas is a longitudinal study, where face-to-face interviews were conducted annually with 3500 older adults age 60+ from the 7 regions of Turkey between 2005 and 2009. The change in objective life conditions over time and subjective values has been researched. Results show that 38% of respondents were despairing about their future, and 45% reported being progressively more unhappy. Some 87% of respondents believed they are no longer respected by their families. A fund was established in 2007 by the Turkish federal government to financially support dependent peoples of all ages.

AGING IN TURKEY: PROFILES OF THE NEXT GENERATION OF OLDER ADULTS

O. Arun, Gerontology, Akdeniz University, Antalya, Turkey

Between 1960-2002, Turkey’s cumulative population has increased by 25%, while its elderly (65+) population has increased 628%. Given these figures, the urgency for a policy response naturally follows. Thus, the focus of this paper is on trying to identify the particular areas of policymaking requiring the most attention to meet the challenge of an aging Turkish population by first providing an analysis of the social, economic and health profile of today’s 50-64 age group, the 65+ population of tomorrow. Several data sources, including the European Quality of Life Survey 2007 were analysed. In Turkey, 33.3% of older adults (50-64) and 51.2% of older women (50-64) are illiterate. Employment status differs according to gender. Between 2000-2025, adults (40-65) will comprise the biggest population group in Turkey’s history. Turkey should appraise this demographic gift and identify its own gerontological agenda so as to pave the way for social justice and social citizenship.

AGING IN TURKEY’S RURAL AND URBAN CONTEXTS: ANTALYA SAMPLE

J.K. Holdsworth 1,2, M. Reichert 1, 2, Gerontology, Akdeniz University, Antalya, Turkey, 1. Technical University of Dortmund, Dortmund, Germany

This presentation addresses quality of care and potential for care of dependent older adults (60+) in Turkey. The study examined how in-home care for older adults is carried out in the province of Antalya, Turkey. Findings are based on empirical data collected between April 2009 and March 2010 in 735 face-to-face interviews with dependent older adults and their primary caregivers in rural and urban settings. Of the dependent older adults interviewed, 62.4% were women and 37.6% men. While 94.0% of caregivers were family members, 5.4% were hired, and 0.6% neighbors (volunteer). Some 50.6% of informal and formal caregivers reported having one or more chronic illnesses and 17.3% reported being psychologically/spiritually unwell. While this sampling is not representative of the larger Antalya or Turkey population, the findings bring into question the extent to which in-home care providers may be overtaxed and requiring outside assistance in caregiving.

SESSION 375 (SYMPOSIUM)

ENVIRONMENT AND AGING: THE CHALLENGE AHEAD

Chair: H. Moody, Academic Affairs, AARP, Washington, District of Columbia

The interaction of aging and the environment creates a pressing need for new research and appropriate developments in practice and policy. Although population aging has enormous implications for the environ-
The degree to which one generation cares for another is demonstrated by the degree of investment in protecting the environment. Elders strive to pass on a commitment to the environment. Elders are the natural constituency for genealogy and oral history and they could become “memory keepers” for the community and the human species. Research suggests that engagement in environmental organizations and activities may provide additional benefits beyond those found in other types of volunteering. Successful pilots discussed include 1) Building Healthy Communities for Healthy Aging (a pilot and award program); 2) Safe disposal of medications; and 3) Elders as environmental leaders benefit all ages.

SESSION 380 (SYMPOSIUM)

EXPANDING CAPACITY THROUGH COLLABORATION AMONG THE HARTFORD GERIATRIC SOCIAL WORK INITIATIVE PROGRAMS

Chair: N. Hooyman, School of Social Work, University of Washington, Seattle, Washington, CSWE Gero-Ed Center, Alexandria, Virginia

For over ten years the Geriatric Social Work Initiative (GSWI), supported by the John A. Hartford Foundation, has increased the competence of social workers to improve the care and well-being of older adults and their families. GSWI was by design a coordinated effort envisioned to accomplish a major paradigm shift in the social work education. GSWI has accomplished this through innovative initiatives such as training academic leaders to teach, mentor, and conduct cutting-edge research; recruiting, sustaining, and preparing a cadre of talented doctoral students; developing aging-rich field education models; and promoting the infusion of gerontology into curriculum and the organizational structure of social work programs. The importance of collaborative efforts across these projects cannot be overstated during times of competitive funding and increasing needs of older adults and their caregivers. The proposed symposium will consist of leaders from the GSWI that represent programming efforts directed at faculty, doctoral students, BSW and MSW classroom curriculum, and field education. The authors of this symposium are visionary leaders of geriatric social work education. They will discuss the paradigm shifts that have been achieved through collaborative efforts over the past decade, and point to areas that must be addressed in the future to ensure geriatric social work practice and research capacity within a rapidly changing health and long-term care context.

TODAY’S DOCTORAL STUDENTS ARE Potentially TOMORROW’S FACULTY LEADERS


The Hartford Doctoral Fellows (HDF) Program has been successful at cultivating the next generation of academic leadership in geriatric social work. Almost 100 students representing 35 universities have received the fellowship. However, its success would not have been possible had it not been a component of the GSWI, which brings value-added to each of the programs. The HDF clearly articulates with the mission of the HFS; graduates of the HDF and HFS programs have become the primary sponsors of applicants to the HDF program. Moreover, the HPPAE and Gero-Rich/Gero-Ed programs have contributed to identifying and recruiting doctoral students into gerontology and geriatrics as well as planted the seeds for academic careers for the graduates of the HDF. This network of past GSWI participants provides important social capital upon which to build future activities devoted to
responding to the continued shortage of social work faculty committed
to gerontology and geriatrics.

HARTFORD GERIATRIC SOCIAL WORK FACULTY
SCHOLARS PROGRAM: PROGRESS AND FUTURE
DIRECTIONS
B. Berkman, School of Social Work, Columbia University, New York,
New York

The Hartford Faculty Scholars program addresses the shortage of
social work faculty and mentors with geriatric expertise. Many Faculty
Scholars have demonstrated significant outcomes for their own careers
and their institutions. Moreover, many of the institutional outcomes have
involved Faculty Scholars seeking grants from other GSWI programs,
such as mentoring doctoral students to apply for the Doctoral Fellows
program. The Faculty Scholars are making great efforts to identify future
leadership in the field of geriatric social work, in much the same way
that they were identified as future leaders. However, much work remains
to be done if we are to ensure Faculty Scholars step into leadership posi-
tions within their schools and the profession in order to impact educa-
tion and practice in both geriatric social work and the profession.

PREPARING STUDENTS WITH GERONTOLOGICAL
COMPETENCIES: CURRENT PRACTICES AND NEW
MODELS
N. Hooyman, 1. School of Social Work, University of Washington,
Seattle, Washington, 2. CSWE Gero-Ed Center, Alexandria, Virginia

The National Center for Gerontological Social Work Education
(Gero-Ed Center) promotes gerontological competencies in social work
programs to prepare students to enhance the health and well-being of
older adults and their families. The Center’s focus is on ensuring
that all students are gerontologically-competent, through infusing aging into
required curriculum and programmatic structures, and creating exper-
iential learning activities with elders. In partnership with the other GSWI
programs, progress has been in expanding the teaching of gerontologi-
cal competencies, encouraging students and faculty to apply for other
GSWI programs, and recruiting and retaining students committed to
working with older adults. With the rapidly changing context for social
work practice created by the Patient Protection and Affordable Care Act,
however, new models of accountable and integrated care with social
work at the center are essential. The implications of these changes for
the preparation of social work scholars and practitioners will also be
discussed.

THE HPPAE MODEL: STRENGTHENING FIELD
EDUCATION IN AGING
P.J. Volland, Social Work Leadership Institute, New York Academy of
Medicine, New York, New York

The Hartford Partnership Program for Aging Education (HPPAE)
has worked to develop high-quality models of, and disseminate new
knowledge about, aging-rich field education at social work programs
and community agencies across the country. HPPAE strengthens field
education and deliberately links with classroom curriculum to strengthen
the overall educational experience. HPPAE model is proving success-
ful at recruiting and training students to the field of aging. Faculty Schol-
ars and Gero-Ed participants work with field education staff in their
home institutions to develop their HPPAE program through imple-
mentation and sustainability. Infusion of aging content in course cur-
riculum builds knowledge and strengthens practice skills for HPPAE
students. Future directions for this program include a more deliberate
effort to ‘require’ faculty and field staff to focus on workforce devel-
oment in the educational mission and to use experience to address cur-
cent educational needs of the

SESSION 385 (SYMPOSIUM)

HEALTHY AGING POLICY PROMOTION AND
IMPLEMENTATION: TOOLS FOR EFFECTIVE ADVOCACY
Chair: K.T. Unroe, Duke, Durham, North Carolina
Discussant: W.F. Benson, Andersen Benson Consulting Services, Silver
Spring, Maryland

Effective advocacy for policies that promote healthy aging requires
perseverance, skill, and a number of other tools, especially in an envi-
ronment of political turmoil. The 2009-2010 Health & Aging Policy
Fellows are a multi-disciplinary group of professionals in aging at vari-
ous career stages who participate in the program to gain an understand-
ing of and experience in policy processes. The Patient Protection
and Affordable Care Act, signed into law in March 2010, exemplifies
the broad implications health policy has for older Americans. Fellows
will discuss their involvement in aging related provisions of this legis-
lation resulting from their placements with Executive Agencies, Con-
gressional offices and committees, or through policy related projects.
Additionally, experiences in advocacy on issues relating to aging pol-
icy, such as transportation, care coordination, hearing health, chronic
conditions, and patient safety, will be discussed. Fellows will provide
recommendations for ways in which professionals in aging, researchers
and practitioners, can become involved in the policy process through
formal and informal mechanisms. Barriers to moving a policy agenda
forward, and translating research into policy, will be explored, as well
as strategies to overcome these challenges. The Health & Aging Policy
Fellowship program, funded by The Atlantic Philanthropies, is a 9-12
month opportunity for professionals in health and aging to participate
directly in the policy arena. Through residential and non-residential
tracks, Fellows work on policy related projects and may obtain place-
ments in the legislative or executive branches of government or “think
tank” organizations.

TRANSPORTATION AND HEALTH POLICY:
INTERSECTIONS, DETOURS, AND CONNECTING ROUTES
R.A. Marottoli, 1. Yale University School of Medicine, New Haven,
Connecticut, 2. VA Connecticut Healthcare Center, West Haven,
Connecticut

Health and transportation policy and practice intersect at many lev-
eels. How do older persons get to medical appointments, as well as to
social and productive out-of-home activities that allow them to stay
engaged in their communities? How do transportation systems accom-
modate people of different functional abilities, in different geographic
locations, and plan for future changes in both? This discussion will focus
on policies and programs that address these issues, as well as examples
of how the application of research findings and health practitioner
involvement at the local, state, and national level can benefit both sides
of the equation.

LISTENING TO AND EMPOWERING STAKEHOLDERS TO
MOVE POLICY FORWARD: A FOCUS ON HEARING
HEALTH ADVOCACY
M.I. Wallhagen, Physiological Nursing, University of California, San
Francisco, San Francisco, California

Hearing loss is one of the most common chronic problems experi-
enced by older adults and has significant negative health effects, includ-
ing depression, isolation, and altered relationships. Yet only approxi-
mately 20% of persons who could benefit from amplification use hearing
aids. Cost is one significant barrier. Medicare, the major source of health
care coverage for older adults, statutorily prohibits coverage of hearing
health services. This discussion focuses on a project designed to
gain an understanding of the ways in which Medicare makes coverage
available, and the importance of advocating for changes to make
hearing health care services more accessible. This discussion focuses on
opportunities for Medicare beneficiaries to obtain services that promote
hearing health. It became clear that an understanding of the perspec-
tive of multiple stakeholders was critical to the development of any effective strategy; the views of some stakeholders were not what were anticipated. Listening to and accounting for these various perspectives is essential in evolving effective policy.

**THE AFFORDABLE CARE ACT AS A LEVER FOR SUPPORTING EVIDENCE-BASED CHRONIC DISEASE SELF MANAGEMENT**

K.D. Horton, National Council on Aging, Washington, District of Columbia

Chronic conditions are a growing public health problem contributing to 75% of U.S. health care costs. Nationally, over 80% of older Americans have at least one chronic condition and 50% have at least two. In 2011, 25% of seniors with 4 or more chronic conditions will spend 80% of nation’s $2.8 trillion healthcare dollars. With millions of older adults struggling with health challenges such as chronic disease, falls, and mental health issues, concepts such as prevention, self-management, and patient activation have become critically important. As new mandates of the Affordable Care Act (ACA) are implemented, there are opportunities for a variety of providers in many settings to play a vital role in linking people with chronic conditions to self-management services and programs that can help individuals achieve better health. Participants will learn about successful strategies for utilizing the ACA to promote referral to and funding of evidence-based healthy aging programs.

**DOING NO HARM: PROMOTING SAFETY ACROSS THE CONTINUUM OF CARE**

H.L. Wald, Division of Health Care Policy and Reserach, University of Colorado, Aurora, Colorado

Older adults are at high risk of suffering adverse effects of medical care due to both their inability to tolerate perturbations in homeostasis and their frequent contacts with the health care system. The Affordable Care Act solidifies the commitment of CMS to measuring and rewarding safe and high quality care. While many of these initiatives have initially focused on the hospital setting, they are increasingly being applied to other settings of care including long-term care and home health care. There are many challenges associated with developing meaningful measures across settings of care and to reforming payment models to incentivize safety and quality. Using health-care associated infections and hospital-acquired conditions as a paradigm, this discussion will highlight initiatives aimed at measurement, reduction and reimbursement of adverse events of medical care; review the federal and non-federal stakeholders; and discuss the implications of these activities on the provider community as practitioners and advocates.

**SESSION 390 (SYMPOSIUM)**

**MAKING THE CASE AND TAKING ON THE CHALLENGES OF INTERDISCIPLINARY TEAMWORK EDUCATION IN GERIATRICS**

Chair: P. Clark, Gerontology, University of Rhode Island, Kingston, Rhode Island

Discussant: J. Damron-Rodriguez, UCLA, Los Angeles, California

Interdisciplinary teamwork (IDT) is increasingly essential in providing quality care to older adults with complex and chronic health care needs. IDT education is critical for all health care professionals if they are to master the core knowledge and skills necessary for teamwork. The Partnership for Health in Aging (PHA), a coalition of over 30 health professional associations and organizations, has recently released an IDT position statement and resource directory calling for the development and expansion of IDT education. This symposium reviews the major findings and recommendations of this position paper, and explores their implications for developing, implementing, and sustaining IDT in educational and clinical settings. The first paper presents the position statement’s major conclusions and recommendations, including the process of their development. The second paper describes current and future initiatives within the Veterans Administration (VA) health care system in support of IDT utilization and training, including how the lessons of the past can be used to inform the present and shape the future of IDTs generally. The third paper explores how professional associations, accreditation organizations, licensing agencies, and payers can work together to promote sustainable IDT education and practice through creating expectations and incentives for their development. The final paper develops a typology of challenges to designing effective IDT training programs in higher educational settings and integrates them into a conceptual framework based on professional, collaborative, and contextual factors. Recommendations for developing, implementing, and sustaining interdisciplinary geriatric teamwork education and practice to meet future health care needs will be developed.

**ADDRESSING THE NEED FOR INTERDISCIPLINARY TEAM TRAINING**


The Partnership for Health in Aging established a work group to address the need for enhanced education in interdisciplinary teamwork (IDT) in geriatrics. The work group conducted a comprehensive literature search on existing resources for IDT training, and developed a position statement and an annotated bibliography. After reviewing the evidence, the work group agreed on the following positions: (1) IDT training programs enhance the clinical skills and effectiveness of health-care professionals caring for older adults; (2) the core curriculum components of a geriatric IDT training program should include the following domains: team development, role definition, communication strategies, consultation, conflict resolution, collaborative decision-making, and leadership; and (3) institutional and financial support is vital for the development, professional training, and ongoing maintenance of IDTs. The position statement and the annotated bibliography should be used as an advocacy tool and resource for professionals interested in developing and expanding IDT training programs.

**TEAMS IN VA GERIATRICS: PAST, PRESENT, AND FUTURE**

R. Tsukuda1, K. Shay2, 1. VISN 20 MIRECC, Portland, Oregon, 2. VA Central Office, Washington, District of Columbia

For over three decades, the Department of Veterans Affairs (VA) has supported clinical and educational initiatives in geriatrics based on interdisciplinary practice. The VA’s Interdisciplinary Team Training in Geriatrics (ITTG) programs served as loci for interdisciplinary training of health professionals and trainees with the goals of developing discipline-specific clinical knowledge and skills, enhancing geriatric practice, and learning skills necessary for effective teamwork. Presently the VA has the opportunity for leveraging the lessons learned from ITTGs in its adoption of the medical home model. We polled VA geriatric and primary care programs in order to gain insight into the real life problems facing emerging teams and how the lessons of the geriatric team care model are being applied and adapted—or not. Our findings will be of use in refining the VA’s efforts to apply established geriatrics expertise to the new look of VA primary care.

**HOW HEALTH-RELATED ORGANIZATIONS CAN SUPPORT IDT IN GERIATRICS**

D. Reuben, UCLA, Los Angeles, California

Health-related organizations fulfill a variety of roles in health care delivery, and each can have unique leverage in promoting or impeding the adoption of interdisciplinary team (IDT) training in geriatrics. Professional societies are typically membership organizations and often...
create educational products for practicing clinicians. They also frequently engage in lobbying or advocacy activities to secure reimbursement for services. Licensing and certifying bodies set standards and serve the public through regulating or credentialing clinicians. Frequently, these organizations also influence professional schools and post-graduate programs by establishing requirements that must be met prior to being eligible for licensure or certification. Accrediting organizations are typically aimed at institutions where professionals are taught or where health care is provided. Finally, payers can incentivize or de-incentivize innovations by reimbursing or denying coverage. When aligned, these complementary roles of organizations can greatly facilitate the diffusion of new approaches to health care delivery.

TAKING ON THE CHALLENGES OF DEVELOPING AND SUSTAINING IDT TRAINING IN HIGHER EDUCATION
P. Clark, Gerontology, University of Rhode Island, Kingston, Rhode Island

Higher education institutions present unique challenges for the development, implementation, and continuation of interdisciplinary geriatrics team training programs. In spite of recent calls for the expansion of such programs, significant barriers remain to their long-term success. This paper develops a typology of such factors and integrates them into a conceptual framework suggesting some potential solutions. The following are included in this framework: (1) factors related to each profession, such as its unique cultural and historical background, power base, and willingness to embrace change, (2) factors related to interrelationships among the professions, including their status, ability and willingness to collaborate to achieve improved health care quality and outcomes, and (3) factors related to the context for IDT education, including acute, long term, and community care settings. Geriatrics offers unique opportunities to develop successful strategies to overcome these traditional barriers, and this presentation summarizes recommendations for implementing them in higher education settings.

SESSION 395 (SYMPOSIUM)

OLLIE RANDALL AWARD SYMPOSIUM:
UNDERSTANDING ADOPTION OF CULTURE CHANGE PRACTICES IN U.S. NURSING HOMES: A MIXED-METHODS APPROACH
Chair: S.C. Miller, Brown University, Providence, Rhode Island
Discussant: C.E. Bishop, Brandeis University, Waltham, Massachusetts

For nearly two decades a movement to transform the “culture” of U.S. nursing homes (NHs) has been underway. The “NH culture change” movement aims to transform NH physical environments to be more homelike and advocates for reduced hierarchy by encouraging resident-centered/directed care practices and staff empowerment. This movement occurs in a rapidly changing NH environment that includes increasingly diverse NH populations. In this symposium we present findings to further our understanding of how and to what extent U.S. NHs have transformed. Our mixed-methods approach: 1) estimates adoption of culture change practices, 2) examines factors and care processes associated with more versus less adoption, and 3) identifies processes and strategies NHs use to implement culture change practices. In 2009/10 we surveyed directors of nursing (DoNs) and Administrators at 3,697 NHs (i.e., a stratified, proportionate random sample of U.S. NHs). Response rates were 57.6% (DoNs), 59.4% (administrators), and 44.5% (both). Survey questions focused on the culture change constructs of physical environment, resident-centered/directed care, and staff practices. We also conducted follow-up qualitative interviews of 64 administrators in NHs who adopted (per survey responses) fewer versus more culture change practices, and with lower- versus higher-level quality (per health-related survey deficiencies). We inquired about the content of quality changes and their related motivations, strategies, facilitators, barriers and impacts. Survey findings show while full culture change transformation is uncommon the vast majority of U.S. NHs has adopted some culture change practices. Interviews illustrate variation in motivators and strategies, but consistency in reports of positive impacts.

CULTURE CHANGE PREVALENCE AND CORRELATES IN NURSING HOMES

In 2007, 43% of U.S. nursing homes (NHs) had little or no commitment to or adoption of culture change. In 2009/10, 86% of NH directors of nursing (DoNs) reported involvement in culture change at least partially changed resident care; 13% reported it completely changed care throughout the NH. Scores derived from questions on resident and staff practices and on physical environments had acceptable Cronbach’s alphas and convergent and construct validity. Higher scores on the culture change constructs were significantly associated with lower administrator and DoN turnover, and with longer aide tenure, as reported by administrators. Also, in facilities with higher resident-centered/directed care scores there was lower use of physical restraints and long-stay residents had lower increases in depression/anxiety (per NH Compare indicator). Adoption of culture change practices has increased substantially in U.S. NHs. Future research is needed to disentangle the cause/effect relationships between adoption and staff turnover/tenure and resident outcomes.

THE SKILLED CARE NURSING HOME MARKET AND CULTURE CHANGE APPROACHES
M. Lepore1,2, R.R. Shield2, J. Looze2, D. Tyler2, S.C. Miller1, 1. Planetree, Atlanta, Georgia, 2. Brown University, Providence, Rhode Island

Nursing homes (NHs) are increasingly serving short-stay residents with sub-acute care/rehab needs. Concomitantly, a “culture change” movement is afoot to transform NHs from medical-model settings to providers of person-centered care offering “home” environments. This study examines NH approaches to culture change in the context of the transition to short-term services. Data derive from in-depth interviews conducted with 64 NH administrators. Findings indicate NHs are responding to culture change in the growing skilled care market in a variety of ways. Approaches to NH culture change identified in the context of serving sub-acute care/rehab residents vary by whether culture change practices are implemented differently or with different emphases for short- and long-stay residents; whether provision of “hospitality-like” amenities substitute for fundamental culture change practices; and whether reforms are considered inappropriate for sub-acute care/rehab residents. Future research is needed to further understand these trends and identify how best to care for short-stay residents.

THE IMPORTANCE OF COMMUNICATION AND EDUCATION TO SUCCESSFUL CULTURE CHANGE INITIATIVES

Culture change (CC) is becoming increasingly prevalent in US nursing homes (NHs), yet little is known about how facilities go about implementation. Among the 64 NH administrators (NHAs) we interviewed, those who reported incorporating CC practices noted varying strategies employed and approaches taken. Most stressed the importance of communication with and education of all stakeholders, including NH staff at all levels, NH residents, and residents’ family members. As one administrator said, “We’ve had a series of meetings. . . educated our staff on the new culture change initiatives; why it’s important. We do a resident satisfaction survey…and so we use feedback from residents as
a way to say this is where we need to go.” Themes emerging around the concepts of communication and education indicate that these efforts should be ongoing, communication should be reciprocal, and all stakeholders should be active participants in the CC process.

QUALITATIVE EXPLORATION OF MOTIVATIONS, SUCCESSES AND BARRIERS IN CULTURE CHANGE IMPLEMENTATION

R. Shield, J. Looze, M. Lepore, D. Tyler, S.C. Miller, I. Brown
University, Providence, Rhode Island, 2. Planetree, Inc., Derby, Connecticut

Following a national survey of nursing home administrators (NHAs) and Directors of Nursing, semi-structured qualitative telephone interviews lasting 20-30 minutes each were conducted with a subset of NHAs (N=64) to explore their views and experiences of adopting “culture change” practices in their facilities. Each interview transcript was individually coded by research team members. Codes were reconciled in analysis team meetings, scored by the team according to how extensive the facility’s culture change practices appeared and triangulated with qualitative survey responses. Transcript analysis reveals prominent themes, including NHAs’ motivations for implementation, their strategies and approaches, factors that impeded and facilitated the changes, and lessons learned. Important tenets include the need for sustained leadership; continual communication among staff, residents and families about culture change; and tackling small steps first when incorporating new practices. As one NHA advised, “Start out with simple things [to] … succeed…[and] have the right players sit around the table.”

SESSION 400 (SYMPOSIUM)

QAPI COMES TO THE NURSING HOME: OPPORTUNITIES, CHALLENGES, TOOLS, AND BEST PRACTICES

Chair: R.A. Kane, Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota
Discussant: A. Bonner, Division of Nursing Homes, Survey & Certification Group, Centers for Medicare & Medicaid Services, Baltimore, Maryland

The Affordable Care Act mandates a Quality Assessment and Performance Improvement (QAPI) requirement for nursing facilities (NFs). QAPI shies in a focus on data-driven proactive performance improvement for all aspects of NF care and services, including quality of life and effective transitions in and out of NFs. This Symposium describes a model for QAPI developed by the Centers for Medicare and Medicaid Services (CMS), discusses tools and resources to enhance QAPI implementation (as well as gaps in such tools), describes the structure of a QAPI demonstration in 20 nursing homes in four states beginning in July 2011, and technical assistance that is being tested through a learning collaborative model and other multifaceted approaches. Rosalie Kane summarizes the initiative, including the 5 major elements of QAPI, and the challenges in developing prototypes given the heterogeneity in the nursing home industry. Pamela Lee presents a review of tools to implement QAPI processes and topical tools to monitor specific processes and outcomes; she illustrates a Web-based Resource Library that showcases tools, resources, best practices, and interactive learning modules; and is accessible to NF providers, consumers, and regulators. Jennifer Lundblad presents the learning collaborative and technical assistance approach, built on insights from the experience of the QIOs; this approach multiplies lessons learned from the demonstration. Robert Kane discusses the evaluation of the demonstration and its relationship to the national QAPI roll-out. Alice Bonner kicks off the audience discussion with comments on the CMS vision for QAPI in the context of overall CMS initiatives.

QAPI FOR NURSING FACILITIES: A POSITIVE APPROACH TO QUALITY

R.A. Kane, R. Kane, P.J. Lee, K. Clayton, 1. Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota, 2. Nursing Home Division, Survey & Certification Group, Centers for Medicare & Medicaid Services, Baltimore, Maryland

Current nursing facility (NF) regulations are designed to assure compliance with a minimum set of expectations for quality in multiple areas. QAPI offers a complementary approach geared to continuous improvement. Each NF will be expected to develop a QAPI program that includes tracking and investigating Adverse Events, monitoring Performance Indicators that can be examined against thresholds and/or targets, conducting Performance Improvement Projects, applying a Systemic Approach to identify and correct root-causes of problems, and developing a sustainable Governance Structure for QAPI. The challenges of implementing a reproducible QAPI program are magnified because of variability in NH resources, organizational structure, and care programs. A demonstration project in 20 varied NFs (some chain-owned and some free-standing) in 4 states will be mounted to demonstrate QAPI in action and to help inform the national QAPI rollout. Assumptions and preliminary findings leading to the demonstration are discussed in this presentation.

EVALUATION OF THE QAPI DEMONSTRATION

R. Kane, R.A. Kane, School of Public Health, University of Minnesota, Minneapolis, Minnesota

The QAPI demonstration is designed to test a model of technical assistance that can be used in a national roll out of QAPI. The evaluation is based on a combination of goal attainment (was each operational component of the five elements successfully completed in each site?), qualitative analysis (what problems were encountered in implementing the system and how were they overcome), and quantitative analysis (were targeted areas of quality reflected in improvements in corresponding quality measures; was there evidence of spill-over into other quality measures; were they offsetting decrements in some quality measures; were there reductions in hospital admissions and ER visits for ambulatory sensitive conditions). The data come from site visits, analysis of MDS data that provides 24 case-mix adjusted quality measures and MedPAR data.

TOOLS, RESOURCES, BEST PRACTICES AND BROAD OUTREACH VIA A WEB-BASED RESOURCE CENTER


The QAPI contractor team at University of Minnesota and Stratis Health reviewed available tools to mount a QAPI process in nursing homes, identifying gaps and adapting or developing tools as needed. The team also reviewed a wide range of assessment tools available to improve care and services across the broad spectrum of areas involved in NF care. The presentation describes the process and results of this comprehensive analysis of tools and the effort to identify evidence-based QAPI practices. It also illustrates the Web-based Resource Library in its beta-testing phase; this library is designed as a transparent user-friendly mechanism for providers, consumers, and regulators to become engaged in the challenges of improving nursing homes through QAPI.

TECHNICAL ASSISTANCE FOR QAPI: THE ROLE OF THE LEARNING COLLABORATIVE

J.P. Lundblad, M. Reirson, K. O’Neill, J. Pederson, R.A. Kane, P.J. Lee, 1. Stratis Health, Bloomington, Minnesota, 2. Division of Health Policy & Management, School of Public Health, University of Minnesota, Minneapolis, Minnesota

The 20-NF demonstration project includes multiple inter-related types of technical assistance (TA): individualized TA to each NF, interactive on-line curriculum, newsletters; TA hotlines; and tailored
resources and forums for “communities of practice”—i.e. all persons with the same role in participating NFs (e.g. medical directors, DONs). A Learning Collaborative comprised of representatives from each NF will be developed for participating NFs; it entails phone and in-person meetings and ample opportunities to network, and share successes and cautionary tales. As participating NFs work on achieving their QAPI milestones and applying common approaches to identify individual NF needs and plans, the learning collaborative provides a rich vein of experience and generates useful case studies for the QAPI national roll-out. TA approaches are informed by the experiences of Quality Improvement Organizations in working with NFs (synthesized by Stratis Health) and by the authors’ research into current QAPI practices in independent and chain-affiliated NFs.

SESSION 405 (SYMPOSIUM)

THE FUTURE OF RETIREMENT SECURITY: TRENDS AND POLICY OPTIONS

Chair: L. Polivka, Claude Pepper Center, Florida State University, Tallahassee, Florida
Discussant: E. Kingson, Syracuse University, Syracuse, New York

The future of retirement security in the U.S. and other countries is fundamentally dependent on sustained and sustainable economic growth. This presentation will argue that historically slow growth over the last 30 years, the continuing effects of the Great Recession and the renewed dominance of conservative (neoliberal) economic policy at the national and state government levels have greatly increased the risk that increasing numbers of future retirees will not have what are generally considered sufficient resources for an adequate standard living in retirement. This perspective on the political economy of retirement security will be based on an analysis of fundamental changes in corporate goals and strategies and public policies from the early 1970’s to the current emergence of austerity measures and the impact of these changes on the retirement prospects of the next generation of retirees. The presentation will conclude with an assessment of alternative options for restoring economic security in retirement.

RETIREMENT SECURITY LESSONS FOR THE U.S. FROM ABROAD

J.B. Williamson, Sociology, Boston College, Chestnut Hill, Massachusetts

There are important lessons from abroad for the debate over Social Security reform in the United States. The thirty or so countries with partially privatized pension schemes, make it clear that such schemes can be made to work reasonably well, particularly for affluent workers. But there is also evidence of serious problems associated with many of these schemes including high administrative costs, poor returns, and poor coverage for low-wage workers. There is also evidence from other countries abroad suggesting that the introduction of notional defined contribution (NDC) individual accounts may offer a way to increase Social Security revenues in the U.S. without the market and investment risks associated with the diversion of Social Security contributions into funded individual accounts.

WORK LONGER. SURE. BUT WHO CAN DO THAT?

D. Ekerdt, Univ of Kansas, Lawrence, Kansas

A trend toward extended work lives is already underway, with increased employment among older people and more working retirees on the rise. Policy figures promote delayed withdrawals as a way to increase retirement income both for the household and to relieve pension systems. As an example, lowering the “retirement wage” for Social Security would raise the incentive to work longer. Worthy as this advice may be, how feasible is greater employment among retirement-age workers? There is scant evidence that the labor market has become more welcoming to older workers, or that population health and fitness has improved. Those who do stay tend to have labor market advantages, better health, higher wages, and more control over working conditions. The work-longer policy imposes a regime of retirement delay on those with fewer work options and characteristically shorter lives. The work-longer prescription is a solution with inequality baked in.

SESSION 410 (SYMPOSIUM)

NIA SYMPOSIUM: LIFESTYLE ç LIFESPAN ç ADVANCES & OPPORTUNITIES IN AGING RESEARCH

Chair: R. Hodas, National Institute on Aging, Bethesda, Maryland
Co-Chair: J. Harden, National Institute on Aging, Bethesda, Maryland
Discussant: M. Bernard, National Institute on Aging, Bethesda, Maryland

Roundtable Discussion Participants: R. Barr, Division of Extramural Activities MA Bernard, Deputy Director F. Sierra, Division of Aging Biology E. Hadley, Division of Geriatrics and Clinical Gerontology R. Suzman, Division of Behavioral and Social Sciences S. Snyder, Division of Neuroscience J. Harden, Office of Special Populations C. Hunter, Division of Extramural Activities/Training Officer NIA-supported research is helping to identify lifestyle factors and health behaviors that directly influence physical, cognitive, and emotional fitness and risk of disease. As we identify more precisely these health behaviors and lifestyles that influence health and quality of life, we will be able to reinforce prevention efforts, enhance symptom management, conserve resource, and improve caregiving. This interactive symposium will provide an overview of recent research advances highlighting lifestyle and lifespan. The National Institute on Aging conducts and supports biomedical and behavioral research with a focus on understanding basic processes of aging, improving prevention and treatment of diseases and conditions common in later years, and improving the health of older persons. The symposium includes two podium presentations and roundtable discussions. An overview of NIA appropriations and recent advances in aging research related to lifestyle and lifespan will be highlighted in the first podium presentation. The NIA also supports training and career development of scientists focusing on aging research and the development of research resources. This topic will be the focus of the second podium presentation, followed by interactive roundtable discussions.

A RUN THROUGH THE NIA MECHANISM MAZE

R.A. Barr, Division of Extramural Activities, National Institute on Aging, Bethesda, Maryland

I will describe recent changes in NIH and NIA policies concerning grant opportunities, comment on the budget climate for grant awards and describe particular kinds of training and grant awards suitable for students and researchers at different stages of their training or research careers. I will finish with an overview of any open NIA initiatives and introduce other NIA staff who will be present to speak on a one-one basis with participants. After my talk participants should know more about opportunities to seek support for their research or training from NIA and should know the individual division of NIA appropriate for their scientific background.

NIA SYMPOSIUM: INTERACTIVE ROUNDTABLE DISCUSSIONS ON LIFESTYLE, LIFESPAN, AND ADVANCES AND OPPORTUNITIES IN AGING RESEARCH

J. Harden, National Institute on Aging, Bethesda, Maryland

Participants: R.J. Hodes and M. Bernard, Office of the Director/Deputy Director; R. Barr and C. Hunter, Division of Extramural Activities, F. Sierra, Aging Biology; E. Hadley, Geriatrics and Clinical Gerontology; R. Suzman, Behavioral and Social Sciences; S. Snyder, Neuroscience. This interactive symposium brings together participants and the leadership and staff of NIA offices and extramural research divisions. The roundtable discussions vary and may focus on
advances in research at the NIA, career development plans, questions about review, and pre/post award management. Participants may prepare a one-page abstract to discuss and leave with staff for follow-up or use the time for mini-mentoring sessions. The NIA conducts and supports biomedical and behavioral research with a focus on understanding basic processes of aging, improving prevention and treatment of diseases and conditions common in later years, and improving the health of older persons. Come join the fun and style of NIA!

SESSION 415 (POSTER)

BIOLOGICAL MECHANISMS OF AGING I

HOW GENES CONTRIBUTE TO AGING RELATED CHANGES AND AFFECT LIFE SPAN IN HUMANS


The genetic studies of human life span produced controversial results. The effects of a number of genes on longevity are confirmed in some studies and are not manifested in others. None of the connections resulting from the genome wide association studies (GWAS) of longevity achieved genome-wide significance level. New approaches are needed to evaluate the roles of genetic factors in longevity from available data. In this paper we investigate joint influence on life span of a set of genetic variants individually selected in GWAS of life span using Framingham Heart Study data. We use bio-demographic models to investigate possible mechanisms, which are likely to be involved in regulating differences in survival patterns in groups of individuals with different genetic background and at different time points. We show that difference in genetic background among groups of individuals from the same cohort generates differences in aging related changes in physiological indices, as well as differences survival/mortality curves resembling those observed during survival/mortality improvement in developed countries in the last century. Observed similarity in patterns of survival changes in response to radically different factors indicates the presence of important systemic biological mechanisms involved in life span regulation. Although these mechanisms could be different for different stimuli their functional roles could be similar. We also show how average age patterns of physiological indices differ for groups of individuals with different genetic background.

INDIVIDUAL ESTIMATION OF AGING BIOMARKERS IN HEALTHY CHINESE POPULATION

X. Bai, Gerontology and Geriatrics, The First Affiliated Hospital of China Medical University, Shenyang, China

[Background] Biological age has been proposed to serve as an essential indicator for individual estimation of aging. [Objective] The purposes of this study were to estimate the levels of biological aging in healthy Chinese population and to observe the differences of biomarkers among the aging levels in the same chronological age (CA) groups. [Method] 852 healthy adults aged 30-98 years were enrolled and divided into four CA groups, and the individual biological age was estimated. Based on the confidence interval with ± 1 standard deviation of the regression line, each CA group was divided into 3 aging levels (Delayed, normal and early aging level). We observed the differences of 7 biomarkers (PP, IMF, EDV, MVEL, E/A, FIB, Cystatin C) among 3 aging levels in each CA group. [Results] In each CA group there were significant differences of biological age score among 3 aging levels (P<0.001). There were also significant differences of 7 biomarkers among 3 aging levels (P<0.001), and 4 CA groups (P<0.05). PP and EDV were significant difference among 3 aging levels in 4 CA groups and 6-0-74 yr CA group. [Conclusion] Biological age score play an essential role in the evaluation of aging. 7 biomarkers were competent for the evaluation of aging.

RELATION BETWEEN OXIDATIVE STRESS RESISTANCE AND KIDNEY DISEASES IN SPONTANEOUS DWARF RATS

T. Shinkai, Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

Spontaneous Dwarf rat (SDR), a dwarf rat strain derived from Sprague–Dawley (SD) rats, has a longer lifespan than that of SD. This report describes that, although chronic nephropathy and renal cell tumors frequently develop in SD rats, the diseases were extremely rare in SDRs. The results indicate that SDRs can resist these diseases, and suggest that resistance to oxidative stress causes the abatement of the disorders. To investigate the augmentation of tolerance for oxidative stress in SDRs, we administered N-ethyl-N-hydroxyethyl-Nitosamine and potassium bromate, which are carcinogens that produce active oxygen. Administration of the drugs induced weight loss because of the loss of appetite in both SDRs and SD rats. The kidney weight increased after drug administration to SD rats, but no change was found in SDRs. Administration of the drugs led to tissue aberration in all SD rat kidneys, but no marked aberration occurred in SDRs. Moreover, the drugs showed carcinogenicity in half of the SD rats, but none in any SDR. These results indicate that the carcinogens cause neoplasia, hyperplasia, and hypertrophy in SD rat kidneys, and that SDRs have resistance to renal oncogenesis and brightism caused by them. Reportedly, oxidative stress can be involved in the carcinogenesis mechanism of the drugs used in these experiments. Our findings suggest that SDRs have oxidative stress-control mechanisms, and that the suppression of kidney deficiencies might support the longevity of SDRs.

VASCULAR OXIDATIVE STRESS IN AGING: HOMEOSTATIC FAILURE VIA DYSREGULATION OF NRF2-MEDIATED ANTIOXIDANT RESPONSE

Z. Ungvari1, L. Bailey-Downs1, D. Sosnowska1, T. Gautam1, P. Ballabh2, R. De Cabo1, W. Sonntag3, A. Csizsar1, 1. Reynolds Oklahoma Center on Aging, Department of Geriatric Medicine, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, 2. Departments of Pediatrics, Anatomy & Cell Biology, New York Medical College-Westchester Medical Center, Valhalla, New York, 3. Laboratory of Experimental Gerontology, National Institute on Aging, Baltimore, Maryland

Aging is associated with vascular oxidative stress, which promotes the development of cardiovascular diseases. NF-E2–Related Factor-2 (Nrf2) is a transcription factor, which is activated by reactive oxygen species in the vasculature of young animals leading to the up-regulation of various antioxidant genes. The present study was designed to elucidate age-related changes in the homeostatic role of Nrf2-driven free radical detoxification mechanisms in the vasculature. We found that in the aorta of F344xBN rats aging results in a progressive increase in O2.- production, and down-regulates protein and mRNA expression of Nrf2, which is associated with a decreased nuclear Nrf2 activity and a decrease in the Nrf2 target genes NQO1, GCLC and heme oxygenase-1. In cultured aorta segments of young (3 month old) rats treatment with H2O2 and high glucose significantly increases nuclear translocation of Nrf2 and up-regulates the expression of Nrf2 target genes. In contrast, in cultured aorta segments of aged (24 month old) rats, the induction of Nrf2 dependent responses by H2O2- and high glucose are blunted. High glucose-induced vascular oxidative stress was more severe in aortas of aged rats, as shown by the significantly increased H2O2 production in these vessels, as compared to responses obtained in aortas from young rats. Moreover, we found that aging progressively increases vascular sensitivity to the pro-apoptotic effects of H2O2 and high glucose treatments. Taken together, aging is associated with Nrf2 dysfunction in the vasculature, which likely exacerbates age-related cellular oxidative stress and increases sensitivity of aged vessels to oxidative stress-induced cellular damage.
muscle activation deficits following a sustained fatigue test between geriatric hospitalized patients and community dwelling elderly controls will be presented, as well as the relationships with circulating markers of inflammation.

DO EARLY-LIFE AGING-RELATED PHENOTYPES IN ADULTS PREDICT HEALTH TraITS AT LATE AGES IN FAMILIES? INSIGHTS FROM THE LONG-LIFE FAMILY STUDY


Aging is associated with systemic remodeling of organism’s functioning which increases chances of virtually all geriatric traits. It is believed that various geriatric traits and longevity are heritable. Because the senescent (i.e., post-reproductive) phenotypes can be caused by the reproductive-age-related risk factors, their heritability can be driven by evolution. Studies of heritability are important because their results can be used for evaluating chances of developing health problems in offspring knowing health information of their parents and for identification of genetic variants contributing to healthy life. We focus on 4954 participants of the Long Life Family Study (LLFS) from two generations to elucidate whether: (i) risk factors (e.g., body mass index, blood glucose, and blood pressure) and diseases (e.g., hypertension and diabetes) measured in long-living parents are associated with the same traits in other members of their families, (ii) risk factors are associated with diseases in different members of the LLFS families, and (iii) risk factors measured in long-living parents are associated with diseases in other members of their families. We show that: (i) heritability of each trait is sensitive to the age of parents, (ii) risk factors might not be associated with diseases in the longest-living population, and (iii) certain risk factors in parents can predict diseases in their children and vice versa, but this effect is sensitive to the parents’ age. The results suggest that mechanisms of heritability of individual traits and associations among diseases and risk factors in long-living populations might be different than in the normal populations.

ALTERED EXPRESSION OF miRCONA IN THE AGING HEART

X. Zhang1, G. Azhar1, J.Y. Wei1, A. Geriatrics, University of Arkansas for Med Sciences, Little Rock, Arkansas, 2. GRECC, GRE, Central Arkansas Veterans Healthcare System, Little Rock, Arkansas

Objective: MicroRNAs are short, endogenous, single-stranded RNA molecules that regulate gene expression, and are important regulators of cardiac structure and function. However, the expression of microRNAs and their role in the aging heart have not been well established. In the present study, we examined microRNA expression pattern and the role of transcriptional regulation in the altered expression of microRNA in the heart. Methods: We analyzed the microRNA expression in young adult (YA, 4 mo) vs old (O, 24-mo) C57BL6 mouse hearts. Results: We observed that 66 microRNAs were differentially expressed with at least 1.5-fold change in the O versus YA mouse heart; 35 microRNAs were up-regulated, while 31 microRNAs were down-regulated. Over half of the 66 microRNAs belong to 8 microRNA clusters. We also examined the transcription of microRNA primary transcript (pri-miRNA), which is the first step in the microRNA biogenesis. The pri-miR-21 level changed during maturation and aging at various ages, which correlated with the expression of miR-21 mature
microRNA. Furthermore, we examined the miR-21 passenger strand, as well as Ago1 and Ago2 proteins. Our data indicate that transcriptional regulation and the Agonaute proteins contributed to the age-related change in the expression of both microRNA guide strand and passenger strand. Bioinformatics analysis revealed that miR-25, miR-199a and miR-455 could inhibit the sirtuin family proteins. Conclusion: The cardiac expression of microRNA changes during adult aging. Transcriptional regulation and Agonaute proteins may contribute to the age-related differences of both microRNA guide strand and passenger strand in senescence.

AGING-RELATED PHENOTYPES AND INTER-CHROMOSOMAL LINKAGE DISEQUILIBRIUM IN THE HUMAN GENOME
A. Kulminski, Center for Population Health and Aging, Duke University, Durham, North Carolina

Studies of plants and animals show that loci on non-homologous chromosomes can be in linkage disequilibrium (LD). Such LD is often observed in populations with qualitatively different phenotypic structure, particularly, in admixture of different inbred strains. This paper explores whether the phenomenon of inter-chromosomal LD can be associated with complex, aging-related phenotypes and be caused by intrinsic bio-genetic mechanisms in human genome. The analysis is based on an original two stage approach, which employs phenotype-based pre-selection of SNPs for the analyses of LD, and focuses on 9,274 genotyped participants of the Framingham Heart Study. The results document remarkably strong and extensive LD among SNPs at loci on multiple non-homologous chromosomes. The analyses provided compelling evidences that the inter-chromosomal LD was unlikely generated by stochasticity, population or family structure, or mis-genotyping. The analyses reveal highly significant clustering of risk alleles of SNPs showing inter-chromosomal LD in parental and offspring generations of the FHS participants who are characterized by heritable phenotypes of poor health. These findings suggest that the observed inter-chromosomal LD can be caused by intrinsic bio-genetic mechanisms which can be associated with favorable or unfavorable epistatic evolution. This phenomenon might be of fundamental importance challenging currently prevailing view on the role of genes in regulating complex, aging-related phenotypes.

REduced IGF-I SErUM LEvELS IN FORMERLY OBESE WOMEN SUBMITTED TO LONG-TERM CALORIC REstRICTION
W. Zwierschke1, M.C. Mitterberger2, M. Mattesch3, E. Klaver1, H. Pizakazier1, 1. Cell Metabolism and Differentiation Research, Institute for Biomedical Aging Research of the Austrian Academy of Sciences, Innsbruck, Austria, 2. Department of Plastic and Reconstructive Surgery, Innsbruck Medical University, Innsbruck, Austria

Life span extension in laboratory rodents induced by long-term caloric restriction (CR) correlates with decreased serum insulin-like growth factor-I (IGF-I) levels. Reduced activity of the growth hormone (GH)/IGF-I signaling system slows aging and increases longevity in mutant mouse models. In the present study we show that long-term CR achieved by different interventions for 4 years, either laparoscopic-adjustable gastric banding, or reducing diet, leads to reduced IGF-I serum levels in formerly obese women relative to normal-weight women eating ad libitum. Moreover, we present evidence that the CR interventions reduce fasting GH serum levels. The present study suggests that the activity of the GH/IGF-I axis is reduced in long-term calorically restricted humans. Moreover, our findings indicate that the duration and severity of the CR intervention is important for the outcome on the GH/IGF-I axis in humans, as shown before in animal models.

YEAST MOTHER CELL-SPECIFIC AGING: ASYMMETRIC DISTRIBUTION OF DAMAGE AND THE ROLE OF A NOVEL NADPH OXIDASE
M. Breitenbach1, H. Klinger1, Y.T. Lam1, M. Rinnerthaler1, A. Klocker1, J. Hasel1, P. Laun1, 1. Department of Cell Biology, Div. of Genetics, University of Salzburg, Salzburg, Austria, 2. School of Biotechnology and Biomolecular Sciences University of New South Wales, Sydney, New South Wales, Australia, 3. Institute of Microbiology, Czech Academy of Sciences, Praha, Czech Republic

Yeast mother cell-specific aging is viewed as a model for the aging process of a stem cell population. Aging mother cells create oxidative stress inactivating, among other proteins, aconitase, which is highly sensitive to ROS. In this talk we are presenting evidence that in cell divisions of old yeast mother cells aconitase activity is very preferentially distributed into the bud. In addition to the regulated degradation of damaged material through autophagy and the proteasome, asymmetric segregation is a mechanism which is necessary for rejuvenation of cells and therefore survival of the species. The genome of S. cerevisiae contains nine ORFs showing considerable sequence similarity to the catalytic subunits of mammalian NOX enzymes, only some of which have been functionally assigned as ferric reductases involved in iron uptake. We are showing here that only one of the nine ORFs (YGL160W) codes for a genuine NADPH oxidase, which is located in the ER, produces superoxide in a NADPH-dependent way, and displays no ferric reductase activity. We renamed this ORF YNO1 (Yeast NADPH oxidase 1). One of the functions of YNO1 seems to be creating a signal for F-actin polymerization.

DEVELOPMENT OF AGE ASSOCIATED DISORDERS AND ENERGY METABOLISM DYSREGULATION. A NONLINEAR DYNAMIC MODEL
A.B. Mintitski, K. Rockwood, Department of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada

Background: The ability of the organism to maintain proper functioning in response to external stresses is essential. The imbalance between catabolic and anabolic pathways occurs with age but their interaction is complicated as multiple pathways are involved. We suggest a simple nonlinear model of energy metabolism and investigate how changes in energy expenditures might affect homeostatic imbalance. Methods: A system of two nonlinear differential equations with positive and negative feedback mechanisms of control is suggested to model the macrokinetics of key factors: (e.g. catabolic/anabolic hormones at the organism level, ATP/ADP at the cell level, etc.). The system of equations is investigated analytically and numerically. Results & Discussion: In a simplest case, the model allows two stationary solutions, reflecting two stationary levels of a putative key metabolite, corresponding to ‘high’ and ‘low’ energy metabolism states. When the system (which is initially in the high energy state) is perturbed by the external load, the high energy state can be still maintained within a certain range of loads. When the external perturbation reaches a threshold, the system quickly switches to the low energy level. The system also demonstrates hysteresis: restoration of the previous high energy state is possible, but only when the load level is much lower than the one caused the switch to the low energy state. Conclusion: A simple, tractable model highlights the essential feature of the changes in metabolism during aging. The model can explain the basic mechanisms of compensation and how with time, there are increasing limitations in maintaining health status.

MTOR REGULATION OF COGNITIVE AGING AND AGE-DEPENDENT NEURODEGENERATION
V. Galvan, J.H. Halloran, N. Podlatskaya, A. Pierce, Physiology and The Barshop Institute, University of Texas Health Science Center at San Antonio, San Antonio, Texas

The target of rapamycin (TOR) is a major signaling hub that regulates cell metabolism. Reduced activity of TOR extends invertebrate
and mammalian lifespan, possibly by retarding aging. Consistent with this idea, we showed that long-term treatment with rapamycin prevents Alzheimer’s (AD)-like deficits in a mouse model. Moreover, long-term inhibition of mTOR improved cognitive function and reduced anxiety as well as depressive-like behavior in wild-type mice. Proteomic and gene expression studies revealed that the chaperone/heat shock response family is overrepresented among the proteins upregulated in brains of rapamycin-treated transgenic. In agreement with this observation, the activity of heat-shock factor 1 was increased. The small chaperone alpha-B crystallin (sp16), which is already augmented in brains of untreated AD mice, showed the greatest increase as a result of rapamycin treatment, suggesting that long-term inhibition of mTOR enables alpha-B crystallin to further accumulate and possibly contribute to the amelioration of AD-like deficits in mice. Our results suggest that maintenance of proteostasis may have a key role in sustaining cognitive function and preventing age-related dysfunction during aging and in AD-like neurodegeneration. Low-level, long-term inhibition of the mTOR pathway may thus act by boosting the activation of the chaperone network as a response to the accumulation of aggregated or damaged proteins during aging, and in AD. We data support the hypothesis that inhibition of mTOR delays aging, and suggest that rapamycin, already used in clinical settings, may be a potentially effective therapeutic agent for the treatment of a continuum of age-associated cognitive dysfunctions, depressive disorders, and AD.

MYELOPEROXIDASE TO SELENIUM RATIO AND MORTALITY RISK AMONG OLDER PEOPLE: RESULTS FROM IL SIRENTE STUDY

F. Landi1, S. Giovannini1, E. Mocchegiani1, F. Lattanzio2, G. Onder3, R. Bernabei1, 1. Geriatric (CEMI), Catholic University of Rome, Rome, Italy; 2. INRCA, Ancona, Italy

Objective. Elevated systemic levels of myeloperoxidase (MPO) have been associated with unfavourable clinical outcomes. In the present study, we evaluate the impact of MPO, a pro-oxidant enzyme that catalyzes the initiation of lipid peroxidation and impacts nitric oxide levels, and selenium, a molecule that activates glutathione peroxidase thus preventing oxidative damage, on the risk of all-cause mortality in a large population of frail octogenarians and nonagenarians living in community. Study Design and Setting. We analyzed data from the Aging and Longevity Study in the Sirente Geographic Area (IL SIRENTE Study), a prospective cohort study that collected data on all individuals aged 80 year and older living in a mountain community (n=363). The main outcome was the relative hazard ratio of death after four years of follow-up. Participants were classified according to the median value of MPO and selenium and divided into four groups by contrasting MPO and selenium levels: high MPO and low selenium, high MPO and high selenium, low MPO and low selenium, low MPO and high selenium. Results. A total of 150 deaths occurred during 4-years follow-up. The mean MPO level was 170.8 ± 177.5 ng/L among those who died, compared with 135.4 ± 142.4 ng/L among survivors (p=0.03). The mean selenium level was 101.5 ± 22.3 ng/L among those who died, compared with 109.02 ± 26.4 ng/L among survivors (p =0.001). Individuals in the group of low MPO and high selenium had the lower risk of mortality (24%), compared with the other three groups (49%, high MPO/low selenium; 45%, high MPO/high selenium; 54%, low MPO/low selenium) (p for trend = 0.01). After adjusting for potential confounders, compared with participants in the other three groups, those in the low MPO and high selenium group had a hazard ratio for mortality of 0.38 (CI:0.20-0.72). Conclusion. Our results obtained from a representative sample of very old and frail elderly individuals expand the knowledge that low levels of MPO when associated to high levels of selenium are associated with better survival.

METABOLIC PROFILING OF FRAIL, PRE-FRAIL, AND NON-FRAIL OLDER ADULTS

H. Lum1, S.E. Espinsona2, J. Medicine, Division of Geriatrics, University of Texas Health Science Center at San Antonio, San Antonio, Texas, 2. Barshop Institute for Longevity and Aging Studies, San Antonio, Texas

INTRODUCTION: Frailty is a geriatric syndrome associated with disability and death whose underlying mechanisms are poorly understood. The purpose of this study was to use metabolomics as a tool for clinical phenotyping. We reason that metabolomics, by providing a 'snapshot' of metabolites in a discrete sample at a specific time, can afford the assessment of multiple simultaneous physiological processes, such as frailty and related comorbidities. METHODS: Subjects were 10 frail, 10 pre-frail, and 10 non-frail community-dwelling older adults (mean age 77+/−7.6 years). Frailty was assessed using validated criteria (weight loss, exhaustion, low physical activity, weakness, slow gait). Frail was defined as ≥3, pre-frail as 1−2, and non-frail as 0 of these. Mass spectrometry was used to isolate and identify metabolites from plasma, and Welch’s t-tests were used to test for differences between groups. RESULTS: 303 biochemicals were identified. Consistent with our predictions, several key metabolites of fatty acid and glucose oxidation surfaced in our analysis. Levels of medium chain fatty acids tended to be higher in frail versus non-frail subjects (8 of 9 species), adhering to a narrow physiological range. In addition, alpha-hydroxybutyrate, a putative biomarker for insulin resistance, was 1.5 times greater in participants with diabetes, a predisposing condition for frailty. CONCLUSION: These findings show a capacity to isolate small molecule metabolites in older adults and suggest that this new biotechnology may be useful in assessing age-associated metabolic function. Future studies will evaluate other metabolites with larger samples, in order to elucidate pathways underlying frailty.

ALTERED AUTOPHAGY IN THE SKELETAL MUSCLE OF THE FRAIL MOUSE

F.C. Ko1, C. Cooke2, H. Yang2, J.D. Walston3, 1. Brookdale Department of Geriatrics and Palliative Medicine, Mount Sinai School of Medicine, New York, New York, 2. Johns Hopkins University School of Medicine, Baltimore, Maryland

Background. The homozygous interleukin 10 knockout mouse (IL-10tm/tm) has been proposed as a model for human frailty because it develops age-related increases in serum IL-6 and muscle weakness compared to B6 control. Gene expression differences in skeletal muscle between these mice suggest possible alterations in autophagy-mediated mitochondrial turnover. Therefore, we sought to characterize differences in autophagosome (AP) accumulation in skeletal muscle of IL-10tm/tm frail mice and matched B6 controls. Methods. Transmission electron microscopy (TEM) was performed on the hind-limb skeletal muscles of 12-week-old IL-10tm/tm (n=4) and B6 (n=4) and 90-week-old IL-10tm/tm (n=6) and B6 (n=6). AP were identified and quantified for each mouse by averaging the number of AP detected at 10,000x magnification per 32,000 μm² of muscle tissue from multiple sections. Age and genotype group differences in AP/32,000 μm² were tested by repeated measurement ANOVA. Results. In 90-week-old mice, more intracellular, double-membrane vacuolated structures consistent with AP were identified in IL-10tm/tm compared to B6 (12.7 ± 4.8 AP/32,000 μm² vs. 8.3 ± 3.2 AP/32,000 μm², p = .003). AP frequently localized to clusters of mitochondria (89.5% in IL-10tm/tm, 88.1% in B6). IL-10tm/tm had more AP with electron-dense granular inclusions similar to those in lipofuscin compared to B6 (35.6% vs. 23.2%, p < .015 by chi-square). AP were not identified in any 12-week-old mice. Conclusion. These results suggest that the IL-10tm/tm mouse has an age-associated increase in accumulation of AP and that altered autophagy-mediated mitochondrial turnover may contribute to its accelerated skeletal muscle decline. Further mechanistic studies to investigate the interac-
impairments between autophagy, frailty, and chronic inflammation in the frail mouse are indicated.

IMPAIRED NUCLEAR TRANSLATION OF STRESS- 
ACTIVATED SIGNALING CONTRIBUTES TO AGEING- 
ASSOCIATED APOPTOSIS RESISTANCE
S. Kim, H. Kang, S. Park, Biochemistry, Seoul national university College of medicine, Seoul, Seoul, Republic of Korea

In order to study the nature of aging-dependent apoptosis resistance, we compared the activation pattern of mitogen-activated protein kinases (MAPK) in response to three different stress modalities: hydrogen peroxide (H2O2), staurosporine, and thapsigargin. We observed the agonist-specific activation pattern of MAP kinases in human diploid fibroblasts (HDFs). When young HDFs were treated with PD98059, a specific inhibitor of extracellular signal-regulated kinase (ERK), H2O2-induced apoptosis was blocked, whereas staurosporine-induced apoptosis was inhibited by treatment with SB203580, a specific inhibitor of p38. In addition, the levels of anti-apoptotic protein Bcl-2 (B-cell lymphoma protein-2) were restored by PD98059 or SB239063 in cells treated with H2O2 or staurosporine, respectively. We also found that inhibition of the nuclear import of p-Erk and p-p38 using wheat germ agglutinin induced apoptosis resistance in young HDF cells in response to H2O2 or staurosporine. These data indicate a potential role of the nuclear translocation of apoptotic signals in the induction of apoptosis. Moreover, the nuclear translocation of activated ERK1/2 and p38 in response to H2O2 or staurosporine was significantly compromised in senescent HDFs, compared with young cells. Taken together, we propose that the apoptosis resistance of senescent HDFs might be related to the defective nuclear translocation of stress-activated signals in an agonist-specific manner, which would imply the operation of an aging-dependent functional nucleo-cytoplasmic trafficking barrier.

RESTITUTION OF SENESENT HUMAN DIPLOID 
FIBROBLASTS BY MODULATION OF THE 
EXTRACELLULAR MATRIX
H. Choi, K. Cho, S. Park, 1. Seoul National University College of Medicine, Seoul, Republic of Korea, 2. Chonnam National University Medical School, Gwangju, Republic of Korea, 3. Seoul National University College of Medicine, Seoul, Republic of Korea

Human diploid fibroblasts have the capacity to complete a finite number of cell divisions before entering a state of replicative senescence characterized by growth arrest, changes in morphology and altered gene expression. Here, we report that interaction with extracellular matrix from young cells is sufficient to restore aged, senescent cells to an apparently youthful state. The identity of the restored cells as having been derived from senescent cells has been confirmed by a variety of methods, including time lapse live cell imaging and DNA fingerprint analysis. In addition to cell morphology, phenotypic restoration was assessed by resumption of proliferative potential, growth factor responsiveness, reduction of intracellular ROS levels, recovery of mitochondrial membrane potential, and increased telomere length. Mechanistically, we find that both Ku and SIRT1 are induced during restoration and are required for senescent cells to return to a youthful phenotype. These observations demonstrate that human cellular senescence is profoundly influenced by cues from the extracellular matrix, and that senescent cell plasticity is much greater than was previously believed to be the case.

DDS, 4,4′-DIAMINODIPHENYL SULFONE, EXTENDS ORGANISMIC LIFESPAN
S. Park, S. Cho, Department of Biochemistry and Molecular Biology, Seoul National University College of Medicine, Seoul, Republic of Korea

DDS, 4,4′-diaminodiphenylsulfone, is the most common drug prescribed to treat Hansen disease patients. In addition to its antibacterial activity, DDS has been reported to be involved in other cellular processes that occur in eukaryotic cells. Because DDS treatment significantly enhances the antioxidant activity in humans, we examined its effect on lifespan extension. Here we show that DDS extends organismic lifespan using Caenorhabditis elegans as a model system. DDS treatment caused a delay in aging and decreased the levels of a mitochondrial complex. The oxygen consumption rate was also significantly lowered. Consistent with these data, paraquat treatment evoked less reactive oxygen species in DDS-treated worms, and these worms were less sensitive to paraquat. Interestingly enough, all of the molecular events caused by DDS treatment were consistently reproduced in mice treated with DDS for 3 mo and in the C2C12 muscle cell line. Structural prediction identified pyruvate kinase (PK) as a protein target of DDS. Indeed, DDS bound and inhibited PK in vitro and inhibited it in vivo, and a PK mutation conferred extended lifespan of C. elegans. Supplement of pyruvate to the media protected C2C12 cells from apoptosis caused by paraquat. Our findings establish the significance of DDS in lowering reactive oxygen species generation and extending the lifespan, which renders the rationale to examining the possible effect of DDS on human lifespan extension.

SESSION 420 (POSTER)

AGEISM

AGE RELATED ATTRACTIONS BIASES TO SUCCESS AND 
FAILURE AT A TECHNOLOGY TASK
E.E. Entin, C. Dean, C. Knott, Aptima, Inc, Woburn, Massachusetts

Research literature indicates that younger adults hold negative attitudes towards the competencies of older adults. This age bias influences how younger adults attribute success and failure for older adults. Younger adults’ successes are attributed to internal factors (ability & effort) and failure is attributed to lack of effort. Older adults’ successes are attributed to external factors (luck & ease of task). Such an attributional pattern by young adults is self-serving in that it protects their egos and maintains control of the task environment, as well as denying older adults an internal rationale for success. To assess age-related attributional biases for outcomes of younger and older adults at technology tasks, 43 people read eight vignettes describing a male or female, younger or older adult succeeding or failing at a technology task and made attributes for the outcome to four factors. Participants made stronger attributions to ability and effort for the success of younger versus older females, but the attributions to ability and effort were the same for younger and older males. Older males’ successes were attributed to ease of task or luck. These attributional results for technology-oriented tasks support the existence of a self-serving bias favoring younger adults to the detriment of elders and extend knowledge by showing the bias is more severe for older females. The world is becoming more technology oriented and these results heighten concern that age-related biases may inappropriately inform technology providers, who are inclined to view older adults as less able to handle advanced technology.

SOCIAL CONTACT WITH THE ELDERLY AND DEGREE OF 
COLLECTIVISM AS CORRELATES OF AGEISM IN 
CAUCASIAN AND ASIAN-AMERICAN POPULATIONS
A.G. Beatty, Midwestern University, Elmhurst, Illinois

Ageism is a multidimensional form of discrimination involving social, economic, and cultural components. This cross-sectional study correlated level of contact with the elderly and social values and degrees of individualism and collectivism with attitudes toward ageing and the elderly in European-American and Asian-American college students. Participants in this study were undergraduate students (N = 114) enrolled in Midwestern community colleges. Ageism was measured by the Ageing Semantic Differential. Individualism and collectivism were measured by the Individualism-Collectivism (INDCOL) scale. Level of contact with the elderly was measured by the Hale social contact scale.
Results of this study using Pearson’s r correlations indicated that ageism was negatively correlated with collectivism and negatively correlated with contact with the elderly. However, results obtained using multiple regression analysis found that when the variable contact with the elderly was controlled, the contribution of collectivism to ageism was non-significant. The results suggest that ageism is both a socially and culturally related phenomena. Future research should investigate the social and cultural correlates of ageism, with specific emphasis on the origins and developmental influences these correlates have on the onset and maintenance of ageist beliefs.

AGE DIFFERENCES IN THE UNDERLYING MECHANISMS OF STEREOTYPE THREAT EFFECTS

L.E. Popham, T.M. Hess, Psychology, North Carolina State University, Raleigh, North Carolina

This study examined potential age differences in mechanisms underlying stereotype threat effects on cognitive performance. In younger adults, there is evidence that threat reduces working memory efficiency due to monitoring and worrying about one’s performance, which consumes cognitive resources and leads to poor performance. Other research with younger adults suggests that threat motivates prevention-focused strategies, which are maladaptive for most cognitive tasks. Although threat effects have been demonstrated in old age, the mechanism accounting for the effects is unclear. To assess possible mechanisms, younger and older adults were read information to activate either negative or positive stereotypes. For younger adults, the positive stereotype highlighted their ability to think quickly, whereas the negative stereotype suggested that they are inexperienced. For older adults, the positive stereotype emphasized their knowledge and experience, whereas the negative stereotype suggested that older adults’ thinking is slow and inflexible. Following the positive or negative stereotype, participants completed a word selection task to measure speed and accuracy. Then, the degree to which participants were engaging in global or local processing was assessed using their response times to global and local stimuli. Next, participants completed the operation span, a working memory measure. The results suggest that negative stereotypes motivate older adults to be cautious and vigilant in their performance, whereas positive stereotypes lead to eagerness and more error-prone performance in older adults. Negative and positive stereotypes did not have the same effect on younger adults' performance.

STUDENT REACTIONS TO INTERNET AGEISM: AN EXPERIMENT ON THE EFFECT OF THREE ALLY INSTRUCTIONS ON AGEIST ATTITUDES AND STEREOTYPING

J.M. Calton, A.M. Stripling, M. Heesacker, University of Florida, Gainesville, Florida

The purpose of the current study was to examine the effect of three ally instructions on ageist attitudes and stereotypes. Students attending a large, comprehensive southeastern university (n=132) read a series of actual, ageist, internet blogs. They were directed to respond to them according to one of four randomly-assigned instructions: (1) empathize with what you imagine to be a typical older adult reading these posts, (2) check the facts and correct any errors, (3) advocate for older adults and respond in a way to reduce future offensive blogs, or (4) respond with a comment (control). Qualitative data revealed that 58% of responses contained age stereotypes and that 8% more suggested awareness of age stereotypes, without direct endorsement. Eight percent of stereotypes were positive, 41% were negative, and 21% were both positive and negative. More importantly, this study compared participants’ baseline scores on Fraboni’s Scale of Ageism (FSA) with their post-response scores. FSA scores of participants assigned to advocate for older adults improved the most, though differences fell just shy of conventional significance F(1,84)=3.67, p=0.059. An effect-size calculation suggested that 170 additional participants would produce a significant effect. Use of stereotypes differed significantly by condition χ2(3)=10.22, p<0.05: participants in empathy and fact-checking conditions used stereotypes less than participants in the advocacy condition, who used them less than control participants. Implications include the potential importance of simple instructions in reducing colleagues’ use of age stereotypes, as well as a more complete understanding of the impact of engaging in advocacy on age stereotypes.

THE RELATIONSHIP BETWEEN THE CO-OCCURRENCE OF AGE DISCRIMINATION AND ANOTHER DISCRIMINATION AND DEPRESSIVE SYMPTOMS AMONG OLDER PEOPLE

J. Han, J. Kim, College of Social Work, The Ohio State University, Columbus, Ohio

Little research has not only tested potential associations between perceived age discrimination and depression among older people, but the relationship of depressive symptoms with the co-occurrence between perceived age discrimination and discrimination due to different reasons (i.e., race, gender, disability, etc.) has not been explored. Similar to discussion of ‘double standard of aging’, receiving the co-occurrence of discrimination due to age and other reasons can be more detrimental to depressive symptoms among older people than receiving only age discrimination. The current study explores how the co-occurrence of discrimination is related to depressive symptoms among older people by using a sample of older persons over 65 years old from the Health and Retirement Study. The results from multinomial logistic regression (Pseudo R2=.102) indicated that older persons were more likely to perceive only age discrimination rather than the co-occurrence of age discrimination and discrimination due to other reasons. Persons who are African American and report worse physical health were more likely to perceive the co-occurrence of discrimination. Although the effect of the co-occurrence of age discrimination and discrimination due to other reasons on depressive symptoms was not significantly greater than those of only age discrimination controlling for demographics and self-rated health, older persons who perceived age discrimination were more likely to experience depressive symptoms than older persons with no discrimination. These findings indicate that older persons
who perceive only age discrimination might be vulnerable to depressive symptoms as well as older persons who perceive discrimination due to different reasons.

EXPERIENTIAL LEARNING AND COMPETENCE WITH AGING: A RURAL BSW PROGRAM’S OUTCOMES AND LESSONS


As the number of aging Americans grows we face an expanding need to provide a range of geriatric health care services, including gerontological social work services, to an increasingly large portion of the population. We need to prepare our social work practitioners to meet the accompanying service demands not only in geriatric specialty settings, but across a wide range of general care settings (Institute of Medicine, 2008). In an effort to begin addressing this impending need, our rural BSW program implemented an experiential learning project targeting myths and negative attitudes held by our students that are (a) factors which may impede effective practice with elders, and (b) are consistent with related competencies for gerontological social work education established by the Council on Social Work Education Gero-Ed Center. Research has found that direct experience with elders can have a positive effect on college students, reducing their negative attitudes toward the elderly (e.g., Dorfman et al., 2002; Murphy-Russell et al., 1986). Therefore, it was expected that students would change negative attitudes regarding elders and aging, and would take steps to dispel myths about aging. Also, a corresponding increase in students’ perceptions of their basic competence for engaging and working with elders was expected. Various instruments and open-ended questions were used in pre- and post-test surveys to determine the extent to which these activities impact the students’ attitudes and self-perceived competences. Both the expected attitude changes were observed between pre- and post-test, as were the expected changes in self-perceived basic competences.

COLLEGE STUDENTS’ PERCEPTIONS AND RESPONSES TO INTERNET AGEISM

A. Stripling, J.M. Calton, M.H. Heesacker, University of Florida, Gainesville, Florida

The goal of the current investigation was to understand better how collegians perceive and react to ageism, which is ubiquitous online. As part of a larger study, participants (n=31) were requested to provide responses to ageist blog statements collected from the Internet. (e.g., “God forbid these miserable old once-were-people not survive as long as possible to burden the rest of us.”). Of those sampled, 83.9% disagreed with these statements (e.g., “Saying all these terrible things about other people just because they are older is wrong…Would you want someone saying these things about you just because you’ve aged? I didn’t think so…try looking at them as the individuals that they are.”). Exploration of participants’ rebuttals revealed three major counter-arguing strategies (1)combating specific ageist assumptions (57% of participants), (2) describing older adults as a sources of knowledge (46.2%), and (3) drawing attention to the blogger’s own aging and that of their older relatives (69.2%). The remaining 16.1% of the sample provided assenting responses (e.g., “The problem with the elderly is that they are very hypocritical […] and they revert to the competence level of a child.”) The entire sample that provided assenting responses also included negative ageist stereotypes vs. only 26.9% of the sample that produced dissenting responses. Implications of the current study include increased understanding of college students’ reactions of ageism by peers on online forums. Specifically, it appears that for the most part collegians do not approve of the ubiquitous online ageist and can probably be counted on to counter-argue virulently ageist rhetoric if motivated.

SESSION 425 (POSTER)

COGNITIVE PROCESSES

AGE DIFFERENCES IN PROCESSING STRATEGIES OF EMOTIONALLY DIFFICULT TRADE-OFF DECISIONS

X. Ma1, Y. Chen2, 1. University of Houston Clear Lake, Houston, Texas, 2. Bowling Green State University, Bowling Green, Ohio

The present study examined age differences in processing strategies of emotionally difficult trade-off decisions. In addition, the relevant contributions of the cognitive and emotional mechanisms to age differences in processing strategies were directly tested by a mediation hypothesis. Forty younger adults and 40 older adults completed a decision making task (i.e., purchasing a car). They were randomly assigned to either the high or low emotional trade-off difficulty condition. Mouse-labWEB software was used to track participants’ processing strategies. Older adults were more likely to use attribute-based processing strategies, whereas younger adults were more likely to use alternative-based processing strategies in the high emotional trade-off difficulty condition. In addition, the negative emotions elicited, instead of processing speed, mediated the age effects on processing strategies.

THE IMPACT OF PROCESSING SPEED TRAINING ON WORKING MEMORY IN OLD ADULTS

H. Peng1, J. Wen2, D. Wang3, 1. Institution of Developmental Psychology, Beijing Normal University, Beijing, China, 2. Institution of Developmental Psychology, Beijing Normal University, Beijing, China

Many cross-sectional data showed that processing speed was more fundamental than working memory to explain the aging of complex cognitive abilities. However there were still some longitudinal data showed contrary results about the relationship between processing speed and other cognitive abilities. Experimental analyses were needed to develop further evidences. Therefore, this study, to explore the relation between speed and working memory in cognitive aging, investigated the effects of processing speed training on speed task performance improvement and transfer in working memory. Adults aged 58-79 years from Beijing participated in speed intervention study. 27 participants practiced a paper-pencil figure matching task and 25 participants had a figure comparison practice on computer across 5 weeks for about 45min-1hr per week respectively. 23 elders participated as age-matched, education-matched, and no-contact control group. A battery of cognitive test was administered at pre- and post-test. These tests included two speed measures (Digit Comparison and Pattern Comparison) and two working memory measures (Operation Span and Spatial Span). The results showed that (1) there were substantial training gains on two speed tests in two training groups. Paper-pencil group (DC, Δ=462ms, ES=0.28; PC, Δ=267ms, ES=0.18) and computer group (DC, Δ=975ms, ES=0.71; PC, Δ=942ms, ES=0.69) had more improvement than control group (DC, Δ=426 ms, ES=0.20; PC, Δ=204ms, ES=0.08). (2) no transfer effect was found in two training groups. Processing speed training could improve elders’ performances on speed test. The evidence for speed training transfer to working memory was weak.

DOES COGNITIVE RESERVE SHAPE COGNITIVE DECLINE?

A. Singh-Manoux, 1. INSERM, Paris, France, 2. University College London, London, United Kingdom

Objectives: Cognitive reserve is associated with a lower risk of dementia but the extent to which it shapes cognitive aging trajectories remains unclear. Our objective is to examine the impact of three markers of reserve from different points in the life course on cognitive function and decline in late adulthood. Methods: Data are from 5234 men and 2220 women, mean age 56 years (standard deviation=6) at baseline, from the Whitehall II cohort study. Memory, reasoning, vocabulary, phonemic and semantic fluency were assessed three times over 10 years.
years. Linear mixed models were used to assess the association between markers of reserve (height, education, and occupation) and cognitive decline, using the 5 cognitive tests and a global cognitive score composed of these tests. Results: All three reserve measures were associated with baseline cognitive function, with strongest associations with occupation and the weakest with height. All cognitive functions except vocabulary declined over the 10 year follow-up period. On the global cognitive test, there was greater decline in the high occupation group (-0.27; 95% confidence interval (CI): -0.28, -0.26) compared to the intermediate (-0.23; 95% CI: -0.25, -0.22) and low groups (-0.21; 95% CI: -0.24, -0.19); p<0.001. The decline in reserve groups defined by education (p=0.82) and height (p=0.55) was similar. Interpretation: Cognitive performance over the adult life course was remarkably higher in the high reserve groups. However, rate of cognitive decline did not differ between reserve groups except occupation where there was some evidence of greater decline in the high occupation group.

AGE DIFFERENCES IN THE EFFORT AND COSTS ASSOCIATED WITH COGNITIVE ACTIVITY

G.E. Ennis, T.M. Hess, North Carolina State University, Raleigh, North Carolina

Based upon Obrist’s (1981) active coping hypothesis and Brehm and Self’s (1989) motivational intensity theory, work with young adults has found that effort exerted during mental tasks stimulates sympathetic influence of cardiovascular (CV) activity in direct relation to the degree of task difficulty (e.g., Wright et al., 2007). The use of CV responses to assess mental effort, and the relationship between effort and task difficulty has not been previously explored in old adults. Whether aging is associated with an increase in the effort and costs associated with cognitive activity was tested using systolic blood pressure (SBP) reactivity as a measure of effort. Younger and older adults engaged in an initial task (phase 1) that was relatively low (adding single digits) or high (subtracting by 3s) in difficulty for 5 min. They then solved a series of multiplication problems for 3 min (phase 2). Cardiovascular measures were collected throughout testing. Results revealed that older adults exerted more effort then younger adults under conditions of increased cognitive difficulty. For all participants, difficulty of the phase 1 task was associated with greater effort and lower performance on the phase 2 multiplication task, suggesting resource depletion (i.e., fatigue). Younger adults who exerted the most effort in phase 2 had the highest multiplication scores. In contrast, older adults displaying the highest levels of SBP reactivity in phase 2 exhibited disruption in task performance. These results are discussed in the context of theories pertaining to reduced cognitive resources in later life and the selective engagement hypothesis (e.g., Hess, 2006).

AGE DIFFERENCES IN CHOICE DEFERRALS AS FUNCTIONS OF INTERATTRIBUTE CONFLICT AND DECISION DOMAIN

O.L. Pethiel, Y. Chen, Psychology, Bowling Green State University, Bowling Green, Ohio

The primary purpose of the present study was to examine age differences in choice deferral when older and younger adults make high vs. low conflict decisions in 3 different domains. Sixty young and 60 older adults were presented with 6 different decision scenarios, in which they could choose among four health plans, physicians, cars, apartments, DVD players, and cameras or use choice deferral (i.e., not buy any of the options for the time being). The high conflict decisions had negative interattribute correlations, while the low conflict decisions had positive interattribute correlations. Both young and older adults were more likely to choose the deferral option when they made high conflict decisions. Older adults were more likely than young adults to choose the deferral option across domains. For older adults, post-decision affect was more positive for those who deferred choice than for those who did not defer. Results suggest the importance of conducting future research on identifying the mechanisms underlying age differences in the preference for choice deferral.

NON-COGNITIVE PREDICTORS OF COGNITIVE IMPAIRMENT: A TWO-PART MODEL

R. Rupprecht, D. Zimprich, F.R. Lang, University of Erlangen-Nuremberg, Erlangen, Germany

Using a two-part model, the present research addresses the question whether non-cognitive variables can account for cognitive impairment in a memory clinic outpatient cohort. The non-cognitive predictor variables examined were age, gender, education, depressive mood, subjective cognitive complaints, and reason for admission. In our two-part model, the dichotomous part specifies the probability of a MMSE-score falling between 24 and 0 points. N=441 (59.4% female; age; M=72.9; SD=9.09) outpatients of the Erlangen memory clinic were included and diagnosed according to ICD-10 criteria to the following groups: subjective memory complainers (N=85; 19.3%); mild cognitive impairment (N=90; 20.4%) and people with dementia, mostly SDAT (N=216; 49.0%). N=126 (28.6%) contacted the memory clinic by their own decision, N=215 (48.9%) were sent by their relatives, and N=100 (22.7%) were referred by health care professionals. For part one of the model (R-square = .414) we did find that higher age, reason for admission (sent to memory clinic by relatives or health care professionals, a lower education level and a lower level of depressive symptoms were significant predictors for a pathological MMSE-score. In the second part of the model (R-square = .05) the reason for admission (sent to memory clinic by relatives) and high levels of subjective memory complaints emerged as predictors for lower levels of the MMSE-Score. The findings underline the impact of non-cognitive variables and decisional aspects (reason for admission) on measures of cognitive impairment.

STRATEGIC ENCODING AND RETRIEVAL PROCESSES IN VERBAL RECALL AMONG OLDEST-OLD ADULTS

K.E. Cherry1, E. Golob2, E.M. Elliott1, J. Silva Brown3, Q. Yu1, J. Volaufova4, S. Jazwinski1, 1. Psychology, Louisiana State Univ, Baton Rouge, Louisiana, 2. Tulane University, New Orleans, Louisiana, 3. Drury University, Springfield, Missouri, 4. Louisiana State University Health Science Center, New Orleans, Louisiana, 5. Tulane University School of Medicine, New Orleans, Louisiana

There is a small but growing literature on the cognitive capabilities of healthy oldest-old adults who show no signs of dementia or other neurologic impairment. In this study, we examined strategic encoding and retrieval processes in verbal recall in a lifespan sample of 237 adults who ranged in age from 44 to 97 years. This research is part of the Louisiana Healthy Aging Study, a multidisciplinary study of healthy aging in nonagenarians. We examined associations among three cognitive variables assumed to vary in executive function involvement from the most (short-term retention and working memory) to the least (vocabulary and general cognitive status) and verbal recall. We tested the hypothesis that short-term retention measures with presumed executive function involvement would be more strongly associated with strategic encoding than strategic retrieval. In contrast, vocabulary and general cognitive status would show associations of similar magnitude among indices of strategic encoding and retrieval. Results confirmed the expected pattern of outcomes. Correlations were larger in size among digit span measures and strategic encoding (r’s = 0.37 and 0.30) compared to these same measures and strategic retrieval (r’s = 0.24 and 0.21). Vocabulary and general cognitive status were associated with strategic encoding and strategic retrieval as expected with correlations of a similar magnitude. Implications of these data for mechanisms of preserved episodic memory in late life are considered. This research was supported by the Louisiana Board of Regents through the Millen-
EVALUATION OF VERBAL FLUENCY TRAINING TO IMPROVE EXECUTIVE FUNCTIONS IN OLD AGE
C. Sutter, J. Zöllig, M. Martin, Department of Psychology, University of Zurich, Zurich, Switzerland

Verbal fluency tasks are frequently used to study executive functions in old age. In this study, we investigated the effects of verbal fluency training on cognitive performance measures, especially executive functions, in old age. A total of 105 participants were randomly assigned to one of three verbal fluency training groups, an active control group, or a no-contact control group. Training was provided on 15 sessions with a duration of six minutes each over a period of three weeks and was administered over the phone. The three training groups worked on different verbal fluency tasks, each task involving a specific dimension of executive functions (i.e., shifting or inhibition) or a basic cognitive process (i.e., processing speed). We used an extensive neuropsychological test battery before and after training in order to measure transfer effects. Transfer tests were chosen according to the same processes targeted in training. Training gains and near transfer effects were found in two groups, that is in the speed and the shifting group. Furthermore, for the shifting group evidence for far transfer to a digit span task was found. In addition, the active control group significantly improved performance on a semantic verbal fluency task. Overall, our results demonstrate that a short-time verbal fluency intervention significantly improves cognitive performance in healthy older adults. Furthermore, this study adds to the discussion of including different control groups to evaluate a cognitive training program.

WHY DO OLDER PEOPLE AND CHILDREN MORE OFTEN FAIL TO EXECUTE THEIR INTENTIONS?
F. Mattli, 1 J. Zoellig, 1 R. West, 1 M. Martin, 1 University of Zurich, Zurich, Switzerland, 2 Iowa State University, Ames, Iowa

The capacity to form an intention such as “At home, I will take medicine XY” and later execute it correctly is that, take the correct medicine at home, is called prospective memory. It is an important function for attaining and maintaining an autonomous life. The process of prospective memory comprises executive functions as well as retrospective memory elements. It is so far unclear which of these processes underlie the crucial changes in prospective memory performance across the lifespan resembling an inverted U-shaped function. Electrophysiological analyses identified specific modulations that are related to differential processes within the retrieval phase of prospective memory (i.e., N300, frontal positivity, prospective positivity). Hence, to gain more knowledge about the developmental trajectory and its underlying processes within the retrieval phase across the lifespan, we examined 101 participants (7.5-89 years of age) divided into six age groups with respect to prospective memory performance and electrophysiology. Our behavioral results indicate that when controlling for retrospective elements within our prospective memory task, prospective memory performance still follows an inverted U-shaped function across the lifespan. Moreover, electrophysiological data suggest that for successful retrieval of prospective intentions young and old adults apparently apply the same processes, although with higher effort for old adults. Children seem to apply similar processes as young adults to detect a prospective memory cue (although with higher effort), however, to initiate the intention and/or retrieve the intention from memory, they apply different processes than both young and old adults.

ABSOLUTE AND RELATIVE JUDGMENTS IMPACT SELF-REFERENCING BENEFITS WITH AGE
N.M. Rosa, L. Grewal, A.H. Gutchess, Psychology, Brandeis University, Waltham, Massachusetts

Self-referencing benefits memory for information related to the self for both older and younger adults. However, the pattern of benefit may differ depending on whether information is considered in relation to others. Previous studies have shown that the neural activation patterns during the encoding of self-referenced information differ dramatically between young and old when tasks include both self- and other-relevant judgments (Gutchess, Kensinger, & Schacter, 2010). When participants make judgments only about the self, however, the age groups tend to converge, with discrete differences in the recruitment of neural regions. This pattern may indicate age differences in the qualitative ways in which one reflects on the self, relative to thinking about others. In the present study, we examined how alternating between making judgments about the self and others impacted memory for self-related information. We predicted that older adults would experience more interference from making judgments about others due to changes in social interactions and in social comparison with age (Heckhausen & Krueger, 1993). Findings indicate that older adults’ memory of adjectives of different levels of self-descriptiveness was impacted by whether they made general or relative judgments at encoding. This was especially true for participants who were asked to make judgments about another person as well as judgments about the self. It appears as though the benefit from self-reference is diminished when older adult participants make judgments involving social comparison and alternate between self and other judgments.

THE EFFECTS OF RACE, AGE AND EDUCATION ON THE ASSESSMENT OF EVERYDAY PROBLEM SOLVING IN OLDER ADULTS
E. Wayde, S.R. Black, Psychology, The University of Alabama, Tuscaloosa, Alabama

As individuals age, cognitive functioning is decreased. This decline in older adult’s cognitive resources has been shown to have an effect on older adult cognitive processes in tasks that involve everyday problem solving. Examples of problem solving domains older adults are likely to encounter in their daily lives include medication use, telephone use and financial management. Questions pertaining to these domains are included in the Observed Task of Daily Living (OTDL) questionnaire. The Everyday Problems Test (EPT) is used to examine and assess other areas of older adult’s ability to process information and respond to questions that are common to older adult’s daily living. The abilities assessed in The EPT include reading, writing skills and the ability to follow instructions. Previous research performed with pilot data from the Advanced Cognitive Training for independent and Vital Elderly (ACTIVE) database showed that performance on everyday problem solving was correlated with age and education. A secondary data analysis of the ACTIVE data set shows that age, education and race/ethnicity explain a significant amount of variance in each of the two problem solving tasks. The variables account for 20.4% of the variance in the OTDL questionnaire, F (3, 2793) = 238.81, p < .001. The variables accounts for 29.2% of the variance in the EPT, F (3, 2786) = 382.52, p < .001. The results of this analysis indicate that for this data, age, education and race/ethnicity are good predictors of everyday problem solving abilities of older adults.

OLDER ADULTS AND VIDEO GAMES: THE RELATIONSHIP BETWEEN PREVIOUS GAMING EXPERIENCE AND COGNITIVE PERFORMANCE
T.R. Patterson1, A. Trujillo1, L.A. Whitlock1, J.C. Allaire2, A. McLaughlin1, M. Gandy2, 1 North Carolina State Univ., Raleigh, North Carolina, 2 Georgia Institute of Technology, Atlanta, Georgia

There is a growing body of literature that suggests that video game playing is associated with better cognitive performance in both younger and older adults (Basak, Boot, Voss, & Kramer, 2008; Green & Bavelier, 2003; 2006). Furthermore, previous experience with video games has been shown to benefit future performance on games (Gagnon, 1985), as well as motivation in game-based occupational training (Orvis, Horn, & Belanich, 2006). The goal of the current paper is to examine the extent
to which prior experience with video games is associated with cognitive functioning in older adults. Present analyses utilize data from a video game intervention consisting of 56 community dwelling older adults (mean age = 80.93, SD = 6.66, range = 66-93). At pretest, participants completed a battery of cognitive tests assessing memory, speed, spatial attention, and everyday reasoning. Results indicated that 27% of the sample was currently playing video games, while another 17% had played in the past 5 years. Regression analysis revealed that prior experience was significantly related to performance on tasks of processing speed, choice reaction time, spatial attention, working memory, and everyday reasoning; more experience was related to better cognitive performance. Most of these relationships remained significant after controlling for age, education, and gender. Discussion will focus on video games as potential cognitive interventions, as well as the impact video game playing may have on younger cohorts as they age.

DETECTION OF MOTIVATION AND RELEVANCE IN INFORMATION SEARCH


The goal of this study was to examine the effects of motivation and decision relevance on young (ages = 21 – 40, N = 59) and older (ages = 63 – 90, N = 68) adults' decision-making. Of primary interest was how these factors differentially affected how individuals in these two age groups searched through information presented in the form of X by X matrices. Previous research has suggested that older adults seek less information and rely on less exhaustive search strategies when making complex decisions. In the current study, participants were presented with two complex decision tasks, one of which was designed to be more relevant to younger adults (cellular phone plans) and the other more relevant to older adults (prescription drug plans). Motivation was manipulated in the form of accountability by asking half of the participants to defend their decisions. Consistent with the selective engagement hypothesis, we posited that older adults would be more motivated to engage in a more complex information search when the relevance of the decision context and accountability are increased. Preliminary analyses suggest that older adults are more thorough in their information search under high accountability conditions (p < 0.01), and may also be motivated by task context. Young adults were less affected by the accountability manipulation. Information regarding specific search strategies and physiological arousal will also be examined.

ADULT AGE DIFFERENCES IN THE TIME COURSE OF REFLEXIVE ORIENTING TO GAZE CUES

N. Gayzur, L. Langley, S.V. Wyman, A. Saville, C. Friesen, Department of Psychology-Center for Visual and Cognitive Neuroscience, North Dakota State University, Fargo, North Dakota

The purpose of these studies was to examine age patterns of reflexive orienting in response to gaze cues. Gaze cues have been shown to direct a person's attention toward the gaze-at location, even when the cue is not informative of the upcoming target location. Participants have shown faster responses to targets that have been gazed at compared to those that have not been gazed at (facilitation effects). In two experiments, young adults (18 – 31 years), young-old adults (60 – 74 years), and old-old adults (75 – 92 years) localized targets that were preceded 100, 300, 600, or 1,000 ms earlier by a gaze cue. In Experiment 1, the cue remained present upon target onset. Age differences were found at the shortest cue-target interval (100 ms). Young adults and young-old adults showed facilitation effects, whereas old-old adults did not. By later cue-target intervals, the three age groups showed significant facilitation effects. We interpreted the pattern to indicate old-old adults had difficulties disengaging attention from the gaze cues in order to make an orienting response. In Experiment 2, the cue was presented briefly and was removed prior to target onset. All three age groups showed a similar magnitude in the facilitation effects, even at the 100 ms time interval. We concluded that when the cue is removed, old-old adults could disengage attention from the cue to make an orienting response. These studies showed that older adults could orient with gaze cues, but with increased age, older adults had difficulties disengaging from gaze cues.

THE INFLUENCE OF WIDOWHOOD AND COMPLEXITY ON THE DECISION MAKING PROCESS

C.L. Ortz, J.M. Jacobs-Lawson, Gerontology, University of KY, Lexington, Kentucky

Life transitions, such as widowhood, are stressful events that influence higher order cognitive functioning. The purpose of this study was to examine how widowhood and decision complexity influence older women's decision making processes. Married (N=146; M age =73.50, SD=8.52) and widowed women (N=146; M age =73.50, SD=8.52) were randomly assigned to make a simple or complex treatment recommendation on behalf of a hypothetical individual. In the complex condition, six potential treatments were presented and in the simple condition, only three of the six options were presented. Each treatment was described based on six dimensions (e.g.; side effects, survival rates). Decisions were made using a Tablet PC to aid in recording information processing. A series of 2 (widow status: widowed, married) x 2 (complexity: simple, complex) ANOVA revealed several main effects and an interaction. A main effect of widow status showed that widowed women examined a smaller proportion of information. Widow status also influenced the types of information considered. A main effect of complexity revealed that compared to women in complex task group, those in the simple group considered a greater proportion of information A significant interaction revealed that in the complex decision condition, married women viewed more information within each treatment than widowed women. In the simple condition, the two groups of women did not differ. Analyses also showed that complexity and marital status influence the treatment selected. Results are discussed in terms of how a life event such as widowhood and decision complexity can impact the decision making process.

INTRUSIVE THINKING MODERATES THE AGE-COGNITION RELATIONSHIP: TYPE OF INTRUSIVE THINKING MATTERS


Prior research suggests that individuals reporting more intrusive thinking (IT) demonstrate poorer performance on cognitive tasks compared to individuals reporting less IT. However, previous research has not examined whether this relationship is consistent across different types of self-reported IT. A total of 98 participants were used for the current analyses (data collection to be completed by the end of June). The current sample consisted of 62 individuals between 18 and 26 years of age and 36 individuals over the age of 60. We utilized the Thought Occurrence Questionnaire (trait IT), the Cognitive Interference Questionnaire (state IT), the Impact of Events Scale (event-based IT), and the White Bear Suppression Inventory (trait thought suppression) to assess IT. The participants completed several cognitive tasks that assessed processing speed, episodic memory, and executive functioning. Hierarchical multiple regressions were performed to examine the association between age, IT, and cognitive performance. The results revealed that there was a significant age*state IT interaction for working memory performance where the older adults performed worse on the task as state IT increased. In contrast, there was no relationship in the young adult group. Further, there was a significant age*trait and event-based IT interaction for episodic memory errors where older adults who reported more IT reported more intrusions and, again, there was no
relationship in the young adult group. The current findings suggest the state IT is negatively related to performance in older adults and trait/event-based IT is related to the number of errors older adults commit.

NORMATIVE DATA FOR THE COGNITIVELY INTACT OLDEST-OLD: DATA FROM THE FRAMINGHAM STUDY
I.N. Miller, J.J. Himali, A. Beiser, J.M. Murabito, S. Seshadri, P.A. Wolf, R. Au, Boston University, Boston, Massachusetts

The oldest-old are now the world’s fastest growing population. Normative cognitive data for this group are limited, and use of normative data from younger-old samples (e.g., 75+) can result in misclassification of cognitive status. Participants for this study numbered 315 (35% men), ages 80+ from the Original FHS cohort who were administered the Wechsler Memory Scale Logical Memory subtest (LM) as part of a larger clinical evaluation from 1999-2005. Participants were stratified into three age groups (80-84, 85-89, 90+); average performance for each group was compared for the whole sample, a dementia-free subset, and a dementia- and stroke-free subset, after adjusting for sex and premorbid cognitive ability using WRAT III Reading scores. Mean (standard deviation) performance on LM delay was as follows: 80-84: 8.43(3.95), 85-89: 7.13(4.45), 90+: 5.76(4.46). Significant differences were found across age levels (LM: p=0.003). Pair-wise comparisons found significant differences between 80-84 and 90+ (p=0.006). Gender specific analyses showed that the age effects were driven by men (overall p=0.001); pair-wise comparison between 80-84 & 90+ (p=0.001). For the dementia-free subset, the overall effect of age was no longer significant (p=0.056), though among men the effect remained (p=0.002); pair-wise comparisons were significant between 80-84 & 85-90 (p=0.023), and 80-84 & 90+ (p=0.009). For the dementia- and stroke-free subset, the overall effect of age was significant (p=0.044), driven by men (p=0.001); pair-wise comparisons were significant between 80-84 & 85-90 (p=0.026), and 80-84 & 90+ (p=0.007). These results provide evidence for the use of age appropriate normative data for oldest-old individuals.

GROUP DIFFERENCES IN FACTOR LEVEL TRANSFER EFFECTS IN THE IMPACT TRAINING PROGRAM
S. Hindin, E. Zelinski, USC, Los Angeles, CA, California

The IMPACT extended practice cognitive training program was designed to test improvement on untrained outcomes. 487 adults over age 65 in three different communities participated in this randomized clinical study. 242 individuals participated in the experimental training regimen. Published results showed experimental group improvement on memory and attention compared to the active control group. Few training studies evaluate beyond mean differences at the group level by evaluating whether improvement on the trained task transfers to improvement on the untrained one. We ask whether there is a difference between the experimental and active control group in the size and significance of two manifest training program variables regressed on two different memory factors, representing untrained outcomes. These cross-lag analyses expand on previous results by looking at factor level differences and the direct effects of training variables sound sweep and sound replay, which represent working memory, on untrained memory outcome factors, loaded on variables such as list recall. Group differences were found in that better model fit was evident when experimental and control group coefficients were allowed to vary. Also, the experimental group found significant transfer from the training variables to the memory factors. The size of the correlation between training and transfer effects in the experimental group compared to the control group shows that the difference is due to the training and not a general practice effect.

AGE DIFFERENCES IN EVERYDAY PROBLEM-SOLVING STRATEGY EFFECTIVENESS: ARE OLDER ADULTS’ STRATEGIES MORE LIKELY TO SOLVE PROBLEMS, PREVENT FUTURE PROBLEMS, OR MANAGE EMOTIONS?
J. McFall1, J. Strough2. 1. Psychology, Syracuse University, Syracuse, New York. 2. West Virginia University, Morgantown, West Virginia

Everyday problems are dilemmas, obstacles, or challenges encountered in daily life (Berg & Klaczynski, 1996; Meacham & Emont, 1989). Everyday problems are ill-defined—have multiple potential solutions (Wagner, 1986). An effective strategy for everyday problem solving is one that solves the problem, maximizes beneficial consequences of responding, and minimizes negative outcomes (D’Zurilla, Nezu, & Maydeu-Olivares, 2004). Some studies have examined age differences in everyday problem-solving effectiveness; older adults’ strategies are more effective than those of younger adults when hypothetical problems involve an interpersonal context (Blanchard-Fields, Mienaltowski, & Seay, 2007; Cornelius & Caspi, 1987; Thornton & Dumke, 2007). However, research has not systematically examined the dimensions that make some strategies effective and others ineffective for various problems. Although social-emotional selectivity has been hypothesized to explain older adults’ effectiveness for interpersonal problem solving, it is not clear why age differences in effectiveness may vary across specific problem domains (friend, family, home, consumer, information, work). The present study adapted Cornelius and Caspi’s (1987) Everyday Problem Solving Inventory, but added health care and technology problem domains. Participants: 69 younger and 61 older adults who provided level of endorsement for 4 strategy types (avoidance-denial, passive-dependence, cognitive analysis, problem-focused action) for solving problems within each domain. Participants and expert raters assessed strategy effectiveness on three dimensions: (1) solving the immediate problem, (2) preventing/minimizing future problem occurrences, (3) managing emotional reactions. Overall, older adults rated avoidance-denial higher in the dimensions of effectiveness than did younger adults for most domains (not health care; significant group effects ranged from F(2, 135)=6.67–25.32, p<.001). Other strategies were rated similarly regardless of age/expertise. Specific results for each strategy and each domain are presented and discussed.

SESSION 430 (POSTER)

DEMOGRAPHIC TRENDS IN AGING RESEARCH
WHAT ABOUT THE 90+?
W. He, M. Muenchraft, U.S. Census Bureau, Washington, District of Columbia

The population aged 90 and over (90+) has been growing more rapidly in both size and proportion of the older population (65+) than any other age group. Little is known about the 90+ population. This study examines their characteristics – age, sex, race, Hispanic origin, and socio-economic and health status. Results from the 2006-2008 and 2008 American Community Survey show that most 90+ are high school graduates, and 20 percent of the 90+ men have a Bachelor’s degree or higher. Social security represents almost half of their total personal income, and they are universally covered by health insurance because of Medicare and Medicaid. Over 80 percent of the 90+ women are widowed while more than 40 percent of the 90+ men are married. Compared with ages 65-89 or 85-89, the 90+ have higher poverty rates, and are more likely to have disabilities. About 20 percent of 90-94 and 32 percent of 95+ are institutionalized, compared with 11 percent for 85-89 and 3 percent for 65-84. Race and Hispanic origin differ. For example, 40 percent of White 90+ live alone, compared with 20 percent for Asians. Interestingly, some of the smallest states in terms of the 90+ population size have the highest percent 90+ of 65+, while some top older states (e.g.,
INTERNATIONAL RETIREMENT COMMUNITIES IN MEXICO: SUSTAINABILITY ISSUES

I. Amin1, S. Ingman1, I. University of North Texas at Dallas, Dallas, Texas, 2. University of North Texas, Denton, Texas

By 2050, one out of five of the global population will be 60 years or older. With the aging of the population there has been an interest in understanding the patterns of retirement migration. While in the past retirement migration usually involved return migration to one’s place of origin, recent literature suggests an opposite trend. In the last decade, international retirement migration (IRM) has increased dramatically as a result of an increase in travel and improved communication worldwide that enable retirees to choose destinations beyond state boundaries. In Europe, international migration is reported to be a popular trend, and in the U.S., retirees are increasingly heading to Latin American countries. In most of the host countries the expatriates live in retirement communities. This current paper focuses on the retirement communities in Mexico, and examines how sustainable are these retirement communities in the long-run? Findings indicate that the affluent seniors boost the local economy of the receiving country, while do the same to the sending country by leaving it, which is facing sharp increase of dependency ratio and shortage of care providers for its senior citizens. Two very obvious economic activities related to retirement communities are housing and health care. Although these housing activities on some occasion have created segregated communities with a tremendous environmental toll on the host society, it has been observed that an influx of population from different cultural background could lead to a cultural shift in the host country. Policy implications have been discussed.

THE RISE AND FALL OF WOMEN’S ADVANTAGE: A COMPARISON OF NATIONAL TRENDS IN LIFE EXPECTANCY AT AGE 65 YEARS

M. Thorslund1,2, J.W. Wastesson1, N. Agahi1, M. Lagergren2, M.G. Parker1, I. Aging Research Center - Karolinska Institutet / Stockholm University, Stockholm, Sweden, 2. Stockholm Gerontology Research Center, Stockholm, Sweden

Why has the size of the gender gap in life expectancy changed over time? And why do so many countries show a similar pattern of increase and decrease? Most industrialized countries have had remarkably similar developments in regards to gender differences in life expectancy. After a long phase with a female advantage in life expectancy of less than one year, the gender gap rose during the twentieth century. This was followed by an abrupt fall in female advantage toward the end of the century. However, the timing of the shifts differs. Some European countries (e.g. England and France) had a significant rise in female advantage as early as 1890 -1900, followed by countries such as U.S and Australia, while it occurred 50 years later in the Scandinavian countries. This country variation regarding the rising gender differences suggests explanations that are complex and country specific. The more recent fall in female advantage occurred over a much shorter time in all countries, suggesting common causality. No single hypothesis has emerged that adequately explains these shifts in gender differences in life expectancy, and yet they are key to understanding the interacting effects of biological and social factors determining longevity.

THE IMPACT OF PAST MIGRATION ON THE MENTAL AND PHYSICAL HEALTH OF OLDER ADULTS

A. Barrett, I. Mosca, TILDA, Trinity College Dublin, Dublin, Ireland

Having to leave one’s home to go and live in another country can be an extremely stressful event. As a result, it seems likely that migration could lead to long-term negative mental health outcomes. Similarly, migration can impact on physical health if migrants work in specific occupations or adopt a different lifestyle in the host country. In spite of this, there has been relatively little research conducted on the link between migration and subsequent health outcomes in older adults. In this paper, we use a new and rich dataset from Ireland with information on a nationally representative sample of people aged 50 and over - Wave 1 of The Irish Longitudinal Study on Ageing (TILDA). Ireland provides a unique setting in which to study migration and health because about a quarter of its older adults lived outside of Ireland for a period of time and subsequently returned. Using multivariate regressions, we find that male migrants are 30% more likely to have been diagnosed with mental health problems, including alcoholism, compared to those who never left. We find no evidence of physical impacts of migration. For women, the reverse holds. No evidence of mental health impacts is found but migrants are 17% more likely to suffer from arthritis compared to those who never left. Participants attending this session will be made aware of: i) the link between migration and health (and the differences by gender); ii) TILDA, this important new addition to the international set of longitudinal studies on ageing.

NEIGHBORHOODS CHARACTERISTICS AND HEALTH STATUS AMONG UNDERSERVED OLDER ADULTS

R. Suzuki1, A.B. Mathis1, D. Krugel2, I. Public Health & Health Sciences, University of Michigan-Flint, Flint, Michigan, 2. University of Michigan, Ann Arbor, Michigan

Increased understanding about the etiology of having poor health status in older people has led to the recognition that social factors play a major role in health status. Few studies, however, have investigated the degree to which social capital constructs relate to health status among underserved older adults. The purpose of this study was to examine the relative contribution of social capital factors to health outcomes in Flint, MI. Older adults were assessed by the Speaking to Your Health Community Survey 2009 and the American Community Survey 2010. The two-level analysis on M-plus was utilized to examine the relationship of neighborhoods characteristics to self-rated health (SRH), body mass index (BMI), and chronic conditions. Of the 217 participants, a large percentage were Caucasian or African American (48%) women (73%) with low level education (52% ≤ high school or GED), married or committed relationship (39%) and retired (78%). Their mean age was 74.14 (SD=7.02). In the International Classification of Functioning, Disability and Health, perceived fear of crime (β = -.24) and chronic conditions (β = -.44) predicted SRH. Social participation (β = .18) and chronic conditions (β = .84) predicted BMI. SRH (β = .27) predicted BMI (β = .84) predicted chronic conditions. Additionally, the census tracts poverty level predicted SRH (β = .99) and chronic conditions (β = .00). No interaction effects of race/ethnicity on health status existed. The importance of the intervention programs targeting safety and social support in a community will be discussed.

POPULATION MORTALITY RATES AND EXCESS DEATHS AMONG DIABETICS IN THE US

S.L. McFall1, D.W. Smith2, B.S. Bradshaw2, I. Inst. for Social and Economic Research, University of Essex, Colchester, United Kingdom, 2. University of Texas Health Science Center, San Antonio, Texas, 3. Private Consultant, Colchester, United Kingdom

We estimate mortality rates and excess deaths among diabetics using surveys that can be generalized to the US population. We pooled the National Health Interview Survey for 1997-2001 with followup for deaths through 2006. All deaths within five years of interview were used to estimate death rates by age and sex separately for respondents known to have diabetes and for all other respondents. Estimates that account for complex survey design were computed using Stata. In 1997-2001, 17% of diabetics were under age 45, 43% were 45-64, and 40% were over age 65. We report estimates for age 45 and over by 10 year intervals to 84 and for age 85 plus. The death rates (per thousand) of diabetics were: females, 35.7 (se: 0.75), males, 37.5 (se: 1.11), and combined, 34.1 (se: 1.01). Death rates increased by age. Odds ratios of
Korean Baby Boomers Panel Study Series 1: Korean Baby Boomers’ Marital Relationships

G. Han, J. Lee, J. Kim, 1. Seoul National University, Seoul, Republic of Korea, 2. Family Environment & welfare, Chonnam National University, Gwangju, Republic of Korea

Background: Rapid social changes in Korea have resulted in changes in various aspects in family life, such as an increased age of marriage, lowered fertility rates, and the rise of dual earner families. Baby Boomers have been characterized as the forerunners of those changes. The purpose of this study was to examine various aspects of marital relationship such as communication skill, marital conflict and marital satisfaction of Baby Boomers and to explore the determinants of marital relationships.

Method: Data used in this study are from the first wave of Korean Baby Boomers Panel Study. A total of 4,668 respondents born between 1955 and 1963 were surveyed in face-to-face interviews using structured questionnaires. The surveys were conducted from May 2010 till August 2010. Result: About forty-five percent of Baby Boomers are satisfied with their marriage while 7.9% are not satisfied with their marital relationships. In general, Boomers seems to have positive relationships with their spouse. Thirty-six percent report that they have open, positive communication with their spouse almost every day. Better communication skill means better marital satisfaction. However, not surprisingly Boomers’ marital relationships also reflect certain levels of conflict and discord. The main areas of marital conflict among Baby Boomers are financial issues and issues related to child rearing. About 40% of Baby Boomers have seriously considered getting a divorce during the past five years. Female Boomers are more likely to have given a serious thought about divorce than male Boomers. The implications in order to enhance the stability of Korean Baby Boomers’ marital life is discussed.

Recent Evidence of Educational Differences in Healthy Life Expectancy Between Blacks and Whites in the U.S. Are We Closing the Gap?

A. Solé-Auró, H. Beltrán-Sánchez, 1. RFA-IREA, University of Barcelona, Barcelona, Spain, 2. University of Southern California, Los Angeles, California

The study of race/ethnic differences in mortality has a long history in the United States. Comparisons of Black-White (B-W) death rates have consistently shown higher mortality for blacks than for whites, except among the oldest old where differences can be affected by data quality (Manton et al. 1987, Preston et al. 1996, Elo&Drevenstedt 2004, Harper et al. 2007). In addition to race, mortality differentials extend to other socioeconomic factors such as education and income. In this paper we are interested in studying whether educational differences in healthy life expectancy (HLE) between B-W in the U.S. have declined in the last decade. Evidence, from the 1970s through the 1990s, shows that educational differences in HLE increased during that period due to widening of the mortality and morbidity rates between B-W (Crimmins and Saito 2001). Recent evidence, however, shows that the racial gap in mortality has declined since 1980 (Macinko and Elo 2009, Harper et al. 2007). Little is known on whether the recent narrowing of the mortality gap has been accompanied by a reduction in the educational gap in HLE between B-W. We use the National Health Interview Survey (NHIS) to estimate the prevalence of functional limitation by age, race, sex, and level of education in the non-institutionalized U.S. population in 1996, and use the mortality follow-up in 2006 to estimate mortality rates. We employ a Poisson log-linear model to estimate mortality rates by age, race, sex, education and functional limitation, and then construct a life table using standard life table techniques (Preston et al. 2001). We apply Sullivan method to estimate HLE over the period of study and compare racial differences in HLE by level of education (Jagger 1997).

Longevity of Offspring of Centenarians: Evidence from the Utah Population Database

K. Smith, H. Hanson, G.P. Mineau, A. Fraser, D. Lane Reed, Huntsman Cancer Institute, University of Utah, Salt Lake City, Utah

Centenarians comprise an important group of individuals on which to assess the familiality of longevity. Several studies have examined measures of health status of the offspring of centenarians, including cardiovascular, cancer and diabetes risk factors, but rarely age at death for extinct cohorts. In this study we estimate the mean ages at death and recurrence risks among the offspring of centenarians in relation to controls. We use data from the Utah Population Database (UPDB) because the UPDB holds complete birth and death dates of individuals linked into multi-generational families spanning 200 years. For this analysis, we identify all centenarians (CT) born prior to 1900 as well as all offspring (OS) of these CTs who were also born before 1900. These restrictions allow us to observe death ages for both CTs and OS (N=351 male and N=306 female OS of CT). Controls comprise a set of OS where both parents were born prior to 1900 and where both died between ages 65 and 85 (N=33,705 males and N=31,113 females). All OS studied were those who lived to age 40. Gender-specific linear regressions were estimated to estimate differences in age-at-death between the two groups, controlling effects of birth year and religion (Active Mormon or not). We find that the offspring of centenarians live 4.5 years longer than controls conditional on survival to 40. This difference applies to both male and female offspring. These results suggest strong familiality in life span suggestive of both shared beneficial environments and shared genetic resilience.

Session 435 (Poster)

Development, Growth and Adaptation

Perspective Taking in Older Age: A Motivational Perspective

X. Zhang, H. Fung, J.T. Stanley, D. Isaacowitz, X. Song, 1. Department of Psychology, CUHK, Hong Kong, Hong Kong, China, 2. Brandeis University, Boston, Massachusetts, 3. Peking University, Beijing, China

There was a folk notion of increased perspective taking abilities with age such that older adults should be better at understanding others’ behavior, intention and showing great empathy to others. However, empirical studies on older adults showed the reversed pattern. In a series of experiments, we would like to investigate the phenomenon from a motivational perspective. In experiment 1, we manipulated perceived closeness between participants and the experimenter in a faux pas recognition task, and in experiment 2, we manipulated perceived closeness between participants and the target in an emotion recognition task, to examine whether the experimental manipulations could influence participants’ performance in the two perspective taking tasks. The results revealed that in the control condition without any closeness manipulation, the well-documented negative age effect in both faux pas recognition and emotion recognition was replicated. However, in the closeness manipulation condition, older adults significantly enhanced their performance in
both tasks, while, younger adults did not show such effect. Moreover, in the closeness manipulation condition, older adults could perform equally as well as younger adults in a faux pas recognition and anger and sad recognition. Findings from the present study suggested that the well-documented poor performance in perspective taking tasks of older adults might due to a lack of motivation instead of ability to perform in laboratory settings, while in daily context, especially with someone close to them, older adults might be more motivated to take their perspective.

DOES COPING MEDIATE BETWEEN STRESS SEVERITY AND STRESS-RELATED GROWTH?
X. Bi, C.M. Aldwin, Center for Health Care Evaluation, Menlo Park, California, 2. Oregon State University, Corvallis, California

Stress can have not only adverse effects but also positive effects on health, called stress-related growth (SRG; Park, 2009). However, contrasting models suggest that stress and SRG increase subsequent SRG (Antonovsky, 1987) or decrease it (Hobfoll, 1988). Others have argued that the effects are contingent upon coping strategies (Aldwin, et al., 1996). We contrasted these three models using two waves of data collected in 1996 (T1) and 2001 (T2) from the Davis Longitudinal Study (Aldwin et al., 1996). Of the 509 young and middle-aged alumni (Mage = 44.24, SD = 7.38), 44.01% were male, 93.47% were European Americans, and 52.45% had advanced degrees. Structural equation modeling showed there was a weak positive direct effects from stress severity to SRG within each wave (βs = .100 & .084, ps < .05), but there were no significant cross-lagged effects between them over time. However, examining the mediating effect of both positive and negative coping strategies showed that there were significant cross-lagged effects between SRG and positive (but not negative) coping strategies. Specifically, stress severity was associated with greater positive coping at T1 (β = .189, p < .001), which in turn was related to more SRG at T2 (β = .095, p < .001), suggesting indirect effects of stress severity on SRG via positive coping. These results indicated that SRG at T1 did increase subsequent positive coping, and if people used more positive coping, they were more likely to report higher levels of SRG at T2. Therefore, the results supported the contingent model.

FLIGHT, EXPULSION, AND DISPLACEMENT OF ETHNIC GERMANS AT THE END OF WORLD WAR II
P. Sauer, Miami University, Oxford, Ohio

The topic of flight, displacement, and expulsion of ethnic Germans is highly complex as it encompasses a tinderbox of sensitive European history, politics, painful emotions, and personal tragedies. The Germans were responsible for both World Wars. In addition to the horrific extermination of 6 million Jews in the Holocaust, the killing of millions of soldiers and civilians, Nazi Germany also brought devastation to its own people, especially the ethnic German people of Silesia, Prussia, Sudentland, and former Yugoslavia. WWII, the most devastating conflict the world has ever seen (60 – 79 million casualties), destroyed and disrupted the life courses of millions. Children, teenagers, young adults, adults, and old people all were affected by it. All these different cohorts had their very own experiences of WWII and its impact on their further life trajectories. For the first part of my thesis, I conducted biographical interviews with two ethnic Germans (Anna, 71 and Paul, 91). I used an adaptation of Wengraf’s (2004) biographic-narrative interpretative method to capture the participants’ experiences, and their retrospection of these from the vantage point of old age. The second part of my thesis included a secondary thematic data analysis of ethnic German expulsion narratives. Emerging themes from this research included marginalization, education, human kindness, violence, contingency, survival. The goal is to give a voice to the victims, to produce a work based on historical facts, and to investigate how two ethnic Germans review(ed) their war time experiences in old age and throughout their life courses.

AGE, COHORT, AND GENDER DIFFERENCES IN SOCIAL NETWORKS AMONG JAPANESE OLDER ADULTS: FINDINGS FROM JAPANESE LONGITUDINAL STUDY BETWEEN 1987-2006
E. Kobayashi, T. Fukaya, S. Shinkai, H. Akiyama, J. Liang, 1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. The University of Tokyo, Tokyo, Japan, 3. University of Michigan, Ann Arbor, Michigan

Japanese lifestyles changed greatly during rapid economic growth in 1960’s. It is hypothesized that those who experienced these changes in their youth would have different social relations in old age from former cohorts. This study examined cohort differences in quantity of social networks and their growth trajectories among Japanese older adults. Social networks were measured by number of (a) close friends, (b) close neighbors, and (c) community groups they belonged to, and frequency of (d) face-to-face contact with friends, neighbors, and relatives, and (e) attendance in group meetings. Data came from 7 waves of a national survey of Japanese adults aged 60 and over conducted between 1987 and 2006, which gave us 16,955 observations for 4,999 persons. Within the framework of a hierarchical linear model, we found each network decreasing with age in a quadratic curve. Birth cohort showed different effects for males and females. For men, two recent cohorts (C2: born in 1916-25, C3:1926-36) were more likely to have smaller and less frequent networks except for close friends compared to a cohort born before 1916 (C1). In C1, men belonged to more groups and had more frequent participation than women but women in C3 participated in groups more frequently than men in the same cohort. After controlling for health, family, and socio-economic status, effect of aging became smaller but the gender difference (Female > Male) in C3 became even larger. Unmeasured psychological factors such as attitudes toward women’s social participation might explain the results.

PREDICTORS OF LOVE ACTIONS FOR MATURE ADULTS (40+) DURING A DIVORCE. DOES AGE MATTER?
J.G. D’Ambrosio, A.C. Faul, University of Louisville, Louisville, Kentucky

Love is an anomaly for people experiencing divorce. A study of divorcing individuals found that reduction of anger is the main predictor of love actions for those experiencing divorce. This paper explores if maturation helps marital relationships end with understanding, generosity, humility and altruistic love. Research has been undertaken to test predictors of love feelings and actions towards a former spouse by a divorcing individual. The study started with the development of the Intrinsic Love Inventory (ILI) based on a theory of love focusing on measuring love feelings and actions high in intensity, extensity, duration, purity and adequacy. A sample of 191 divorcing individuals was recruited and asked to complete a survey where data on basic demographics and the ILI were gathered together with the Davis’s Empathy Scale, the Love Attitude Scale measuring altruistic love, the Altruistic Values scale, an Altruistic Behavior Battery, and Feelings of Anger Towards Former Spouse. A multiple regression analysis indicated that the model explained 62% of the variance in love feelings and actions towards former spouses (F(11,110)=16.46, p=0.001). The significant predictors in the model was in order of strength, a reduction of angry feelings towards former spouse (β=−0.710, p=0.001), showing altruistic behaviors (β=0.228, p=0.001), embracing altruistic values (β=0.165, p=0.034) as well as having less children (β=−0.139, p=0.025). The study illustrates that divorcing individuals, regardless of age, have a tendency
towards understanding, generosity, humility and altruistic love, even in the midst of divorce. Maturation did not play a significant factor in increasing love actions.

TESTING A TWO-FACTOR MODEL OF THE IMPACT OF OPTIMISM ON FUTURE AGING-RELATED WORRY AMONG YOUNG AND MIDDLE AGE ADULTS
S.J. Kohn, M.M. Wood, M.M. Willis, S.E. Spivey, Psychology, Valdosta State University, Valdosta, Georgia

Thinking about ones’ own aging-related future can be both an exciting and anxious enterprise. The uncertainty about a person’s developmental future can raise thoughts about many unknown factors, which can heighten worrisome feelings. Research suggests that worry tends to be higher for young and middle-age adults compared to older people. Yet, research on the buffering effect of optimism on worry, although recognized as an important coping variable, has been scarce. In this study we tested a theoretical structural equation model in which aging related worry (as a function of negative social impact variables e.g., ageist media stereotypes) was hypothesized to be mediated by both trait-related (dispositional) and state-related (domain specific) optimism. Trait optimism was hypothesized to work indirectly in concert with positive social impact variables (e.g., family and education) to reduce worry. Data were gathered from a sample of young (n=180 M-age: 21.56) and middle-age adults (n=150 M-age: 48.47). The model was tested with EQS-6.1. Goodness of fit indices for the model were found to meet or exceed acceptable benchmark criteria (Chi-square=27.11; df=19; p=.05; CFI=.97; GFI=.95; RMSEA=.56; RMS-Residual=.20). We then tested for differences between young and middle-age participants. Although both trait and state optimism had a significant worry-reducing effect for both age groups, the relative effect of trait related worry was greater for the young adults. This finding is noteworthy because it suggests that young adults might rely on external optimistic cues; while middle-age adults may rely more on internal (dispositional) aspects of optimism.

AN ASSESSMENT OF THE HANDS OF TIME: WHAT PREDICTS FUTURE TIME PERSPECTIVE?
M.B. Beidleman, P.P. Haley, G. Harris, R.S. Allen, University of Alabama, Tuscaloosa, Alabama

Socioemotional selectivity theory (Carstensen & Lang, 1996) posits that, due to limited future time perspective, older adults shift from information-focused to emotion-focused goals. The Strength and Vulnerability Integration (SAVI) model (Charles, 2010) recognizes both the strengths associated with aging and the vulnerabilities caused by reduced reserve capacity to cope with physical decline. In the SAVI model, the timing of the emotion regulation process influences the emotional sequence of events such that years of experience and a motivational shift toward emotion-focused goals may be offset by reduced ability to manage high levels of physiological arousal due to declining physiological flexibility. Future time perspective, largely subjective, is the critical construct underlying shift in motivational goals; thus, factors including religious and spiritual attitudes, functional status impairments, and subjective health status may help to explain an individual’s future time perspective. The current study included 31 participants from the Legacy Intervention Family Enactments (LIFE) project, all of whom were diagnosed with an advanced chronic illness and living in the community. Multiple regression analyses were used to assess the effect of religious and spiritual attitudes, functional status impairments, and subjective health status on future time perspective. Results indicate that religious and spiritual attitudes are related to future time perspective while also supporting the notion that lower subjective health predicts limited future time perspective. Notably, objective health was not related to future time perspective in this sample of individuals with advanced chronic illness, supporting the importance of self-perceptions of vulnerability.

A WEEK IN THE LIVES OF OLDEST-OLD AUSTRALIANS: INITIAL FINDINGS FROM ADULTS MEASUREMENT BURST STUDY

To understand pathways to ageing well, it is essential to explain variation in ageing outcomes at the extremes of late life (85+). An innovative adjunct to the Australian Longitudinal Study of Ageing (ALSA) was launched: The ALSA Daily Life Time-Sampling Study (ADuLTS), to identify mechanisms involved in differential aging. ADuLTS marks the first attempt to track daily fluctuations in the oldest-old, in the context of ongoing routines and 18-years of pre-existing data. We describe the study protocol and illustrative results from indices of engagement, cognition, and emotion. An entry session provided training and measured health, goals, and personality. Daily protocols began with saliva samples (for cortisol) concurrent with self-report on the previous night’s sleep. A tailored schedule for 5 time-samples, in response to a prompt, was arranged at approximately 3-hour intervals. We recruited participants in 2010 after Wave 11 of ALSA. Because of the demanding protocol, prior to recruitment W11 data on cognition, vision and hearing were examined to screen participants. From a pool of 94 candidates 50 participated: 63% women, average age 89. This paper focuses on selectivity analyses using data from ALSA W1 (1992) and W11 (2010), and trajectories over this period. Initial results show that those who did or did not participate showed no significant differences a range of W1 or W11 measures. Further results will quantify whether the yearly rate of decline was shallower among 18-year, relative to 2-year, survivors in ALSA. Neither proximal nor distal functioning affects participation in this measurement burst design, and it remains a viable way to examine everyday fluctuations even in very old age.

ROLE TRANSITIONS ACROSS THE LIFE COURSE: WIDOWS’ EXPERIENCES ON FAMILY FARMS
J.J. Benson, M. Coleman, Human Development and Family Studies, University of Missouri, Columbia, Missouri

Examining farm families and subsequent changes in women’s roles on the farm from a life course perspective has been neglected in scholarly work. The prevailing assumption has been that after the husband’s death, the farm is either sold or widows relinquish their involvement in the operation of the farm to the younger generation in the family. Data reveal however that the number of women who own farms is increasing, with as much as 60% of farmland in some states owned by widows. Therefore, farms are becoming increasingly female and increasingly gray. This study is designed to address this gap in the literature by exploring women’s role transitions on family farms across the life course. Twenty-three widowed women, ages 57-89, who owned farms in Illinois or Georgia were interviewed in-person about early years on the farm, their family, and how they constructed their new identities as farm widows after the death of their husbands. Preliminary analysis suggests a U-shaped theory of involvement on the farm i.e., these women were highly and directly involved in farm production in their early years of marriage, decreased direct involvement in their middle years (and for some shortly after widowhood), but after the death of their husband they took on new and additional roles as bookkeepers, farm managers, farm laborers, and business women. Further analysis will explore the process by which these new roles evolved as the women transitioned into widowhood status.
AGE DIFFERENCES IN THE FACTOR STRUCTURE OF SELF-TRANSCENDENT WISDOM
M. Levenson1, S. Lee1, S. Choun1, C. Jones1, P. Wink1, C.M. Aldwin1, J. Human Dev. & Fam. Sci., Oregon State University, Corvallis, Oregon, 2. California State University Fresno, Fresno, California, 3. Wellesly College, Wellesley, Massachusetts

Although it is commonly assumed that wisdom increases with age, there are contradictory results in the literature, with studies showing linear, negative, or non-linear, or no effect of age (Staudinger & Bluck, 2011). These discrepancies may be due to differences in the factor structure of wisdom with age. Curnow (1999) identified four aspects of wisdom: self-knowledge, integration, non-attachment, and self-transcendence. We modified the Adult Self-Transcendence Inventory (Levenson et al., 2005) to reflect these four hypothesized factors. Using men (n = 181) and women (n = 186) from the Intergenerational Study who completed a mail survey, we created three age groups: young (23-50; n = 97), middle aged (51-67; n = 114), and old (70+; n = 161). Exploratory factor analysis revealed that a four factor solution was the best fit in all three groups (RMSEA ranged from 0.052 to 0.065); however, a preliminary confirmatory factor analyses revealed that the factor structure significantly differed across groups, not even achieving configural invariance. While there were consistent items across groups for Factors 1 and 2 (self-transcendence and integration), little consistency was found for factors 3 & 4. Preliminary analyses suggest that these factors reflect age-appropriate developmental tasks, but the results need to be replicated in larger, more heterogeneous samples.

WHEN DOES THE NORMATIVE DECLINE IN SOCIAL CONTACT OCCUR? FINDINGS FROM THE VA AGING STUDY
N. Toyokawa1, C.M. Aldwin1, A. Spiro2, A. Acoc1, S. Choun1, R. Nath1, J. Oregon State University, Corvallis, Oregon, 2. Boston University, Boston, Massachusetts

Socioemotional selectivity theory (Carstensen et al., 2006) hypothesized that there is a normative decline in the frequency of social contact in later life. However, most studies have been cross sectional. The current longitudinal study examined the trajectories of social contact men from the Normative Aging Study whose age ranged from 50 to 70 years old (M=59.64, SD=5.52) at the baseline survey in 1985. Follow-up data were collected in 1988 and 1991. The data was reorganized by age, and preliminary frequencies suggested the existence of a spline or sharp deflection at around age 64 (M50= 16.01, M64=16.74, M70=15.80). Accordingly, two latent growth curve were computed to examine the trajectories of the middle-aged (age 50-63, n=653) and older participants (age 64-70 in 1985, n=749). For the middle-aged participants, the intercept was 16.15, p<.001, but the slope was not significant, $S=0.62$, ns. In contrast, for the older men, the slope was significantly negative, $S = -.13$, p<.001. In terms of random effects, both intercept and slope were significant for the middle-aged men, $I=18.79$, p<.001 and $S=0.15$, p<.05, but the slope was not significant for the older men, $S=.02$, SE=.05, p>.05. Thus, there are individual differences in the intercept for both the middle-aged and older men, for both fixed and random effects, and there are also individual differences in the slopes in midlife. However, there was a normative decline in the frequency of social contact after the age of 64.

SESSION 440 (POSTER)

DIFFICULT DECISIONS: END-OF-LIFE CHOICES

WILLINGNESS-TO-PAY FOR COMMUNITY END-OF-LIFE CARE AMONG CHINESE OLDER ADULTS
L. Chu, S.M. McGhee, J. Luk, P. Chiu, J. Chau, Division of Geriatrics, Department of Medicine, The University of Hong Kong, Hong Kong, China

Background: There is no previous study on the “Willingness-To-Pay” for community end-of-life care among older adults. The objectives of this study were to investigate the preference and willingness-to-pay of older Chinese adults for community end-of-life care in the nursing home rather than the hospital and the trade-offs that they were willing to make between attributes of care in the end-of-life care program. Methods: 1540 older Chinese adults from 140 nursing homes were interviewed. Four hypothetical questions were asked to explore their preferences for end-of-life care. Using a discrete choice approach, specific questions explored acceptable trade-offs between three attributes: availability of doctors on site, attitude of the care staff and additional cost of care per month. Results: Approximately 35% of respondents preferred end-of-life care in the nursing home, while 23% of them would consider it in a better nursing home. A good attitude of staff was the most important attribute of the care site. Respondents were willing to pay an extra cost of US$5 (HK$39) per month for more coverage of doctor’s time and US$49 (HK$379) for a better attitude of staff in the nursing home. Respondents on government subsidy valued the cost attribute more highly, as expected, validating the hypothesis that those respondents would be less willing to pay an additional cost for end-of-life care. Conclusion: Older Chinese adults would be willing to pay an additional fee for community end-of-life care in nursing homes, if better facilities and services were available, particularly a good attitude of care staff.

CONFLICT, DECISION-MAKING, AND SOCIAL SUPPORT DURING LUNG CANCER: THE ROLES OF AGE AND SPOUSAL RELATIONSHIPS
L.M. Miller, S. Hiatt, K.S. Lyons, Oregon Health & Science University, School of Nursing, Portland, Oregon

Age is an important part of the disease context for lung cancer—the majority of patients are over 65 and the median age at diagnosis is 70. Older adults with lung cancer have a poorer prognosis due to co-morbidities and age-related factors, which both complicates and hastens the end of life process for people who already struggle with an aggressive disease. The patient’s ability to determine their desired plan of care depends upon strong social support systems, effective decision-making, and minimized family conflict. The aim of this investigation is to describe the role of age in aspects of the coping process, including social support, decision-making, and family conflict, among lung cancer patients. Data obtained from 115 lung cancer patients ranging in age from 31 to 95, and their family caregivers, showed that adults with lung cancer over the age of 75 have significantly less social support than their counterparts aged 75 and under. Across all ages, having a spouse as the primary caregiver was significantly associated with less family conflict, overall greater social support, and an easier decision-making process (e.g. more listening and cooperating, and less tension and guilt). Cognitive impairment was not significantly correlated with decision-making, family conflict or social support. Findings will be discussed in regard to identifying and supporting the families most at risk for discordance during the end of life process.

“THE WHOLE POWER OF ATTORNEY”: UNDERSTANDING ADVANCE DIRECTIVES AMONG NEXT-OF-KIN IN VA MEDICAL CENTERS
A.R. Wittich1, B.R. Williams1, 2, L.L. Woody2, K.L. Burgio1, 2, J. Birmingham VAMC, Birmingham, Alabama, 2. University of Alabama at Birmingham, Birmingham, Alabama

PURPOSE: Advance Directives are important components of end-of-life (EOL) care planning. We explore next-of-kin’s (NOK) understanding of Advance Directives and its impact on the NOK’s perception of the EOL decision-making process. METHODS: In 2005-2010, we conducted interviews with 78 next-of-kin of deceased veterans in 6 VA Medical Centers in the Southeast U.S. We used content analysis to explore NOK’s experience with the EOL decision-making process. RESULTS: NOK were predominately female (78%) and white (60%). 40% of NOKs were surviving spouses, 31% adult children, and 17%
siblings of the deceased. 60% of NOK stated the deceased had Advance Directives at the time of death (n=47). Of those NOK, 40% (n=19) indicated being at peace with the EOL decision-making process. An EOL communication with clinical staff was reported by 38% (n=30) of all NOK. The communication encounter was perceived as helpful and emotionally supportive by 29% (n=23). Among the 23 NOK perceiving the communication experience as positive, 83% (n=19) reported that the deceased had an Advance Directive. Misunderstanding the legal technicalities of Advance Directives is prevalent among NOK. Of those NOK who’s loved one had advance directives, 45% indicated an inadequate understanding of Advance Directives, particularly with respect to the difference between estate and health care durable powers of attorney. CONCLUSION: Emotionally positive communication experiences with clinical staff regarding Advance Directives may enhance the NOK’s perception of the EOL decision-making process. Future research should examine the role of health literacy in NOK’s understanding and perception of Advance Directives in VA settings.

NURSE EXECUTIVES PERCEPTIONS OF END-OF-LIFE CARE FOR HOSPITALIZED PATIENTS

K.K. Garner1, J.A. Goodwin1, J. McSweeney2,4, J.E. Kirchne3,4, R.C. Intrieri1, P. Goodwin1

Specific Aims - 1) Explore hospital-based nurse executives perceptions of end-of-life care provided in the acute care setting. 2) Explore nurse executives’ perceptions of the educational needs of nurses providing end-of-life care in an acute care setting. Methods - Pilot descriptive, naturalistic qualitative study using in person interviews to capture nurse executives’ understandings, beliefs, and perceptions of providing end-of-life care in the acute care setting. Results - Participants reported that patients, families and caregivers experienced end-of-life issues differently based on previous experiences, level of uncertainty in prognosis and ability to manage symptoms. They also identified unique educational needs of acute care nurses providing end-of-life care. Participants identified that individualizing care and improving the communication skills of all healthcare providers as essential to improving end-of-life care. Nurse executives perceived that the acute care setting continues to play an important role in providing end-of-life care. They also perceived that nurse executives role as very important in facilitating this process due to their knowledge, experience and ability to affect change in the provision of care in the acute care setting. Conclusion - Nurse executives identified many challenges to providing comprehensive, end-of-life care in the acute care setting. A proactive presence of nurse executives is integral to incorporating training, establishing appropriate policies and implementing and maintaining systemic change of end-of-life care provided in the acute care setting.

THE RELATIONSHIP BETWEEN PAIN AND ADVANCE DIRECTIVES IN THE NHHCS

R.C. Intrieri, P. Goodwin, Psychology, Western Illinois University, Macomb, Illinois

The 2007 National Home and Hospice Care Survey (NHHCS) represents survey data collected from home health and hospice agencies as well as current patients and discharges. Participating agencies were Medicare and/or Medicaid certified or held a state license to provide home health and/or hospice services. Survey data were collected from agency directors and staff between August 2007 and February 2008. Patient data were abstracted from medical records. The current analysis focuses on the 4,733 identified individuals that received hospice services. Mean age of the sample was 77.36 (SD=13.70). The sample consisted of 2,117 men (M=74.98; 13.48) and 2,616 women (M=79.28; SD=13.57). The current analysis examines the relationship between pain and the presence/absence of an advance directive. Pain level was assessed twice (at time of admission and prior to discharge). At time of admission, 1,876 (44.8%) patients reported pain while 2,315 (55.2%) patients reported no pain. At the last assessment, 1,035 (31.7%) patients reported pain while 2,327 (68.3%) patients reported no pain. 87.6% of hospice patients had some type of advance directive. Chi square was used to examine differences in the presence/absence of an advance directive based on reported pain. Results were significant (χ²(1) = 6.555; p = .012), with patients reporting pain at first assessment less likely to have an advance directive than patients without pain at the time of discharge. Results were similar for pain at the last assessment prior to discharge, with those reporting pain less likely to have an advance directive (χ²(1) = 11.004; p = .001).

DOES COUNSELING INFLUENCE THE LIKELIHOOD OF AN ADVANCE DIRECTIVE IN THE NHHCS

P. Goodwin, R.C. Intrieri, Western Illinois University, Macomb, Illinois

The 2007 National Home and Hospice Care Survey (NHHCS) represents survey data collected from home health and hospice agencies as well as current patients and discharges. Survey data were collected from agency directors and staff between August 2007 and February 2008. Patient data were abstracted from medical records. The current analysis focuses on the 4,733 identified individuals that received hospice services. Mean age of the sample was 77.36 (SD=13.70). The sample consisted of 2,117 men (M=74.98; 13.48) and 2,616 women (M=79.28; SD=13.57). The current analysis examines the relationship between pain and the presence/absence of an advance directive. Pain level was assessed twice (at time of admission and prior to discharge). At time of admission, 1,876 (44.8%) patients reported pain while 2,315 (55.2%) patients reported no pain. At the last assessment, 1,035 (31.7%) patients reported pain while 2,327 (68.3%) patients reported no pain. 87.6% of hospice patients had some type of advance directive. Chi square was used to examine differences in the presence/absence of an advance directive based on reported pain. Results were significant (χ²(1) = 6.555; p = .012), with patients reporting pain at first assessment less likely to have an advance directive than patients without pain at the time of discharge. Results were similar for pain at the last assessment prior to discharge, with those reporting pain less likely to have an advance directive (χ²(1) = 11.004; p = .001).

ETHNICITY AND END-OF-LIFE DECISION-MAKING IN THE NHHCS

R.C. Intrieri, P. Goodwin, Psychology, Western Illinois University, Macomb, Illinois

The 2007 National Home and Hospice Care Survey (NHHCS) represents survey data collected from home health and hospice agencies as well as current patients and discharges. Participating agencies were Medicare and/or Medicaid certified or held a state license to provide home health and/or hospice services. Survey data were collected from agency directors and staff between August 2007 and February 2008. Patient data were abstracted from medical records. The current analysis focuses on the 4,733 identified individuals that received hospice services. Mean age of the sample was 77.36 (SD=13.70). The sample consisted of 2,117 men (M=74.98; 13.48) and 2,616 women (M=79.28; SD=13.57). The current analysis examines the relationship between pain and the presence/absence of an advance directive. Pain level was assessed twice (at time of admission and prior to discharge). At time of admission, 1,876 (44.8%) patients reported pain while 2,315 (55.2%) patients reported no pain. At the last assessment, 1,035 (31.7%) patients reported pain while 2,327 (68.3%) patients reported no pain. 87.6% of hospice patients had some type of advance directive. Chi square was used to examine differences in the presence/absence of an advance directive based on reported pain. Results were significant (χ²(1) = 6.555; p = .012), with patients reporting pain at first assessment less likely to have an advance directive than patients without pain at the time of discharge. Results were similar for pain at the last assessment prior to discharge, with those reporting pain less likely to have an advance directive (χ²(1) = 11.004; p = .001).
SESSION 445 (POSTER)

ECONOMICS OF AGING: ISSUES OF WORK, RETIREMENT, AND ECONOMIC STABILITY IN OLD AGE

LONGITUDINAL TRAJECTORIES OF FINANCIAL RETIREMENT PLANNING OF BABY BOOMER WOMEN: THE ROLE OF SES

E. Jung1, C.M. Kelly2, K. Cho3, 1. University of Nebraska, Lincoln, Nebraska, 2. University of Nebraska, Omaha, Nebraska, 3. Columbia University, New York City, New York

With the increasing Numbers of Women Baby Boomer Retirees in the U.S., the Issue of a Lack of Financial Security after Retirement Due to Limited Resources Has Begun to Draw Attention in Policy and Research Areas. However, Few Studies Have Focused on the Predictors of Financial Retirement Planning. The Purpose of this Study Includes the Following: 1) To Examine Relations Between Demographic Characteristics and Financial Retirement Planning of Baby Boomer Women, 2) To Examine the Longitudinal Trajectories of Financial Retirement Planning of Baby Boomer Women, and 3) To Identify The Roles of Demographic Characteristics in Predicting Those Trajectories. This Study Utilized Data from the National Longitudinal Surveys of Young Women At the National Science Foundation (NSF). Among 22 Waves of the Data Set, Four Recent Surveys (1995, 1997, 1999, and 2001) Were Utilized For The Current Study. Sample Sizes of Cross-Sectional Analysis and Longitudinal Analysis Were 2,146 and 1,250, Respectively. The Mean Age Was 45.32 (SD = 2.23, Range = 42-49) at The First Time. The Results Demonstrated that Race/Ethnicity, Educational Attainment, Marital Status, and Annual Income of Baby Boomer Women Were Significantly Related to Their Financial Retirement Planning. Moreover, Longitudinal Analyses Demonstrated that Individual Changes in Marital Status and in Income Level Significantly Related to Financial Retirement Planning Over Time.

PERCEPTIONS OF EXPECTED QUALITY OF LIFE IN RETIREMENT

H. Gutierrez, D.A. Hershey, Psychology, Oklahoma State University, Stillwater, Oklahoma

Research on expected retirement quality of life has focused on the perceptions of older pre-retirees. Understanding individuals’ expectations of late life is important, because one’s perceptions of the future can shape important life planning behaviors—such as the extent to which one plans and saves for retirement (Kemp, Rosenthal & Denton, 2005). This study examined the perceived retirement quality of life among 1,559 undergraduate students (Mage = 19.5 yrs.) attending a large Midwestern state university. A theoretically-driven, hierarchically-structured path model was tested, in which individuals’ perceptions were regressed on indicators of financial knowledge, future time perspective, financial risk tolerance, and parental financial values. The model was successful in accounting for 23 percent of the variance in individuals’ perceptions of retirement quality of life. Particularly influential predictors of perceptions included parental values (β = .38) and future time perspective (β = .25). Financial knowledge and financial risk tolerance had a lesser, albeit statistically significant, impact on the dependent measure. These findings are consistent with previous studies, where future time perspective and financial knowledge have been shown to be significant predictors of future quality of life (van Dalen, Henkens & Hershey, 2010). This study suggests that younger adults with less than optimal perceptions of old age are likely to have low levels of financial knowledge, a present time orientation, an aversion to investment risk, and poor parental role models. The results of this research have clear implications for retirement counselors and intervention specialists, who seek to cultivate positive perceptions of later life.

EVALUATING ECONOMIC SECURITY AMONG OLDER ADULTS

J.E. Muchler, E.A. Bruce, A. Gottlieb, J. Lyu, Gerontology, UMass Boston, Boston, Massachusetts

The Elder Economic Security Standard Index (the Elder Index) is a new measure designed to assess a modest cost of living standard for independent, community-dwelling older individuals and couples. The measure was developed by researchers at the University of Massachussets Boston in conjunction with Wider Opportunities for Women. Innovative features of the Elder Index include its geographic specificity—it provides estimates of cost of living at the county level—and its focus on income adequacy, based on assessments of required expenditures for necessary goods and services. Moreover, the Elder Index can be calculated using publicly available data that is routinely generated by federal agencies and, as such, can be readily updated. In this paper we present the Elder Index for 2011 for the six New England states (Massachusetts, Maine, New Hampshire, Vermont, Rhode Island, and Connecticut). Based on the Elder Index, we compare estimated cost of living throughout the region, both in absolute terms and relative to the benchmarks of typical Social Security income in the area, and typical income in retirement. We document the extent to which cost of living throughout New England falls short of the resources available to many seniors living in the community. We summarize the geographic and sociodemographic patterns of economic insecurity based on the Elder Index, and compare these patterns to those based on the poverty cut-offs. A range of potential uses of the Elder Index for research, policy development, and policy evaluation are discussed.

TRANSITIONING TO PART-TIME EMPLOYMENT IN LATER LIFE: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY

D.C. Car, Institute on Aging, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

The year 2011 marks the beginning of the time when baby boomers reach traditional retirement age (i.e., 65). With such a large proportion of the population expected to retire over the next two decades, labor force shortages are a growing concern. With a growing majority of older adults able to expect to live twenty or more years beyond the age when they can receive Social Security benefits, complete retirement of millions of Americans could be economically devastating to society. In terms of individual benefits (i.e., well-being and overall health), alternatoves to retirement may also have considerable appeal. Thus, continued employment on a part-time basis may be more realistic and beneficial for some baby boomers and could help society better adapt to deficits in labor force participation brought forth by population aging. This study uses longitudinal data from the 2006 and 2008 waves of the Health and Retirement Survey (HRS) to examine how personal resources and situational factors that influence labor force transitions in later life. Specifically, this study examines the transition to part-time employment (i.e., working 20 hours or fewer) from full-time employment (i.e., working more than 20 hours) as opposed to full retirement during later life. Findings describe health behaviors that facilitate transitioning to part-time employment as opposed to retiring, and situational characteristics...
that facilitate a part-time employment transition. Policy implications regarding older workers are discussed.

**DOES UNEMPLOYMENT STILL MATTER? THE RELATIONSHIP BETWEEN STATE UNEMPLOYMENT RATES AND THE LABOR FORCE PARTICIPATION OF OLDER PERSONS**

S.P. DeViney, J. Deichert, Gerontology, University of Nebraska at Omaha, Omaha, Nebraska

The reversal of the decade long term trend of declining age of retirement did not seem to be effected by the high unemployment rates of the recent American Recession. In 2009 the labor force participation rate for workers 65 and over increased from 17.2% in 2007 to 17.5% percent in 2009 the period of peak unemployment. The labor force participation of workers ages 62 to 64 grow from 55.2% to 59.1% in the same period. This brings into question the assumed role of retirement in the reduction of unemployment by removing other workers from the labor force. To test for the relationship between unemployment rates and individual retirement, we tested multi-level models of retirement by respondents ages 55 to 75 in the American Community Survey in 2007 (n= 632,586) and 2009 (n= 676,586) using both individual level data and state level unemployment data. The data was structured as a hierarchical model with persons nested in states and hence a range of unemployment rates (from 4.3 to 13.6 in 2009). Labor force participation was divided into 3 categories: in the labor force (47.24%), not in the labor force but with a source of retirement income (43.40%), and not in the labor force but without a source of retirement income (9.36%).

In 2009, the probability of being retired was greatly affected by individual level variables of age, education, health, source of health insurance, and marital status. The second level effect of state unemployment rates, while statistically significant due to the large sample, was only marginally related to retirement or being out of the labor force without retirement income. Including data from 2007, a period of low unemployment, to increase the variance in unemployment did not alter our results. The relationship between retirement and unemployment rates remained marginal. We conclude that in a changing retirement environment with increase uncertainty concerning age of, time to retirement and variation in the form of retirement, that retirement will play less of a role in regulating unemployment rates.

**WIVES’ MIDLIFE WORK EXPERIENCE AND COUPLES’ JOINT RETIREMENT DECISION IN LATER LIFE**

J. Ho, Sociology, National University of Singapore, Singapore, Singapore

With the greater lifelong labor force participation of women and an increase in dual earner families, couples have two retirements to coordinate in later life. While an increasing number of studies has examined covariates of couples’ retirement decision, little is known on wives’ midlife work experience. This is important because wives’ midlife work experience will vary how couples arrange their retirements chronologically by influencing conditions of retirement. Interrupted labor force participation due to family responsibilities often results in insufficient retirement wealth accumulation and eligibility to retirement benefits. Also, once their children leave home and family responsibilities is lessened, wives who have prioritized family role over worker role during childrearing years may want to devote their later life to career. Therefore, this study aims to examine associations between wives’ labor force participation experience in midlife and couples’ retirement coordination in later life. I hypothesize that a wife’s greater midlife work experience will predict a higher incidence of joint retirement of couples in later life. I measure the midlife work experience by following variables: the number of years of labor force participation, occupational status, and earnings. I will rely on longitudinal data from the Wisconsin Longitudinal Study that contains vast information on wives’ midlife work experience during their 30s to 50s as well as couples’ retirement decision in their 60s. Preliminary analyses suggest that wives with longer years of work experience in midlife are more likely to retire jointly with their husbands than to retire later than their husbands’.

**THE INFLUENCE OF FINANCIAL LITERACY AND NUMERACY ON THE USE OF MONEY AND TIME ACROSS LIFESPAN**

P. Liu1, M. O’Bryan1, Y. Hanoch1, S. Wood1, 1. Claremont Graduate University, Pomona, California, 2. University of Plymouth, Plymouth, Devon, United Kingdom, 3. Scripps College, Claremont, California

This study examined propensity to plan for both money and time across lifespan. Research has demonstrated a relationship between credit card scores and a propensity to plan for money use (Lynch Jr. et al., 2009). However, there is limited research related to older adults and planning, although there is evidence that older adults approach planning differently than younger adults. The online survey conducted included the propensity to plan for time and money scale, a financial literacy assessment, and a numeracy scale. Currently, 265 participants have responded to our online survey. The participant age range is between 18 to 93 years old. We hypothesized that proficient skills in financial literacy and numeracy correlate with a high propensity to plan for money and time in the short-term and long-term across a person’s lifespan. In addition, older adults are better planners in short-term money and time use. Preliminary analysis demonstrated that age, financial literacy, and numeracy predict short-term money and long-term time propensity to plan (p < .01). In addition, older adults perform more poorly than younger adults in numeracy. Although older adults believe themselves to be better at financial literacy, they do not differ with younger adults on financial literacy.

**CHANGES IN PLANNED RETIREMENT AGE AFTER THE 2008 STOCK MARKET CRASH**

L.A. Martin1, M.E. Szinovacz2, A. Davey2, 1. Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts, 2. Temple University, Philadelphia, Pennsylvania

During the recent recession and the following stock market crash, many Americans experienced significant declines in their financial assets. The millions of individuals nearing retirement may have been hit the hardest, given what little time they have left to recover. Using data from the 2008 wave of the Health and Retirement Study (HRS), we explored whether timing of the interview (and thus exposure to divergent shifts in the stock market) influenced individuals’ reported probability of working after age 65. The HRS is a nationally representative dataset which surveys older adults bi-annually and thus lends itself to a natural experiment for study. Interview dates should be random and thus not be associated with retirement plans. Nevertheless, our results suggest that the 2008 stock market crash was a distinct event that influenced people’s retirement objectives. Our findings show that those interviewed in October 2008 or later reported significantly higher (a rise of approximately 7-8%) expectations of working beyond age 65 than those interviewed earlier in 2008. Results are robust and persist after adjusting for age and other demographics, health, pension type, income and assets, health insurance coverage, and diverse job-related variables. Multiple imputations were used to model incomplete data and analyses accounted for the complex survey design. These results suggest that planned retirement age responds to fluctuations in the economy. Future research should consider the how these differences in retirement expectations alter actual retirement behavior and adjustment. This presentation was supported by NIH grant R01AG013180, M. Szinovacz, PI.
IMMIGRANTS IN LOS ANGELES

DEIMI IMMIGRANTS IN LOS ANGELES

UNDEREMPLOYMENT OF KOREAN OLDER

and suggest that senior centers may need an "image lift" even as they

new philanthropy. These findings were rife with negative stereotypes

ity. Even those who reported that they were financially unprepared to

retirement to permit more family time, especially with spouses and

they could do it on their own. Some (76%) expected

established good friendships already. Further, they felt that if they wanted

things more appropriate for their parents. Nor did they see senior cen-

services but no clear understanding of their future service needs has

emerged. Boomer men (N = 32) aged 53 – 59, randomly selected from

larger study of prospective service users (N=225), were interviewed

emerged. Boomer men (N = 32) aged 53 – 59, randomly selected from

Germany, funded by the Federal Ministry for Family Affairs,

Senior Citizens, Women and Youth (BMFSFJ). Investigations show that

concerns and their development over time are unequally distributed and

they interact with income and portfolio structures. However, they are

partly independent of education and gender. Moreover, regional dynam-

ics mirror strong context effects.

BOOMER MEN: PROSPECTIVE NEEDS FOR SERVICES

E.E. MaloneBeach, M. Hakoyama, Human Development and Family

Studies, Central Michigan University, Mount Pleasant, Michigan

Baby boomers are expected to eschew the current array of senior

services but no clear understanding of their future service needs has

emerged. Boomer men (N = 32) aged 53 – 59, randomly selected from

a larger study of prospective service users (N=225), were interviewed

regarding their anticipated wants and needs as they approach retirement

and later life. Qualitative questions addressed retirement/work, educa-

tion, volunteerism, help, health, and aging. These participants, both those

financially prepared and unprepared to retire, were unconcerned about

what senior services they would use; they did not foresee needing ser-

vices for another 20 to 30 years, if ever, and viewed services as some-

thing more appropriate for their parents. Nor did they see senior cen-

 ters as a place for social activity or education; they felt that they had

established good friendships already. Further, they felt that if they wanted

 to learn something, they could do it on their own. Some (76%) expected

 retirement to permit more family time, especially with spouses and

 grandchildren. Many hoped for a brief period of self-selected solitude,

 renewed attention to health and exercise, and social and church activ-

 ity. Even those who reported that they were financially unprepared to

 retire expected to travel. Plans for volunteerism in retirement were typ-

 ified by continuity in long-standing interests rather than the addition of a

 new philanthropy. These findings were rife with negative stereotypes and

 suggest that senior centers may need an "image lift" even as they

 modify programming to meet the pending needs of boomer men.

UNDEREMPLOYMENT OF KOREAN OLDER

IMMIGRANTS IN LOS ANGELES

M. Rhee, USC-Earth Sciences, Los Angeles, California

Despite the fact that employment is one of the critical components

throughout people’s life course that affects their quality of life, little

attention has been paid to the employment issues of ethnic minority

older immigrants. Moreover, for Asian older immigrants who are known

to be internally the most heterogeneous population groups, the unique-

ness of many sub-ethnic Asian groups has been lost as they have often

 been lumped into Asians or Non-Whites. According to the existing lit-

erature, they face multiple employment barriers such as age and race
discriminations in the labor market, lack of English sufficiency and lim-

ited social network. In addition, these barriers that they face in the labor

market often lead them to unemployment. Thus, it is imperative to

explore the quality of employment of Asian older immigrants. In order

to fill such research gap, this study aims to examine the quality of

employment of Korean older immigrants in Los Angeles. This study

employed a mixed method approach of using both qualitative and quan-
titative data obtained from 36 Korean immigrants in Los Angeles who

are 50 and older. The result of the study showed that 56.3% of the

employed Korean older immigrants were identified as underemployed.

Most of these underemployed Korean older immigrants were working

part-time involuntarily. In addition, even those who worked full-time

were engaged in jobs of minimum wage, jobs that did not reflect their

career or education and jobs that had poor working environment such

as long work hours and heavy workload without any fringe benefits.

AGE-RELATED CHANGES IN WORK MOTIVES AND

IMPACTS ON WORK PERFORMANCE

D. Yeung1, H. Fung2, D. Chan2. 1. City University of Hong Kong, Hong

Kong, Hong Kong, 2. The Chinese University of Hong Kong, Hong

Kong, Hong Kong

This study investigated age-related changes in work motives among

Chinese workers and examined their impacts on work performance. The

study consisted of 355 Chinese clerical workers aged between 23 and

60 years (M = 40; SD = 9.1). Participants completed a set of question-

naires on work motives and work performance. Preliminary analysis

demonstrated that older workers reported more intrinsic motives (r = .251, p <.001) and fewer achievement-oriented motives (r = -.106, p <.05) than younger workers. Age differences were also found in organ-

izational citizenship behaviors (r = .106, p <.05) but not measures of

core performance. Result findings of this study would contribute to the

understanding of work motives of older workers and help to debunk the

aging stereotypes that older workers do not perform as good as their

younger counterparts.

SESSION 450 (POSTER)

FAMILIES, CARE WORK, AND EMPLOYMENT

FAMILY CONFLICT AND DISAGREEMENT EXPERIENCED

BY HISPANIC FAMILY CAREGIVERS: A THEMATIC

ANALYSIS

S.S. Koerner, Y. Shirai, R. Pedroza, Family Studies and Human Dev.,

University of Arizona, Tucson, Arizona

Research highlights the importance of family when Hispanic older

adults are in need of care. Hispanic family caregivers (HCs) hold stronger

familism beliefs than their non-Hispanic White counterparts, are less

likely to use professional services, and hold off institutionalization in

favor of family home care for longer periods. Despite the salient role

of family in the Hispanic caregiving experience, surprisingly few

research studies have investigated the possible negative aspects of family

involvement from the perspective of HCs. To obtain a nuanced, emic

look at family conflict/disagreement regarding care in the lives of HCs,

we posed an open-ended question to 67 HCs of Mexican-descent, liv-

ing in southern Arizona. 86.6% cared for an older parent; mean age of

the caregivers and care-recipients (CRs) was 52.9 and 80.6 years, respec-

respectively. The caregivers described (in English or in Spanish) an example of a disagreement they have had with a family member regarding the
care of their relative. Inductive thematic analyses conducted by a bilin-

140 The Gerontological Society of America
In this study we explore issues of sibling caregiving within aging families that include an adult with intellectual and developmental disabilities (IDD). In the 1930s, individuals with IDD had a mean age at death of 18.5 years; by 1993, the mean age at death was 66.2 years and many adults with IDD are now expected to live into their 70s. The increased longevity of persons with IDD—coupled with the relatively novel expectation that they will be life-long residents of the community with the support of appropriate services and informal assistance—prompts a rethinking of how support will be provided to this vulnerable population in later life. Indeed, current adults with IDD are among the first cohorts to routinely experience the frailty and death of their own parents—their original and often primary supports—raising questions about how their siblings will respond. We report on a series of focus groups conducted with middle-aged and older adults who are caregivers of a sibling with IDD. Themes developed include “crises in care” that may occur when a parent becomes unable to provide support, or when conflicts with parents occur regarding support arrangements; challenges associated with socioemotional transitions in the sibling role, as the “parallel” relationship of sibling becomes more parent-like; and the search for supplementary support as the aging sibling with IDD experiences progressively greater need for support and services. Implications are discussed with respect to populations aging with disability, and sibling caregiving in later life.

FAMILY RESILIENCE IN FAMILIES CARE FOR FRAIL OLDER ADULTS IN JAPAN
F. Ishihara, S. Shionomiya, H. Osada. 1. J.F. Oberlin University Graduate School, Tokyo, Japan, 2. Osada Laboratory, Tokyo, Japan

Family caregiving for frail older adults can be demanding, and often caregiving responsibilities fall on a primary caregiver in the family. A family resilience approach expands such individualistic focus on a primary caregiver to involve all family members as a caregiving team. The concept of family resilience has been recently gaining attention in Japan; the concept of family resilience has been recently gaining attention in Japan; the concept of family resilience was recognized and regarded as worthwhile by family caregivers. We interviewed two primary family caregivers. We made 55 items based on Walsh’s key processes (2006) in family resilience, and asked the caregivers how well they felt each item described their families. We also asked them whether they thought the concept of family resilience would help caregiving or not. Some of the items were “approaching caregiving as a shared challenge”, “seeing difficulties as understandable”, “having a hope”, “accepting what cannot be changed”, “having a mutual respect”, and “respecting individual needs”. Both participants were women and cared for their parents with dementia. Initially they appeared to have hard time thinking about caregiving in the perspective of family resilience, and tended to focus on responsibilities and challenges they had by themselves. However, they gradually grasped the idea of family resilience and possibility of applying it to caregiving. With more data, the development of a checklist for caregivers to help improve their family resilience might be needed in further study.

SIBLING CAREGIVING IN FAMILIES INCLUDING AN ADULT WITH INTELLECTUAL DISABILITY
J.E. Mutchler, C. Coyle, J. Kramer. 1. Gerontology, UMass Boston, Boston, Massachusetts, 2. Institute for Community Inclusion, UMass Boston, Boston, Massachusetts

INTERPERSONAL FUNCTIONING IN PARKINSON’S DISEASE: A DYADIC ANALYSIS OF VETERANS AND CAREGIVERS

Objectives: Parkinson’s disease (PD) significantly impacts both patient and caregiver emotional and physical health. However, despite the importance of social relationships for wellbeing, few studies have examined the association between caregiver and patient-related characteristics and interpersonal functioning in PD. This pilot study sought to examine both PD caregivers’ and patients’ perceptions of positive and negative aspects of their marital relationship and the association between various patient and caregiver characteristics and relationship functioning. Methods: Participants included 25 married veteran-caregiver dyads. All veterans were diagnosed with idiopathic PD and received care at the Philadelphia VA Medical Center. Couples completed an assessment battery that included measures of sociodemographics, physical and mental wellbeing, caregiver burden, mastery, satisfaction, and marital/relationship functioning. Results: The majority of the sample was older (MVetan=72.3 yrs, MCaregiver=68.4 yrs) and Caucasian. Veterans had PD for an average of 11.8 years (SD=7.0). Compared to their caregivers, veterans reported greater marital satisfaction (p=.04). There was also a trend whereby veterans reported more negative exchanges with their partners (p=.07), and significantly more exchanges marked by unsympathetic/insensitive behavior (p=.05) and unwanted advice/intrusion (p=.003). Correlates of veterans’ and caregivers’ relationship indices included caregiver mood (e.g., anxiety, depression) burden, mastery, and satisfaction. Overall life satisfaction and perceived benefits of having PD also were associated with relationship functioning. Veteran mood and physical functioning were unrelated to relationship variables. Conclusions: Perceptions of relationship functioning and quality relate to wellbeing and vary across PD patients and caregivers, with caregiver characteristics having a significant association with marital functioning for both groups.

AN ALZHEIMER’S DISEASE CAREGIVER’S DILEMMA: REASONS FOR PROVIDING CARE AT HOME OR IN A NURSING HOME
M.C. Miller, M. Lane, D. Davis. 1. Epidemiology and Biostatistics, University of South Carolina, Columbia, South Carolina, 2. Office for the Study of Aging, Columbia, South Carolina

A qualitative study was conducted to determine reasons that caregivers of individuals with Alzheimer’s disease (AD), eligible for nursing home placement, decide to care for their loved one at home or in a nursing home. Cases (n=384) were identified as caregivers of a nursing home resident and controls (n=312) were identified as caregivers of individuals staying in the community. Participants’ comments were independently reviewed and analyzed by two researchers (MM and DD) using QSR NVIVO7. The researchers identified themes based on supporting comments, then met on a frequent basis to discuss and compare the themes they separately identified. The researchers discussed inter-rater coding issues until agreement was reached. The results of the qualitative analysis showed that cases most frequently reported the following themes: health problems of the individual with AD (n=219), behavior...
problems of the individual with AD (n=121), and caregiver feelings of being overwhelmed (n=117). The controls most frequently reported the following themes: sense of obligation to the individual with AD (n=161) and belief of better care at home (n=148). These results suggest that both the caregiver’s situation and the needs of the individual with AD play a major role in the decision where to care for the individual with AD.

**Perspectives on Aging: How Caregiving Influences Adult Daughters’ Views on Later Life**

N. Pope, *Social Work, Ohio University, Athens, Ohio*

Planning ahead for long-term care needs is vital to health and well-being in later life. Approximately 70% of people who live beyond age 65 will need some type of assistance in their daily functioning (USDHHS, 2008). Planning ahead for aging is influenced by contextual factors such as access to resources, the cultural emphasis on acute rather than chronic conditions, and quality of family relationships (Pinquart, Sörensen, & Peake, 2004; Roberto, Allen, & Blei, 2001; Santonio & Rubinstein, 2004). However, caring for an aging parent is one contextual factor that has been given limited attention in the research on planning for old age. Therefore, the purpose of this study was to explore how being a caregiver affected adult daughters’ perspectives and subsequent decision making about their own late life. This qualitative study utilized an interpretive design and included in-depth interviews with 15 participants who were selected using criterion sampling. The sample included female caregivers between the ages of 50 and 65 who self-identified as the primary caregiver to a parent or parent-in-law with an illness and disability. Interview transcripts were analyzed individually and then collectively using open and focused coding, constant comparison, and memo-writing. Analysis revealed that caregiving for a parent influenced daughters in five ways including making them aware of aging and provoking age-related fears. Implications based on these findings will be presented and as well as recommendations for future research.

**The Role of Employment and Work Disruption in Mental Health of Dementia Caregiving Daughters**

L.J. Ficker, P.A. Lichtenberg, *Wayne State University Institute of Gerontology, Detroit, Michigan*

The objective of this study was to examine the patterns and context of employment and work disruption and understand the extent to which these contextual variables relate to mental health among dementia caregiving daughters. Data were extracted from the REACH study (Resources for Enhancing Alzheimer’s Caregiver’s Health) that gathered information from dementia caregivers at six research sites across the nation. Close to half the sample of 486 dementia caregiving daughters was White Non-Hispanic (44.9%), and the other half was roughly evenly divided between African American (29.8%) and Latino caregiver daughters (24.3%) with an average age of 51.8 years (SD = 10.09 years). Results for employment status indicated that caregiving daughters who were employed reported the lowest number of depressive symptoms and chronic health conditions. In contrast, the unemployed and homemakers were most vulnerable to mental and physical health problems, despite being virtually the same age, having care recipients with similar levels of ADL impairment, and similar amount of leisure activities as the employed caregivers. Work disruption had a relatively high base rate: 41% of sample reported that they had reduced or quit working due to caregiving responsibilities. Work disruption was associated with being single, and it was related to higher rates of financial strain, poor physical health and depression. Traditionally, work has been conceptualized as a role strain for caregivers, however; it appears that employment plays a role in preventing role engulfment for these middle-aged filial caregivers and that work disruption increased risk of depression.

**Trauma and Aging: Exploring the Experiences of Family Caregivers of Holocaust Survivors**

K.A. Anderson, N.L. Fields, *College of Social Work, The Ohio State University, Columbus, Ohio*

Researchers and practitioners often note the importance of family history in understanding the experiences of family caregivers to older adults. In many cases, family history helps to determine who provides care, the manner in which care is provided, and the way that caregivers and care recipients fare in process. In the current study, the researchers explored the experiences of family caregivers to older adults with a unique history, specifically older adults who survived the Holocaust. While a substantial body of research has focused on Holocaust survivors, far less is known about the impact of this early life trauma on the caregiving process. Using qualitative methods, the researchers conducted telephone interviews with 17 family caregivers to Holocaust survivors (N = 17). Content analysis revealed several themes, including: (a) caregiver stress and burden, often related to the early life trauma; (b) strong feelings of obligation to care for this group given their history; and, (c) guilt in complaining about the stress of caregiving. These findings suggest that while family caregivers to Holocaust survivors may feel a heightened sense of duty and high levels of burden, they may also feel reluctant to seek support and assistance in light of the past trauma endured by the care recipients. While Holocaust survivors are certainly a special population, additional research may reveal that family caregivers to survivors of other types of trauma (e.g., veterans, refugees) may experience similar reactions to providing care – an important consideration for professionals working with families with such histories.

**Taking Care of a Parent with Mild Cognitive Impairment: An Exploration of Coping Mechanisms**

L. Ermann, N. Brossie, K.A. Roberto, R. Blieszner, *Center for Gerontology, Virginia Tech, Blacksburg, Virginia*

Caregiving is a dynamic process of transitions and changes that evolves over time. Guided by Montgomery and Koslowski’s Caregiver Identity Theory (2000), we explored the coping mechanisms employed by adult children providing support to a parent with Mild Cognitive Impairment (MCI) and changes in the use of coping strategies over time. In-depth qualitative interviews were conducted with 27 adult children soon after their parent received a diagnosis of MCI and again approximately 12- and 24-months thereafter. Two primary findings emerged from our analysis: adult children of parents with MCI (1) employed a variety of coping mechanisms to manage their stress at different times in the care process that included avoidance (i.e., distancing), psychological reframing (i.e., acceptance), self-care (i.e., exercise), and external engagement (i.e., seeking support) and (2) often struggled with their care partner role and the additional and sometimes unexpected responsibilities like managing money, providing transportation, and assisting with household tasks. Many adult care partners responded to their changing roles by expressing frustration or disappointment, although some still viewed their care partner experiences as generally positive. Consistent with the Caregiver Identity Theory, study participants discussed the stress generated by a perceived incongruity between their expected roles as adult children and the reality of their roles as care partners. Findings suggest that social workers and other mental health professionals who work with adult children of parents with MCI can better assist their clients by educating families about MCI and exploring effective coping mechanisms for dealing with stress.

**Couples Perceptions of Fibromyalgia Symptoms: The Roles of Depression, Concealment and Communication**

K.S. Lyons, K.D. Jones, R. Bennett, S. Hiatt, L.M. Miller, *Oregon Health & Science University, Portland, Oregon*

Fibromyalgia (FM) is a common, debilitating and costly rheumatic pain syndrome, with lifetime prevalence in women nearing 7%. Cur-
rent treatments are often ineffective in alleviating symptoms and restoring long-term functioning. The challenges of chronic pain on the married couple increase the need to identify those at risk and provide appropriate interventions to the couple. Patients can feel stigmatized by family who question the validity of their illness, yet symptom incongruence in couples with chronic pain is not well understood. The primary goal of the study was to examine PT-Spouse (SP) incongruence in perceptions of PT pain, fatigue and function. Using multilevel modeling, Level 1 data on 188 couples (aged 26 to 84) revealed that SPs, on average, rated PT fatigue significantly lower than PTs, whereas incongruence was not significantly different from zero, on average, for pain interference and physical function. There was significant variability around the average for all three variables (p < .001). Level 2 models found PT depression and SP role overload to be significantly associated with how high the couple rated each symptom and PT depression, quality of the relationship, and couple communication to be significantly associated with incongruence between PT and SP. Additionally, higher levels of communication problems and concealment within the couple were significantly associated with higher levels of depression, anxiety, and anger in both spouses, lower social support for the couple, and occurred more often in younger couples. Findings will be discussed in light of PT depression and need for communication-based interventions.

**VIEWING FAMILY CAREGIVING THROUGH TWO METHODOLOGICAL LENSES: EPIDEMIOLOGIC VERSUS FEMINIST**

E. Byun, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania

Family caregiving is an increasingly common phenomenon throughout the world since the life expectancy of human beings has increased. In the United States, approximately 66 million people serve as informal caregivers of family or friends who are elderly, chronically ill, or disabled. Approximately 66% of caregiving to family members is provided by women. The purpose of this poster is to compare and contrast the phenomenon of family caregiving through two methodological lenses: epidemiologic and feminist differences in how the two types of inquiry approach the phenomenon of family caregiving differently are identified and analyzed. The phenomenon of family caregiving can be investigated objectively through epidemiologic methods to describe family caregivers, their geographical distribution, the causes or trends of family caregivers’ health-related issues, and the experiences of populations of family caregivers. The epidemiologic perspective is limited in its ability to provide a clear understanding of individual experiences. A feminism methodology can reveal and explain experiences and interpretations of individual family caregiving from a woman’s perspective. Feminist methodology can also frame other questions: ‘Is there gender equality in primary family caregiving?’; and What power dynamics between genders make women more often become family caregivers? No single perspective, however, can fully explain the phenomenon of family caregiving. Comparing findings using both epidemiologic and feminist methodologies offers insight into the population of family caregivers as well as into individual family caregivers’ experiences and can influence policymakers addressing health policy for family caregivers.

**INFORMAL ELDER CARE AND ABSENTEEISM AT THE WORKPLACE**

U. Schneider, M. Zaba, B. Trukeschitz, Research Institute for Economics of Aging, Vienna University of Economics and Business, Vienna, Austria, Austria

Taking up care responsibilities often involves formal and informal adjustments of the employment situation by employees with caregiving commitments and/or their employers. The effects of care obligations on worker behaviour have been the subject of various studies in care research. Yet research tends to focus on carers’ labour force participa-
tion rates, working hours or hourly pay rates. Our work focuses on the impact of informal elder care obligations on workplace behaviours, with a specific focus on absenteeism. Although caregivers’ higher probability to miss days at work is often assumed in the literature few studies provide empirical evidence. We use data from the European Working Conditions Survey to investigate the relationship between informal elder care and the occurrence of absenteeism in 31 countries. We analyse the impact of caregiving on the likelihood of absenteeism and on the duration of health related absenteeism (number of sick days), paying specific attention to effects of the workplace environment on this relation. We hypothesize that caregivers exhibit a higher degree of absenteeism than non-caregivers and that the factors influencing absenteeism differ between caregivers and non-caregivers. Furthermore, different variables are significant in carers’ and non-carers’ absenteeism equations. Thus improving the reconciliation of work and care clearly needs to be addressed in policy development and firms’ human resources management.

**WORKING WOMEN’S DECISIONS TO WORK OR TO CARE**

O.H. Jolanski, Social Sciences and Philosophy, University of Jyväskylä, Jyväskylä, Finland

This study looks at working women’s decisions to work or give up work for care responsibilities. The data come from 48 qualitative interviews of middle-aged Finnish women helping older parent(s) or in-laws. Discourse analysis offered the method to study the interviewees’ self-identification with work and care. The findings showed that the interviewees did not necessarily identify themselves as carers but as workers. The decisions not to give up work were supported with several arguments such as financial, social and personal meaning of work. Work was constructed important as a source of income and for social relations but also for the work itself as a meaningful activity. Own age was also given as a reason not to leave work. Work opportunities were constructed as precarious and re-employment unlikely ‘at my age’, which implies experiences of ageism at the work-life. Those who identified with care giving constructed caring as meaningful activity while work had lost meaning with age or due to work re-organisation.

**SESSION 455 (POSTER)**

**GENDER ISSUES**

**PHYSICIANS’ BELIEFS ABOUT BARRIERS TO CORONARY ARTERY DISEASE CARE**


To understand the barriers to coronary artery disease (CAD) care women face, from a physicians’ perspective, one hundred physicians, half cardiologists, and half primary care providers currently treating women with CAD were surveyed about their experiences and perceptions involving patients with CAD via an online survey tool. These physicians were members of a physician-only online panel and were asked about their experiences and perceptions involving patients with CAD. Physicians were paid $50-$60 for their participation (cardiologists received the $60 rate). The physicians had a mean age of 40 years and were 80% male; about 52% were part of a large practice and 86% practiced in a metropolitan area. About half (54%) of the physicians said their female patients face barriers to CAD care that their male patients do not. Of these, nearly all (90.7%) responded that most or some of their female patients have denial of their heart problems while 88.9% said most or some had a fear of treatment. Most (79%) indicated they
saw differences between their male and female patients’ CAD symptoms. The most common difference (36.7%) was atypical/different symptoms among women. However, only 15% indicated there was a difference in the treatment prescribed. When asked what differences they noticed between their male and female patients’ reactions to being told of their CAD diagnosis, 40.9% responded that there was “More surprise / Disbelief among women”. Women face unique challenges when it comes to receiving care for CAD including atypical presentation and fear or denial of the disease.

EXPLAINING EXCESS DISABILITY IN THE HISPANIC EPESE
A.R. Aiken1, J.L. Angel1, T.P. Miles2, 1. Public Policy, University of Texas at Austin, Austin, Texas, 2. University of Louisville, Louisville, Kentucky

Older women suffer excess lower-body dysfunction (LBD) compared to men. Established risk factors for LBD include age, chronic disease, and incontinence, yet traditional models do not take obstetrical history into account. Thus, the effects of pregnancy on LBD in populations with high fertility rates, such as the Mexican-American population, are unknown. We hypothesize that a high number of pregnancies is associated with increased LBD beyond the standard risk factors. We employ the HEPES cohort to study the relationship between obstetrical history and LBD, and use ordinal logistic regression to estimate the association between number of pregnancies and chair-rise dysfunction. A set of five models is presented, examining the impact of pregnancy in the context of other explanatory variables. A higher number of pregnancies is associated with increased difficulty performing the chair-rise, even when a wide range of established risk factors is taken into account: beta=0.035, p=0.0186, lambda= Best-Good -1.15 74; Good-Moderate -0.2321; Moderate-Poor 0.4601; Poor-Unable to do 1.6394. Our results have direct implications for explaining a key source of gender inequality in LBD. We propose that pregnancy induces pelvic damage which distally unmasks as functional reserves decline with age. Furthermore, the women in our study are of both US-born and foreign-born origin, and further analyses will explore the possibility of differences in selective self-assessments when men lose their jobs.

HEALTH-AWARENESS AS AN AGE-BASED POWER RESOURCE: GENERATIONAL RELATIONS IN INTERVIEWS WITH YOUNGER WORKING-CLASS MEN
H. Ojala1, J. Pietila1, 1. School of Social Sciences and Humanities, University of Tampere, Tampere, Finland, 2. University of Tampere - School of Health Sciences, Tampere, Finland

Demographic changes reshape age relations in Western Europe and USA. In many disciplines longer life-expectancy has recently increased interest in later life. Despite this it is also worth considering how age relations are undergoing reformulation among the working-aged population. This paper focuses on interpretations of age and health on the basis of interviews with Finnish male industrial workers under 40 years old. The interviews were analyzed to explore how these men conceptualize the interrelations between age and health, and the age-categories constructed thereby. As ‘health’ is quite an abstract term for healthy young men, our interviewees approached age and health by considering other men, not themselves. When referring to older men, they often depicted their fathers’ generation in terms of frailty and irresponsibility for health. The study suggests that health-awareness is becoming a constituent of age relations involving dimensions of inter-generational gendered power.

MASCULINITY AND UNEMPLOYMENT: GENDER STYLE AND AGE DIFFERENCES
B.F. Tuner, Gerontology Institute, University of Massachusetts Boston, Newton Highlands, Massachusetts

This timely study uses life course perspectives to examine gender style and age differences in men’s responses to the stresses of unemployment and underemployment. The cross-sectional Boston Gender Study of 237 men aged 19-87 years applied Huyck’s gender style measures to qualitative responses of personally defined gender; data were gathered during a recession with accompanying job and income loss. Analyses focused on men coded for 3 culturally conventional masculine styles: Leaders, who define their masculinity in terms of work achievement; Family Men, who define it in terms of protecting and providing for their families; and Macho men, who define their masculinity in terms of physical strength and aggression. In this sample, most men’s wives were employed. Research commonly shows that family abuse and conflict rates increase when men lose their jobs; Macho men may be more likely than other men to respond this way. Stage of the family life cycle was central for laid-off Family Men; though they still felt stressed, if the kids had completed college then, implicitly, their job as family men was mostly done. Age and family life cycle differences were muted among Leaders. Among Macho men, blue-collar men and alcoholic men tended to exit the workforce in middle life; men in recovery programs such as AA were less likely to report recent domestic violence. Quotes illustrate patterns of gender style and age differences in masculine self-assessments when men lose their jobs.

THE ASSOCIATION BETWEEN BODY SATISFACTION AND DEPRESSION AMONG AGING AFRICAN AMERICAN AND EUROPEAN AMERICAN WOMEN
N. Sabik, psychology, University of Michigan, Ann Arbor, Michigan

Body image is an important predictive variable, as many researchers have linked feelings about the body to self-worth and well-being. In particular, there is a significant association between body dissatisfaction and various forms of psychopathology, particularly depression, among younger women (Santos, Richards, & Bleckley, 2007). However, there has been little research that has examined the impact of body image on mental health among older women (Peat, Peyerl, & Muehlenkamp, 2008), and to date, no empirical studies have tested the association between aspects of body satisfaction and depression among older women. This project addresses this absence by examining how body satisfaction in two domains—appearance (e.g., skin complexion, hair color, facial features) and function (e.g., muscle tone and definition, physical strength, physical coordination)—are associated with depression among African American and European American women ages 65 and older (n ~250). Regression analyses indicated that for both African American and European American women, satisfaction with body function was significantly associated with depression. Interestingly, satisfaction with body appearance was not related to depression. These findings indicate that for older women, aspects of the body that are relevant for predicting depression center on concerns with the functionality of the body, and appearance is less relevant. These findings differ from those reported about younger women, for whom appearance concerns are central in predicting depression. The implications of this pattern unique to older women will be discussed.

AGING IS SKIN DEEP: AFRICAN AMERICAN WOMEN’S PERCEPTIONS OF SUCCESSFUL AGING AND MARGINALITY
J. Manning Dantis, Sociology and Gerontology, Miami University, Oxford, Ohio

Despite a large body of information on successful aging, there still remains a disconnect in the understanding of how marginalization of individuals based on the intersection of socially constructed identities, old, female and black/African American, influences their perceptions of successful aging. Norms that are set by society have resulted in negative typecasting of minority aging. In order to understand these issues, older African American/black women were recruited to participate in this qualitative study. First, their perspectives of successful aging based on intersecting identities of race, gender, and age were explored. Secondly, their views of identities were examined using a positive margin-
MASCULINE DEPRESSION SCALE DETECTS ADDITIONAL SYMPTOMS IN OLDER MEN WHO ENDORSE HIGH MASCULINITY

E. Price, J.J. Gregg, M. Smith, P. Prentice, T. Fallen, S. Nazem, A. Fiske, West Virginia University, Morgantown, West Virginia

The prevalence of depression is higher in women than in men at all ages. A range of biological, cognitive, and environmental differences may explain the lower rates of depression in men. Alternatively, it has been proposed that social role differences may lead to under-detection of depression in men. The Gendered Responding Framework suggests that individuals who more strongly endorse a masculine gender role may be more likely to display externalizing symptoms (e.g., anger or substance use) and less likely to report traditional depressive symptoms (e.g., crying) in response to negative life events (Addis, 2008). Magoucekic & Addis (2008) developed the Masculine Depression Scale (MDS) in order to assess symptoms thought to be more common in masculine individuals. The aim of this study was to examine the relation of adherence to masculine gender role to responses on the MDS and a well-established measure of depression, the Center for Epidemiologic Studies Depression Scale (CES-D). Eighty-eight community-dwelling men and women (mean age = 74.74, SD = .17) completed paper-and-pencil questionnaires. Among men, but not women, masculine gender role endorsement moderated the relation between CES-D and MDS scores, F(3, 24) = 15.83, p = < .001. The relation between the MDS and the CES-D was stronger for men with lower scores on the masculine gender role measure than for men with higher masculine gender role endorsement. Our results suggest that traditional measures of depressive symptoms may under-estimate symptoms of depression in masculine older adult males, especially in those who report few traditional symptoms.

SESSION 460 (POSTER)

HEALTH RISK IN OLD AGE

RACIAL/ETHNIC DIFFERENCES IN PREVALENCE AND CORRELATES OF BINGE DRINKING AMONG OLDER ADULTS

A.N. Bryant, G. Kim, Psychology, The University of Alabama, Tuscaloosa, Alabama

This study examines how binge drinking among older adults varies by race/ethnicity. Data were drawn from the 2007 California Health Interview Survey (CHIS). A hierarchical logistic regression analysis was conducted using binge drinking in the past year as the dependent variable. Significant racial/ethnic differences were found in prevalence rates: bingeing was most common among non-Hispanic Whites (11.9%), followed by Latinos (10.8%), American Indian/Alaskan Natives (9.8%), Blacks (8.0%), and Asians (4.2%). Being a current smoker was found to be the strongest predictor of bingeing and was significant for all racial/ethnic groups with the exception of American Indian/Alaskan Natives. Demographic predictors that appeared to be consistent throughout different racial/ethnic groups included younger age and being male. Racial/ethnic specific predictors were also found such as the presence of psychological distress for non-Hispanic Whites and obesity for Asians. Identification of more racial/ethnic predictors may be important for the development of racial/ethnic appropriate interventions.

A COMPARISON OF RISK FACTORS AND HEALTH OUTCOMES ACROSS THREE GENERATIONS OF WOMEN: FINDINGS FROM THE AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

J.E. Byles1, N.A. Pachana2, L. Tooth3, 1. Faculty of Health, The University of Newcastle, Newcastle, New South Wales. Australia, 2. The University of Queensland, Brisbane, Queensland, Australia

This paper presents longitudinal data on changes in the health of three large cohorts of women as they age, and compares health trajectories of women in their 20’s-30’s, 40’s-50’s and 70’s-80’s. The three cohorts are from the Australian Longitudinal Study on Women’s Health and were born in 1921-26 (aged 70 to 75 years when the study began in 1996), 1946-51, and 1973-78. The women have now been surveyed five times over 14 years providing a large amount of data on their lifestyles, use of health services and health outcomes. The data provide a unique opportunity to explore health and health behaviours at three critical stages in women’s lives, and to compare the differences between cohorts. Both age and cohort effects are apparent in the results. While older women have the highest prevalence of chronic conditions and health care needs, there are major differences in the risk factor profile, lifestyle factors, and disease incidence of the younger cohorts that foreshadow that these women may have different health needs and higher rates of disability as they age. A more striking difference is the increasing incidence of overweight and obesity among the women in the youngest cohort. This impact of this problem for women in the study can already be seen in the strong associations between overweight and obesity and chronic disease, poorer mental and physical health, and higher health care costs. The implications of these changes, and opportunities for prevention at different points in the lifespan will be discussed.

HEALTH-BEHAVIOUR CHANGE IN OLDER NEW ZEALANDERS: FINDINGS FROM THE HEALTH, WORK AND RETIREMENT STUDY

F. Alpass, C. Stephens, A. Towers, Psychology, Massey University, Palmerston North, New Zealand

Smoking, alcohol consumption and physical activity are key health behaviours and important determinants of poor health outcomes in older adults. A number of factors have been identified that influence change in such health behaviours including demographic factors, social factors and public policy. We examined how demographic and socioeconomic factors influenced the likelihood of quitting smoking, reducing alcohol consumption and becoming physically inactive for New Zealanders aged 55 to 70 years. Participants (N=2,484) from the two waves of the New Zealand Health, Work and Retirement Study completed surveys in 2006 and 2008. Income was a factor in smoking cessation with those on higher incomes more likely to have stopped smoking over the 2-year survey period. Women with problem drinking were more likely to have reduced their alcohol consumption over the same period compared to men, however they were also more likely to become physically inactive. Reductions in smoking and alcohol consumption were unrelated to health-related quality of life (SF36) however, those that remained physically active reported higher mental and physical health scores on the SF36 than those who became inactive over the two-year survey period. Possibilities for targeted health interventions are discussed.
ALCOHOL USE IN OLDER AGE: DOES MODERATE CONSUMPTION PROMOTE HEALTH-RELATED QUALITY OF LIFE?


There is mounting evidence that low to moderate alcohol consumption in older age is associated with reduced mortality and is protective against the onset of certain chronic health conditions. However, few studies have examined the causal association between moderate alcohol consumption and health-related quality of life (HRQL) over time. Data came from the Canadian biennial National Population Health Survey (1994–2008). HRQL was assessed with Health Utilities Index Mark 3 (HUI3), a validated, multidimensional instrument. Moderate alcohol consumption was defined as <15 or ≤8 drinks per week for males and females, respectively. The prospective study design focused on individuals aged 50 and older at baseline who were in good health (i.e., absence of major chronic conditions and excellent, very good, or good self-reported health) with stable moderate drinking behavior for at least 6 years prior to baseline (n = 1,495). Correlational analysis was performed to assess the direction and strength of the relationship between moderate alcohol use and HUI3 over 3 data cycles (2000, 2004, and 2008). Surprisingly, moderate alcohol consumption and HUI3 were nearly independent (r < 0.10, p = n.s.) after adjusting for variability in pre-baseline HRQL and consumption levels. The cross-lagged path analysis revealed similar results and showed the absence of a reciprocal relationship between alcohol use and HRQL. In a nationally representative sample of community dwelling older adults, this study suggests that moderate alcohol use and HRQL are largely unrelated to one another. The strengths, weaknesses, and implications of the results are discussed.

DAILY ALCOHOL USAGE, STRESS, AND HEALTH: FINDINGS FROM THE NATIONAL STUDY OF DAILY EXPERIENCES


Given the increasing prevalence of later-life problem drinking and its subsequent health consequences, the present study extends current scientific understanding of the interconnections between alcohol use, stress, and health outcomes across adulthood. While previous literature documents a strong link between health outcomes and at-risk binge drinking (5 or more drinks for men and 4 or more drinks for women), little is known about the relationship between moderate drinking and well-being. The limited literature on the latter topic comes primarily from small samples, which limit the ability to generalize findings or draw accurate conclusions. Thus, to explore the link between stress, health, and moderate alcohol use (daily consumption of 3–4 drinks for men, and 2-3 drinks for women), daily diary data was collected from over 1000 people aged 25-64 from the National Study of Daily Experiences (NSDE), a sub-sample take from the Midlife in United States (MIDUS) study. Overall, respondents engaged in moderate drinking on 13.68% of study days, and alcohol use was related to both daily physical health symptoms and mood, as well as social network stressors. Stressor reactivity models shedding light on coping processes among aging adults will be presented. Given the large number of middle-aged adults in the U.S. and their present alcohol use, such findings will be critical from a public health perspective as this cohort (i.e., the baby boomers) enters later life.

THE LEVEL OF FRAILTY RISK IN JAPANESE ELDERLY WOMEN AND ITS RELATED FACTORS


This study was to determine the level of frailty risk and to clarify its related factors among the community-dwelling Japanese elderly women. The participants were 120 (aged 73.2 ± 4.3) elderly women who lived in Himeji City, Hyogo, Japan. We distributed a questionnaire including age, family structure, self-rated health, short version of Geriatric Depression Scale (GDS), lifestyle behaviors (hobbies, gardening, walking, sports activities etc.), and frailty checklist (homeboundness, falls and poor nutrition), and also measured height, body weight, body mass index and physical fitness tests (grip strength, walking speed, standing on one leg with eyes open). We carried out a survey in November and December 2010. Selected variables were compared after dividing the participants into “Frailty high risk group (HR)” and “low risk group (LR)”. The number of “HR” was 19 (15.8%). HR had significantly higher “age” (P<0.05) and “GDS score” (P<0.01), and lower frequency of “walking” and shorter time of “standing on one leg with eyes open” (P<0.05, respectively) than those of LR. From the results of multiple logistic regression analysis using the step-wise method, there was a significant relationship between HR and high score of GDS (Odds ratio: 1.239, 95%CI: 1.029-1.492) and low frequency of walking (Odds ratio: 3.405, 95%CI: 1.116-10.389), adjusted for age and standing on one leg with eyes open. This study found that walking activity and mental health status were predictive of frailty risk in the community-dwelling elderly women and that these associations were independent of related factors.

SESSION 465 (POSTER)

HEALTH, MORBIDITY, AND MORTALITY TRENDS AMONG OLDER ADULTS

AGE AND DISTANCE TO DEATH AS PREDICTORS OF HEALTH AND FUNCTIONING IN NONAGENARIANS – TRENDS FROM 1996 TO 2007

M. Jylha, T. Sarkeala, T. Luukkaala, M. Hurme, A. Hervonen. School of Health Sciences, University of Tampere, Tampere, Finland.

The life expectancy is increasing also in the oldest-old, but trends of health and functional status are not clear. This study concentrates on the last five years of individuals aged 90 years or older. In the Vitality 90+ study, information was collected of functional status, major diagnoses and self-rated health of all home-dwelling individuals aged 90+ in the city of Tampere in 1996 and 1998, and of both home-dwelling and institutionalized people in 2001, 2003, 2007. In each wave, the response rate was ca 80% Mortality, including dates of death, was followed until 2010. Our research questions are, (1) to what extent are health and functioning in nonagenarians dependent on age and the distance to death, respectively, and (2) are there time trends in health and functioning in nonagenarians in the last years of life? The results reflect the complex dynamics between increasing life expectancy and health at the end of life, and imply that both age and distance to death are important determinants of functioning.
SOCIAL INEQUALITIES IN COMPLEX HEALTH PROBLEMS AMONG THE OLDEST OLD IN SWEDEN 1992 - 2002
S. Fors, B. Meinow, M.G. Parker, M. Thorslund, Aging Research Center, Stockholm, Sweden

A growing body of research now show that substantial social inequalities in health prevail into old age. However, the bulk of these studies have used conventional health indicators, thus disregarding the complex nature of health in very old age. This study examines social inequalities in complex health problems among the oldest old (aged 77+) in Sweden during the period 1992 to 2002 and explores the development of these inequalities during this period. Data from the Swedish panel study of living conditions of the oldest old (SWEOLD) from 1992 and 2002 were used to study the association between socioeconomic position and a composite measure of complex health problems (encompassing three different health domains: a) diseases and symptoms, b) impaired mobility, and c) impaired cognition and communicative abilities). The main results were threefold: i) the prevalence of complex health problems increased over the period, ii) the social inequalities in the risk of having problems in one health domain decreased during the period whereas, iii) the social inequalities in having simultaneous problems in several health domains remained unchanged. The results suggest that the social inequalities in single domain health problems among the oldest old problems decreased, whereas the social inequalities in multidimensional health problems remained constant over the period. These findings illustrate the importance of using health indicators that adequately reflect the complex nature of health in later life when studying health inequalities among the oldest old.

RACE, DEPRESSION, AND PERFORMANCE-BASED MOBILITY OVER TIME: THE HEALTH, AGING, AND BODY COMPOSITION STUDY
L.C. Barry1, R. Thorpe2, K. Yaffe3, B. Penninx4, C.R. Womack5, A.B. Newman6, E.M. Simonsick7, 1. Internal Medicine, Yale University School of Medicine, New Haven, Connecticut, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 3. University of California, San Francisco, San Francisco, California, 4. VU University Medical Center, Amsterdam, Netherlands, 5. University of Pittsburgh, Graduate School of Public Health and School of Medicine, Pittsburgh, Pennsylvania, 7. National Institute on Aging, Baltimore, Maryland

The inverse association between depressive symptoms and physical functioning in older persons is well-established, yet whether race modifies this association is unknown. We evaluated the association between depressive symptoms and performance-based mobility, within race strata, over 6 years. Participants included the 2,324 members of the Health, Aging, and Body Composition study (52% female; 38% black; mean age 73.5±2.9 years) who were administered the 10-item Center for Epidemiologic Studies – Depression scale (CES-D) at years 1 (baseline), 3 and 5. Performance-based mobility was assessed at years 2, 4, and 6 using 20-meter and 400-meter walks. Using repeated measures generalized linear mixed models, blacks’ average CES-D scores were 0.43 points higher than whites’ scores (p<0.001). After adjusting for baseline demographics, chronic conditions, body mass index, and cognitive status, every 1-point increase in CES-D score was associated with increases of 0.04 (p=0.001) and 0.40 (p=0.03) seconds, to walk 20 meters and 400 meters, respectively. Blacks took 1.76 and 20.72 seconds longer to walk 20 meters (p<0.001) and 400 meters (p<0.001), respectively, on average, than whites. However, in race stratified analyses, among whites, every 1-point increase in CES-D score was associated with a 0.07 second and 0.53 second increase in time to walk 20 meters (p<0.001) and 400 meters (p=0.01) respectively. No association was found in blacks. These findings suggest that the association between depressive symptoms and mobility in older persons differs by race. Research is needed to understand why the typically observed relationship between depressive symptoms and functional performance is absent in older blacks.

APPROACHING RETIREMENT AGE: HEALTH AND RESOURCES OF 50 TO 64-YEAR-OLDS FROM 1968 TO 2000
M.G. Parker, S. Kelfve, C. Lennartsson, NVS, Karolinska Institutet & Stockholm Univ. Aging Research Center, Stockholm, Sweden

This study compares the health and health-related resources of middle-aged persons in four waves of a Swedish national survey. Can we expect coming cohorts of elderly people to be healthier than current cohorts? Representative samples of over 1000 persons aged 50 to 64 years were interviewed in 1968, 1981, 1991 and 2000. Trends in health varied by indicator. Significant improvement was seen in mobility and dental status. Most improvement occurred between 1968 and 1991. Significant increases in prevalence rates were seen for hearing impairments, diabetes and overweight. Trends showed age and gender differences. Over the time studied, there were significant increases in years of education and the percent of white-collar workers. There were also increases in the percentage of persons visiting physicians and dentists. Smoking decreased significantly among men but increased among women. While the results show some signs of better health among more recent cohorts approaching retirement age, there are also signs that these cohorts have more of some chronic conditions requiring medical management and that they will be more likely to utilize care services. Results are discussed in relation to the questions of raising the retirement age and the future need for care services in the aging population.

WORK-RELATED STRESS MAY INCREASE THE RISK OF VASCULAR DEMENTIA

Background: We examined job control, job demands, social support at work, and job strain (ratio of demands to control) in relation to dementia, Alzheimer’s disease (AD), and vascular dementia (VaD) in the population-based Study of Dementia in Swedish Twins. Methods: A total of 257 dementia cases (167 AD, 46 VaD) and 9,849 non-demented individuals were included. Dementia diagnoses were based on telephone screening for cognitive impairment followed by in-person clinical workup. An established job exposure matrix was applied to main occupation. Generalized estimating equations were used with the entire sample (to adjust for the inclusion of complete twin pairs) and paired-samples t-test with only complete twin pairs discordant for dementia status. Results were not explained by work complexity or manual work. No differences in work stress scores were observed in twin pairs discordant for dementia. Interpretation: Work-related stress may increase the risk of dementia, particularly VaD. Genetic and early-life factors may mediate these associations.
MORTALITY IN THE ELDERLY BY COMBINED MARITAL- AND COHABITATION STATUS – NEW GENERATIONS NEW TRENDS?
M. Kriegbaum, R. Lund, Section of Social Medicine, Institute of Public Health Science, University of Copenhagen, Copenhagen, Denmark

The married elderly have lower cause mortality, but the associations vary by subgroups of the unmarried (Manzoli et al. 2007). Non-married cohabitation is increasing, also among the elderly, but few studies have investigated if cohabitation is as protective as marriage and results were mixed (Joutsenniemi et al. 2006, Koskinen et al. 2007). This study investigates if mortality in subgroups of the unmarried differs depending on cohabitation status and whether patterns differ by age-group and gender. Methods: Register data on marital status and cohabitation status was retrieved for all Danish residents 60 years old or older in 2000 (N=1,088,687). The categories of unmarried were divided in those living with a partner (WP) and those who did not live with a partner (NP) and compared to the married (ref). Follow-up for all-cause mortality was until 31 Dec 2008. Poisson regression was used to estimate relative excess mortality risk (RR). Analyses were stratified by age and gender and adjusted for education, income and ethnicity. Results: Cohabitation among the unmarried decreased with increasing age (60-69 years 14%, 70-79 years 6%, 80+ 2%). The RR was lower in those living with a partner than in those who did not live with a partner. Results for men aged 60-69 were: widowed (1.04 (WP)/1.69(NP), divorced (1.33 (WP)/2.10(NP) and never married (1.28 (WP)/1.93(NP). The unmarried who lived with a partner generally had significantly higher RR compared to the married. The patterns were similar for men and women. The RR were smaller in the oldest (80+) compared to the married. The patterns were similar for men and women.

KOREAN BABY BOOMERS PANEL STUDY SERIES 2: HOW HEALTHY ARE KOREAN BABY BOOMERS?
J. Kim1, H. Choe1, K. Eun1, J. Lee2, S. Joo3, G. Han3, J. Translational Gerontology and Retirement Research Center, Seoul National University, Seoul, Republic of Korea, 2. Chonnam National University, Kwangju, Republic of Korea, 3. Seoul National University, Seoul, Republic of Korea, 4. Ewha Womans University, Seoul, Republic of Korea

Korean Baby Boomers are expected to spend more than 10 years of unhealthy life in their old age because of the gap between life expectancy and disability-free health expectancy, leading to increasing health care burden. Concerning these problems, promoting health status of Boomers is urgent issues in Korea. Purpose of this study was to examine current health status of Baby Boomers and to explore the determinants of health status. Data used in this study are from the first wave of Korean Baby Boomers Panel Study. A total of 4,668 respondents born 1955-1963 were surveyed in face-to-face interviews using structured questionnaires, from May to August in 2010. About 34% of respondents had major chronic conditions, such as hypertension, diabetes and arthritis. In terms of mental health, 13% of respondents had experienced depression. Categorizing Boomers into 4 groups according to their physical and mental health status, 60% of respondents belonged to the “Healthy Group”, those having neither major chronic condition nor depression. About 33% of respondents had either major chronic condition or depression (“only mental-health-problem group”, “only physical-health-problem group”), and the remaining 7.2% were categorized in the “Double-risk Group”, suffering from both physical and mental health problems. Compared to “Healthy Group”, “Double-risk Group” were more likely to be women, those having neither spouse nor job, less educated and those in the lowest quartile of household income. These results suggest that women and people who are socially isolated and in lower SES are in higher possibility of pathological aging. Further implications are discussed.

FEASIBILITY OF COLLECTING FASTING BLOOD AND 24-HOUR URINE IN CAREGIVERS OF HIP FRACTURE PATIENTS
J. Lloyd1, D. Alley1, L. Fredman2, T. Kramer1, D. Orwig1, J. Epidemiology and Preventive Medicine/Gerontology, University of Maryland, Baltimore, Baltimore, Maryland, 2. Boston University, Boston, Massachusetts

Biomarkers are increasingly used in studies of caregivers, but most studies have focused on dementia caregivers. We evaluated the feasibility of collecting 24-hour urine and fasting blood among caregivers aged 60 and older of patients recently hospitalized for a hip fracture. These caregivers reflect an acutely stressed population, whose compliance with these measures is unknown. Hip fracture patients and their caregivers were recruited from eight Baltimore-area hospitals. Baseline caregiver home-based interviews were conducted within 30 days of patient’s hospital admission for fracture. Blood and urine samples were obtained within seven days of the interview. The caregivers’ mean age was 71.4; the majority were female (59.1%), white (88.6%), and the patient’s spouse (50%) or adult child (27.3%); 40% were new caregivers. Their mean Perceived Stress Scale and CES-D scores were 19 (+/-7.9) and 9.6 (+/-7.6), respectively. Participants were asked to fast 10 hours before blood collection and to collect all urine over a 24-hour period. Of 44 caregivers currently recruited, 31 (71%) provided both blood and urine. Blood was obtained from 36 caregivers; mean hours fasting was 11.6. Urine was obtained from 32 caregivers; 83% reported providing a complete sample (no missed collections). Respondents who provided blood were younger than those who did not (mean age = 70 versus 76, p=0.10). While 73% of spouse caregivers provided both specimens, adult children were more likely to provide blood (100%) than urine (81%). Discussion will address reasons for missed collection and successful strategies to increase compliance.

SESSION 470 (POSTER)
MENTAL ILLNESS IN LATER LIFE
THE IMPACT OF VOCATIONAL REHABILITATION IN IMPROVING ACCESSIBILITY TO COMPETITIVE EMPLOYMENT FOR OLDER PEOPLE WITH SEVERE MENTAL ILLNESS

Background: Most consumers with severe mental illness (SMI) want to be competitively employed, but less than 25 percent receive any type of vocational assistance and fewer than 15 percent are employed competitively at any time. While research demonstrates the importance of employment in recovery and healthy aging, people with SMI continue to struggle to find work that matches their abilities and career goals and those who have a job often have difficulty retaining it. Objective: This pilot project involving the Connecticut Bureau of Rehabilitation Services (BRS) and the Department of Mental Health and Addiction Services (DMHAS) examines employment outcomes, systems changes and attitudinal changes brought about by a co-located team model at two local mental health authorities. Methods: Consumer and Counselor surveys were the primary method of data collection and were augmented by a focus group and key informant interviews. Data analysis compared employment outcomes of intervention participants age 45 and older (n=26) to those under 45 (n=36). An additional analysis of BRS administrative data compared employment outcomes of age 45 and older intervention group participants to BRS clients in the control group (n=297). Results: Compared to younger intervention participants, a greater percentage of older participants were working by the end of the program (43% vs. 73%, respectively), but fewer older participants agreed that working with a counselor helped them find work opportunities that fit their abilities (36% vs. 50%, respectively). Conclusions: Compelling...
reasons exist to continue helping SMI consumers capitalize on vocational opportunities and reach their employment goals.

THE ROLE OF AGE AND MENTAL ILLNESS IN RISK OF PREVENTABLE HOSPITALIZATION AMONG ASSISTED LIVING RESIDENTS

M.A. Becker, T. Boaz, R. Andel, A.E. DeMuth, Aging & Mental Health Disparities, University of South Florida, Tampa, Florida

Hospitalizations for assisted living residents are very costly, often traumatic, and increase risk for iatrogenic disorders for those involved. Hospital expenditures account for one third of total national healthcare spending. Hospitalizations for ambulatory care-sensitive (ACS) conditions are considered preventable, as these are physical health conditions that can often be treated safely at a lower level of care or occur due to lack of timely, adequate treatment at a lower level of care. This study examined risk factors for hospitalization for an ACS condition among Medicaid-enrolled younger and older AL residents during years 2003–2008. The sample included 16,208 ALF residents, 7,991 (49%) of whom were 65 years of age or older. Study participants had 22,114 hospitalizations, 3,759 (17%) of which were for an ACS condition. Sixteen percent of residents (N=2,587), about 12% of the younger residents and 20% of the older residents, had at least one ACS hospitalization. ACS hospitalizations made up 13% of all hospitalizations for the younger residents and 22% of all hospitalizations for the older residents. Using Cox proportional hazard regression, we found that for both age groups, increased age, being Hispanic or of other race/ethnicity, and having comorbid physical health conditions were associated with a higher risk of ACS hospitalization. For older residents, having a dementia diagnosis and being African-American reduced the risk of ACS hospitalization, whereas for younger residents having a major psychotic disorder reduced the risk of ACS hospitalization. Results highlight the need for increased education, communication and future research on these predictive factors.

CHARACTERISTICS AND TREATMENT FLOW AMONG OLDER ADULTS INVOLUNTARILY COMMITTED FOR PSYCHIATRIC TREATMENT

E.A. DiNapoli1, J. McPherron1, N.G. Regier1,2, P. Parmelee1,2, 1. Center for Mental Health and Aging and Department of Psychology, Tuscaloosa, Alabama, 2. University of Alabama, Tuscaloosa, Alabama

Specialized psychiatric services for older adults are rare; systematic study of process and outcomes of existing services is even rarer. This presentation is a preliminary examination of characteristics and selected outcomes among individuals involuntarily committed to a state-supported in-patient psychiatric treatment unit for persons aged 65+. Data for 1607 current and former patients were drawn from an in-house administrative database developed to track patient flow, treatment and quality management at the 100-bed facility. Despite the special circumstances that bring these seriously ill elders into the treatment system, the sample did not differ significantly from older adults statewide in terms of age (M = 73 years), gender (53% female), race/ethnicity (67% white) and residential geography (31% rural). Primary psychiatric diagnoses include the dementias (52%), schizophrenia spectrum (32%), bipolar (9%) and major depressive disorders (5%); common secondary diagnoses are schizophrenia (22%), dementia (15%) and substance abuse disorders (13%). Medical comorbidities are common, the most frequent being hypertension, dementia and diabetes. Significant racial/ethnic differences in length of stay and readmission rates were driven by nonwhites’ longer stays and more frequent readmission. Latency to readmission was longer among women than men, and race X sex interactions emerged for some variables. These patterns further varied complexity with diagnosis. Common barriers to community placement included problems with medical insurance (26%), financial problems (7%), unsuccessful trial placements (19%) and behavioral problems (7%), unsuccessful trial placements (19%) and behavioral problems that precluded placement (6%). Discussion addresses implications for the services system and also of the challenges of using administrative databases for clinical research.

LATE ONSET EATING DISORDERS IN OLDER ADULTS: REOCCURRING ISSUE OR NEW PRESENTATION?

A.A. Holup, S. Reynolds, University of South Florida, Tampa, Florida

Eating disorders are secretive illnesses concealed by denial and a preoccupation with body weight that are capable of affecting any age. Although rare, eating disorders often reoccur and can also present as de novo cases later in life. In this study, we examined existing literature from 1976 to 2010 on eating disorders in older adults with an emphasis on late-onset eating disorders. A literature search using Medline, PubMed, and PsychINFO revealed 72 published cases of eating disorders in later life. Study characteristics including age at presentation, gender, diagnosis, and comorbid psychiatric conditions were examined. Results indicated that the mean age at presentation was 60 years old with the majority of cases being female (93%). Anorexia nervosa was the most common eating disorder (86%) followed by bulimia (8%). Causal factors implicated included body image concerns, fear of weight gain, preoccupations with dieting and exercising and, frequently, comorbid psychiatric conditions. Absent from the literature are clinical studies examining indications of causation and few studies have examined treatment differences between early and late onset populations. These findings suggest a lack of definitional rigor as late-onset eating disorders were defined in a variety of ways with no clear consensus as to an appropriate or accurate use of the term. Late onset eating disorders are a problem in older adults that few have seriously acknowledged or studied. Future research is needed to clarify definitional inadequacies, identify individuals at risk for eating disorders, develop treatment options, and understand outcomes of late life eating disorders.

CHARACTERISTICS OF LATE-LIFE COMPULSIVE HOARDING


Hoarding results from excessive acquiring and an inability to discard items that others would define as having limited or no value. Hoarding symptoms are clinically significant if the clutter limits functional living spaces and causes clinically significant distress or impairment. Previous research has documented the debilitating nature of hoarding symptoms in mixed age samples. However, few studies have determined the consequences of hoarding in late life. Research on hoarding in older people is important given that cognitive, medical, and social changes that occur with aging may present unique risk factors for older adults. solen. The current study compared adults ages 60 and older with clinically significant hoarding (n = 57, 80.7% women) to community volunteers without hoarding problems (n = 39, 76.9% women) on measures of medical, functional, emotional, and cognitive status. Participants with hoarding reported more chronic medical conditions [t (68) = 2.77, p < .01], and disabilities in activities of daily living [t (55) = 10.06, p < .001]. They also reported more severe anxiety [t (57) = 6.66, p < .001], depression [t (84) = 8.95, p < .001], and self-reported attention problems [t (85) = 8.02, p < .001]. Hoarding participants were also more likely to report that clutter put them at risk for falls (61.1% v. 2.6%), fire (51.9% v. 2.6%), poor nutrition (20.4% v. 0%), poor hygiene (33.3% v. 0%), and medical illness (29.6% v. 2.6%). These results highlight the clinical significance of hoarding and demonstrate the negative consequences associated with hoarding in late life.
MENTALLY ILL OLDER ADULTS

Individuals with hoarding and cluttering behaviors have difficulty discarding items, acquiring such a large number of items that their home environments become severely cluttered. Severe clutter interferes with activities of daily living and often causes distress to those living in the environment. Once viewed as personal lifestyle preferences, these behaviors are currently recognized as a mental health disorder associated with anxiety disorders and cognitive dysfunction. While hoarding and cluttering behaviors affect individuals of all ages, older adults are at increased risk of isolation, injury and other poor outcomes as a result of these behaviors. However, very little is currently known about the influence of age-related factors on hoarding and cluttering behaviors. To address this gap in our understanding, a qualitative study using Grounded Theory Methodology was conducted. Twenty-two adults aged 65-91 with hoarding and cluttering behaviors were interviewed in their homes. Interviews were transcribed verbatim and analyzed using Atlas Ti software. All participants noted long-standing problems with hoarding and cluttering but narratives suggested how aging contributed to their current situation. Three core categories emerged which describe this dynamic between hoarding disorder and the aging process: Changes in Health Status; Changes in Social Context; and Changes in Home Environment. Generally, age-related factors contributed to worsening of the behaviors or outcomes, although some participants indicated that aging had a positive impact. By identifying these key factors, clinicians will be able to develop more targeted interventions to reduce the risk of harm to older adults living in severely cluttered homes.

GENDER, EDUCATION, AND QUALITY OF LIFE IN OLDER AFRICAN AMERICANS WITH MENTAL DISORDERS

This study used secondary data from the National Survey of American Life (NSAL) (Jackson et al., 2004a) to examine demographic characteristics and perceptions of quality of life among older African Americans with lifetime mental disorders. The sample consisted of 168 older African Americans, aged 55 to 74, who reported at least one lifetime disorder. African Americans with lifetime mental disorders. The sample consisted of 168 older African Americans, aged 55 to 74, who reported at least one lifetime mental disorder. Demographic characteristics included gender, education, marital status, and employment status. The dependent variables assessed were life satisfaction and general happiness. The results revealed no significant differences for life satisfaction. However, an analysis of variance (ANOVA) showed statistically significant differences between education on general happiness [F(3, 163) = 2.78, p = .04]. In the two-way ANOVAs, gender and education emerged as significant for general happiness alone. There was a statistically significant main effect for gender [F(1,164) = 5.02, p = .03] but not marital status. When controlling for education, the main effect for education [F(3, 159) = 2.77, p = .04] was statistically significant. Additionally, there was a significant main effect for education F(3, 160) = 3.21, p = .03] but not marital status. Overall, older African American males reporting a lifetime mental disorder with less than a high school education reported more general happiness. These findings suggest a need to reexamine the relationship between gender, education, and quality of life in older African Americans with lifetime mental disorders.

ATtribution theory and the stigmatization of mentally ill older adults

The purpose of this study was to examine the extent to which Attribution Theory (AT) could explain the stigmatization of mentally ill older adults. AT (Weiner, 1980) posits that whether or not an individual is blamed for his or her condition influences emotional and behavioral reactions toward that individual. Although it has been utilized to explain stigma toward depressed individuals, AT has not been applied to the study of stigma against mentally ill older adults. Participants (N = 276, Mage = 49.88) were presented with vignettes depicting older adults with one of four mental illnesses. After reading the vignettes, participants responded to a series of questions that assessed (a) perceived responsibility for the condition, (b) emotional reactions (anger and pity), and (c) behavioral intentions (willingness to help and social distance). Partial support was found for AT in that increased perceived responsibility was associated with increased anger, and increases in anger predicted lower desire to help and higher desired social distance. Links were also found between pity and desire to help and between perceived responsibility and pity. Contrary to AT, however, higher levels of pity actually increased desired social distance. Overall, the results suggest that AT only partially accounts for stigmatization of mentally ill older adults. A new theory that takes into account the variety of factors that can influence stigma toward mentally ill older adults may need to be developed.

GAMES IN HEALTH PROMOTION AND MOTIVATION TO SUSTAIN SELF-CARE PRACTICES OF AGING PSYCHIATRIC PATIENTS

J. Da Silva, M. Jardim, A. Marins, L. Fernandes, L.F. Mesquita, T. Silva, R. Cotofo, School of Nursing, UFRJ - Federal University of Rio de Janeiro, Petrópolis, Rio de Janeiro, Brazil

Study developed using modified games to teach health themes and motivate psychiatric aging patients, to sustain physical and mental self-care practices. Objectives: Promote self-care, self-efficacy and control of co-morbidities in the aging process of two groups of participants: (i) inpatients being prepared for hospital discharge and (ii) outpatients attending ambulatory and day hospital settings. Method: Exploratory descriptive study based on the needs of 150 psychiatric patients who had one or more physical co-morbidities and presented physical and mental accelerated aging process, discrepant from their chronological age in the lifespan. Clinical diagnosis and objective laboratory values evidenced risks and were used to determine themes and games to be developed and implemented by the research team under the light of self-efficacy. In phase one material and methods were developed by a nurse researcher with graduate and undergraduate nursing students and in phase two joined the team a psychology faculty and undergraduate students. The interdisciplinary team conducted weekly workshops a teaching psychiatric day hospital. Results / Findings: Preliminary analysis of laboratory results, physical exams, cognitive and psychiatric evaluations improved substantially. Patients reported better understanding on the importance of sustaining self-care towards harm reduction and health promotion. Unanticipated results were (i) family members and mental health care providers reported improvement in mental and physical health of those community-dwelling patients who participated in the workshops and (ii) request of patients, families, undergraduate nursing students and the hospital administration for the workshop series to be offered on a permanent basis.

PSYCHOTHERAPY PARTICIPATION AND EFFECTIVENESS FOR INDIVIDUALS WITH SEVERE COMPULSIVE HOARDING AND LATE LIFE DEPRESSION

C. Egan, R. Mackin, P.A. Arean, C. Mathews, University of California, San Francisco, San Francisco, California

Background: Severe Compulsive Hoarding (SCH) is a behavioral syndrome that frequently co-occurs in older adults with mood and anxiety disorders. As SCH is often conceptualized as resulting from frontally-mediated cognitive dysfunction, determining the impact of cognitive dysfunction on treatments for depression and anxiety represents an important area of study. The purpose of this study was to evaluate the degree to which therapists felt cognitive dysfunction in individuals with SCH impacted their participation in psychotherapy. Methods: Participants included 45 individuals with late life depression...
(LLD) and seven participants with LLD and severe compulsive hoarding behaviors (LLD+SCH). Therapist perception of participants' cognitive functioning was assessed by a structured questionnaire. Results: The mean age of the sample was 72.9 (SD=9.9), mean years of education 15.6 (SD=3.1), and 71% of participants were female. There were no significant group differences on demographic characteristics. Therapists rated SCH+LLD participants as having significantly more difficulty with overall participation in psychotherapy when compared to LLD participants (p = .01). In addition, they rated SCH+LLD participants as having significantly more difficulty with six behaviors related to executive functioning important to successful participation in psychotherapy (p< .05 for all). Therapists also rated SCH+LLD participants as showing significantly more cognitive improvement over the course of psychotherapy than LLD participants (p = .02). Conclusions: Cognitive dysfunction associated with SCH may have a deleterious effect on psychotherapy participation. As a result, psychotherapeutic interventions for individuals with SCH may be more effective if accommodations for specific cognitive inefficiencies are made.

### SESSION 475 (POSTER)

**PERSPECTIVES ON RELIGION, RELIGIOSITY, AND SPIRITUALITY**

**THE MEDIATING EFFECT OF SOCIAL SUPPORT ON THE RELATIONSHIPS BETWEEN SPIRITUALITY/RELIGIOSITY AND LIFE SATISFACTION AMONG ELDERLY KOREAN IMMIGRANTS**


Previous studies have indicated the positive role of social support to nurture life satisfaction in later life. Based on the relationship perspective, the objective of this study is to empirically investigate whether social support mediates the relationship between spirituality/religiousness and life satisfaction among elderly Korean immigrants. The Brief Multidimensional Measure of Religiousness/Spirituality was employed to measure six domains of spirituality/religiousness: daily spiritual experiences, values/beliefs, forgiveness, private religious practice, religious/spiritual coping, and religious support (Fetzer Institute/NIA, 1999).

Social support was measured by the Lubben Social Network Scale-Revised (Lubben et al., 2001). The Satisfaction with Life Scale (Diener et al., 1985) was used to assess life satisfaction. We hypothesized that the factors of spirituality and religiousness would lead to life satisfaction among elderly Korean immigrants via social support. The study used data from 200 Korean immigrants aged 65 to 89 (Mean=72.5, SD = 5.10) who reside in New York City and participated in the face-to-face interviews. The results of the structural equation modeling analysis showed that social support partially mediated the relationship between spirituality/religiousness and life satisfaction in elderly Korean immigrants, which was verified by the significant indirect effect. The chi-square value for overall model fit was 69.70 with 49 degrees of freedom (p<.05) and the CFI and RMSEA values were .98 and .05 respectively, which provides a good model fit. These findings reflect that spiritual and religious coping resources and social support may be the key predictors of life satisfaction among elderly Korean immigrants in the metropolitan New York City area.

### A STUDY ON THE EFFECTS OF RELIGIOSITY ON LIFE SATISFACTION AMONG ELDERLY KOREAN IMMIGRANTS: MEDIATING EFFECTS OF OPTIMISM AND DEPRESSION

J. Ahn2, B. Kim1, 1. UCLA, Los Angeles, California, 2. Hoseo University, CheonAn, Republic of Korea

**BACKGROUND:** The purpose of the study is to analyze the mediating effects of optimism and depression on the relationship between religiosity (organizational, private and subjective religiosity) and life satisfaction among elderly Korean immigrants. **METHOD:** Data were collected from a cross-sectional survey of 220 elderly Korean immigrants (age≥65) drawn from community, adult day health care centers, and churches, in Los Angeles County. **RESULTS:** The statistical analysis was performed by a path analysis using LISREL statistical program. **RESULTS:** The results are fivefold. First, organization religiosity exerted negative effects on depression, whereas it exerted positive effects on optimism. Second, subjective religiosity exerted positive effects only on optimism. Third, private religiosity did not have significant direct effects either on optimism or on depression, yet showed direct, positive effects on life satisfaction. Fourth, organizational and subjective religiosity did not exert significant, direct effects on life satisfaction but only indirect effects via optimism (significant mediating effect). Finally, depression exerted negative effects on life satisfaction, whereas optimism showed positive effects on life satisfaction. And the effects of optimism on life satisfaction were greater than those of depression. **IMPLICATIONS:** These results suggest practical implications. First, they demonstrate that to improve life satisfaction among elderly Korean immigrants, social service and mental health agencies as well as welfare policies should focus on developing and implementing diverse programs geared for enhancing religiosity and optimism. Additionally, religiosity and/or spirituality-sensitive practice need to be warranted in the field of social work and mental health. Limitations and directions for future research are also discussed.

### ETHICAL MATTERS RELATED TO SPIRITUALITY & END OF LIFE CARE WITH OLDER ADULTS: GUIDANCE FOR HEALTH CARE PROFESSIONALS


Geriatric health providers need to develop competencies related to spiritual assessment and incorporation of spiritual care into their practice, particularly when these arise in the form of ethical conflicts. These issues are important because of population aging, growing religious diversity, and because spiritual issues, including those related to life’s meaning, may become central to those facing life-limiting illness. We present four composite clinical case studies involving spiritual issues derived from our clinical experiences. These cases include: 1) an older man hospitalized with a serious illness; 2) an older Jehovah's witness patient for whom discussions about the appropriateness of blood transfusion have become challenging; 3) an older Korean woman whose children had conflicting end-of-life religious views; and 4) a child who encountered the death of a peer in the hospital. Implications from these cases disclose the need for greater training in spirituality and religion as a component of clinical care, the importance of considering religious preferences in medical decision making, the challenges of addressing cross-cultural conflicts within families concerning different belief systems, and the imperative to recognize and to appreciate the way in which spirituality is expressed during the illness process. We conclude with a discussion of general ethical principles and practical considerations that
can be used to guide culturally competent and collaborative medical decision making for those with serious life limiting illness.

THE BAD DAYS WON’T LAST FOREVER: A QUALITATIVE ANALYSIS OF RELIGIOUS / SPIRITUAL COPING AND MEANING IN THE STRESS PROCESS

G. Harris, R.S. Allen, P. Parmelee, L.L. Dunn, Department of Psychology, The University of Alabama, Tuscaloosa, Alabama

People living with an advanced, chronic illness and loved ones caring for this group often report experiencing both positive and negative emotional outcomes as a result of their situation. The Folkman (1997) Stress Process Model suggests that meaning-based coping is the mechanism that leads to positive emotions among this group. Religious/spiritual coping and meaning play an important part in Folkman’s model. This study represents an attempt to attain an in-depth understanding of religious coping and meaning in the stress process within a unique sample. Participants included 35 non-demented care recipients with advanced, chronic illness and 35 family members providing care to this group. This sample included approximately equal numbers of Caucasians and African Americans. In-person interviews were conducted to get an individualized account of each participant’s religious coping styles, relationship to God, involvement in the church, and description of meaning in life. A content analysis was conducted on the qualitative narratives by a coding team to uncover the salient themes. Throughout the coding process comparative methods were used to illuminate similarities and differences in the data. Three higher-order themes emerged across responses to questions: participants’ spirituality/religion/relationship with God is extremely important, God was described as a provider, and participants’ relationship with God was described as true, intimate, and personal. In addition, salient themes emerged within questions that illuminated participants’ use of and benefits of religious coping as well as their personal understanding of meaning in life. Notably, themes varied by race and relationship (caregiver or care recipient).

PRAYER, CHURCH ATTENDANCE, AND DEMENTIA CAREGIVER WELL-BEING

L. Rather1,2, G. Tremont1,2, J. Davis3, K.E. O’Connor, C. Grover, I. Behavioral Medicine, The Miriam Hospital, Providence, Rhode Island, 2. Rhode Island Hospital, Providence, Rhode Island, 3. Warren Alpert School of Medicine, Brown University, Providence, Rhode Island

As part of coping, caregivers may go to church, develop spiritual relationships, or ask God for help. Religious resources can influence how caregivers perceive and handle situations. Extant research on the relationship between religion and caregiver well-being yields unclear results. We examined the influence of prayer and church attendance in dementia caregivers enrolled in a telephone intervention (N = 114; M age=63.03, SD=12.45; 79% female) who provided at least 4 hours of direct supervision daily for at least 6 months. Outcomes included burden (Zarit Burden Interview), depression (CES-D), and perceived self-efficacy (SEQ). There was a significant difference in perceived burden of individuals attending religious services weekly or more showing a few times per week or more showed significantly higher levels of self-efficacy for symptom management and for support services (p = .03 and .01, respectively). More frequent prayers also showed a trend for less depression (M = 13.46, SD = 10.26) than caregivers who prayed more infrequently (M = 17.40, SD = 10.09), p = .06. Praying frequency was also inversely correlated with level of depression (r = -.19, p = .04). Findings support the use of prayer and church attendance as adaptive coping strategies for caregivers.

SPIRITUALITY REVISITED: TEN-YEAR FOLLOW-UP STUDY OF IMPLICIT THEORIES IN JAPAN

M. Takahashi, Psychology, Northeastern Illinois University, Chicago, Illinois

In 2001, we carried out an empirical study in Japan exploring the meanings of “seishin-sei/rei-sei,” an official translation of “spirituality” in Japanese. In the past several years, “supirichuariti,” its phonetic translation, emerged as a part of common Japanese lexicon. However, due to popular books and TV programs, the new word is used primarily within a context of occultism (e.g., ghost hunting, fortune telling, etc.). In this study, we examined the extent to which the semantic framework of “seishin-sei/rei-sei” has been influenced by this emerging concept. A total of 247 Japanese participants from three generations (young: mean age=20.18; middle-aged: mean age=49.61; and old: mean age=77.12) rated the similarity of ten spirituality related descriptors.

Multidimensional scaling analysis in conjunction with hierarchical cluster analysis revealed that the current overall semantic framework of “seishin-sei/rei-sei” and its related descriptors was relatively consistent with the framework of ten years ago. For example, the older adults were more likely to conceptualize spirituality as less abstract than were the other two cohorts. It was also found that “supirichuariti” was viewed in the same cluster as religious and the official translation of spirituality (“seishin-sei/rei-sei”). However, only the older adults conceptualized this new word as distant in meaning from the other two descriptors in the cluster. These findings are discussed, in addition to the outcomes of self-assessments of spirituality and religiosity across three generations.

BEREAVEMENT, RELIGIOUSNESS, DOUBT, AND MENTAL AND PHYSICAL HEALTH

J. Henrie, J.H. Patrick, West Virginia University, Morgantown, West Virginia

Previous research suggests links between religiousness and health (e.g., Powell et al., 2003) and bereavement and health (e.g., Hall & Irwin, 2001). Bereaved (N = 138) and non-bereaved (N = 135) adults in three age groups, younger (N = 133, mean age = 20.24), middle-aged (N = 89, mean age = 49.69), and older (N = 51, mean age = 65.41), provided data for the current study. A series of hierarchical regressions were conducted to investigate relations among age, gender, bereavement, religiousness, doubt, and subscales of the SF-12 (Ware et al., 1996). The regressions predicting Mental Component Scores (F (5, 261) = 5.15, p < .001, R2 = .090), Physical Role Limitations (F (5, 265) = 3.03, p = .011, R2 = .054), and Emotional Role Limitations (F (5, 265) = 5.34, p < .001, R2 = .091) were significant, with religious doubt (β = -.326, -.240, and -.329, respectively) and religious meaning (β = -.166, -.208, and -.189, respectively) emerging as unique predictors in each of the regressions. Bereavement (β = -.127) emerged as an additional unique predictor of Emotional Role Limitations. The regression predicting Mental Health was also significant (F (5, 265) = 4.82, p < .001, R2 = .083), but religious doubt was the only unique predictor (β = -.310). Results are discussed in terms of the potential impact of experiencing doubts about one’s worldview on one’s well-being.

RELIGION AND “GOOD AGING” IN A EUROPEAN SUNBIRD COMMUNITY

J. Spannari, University of Helsinki, Helsinki, Finland

The debate on “aging well” has in the recent years extended it’s scope towards values, morality and spirituality – elements traditionally sustained by and interlocked with religion. This paper takes a multi-dimensional approach both to good aging and religion in the lives of older adults from a European perspective. The study is based on qualitative data (texts and interviews) and ethnographic observation of the Finnish sunbird community in the Spanish Costa del Sol. The active community attracts particularly older adults and other pensioners, to reside permanently or during the winter season. Specific features of the commu-
nity include the prominent role of Finnish religious organizations at the hub of social life and the abundance of engagement with religious activities among persons considering themselves none too religious. The data demonstrates that spirituality, religious activities and religious communities play various roles in the social and personal lives of older adults, and that religion in its multiple forms can promote various dimensions of good ageing. This paper aims 1) to point out the factors contributing to this phenomenon, 2) to identify the processes where these factors promote good ageing and 3) to suggest ways to support these processes in other communities. Also the future of religion as an element of well-being for the older adults is discussed.

VALIDATION OF THE SPIRITUAL DISTRESS ASSESSMENT TOOL IN OLDER HOSPITALIZED PATIENTS

S. Monod, E. Martin, B.E. Spencer, E. Rochat, C.J. Bula. Service of Geriatric Medicine and Geriatric Rehabilitation, Lausanne University Medical Center. Lausanne, Switzerland

Background: The Spiritual Distress Assessment Tool (SDAT) is a 5-item instrument developed to assess spiritual distress in hospitalized elderly persons. The objective of this study was to investigate the SDAT psychometric properties.

Design: Cross-sectional study. Setting: Geriatric medicine ward.

Participants: Patients (N=203) aged 65 and over with MMSE score20 consecutively admitted over a 6-month period.

Measurement: Data on health, functional, cognitive, affective and spiritual status were collected upon admission. Interviews using the SDAT (score from 0 to 15, higher scores indicating higher distress) were conducted within 3 days of admission by a trained chaplain. Factor analysis and measures of internal consistency and reliability (test-retest and inter-rater) were performed. Criterion-related validity was assessed using the FACIT-Sp and the single question “Are you at peace?” as criterion-standard. Concurrent and predictive validity were assessed using the GDS scale and hospital length of stay (LOS), respectively. Results: SDAT scores ranged from 1 to 11 (mean 5.6±2.4). A two-factor solution explained 60% of the variance. Inter-item correlations ranged from 0.11 to 0.41 (eight out of ten with P<0.05). Item-to-total correlations ranged from 0.57 to 0.66 (all P<0.05). Cronbach alpha was acceptable (0.60). Test-retest and inter-rater reliabilities were high (ICC ranging from 0.87 to 0.96). SDAT correlated significantly with the FACIT-Sp, the question “Are you at peace?”, the GDS (Rho -0.45, -0.33, and 0.43, respectively, all P<0.001) and hospital LOS (Rho 0.15, P=0.03). Conclusions: SDAT has acceptable psychometrics properties and appears to be a valid and reliable instrument to assess spiritual distress in elderly hospitalized patients.

AGE-RELATED CHANGES IN THE FACTORIAL STRUCTURE OF RELIGIOUS ORIENTATION


Since Allport and Ross (1967) researchers have refined measures of religious orientation. Measures of three distinct religious orientations have emerged – religion as an end in itself, religion as a means to other ends, and religion as a quest for meaning. While religious orientation, like other aspects of personality, cognition, and coping, are thought to change with age (e.g., Fowler), few researchers have attempted to, 1) systematically validate ends, means, and quest religiousness in later life, or 2) assess changes in religious orientation in later life. The current study examines the factorial structure, convergent validity, and age-related changes in the three-factor, ends-means-quest model of religious orientation using a random sample of 352 community-dwelling adults in Worcester, MA. The sample was median split into two age groups – late middle-aged (60-75) and older adult (75 and older). The ends-means-quest model was confirmed in the late middle-aged sample, then cross-validated in the older adult sample. Standard measures of religious orientation load predictably on ends, means, and quest factors in both older adult samples. Results indicate that relationships among ends, means, and quest factors differ from those typically reported in younger samples. Ends and quest religiousness are not associated in younger adults (correlations between -.10 and .10), while among middle-aged and older adults in our sample the correlation was .24 and -.27, respectively. This shift in the relationship between ends and quest is discussed in light of changes in religiousness predicted by normal development and age-related changes in stress and coping.

RELIGION INDICATORS, SOCIAL SUPPORT, AND THEIR ASSOCIATION WITH CURRENT AND PAST SUICIDALITY AMONG DEPRESSED OLDER ADULTS

N. Collins, E. Corsentino, N. Sachs-Ericsson, D.C. Steffens. University of Florida State University, Tallahassee, Florida, 2. Duke University Medical Center, Durham, North Carolina

Objective: Older adults with major depression are at elevated risk for suicide. Religious involvement has been shown to favorably impact a wide range of health outcomes, including reducing the odds of death by suicide. However, little is known about the effects of religious involvement on suicidal ideation in the elderly or the particular aspects of religiosity that are beneficial. Method: Participants were 248 depressed patients 60 years and older enrolled in the Neurocognitive Outcomes of Depression in the Elderly (NCOPE) study. Current suicidality was assessed with the suicidal thoughts item from the Montgomery-Asberg depression rating scale (MADRS). Past history of suicide attempts, public religious activity, importance of religion, private religious activities, and control variables were assessed via self-report. Results: Increasing church attendance, or public religious activity, above and beyond religious importance, private religious practices and social support, was associated with reduced current suicidality. Increasing subjective social support was also associated with reduced current suicidality and partially mediated the relationship between public religious activity and suicidality. None of the religion indicators was predictive of retrospective reports of past attempts. Conclusions: The immediate benefits of religious activity on current suicidality are specific to church attendance rather than other religious indicators and are partially mediated by subjective social support. Clinicians should consider public religious activity patterns when assessing for other known risk and protective factors for suicide and in developing treatment plans.

FAITH AS A PROTECTIVE FACTOR: EXPLORING THE CONNECTIONS BETWEEN SPIRITUALITY AND RESILIENCE FOR WOMEN IN LATE LIFE

L.K. Manning. Sociology and Gerontology, Miami University, Oxford, Ohio

Demographic changes in the U.S., such as the decrease in fertility rates and the increase in life expectancy, have created a growing aging population. Living into advanced old age is undoubtedly a remarkable accomplishment. Research suggests that spirituality is important to a wide range of health outcomes, including reducing the odds of death by suicide. However, little is known about the effects of religious involvement on suicidal ideation in the elderly or the particular aspects of religiosity that are beneficial. Method: Participants were 248 depressed patients 60 years and older enrolled in the Neurocognitive Outcomes of Depression in the Elderly (NCOPE) study. Current suicidality was assessed with the suicidal thoughts item from the Montgomery-Asberg depression rating scale (MADRS). Past history of suicide attempts, public religious activity, importance of religion, private religious activities, and control variables were assessed via self-report. Results: Increasing church attendance, or public religious activity, above and beyond religious importance, private religious practices and social support, was associated with reduced current suicidality. Increasing subjective social support was also associated with reduced current suicidality and partially mediated the relationship between public religious activity and suicidality. None of the religion indicators was predictive of retrospective reports of past attempts. Conclusions: The immediate benefits of religious activity on current suicidality are specific to church attendance rather than other religious indicators and are partially mediated by subjective social support. Clinicians should consider public religious activity patterns when assessing for other known risk and protective factors for suicide and in developing treatment plans.
GENETIC AND ENVIRONMENTAL INFLUENCES ON RELIGIOSITY IN A MIDDLE-AGED TWIN COHORT
M.D. Grant1, M.R. Franz1, W.S. Kremen1, C.E. Franz2, M.S. Panizzon2, H. Xian1, M. Tsuang1, M. Lyons1, 1. Psychology, Boston University, Boston, Massachusetts, 2. University of California, San Diego, La Jolla, California, 3. Center for Behavioral Genomics, University of California, San Diego, La Jolla, California, 4. Washington University School of Medicine, St. Louis, Missouri

Behavior genetic studies have demonstrated that genetic factors play a moderate role in explaining individual differences in religious traits. Heritability estimates in adult cohorts have ranged from .27 to .62 with higher heritability reported for religious attendance, attitudes, and behaviors. The purpose of this study was to examine the genetic, familial, and individual-specific environmental influences on three different domains of religiosity. This analysis examined 1237 participants from the Vietnam Era Twin Study of Aging (VETSA). Mean age of the sample was 55.4±2.5 (range 51-60). The three religiosity constructs included: Intrinsic Religiosity (integrating religion into one’s life), Non-Organizational Religiousity (time spent in private prayer or meditation), and Organizational Religiosity (frequency of formal religious service attendance). Heritability estimates were .64, .42, and .67 for Intrinsic, Non-Organizational, and Organizational religiosity, respectively. Unique environmental influences explained .34, .40, and .33 percent of the variation in Intrinsic, Non-Organizational, and Organizational religiosity, respectively. The parameter estimates for variance attributable to the familial (shared) environment was not statistically significant for any of the three religiosity constructs. This study identified moderate to strong genetic influence on religiosity in a middle-aged twin cohort. Interestingly, experiences shared by twins in their family of origin did not have an enduring, detectable influence. Religiousness is associated with numerous behavioral, psychological, social, and physical health outcomes and remains an important variable in aging research. Future research should continue to explore the complex genetic and environmental influences on different domains of religiosity.

THE RELATIONSHIP BETWEEN RELIGIOSITY AND DIETARY ADHERENCE AMONG OLDER MEXICAN-AMERICANS WITH TYPE 2 DIABETES
S.L. Strawhecker, K.J. August, D. Sorkin, Health Policy Research Institute, University of California, Irvine, Irvine, California

Studies have found religiosity to have a protective effect on health by improving individuals’ health behaviors. Little research, however, has evaluated how religiosity is associated with health behaviors in an ethnically-diverse sample of older adults, particularly among Latinos, where religiosity is an important part of their culture. The current study sought to examine the extent to which religiosity was associated with dietary adherence among older Mexican-American patients with type 2 diabetes. Data were analyzed from a sample of 407 Mexican-American older adults (55+ years) with type 2 diabetes who received their primary diabetes care at one of seven university-affiliated clinics. Compared to their younger counterparts (55-64), older Latinos (65+) were more likely to attend religious services (Means=3.1 vs. 3.5, p=0.008), and engage in private meditation (Means=3.9 vs. 4.5, p=0.003). Older Mexican-Americans were less likely to report cheating on their diets (p=0.005). The results from hierarchical linear regression analyses revealed a significant association between frequency of religious attendance and cheating on diet, which was modified by age (β for interaction=.31, p=.001). Specifically, more frequent religious attendance was associated with less cheating on diet for Mexican-Americans aged 55-64 years, but was unrelated to cheating on diet among Mexican-Americans over the age of 65. The time older Mexican-Americans spent in private religious activity was not associated with dietary adherence in either group. Analyses adjusted for gender, marital status, education, disease burden, and duration with diabetes. Implications for future research include identifying possible mechanisms by which religious attendance influences older adults’ health behaviors.

RESIDENTIAL ISSUES: TRANSITIONS, ENVIRONMENTS, AND TYPES

SPATIAL ANALYSIS OF HOME FOR THE AGED POOR IN KOREA AND THE U.S.: MAKING HOME IN AN INSTITUTIONAL SETTING
J Shin, Design Studies, University of Wisconsin-Madison, Madison, Wisconsin

This cross-cultural ethnographic study examines two retirement homes in the American Midwest and two in Korea, all run by the same French-based, international Catholic order, to examine how regional cultures interact with ideals on eldercare brought in by this organization and how this relationship is manifested in building design and usage. The study explores the meanings of each facility as they are constructed by the local people, the manifestation of cultural interactions in facility design, daily life experience within these homes, and the social processes involved in creating homes for the aged poor. The data was collected through participant observation, interviews with the residents and providers, and archival analysis. A qualitative content analysis was utilized. The findings indicate that the governance from the motherhouse in France encourages similar architectural designs regardless of the local contexts. Nevertheless, critical differences are identified. First, a strong sense of independence in America allows the homes to be a culturally legitimate form of eldercare. The expectation of intergenerational co-residency in Korea stigmatizes the homes as an inappropriate place for aging parents. Second, the prevailing meaning of ‘home’ in America, particularly with its emphasis on individualism, helps the residents quickly develop a sense of home, mainly at the room level. In Korea, the notion of collective identity rooted in the idea of home results in a sense of home at the building level. Finally, the medical model in America, with its staged care hinders the process of developing a sense of home, which was not found to be true in the Korean examples.

LINKING AFFORDABLE SENIOR HOUSING AND COMPREHENSIVE CARE SERVICES
C. Flores1,2, R. Newcomer1, D. Werdegar1, K. Skultety2, N. Weed2, A.J. Caldwell1, 1. Social and Behavioral Sciences, UC San Francisco, San Francisco, California, 2. Institute on Aging, San Francisco, California

This study was designed to research a newly opened Affordable Housing Plus Services (AHPS) model, the Senior Campus, a partnership between a non-profit housing developer and a non-profit service provider in California. AHPS links older residents in subsidized multi-unit housing to health and supportive services to promote successful aging in place. The housing complex consists of 150 apartments and two groups of residents, seniors (i.e., 55 years of age and older) from diverse cultural backgrounds and of low to moderate income. One group, with significant frailty, consists of residents enrolled in a Program for All-Inclusive Care for the Elderly (PACE). The other group consists of seniors meeting age and income qualifications for housing who may or may not be utilizing available long-term services and supports (LTSS) such as Case Management, Home Health Care, Adult Day Services, or In-Home Supportive Services. This presentation will 1) provide the background information on the development of the Senior Campus; 2) characterize the first cohorts of residents accepted with a comparison group of those eligible, but not chosen for residency; 3) describe the health status, service utilization, and quality of life (e.g., measures of well-being, sense of loneliness and isolation) of the cohorts; and 3) discuss implications of the early findings for program development and longer term outcome studies. The goal of this project is to advance the
RELOCATION TO A RETIREMENT VILLAGE: RESIDENTS’ PERSONAL REFLECTIONS ON EXPECTATIONS AND EXPERIENCES

D. Crisp, T. Windsor, K. Anstey, P. Butterworth. 1. Centre for Mental Health Research, Australian National University, Australian National University, Australian Capital Territory, Australia; 2. Flinders University, Adelaide, South Australia, Australia

Accommodating for the needs of older adults, retirement villages combine the features of security, independence and community to offer residents an attractive option for ‘ageing in place’. The present study examined the relocation of 83 older Australians (aged 57-90 years) to independent living units within a newly constructed retirement village, and uses both qualitative and quantitative data to explore the benefits, difficulties and concerns anticipated prior to relocating and personal accounts of the experience 1-month post-move. While prospective residents anticipated benefits such as: (i) reduced home maintenance responsibilities; (ii) increased social contact; and (iii) healthcare and support for the future; concerns were held in relation to the re-adjustment to the new living environment and the process of downsizing to a reduced living space. At 1-month, benefits experienced were largely consistent with expectations; however, unanticipated problems related to maintenance and obtaining access to utilities, along with the process of downsizing, increased the stress associated with the relocation for some residents. Further follow-up at 12-mths indicates social connectedness is maintained as a significant benefit to retirement village life. Identifying the expectations and fears of older adults that relate to aged care accommodation, as well as the experiences of residents, is important for the monitoring and continued improvement of housing options for older adults.

DEFINING A NEW THE TYPES OF RETIREMENT COMMUNITIES

E.K. Smith, D. Ekerdt. Gerontology, University of Kansas, Lawrence, Kansas

Current literature utilizes a variety of terms to refer to independent living communities designed for older adults. The range and ambiguity of terms used to describe these communities often leads to confusion in identifying the type of community being described or studied. It is important to provide concise and clear definitions of these communities in order to accurately interpret study results and address policy needs. This paper introduces standard definitions to describe older adult independent living communities. Independent living communities, comprised of mainly older adult residents, are commonly referred to as retirement communities. Four types have been identified in previous literature: naturally occurring retirement communities, leisure oriented retirement communities, active adult communities, and continuing care retirement communities. These types can be defined using four attributes identified by Phillips et al. (2001): (i) a retirement component, a community component, residential collectivity, and a degree of autonomy with security. A grid presenting the four community types by the four attributes serves to clarify the distinctions between types and also identify the similarities among them. For example, a naturally occurring retirement community consists of an area mainly comprised of older adult residents, where there is a formal and/or informal support structure. This new definitional framework for retirement communities will allow researchers to utilize a common, precise language in their references to these settings.

IMPROVING HOME ENVIRONMENTS FOR ELDERS WITH CHRONIC DISEASE: FINDINGS FROM A 2009 NATIONAL SURVEY

Y. Ahn, H. Kim. 1. University of Virginia, Charlottesville, Virginia; 2. East Carolina University, Greenville, North Carolina

Introduction: Most elders with chronic diseases are cared for at home until their conditions require medical supervision. Few studies have investigated how home environments are modified to support this trend from both healthcare and construction perspectives. This study investigated predictors of home improvement decisions for elders with chronic disease. Method: This secondary data analysis utilized the National Alliance for Caregiving/American Association of Retired Persons database for 2009. Descriptive statistics, inter-correlation analysis, and a hierarchical binary logistic regression analysis were performed on data collected from 736 elders, 242 of whom were aged without or 494 with 5 chronic diseases (dementia, arthritis/back pain, cardiovascular diseases, cancer, and diabetes). Results/Findings: Although 47.3% of participants had modified their homes to facilitate elder care, there were no statistical differences among the normal aged and five disease groups (P=0.45). The overall logistic regression model explained 19.5% of the variance of home improvement (P<0.01). Care-recipient characteristics (age and functional impairments) explained 13.5% of the variance and caregiver characteristics (age and duration of caregiving) did 5.0% (P<0.01), while disease type did not explain it (P=0.43). Discussion & Conclusions: Compared to healthy elders, disease type was not a predictor of home-improvement. However, demographic characteristics of both care-recipients and caregivers strongly influenced the decision to implement home improvements to facilitate aging in place. These findings highlight the need to develop comprehensive assessments rather disease-specific and patient-oriented strategies in order to provide concomitant benefit to care-recipients and caregivers.

DECENNIAL CENSUS GROUP QUARTERS ENUMERATION: ETHNOGRAPHIC EVIDENCE OF POPULATION TRANSITIONS AND BARRIERS TO RESIDENT SELF REPORT IN HOSPICE AND SKILLED NURSING FACILITIES

S. Salari, Family & Consumer Studies, University of Utah, Salt Lake City, Utah

Resident enumeration in group quarters has historically presented a challenge to the Census Bureau. Accuracy and efficiency is a goal, but the needs differ from independent households. Institutional populations are often counted with administrative lists, an option which requires staff time, and very little resident involvement. Self report would require a selection process for residents capable and willing to participate. This research used ethnographic techniques to collect focus group interviews and observational data from 72 hours in two skilled nursing homes and an in-patient hospice facility. Under a government contract, the researcher observed the 2010 decennial census enumeration. Field notes indicated the condition of residents, population transitions, enumerator perspectives and the philosophy of the administration. Person-centered resident rights were overlooked in the process to save time. Conflict erupted in one facility, where the use of resident lists was challenged by the administrators. In hospice, the use of lists was welcomed as a way to spare the resident. Even with lists, population transitions were often counted with administrative lists, an option which requires staff time, and very little resident involvement. A model is introduced to help predict the potential for resident self report. The demands of census enumeration can be minimized by adequate facility preparation.
DECLINING HEALTH AND FRIENDSHIP: SALIENT THEMES

M.S. Moss, S. Moss, H.K. Black, Arcadia University, Glenside, Pennsylvania

Although much research has documented the positive impact of social interaction, particularly with friends, on health and well-being in old age, there has been little attention to the ways that declining health is associated with patterns of and meanings of friendship. Yet, friendship rather than being placed in the shadow of family relationships, has distinct meanings and value in the world of old persons. To explore this, two qualitative ethnographic interviews were held with each of 6 old persons (4 men and 2 women) asking them to describe their perceptions of friendship, and how they viewed themselves as friends. Respondents, age 78-90, included African American (2) and European American (4) elders, married, widowed, & never married, with different levels of health and functioning, each of whom couched their perceptions of friendship as rooted in their personal past lives. Three themes emerged:

(1) Decline in own health and/or decline in health of a close friend may affect the meaning of friendship.
(2) Closeness and boundaries operate within friendship around issues of declining health.
(3) Both holding on and letting go are played out in friendship ties. Each theme expands understanding of the meaning of being a friend and having friends in old age.

EFFECTS OF SOCIAL ENGAGEMENT ON THE PHYSICAL HEALTH OF SENIOR CITIZENS IN JAPAN

K. Abe1, A. Ohashi2, C. Ohi2, K. Mizuno2, Y. Arai2, 1. Kansai University of International Studies, Hyogo, Japan, 2. Chubu Gakuin University, Gifu, Japan

Objectives: Social engagement is an important research topic in the field of gerontology. Many studies have examined the relationship between social engagement and the physical health of senior citizens. However, this aspect is not entirely clear with regard to senior citizens in Asian countries. Therefore, this study aims to examine the relationship between local social engagement and the physical health of senior citizens in Japan. Method: Data of the 2010 Healthy Life Survey of senior citizens in Gujo city were used. Located approximately in the center of Japan, this city is an intermountain region in the Tokai area. From a total of 3,483 residents aged 65 years or above, 3,424 were surveyed. The collection rate and valid response rate were 95.3% and 95.1%, respectively. Responses with a large number of missing values were excluded from the analysis. Thus, the data of the remaining 2,488 residents were analyzed. Results: Several forums for local social engagement had significant correlations with the activities of daily living (ADL) of senior citizens: the senior citizens' club, health class for senior citizens, and Tanomoshi (a type of rotating savings, credit, and microcredit association). In addition, the stepwise regression analysis showed that the local senior citizens' club, age, and annual income had significant effects on their ADL. Discussion: The results of this study clarified the effects of social engagement on the physical health of senior citizens in Japan.
constitute a community advisory board to explore key health concerns facing Chinese older adults, one of which is the topic of social support. Data were collected from focus group interviews with 78 older Chinese adults, aged 60 and older, in the Chinese community. Social support was assessed using a validated social support instrument. Results: Among surveyed participants, the mean age was 74.8 and 53% were women. Mean education level was 10.7 years of schooling. With respect to social support, 61% of participants lack someone to get advice from, 78% of participants lack someone to help with chores, 33% of participants lack someone they can trust, 65% lack someone to provide emotional support, 53% lack someone to show love and affection. Conclusions: Our results call for in-depth studies to better understand social support in the contexts of cultural, familial and psychological factors. Further understanding of the influence of social support on U.S. Chinese older adults’ physical and psychological well-being is also needed. Service implications will be discussed based on these findings.

HEALTH AND TRENDS IN SOCIAL RELATIONSHIPS AMONG OLDER US ADULTS
G. Pavela, Sociology, University of Florida, Gainesville, Florida

The positive association between the social aspects of aging and health is well documented. Greater social network size, social engagement, and social support are associated with improved health, including self-rated health and mortality. Less known, however, are the effects of health status on trends in the social aspects of life. While previous research has often taken the perspective that the flow of causality is from social capital to health, this research adopts the perspective that health affects social capital. Specifically, this research examines the associations between health and trends in three aspects of social relationships: social embeddedness, enacted support, and perceived support. Using data from the Second Longitudinal Study of Aging, hierarchical linear models are used to describe the associations between baseline health status and trends in these three dimensions of social relationships. Measures of health at baseline include physical health (ADLs and IADLs), mental health (depression), and self-rated health.

SOCIAL NETWORK TYPES AND HEALTH SERVICE USE OF AMERICAN OLDER ADULTS
S. Park, R. Dunkle, university of michigan, Ann Arbor, Michigan

We examined the role of network type of older adults in their health service use. By investigating how social network type, as convenient and parsimonious construct, promote or inhibit health service use, individuals most at risk could be identified and interventions can be designed to meet the needs of those at risk. We used the 2006 data of the RAND release of the Health and Retirement Study, focusing on respondents aged 65 who are non institutionalized. The analytic sample was N=4865. Social network types were derived by Ward hierarchical and K-means cluster analysis based on a range of social network characteristics. As a result, we derive four network types: Marriage-Diverse type (n=1703, 39%), Friend-Diverse type (n=1037, 24%), Marriage-Restricted type (n=1267, 29%), and Family type (n=319, 7%), and Non Marriage-Restricted(n=611, 14%). Health utilization was measured on hospital admissions, physician visits, dentist visits, prescription drug use, outpatient surgery, and other medical service use, along with home health care and nursing home stays. Logistic regression analysis, examining the influence of predisposing, needs, and enabling factors based on the health behavior model of Anderson and Newman showed that when compared with the reference category (Non-Marriage – Restricted network), showed that older adults in the two restricted networks, both marriage and non-marriage-focused types, used health services the most. Two major findings are 1) a common network typology can be identified. 2) people with more health needs are in a restricted network type and they used health services most.

SPOUSES’ DAILY SUPPORT AND CONTROL OF DIABETES MANAGEMENT: ARE THE 2 BETTER THAN 1?
C. Khan1, M.P. Stephens2, M. Franks3, K.S. Rook1, J.K. Salem4, 1. Psychology, University of California, Santa Barbara, Santa Barbara, California, 2. Kent State University, Kent, Ohio, 3. Purdue University, West Lafayette, Indiana, 4. University of California, Irvine, Irvine, California, 3. Summa Health System, Akron, Ohio

Spouses are often involved in their partner’s illness management by providing social support to reinforce ongoing healthy behaviors and social control to increase engagement in healthy behaviors when they are intermittent. However, spouses’ support and control can have distinct and opposite effects on health behaviors. Yet, when spouses provide both support and control, it is less clear if they counter each other’s beneficial health effects or facilitate each other’s beneficial health effects. Either of these possibilities could have implications for managing type 2 diabetes, which requires several healthy behaviors on a daily basis—the most challenging of which may be physical activity. In a 7-day, daily diary study of older adults with diabetes and their non-diabetic spouses (N = 70), we investigated how spouses’ support and control interact to affect patients’ minutes of exercise, confidence that they will exercise tomorrow, and energy expenditure on a daily basis. Multilevel analyses revealed that on days in which spouses provided higher-than-average levels of support, their control was associated with patients’ greater confidence about exercising tomorrow and with an increase in patients’ energy expenditure the next day. At lower-than-average levels of support provision, spouses’ control was not linked to patients’ confidence or energy expenditure. The interaction between spouses’ support and control did not predict patients’ minutes of exercise; however, spouses’ support was associated with more exercise that same day. Taken together, findings from this study suggest that the degree to which spouses’ control improves patients’ health behaviors may depend on spouses’ level of support.

DEPRESSION AND COGNITIVE FUNCTIONING AS PREDICTORS OF SOCIAL NETWORK SIZE
J. Shouse, S.V. Rowe, B.T. Mast, Dept. of Psychological and Brain Sciences, University of Louisville, Louisville, Kentucky

Prior research suggests that social networks change with age and may affect physical and mental health outcomes. Few studies have examined the impact of cognitive functioning and depressive symptoms on social network sizes among older adults. This study examined the impact of cognition (Mattis Dementia Rating Scale; Hopkins Verbal Learning Test) and depression (Geriatric Depression Scale) on the social networks of sixty-five community dwelling older adults from the Study of Thinking and Relationships (STAR). Social network size, including total, inner, middle and outer concentric circle sizes, were measured using Antonacci’s Convoy method. Consistent with study predictions, participants with higher cognitive functioning scores had significantly fewer numbers of close, inner circle relationships (r =.361, p<.01). Higher depressive symptomatology was associated with smaller numbers of close, inner circle relationships (r =−.361, p<.01). Age did not significantly impact social network size. These results suggest potentially greater social network changes in older adults experiencing depressive symptomatology or cognitive decline, albeit in different aspects of the social network (inner vs. outer circle, respectively). A smaller number of emotionally rewarding, inner circle relationships (the pattern observed with depression), may be particularly difficult for elderly individuals relying on the provision of emotional and instrumental support. These findings further imply that poorer cognitive functioning may accelerate the reduction of outer circle social network size which is typically associated with advancing age in prior research on socioemotional selectivity.
GENDER, SOCIAL RESOURCES, AND HEALTH OUTCOMES AMONG URBAN-DWELLING SENIORS: FINDINGS FROM A LOW-INCOME, SUBSIDIZED HOUSING SAMPLE

A.J. Hostetler, L. Ackerson, Psychology, University of Massachusetts Lowell, Lowell, Massachusetts

This paper investigates gender differences in the relationship between social support and health outcomes within a sample of low-income seniors living in subsidized housing in a mid-sized city in the Northeast (N=622). Previous research indicates that social support may be beneficial in preventing serious health conditions such as heart disease, cancer, stroke, and diabetes. Possible mechanisms for this association of social support with improved health include shared health-promoting information, shared resources, and the reduction in psychosocial stress. However, the benefits that accrue from close social relationships may differ according to gender. Previous studies have found that women have been socialized to provide more support in close social relationships while men are more likely to be recipients of such support. Consequently some studies have shown that men may benefit more from close social ties than women. Some studies have shown, for example, that widowed men tend to live shorter lives than their married male counterparts, while widowed women tend to live longer lives than married women, indicating that the support of marriage in later life tends to flow primarily from wives to husbands. Employing self-report data, we find: 1) Some exceptions to the established general pattern of gender-related health disparities, suggesting that this sample reflects a somewhat distinct population; 2) the expected, general association between social ties and health outcomes related to cancer, stroke, heart disease, and diabetes, and; 3) unexpected three-way interactions (gender X type of support X specific health outcome), indicating a complex relationship between social support and health. We discuss these interactions with reference to the different causal mechanisms that might be involved.

EXPRESSIVE MASKING PREDICTS SOCIAL ENJOYMENT IN NARRATIVES OF PEOPLE LIVING WITH PARKINSON’S DISEASE

L. Tickle-Degnen, Occupational Therapy, Tufts University, Medford, Massachusetts

A common problem of the movement disorder of Parkinson’s disease (PD) is expressive masking, a reduction of motor activity responsible for the expression of emotion, motivation and personality. Reduction of expressivity can create an impression of an apathetic, asocial person who fails to reciprocate others’ warmth and interest. Little research has investigated the trajectory of the social lives of people with PD, and no work has studied how expressive capacity predicts this trajectory. It was hypothesized that expressive capacity protects the maintenance of an enjoyable social life during the progression of the disease. To provide a preliminary test of this hypothesis, 29 older adults with PD who varied in degree of expressive masking were videotaped four times—baseline, 6 weeks, 14 weeks and 30 weeks follow-up—while describing a recent enjoyable event. Facial, vocal and body expressivity were assessed at the beginning of the study. Enjoyable social life outcomes were assessed using Linguistic Inquiry Word Count (Pennebaker, Booth & Francis, 2007) to determine the proportion of social, positive emotion and leisure words in the transcripts of the enjoyable event descriptions at each time point. The results supported the hypothesis: the higher the initial degree of expressivity (lower masking), particularly in facial and vocal behavior, the less the decrease in the proportion of social, positive emotion and leisure words over the 30 week period (p’s < .05). Higher expressive capacity may protect against decline in the enjoyment of social life among individuals with PD.

SESSION 490 (POSTER)

TRAUMA, STRESS, AND LONELINESS IN LATER LIFE

TRAUMA AND STRESS AMONG OLDER ADULTS IN THE CRIMINAL JUSTICE SYSTEM: A CONTENT ANALYSIS OF THE LITERATURE WITH IMPLICATIONS FOR INTERDISCIPLINARY PRACTICE

T.M. Maschi, Fordham University, New York, New York

America’s prison population is rapidly graying and the correctional health system is unprepared to address it (Aday, 2003; Reimer, 2008). There is a lack of information on trauma and life event stressors among older adults in the criminal justice system. This paper attempts to fill that gap by conducting a content analysis of the literature on trauma and stress among older adults in the criminal justice system. Articles were located through a search of online scholarly databases between 1990-2010. A data extraction tool was used and the data was analyzed using qualitative content analysis strategies outlined by Krippendorf (2004) and Neuendorf (2002) and Tutty et al. (1996) qualitative data analysis strategies. Findings revealed past and current trauma and stress, such as history of physical or sexual abuse, and prison victimization (e.g. Messina & Grela, 2006). The correlates and consequences of trauma and stress included physical, mental health and behavioral issues (e.g. Neller et al., 2006). Age specific stressors, such as prison sexual or physical assault (e.g. Aday, 2006; Akuzuy et al., 2007; Dawes, 2009). Additional stressors included death anxiety, fear of safety, and extensive traumatic loss represented unique stressors for older adults (e.g., Aday, 20005; Haugebrook et al., 2010). The implications for an age specific trauma informed response that includes special programming for older adults. A continued lack of response to the aging prisoner population is costly (Kinsella, 2004). Alternatives to strategies, such as de-incarceration initiatives, special housing and programming, and reentry planning for older adults are described in detail.

COPIING WITH LONELINESS: WHAT DO OLDER ADULTS SUGGEST?

E. Schoenmakers1, T.G. van Tilburg2, T. Fokkema2, 1. VU University, Amsterdam, Netherlands, 2. NIDI, The Hague, Netherlands

Little is known about older adults’ perspective to cope with loneliness. Two ways of coping are distinguished: active coping by improving the relationships one has and regulative coping by lowering the expectations about relationships. We aim to find out how often these ways are suggested by older adults for their lonely peers in various situations and to what extent individual resources influence their suggestions. After introducing them to four vignette lonely persons, discriminating with regard to age, partner status and health, 1187 respondents aged 62 to 100 years from the Longitudinal Aging Study Amsterdam were asked whether loneliness can be solved by various coping options. In general, both active and regulative coping were often suggested. Regression analyses revealed that active coping is considered less often for those who are older, in poor health or lonely, and by older adults who were employed in midlife and had high self-esteem. Regulative coping is suggested more often for older adults of higher age and by older adults with low educational level and with low mastery. We conclude that coping with loneliness by actively removing the stressor is less often seen as an option for, and by, those who could benefit from it the most. This underlines the difficulty of combating loneliness.

CHILDEHOOD PARENTAL ABUSE AND SUPPORT ON DAILY EMOTIONAL REACTIVITY TO NETWORK STRESSORS IN MIDDLE AND LATE ADULTHOOD

C. Poon, B.G. Knight, University of Southern California, Los Angeles, California

This study examined whether middle aged and older adults who reported childhood parental abuse and lack of emotional support expe-
rienced more emotional distress when they encountered daily network stress on 8 consecutive days. Hypotheses were tested by performing secondary data analysis on 787 participants aged 35-84 from the National Survey of Midlife Development in the United States (MIDUS; 1995-2005) who participated in its companion study, the National Study of Daily Experiences II (NSDE-II; 2004-2009). Two-level multilevel structural equation modelling analysis revealed that although there was an association between daily network stress and negative affect (b = .44, SE = .19, p < .01), greater childhood emotional support from mothers attenuated this negative emotional response to daily network stress (b = -.09, SE = .03, p < .01). In addition, individuals who recalled more childhood emotional abuse from their mother also reported a higher average level of daily negative affect almost a decade later (b = .05, SE = .02, p < .01). These effects did not differ significantly by sex of respondents. These findings are discussed in relation to theories of attachment and implications on stress and coping across the lifespan.

THE CUMULATIVE EFFECT OF EDUCATION DISRUPTION AND ASSAULT ON HOMELESSNESS AMONG AFRICAN AMERICAN MIDLIFE AND OLDER ADULTS

L. Thomas, J. Warren-Findlow, M.E. Thompson, M. Clapsadl, University of North Carolina at Charlotte, Charlotte, North Carolina

Trauma and educational disruption contribute to homelessness, yet few studies have addressed their cumulative effect on older adults. Using data from the MIDUS II Milwaukee African American oversample (n=592), this study examined the association of physical and sexual assault on homelessness. We hypothesized that childhood school expulsion increased the odds of homelessness among individuals who had experienced assault. Approximately 3% reported that they had been homeless at some point during the last 10 years. In multivariate models (adjusting for sex, age, and military service), the odds ratio (OR) for participants who had experienced physical assault but no expulsion with homelessness was 10.94 (95% CI= 1.95-61.23). For those expelled but not assaulted the odds of experiencing homelessness were 15.66 times greater (95% CI=3.19-76.82). The combined effects of experiencing education disruption and physical assault suggested no interaction (OR =21.53; 95% CI=4.11-112.84). Among participants who experienced sexual assault but no expulsion, the odds of reporting homelessness were 7.97 times greater than for those who experienced neither of those events (95% CI=1.50-42.46). For those expelled but not sexually assaulted, the odds of homelessness were 9.31 times greater (95% CI=2.41-36.07). Participants who had been expelled and experienced sexual assault had 28.11 times the odds of homelessness (95% CI=5.61-140.95), indicative of a strong (nearly two-fold) interaction among sexual assault and educational disruption. This study extends the examination of trauma and homelessness to older adults and supports the growing literature that recommends the integration of trauma-informed and trauma-specific services into the homeless services sector.

ADVERSE EXPERIENCES IN CHILDHOOD AFFECTS FAMILY CLOSENESS IN MID AND LATE LIFE

J. Savla, K.A. Roberto, H. Karimi, L.E. Gambrel, Center for Gerontology, Virginia Tech, Blacksburg, Virginia

A substantial body of evidence suggests that a history of abuse and adverse childhood experiences are associated with a variety of social and psychological problems in adolescence and young adulthood. However, the extent to which the deleterious effects of childhood abuse and adversity persist into mid and late life has received little attention. The available literature suggests that negative effects of childhood abuse have lasting impact on the mental and physical health in midlife and aging years. Less is known about its consequences on relationships in later life. Using retrospective accounts of early adversities of 966 middle aged adults (35 to 49 years) and 972 older adults (50+ years) from a large population-based survey, the Midlife in United States Study (MIDUS), we examined the effects of childhood emotional and physical abuse and family adversities on family closeness in midlife and older adults. Moderating effects of psychosocial resources such as personal control and self-acceptance, as well as personality traits including neuroticism and extraversion were also examined. Additionally, we explored if men are differentially affected than women by the effects of childhood adversity. Results of OLS regressions suggest that emotional abuse but not physical abuse predicted family closeness in older adults. Conversely, middle-aged adults were more vulnerable to emotional abuse as well as severe physical abuse. Personal control and acceptance moderated the effects of adverse experiences on family closeness. Gender differences were found only for physical abuse. Findings point to the significance of childhood experiences on relationships through the life course.

PREDICTING PTSD SYMPTOMS, TRUST, AND LIFE SATISFACTION FOLLOWING HURRICANE KATRINA

B.L. Perkins, G.I. Caskie, Counseling Psychology, Lehigh University, Center Valley, Pennsylvania

Although previous studies have found that experiencing a natural disaster can be related to negative changes in mental health, little research has been done that focuses on the specific experiences of middle aged and older adults following a disaster. Therefore, the present study explores the degree to which demographic variables, social network size, and pre-disaster life satisfaction predict post-traumatic stress disorder symptoms, trust of other people, trust of government figures, and post-disaster life satisfaction in a sample of middle and older aged adults located in regions impacted by hurricane Katrina. Secondary analysis was conducted using the baseline Hurricane Katrina CAG Study data that were available for a sample of 728 adults (343 males, 385 females) aged 40 to 86 years. Regression analyses indicated that being female (p<.001), having higher educational attainment (p=.006), younger age (p=.005), having an income closer to poverty level (p=.003), and greater pre-disaster life satisfaction (p=.043) significantly predicted greater number of PTSD symptoms. Younger age significantly predicted greater levels of trust in others (p=.043) while pre-disaster life satisfaction significantly predicted greater trust in government officials (p=.041). It was also found that being female (p=.010), pre-disaster life satisfaction (p<.001), and being unmarried (p=.007) significantly predicted greater post-disaster life satisfaction. Thus, the predictor variables explained greater variance in both PTSD symptoms (10%) and post-disaster life satisfaction (12%) than in either trust in others (2.3%) or trust in government officials (2.5%). How these relationships vary by severity of disaster exposure will also be discussed.

SESSION 495 (POSTER)

DEMENTIA/DELIRIUM

CLINICAL, COGNITIVE, NEUROPSYCHIATRIC AND GENETIC PREDICTORS OF CONVERSION FROM AMNESTIC MILD COGNITIVE IMPAIRMENT TO ALZHEIMER’S DISEASE IN CHINESE OLDER ADULTS

L. Chu1,2, W. Mok2, Y. Song1. 1. Division of Geriatrics, Department of Medicine, The University of Hong Kong, Hong Kong, China, 2. Queen Mary Hospital, Hong Kong, Hong Kong

Background: There was a paucity of published data on the predictors of conversion of amnestic mild cognitive impairment to dementia in Chinese populations. Objective: To investigate the predictors of conversion from amnestic mild cognitive impairment (aMCI) to Alzheimer’s disease (AD) in Southern Chinese older adults. Methods: Design: one-year cohort study; Setting: Ambulatory setting. Subjects: Chinese older adults, aged 55 to 93 years old, with aMCI by the Petersen’s criteria. Measurements: Baseline demographic, clinical and neuropsychiatric behavioral factors, as well as the apolipoprotein E (APOE) genotype. All subjects were followed for one year. AD was diagnosed by the
NINCDS-ADRDA criteria for probable AD. Results: 243 Chinese older adults with aMCI were recruited. 16.5% (n=40) of them were converted to Alzheimer’s disease at the end of one year. Bivariate analyses showed that advanced age, low body mass index (BMI), low MMSE and delayed word recall test (DVRT), low Alzheimer’s Disease Cooperative Study—Activity of Daily Living (ADCS-ADL) score, high ADAS-cog and Neuropsychiatric Inventory (NPI) scores, and APOE4 status increased the risk of conversion to AD significantly (all p <0.005). After adjustment for confounders, logistic regression analyses showed that the APOE4 genotype (RR=2.51, 95% CI 1.01, 6.25), DVRT (RR=0.61, 95% CI 0.46, 0.82), ADCS-ADL total score (RR=0.91, 95% CI 0.86, 0.97), and NPI total score (RR=1.07, 95% CI 1.02, 1.12) were significant independent predictors for MCI conversion to AD. Conclusions: In Chinese older adults, the presence of APOE4 genotype, poor performance in delayed word recall tests, poor dementia-related ADL performance and neuropsychiatric behavioral symptoms predict increased risks of aMCI conversion to AD.

DOES SOUND IMPACT AGITATION IN PEOPLE WITH DEMENTIA?
L.L. Joosse, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin

Despite advances in dementia care some residents of nursing homes are still suffer from agitation. Exposure to non therapeutic levels of stimulation needs further exploration. Therefore, examining the extent that sound and space may impact agitation in people suffering from dementia is warranted. This study examined sound levels in nursing homes and their impact on agitation. Factors were chosen based on the Environmental Vulnerability Theory. Fifty-three participants from four Midwestern nursing homes participated in this study. Participants age ranged from 61-103 years with moderate (n=16) to severe dementia. Data collected included; observed level of agitation, sound levels, and sources of sound, location of sounds, and space where sounds occurred. Data analyses included Pearson product moment correlations and multiple regression models. Sound was a significant predictor of mid-day agitation (F (5, 47) = 4.312, p ≤ .005 and adjusted R2 .242). Nineteen percent of the variance in mid-day agitation was uniquely accounted for by mid-day sound levels. The accumulation of sound predicted agitated behavior and explained 16% of the variance (F (5, 47) = 4.520, p ≤ .001 and adjusted R2 .253). The findings of this study indicate that sound is a contributing factor to agitation. Therefore, it would seem important for organizations to evaluate levels of sound and the potential impact it may have on levels of agitation. With practice changes, the comfort and well-being of people with dementia living in a nursing home facility can be improved.

OUTCOMES OF AN ACUTE DELIRIUM DETECTION, PREVENTION, AND TREATMENT INTERVENTION
L. Benedict, A. Sabo, S. Hazelett, C. Holder, S. Germano, S. Fosnight, K. Allen, Senior Services, Summa Health System, Akron, Ohio

Background: Rates of hospital delirium prevalence has been reported from 10-24%. Literature is sparse regarding models identifying, preventing and managing delirium. Purpose: Evaluate outcomes of an acute delirium detection, prevention, and intervention initiative. Methods: Interdisciplinary clinicians devised a “delirium protocol”, tested on an Acute Care for Elders unit, as part of a hospital initiative. Outcomes were obtained 2 weeks pre (n=102) and post (n=97) protocol implementation. Intervention: Upon admission, all patients were screened for delirium risk using the Six Item Screener (SIS)© and assessed for delirium every shift using the Nursing Delirium Screening Scale (Nu-DESC)©. High-risk patients had delirium protocols placed on their charts outlining interventions and pharmacist consult. Patients testing positive for delirium had an order set implemented which included a haloperidol loading dose. Findings: Post protocol implementation, delirium prevalence decreased from 9.6% vs. 7.3%. Average length of stay for delirious patients dropped from 5.7 to 3.8 days. After protocol initiation, percent of delirium related deaths decreased from 23% to 9.5%, ICU transfers dropped from 18% to 0%, and patients returning home increased from 23% to 48%. Thirty day readmission rate for delirious patients dropped from 31% to 5%. Percentage of delirious patients receiving high-risk medications decreased from 58% to 42%, those receiving new benzodiazepines decreased from 23% to 19% and those receiving an antipsychotic increased from 23% to 57%. Implications: Although sample size was small, results suggests delirium protocol implementation decreased delirium incidence and improved outcomes. Implementation on medical/surgical, telemetry and rehab units began in 2010.

SCREENING AND CARE MANAGEMENT FOR DEMENTIA PREVENTION/MANAGEMENT IN VA PRIMARY CARE PATIENTS WITH VASCULAR RISK

Introduction: Vascular compromise, including diabetes and hypertension, increases dementia risk. Care management is an established approach to chronic conditions, but untested as a means of dementia prevention. We describe an innovative care management project in VA primary care. Methods: VA patients with diabetes and hypertension, with at least one condition poorly controlled (systolic blood pressure>140 or Hemoglobin A1c >6.9), were recruited from primary care and screened for memory impairment (MiniCog/MoCA). Veterans scoring in the impaired range completed additional neuropsychological testing to determine the presence of Mild Cognitive Impairment (MCI), thought to represent prodromal dementia, or frank dementia. Veterans with MCI or dementia were randomized to nurse-led care management or to usual care. The ongoing 6-month care management program includes individualized nursing assessments of psychosocial needs and barriers to adherence, and care coordination with other VA providers (pharmacy, social work, medical specialty, etc.). Results: We screened 50 patients in VA primary care clinics. Twenty-four (48%) failed cognitive screening; of these, 13 agreed to participate in the study. Of these 13, 12 were diagnosed with MCI, 1 with cognitive disorder NOS. Six additional patients were referred from specialty (memory) clinic. Conclusions: Veterans with poorly controlled diabetes and hypertension are at risk for cognitive impairment; nearly half of these patients had MCI. Screening and detection of cognitive impairment helps define a group of Veterans who may benefit from care management aimed at improving control of these vascular conditions, and potentially delay or prevent their conversion to dementia.

EMOTIONAL STATE OF NURSES TO THE DECISION OF DNR IN KOREA
M. Lee1, K. Park2, H. Park2, 1. Keimyung University Dongsan Hospital, Daegu, Republic of Korea, 2. Keimyung University College of Nursing, Daegu, Republic of Korea

Purpose: The purpose of this study is to describe nurses’ emotional state to DNR decision process and provide basic data to develop nursing guidelines of the DNR decision making process and nurses roles after the decision is made. Method: The design of this study is a descriptive study and a convenient sampling was used. Two hundred twenty nine nurses of four hospitals in D-city had participated in this study. To measure emotional state of nurses, Profile of Mood State (McNair, Loom, & Droppleman, 1992) was translated to Korean (Kim, 2003) and used for this study. Data was analyzed using t2-test, t-test, and ANOVA. Results: Most nurses were under 30 years old (47.6%), not married (57.6%), Christian (60.3%), having working experience (58.5%), and experiences educated about DNR (71.6%). Almost over half percent of
the nurses received the consultation request (51.5%) and offered CPR to clients even after DNR decision made (51.5%). Most nurses responded that the DNR is necessary (94.3%) and DNR guideline establishment (89.1%) is necessary. Conclusion: Based on the findings of the study, a continuously organized education program on DNR is required for undergraduate nursing students. For nurses in clinical area, a nursing guideline regarding DNR decision making process, nurses roles on the process, and the enhancement plan of their coping skills is necessary.

RELIGIOUS PRACTICES AND RESOURCES FOR CAREGIVERS OF PERSONS WITH DEMENTIA
R.S. Conner1, L.S. Nemeth2, E.J. Amella3, B. Edlund4, B.M. Egan1, 1. CON, MUSC, Charleston, South Carolina, 2. MUSC - COM, Charleston, South Carolina

Background: The evidence base regarding the influence of religious beliefs, commitments, and resources on stress among caregivers of persons with dementia (CPWD) is limited. The purpose of this study was to explore these domains among CPWD. Methods: An exploratory descriptive design was used, framed by Lazarus and Folkman’s (1984) Stress and Coping Theory; data collection involved a mixed methods approach with questionnaires and semi-structured interviews. Sample: 22 CPWD from the southeast, identified through snowball and purposive sampling. Qualitative content analysis was undertaken to identify perceptions regarding beliefs, commitments, and resources related to coping; and faith community resources CPWD that might alleviate stress. Results: Belief in God and religious practices were identified as very important among the majority of participants. Three main constructs emerged overall: 1) impact of belief in God related to their caregiving role; comfort and strength was dominant theme, 2) the influence of religious beliefs on their commitment to caregiving role; biblical promise was the principal theme, 3) recommended resources from the faith community to decrease caregiver stress; key theme was the desire for parishioner support to assist with domestic, social, respite, and educational needs. Conclusion: Caregiver commitment in this population was influenced by a strong belief in God. Faith communities could offer support services that would reduce caregiver stress.

INTENSIVE CARE UTILIZATION AMONG NURSING HOME RESIDENTS WITH ADVANCED COGNITIVE IMPAIRMENT

Background: Dementia is a chronic, progressive terminal illness. The inevitable disease trajectory is debilitation and dependence with ADLs. Our goal is to examine ICU utilization in the last month of life among nursing home (NH) residents with advanced cognitive impairment. Methods: Medicare Claims Files and Minimum Data Set (MDS) were used to identify a cohort of decedents between 2000 and 2007, who were in the nursing home 120 days prior to death, and MDS assessment indicating advanced cognitive impairment as identified by Cognitive Performance Scale>=5. ICU utilization in the last 30 days of life was based on Claims. To examine the time trend, we constructed a multivariate logistic regression model adjusting for age, gender, and race. Robust variance estimators were applied; estimates were calculated clustering decedents within hospital referral region. Results: Among 685,305 Medicare NH residents with advanced cognitive impairment 2000-07, we observed an increase in ICU utilization from 6.6% in 2000 to 9.8% in 2007. The Adjusted Odds Ratio of being in an ICU within the last 30 days of life increased to 1.58 in 2007 compared to 2001 after adjustment for age, gender, and race (95% CI 1.49-1.66). Conclusion: Between 2000 and 2007, there was a substantial increase in ICU utilization among persons with advanced cognitive impairment.

INFLUENCES OF PSYCHOTIC SYMPTOMS ON THE FUNCTIONAL ACTIVITIES OF INDIVIDUALS WITH ALZHEIMER DISEASE
M. Tran1, M. Bedard2,3, S. Dubois1, B. Weaver1, C. Gibbons1, J. St. Joseph’s Care Group, Thunder Bay, Ontario, Canada, 2. Lakehead University, Thunder Bay, Ontario, Canada, 3. Northern Ontario School of Medicine, Thunder Bay, Ontario, Canada

OBJECTIVES: Psychotic symptoms associated with Alzheimer Disease (AD) contribute to excess functional dependence. Longitudinal studies have generally examined the association between rates of functional decline and the occurrence of psychotic symptoms from either a single evaluation or from multiple evaluations rather than through changes in frequency and severity of symptoms. Although the presence or absence of psychotic symptoms at initial or follow-up examinations may be associated with changes in functional status, the nature of the relationship between changes in these domains cannot be inferred. We examine the association between changes in the frequency of psychotic symptoms and changes in dependence in activities of daily living (ADL) over a period ranging from 0.1 to 6.9 years (mean=2.3). METHODS: Data from a cohort of 257 individuals referred to a memory clinic were analyzed using hierarchical linear modeling. Information on ADL, psychotic symptoms, depressive symptoms, and cognition was collected. RESULTS: An increase in the number of psychotic symptoms was significantly associated with declines in the ability to perform both basic and instrumental ADL after controlling for demographic variables and changes in cognition and depression (β=-0.003, p<.001 for basic ADL; β=-0.004, p<.01 for instrumental ADL). CONCLUSION: Changes in psychotic symptoms are associated with increased dependence in basic and instrumental ADL over time. These findings may have ramifications for studies and treatment plans for individuals with AD who demonstrate psychotic symptoms.

ESTIMATING THE EFFECTS OF PSYCHOACTIVE MEDICATIONS ON DELIRIUM PERSISTENCE VIA MARGINAL STRUCTURAL MODELS
L.H. Ngo1, E. Marcantonio1, R.N. Jones3,1, 1. Medicine, Beth Israel Deaconess Medical Center & Harvard Medical School, Boston, Massachusetts, 2. Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts

Psychoactive medications are associated with delirium incidence, but their associations with delirium persistence are unknown. We used data from the Delirium Abatement trial to examine the relationship between 5 psychoactive medication classes and CAM delirium status 2 weeks and 1 month after post-acute admission. Because delirium status and medication exposures at earlier time points affect later status and exposures, we used marginal structural models, which use probability-of-medication weighted estimators to determine medication exposure effects on delirium status. 457 elderly patients with delirium (mean age 83±6.9) had the following medication exposures in the first 2 weeks: sedative hypnotics (SH) 36%, antipsychotics (AP) 22%, anticholinergics (AC) 11%, antidepressants (AD) 17%, and opioids (OP) 36%. Between 2-week and 1-month, the respective exposures reduced to 21%, 11%, 8%, 17%, and 17%. Prevalence of delirium at 2-week and 1-month was 67%, and 56%, respectively. Marginal structural models, adjusted for age, gender, delirium severity at baseline, Charlson comorbidity index, and dementia status produced odds ratio of SH on delirium at 2-weeks 0.51 [0.41-0.65], at 1-month 1.65 [1.30-2.09], AP 1.13 [0.91-1.42] and 1.23 [0.99-1.54], AC 0.91 [0.71-1.17] and 0.90 [0.70-1.16], AD 1.02 [0.81-1.28] and 0.84 [0.67-1.06], and OP 1.04 [0.83-1.31] and
We found SH were associated with delirium resolution at 2 weeks, but persistence at 1 month. AP were borderline associated with persistence at 1 month, while OP were associated with resolution at 1 month. Further research is needed to confirm these findings, and to evaluate the variable relationship of SH with delirium over time.

COGNITIVE, COMMUNICATION, AND FUNCTIONAL ABILITIES IN PERSONS WITH ALZHEIMER’S DISEASE
S.J. Barnes, B.J. Holtzclaw, I. Kramer School of Nursing, Oklahoma City University, Oklahoma City, Oklahoma; 2. University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma

ABILITIES IN PERSONS WITH ALZHEIMER’S DISEASE

Background and Significance: Providing meaningful and appropriate care for those with Alzheimer’s disease (AD) is challenging. Barriers are erected between caregiver and patient by effects of the disease process which affect multiple layers of interaction. Effective interpersonal communication supporting strong relationships depends on communication competency involving both propositional and affective components of language (words, syntax, affective prosody and gestures). Affective prosody signals the emotional and attitudinal state of the speaker through use of intonation patterns, stress, timing, rhythm, differential pausing, and voice quality. Research findings show that AD causes early changes in interpersonal communication that affect comprehension of affective, but not propositional, aspects of language. As severity of AD increases, behavioral problems accompany loss of affective prosodic comprehension. Purpose: This correlational descriptive study was designed to examine relationships between cognition, communication, and functional abilities, in a convenience sample of 30 inpatients with Alzheimer’s and Pick’s Disease patients. Findings: Strong correlations existed between key variables/measurements: cognitive functioning (Cognition Sensitive Approach to Dementia and MMSE), affective prosody (Ross’s Affective Prosody Scale modified for AD patients), propositional language function (Boston Naming, short version) and functional ability (FAST). Of particular significance was demonstration that persons with AD are able to produce affective prosody well into the mid-range to advanced level of the disease, but do not retain ability to interpret emotional content of vocalization directed towards them. This finding may provide useful information for bridging communication barriers between patient and caregiver.

DECREASING PROBLEM BEHAVIORS: GROUP DEMENTIA CAREGIVER PROGRAM
M. Lewis, P.C. Griffiths, K. Hepburn, Emory University, Atlanta, Georgia; 2. Atlanta Veterans Medical Center, Atlanta, Georgia

Problem behaviors in persons with dementia exact a significant toll on caregivers’ health and influence earlier nursing home placement. While a large body of literature addresses interventions to reduce negative caregiver outcomes, fewer studies target specific troubling behaviors and provide caregivers with tools to modify them. Effective interventions have frequently been resource-intensive individually-tailored in home programs. Partners in Caregiving, a NIH-funded group caregiver intervention, had an effect on the frequency of difficult behaviors in persons with dementia as measured by the Revised Memory and Behavior Problem Checklist (RMBPC). We examined RMBPC scores for the composite total and three sub-scales (memory-related, depressive, and disruptive behaviors) and calculated pre-post intervention change scores indicating decrease, no change or increase in the frequency of caregiver-reported troubling behaviors. As expected, the intervention had no effect on total RMBPC frequency of behaviors scores or pre-post intervention change in the memory and depressive sub-scales. The intervention had an effect on the disruptive behaviors sub-scale. The percentage of caregivers reporting a decrease in disruptive behaviors differed by intervention group, χ²(2, N=171) = 7.12, p = .03. Forty-seven percent of caregivers in the intervention group reported a decrease in disruptive behaviors following the intervention versus 27% of controls at one year follow-up. Caregiver reactions (the degree to which they were “bothered” by disruptive behaviors) followed the same pattern with a greater percentage of the intervention (53%) than control caregivers (34%) reporting a decrease in disruptive behavior reaction scores one year post intervention, a non-significant trend χ²(2, N =171) = 5.13, p = .06.

PHYSICIAN BELIEFS, BEHAVIORS, AND PREPAREDNESS IN THE MANAGEMENT OF DEMENTIA: RESULTS OF A NATIONALWIDE SURVEY
E. Coghill, M. Schapira, Geriatrics, Medical College of Wisconsin, Milwaukee, Wisconsin

By 2030 more than 7.7 million Americans over the age of 65 will have dementia, and the majority of dementia management will fall to primary care physicians. Previous research on how prepared primary care physicians feel to manage dementia in light of this increase and their attitude toward dementia treatments is very limited. This study seeks to determine whether primary care physicians feel prepared to manage dementia in light of the projected increase in prevalence and to examine their attitudes toward dementia treatments. We administered a survey to 800 primary care physicians in family practice, internal medicine, and geriatrics in the United States with a response rate of nearly 40 percent. Only 50% of physicians surveyed feel very prepared to initiate prescription of medications for dementia and to diagnose dementia. Less than 50% of physicians feel very prepared to discuss risks and benefits of treatment and manage side effects of medications. Ninety percent of physicians surveyed feel that all patients with dementia should be offered treatment, but 40% feel that current available treatments are effective in treating cognitive and functional decline. Factors significantly associated with offering treatment include age, gender, and primary specialty. These findings raise important concerns about the preparedness of primary care physicians to manage dementia in light of the projected increase in prevalence. It is important to develop and pilot educational interventions aimed at improving primary care physician comfort in the management of dementia.

REGIONAL DEMENTIA NETWORKS: DEVELOPMENT AND EVALUATION
M. Otero, I. Draskovic, M. Olde Rikkert, M. Vernooij, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands

Background and objectives Being complex and multidisciplinary, dementia care requires an integrated approach. Dutch National Dementia Programme (NDP, 2005-2008) aimed at setting up regional dementia networks to serve as a back-bone for better co-ordinated, more coherent, and more demand-driven dementia care. The present study investigates the impact of this programme on a number of indicators pertaining to these aspects in dementia care. Design: Cross sectional study. Setting: Community care Participants: Professionals involved in the National Dementia Program in six regions in the county of Gelderland, The Netherlands Methods and materials: Questionnaires were developed in order to assess experienced changes in professionals’ competences, integration of care, and work conditions, emanating from NDP. Results: 107 professionals returned the questionnaires. In their experience, NDP brought about important changes in their competences. From the 7 participating professional groups, nurses indicated highest positive change on the three scales of competences while specialists and GP’s reported the lowest change. Furthermore, participants experienced a major improvement in the quality of dementia care in general and in integration of dementia care in particular. Only moderate changes in work conditions were experienced. Conclusions: Importantly, NDP brought about positive changes in professionals experiences regarding integration of care as well as their competences. Our findings underlay the importance of developing workable formats for the integration of care. NDP- format may prove suitable for other chronic illness as well.
EVALUATION OF AN EDUCATIONAL MODEL TO IMPROVE NURSE DETECTION OF DELIRIUM: PILOT STUDY

J.M. McCrow1, E.R. Beattie1, K. Sullivan1, D.M. Fick2, J. Park3, 1. School of nursing and midwifery, Queensland University of Technology, Kelvin Grove, Queensland, Australia, 2. Pennsylvania State University, Pennsylvania, Pennsylvania

Delirium is a serious issue associated with high morbidity and mortality in older hospitalised people. Early recognition enables diagnosis and treatment of underlying cause/s, which can lead to improved patient outcomes. Research shows accurate nurse recognition of delirium is poor. This pilot study tested the usability and effectiveness in terms of improving nurse recognition of delirium of a web-hosted learning site that was designed using constructivist learning principles. A convenience sample of consenting Registered Nurses (RNs) (N=35) from an acute care facility in Brisbane, Australia were recruited. At baseline participants completed a battery of questionnaires including delirium recognition and knowledge tests. Following baseline assessment participants accessed and used the www.learnaboutdelirium.com.au website for a five-week period. At the end of this period delirium knowledge and recognition were assessed together with a participant evaluation of the website. Data analysis of the final sample (N=25) showed participants spent a median time of 60 minutes online. End-users reported high levels of satisfaction and site usability. Overall percentage correct scores from the delirium knowledge questionnaire increased from 58.24% (M = 19.84; SD = 3.47) before the educational intervention to 71.74% (M = 24.4; SD = 3.24). Delirium recognition increased from 55.2% correct (M = 2.76; SD = 1.23) to 90.4% (M = 4.52; SD = .653). These results were statistically significant (p<=.001; paired-sample t-test). This pilot demonstrated that the www.learnaboutdelirium.com.au website improved delirium knowledge and recognition scores and was well received by RNs. These results will inform a methodologically rigorous RCT.

THE DEMOGRAPHIC AND MEDICAL CORRELATES OF PLASMA Aβ42 AND Aβ42/Aβ40


Background: Plasma amyloid-beta 42 (Aβ42) and Aβ42/Aβ40 are increasingly recognized as biomarkers for cognitive decline and Alzheimer’s disease (AD), with low levels carrying increased risk. Surprisingly, little is known about the demographic and medical correlates of plasma Aβ40 and Aβ42 level, especially in non-demented older adults. Methods: 997 community-dwelling older adults from the Health, Aging and Body Composition (Health ABC) study with measured Aβ40 and Aβ42 were included in this cross-sectional study. We determined the association between a wide range of demographic and medical variables with Aβ40 and Aβ42 level. Results: The means±SD (pg/ml) Aβ40 level was 191.6 ±50.3, and of Aβ42 was 33.9±9.6. Low Aβ40 was significantly associated with younger age (r = .62 ±.0.3 years for low tertile vs. 74.5±2.9 for high tertile, p=0.0001), Black race (60.4% vs. 44.1%, p<0.0001), shigh school education (67.2% vs. 59.5%, p=0.03), and lower creatinine (mg/dl, 1.0±2 vs. 1.2±0.5, p=0.0001), but was not associated with: gender (p=.78); literacy (p=.79); history of stroke (p=0.25), myocardial infarction (MI) (p=0.07), diabetes (p=0.69), depression (p=0.09), or smoking (p=0.99); body mass index (BMI) (p=0.35); APOE e4 status (p=0.77); or c-reactive protein (CRP) level (p=0.42). Low Aβ42 was significantly associated with Black race (65.2% vs. 45.4%, p<0.0001), shigh school education (71.1% vs. 58.2%, p=0.003), a history of diabetes (29.6% vs. 21.1%, p=0.04), ≥1 APOE e4 allele (37.9% vs. 23.2%, p=0.003), and lower creatinine (mg/dl, 1.0±0.22 vs. 1.1±0.55, p=0.0001), but did not differ on: age (p=0.12); gender (p=0.08); literacy (p=0.06); history of stroke (p=0.57), MI (p=0.31), depression (p=0.17), or smoking (p=0.20); BMI (p=0.32); or CRP level (p=0.21). Conclusions: A critical step in fully realizing the potential role of any biomarker is understanding the correlates of the biomarker, and how it changes in the general population.

THE DEVELOPMENT OF DIRECT-CARE STAFF SOCIAL INTERACTION CODING SCHEMAS

H. Kim, D.L. Woods, J. Mentes, J.L. Martin, A. Moon, L.R. Phillips, School of Nursing, UCLA, Los Angeles, California

Few reliable instruments available to measure the direct-care staff’s social interaction competence in caring persons with dementia of diverse cultures, two social interaction coding schemas were developed to measure the dementia appropriate social interaction (DSI) and culturally appropriate social interaction (CSI) of direct care nursing home (NH) staff in a Korean American (KA) NH. A pilot study was conducted to assess: 1) content validity; 2) inter-rater reliability; and 3) feasibility, ease of use of the DSI and the CSI. An expert panel evaluated the content validity of each coding schema considering the relevance and clarity of each item. Six non-Korean direct-care staff were recruited for the pilot study. To assess inter-rater reliability, two trained research assistants observed and recorded staff’s social interaction behaviors simultaneously during routine care activities. Observations were recorded using a handheld device with coding schemas installed. Ease of use of coding schemas was assessed by interviewing the RAs. The total number of resident morning care interactions was 23 over 3 days by 6 direct care staff. The Index of Content Validity score for the CSI and the DSI was .80 and .88, respectively. The inter-rater reliability for the CSI varied from 0.69 to 0.82 for Cohen’s Kappa and 76.92% to 84.21% for percentage agreement. Inter-rater reliability for the DSI varied from 0.73 to 0.83 for Cohen’s Kappa and 75% to 84.62% for percentage agreement. This study suggests that both CSI and DSI coding schemas show good to very good inter-rater reliability are feasible, and easy to use.

ILLNESS REPRESENTATIONS, COPING, AND HEALTH OUTCOMES IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT

F. Lin, S.M. Heidrich, University of Wisconsin-Madison, Madison, Wisconsin

Little is known about older adults’ experience of Mild Cognitive Impairment (MCI). The purpose of this study was to 1) describe illness representations of MCI, coping with MCI (general coping strategies and self-care behaviors), and health outcomes (objective and subjective physical functioning, and psychological well-being) in older adults with MCI, and 2) examine relationships between illness representations, coping, and health outcomes. An exploratory cross-sectional study was conducted. Sixty-three participants diagnosed with MCI (Mean age = 81) were interviewed using structured assessments of beliefs about MCI (Illness Perception Questionnaire-MCI), general coping strategies (Brief COPE), self-care behaviors (checklists of dementia prevention behaviors, memory aids, and supportive services), objective physical functioning (Timed Instrumental Activities of Daily Living tasks), and subjective physical functioning and psychological well-being (SF-12). Participants endorsed average 12 symptoms and 7 causes related to MCI. They tended to believe MCI was chronic but controllable by personal behaviors, but did not agree about consequences, emotions, or understanding of MCI. Participants used problem- and emotion-focused coping, but did not agree about consequences, emotions, or understanding of MCI. Participants used problem- and emotion-focused coping, but did not agree about consequences, emotions, or understanding of MCI. Participants used problem- and emotion-focused coping, but did not agree about consequences, emotions, or understanding of MCI.
suggest areas to target psychoeducational interventions to improve health and well-being outcomes in older adults with MCI.

COPING IN OLDER INDIVIDUALS WITH MILD COGNITIVE IMPAIRMENT
F. Lin, L. Hanna, S.M. Heidrich, University of Wisconsin-Madison, Madison, Wisconsin

Most patients diagnosed with Mild Cognitive Impairment (MCI) live in the community and are faced with the complication and uncertainty related to their diagnosis. Little is known about how older adults with MCI cope with this diagnosis. The purpose of this descriptive project was to describe how older adults with MCI cope with their diagnosis and examine correlates (demographic and health) of coping. Sixty-three older adults with MCI (M age = 81) completed a checklist of dementia prevention behaviors, memory aids, and supportive services and the Brief-COPE Inventory (Carver, 1997). Participants reported dementia prevention behaviors (Mean = 9 out of 12) and memory aids (Mean = 6 out of 8), and used few services (Mean = 2 out of 9). Participants used more problem- and emotion-focused strategies than dysfunctional strategies (t = 11.87, p < .001; t = 6.78, p < .001). Most domains of coping strategies were significantly correlated to each other, except service use. Dementia prevention behaviors was significantly related to being male, married, higher education, higher household income, and lower depression. Memory aids was associated with being male and higher global cognition (the Montreal Cognitive Assessment). Problem- and emotion-focused coping were both associated with experience of using prescribed medications to control cognition. Overall, persons with MCI used numerous behavioral and cognitive strategies to cope with their MCI. Future research should investigate the impact of these strategies on successful management of MCI and nursing interventions to assist older adults with MCI and their families.

REDUCTION OF AGITATION IN SENIORS WITH DEMENTIA USING NON-PHARMACOLOGICAL INTERVENTIONS
S. Janzen, A.A. Zecevic, University of Western Ontario, London, Ontario, Canada

Behavioural changes accompanying dementia, such as agitation, can be alleviated with both pharmacological and non-pharmacological interventions (NPIs). Due to poly-pharmacy and harmful side effects, medications should be, but frequently are not, used as a last resort for reducing agitation. The purpose of this phenomenological study was to understand the barriers and facilitators for the implementation of NPIs designed to reduce agitation in long-term care (LTC) residents with dementia. Two privately and three publicly funded LTC facilities participated in the study. Using a survey, interviews and focus groups, the perspectives of 43 LTC staff and managers were captured. Participants included recreational therapists, activation staff, nurses, personal support workers, and dementia unit coordinators. Content analysis was used to identify predominant themes. Results indicate that NPIs were used at all LTC facilities in adjunct to medications, and their implementation was strongly influenced by funding policies and care practices. The most frequent NPIs for agitation were calming music, horticultural, pet and reminiscence therapy which were all regularly scheduled programs. For already agitated individuals, in addition to PRN medications, verbal and re-approaching NPIs were preferred. Main barriers for NPI use were: staff’s lack of time, documentation requirements and the diffusion of responsibilities between staff; while main facilitators were: the importance of the residents’ well-being, previous successes using NPIs and lack of regulatory requirements in the privately funded homes. Staying informed about the most recent NPI research and implementation strategies was dependent on the staff’s personal initiative and disseminated informally within LTC facilities.

DEMENTIA IN THE ED: EXAMINING THE PROCESS OF CARE
C. Cleveger1,2, T.A. Chu1, 1. Department of Veterans’ Affairs Medical Center, Decatur, Georgia, 2. Emory University, Atlanta, Georgia

Among older emergency department (ED) patients, 26-40% will have dementia who access the ED are theorized to have poor discharge potential and have limited ability to provide a health history. Outcomes of the ED visits by persons with dementia have been described with higher likelihood of admission; however, no study of the process of care has been undertaken to date. This study aims to measure the process of ED care for persons with dementia including length of stay, volume of ancillary testing, admission rates, and the number of ED visits over the year. The study employs a retrospective chart review of persons over age 70 who accessed the ED of an academic medical center in 2009 for complaints of moderate severity. The full medical record was available to the study team for the ascertainment of dementia status. Of the 189 records included in this analysis, 53 had documentation of dementia. Those in the dementia group were older (81.1 vs 79.8), more likely to be female (66% vs 58%) and more likely to reside in assisted living or nursing home than in a private residence (21% vs 12%). There were small, non-significant differences in length of stay and number of diagnostic/screening tests performed. Those with a record of dementia were more likely to be admitted to the hospital (60.3% vs 49.3) and had significantly more ED visits over the year than without a record of dementia (3.25 vs 1.89, p=0.000).

DIFFERENCES IN PREDICTORS OF A DEMENTIA DIAGNOSIS AMONG HISPANIC AND NON-HISPANIC WHITE OUTPATIENTS
P. Sayegh, B.G. Knight, University of Southern California, Los Angeles, California

The aims of this study were to examine factors that predict a dementia diagnosis among a sample of 444 Hispanic and 11,081 non-Hispanic White patients evaluated at Alzheimer’s Disease Research Centers nationwide and test for cross-cultural differences in the factors. A random sample of 444 non-Hispanic White patients was extracted from the total sample to reduce the chances of significant findings due to high power and increase comparability across groups. The predictor variables were neuropsychological test performance, informant-reported scales assessing patients’ neuropsychiatric symptoms and functional abilities (i.e., instrumental activities of daily living), and a binary variable indicating whether informants reported memory decline among patients. When controlling for age, gender, education, and evaluation site, logistic regression analyses for each ethnic group revealed that all key predictor variables except for informant-reported neuropsychiatric symptoms were significantly associated with a dementia diagnosis among both groups. However, there were no significant cross-cultural differences regarding the associations of the key predictors and diagnosis. Non-Hispanic White women were more likely to be diagnosed with dementia than non-Hispanic White men, as were Hispanics with higher levels of education compared to Hispanics with lower levels. Though caution should be used in making clinical inferences from this research database, these findings suggest that clinicians may not rely heavily on informant-reported neuropsychiatric symptoms when diagnosing dementia. In addition, clinicians may be reluctant to diagnose Hispanics with lower levels of education with dementia perhaps out of cautiousness given the limitations of some diagnostic tools that rely heavily on education and English proficiency.
SESSION 500 (POSTER)

FRAIL, MINORITY, AND VULNERABLE ELDERS

PREVALENT FRAILTY AND SOCIOECONOMIC STATUS AMONG THE JAPANESE ELDERLY
H. Murayama, M. Nishi, M. Kim, Y. Shimizu, H. Yoshida, Y. Fujiwara, S. Shinkai, Research Team for Social Participation and Community Health, Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

Purpose: Frailty is known as an important risk factor for adverse health outcome in later-life. Japan faces a serious rapid aging of population, and the number of frail elderly will grow dramatically. Moreover, social disparity has been growing steadily in recent Japan. Several studies reported the association between frailty and low socioeconomic status (SES). However, there is no empirical evidence in Japan. The purpose of this study was to examine the relationship frailty and SES among the Japanese elderly. Method: We used the baseline data of Hatoyama Cohort Study, conducted in September 2010. Participants were randomly selected from 3,378 community-dwelling elderly who were aged 65-84 and living in Hatoyama town, Saitama Prefecture, Japan. As a result, 750 people were participated in this study. To evaluate the condition of frail, we used Frailty Index comprising 15 easy-to-answer items with the cut-off point of 3/4. SES included subjective social status (SSS), living circumstance, educational level and occupational class. Results: Of 750 participants, about 10% were evaluated as frail. There was no significant association between sex and frailty using chi-square test. Multiple logistic regression analysis showed that lower SSS and worse living circumstance were significantly associated with frail, even after adjusted for demographic, physical, psychological and social factors. On the other hand, educational level and occupational class were not significantly related to frail. Conclusions: This finding suggested that it would be important to take individual SES into consideration in developing the frail prevention activities.

DOES PAST FRAILTY STATUS PREDICT PROGRESSION OF FRAILTY AND MORTALITY?
A.B. Mitnitski, X. Song, K. Rockwood, Department of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada

Background: Despite the importance of understanding changes in functional status over time, little is known about the course of frailty. Our goal was to investigate how sequential information about frailty status might help to predict two outcomes: mortality and frailty progression. Methods: We analyzed the data of 14,713 people aged 15-102 at baseline from the longitudinal component of the Canadian National Population Health Survey, with seven 2-year cycles, beginning 1994-1995. Frailty was defined in relation to the accumulation of deficits in a so-called Frailty Index calculated from 42 health deficits. GLM and Cox regression adjusted for age and gender were used to calculate the changes in frailty and the risk of mortality. Results: Twelve-year trajectories of frailty show complex patterns of changes. While highly irregular at the level of the individual, patterns at a group level were well represented by a simple Poisson law. In multivariate Cox regression, with frailty status adjusted for age and gender at each follow-up, only the effect of the most recent state was statistically significant. Interestingly, the hazard ratios (HRs) associated with most recent frailty assessment (2002, HR = 1.11) were virtually the same as those associated with frailty at baseline (HR = 1.09). Similarly, in multivariate Poisson regression, the effect of the most recent state was predominant. Conclusion: Adding information about prior states has some value in predicting both mortality and frailty progression, but the information value is restricted only to the immediately prior health state and not to the states before that.

PHYSICAL FRAILTY AND BODY COMPOSITION PHENOTYPES OF SARCOPENIA AND OBESITY IN COMMUNITY-DWELLING OLDER ADULTS
M. Kim, H. Yoshida, M. Nishi, H. Murayama, Y. Shimizu, Y. Fujiwara, S. Shinkai, Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

BACKGROUND: The physical frailty is a common geriatric syndrome in older adults, which have increased risks for adverse health outcomes. The sarcopenia and obesity have been reported to be independently associated with physical frailty. However, little is known about the impact of body composition phenotypes of sarcopenia and obesity on physical frailty. METHODS: 1,195 community-dwelling Japanese men and women aged 65 years and older (range, 65-94 years) undertook the measurements of body composition using bioelectrical impedance analysis and physical performance (walking speed and 5-times sit to stand). Body composition phenotypes were classified into the four groups according to skeletal muscle index and percent body fat mass: nonsarcopenic/nonobese, nonsarcopenic/obese, sarcopenic/nonobese and sarcopenic/obese. Physical frailty was defined using walking speed and chair stands as severe frailty (both deficiencies) and moderate frailty (either deficiency). RESULTS: Severe frailty was identified in 11.0% of the participants (8.9% in men and 13.3% in women) and moderate frailty was in 22.1%. The prevalence of sarcopenic/obese was 6.5% in men and 11.8% in women. In multinomial regression models, sarcopenic/obese was significantly associated with severe and/or moderate frailty (odds ratio (OR) = 2.20, 95% confidence interval (CI) = 1.41-3.44) independent of important covariates, while sarcopenia (OR = 1.31, 95% CI = 0.98-1.74) or obesity (OR = 1.66, 95% CI = 1.27-2.20) had modest association. CONCLUSION: The sarcopenic obesity was more closely associated with physical frailty in older adults than sarcopenia or obesity alone, indicating the importance of taking account for body composition phenotype in the prevention/treatment of physical frailty.

CORRELATES OF ESTIMATED THIGH MUSCLE INDEX WITH PHYSICAL PERFORMANCE IN AMBULATORY GERIATRIC PATIENTS
C. Chang, C. Wu, C.A. Hsiung, C. Chen, Division Of Geriatric Research, Institute Of Population Health Sciences, National Health Research Institutes, Taipei, Taiwan, 2. Department Of Population And Health Research Center, Bureau Of Health Promotion, Department Of Health, Taipei, Taiwan, 3. Division Of Biostatistics And Bioinformatics, Institute Of Population Health Sciences, National Health Research Institutes, Zhunan, Taiwan, 4. Department Of Family Medicine, College Of Medicine, National Taiwan University, Taipei, Taiwan

Background/Objectives: Quantitative And Qualitative Decline Of Thigh Muscle May Play An Essential Role In The Development Of Immobility And Frailty In Elderly. We Aimed To Validate The Correlation Between Estimated Dominant Thigh Muscle Volume And Physical Performance Of Lower Limbs In Older Adults. Additionally, The Association Between Dominant Thigh Muscle Index And Frailty Was Studied. Measurements: One Hundred Eighty-Nine Elderly Adults, Aged 65-90, Were Recruited At Ambulatory Clinics. The Anthropometric Measurements, Appendicular Skeletal Muscle Mass (ASM) Using Bioelectrical Impedance Analysis, Quadriceps Muscle Strength, Physical Performance Including Timed Up&Go Test, 5m Walking Speed, And Grip Strength Were Examined At Baseline And 1 Year Thereafter. The Fried Frailty Index Was Evaluated Concurrently And Pre-Frail Along With Frail Status Were Combined For Analysis. Results: 148 Out Of 189 Subjects Completed The Study. Estimated Dominant Thigh Muscle Volume Using Anthropometric Measurements Was Positively Correlated To Quadriceps Muscle Strength And ASM, Whereas It Was Negatively Correlated With Timed Up&Go And 5m Walking Speed Significantly. Dominant Thigh Muscle Index (Quadriceps Muscle Strength Per Thigh Muscle Volume*1000) Was Marginally Different
THE ASSOCIATION BETWEEN SLEEP DURATION AND FRAILTY AMONG HIGH-FUNCTIONING ELDERLY IN TAIWAN

K. Tsai1, C. Wen2, H. Kuo1. 1. Family Medicine, Chi-Mei Medical Center, Tainan, Taiwan. 2. National Taiwan University Hospital, Taipei, Taiwan. 3. National Health Research Institutes, Taipei, Taiwan

Method: We analyzed data in a group of high-functioning older adults over 65 years old who participated in the Health Examination for the Elderly Program (HEEP) in the National Taiwan University Hospital (NTUH), a tertiary medical center in Taipei, Taiwan. Participants were excluded from the study if they were demented or dependent in daily living. Sleep duration, sociodemographic data and medical history were assessed through questionnaire; anthropometric data, physical measures, and laboratory examination were collected. Frail or pre-frail status was determined according to Fried’s criteria. Subjects were defined as frail if they meet 3 items from the criteria, and as pre-frail if they meet 1 or 2 items. Result: There were 260 subjects included in our study, the mean age was 72.2 (65–88) years, and 135 female participants represented 51.9% of the study population. The mean sleep duration was 6.56 (±1.48) hours per day, and 6 (±1.26) hours per night. Among the study population, only 2 subjects were frail, and 54 persons (20.8%) were pre-frail. After multiple logistic regression, we found that frailty or pre-frailty were independently associated with longer sleep duration (over 8.5 hours/day). The odds ratio (OR) is 2.78 (95%CI: 1.10–7.01). We also found a linear association between frailty or pre-frailty and daily sleep duration (hours) among male subjects, the OR is 1.66 (95%CI: 1.096–2.505) after adjusting with confounders. This association was not significant among female subjects. Conclusion: We found an independent association between longer self-report sleep duration and frail status among high-functioning older adults in Taiwan. Physicians may take sleep duration into consideration when evaluating frail older patient, especially when they are male.

BIOELECTRICAL IMPEDANCE FOR ESTIMATING BODY COMPOSITION IN NON-FRAIL AND PRE-FRAIL OLDER ADULTS

M. Nemoto1, N. Yabushita1, T. Matsusuo1, M. Kim2, S. Seino3, S. Jung1, T. Tsujimoto1, K. Tanaka1. 1. Graduate School of Comprehensive Human Sciences, University of Tsukuba, Ibaraki, Japan. 2. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

Objective: Few studies have demonstrated that BIA was sensitive enough to detect body composition for older adults, especially pre-frailty. The purpose of this study was to compare body composition measured by bioelectrical impedance analysis (BIA) and dual-energy X-ray absorptiometry (DXA) in non-frail and pre-frail older adults. Methods: 60 older adults (75.0 ± 5.7 years, 41 women and 19 men) were classified according to Fried’s definition: non-frail (34 older adults, 74.5 ± 6.6 years) and pre-frail (26 older adults, 75.5 ± 4.5 years). Percentage of fat mass (%FM), fat mass (FM) and fat-free mass (FFM) were estimated by DXA (DPXL, GE Lunar) and BIA (MC-190, Tanita, Japan). Results: No significant difference was observed between DXA and BIA for %FM (39.0 kg vs. 39.6 kg), and there were significant differences for %FFM (28.0% vs. 29.0%) and FM (15.5 kg vs. 16.6 kg). DXA-derived body composition parameters were significantly correlated with those determined by BIA in non-frail and pre-frail older adults (%FM: r = 0.96, 0.91, FM: r = 0.94, 0.97 and FFM: r = 0.98, 0.97, p < 0.01, respectively). Bland-Altman plots demonstrated no systematic bias for body composition parameters except FM for pre-frail older adults (e.g. FM: r = -0.11, p = 0.56, r = -0.39, p = 0.05; non-frail, pre-frail, respectively). Conclusion: These results suggest that compared with DXA, BIA accurately evaluated body composition in non-frail and pre-frail older adults, although FM had proportional biases. It could be a convenient and practical approach for assessment in clinical settings.

COGNITIVE DECLINE AND DIABETES: POSSIBLE COMORBIDITIES OF THE FRAILTY PHENOTYPE?

M.E. Canon, E. Crimmins. USC-Gerontology, Los Angeles, California

Age-associated declines in insulin sensitivity have been hypothesized to prompt hypercatabolism. Such metabolic breakdowns of skeletal muscle may manifest clinically as sarcopenia, a primary factor of the frailty syndrome. Research also suggests that disruptions of the insulin-signaling pathways may alter cognitive functioning. The present study sought to investigate whether a diabetic state acts as a mediator in the association between frailty and cognitive decline. Subjects included 2578 adults over age 60 from the National Health and Nutrition Examination Survey (NHNES 1999-2002). Frailty was operationalized as a presence of three or more of the five criteria making up its clinical definition—weakness, slowness, exhaustion, low physical activity and weight loss. Prelimnarily, ordinary least squares regression revealed the association between cognitive functioning and diabetes. Next, logistic regression using two models tested for a relationship between frailty and cognitive functioning. In order to investigate changes in predictive power between the two models to assess whether or not diabetes was mediating the association between cognition and frailty, diabetes status was excluded from the first model and only included in the second model. All analyses controlled for possible confounders including age, race/ethnicity, sex and education. While results demonstrated that diabetes status was associated with frailty and lower cognitive functioning, diabetes did not significantly mediate the relationship between them. Given that frailty is complex and multifaceted, its concurrency with cognitive decline may result from multiple physiological disruptions, rather than a single underlying factor.

PREDICTORS OF CAREGIVER BURDEN IN MILD COGNITIVE IMPAIRMENT

B.A. Springer1,2, G. Tremont1, 1. Psychiatry, Rhode Island Hospital, Providence, Rhode Island. 2. Brown University, Providence, Rhode Island

Estimates suggest up to 50% of dementia caregivers experience significant feelings of caregiver burden. However, caregiver burden has not been extensively studied among caregivers of patients with mild cognitive impairment (MCI), even though these patients experience cognitive decline as well as behavioral and emotional changes. This study examined the relationship between caregiver burden and patients’ cognition and behavioral and emotional functioning in 43 patients with MCI [M age = 75.86 (SD = 3.37); 74% female] and their caregivers [M age = 63.33 (SD = 13.25); 65% female; 63% live with MCI patient]. Patients underwent a comprehensive neuropsychological evaluation, and caregivers completed the Frontal Systems Behavior Scale and a measure of functional impairment about the patient as well as measures of their own mood and perceived burden. Results showed 30% of caregivers reported clinically significant burden. Caregiver burden was positively correlated with caregiver depression (r = 0.38), patient frontal systems behavioral problems (r = 0.44), and inversely correlated with patient functional abilities (r = -0.35). Surprisingly, caregiver burden was not associated with patients’ neuropsychological performance or depression. In addition, caregiver burden was not higher among caregivers living with the care recipient. Regression analyses indicated that frontal systems behavioral problems, in particular disinhibition, and impairments in basic activities of daily living were the strongest predictors of caregiver burden. These findings confirm the presence of caregiver bur-
den in MCI and emphasize the need to address patients’ behavioral changes in clinical examinations for MCI. Findings further argue for including strategies for managing frontal systems behavioral problems in interventions with MCI caregivers who are experiencing caregiver burden.

FAMILY CAREGIVING FOR DEPENDENT OLDER PERSONS IN THAI FAMILIES

N. Wongswang1,2, S. Lagampam1, B. Bowers2, P. Lapwongwatana1, I. Mahidol University, Bangkok, Thailand, 2. School of Nursing, University of Wisconsin-Madison, Madison, Wisconsin

Thai families are acknowledged to provide care for dependent older persons. Changes in Thai families such as; a decrease in family size, multigenerational co-residence and increasing workforce participation of women, are likely to shape the future of family caregiving. Lack of knowledge about caregiving families’ experience point of view limits practical understanding of how to support caregiving families. This presentation reports on a Grounded Theory study that explored how Thai families care for dependent older persons. Thirty families including thirty family members participated in the study. Dimensional analysis and the constant comparative method were used to analyze transcripts. Several types of caregiving were identified and explored, including being with, providing hand on care, being available on call, organizing, monitoring, visiting, financial supporting and emotional supporting. Three processes of caregiving, “Mobilizing family members to meet the need”, “Providing selected type of care”, and “Remobilizing caregiving members to maintain caregiving in the family” were discovered. The findings suggest conditions and consequences of involvement in each distinct caregiving process. Promoting, strengthening and supporting caregiving families through each caregiving process should be considered by health care providers and policy makers in order to establish, perform and maintain caregiving systems for dependent older persons. A conceptual model of family caregiving for dependent older persons in Thai families was developed from the analysis.

SELF-NEGLECT AND ELDER ABUSE: RELATED PHENOMENA?

D. O’Neill1,2, M. Bartley1, J.G. O’Brien2, 1. Centre for Ageing, Neuroscience & Humanities, Trinity College Dublin, Dublin, Ireland, 2. University of Louisville, Louisville, Kentucky

Self-neglect among older people remains an under-recognized and under-reported problem. We hypothesized that it is likely to share common features with the clinical approach to the prevention and management of elder abuse, and evaluated Irish and Scottish geriatricians’ clinical experience of self-neglect among older people in their country, and its possible relationship with elder abuse. A 33 item questionnaire was administered electronically to members of the Irish Society of Physicians In Geriatric Medicine (n=65) and the British Geriatric Society (BGS) Scotland (n=196). Questions addressed prevalence and types of self-neglect, aetiology, referral processes and interplay with elder abuse, adequacy of training and documented the presence and characteristics of bruises. Data was collected using the revised Conflicts Tactic Scales (CTS2) physical assault scale, and victims were asked to describe the abusive incident. The three most commonly reported mechanisms of injury on the CTS2 were “a family member or other adult I know pushed or shoved me” (50.7%), “grabbed me” (34.3%), and “punched or hit me” (31.3%). Attempted strangulation or choking was reported by 9% of the victims. Victims’ odds of having head and neck bruises were greater when reporting being choked (7.71 OR, 95% CI 1.29-45.90, p=0.039), punched (13.53 OR, 95% CI 2.55-71.80, p=0.001) and beat up (5.60 OR, 95% CI 3.26-74.45, p=0.001). The odds of having lateral/anterior arm bruises were 8 times greater when the victim reported being grabbed (8.43 OR, 95% CI 2.67-26.65, p<0.001). The findings highlight injury patterns that victims sustain, and can be informative for professionals working with elder abuse victims.

IDENTIFYING RISK FOR ELDER INVESTMENT FRAUD AND FINANCIAL EXPLOITATION: CLINICIAN’S POCKET GUIDE

W.L. Mills1,2, R. Roush3,4, J. Maje4, N.L. Wilson5,6, M.E. Kunik1,2, K.R. Cassidy1, G.E. Taffet2,3, A.D. Naik1,2, 1. Houston Health Services Research & Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas, 2. Department of Medicine, Baylor College of Medicine, Houston, Texas, 3. Huffington Center on Aging, Baylor College of Medicine, Houston, Texas, 4. Veterans Affairs Boston Healthcare System and Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, 5. Veterans Affairs South Central Mental Illness Research, Education, and Clinical Center, Michael E. DeBakey VA Medical Center, Houston, Texas

Elder investment fraud and financial exploitation (EIFFE) is the illegal or improper use of another individual’s resources for personal profit or gain. Due to aging or age-related illnesses, particularly cognitive impairment, older adults may experience declines in financial capacity making them more vulnerable to EIFFE. With a past-year prevalence of 4-5%, EIFFE has recently been identified in the literature as a clinical issue. Clinicians see patients on a regular basis, which puts them in a unique position to identify individuals who are vulnerable to exploitation. We describe the preliminary evaluation of a Clinician’s Pocket Guide (CPG) and Continuing Medical Education (CME) program for clinicians to assist them in identifying older adults at risk for EIFFE. Practicing clinicians (n=128) were shown the CME presentation and given copies of the CPG. During the pre-use evaluation 40% (n=52) planned to use the CPG during visits with patients. Sixty seven individuals agreed to participate in a post-use evaluation four months later. Of the 35 respondents who returned questionnaires, 51% (n=18) reported using the CPG in their practice. Twenty six percent of participants reported using the CPG for both patient visits (n=9) and having other staff members use the guide (n=9). Respondents also provided insights on the usefulness of the individual sections of the guide. These findings highlight the need for geriatricians to help improve understanding of this syndrome.

MECHANISMS OF BRUISING AND INJURY PATTERNS IN PHYSICAL ELDER ABUSE

C.E. Ziminski1, A. Wiglesworth2, L. Mosquera3, 1. University of California Los Angeles, Los Angeles, California, 2. University of California Irvine, Irvine, California

Bruising resulting from physical elder abuse has potential as a forensic marker. The purpose of this study was to evaluate attributes of bruises as potential forensic markers in a sample of physical elder abuse victims (n=67) and examine the mechanism of injury in the victims who sustained bruising (n=48). A research nurse conducted assessments and documented the presence and characteristics of bruises. Data was collected using the revised Conflicts Tactic Scales (CTS2) physical assault scale, and victims were asked to describe the abusive incident. The three most commonly reported mechanisms of injury on the CTS2 were “a family member or other adult I know pushed or shoved me” (50.7%), “grabbed me” (34.3%), and “punched or hit me” (31.3%). Attempted strangulation or choking was reported by 9% of the victims. Victims’ odds of having head and neck bruises were greater when reporting being choked (7.71 OR, 95% CI 1.29-45.90, p=0.039), punched (13.53 OR, 95% CI 2.55-71.80, p=0.001) and beat up (5.60 OR, 95% CI 3.26-74.45, p=0.001). The odds of having lateral/anterior arm bruises were 8 times greater when the victim reported being grabbed (8.43 OR, 95% CI 2.67-26.65, p<0.001). The findings highlight injury patterns that victims sustain, and can be informative for professionals working with elder abuse victims.
and importance of providing clinicians with financial capacity education, to make use of a pocket guide for screening elders potentially at risk for EIFFE, and to raise awareness for this underappreciated but growing problem.

A SCREENING TOOL FOR CAPACITY TO LIVE SAFELY AND INDEPENDENTLY IN THE COMMUNITY

L.W. Mills1,2, T. Reges1, M.E. Kunik1,2,4, N.L. Wilson1,2, J. Moye5, L.B. McCullough6, A.D. Naik1,2, J. Houston Health Services Research & Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas, 2. Department of Medicine, Baylor College of Medicine, Houston, Texas, 3. Quentin Mease Community Hospital, Harris County Hospital District, Houston, Texas, 4. Veterans Affairs South Central Mental Illness Research, Education, and Clinical Center, Michael E. DeBakey VA Medical Center, Houston, Texas, 5. VA Boston Healthcare System and Department of Psychiatry, Harvard Medical School, Boston, Massachusetts

The capacity to live safely and independently in the community is a primary goal for older adults. Capacity is generally defined as an individual’s ability to understand, retain, and weigh information relevant to a decision in order to arrive at a choice and communicate the decision. Despite their lack of training in social, functional, and cognitive assessment, clinicians are often asked to make determinations regarding an individual’s capacity. The Making and Executing Decisions for Safe and Independent Living (MED-SAIL) tool was developed using focus groups and trial in-field use by community social service providers. Theory-based assessments of decision-making capacity, problem solving, and judgment are used to systematically evaluate and score MED-SAIL domains. Furthermore, MED-SAIL uses pragmatic scenarios related to an older adult’s daily life to contextualize functional and executive capacity evaluation. MED-SAIL was included in a pilot test of a geriatric capacity assessment clinic, which provided comprehensive capacity assessments for living safely and independently in the community to 41 older adults over a two-year period. Preliminary findings reveal that MED-SAIL scores are positively correlated with the final determination of capacity (r(34)=.593, p<.000), Independent Living Scales (r(28)=.424, p<.024), and instrumental activities of daily living (r(34)=.411, p=.016). These findings provide preliminary insight into the usefulness of MED-SAIL as a tool to screen for capacity to live safely and independently in the community.

BREAKING THE SILENCE: EXAMINING BARRIERS TO SELF-REPORTING OF ELDER PHYSICAL ABUSE IN COMMUNITY-DWELLING ELDERS

C.E. Ziminski1, V.F. Rempusheski1. 1. Nursing, University of California, Los Angeles, Los Angeles, California, 2. University of Delaware, Newark, Delaware

Approximately 12.5% of elders experience physical abuse in their lifetime. Yet, for every case of elder abuse that is reported another five go unreported. An author developed vignette scale was used to present three types of physical abuse and three barriers to reporting for each of three living situations (CVI= 1.0). Elders (n=76) rate perceptions of whether or not the situation is abusive, likelihood of reporting and likelihood of reporting when presented with each of three barriers on a 4-point Likert scale. The results show elders have a consistent perception of physical abuse. However the barriers affected elders’ likelihood of reporting, which varied across types and situations. For example, while 91.8% of elders would report abuse committed by a paid caregiver, when considering the barrier of nursing home placement reporting dropped to 77.3%. The results suggest reporting abuse is multifactorial and has implications for screenings.

AGE AND RACE DIFFERENCES IN MEDICAL DEBT PROBLEMS


Medical debt (MD) limits access to care, contributing to adverse health outcomes. Medicare/Medicaid appears to buffer the impact of MD among the elderly (65+); however, the impact of MD within racial/ethnic age groups is unclear. Using a 2007 national survey, this study examined age and race/ethnicity differences in incurring MD and financial hardships associated with MD. Adjusted regression analysis indicated middle-aged (45-64) and elderly respondents were less likely to incur MD (OR=0.81, 95% CI: 0.68-0.97 and OR=0.19, 95% CI: 0.14-0.27, respectively) than young (18-44) respondents. Compared to the young, the elderly were less likely to report being contacted by a collection agency, putting off major purchases, and borrowing money because of MD. Middle-aged respondents reported more problems paying for necessities than young respondents. There were no significant differences between young and elderly respondents in using savings and paying for necessities. African Americans (AAs) were more likely than Whites to incur MD (OR=1.95, 95% CI: 1.50-2.54); there were no significant differences between Hispanics and Whites. There were no significant differences between AAs and Whites in the five financial hardships associated with MD. Among young respondents, AAs (OR=1.47, 95% CI: 1.04-2.09) were more likely than Whites to incur MD. Middle-aged AAs were more likely than their Whites counterparts (OR=2.47, 95% CI: 1.60-3.80) to incur MD. Elderly AAs (OR=5.88, 95% CI: 3.46-10.00) also incurred more MD than elderly Whites. Middle-aged AAs and Hispanics were more likely to put off major purchases and had problems paying for necessities than their young counterparts.

MIDLIFE AND ELDERLY AFRICAN AMERICAN WOMEN PERCEPTIONS OF PHYSICIAN TRUSTWORTHINESS: A FACTORIAL SURVEY APPROACH


Low trust in doctors may partially account for African Americans’ (AAs) adverse health outcomes. It is hypothesized that patient-provider physical concordance can promote higher patient trust and favorable health outcomes. There have been few empirical studies of AAs’ preference for physicians of the same physical characteristics. This study examined the effects of physician race (White versus AA), age (old versus young), and gender on AA women’s perceptions of fidelity, competence, honesty, confidentiality and global trust. Women were presented (via laptops) with vignettes of contrived medical visits (routine visit and a visit involving a serious medical concern) where the physician’s race, gender, and age were randomly manipulated. A community-base sample of 313 women aged 45+ in Madison, WI was surveyed. Overall, trust scores were higher for male versus female physicians, old versus young, and AA versus White physicians and higher in the sick visit versus the routine care visit. However, assessment of the preventive visit vignette indicates that AA women were more trusting of White-old-female physicians and less trusting of White-young-male physicians. With regards to the sick visit vignette, AA women were more trusting of White-old-male and AA-old-male physicians and less trusting of White-old-female and White-young-male physicians. AA women scored White-young-male physicians less favorably on trust items assessing fidelity, honesty, confidentiality and global trust. Our findings sug-
gest that older AA women trust in physicians may be influenced by physician characteristics and context of their medical visit.

THE RELATIONSHIP OF ACCULTURATION (ENGLISH PROFICIENCY AND DIETARY CHANGE) TO HEALTH OUTCOMES (CURRENT SELF-RATED HEALTH AND HEALTH BEHAVIOR) AMONG AFRICAN IMMIGRANT ADULTS: A LIFE-COURSE PERSPECTIVE
M.C. Okafor, Division of Gerontology, University of Maryland Baltimore, Baltimore, Maryland

Objective: This research was designed to investigate potential associations between acculturation and health outcomes in the context of the life-course, among African immigrant adults. Methods: A cross-sectional, mixed methods secondary data analysis was performed on baseline data from the African immigrant adult subsample (n=763) of the 2003 New Immigrant Survey, a longitudinal study of immigrants granted lawful permanent residence. Results: Limited English proficiency (LEP) immigrants had higher odds of rating their health good/fair/poor (OR: 0.282, 95% CI: 0.158–0.503, p<.0001) and engaging in poor health behavior than English proficient (EP) immigrants (OR: 0.310, 95% CI: 0.165–0.585, p<.0003). EP women had lower odds of engaging in poor health behavior than EP men (OR: 0.3446, 95% CI: 0.2129–0.5576, p<.0001). Immigrants reporting moderate dietary change had higher odds of rating their current health as good/fair/poor than those with low dietary change (OR: 1.903, 95% CI: 1.143–3.170, p=0.0134). Immigrants residing in the U.S. >=5 years had higher odds of engaging in poor health behavior than those in the U.S. <5 years (OR: 2.030, 95% CI: 1.314–3.135, p=0.0014). Immigrants >=41 years of age at immigration had higher odds of rating their health as good/fair/poor than those who arrived at a younger age (OR: 4.293, 95% CI: 1.830–10.071, p=0.0008). Immigrants with chronic disease had higher odds of rating their current health as good/fair/poor than those without chronic disease (OR: 4.173, 95% CI: 2.525–6.897, p<.0001). Conclusions: LEP, moderate/high dietary change had increased baseline BMI decreased from 1.9 kg/m2 to 1.45 kg/m2 after adjusting for LSEP. Among whites, BMI trajectories were highest among those with a high childhood SEP and low adult SEP. The difference in BMI trajectories between LSEP levels was narrower among white males as compared to white females. Among black females, those with low childhood and adult SEP levels had the highest BMI. In contrast, among black males those with high childhood and adulthood SEP levels had the highest BMI. LSEP has differential effects on BMI in adulthood by race.

LATINO DIABETICS: BARRIERS TO STUDY ENROLLMENT AND FAVORABLE HOSPITAL-TO-COMMUNITY TRANSITIONS
M. Siciliano, S. Enguidanos, Leonard Davis School of Gerontology, University of Southern California, Los Angeles, California

Nearly 24 million people in the U.S. suffer from diabetes mellitus, with costs of care estimated at $116 billion. Diabetes-related problems account for 11% of hospital readmissions among Medicaid patients, with Latinos disproportionately impacted by diabetes and at a significantly higher risk for hospital readmissions. This session presents barriers to enrollment in a study seeking to improve the quality of transitions between care settings among Latino diabetics, including follow-up after hospital discharge and care plan adherence. Participants are randomly assigned to either standard medical care or a brief transitions intervention provided by a diabetes-trained bilingual health educator. Of 995 patients screened, 799 (80%) were ineligible to participate in the study. Of the 196 eligible patients, 88 (45%) consented to participate and 108 (55%) refused to participate. Patient reasons for refusing to participate in the study included inability to comprehend the study/non-responsive/unable to be awakened (39%); refusal or lack of interest (17%); wanting to think about the study (15%); help not needed/already receiving sufficient help (14%); homelessness (4%); traveling back and forth to Mexico or never home (4%); outside service area (4%); and reluctance to have someone come to their home (3%). Most barriers to study enrollment also represent significant barriers to follow-up care. Addressing study barriers will help insure successful hospital-to-community transitions. These issues will be presented along with case studies illustrating the need for innovative strategies to improve care setting transitions among monolingual Latino diabetics.

RACIAL DISPARITIES IN ADULT BMI TRAJECTORIES: THE ROLE OF LIFECOURSE SOCIOECONOMIC POSITION
T.Z. Insaf1, B. Shaw1, R. Yuce1, L. Chasan-Taber2, D. Strogatz1, 3. J. State University of New York at Albany, Rensselaer, New York, 2. University of Massachusetts Amherst, Amherst, Massachusetts, 3. Bassett Research Institute, Cooperstown, New York

Despite evidence for racial disparities in the impact of lifetime socioeconomic position (SEP) on body mass index (BMI), the differential effects by race for life course SEP (LSEP) on adult BMI trajectories have not been assessed. Therefore, we evaluated this association using longitudinal data from 2,052 participants in the American Changing Lives Study (1986-2002) who were aged 24-91 years at baseline and provided information on childhood SEP. We used mixed effects models with random effects for intercept and slope. Childhood SEP was measured by parental education and perceived childhood socioeconomic status. Adult SEP was assessed by baseline education and time varying income, financial stress, and wealth. Because BMI trajectories have a different pattern in early vs later adulthood, age was modeled as a linear spline. Baseline BMI was higher in males, and among blacks. Baseline BMI was 0.16 kg/m2 higher with increasing baseline age but the effect was smaller in magnitude (0.01 kg/m2/year) among those older than 40. Racial differences in baseline BMI decreased from 1.9 kg/m2 to 1.45 kg/m2 after adjusting for LSEP. Among whites, BMI trajectories were highest among those with a high childhood SEP and low adult SEP. The difference in BMI trajectories between LSEP levels was narrower among white males as compared to white females. Among black females, those with low childhood and adult SEP levels had the highest BMI. In contrast, among black males those with high childhood and adulthood SEP levels had the highest BMI. LSEP has differential effects on BMI in adulthood by race.

LIFE COURSE EXPERIENCES OF PAIN AND SUFFERING AMONG MEXICAN AMERICAN WOMEN WITH DISABILITIES
J.L. Walker, S. Guy, T. Harrison, School of Nursing, The University of Texas at Austin, Austin, Texas

The life course experiences of Mexican American women (MAW) may have lasting impact on pain and suffering in later life. The purpose of this mixed-method study was to understand pain and suffering from a life course perspective as described by MAW with mobility impairment. The sample included 54 MAW, ages ranging from 55 to 75 (M=66, SD=6.23) with mobility impairment. Further, a 56-year-old Mexican American woman from the sample was chosen as an exemplar for case-study analysis. All participants completed a battery of reliable tools including the McGill Pain Index Scale and four separate biographical interviews. Descriptive statistics were used to characterize pain levels in the group and content analysis was done to describe one participant’s experiences with pain. Findings suggest that the words fear (M=1.61, SD=.783) and constrictive pressure (M=3.40, SD=1.2) most frequently described their pain, and they rated their pain a mean of 3.1(SD=1.37) on a scale of 1 to 5. From the case analysis, three categories developed to describe the participant’s life course experience with pain: Emotional Pain, Quitting and Cocooning. Life course experience may intensify current levels of pain and suffering among MAW, which added to the knowledge gained from quantitative assessment. Acknowledgement: This study was supported by NIH/NINR 1 R01 NR010360.
SESSION 505 (POSTER)

NURSING, INCONTINENCE, AND END OF LIFE

FACTORS ASSOCIATED WITH DISENGAGEMENT DURING ACTIVITIES IN NURSING HOME RESIDENTS WITH DEMENTIA

N.L. Hill1, A.M. Kolanowski1, M. Litaker2, 1 Penn State University, University Park, Pennsylvania, 2 University of Alabama, Birmingham, Alabama

Recreational activities are an essential component of quality care in the nursing home. This is especially true for residents with dementia, as they often lack the ability to actively engage in leisure pursuits. Unfortunately, not all residents can be successfully engaged in recreational activities, even when attempts are made to individualize these activities. The purpose of this study was to identify characteristics of residents with high and low rates of disengagement during recreational activities. Data from a RCT that tested the efficacy of activities for reducing behavioral symptoms of dementia were used to describe the profile of these residents (N=128). Counts of disengagement (0 to 4) were taken from video recordings of activities delivered twice a day for 20 minutes over 15 days. Residents who had high rates of disengagement per session (mean of 1.9 (0.9); N=46) had significantly greater cognitive impairments (p=0.01); greater physical impairments (p=0.0003); greater levels of passivity (p=0.02 to 0.001); and a trend toward lower agreeableness and openness on the NEO Personality Inventory compared to residents with low rates of disengagement per session (mean of 0.2 (0.2); N=82). There were no differences in age, gender, race, years of education, or agitation between the groups. Functional impairments, greater passivity and possibly certain personality traits place residents at risk for decreased activity engagement and poor quality of life. Efforts to promote sustained attention through personality style of interest matched activities may improve capacity for engagement.

FACIAL EXPRESSION AS PREDICTORS OF PAIN FOR PATIENTS WITH DEMENTIA

L. Lin, Institute of Clinical and Community Health Nursing, National Yang-Ming University, Taipei, Taiwan

Background: The purpose of this study was to compare the facial expressions of pain between residents with dementia and cognitive intact residents, and to investigate the association of facial expressions and pain of patients with dementia. Methods: Eight hundred and nine residents including 573 residents with dementia and 236 cognitive intact residents were chosen from long-term care facilities from northern Taiwan. Self-reported pain, Doloplus-2, and verbal descriptor were used to determine the consistency of action unit (AU) of facial expressions and the above pain assessment instruments. Each subject received five days observation to collect data regarding their facial expressions of pain and a self-report pain scale. Results. In the cognitive intact and residents with dementia groups, the prevalence of existing pain was 46.4% and 43.9% (excluding unable to communicate) respectively. In both the cognitive intact and cognitive impaired groups, comparing self-reported pain with AU4 (Brow lowerer), AU6+7 (Orbit tightening), and AU9+10 (Nose wrinkle and upper lip raiser) yielded significant relationships. In the cognitive impaired group, the action unit AU25+26+27 (open mouth) also showed a significant relationship with self-reported pain. Additionally, AU4, AU6+7, AU25+26+27, and AU9+10 can be used in conjunction with, or in lieu of, self-reported pain, Doloplus-2 or verbal descriptor scales testing with cognitively impaired patients when assessing pain. Conclusion. This study established better clarity in facial movement descriptive classifications that indicate pain. The findings should contribute to further efforts in developing and evaluating pain scales, advancing the accuracy and consistency of pain assessment, as well expanding clinical utility.

TARGETED, TAILORED AND TIMELY SYMPTOM MANAGEMENT FOR OLDER MEN WITH PROSTATE CANCER

S.L. Beck1, B. Wong1, J. Guo1, N. Honea2, G.L. Towsley3, T.A. Thomas2, L. Ellington1, M. Caserta1, 1 College of Nursing, University of Utah, Salt Lake City, Utah, 2 Arizona Oncology Services Foundation, Phoenix, Arizona

Radiation therapy for prostate cancer may be associated with significant side effects. This pilot study, guided by Armstrong’s Symptom Experience Model, tested the feasibility and initial efficacy of providing targeted, tailored and timely (T3) symptom management as compared to usual care in 50 men who were completing radiation therapy (+/- androgen deprivation therapy) for prostate cancer. Eligible participants reported at least a moderate level of symptom distress after completing 36 to 40 Gy. Using an experimental “patient preference” design with repeated measures, participants were randomly assigned to two study groups in a 2:1 ratio: (1) the T3 symptom management intervention which allowed patients to choose their preferred learning method and (2) usual care. Data were collected at the time of screening and enrollment and weekly during the 6 week intervention period. Due to variability in type of symptom, 5 outcome variables included number of symptoms, average severity, average distress, maximum severity, and maximum distress. Participants ranged in age from 52 to 85 (mean = 68; SD = 7.7); they were mostly non-Hispanic white (86%), and married (82.6%). We compared T3 to usual care using growth curve models for each outcome variable in MPlus. Acceptable model fit statistics resulted, even with the limited sample size. There were significant treatment group differences in the slope and quadratic terms for average and maximum symptom distress. Results support the efficacy of T3 in reducing the symptom experience during the 6 weeks of the intervention. A larger randomized clinical trial is recommended (NCI R21 CA120896-01 A1).

COMPROMISE: A THEORY OF HOSPITALIZED OLDER ADULT EATING BEHAVIOR

E.F. Furman, University of Massachusetts, Amherst, Amherst, Massachusetts

Lack of eating contributes to inadequate dietary intake, which is a risk factor for undernutrition. Undernutrition contributes to negative health outcomes such as increased morbidity and mortality in older adults. The hospital environment represents a setting where older adults are at risk for undernutrition secondary to inadequate dietary intake despite access to food and therapeutic nutritional intervention. The aim of this research was to develop substantive theory that describes the social process that influences the eating behavior of hospitalized older adults. A grounded theory methodology was used. The Quality Health Outcomes Model was used to guide the study. The basic social process identified was that of compromise. During mealtimes, the hospitalized older adult must choose to compromise either their nutritional health or alternatively compromise their acculturated foodways. The theory of compromised eating behavior has five stages: older adult self-indication, older adult-healthcare provider joint action, healthcare provider self-indication, negotiation, and dietary intake. The knowledge gained from this research will be used to educate older adults and their healthcare providers, plan nutritional interventions, and build a research tradition.

SLEEP IN FAMILY CAREGIVERS OF INDIVIDUALS WITH DEMENTIA: A SYSTEMATIC REVIEW

H. Peng, Y. Chang, SUNY-Buffalo, Amherst, New York

Purpose: This paper was to systematically review the evidence that has been published about sleep in family caregivers of individuals with dementia. Background: An estimated 10.9 million family members and friends provided care for a person with dementia in 2010. The caregiving role comes with emotional strain, physical demands for care, inter-
NURSE TALK TIME. Methods: We utilized data on 89 nurse-patient dyads (ICU) nurses and mechanically ventilated patients are typically brief (1-3 minutes). Databases searched, limited to the years 1982 and 2011. Results: Among 22 studies reviewed, 14 studies used a cross-sectional design without intervention and 8 studies used a longitudinal study design with intervention. Caregivers’ sleep disturbances are highly prevalent among family caregivers. Multiple factors act singly or in combination to cause a complaint of sleep disturbances in caregivers of individuals with dementia. These factors were classified into three categories including demographic, psychosocial, and care recipient factors. The effect size in intervention studies was small and lacked random clinical trials. Longitudinal study design is needed because caregivers’ sleep pattern could be changed over time.

A PRELIMINARY STUDY OF THE APPLICATION OF 6-MINUTE WALKING TEST IN PATIENTS WITH COPD IN CHINA

S. Zhang, J. Peking University People’s Hospital, Beijing, China, 2. Peking University, Beijing, China

Background: Lung function parameters including FVC, FEV1, FEV1%, FEV1/FVC, RV and RV/TLC have been considered as effective and accurate indicators of lung function for patients with chronic obstructive pulmonary disease (COPD). However, they are more complicated and expensive rather than easily applicable. Six-minute walking test (6MWT) has been applied as an effective and efficient indicator to evaluate the lung function for COPD patients in Western countries, but few studies have been done in China to test its application. Purposes: To verify the application of 6MWT among patients with COPD in China to assess patient’s quality of life. Methods: 22 patients with COPD completed both 6MWT and pulmonary function test. The six-minute walking distance percentage of the predicted distance (6MWD%) was then calculated in order to reduce the influence of age, sex, height, and weight on the six-minute walking distance (6MWD). The correlation between 6MWD% and the indexes of pulmonary function was analyzed. Results: The correlation coefficients between 6MWD% and FVC, FEV1, FEV1%, FEV1/FVC, RV and RV/TLC were 0.534 (p<0.05), 0.678 (p<0.01), 0.655 (p<0.01), 0.598 (p<0.01), -0.673(p<0.01) respectively; differences on 6MWD and 6MWD% between the group of grade II and III/V were significant. Conclusions: 6MWT can be used as a simple and efficient method to evaluate lung function of patients with COPD. The effect of nursing interventions maintaining or strengthening lung function of COPD patients could be evaluated by using 6MWT, a easily applicable lung function test. Future extended study is needed to verify the conclusion.

NURSE AND PATIENT CHARACTERISTICS ASSOCIATED WITH NURSE TALK TIME IN THE ICU

M. Nilsen, M. Hopp, S. Sereika, University of Pittsburgh, Pittsburgh, Pennsylvania

Rationale: Communication interactions between intensive care unit (ICU) nurses and mechanically ventilated patients are typically brief (1-5 minutes). Factors associated with length of nurses’ verbal communication (talk time) have not been investigated. This secondary data analysis explored the association between nurse/patient characteristics on nurse talk time. Methods: We utilized data on 89 nurse-patient dyads from the Study of Patient-Nurse Effectiveness with Communication Strategies (SPEACS), a clinical trial to test nurse-patient communicati

EThICAL, LEGAL, AND CLINICAL ISSUES SURROUNDING COVERT MEDICATION ADMINISTRATION IN LONG-TERM CARE SETTINGS

H. Farrar, B.J. Holtzclaw, University of Oklahoma HSC, Oklahoma City, Oklahoma

Rights of mentally competent patients to give or refuse consent to medical treatment is an accepted standard in healthcare institutions. However, covert medication administration occurs widely in settings where older adults may lack the capacity to consent because of cognitive decline, dementia, or psychiatric disorders. In a UK study, 90% of healthcare workers found covert medication justifiable. Rationale often given for this practice includes convenience, dysphagia problems, patient confusion, and need to calm behavioral disturbances that could harm patients. Ethical tensions exist between providing paternalistic optimal care “for the good of the patient” providing patient consent and self-determination in long term care. Purpose: A systematic review of research was done to determine the state of the science regarding 1) prevalence of covert medication administration in long-term care settings, 2) scope of ethical guidelines for practice, 3) levels of prescriber-treatment team collaboration, 4) evidence of drug-disguising practices, 5) consent practices addressing covert medication, and 6) paternalistic indicators in medication administration decisions. Methods: MEDLINE, CINAHL, EMBASE, PubMed, and PsychINFO databases were searched using terms: covert, disguised, coerced, and hidden, combined with drugs, administration, therapeutics, and prescriptions, and retrieved articles provided additional references. Findings: Research concerning covert medication administration is limited, containing gaps and controversies, but acknowledged to be common in long-term dementia care. However, despite legislation, such practices and appropriate consultation are not documented. Key findings are pharmacologic implications and adverse sequelae of crushing medications during covert medication administration, covert administration during behavioral emergencies, and policies regarding long-term care patient rights and provider responsibilities.

HEALTH LITERACY NEEDS OF HEALTHCARE PROVIDERS RELATED TO INCONTINENCE AND SKIN CARE IN INDIVIDUALS WITH DEMENTIA

D.Z. Bliss1, C. Rolnick2, J. Jackson3, C. Arnotn1, J. Mullins1, K. Hepburn3, 1. School of Nursing, University of Minnesota, Minneapolis, Minnesota, 2. HealthPartners Research Foundation, Bloomington, Minnesota, 3. Emory University, Atlanta, Georgia

Incontinence and associated skin damage can develop in Alzheimer’s disease or dementia (AD) and alter lifestyle. Healthcare (HC) providers...
may be unaware of non-pharmacological management of these problems, so their communication with caregivers—who are typically reluctant to raise such issues—may not promote health literacy and may miss therapeutic opportunities. This study describes the health literacy needs about incontinence and skin care of HC providers of AD patients. Interviews of 11 HMO providers were audi-taped and transcribed. Content analysis was conducted and themes identified. HC providers were 8 physicians (4 geriatricians, 3 internists, 2 family practice, 1 neurologist, 1 urologist), 2 nurse practitioners, and 1 pharmacist; 64% female; age=53(10) (mean (sd) years); 91% white/not Hispanic, 9% Asian; and professional experience =23 (12) years. Themes of health literacy needs related to knowledge/skill, resources for patients, and attitudes. Examples of knowledge/skill needs were evidence-based information about conservative therapies for incontinence and effects of urinary incontinence medications on cognition, absorbent products, topicals for prevention and treating skin problems, and terms used by patients/families to refer to these problems. Resource needs included a short pre-visit questionnaire to cue inquiry about these problems and modular hand-outs with drawings/pictures. Attitude needs related to concerns about introducing topics too early and frightening patients/families, wanting patients present with family when discussing management, and sup-porting patients/families when they express a variety of feelings. HC providers identified specific health literacy needs to improve communication and management of incontinence and skin damage in AD for which assistance is being developed.

COMPLEMENTARY AND ALTERNATIVE THERAPIES FOR URINARY SYMPTOMS IN A DIVERSE QUALITATIVE SAMPLE

This study examines the use of Complementary and Alternative Therapies (CAT) to relieve urinary symptoms—specifically, who uses CAT, types of remedies used, and how CAT is used in relation to allopathic care. Qualitative interviews were conducted with 151 respondents who had reported at least one urinary symptom in a larger epidemiological study (Boston Area Community Health survey). The qualitative sample included 25 black men, 25 black women, 25 Hispanic men, 25 Hispanic women, 25 white women, and 26 white men. Respondents were asked to describe how they managed their urinary symptoms as well as their experiences with seeking help from family/friends and healthcare providers. Specifically, one quarter of respondents reported using CAT to relieve urinary symptoms, and more than half of them were age 55 or older. Black men were most likely and white women were least likely to use CAT. Respondents used not only popular products like cranberry juice but also less well known remedies, such as moabi, maize silk, and cat’s claw. Respondents used CAT in several ways vis-à-vis allopathic care: a replacement, an initial strategy for symptom management, or a secondary strategy for symptoms not relieved by allopathic care. This study describes a diverse range of CAT being used to relieve urinary symptoms. Healthcare professionals can use these findings to learn about how patients are using CAT for urinary symptoms and, in turn, enhance their communication with patients. This is particularly important as many CAT users learn about these remedies through social networks rather than healthcare providers.

THE MODERATING EFFECT OF NURSING STAFF FACTORS ON THE RELATIONSHIP BETWEEN ACTIVITIES OF DAILY LIVING AND URINARY INCONTINENCE
1. J. Yoon, 2. B. Bowers1, B. Bowers1, 2. School of Nursing, Univ of Wisconsin-Madison, Madison, Wisconsin, 2. Health Insurance Review and Assessment Services, Seoul, Republic of Korea

Research indicates activities of daily living (ADL) status as a major risk factor of urinary incontinence (UI), and that higher total nursing staff levels and greater registered nurse (RN) ratio decreases the probability of UI. However, little is known about the influences of nursing staff factors on the relationship between ADL status and UI probability. This study examined the moderating effect of total nursing staff levels and RN ratio on the relationship between ADL and the probability of UI in Korean long-term care hospitals (LTCHs). Data were monthly LTCH patient assessment reports, and hospital information from 44,627 patients over 65 years old in 563 LTCHs in July 2008. Controlling other patient variables (e.g., age, gender, cognitive function etc.) and hospital variables (e.g., ownership, location, bed capacity etc.), two hierarchical logistic regression analyses were conducted separately for each interaction effect: “nursing staff level X ADL status”, and “RN ratio X ADL status”. Both were significant. In facilities with higher levels of nursing staff, the relationship between ADL status and UI was weaker than in facilities with lower levels of nursing staff. In facilities with a greater RN ratio, the relationship between ADL status and UI was weaker than in facilities with a lower RN ratio. This study provides additional explanatory information for the relationship between nurse staffing factors and UI probability. In particular, both a higher level of nursing staff and a greater RN ratio minimize the impact of ADL status on the probability of UI in Korean LTCHs.

ALLOW NATURAL DEATH (AND) VERSUS DO NOT RESUSCITATE (DNR): PREFERENCES OF CHRONICALLY ILL OLDER ADULTS
E.M. Lee, V.T. LeBaron, M.J. Mohler, Medicine, University of Arizona, Tucson, Arizona

Background: When discussing resuscitation status, terminology is crucially important. Discomfort with “do not resuscitate” (DNR) has prompted a change to “allow natural death” (AND) in some settings. There is minimal literature to indicate which is preferred and why. Purpose: AND and DNR terminology preference and reasons behind that preference Sample: 50 outpatients > age 55 with at least 2 chronic conditions, or their caregivers at a university medical center Methods: After IRB approval all participants were consented. Participants were interviewed regarding resuscitation terminology at appointment end. Caregivers responded as surrogates if patients had cognitive or language barriers. Subjects were asked to compare DNR and AND. Participants were then told the phrases were sometimes used interchangeably and asked their preference, and why. Responses were transcribed verbatim, and analyzed using content analysis into four thematic categories. Two independent reviewers validated category assignment. Results: Of 50 participants, 37 patients (74%) and 13 surrogates (26%), 25 chose AND, 16 chose DNR, and 9 had no preference. 18 patients chose AND, 10 chose DNR, and 9 had no preference. 7 surrogates chose AND, 6 chose DNR, and none chose no preference. The thematic categories were: 1) negative associations, such as harshness of language, 2) positive associations, such as liking “natural” in AND, 3) those with both positive and negative associations, and 4) no preference. Conclusion: There is no consensus on terminology preference regarding resuscitation status in older adults with chronic illnesses. Preferred terminology and reasoning can be determined to assist in goals of care conversations.

AN INTERACTIVE DECISION AID TO FACILITATE THE PROCESS OF ADVANCE CARE PLANNING
S.L. Tennstedt1, A. Volandes1, L. Welch1, J. New England Research Institutes, Watertown, Massachusetts, 2. Massachusetts General Hospital, Boston, Massachusetts

This study evaluated a prototype interactive decision aid to facilitate advance care planning (ACP). The decision aid combines video, audio, and text. Inclusion of video allows presentation of actual health states and EOL treatments to inform ACP decisions better than the verbal or text presentation of hypothetical situations. Presented on a Tablet PC, the prototype included an introduction to ACP, documentary video of a patient with a common advanced-stage condition (demen-
TERM CARE HOMES
the last months of life. Use Hospice at the end of life was associated with higher costs prior to the 95th percentile for each condition. It was unexpected that the decision to use hospice was associated with higher medical expense above the 95th percentile were excluded from the final analysis resulting in a sample size of 1,789 decedents. Although the hypothesis was supported in individual cases, the average monthly medical expense for 24 30-day periods prior to death of patients with renal disease (ESRD), frailty and sudden-unexpected deaths in collaboration with Dr. Lynn Total medical expense for 24 30-day periods prior to the date of death was extracted from the claims data warehouse of a regional managed care organization with total membership around 350,000 individuals in upstate New York. Cases with ESRD (n=21) or medical expense above the 95th percentile were excluded from the final analysis resulting in a sample size of 1,789 decedents. Although the hypothesis was supported in individual cases, the average monthly expense for the life-limiting conditions were remarkably similar even after removal of ESRD and cases with medical expense over the 95th percentile for each condition. It was unexpected that the decision to use Hospice at the end of life was associated with higher costs prior to the last months of life.

COMMUNICATING ABOUT PALLIATIVE CARE IN LONG TERM CARE HOMES
S. Kaasalainen, M. Kelley, K. Brazil, McMaster University, Hamilton, Ontario, Canada
Aims: As the population continues to age, more people will die in long term care (LTC) homes. Minimal research has focused on the current experiences of staff, LTC residents and their family members related to how palliative care is managed for this unique population as well as the inherent challenges in this sector. The purpose of this study was to explore how palliative care is currently managed in LTC homes. Methods: A qualitative descriptive design was used to collect data in four LTC homes in Ontario, Canada. Data was collected using 12 focus groups (6 with nurses, 6 with personal support workers) and 72 individual interviews (10 with residents, 62 with family members). Data was analysed using thematic content analysis. Findings: The major themes that emerged from the data were all focused on the importance of ‘Talking About Palliative Care’. Staff, family members and residents spoke of their desire to manage symptoms for residents as residents’ health status declined. To do this effectively, relationships needed to be developed among all of them. These relationships became increasingly important as residents approached their death and all participant groups highlighted the need to spend more time with residents and their families during this time. Learning about palliative care and working as a team were critical to promoting quality care for residents and their family members. However, staff, residents and their family members all acknowledged the challenges in the current system that necessitated optimizing limited time and resources in LTC. Conclusions: These study findings highlight the limited conversations about palliative care that occur in LTC homes. Future interventions aimed at encouraging more conversations about palliative care among staff, residents and their family members are needed so that the their quality of life in LTC, can be improved.

KOREAN NURSES’ PERCEPTION OF END-OF-LIFE CARE IN CLINICAL SETTING
S. Kim, J. Lee, M. Choi, H. Kim, D. Kim, College of Nursing, Yonsei University, Seoul, Republic of Korea
Background: End-of-life (EOL) care becomes important for nurses who care dying patients and families when they are in critical situations to meet the optimal death. However, there is a lack of study examined perception of EOL care among Korean nurses. Objectives: To assess nurses’ perception of facilitators and barriers of EOL care in clinical settings. Methods: We distributed self-administered questionnaires to a convenience sample of 400 nurses working at tertiary hospitals in Seoul, Korea. Results: The mean age was 31 years and the mean year of clinical experience was 7.7 years. Almost half of nurses responded that they receive EOL care education previously. The 3 highest scoring items of facilitators of EOL care were: ‘family members’ patient dying acceptance’, ‘having time to prepare the family for the patient’s expected death’, and ‘having the physician meet in person with the family after the patient’s death to offer support and validate the given care’. Five of the top 10 barriers were related to dealing with patients’ families issues that make nurses providing EOL care difficult, such as ‘families not accepting what the physician is telling them about the patient’s prognosis’ and ‘dealing with angry family members’, Nurses who received EOL care education reported a higher score of perception of facilitators than nurse who did not (t=2.158, p=0.032). Conclusions: EOL care for patients and their families can be a challenge and nurses need to be trained to manage in this area. Thus nursing education should be provided to facilitate nursing practice.

PERCEPTIONS OF END-OF-LIFE CARE BETWEEN HOSPICE AND SKILLED NURSING FACILITY STAFF UTILIZING DEDICATED TEAMS
A.A. Gerding, K. Marz, Nursing, Boise State University, Boise, Idaho
Purpose: To examine the perceptions of hospice staff and skilled nursing facility (SNF) staff using dedicated teams to provide end of life care. Differences in regulations and philosophies between hospice care and skilled nursing care can hinder continuity of care, communication and coordinated efforts directed at end-of-life care for the dying resident. Methods: A Likert scale survey (Cronbach alpha = 0.858) was used to explore the perceptions of end-of-life nursing care between hospice and SNF staff (n=175). Data were analyzed to determine differences in staff perceptions of those with (n=103) and without (n=72) designated teams on multiple variables. Results: Both hospice and SNF staff perceived they had effective knowledge and skills to care for the dying patient. ANOVA results demonstrated significant differences in collaboration between hospice and SNF designated teams and those without designated teams when examining hospice as a benefit to the SNF resident, continuity of care, support of resident’s advance directives, SNF practice of hospice philosophy & pain management (p ≤0.03). Differences in regulations and communications were found to be the greatest barriers of collaboration. Implications: Collaboration between SNFs and hospice requires alignment of clinical goals and effective communication around residents’ changing care needs. Regulations
are conflicting and have implications for changes in policy. Development of dedicated teams to improve communication, coordination, alignment of clinical goals and continuity of care is a reasonable intervention that will expand care for the dying resident.

ETHICAL CONFLICTS EXPERIENCED BY HEALTH CARE PROVIDERS WHO PROVIDE HOME-BASED PALLIATIVE CARE
K. Brazil, J. Ploeg, S. Kaasalainen, D. Marshall, McMaster University, Hamilton, Ontario, Canada

Health care providers regularly encounter situations of moral conflict and distress in their practice. Moral distress may result in unfavorable outcomes for both health care providers and those in their care. The purpose of this study was to examine the experience of moral distress from a broad range of health care occupations that provide home-based palliative care. Identifying the antecedent conditions for moral distress in the practice of community palliative care represents the initial step of addressing the issue. A qualitative, descriptive study was conducted. A critical incident approach was used in the interviews to elicit the healthcare provider’s experiences on moral distress. Five home visiting organizations in south central Ontario, Canada participated in the study resulting in eighteen health care workers who completed individual interviews. Most participants described at least two critical incidents in their interview generating a total of 47 critical incidents. Analyses of the critical incidents revealed 11 issues that triggered moral distress which clustered into three themes, (a) the role of informal caregivers, (b) challenging clinical situations and (c) service delivery issues. The findings suggest that the training and practice environments for health care providers need to be designed to recognize the moral challenges related to day-to-day practice.

PREDICTION OF COMFORT OF PATIENTS DYING FROM DEMENTIA BY FAMILIES’ AND PHYSICIAN’S PERCEPTIONS OF DEMENTIA
J.T. van der Steen1,2, B. Onwuteaka-Philipsen2, M. Ribbe1, L. Deliens1,3, I. VU University Medical Center, EMGO Institute for Health and Care Research, Department of Nursing Home Medicine, Amsterdam, Netherlands, 2. VU University Medical Center, EMGO Institute for Health and Care Research, Department of Public and Occupational Health, Amsterdam, Netherlands, 3. End-of-Life Care Research Group, Vrije Universiteit, Brussels, Belgium

Families’ understanding of the poor prognosis and clinical course of dementia may be related to the treatments patients receive at the end of life. It is unknown if such understanding is related to one of the most relevant outcomes, which is dementia patients’ comfort when dying. Moreover, physicians’ perceptions have rarely been addressed. Between 2007 and 2010, we conducted a prospective study with surveys at regular intervals from nursing home admission. Seventeen nursing homes across the Netherlands participated. We performed preliminary analyses with the first 119 deceased patients in the study, their families and physicians. Patient’s comfort was assessed by staff with the validated End-of-Life in Dementia Comfort Assessment in Dying (CAD) scale. We further assessed perceptions of dementia as a disease you can die from, perceptions of prognosis assessed by understanding of complications, life expectancy, and counselling, comfort care goal, potentially burdensome interventions, and possible confounding factors such as family education. Of the families, 46% agreed that dementia is a disease you can die from; 93% of physicians agreed. Only families’ and physicians’ perception of dementia was independently associated with patients’ increased comfort (adjusted beta 0.9, 95% CI 0.2;1.6, and 1.2, CI 0.3;2.0, respectively). We will present results in the full dataset, including more patients who died years after admission. Further study is needed on how a broad perception of dementia translates into different care practice. Nevertheless, family education may be a promising strategy to improve quality of dying in dementia.

RURAL ALABAMA VETERAN ADVANCE DIRECTIVE BEHAVIOR AND DESIRE FOR HELP COMPLETING AN ADVANCE DIRECTIVE
A.F. Mahaney-Price1, M.M. Hilgeman1, S. Kertesz2,3, L. Davis1,4, I. Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, 2. University of Alabama at Birmingham, Birmingham, Alabama, 3. Birmingham VA Medical Center, Birmingham, Alabama, 4. University of Alabama School of Medicine, Tuscaloosa, Alabama

1. Objectives: To identify characteristics of rural Alabama veterans who (1) have an Advance Directive, and (2) desire help completing an Advance Directive. 2. Design: Survey, Descriptive. Convenience sample. 3. Methodology: Two-hundred-and-six veterans (M = 55.3 years old, 91.3% male, 40.3% Black/African American) who had either never enrolled or were not utilizing VA health services in >2 years were recruited from rural Alabama residences. Outreach workers conducted a battery of assessments that included two survey items related to Advance Directive behavior and desire for help completing an Advance Directive. 4. Results: Only 12.6% had completed an Advance Directive in the past. Of those who did not have an Advance Directive, 34% expressed interest in receiving help to complete one in the future. Crosstab analyses revealed significant Pearson Chi-Square statistics for race, education, and income, such that African American/Blacks, those with less education, and those with lower income were less likely to have an Advance Directive. Similar patterns emerged for interest in receiving help. Interestingly, the majority (70.4%) of individuals had been to a primary care provider in the past year. Forty-four (21.4%) of the respondents reported that they trust information about health or medical topics from a health care professional only “some” or “a little.” Of those 44, only 6 had an Advance Directive. 5. Significance: The number of rural Alabama veterans who are expressing a desire for help completing Advance Directives suggests an unmet need. Development of a nursing intervention is underway.

SESSION 510 (POSTER)

ECONOMICS OF AGING
A COMPARISON OF POVERTY AND ECONOMIC INSECURITY AMONG OLDER ADULT SINGLES AND COUPLES IN MICHIGAN
T.B. Jankowski, J.C. Booza, C. Leach, Institute of Gerontology, Wayne State University, Detroit, Michigan

Developed by the Gerontology Institute at UMass Boston in conjunction with Wider Opportunities for Women and Elder Law of Michigan, the Michigan Elder Economic Security Standard Index, or Elder Index, is a measure of income sufficiency that takes into account the housing circumstances and health status of single and married elders, as well as geographical variations in the cost of living across the state’s 83 counties. We apply the Elder Index to population estimates derived from the 2006-2008 American Community Survey to compare the rate of economic insecurity it indicates in Michigan senior-aged households to that suggested by the official federal poverty measure in the same survey. We find that economic insecurity as indicated by the Elder Index is much more widespread than the official poverty rate would indicate, and that differences between poverty and Elder Index threshold rates are the greatest in areas with the highest cost of living.

THE ECONOMY, HEALTH AND PAIN: A TWO YEAR EVALUATION OF BLACK ELDERS IN DETROIT
C.R. Green1, L.A. Chadiha1, T.A. Hart-Johnson1, P.A. Lichtenberg2, J. Jackson1, I. Anesthesiology, University of Michigan, Ann Arbor, Michigan, 2. Wayne State University, Detroit, Michigan

In economic hard times the elderly, racial minorities and women may suffer a larger burden than others, but this is rarely quantified. Community-dwelling blacks in Detroit, Michigan were recruited through...
ECONOMIC WELL-BEING AMONG OLDER IMMIGRANTS

Y. Nam, University at Buffalo, Buffalo, New York

Background: Older immigrants are growing but vulnerable population. Earnings of immigrants are significantly lower than their native counterparts with comparable education and skill level, which is expected to reduce their retirement savings. Substantial proportion of older immigrants who immigrated at old age are not eligible for Social Security. Despite economic vulnerability, we know little about their economic conditions, especially asset ownership. Method: This study conducts secondary data analyses using individual level data from the Current Population Survey, collected from 2003 to 2008. The sample consists of 71,161 older adults. This study categorizes older adults by immigration status (native-born versus immigrants), citizenship status (naturalized citizens versus noncitizens) and recency of immigration (established immigrants versus recent immigrants). This study employs various indicators of economic well-being: household income, poverty status, homeownership, and asset income (income from assets such as interests and rental properties). Results: Older immigrants’ economic conditions are worse than native-born older adults in all indicators. Poverty rate is 20.42% among noncitizens and 21.97% among recent immigrants while it is 9.52% among native older adults. Homeownership rate is 61.74% among noncitizens and 54.87% among recent immigrants, about half of that of native older adults. While the majority of native older adults (61%) have asset income, only 48% of older immigrants do so. Median asset income is $103 among native older adults, $0 for all types of immigrants except from naturalized citizens ($6). Conclusions: The results indicate that older immigrants, especially noncitizens and recent immigrants, are at high risk of economic hardship.

ECONOMIC CHALLENGES FACED BY GRANDPARENTS RAISING GRANDCHILDREN: IMPLICATIONS FOR POLICY DEVELOPMENT


There is a growing body of research on grandparents raising grandchildren, ranging from early studies of kinship care in formal foster care systems to more recent analysis of impacts on health and mental health of both caregivers and children, and behavioral and educational impacts on children. However, there has been little analysis of the economic impact on grandparent caregivers when they become the primary caregivers of one or more children, and this will be addressed in this session. For example, one important question that is discussed anecdotally is whether caregivers are more likely to reduce work in order to provide child care, or take on additional work, or return to work after retiring, in order to meet the new financial responsibilities of caring for children a ‘second time around’. Programs providing services to grandparent caregivers report both types of responses to the new responsibilities, but there is little systematic work to identify which choice is predominant or demographically who is most likely to make one choice...
or the other. This workshop will address these questions using an analysis of the Health and Retirement Study, a national sample of Americans 50 years and older that has recorded participants answers to key questions about their lives and behavior over a period of 16 years. Since it is a randomly selected sample, the results are generalizable to the U.S. population as a whole.

THE EFFECT OF RESIDENCE MODE ON HEALTHCARE COSTS FOR THE ELDERLY IN CHINA
W. Xue, Peking University, Beijing, China

The purpose of this study was to examine the healthcare costs of different residence mode of the elderly, and identify which residence mode would be optimal in China. Using data from the 2008 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS), this paper defined the independent variable as the healthcare cost for seniors, which included the direct cost and the opportunity cost of the caregiving. The opportunity cost was calculated by time spent on seniors’ healthcare. The independent variable was the residence mode divided into “with household member(s), alone, and in an institution”. Based on weighted by proportion of different residence mode, this study created a robust regression model including dependent variable, independent variable, and controlling variables consisted of health status, demographic and socioeconomic variables, and community variables. The results revealed that in the condition that the relevant independent variables were controlled, different healthcare costs for the elderly lied significantly in different residence type. Costs for the elderly who lived with household member(s) were significantly lower than costs for other seniors ( ), as well as costs for the elderly who lived alone were not significantly different with the costs for the elderly who were in an institution. Following by these, this study also demonstrated that more than half (56.1%) of the elderly were willing to live with their children, and 27.3% were willing to living alone (with spouse) and with children living nearby. These results above were clearly useful for professionals and policy makers. From now on, we should greatly develop home-based healthcare mainly including medical, transportation, shopping, cleaning, cooking, and housing adaptation services for seniors instead of institution-based healthcare. On the meanwhile, we should encourage community power to take part in these things.

BUMPS IN THE ROAD: THE IMPACT OF NEGATIVE HEALTH EVENTS ON ECONOMIC SECURITY FOR OLDER ADULTS
L.A. Sullivan, Heller School for Social Policy and Management, Brandeis University, Waltham, Massachusetts

While the study of the impacts of socio-economic status (SES) on health has been an area of interest for researchers for some time, more recently scholars have begun to look at the impacts of health declines on economic status, particularly among older adults. Using frameworks which highlight the importance of life course events on income and savings, this analysis utilizes the Health and Retirement Study to measure the effects of health declines on household wealth. Among adult households age 51+, households in which the primary respondent was healthy (self-reported) had an average of $241,000 in total net worth in 2008, almost 4 times greater than the average wealth of households with a respondent who had poor health. Following households for a decade (1998-2008), pooled times series analysis using fixed effects and selecting initially healthy households only to diminish the possible impact of previous health declines on wealth, reveals that among households (51+ in 1998) a health decline is associated with a $58,867 drop in wealth (p=0.013). Additional analysis by race and ethnicity reveals that African-Americans (p=0.054), Latinos (p=0.0078), and whites (p=0.045) all experience significant, negative impacts on wealth as a result of health declines; however, the losses are approximately twice as great in nominal dollars among whites ($52,739) compared to African-Americans ($24,014) and Latinos ($26,385), who hold substantially fewer assets overall. This study reveals the substantial negative effects health declines may have on household finances and proposes policy solutions to lessen the impacts.

SESSION 515 (POSTER)

END-OF-LIFE

NURSING HOME-BASED END-OF-LIFE CARE: THE “LIVING-DYING” INTERVAL
D. Waldrop, N. Kusmaul, School of Social Work, University at Buffalo, Buffalo, New York

One in four Americans who reach the age of 65 will die in a nursing home and estimates suggest that annually, about 37,800 residents receive end-of-life care in this setting. Enhanced care during the transition from routine to palliative care is important for permanent nursing home residents and their family members. Critical periods of distress for family caregivers may accompany a resident’s dying process, yet little has been known about their experiences, needs and concerns as a loved one is dying. Guided by concepts from the Living-Dying Interval (Pattison, 1977) this study sought to explore family members’ experiences with a dying nursing home resident. In-depth interviews were conducted with 31 caregivers of residents who had died. Interviews involved open ended questions, audiotaaped, transcribed and entered into Atlas ti software for data management and coding. The themes which illuminate family’s experiences on the living-dying interval are: an Acute Medical Crisis (Trigger events, Pile-up of stressors, Level of care crisis); the Living-Dying Phase (Advance care planning, Rehospitalization, End-stage decisions); and the Terminal Phase (Beginning of the end, Awareness of dying). Participants’ words were used to develop a revised model of the Living-dying interval which illuminates the dying process in nursing homes. There is growing recognition of the importance of a palliative care approach which encompasses the resident and family as a unit of care together. In addition, a focus on the assessment and treatment of suffering is central to improving nursing home based-end-of-life care.

COMMUNICATION IN LATE-STAGE CANCER: CONSIDERING HOSPICE
D. Waldrop, M. Meeker, J. Kutner, School of Social Work, University at Buffalo, Buffalo, New York, 2. University of Colorado, Denver, Colorado

Cancer is the second leading cause of death in people over age 65; 60% of all newly diagnosed malignant tumors occur annually in this age group. Estimates indicate that 387,515 people over age 65 died from cancer in 2006. Advancements in medical technology and health care delivery have increased life expectancy and provided new options for care at life’s end. As a result, older cancer patients increasingly have more choices about how and where they die. The purpose of this study was to explore and describe how, when and with whom, older cancer patients communicate their concerns and needs for care during the advanced stages of the illness. The study was guided by the concepts from a decision-making framework that was developed by Carroll and Johnson (1990). Interviews were conducted with 50 hospice patients who had been on the program for 7 days or more and their caregivers. The interview guide included objective measures of well-being (Katz ADL Scale and QLQ-30) as well as open ended questions about the stages of decision-making. Interviews were audio-taped, transcribed and entered into Atlas ti for data organization and coding. Study results illuminate the stages of decision-making: (1) Recognition that cancer is terminal, (2) Formulation of the need for end-stage care, (3) Alternative generation-identifying options, (4) Information search about services needed, (5) The choice- who makes the decision, (6) Action- hospice enrollment and (7) Outcomes—sat-
isfaction with the decision. These findings underscore the interrela-
relationship between well-being and decision-making in the transition to
end-stage care.

PREFERENCES FOR END-OF-LIFE TREATMENT AMONG
KOREAN OLDER ADULTS
E. Ko1, C.S. Berkman2, S. Roh3, 1. San Diego State University, School
of Social Work, San Diego, California, 2. Fordham University,
Graduate School of Social Service, New York, New York, 3. Elmhurst
Hospital Center, Elmhurst, New York

The purpose of this study was to describe the preferences of Korean
American older adults for end-of-life treatment. A cross-sectional
study with a probability sample of 116 participants was conducted.
Participants were asked about preferences for palliative treatments
based on their condition and potential consequences. Only 20.9%
of
participants said they would want life-prolonging medication, such
as chemotherapy, that might cause nausea, fatigue or constant pain,
if they had an incurable disease and were close to the end of life. Over
half (54.3%) said they would want pain medication if they were in
very bad pain all the time, even if it shortened their life and32.8%
said they would not want pain medication under these circumstances.
Most participants (80.0%) were unsure whether they would want life-
prolonging medical treatments if they were in a coma with no hope
of waking up. Only two participants had completed both a health care
proxy and a living will and most had not discussed their end-of-life
treatment preferences with their physician or family. Despite the over-
whelming preference for palliative rather curative treatment, virtu-
ally none of the participants had an advance directive. Gender, age,
and ability to speak English were associated with end-of-life treat-
ment preferences. Participants will understand: 1) preferences for end-
of-life advance treatment by Korean American older adults; and 2)
implications for culturally competent practice for advance care plan-
ning with older adults.

HEALTHCARE DECISIONS IN END-STAGE DEMENTIA:
HOW CAN WE DO BETTER
E. Chichin, J. Reinhardt, M.E. Paggi, Jewish Home Lifecare, New York,
New York

End-of-life decision making is a major challenge in advanced dementia
care, in part due to difficulties recognizing when the disease is near its
final stage, and clarifying the pros and cons of specific decisions. While most recommendations focus on comfort care for advanced
dementia, persons with dementia (PWD) and their families may not
have discussed treatment issues and finalized decisions. We used information about cognitive status and functional ability from the Mini-
imum Data Set (MDS) to identify nursing home residents with advanced dementia as part of a larger investigation. This study reports on med-
ical record reviews of health care decisions over a 12-month period for
some of these elders (N=29) to see if the number and types of specific health care decisions increased over time. Despite having “terminal prognoses,” findings reveal that these patients’/surrogate decision-makers
did little over time with respect to decisions to enhance comfort,
beyond requests for Do Not Resuscitate/Do Not Intubate (DNR/DNI)
Orders. Initially, 68.9% had DNR orders. One year later, all had resusc-
itation discussions with their health care teams, and all but one requested DNR. Initially, approximately half opted against a ventilator for the
PWD, which increased to almost 80% 12 months later. Although the lit-
erature suggests aggressive treatments are burdensome in end-stage dementia, only 1/4 initially requested no hospitalization and only about
1/3 did so 12 months later. Fewer decision-makers chose no feeding
tubes or intravenous therapy or specifically requested comfort care.

The implications of these decisions for research and practice are discussed.

IMPACT OF NON-CLINICAL FACTORS ON PRESCRIBING
DECISIONS IN PERSONS WITH END-STAGE DEMENTIA
K.L. Lapane1, L.A. Daiello2, C. Motzkus1, C. Parsons2, C.M. Hughes3, 1. Epidemiology and Community Health, Virginia Commonwealth
University, Richmond, Virginia, 2. Lifespan Hospital, Providence,
Rhode Island, 3. Queens University, Belfast, Northern Ireland,
United Kingdom

Background: Few studies relating to the importance of rationaliza-
tion of medications in patients with advanced dementia nearing the end-
of-life exist. Little is known about the impact of non-clinical factors on prescribing decisions. Objective: To evaluate the extent to which nurs-
ing home placement, family involvement, and advanced directives influ-
ence prescribing decision-making in patients with end-stage dementia
Methods: A multidisciplinary team developed 4 vignettes of patients with
end-stage dementia with specific questions relating to discontin-
uation or initiation of specific medications. Using a modified Dillman
approach, we invited a sample of primary care physicians with an active
Virginia medical license to participate and 274 responded. Physicians
were emailed surveys randomly assigned three factors: 1) Place of res-
idence of the patient (community-dwelling, nursing home); 2) Presence
absence of an advance directive; and 3) Family desires active meas-
ures, family desires supportive measures, no family involvement. Chi-
square analyses were performed as balance of potential confounders
was achieved through randomization. Results: Continuation of thera-
pies not likely conferring benefits (e.g. statins) was commonplace,
regardless of randomly assigned factors. Physicians were less likely to
initiate therapy for patients with advanced directives (e.g. treating pneu-
monia with fever: 59% with advanced directives vs. 75% without (p-
value=0.01). Medication initiation was not influenced by family involve-
ment. For 3 of the 4 vignettes, residents in nursing homes had decreased
likelihood of initiating a medication relative to community-dwelling
elders. Discussion: Prescribing decisions for patients with end-stage
dementia may be influenced by non-clinical factors. Guidance on strate-
gies to discontinue medications may be warranted.

THE PUBLIC HEALTH STRATEGY FOR PALLIATIVE
CARE: AN EMPIRICAL EVALUATION
S. Mwangi, Miami University, Oxford, Ohio

In 1990, the WHO pioneered a public health strategy for integrat-
ing palliative care into healthcare systems for national governments
around the world to adopt under four different contexts including cul-
ture, disease demographics (i.e., mortality rates), socioeconomics, and
healthcare systems. By 2006, only 15 percent of countries, mostly devel-
oped ones, in the world had their palliative care services approaching
integration with their healthcare systems. Unfortunately, few studies
evaluated how the public health strategy has influenced the develop-
ment of palliative care globally. This study employs logistic regression
analysis using country-level data from the WHO and the World Bank
to investigate the factors associated with the presence/absence of pal-
liative care services in all countries. Results show that significant cor-
relates of palliative care services include a higher old-age dependency
ratio, a rising number of non-communicable diseases, a greater health-
care worker density (i.e. physicians and nurses per 1,000 of population),
a greater proportion of government expenditure on healthcare, and a
higher gross domestic product per capita growth rate. These findings
are congruent with the recommendations of the WHO’s strategy in regard
to the socioeconomics and healthcare systems contexts. However, for
the disease demographics context, mortality rates were not significant
predictors of presence/absence of palliative care. Instead, higher preva-
ience of advanced chronic diseases was a significant predictor of pres-
ence/absence of palliative care services. Findings from this study have
important implications to palliative care decision makers, especially
those in developing countries (e.g., resource allocation for healthcare
workers and using the existing healthcare structures to provide palli-
vative care).
TO REFER OR NOT TO REFER: LOOKING BEYOND PHYSICIAN DEMOGRAPHICS TO IDENTIFY FACTORS THAT INFLUENCE PATIENT REFERRALS TO END-OF-LIFE CARE
A. Coulourides Kogan 1, S. Enguidanos 1, R.D. Brumley 2, J. Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. Kaiser Permanente, Bellflower, California

Documentation of patient preferences for home as the site of end-of-life (EOL) care has resulted in increased enrollment in hospice. However, recent studies continue to document varying rates of physician referrals to hospice care, with one study finding that only 53% of stage IV lung cancer patients had a hospice discussion with their provider. More information is needed to understand factors influencing patient-physician communications about hospice. This study reports findings from a web-based survey among a sample of health maintenance organization physicians who had a patient die within six months of last seeing the patient. In 2008, 2,099 physicians were contacted via email and provided a link to an anonymous survey on referral behaviors to EOL services, comfort level discussing EOL services with patients, and personal/family experience with hospice. Among those completing the survey (n=554), most were U.S.-born (69.1%), married (83.8%), and male (66.0%) with a mean age of 47 years (SD=8.9). About half were Caucasian (51.7%). Regression analysis revealed that age, medical practice specialty, and comfort discussing EOL care were predictors of referrals to hospice. Gender, ethnicity, nativity, and personal/family experience with hospice were not significantly associated. Physicians’ lack of comfort with conducting EOL discussions reveal a need for better training and organizational support to encourage appropriate patient-physician dialogue. Divergent EOL referral behaviors among emergency-type and specialty care physicians may also point to a lack of training or more significantly, a disassociation between one’s field of practice and their perceived role in hosting these discussions.

PAIN TRAJECTORIES FOLLOWING INPATIENT PALLIATIVE CARE CONSULTS: DOES INITIAL PAIN INFLUENCE PAIN CONTROL?
J. Laguna 1, S. Enguidanos 1, R.S. Goldstein 2, J. University of Southern California, Los Angeles, California, 2. Kaiser Permanente, Bellflower, California

Inpatient palliative care (IPC) teams have been found to be effective in reducing and maintaining control of patient pain during hospitalization. Studies have documented average pain change reductions among cohorts of hospitalized patients, however little is known about the influence of the IPC team on pain trajectories among varying levels of initial pain intensity. This study examines pain trajectories among 484 managed care patients, ages 65 years or older, receiving IPC consults. Using the 11-point NRS pain rating scale, patients were grouped into three categories based on initial/baseline pain intensity (0=no pain; 1-4=mild pain, 5-10=moderate-to-severe pain), and then reassessed for pain intensity at four follow-up time points (two- and 24-hours following consult, immediately prior to hospital discharge, 10 days post-discharge). Results revealed that patients with no pain at baseline reported no significant changes in pain intensity during hospitalization. Patients with mild and moderate-to-severe pain at baseline reported significantly lower pain intensity during hospital follow-up assessments (F=19.963, p<.05; F=91.275, p<.05, respectively). Ten-days following hospital discharge, mean increases in pain intensity were observed among all groups; however significant increases were found among the no baseline pain (t=7.092, p<.05) and moderate-to-severe baseline pain (t=2.642, p<.05) groups only. This study is among the first to analyze the impact of IPC on varying initial levels of patient pain. Results support IPC team capacity to control patient pain regardless of initial intensity. Reported increases in pain intensity following hospital discharge further substantiate the need for additional studies investigating patient transitions from IPC to subsequent care settings.

REVIEW OF EXISTING DATA FOR INPATIENT HOSPICE RESEARCH
S. Lysaght, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

End-of-life care is growing at a substantial rate, specifically in the increased use of formal hospice services. Within hospice, there has been a steady rise in number of patients using the general inpatient level of hospice care. Increased attention to quality measurement for end-of-life care parallels this growth. The use of secondary analysis data in hospice research is a way to minimize participant burden, efficiently use data already collected, and expand health services research in end-of-life care. This poster addresses the following question: What is the availability and feasibility of using existing data in quality measurement for the general inpatient level of hospice care? Included in this analysis will be administrative data, a previous large national study, and the future utility of electronic medical records. Existing data sets evaluated include Medicare Standard Analytic Files (SAF), the National Data Set (NDS), the National Home and Hospice Care Survey (NHHCS) and the National Hospice Outcomes Project (NHOP). Additionally, the use of Electronic Medical Records (EMR) is examined. Options for answering research questions about the general inpatient level of hospice seeking patient-level data are limited. For patient specific data, the Medicare SAF is recommended, however the NDS and NHHCS offer some guidance for institution level comparison. Medicare SAF data available two years from now will be even richer because of the increasing reporting requirements for claims. Use of EMR in end-of-life care is increasing at the provider level; however research will be limited by known problems in data collection and retrieval.

WHY MINORITY ELDERS DO NOT USE HOSPICE CARE: FINDINGS FROM A META-ANALYSIS
H. Noh, University of Wisconsin-Madison, Madison, Wisconsin

Despite a continued growth in the number of racial and ethnic minority elders and the minority population overall, lower use of hospice care by minority elders than that of their white counterparts has been evidenced in previous studies. The purpose of this study is to explore what causes minority elders’ lower participation in hospice care. A meta-analysis was performed using comprehensive health and social science database such as CINAHL, SocINDEX, PubMed, and, ProQuest. Articles were selected using key words including, end-of-life care, palliative care, hospice, minority, old, and, elderly. Findings of identified studies that report on the reasons of minorities’ lower use of hospice care were categorized into three groups. The first reason is ‘structural barriers’ in accessing hospice care, such as, lack of health insurance and limited income, immigration status, Medicare caregiver requirement, lack of knowledge of hospice care, low referral rate by physicians, and, other logistic barriers. The second reason is ‘minority elders’ end-of-life healthcare preferences’, which include differences in spiritual/religious beliefs, acculturation, family-centered culture of care, and, mistrust and medical racism. Finally, the last reason is ‘minority elders’ cultural preferences’ regarding how they receive the care, such as, lack of health care among health care providers and language differences. Understanding these possible reasons for minority elders’ lower use of hospice care will assist healthcare providers in hospice care setting with promoting the access to and use of hospice care by this population.

END OF LIFE GUIDELINES FOR DEMENTIA
S.M. Cahill 1, D. Doran 2, M. Watson 3, 1. Trinity College, Dublin, Ireland, 2. Quality Initiatives, Belfast, Ireland, 3. University of Ulster, Belfast, Ireland, Ireland

One in three people over the age of 65 will die with some form of dementia and the majority will be located in nursing homes (NHs) at time of death. Yet compared with other groups, people dying with dementia in NHs have attracted limited research interest. Indeed little is known about their end of life (EOL) care experiences nor are there any demen-
tia specific guidelines in place to inform optimal care practices in this important area. The primary aim of this study was to identify key issues in EOL care for people in Irish NHs dying with dementia. The secondary aim was to develop guidelines to help NHs review practices in order to deliver optimal care to this very vulnerable group. The research received ethical approval from Trinity College Dublin. In-depth interviews were conducted with 16 bereaved spouses purposefully recruited from Nursing Homes, Carers Organizations, Alzheimer’s Societies and Health Services. Topics covered included quality of care in last 90 days, pain, symptom and comfort control and post bereavement experiences. Findings showed that much care delivered to residents with dementia was of a very high standard. Person-centered, individual and professional care was valued as was the capacity for care staff to develop close working relationships with residents and their families. Poor communication, lack of involvement in key decision-making and any sense of residents not being treated respectfully or their symptoms not well controlled were particular areas of dissatisfaction. Based on these findings guidelines on EOL and dementia were drawn up.

ELDERS DYING ALONE: A SURVEY OF PROFESSIONALS IN THE DEATH SYSTEM

K. Niles-Yokum1, D. Wagner2, K. de Medeiros3. 1. Behavioral Sciences Department, York College of PA, York, Pennsylvania, 2. New Mexico State University, Las Cruces, New Mexico, 3. Miami University, Oxford, Ohio

Despite continued increases in the percentage of people age 65 living alone, there has been little research on the phenomenon of dying alone. Given current demographic trends toward an aging population, what the Japanese call “kodokushi”, or lonely death, may likely become a normative form of death in the United States. This study examines the perceived implications of dying alone and professionals’ views of risk factors using an on-line survey distributed to two national professional organizations: the National Funeral Directors Association (NFDA) and the National Association of Medical Examiners (NAME). The implications of an increase in people dying alone are far-reaching. These could include additional costs to public agencies who may have the responsibility for managing disposition of the body, autopsies to determine cause of death, search for family or significant others, liquidation of personal belongings including in some cases housing, to name a few. Our study is focused not only on the implications for public agencies and services but on societal implications as well. Findings from this survey reveal limited understanding of this phenomenon in both groups, little consideration of future trends based on aging population and a wide range of record-keeping practices related to individuals who die alone in their homes. Additionally, findings indicate risk factors for dying alone include living alone, limited social networks and increased risk for falls. Overall, our findings highlight an overlooked yet important social phenomenon and carries great implications for public policy and future research on this topic.

SESSION 520 (POSTER)

HEALTH CARE POLICY AND FINANCING

FLYING BENEATH THE RADAR OF HEALTH REFORM: THE COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORTS (CLASS) ACT

E.A. Miller, Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts

The purpose of this analysis is to evaluate the benefits and drawbacks of the Community Living Assistance Services and Supports (CLASS) Act, a national voluntary LTC insurance program administered by the Federal government. The CLASS Act will provide a LTC benefit applicable to both the elderly and younger disabled people with disabilities. It also has the potential to provide a uniform national benefit available to qualified enrollees anywhere in the U.S. The CLASS Act is intended to supplement rather than supplant assistance received from other payers. Furthermore, its reliance on a cash benefit allocated by beneficiaries with the assistance of counseling services makes it consistent with the consumer-directed philosophy favored by the LTC advocacy community. Several issues could limit the impact of the CLASS Act, however. It is likely that the government will face substantial challenges promoting take-up, automatic enrollment in participating workplaces notwithstanding. It also is likely that voluntary enrollment combined with a lack of medical underwriting could lead to disproportionate numbers of high cost enrollees. Moral hazard and gaming could prove problematic as well, further contributing to higher than expected costs. Barring making the program mandatory there are a number of comparatively minor changes policymakers could make to strengthen the risk pool, although there could be a tradeoff between attracting better off risks while eschewing those likely to need the benefit most. Given prevailing challenges it is likely that the CLASS Act will add but a small enhancement to the existing patchwork of financing options available.

STATE AGE-FRIENDLINES: INFLUENCES OF LEGISLATOR SEX AND ETHNICITY

J. Giles-Sims1, C. Lockhart1, J. Green2, J. Giles, Sociology, Texas Christian University, Fort Worth, Texas, 2. Texas Christian University, Fort Worth, Texas, 3. Texas Christian University, Fort Worth, Texas

Purpose: We examine the influences of sex and ethnicity among legislators with respect to their support of policies responsive to older citizens. Previous research has found that women and minority legislators tend to vote cooperatively in support of policies favoring education and families, and women legislators extend this support to various dimensions of “state age friendliness.” This paper examines whether ethnic minorities follow women in extending this cooperation to “state age-friendly” policies. Design and methods: Data include legislative decisions from the 50 American states related to three dimensions of state age friendliness used as dependent variables: 1)meaningful contributions and supportive communities, 2)sustaining health and accessing high-quality medical care, 3)finding accessible and high-quality long-term care, as well as home and community based expenditures divided by Medicaid nursing-facility expenditures. Independent variables include: women’s legislative influence, blacks’ legislative influence and control variables that previous research finds also influence legislative decisions. Regression analyses test several hypotheses. Results: Controlling for the most prominent alternative factors generally shaping state orientations and policies, female legislators are selectively supportive of dimensions of state age friendliness, but minority legislators (African-Americans in this study) do not share this orientation. Implications: Women and minority legislators may have specific divergent priorities with regard to elders and women and black legislators in different states may have distinctive cultures. Implications include recommendations for further research and education and for strategic efforts to improve elders social policy options.

CASH FOR CARE IN EUROPE – IMPLICATIONS FOR CLASS

P. Nadash1, P. Dooy2, K.J. Mahoney2, Gil, Gerontology, University of Massachusetts, Boston, Boston, Massachusetts, 2. ASPE/DHHS, Washington, District of Columbia, 3. Boston College, Chestnut Hill, Massachusetts

This paper presents data from programs in Austria, England, France, Germany, and the Netherlands that pay cash to people with long term services and support needs, addressing the question of what lessons their programs might have for the United States, which, under the 2010 Patient Protection and Affordable Care Act (PPACA), is introducing a new, federally administered, voluntary public insurance program: Community Living Assistance Services and Supports (CLASS). Data from program administrators and policy researchers were collected to understand key
program parameters: how benefit levels were set; whether project expenditures matched projections; how administrative costs were controlled; how the use of benefits was regulated; and what protections were offered to workers. We present data on program enrollment and expenditures, which show that cash for care programs continue to grow. We also set the programs in the context of each country’s social support system and political culture. All devolve some responsibilities to the local level and all are concerned about the political impact of benefit abuse—in particular, the emergence of a grey market of care. No country has been successful in projecting expenditures and all lack data that would allow a full understanding of program operations. We also find that the structure and level of benefits have important distributive effects, which translate into political concerns. These findings suggest that the United States should carefully consider how its method for tracking expenditures is implemented. Moreover, we should consider the use of fixed benefit levels and payment mechanisms that build in accountability.

SOURCES OF REGIONAL VARIATION IN MEDICARE PART D PRESCRIPTION DRUG SPENDING

Medicare Part D drug spending varies significantly across regions; however, the sources of variation are unknown and may reflect regional differences in health status, use of effective treatments, or prescribing of expensive brand-name drugs over lower cost generic substitutes. We examined sources of regional variation in Part D spending overall and in commonly-used drug classes among 4.6 million enrollees in Part D in 2008. We conducted cross-sectional analyses of utilization and expenditures across 306 hospital referral regions (HRRs), adjusting for differences in socioeconomic status, demographics, and health status. Most (87.3%) of the variation in per capita drug spending in Part D was due to differences in mean cost/prescription ($54 vs. $63 in the lowest and highest spending HRRs). Small differences in the total number of prescriptions filled annually (44.7 vs. 47.5) explained the remainder of the difference. Variation in the cost/prescription was due to greater use of branded drugs in some regions. One-third of antidepressant prescriptions were filled for brand name drugs but the range was from 24% to 55% across regions. Branded use of statins for lowering cholesterol varied from 29% to 61% across regions. Regional differences in branded drug use have important cost implications given the 5-fold price difference for branded vs. generic drugs. Regional variation in Part D spending appears to reflect differences in the cost of drugs prescribed rather than the number of prescriptions. The greater reliance on expensive branded drugs in some regions is a potential target for benefit design changes in Part D plans.

RACIAL AND GENDER DISPARITIES IN MEDICATION NONADHERENCE: A PRE/POST MEDICARE PART D COMPARISON

This longitudinal study examined how gender and racial disparities in cost-related medication nonadherence (CRN) have been impacted by the Medicare prescription drug benefit (Part D). Prior to Medicare Part D, older Blacks and females have reported greater CRN in comparison to older Whites and males. This study examined whether disparities in CRN continue since the policy’s enactment. Data from the 2005 and 2007 waves of the Prescription Drug Study (PDS), a subsample of the Health and Retirement Study (HRS), were used to evaluate changes in CRN before and after the implementation of Medicare Part D. The analytic sample consisted of 3,171 respondents age 65 and older who were Medicare-eligible and taking at least one prescribed medication. The outcome variable of interest was CRN, which included not filling, stopping, or skipping doses of a prescription because of cost. The analysis was conducted using mixed-effects logistic regression models. Results indicated that older Blacks and females were significantly more likely to report CRN both before and after Medicare Part D compared to older Whites and men. While the rate of CRN for females significantly decreased over time in comparison to males, there was no change in the rate for Blacks relative to Whites. The introduction of variables related to socioeconomic status, health status, and prescription insurance coverage had little mediating effect on these findings. The results suggest that racial and gender disparities in CRN continue to persist despite the presence of Medicare Part D.

FAMILY LEGACY EFFECTS ON YOUNGER AND OLDER INDIVIDUALS’ SUPPORT FOR SOCIAL POLICIES

Background: Older and younger individuals may have fewer family risk buffers than individuals in midlife, and therefore want more government involvement in risk protection. This paper explains how availability of nuclear and extended family mediates younger and older individuals’ support for risk protection social policies (RPSP). Methods: Data comes from the Spring 2009 Wave of the Survey of Economic Risk Perceptions and Insecurity (N=2,493), a supplement of the National Election Panel Survey. Support for RPSP was measured across A) Current economic risks (employment and healthcare), B) Future economic risks (retirement and long-term care). Family risk buffers were assessed through nuclear (Single; Always Married, Fragmented; Reconstituted) and extended family status (relatives that could assist in need). Age was stratified (18 to 59; 60 and over) and we used ordered logistic regression to test age-related effects of family status on support for RPSP introducing control/explanatory variables sequentially. Findings: Marriage legacy effects and mixed age effects were found on support for RPSP. Fragmented are more supportive than Single of policies that protect against later life risks. Reconstituted are more supportive of long-term care, but less supportive of retirement policies than Always Married. Older persons were significantly more likely to support programs in areas of health advocacy and job retraining, but less likely to support government responsibility across all risk domains. Implications: Older individuals with fewer family risk buffers are more supportive of RPSP, but less likely to support policies that buffer against long-term risks, which they may already be benefiting from.

IMPACT OF MEDICARE PART D ON RACIAL DIFFERENCES IN DIABETES TREATMENT AND OUTCOMES IN OLDER ADULTS

Medicare Part D, which improved medication adherence among older adults, may help to alleviate racial disparities in treatment and health outcomes for chronic conditions. Our objective was to determine whether there were racial differences in Part D’s effect on drug coverage, diabetes medication treatment, and glycemic control (HbA1c>7) in 702 black and white elders with diabetes mellitus in the Health Aging and Body Composition (ABC) study, a longitudinal cohort of elders half of whom were black. We used generalized estimating equations to examine racial differences in outcomes pre (2003/04) vs. post-Part D (2006/07) adjust-
ing for demographics, socioeconomic and health status, body mass index, and access to care. Blacks experienced a substantial increase in drug coverage after Part D (50.3% to 88.0%), as did whites (62.0% to 93.9%). Rates of antidiabetic medication use did not change after Part D for blacks (65.4% to 65.0%) or whites (62.0% to 60.4%) (Adjusted Ratio of Odds Ratio (AROR) = 1.05, P-value=0.26). Blacks, who received higher intensity medication treatment (e.g., insulin) before Part D, experienced no change (18.9% vs. 18.7%) whereas whites increased insulin use (12.7% to 16.1%), a statistically significant difference in trend (AROR = 0.59, p=0.02). In spite of greater treatment intensity, blacks had worse glycemic control than whites before Part D (47.1% vs. 26.5%), a difference that persisted after 2006 (46.4% vs. 27.1%, AROR=0.94, p=0.30). Medicare Part D did not appear to have a different effect by race in this longitudinal cohort of diabetic elders.

**FACTORS PREDICTING NON-ENROLLMENT IN MEDICARE PART D DUE TO PERCEIVED PROGRAM COMPLEXITY**


Objective: Despite Medicare Part D (MPD) being available to most seniors, the complexity of the program may create a barrier for many seniors to enroll. The purpose of this study was to identify seniors at risk for non-enrollment in MPD because they report being overwhelmed by the program’s complexity. Methods: Data were drawn from the 2007 Medicare Supplemental wave of the Wisconsin Longitudinal Study. Selection of risk factors was guided by the Andersen Behavioral Model. Predisposing variables included: age, sex, marital status, education, employment, and personality traits. Enabling variables included: perceived healthcare access, perceived financial difficulties, shared responsibility for enrollment decision, and rurality. Need variables included: physical and mental disability (SF-12), number of diagnosed illnesses, and prescription medication count. Multivariate logistic regression was used to model non-enrollment due to perceived program complexity as a function of predisposing, enabling, and need variables. Results: Of the seniors not enrolled in MPD (n=2,543), over 10% reported MPD was too complex to enroll (n=287). Adjusted logistic regression revealed the following risk factors for non-enrollment due to complexity: only obtaining a high-school degree versus some college (odds ratio [OR] 1.52, P-value<0.00); poor perceived healthcare access (OR 1.37, P-value<0.00); and a trend for seniors reporting no involvement in enrollment decisions (OR 1.54, P-value 0.09) Conclusions: Our results suggest that older adults perceiving poor healthcare access, having less education, and those not actively engaged in enrollment decisions are finding MPD too complex to enroll. Future interventions should target vulnerable beneficiaries to help increase their understanding of MPD.

**THE EFFECT OF CARE CONTINUITY ON READMISSIONS FOR ELDERS LIVING IN THE COMMUNITY**

J. Gaudet, J. Perloff, C.E. Bishop, *Brandeis University, Waltham, Massachusetts*

In addition to quality of life benefits, reducing hospital readmissions can reduce health care costs. Care continuity, measured as the degree to which a patient receives care from a single provider, may be part of a strategy to reduce readmissions among the chronically ill given the greater complexity and need for coordination associated with their care. This study uses Cox proportional hazard modeling to examine whether care continuity has an impact on time to readmission for previously hospitalized Medicare beneficiaries with chronic illness. Using Medicare claims data from 2003-2004, patients were assigned to the provider from whom they received the most evaluation and management (E&M) services. Patients were then categorized into high, medium, or low care continuity, based on what proportion of all their E&M services were provided by that provider. Results show that the average time to readmission was 64 days and 48% of the sample had a readmission within 30 days of discharge, consistent with previous research. Cox proportional hazard model estimates showed that high continuity was associated with lower risk of readmission: those with high continuity had a 6 percent lower risk of all-cause readmission, controlling for demographic, chronic illness, and geographic factors. Tests of interactions between care continuity and indicators for chronic illness or illness severity revealed a significant but small interaction effect for medium continuity and the ACG risk adjuster. Study results point to the potential value of care continuity for reducing readmissions.

**NURSING HOMES AND PAY-FOR-PERFORMANCE**

N. Castle, J. Engberg, University of Pittsburgh, Pittsburgh, Pennsylvania, 2. RAND, Pittsburgh, Pennsylvania

Pay-for-performance (P4P) is defined as “financial incentives to nursing homes that demonstrate delivery of high quality care or improvement in care.” In the research presented, we provide some descriptive information of nursing home P4P initiatives and examine Nursing Home Administrators (NHAs) opinions of P4P. P4P programs are shown to be comprised of several key components including how the payments are structured, the payment rates, and the measures used. The primary data from NHAs includes opinions on the measures used, efficiency, reliability, and potential behavior changes. Data used in this investigation primarily came from a survey of NHAs conducted in 2010. The survey was based on a conceptual framework linking program characteristics with NHA behavior and performance changes. The survey was developed using focus groups, cognitive testing, and a pilot survey. The survey was sent to 2,000 NHAs working in nursing homes with P4P systems in 2010 and 2,000 NHAs working in nursing homes without P4P systems (RR=66%). Overall, NHAs did not view P4P favorably. Most did not understand the metrics used. Moreover, the quality metrics used were viewed as weak and often not associated with actual quality. The reimbursement given for performance improvement was seen as very inadequate. Some differences did exist across provider types and experience with P4P. The highest quality providers were least opposed to P4P. And, NHAs with the most experience with p4P were least opposed. This information is important, for NHAs responses to P4P likely influence outcomes of these programs.

**NURSING HOME FINANCIAL PERFORMANCE: MEDICARE COST REPORTS VS. MEDICAID COST REPORTS**

J. Epane, R. Pradhan, R. Weech-Maldonado, *Health Services Administration, University of Alabama at Birmingham, Birmingham, Alabama*

US nursing homes (NHs) continue to operate in a financially challenging environment, and the situation is likely to worsen as federal and state governments grapple with budgetary deficits and reduce nursing home reimbursement. Financial distress has been associated with nursing home closures, and quality may also suffer as NHs attempt to reduce costs. Therefore it is important to monitor the financial condition of NHs. The Centers for Medicare and Medicaid Services’ (CMS) Medicare Cost Report (MCR) provides national, financial data on NHs, but it is limited to facilities serving Medicare residents. As such, the MCR does not capture data from NHs that serve only Medicaid residents, which are likely to face greater financial risk. This study examines the financial performance of facilities not captured by the MCR. The study analyzed data for the state of Washington from the Long-Term Care Focus, CMS Medicare Cost Report, and Medicaid Cost Report in 2007. Financial performance measures included total margin (TM), return on assets (ROA), and return on equity (ROE). Of the 217 Medicare and Medicaid certified NHs, 23 NHs (11%) did not have MCR data. NHs not captured by the MCR had significantly worse financial performance than those included. NHs captured by the MCR had TM, ROA, and ROE of 1.8%, 7.4%, and -21.8%, respectively, while those not captured had TM, 181
FAVORABLE SELECTION, RISK ADJUSTMENT AND THE failure and heart attack care both are insignificant. average characteristics, the effects of payment on the quality of heart from heart failure care, an increase in Medicare’s payment rate leads to large numbers of heart failure, we find a positive and significant rela-
hospitals in heart failure care but not for heart attack care. For hospi-
tionship between Medicare’s payment rate and care quality for some
RESULTS AND IMPLICATIONS: We find a significant positive rela-
ple hospitals. Each of the estimated quality models controls for market and hospital characteristics, as well as for Medicare’s reimbursement.
RESULTS AND IMPLICATIONS: We find a significant positive rela-
ship between Medicare’s payment rate and care quality for some hospitals in heart failure care but not for heart attack care. For hospi-
tals that are very highly paid for heart failure and hospitals that treat large numbers of heart failure, we find a positive and significant relation-
ship. For such hospitals, which likely derive substantial revenue from heart failure care, an increase in Medicare’s payment rate leads to a small improvement in the quality of care provided. For hospitals with average characteristics, the effects of payment on the quality of heart failure and heart attack care both are insignificant.

FAVORABLE SELECTION, RISK ADJUSTMENT AND THE MEDICARE ADVANTAGE PROGRAM
M.A. Morrisey, M. Kilgore, D.J. Becker, W. Smith, E.S. Delzell, Lister Hill Center for Health Policy, University of Alabama at Birmingham, Birmingham, Alabama

This paper examines the effects of changes in Medicare policy on the Medicare Advantage (MA) program over the years 1999 - 2008. During this period CMS (1) implemented changes in baseline payments to plans, (2) phased-in of a more sophisticated risk adjustment mecha-
nism called Hierarchical Condition Categories (HCC) in place of the Adjusted Average Per Capita Costs, and (3) required an annual open enrollment period in place of unlimited plan switching. The effects of these policy changes on enrollment/disenrollment and on the claims experience of individuals switching into and out of MA relative to those remaining in traditional Medicare are estimated. Data are drawn from the longitudinal five percent sample of Medicare Part A and Part B claims over the period 1999 through 2008. Favorable/favorable selection is measured as the average claims in the six months prior to switching into MA of all those switching in divided by the average claims experience of those in the same county-month-year who remained in traditional Medicare. An analogous measure was computed using the six months of claims for those switching back to traditional Medicare. County-year fixed-effects regression models with robust standard errors are used. Ten percent higher payments were associated with 9.6% greater annual enrollment; disenrollment decreased dramatically. The HCC resulted in more new enrollees but no meaningful change in favorable selection among them, and in fewer MA disenrollees who were now more concentrated in the expensive extreme tail of the claims distribution. The shift to 12-month enrollment periods yielded only small effects.

SESSION 525 (POSTER)

IMPROVING QUALITY IN HEALTHCARE SERVICES

STAFF PERCEPTIONS OF QUALITY IMPROVEMENT IN A RESIDENTIAL CARE PROGRAM FOR PERSONS WITH DEMENTIA
D.J. Monahan1, M. Koenig2, K. Cahill2, 1. School of Social Work, Syracuse University, Syracuse, New York, 2. Loretto-The Heritage, Syracuse, New York

Designing effective residential interventions for older adults with a dementia diagnosis requires an ongoing evaluation of the organizational environment to assess program quality. The purpose of this paper is to examine how staff perceptions changed during a 12 month quality improvement evaluation. Qualitative methods were used to examine the organizational environment and identify the organizational culture using the Kotter “culture of change” model. The program adapted a web-based educational intervention from the New York State Department of Health, Office of Continuing Care EDGE (Electronic Dementia Guide for Excellence) Program. Its primary objective was to improve the process of care for residents with dementia in long term care by teaching all per-
s who deal with the resident “how to obtain the highest quality of life possible.” Methods used to assess program quality included turnover, resident satisfaction, staff knowledge of dementia, communication with clients and behavioral problems, among others. Staff participated in sev-
eral training days to review resident care guidelines to increase their knowledge of dementia care. Staff incentives to participate and imple-
ment their client “quality of life” skills were assessed. Major findings included the number of staff reporting satisfaction with the quality improvement training and morale. Further analysis needs to be done to examine the extent of turnover and whether long term reductions in staff turnover have occurred.

QUALITY INDICATOR DEVELOPMENT FOR AN EFFECTIVE OCCUPATIONAL THERAPY PROGRAM FOR PEOPLE WITH DEMENTIA
C.M. Dopp1,2, N. van ‘t Leven1,3, M. Graff1,2,3,1, M. Kajen4, B. de Swart4,5, M. Olde Rikkert4,6, M. Vernooij4,5,1. Radboud University Nijmegen Medical Centre, Scientific Institute for Quality of Healthcare, Nijmegen, Netherlands, 2. Radboud University Nijmegen Medical Centre, Nijmegen Alzheimer Center, Nijmegen, Netherlands, 3. Rotterdam University of Applied Sciences, Institute for Health Care, Rotterdam, Netherlands, 4. HAN University of Applied Sciences, department of neurorehabilitation, Nijmegen, Netherlands, 5. Radboud University Nijmegen Medical Centre, Department of Rehabilitation, Nijmegen, Netherlands, 6. Radboud University Nijmegen Medical Centre, Department of Gerontology, Nijmegen, Netherlands, 7. Radboud University Nijmegen Medical Centre, Department of Primary and Community Care, Nijmegen, Netherlands

Background: A community occupational therapy (COTiD) program was proven to be both effective and cost-effective. Adherence of OTs to the COTiD program is crucial in reaching optimal benefits with regard to patient and caregiver outcomes and healthcare costs. Objective: To develop a set of quality indicators representing the key elements of the COTiD program which can serve to evaluate the quality of the occupational therapy treatment of people with dementia and their informal caregiver. Methods: The RAND / UCLA Appropriateness Method was used as a guideline to develop the quality indicators (QIs). Review of the literature and a first expert round (n=6) were used to create a first
set of indications. A second expert group (n=7) was asked to rate the relevance and necessity of each indicator on a 9-point scale. Indicators with a median lower than 7 or indicators on which raters did not agree were either removed from the set of rephrased according to expert suggestions. Last, the feasibility of the set of QIs was evaluated by reviewing patient records (n=30) of past treatments conducted during the study of Graff et al (2006) as these were considered the most accurate as the treatments were conducted by experts. Results: The literature search and meeting with experts resulted in a conceptual set of 28 process indicators and 3 structure indicators. Currently we are working on creating a final and more concise set of indicators. The final set of quality indicators will be available at the conference.

DEVELOPING DEMENTIA NETWORKS: A QUALITATIVE STUDY ON FACILITATORS AND BARRIERS
I. Draskovic, M. Otero, G. Hesselink, M. Olde Rikkert, M. Vernooij, Primary Care, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands

Objective. To gain insight into factors affecting development and functioning of dementia networks. Design. Qualitative study using focus groups and semi-structured interviews. Analyses are performed using grounded theory approach. Setting. Community dementia care in The Netherlands. Participants. Dementia care professionals from five regional dementia networks. Results. Three focus group interviews and three face-to-face interviews were conducted with 17 professionals representing a variety of professional disciplines from 5 dementia networks. Analysis revealed five facilitators for the development and functioning of dementia networks: intrinsic motivation to collaborate on improving dementia care, client centeredness of the improvement projects, team climate, sufficient financial support and long term embedding of the improvement projects, and quality of the National Dementia Programme. In addition, a number of barriers emerged: demotivation, market mechanisms and competitive organisational culture, and insufficient funding of improvement projects. Conclusions. Facilitators for and barriers for the development and functioning of dementia networks were found at individual, social, organisational, and societal levels. We hypothesise that development and maintenance of dementia networks, aimed to facilitate continuous improvements, are not independent of societal trends. These trends determine the level of inter-organisational collaboration and commitment, which, in turn, affect the motivation for active participation at individual level. Future programs addressing healthcare improvements by means of network formation may use this model to chart the main facilitators and barriers beforehand and to adapt their strategies accordingly.

USING ADMINISTRATIVE CLAIMS DATA TO IDENTIFY ADVERSE MEDICAL EVENTS AMONG OLDER ADULTS
M. Carter, F.W. Porell, M. Zhu, J. West Virginia University, Morgantown, West Virginia, 2. University of Massachusetts Boston, Boston, Massachusetts, 3. West Virginia University, Morgantown, West Virginia

Estimates suggest that 98,000 avoidable deaths may occur each year as the result of adverse medical events (AME). Older adults appear to be especially vulnerable, with research indicating a higher incidence and poorer outcomes following AME in comparison with younger populations. However research to date has focused on acute care episodes using limited data sources, leaving broader questions about the risk of AME and the subsequent outcomes of such events largely unanswered. In response, this study draws upon eight years (1998-2005) of administrative claims data from the Medicare Current Beneficiary Survey to identify AME episodes among older adults. Importantly, because medical use histories are constructed from longitudinal claims files, AME first identified in ambulatory settings are included in this study. Random Effects Logistic Regression models were estimated to identify AME risk factors. Marginal models using GEE techniques were used to model the long-term consequences of AME. Results indicate that nearly 20% of the more than 12,000 Medicare beneficiaries experienced at least one AME during panel participation. Older age, male gender, African-American race, poorer health and greater disability levels were associated with increased risk of AME. After adjusting for population casemix differences, marginal model results suggested that AMEs were associated with long-term increases in Medicare costs and use patterns. Study findings also indicate that expenditures remained higher than would otherwise be expected in months following an AME episode. Considered together, findings suggest that claims-based approaches may provide critical insight into the frequency and burden of AME among older adults.

INTERDISCIPLINARY GERIATRIC AND PSYCHIATRIC CARE REDUCES POTENTIALLY INAPPROPRIATE PRESCRIBING IN-HOSPITAL: INTERVENTIONAL STUDY IN 150 ACUTELY ILL ELDERLY PATIENTS WITH MENTAL AND SOMATIC CO-MORBID CONDITIONS
P. Lang, N. Vogt-Ferrier, J. Michel, Department of rehabilitation adn geriatrics, Medical school and University hospitals of Geneva, Geneva, Switzerland

Design: Prospective and interventional study. Setting: Medical-psychiatric unit in an academic geriatric department. Participants: 150 consecutive acutely ill patients aged on average 80 years suffering from mental comorbidities and hospitalized for any acute somatic condition. Intervention: From admission to discharge, daily collaboration provided by senior geriatrician and psychiatrist working in a usual geriatric interdisciplinary care team. Measurements: PIM and PO were detected and recorded by a trained independent investigator using STOPP/START criteria at admission and discharge. Results: Compared to admission, the intervention reduced the total number of medications prescribed at discharge from 1,347 to 790 (p<.0001) and incidence rates for PIM and PO reduced from 77% to 19% (p<.0001) and from 65% to 11% (p<.0001) respectively. Independent predictive factors for PIP at discharge were being faller (odds ratio (OR) 1.85; 95% confidence interval (CI) 1.43–2.09) and for PO, the increased number of medication (OR 1.54; 95% CI 1.13–1.89) and a Charlson co-morbidity index > 2 (OR 1.85; 95% CI 1.38 – 2.13). Dementia and/or presence of psychiatric comorbidities were predictive factors for both PIM and PO at discharge. Conclusion: These findings hold substantial promise for the prevention of IP and OP in such co-morbid and polymedicated population.

CAREGIVER BURDEN AMONG MEDICARE PATIENTS WITH ATRIAL FIBRILLATION

Purpose: To describe patient characteristics and caregiver burden among Medicare patients with atrial fibrillation (AF). Methods: Data from Medicare Current Beneficiary Survey 2001–2006 were analyzed, and patients with AF (ICD-9-CM: 427.31) and age- and gender-matched controls were identified. Sociodemographic and clinical characteristics, limitations in (instrumental) activities of daily living (ADL/IADL), and caregiver utilization were compared. Sample population weights were applied to obtain national representative estimates for the US Medicare population. Results: The 2990 AF patients identified represented 6.7 million Medicare beneficiaries. Using 1:2 matching, 5980 age- and gender-matched control patients were identified. Distribution of race, employment status, and geographic region significantly differed between cohorts; patients with AF exhibited a higher mean Charlson Comorbidity Index score (3.3 vs 1.5; P<0.05) and a higher prevalence of comorbidities, including congestive heart failure, upper gastrointestinal conditions, diabetes, and dementia (P<0.05). AF patients incurred higher mean annual total healthcare costs ($21,898 vs $8204; P<0.05) and used more medications (means, 9.7 vs 6.4; P<0.05). Patients with AF reported...
more ADL/IADL limitations than controls and required more assistance with ADL/IADL (P<0.05). Among patients with caregivers, the mean number of caregivers per patient (1.35 vs 1.29; P<0.05) and the mean number of tasks requiring assistance (2.7 vs 2.2; P<0.05) were higher among AF patients. Conclusion: Medicare patients with AF had more comorbidities, greater annual healthcare costs, more ADL limitations, and were more likely to require caregiver assistance. This greater burden of care should be considered when making therapy decisions, in order to minimize patient or caregiver burden.

EVALUATING OUTCOMES OF A PATIENT-CENTERED CARE MODEL IN A LONG TERM HOME HEALTH CARE PROGRAM

Research suggests frail, complex patients want to remain in their own homes as long as possible, while policy makers seek to provide long term care away from costly institutional settings, preferring to support patients aging in place in the community. One large not-for-profit home health care agency piloted a practice change project among nurses and interdisciplinary clinicians to better serve the geriatric patients in their long term home health care program (LTHHCP). The ensuing Patient-Centered Care Model (PCCM) included a combination of coaching techniques, assessment tools, and patient-centered evidence-based transitional care practices to provide clinicians with skills and competencies to support patients and partner in their care. The longitudinal, quasi-experimental design hypothesized that patients in the pilot group will demonstrate lower hospitalization rates and ED visits, with higher levels of stability or improvement in functional status, knowledge of their medications, and patient readiness. 49 patients met pilot eligibility criteria, were tracked over 6 months, and compared to a similar control group. The average patient was 79 years old, with 83% female, 52% English as the primary language, and averaging 6 co-morbidities. Post-intervention data analysis revealed that compared to the control, the pilot group had notably lower ED visits (6.2% vs 19.5%) and hospitalization rates (10.5% vs 21.3%), as well as significantly better understanding of their medication. Functional status among pilot patients remained unchanged for both groups, reflecting the complex conditions of long term patients. Next steps include assessing patient health literacy, consistent clinician implementation, and updating coaching and communication strategies.

SESSION 530 (POSTER)

REBALANCING LONG TERM CARE SYSTEMS

THE TORTOISE AND THE HARE: TRACKING OHIO’S RUN TO LONG-TERM SYSTEM BALANCE
R. Applebaum, S. Meh dizadeh, J. Straker, I.M. Nelson, Scripps Gerontology Center, Miami University, Oxford, Ohio

For almost two decades Ohio has been working to change its approach to how it provides long-term services and supports. In 1993, over 92% of Medicaid recipients age 60 and older who received long-term care services did so in an institutional setting. In 2009, that proportion had dipped to 60%. While Ohio still lags the nation in the proportion of Medicaid funds spent on home and community-based services, the changes to the system have been substantial. This paper, based on longitudinal data collected from home care providers, assisted living facilities, and nursing homes, presents utilization patterns that demonstrate major changes in how long-term services and supports is now delivered. Data document the tremendous growth in home care, but also the dramatic changes in how nursing homes are used. For example, Ohio’s 70,000 nursing home admissions recorded in 1992 had grown to more than 210,000 by 2009. The rise of short-term nursing home care has been dramatic, with almost 60% of residents staying three months or less. These shifts in use patterns have important implications for long-term system structure and reform. This paper will both describe where long-term care has been, and where the provision of long-term services and supports is going in the future.

CULTURE CHANGE: A COLLABORATIVE EXPLORATION
K. Niles-Yokum, M.B. Ligon, York College of PA, York, Pennsylvania

According to the U.S. census bureau, Pennsylvania ranks third in proportion of elders and fifth in terms of numbers of elders as compared to other states. Given the demographic rational and the increased demand for a person-centered environment, it is important to evaluate and explore readiness for change. York College of PA has entered into a partnership with a long term care, not-for-profit agency serving south central PA to assist in evaluating current practices that support or detract from person-centered care. This session will focus on the process of engaging in applied research within the local community, involving gerontology students in the research process, and outcomes of an assessment of the current status of person-centered care from the providers’ perspective. Findings reveal that staff readiness toward tenets of culture change influences not only current organizational culture but future readiness. Additional findings indicate that gerontological competencies are an important component of the culture change plan.

IS BALANCING ENOUGH? PROJECTIONS FOR MAKING OHIO’S SYSTEM OF LONG-TERM SERVICES AND SUPPORTS WORK IN THE FUTURE
S. Meh dizadeh1,2, R. Applebaum1,2. 1. Department of Sociology & Gerontology, Miami University, Oxford, Ohio, 2. Scripps Gerontology Center, Miami University, Oxford, Ohio

Based on the projected number of people in need of long-term services and supports paid for by Medicaid, this study contends that balancing is not enough to solve future cost and care challenges. The public cost of long-term services and supports is a major concern in Ohio as in all other states. If the consumption patterns remain the same and the annual inflation rate is only 1.5%, we project that the cost of Medicaid long-term care services and supports will be about $6.7 billion in 2020, up from $4.7 in 2007. The more likely scenario indicates that the cost of LTSS in the long-run will increase between 3% to 4% annually, escalating the total Medicaid long-term care expenditures to $8.6 billion, an increase of 83% over 2007 Medicaid LTSS expenditures. There has been considerable emphasis on balancing the system of LTSS in states, our research shows that Ohio has been steadily moving toward a more balanced system for all people with a disability, and has achieved balance in the overall numbers of people using facility-based versus community-based care. While the dollar amounts spent on institutional care continue to require reform, our projections indicate that even if better balance does occur the cost challenges will continue. In an era of shrinking state budgets and an increasing number of people in need of care states will need to consider even more innovations to assist individuals in remaining independent longer.

THE IMPLEMENTATION OF LONGITUDINAL METRICS FOR MONEY FOLLOWS THE PERSON
I. Stockwell, The Hilltop Institute, Baltimore, Maryland

In 2008, Maryland began participating in CMS’s Money Follows the Person (MFP) program, which is designed to promote the reduction of barriers to receiving long-term services and supports in community settings. Recently, work was undertaken to provide an overview of the characteristics of Medicaid recipients who transitioned from a long-term care (LTC) facility, and assess the change in these individuals since the implementation of MFP. The study cohort contained individuals who transitioned to the community and received Medicaid home- and community-based services. Individuals were grouped by age, disability category, and MFP participation. Claims and eligibility data from the state’s Medicaid Management Information System were then ana-
MEASUREMENT OF TRANSITION CHALLENGES: FROM MONEY FOLLOWS THE PERSON TO OTHER CARE TRANSITION SETTINGS


Care transitions of all types, including those from institutions to community or from hospitals to home, are fraught with risk. Numerous challenges arise that slow or prevent successful transitions. Understanding the types and frequency of specific challenges is critical for successful program implementation. As part of Connecticut’s Money Follows the Person (MFP) Rebalancing Demonstration, the state designed an innovative standardized transition challenge tracking tool that identifies and measures each consumer’s challenges. MFP Transition Coordinators complete a cumulative transition challenges checklist in a web-based consumer tracking system. During the first 25 months of CT’s MFP program, there were 500 transitions from institutions to community (“Transition Group”) and 746 cases closed without transitioning (“Closed Group”). Physical health was the most frequently-recorded challenge for both groups, reported for 54% of the Transition Group and 40% of the Closed Group. The Transition Group also experienced frequent challenges with housing (50%), HCBS waivers (44%), and mental health issues (41%). The Closed Group faced significant challenges with HCBS waivers, consumer engagement and life skills (39% each), and mental health issues (32%). In 2010, CT’s pilot Care Transitions Intervention adopted the transition challenges tool for those receiving an intervention while transitioning from hospital to home. Of the 29 people who received the intervention, most experienced at least one challenge: the most frequently-recorded challenge was physical health (44%). Other states have adopted or are considering adoption of the tool. Strategies for program managers to use the tool to detect and remove barriers to successful transitions will be discussed.

UNDERSTANDING TERMINATION FROM HOME AND COMMUNITY-BASED CARE: DECISION MAKING, RISK SCENARIOS AND FUNDING ISSUES

J. Vaughan, F. Alvarez, Y. Decelis, N. Lender, E. Patridge, P. Sanusi, W. Scott, D. Wheeler Ramos, Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts

Home and community-based services (HCBS) are a range of long-term care (LTC) options that enable older adults to “age in place” in their communities. A majority of funding in most states, however, is allocated to institutional care. Care managers are key personnel in the decision making process of transferring elders from HCBS to nursing homes. Building on a 2010 UMass Boston study of in-depth interviews with care managers, the purpose of this study was to gain further insights through an electronic, Massachusetts statewide care manager survey (n=322). While most respondents indicated that services in their region were “somewhat sufficient,” they noted the lack of 24/7 supervision, and the lack of informal supports as the greatest gaps they faced in trying to maintain older adults in their homes. A majority stated that the cost of a care plan is not a factor in deciding if an elder client needs a nursing facility (62%), but noted a lack of adequate state funding for community based services. Scenarios reported that trigger discharge to institutional care included the need for 24/7 supervision and episodes of wandering behavior. Results indicate that there are service gaps in home and community-based programming but that care managers feel that their elder clients are remaining in the home and community longer today than in previous years. Findings add to our understanding of care managers’ perceptions of HCBS and suggest that LTC ‘spending policies should reflect the wishes of older adults to receive the care of their choice.

MASSACHUSETTS HOME CARE PROGRAMS AND REASONS FOR DISCHARGE INTO NURSING HOMES

C. Wong1, N.M. Silverstein1, A. Norman2, 1. University of Massachusetts Boston, Boston, Massachusetts, 2. Mass Home Care, Burlington, Massachusetts

Reasons for discharge of clients enrolled in home and community-based services (HCBS) programs to institutional settings were explored by examining multiple data sources in one state. The 2010 study presents a profile of clients enrolled in three main home care programs in Massachusetts: Home Care Basic, Choices, and Enhanced Community Options Program (ECOP), and concludes with recommendations that may enhance the delivery of HCBS. Three sources of data were used: qualitative data from in-person interviews with 18 care managers, aggregate data from the Comprehensive Data Set (CDS) provided by the Executive Office of Elder Affairs (n=42,201), and a sample of care manager journal entry notes (15 clients, 150 entries). In FY 2010, an estimated 14.5% of clients were discharged into nursing homes. Clients were predominantly older women (75%), widowed (48%), and lived alone (62%). Doctors (2.5%) and hospitals (9.4%) accounted for very few referrals to HCBS. The majority of clients (85%) did not have advance directives. Over a third of clients were taking nine or more medications. Further, 75% of clients were not physically able to shop, cook, or feed themselves. Findings from the in-depth interviews suggest elders were discharged because they needed 24/7 care, lacked sufficient informal caregiver support, were a safety risk, or had medical problems that overwhelmed caregivers. Journal notes also reveal that need for 24-hour care is a reason for discharge. Recommendations include improved coordination with medical providers, need for 24/7 in-home supports, and enhancement in identifying and clarifying safety issues.

NURSING HOME DIVERSION PROGRAMS: CHALLENGES, SUCCESSES, AND NEXT STEPS

N. Brossoie, K.A. Roberto, Center for Gerontology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia

In 2009, Virginia received AoA funding to establish a community living program (CLP) to provide at-risk persons who are not Medicaid eligible with an array of services to help them remain in their homes and avoid nursing home placement and spend-down. Virginia offered 63 CLP participants a monthly expense account to purchase support from an array of 15 services (e.g., personal care, chores, home modifications, and groceries). Services were provided through local agencies or individuals hired by participants. This study examines the implementation process and evaluates the outcomes of the program after the first two years. Sources of information included weekly meetings minutes, discussions with administrators and staff, participant files, and consumer satisfaction surveys completed by participants or their proxies. Process findings indicated project tasks often occurred simultaneously and completed tasks frequently needed to be revisited as implementation challenges arose or new project goals emerged (i.e., updating business rules, communicating new goals, providing technical and professional support to staff). The greatest challenges involved development, installation, and training on computer-based reporting systems. Results
whereas fewer AL communities used EIS for discharge summaries (39.5%), nursing assessments (25%), and problem lists (25%); communities used EIS for medication lists (47.4%), resident demographics, problem lists, and medication lists when controlling for other structural characteristics. Organizational structures do play a role in EIS utilization as a process of care in ALs. Future research should explore organizational structures that facilitate the implementation of EIS in AL communities.

MEMORY AID TO STRUCTURE AND SUPPORT DAILY ACTIVITIES FOR PEOPLE WITH DEMENTIA
Y.J. Kerkhof1, F. Rabiee2, C. Willems3, 1. Saxion University of applied sciences, Enschede, Netherlands, 2. Birmingham City University, Birmingham, United Kingdom

Main content of paper: To develop the memory aid a user centered development process was used. After the first development cycle was completed the resulting digital planning boards were placed in the living room of a small scale housing facility for people with dementia and in private rooms of the residents. This session provides the experiences of the users, issues around implementation and further development. Method: A qualitative method was chosen, data was collected using semi-structured individual interviews with the residents (n=6) and focus groups interviews with informal carers (n=5) and members of professional staff (n=6). Findings: The occurrence of installation errors, inefficient use, limited ease of use and a lack of knowledge regarding the function and use of the memory aid are highlighted as the most important findings. The majority of the residents were happy with the use and function of the memory aid. The informal carers although not very positive, indicated opportunities for improvement. The staff, saw an added value for the current use of the device but expected improved functioning. The findings highlighted shared views for improvement of technical functioning and additional technological applications such as Internet connectivity, adding videos and photos and improving accessibility. Conclusions: Lessons are learned about the use and transferability of this innovation in general health care setting as well as in people with dementia. The cyclic process of user centered design and development will be continued to obtain solutions that can be effectively implemented in their living environment.

GOING DIGITAL: ADOPTION OF ELECTRONIC INFORMATION SYSTEMS IN ASSISTED LIVING COMMUNITIES
A.A. Holup1, D. Dobbs2, A. Temple2, K. Hyer2, 1. University of South Florida, Tampa, Florida, 2. James Madison University, Harrisonburg, Virginia

Concerns for patient safety and improvements in quality of care have prompted the use of electronic information systems (EIS) within the healthcare system. However, little is known about the use of EIS in long-term care settings, particularly assisted living (AL) communities. The present study uses descriptive, bivariate, and multivariate regressions to explore the association between AL community characteristics and EIS use. Primary survey data were collected from a randomly selected sample of AL communities in Florida (n=76) during 2009-2010. Seven components of EIS (resident demographics, physician notes, nursing assessments, medication lists, problem lists, discharge summaries, and advance directives) were selected based on items from the National Ambulatory Medical Care Survey. Descriptive results indicated that AL communities used EIS for medication lists (47.4%), resident demographics (39.5%), nursing assessments (25%), and problem lists (25%); whereas fewer AL communities used EIS for discharge summaries (21.2%), advance directives (18.4%), and physician orders (14.5%). Correlations indicated that organizational characteristics including size, profit status, and resident case mix were associated with the use of at least one EIS component and no community characteristics were associated with discharge summaries or advance directives. Regression analyses indicated that for profit, publicly traded status was significantly associated with EIS utilization for resident demographics, nursing assessments, problem lists, and medication lists when controlling for other structural characteristics. Organizational structures do play a role in EIS utilization as a process of care in ALs. Future research should explore organizational structures that facilitate the implementation of EIS in AL communities.

RELATIONSHIP BETWEEN HEALTH SERVICE USE AND HEALTH INFORMATION TECHNOLOGY USE AMONG OLDER ADULTS
N.G. Choi, Social Work, University of Texas at Austin, Austin, Texas

This study, based on data from the 2009 National Health Interview Survey, examined the relationship between older adults’ use of health services and their use of the Internet for health-related activities. The rates of 12-month health information technology (HIT) use were significantly lower among the 65+ age group (n = 5,294) compared to the younger age groups, although the 55-64 group was not too different from those younger. The rates of HIT use decreased from 32.2% in the 65-74 group to 14.5% in the 75-84 group and 4.9% in the 85+ group and were significantly lower among racial/ethnic minority older adults and low-income older adults. Multivariate binary logistic regression analysis showed that having seen or talked to a general practitioner increased the odds of HIT use for both genders. However, having seen or talked to a medical specialist, eye doctor, and PT/OT were significantly associated with HIT use only for older women, while having seen or talked to a mental health professional marginally increased the odds of HIT use only for older men. Having visited or talked to a chiropractor and having had overnight hospitalization, surgery, and/or homecare services were not associated.
with the odds of HIT use for either gender. The findings have implications for narrowing the age-related and socioeconomic status–related gaps in HIT use. The access gaps among racial/ethnic minority older adults and low-income older adults call for concerted efforts to facilitate Internet access and HIT use among these disadvantaged older adults.

**HEALTH INFORMATION TECHNOLOGY IN US NURSING HOMES: AVAILABILITY AND USE**


We present findings from an innovative, national study of the availability and use of HIT. Previous studies of HIT adoption report on generic technologies such as ‘electronic medical records.’ Our approach has been to develop a very granular model of the ways that HIT can be used to support decision making and quality improvement for specific clinical conditions. In 2009, we selected a random sample of 599 nursing homes in 12 states (grouped into eight geographic regions) and solicited responses from the nursing home administrators (NHA) and directors of nursing DON). Our final sample included 363 facilities with at least one respondent (221 NHAs and 245 DONs). The survey instrument includes a taxonomy of HIT domains that was developed through a series of focus groups with different types of nursing home staff. We found that the availability of basic functionality is high, but ‘regular’ use is low. Specifically, facilities use on average 41% of available features for identifying residents at risk of common clinical problems (e.g., infections, pressure sores, falls, etc.). By contrast, only 17% of features for generating prospective alerts about changes in resident health are used on a regular basis. In summary, although useful HIT features are available in over 50% of nursing homes covered by this study, most respondents indicate that these features are under-used. Many facilities have not implemented technologies that could improve quality of care despite considerable investment. Top management should consider barriers and facilitators to implementation in order to improve the quality of care.

**RESIDENT RIGHTS AND ELECTRONIC MONITORING**

S. Shashidhara, Sociology, University of North Texas, Denton, Texas

Purpose: Due to ethical concerns, there is a debate on whether video cameras should be utilized in nursing facilities. This exploratory study examines resident and staff perceptions of electronic monitoring and their effect on Resident Rights. Design and Methods: Data were drawn from interview questions of 53 residents and self-administered questionnaires of 104 staff from four North Texas nursing facilities. Three types of NFs were utilized: one NF has residents who utilize video cameras in their rooms, two NFs have video cameras in their common rooms areas and one NF did not utilize video cameras. Both instruments were in regard to the participant’s perceptions of electronic monitoring, perceived risks and benefits of video cameras, awareness of Resident Rights and consciousness of potential risks to Resident Rights. Data were analyzed using a mixed methods approach. Thematic analysis was used to analyze resident responses. Cross tabulation and logistic regression were used to analyze staff responses. Results: Study findings revealed that residents and staff are aware of the potential benefits of electronic monitoring in NFs. While respondents are hesitant to have electronic monitoring in resident rooms, they are interested in utilizing electronic monitoring in common areas. Residents and staff believe that electronic monitoring compromises Resident Rights. Those staff members that are more directly involved in resident care are less accepting of electronic monitoring compared to staff that have episodic visits with residents. Among staff members, nursing facilities with prior experience with electronic monitoring are less accepting of electronic monitoring.

**EXAMINING THE POSITIVE BENEFITS OF DIGITAL GAMING: A REVIEW OF THE LITERATURE**

J. Vaughan, K. Barton, L. Richardson, M. Nguyen, Gerontology, University of Massachusetts Boston, Stoneham, Massachusetts

Playing computer and videogames is enjoyable and in many families fosters intergenerational interaction and socialization. Some posit that it may even provide health benefits for older gamers. Given the alarming prevalence of chronic diseases related to sedentary lifestyle factors the identification of tools that contribute to increased physical activity and cognitive training is needed. As the baby boomers age, the generational digital divide should narrow as this cohort is more technologically knowledgeable than previous generations. The purpose of this study was to conduct a literature review to examine what, if any, positive health benefits are related to computer gaming in late life. Using EBSCOhost, PubMed, Science Direct, PsychLit, AgeLine, and Google Scholar Database search terms “videogames”, “technology”, and “older adults” were used to identify 515 English, peer-reviewed articles published from January 2001 to March 2011. Then the title and abstract were reviewed in order to determine whether the article met inclusion and exclusion criteria. Exclusion criteria were: non-English language articles, not including adults age 50 years and older and not reporting data on physical or cognitive outcomes. A total of 42 articles were reviewed. Results showed that benefits of videogame and computer use include: a greater sense of well-being, faster reaction times, and new methods of thinking, positive attitudes towards technology and acceptance. Further research is needed to understand the motivations and demographics of older adult computer and videogame users, settings where computer and videogames are commonly played, and the impact of playing digital games in terms of generational solidarity.

**ADOPTING MEDICATION TECHNOLOGY WITHIN AGENCIES SERVING OLDER ADULTS: LESSONS FROM THE TRENCHES**

M. Siciliano1, L. Redington2, D. Lindeman3, P. Housen3, S. Enguidanos3, 1. University of Southern California, Los Angeles, California, 2. Center for Technology and Aging, Oakland, California, 3. Partners in Care Direct, PsychLit, AgeLine, and Google Scholar Database search terms “video games”, “technology”, and “older adults” were used to identify 515 English, peer-reviewed articles published from January 2001 to March 2011. Then the title and abstract were reviewed in order to determine whether the article met inclusion and exclusion criteria. Exclusion criteria were: non-English language articles, not including adults age 50 years and older and not reporting data on physical or cognitive outcomes. A total of 42 articles were reviewed. Results showed that benefits of videogame and computer use include: a greater sense of well-being, faster reaction times, and new methods of thinking, positive attitudes towards technology and acceptance. Further research is needed to understand the motivations and demographics of older adult computer and videogame users, settings where computer and videogames are commonly played, and the impact of playing digital games in terms of generational solidarity.

More than 90% of older adults take one or more medications and an estimated 41% take 5 or more medications, with rates of medication problems rising with number of medications taken. Medication problems have been found to affect between 12 to 40% of community-dwelling elders and can result in injury and death. Yet studies demonstrate that 28 to 95% of medication problems can be prevented through medication optimization technologies. In an effort to promote adoption and diffusion of medication optimization technologies, the Center for Technology and Aging, with funding from The SCAN Foundation, funded five projects aimed to improve medication use in older adults with chronic health conditions through the use of one or more technologies. This study presents the challenges and facilitators encountered by older adult service agencies in adopting use of medication technology. Interviews were conducted among project leaders at each site and were audio-recorded and transcribed. Transcripts were coded for themes. Facilitators included project compatibility with organizational goals and structure, having a site champion and technology support (including electronic health records), and gaining clinical staff buy-in from the planning stage. Challenges included lack of technology infrastructure, staff resistance, limitations arising from scope of practice, licensing and regulatory issues, and limited planning and implementation time during the grant period. These learnings can help guide other health and social service agencies in strategic planning in adopting technology into their clinical practices.

Downloaded from https://academic.oup.com/gerontologist/article-abstract/51/suppl_2/1/646194 by guest on 30 March 2019
SESSION 540 (SYMPOSIUM)

ANOREXIA OF AGING: APPETITE, FOOD INTAKE AND NUTRIENT SENSING IN THE AGED
Chair: J.E. Morley, St. Louis University, St. Louis, Missouri
Co-Chair: M. Yee, Boston University School of Medicine, Boston, Massachusetts

Anorexia is typically associated with adolescents. However, proper nutrition is a major concern in elderly patients. This session will cover aspects of anorexia in aging individuals. Specifically, speakers will present information on the factors involved in the aberrant nutrient signaling that occurs with aging (decline in sensitivity) as well as information on the causes of anorexia and current treatments. In addition, psychosocial aspects of anorexia in the elderly will be addressed.

ANOREXIA OF AGING
J.E. Morley, 1. St. Louis University, St. Louis, Missouri, 2. St. Louis VA Medical Center, St. Louis, Missouri

Weight loss is a major problem in older persons. It is often triggered by a physiological anorexia of aging. While alterations of taste and smell play a role in this, the major effectors are gastrointestinal factors. Alterations in fundal compliance due to declining nitric oxide synthase, leads to increased antral stretch and early satiation. Increased CCK levels and increased CCK effectiveness further increase satiety. In males hypogonadism leads to an increase in leptin levels. Multiple diseases, such as depression, can aggravate the physiology of aging. Centrally alterations in opioid neurotransmitters decrease feeding in older animals. Cachexia with cytokine increase leads to further anorexia and weight loss.

HYPOTHALAMIC CONTROL OF THE ANOREXIA OF AGING
T. Wolden-Hanson, 1. VA Puget Sound Healthcare System, Seattle, Washington, 2. Gerontology and Geriatric Medicine, University of Washington, Seattle, Washington

Aging is associated with dysregulation of energy homeostasis in response to physiologic and environmental disturbances, which can lead to unintentional weight loss in the elderly. Weight losses after surgery or illness in the elderly increase morbidity and mortality, in part due to the anorexia of aging. Few treatment options are available that significantly increase caloric intake in elderly patients. The anorexia of aging is regulated by neuronal circuits in the hypothalamus, where endogenous levels of the orexigenic neuropeptides NPY and AGRP are diminished in aged individuals. We have been using the Brown Norway rat model to study treatments that increase food intake and body weight in aging animals after metabolic challenges such as standardized surgery or 72h food deprivation, using NPY, AGRP and the appetite-stimulating hormone ghrelin. We conclude that AGRP represents an excellent therapeutic target for anorexia in general and the anorexia of aging in particular.

LEPTIN RESISTANCE: PREDISPOSING FACTOR IN DIET-INDUCED OBESITY AND INFLUENCE WITH AGE
P.J. Scarpace1, N. Tumer2, 1. Pharmacology, University of Florida, Gainesville, Florida, 2. Department of Veterans Affairs Medical Center, Gainesville, Florida

Leptin resistance predisposes animals to exacerbated high-fat (HF) induced obesity. With age, the F344 x BN rat displays a steady increase in body weight and adiposity from 3 to 24 months followed by a decline thru 30 months. Despite hyperleptinemia with age, obesity persists, and these aged-obese rats exhibit little anorectic or weight-loss responses to leptin. There are reduced hypothalamic leptin receptors and decreased maximal leptin signaling with age. When challenged with a HF diet, aged animals demonstrate an extended period of hyperphagia resulting in exacerbated obesity and fat gain compared with young rats. This observation suggests that leptin resistance reinforces “reward eating” beyond the caloric energy requirements. A minor amount of voluntary wheel running (WR) in aged rats effectively curtails HF consumption and deters dietary weight gain, whereas higher amounts of WR in obese young rats are without beneficial effect. This is associated with increased leptin signaling in the ventral tegmental area (VTA). Conceivably, WR in aged rats substitutes for the positive-reinforcing effects of palatable food, potentially through enhancing leptin action in the VTA. (Supported by NIH grant AG26159).

AGE-RELATED CHANGES IN TENDON, CARTILAGE AND BONE IN MYOSTATIN NULL MICE
M. Yee1, S. Bhasin1,2, A. Lee1, S. Wong1, R. Jasuja1, D. Adams1, A. Miller4, W. Guo1, 1. Boston University School of Medicine, Boston, Massachusetts, 2. Boston Medical Center, Boston, Massachusetts, 3. University of Connecticut Health Center, Farmington, Connecticut, 4. Harvard Medical School, Boston, Massachusetts

Myostatin (mstn) is a member of the TGFbeta superfamily known to negatively regulate muscle growth. Numerous mstn inhibitors are in development for treatment of sarcopenia. To determine the health impact of long-term mstn deficiency, we studied mstn-/- mice from age of 8 days to 24 months. We found beginning at 9-12 months, mstn-/- mice gradually lost their ankle mobility and displayed ectopic calcification of tendon and disorganized bone structure. Compared to wild-type animals, mstn-/- mice had higher plasma concentrations of osteogenic markers. qPCR analysis of Achilles tendon with calcaneus of mstn-/- mice from young to old shows an increased expression of osteogenic genes. These findings suggest an active ECM remodeling process in tendon-to-bone junctions that may contribute to joint dysfunction as the mstn-/- mice ages. Further investigation into the mechanistic role of mstn in joints associated with aging will lead to the development of novel therapies to treat joint dysfunction.

SESSION 545 (PAPER)

ABUSE OVER THE LIFE COURSE: PREVALENCE, PREDICTORS, AND EFFECTS
EARLY DISABILITY AND DEPRESSION PREDICTS FINANCIAL VICTIMIZATION IN URBAN BLACK ELDERS
P.A. Lichtenberg1, B. Schneider2, L. Stickney3, 1. Wayne State University, Detroit, Michigan, 2. West Los Angeles VA Health Center, Los Angeles, California, 3. Illinois Institute of Technology, Chicago, Illinois

Financial losses for older adults from fraud and exploitation have significantly increased (Reminga et al. 2006). African American older adults report higher rates of being fraud victims than do white older adults (Beach et al. 2010, Lichtenberg et al. 2010). The current study examines how early transition to disability in older African Americans relates to self-reported fraud. Early disability, characterized by a decline in IADLs, is a major transition in the lives of older adults. The relationship of early disability to financial victimization, an aspect of social vulnerability, was examined in a cross sectional study of 78 older African Americans. The sample was comprised of mostly women (89.7%), with a mean age of 72 years. Most had achieved a high school education (education = 12.3 years). MeanMMSE score was 26 (SD=2.4). The sample had a mean GDS-15 score of 2 (SD=2.2) and most participants had minimal functional disability. Seventy eight percent of the sample had no IADL deficits. Overall, 13% of the sample reported being a victim of fraud across the past 5 years and 41% reported not being satisfied with their finances: both figures are twice those of national samples from the 2009 HRS. In a multiple regression analysis, 27% of the financial satisfaction variance was accounted for by measures of verbal fluency and depression. In a logistic regression, 27% of the financial satisfaction score and GDS score, but not financial satisfaction were related to self-reported fraud. This model correctly predicted 89.7% of the sample.
ELDER MISTREATMENT IN A CHINESE POPULATION: FINDINGS FROM A COMMUNITY-BASED PARTICIPATORY RESEARCH STUDY


Abstract: This study examines the perception, knowledge, and help-seeking tendency toward elder mistreatment among Chinese older adults. Methods: A community-based participatory research approach was implemented to partner with the Chicago’s Chinese community. A total of 39 Chinese older adults (age 60+) participated in focus group interviews. Data analysis is based on grounded theory framework. Results: Chinese older adults mostly characterized elder mistreatment in terms of caregiver neglect, and identified psychological mistreatment as the most serious form of mistreatment. Other forms included financial exploitation, physical mistreatment, and abandonment. Chinese older adults have limited knowledge of help-seeking resources other than seeking assistance from local community service centers. Discussion: This study has important practical implications for health care professionals, social service agencies, and concerned family members. Our results underscore the need for research and educational initiatives as well as community awareness programs that highlight the pervasive public health issue of elder mistreatment.

TIP OF THE ICEBERG: THE NEW YORK STATE ELDER ABUSE PREVALENCE STUDY


The New York State Elder Abuse Prevalence Study was one of the most ambitious and comprehensive studies to quantify the extent of elder mistreatment in a discrete jurisdiction ever attempted, and certainly the largest in any single American state. The study had three central aims: 1) To estimate the prevalence and incidence of various forms of elder abuse through direct interviews with subjects (n=4,156); 2) To estimate the number of elder abuse cases in all agencies and programs that serve elder abuse victims in the same year; and (3) To compare rates of “known” and “hidden” cases to determine an estimate of the rates of elder abuse under-reporting. The incidence of any form of self-reported mistreatment was 76.0 per 1000 people over the age of 60; the most common form of mistreatment was major financial exploitation, followed by physical abuse and psychological mistreatment. During the same secular period, 292 agencies serving elder abuse victims responded to our inquiries; they reported 3.2 cases per 1,000 subjects. In comparing rates of “documented” versus self-reported mistreatment, we estimate that for every case coming to the attention of an official agency or responder, 23.5 go undetected. We also noted different under-reporting ratios for different types of mistreatment and in different regions of the state. Elder mistreatment is common and the overwhelming majority of cases are unknown to official agencies charged with protecting victims.

THE LONG-TERM IMPACT OF CHILDHOOD SEXUAL ABUSE ON THE OBJECTIVE MEASURES OF PHYSICAL AND MENTAL HEALTH

Y. Kamiya, V. Timonen, R. Kenny, TCD, Dublin, Ireland

Background: Childhood sexual abuse (CSA) is a worldwide concern. It is known that the consequences of CSA persist into adulthood. However, there is little nationally representative data on CSA and on the long-term consequences of CSA on physical and mental health. The aim of this paper is to examine the long-term effects of CSA on physical and mental health and wellbeing. Objective physical health measures include blood pressure, BMI, pulse wave velocity (a measure of arterial stiffness), timed up-and-go, and grip strength. Mental health includes measures of depression (CES-D), anxiety (HADS), loneliness (UCAL-loneliness) and quality of life (CASP-19). Methods and Findings: Data from The Irish Longitudinal Study on Ageing (TILDA) was used. TILDA is a National representative data of 8,400 individuals over the age 50. Six percent reported CSA with little variation by gender but higher levels of reported abuse amongst better educated and younger respondents. There was no association with the objective measures of health. However, those who reported CSA were more likely to be depressed, anxious, lonely, have poor quality of life, be divorced/separated and use anti-depressive medicines. Conclusion: CSA is associated with adverse mental health outcomes but not physical health. However, depression, anxiety and loneliness are associated with higher risk of mortality and morbidity. In our sample, 74% of those reported CSA were aged 50-64 years-old. Future waves may more precisely determine long term consequences on physical health.

EFFECTS OF EARLY LIFE SEXUAL ABUSE IN LATER LIFE: AN EXPLORATION WITH CATHOLIC NUNS

G.U. Behman, Social Work, Lindenwood University, St. Charles, Missouri

Responses to crises over a life span are nuanced and varied (Kaplan, 1999). Little research exists regarding the potential impact in old age of sexual abuse in early life (Dube et al., 2005; Graziano, 2003; Hall, 1995). In my research with aging Catholic nuns who suffered early life sexual abuse, I surfaced self reported affects in later life that they associated with their sexual abuse and how this influenced their health span, particularly in old age. In this presentation, I describe the methodology that informed my research and how I empirically approached the rich and nuanced data generated from my face to face interviews. Specific attention was given to the strengths the participants identified when integrating their personal histories of sexual abuse. The theoretical framework of symbolic interaction was utilized when interpreting the strategies, communications, and proscribed roles that helped or hindered them in mitigating unwelcome effects in old age they associated with early life sexual abuse (Blumer, 1969; Stryker, 1980). Examining religious community life through this theoretical framework enabled me to organize and describe what assisted these women in their strategies of self care in old age. Participants in my study were recruited from an original study conducted by Saint Louis University School of Medicine to determine prevalence rates of sexual abuse among Catholic women religious (Chibnall, Wolf, Duckro, 1998). Participants were active Catholic religious women who were sexually abused before the age of 18 and were over the age of 65, with a mean age of 74.

SESSION 550 (PAPER)

HEALTH BEHAVIORS AMONG OLDER ADULTS: PREDICTORS AND CONSEQUENCES

LIFE DISSATISFACTION AND EATING BEHAVIORS IN OLDER AFRICAN AMERICANS: SOCIAL SUPPORT MODERATION

K.K. Wickrama, P. Ralston, J. Illich-Ernst, C. Harris, C. Coccia, I. Young-Clark, I. Child & Family Development, The University of Georgia, Athens, Georgia, 2. Florida State University, Tallahassee, Florida

Previous research suggests that negative emotions undermine health-promoting behaviors, potentially leading to poor coping responses that include eating comfort food (Ng & Jeffery, 2003). However, no study has investigated whether life dissatisfaction of AA adults has led them to unhealthy eating. This study investigates whether AA older adults’ life dissatisfaction increases their high-fat diet consumption (H1). Furthermore, social relations of AAs provide them with necessary support
for the consumption of healthy food (Locher et al., 2005). Thus, we investigate whether AA older adults' social support (a) promotes their fruit-vegetable consumption (H2), and (b) protects them from high-fat diet consumption (H3). METHODS: Participants included 178 adults (median age = 60 years) enrolled in the NIH-funded Health for Hearts United Project in North Florida. The data on the frequency of eating high-fat diets (NCI fat screener), daily consumption of fruits/vegetables (a global item), their life satisfaction (5-item scale), Social support (4-items) were collected at baseline. RESULTS: The standardized regression coefficients of SEM modeling support the hypotheses. AAs' life dissatisfaction increases high-fat diet consumption (.22*) and decreases fruit-vegetable consumption (-.16*) (H1). Social support increases fruit-vegetable consumption (.25*) (H2), but does not influence High-fat diets (-.13, ns). Also, AAs who receive less social support (median-split) are more vulnerable to life dissatisfaction (the influence on High-fat diets = .37*) whereas AAs who receive more social support are not vulnerable to life dissatisfaction (the influence = .02, ns) (H3). Further analysis using longitudinal data (incorporating gender, marital status, education and age) is in progress. Implications for practice will be discussed.

GENDER, DEPRESSION, AND CIGARETTE SMOKING FOLLOWING FIRST STROKE AMONG OLDER ADULTS IN THE U.S.

M. McCarthy1, J. Newsom1, N. Huguet1, M.S. Kaplan1, B. McFarland2, 1. Portland State University, Portland, Oregon, 2. Oregon Health and Science University, Portland, Oregon

Changes in health behaviors including cigarette smoking are critical following stroke in order to mitigate the consequences of the illness and reduce the risk of reoccurrence. While studies have identified sociodemographic factors contributing to smoking cessation following stroke, few studies have investigated the role of psychosocial variables in recently-diagnosed patients' post-stroke cigarette consumption. Moreover, even fewer studies are prospective, instead controlling for levels of smoking prior to stroke through retrospective reports. This study used lagged regression over a two-year period (derived from 18 years of longitudinal data) from the U.S. Health and Retirement Study to examine the roles of healthcare use, patient functioning, social support, and depression on cigarette consumption in a population of survivors of first stroke (N = 184). After controlling for sociodemographic factors and pre-stroke cigarette consumption, higher depressive symptomatology was predictive of greater cigarette consumption (β = .871, p < .001). Although the main effect of gender was marginally significant in the final model (β = .210, p < .10), there was a significant interaction between patient gender and depressive symptomatology (β = .616, p < .01), with the relationship between depression and cigarette consumption being substantially more pronounced for men than for women. Social support was also marginally associated with post-stroke cigarette consumption (β = -.18, p < .10), although healthcare use and patient functioning were not significant. These findings increase our understanding about the complex interplay of sociodemographic, social, and psychological factors in patients' consumption of cigarettes following acute stroke.

IMPACT OF TREADMILL EXERCISE ON EFFICACY EXPECTATIONS, PHYSICAL ACTIVITY, AND STROKE RECOVERY

M. Shaughnessy1, B. Resnick2, K. Michael2, 1. GRECC, Baltimore VA Medical Center, Baltimore, Maryland, 2. University of Maryland School of Nursing, Baltimore, Maryland

Stroke survivors are at high risk for cardiovascular mortality which can be in part mitigated by increasing physical activity. Efficacy beliefs (self-efficacy and outcome expectations) related to exercise are known to play a role in adoption and maintenance of exercise behaviors. This study examines self-reported psychological outcomes in a group of 64 chronic stroke survivors randomized to either a 6-month treadmill training program or an attention-matched stretching program. Hemiparetic stroke survivors reported to an urban rehabilitation gymnasium at an academic medical center and exercised three times per week up to one hour per session for a total of 6 months. Outcome measures considered in this analysis were the Short Self-Efficacy and Outcome Expectation scales for Exercise, Yale Physical Activity Survey and Stroke Impact Scale. Results indicated that regardless of group, all study participants experienced increased self-efficacy (F = 2.95, p = .09) and outcome expectations for exercise (F = 13.23, p < .001), and improvements in activities of daily living as reported on the Stroke Impact Scale (F = 10.97, p = .002). No statistically significant between-group differences were noted, possibly due to the fact that specific interventions designed to enhance efficacy beliefs were not part of this study. Theoretically based interventions should be tested to clarify the role of motivation and potential influence on exercise and physical activity in the post-stroke population.

SOCIAL NETWORK TYPES AND WELL-BEING IN SOUTH KOREAN OLDER ADULTS

S. Park, R. Dunkle, university of michigan, Ann Arbor, Michigan

We examined the role of network type of older adults in their health service use. By investigating how social network type as convenient and parsimonious construct promotes or inhibits health service use, individuals most at risk could be identified and interventions can be designed to meet the needs of those at risk. We used the 2006 data of the RAND release of the Health and Retirement Study, focusing on respondents aged 65 who are non institutionalized. The analytic sample was N = 4865. Social network types were derived by Ward hierarchical and K-means cluster analysis based on a range of social network characteristic variables. As a result, we derive four network types: Marriage–Diverse type (n=1703, 39%), Friend -Diverse type (n=1037, 24%), Marriage-Restricted type (n=1267, 29%), and Family type (n=319, 7%), and Non Marriage-Restricted(n=611, 14%). Health utilization was measured on hospital admissions, physician visits, dentist visits, prescription drug use, outpatient surgery, and other medical service use, along with home health care and nursing home stays. Logistic regression analysis, examining the influence of predisposing, needs, and enabling factors based on the health behavior model of Anderson and Newman showed that when compared with the reference category (Non-Marriage – Restricted network), showed that older adults in the two restricted networks, both marriage and non-marriage-focused types, used health services the most. Two major findings are 1) a common network typology can be identified. 2) people with more health needs are in a restricted network type and they used health services most.

SOCIAL RELATIONS AND PHYSICAL ACTIVITY ACROSS THE LIFESPAN: INTERACTIONS WITH AGE AND SEX

K. Cotter1, M. Lachman2, 1. Psychology, Sacramento State University, Sacramento, California, 2. Brandeis University, Waltham, Massachusetts

Perceived social support and perceived social strain have both demonstrated a positive relationship to physical activity. However, previous studies have generally lumped specific sources of support and strain together, or have failed to consider the interactive effects of social relations with sex and age. To determine the differential relationships of support and strain with physical activity frequency in a nationally representative sample, we examined cross-sectional data from 3000 adults age 33 to 83 years (Mage = 55.31, SD = 12.08; 50.8% women) who were either married or cohabiting with a romantic partner. In a hierarchical regression analysis controlling for demographic variables, younger age (β = -.24, p < .001), male sex (β = -.10, p < .001), educational attainment (β = .10, p < .001), better self-reported physical health (β = .14, p < .001), and greater perceived strain from the family (β = .04, p = .05) and friends (β = .05, p = .01) were associated with more frequent physical activity. The associations of support and strain...
from the romantic partner were moderated by age and sex, such that more support and more strain from the partner were associated with more frequent physical activity for younger adults, but less frequent physical activity for older adults. More perceived strain from the partner was also related to more frequent physical activity for women but was unrelated to physical activity for men. These results demonstrate the importance of considering personal characteristics when promoting healthy lifestyles across the lifespan.

SESSION 555 (PAPER)

INTERGENERATIONAL CAREDIVING: NATIONAL AND INTERNATIONAL RESEARCH

DEPRESSIVE SYMPTOMS, FAMILY FUNCTIONING AND SELF-ASSESSMENT OF LIVING SITUATION OF GRANDMOTHER CAREGIVERS OVER TIME

C. Musil1, A. Jeanblanc2, C. Burant1, C. Warner1, J. Zauszniewski1, 1. Case Western Reserve University, Cleveland, Ohio, 2. Jeanblanc & Rosser, LLP, Cleveland, Ohio

The important role of grandmother caregiving has been well-documented, especially for grandmothers who are raising grandchildren or living in multigenerational homes. Less is known about grandmothers’ self-assessments of their household living situations or how such assessments are related to their mental health and perceptions of family functioning, either cross-sectionally or over time. Therefore, we analyzed data, obtained from waves four and five of a five-wave longitudinal study of 334 Ohio grandmothers, that addressed these questions. Grandmothers were classified by their caregiving status: primary caregivers (grandmothers raising grandchildren), multigenerational grandmothers (grandmothers living with adult children and grandchildren) and non-caregiver (grandmothers not living with grandchildren). We examined the relationship between grandmothers’ appraisals of their depressive symptoms, family functioning, and current living situation. Wave 4 grandmothers were classified by their caregiving status: primary caregivers (grandmothers raising grandchildren), multigenerational grandmothers (grandmothers living with adult children and grandchildren) and non-caregiver (grandmothers not living with grandchildren). We used AMOS (19) to build a two-wave, cross-lagged autoregressive model. Our final model had fit statistics of Chi Square = 7.61, DF = 10, p=.001; CFI = 1.0; TLI = 1.0, and RMSEA = .00. All autoregressive paths were statistically significant. At wave four, primary and multigenerational home grandmothers had less positive assessments of their living situations, and primary grandmothers reported more concerns with family functioning. More depressive symptoms at wave four significantly predicted less favorable self-assessments of their household living situations or how such assessments are related to their mental health and perceptions of family functioning at wave five. These results highlight the potentially deleterious effects of continuing grand mother caregiving burden on mental health and family functioning over time. Potential interventions and further research directions will be discussed.

SYSTEMATIC REVIEW OF THE LITERATURE OF CHRONIC ILLNESS IN THE AFRICAN-AMERICAN CAREGIVING GRANDMOTHER

D.L. Canthron, School of Health Sciences, Winston-Salem State University, Winston-Salem, North Carolina

Background & Significance: A substantial body of literature provides evidence that caregiving can have negative effects on the physical health of caregiving grandmother. The aim of this literature review was to investigate the impact of caregiving responsibilities on chronic illness and chronic illness self-management in African-American caregiving grandmothers. Method: The databases MEDLINE, CINHAL, PubMed, and PsychInfo were extensively searched. Inclusion criteria included peer reviewed articles, include African-American caregiving grandmothers in the sample, English language, and report findings related to the aim of the literature review. No date range was placed in the search parameters. The initial search yielded 218 articles. Dupli-

WHO CARES? A COMPARISON OF INFORMAL AND FORMAL CARE PROVISION IN SPAIN, ENGLAND, AND THE U.S

A. Solé-Auró1,2, E. Cimmins1, 1. University of Southern California, Los Angeles, California, 2. RFA-IREA. University of Barcelona, Barcelona, Spain

This paper investigates the role of household composition on the provision of informal and formal care for adults aged 50 years old and older in Spain, England and the United States (U.S.). Living arrangements differ in the three countries. People are more likely to live alone in the U.S. and England and households are more likely to consist of two or three generations in Spain. Moreover, the three countries have very different availability of formal care and policies directed toward the provision and use of care. We examine how living arrangements,
limitations in ADL and IADL, as well as gender, marital status, geographical and ethnic characteristics affect the probability of receiving care from relatives in each country. The key difference in the three countries is that larger households offer more substantial opportunities for informal care. Data come from the 2008 Spanish Disability, Independence and Dependency Situations Survey (EDAD), the third wave of the English Longitudinal Study of Ageing (ELSA, 2006) and the eighth wave of Health Retirement Study (HRS, 2006). In a second stage, we introduce the availability of formal health care services in the country as a potential explanatory variable of the level of informal care provided by children and use a simultaneous equations approach to model the relationship between formal and informal care allowing for the endogeneity of formal care. We show that the availability of nursing homes significantly decreases the probability of receiving informal care from relatives in England and the U.S. whereas more co-residence of extended family members significantly increase the probability of receiving informal care from relatives in Spain. Finally we supplement our comparative study with a counterfactual analysis. We evaluate how the probability of receiving informal care from relatives changes if we allocate to Spain, England and the U.S. the amount of formal health care services available in another country.

THE VIEWS OF UK SOUTH ASIAN FAMILIES OF THE BEST WAYS TO CARE FOR A MEMBER WITH DEMENTIA
J.R. Oyebode, D. Chadha, School of Psychology, University of Birmingham, Birmingham, United Kingdom

The proportion of the population that is over 65 years of age continues to increase dramatically in the technologically developed world. As an integral part of this the number of people with dementia is also growing, placing continuing demand upon families and society to find ways of providing effective support and care. Western societies are increasingly multi-cultural, yet those from minority cultural groups do not use mainstream services in the numbers that one might expect. Thus it is important to understand cultural attitudes to dementia caregiving in order to enable the provision of appropriate services. This research focuses on one of the major minority ethnic groups in the UK, that of the South Asian communities and is an attempt to understand South Asian carers’ views about care provision for those with dementia, and the factors that influence these views. Semi-structured interviews were conducted with 10 “decision makers” within South Asian families that had a member with dementia. The study employed a qualitative design using constructivist Grounded Theory. The emergent themes emerging highlight perceptions of those interviewed as being culturally different from indigenous British culture in terms of their attitudes to family care and closeness between family members, alongside a sense of duty and responsibility to keep care within the family. Themes such as “us vs. them”, “the uncaring West” and “the concept of strangeness” uncover underlying reasons for reluctance to consider mainstream care services. Implications for changing attitudes and better service delivery for those from minority populations will be discussed.

SESSION 560 (PAPER)

RACE, ETHNICITY AND HEALTH

UNDERSTANDING THE EFFECT OF LANGUAGE, IMMIGRATION AND RACIAL/ETHNIC DISCRIMINATION ON HEALTH AMONG OLDER ADULTS IN NEW YORK CITY

Recent evidence suggests that racial/ethnic discrimination may contribute to health disparities. Given the growing diversity (race, ethnicity, language, immigration) among older adults, understanding and disentangling the various forms of discrimination and its effect on health becomes increasingly important. The objective of this analysis is to examine the association between self-reported discrimination (language, race/ethnicity, and nativity) and health related quality of life among older adults. We used data from the 2008 Health Indicators Project, a representative sample of 1,870 older adults based on a stratified selection of 56 senior centers in New York City. Face-to-face interviews were conducted in five languages using standardized individual and neighborhood-level instruments. Measures of health-related quality of life were based on the Centers for Disease Control and Prevention’s definition for self-rated health, unhealthy days, and activity limitations. Self-reported discrimination for language, nativity, and race/ethnicity were each single-item measures. Multivariate analyses controlled for related demographic and socio-economic status variables. Among older adults, nearly 20% reported having experienced racial/ethnic discrimination, five percent indicated perceived discrimination based on immigration status; and 11% reported bias due to language. Language and nativity discrimination were associated with increased number of unhealthy days and greater activity limitations. As our older adult population increases exponentially, it becomes ever more important to understand and address the complexity of racial/ethnic disparities in health. Future research attempting to understand racial/ethnic differences should include a wide range of measures of discrimination, including language and immigration status, as potential risk factors.

THE EFFECT OF ‘KOREAN IMMIGRANTS & MAMMOGRAPHY: CULTURE-SPECIFIC HEALTH INTERVENTION’ (KIMCHI) AMONG OLDER KOREAN-AMERICAN WOMEN
E. Lee1, K. Nandy1, H. Park2, 1. UCLA School of Nursing, Los Angeles, California, 2. Univ. of Illinois at Chicago, Chicago, Illinois

The Korean Immigrants & Mammography: Culture-Specific Health Intervention (KIM-CHI) leverages cultural context in a couples’ intervention to increase mammography use among Korean American (KA) women. Breast cancer is the most frequent cancer in KA women, and the incidence rate continues to increase. However, mammography screening rates remain low in KA women. Using an educational culture-specific DVD directed at KA couples, this project sought to increase mammogram use among KA women by changing their beliefs, knowledge, self-efficacy, and perceived support from their husbands. A total of 249 KA women age 50 or older and non-adherent with mammography in the past year were recruited—along with their husbands—for a two-group, longitudinal cluster randomized study (120 couples in the intervention group and 129 couples in the attention control group). The intervention consisted of (1) showing a culture specific DVD to groups of women and their husbands separately; (2) holding a group discussion session immediately after the showing; and (3) requiring each couple to complete a discussion activity together related to the education they received. The mean age of the women was 59.6 years; mean years of education was 13.7 years; and mean years of marriage was 35 years. There was a significant increase in the proportion of women obtaining mammograms in the intervention group compared to the control group at 15 months post-baseline (65.1% vs. 47.3%, P=.017). The findings indicate that the KIM-CHI program is effective in increasing mammography uptake in KA women. The DVD-based education has high potential for community-wide dissemination.

RACE AND ETHNIC DIFFERENCES IN OCCUPATIONAL INJURY, MUSCULAR SKELETAL DISORDERS, CHRONIC PAIN AND EMOTIONAL DISTRESS AMONG CALIFORNIA PAS WORKERS

Background. Personal Assistance Services (PAS) workers provide support for activities of daily living (ADLs) among the aged and dis-

192 The Gerontological Society of America
abiled living in community settings. Study Purpose. To determine: 1) rates of acute occupational injury (OI) and chronic work-related musculoskeletal disorders (MSD), 2) levels of chronic work-related pain, 3) emotional distress, and 4) whether these outcomes differ by ethnicity among California PAS workers. Methods. A telephone survey was conducted among a stratified probability sample (N=855) of California PAS workers. The sample was limited to the primary paid PAS worker providing care for a recipient with > 2 ADL limitations. Results: 20% of the sample was African American, 28% Caucasian, 34% Latino and 15% Asian, with a mean age of 50. 31% reported either OI or MSD. In multivariate models, Being African American or Latino were negatively associated with OI/MSD. Being Latino, having worked longer as a PAS worker and co-morbidity were positively associated with pain severity. Being a relative of the recipient and co-morbidity were positively associated, while being Latino was negatively associated with emotional distress. Conclusions: Comorbidity places PAS workers at increased risk of OI/MSD, severe pain, and emotional distress regardless of ethnicity. The ethnic differences in the prevalence or severity of impairment or pain, and rates of emotional distress suggest a need for targeted interventions to reduce the physical and psychosocial impact of PAS work.

IMMIGRANT GENERATION AND DIABETES RISK IN AN AGING MEXICAN-ORIGIN POPULATION
A. Afable-Munsuz, E.R. Mayeda, M.N. Haan, University of California, San Francisco, San Francisco, California

Background: Studies examining whether diabetes risk increases with longer residence or acculturation among immigrants to the US are equivocal. We examine this question using longitudinal data on aging Mexican-origin adults. Methods: Independent effects of immigrant generation, acculturation, socioeconomic status (SES), lifestyle factors, waist circumference, age and sex on diabetes risk were examined using a 9-year population-based cohort study called the Sacramento Area Latino Study on Aging (SALSA). Diabetes status was determined as a fasting glucose >125 mg/dl, self-report of physician diagnosis of diabetes, use of a diabetic medication, and a diabetes-related death in 1,789 male and female adults ≥60 years old. Logistic and Cox regression modeled the odds of prevalent and incident diabetes, respectively. Results: Significant but divergent associations between immigrant generation, acculturation and baseline diabetes risk were observed in age and sex adjusted models. Relative to 1st generation adults, 2nd generation adults had an OR=1.7 (95% CI:1.3, 2.3) and 3rd generation adults had an OR=2.0 (95% CI:1.4, 3.1). Greater acculturation, however, was associated with a slightly decreased risk, but the effect was completely attenuated after adjusting for SES and lifestyle factors. The generation effect remained. There were no significant associations between generation/acculturation and incident diabetes. Conclusion: Our study adds to the evidence on the adverse effects of accumulating exposure to US environment and diabetes risk in immigrants to the US. Viewing immigrant generation as a proxy for US assimilation, our findings suggest the need to examine more closely the causal mechanisms explaining the harmful effects of assimilation on health.

EXAMINING HBA1C AMONG MIDDLE-AGED AND OLDER RURAL AFRICAN AMERICANS WITH TYPE 2 DIABETES MELLITUS
I. Canty Williams, S.W. Utz, K. Reid, R. Jones, I. Hinton, G. Yan, University of Virginia, Charlottesville, Virginia

Type 2 diabetes mellitus (T2DM) disproportionately affects African Americans who have a nation-wide prevalence of 13.3% versus 8.7% among adults. In rural Virginia, rates of T2DM are 15% among African American adults, and 30% for over 60. African Americans have high rates of complications and inadequate glycemic control. Effective self-management is limited by lack of available diabetes self-management education (DSME). The purpose of this intervention study was to test feasibility and efficacy of a culturally-tailored community-based group DSME intervention on physiologic and behavioral outcomes among rural adult African Americans (mean age =60). Based on Social Cognitive Theory and Afro-centric cultural norms, the intervention incorporates storytelling and a problem-solving approach. Outcomes were compared between immediate intervention and wait-list control groups. Thirty-two rural African American adults with T2DM were recruited to participate in the on-going two-year intervention study and were randomly assigned to immediate or delayed intervention groups. Results from analysis of baseline data show the variables that best predict entering HbA1c is reflective of diabetes management. Regression analysis suggest that waist circumference and BMI (p<.0001) was associated with entering HbA1c. Additionally, participants who completed the intervention (n=25) were generally sicker compared to dropouts (n=7). There were no significant differences in baseline variables among the intervention and delayed intervention groups. Results will inform health care providers about factors that help identify those at highest risk for inadequate diabetes self-management among older rural African Americans to enhance the ability of providers to tailor interventions to improve quality of life and prevent complications.

SESSION 565 (SYMPOSIUM)
A PRIMER ON THE WISCONSIN LONGITUDINAL STUDY: OVER 50 YEARS OF SOCIAL DATA AND NEWLY AVAILABLE GENETIC DATA
Chair: P. Herd, University of Wisconsin-Madison, Madison, Wisconsin

The Wisconsin Longitudinal Study is an important data source for researchers interested in examining aging in the context of the life course. The study is a sample of one in three Wisconsin high school graduates, and a selected sibling, from the class of 1957. WLS is unique among major social scientific resources for the length with which it has followed a large population-based cohort sample and that it includes siblings. Recently available DNA data can be merged with fifty years of social data. The addition of genetic data allows new analyses linking genotypic, biomedical, psychosocial, and life course outcomes in novel ways. The data cover nearly every aspect of the participants’ lives from early life socioeconomic background, schooling, family and work to health, social participation, civic engagement, well-being, and cognition. The study also has a wealth of unique data including examples such as administrative IQ scores from high school, information collected from high school yearbooks that include measures of attractiveness, proxy measures for obesity, and complete lists of student activities for all respondents. Examples of administrative data include Medicare records, Social Security records, and resource data on primary and secondary schools attended by participants. This session will introduce the study to researchers who are not familiar with the data by providing an overview of the study as well as practical information on the structure of the data. Attendees who bring a laptop will be provided with a CD containing documentation and the data.

HOW TO ACCESS AND USE DATA FROM THE WISCONSIN LONGITUDINAL STUDY
C. Roan, Sociology, University of Wisconsin, Madison, Wisconsin

With over 15,000 analysis variables covering more than 50 years of data, new users of the WLS data may find themselves overwhelmed when looking for the measures they need to answer their research questions. I will give detailed instructions on how to use the tools and reference materials developed by WLS staff. Attendees will learn how to search for analysis variables, where to find copies of the survey instruments online, and how to download the public data. I will also explain the organizational structure of the data, variable naming conventions, and offer recommendations on how to break the data into smaller pieces if your computing resources are limited. Participants in this symposium
will also learn about the differences between publically available data and data available only by application. Finally I will explain how to apply to use the genetic data and other non-public data.

WHAT’S IN THE WLS? AN OVERVIEW OF SURVEY CONTENT ACROSS TIME

P. Herd, R.M. Hauser, T. Hauser, University of Wisconsin-Madison, Madison, Wisconsin

This presentation will provide an overview of the WLS data. Survey years include 1957, 1964, 1975, 1993, 2004 and a new data collection effort is currently in the field. The content of the WLS has changed to reflect the life course of participants: education inspired the initial data collection, familial and career outcomes focused data collection in midlife, and later rounds have shifted attention to respondent’s health, cognitive status, psychological and other dimensions of well-being, non-work activities, and caregiving and social support. Some examples of non-survey derived measures include: parent earnings from state tax records (1957-60), high school IQ scores; characteristics of high schools and colleges, employers, industries, and communities of residence; archival data on high school and elementary school resources; information on social participation, facial obesity, and attractiveness from yearbooks; matches to the National Death Index and the Wisconsin State Tumor Registry; and Medicare claims data for older siblings.

A PRIMER ON GENETIC DATA AVAILABLE IN THE WISCONSIN LONGITUDINAL STUDY

C.S. Atwood1,2, J.A. Yonker1, N.S. Roeker1, V. Chang1, T. Hauser1, R.M. Hauser1, 1. Medicine, University of Wisconsin-Madison, Madison, Wisconsin, 2. Veterans Administration Hospital, Madison, Wisconsin

The Wisconsin Longitudinal Study (WLS) is unique among major social scientific resources for the length with which it has followed a large population-based cohort sample and that it includes siblings. WLS is a premier resource for studies of social, economic, psychological, and health outcomes in the United States, and its design and findings have had world-wide influence. The addition of genetic data allows new analyses linking genotypic, biomedical, psychosocial, and life course outcomes in novel ways. WLS will be a unique resource available to all qualified researchers that is well suited for replication of findings from existing studies in a population-based sibling-design sample, investigations exploring the genotypic contribution to observed associations among phenotypic measures across domains, genexgene interaction studies, and genenvironment interaction studies.

SESSION 570 (SYMPOSIUM)

ADVANCES IN UNDERSTANDING COGNITIVE AGING: LONGITUDINAL RESEARCH ON CHANGE, VARIATION, AND PLASTICITY

Chair: A.M. Piccinin, Psychology, University of Victoria, Victoria, British Columbia, Canada
Co-Chair: G. Muniz, MRC Biostatistics Unit, Cambridge, United Kingdom

This symposium focuses on recent advances in cognitive aging from longitudinal research featuring new developments in statistical analysis, intensive measurement designs, and cross-study comparative analysis. The study of cognitive aging presents many challenges. The application of innovative developmental designs, improvements in measurement for detecting within-person change, and statistical advances in dynamic modeling and population inference conditional on mortality and attrition is meeting many of these concerns. Muniz describes a new change-point mixture model, providing a solution to fitting such models to data where some individuals do not exhibit a change-point, and provides results from the OCTO-Twin study. Robitalle evaluates the role of processing speed in accounting for aging-related change in other cognitive functions, contrasting between-person and within-person effects. Rast describes the measurement and modeling of verbal learning effects within occasions, with individual differences in asymptote modeled across three occasions over five years. Piccinin describes the alternative approaches that have provided evidence for terminal cognitive decline, with particular attention to the test of accelerated terminal decline in available longitudinal studies of aging. MacDonald describes results from a measurement burst study, Project MIND, with findings that both increased variability and diminished plasticity are linked to cognitive impairment.

DO ALL INDIVIDUALS EXPERIENCE A CHANGE IN AGE-RELATED COGNITIVE DECLINE?

G. Muniz Terrera1, A.M. Piccinin2, S.M. Hofer2, B. Johansson1, F. Matthews1, 1. Biostatistics Unit, Medical Research Council, Cambridge, United Kingdom, 2. University of Victoria, Victoria, British Columbia, Canada, 3. University of Gothenburg, Gothenburg, Sweden

Change point models often used to identify the onset of change in rate of decline assume and estimate a change point for every individual in the sample. However, such change may not be observed in some individuals during the study. To account for these non-changing trajectories, we propose a mixture model with a linear and a non-linear component that follows a change-point trajectory. Individual change points are estimated only for individuals allocated to the change point component. We compare change point estimates obtained from fitting a change point model that estimates a change point for every individual in a sample with those obtained from the mixture model proposed. We illustrate the methodology using several cognitive measures from a Swedish longitudinal study of ageing: the OCTO-Twin Study. Our results provide evidence of biases incurred when fitting change point models in the presence of linear trajectories.

DOES PROCESSING SPEED ACCOUNT FOR AGING-RELATED CHANGE IN OTHER COGNITIVE FUNCTIONS?

A. Robitalle1, G. Muniz Terrera1, A. Piccinin1, S.M. Hofer1, 1. University of Victoria, Victoria, British Columbia, Canada, 2. MRC biostatistics Unit, Cambridge, United Kingdom

Aging-related decline in processing speed has long been considered a key driver of changes in other cognitive functions with age. While the majority of empirical evidence for the processing speed hypothesis has been obtained from cross-sectional analyses of age differences, studies of intraindividual change suggest an attenuated mediation effect of age via processing speed. We further examine the speed- mediation hypothesis, and describe the importance of alternative and complementary tests of within-person age change and variation using multiple longitudinal studies associated with the IALSA network. The effect of age on cognitive functioning via processing speed was greatest for between-person age differences compared to the within-person fixed and random effects. Still, variations in how the models were specified had an impact on the percent mediated effect of age on cognitive functioning via processing speed. These results provide evidence for a moderate degree of interdependency among different types of cognitive functioning.

AGING-RELATED CHANGE IN VERBAL LEARNING ACROSS FIVE YEARS: THE ZULU STUDY

P. Rast1, D. Zimprich1, 1. Department of Psychology, University of Victoria, Victoria, British Columbia, Canada, 2. University of Erlangen-Nuremberg, Erlangen, Bayern, Germany

In order to capture changes in verbal learning, a second order growth curve model based on first order non-linear mixed effects models was used for data from the Zulu-Study. Given that within five years, and three measurement occasions, retest effects may supersede long-term changes, we chose to focus on asymptotic performance. For each individual we estimated an upper asymptote of verbal learning performance, which is less susceptible to retest effects than initial learning. On
average, asymptotic performance did not decrease significantly over five years, but participants showed large, reliable individual slope differences. Some participants maintained their asymptotic performance while others showed decline. While age did not contribute to explanation of slope variance in asymptotic performance, the rate of change in working memory (WM) explained 30% of that variance. Participants with greater decline in WM also declined faster in asymptotic verbal learning performance, reflecting the importance of WM in learning tasks.

PLASTICITY AND VARIABILITY AS INDICATORS OF COGNITIVE STATUS: A MEASUREMENT BURST STUDY
S.W. MacDonald, J.H. Grand, D.F. Hultsch, Psychology, University of Victoria, Victoria, British Columbia, Canada

Recent theorizing differentiates key constraints on cognition, including flexibility (current range of processing efficiency) and plasticity (capacity to expand flexibility). The present study examines the interplay between markers of intraindividual variability (flexibility) and gains across burst sessions (plasticity) in relation to age-related cognitive function. Participants included 304 adults (aged 64 to 92 years; M=74.02, SD=5.95) from Project MIND, a longitudinal burst design study assessing performance across micro and macro intervals (response latency trials, weekly bursts, annual retests). Multilevel modeling was employed to derive year-1 indices of plasticity and variability, which were subsequently examined as predictors of 6-year cognitive change as well as cognitive status at the final measurement occasion. Both increased variability and diminished plasticity were linked to cognitive impairment. Results will be discussed in terms of differential predictivity, the prosed to longer-time course to elicit plasticity, and the prospects for improving sensitivity of detecting those at risk of cognitive impairment.

ESTIMATING THE EFFECTS OF TERMINAL COGNITIVE DECLINE FROM WITHIN-PERSON PERSPECTIVE
A.M. Piccinin1, G. Muniz2, F. Matthews3, B. Johansson3, 1. Psychology, University of Victoria, Victoria, British Columbia, Canada, 2. MRC Biostatistics Unit, Cambridge, United Kingdom, 3. University of Gothenburg, Gothenburg, Sweden

The terminal cognitive decline hypothesis implies a change in rate of decline within an individual. We examine the effect of impending mortality on cognition from a within-person perspective using quadratic growth curve models with a time to death chronological structure based on participants with confirmed death dates. Covariates of initial performance and of linear and quadratic change over time include both age and distance from death at study entry, sex, education, and dementia diagnosis. Initial findings based on the OCTO-Twin study (faster decline in incident cases closer to death at study entry, but within-person evidence of terminal decline not as strong as previously published between-person results) are extended to several additional longitudinal datasets. Strategies for focusing models on longitudinal aspects of available data and the extent to which lack of within-person evidence for terminal decline may stem from common data limitations are discussed.

SESSION 575 (SYMPOSIUM)

AMERICAN INDIAN AGING: CULTURAL, HEALTH, AND POLITICAL CONSIDERATIONS
Chair: R. Goins, Dept of Community Medicine, West Virginia University, Morgantown, West Virginia

American Indians experience substantial health disparities compared to the general U.S. population. Although medical advances have increased life expectancy, morbidity, and mortality statistics suggest that the health of older American Indians lags behind. Older American Indians have lower life expectancies; higher rates of functional disability, diabetes, cardiovascular disease, and arthritis; and lower incomes and educational attainment. Although over 4.2 million American Indians or older is projected to increase 3½ fold between 2010 and 2050 from 410,000 to 1,395,000, we know virtually nothing about the aging process in this vulnerable population. The purpose of this symposium is to share current quantitative and qualitative research studies which focus on health-related issues of this relatively misunderstood population. Several of the papers will underscore the role of culture as a relevant consideration when examining health in Indian Country; values and cultural norms can influence both self-identification as an elder in addition to caregiver networks and health appraisals. The symposium will include papers that will speak to cultural considerations around the designation of “elder”; intergenerational cultural concepts of diabetes etiology, caregiving for elders with dementia, and lower body physical functioning and correlates of poorer lower body functioning. The final paper will offer an in-depth examination of the political status of American Indians and how federal and state policies affect health status and access. This symposium illustrates the importance of improving our understanding of older American Indians.

WHAT MAKES AN ELDER?: THE CONSTITUENT ELEMENTS OF “ELDERHOOD” AMONG OLDER AMERICAN INDIANS
L.L. Jervis, Anthropology, University of Oklahoma, Norman, Oklahoma

It is generally maintained that being an elder in Native communities has more to do with cultural considerations such as being respected and living a honorable life than with chronological age. This paper focuses on the meaning of elderhood among 100 American Indians age 60 years or older. Through open-ended interviews, participants identified chronological age, social role/status factors, health/disability considerations, and comparison of oneself to a specific older person as part of elderhood. Both chronological age and social role/status factors emerged as especially crucial in the determination of elder status. Interestingly, roughly 40% of the sample stated that they themselves were not elders. The most common rationale given was that participants were too active or “able” to be elders. This study hints at the complexity of notions of elderhood and age identity in contemporary Native communities, and calls into question claims that chronological age is minimally relevant to elder status.

CORRELATES OF LOWER BODY FUNCTIONING AMONG OLDER AMERICAN INDIANS: THE NATIVE ELDER CARE STUDY
R. Goins, K.E. Innes, L. Dong, Dept of Community Medicine, West Virginia University, Morgantown, West Virginia

Although over 4.2 million American Indians live in the U.S. and 1,319,000 will be 55+ years by 2020, virtually nothing is known about the aging process in this population. The scant literature on older American Indians suggests they suffer some of the highest functional disability rates of any U.S. racial group, exceeding those of their White counterparts. Survey and lower body performance-based assessment data were collected from 303 reservation-dwelling older American Indians aged 55+ years. Lower body functioning was measured with the Short Physical Performance Battery (SPPB) and the SPPB score ranges from 0 to 12 with higher scores indicative of better performance. The mean SPPB score adjusted for age was 9.8 for men and 8.5 for women. Results from an ordinary least squares multiple variable regression indicated that significant correlates of poorer performance included older age, being female, not being married, increased body mass index, osteoporosis, and medical comorbidity.

EXAMINING THE POLITICAL STATUS OF AMERICAN INDIAN ELDERS AS IT INTERSECTS WITH ELDER AND HEALTH CARE
M. Mass, School of Nursing, Yale University, New Haven, Connecticut

To be American Indian (AI) in the US denotes a political status. Researchers and health providers are largely unaware of this status and
relegate AI to a racial minority status only. Tribes as partial sovereign nations are domestic dependant nations who have a distinct relationship with the US through a federal trust responsibility. These concepts stem from the Marshall Trilogy, a group of decisions from Chief Justice John Marshall’s court in the 1800s. There are consequences playing out today especially for the elders as a result of this intricate interplay of legal concepts. Many of today’s oldest old (85+) were not even conferred US citizenship at birth. Yet today most AI are dual citizens. These are the US’ most regulated people in one of the US’ most regulated systems. This paper will be a review of how federal policies and state and federal laws have affected AI elder and healthcare.

AMERICAN INDIAN DEMENTIA CAREGIVING:
INDIGENOUS AFFECTS ON KIN NETWORK CAREGIVING TASK DISPERSION

N. Henderson, L. Henderson, health promotion sciences, university of oklahoma health sciences center, Oklahoma City, Oklahoma

In this case study, a Plains Indian family mobilized 12 members of their kindred as “Core Caregivers” for caregiving to their elder matriarch with dementia. Unlike the majority population, this kin unit operates under the stimuli of key indigenous ethnohistorical particulars: 1) a family residential pattern derived from the Allotment Act of 1887 of four adjacent homes, 2) a resolute cultural ethic of reciprocal obligation enacted as elder caregiving, 3) contemporary adaptation to cash economies, fixed work hours, and shift work to perpetually keep a caregiver available and on-site, 4) healthcare costs diffused due to Indian Health Service clinics and hospitals, and 5) rural living location that requires reckoning of long drive-times between work and home to insure no lapse in on-site caregiver coverage. Gerontology’s penchant for focusing many caregiving studies on a “primary-secondary” caregiver dyad may be a middle-American culture bound artifact that requires reconsideration across other sub-cultures.

INTERGENERATIONAL DIABETES EXPLANATORY MODELS IN AMERICAN INDIAN YOUNG WOMEN AND ELDERS

N. Henderson, L. Henderson, K.L. Kleszynski, K. Waggoner, health promotion sciences, university of oklahoma health sciences center, Oklahoma City, Oklahoma

This paper juxtaposes intergenerational Explanatory Models (EMs) of diabetes causation in two American Indian (AI) tribes. Semi-structured interviews were conducted with an intensity sample of 1) 30 elders with diabetes and 2) 100 pregnant women to elicit diabetes EMs. In the elder cohort, author LCH found that in one model, diabetes was thought to be precipitated by life stressors. Another model suggested that diabetes was brought to AI people by the “White man.” Analysis of the younger cohort data indicated that causation was mainly tied to genetic susceptibility with the corollary that lack of familial diabetes may be a middle-American culture bound artifact that requires reconsideration across other sub-cultures.

SESSION 580 (SYMPOSIUM)

FAMILY RELATIONSHIP STYLES Ç LIFESPAN EFFECTS
Chair: R. Blieszner, Virginia Tech, Blacksburg, Virginia
Co-Chair: V.H. Bedford, University of Indianapolis, Indianapolis, Indiana
Discussant: V.H. Bedford, University of Indianapolis, Indianapolis, Indiana

Close relationships play a key role in health and well being over the lifespan, as shown by burgeoning research dating back as far as the 1970s. Studies reveal that relationships are complex and multidimen-
of the mental and physical health benefits for both grandparents and grandchildren. In understanding such benefits, it is key to acknowledge that the cultural-historical and developmental life course frameworks interact, consistent with historical shifts in the demographics of grandparenting and the salience of developmental changes in grandparent-grandchild relationships. In the context of relationships between the meaning of grandparenthood and responses to it, both normative and nonnormative forms of grandparenting will be discussed to understand both the short-term and long-term impact of grandparent-grandchild relationships on physical and mental health of both generations. In view of the fact that grandparent-grandchild relationships can be defined in a variety of ways, an emphasis will be placed upon the positive adaptive consequences of grandparenthood and the generative roles that many grandparents play in the lives of their grandchildren.

SIBLING RELATIONSHIP CHARACTERISTICS — LIFESPAN EFFECTS

V.H. Bedford, P.S. Avioli, 1. University of Indianapolis, Indianapolis, Indiana, 2. Kean University, Union, New Jersey

This paper is a review of the literature on the influence of sibling relationships on the well-being of middle-aged and older adults. It examines whether the sibling link to well-being exists, whether and how siblings are unique in their contributions to well-being, and what kinds of mechanisms may promote this link. The presentation will focus primarily on three aspects of well-being: loneliness, physical health, and mood. Specifically, the presenters examine how sibling social support, sibling marital and parent status, sibling gender, sibling contact frequency, and sibling family structure relate to well-being. Little is known about the mechanisms involved in linking the sibling relationship to well-being, but the following possibilities will be examined: siblings may serve attachment functions, sibling equity may enhance well-being, siblings function as substitutes for other relationships, and siblings provide unique support. Finally, the presenters will make recommendations for future research.

STEP-RELATIONSHIPS ACROSS THE LIFESPAN

L. Ganong, M. Coleman, HDFS, University of Missouri, Columbia, Missouri

Step-relations are common – nearly 40% of U.S. families have a step-grandparent (Szinovacz, 1998) and 42% of a recent national sample of adults had at least one step-relative (Pew Research Center, 2011). Step-relations are formed across the lifespan, and their influences on individuals depend a great deal on the complex familial contexts within which step-relations are formed. The effects of step-relations on individuals’ well-being are determined by a variety of factors, including length of time since the relationships began, genders and ages of the step-kin, quality of the relationship, and the extent to which other family members provide support or create strains on step-relations. In this presentation we will review what is known about step-relations and their effects on individual well-being across the lifespan. We also will identify gaps in the literature and will propose a research agenda for studying the connections among multigenerational stepfamilies, step-relations, and individual well-being.

SESSION 585 (SYMPOSIUM)

GROWING OLD IN URBAN NEIGHBOURHOODS: CROSS-NATIONAL RESEARCH FROM BELGIUM, THE UK AND THE USA

Chair: C. Phillipson, Keele University, Stoke-on-Trent, United Kingdom
Discussant: G.D. Rowles, University of Kentucky, Lexington, Kentucky

Population ageing and urbanisation are two major trends affecting life in the twenty-first century. The share of older residents in cities is increasing. By 2030, the major urban areas of the developed world will have 25 per cent or more of their populations aged 60 and over. This symposium explores both the constraints and opportunities urban environments present for older people. Urban settings impose limitations on daily life but they have advantages as well, including the strength of bonds formed within urban neighbourhoods and the benefits for migrant groups. Phillipson and Buffel present studies from Belgium and England examining pressures on older people in areas of high deprivation. The paper addresses experiences of community change, the management of urban space and attitudes towards crime and security. Jessica Kelly-Moore presents data from the US on the pivotal role of low income seniors in providing family support such as meals to grandchildren. The paper demonstrates the complex activities necessary to deliver this assistance, notably in respect of shopping in safe and secure areas. Verté et al. focus upon the ‘Belgian Ageing Studies’ project which monitors challenges and opportunities among home-dwelling older people in order to provide tools for evidenced-based ‘age-friendly’ policies at a local level. Finally, Scharf et al. present findings from an action research project which shifts the focus away from ‘problems’ associated with ageing in urban communities towards an assessment of the ways in which community projects can potentially enhance older people’s quality of life.

INVOLVING OLDER PEOPLE IN PLACE-MAKING: THE BELGIAN AGEING STUDIES

D. Verté1, T. Buffel2, N. De Winte2,1, L. De Donder2, S. Dury1, 1. Adult Educational Sciences, Vrije Universiteit Brussel, Brussels, Belgium, 2. University college Ghent, Gent, Belgium

While older people tend to spend a lot of time in their neighbourhood, they are often among the first to be ignored when it comes to decision-making processes and participation in the production of their community. This contribution seeks to reflect on the key challenges and opportunities of involving older people in aspects of research, policy and social change at local level. The focus is the ‘Belgian Ageing Studies’, a research programme which monitors challenges and opportunities, as well as issues of quality of life, among home-dwelling older people in order to provide tools for evidenced-based ‘age-friendly’ policies at local level. Through a participatory method, older people themselves are actively involved as actors in all stages of the project: in the planning and realisation of the research project, as well as in the development of local policy plans on the basis of the findings of the research.

EXPERIENCES OF PLACE AND COMMUNITY AMONG OLDER RESIDENTS LIVING IN INNER-CITY NEIGHBOURHOODS: EVIDENCE FROM TWO EUROPEAN COUNTRIES

T. Buffel1, C. Phillipson2, T. Scharf3, 1. Adult Educational Sciences, Vrije Universiteit Brussel, Brussels, Belgium, 2. Keele University, Keele, United Kingdom, 3. Irish Centre for Social Gerontology, Galway, Ireland

The environmental context of ageing has re-surfaced as a major theme within social gerontology. This paper explores a range of issues concerned with the role of place and community for older people living in deprived inner-city neighborhoods. This presents an overview of prominent approaches concerned with environmental perspectives in gerontology, and further argues that these are rather poorly equipped to deal with the macro-sociological developments that characterize inner-city neighborhoods. The aim of the study is to explore the ways in which structural processes of globalization are locally expressed by various groups of older people living in deprived urban areas facing social change. Drawing on two comparable qualitative studies in Belgium and England, the paper addresses four key themes: experiences of community change; the management of urban space; attitudes towards crime and security; and strategies of control. It concludes by discussing both conceptual and policy issues raised by the research.
NOT JUST SURVIVING BUT THRIVING: OLDER ADULTS AS NUTRITIONAL ASSET IN POOR URBAN NEIGHBORHOODS
J. Kelley-Moore, M.L. Boehm, Sociology, Case Western Reserve University, Cleveland, Ohio

Previous research presents a grim picture of nutritional intake among low-income seniors, exacerbated by fixed incomes and loneliness. To further this, we conducted semi-structured interviews of Black older adults living in subsidized housing in Cleveland. Contrary to previous findings, we discovered that these older adults consume more fruits and vegetables than younger persons. As part-time and periodically full-time caregivers for their grandchildren, these older adults recognize their important role in the nutritional intake of children. Since they are more financially stable than their children, they are able to plan menus that integrate fresh fruits/vegetables more regularly. The older adults also have an informal food economy with their neighbors, sharing excess and eating together. Groups often coordinate trips to a supermarket and pool money to buy items in bulk. Black older adults play an active and positive role in the nutrition of their families and neighbors, a significant neighborhood resource.

COMMUNITY ACTION BY OLDER PEOPLE IN URBAN ENGLAND: EMPIRICAL FINDINGS FROM FOUR GARDENING SCHEMES
T. Scharf, S. Middling, J. Bailey, S.E. Maslin-Prothero, 1. Irish Centre for Social Gerontology, NUI Galway, Galway, Ireland, 2. Keele University, Keele, United Kingdom

A growing body of research highlights the challenges faced by people who age in disadvantaged urban communities. In presenting findings from CALL-ME – a participatory action research project in disadvantaged communities in Manchester (England) – this paper seeks to shift the focus away from ‘problems’ associated with ageing in urban communities towards an assessment of ways in which community action might enhance older people’s quality of life. The paper explores older adults’ participation in four contrasting community gardening schemes, assessing the contribution of such schemes to participants’ ability to engage in community social life. Analysis of qualitative data (focus groups, in-depth interviews, observational material), highlights 1) a sense of making a contribution to one’s community; and 2) feelings of personal satisfaction arising from participation as key elements underpinning participation in gardening schemes. The ability to overcome challenges associated with developing the schemes was identified as representing a particularly empowering experience for participants.

SESSION 590 (SYMPOSIUM)
IMPLEMENTING INTERVENTIONS FOR INDIVIDUALS WITH DEMENTIA
Chair: K. Judge, Psychology, Cleveland State University, Cleveland, Ohio
Co-Chair: S. Yarry, VA Palo Alto Health Care System, Palo Alto, California
Discussant: K. Maslow, Institute of Medicine, Washington D.C., District of Columbia

A small number of interventions have included individuals with dementia (IWDs) as active participants or addressed IWDs’ psychosocial needs. This symposium presents four innovative interventions developed for IWDs which are being translated into clinical practice. These studies address a variety of dementia-related symptoms and care issues across a range of dementia severity and care settings. Unique aspects of these intervention protocols include methods for facilitating active participation of IWDs and targeting psychosocial issues faced by IWDs, such as relationship strain, anxiety, difficult behaviors, and engagement. The first paper discusses key phases of intervention development necessary for successful and widespread adoption, including efficacy, effectiveness, and dissemination. The second paper addresses a dyadic counseling intervention for IWDs and their family caregivers, Early Dignoses Dyadic Intervention (EDDI), which allows care partners to discuss their preferences for care. The third paper discusses a cognitive rehabilitation and skills training program for IWDs and their family caregivers, Acquiring New Skills While Enhancing Remaining Strengths (ANSWERS), which trains care partners on a core set of evidence-based skills for managing and coping with symptoms of dementia. Discussion will focus on the merits and challenges of developing and implementing intervention protocols for IWDs including: strategies for including IWDs; the role of formal and informal caregivers in implementing interventions; and examining viability of intervention protocols based on IWDs’ impairment and environmental setting.

DEVELOPING EFFECTIVE INTERVENTIONS FOR DEMENTIA: ISSUES IN TRANSLATING RESEARCH INTO PRACTICE
C. Camp, Hearthstone Alzheimer Care, Woburn, Massachusetts

For dementia interventions to be both useful and used, they must undergo three distinct evolutionary phases of development. First, the intervention must demonstrate efficacy, generally associated with a high degree of internal validity. Second, the interventions must demonstrate effectiveness, meaning that they can produce desired effects in a variety of real-world contexts, generally associated with external validity. Finally, the interventions must be disseminated, such that interventions are actually utilized in an effective way by non-researchers in the course of providing care and/or doing one’s job. This requires creation of an infrastructure that will support provision of effective interventions, which requires linking the delivery of interventions with the motivators of care-delivery systems. Two dementia interventions – spaced retrieval and Montessori-Based Activities Programming® – which are now being utilized internationally, will be presented as case studies to illustrate these phases of development.

A DYADIC INTERVENTION FOR INDIVIDUALS WITH EARLY-STAGE DEMENTIA AND THEIR FAMILY CAREGIVERS
C.J. Whitlatch, Benjamin Rose Institute on Aging, Cleveland, Ohio

Individuals with early-stage dementia (IWDs) and their family caregivers (CGs) face numerous challenges as they adapt to the unpredictable changes associated with memory loss. Early-stage IWDs and their CGs often report feelings of depression, anxiety, loss, and fear. Unfortunately, few psychosocial interventions specifically target these symptoms for early-stage dyads, although an increasing number of interventions show promise for alleviating stress and improving well-being. This presentation describes an early-stage intervention that includes both the IWD and family CG in sessions designed to improve communication, increase mutual understanding of each person’s values and preferences for care, enhance well-being, and increase the IWD’s participation in his/her own care. Discussion will focus on the development, implementation, and evaluation of the Early Diagnosis Dyadic Intervention, and subsequent protocol modifications made as a result of the original findings.

ACQUIRING NEW SKILLS WHILE ENHANCING REMAINING STRENGTHS (ANSWERS): A DYADIC COGNITIVE REHABILITATION AND EDUCATIONAL SKILLS TRAINING PROGRAM FOR INDIVIDUALS WITH DEMENTIA
K. Judge, S. Yarry, M. Wilson, S. Powers, N.T. Dawson, 1. Psychology, Cleveland State University, Cleveland, Ohio, 2. VA Palo Alto Health Care System, Palo Alto, California, 3. The University of Akron, Akron, Ohio

The following paper will present research findings regarding the development, implementation, and evaluation of the intervention protocol. Acquiring New Skills While Enhancing Remaining Strengths...
NARRATIVES OF CARING FOR A LATINO FAMILY MEMBER WITH ALZHEIMER’S DISEASE
C. Gelman, Hunter College School of Social Work, New York, New York
Caregivers of patients with Alzheimer’s disease (AD) experience increased depression and stress, poorer self-rated health, and even increased mortality. Latino caregivers face special challenges, yet relatively few studies explore their experiences qualitatively, which can provide important insights. We discuss a narrative analysis of extensive contacts with 24 Latinos caring for relatives with AD, and focus on an emerging theme less commonly noted in the literature: despite the cultural value of familismo, defined as an identification and attachment of individuals with their families and typically ascribed to Latinos, these caregivers report experiencing insufficient support from their extended families. Reasons for this gap between cultural ideal and reality, the impact on Latino caregivers, and the implications for provision of supportive services for AD caregivers and their families, are discussed.

DIGITAL HEALING: THE VALUE OF TECHNOLOGY THROUGH SOCIAL NETWORKING FOR INTERGENERATIONAL RELATIONSHIPS OF VIETNAM VETERANS
E. Covan, R. Smith, Gerontology, UNC Wilmington, Wilmington, North Carolina
Authors used grounded theory and the life course perspective to analyze narrative and visual posts on social networking sites created by and for Vietnam veterans, their friends, and family. For ethical reasons personal identities were removed when the authors created separate narrative word processing files for each population. Networking sites included Facebook, MySpace, and Twitter. Additional data include life history narrative interviews with a separate sample of Vietnam veterans and their significant others. Comparing and contrasting the two sources of data for each of the three populations, we performed a qualitative content analysis of topics of communication, coding basic themes. Although digital narratives vary by population, themes common to all include: 1) Memorials to lost comrades; 2) Intergenerational tributes to Vietnam Veterans from family and friends; 3) Requesting information; 4) Fitting In; and 5) Networking to facilitate social connections.

NARRATIVES OF DISCONTENT: EXPLORING THE IMPACT OF PERSONAL IDEOLOGY ON EXPERIENCES OF RESIDENTS IN UNIVERSITY-LINKED RETIREMENT COMMUNITIES
R.B. Meraz Lewis, Eastern Michigan University, Ypsilanti, Michigan
This study utilizes life course theory as a framework for exploring the lived worlds and life experiences of residents of University-Linked Retirement Communities (ULRC). The narrative examples explored in this paper illuminate how an individual’s personal biography and social history influence personal ideology and in turn impacts adjustment to and experiences in their communities. The analysis uses narrative—the stories community dwellers tell about themselves—to explore individual’s ideological disconnect and feelings of discontent within their communities. Findings for this paper are from a qualitative study utilizing an interpretative ethnographic approach with site visit observations conducted at three ULRCs located in the Midwest, Northeast, and Southern regions of the United States. Narrative examples are presented from thematic coding of 55 in-depth individual and partner interviews of residents ranging from 56-92 years old.

THE ROAD NOT TAKEN: ROLLING WITH A SPINAL CORD INJURY ON THE PATH TO OLD AGE
R. Guyder, E. Covan, C. Ashton, Gerontology, UNC Wilmington, Wilmington, North Carolina
The life narratives of males with paraplegia and quadriplegia were analyzed, illuminating themes among perspectives of how spinal cord injury (SCI) affects aging, with quality-of-life (QOL) patterns varying...
by level of injury. Compared to higher (cervical) SCIs, those with lower (thoracic or lumbar) injuries appear less concerned about declines typically occurring with age. Factors influencing QOL include: (a) personality; (b) healthcare access; (c) functional ability; (d) social networks; (e) individual resources; (f) disability benefits bureaucracy; (g) marketable job skills; (h) rigid policies discouraging employment; and (i) how people in society treat them. The men attempt to “fit-in” and live typical lifestyles despite their disabilities, compensating by adapting and altering their routines, while interacting in a world designed by, and for, able-bodied people; sometimes this is impossible. Implications for their reduced life-expectancy, both subjective and actuarial, are discussed.

SESSION 600 (SYMPOSIUM)

THE TRAINING AND SERVICES PROVIDED BY DIRECT CARE WORKERS: FINDINGS FROM FEDERAL AND STATE INITIATIVES

Chair: F. Ejaz, Benjamin Rose Institute, Cleveland, Ohio
Discussant: R. Stone, LeadingAge, Washington, District of Columbia

This symposium highlights findings from federal and state initiatives that examine the training of direct care workers (DCWs); and provides insights into how state’s vary in the types of services and supports provided by such workers. Three research teams will present findings using data from national sources and state demonstrations. Dr. Sen-gupta and colleagues use data from nationally representative samples of 2,897 certified nurse aides and 3,377 home health aides to examine the similarities and differences in the training received by home health and nurse aides. Dr. Seavey describes federal and state initiatives aimed at reshaping and guiding the training received by personal care aides (PCA). Findings are based on a national survey of existing PCA requirements highlighting how states differ in such requirements. Findings will also be supplemented by a six-state demonstration to develop core competencies and certifications to address the changing needs of consumers of home-and-community based services. Dr. Reinhard will highlight differences in the types of services and supports provided by DCWs in various states using data from a national survey of State Boards of Nursing conducted in 2011. These data point to variations among states in terms of the types of services and supports provided by DCWs. She will also highlight findings from a demonstration in New Jersey to change practices and policies to help consumers receive enhanced services from DCWs. Dr. Stone will moderate the session and will lead the discussion on the implications of the findings for changing practice and policy in the U.S.

VARIATIONS IN HOW STATES DIFFER IN THE SERVICES PROVIDED BY DIRECT CARE WORKERS

F. Ejaz, S. Reinhard, F. Ejaz, Benjamin Rose Institute, Cleveland, Ohio, 2. AARP, Washington, District of Columbia

Based on a national survey of State Boards of Nursing conducted in Spring 2011, some older adults and people with disabilities needing long term care, have access to more services and supports in certain states compared to other states. Data from this survey demonstrated that certain states permit non-nurse, direct care workers in home and community-based settings to give medications to consumers, including insulin injections and tube feedings. Other states do not. This presentation will detail state-by-state findings on the services and supports provided by nurses and direct care workers. It will also provide insights from a pilot project in New Jersey that demonstrated how New Jersey moved move toward policies, practices, and changing organizational culture to help more consumers get their medications and other supportive services such as tube feedings, wound care, bowel and bladder regimens from direct care workers without jeopardizing consumer safety.

TRAINING DEVELOPMENTS FOR PERSONAL CARE AIDES: A REVIEW OF PROMISING STATE INITIATIVES

D. Seavey, PHI, Newton, Massachusetts

Training for personal care aides (PCAs) in the U.S. is at a rudimentary stage of development. No federal training standards exist for PCAs, and most states have instituted a patchwork of limited requirements. Furthermore, the quality of PCA training curricula and credentialing is often weak. However, notable federal and state initiatives are underway with potential to fundamentally reshape and guide this important training domain. This presentation will provide symposium attendees with: a) preliminary findings from a 50-state survey of existing PCA training requirements; and b) highlights of leading state-based initiatives including those stemming from the Personal and Home Care Aide State Training Program (PHCAST) — a three-year, $15 million federal demonstration program for six states to develop core competencies and curricula, training, and certification programs for PCAs. Attendees will also receive insights into the practice and policy implications of these initiatives for improving training standards and opportunities for PCAs.

TRAINING OF HOME HEALTH AIDES AND NURSE AIDES

M. Sengupta, L. Harris-Kojetin, F. Ejaz, CDC/NCHS, Hyattsville, Maryland

Training and satisfaction with training were examined using data from nationally representative samples of 2,897 certified nursing assistants (CNAs) from the National Nursing Assistant Survey and 3,377 home health aides (HHAs) from the National Home Health Aide Survey. Most HHAs (83.9 %) and all CNAs received some initial training. Of these, significantly more HHAs (82%) compared to CNAs (66%) felt that training had prepared them ‘very well’ for their jobs (p<.01). About 91% of HHAs and 88% of CNAs received continuing education training. Of these, similar percentages of HHAs (79%) and CNAs (75%) assessed continuing education training as being very useful (p >.10). Groups differed in their assessments of content of initial training: 67% of CNAs and 54% of HHAs believed that their training was ‘excellent’ in helping them address patients’ limitations in activities of daily living (p<.01). Findings identify commonalities and differences in training among HHAs and CNAs.

SESSION 605 (PAPER)

EDUCATING GERIATRIC SPECIALISTS

COMMUNITY BASED GERIATRIC MEDICINE FELLOWSHIPS: SPREADING GERIATRICS INTO COMMUNITIES

K.T. Foley, M.M. Noel, M. Neuberger, W.C. Wadland, Family Medicine, Michigan State University, East Lansing, Michigan

The Institute of Medicine has projected critical shortfalls in the national workforce of certified geriatricians, particularly in non-urban areas. In Michigan, certified geriatrician practices are concentrated in close proximity to academic medical centers in Detroit and Ann Arbor, locations that are inaccessible to the majority of Michiganians who live outside of the southeast region. To improve access to geriatricians throughout the state, the Department of Family Medicine in the College of Human Medicine at Michigan State University (MSU) has initiated a plan to establish geriatric medicine fellowship programs aligned with MSU/ family medicine residency programs located at seven training sites. Supported by a Health Resources and Services Administration grant, the network of geriatric medicine fellowships has increased to four programs, doubling the number of fellows trained per year who will likely remain in Michigan to practice geriatrics. The network model of collaboration has facilitated the completion of program accreditation applications, improved recruitment of new fellows, and produced a network training curriculum consistent with Accreditation Council for Graduate Medical Education program requirements. Opportunities are pro-
developed for fellows to travel and train at resource-intensive sites and also to meet together as a group with their program directors three times annually to participate in half-day assessments of their clinical skills and core competencies. Geriatric medicine fellowship programs offer a promising means to increase the supply of geriatricians in community settings.

DEVELOPING AN ADAPTABLE, COMPETENCY-BASED CURRICULUM FOR A NETWORK OF COMMUNITY-BASED GERIATRIC MEDICINE FELLOWSHIPS

D.A. Sleight1, M. Neuberger2, K.T. Foley3, 1. Office of Medical Education Research and Development, Michigan State University, East Lansing, Michigan, 2. Michigan State University CHM Department of Family Medicine, East Lansing, Michigan

A network of seven geriatric medicine fellowship programs needed a curriculum that was instructionally sound, met ACGME core competencies and was adaptable to the various communities of the network. To spread the curriculum development load and to promote buy-in among the seven program directors, a series of meetings was held. Directors were taught the basics of curriculum development, and a rough draft of a curriculum was hammered out. This became Phase 1 of a four-phase development model. In Phase 2 a smaller development team comprising educational psychologists, content experts and the network director revised the draft curriculum according to instructional design principles and the ACGME core competencies. In Phase 3 the development team reviewed the curriculum for content validity, and visited rotation sites to present the curriculum to site directors for a feasibility check. Phase 4, in which the curriculum was piloted, again included program directors. This development model provided a team of community-based faculty, distilled consensus, and culminated in a curriculum that could be used in different training sites. The curriculum provided opportunities for fellows to travel to and train at resource-intensive sites and to meet as a group three times during the fellowship and more often via videoconferencing.

CHAMPIONING ADVANCED PRACTICE GERONTOLOGICAL NURSING: VALUED ROLE FOR THE GERONTOLOGICAL NURSE SCIENTIST

L. Kennedy-Malone1, C. Auerhahn2, L. UNCG, Greensboro, North Carolina, 2. NYU, New York, New York

The APRN Consensus model requires the inclusion of gerontological content for all advanced practice nurses managing the care of older adults. With the shortage of qualified gerontological advanced practice nursing faculty, Schools of Nursing are often challenged to find expertise in geriatrics and gerontological nursing. Identifying a champion in gerontological nursing is one of the keys to successful integration and embedding of gerontological content. Nurse scientists as part of the faculty role, are often charged with teaching core curriculum courses to graduate level nursing students. Faculty with expertise in gerontological research are valued partners in this new mandate requiring aging specific content across the graduate nursing curriculum. In this presentation, strategies to enhance gerontological experiential learning activities focused on addressing the AACN/John A. Hartford Adult and Gerontology Nurse Practitioner Competencies and AACN/John A. Hartford Adult and Gerontology Clinical Nurse Specialist will be presented. Recommendations for gerontological nurse scientists with clinical expertise to assist with the gerontologizing of clinical management course will be discussed.

GERONTOLOGICAL CONTENT IN AN INTEGRATED UNDERGRADUATE NURSING PROGRAM

S. Hirst, A.M. Lane, C. Le Navene, Faculty of Nursing, Calgary, Alberta, Canada

The need for fresh approaches to the lingering question of how to stimulate students to enter gerontological nursing practice is a priority for nurse educators. Purpose: Described in this paper is a process model to increase the exposure of undergraduate degree nursing students to attitudes, content, and skills on aging and related nursing care of older adults so they better understand the implications of an aging population, stereotypes of older adults, and thus provide quality care. Design and Method: The Brenda Strafford Centre for Excellence in Gerontological Nursing in collaboration with faculty members (Faculty of Nursing, University of Calgary) have developed a new integrated undergraduate program to identify appropriate content and learning experiences, and incorporate information on aging into new courses as they are developed in a six semester nursing specific program. The Centre staff provided expertise on gerontology and assisted in identifying and teaching appropriate content. Results: Faculty members developed about a dozen lessons covering from one class to two weeks in subjects such as changing demographics, aging families, health care requirements, and normal aging changes. This experience suggests a number of issues that should be addressed when developing a gerontology infusion initiative in a new program. Implications: Information on the nursing care needs of older adults is successfully incorporated into existing academic curricula within the constraints of mandated learning objectives and professional competencies.

FEASIBILITY AND OUTCOMES OF IMPLEMENTING AN ONLINE EVIDENCE-BASED GERIATRIC COMPETENCY TRAINING PROGRAM FOR HOME HEALTHCARE NURSES

A. Brody1, L. Rolita2, L. NYU College of Nursing, New York, New York, 2. NYU School of Medicine, New York, New York

Introduction: Ample evidence has found that hospitals are discharging older patients home with significantly greater debility. While much effort has been placed on ensuring an appropriate transition from hospital to home, little focus has been placed on whether home healthcare nurses are able to provide appropriate, geriatric competent care. Geriatric competency training programs have been developed and tested in both the acute and long-term care settings, however the same cannot be said in home healthcare. This study therefore examined the feasibility of implementing an online evidence-based practice geriatric competency program using pain and depression as exemplars. Methods: Five nurses at a home healthcare agency took the online training modules, while an additional five were used as control subjects. Nurses in the intervention and control groups assessed pain using the numerical rating scale or the PAINAD scale for cognitively intact or impaired patients respectively at each visit. Depression was assessed using the Zung Depression Scale at 0 and 3 months. Interventions for pain and depression, utilization, cost and readmission data was obtained from the electronic medical record and OASIS records. Patient outcomes were followed for three months. Statistical analysis was performed using t-tests, chi-square analysis, and multivariate regression modeling. Results: Preliminary results have found reductions in pain and depression levels, increased interventions both pharmacologic and non-pharmacologic, and reduced rehospitalization. Implications: The positive findings from this feasibility study suggest that expanding it to more geriatric conditions and studying for a longer period time would be beneficial.

SESSION 610 (SYMPOSIUM)

A LIFE COURSE APPROACH TO BODY WEIGHT, BODY COMPOSITION AND MUSCLE STRENGTH

Chair: D. Alley, University of Maryland, Baltimore, Maryland

Discussant: A.B. Newman, University of Pittsburgh, Pittsburgh, Pennsylvania

It is well-documented that the average age-related weight trajectory involves weight gain in early adulthood, followed by weight stabilization in midlife and eventually weight loss. However, few studies have
the long-term data needed to examine variability around these trajectories or the implications of changing body weight for body composition and strength. The presentations in this symposium draw on unique cohorts from diverse settings (the community-dwelling U.S. population, the Old Order Amish, Finland, the Netherlands) not only to describe longitudinal trajectories in weight, body composition, and strength, but also to demonstrate the importance of these trajectories as determinants of late life health status. Zajacova and Huzurbazar use functional data analysis to examine the association between weight variability, health status, and mortality. Alley and colleagues compare age-related trajectories of body composition in two populations with different socio-cultural environments to demonstrate that aging trajectories vary across environments and historical time. Stenholt and colleagues examine changes in grip strength over 22 years in a sample of men and women from Finland. Visser and colleagues utilize retrospective data from a cohort in the Netherlands to demonstrate that body mass index and physical activity at age 40 are associated with muscle mass and function in old age. Finally, Alley and colleagues show that weight, body composition, and physical activity before age 40 are associated with muscle quality at older ages. Taken together, these studies demonstrate the importance of a life course approach to considering the health effects of weight and body composition at older ages.

AGE-RELATED CHANGES IN BODY COMPOSITION: COMPARING AMISH AND NON-AMISH POPULATIONS


Age differences in body composition may depend heavily on the environment. This study compared longitudinal changes in body composition in adulthood (ages 20+) in two socio-culturally distinct populations: the Old Order Amish (OOA, N=159 males, 226 females) and the Baltimore Longitudinal Study of Aging (BLSA, N=419 males, 413 females). Mixed effects models predicted weight and body composition (obtained from DXA scans conducted from 1991-2010) based on age, birth cohort, and their interaction. OOA men had greater lean mass at younger ages relative to BLSA men, but they experienced a faster rate of lean mass loss. In contrast, body composition trajectories were similar in OOA and BLSA women, although OOA women had higher percent lean mass at all ages. Differences in trajectories of body composition across environments and historical time provide a unique opportunity to study the effects of body composition changes on health and disease.

PREDICTORS OF DISCORDANCE BETWEEN MASS AND STRENGTH: THE BALTIMORE LONGITUDINAL STUDY OF AGING

D. Alley, E. Metter, R. Conwit, L. Ferrucci, I. University of Maryland, Baltimore, Maryland, 2. National Institute of Neurological Disorders and Stroke, Baltimore, Maryland, 3. National Institute on Aging, Baltimore, Maryland

It is unclear why some older adults maintain muscle strength despite relatively low lean mass, while others exhibit weakness despite high lean mass. In order to identify young adulthood predictors of muscle quality at older ages, we classified participants aged 55-70 from the Baltimore Longitudinal Study of Aging (N=280) into tertiles of the association between knee extension strength (measured by KinCom dynamometer) and thigh muscle area (measured by CT) and compared weight, body composition, and physical activity before age 40 across tertiles. Relative to the highest tertile (high strength relative to muscle area), men in the lowest tertile had significantly lower weights and a higher rate of weight gain before age 40. Women in the lowest tertile weighed significantly more at all ages. Differences in body fat and physical activity were also observed. Results suggest that weight and health behaviors in young adulthood have implications for later life muscle quality.

BODY WEIGHT AND PHYSICAL ACTIVITY HISTORY IN RELATIONSHIP TO BODY COMPOSITION IN OLD AGE

M. Visser, L. Schaap, D.J. Deeg, I. Health Sciences, VU University Amsterdam, Amsterdam, Netherlands, 2. VU Medical Center, Amsterdam, Netherlands

The aim was to examine whether early life body weight and physical activity influence body composition in old age. We included 452 participants of the Longitudinal Aging Study Amsterdam aged 65-87 years with information on appendicular skeletal muscle mass (AMSM) and fat mass from DXA. Weight at age 40 and physical activity from age 15 to 50 were obtained by recall. Per unit higher BMI at age 40, AMSM was 177g (SE 33) and 294g (47) higher in women and men, irrespective of age, height, and current fat. Adjustment for current lifestyle did not change this association (177g,287g). Higher physical activity in early life was associated with higher AMSM in men and women in the fully adjusted models, including BMI age 40. In men, higher BMI at age 40 and higher physical activity was related to higher grip strength. Early life lifestyle may influence muscle mass and function in old age.

AGE-ASSOCIATED LOSS IN HANDGRIP STRENGTH IN MEN AND WOMEN – A 22 YEAR LONGITUDINAL STUDY

S. Stenholt, T. Härkänen, P. Sainio, M. Helinävaara, S. Koskinen, National Institute for Health and Welfare, Turku / Helsinki, Finland

This study examines age-related changes in handgrip strength through 22-year follow-up. Data are from 1891 men and women aged 30 years or more at baseline participating in the population-based Mini-Finland Health Examination Survey (1978–80) and living in the 9 municipalities in which the handgrip strength measurement was repeated in 2000–01. Because handgrip strength is associated with mortality, the effect of right-censoring due to deaths was accounted for in our analyses. In men aged 30 to 40 years, the annual decrease in handgrip strength was approximately 3.5 Newtons (N). After the decrease accelerated and stabilized around the age of 75 years being approximately 7.3 N per year. In women, respectively, prior to 45 years the annual decrease was approximately 2 N and after age 80 approximately 4 N per year. Findings confirm earlier smaller-scale studies that deterioration of muscle strength differs between gender and age groups.

VARIABILITY IN BODY WEIGHT TRAJECTORIES AND HEALTH OUTCOMES AMONG OLDER ADULTS

A. Zajacova, S. Huzurbazar, University of Wyoming, Laramie, Wyoming

An increasing proportion of older adults are overweight or obese; the variability of their weight trajectories necessitates new approaches to understanding the links between body weight and health. We examine how changes and fluctuations in body mass index (BMI) over 17 years relate to health and survival. Data are from the Health and Retirement Survey, a nationally-representative cohort of older adults interviewed every 2 years from 1992 to 2008 (N=9,814). We employ functional data analysis (FDA), a state-of-the-art approach in which each individual’s BMI trajectory is represented by a mathematical function describing the smoothed curves. The curves are then used in regression models of general health and hazard models of all-cause mortality, to determine how variability in the weight trajectories impacts health. Results describe curves associated with poor health outcomes and demonstrate the importance of examining both general trends and variability in weight trajectories.
SESSION 615 (SYMPOSIUM)

AGE-RELATED HEARING LOSS: AN INEVITABLE CAUSE OF PSYCHOSOCIAL PROBLEMS OR PRONE TO COPING?
Chair: D.J. Deeg, VU University Medical Center, LASA, EMGO Institute for Health and Care Research, Amsterdam, Netherlands
Co-Chair: M. Pronk, VU University Medical Center, Dept. of ENT/Audiology, EMGO Institute for Health and Care Research, Amsterdam, Netherlands

Age-related hearing loss is one of the most prevalent chronic conditions in older adults. There is ample evidence showing that hearing-impaired persons can suffer considerably from hearing loss, both socially and emotionally. However, evidence is still inconclusive regarding the relationship with loneliness and depression. The first two presentations will showcase current insights into these relationships, using an epidemiological and qualitative approach, respectively. In addition, the first study will provide evidence for the hypothesis that these consequences only apply to specific vulnerable sub-groups. It is sometimes forgotten that significant others (e.g. spouse) can also experience significant distress, even when the hearing-impaired person him/herself may suffer only minimally. The third presenter will discuss recent qualitative findings covering this. The use of emotional and behavioral coping strategies may determine whether adverse effects are combated/prevented. Existing rehabilitation strategies can provide these, however, under-use of services (e.g. hearing aids) is still a major problem. Screening combined with appropriate intervention may be a useful approach. The second presentation will report findings on a recently developed screening tool. Further, it is essential that the underlying reasons for low uptake are known. The fourth presenter will discuss a recent study that investigated which factors predict rehabilitation uptake. An important reason for the limited attention for hearing loss (rehabilitation) is the generally restricted knowledge about hearing loss and its consequences, also in health care professionals. The fifth presenter will conclude the symposium by giving a scientific overview of various (gerontological) perspectives on consequences of hearing loss and its treatment.

EFFECTS OF HEARING STATUS ON LONELINESS AND DEPRESSION IN OLDER PERSONS – SUBGROUPS IDENTIFIED
M. Pronk1,2, D.J. Deeg2, C. Smits1, T.G. van Tilburg2, D.J. Kuik3, J.M. Festen1, S.E. Kramer1, J. VU University medical center, dept. of ENT/Audiology, EMGO Institute for Health and Care Research, Amsterdam, Netherlands, 2. VU University medical center, dept. of Epidemiology and Biostatistics, EMGO Institute for Health and Care Research, Amsterdam, Netherlands, 3. VU University Amsterdam, Dept. of Sociology, Faculty of Social Sciences, Amsterdam, Netherlands

The aim of this study was to investigate the prospective associations between hearing status and depression and loneliness in the older population using a longitudinal design, adjusting for relevant confounders, and using two hearing status measures. Data of about 900 participants (aged 63-93) of the Longitudinal Aging Study Amsterdam were used. Multiple linear regression analyses were used, assessing the associations between baseline hearing and 4 year follow-up depression, social and emotional loneliness while correcting for relevant confounders. Subgroup effects were explored using interaction terms. Both hearing measures showed significant adverse associations with both loneliness measures (p<0.05). However, stratified analyses showed that these effects were restricted to specific subgroups such as non-hearing aid users (SR - social loneliness model) and men (SR and SNT - emotional loneliness model). No significant effects appeared for depression. Future research should confirm the subgroup effects and may contribute to the development of tailored intervention programs.

OLDER ADULTS AND HEARING IMPAIRMENT: WHO, WHEN AND WHY REFER?
B.E. Weinstein, Graduate Center, CUNY, New York, New York

Hearing loss co-exists with many chronic conditions, potentially jeopardizing diagnostic validity. Isolating hearing loss is important as it is among the leading causes of years living with disability (YLD) globally. We assessed the test retest reliability of the SOFI (Screening for Otologic Functional Impairments) an abbreviated questionnaire for identifying older adults at risk for hearing impairment. Administered to twenty older adults on two occasions, reliability was high (0.91) as was criterion validity (0.82). The majority of individuals referred for hearing related intervention had significantly higher scores on the SOFI than did those not referred. Identification of older adults at risk for hearing loss is important for all stakeholders including family members, health care and home care providers. The value of screening activities in terms of heightening awareness and educating about community resources will be discussed along with the importance of tailoring interventions to individual needs.

ADAPTATION TO HEARING LOSS: STRATEGIES AND CONSEQUENCES
M.I. Wallhagen1, K. Lane2, W. Strawbridge1, 1. Physiological Nursing, University of California, San Francisco, San Francisco, California, 2. University of Iowa, Iowa City, Iowa

Hearing loss (HL) is common in older adults, yet the average time from onset to service use is often ≥5 years. This partly relates to the slow onset of age related HL which allows individuals to adapt and be unaware of the amount of information missed. Because words are distorted, many blame the HL on others. Thus, although HL is associated with many negative outcomes, some individuals appear not to be bothered even while the HL disrupts family relations. This presentation presents data from a longitudinal qualitative study of 91 older adults (≥65) and their communication partners to highlight how individuals with HL deal with this experience in a way that minimize its impact while also demonstrating the on-going impact that the HL has on the partner. An adaptation model and possible targets for intervention to enhance hearing health service use and promote continued engagement and quality interpersonal relationships are discussed.

FACTORS INFLUENCING HELP-SEEKING FOR HEARING IMPAIRMENT BY OLDER ADULTS
L. Hickson1,2, C. Meyers2, 1. School of Health and Rehabilitation Sciences, University of Queensland, Brisbane, Queensland, Australia, 2. HEARing CRC, Melbourne, Victoria, Australia

Research investigating factors associated with help-seeking for hearing impairment was conducted with 309 people aged 60 or older. Participants were assigned to a non-consultor group (n = 55), a non-hearing aid owner group (n = 92), an unsuccessful hearing aid owner group (n = 74), or a successful hearing aid owner group (n = 88). A test battery, including a variety of audiological (e.g., pure tone audiometry) and non-audiological measures (e.g., pension status, attitude towards hearing aids) was administered. Two multivariate, multinomial logistic regression models were fitted to the data to determine which factors were associated with consultation for hearing impairment and hearing aid uptake. Findings are that consultation and uptake are influenced by pension status, attitude to hearing aids, significant others and self-efficacy for ability to handle the basic functions of a hearing aid. The implications of these findings for promoting rehabilitation in this population will be discussed.

OLDER ADULTS WITH HEARING LOSS: IT’S MORE THAN JUST THE EARS

A number of factors affect the quality of life of older adults. A prevalent condition that negatively influences quality of life in this population is hearing loss. Studies have revealed the substantial effects that
Educating Primary Care Providers in Geriatrics and Gerontology: Infiltration and Integration Models

Chair: J.L. Howe, Brookdale Department of Geriatrics and Palliative Medicine, Mount Sinai School of Medicine, New York, New York, Bronx VAMC GRECC, New York, New York
Discussant: T. Fulmer, New York University, New York, New York

Many older adults have multiple health conditions requiring a diverse array of skills to address physical, mental, and social health needs. While specialists in geriatrics and gerontology are educated to recognize these issues and to address them within an interdisciplinary team context, older people receive primary and specialty care from social workers, physicians, nurses, and other health care providers who have little or no training in aging. The situation is becoming increasingly critical given the current shortfall of aging specialists in all fields of practice and the rapidly increasing aging population. For instance, there are currently about 7,000 geriatricians in the US, and the number is falling. Similarly, just 5% of social workers specialize in gerontology, and less than 1% of nurses are certified in geriatrics. One solution is the development, implementation, and evaluation of education programs that train generalists in geriatrics and gerontology so that they may have enhanced skills in managing the needs of older patients and clients. In this symposium, we present four successful education and training models in a range of health care settings that bring geriatrics and gerontological knowledge and skills to primary care providers in the fields of medicine, nursing, and social work. These programs demonstrate that primary care providers can learn and implement key concepts in their practice settings to effectively care for older patients. Presenters will discuss educational opportunities, strategies for overcoming organizational and disciplinary barriers, methods for measuring program effectiveness, and educational resources.

The VA Geriatric Scholars Program: Enhancing Skills in Rural Primary Care Settings

D. Kramer1, S. Barcz1, R. Chennoff1, K.J. Horvath1, J.L. Howe1, J. Huh1, N. Tumosa1, M.J. Saunders3, J. Laszlo1, J.L. Howe1, Brookdale Department of Geriatrics and Palliative Medicine, Mount Sinai School of Medicine, New York, New York, Bronx VAMC GRECC, New York, New York

Forty percent of Veterans live in rural areas but rural VA Community Based Outpatient Clinics (CBOCs) experience a severe shortage of physicians, mid-level practitioners or affiliated team members who have had training in geriatrics. The Geriatric Scholars Program (GSP) was developed to fill this gap by providing highly focused and on-going education. GSP, a collaboration of eight VA Geriatric Research Education and Clinical Centers, offers in-service education using multiple educational modalities for individualized, tailored education designed for the adult learner; evaluation is based on the Kirkpatrick chain of impact. Currently, 77% of learners (n=140) have successfully applied their knowledge through quality improvement projects in their respective CBOCs. On-going support and education is part of the program and delivered by coaches, mentors, clinical practice and a web-based learning community. In the most recent class, 52% have accessed the learning community and 38% use the site on a monthly basis.

Development of an Interactive, Interdisciplinary Training Program in Geriatrics for Primary Care Providers

E.M. Clark1,2, E. Lindemberger1,2, J.L. Howe1,2, J.L. Griffith1, Brookdale Department of Geriatrics and Palliative Medicine, Mount Sinai School of Medicine, New York, New York, 2. Bronx VA Medical Center Geriatric, Research, Education, and Clinical Center, New York, New York

Geriatrics and palliative care education is an area for ongoing quality improvement whose sustainability depends on demonstrating efficacy that in turn generates support at institution and government levels. While educating primary care providers is essential to improving patient-level outcomes, concurrent infrastructure changes to the existing system of care must be implemented for meaningful changes to take place. Developing educational programs for frontline providers’ presents many challenges including minimal time and interest for geriatrics education. The 2009-2010 Consortium of NY Geriatric Education Centers and VISN 03 GRECC “Advanced Program in Geriatrics and Palliative Care for Frontline Primary Care Providers” addressed the needs of over 280 primary care clinicians through providing clinically-based interactive, flexible, multi-modal trainings guided by adult learning principles. Thirty days after the conclusion of the course, participants reported changes in their practice (e.g. utilizing screening tools) in addition to statistically significant increases in their knowledge, skills and attitudes.

Validating the Geriatric Expertise of Nurses


Validating nurse expertise is an important component of guaranteeing high quality care to all patients. National certification is a key tool for nurse validation. It is assumed that nurses caring for children will have national certification, but that is not the case yet for nurses taking care of older adults. There is an American Nursing Credentialing Center national examination to certify nurses in geriatrics, yet less than 1% of nurses are certified in geriatrics. The NYU Hartford Institute for Geriatric Nursing and the Consortium of New York Geriatric Education Centers are fostering opportunities for nurses no matter what setting — including nurses providing outpatient care — to gain expertise in geriatrics and to become nationally certified. This symposium focuses on the components of such training including online resources and examples of training in clinical settings as well as examples of outcomes from this initiative.

Competency-Based Social Work Training Program for Social Workers in Rural Settings

J. Frank1, J. Damron-Rodriguez1, J. Fassbinder1,2, 1. UCLA, Los Angeles, California, 2. California Council on Gerontology and Geriatrics, Los Angeles, California

The need to further develop geriatric expertise in the social work labor force is well documented and is being addressed by the Hartford Geriatric Social Work Initiative (GSWI) through the preparation of new graduates. Practicing social workers are working with older persons as are professionals in rural areas serving intergenerational populations. The consensus-based GSWI Ger Social Work Competencies delineate...
the skills both generalist and specialist social workers require. VHA, the largest employer of social workers in the nation, have increased access to care in rural areas by employing social workers in Community-based Outpatient Clinics. The Geriatric Scholars Program created a social work track grounded in the GSWI Competencies as part of an intensive 5-day course. Outcomes as measured by a validated competency scale showed significant and sustained improvement of skill levels, and differentiated areas of most and least improvement, pointing the way to further in-service needs for rural social workers.

SESSION 625 (SYMPOSIUM)

PERSON ENVIRONMENT ACTIVITY TRANSACTIONS IN OLD AGE FRAMED IN AN OCCUPATIONAL THERAPY PERSPECTIVE

Chair: S. Iwarsson, Health Sciences, Lund University, Lund, Sweden
Co-Chair: L. Borell, Karolinska Institute, Stockholm, Sweden

Activity and participation are important components of health in old age, and environmental factors act as barriers or facilitators in the everyday life of older adults. The set of presentations building up this symposium share the theoretical base expressed in terms of person-environment fit with other strands of research within environmental gerontology. Adding to that, they are underpinned by the notions of person-environment-activity transaction as described in occupational therapy. The presentations of this symposium serve to exemplify current theoretical, methodological and empirical developments in occupational therapy, in Scandinavia and in the U.S. Starting out with a problematisation of how to implement research-based methodology in occupational therapy and housing provision practices in different national contexts, the second will focus on new possibilities to enable persons with cognitive limitations stay in the homemaker role. The third presentation is about indoors and out-of-home activities in very old age and changes over time. Finally, we give an example of ongoing research in the context of North American occupational therapy, presenting empirical results on the environment on home, community and work participation with older adults with cognitive disabilities. Methodology and empirical studies designed based on the person-environment-activity approach offer in-depth insights to the complex dynamics of human development in later life, with potential to nurture the development of interventions targeting activity, participation and health in old age.

IMPLEMENTATION OF RESEARCH-BASED STRATEGIES TO FOSTER HOUSING ENVIRONMENTS SUPPORTING ACTIVITY AND PARTICIPATION – CHALLENGES AND EXPERIENCES DURING 20 YEARS

S. Iwarsson, Health Sciences, Lund University, Lund, Sweden

Since long at Lund University, an inter-disciplinary research team influenced by occupational therapy has been engaged in the development of methodology for assessment of housing accessibility and usability problems, and how such dynamics interact with aspects of health. Our research represents methodology development, problem-oriented studies among older people and persons with disabilities, and solution-oriented projects in interaction with practitioners, aimed to implement research-based solutions and evaluate their effects. This presentation will provide an overview of strategies used, challenges met, and experiences gathered during a process of efforts aiming for implementation of research-based strategies to foster housing supporting activity and participation.

COGNITIVE SUPPORT IN EVERYDAY LIVING

L. Borell, Karolinska Institute, Stockholm, Sweden

Modifications of the physical environment with the purpose to make it accessible to persons with cognitive limitations, as in the case of impairments after a stroke, or in the case of dementia will be more and more common through the developments of technology. There will soon be smart home technology and robots on the market to increase home safety, and increase to social contacts. For example, Assistive Technology (AT) with focus on cognitive support can bring changes into the everyday life for the older users and their families. Recent studies have shown how new and good daily routines developed with the help of AT supported older persons with cognitive limitations in increasing own control of an activity, in regaining social roles and in overall creating a daily structure. The specific AT also reduced the spouses′ perceived burden of responsibilities and served as a “third party” through the provision of reminders for eating, exercises, and environmental control. This type of support was experienced as something that made daily living easier for both the person who had cognitive limitations as well as the spouse. In an additional study with the aim to generate new knowledge as basis for the design of kitchens and kitchen products that provide support ageing persons with cognitive impairments in kitchen activities within the cultural context of Swedish middle class society. The analysis of the “state of the art knowledge” identified four principles for design of a “cognitive kitchen” - a) Safety; b) Support for order and structure, c) Simplicity: easy to understand, easy to use and d) Guidance through recognition and intuition. The findings in these studies will be discussed in relation to societies need to create the best possible conditions for older peoples wish to be ageing in place even with cognitive limitations.

ON INDOOR AND OUT-OF-HOME ACTIVITY IN VERY OLD AGE

G. Carlsson, M. Haak, C. Löfquist, S. Iwarsson, Department of Health Sciences, Lund, Sweden

The process of ageing might change what people do in their everyday life. To deepen our understanding of person-environment-activity transactions in very old people’s everyday life, the aim of this study was to investigate indoors and out-of-home activities. The aim was also to explore how the number of reported activities changed over a five-year period in relation to personal and environmental characteristics. In the ENABLE-AGE project, the Swedish sample consisted of 397 very old persons (80-89 years) living alone in regular housing, most of them in multi-dwelling houses. Extensive data on personal capacity, environmental barriers, and activities were collected at home-visits by means of interview and observation. In all, 1,500 activities were reported at baseline in areas such as paid/voluntary work, crafts, sports, cultural activities, etc. Based on this empirical data, theoretical reflections on person-environment-activity transactions will be developed.

PRESENTATION: EVALUATING THE IMPACT OF THE ENVIRONMENT ON HOME, COMMUNITY & WORK PARTICIPATION WITH OLDER ADULTS WITH COGNITIVE DISABILITIES

J. Hammel, OT/Disability Studies, University of Illinois at Chicago, Chicago, Illinois

People aging with long term disabilities have long acknowledged that their participation in society is influenced by social, physical, cultural, and economic barriers and supports in their everyday environments. Evaluation of this participation in a way that is accessible to and inclusive of older adults with cognitive disabilities is needed if we are to identify barriers and enact actions to address these barriers and support full participation. This presentation describes a participatory action research project involving 400 consumer-directed assessments of environmental barriers and supports to home and community participation by people aging with stroke and intellectual disabilities. Trend analyses and radar plots of environmental barriers, and odds ratio analyses of ability to action plan these barriers and create environmental supports are highlighted between groups and contexts, as are participatory strategies for making this participation audit accessible to people aging with long term disabilities and for translating this knowledge to policy makers, funders and community businesses.
SESSION 630 (SYMPOSIUM)

SUCCESSFULLY MAINTAINING HEALTHY BEHAVIORS THROUGHOUT THE ADULT LIFESPAN

Chair: B. Resnick, University of Maryland, Baltimore, Maryland

Nearly half of all Medicare beneficiaries aged 65 years or older currently live with at least 3 chronic medical conditions; one in five live with 5 or more. Many of these chronic illnesses are optimally managed by combined pharmacological and non-pharmacological treatments such as changes in personal behaviors. Motivating older adults to change and adhere to health behaviors throughout their adult lifespan is critical to decreasing health care costs and improving quality of life of these individuals. Numerous theoretic approaches have been described to be helpful in guiding behavior change interventions including such theories as social cognitive theory, the Health Belief Model and the Transtheoretical Model. This session will provide an overview of some new and innovative theoretic approaches to behavior change being used for older adults including ecological theories of Choice Architecture, Nudge Theory and Personal Process Improvement among others. In addition, we will provide examples of how theoretically based behavior change interventions have successfully been implemented to improve health behaviors and outcomes among older adults. Examples will include a life style modification for healthy eating and activity among rural mid-life and older women to improve blood pressure management and the use of a SystemCHANGE to integrate exercise in routine daily activity. Despite the use of theoretically based interventions to optimize health behaviors among older adults, there are numerous challenges that must be overcome. These common challenges will be identified and ways in which to successfully overcome those challenges articulated.

THEORETICAL APPROACHES THAT GUIDE INTERVENTIONS AND OPTIMIZE OUTCOMES

S.M. Moore1, M.A. Dolansky2, C. Brown2, 1. Case Western Reserve University, Cleveland, Ohio, 2. Virginia Commonwealth University, Richmond, Virginia

Theory based health behavior change interventions are recommended to enable the study of complex networks of variables, establish hypotheses, interpret and explain mechanisms of behavior change, and increased effectiveness of interventions. There are some theories that are more useful to drive behavior change among older adults than others. Specifically, theories with a general approach (e.g., Social Cognitive Theory) and theories based on disease protection (e.g., Protection Motivation Theory) have been noted to be especially useful and appropriate when used to change behavior among older adults. We will provide an example of successful use of the transtheoretical model among older African American Women. In addition, this session will provide a discussion of emerging new health behavior change theories, including the ecological theories of Choice Architecture, Nudge Theory, and Personal Process Improvement; Positive Emotions theories of Appreciative Inquiry and Intentional Change; and Quantum Change.

MAKING BEHAVIOR CHANGE HAPPEN IN REAL WORLD SETTINGS

S.M. Moore1, M.A. Dolansky2, P.A. Hageman2, 1. Case Western Reserve University, Cleveland, Ohio, 2. Florida Atlantic University, Boca Raton, Florida

Lifestyle modification is commonly recommended to older adults for prevention and management of chronic illness. Unfortunately, finding effective interventions that are realistic to implement to specific groups of older adults is challenging. We will describe an effective interventions used with older women living in rural settings comparing use of the Internet or printed materials. This randomized clinical trial compared the effectiveness of two tailored interventions based on constructs of the Health Promotion Model using a three group approach with randomization to Internet based materials (n=116), print-mailed materials (n=115) or standard advice only (n=58). A second example of an effective intervention will include the use of SystemCHANGE to build habitual exercise behavior among older adults post cardiac event. Also using a three group approach, participants were randomized to SystemCHANGE, a CHANGE intervention using social cognitive theory and standard care. In both cases findings support use of the theoretically based approaches delineated.

OVERCOMING SPECIAL CHALLENGES TO ADHERING TO HEALTH BEHAVIORS AMONG OLDER ADULTS

D.J. Hain1, K. Wright1, L. Crampton1, 1. University of Utah, Salt Lake City, Utah, 2. Arkansas State University, Little Rock, Arkansas, 3. Florida Atlantic University, Boca Raton, Florida

Across a variety of clinical conditions, settings and cultures changing behavior among older adults results in special challenges. Commonly, shortness of breath, pain and fear of falling or exacerbating underlying conditions present major challenges to behavior change. These are often made more difficult due to living environments and lifelong cultural beliefs and practices. This session will provide an overview of three ways in which to overcome challenges to behavior change. Specifically we will describe the use of guided mastery with older African American woman to increase physical activity; the use of the Kirby Delay-discounting Monetary Choice Questionnaire and use of delayed discounting will be proposed as an option to improve exercise work with community dwelling older adults; and lastly the use of Story Therapy will be described as a way in which to increase exercise behavior among older adults with kidney disease.

LIFESTYLE MODIFICATION FOR HEALTHY EATING AND ACTIVITY IN OLDER RURAL WOMEN WITH PREHYPERTENSION

P.A. Hageman, University of Nebraska Medical Center, Omaha, Nebraska

Lifestyle modification is recommended for managing prehypertension, yet finding effective interventions to reach rural women is a public health challenge. A randomized clinical trial [ClinicalTrials.gov ID: NCT00580528] compared the effectiveness of two tailored interventions based on constructs of the Health Promotion Model that used Internet (n=116) or print-mailed (n=115) delivery methods as compared to standard advice only (n=58), in order to promote the adoption (0-12 months) and maintenance (13-24 months) of healthy eating and activity to reduce blood pressure among 289 rural women ages 40-69 with prehypertension. Using intention-to-treat principles and linear mixed model analysis methods, rural women with prehypertension were found to lower blood pressure using lifestyle modification, with greater reductions in systolic BP, daily Kcal intake and daily % calories from fat observed over 24 months in the Internet intervention group compared to advice only group. Supported by NIH Grant R01 NR04861.

SESSION 635 (PAPER)

NURSING HOME ADAPTATIONS TO MARKET DEMAND

WHY IS NURSING HOME USE DECLINING?


An important component of balancing the long-term care system is controlling nursing home use. Nursing home use has fallen substantially in recent years, but little research has been done to analyze the reasons...
NURSING HOME OWNERSHIP: DIFFERENCES IN COSTS AND RESPONSE TO MARKET CHARACTERISTICS

W.D. Spector1, R. Limcangco2, D.B. Mukamel2, 1. CDOM, AHRQ, Rockville, Maryland, 2. University of California Irvine, Irvine, California.

Introduction: For-profit and nonprofit nursing homes (NHs) behave differently due to different missions. If NH consumers are not able to view/monitor outputs easily, for-profits are more likely to cut corners and less likely to provide expensive care. Some argue that for-profits are more likely to provide care efficiently. Others argue that ownership mix in the market can influence NH behavior. Markets with higher non-profit proportion may result in for-profits providing more quality, and higher proportion of for-profits may encourage nonprofits to be more efficient. Data and Sample: National sample of private nonprofit and for-profit free standing Medicare certified NHs in 2005. Data are from the Healthcare Cost Report Information System, the MDS, and the Economic Census. Design: We estimate a hybrid cost function, which includes resident days, case mix (CM), wages, price of capital, for-profit market share, and competition, all interacted with ownership to assess whether for-profits and nonprofit marginal costs differ. 2SLS was used to deal with potential endogeneity of CM and CM interaction with for-profit. The eigenvalue was 52 rejecting the weak instruments hypothesis. Results: Marginal costs for for-profits were lower for CM and input prices. Costs were higher for both for-profit and nonprofit in more competitive markets. For-profits had lower costs for all NH sizes except for the very largest. The model predicts that annual costs for for-profit NHs is ~$1 million less than nonprofit NHs facing median CM, size, and market characteristics. Conclusion: For-profit costs respond more to market characteristics but less to higher CM.

FACILITY AND RESIDENT CHARACTERISTICS CORRELATED TO LENGTH OF STAY IN ASSISTED LIVING DEMENTIA UNITS

J. Hyde1, R. Perez2, B. Forester1, T. Whitfield1, P.J. Doyle1, J. Hennen1, 1. Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts, 2. University of Maryland, UMBC, Baltimore, Maryland, 3. McLean Hospital, Harvard University, Belmont, Massachusetts, 4. BioStatisticsSolutions, Boston, Massachusetts

Health care professionals, providers, policymakers, and consumers wish to understand how various processes and structures affect how long residents with dementia are likely to remain in the assisted living setting and their reasons for leaving. This study, based on a retrospective chart review of 312 residents in five dementia specialized facilities, reports on correlations between length of stay and both resident and facility characteristics. The facilities, which offer well-developed end-stage programs offer full medication administration, up to 16 hours per day of RN/LPN staffing, and seven hours per resident day of direct care staff. Findings include relationship of age, gender, co-morbidities, and cognitive and functional status to length of stay, along with destinations of those residents who left. Age and gender were strongly correlated to length of stay, with male gender and age over 90 at the time of move-in being related to shorter stays. Need for more care was the most common (37.6%) reason that people left. The 11.5% of residents who moved out for financial reasons were also the longest stayers. Behavioral issues accounted for 8.5% of the population who left, with most moving to a nursing home. Nearly a quarter of the residents were able to stay until their death, many with the use of hospice services. Length of stay was, as hypothesized, positively correlated to the size and duration of the end stage programs. These findings have implications for many stakeholders on factors influencing aging in place, including physician understanding of hospice for residents with dementia.

NURSING HOME COMPARE: DOES PERFORMANCE CHANGE VARY BY THE RACIAL COMPOSITION OF A FACILITY?

J. Gaudet1, C.E. Bishop1, J. Perloff4, M. Fennell2, L.A. Nsiah-Jefferson1, J. Brandeis University, Waltham, Massachusetts, 2. Brown University, Providence, Rhode Island

The public release of performance data through Nursing Home Compare (NH Compares) was initiated in effort to improve the quality of US nursing homes (NHs). Although existing studies show that many of the measures improved in the years since the policy’s implementation, these studies also suggest improvement has been inconsistent across facilities and variation may be systematic. Concerns have been raised about whether these types of market-based approaches will have unintended consequences for vulnerable populations, given that black elders tend to reside in facilities that are heavily reliant on Medicaid, understaffed, and located in poor communities, which may impact capacity to improve quality. Using an Interrupted Time Series study design spanning 1999 through 2007, this research shows that NHs characterized by three differing proportions of black residents show different patterns of quality performance at the point of intervention and in the post-period. However, these differences don’t always follow the expected patterns suggested by the literature. For instance, although all groups of facilities show a reduction in the use of restraints, only the facilities with a high proportion of black residents had a significant estimate for the point of intervention. Similarly, high proportion black NHs were the best performing facilities with regards to ADL decline, although the post-period slope for these NHs was smaller in magnitude as compared to the other NHs. The results of this study can inform policy makers and researchers with regards to the effectiveness and consequences of NH Compares and similar types of quality improvement initiatives.

END-OF-LIFE IN NURSING HOMES: EXAMINING THE RELATIONSHIP OF STRUCTURE, PROCESS, AND OUTCOMES

Chair: S. Thompson, College of Nursing, University of Nebraska Medical Center, Omaha, Nebraska
Co-Chair: S. Miller, Brown University, Providence, Rhode Island

As the American population ages, nursing homes are rapidly becoming a dominant site for death. By 2020, 40% of those over 65 will die in nursing homes. There have been long standing concerns about the quality of care at the end of life. Efforts to improve care will benefit from an understanding of whether nursing home structure and process factors, such as staffing and education levels, tenure, palliative care knowledge and processes influence outcomes at the end of life such as pain and symptoms, caregiver strain, and family satisfaction with care. Papers are presented from two independent, but inter-related studies. Three papers report findings from a prospective, correlational, longitudinal study of end-of-life care in Midwestern nursing homes.
PREVALENCE AND CORRELATES OF PALLIATIVE CARE KNOWLEDGE AND PRACTICES IN U.S. NURSING HOMES
S.C. Miller1, J. Looze2, M. Clark3, S. Thompson1, V. Mor4, J. Brown University, Providence, Rhode Island, 2. University of Nebraska, Omaha, Nebraska

As part of a larger study, we surveyed directors of nursing (DoNs) using selected knowledge and practice questions from the nursing home (NH) “Palliative Care (PC) Survey.” The survey was administered in 2009/10 to a stratified proportionate random sample of 3,697 DoNs nationwide; 2,129 (57.6%) responded. Responses were summed to create PC knowledge and intensity (i.e., practice) scores, and compared with hospice use (from OSCAR) and staffing data (from OSCAR and administrator survey) using Chi-square statistics and ANOVAs. Higher aide and nurse tenure was significantly associated with both higher knowledge and intensity scores. However, higher hospice use, higher RN to nurse staffing ratios and higher aide hours per resident day were significantly associated with higher knowledge only. Further, only higher intensity scores were associated with lower administrator and DoN turnover. It appears NH resources are integral to higher PC knowledge while leadership stability may be integral to higher PC practice.

THE IMPACT OF QUALITY OF END-OF-LIFE CARE IN NURSING HOME: A STRUCTURAL EQUATION MODEL
B. Gajewski1, M.J. Bott1, V. Tilden1, C.M. Buescher1, S. Thompson1, J. College of Nursing, University of Nebraska Medical Center, Omaha, Nebraska, 2. University of Kansas School of Medicine, Kansas City, Kansas, 3. University of Kansas School of Nursing, Kansas City, Kansas

We examine key organizational structures (staffing) and processes (communication, palliative care knowledge, and palliative care practice) and their impact on the quality of end-of-life care for dying residents and their family members. Via facility level structural equation modeling we estimate the: 1) influence on palliative care practice (PCP) of communication and palliative care knowledge (PCK); and 2) associations among structure (staffing), communication, PCK and PCP processes and quality of end-of-life care. Revising the original model using theoretical and empirical evidence results in a model with acceptable fit (CFI = 0.92; RMSEA=.05; 90% CI = 0.00-0.08). Relationships between the structural and process variables and quality of end-of-life care are demonstrated. Based on the findings, potential strategies impacting the characteristics of PCP and PCK can be developed for improving resident quality of end-of-life care and tested in future studies.

SESSION 645 (SYMPOSIUM)
OLDER WORKERS IN AN AGING WORKFORCE: A GLOBAL PERSPECTIVE
Chair: A.E. Morgan, Sloan Center on Aging and Work at Boston College, Chestnut Hill, Massachusetts

Many countries today are in the midst of a demographic shift that is pushing up the average age of the workforce. In most of these countries the economic conditions have substantially increased unemployment among older workers (55+). Although many individuals express a desire to remain in or return to paid employment, jobs for older workers have been scarce. In Japan, issues have been raised about the nature of work for older workers and the meaning of retirement. In Australia, concerns have been expressed about adequacy of the labor supply and employers’ response to hiring or retaining older workers. In the United Kingdom, relatively low unemployment has led to labor shortages in some sectors, although many workers are in part-time employment. In the United States older workers who became unemployed during the recent recession have frequently been unable to find new work or took a long time to obtain it and then often at lower pay or in part-time or temporary positions. Panelists will discuss the questions: As the global economy recovers and the workforce ages, will employers increase...
demand for older workers? Have public policy measures affected employer demand for older workers? What factors encourage older workers to remain in or return to the workforce? Is intergenerational conflict a concern if older workers remain in or return to the workforce?

AUSTRALIAN INDUSTRY RESPONSES TO OLDER WORKERS IN A PERIOD OF TIGHTENING LABOR SUPPLY

P. Taylor, Office of the Pro Vice-Chancellor and President, Monash University, Churchill, Victoria, Australia

Continued workforce participation among older workers is viewed as critical to tackling anticipated effects of population aging on economies. Australia avoided the recent global economic downturn, with strong growth and labor shortages forecast. It may therefore be viewed as a case study of attitudes to older workers in a period of tightening labor supply. An Australian Research Council funded survey of 600 public and private sector employers of more than 50 employees carried out in 2010 considered the status of workforce aging in organizational policymaking. Contrasting with earlier studies, Australian employers face labor shortages in specific occupational areas, with older workers viewed as key to their response. Analysis of the factors associated with an orientation (or otherwise) to this potential labor source is reported. While employers had taken steps to address issues of workforce aging, they appeared unwilling to invest in aging human capital in the long-term. Implications for older workers are discussed.

TALENT MANAGEMENT RESPONSES TO THE AGING WORKFORCE: THE CASE OF AMERICAN EMPLOYERS


We will present findings from the 2009 Talent Management Study, a survey of the employment practices of 696 American employers who operate in the 10 leading sectors of the economy. Nearly one in two of these employers believed that age related concerns will have a negative or very negative impact on their operations. While some indicate serious response to this issue, others appear to be more flat-footed. For example, only one in three employers analyzed the demographic makeup of their organization to a moderate or great extent, and only one in four have a firm grasp on how forthcoming retirements might impact talent needs/availability. We consider why responsiveness to the issue of aging workers varies, as well as how responsive practices vary by industry sector and organization size. We suggest that responses can be directed specifically toward older workers, as well as through the expansion of flexible work arrangements.

AGING WORKFORCE AND BABY-BOOMER RETIREMENT IN JAPAN: INSIGHTS FROM THE WORLD’S MOST AGED SOCIETY

F. Kohlbacher, German Institute for Japanese Studies (DIJ) Tokyo, Tokyo, Japan

Japan is being severely affected by demographic change with a rapidly aging and shrinking population. Companies face the specter of a looming workforce crisis in the form of a potential labor shortage and knowledge loss as experienced employees in the large baby boom cohort retire. Yet older workers often find themselves confronted with a 5-year gap between mandatory retirement age and pension eligibility age. These factors contribute to one of the highest labor force participation rates of older people worldwide. More than 20% of those aged 65 and older are still working. However, a mismatch appears between older workers’ preferences and employment options offered by employers. Public policy measures seem insufficient in redressing the imbalance. This presentation gives an overview of the current situation in Japan, analyzes the reasons and implications of the employer-employee mismatch, and offers conclusions from an international perspective.

SESSION 650 (SYMPOSIUM)

POLICY SERIES: MEDICARE AND THE DEFICIT—A DEBATE ABOUT SOLUTIONS

Co-Chair: J. Rother, AARP, Washington, District of Columbia

This policy session, sponsored by AARP and the GSA Public Policy Committee, will present differing perspectives on how best to control the growing cost of the Medicare program in light of the looming federal deficit. John Rother, Executive Vice President of Policy, Strategy, and International Affairs for AARP, will moderate the session. Presenters will include key policy analysts debating the best solution for addressing the Medicare challenge. Growing concerns about the federal deficit are resulting in a proliferation of plans to help curb Medicare spending. The Medicare program, which covers 47 million people, is expected to spend $519 billion this year and grow to $929 billion in 2020. The proposals to cut Medicare spending, put forth by members of bipartisan deficit-reduction panels as well as Republican lawmakers, aim to help reduce the $1.3 trillion federal budget deficit as well as the mounting national debt. The plans vary greatly in approach and outcome, causing some to fear decreasing coverage and rising costs. Ideas for improvement range from reducing benefits to privatizing the system and giving seniors greater choice. Patricia Neuman, Kaiser Family Foundation, will present the issue and frame options. William Hall, University of Rochester Medical Center and member of the Medicare Payment Advisory Commission (MedPAC), will look at Medicare from a geriatrician’s perspective as well as MedPAC options. Robert Blendon, Harvard School of Public Health, will weigh in on public opinion. John Rother will offer a vision for Medicare’s future.

SESSION 655 (SYMPOSIUM)

RECENT EFFORTS SUPPORTING ASSISTIVE TECHNOLOGIES AND HOME MODIFICATIONS TO REDUCE FAMILY CAREGIVERS’ STRAIN

Chair: C. Gruman, The Lewin Group, Falls Church, Virginia
Co-Chair: P. Doty, Assistant Secretary for Planning and Evaluation, Washington, District of Columbia
Discussant: M. Alswan, LeadingAge CAST, Washington, District of Columbia

Recent studies indicate that physical strain (overexertion, injuries) is an important, overlooked problem for family caregivers of older adults with chronic illness/disability living in the community. Caregivers with physical strain are more likely to report being highly stressed, which increases the risk of nursing home placement. Although a number of programs provide some assistance with assistive technology and home modifications, these efforts are typically uncoordinated and their use among family caregivers has been limited. Learning about, assessing, and paying for devices and home modifications that may assist them remains a challenge for many family caregivers. In this symposium, participants will learn about new research findings and implications for policy from five innovative efforts to bring assistive technology, home modifications, and related training to more family caregivers: An ASPE project that is developing recommendations and a dissemination plan for supporting assistive technologies/home modifications through the National Family Caregiver Support Program (NF CSP) and state Assistive Technology Act Programs, through a literature review, consultation with technical experts and family caregivers, and visits to NFCSP sites; A National Institute on Aging funded intervention providing assistive devices for family caregivers of individuals with dementia, including the assistive devices that families found helpful; A highly successful caregiver intervention demonstration program of the Howard
HELPING FAMILIES LIVE WITH DEMENTIA AT HOME:
TECHNOLOGY TO CAREGIVERS, MAKING TRAINING ON ASSISTIVE TECHNOLOGY AVAILABLE AND ASSESSMENT/TRAINING. ASSISTIVE EQUIPMENT HAS BEEN FOUND TO REDUCE CAREGIVER STRESS AND INCREASING INDEPENDENCE OF OLDER ADULTS INCLUDED ASSISTIVE DEVICES, MODIFICATIONS TO THE HOME ENVIRONMENT, VEHICLE MODIFICATIONS AND CONSULTED WITH TECHNICAL EXPERTS, INVESTMENT PROFILE OF CAREGIVERS USING TECHNOLOGIES; WHO THEY LOOK TO FOR INFORMATION, AND WHAT MIGHT MAKE USING TECHNOLOGIES IN THE HOME EASIER IN THE FUTURE.

SESSION 660 (SYMPOSIUM)
THE ART OF INTERVIEWING: EXPLORING THE QUALITATIVE RESEARCHER'S OPTIONS
Chair: J. Weil, University of Northern Colorado, Greeley, Colorado
Co-Chair: C.M. Gallogly, St. Joseph's College, Patchogue, New York
Discussant: L.K. Donorfio, University of Connecticut, Storrs, Connecticut

Qualitative interviewing with elders is a dynamic, interactive process. It involves a complex and adaptive relationship between the interviewer and the respondent. The interview process is also strongly influenced by the interviewer's perceived role, the setting, and potential changes in the field. The richness of the qualitative approach is that it provides a wide range of techniques that take into account the evolving nature of the interviewing process in the quest for the authentic voice of the respondent. The careful balance of structure, adaptability, and self-reflection built into all qualitative methods adds to the art of the interview. Presenters in this symposium will discuss the application of innovative interviewing styles, changes to the interviewing process based on the interviewer's role, and how interviewing can artfully adapt to changes in a shifting field setting, such as presented by the environment of dementia. Topics include how “laddering” and means-end theory (once used in marketing) can be applied to understanding leisure-activity choices, issues raised when negotiating the boundaries between the roles of clinician and interviewer, and the use of an adaptive interviewing process during the “shuttering” of a senior center. After attending this symposium, participants will be able to evaluate alternative qualitative interviewing techniques for inclusion in their own research designs, as well as assess the role that the field setting will play in the interview process.
sole objective of learning about the participant’s story requires a change in perspective. This presentation will discuss challenges of and strategies for transitioning from clinician to researcher during qualitative interviewing, sharing examples from the authors own research with older adults with vision loss.

TREAD SOFTLY: INTERVIEWING WITHIN THE ENVIRONMENT OF DEMENTIA
C.M. Gallogly, Community Health and Human Services, St. Joseph’s College, Patchogue, New York

The role of the qualitative researcher conducting in-depth interviews with spousal caregivers of those with dementia must be negotiated with a postmodern sensibility in the words of Gubrium and Holstein. In a recent qualitative study of forty spousal dementia caregivers, in-depth interviews were the principal means of exploring the world of these caregivers, in some ways, the “walking wounded.” To step into that world and try to provide the means by which their narrative can come to life is strongly rooted in the qualitative research rationale. At the same time, it makes great demands on the interviewer: how to balance objectivity and subjectivity, how to respond to intimations of possible abuse, how to negotiate the ethics paperwork in the midst of emotional chaos, and most importantly, how to accommodate the presence of the dementia spouse.

USING MEANS-END THEORY AND THE LADDERING TECHNIQUE TO EXPLORE OLDER WOMEN’S REASONS FOR ENGAGING IN LEISURE TIME PHYSICAL ACTIVITIES
K.L. Berlin, D.B. Klenosky, Purdue University, West Lafayette, Indiana

This presentation demonstrates the application of means-end theory and the interview technique known as laddering in the context of a study conducted to examine older women’s reasons for engaging in sport-based versus exercise-based leisure activities. Originally developed by marketing researchers to understand how consumers think about consumer choice behavior, means-end theory is based on the view that consumers choose products or services based on the attributes they possess, the consequences (i.e., desired benefits and perceived costs/risks) provided by those attributes, and the personal values (or “ends”) reinforced by those consequences. The laddering interview technique was developed to draw out these attribute, consequence, and value concepts; and identify the patterns of associations or “means-end” chains linking these concepts which are useful for providing a better understanding of how products and services obtain their meaning to consumers. Considerations involved in using the technique and implications for future research will be discussed.

ETHNOGRAPHY WHILE “SHUTTERING”: INTERVIEWING CENTER-GOERS AS THEIR SENIOR CENTER UNEXPECTEDLY CLOSES
J. Weil, University of Northern Colorado, Greeley, Colorado

Qualitative methods are responsive to the changing environment of community-dwelling elders interviewed over time in a field setting. The experiences from in-depth interviews as part of a two-year ethnographic study of a Senior Center in New York City are used to demonstrate the way an open-ended interview schedule can be adapted to meet the needs of a group undergoing an unforeseen change. In the case of this study, the change was closing of the field site, the senior center, itself. In-depth interviewing can provide ways to address: participants’ changing perceptions of the interviewer’s role in the shifting setting, different themes arising in interview text due to external changes in the field, the influence of occasional other interviewers, such as journalists or aides to politicians, entering the field, and the effect changes in the center’s management structure has upon the actual interviewing process.

SESSION 665 (SYMPOSIUM)

THE CHANGING POLITICS OF POLICIES ON AGING
Chair: R. Binstock, Case Western Reserve University, Cleveland, Ohio
Discussant: J. Quinn, Boston College, Chestnut Hill, Massachusetts

Robert Binstock provides perspectives on both the changing political contexts of old-age policies and the “third rail” postulate regarding the voting behavior of older persons. His analysis of detailed exit poll data from the 2010 election suggests that the third rail may have been activated for the first time in modern elections, and he speculates regarding the implications of this development for policy reforms. Andrea Louise Campbell uses a variety of survey data and polls to examine attitudes among senior citizens toward government spending, taxes, the federal budget deficit, cuts in Social Security and Medicare. In addition, she explores variation in attitudes and vote choice among senior subgroups (ideological, partisan, income, gender, etc.) as well as self-interest, affluence, and misperceptions as sources of such variation. John Rother highlights the role that Republican rhetoric about Medicare cuts in the Affordable Care Act played in the election of 2010. In this context, he addresses the following questions. Are Medicare cuts still on the policy agenda? Why has the Medicare debate become so politically polarized? Is there a way forward that protects beneficiaries? What Medicare reforms are desirable? Robert Hudson traces how the CLASS ACT component of the Affordable Care Act has elevated long-term care from a residual to an institutional standing, arguing that the Act has transformed understanding of the population served, the definition of the problem being addressed, and the underlying purpose of the program, itself, along several critical dimensions.

COMPASSIONATE AGEISM, INTERGENERATIONAL EQUITY, AND “THE 3RD RAIL”
R. Binstock, Case Western Reserve University, Cleveland, Ohio

A “compassionate ageism” nourished the construction of a U.S. old-age welfare state through the late 1970s. But since then— as “the graying of the federal budget” was identified and baby boomers began to reach older age categories—elderly Americans have frequently been depicted in public rhetoric as “greedy geezers” depriving children of public resources. Yet, old-age benefit programs have been sustained and grown substantially during the past three decades. Journalist and politicians attribute this survival and enlargement of old-age benefits to “the third rail,” a fear by politicians that attempts to cutback these benefits would engender a severe political backlash from older voters. Until 2010, however, the third-rail phenomenon has not been supported by evidence from age-group voting behavior. Yet, analysis of this last election indicates that the third rail may have been activated. What does this portend for the future of the U.S. old-age welfare state and American politics?

AFTER HEALTH CARE REFORM, THE TEA PARTY, AND MIDTERMS: WHAT DO SENIORS REALLY WANT?
A.L. Campbell, Political Science, Massachusetts Institute of Technology, Cambridge, Massachusetts

This presentation uses a variety of survey data to examine attitudes among senior citizens toward government spending, taxes, the federal budget deficit, and entitlement reform. On the one hand, older Americans were highly visible participants in Tea Party rallies across the nation in 2009 and 2010 and heavy voters in the 2010 election which diminished Democratic power in the Senate and gave Republicans control of the House. On the other hand, polls show majorities of senior citizens (and younger respondents) wary about cuts to Social Security and Medicare. This paper explores variation in attitudes and vote choice among senior subgroups (ideological, partisan, income, gender, etc.) and explores self-interest, affluence, and misperceptions as sources of such variation.
MEDICARE: WHAT NEEDS TO HAPPEN; WHY IT’S SO DIFFICULT  
J. Rother, AARP, Washington, District of Columbia  
Medicare was a political football in the 2010 election cycle, and played a major role in the election of a new Republican majority in the House. Candidates repeatedly cited their opposition to the “$500b in Medicare cuts” contained in the Affordable Care Act. Now that they have been successful, are Medicare cuts still on the table? Why has the Medicare debate become so politically polarized? Is there a way forward that protects beneficiaries? What Medicare reforms are desirable?

BRINGING CLASS TO LONG-TERM CARE  
R. Hudson, Social Work, Boston University, Boston, Massachusetts  
ABSTRACT: The CLASS Act remains an under-appreciated component of the Affordable Care Act. Politically, its passage was unexpected. Programmatically, it gives unprecedented prominence to long-term care concerns within the world of health and social policy. Conceptually, the CLASS Act, being predicated on the principles of social insurance, has added a third leg of protection, however shaky it may be, to those supporting income and acute health care needs. This presentation addresses the conceptual element, tracing and analyzing how the CLASS Act elevates long-term care from a residual to an institutional standing. The Act transforms understandings of the populations served, the definition of the problem being addressed, and the underlying purpose of the program itself along several critical dimensions. Regardless of the legislation’s ultimate fate in these politically charged times, these conceptual advances should be cataloged and celebrated.

SESSION 670 (SYMPOSIUM)  
INSIGHTS INTO GENETICS AND NUTRITION IN THE LONG-LIVED  
Chair: B. Willcox, University of Hawaii, Honolulu, Hawaii  
Co-Chair: C. Bell, University of Hawaii, Honolulu, Hawaii  
How does one’s genetics contribute to life span? If I eat the right foods or less food, will I live longer? This session addresses our longest-lived populations and the studies that bring this information to light. The potential genetic and nutritional factors that may be responsible for or linked to the observed longevity in these populations will be presented. Details of the projects involving centenarian populations in Georgia and Okinawa, Japan will be highlighted as well as the factors related to diet and genetics in a relatively homogeneous population of longest-lived people will be covered.

RELATIONSHIP BETWEEN LONGEVITY GENES AND LIFESTYLE FACTORS AMONG PEOPLE WITH EXCEPTIONAL LONGEVITY  
N. Barzilai, J. Crandall, Medicine and Genetics, Albert Einstein College of Medicine, Bronx, New York  
Despite evidence for a substantial genetic component, the inherited biological factors that promote extended life span (longevity) in humans remain unknown. We have comprehensively characterized over 500 Ashkenazi Jewish subjects with exceptional longevity and have identified several biological markers that may be causative in their longevity. We assessed the role off lifestyle factor in these subjects at retirement age and found that rates of overweight (43% & 34%), smoking (60% & 30%), physical activity (43% & 44%) in men and women (respectively) were generally worse over that reported in their cohort (NHANES1), overweight (43% & 25%), smoking (75% & 26%) physical activity (57% & 44%) in men and women (respectively), and only 2.3% were vegetarians. Thus, subjects with exceptional longevity are not distinct in terms of lifestyle factors compared to general population. These data suggest a possibility that genetic factors associated with longevity may protect individuals from the detrimental effects of the environment.

NUTRITION AND HEALTHY AGING IN OKINAWA: ENERGY BALANCE, DIETARY FACTORS, AND EXCEPTIONAL LONGEVITY  
B. Willcox1,2, D.C. Willcox1,3,4, Q. He1, M. Suzuki1, D. Curb1,2, R. Chen1, 1. Department of Research, Kuakini Medical Center, Honolulu, Hawaii, 2. Department of Geriatric Medicine, University of Hawaii, Honolulu, Hawaii, 3. Okinawa Research Center for Longevity Science, Urasoe, Okinawa, Japan, 4. Okinawa International University, Ginowan City, Okinawa, Japan  
“Dietary or caloric restriction” (CR) is the most robust intervention for extending lifespan and healthspan in model organisms but few data exist in human populations. Therefore, we assessed more than six decades of epidemiologic and clinical data from the Okinawa Centenarian Study database for evidence of CR, and other candidate nutrition-related factors, implicated in longevity. Principal analyses included dietary variables, anthropometry, bloodwork, trends in population energy balance, mean and maximum lifespan. The Okinawan diet was high in vegetables, legumes and most antioxidant micronutrients and lower in calories compared to the Japanese diet. Evidence for CR was found until the 1970s; thereafter energy balance became positive with concomitant increases in height, body weight and BMI. Biodemographic analysis revealed marked reductions in age-related diseases and extension of both mean and maximum lifespan. This work is consistent with an effect of nutrition on lifespan and healthspan in humans.

NUTRITION AND LONGEVITY IN THE KUAKINI HAWAII LIFESPAN STUDY: DIET, GENES AND ENERGY-SENSING PATHWAYS  
C. Bell1,2, D. Curb1,2, K. Masaki1,2, Q. He1, T. Donlon1, D.C. Willcox1,3,4, B. Willcox1,2, 1. Department of Research, Kuakini Medical Center, Honolulu, Hawaii, 2. Department of Geriatric Medicine, University of Hawaii, Honolulu, Hawaii, 3. Okinawa Research Center for Longevity Science, Okinawa, Japan, 4. Okinawa International University, Okinawa, Japan  
“Dietary restriction” is the best known nutritional intervention affecting healthspan and lifespan in model organisms. However, nutrition-related factors that might affect human aging are poorly understood. Candidate nutrition-related factors from model organisms and prior human studies (e.g. Okinawa Centenarian Study) were assessed in the Kuakini Hawaii Lifespan Study dataset. Promising factors were studied for prospective effects on survival and healthy survival using regression models in up to 8,006 men. Participants were aged 45-68 years at the baseline (1965) exam and were followed for up to four decades. Significant correlates of survival and healthy survival were found including markers of energy balance, several micronutrients, fasting glucose, insulin sensitivity, and alleles from the FOXO3A energy-sensing gene. This work provides support for nutrition-related effects on lifespan and healthspan in humans and suggests a possible role for energy-sensing pathways. More study is needed of nutrition-related factors and biological pathways in healthy human aging.

A SYSTEMS APPROACH IN THE UNDERSTANDING OF MECHANISMS OF LONGEVITY  
L. Poon1, M. Johnson1, J. Arnold1, P. Martin2, S. Jazwinski1, 1. Institute of Gerontology, University of Georgia, Athens, Georgia, 2. Iowa State University, Des Moines, Iowa, 3. Tulane University, New Orleans, Louisiana  
It is well known among centenarian researchers that longevity is a function of many and interactive effects among a host of bio-psycho-social contributors and no one or two factors could adequately explain the variance accounted for in longevity. This presentation will outline the interdisciplinary approach employed by the Georgia Centenarian Study and describe the direct and indirect effects of health, chronic diseases, functional capacities, genetics, cognition, personality, social and
environmental support systems, as well as distal and proximal life events on longevity.

SESSION 675 (PAPER)

AGEISM, AGE IDENTITY, AND SELF-IDENTITY

THE WEAKTEST AGE

H. Suth, Centre for the Study of Group Processes, University of Kent, Canterbury, United Kingdom

Although negative stereotypes of old age are quite pervasive, people are often reluctant to express prejudice overtly. Previous research established that older people are stereotyped as being less capable than younger people, but there is no previous observational evidence of how these stereotypes might actually affect discriminatory behaviour. Here we investigate whether ageism is expressed powerfully but implicitly through one of the most powerful and painful forms of discrimination, namely exclusion from a social group. Based on psychological theories of stereotyping and prejudice we investigate whether ageism is manifested behaviourally even in the presence of objective evidence that older people are performing well. Using as our database the voting decisions of 900 players in 100 consecutive episodes (and over 4000 votes) in the television quiz show ‘The Weakest Link’, we examine how contestants’ age affects which others they vote out of the game and whether they are voted out themselves. Here we show that people aged 55 and over are more likely to be voted out of the game than are those aged under 55. Contestants aged under, but not over, 55 also vote for people older than the average age of all contestants. These results are found after controlling for contestants’ performance and hesitancy as well as gender, ethnicity, and perceived attractiveness. The evidence shows that ageism is a powerful force that can result in the unjustified exclusion of, and discrimination against older people.

LIFE COURSE TRANSITIONS AND THE FUTURE OF FANDOM

C. Harrington, D. Bielby, A. Bardo, 1. Sociology and Gerontology, Miami University, Cincinnati, Ohio, 2. University of California Santa Barbara, Santa Barbara, California

This paper extends an ongoing project on aging and fandom, where we argue that fans’ identities, practices, and interpretive capacities have more age-related structure than has previously been addressed in fan studies (Harrington & Bielby, 2010). In this paper we link the disparate fields of gerontology and media studies by examining population aging and restructuring of the life course, on the one hand, and the changing role of media and media fandom in people’s lives, on the other, as dual processes that inform and shape one another. We accomplish this by first summarizing our prior research findings, then by arguing that the marketing industry’s construction of adulthood and late(r) life is directly relevant to older adults’ negotiation of aging in the 21st century. We find that age-based marketing strategies and the role of fandom in navigating our current climate of multiple and evolving life course transformations has a major impact on life course and media scholarship. For example, the disconnect between chronological age and subjective age has been noted by media and life course scholars for some time, but developmental considerations in media content directed at older adults have not. Because individuals increasingly draw on media content and fan objects to help make sense of their own aging process through the fashioning of self-narratives, we aim to inform gerontological scholars of the important relationship between media and aging through a multidisciplinary approach that utilizes a life course perspective to better understand how fictional texts, characters, and textual fragments serve as anchors to fans’ lives as they age.

IS SELF-PERCEIVED AGE CULTURE-FREE? A CROSS-NATIONAL STUDY OF AGE IDENTITY AND COGNITIVE AGE

F. Kohlbacher, L. Sudbury, A. Hofmeister, 1. German Institute for Japanese Studies (DIJ) Tokyo, Tokyo, Japan, 2. Liverpool John Moores University, Liverpool, United Kingdom, 3. Corvinus University of Budapest, Budapest, Hungary

Self-perceived age has emerged as a key variable in studying older people around the globe. The sparse number of studies that have investigated this type of self-concept in cross-national settings have concluded that it is culture-free. Using data from an empirical study in four different countries (Japan, Germany, UK, Hungary), we challenge this view and thus aim to make a contribution to knowledge on self-concept of older adults on an international scale. Using random samples from the four culturally disparate nations, 1368 usable questionnaires were received measuring self-perceived age with two instruments: age identity (Cavan et al. 1949) and cognitive age (Barak & Schiffman 1981). We found the “young at heart” philosophy to be true for older adults in all four nations under study, with the vast majority of seniors feeling middle-aged, not yet ready to admit they feel old. Moreover, many of the patterns to emerge have similarities to research in the US in that there is little agreement between cognitive and chronological age, with a strong youth bias. Likewise, the expectation that the look age dimension would be closest to actual age than any of the other self-perceived age dimensions emerged in all the samples with the exception of Hungary. However, significant differences found between the nations were also found, thus challenging the culture-free view. The youth bias ranged from 4–10 years and Japanese and Hungarian seniors are more likely to admit to being old than are their British and German counterparts.

POSSIBLE SELVES IN ACTION: PROMOTING SOCIAL GOAL PROGRESS FOR OLDER ADULTS

H. Ko, S. Mejia, S. Choun, T. Pham, R. Metoyer, K. Hooker, Oregon State University, Corvallis, Oregon

Hoped-for and feared possible selves are cognitive representations and are theoretically tied to motivation to pursue goals. Past research has shown that the social domain is one that is particularly important for goal pursuits in late life. We hypothesized that having social possible selves would predict goal progress in achieving a social goal. Being balanced (having both hoped-for and feared possible selves in the same domain) was predicted to provide the strongest motivation for goal progress. Since goal progress was self-reported, we measured optimistic tendencies with the LOT-R and all analyses controlled for optimism. Data were collected as part of the Personal Understanding of Life and Social Experiences (PULSE) project (n=105, mean age= 63.13, SD= 7.8), a 100-day study that followed participants via web-based surveys. At baseline, participants reported two of their most important social goals. Participants completed brief online surveys and rated their progress towards social goals. Those with balanced social possible selves had significantly higher averaged daily social goal progress than those with no social possible self or only a hoped or feared self in the social domain (p<.001). Possible selves in the social domain may guide daily actions to meet social goals most effectively if there is both an achievement focus (hoped-for self) as well as a focus on regulation of loss (avoid a feared self). These results are discussed in light of life-span theories of motivation.

64th Annual Scientific Meeting 213
SESSION 680 (PAPER)

CAREGIVERS AND CARE RECEIVERS: INTERACTIONS AND IMPACTS

RESEARCH AND PRACTICE: ENABLING KNOWLEDGE TRANSFER TO RESIDENTIAL CARE HOMES
I.A. Eyers1, S. Arber2. 1. Zentrum Altern und Gesellschaft, University of Vechta, Germany, Vechta, Germany, 2. University of Surrey, Guildford, United Kingdom

Based on the experiences of a study of sleep in residential care facilities for older people this paper presents the development of knowledge and the resulting transfer to practice amongst care staff. The study aimed to identify the determinants of poor sleep experienced by old people living in residential care. Using mixed methods, research was undertaken in 10 English care facilities. Data were collected from 183 male and female residents aged 65–100 (mean age 85–90). For two weeks participating residents wore actiwatches and diaries denoting their daily activities were maintained. In addition, 240 hours of dawn, dusk and night time observations, and interviews with 50 care staff were conducted. The analysis of the quantitative actiwatch and diary data identified that the participants were experiencing fragmented sleep and spending up to 13 hours in bed. The qualitative data analysis indicated that these factors were related to care giving routines and processes. In two workshops with almost 200 participants from the residential care sector, the findings were presented and discussed. Contact has been maintained with participating organisations and senior care service managers. There is evidence that a greater awareness of the importance of sleep has taken place and the knowledge transfer has resulted in care staff who attended the workshop pausing for thought and restructuring service delivery. This research is supported by the New Dynamics of Ageing initiative, a multidisciplinary research programme funded by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009)

SOCIAL CONNECTION FOR RESIDENTS IN LONG TERM CARE: THE IMPACT OF CAREGIVER INTERACTION
E. Roberts, Human Environmental Sciences, University of Missouri-Columbia, Columbia, Missouri

Often in long term care, individuals who are socially isolated are not approached much by caregivers to participate in activities with other residents. In a sense, the caregivers take the attitude that, “She never wants to go out, so I’m not going to bother her.” Past studies have shown that staff attitudes and actions can enhance or diminish a sense of social connection for residents, thus defining that the care of older people should be shaped around maintaining social connectedness and promoting integration of residents. The goal of this study was to better understand the role of caregiver interaction with residents living in long term care, specifically, how these interactions helped create social opportunities for residents. The study took place at a 70-bed skilled nursing facility in the southeastern region of the United States, with observations and staff interviews conducted over a three month period. The data was analyzed and coded and several constructs relating to the impact of caregiver interaction emerged including: (1) caregiver empathy, (2) resident trust of caregivers, (3) resident sense of personal control, and (4) functional operations of the facility. While no interaction will ever be the same as another, there are essential links in caregiver interactions that can be pulled from this research and used in further studies about caregiver participation in the long term care resident’s world.

UNDERSTANDING MEANINGS OF CARE FROM ELDER CARE RECIPIENTS (ECRS) LIVING IN LONG-TERM CARE: A GENDERED PERSPECTIVE
R.A. Siders, Sociology, Case Western Reserve University, Chardon, Ohio

Throughout the care literature, the meanings of care produce a partial and fragmented picture of what care is simply because the perspectives of care recipients have been neglected in defining and understanding the concept of care. Although theoretical frameworks of care speak to the problems or benefits of that framework (see Hochschild 1993, Trotsi 1993, Unger 1997, England 2005), addressing important questions; however, the questions encompass concerns for or about the care worker(s) or care provider(s). Thus, care is typically understood and defined from the perspective of care professionals or experts, leaving the nature of care itself and the experience of being cared-for unexamined. For this paper, I present meanings of care that include and capture the experiences of being cared-for (or the lack thereof) by older care recipients. Specifically, since males and females experience care differently throughout the life course, it is not surprising to see gender differences in meanings of care and how it is experienced among male and female residents living in LTC. The data for this paper were collected from 39 (20 females, 19 males) intense semi-structured interviews, conducted between May 2010 and January 2011.

HOW SOCIAL FACTORS AND CAREGIVING INFLUENCE SLEEP QUALITY IN LATER LIFE
S. Arber, R. Meadows, Sociology, University of Surrey, Guildford, United Kingdom

Background: The impact of providing care for older or disabled relatives has been widely studied, but limited attention has been paid to how caregiving influences the sleep quality of carers. Objectives: This paper analyses (i) the socio-economic patterning of self-reported sleep quality in later life (age >65), and (ii) how caregiving impacts on sleep quality and duration in later life. Methods: We analyse the sleep patterns of older people (n=3131, aged >65) in the British Understanding Society survey for 2009 1. Self-reported sleep duration (hours and minutes), sleep latency (unable to get to sleep within 30 minutes), problems of sleep maintenance (waking at night or early in the morning) and sleep quality are analysed using nested logistic regression models, which included gender, age, marital status, hours of caregiving, education, income, housing tenure, self-reported health and health limitations. Results: Strong associations are found between living in disadvantaged circumstances and short sleep duration, poor sleep quality and reported sleep problems. Older people with less education, lower income and living in public housing are more likely to report poor sleep. There is a linear association of hours spent providing co-resident caregiving with poorer sleep quality, which is not moderated following adjustment for co-variants. Non-resident caregiving had no effect on sleep quality. Conclusions: Practitioners need to recognise the adverse effects of co-resident caregiving on the sleep of caregivers. 1. The SomniLA project is funded by the New Dynamics of Ageing initiative, supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009).

PREDICTING COVARYING DEPRESSIVE SYMPTOMS IN LUNG CANCER DYADS OVER TIME
K.S. Lyons1, L.M. Miller3, J. Bennett2, S. Hickman2, L. Nail1, E.K. Fromme1, L.M. Miller3, 1. Oregon Health & Science University, Portland, Oregon, 2. Indiana University, Indianapolis, Indiana, 3. School of Nursing, Portland, Oregon, 4. School of Nursing, Indianapolis, Indiana, 5. School of Medicine, Portland, Oregon

Lung cancer will contribute 15% of all new cancer cases and 29% of all cancer deaths in the United States. Approximately 58% of lung cancer patients die within 1 year of diagnosis with a 5-year survival rate of 16%. This rapid trajectory, and the difficult decisions families are often faced with, heightens the need for early intervention in this end-of-life population. The goal of the study was to examine covarying trajectories of depressive symptoms within lung cancer dyads over time, and identify early-warning risk factors. Lung cancer dyads were recruited through a cancer registry using rapid case ascertainment 1-6 months post-diagnosis (M=4.15; SD=2.8). Baseline data indicated a moderate level of depressive symptoms for patients and family members, with 25% and 28% above clinical cut-offs respectively. Longitudinal data
from 114 dyads were analyzed using multilevel modeling. Results revealed that, on average, patient and family member depressive symptoms remained relatively stable over the first six months, although there was significant variability around the average (p < .001). Controlling for stage of disease, patient age, and family member role, level 2 models found patient concealment, family member role overload, communication problems, and a negative family decision making process played significant roles in predicting baseline depressive symptoms and change over time. As expected, depressive symptoms within dyads was moderately correlated. Findings will be discussed in regard to identifying those families and patients most at risk, the role of patient symptoms over time, and need for communication-based interventions for such vulnerable end-of-life populations.

SESSION 685 (PAPER)

COGNITION: LIFESTYLE AND OTHER INTERVENTIONS

MEMORYWORKS: AN EVALUATION OF A BRAIN FITNESS PROGRAM FOR PEOPLE WITH DEMENTIA
T. Abramson, Center for Gerontology and Geriatrics, NYIT, Old Westbury, New York

Brain health and brain fitness programs emphasize a proactive approach to maintaining or maximizing one’s cognitive functioning. Program efficacy evaluations are lacking. “Memory Works,” developed by the NYC Chapter of the Alzheimer’s Association, includes people in the early stages of dementia. The program provides cognitive stimulation, socialization, and a safe environment for participants. To assess program efficacy, both standardized instruments and subjective reports were obtained for the 26 participants across three groups. The results revealed no significant differences on the MMSE, with only 8% reporting some minimal depression. All three groups rated their satisfaction with their quality of life as “good” with one group slightly higher in their scores on the Dementia Quality of Life Scale. Subjective reports indicate that participation in the program is a positive experience and beneficial for both the diagnosed person and their caregiver. Those diagnosed report feeling that their “brains are stimulated,” the group gives them something they don’t get elsewhere, and they feel useful, less depressed, and more confident when participating in Memory Works.

LIFESTYLE AND LIFESPAN: CONTINUING MEANINGFUL ENGAGEMENT AND INTERACTIONS AFTER THE DIAGNOSIS OF DEMENTIA
S. Bollin1, H. Menne1, C.J. Whittach1, 1. Alzheimer’s Association, Northwest Ohio Chapter, Toledo, Ohio, 2. Benjamin Rose Institute, Cleveland, Ohio

As more individuals are diagnosed with early stage dementia, programs that have been thoroughly evaluated must be offered. These programs provide meaningful impact for individuals so they can continue to maintain their lifestyle while living with a progressive, degenerative disease. Early stage dementia programs need to be developed and evaluated through a framework which not only measures the effectiveness of the program but also assesses recruitment, agency integration, impact, program maintenance and sustainability. This presentation outlines the utilization of the RE-AIM framework in the development and evaluation of early stage programs that provide social engagement, mental activity, coping skills and education. Twenty-four families evaluated up to five different early stage programs. Preliminary analysis shows that after a program the individuals with dementia had improved mood as demonstrated in a smiley face assessment and the Geriatric Depression Scale, while caregivers also had improved mood based on the smiley face assessment. In response to a program, 92% of caregivers were considering engaging the individual with dementia in other activities (e.g., crafts, outings with friends, local baseball games.) Caregiver responses to sustainability questions indicated that families would prefer a program fee versus an annual fee, and programs held at the Alzheimer’s Association offices are preferred over other locations. Discussion will include important strategies for program development, meaningful impact, and sustainability. With the incidence of dementia increasing each year, diverse programs must be readily available to meet the needs and support individuals as they maintain quality of life for the remainder of their lifespan.

SOCIAL INTERACTION AS AN EFFECTIVE TOOL FOR DEMENTIA PREVENTION: SIX-YEAR FOLLOW-UP STUDY
T. Anne, Y. Kawashima, University of Tsukuba, Tokyo, Japan

Objectives One of the biggest issues for the LTC insurance in the middle to long run is the budget shortage for LTC services. For the moment, emphasis is being placed on prevention-oriented services which help prevent seniors from becoming dependent by intervening while their need levels are still low. This six-year follow-up study was designed to analyze the relationship between social interaction and the prevention of dementia. Method: All participants (aged 65 years and above) lived in farming communities near major urban centers in Japan (n = 558). The contents of the questionnaire covered social interaction (using an index of social interaction constituting 18 items), health status, physical function, family structure, life events, age, and gender. Results: After the baseline survey, 108 subjects were analyzed within the six-year period: (1) baseline age and physical function were related to dementia; (2) greater social interaction was positively related to reduced dementia; (3) the multiple logistic regression analysis adjusted for baseline age, gender, and physical function indicated that low frequency of newspaper reading was related to increased dementia. Discussion: These findings highlight the importance of social interaction in dementia prevention. The introduction of new services such as “strengthening of social ties” and “nutritional support” represent initial steps in establishing systems that enable elderly persons to live independently with dignity. An ongoing longitudinal study of elders in one community demonstrate that prevention-oriented services are essential to improving the healthy longevity of citizens, and that seniors will accept such services.

MODIFIABLE BEHAVIORAL RISK FACTORS ASSOCIATED WITH COGNITIVE PERFORMANCE OVER TIME
A. Eisenstein1,2, T. Prohaska3, S.E. Furner1, J. Beaumont1,3, 1. University of Illinois at Chicago, Chicago, Illinois, 2. Rush University Medical Center, Chicago, Illinois, 3. Northwestern University School of Medicine, Chicago, Illinois

Decreasing the prevalence of dementia is a public health priority. As a result, public health professionals are turning to modifiable lifestyle behaviors including physical, social, and cognitive activities, smoking, and alcohol use, to examine their potential in postponing or preventing the onset of cognitive decline and Alzheimer’s disease. Research findings on the relationship between cognition and lifestyle behaviors remain inconsistent and controversial. Through the use of data from the Health and Retirement Study, a nationally representative sample of older adults, this study explores the unique and combined contribution of these five behavioral risk factors at one time-point on cognitive performance and diagnosis of a memory-related disease 7 years later. Participants include 2037 adults aged 60+ at baseline. At the bivariate level, cognitive activity, alcohol consumption, and a cumulative lifestyle behavior index were significantly associated with cognitive score (P<.0001), while none of the behaviors were associated with diagnosis of a memory-related disease. After adjusting for demographic characteristics and health-related factors, engaging in cognitive activity remained associated with higher cognitive performance (P<.0001). At the multivariate level, the lifestyle behavior index was no longer significant for either outcome, however, there was a significant interaction between age and lifestyle behavior
on diagnosis of a memory-related disease. That is, behavioral risk factors were found to have a greater influence on the diagnosis of a memory-related disease among older study participants compared to younger participants. These findings suggest that cognition is influenced by modifiable risk factors and suggests target populations for behavior and cognitive interventions.

CARDIORESPIRATORY FITNESS PREDICTS COGNITIVE ABILITIES IN LATE ADULTHOOD


Successful cognitive aging along certain dimensions has been related to early and mid life-span experiences, such as education and physical activity. In the present study, we focus on the role of cardiorespiratory fitness as a lifestyle factor that could explain successful aging. Participants were 181 older adults who were tested on a series of cognitive abilities (memory, executive control functions and vocabulary) as well as fitness measures (physical activity, body mass index and cardiorespiratory function). First, we examined whether casual relationships exist between fitness and various cognitive abilities that decline with age, i.e., short-term/working memory and two types of executive control functions, viz., inhibition and switching, as well as the cognitive abilities that stay relatively stable across lifespan (verbal abilities or vocabulary). Second, we explored the differential mediating effects of various types of fitness and physical activity measures. Using structural equation modeling approach, we find age-related declines in memory and executive control functions, but not verbal abilities or vocabulary, and these age-related declines cannot be attributed to an inactive lifestyle as assessed by a physical activity questionnaire, but to poorer cardiorespiratory function, which is a better and more objective measure of physical fitness.

SESSION 690 (PAPER)

SELF-MANAGEMENT OF CHRONIC ILLNESS IN LATE LIFE

FACTORS WHICH INFLUENCE DIABETES SELF-MANAGEMENT IN OLDER ADULTS UNDERGOING TREATMENT FOR CANCER

D.S. Hershey1, B.A. Given2, C.W. Given2, W. Corser2, A. von Eye1, 1. College of Human Medicine, Dept of Family Practice, Michigan State University, East Lansing, Michigan, 2. College of Nursing, Michigan State University, East Lansing, Michigan, 3. Department of Psychology, Michigan State University, East Lansing, Michigan

The purpose of this study was to identify factors which influence the performance of diabetes self-management behaviors in older adults with a solid tumor cancer who are undergoing chemotherapy. This pilot study utilized a written baseline survey and a follow up telephone survey to assess the relationship between individual (sociodemographics), clinical (diabetes and cancer specific) and behavioral (self-efficacy, outcome expectancies, depression/anxiety) characteristics and the performance of diabetes self-management behaviors. A total of 41 individuals with a solid tumor cancer or lymphoma were enrolled from eight different community cancer centers in Michigan and Ohio. Linear regression was utilized to identify potential predictors associated with performance of diabetes self-management behaviors. The individual’s age and level of self-efficacy were found to be significant (p < .05) predictors related to the performance of self-management behaviors at baseline. Older adults and those with higher levels of self-efficacy were more likely to perform self-management at baseline. At 8 weeks years with diabetes, baseline self-management and number of comorbidities were all significantly (p < .05) predictive of the performance of self-management behaviors. Significant (p<.05) differences between baseline and 8 week performance levels of specific self-management behaviors were found, with individuals being less likely to perform certain behaviors at 8 weeks. As healthcare providers we need to better assist our patients with being able to co-manage two different chronic conditions, in which the management of one may impact how an individual manages the other, in order to prevent possible complications and improve overall quality of life.

THE INFLUENCE OF COMORBIDITIES ON USE OF SYMPTOM MANAGEMENT STRATEGIES

S. Spoelstra1, C.W. Given2, M. You1, 1. College of Nursing, Michigan State University, East Lansing, Michigan, 2. Michigan State University, College of Human Medicine, East Lansing, Michigan

This research examines 552 solid tumor cancer patients undergoing chemotherapy, the impact of comorbidities on patient’s use of management strategies for 15 common symptoms during treatment. After adjusting for age and intervention mode, number of comorbidities was significantly related to number of symptoms threshold; ranging from 5.5-7.5 (no comorbidity to 3+). However, numbers of comorbidities had no impact on patients trying proposed strategies. To determine if age adjusted numbers of comorbidities influenced proportion of symptoms, severe, moderate, mild cut-points were applied and responses were defined as moving from severe to moderate/mild, or moderate to mild. Mean response rates among patients with 3+ comorbidities were 0.68, with 2 were 0.76, 1 was 0.77, and no comorbidities 0.77. To understand this further we examined fatigue weakness, pain, and insomnia symptom response among patients with varying levels of comorbidity. Patients who had 3+ comorbidities had the greatest proportion (8% more) of symptoms that were severe at onset. Finally, at the last intervention contact, those with 3+ comorbidities had the highest percent of severe symptoms that were lowered to a moderate level of severity; and the smallest percent that moved from severe to mild. In sum, comorbid conditions place extra symptom burden on cancer patients and are associated with lower rates of symptom response. Future trials on symptom management and survivorship need to take into careful account the comorbid conditions patients bring to their treatment and interventions.

PATIENT DECISIONS TO ELECT KNEE REPLACEMENT SURGERY TO TREAT KNEE ARTHRITIS: RESULTS OF A STATED-CHOICE EXPERIMENT

F.G. Caro3, A. Gottlieb1, J. Winters1, S. Hoffmann2, A. Kaptein3, C. Winters1, 1. Gerontology, University of Massachusetts Boston, Boston, Massachusetts, 2. University of Munich, Munich, Bavaria, Germany, 3. Rand Corporation, Santa Monica, California

We conducted a stated-choice experiment to examine how patients make decisions concerning full knee replacement as a treatment for osteoarthritis. Our study illustrates an innovative, widely-applicable method to conduct stated-choice experiments to study complex decision-making processes. Because we use the internet to administer vignette experiments, we are able to deliver both general information and manipulate experimental variables through video clips. The approach helps in engaging study participants and delivering emotional content. We can also provide participants with interactive opportunities to extend the information they consider in making choices. Employing a fractional factorial experimental design, we examined how pain experienced by patients, opportunity costs associated with rehabilitation, recommendations of surgeons, second opinions, and patient testimonials affect decisions. The experiment was administered to 500 middle-aged and older members of the American Life Panel, a representative national sample. In the study, research participants were asked to make recommendations regarding surgery for vignette persons with knee osteoarthritis who appeared in video clips. Research participants also received background information about treatment options. They heard recommendations of physicians and testimonials of patients who had experi-

The Gerontological Society of America
INTERNET USE AND ISSUES OF SELF-CARE AMONG MIDDLE-AGED AND OLDER ADULTS WITH CHRONIC CONDITIONS


Background: Alongside increasing rates of chronic conditions in the United States, the emergence of internet-based resources offers additional sources to share experiences, gather information, and overcome traditional barriers to self-care. Methods: Data were analyzed from 1,000 middle-aged (age 44-64; 64.5%) and older adults (age 65+: 35.4%) with one or more chronic conditions who completed the National Council on Aging/California HealthCare Foundation Chronic Care Survey. Multinomial logistic regression and binary logistic regression were used to identify associations between sociodemographics, self-care barriers, healthcare-related frustrations, and internet utilization. Results: Approximately 64% of participants reported using the internet and 42.7% reported relying on the internet for ongoing help and support to improve their health and manage health problems. Compared to older adults, a significantly larger proportion of middle-aged adults used the internet (43.5% versus 76.2%, respectively). Compared to internet non-users, frequent internet users were significantly less likely to be older adults (OR=0.22), racial/ethnic minorities (OR=0.36), and rural residents (OR=0.44). Frequent internet users reported fewer chronic conditions (OR=0.75) and barriers to self-care (OR=0.80). Among internet users, frequent users reported significantly fewer self-care barriers (OR=0.81) and frustrations with healthcare provider interactions (OR=0.89). Frequent users reported more interest in gathering health information from health organization websites (OR=1.64) and engaging in online chats/discussions about their health (OR=3.28), compared to less frequent internet users. Conclusions: Understanding internet use among adults with chronic conditions can inform targeted efforts to increase internet availability, educate potential users about the benefits of online resources, and effectively tailor internet-based materials to self-care needs.

COMPARING AN ADAPTED (VS. ORIGINAL) SELF-MANAGEMENT PAIN PROGRAM: IS ADAPTATION ALWAYS NECESSARY?

A growing body of research suggests that adapting evidence-based programs for use by specific groups can improve their reach and effectiveness. To date, little research has determined whether adapted programs produce superior results when compared with the original (unadapted) program. We used community-based participatory research (CBPR) methods to adapt an evidence-based, self-management program, i.e., The Arthritis Self Help Program (ASHP), for use by three groups of older persons: African American, Hispanic and non-Hispanic white adults. This study compares the effects of the adapted (vs. original) ASHP among older persons (age 60 and above) with pain. Participants (N=201) reported the presence of a non-cancer pain disorder and were recruited from 7 New York City senior centers; each center served one predominant race/ethnicity group. Process outcomes included class attendance and drop-out rates. Efficacy outcomes included measures of pain, mood, function, self-efficacy and number of days participants spent practicing the stretching, endurance and relaxation exercises learned in class. Statistically significant differences in favor of the adapted program were noted with respect to attendance and drop-out rate (p<0.05). In addition, the adapted (vs. original) program produced superior outcomes in mood score (p <0.05). However, both programs produced statistically and clinically meaningful change scores (prevs. post-course) with respect to other outcomes, including pain intensity, mood, self-efficacy, pain-related disability, and days spent practicing the exercises. No consistent race/ethnicity effects were observed. These results suggest that the cost and effort to adapt evidence-based programs may not always result in justifiable gains in outcome.
WHY AGING IN PLACE CAN MAKE A DIFFERENCE - ON THE RELATIONSHIP BETWEEN FACETS OF NEIGHBORHOOD PERCEPTION AND HEALTHY AGING

R. Kaspar, F. Oswald, U. Frenzel-Erkert, Interdisciplinary Ageing Research, Faculty of Educational Sciences, Goethe University Frankfurt, Frankfurt am Main, Germany

The aims of this presentation are (1) to identify indicators of neighborhood participation (e.g., volunteering) and perception (e.g., collective efficacy, neighborhood identity) as facets of social capital, and (2) to explore their relationship to outcomes of healthy ageing (e.g., independence, well-being). Data were drawn from an ongoing survey with targeted 600 community-dwelling individuals from three typical districts in Frankfurt, Germany, stratified by age (70-79 vs. 80-89) and household composition (living alone vs. with partner). Preliminary analyses based on 175 participants revealed neighborhood differences with regard to duration of living, perceived collective efficacy and neighborhood attachment. Substantial links occur between neighborhood evaluation and more subtle forms of participation (e.g., being out and about, staying tuned) but not for classical forms of social engagement (e.g., political and welfare activity). The discussion emphasizes on the experiential component of social capital in urban neighborhoods and its consequences for healthy aging in very old age.

ASPECTS OF SOCIAL CAPITAL IN RELATION TO MOBILITY DISABILITY IN OLDER ADULTS

T. Poulsen, R. Lund, U. Christensen, K. Avlund, Institute of Public Health, Section of Social Medicine, University of Copenhagen, Copenhagen K, Denmark

The aim of the study is to analyse measurements of social capital and how social capital might influence mobility disability in older adults. Data are from a Danish prospective cohort study among 4,034 old people (age 75 and 80) in 34 municipalities in Denmark. The measurements on social capital were based on theory of bonding, bridging, and linking social capital. Mobility disability was measured by the Mob-H Scale on need of help to 6 mobility activities. Preliminary analyses based on baseline data showed that 80-year-old men in municipalities with low bridging (p = 0.0016) and low linking (p = 0.0143) had more mobility disability compared to men in municipalities with high levels of linking and bridging social capital. Likewise 80-year-old women living in municipalities with low bonding social capital (p = 0.0076) had more mobility disability compared to women in municipalities with high levels of bonding social capital.

SOCIAL CAPITAL, AGEING AND HEALTH IN EUROPE: COMPARATIVE ANALYSES BETWEEN THREE EUROPEAN COUNTRIES

E. Koutsogeorgou, F. Nyqvist1,2, M. Cerniauskaite,1 R. Quintas1, A. Raggi1, M. Leonardi, 1 Neurology, Public Health and Disability Unit, Scientific Directorate, Neurological Institute “Carlo Besta” IRCCS Foundation, Milan, Italy, 2 National Institute for Health and Welfare (THL), Vaasa, Finland, 3 Novia University of Applied Sciences, Vaasa, Finland

This study evaluates the association between social capital and self-reported health in Finland, Poland and Spain, using data extracted from the European Social Survey (ESS) in Round 4 (2008/2009) for respondents over the age of 50. In this study we include structural aspects of social capital such as social contacts and religious participation as well as cognitive aspects including social and political trust. The research question is evaluated by using descriptive statistics as well as multivariate regression analyses. The results indicate that the prevalence of good health is increased by frequent social contacts and high political trust in Finland, Poland and Spain. Furthermore, high social trust is associated with good health in Finland and Spain. After adjusting for sociodemographic variables there is still evidence of an association between social contacts and health in all three countries.

SESSION 700 (SYMPOSIUM)

AGING AND TRAUMA ACROSS THE LIFE COURSE: DOES CULTURE MATTER?

Chair: M.E. Davis, Social Work, George Mason University, Fairfax, Virginia
Co-Chair: M. Aydin, UCLA Center for Health Policy and Research, Los Angeles, California
Discussant: A. Glicksman, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania

The experience of cumulative trauma across the life course impacts lifestyle, health outcomes and the potential for successful aging. Even as trauma makes an imprint on the life of an individual, so does culture. Culture has always played a role in shaping beliefs, lifestyle practices and the manner in which people adapt to the social environment. What are the mechanisms of culture that contribute to shaping the response to trauma in old age? This symposium is designed to focus attention on the international and transcultural nature of trauma in older adults. Firstly, Aydin’s overview, Cultural Understanding of Trauma, Response and Coping across the Life Course, presents a meta-analysis of the trauma literature and explores competing perspectives on how culture interacts with trauma exposure to determine outcomes in unique ways. Vakalahi’s paper, Pacific American Elders: Cultural Lifeways As Risk and Protective Factors, provides a qualitative analysis of cultural lifeways and practices, seeking to identify them as risk or protective factors and to understand their life course impact in a study of Samoan and Tongan Elders. Shrira’s paper, the Cumulative Adversity and Mental Health: Accounting for Adversity Type and Time of Occurrence highlights the link between early and late life adversity/traua and mental health in an Israeli sample. Finally, Mamber’s paper, The Impact of Culture on Trauma in Old Age: Unexpected Consequences, targets older Jewish, and European refugee, Holocaust survivors and the impact of their trauma, and cultural experiences on providers of care.

CUMULATIVE ADVERSITY AND MENTAL HEALTH: ACCOUNTING FOR ADVERSITY TYPE AND TIME OF OCCURRENCE

A. Shrira1, D. Shmotkin2, H. Litwin3, I. The Hebrew University of Jerusalem, Jerusalem, Israel, 2 Tel Aviv University, Tel Aviv, Israel

The study addressed the association between adversity cumulated at different points in the life span and present mental health. Data of 1,130 participants aged 50+ were drawn from the Israeli component of the Survey of Health, Ageing and Retirement in Europe (SHARE). We found that adversity reported to have occurred early in life was positively related to mental health, while adversity reported to occur in late life was negatively related. Additional analyses showed that the positive association between early-life adversity and mental health was mainly restricted to adversity in which the primary harm was to another person (other-oriented adversity). In contrast, the negative association between late-life adversity and mental health was mainly restricted to adversity in which the primary harm was to the self (self-oriented adversity). This study suggests that the differential effects of cumulative adversity are best captured when accounting for both time of occurrence and adversity type.

THE IMPACT OF CULTURE ON TRAUMA IN OLD AGE: UNEXPECTED CONSEQUENCES

M.H. Mamberg1, A. Glicksman1, I. Planning, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania, 2 Bridgewater State University, Bridgewater, Massachusetts

If a survivor of a traumatic event relocates to a different culture then the disconnect between the survivor’s culture of origin and the new cultural milieu can have an effect on the experience of receiving formal services. Data from two studies of older Jewish refugees who were in Europe during World War Two offer the opportunity to examine the
impact of cultural differences between the providers and the trauma survivors. For example, staff working with Holocaust survivors reported that they often divided in their minds between West European survivors (who were seen as “being like us”) and the East European survivors whose affective style was not only often overwhelming but made it difficult for the staff to differentiate between real distress and standard ways of expression emotions. Our presentation will examine the ways in which cultural differences affected the provision of care and suggest strategies for overcoming such challenges.

**PACIFIC AMERICAN ELDERS**

H. Vakalahi, George Mason University; Fairfax, Virginia

Samoan and Tongan American elders [Pacific Americans] were the focus of a recent study relating to the cultural context of health and well-being. Framed by a holistic and collective view of health and well-being, 20 Samoan and Tongan American elderly immigrants living on the islands of Hawaii were interviewed. Findings indicate that commitment to cultural practices in the family such as respect for the elders, community and church leaders; reciprocity; spirituality; native language; use of traditional medicine, food, and music; and cultural expectations have protective influences on an elder’s health and well-being. These cultural practices provided psychological encouragement and strength, social support systems, opportunities for reciprocity and strengthened relationships with God and others. On the other hand, over-giving and over-doing these cultural practices led to negative impacts on an elder’s health and well-being. Cultural duality was identified as a source of both risk and protection for health and well-being.

**CULTURAL UNDERSTANDING OF TRAUMA, RESPONSE AND COPING ACROSS THE LIFE COURSE**

M. Aydin, UCLA Center for Health Policy Research, Los Angeles, California

The significance of early life trauma is gaining recognition among scholars interested in the development and well-being of aging individuals. The life course perspective enables researchers to examine these issues by linking current problems and needs of older adults with earlier non-normative life experiences. Lacking in the current theoretical framework, however, is attention to how culture interacts with trauma exposure to influence outcomes in specific and unique ways. This paper provides a meta-analysis of the trauma reaersearch, with a special emphasis on how cultural norms serve as explanatory factors in the life course literature. Depending on the population under study, historical context, the role of family and normative expectations illuminate the empirical findings that explain the extent to which the experienced trauma impacts the individual. More work is needed to incorporate culture into the appropriate measurement tools and theoretical discussions of trauma and response across the life course.

**SESSION 705 (SYMPOSIUM)**

**BRIDGING DIGITAL DIVIDES THROUGH COMMUNITY BASED RESEARCH PROJECTS**

Chair: S.R. Cotten, University of Alabama, Birmingham, Birmingham, Alabama

Discussant: S. Czaja, University of Miami, Miami, Florida

There are multiple aspects of digital divides. The most basic type concerns whether individuals have access to technologies. More important, however, is whether individuals have the skills and abilities to be able to effectively utilize technologies in their social lives. Older adults are the most likely group in U.S. society to be on the wrong side of these digital divides. This symposium presents details on four community based research projects that seek to eliminate various aspects of digital divides in the U.S. Nahm presents research related to developing and utilizing web platforms to conduct randomized control trials for older adults. Cotten illustrates specific elements of digital divides that are overcome in a large randomized trial based in assisted and independent living communities. Harootyan and Slobig examine how a large scale community based digital inclusion project enhances knowledge, morale, and outlook for the future (areas typically overlooked in studying impacts of digital divides). Xie discusses results of an experimental study exploring optimal learning methods for older adults using the Internet to access high quality health information. Czaja ends the symposium by discussing the implications of the projects for bridging elements of digital divides among older adults in different types of community settings.

**WEB PLATFORMS TO CONDUCT THEORY-BASED RANDOMIZED CONTROLLED TRIALS FOR OLDER ADULTS**

E. Nahm, B. Resnick, J. Magaziner, P. Brennan, M. Bellantoni, M. Rietzchel, B. Covington, J. Brown, J. University of Maryland School of Nursing, Baltimore, Maryland, 2. University of Maryland School of Medicine, Baltimore, Maryland, 3. University of Wisconsin-Madison, Baltimore, Maryland, 4. Johns Hopkins University, Baltimore, Maryland, 5. Texas State University, San Marcos, Texas

Over the past seven years, we have conducted three NIH-supported online health intervention studies for community-dwelling older adults. In this session, we will compare two different web platforms used in two online randomized controlled trials (RCT). Both interventions were developed using the social cognitive theory and implemented employing a group approach (10–20 participants per group). In the first two-arm RCT (N = 245) with a 2-week intervention, we used a password-protected interactive website. In the most recent three-arm RCT (projected N = 768) with two longer-term (8 week and 12-month) interventions, the addition of a robust eLearning program to the web-based intervention was necessary to manage the intervention flow in many concurrent groups. The latter showed a lower mean web usability score (64.2, range: 12–84) than the first (79.3) and was revised subsequently. Findings to date demonstrate excellent potential for using eLearning management programs in online RCTs.

**DIGITAL INCLUSION: SENIORS HELPING SENIORS TO ENHANCE KNOWLEDGE, MORALE, AND OUTLOOK ON THE FUTURE**

B. Harootyan, F. Slobig, Senior Service America, Inc., Silver Spring, Maryland

Seniors who learn the internet not only gain instrumental skills, but also improve their outlook on life. This paper presents survey responses from >14,000 senior learners in the Digital Inclusion Initiative. Senior Community Service Employment Program participants serve as peer coaches assisting other seniors using the Generations on Line (GoL) computer tutorial program. The learners answered questions at their first and subsequent sessions regarding computer skills, internet searches, and attitudes about the fate of older Americans and themselves. Their median age is 68, two-thirds are female, one-fourth have some college education, two-thirds have annual incomes <$30,000, and nearly two-thirds are white. Compared to all learners, GoL tutorial graduates are twice as likely (43% vs. 21%) to feel that the fate of older persons is getting better and significantly more likely (73% vs. 54%) to be satisfied with their lives. Additional differences in morale and other results are also reviewed.

**A PUBLIC LIBRARY-BASED APPROACH TO IMPROVING OLDER ADULTS’ E-HEALTH LITERACY**

B. Xie, College of Information Studies, University of Maryland, College Park, Maryland

An experimental study was conducted to explore potential effects and interaction of learning methods and information presentation channels on older adults’ e-health literacy. The study is part of a larger research project, electronic health information for life-long learners.
OVERCOMING DIGITAL DIVIDES IN ASSISTED AND INDEPENDENT LIVING COMMUNITIES: RESULTS FROM A RANDOMIZED TRIAL
S.R. Coten, Sociology, UAB, Birmingham, Alabama

Providing access to information and communication technologies (ICTs) among older adults is critical for eliminating the first level digital divide. However, little research has examined the extent of training needed to help older adults in assisted and independent living communities overcome other levels of the digital divide, especially those related to technology self-efficacy, skill, and continued use. Results from a large randomized trial designed to train older adults in assisted and independent living to use ICTs, especially computers and the Internet, are presented. The processes involved in bridging multiple levels of digital divides are presented, as well as the levels of the divides which seem to be the most amenable to elimination among older adults. Implications for designing other interventions related to bridging digital divides among older adults in these communities are also discussed.

SESSION 710 (SYMPOSIUM)

GENERATIONAL INTERDEPENDENCIES: KEY FINDINGS FROM THE MULTILINKS RESEARCH PROGRAM
Chair: P.A. Dykstra, Sociology, Erasmus University Rotterdam, Rotterdam, Netherlands
Co-Chair: G.O. Hagestad, Norwegian Social Research, Oslo, Norway
Discussant: M. Kohli, European University Institute, San Domenico di Fiesole, Italy

Overview. The symposium presents the accomplishments of the research project MULTILINKS, which was funded through the European Commission Seventh Framework Program. The full title of the research project is: “How demographic changes shape intergenerational solidarity, well-being, and social integration: A multilinks framework.” MULTILINKS started from three key premises. The first is that population ageing is not only about older persons: it affects people of all ages. The second key premise is that there are critical interdependencies between family generations and between men and women in families, and interdependence is built and reinforced by social policies. The third key premise is that to understand generational interdependencies, a spectrum of levels must be distinguished: country/state, historical generation, family, and the person. Papers. The session includes four papers. Chiara Saraceno will present the theoretical and methodological framework of the MULTILINKS database of intergenerational policy indicators, which has comparative indicators for all EU-27 countries plus Norway, Georgia and Russia. The indicators pertain to the allocation of responsibilities among state and families for caring for children, financially supporting children, caring for frail older persons, and financially supporting older persons. The remaining three papers are devoted to cross-national comparisons involving the indicators database. Jan van Bavel’s paper is on linkages between age at grandparenthood and retirement age, using data from the European Social Survey (ESS). Valeria Bordone’s contribution is on grandparental care and is based on the Survey of Health and Retirement in Europe, whereas Pearl Dykstra considers cross-age social interactions and ageism using ESS-data.

CROSS-AGE INTERACTION IN 16 EUROPEAN COUNTRIES
P.A. Dykstra, N. Schenk, Sociology, Erasmus University Rotterdam, Rotterdam, Netherlands

Two hypotheses are addressed: (a) having friends who differ in age reduces ageist attitudes that young people have of old people, and vice versa, and (b) young and old people who are in informal and formal environments enabling cross-age interaction are more likely to have cross-age friendships. The data are from the European Social Survey, and the MULTILINKS indicators database. Findings show that those with friends who differ in age are less likely to have ageist attitudes. The young and old who perform volunteer work, frequently attend religious services, and are part of multi-generational families are more likely to have friends who differ in age. Though legal and policy arrangements show no association with having cross-age friendships, they are predictors of ageism. In countries with generous benefits for children there is less ageism against the young, and in countries with generous pension arrangements there is more ageism towards the old.

THE MULTILINKS DATA BASE ON THE INSTITUTIONAL FRAMEWORK OF INTERGENERATIONAL OBLIGATIONS
C. Saraceno, Wissenschaftszentrum Berlin Fuer Sozialforschung, Berlin, Germany

In order to understand the division of intergenerational responsibilities between the state and the family and their gender specificity three distinct policy approaches have been identified along the familialism/de-familialisation continuum: (1) Familialism by default, when there are no publicly provided alternatives to family provision. This dimension can be implicit, but also explicit, as in the case of financial obligations within the generational chain prescribed by law. (2) Supported familialism, when policies, usually through financial transfers support family members in keeping up their financial and care responsibilities. (3) De-familialisation, when individualisation of social rights reduces family responsibilities and dependencies. On the basis of this conceptual framework, 72 indicators have been collected and documented for all EU countries plus Norway, Georgia and Russia. They allow identifying policy approaches with regard to upward and downward intergenerational financial and caring obligations.

BECOMING A GRANDPARENT AND EARLY RETIREMENT IN EUROPE
J. Van Bavel, T. De Winter, Interface Demography, Vrije Universiteit Brussels, Brussels, Belgium

Between Now and 2030, the Post-War Baby Boom Generations Will be Entering the Retirement Ages and this Will Speed up the Secular Trend of Population Ageing. In Many Countries, a Large Number of Baby Boomers Have Already Retired Before the Standard Age. Given that the Funding of Pensions is at Issue, Governments Across Europe Now Try to Discourage Early and Encourage Later Retirement. Yet, International Research About the Determinants of Early Retirement Based on Appropriate Micro-data is Scarce. In Addition, Studies Have Tended to Look at the Retiring Generation in an Isolated Way, Ignoring the Intergenerational Ties That May Play a Role in Their Retirement Decision. This Paper Uses a High Quality International Database With Relevant Micro-data, Covering 22 Countries From All Regions Of Europe, to Try to Start Correcting Such a View. More Particularly, it Investigates to What Extent Becoming a Grandparent Affects Early Retirement in European Countries. We Apply Multilevel Event History Modeling to Data From The Third Round of the European Social Survey and From the Multilinks Database on Intergenerational Policy Indicators.
GRANDPARENTING AND SOCIAL POLICIES
B. Arpino¹, A. Aassve², V. Bordone³, G.O. Hagestad⁴, K. Herlofsøn⁵, 1. Università Bocconi, Milan, Italy, 2. Norwegian Social Research, Oslo, Norway

The paper focuses on the association between grandparenting and policies in European societies. Our analysis is primarily based on data from the Survey of Health, Ageing and Retirement in Europe (SHARE) for 12 European countries. Additionally, we make use of the MULTILINKS database on intergenerational policy indicators in order to understand how social policies influence the amount of grandparental care provided within each country. In this perspective, this work is part of a larger project whose results are presented in the Symposium “Generational Interdependencies: Key Findings from the MULTILINKS Research Program”, chaired by Pearl A. Dykstra. Objectives. By presenting this work, we inform participants about the use of MULTILINKS database indicators and we expect to generate a discussion on the importance of considering both micro (individual characteristics) and macro (social policies) factors to study intergenerational relationships.

SESSION 715 (SYMPOSIUM)

INSIGHTS FROM THE PITTSBURGH CENTER ON AGING AND POPULATION HEALTH PREVENTION RESEARCH CENTER
Chair: S. Albert, Center for Aging and Population Health, University of Pittsburgh, Pittsburgh, Pennsylvania
Co-Chair: N.H. Fultz, Center for Aging and Population Health, University of Pittsburgh, Pittsburgh, Pennsylvania
Discussant: J. Donohue, Center for Aging and Population Health, University of Pittsburgh, Pittsburgh, Pennsylvania

With the American older population growing, and medical care costs still a major concern, there has been an increasing emphasis on implementing programs that support healthy aging. Although taking preventive actions such as smoking cessation or diet and activity modification are believed to improve well-being, facilitating the learning and practice of these behaviors has been challenging. The University of Pittsburgh’s Center on Aging and Population Health (CAPH) houses one of the thirty-two Comprehensive Prevention Research Centers (PRC) funded by the Centers for Disease Control and Prevention. The focus of the Pittsburgh CAPH PRC is to promote healthy, active lives for older adults in Pennsylvania. CAPH PRC projects share the aim of disseminating the “10 Keys™” to Healthy Aging. The “10 Keys™” is an evidence-based whole-person prevention curriculum, updated in 2011, with website certification for teachers, an instructor’s guide, and handouts and exercises that allow older people to understand prevention and effectively discuss it with health care providers. Work toward this goal has involved several completed, ongoing, and planned projects — including the Community Health Ambassador Program, collaboration with the Arthritis Foundation to expand the scope of a community physical activity program, and the statewide dissemination of the “10 Keys™” to Healthy Aging project — insights from which form the basis for this symposium. In addition to specific findings from completed studies, the investigators will describe the conceptual, logistical, and analytic considerations involved in conducting this work. Discussion will center on the policy implications of community-based prevention programs such as these.

THE “10 KEYS™” TO HEALTHY AGING, ENGAGING COMMUNITIES USING INNOVATIVE APPROACHES
C.M. Bayles, J.C. Zgibor, K. Williams, S.E. Woody, L.H. Kuller, S. Albert, A.B. Newman, University of Pittsburgh, Pittsburgh, Pennsylvania

The “10 Keys™” to Healthy Aging program, created in 2001, aims to reduce preventable risk factors in the aging population and improve quality of life expectancy with a focus on preventable diseases and disability. The program was initiated in an underserved community and within 8 years, expanded across the state, nationally, and internationally. The program was developed based on key areas that improve function and quality of life as people age. Working with governments and organizations, the program promoted healthy aging through outreach (health fairs, talent shows, dances, organized walks), education (public speaking, newsletters, radio shows, newspaper columns, on-line methods). Outreach activities were assessed by the involvement of community partners (over 40 organizations including the State Departments of Health and Aging). Over 1,000 Health Ambassadors throughout communities were certified. Engaging the community contributes to the adoption and success of a best practice program such as the “10 Keys™” to Healthy Aging.

COMMUNITY HEALTH AMBASSADOR PROGRAM AS A METHOD FOR IMPLEMENTING THE “10 KEYS™” TO HEALTHY AGING

The Community Health Ambassador Program (CHAP) was designed to empower older adults to adopt and promote ten risk-reduction lifestyle strategies. Success of the CHAP was determined through: 1) characteristics of the individuals and organizations reached, 2) knowledge of the “10 Keys™” that formed the core educational message, 3) participants’ evaluations of the classes, and 4) changes in health measures indicative of the “10 Keys™” to Healthy Aging (e.g., blood pressure, activity level, preventive behaviors). In 2006 and 2007, 87 women and 23 men ages 65–91 attended CHAP classes at 7 sites in Western Pennsylvania. Comparison of pre- and post-class knowledge questionnaires showed an increase of 24% in the average percentage of correct responses. This finding underscored participants’ positive evaluations of their learning experience. At both the baseline and one-year follow-up assessments, participants met an average of 7 out of the ten criterion health measures.

INTEGRATING A HEALTH PREVENTION PROGRAM INTO A COLLABORATIVE FRAMEWORK IN COMMUNITY-BASED RESEARCH

The “10 Keys™” to Healthy Aging prevention program was considered a good candidate to enhance the effects of a pre-existing exercise program (the Arthritis Foundation Exercise Program) for people with arthritis or joint pain. The University of Pittsburgh’s Prevention Research Center collaborated with the Arthritis Foundation to implement an integrated program of two evidence-based programs. The steps involved in the collaboration involved designing the integrated curriculum, recruiting host sites, instructors, and participants. Obstacles encountered in this community-based participatory research project included regulatory issues within the IRB, study design challenges, and enrolling participants of the exercise class into the research study. Assessments consisted of physical evaluation (SPPB, blood pressure, BMI, cholesterol and glucose levels) and questionnaire (preventive health practices, stages of change, self-efficacy, pain and stiffness of worst joint). Pilot data from two sites and preliminary data from the initial site(s) of the research program will be presented.

STATEWIDE DISSEMINATION OF THE “10 KEYS™” TO HEALTHY AGING

University of Pittsburgh researchers partnered with Area Agencies on Aging to deliver and evaluate the “10 Keys™” to Healthy Aging.
program in senior centers across Pennsylvania. The goal of the Statewide Dissemination project is to assess program reach, implementation, adoption, and sustainability. Participants complete a yearly survey to examine effectiveness of the program in promoting awareness of risk factors, lifestyle change, and outreach to peers. As of March, 33 sites in 10 counties have committed to offer the program, which is expected to enroll approximately 300 older adults. Variation is notable in how county Area Agencies on Aging find and pay instructors, advertise, deliver the “10 Keys” TM learning modules, and encourage seniors to participate in the research efforts. An important consideration in the success of this work is the involvement of the PA Department of Aging, with its Prime Time Health Coordinator team serving in a coordinating capacity.

SESSION 720 (SYMPOSIUM)

LIFESTYLE IN SOCIAL CONTEXT
Chair: T. Calasanti, Virginia Tech, Blacksburg, Virginia
Discussant: M. Kohli, European University Institute, Florence, Italy

Health status has improved among elders in the U.S., but not in the same ways for all groups. While lifestyle can influence health, this symposium suggests that there is nothing simple or straightforward about the relationship between lifestyle and lifespan. These presentations complicate correlations of lifestyle to lifespan by placing them within social and psychological context. Specifically, speakers explore professional interest in lifestyle in this historical moment and the use of it to account for healthy aging or health disparities. Stephen Katz begins the discussion by reviewing the place of ‘lifestyle’ in gerontology and popular culture, linking it to social inequalities. Pam Herd assesses the extent to which lifestyle can explain health disparities in later life, and suggests alternative explanations in terms of the larger social inequalities that also influence lifestlyes. Next, Frieder Lang and Margund Rohr call our attention to the importance to health of social relationships and the ways in which people manage their socio-emotional resources. Dale Dannerbr discusses the focus circle, discussing the ways in which emphasize on lifestyle and lifespan focus on individual choice and naturalized fate rather than on structural mechanisms. Finally, Martin Kohli will respond with further thoughts on the complexity of the lifestyle/lifespan relationship.

THE SOCIAL FABRIC OF POSITIVE AGING: NOT JUST A MATTER OF LIFESTYLE?
F.R. Lang, M.K. Rohr, University of Erlangen-Nuremberg, Erlangen, Bavaria, Germany

Personal relationships and networks of older adults reflect not just outcomes of personal lifestyle but also lifespan developmental changes in social functioning. Individuals actively mold their social worlds in accordance with their aging-related needs and preferences. In this regard, empirical findings point to a notable robustness of social functioning across adulthood. Building on a theoretical model of positive aging, we present illustrations on how adaptive strategies of life management contribute to enhancing health-related socio-emotional resources across later adulthood. Empirical findings underscore the idea that individuals actively engage in balanced social exchanges, while selecting close social partners that fit with age-specific needs. Such adaptive mechanisms prove robust across cultures and against effects of living circumstances. It is concluded that positive aging largely depends on how well individuals regulate the self in accordance with the demands and potentials of their social contexts above and beyond lifestyle differences.

LIFESTYLE INTERVENTIONS FOR OLDER ADULTS WITH CANCER
Chair: K. Bellizzi, HDFS, UConn, Storrs, Connecticut
Discussant: C.W. Given, Michigan State University, East Lansing, Michigan

With the unprecedented growth of older adults in America, largely attributable to the baby boomers, coupled with the well-established link between cancer and aging, it is critical to identify the services needed to care for this large and growing cohort of cancer survivors. Though treatment for cancer has resulted in the extension of life for many, these treatments often leave behind a host of physical and psychosocial late health effects. The focus of this symposium is to highlight four distinctive lifestyle interventions aimed at improving physical function and quality of life in older adults with cancer. The first presenter will discuss obstacles and facilitative factors of a yoga intervention designed to meet the psychological and physical needs of older military veteran cancer survivors. The second presentation will explore the role motivation plays in promoting lifestyle changes, including physical activity and dietary changes in African American breast cancer survivors. The third presentation will focus on the unique experience of rowing and dragon boating as exercise activities for older breast cancer survivors.

The Gerontological Society of America
to improve physical, social and mental health. The fourth presentation will report data on physical function outcomes among participants in the largest lifestyle randomized clinical trial for older cancer survivors to date. Specifically, three trajectory groups of physical activity will be discussed and assessed for functional outcomes. Lastly, our discussant will synthesize these unique presentations and discuss how these studies inform current and future theory, research and practice for older adults with cancer.

IMPACT OF PHYSICAL ACTIVITY TRAJECTORIES ON FUNCTIONAL OUTCOMES FOR OLDER CANCER SURVIVORS

M. Mory, VA and Duke Medical Centers, Durham, North Carolina

REVIEWS (Reach out to Enhance Wellness) is the largest home-based exercise and diet trial targeting physical function (PF) in older, long-term cancer survivors. REVIEWS (n=641) compared PF of older (aged 65-91), overweight, survivors of breast, prostate and colorectal cancer randomized to intervention or control groups. Primary results, published in JAMA 2009, indicated that at 12-months the control group experienced a significant decline in PF (-4.84 points on SF-36 PF subscale) whereas the intervention group declined less rapidly, (-2.15 points; p=0.03 between groups). Follow-up data culled from surveys collected every three months for two years identified three distinct trajectories of physical activity (PA) (7% of group with minimal change in PA over time; 33% of group with moderate uptake of PA followed by a gradual decline; and 60% of group with moderate uptake of PA sustained throughout intervention period). We will examine functional outcomes within these three classes of trajectories.

OBSTACLES AND INROADS TO YOGA FOR OLDER VETERAN CANCER SURVIVORS


Initial studies suggest yoga reduces fatigue and anxiety in women after breast cancer, but will other patient populations adopt the practice? In a longitudinal study of military veterans after treatment for oral-digestive cancer, mostly male (96%) military veterans report minor (18%) or major (14%) depression, 22% report insomnia, 33% fatigue, and 36% pain. When asked specifically about yoga, 85% are “not interested” but after yoga and its potential benefit is explained, 63% express interest, with some noting that a VA setting for a class would make them more comfortable. Concerns include embarrassment (19%) and lack of flexibility (38%). Using survey, qualitative, and focus group data, we will further detail obstacles to yoga participation among older Veteran cancer survivors, and report on the development of a group for this population. Yoga may offer rehabilitation for cancer survivors “lost in transition” to post cancer recovery with adaptations to this unique group.

THE ASSOCIATION OF MOTIVATION WITH LIFESTYLE CHANGE IN AFRICAN AMERICAN BREAST CANCER SURVIVORS

R. Young, Wayne State University, Detroit, Michigan

Background: Lifestyle change can reduce recurrence of breast cancer but there is only modest success from lifestyle programs, especially among older women and African Americans. Motivation, an element of theories of behavioral change, is related to improving diet and exercise behavior. Methods: A lifestyle intervention with classroom instruction and dietary counseling was offered to 42 older African American breast cancer survivors. Results: At study entry most participants had several lifestyle risks, but were confident they could change their behavior. After the educational intervention physical activity increased significantly and some weight was lost. Participants previously motivated for weight loss were significantly more confident about lifestyle change than non-motivated participants and had higher quality of life. Conclusions: Although difficult to achieve among older people and African Americans, lifestyle change is possible and was shown among motivated breast cancer survivors.

ROWING AND DRAGONBOATING AS EXERCISE ACTIVITIES FOR OLDER BREAST CANCER SURVIVORS

M.H. Parker, IPHT, INC., Oak Park, Virginia

“Pink” rowing and dragonboat teams give older breast cancer survivors a new opportunity to engage in positive physical activity with other breast cancer survivors of all ages. Rowing and dragonboat paddling both require vigorous upper body activity, arms and core. Breast cancer survivors have been discouraged from engaging in this type of activity which was considered possibly causing arm lymphedema. Studies have been done separately for rowing and dragonboat groups, but not comparing these two exercise experiences. Survey data will report responses of women aged 60 and over on the physical, social and emotional benefits gained ‘on the water’ in practices and racing regattas. The sample is drawn from participants in the nine WeCanRow programs across the country and from the approximately 40 breast cancer survivor dragonboat teams across the U.S. Attendees at this session will learn the positive and healthful benefits older women gain from rowing and dragonboating.

SESSION 730 (SYMPOSIUM)

MENTAL HEALTH DISPARITIES IN RACIAL AND ETHNICALLY DIVERSE POPULATIONS

Chair: G. Kim, Center for Mental Health and Aging/Department of Psychology, The University of Alabama, Tuscaloosa, Alabama

Discussant: K.E. Whitfield, Duke University, Durham, North Carolina

As our nation becomes more racially and ethnically diverse, understanding mental health needs of diverse elderly groups becomes more important. The purpose of this symposium is to (1) address current issues of racial/ethnic disparities in mental health among older adults and (2) discuss ways to reduce existing mental health disparities among minority older adults in the U.S. Racial/ethnic minority elderly groups that will be discussed in this symposium are African Americans, Latinos/Hispanics, Asians (specifically Korean Americans), and American Indians/Alaska Natives. Five experts in the field will discuss the following topics relating to aging and mental health disparities: First, racial and ethnic differences in prevalence and correlates of serious psychological distress (SPD) and impairments caused by SPD will be discussed. Second, the importance of language-related and cultural barriers will be discussed. Specifically, the association of doctor-patient language concordance and patients’ discussion of their mental health needs will be discussed focusing on older Latinos and Asian/Pacific Islanders. Fourth, the impact of neighborhood on the physical and mental health of Korean American older adults will be presented. Third, the model of anxiety symptom severity will be discussed with eleven different racial/ethnic groups (i.e., African American, Afro-Caribbean, Vietnamese, Filippo, Chinese, Other Asian, Puerto Rican, Cuban, Mexican, and Other Hispanic). Lastly, focusing on older African American cancer patients, the importance of understanding self-efficacy and discrimination will be discussed.
SERIOUS PSYCHOLOGICAL DISTRESS AMONG OLDER ADULTS: DO RACIAL/ETHNIC DIFFERENCES EXIST? 
G. Kim, A.N. Bryant, P. Parmelee, Center for Mental Health and Aging/Department of Psychology, The University of Alabama, Tuscaloosa, Alabama

This study examined racial/ethnic differences in prevalence and correlates of past year serious psychological distress (SPD) and impairments caused by SPD among older adults. Drawn from the 2007 California Health Interview Survey, 14,042 adults aged 65 and older from diverse racial/ethnic backgrounds were selected: Whites (n=11,712), African Americans (n=623), Latinos (n=632), Asians (n=922), and American Indians/Alaska Natives (AIAN; n=155). Prevalence of past year SPD was significantly different across five racial/ethnic elderly groups (p<.001), with AIAN having the highest prevalence (7.9%) and Whites having the lowest prevalence (3.3%). Impairments caused by past year SPD differed across the five racial/ethnic groups. Racial/ethnic-specific predictors of past year SPD were lower educational attainment for Asians and greater number of chronic diseases for African Americans. The findings suggest different disease burden due to SPD may exist across diverse racial/ethnic groups, and highlight the need to develop race/ethnicity-specific intervention strategies for the elderly populations.

THE IMPORTANCE OF DOCTOR-PATIENT LANGUAGE CONCORDANCE FOR PATIENT DISCUSSION OF MENTAL HEALTH NEEDS IN LATER LIFE 
D. Sorkin1, K.J. August2, H. Nguyen3, 1. UC Irvine, Irvine, California, 2. UC Los Angeles, Los Angeles, California

The current study sought to examine the association of doctor-patient language concordance and patients’ discussion of their mental health needs among older Latinos and Asian/Pacific Islanders (A/PIs). Respondents included Latino and A/PIs aged 55+ (N=3,003). The findings suggested there were no significant race/age differences in patients’ reports of their own mental health status across language concordance groups (3 groups: English-language concordant, other-language concordant, and language discordant; p>0.17). There were, however, significant differences in whether patients had discussed their mental health needs with their physician by patients’ race/ethnicity and language concordance (OR=0.42, p=0.01). Spanish-language concordant Latinos were more likely to discuss their mental health needs with their physician than English-language concordant Latinos, whereas Asian-language concordant A/PIs were less likely to discuss their mental health needs than English-language concordant A/PIs. These findings underscore the importance of overcoming both language-related and cultural barriers to improve patient-provider discussions of patients’ mental health needs.

DOES PLACE MATTER?: OBJECTIVE AND SUBJECTIVE NEIGHBORHOOD CHARACTERISTICS AND HEALTH IN KOREAN AMERICAN OLDER ADULTS 
Y. Jang1, K. Kwag1, S. Roh1, D.A. Chiriboga1, 1. University of South Florida, Tampa, Florida, 2. Elmhurst Hospital Center, New York, New York

Recognizing the importance of environmental context in racial/ethnic minority elders, two studies that examined the impact of neighborhood on the physical and mental health of Korean American older adults will be presented. In the first study, survey data of Korean American older adults in Florida (N=567) were linked by residential address with 2000 U.S. Census block level neighborhood variables (% of people living below the poverty level, % of people aged 65 and older, and % racial/ethnic minorities). Findings from multilevel analyses showed that objectively-defined neighborhood poverty was strongly associated with poor self-rated health, after controlling for the impact of individual-level demographics. The second study focused on subjective perceptions of the neighborhood environment (perceived ethnic density, safety, social cohesion, and satisfaction). Using a sample of older Korean Americans in New York (N =420), we found that perceived neighborhood environment makes a significant contribution to both physical and mental health.

MENTAL HEALTH DISPARITIES IN ETHNIC MINORITY ELDERS: EXAMINING SUBSYNDROMAL ANXIETY 
C.B. Worley1,2, R.S. Allen1,2, G. Kim1,2, M.R. Crowther1, 1. Department of Psychology, University of Alabama, Tuscaloosa, Alabama, 2. Center for Mental Health and Aging, Tuscaloosa, Alabama

As the nation becomes more diverse in both age and ethnicity, unique challenges emerge in understanding mental health disparities. Current epidemiological research may underestimate the rates of mental illness in ethnic minority elders due to cultural differences in symptoms. A model of subsyndromal anxiety has been proposed as a mechanism for identifying individuals who may be experiencing distress, but are not being identified for services due to culturally incongruent diagnostic criteria. The proposed model of anxiety symptom severity was assessed for fit using Structural Equation Modeling with data from the Collaborative Psychiatric Epidemiology Surveys (CPES). Respondents were collapsed into 11 racial or ethnic groups including African American, Afro-Caribbean, Vietnamese, Filipino, Chinese, Other Asian, Puerto Rican, Cuban, Mexican, and Other Hispanic. Chi-square difference tests revealed differences in the fit of the model for each ethnic minority group. Implications will be discussed within an ecological framework.

UNDERSTANDING THE INFLUENCE OF SELF-EFFICACY ON THE PAIN EXPERIENCE IN OLDER BLACK AND WHITE CANCER PATIENTS 
T. Baker, University of South Florida, Tampa, Florida

There is a substantial body of literature documenting similarities and differences in mental health outcomes (e.g., depression, anxiety) among patients diagnosed with cancer from diverse race populations. However, little is known of the influence self-efficacy has in the experience of cancer pain, and if there are reported differences across the age and race continuums. The objective of this research is to examine the influence self-efficacy may have in the experience of cancer pain in a sample of older Black and White patients receiving outpatient care at a large comprehensive cancer center. In defining this relationship, additional psychosocial factors (e.g., discrimination) are assessed in their influence (independent and collectively) in the pain experience, and to determine if there are differences among a sample of older racially diverse cancer patients.

SESSION 735 (SYMPOSIUM)

REGULATING DAILY AFFECT AND STRESS ACROSS THE LIFE SPAN 
Chair: C.A. Berg, Psychology, University of Utah, Salt Lake City, Utah
Discussant: C.M. Aldwin, Oregon State University, Corvallis, Oregon

Regulating affect in response to daily stressful events has largely been described as involving self-regulatory processes emanating from differences within the individual such as individual differences in neuroticism. The current symposium expands models of affect regulation by noting the role of the triggering event itself in producing variability in the regulatory process. In addition, stressful events experienced by other close relationships (e.g., health-related stressful events of one’s child with a chronic illness) may trigger disruption to one’s affect regulation. Regulatory processes are proposed that link the triggering event to individual difference characteristics. Unconstructive repetitive thoughts or repetitive thinking about stressors represents how the triggering event may elicit a self-regulatory process that prolongs negative affect. Further, regulating affect during late adulthood in the context of health stressors may benefit from a coordination of positive and negative affect (or emotional complexity). The symposium explores these processes at different developmental time periods including young, mid-
EMOTIONAL COMPLEXITY MODERATES AGE DIFFERENCES IN REACTIVITY TO DAILY HEALTH STRESSORS

Studies have indicated that higher levels of emotional complexity are related to less stress in older adults. Research has also indicated that older adults are able to maximize positive affect and dampen negative affect. The present study examined the relationship between emotional complexity, health stressors, and negative affect in 215 young-old (60-79 years) and 55 old-old (80-89 years) adults responding to a daily diary study of the VA Normative Aging Study. Emotional complexity was measured for each participant as their mean intraindividual correlation between positive and negative affect over the 8 days. Results indicated an Age x Emotional Complexity x Stressor interaction; old-old adults with higher co-occurrence of positive affect and negative affect were less emotionally reactive to health stressors. This relationship was in the opposite direction for young-old adults. These results suggest that emotional complexity may be especially important for old-old adults in response to health stressors.

VARIATIONS WITHIN THE EYE OF THE BEHOLDER: ASSESSING EVENT VARIABILITY IN STRESSOR APPRAISALS
D. Almeida1, R.S. Stawski2, K.E. Cichy2, 1. Penn State University, University Park, Pennsylvania, 2. University of Michigan, Ann Arbor, Michigan, 3. Kent State University, Kent, Ohio

Cognitive appraisals of stressors (e.g., severity, controllability) are often used to explain individual differences in stressful experiences. However, substantial portions of variability in stressor appraisals may stem from characteristics of the triggering stressor events. This paper assesses intra-event (within-person differences across events) and inter-individual variability in multiple appraisals of daily stressors. Participants (N = 2022, age range = 33-84) were from the second wave of the National Study of Daily Experiences (part of MIDUS) and completed 8 consecutive daily telephone interviews regarding characteristics of stressors and corresponding appraisals. Multilevel modeling techniques with events nested within days, nested within individuals decomposed variability in stressor appraisals into intra-event variability and stable inter-individual differences. Preliminary results show that the majority of the variability in appraisal ratings of stressors is due to intra-event variability. Discussion will highlight that cognitive appraisals largely reflect characteristics specific to the stressors reported rather than stable individual differences.

DOES ANTICIPATION OF DAILY STRESSORS REDUCE EMOTIONAL REACTIVITY?

Unconstructive repetitive thought (URT) consists of repeated and attentive thinking about problematic situations or events and encompasses a wide range of related concepts, such as worry, rumination and perseverative cognition. We hypothesize that URT operates as a final common pathway that links environmental influences (e.g., daily stressors) and personality characteristics (e.g., neuroticism) to adverse age-related cognitive, physical and mental health conditions. We examined the effects of repetitive thinking about previous stressors and worrying about future stressors on momentary and end of day affect. Results from an experience sampling study suggest that ruminating about previous stressors amplify and prolong negative emotional responses whereas worrying about future stressors increases tonic levels of negative affect, thereby reducing subsequent reactivity. We discuss these findings in light of theories of emotion regulation in aging and clinical theories of worry.

SESSION 740 (SYMPOSIUM)

SELF AND IDENTITY IN PEOPLE WITH DEMENTIA
Chair: L.S. Caddell, Psychology, Bangor University, Bangor, United Kingdom
Discussant: S.R. Sabat, Georgetown University, Georgetown, Washington

The aim of the symposium is to discuss how self and identity are affected by the onset and progression of dementia, and to consider factors that might contribute to, or influence, a person’s sense of self or identity. The first presentation compares different aspects of identity in people with early-stage dementia and healthy older adults to determine whether there are any differences between the two groups at this stage. The second presentation goes on to examine longitudinal data that sheds more light on how identity is affected by the progression of dementia, and also highlights variables that are associated with the maintenance of identity in people with dementia, including aspects of well-being and social functioning. This paves the way for consideration of further factors that may play a key part in a person’s sense of identity. Thus the third presentation focuses on the role of faith, spirituality, and resilience in influencing a person’s sense of identity. The final presentation focuses on the way in which people with dementia construct their social identities through interactions with others in long-term care facilities and how such relationships may influence a person’s sense of self. The presentations include a mix of both quantitative and qualitative work, demonstrating the importance of each in gaining a thorough picture of the phenomenon of self and identity in people with dementia. The implications for practice will also be considered in each presentation.

IS IDENTITY COMPROMISED IN PEOPLE IN THE EARLY STAGES OF DEMENTIA?
L.S. Caddell, L. Clare, Psychology, Bangor University, Bangor, United Kingdom

Introduction: Current research is focusing how self and identity might change in people with dementia. One way to investigate what happens to self and identity in this population is to make a comparison between
people with early-stage dementia and healthy older people. Method: 50 people with early-stage dementia and 50 age-matched healthy older people completed several measures of identity, focusing on role-identities, self-concept, functions of identity, and identity distress. Results: There were few significant differences between the groups on these measures. The healthy older group appeared to experience more identity-related distress than people with early-stage dementia. Conclusion: People in the early stages of dementia do not appear to differ from healthy older people in their sense of identity. There is no evidence that identity is diminished or lost in the early stages of dementia.

SENSE OF IDENTITY IN EARLY-STAGE DEMENTIA
L. Clare, S. Nelis, A. Martyr, C.J. Whitaker, I.S. Markova, I. Roth, R.T. Woods, R.G. Morris, J. Psychology, Bangor University, Bangor, United Kingdom, 2. University of Hull, Hull, United Kingdom, 3. Open University, N/A, United Kingdom, 4. Kings College London Institute of Psychiatry, London, United Kingdom

There is a need for empirical evidence on the nature and trajectory of identity in early-stage dementia. Participants were 97 individuals with early-stage dementia; 64 were reassessed after 12 months and 46 were seen again at 20 months. We used the Tennessee Self-Concept Scale to assess identity strength, examine associated factors and explore how identity changes over time. At time 1 identity was associated with anxiety, depression, quality of life, quality of relationship with the carer, everyday memory ability, and awareness. Forty-six percent of the variance in identity was accounted for by a model containing anxiety, quality of life and awareness of social functioning as individually-significant predictors, together with everyday memory ability and awareness of memory functioning. There was no change in identity scores over time. Identity strength is associated with a range of psychosocial and cognitive factors, and appears to remain stable in the early stages of dementia.

ALZHEIMER’S EXPERIENCES: STORIES OF RESILIENCE, SERENITY AND RELIGIOUS IDENTITY

Although much research within the psychological literature explores the role of religious coping in the lives of individuals dealing with various ailments, how sociocultural dimensions of spirituality influence illness identities remain lacking. Based on two larger qualitative studies involving in-depth interviews and focus groups with seniors diagnosed with early stage Alzheimer’s and their family members, a subset analysis of those respondents who spontaneously discussed the role of religion, faith, spirituality, etc. in their illness narratives was performed. Grounded theory methods were used to analyze all data. Data reveal experiences and views of Alzheimer’s that are distinctly less medicalized than previous studies suggest, demonstrate considerable serenity, and reveal narratives of resilience rooted in long-standing religious identities. How these findings contribute to sociological research on illness identities and engage existing social science theories of religious coping will be discussed. The implications of these data for practice and policy will also be examined.

DISCURSIVE PRACTICES OF SOCIALLY CONSTRUCTING A FRIENDLY IDENTITY

Background: People construct their social identities through conversations with others using linguistic and communicative skills to position themselves as social actors. While persons with dementia (PWD) experience difficulties with communicative and linguistic skills as their disease progresses, many of these skills are maintained into late stages. This paper explores the social construction of identity and relationships in the conversations of PWD. Method: Ethnographic observations were conducted. Conversations were among PWD and staff members were recorded and transcribed. Results: Findings show that PWD use language including pronominal reference and alignment to construct identity. Several identity types appear in the data including polite, helpful, and assertive. These identities serve to build relationships. Conclusion: PWD in long-term care settings may suffer from isolation and loneliness due to the nature of the institutional facilities. Understanding how people construct social identities and relationships is important to quality of life.

SESSION 745 (SYMPOSIUM)

STAYING MOBILE WHILE COGNITIVELY IMPAIRED: A MULTIDISCIPLINARY PSYCHO-GEO-EXERCISE VIEW
Chair: H. Wahl, Heidelberg University, Heidelberg, Germany
Co-Chair: M. Isaacson, Hebrew University of Jerusalem, Jerusalem, Israel
Discussant: L.N. Gitlin, Thomas Jefferson University, Philadelphia, Pennsylvania

Loss of out-of-home mobility is one of the behavioral aspects that are affected with cognitive decline. The goals of this symposium are to present both current research on the manner in which cognitive decline limits out-of-home mobility as well as discuss the effect that different interventions can have on controlling and possibly reversing these limitations. Three of the symposium’s contributions will be presenting research that was done as part of the SenTra project. SenTra is an Israeli-German project involving geographical, psychological, psychiatric, and social work expertise that studies the mobility of people with Alzheimer’s disease (AD) and mild cognitive impairment (MCI) compared to controls using GPS and RFID technologies. In the symposium, we will gather from SenTra’s emerging findings two with a psychology (F. Oswald et al.; M. Wettstein et al.) and one with a geography background (M. Isaacson et al.), in which differences between AD and controls but less so between MCI and controls appear in out-of-home mobility patterns, cognitive functioning, as well as affective functioning. Furthermore, the findings of two intervention studies presented in the symposium underscore that physical training is beneficial to underfeed independence and mobility in demented individuals (K. Hauer et al.) and that, from a neuropsychological view, different types of dementia may potentially require different physical training approaches to reach the highest outcome efficiency possible (L. Eggermont et al.). A strongly interdisciplinary and intervention oriented scholar highly familiar with the issue of dementia and cognitive decline will discuss the symposium’s findings (L. Gitlin).

PHYSICAL TRAINING OPPORTUNITIES FOR SPECIFIC DEMENTIA SUBTYPES
L. Eggermont, Clinical Neuropsychology, VU University, Amsterdam, Netherlands

Certain brain areas and their connections are particularly vulnerable in aging and dementia, for instance connections of the prefrontal cortex-striatum-hippocampus. These neuronal circuits are known to be involved in both motor functions (e.g. gait) and higher-order cognitive functions; functions that are very important for independent living. Several dementia subtypes show clinical symptoms (both cognitive deficits as well as disturbances in gait) that indicate deterioration of specific neuronal circuits. Physical exercise programs for the different dementia subtypes will be suggested based on whether certain brain areas are relatively preserved or whether they show atrophy in already an early stage of dementia. It can be concluded that different types of dementia require tailor-made physical exercise approaches to reach the highest outcome efficiency possible. Study findings from ongoing studies will be discussed.
AFFECT, DAILY MOOD AND OUT-OF-HOME MOBILITY IN OLDER ADULTS: DOES COGNITIVE IMPAIRMENT MATTER?
F. Oswald1, H. Wahl2, R. Kaspar1, E. Voss2, M. Wettstein1. 1. Interdisciplinary Ageing Research, Goethe University Frankfurt, Frankfurt, Germany; 2. University of Heidelberg, Heidelberg, Germany

The aim of this presentation is to analyze the relationship between emotional well-being (daily mood, affect) and out-of-home mobility for elders with different levels of cognitive functioning. Data were drawn from interviews and mobility diaries over 4 weeks among 20 community-dwelling persons with Alzheimer’s disease (AD), 30 mildly cognitively impaired (MCI) and 100 healthy controls (HC). Descriptive results show worse daily mood and lowered positive affect in AD as compared to MCI and HC. Findings on weekly variability in mood and mobility revealed different degrees of intra-individual stability, based on random-coefficient models linking both processes to one another. Furthermore, the potential of out-of-home mobility to predict daily mood and to explain variation of well-being depending on week periods (weekend versus remaining days) is presented. Our findings help to understand the dynamics between out-of-home mobility and mood and affect at the fine-tuned level of daily recording of behavior and mood.

OUT-OF-HOME BEHAVIOR AND COGNITIVE ABILITIES IN OLDER ADULTS: DOES COGNITIVE HEALTH STATUS MATTER?
M. Wettstein1, H. Wahl1, F. Oswald2, E. Voss1, N. Shoval1, G. Auslander2, U. Seid1. 1. Institute of Psychology, Department of Psychological Ageing Research, Heidelberg University, Heidelberg, Germany; 2. Interdisciplinary Ageing Research, Faculty of Educational Sciences, Goethe University Frankfurt, Frankfurt, Germany

Although a close relationship between out-of-home behavior and cognitive performance can be expected, previous research has rarely analyzed its strength in groups with various cognitive function. In the project “SenTra” (Senior Tracking), high resolution data on out-of-home mobility, assessed with advanced GPS tracking technology, were collected over a 4-week period. Furthermore, the engagement in different out-of-home activities was assessed based on self-reports. Study participants were 157 community-dwelling elders (mean age = 70.7 years) with mild dementia (MD; n = 20), mild cognitive impairment (MCI; n = 37), and cognitively healthy controls (n = 100). Basic mobility indicators, measured with GPS, showed a consistent trend toward lowered out-of-home behavior in case of MD. More pronounced group differences as well as a stronger connection with cognitive abilities, partly moderated by level of cognitive functioning (relationships were strongest in the cognitively healthy group), were observed for self-reported out-of-home activities.

EFFECT OF A STANDARDIZED MOTOR TRAINING ON PHYSICAL ACTIVITY STATUS IN PATIENTS WITH DEMENTIA: RESULTS OF A RCT
K. Hauer, M. Schwenk, T. Zieschang, P. Oster. Bethanien Hospital/ Geriatric Centre at the University of Heidelberg, Heidelberg, Germany

Objective: to determine the effect of a standardized training program on physical activity in patients with dementia. Methods: Physical activity (PAQE) was documented at baseline (T1), after a 3-month-training (T2) and a 3-months-follow-up (T3) in sedentary patients with mild to moderate dementia (n=111). An intensive strength and functional training (intervention) was compared to a low-intensity group training (control). Results: Repeated measure ANOVA show significant effect of time (p<0.001, partial eta square (eta2):0.574) and time*group effects (p<0.001; eta2:0.380) for differences between the intervention: T1: 5.3(SD5.07); T2: 13.20(SD5.71); T3: 6.62(SD5.01) and the control group: (T1:4.08(SD3.76); T2: 6.3(SD4.78); T3: 6.21(SD5.22). Increase was mainly induced by training activities including leisure walking (Time effects: p<0.0001; eta2:0.655; time*group effects: p<0.0001; eta square:0.421) but partly sustained during follow-up. ADL activities increased in both groups inducing time (p<0.001, eta2:0.133) but no time*group effects (p=0.562, eta2:0.012). Study results document a substantial behavioural change in a patient group at extremely high risk for insufficient physical activity.

LIFE-SPACES OF ELDERLY PEOPLE: A GEOGRAPHIC PERSPECTIVE
M. Isaacson, Geography, The Hebrew University of Jerusalem, Jerusalem, Israel

Mobility—the ability to move through space in general and through outdoor space in particular—is a prerequisite for partaking in social, commercial and cultural activity in our society today. A measurement of mobility, life-spaces express the amount of space that one consumes by movement in day-to-day life. Previous research on life-spaces was based on data collected from activity diaries and interviews, data describing the locations of a person’s various activities. The current study presents the life-spaces of elderly people, participants in the SenTra project, calculated from data obtained using GPS technology over a period of 28 days. The study thus endeavors to reach a deeper understanding of the connection between the size of elderly people’s life-spaces and their quality of life.

SESSION 750 (PAPER)
ACUTE CARE AND CONSEQUENCES OF TRAUMA
OLDER ADULTS SERIOUSLY INJURED IN FALLS AND MOTOR VEHICLE CRASHES: DO COMORBIDITIES DIFFER?
K.D. Lloyd, M. Baumgarten, G.S. Smith. University of Maryland Baltimore, Baltimore, Maryland

Older adults injured in falls are often frail and have a high prevalence of comorbidity. It is unknown if the prevalence of pre-injury comorbidity differs by mechanism of injury. We hypothesized that older adults with a low-energy mechanism of injury (fall on a level surface [FOLS]) have more comorbid conditions than those with a high-energy mechanism (motor vehicle crashes [MVC]) or fall from a height [FFHT]). We examined trauma registry data for patients age 65 admitted to a level I trauma center in 2009 (n=628). Average age (standard deviation) was 78.2±8.4 years; 51.7% were female, 80.7% were Caucasian, and 90.9% had ≥1 comorbid condition. Patients with FOLS and FFHT were significantly older than those in MVC (mean ages 79.0, 78.7, and 74.5, respectively). The median number of comorbid conditions was significantly higher in patients injured by FOLS and FFHT than those injured by MVC (3, 3, and 2, respectively). Mental illness and gastrointestinal disease were more prevalent, and diagnosis of alcoholism less prevalent, among patients with FOLS than the other groups. These results suggest that patients seriously injured in low- and high-energy falls are more similar to each other with respect to age and number of comorbidities than to patients injured by MVC. However, the strength and direction of the association between injury mechanism and comorbidity differ across comorbid conditions. The association of injury mechanism with comorbidity is important when determining appropriate...
trauma care for older adults as underlying conditions can result in higher risk of complications and poorer long-term recovery.

REHABILITATION INTENSITY AND EARLY FUNCTIONAL RECOVERY IN OLDER ADULTS FOLLOWING MILD AND MODERATE TRAUMATIC BRAIN INJURY

L.L. Hermann, University of Pennsylvania, Philadelphia, Pennsylvania

Previous studies demonstrate that greater intensity of inpatient rehabilitation in TBI patients contribute to improved rates of functional recovery; however, studies are limited by exclusion of limited number of adults over age 65, and inclusion of patients that only received rehabilitation in the inpatient setting. The purpose of this study was to describe the impact of modifiable variables (discharge destination and intensity of rehabilitation) on early functional recovery of adults 65 and older following mild and moderate traumatic brain injury (TBI). The sample consisted of 70 community dwelling adults aged 65 and older hospitalized for a mild or moderate TBI. A descriptive longitudinal cohort design was used to explore discharge destination and trajectory of early functional recovery; intensity of rehabilitative services and their relative contribution to early functional recovery at 2 and 6 weeks post discharge. Correlations, regression, and repeated measures analysis of covariance (ANCOVA) were used. Major findings from this study indicate that intensity of rehabilitation significantly and positively affected the trajectory of recovery of motor function over time; greater improvement in motor and cognitive function was noted in the high intensity group; and, patterns of self-reported difficulties varied by intensity of rehabilitation. Severity of TBI and presence of co-morbidities were significant predictors of discharge destination to home or skilled nursing facility. Additional research is necessary to examine rehabilitation intensity in all settings and its longitudinal effect on the trajectory of motor, cognitive, and psychosocial recovery and are essential if losses are to be integrated meaningfully into a person’s daily life.

A PILOT STUDY TO DETECT CASCADE IATROGENESIS IN HOSPITALIZED OLDER ADULTS

D.K. Thornlow, R.A. Anderson, Duke University, Durham, North Carolina

Background: During hospitalization, older adults are at high risk for cascade iatrogenesis, the serial development of complications. Postoperative pulmonary complications, the example of cascade iatrogenesis used in this study, are common morbidities that increase risk of dying within 90 days in patients undergoing major surgery. Purpose: This pilot study investigated early events in cascade iatrogenesis, using the example of postoperative respiratory failure. We examined factors associated with older adults’ risk for developing this cascading complication, including events that precipitated postoperative respiratory failure and the nursing care variables that may have prevented, mitigated, or exacerbated risk for this event. Methods: We compared 20 cases that developed postoperative respiratory failure to 20 controls, matched by age, type of surgery, and preoperative American Society of Anesthesiologists score. Results: Patients who developed postoperative respiratory failure were less likely to ambulate early and were more likely to develop other pulmonary complications such as pneumonia. These patients experienced more calls to rapid response or code teams, more transfers to higher levels of care, longer lengths of stay, and more deaths than matched controls. No significant differences were noted in use of patient-controlled analgesia or stepdown care. Conclusions: We identified events that may trigger the cascade toward postoperative respiratory failure. Surveillance, a key aspect of nursing care with early intervention for respiratory issues, may result in better postoperative outcomes. Understanding how small events lead to larger untoward outcomes requires additional research to identify and interrupt key points in the cascade with appropriate nursing care.

PALLIATIVE CARE NEEDS OF COGNITIVELY IMPAIRED PATIENTS AT THE START OF AN ACUTE CARE EPISODE


Background: During hospitalization, older adults are at high risk for cascade iatrogenesis, the serial development of complications. Postoperative pulmonary complications, the example of cascade iatrogenesis used in this study, are common morbidities that increase risk of dying within 90 days in patients undergoing major surgery. Purpose: This pilot study investigated early events in cascade iatrogenesis, using the example of postoperative respiratory failure. We examined factors associated with older adults’ risk for developing this cascading complication, including events that precipitated postoperative respiratory failure and the nursing care variables that may have prevented, mitigated, or exacerbated risk for this event. Methods: We compared 20 cases that developed postoperative respiratory failure to 20 controls, matched by age, type of surgery, and preoperative American Society of Anesthesiologists score. Results: Patients who developed postoperative respiratory failure were less likely to ambulate early and were more likely to develop other pulmonary complications such as pneumonia. These patients experienced more calls to rapid response or code teams, more transfers to higher levels of care, longer lengths of stay, and more deaths than matched controls. No significant differences were noted in use of patient-controlled analgesia or stepdown care. Conclusions: We identified events that may trigger the cascade toward postoperative respiratory failure. Surveillance, a key aspect of nursing care with early intervention for respiratory issues, may result in better postoperative outcomes. Understanding how small events lead to larger untoward outcomes requires additional research to identify and interrupt key points in the cascade with appropriate nursing care.
SESSION 755 (PAPER)

HEALTH DEMOGRAPHICS, SERVICES, AND POLICY

EFFECT OF GLOBAL PAYMENT ON HEALTH CARE SPENDING IN MASSACHUSETTS: IMPLICATIONS FOR THE DESIGN OF ACCOUNTABLE CARE ORGANIZATIONS IN MEDICARE
Z. Song1,2, Y. He1, R.P. Ellis3, B. Landon1, D.G. Safran1, R. Mechanic4, M.E. Chernew1,1. Health Care Policy, Harvard Medical School, Boston, Massachusetts, 2. National Bureau of Economic Research, Cambridge, Massachusetts, 3. Boston University, Boston, Massachusetts, 4. Blue Cross Blue Shield of Massachusetts, Boston, Massachusetts, 5. Brandeis University, Boston, Massachusetts

BACKGROUND: The Patient Protection and Affordable Care Act encourages the development of accountable care organizations (ACOs) in Medicare. In 2009, Blue Cross Blue Shield of Massachusetts (BCBS) implemented a global payment system called the Alternative Quality Contract (AQC) for Massachusetts providers. Similar to ACO models, provider groups shared accountability for total health care spending under the AQC. Provider in the AQC varied from large integrated practices with past experience accepting risk to smaller practices without. METHODS: We used claims data for 380,156 enrollees whose primary care physicians (PCPs) were in the AQC (intervention) and 1,351,427 enrollees whose PCPs were not (control) from 2006 through 2009. We used a difference-in-difference approach adjusting for age, sex, health status, and secular trends, along with propensity score weights to compare spending between AQC and non-AQC groups to isolate its treatment effect on spending. RESULTS: Enrollees whose PCP groups joined the AQC spent, on average, $16.17 (1.9 percent) less per quarter (p=0.007) during the first post-implementation year compared to enrollees of PCPs in non-AQC practices. In subgroup analyses, AQC groups with prior BCBS risk experience did not incur statistically significant savings. AQC groups without such experience had significant average savings of $46.92 (5.2 percent) per enrollee per quarter (p=0.004). Savings were greater among enrollees with lower health status. CONCLUSIONS: Global payment with insurer support for practice redesign can help lower health care spending. Current efforts toward bundled payments and provider reorganization may be successful, at least in the short run, at reducing spending.

MEDICAL PLURALISM AFTER AGE FIFTY: AN EXAMINATION OF USE-PATTERNS ACROSS HEALTH CARE SYSTEMS USING THE CANADIAN COMMUNITY HEALTH SURVEY, 2003/2005
K. Votova1,2, M.J. Penning1,1. Sociology, University of Victoria, Victoria, British Columbia, Canada, 2. Centre on Aging, Victoria, British Columbia, Canada

Health service research tends to be linear with a restricted focus on conventional health care in later life, using variable-centred approaches. Yet since the mid-1990s substantial growth in use of complementary and alternative medicine (chiropractors, acupuncture, naturopath etc.) and in public health care services (flu shots, mammograms, PSA tests), with distinct concentrations of use within baby boom cohorts, suggests the need to widen the existing research lens from examination of discrete service use within conventional health care (medical visits, specialist visits) to include medical pluralism or use across health care systems. Pooling data from two cycles of the Canadian Community Health Survey (2003, 2005), this study analyzed nationally representative patterns of health service use among adults aged 50+ (n=117,854). Latent class analyses—a pattern-centred approach—reveal that all respondents exhibit medical pluralism to some degree; no one person restricts use to only one health care system. Overall, five distinct service use patterns were observed. When sex-specific public health services were considered, the number of patterns reduced to four for males and increased to seven for females. Results are interpreted as reflecting a medical pluralism paradigm, which explains use-patterns as being stratified by social location and by health condition. Medical pluralism is more common among younger cohorts in better social locations with varying health needs. In this context, health need factors, as traditionally defined, do not appear to be tied to notions of illness but instead signal a refocusing around health consciousness within broader definitions of health and individual responsibility.

PATTERNS OF AGING-RELATED DISEASES INCIDENCE AND RECOVERY IN U.S. ELDERLY

Changes in incidence of aging-related diseases and their recovery rates largely contribute to the trends in healthy life expectancy. Age, disability, and comorbidity patterns of acute coronary heart disease (AChD), stroke, heart failure (HF), ulcer, diabetes mellitus, asthma, Parkinson’s disease, Alzheimer’s disease, skin melanoma, and cancers of breast, prostate, lung and colon were evaluated using the National Long Term Care Survey (NLTC)—Medicare linked data for 1991-2005, and validated using the SEER-Medicare dataset. Due to its design, the NLTC provides projected estimates for the whole US population and rates are valid at the national level. Significant 5-year decline was observed for incidence rates of AChD, stroke, HF, and prostate, lung (male) and colon (female) cancers, while the rates of diabetes and Alzheimer’s disease increased. Males had higher rates of AChD, HF, Parkinson’s disease, skin melanoma, lung, and colon cancers, while females had higher rates of stroke and asthma. Among individuals with severe disabilities there were higher rates of stroke, HF (males), diabetes, asthma, and Parkinson’s disease, while rates of breast and prostate cancers were higher for nondisabled or moderately disabled individuals. Patients with higher comorbidity had higher rates of AChD, stroke, HF, Alzheimer disease, and melanoma. Significant declines of recovery rates, more pronounced in females, were detected for AChD, stroke, and ulcer for the total population and for populations stratified by disability and comorbidity. Sensitivity analysis (including the effects of alternative definitions of disease onset and recovery, latent censoring, study design) confirmed stability of reconstructed patterns.

PROJECTION OF AGEING POPULATION WITH DISABILITY UNDER THE DEMO-SOCIO-ECONOMIC FACTORS IN CHINA, 2006-2050
L. Zhang1,2, X. Zheng1,1. Institute of Population Research, Peking University, Beijing, Beijing, China, 2. China Research Center for Disability and Development, Peking University, Beijing, China

Background: Population ageing, combined with the fact that disability is most common among the elderly, has focused attention on the future changing of ageing population with disability. While populations throughout the world are ageing rapidly, China already has one of the largest ageing populations who met a big challenge on burden of disability. Objectives: This study creates a new model to predict the changing tendency of ageing population with disability, and determines whether demographic, social, and economic factors could account for the tendency, and finally gives some evidences on prevention and reduction of disability risk. Data & Methods: A cross-sectional data of Section China Sample Survey on Disability (2006) is used in this study, it covered total 31 provinces, Municipalities and Autonomous Regions, with the sample size of 2526145 (161479 were disabled persons), and six types of disability were included. This study combines PDE model with the methods of static covariate-direct prediction, static covariate-type prediction and dynamic covariate effect prediction respectively. Results: Base on the results of projection, in 2050, the prevalence rate of people with disability aged
Asians developed PUs later and less often than expected (p=.01). PUs to PU. More Blacks developed PUs sooner than expected (p<.001). time to PU, as if they were White, then compared to their actual time Blacks, Asians, and Hispanics resulting in estimates of their expected analyzed in a Cox proportional hazards regression for Whites. Using the had both. Clinically relevant covariates for time to a PU were first ana- to one of 446 proprietary NHs in 27 states, 66% female, age=82(8) years Data Set, Online Survey, Certification, and Reporting, and Census data PU in individuals aged 65+ after NH admission. We analyzed Minimum Health, Brown University; Providence, Rhode Island; 2. Dartmouth, Lebanon, New Hampshire BACKGROUND: The CDC reports dying at home increased from 15% (1989) to 24% (2007). Our goal is to characterize national trends in number of health care transitions and places of care for Medicare Beneficiaries. METHODS: Longitudinal cohort of fee-for-service (FFS) Medicare decedents between 2000 and 2007. Four measures are reported: 1) rate of transitions; 2) NH stay in the last 90 days; 3) use of hospice inpatient unit (IPU); and 4) transitions in the last 3 days of life. Odds of each event occurring or rate of transitions was studied with a multi- variate model that adjusted for patient characteristics. Standard errors adjusted for clustering within HRR. RESULTS: Between 2000 and 2007, 10,916,784 FFS Medicare beneficiaries died (avg. age 82.2, 56.7% female, 88.4% white). The mean number of health care transitions in the last year of life increased from 2.9 (2000) to 5.0 (2007). Forty-three percent were in a NH in the last 90 days with little change over time. Transitions in the last 3 days of life increased from 10.3% to 14.0% (AOR 1.495 1.36 -1.46) but 65.2% of those transitions in 2007 were to either hospice at home (34.8%), NH with hospice (18.7%), or hospice IPU (32.7%). Dying in hospice IPU increased by 2.6 times with striking geographic variation. CONCLUSION: While death certificate data finds that home deaths increased, the rate of transitions and transitions in the last 3 days of life also increased. Part of the increased in late transitions is accounted for by transitions to hospice in the last 3 days of life.

SESSION 760 (PAPER)

HEALTH DISPARITIES AND VULNERABLE POPULATIONS

RACIAL AND ETHNIC DISPARITIES IN TIME TO A PRESSURE ULCER IN OLDER NURSING HOME RESIDENTS

D.Z. Bliss, K. Savik, O.V. Gurovich, L.E. Eberly, J.S. Hodges, S.L. Harms, C. Mueller, J.F. Wyman, University of Minnesota, Minneapolis, Minnesota Pressure ulcers (PUs) in nursing home (NH) residents are painful, costly, avoidable problems influenced by many factors. Previous studies suggest racial/ethnic disparities in PUs. The purpose of this study was to assess racial/ethnic disparities in the time to development of a PU in individuals aged 65+ after NH admission. We analyzed Minimum Data Set, Online Survey, Certification, and Reporting, and Census data from 2000-2002. Residents (n=90,500) were free of PUs at admission to one of 446 proprietary NHs in 27 states, 66% female, age=82(8) years (mean±SD), 88% White, 8% Black, 2% Hispanic, and 1% Asian. 12% had only urinary incontinence, 6% had only fecal incontinence, and 26% had both. Clinically relevant covariates for time to a PU were first analyzed in a Cox proportional hazards regression for Whites. Using the Peters-Belson method, estimates from the Cox model were applied to Blacks, Asians, and Hispanics resulting in estimates of their expected time to PU, as if they were White, then compared to their actual time to PU. More Blacks developed PUs sooner than expected (p<.001). Asians developed PUs later and less often than expected (p=.01). PUs in Hispanics did not differ from expected (p=.34). Modifiable factors associated with disparities in Blacks and better outcomes in Asians were deficits in activities of daily living, poor nutrition, only fecal incontinence, transferring dependence, and percentage of Hispanics in NHs. Restraints and deficiencies in NH care quality were factors for disparities in Blacks only. Addressing factors associated with health disparities may reduce PUs in NHs.

THE INFLUENCE OF ORGANIZATIONAL AND COUNTY/MSA CHARACTERISTICS ON NURSING HOME SEGREGATION

L. Chisholm, R. Weech-Maldonado, J. Harman, K. Hyer, 1. University of North Carolina, Chapel Hill, North Carolina, 2. University of Alabama at Birmingham, Birmingham, Alabama, 3. University of Florida, Gainesville, Florida, 4. University of South Florida, Tampa, Florida The purpose of this study was to identify facility and county/MSA factors associated with nursing home segregation. This cross-sectional study used the Online Survey Certification Reporting (OSCAR), the Area Resource File, and residential segregation data. Models were developed for two dependent variables: Black-White dissimilarity index and nursing home residents’ racial composition. The dissimilarity index was used to measure segregation among nursing homes in MA’s, and residents’ racial composition was used to measure segregation at the facility level. As such, separate generalized liner models were conducted for this study. Medicare and Medicaid certified nursing homes across the United States located in a MSA during the year of 2005 (N=7,367). Nursing homes that were hospital-based were excluded. Nursing homes in MSAs with a higher Black-White dissimilarity index had a lower proportion of Medicare residents (OR 1.01, p< 0.05) and were located in more residentially segregated areas (OR 1.02, p <0.0001). Nursing homes that served a higher proportion of Black residents had higher proportions of Medicaid (OR 1.07, p<0.0001) and Medicare (OR 1.05, p <0.0001) residents. Facilities with a higher proportion of Black residents were located in counties/MSAs characterized by a higher number of empty beds on average (OR 1.03, p<0.0001), lower Black-White dissimilarity index (OR 1.03, p<0.0001), and higher residential segregation (OR 1.05, p 0.001). Nursing homes that serve predominantly Black residents may encounter financial challenges, which can influence their ability to provide high quality care. Initiatives that focus on improving nursing home resources may mitigate racial/ethnic disparities in nursing homes.

GEOPGRAPHIC ISOLATION AND RISK OF INJURY IN A RURAL OLDER ADULT POPULATION

L.S. Edelman, P.B. McNealy, University of Utah, Salt Lake City, Utah Older adults living in rural areas experience unique injury risks related to sociodemographic and geographic characteristics which also impact access to emergency department (ED) care. The purpose of this retrospective review is to describe geographic factors impacting access to ED care in Utah counties with the highest rates of injuries occurring to older adults. Method: Probabilistic linkage of Utah ED, hospital discharge and death databases was performed to identify injuries occurring to older adults living in Utah during 2007-2008. Injury rates by county were calculated. Average drive times to the nearest ED were calculated for each county using Geographic Information Systems Mapping. Results: Six of seven counties with injury rates in the >75th percentile were rural and served by small community hospital EDs. The proportion of the total rural county population with longer than a 30 minute drive time to the nearest ED ranged from 2-31%. Three rural counties had 1-5% of the total population living in areas that were greater than 60 minutes drive time to the ED. Conclusions: Older adults living in the rural Utah counties with highest rates of injury may not have timely access to ED care. Delayed access to emergency treatment of injury can increase mortality and negatively impact treatment outcomes.
Injury prevention programs targeted to older adults in rural areas and coordination of rural trauma services are warranted to better serve this vulnerable population.

**DETERMINANTS OF SELF-RATED HEALTH AND IMPLICATIONS FOR HEALTH INEQUALITIES FOR OLDER ADULTS**

I. Todora, A. Lincoln, S. Arevalo, M. Pescador Jimenez, K.L. Tucker, L. Falcon, Northeastern University, Boston, Massachusetts

Self-rated health (SRH) is an important indicator of overall health, predicting morbidity and mortality. A recent conceptual model proposes that SRH lies “at the cross-roads between biology and culture” and integrates information from multiple sources. In practice it is not completely clear what people integrate into their self-assessments of SRH. This is of interest for the Puerto Rican population, for whom the phenomenon of somatization has been assumed by some investigators. We use data from adults in the Boston Puerto Rican Health Study, living in the greater Boston area (n=1357). Their age ranged from 45 to 75 years, mean 57.2 (SD=7.6). We explored determinants of SRH, including physical health (allostatic load and components, medical conditions, functional status); psychological health (depressive symptoms); health behaviors (smoking, alcohol consumption); and social context (poverty, perceived discrimination, social support and engagement in social activities). We entered these variables in multivariable regression models as separate groups. Poor self-rated health was significantly associated with female gender, fewer years of education, having multiple medical diagnoses, functional problems, high allostatic load, depressive mood, heavy alcohol use, smoking, poverty and low emotional support. When testing the independent effects of these variables by including them in the same model, we found that the strongest predictors of poor self-rated health were medical conditions, functional problems, allostatic load and depressive symptoms. We conclude that these adults do integrate information from multiple sources in their self-assessment of overall health, including psychological mood, as well as objective biological indicators, as operationalized by allostatic load.

**NEW INSIGHTS CONCERNING PREFERRED DEPRESSION TREATMENT APPROACHES AMONG OLDER AFRICAN AMERICANS**


Poor access to and underutilization of mental health treatments persist for older African Americans. Understanding beliefs and preferred treatment approaches may inform future interventions. We examined recognition of and beliefs about depressive symptoms, preferred symptom management strategies, and factors associated with willingness to use mental health treatments in 153 (56=males, 97=females) senior center members. Using a depression vignette, participants indicated if the person was depressed and their endorsement of items reflecting beliefs, stigma, symptom management strategies, and willingness to use treatments (yes/no). PHQ-9 assessed current symptomatology. Overall, 24.2% of participants reported depression (>5); 88.2% correctly identified person in vignette as depressed; and >75% endorsed active symptom management strategies, preference for treatment to occur in doctor and therapist offices, and were willing to take medicatons, seek therapy, see a doctor for treatment and attend support groups; <33% viewed depression as stigmatizing whereas 48% viewed depression as normal aging. Logistic regressions revealed lower education (p<0.05), higher physical function (p=0.038) and feeling okay if community knew of depression diagnosis (p=0.027) were associated with willingness to see physician; being married (p=0.014) and believing anti-depressant medications are beneficial (p=0.027) were related to willingness to use medications. Different associations emerged for men and women. Over-all, this group held positive attitudes and beliefs and endorsed traditional treatment modalities suggesting that beliefs alone are unlikely barriers to underutilization of depression services. As different factors were associated with willingness to seek physician help and use medications and factors also differed for men and women, interventions should be tailored.

**SESSION 765 (SYMPOSIUM)**

**AGE-RELATED HEARING LOSS: EPIDEMIOLOGY, IMPACT, AND TREATMENT**

Chair: F.R. Lin, Otolaryngology-Head & Neck Surgery, Johns Hopkins, Baltimore, Maryland

Discussant: L. Ferrucci, National Institute on Aging, Baltimore, Maryland

The prevalence of hearing loss doubles every decade of life such that nearly two-thirds of older adults ≥ 70 years are affected by age-related hearing loss (ARHL). The detrimental consequences of ARHL on cognitive, social, and physical functioning are just beginning to be understood, and the role of hearing aids and other rehabilitative strategies in potentially mitigating these effects remains unknown. This symposium will survey the epidemiology, impact, and treatment of ARHL using data from three major ongoing studies: the National Health and Nutrition Examination Survey, the Beaver Dam Epidemiology of Hearing Loss Study, and the Baltimore Longitudinal Study of Aging. We will review current epidemiologic estimates of hearing loss prevalence and incidence, the association of hearing loss with dementia and cognition, and the current state of hearing aid and cochlear implant use as rehabilitative modalities for ARHL.

**15-YR CUMULATIVE INCIDENCE OF HEARING IMPAIRMENT: THE EPIDEMIOLOGY OF HEARING LOSS STUDY**

K.J. Crueckshanks1,2, D.M. Nondahl1, D.S. Dalton1, B.E. Klein1,2, R. Klein1,2, T.S. Tweed1, 1. University of Wisconsin School of Medicine and Public Health Department of Ophthalmology and Visual Sciences, Madison, Wisconsin, 2. University of Wisconsin School of Medicine and Public Health Department of Population Health Sciences, Madison, Wisconsin

The purpose of this study was to determine the 15-yr cumulative incidence of hearing impairment (HI) in a population-based cohort study of 3753 adults ages 48-92 years in Beaver Dam, WI. Hearing thresholds were measured at baseline, 2.5, 5, 10, and 15 year follow-up examinations. HI was defined as a pure-tone average > 25 dB HL at 500, 1000, 2000, and 4000 Hz in either ear. The 15-yr cumulative incidence of HI was 56.8%. Age (5 yr; Hazard Ratio (HR)=1.87, 95% Confidence Interval (CI)=1.76,1.99), sex (M v W; HR=2.34,CI= 1.95,2.80), and education (<12 vs 16+ yrs; HR=1.65, CI= 1.23,2.22) were associated with the 15-yr incidence of HI. Among the youngest group (48-59 yrs of age), 39% developed a HI. The risk of hearing impairment was high. Because hearing aid use is low and HI has been associated with lower quality of life, HI is an important public health problem.

**HEARING LOSS AND COGNITION IN THE BALTIMORE LONGITUDINAL STUDY OF AGING**

F.R. Lin1, L. Ferrucci2, E. Metter1, Y. An1, A.B. Zonderman2, S. Resnick1, 1. Otolaryngology-Head & Neck Surgery, Johns Hopkins, Baltimore, Maryland, 2. National Institute on Aging, Baltimore, Maryland

Background: We recently demonstrated that hearing loss is independently associated with incident dementia in the BLSA. The objective of the present investigation was to determine the relationship between hearing loss and cognition as assessed with a standardized neu-rocognitive battery. Methods: A cross-sectional cohort of 347 participants ≥ 55 years in the BLSA had audiometric and cognitive testing performed in 1990-1994. Hearing loss was defined by the speech-frequency
pure tone average in the better-hearing ear. Regression models were used to examine the association between hearing loss and cognition.

Results: Greater hearing loss was significantly associated with lower scores on measures of mental status, verbal memory, and executive function. The reduction in cognitive performance associated with a 25 dB hearing loss was equivalent to the reduction associated with an age difference of 6.8 years. Conclusion: Hearing loss is independently associated with lower scores on tests of memory and executive function.

PREVALENCE AND CORRELATES OF HEARING AID USE IN THE UNITED STATES

W. Chien1, P. Mazer, C. Bell1, R. Thorpe1, F.R. Lin1, 1. Department of Otolaryngology, Johns Hopkins School of Medicine, Baltimore, Maryland 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 3. Center on Aging and Health, Johns Hopkins Medical Institute, Baltimore, Maryland, 4. Johns Hopkins Center for Health Disparities Solutions, Baltimore, Maryland

Background: Hearing aids are an effective intervention for individuals with hearing loss, but the epidemiology of hearing aid use has not been closely studied. Methods: We analyzed data from the 1999-2008 cycles of the National Health and Nutrition Examination Survey to determine the prevalence and correlates of hearing aid use in the United States. Results: Among those with hearing loss, the prevalence of hearing aid use was 7.69% in 12-19 year-olds, 11.3% in 20-69 year-olds, and 18.3% in ≥ 70 year-olds. Multivariate analyses demonstrated that Hispanics had a significantly lower odds of hearing aid use compared to white participants (OR 0.12, p = 0.005), and individuals with a college degree had a greater odds of hearing aid use compared to those without a high-school degree (OR 6.06, p = 0.037). Income was not associated with the odds of hearing aid use in multivariate models. Conclusion: Rates of hearing aid use vary significantly by demographic characteristics.

COCHLEAR IMPLANTATION IN OLDER ADULTS WITH HEARING LOSS: CONSIDERATION OF RESULTS AND IMPACT

H.W. Francis, A.I. Arbaje, Johns Hopkins University, Baltimore, Maryland

Older adults often experience reduced independence and increased isolation due to a variety of physical, cognitive, social and psychological changes. Hearing loss contributes to these changes by affecting an older adult’s quality of social interaction and sense of identity. Individuals with severe to profound sensory hearing loss may not benefit from conventional hearing aids due to damage within the cochlea. The cochlear implant, by comparison, is a surgically-placed device that generates micro-currents within the auditory nerve to deliver encoded speech information to the brain for better access to verbal communication. We provide a synopsis of published evidence for the role of cochlear implantation in the rehabilitation of hearing loss in older adults, and we present the functional outcomes of a cohort of older patients treated at the Johns Hopkins Listening Center. We propose a conceptual model for how real-world experiences of older adults impact rehabilitation outcomes after cochlear implantation.

SESSION 770 (SYMPOSIUM)

BIOLOGICAL AND BEHAVIORAL INTEGRITY AND FUNCTIONAL HEALTH ACROSS THE LIFESPAN: FINDINGS FROM THE BLSA

Chair: E.M. Simonsick, National Institute on Aging, Baltimore, Maryland
Discussant: L. Ferrucci, National Institute on Aging, Baltimore, Maryland

Consistent with the original mission of the Baltimore Longitudinal Study of Aging (BLSA) to improve understanding of the additive effects of aging and chronic conditions, this symposium explores aging-related change in a broad range of biological parameters that reflect the integrity of a variety of physiological systems. The BLSA was established in 1958 as a continuous enrollment cohort of individuals who enter the study as young as age 20 and are followed to the end of life. Examinations occur every 1-4 years depending on participant age and last 2-3 days. Four of the papers have a biological focus encompassing serum pro-inflammatory markers, 24-hour urinary cortisol, circulating nutritional biomarkers and resting metabolic rate (RMR) and each examines age-trajectories in the overall cohort and in three strata of functional health defined in terms of symptom-free performance of exertional activity and reported difficulties: (1) high functioning, (2) mild mobility impaired and (3) mobility limited. While individual nutritional parameters appear stable across the lifespan and do not vary by functional health, RMR and urinary cortisol are lower and a subset of pro-inflammatory markers higher with increasing age. The trajectory of change in these parameters tends to be less steep in high functioning versus mobility impaired and limited individuals. A fifth paper identifies specific personality characteristics associated with exceptional functional health and physical activity as a mediator of this relationship. Findings imply that selected biological parameters may be sensitive markers of subclinical pathology or advanced aging and may provide insight to healthy longevity.

HEALTH STATUS MODIFIES THE ASSOCIATION BETWEEN AGE AND RESTING METABOLIC RATE IN MEN BUT NOT WOMEN

N. Knuth, E.M. Simonsick, L. Ferrucci, NIA, NIH, Baltimore, Maryland

Resting metabolic rate (RMR) has been shown to decline with age, even after adjustment for loss of lean body mass. However, emerging evidence suggests this decline may be altered in relation to health status in older adulthood. Accordingly, we sought to evaluate the association between RMR and age by health status in 550 BLSA participants (45% women) aged 32-96 (mean 68). RMR was measured by indirect calorimetry for 15 minutes upon waking in a fasted, rested state. Participants were classified into three groups according to reported and observed walking endurance: high-functioning, impaired, and limited. Sex-stratified regression of RMR on age adjusted for lean and fat mass identified a significant difference in the relationship between RMR and age between high-functioning and limited men (p = 0.014); no association was found in women. The age associated decline in RMR was lower in high-functioning men than impaired men.

LOW LEVELS OF PRO-INFLAMMATORY MARKERS CHARACTERIZE OLDER PERSON WITH HIGH PHYSICAL FUNCTION

L. Ferrucci, A. Lhotsky, Y. Milaneschi, N. Knuth, E.M. Simonsick, NIA/NIH, Baltimore, Maryland

Older persons often have a pro-inflammatory state characterized by elevated inflammatory mediators which correlates with poor lower extremity performance and predicts disability. Whether inflammatory profile discriminates highly functional persons from those with mild mobility impairment across the age spectrum is unclear. Using reported difficulties and symptom-free performance of exertional activity, BLSA participants were classified as High Functioning, Mild Mobility Impaired and Mobility Limited. Adjusting for age, sex and potential confounders, IL-6 (but not CRP), number of neutrophils and basophiles and monocyte percentage (but not hemoglobin, ferritin or transferrin) discriminated between the three groups. Findings were confirmed in multivariate analyses including all biomarkers. Pro-inflammatory state is already detectable at an early stage of physical function decline with aging.
ASSOCIATION BETWEEN AGE AND URINARY CORTISOL BY FUNCTIONAL HEALTH STATUS
Y. Milaneschi, E.M. Simonsick, T. Tanaka, N. Knuth, M. Tolea, L. Ferrucci, National Institute on Aging, Baltimore, Maryland

High degrees of variability in cortisol levels have been reported during aging. We examined the cross-sectional relationship between urinary 24-hour cortisol, age, and functional health in 821 participants (age: 32-95) in the BLSA. Using reported and observed walking endurance, functional health was categorized as limited, impaired, and high. Covariates were sex, race, smoking, BMI and physical activity. After full adjustment, increasing age (β=-0.01; SE=0.01; p=0.001), impaired vs. high (β=-0.13; SE=0.05; p=0.02) and limited vs. high (β=-0.18; SE=0.07; p=0.02) functional status were associated with lower (log)cortisol levels. Although a trend was observed in age-decline of (log)cortisol across functional categories (steeper decline from high to limited functionality), comparison between age slopes revealed no significant differences (F=2.02; p=0.13). We found that higher age and poor functional health were independently associated with lower urinary cortisol levels. No strong evidence was found for different age-trajectories of cortisol by functional health status. Longitudinal studies are necessary.

DO PERSONALITY CHARACTERISTICS DISTINGUISH PERSONS WITH EXCEPTIONAL FUNCTIONAL HEALTH ACROSS THE LIFESpan?
M. Tolea, E.M. Simonsick, Y. Milaneschi, L. Ferrucci, National Institute on Aging, Baltimore, Maryland

This study sought to examine whether individuals with exceptional functional health exhibit distinct personality features relative to mobility impaired and limited individuals using data on 973 BLSA participants who were administered the NEO Personality Inventory (NEO-PI-R) (mean age=71 ± 13SD; 49% female; 76% white). We found highly functioning individuals to have higher conscientiousness independent of demographic and behavioral factors; an association consistent across the lifespan. Additionally, the high functioning group was more likely to have a combination of high openness to experience and high conscientiousness (OR=0.662, 95% CI: 0.466-0.940) than the mobility limited group. Physical activity partly mediates these associations. Results suggest that higher conscientiousness alone or in concert with high openness to experience may support healthy aging through promoting health protective behaviors. Further research is needed to validate these findings.

NUTRITIONAL AND FUNCTIONAL HEALTH: ASSESSMENT OF CIRCULATING BIOMARKERS
T. Tanaka, Y. Milaneschi, E.M. Simonsick, L. Ferrucci, National Institute on Aging, Baltimore, Maryland

A well balanced diet provides the body with essential nutrients that have been shown to promote healthy aging. Oxidative stress is one proposed mechanism for physical decline with age. As such, there is great interest in the role of dietary antioxidants in maintaining functional health. Using data on serum levels of vitamins C and E and carotenoids in BLSA participants aged 32-97 characterized into three strata of functional health derived from reported and observed walking endurance, this paper examines age-trajectories of nutrient-based antioxidant levels overall and with respect to functional health. Each antioxidant examined was stable over the age spectrum and did not vary by functional health. An analysis restricted to persons aged 65-97 found similar results. Most studies finding an association between nutritional anti-oxidants and physical function have included more frail individuals implying that serum anti-oxidant levels may be better markers of failing than robust health.

SESSION 775 (SYMPOSIUM)

NOVEL APPROACHES FOR GERIATRIC DEPRESSION PREVENTION AND TREATMENT RESEARCH
Chair: F.M. Yang, Institute for Aging Research, Hebrew SeniorLife, Harvard Medical School, Boston, Massachusetts
Co-Chair: O. Okereke, Brigham and Women’s Hospital, Harvard Medical School, Boston, Massachusetts
Discussant: R. Jones, Institute for Aging Research, Hebrew SeniorLife, Harvard Medical School, Boston, Massachusetts

Prevention and treatment of geriatric depression are important clinical research areas, as studies have shown that depression is a leading cause of disability that leads to poor health outcomes. This symposium presents novel approaches to the measurement, statistical, and research designs for the prevention and treatment of geriatric depression. The first paper in this session (Okereke and colleagues) addresses an important area of prevention by describing the novel design of a large-scale randomized control trial (RCT) of late-life depression prevention, VITAL-DEP (VITamin D and OmegA-3 Trial—Depression Endpoint Prevention), which includes a large minority group. The authors will also present results from a completed large-scale RCT of depression prevention using other dietary supplements among older women. The second (Lucas and colleagues) and third (Pan and colleagues) papers address important potential risk factors for depression among older women in a large longitudinal epidemiological study, the Nurses’ Health Study. The research design of Lucas and colleagues provides powerful findings regarding the risk for depression associated with the frequency of coffee intake and the level of caffeine consumed. The intriguing findings from Pan and colleagues regarding bi-directional associations of depression and obesity have potential to impact both prevention and treatment in depression. The final paper (Forester) will present a cutting-edge tool for potential use in older adults with depression to identify biomarkers of treatment response. The study sheds light on the treatment of geriatric depression through novel measures, statistical analyses of neurobiological factors, and the research design for the pharmacotherapy of geriatric depression.

DESIGN AND IMPLEMENTATION OF LARGE-SCALE PREVENTION TRIALS IN LATE-LIFE DEPRESSION
O. Okereke1,2, J.E. Manson1, C. Reynolds1, 1. Department of Psychiatry, Brigham and Women’s Hospital and Harvard Medical School, Boston, Massachusetts, 2. Department of Medicine, Brigham and Women’s Hospital and Harvard Medical School, Boston, Massachusetts, 3. Department of Psychiatry, University of Pittsburgh Medical Center, and University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

Depression is a leading cause of disease burden and disability for older adults; thus, prevention is a priority. We describe novel methodology of a large-scale randomized placebo-controlled trial (RCT) of primary and secondary prevention of late-life depression: VITAL-DEP (VITamin D and OmegA-3 Trial—Depression Endpoint Prevention). Using long-term (5-year) supplementation with vitamin D3 and marine omega-3 fatty-acids in 2x2 factorial design among 20,000 men (aged ≥65) and women (aged ≥65), VITAL-DEP will estimate these agents’ effects on depression risk and mood symptoms. Further, VITAL-DEP will test impacts of vitamin D3 on depression risk among African-Americans and of both agents on major depression risk among 1,000 participants with high-risk factors or sub-syndromal symptoms. Thus, VITAL-DEP applies all modalities of state-of-the-art prevention research – universal, selective and indicated. Finally, we present results from a completed RCT of long-term (7-year) folic acid and B-vitamin supplementation on depression risk among 4,332 older women (mean age=64).
Caffeine from coffee is the most widely used central nervous system stimulant in the world. However, studies of associations between coffee/caffeine intake and depression risk are scarce. Thus, we conducted a prospective analysis among a cohort of 50,739 US women without severe depressive symptoms at baseline in 1996. Coffee/caffeine intake was obtained from validated questionnaires and computed as cumulatively averaged intake since 1980. Clinical depression was defined as reporting physician-diagnosed depression and/or regular antidepressant use. During follow-up (1996-2006), 6,582 depression cases were identified. Compared to women drinking coffee less frequently (≤1 cup/wk), multivariate-adjusted relative risk (RR) of depression was 0.70 (95%CI, 0.61–0.82) for those drinking ≥4 cups/d of coffee. Multivariate-adjusted RR of depression was 0.75 (95%CI, 0.68–0.84) comparing women with highest (≥550 mg/d) vs. lowest (<100 mg/d) caffeine intake. Overall, in this large longitudinal study we found that depression risk decreased with increasing coffee/caffeine intake.

BIDIRECTIONAL ASSOCIATION BETWEEN DEPRESSION AND OBESITY IN MIDDLE-AGED AND OLDER WOMEN

A. Pan1, Q. Sun1,2, S. Czernichow1, O. Okereke1,2, M. Lucas1, A. Ascherio1,2, F. Hu1,2, 1. Nutrition, Harvard School of Public Health, Boston, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. Hôpital Avicenne and University Paris 13, Bobigny, France

Although it has been hypothesized that the depression-obesity relation is bidirectional, few studies have addressed this hypothesis in a prospective setting. We examined this bidirectional association among 65,955 women aged 54-79 years in the Nurses’ Health Study. Participants were prospectively followed from 1996 to 2006. Depression was defined as self-reported physician-diagnosed depression and/or antidepressant use. Obesity was defined as body mass index ≥30.0 kg/m2. Depression at the baseline period (1996-2000) was associated with an increased risk of obesity at the follow-up period (2002-2006) among women not obese at baseline (odds ratio [OR]=1.51; 95% CI, 1.36–1.67). In the opposite direction, women who were obese at baseline had a moderately increased risk of depression at the follow-up period, compared with normal-weight women (OR=1.10; 95% CI, 1.02-1.20). Our results suggest a bidirectional association between depression and obesity in middle-aged and elderly women, with a potentially stronger relation of depression to obesity.

PHARMACOTHERAPY OF GERIATRIC DEPRESSION AND NEUROBIOLOGICAL CORRELATES OF TREATMENT RESPONSE

B. Forester, McLean Hospital, Harvard Medical School, Belmont, Massachusetts

Complex clinical and neurobiological variables may offer clinicians guidance in making therapeutic decisions for older adults with depression. This study will review clinical and neurobiological factors associated with depression in later life including medical co-morbidity, cognitive impairment and aging-associated physiological changes. Neurobiological predictors of treatment response such as genetic factors, neuroimaging correlates and cerebrovascular disease will be discussed. An evidenced-based approach to the pharmacological treatment of geriatric depression will be reviewed. Finally, results from a 31Phosphorus magnetic resonance spectroscopy (MRS) study of sertraline for geriatric depression provides evidence of altered energy metabolism, specifically lower levels of total tissue (gray matter plus white matter) beta-nucleoside triphosphate (NTP), associated with depression in older adults. The potential use of MRS as an in vivo investigative tool of bioenergetic metabolism and neurotransmitter function may allow for the identification of regional and tissue specific biomarkers of treatment response in geriatric depression.

SESSION 780 (SYMPOSIUM)

NURSING CARE OF OLDER ADULTS INTEREST GROUP SYMPOSIUM: LIFESTYLE BEHAVIOR CHANGE ACROSS THE LIFESPAN

Chair: K.A. Gretebeck, University of Michigan School of Nursing, Ann Arbor, Michigan
Co-Chair: C. Beck, University of Arkansas for Medical Sciences DW Reynolds Center on Aging, Little Rock, Arkansas
Discussant: H.M. Young, UC Davis Health System Betty Irene Moore School of Nursing, Sacramento, California

Lifestyle choices made early in life impact the health of individuals across the lifespan. Identifying and modifying lifestyle factors are critical for healthy aging and longevity. Health care professionals are uniquely positioned to develop and facilitate behavior change interventions that contribute to optimal outcomes across the lifespan. The purpose of this presentation is to discuss lifestyle behavior change as it relates to recent theoretical and research approaches and current NIH/NINR funding initiatives and priorities with application to nurses and healthcare professionals. Specifically, the presentations will discuss 1) a new theoretical perspective of behavior change by using reinforced working memory training to appreciate a future reward in addictive behaviors; and 2) a widely disseminated individual and family lifestyle behavior intervention aimed at reducing adolescent sexual risk behavior. Components of efficacious lifestyle interventions will also be discussed. Lastly, several NINR/NIH initiatives related to behavioral change research will be discussed. Dr. Joan Wasserman from NINR will present information on funding priorities as they relate to lifestyle factors and behavior change across the lifespan.

EXCESSIVE DISCOUNTING OF THE FUTURE AS A TRANS-DISEASE PROCESS

W.K. Bickel, Virginia Tech Carilion Research Institute Center for Addiction Research, Center for Addiction Research, Virginia

Temporal discounting refers to the decrease in the value of a reward as the delay to its recipient increases. The argument of this presentation is that excessive temporal discounting (i.e., not valuing the future) undergirds a wide variety of addiction and other health behaviors. Since a common process undergirds numerous problematic health behaviors we propose that discounting constitutes a trans-disease process. Additional recent advances in neuroscience suggest an understanding of discounting. This, in turn, has lead to a new theoretical model to explain discounting and its relationship to health behavior. This new theoretical model not only provides an account for the etiology of numerous diseases but it also lead to a new the development of new approaches to treatment.

PROMOTING RESPONSIBLE SEXUAL BEHAVIOR AMONG ADOLESCENTS

A.M. Villareal, University of Michigan School of Nursing, Ann Arbor, Michigan

Adolescence provides an optimal period to promote responsible sexual behavior and reduce consequences of early and unprotected sex. As with many behaviors, sexual behavior is influenced by many individual, family, school and community, and political factors. This presentation will focus on successful individual and family approaches to reducing sexual risk behavior. Components of efficacious evidence based programs will be reviewed. Lessons learned from the development, testing, and dissemination of a sexual risk reduction intervention designed...
Muscle weakness (dynapenia) and wasting (sarcopenia) occur with aging. It is clear that intramuscular factors— independent of muscle size and neural activation—at play a role in dynapenia. We recently observed reduced muscle force (-28% vs. young rats) with minimal atrophy in a rodent model of aging. Interestingly, this weakness was frequency specific, being observed only at high activation rates (≥ 75 Hz). Coincident with this weakness, we also observed age-related impairments in key components of excitation-contraction coupling: a decline (~25%) in the peak rate of sarcoplasmic reticulum calcium release and protein-protein interactions with the calcium release channel. These are similar to impairments reported elsewhere in severe fatigue and overtraining. Our most recent data indicates that aging results in alterations in desmin expression that may have important implications for aging, as muscle cytoskeletal proteins are critical in effective force transmission. Collectively, these findings suggest that intramuscular mechanisms contribute to age-related weakness.

**INTRAMUSCULAR FACTORS IN AGE-RELATED MUSCLE WEAKNESS**

D. Russ, J.S. Grandy, K. Toma, B. Clark, C.W. Ward. I. Physical Therapy, Ohio University, Athens, Ohio. 2. Ohio Musculoskeletal and Neurological Institute (OMNI), Athens, Ohio. 3. University of Maryland-Baltimore, Baltimore, Maryland

Muscle weakness (dynapenia) and wasting (sarcopenia) occur with aging. It is clear that intramuscular factors— independent of muscle size and neural activation—at play a role in dynapenia. We recently observed reduced muscle force (-28% vs. young rats) with minimal atrophy in a rodent model of aging. Interestingly, this weakness was frequency specific, being observed only at high activation rates (≥ 75 Hz). Coincident with this weakness, we also observed age-related impairments in key components of excitation-contraction coupling: a decline (~25%) in the peak rate of sarcoplasmic reticulum calcium release and protein-protein interactions with the calcium release channel. These are similar to impairments reported elsewhere in severe fatigue and overtraining. Our most recent data indicates that aging results in alterations in desmin expression that may have important implications for aging, as muscle cytoskeletal proteins are critical in effective force transmission. Collectively, these findings suggest that intramuscular mechanisms contribute to age-related weakness.

**MITOCHONDRIAL DYSFUNCTION AND ALTERED AUTOPHAGY IN MUSCLES AND NERVES WITH AGE**


Previously, we showed in animals a drastic decline in the expression of glial and neuronal proteins in myelinated peripheral nerves with age, which is significantly ameliorated by lifelong calorie restriction. We also noted an improvement in nerve architecture with diet restriction due to a sustained expression of protein chaperones, markers of the autophagy–lysosomal pathway and marked reduction in oxidative stress and inflammation. In muscle of humans, we recently examined whether mitochondrial regulation differed in muscle from elderly subjects classified as high- or low functioning, when compared to young subjects. Mitochondrial respiration rates, PGC-1α, a mitochondrial regulator, Sirt3, a mitochondrial deacetylase, the mitochondrial fusion protein Opa1, were all markedly suppressed in both high and low functioning subjects compared to healthy controls. Taken together, the age-related decline in functional molecules is associated with alterations in cellular protein homeostatic mechanisms, impaired mitochondrial regulatory pathways all causal to cellular dysfunction.

**BRAIN AGING AND DYNAPENIA**

T. Manini, E.S. Strotmeyer, A.B. Newman, S. Satterfield, T. Harris, C. Rosano, University of Florida, Gainesville, FL

Generation of muscle strength is initiated in the brain, but it’s unclear whether aging of relevant brain structures is associated with loss of strength (dynapenia). This cross-sectional study included 273 older adults (82.7 ± 2.7 yrs) with tests of maximal knee extension strength and magnetic resonance imaging to quantify gray matter volume, white matter hyperintensity volume, and micro-structure of normal appearing gray and white matter. Multiple regression models were adjusted for age, gender, walking exercise, leg muscle mass, body mass index, cognition, and depression. White matter hyperintensity was associated with 3.3 (SE: 1.3) newton-meter lower muscle strength. Additionally, gray matter volume was associated with 4.5 (SE: 1.6) newton-meter higher muscle strength. Other associations with micro-structures of gray and white matter were not significant. In conclusion, brain degeneration of white and gray matter structures are associated with dynapenia.
THE ROLE OF HOSPITAL ADMISSION IN THE HEALTH TRAJECTORY OF OLDER PEOPLE

Chair: D.J. Deeg, LASA, VU University Medical Centre, Amsterdam, Netherlands
Discussant: J.M. Guralnik, University of Maryland, Baltimore, Maryland

Epidemiological studies addressing health trajectories so far have largely ignored the role of hospital admissions. Admission to an acute care hospital occurs in a sizable part of the older population, e.g. in the Netherlands in 14% annually. A hospital admission represents a set-back in health from which recovery is needed. During the past decades, hospitals have changed not only because treatments have become less invasive, allowing shorter admission periods, but also because of continued efficiency operations. Both developments have resulted in shorter hospital stays, implying either that older people are discharged earlier in their recovery process so that they are more likely to need care, or that less invasive treatments cause less of a set-back in health and thus less need of care. This symposium examines characteristics of hospital admission such as number of admissions, length of stay, functional status during admission, and post-hospital care in relation to longer-term trajectories of physical and mental health. Two studies are based on linkage between data from the Longitudinal Aging Study Amsterdam with registry-based hospital admission data. One study makes use of proxy-interviews with relatives of deceased cohort members. Another study is based on a sample of patients requiring special discharge care. The fifth study examines functional status during hospital admission in relation to risk of functional decline or new hospitalization. Together, these studies highlight the role of hospital admission, and identify specific groups that fare less well in terms of length of stay and, after discharge, health decline and need of care.

PERFORMANCE-BASED FUNCTIONAL ASSESSMENT IN OLDER HOSPITALIZED PATIENTS: SHORT AND LONG TERM PROGNOSTIC VALUE

S. Volpato1, E. Savino1, G. Zuliani1, J.M. Guralnik2, 1. University of Ferrara, Ferrara, Italy, 2. Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland

We evaluated the Short Physical Performance Battery (SPPB) and grip strength, as objective indicators of function and health status in acutely ill, hospitalized, elders and we tested their value as short- and long-term prognostic tools. Prospective study of 92 patients aged 65 years and older hospitalized for an acute medical condition. They were followed every 3 months by telephone interviews, after discharge, to assess functional decline, new hospitalizations, and vital status. At hospital admission, both the SPPB and grip strength were associated with traditional indicators of clinical status. We found an inverse and independent statistically significant association of SPPB score and grip strength with the length of hospital stay (p values <.01). After adjustment for confounders SPPB, score was inversely associated with the risk of worsening disability and the risk of new hospitalization or death over the 12-month follow-up. In older acutely ill hospitalized patients, SPPB and grip strength provides important information to predict health trajectory.

OUT OF HOSPITAL: PATIENT PERCEPTION OF THE QUALITY OF DISCHARGE CARE

D.J. Deeg1, R. Meiners2, P. Groenewegen1, 1. LASA, VU University Medical Centre, Amsterdam, Netherlands, 2. VU University /Faculty of Social Sciences, Amsterdam, Netherlands

In acute-care hospital patients needing special discharge care, factors affecting patient satisfaction with discharge care were examined. A consecutive sample of 140 patients was recruited from 14 hospitals across the Netherlands, from a variety of wards including orthopedics, surgery, lung diseases, and cardiology. Men constituted 67% of the sample; the average age was 78 years; 21% reported no health limitation prior to hospitalization. Patient satisfaction was not affected by personal characteristics. Patients who would be discharged to a home for the aged, or to their own home and were allocated medical assistive devices or meals on wheels, were more satisfied than patients who would obtain other post-acute care. Satisfaction was greater among those who had more frequent contacts with the nurse responsible for discharge care (NDC), and whose NDC was employed with a home care agency (versus the hospital). Knowledge of the home environment seems important in discharge care.

HOSPITAL ADMISSION AND LONG-TERM CARE THREE MONTHS PRIOR TO DEATH: CHANGES OVER A DECADE

P. Kaspers1-3, R. Pasman1-3, D.J. Deeg1, B. Onwuteaka-Philipsen1-2, 1. LASA, VU University Medical Centre, Amsterdam, Netherlands, 2. VU University Medical Centre/ Dept. of Public and Occupational Health, Amsterdam, Netherlands, 3. VU University Medical Centre/ EMGO Institute for Health and Care Research, Amsterdam, Netherlands

With increasing life expectancy, people die at older ages with increasingly complex health problems. With the aim to study changes over a decade in care received by older people in their last three months of life, data were collected among proxy respondents of deceased sample members of the Longitudinal Aging Study Amsterdam in 2000 (n=270, response 79%) and 2010 (n=167, response 59%). Hospital admission prior to death occurred in 30% of the sample. This percentage did not differ between 2010 and 2000, also after accounting for functional status and receipt of informal or formal care. In 2010 compared to 2000, however, care in the home was more often provided by professionals, often in combination with informal carers, and admission to a long-term care institution occurred more often. This difference remained after accounting for age, gender, and functional status. It might reflect period differences in availability of informal and formal care.

THE ASSOCIATION BETWEEN DEPRESSION AND NON-PSYCHIATRIC HOSPITALISATION AMONGST OLDER PEOPLE

M. Prina1, D.J. Deeg2, C. Brayne1, A. Beeckman2, M. Huisman2, 1. Institute of Public Health, University of Cambridge, Cambridge, United Kingdom, 2. VU University Medical Centre, Amsterdam, Netherlands

Older people who suffer from depression are more likely to have other physical illnesses, but the extent of the association between depression and non-psychiatric hospitalisation episodes is not well established. We therefore investigated whether depressed older people were more likely to be hospitalised for causes other than mental illnesses, and whether the outcomes for this group of people were less favourable. This was carried out by linking LASA participants with hospital data from the Dutch Medical Register. Participants with depression were more likely to be hospitalised during follow up, they had longer length of stay, a higher number of admissions and were more likely to die while in hospital. This association was partially explained by co-morbid physical illnesses and functional limitations that were modelled using generalised estimating equations. The results emphasise the high potential for preventive action that could reduce the financial, medical and social burden related with hospital admission.

FUNCTIONAL DECLINE IN RELATION TO HOSPITAL LENGTH OF STAY: CHANGES OVER A DECADE

M. van Viet1, M. Huisman1-2, D.J. Deeg1, 1. Department of Epidemiology & Biostatistics, EMGO Institute for Health and Care Research, VU University Medical Center, Amsterdam, Netherlands, 2. Department of Psychiatry, VU University, Amsterdam, Netherlands, 3. Department of Sociology, VU University, Amsterdam, Netherlands

To study the effect of decreasing mean hospital length of stay (HLOS) in the Netherlands, we explored its relation with older people’s func-
tion and failure to report how pervasive the problems are and what solutions they see equally pressing issues. Many financial exploitation cases come down across state lines. Proving financial abuse or neglect is tedious. Nationwide are inadequate and the ability to track cases often breaks in these cases. Cases include Medicaid recipients, persons with dis-

preventative exploitation have forced local and state jurisdictions to look more in the literature. Detecting likely recidivist clients early and diverting them toward multidisciplinary intervention has the potential to improve case outcomes and enable more efficient utilization of APS resources.

FINDINGS FROM A EUROPEAN STUDY

Intimate Partner Violence and Older Women: Findings from a European Study

B.L. Penhole, T. Goergen, B. Nagle, B. Haller, H. Perista, M. Halicki, O. Toth, I. University of East Anglia, Norwich, Norfolk, United Kingdom, 2. German Police University, Munster, Germany, 3. Zoom NGO, Munich, Germany, 4. IKF (Institute of Conflict Research), Vienna, Austria, 5. CESIS NGO, Lisbon, Portugal, 6. University of Bialystok, Bialystok, Poland, 7. University of Budapest, Budapest, Hungary

This EU-funded (Daphne III programme) study on Intimate Partner Violence (IPV) and Older women includes partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal. The study ran between January 2009 and December 2010 and addressed the question to what extent women aged sixty or older experience violence by partners or ex-partners (intimate partner violence), what kind of help and support they seek and receive and what kind of support they need. Until now, comparatively little is known about this issue and this research helps to address that knowledge deficit. The first phase of the study consisted of data collection about IPV and older women from several sources (criminal justice agencies, social services etc) in each country. Phase two undertook a survey of organizations about the extent to which they have worked since 2006 with older women experiencing IPV and a number of interviews were held with professionals who had worked in this area. The final phase concerned interviews with a small number of older women who have experienced IPV in later life. This presentation will briefly outline the method and content of the study. Findings from the different phases will be presented, particularly findings from the final phase concerning older women. There will be discussion of some of the issues raised by the topic and the research. This session will provide participants with an understanding of the key issues relating to Intimate Partner Violence and older women in Europe. It will provide opportunities for international discussion and comparison.

DEVELOPING A TOOLKIT TO UNDERSTAND THE OFFENCES OF WILFUL NEGLECT AND ILL-TREATMENT UNDER THE MENTAL CAPACITY ACT

J. Manthorpe, K. Samsi, Social Care Workforce Research Unit, King’s College London, London, United Kingdom

The Mental Capacity Act 2005 implemented in England and Wales in 2007 provided a new framework for safeguarding people whose mental or physical capacity are affected. Two new offences of wilful neglect and ill-treatment to protect vulnerable people are now punishable by law. Exploratory qualitative interviews with 115 practitioners working with people with dementia and carers indicated positive expectation of the potential of these offences to safeguard the interests of vulnerable groups. Follow up interviews after 1 year indicated limited understanding of the specifics of these offences, and procedures to follow if these offences were found. More clarity around these topics was welcomed. Collated findings from these interviews, along with a consensus discussion with 15 experts in the field of safeguarding are to lead to the development of an easy-to-read toolkit. This toolkit will enable identification of cases of ill-treatment and neglect and specify what to do when this has been found. The toolkit will be developed with the aim of using it in a wide range of service settings.

64th Annual Scientific Meeting

237
RESTRAINTS IN DOMESTIC CARE: REDUFIX-AMBULANT
T. Klie1, S. Behrend1, B. Borgloh1, D. Breithauer1, S. Karner1, M. Kraemer1, B. Schuhmacher1, 1. Protestant University for Applied Sciences, Freiburg, Germany; 2. University of Applied Sciences, Frankfurt, Germany

Barely one gerontological research takes account of restraints in the domestic care compared with restraints in nursing homes. The project “Redufix-Ambulant” examines the frequency and background of restraints and develops measures of intervention to restrict the risk of restraints. Consultation based on Case Management, use of modern technologies, training for caregivers and relief for the caring family are essential components of interventions for the purposes of the project. Within the frame of the project the legal questions concerning restraints in care are also analyzed systematically. The data of the frequency of restraints in the domestic care were raised on the World Elder Abuse Awareness Day 2010 and 2011. Professional staff members of home care services are interviewed in standardized questionnaires, expert interviews with physicians and judges as well as guardians reveal and focus in multi-professional manner typical forms of elder abuse and restraints against elder persons. Case studies of families show implications and effects of intervention measures. The numbers reveal clearly, that restraints in domestic care care are very common (11 % of frail older persons, 50 % of patients with dementia). Reasons for restraints are found in highly stressful situations and overtrading, missing knowledge and negative stereotyped views on old age. The results of the study emphasize that the extent of restraints in domestic care has been underestimated so far and shows that there is a need for action in law as well as in regard to infrastructural support and interventional help in individual cases.

SESSION 800 (SYMPOSIUM)

AN INTRODUCTION TO RECENT EFFORTS IN THE NATIONAL BALANCING INDICATOR PROJECT (NBIP)
Chair: S. Ruiz, IMPAQ International, Washington, District of Columbia
Co-Chair: O. Urdapilleta, IMPAQ International, Washington, District of Columbia

The purpose of this symposium is to introduce and present initial findings from the National Balancing Indicator Project (NBIP). The goal of the NBIP is to continue and expand the scope of work of the National Balancing Indicator Contract (NBIC). In 2007, the NBIC began to construct a set of national balancing indicators; however, the context in which CMS initiated the NBIC has significantly changed (i.e. health care reform and recent changes in Olmstead). Therefore, the scope of the indicators has expanded to address changes associated with the new environmental context. The key objectives of the NBIP are to: refine the 18 “core” or “short-term” measures/indicators developed under the NBIC; construct a comprehensive crosswalk of the indicators developed by ASPE, OCR/DOJ and private, non-profit organizations to the indicators produced by the NBIC; and advise and provide recommendations to CMS on the type and scope of data collection needed now and in the near future to facilitate CMS’ capacity to report-out on ongoing improvements on the LTSS system. This symposium will describe each of the key objectives and analyze initial findings on the project.

FINDINGS FROM THE NATIONAL BALANCING INDICATORS

This presentation will give a brief overview of key findings from the National Balanced Indicator Contract (NBIC). Based on scores received across 18 indicators and 6 principles towards a person-centered, person directed system, States were assigned in the status of their long-term supports and services (LTSS) systems. While four States had scores above the average, the other six SPT grantees received a lower than the average national score. States with low scores either appeared to have larger gaps in their LTSS systems or were at the earlier stages of developing a balanced, person-centered LTSS system. States with lower average across all principles, often displayed weaknesses on indicators in the Sustainability, Self-Determination/Person-Centeredness, and Prevention principles. The presentation will include a discussion of recommendations for change on indicators with shortfall in the progress towards a balanced, person-driven LTSS system.

OVERVIEW OF THE NBIP PROJECT

Next we will give a brief overview of the second phase of the National Balancing Indicators, which aims to address the challenges for rebalancing the long-term care system. The CMS-funded project has the following objectives: (1) refine and add to the core measures created under the CMS-funded NBIC and assess the feasibility of implementing the measures; (2) conduct research on Federal partners and private nonprofit organization’s LTSS indicator projects and produce a comprehensive crosswalk to the 18 NBIC LTSS indicators; (3) work collaboratively with consumers, advocates, States, State Associations, providers, Grantees, national experts, and other external stakeholders in the refinement of the LTSS indicators; (4) work with FY 07 “State Profile Tool” (SPT) Grantees and their contractors to test the indicators; (5) continue supporting States through provision of technical assistance to SPT Grantees on increasing data collection systems capacity; (6) update the State Technical Assistance Guide to Balancing Indicators to capture indicator and measurement additions and refinements; (7) compile a set of final Balancing Indicators; and (8) develop a report to CMS, which describes SPT efforts at collecting and using the indicators; makes recommendations for the development of a quality measures reporting system; and provides recommendations for operationalizing and implementing indicators and for improving data collection systems infrastructure to support the reporting of these indicators.

OVERALL FEDERAL EFFORTS IN LONG TERM SERVICES AND SUPPORTS
J. Howard, J.L. Poey, IMPAQ International, Washington, District of Columbia

The final presentation of the symposium will focus on two key mechanisms for achieving project objectives: 1) collaboration with agencies; and 2) findings from the development of an indicator crosswalk. To facilitate working in partnership with CMS clients and partners, the NBIP holds quarterly meetings with the federal partners and facilitates information sharing through its National Balancing Indicators portal (www.nationalbalancingindicators.com) and discussion through a Federal partners’ discussion board. For a successful and comprehensive approach, CMS and its HHS Federal partners and private and not-for-profit organizations have contributed their individual research agendas and indicators to a crosswalk document. The findings and crosswalk document will be presented during this session, matching NBIP work to other agencies with balancing indicators or equivalents.

SESSION 805 (SYMPOSIUM)

CREATING CAPACITY TO DELIVER EVIDENCE-BASED HEALTH PROMOTION PROGRAMS: NEEDS, EXPECTATIONS AND MODELS
Chair: J. Frank, UCLA, Los Angeles, California
Discussant: N. Morrow-Howell, Washington University, St. Louis, Missouri

This symposium addresses the need for and methods to assure having a prepared work force for organizations delivering evidence-based
health promotion and disease management (EBHP) programs to older adults. Major federal funding efforts are fueling the development of statewide sustainable networks to deliver EBHP programs to older adults through health and aging service community based organizations. A key component to success and sustainability of these programs is the development of a trained workforce embedded in these agencies that is prepared to not only deliver the EBHP programs, but to provide the administrative and management support needed. We present data from a statewide survey that documents the lack of formal training in aging content of currently employed aging services employees and we use a competency discrepancy assessment method to compare current competency-based training gaps with agency needs and priorities. Data from a 10-program survey is also presented on the common critical skill sets needed for delivering training to volunteers in aging service organizations to prepare them to deliver EBHP programs. We next present a model curriculum for community colleges to prepare students from a variety of disciplines in Skills for Healthy Aging Resources and Programs (SHARP). A major component of SHARP is faculty development to prepare the teachers for the 4-course certificate program. Baseline data on faculty readiness to teach in EBHP is presented, as are curricula content and teaching tools. The implications and utilization of these data and models will be discussed.

SKILLS FOR HEALTHY AGING RESOURCES & PROGRAMS (SHARP): A PILOT CERTIFICATE PROGRAM FOR COMMUNITY COLLEGES

Based on documented needs for gerontological preparation of aging services personnel and competency-based curricula gap analyses, we developed SHARP as a career technical education (CTE) pilot program at two community colleges. SHARP provides competency-based content on aging, behavior change theories, aging services program administration, Stanford University’s Chronic Disease Self-Management Program (CDSMP) and other evidence-based healthy aging programs, and fieldwork experience in a community-based organization delivering healthy aging programs. A baseline survey of community college faculty planning to teach in SHARP (n = 18) prior to faculty development revealed that faculty perceptions of SHARP content mastery, on a 1-7 scale (1 = no content mastery), average ratings of 3.22 for competency-based student assessment, 3.33 in evidence-based health promotion, 3.39 in CDSMP and 4.11 in healthy aging. Self-reported teaching skills for the content were rated low, at an average of 2.5, on a 7-point scale, with 1 = novice level teaching skills.

CALIFORNIA AGING LABOR FORCE SURVEY: ARE STAFF IN AGING SERVICES GERONTOLOGICALLY PREPARED?
J. Damron-Rodriguez, UCLA, Los Angeles, California

The California Aging Services Labor Force Survey of 58 County Adult Service Programs and the state’s Area Agencies on Aging, their subcontractors, and adult day health care providers evidence of the need for educational preparation of aging service workers. Of the total sample combined, 60% of the agencies reported zero staff with any formal training in gerontology. In rating staff geriatric competencies, data indicated a mismatch between the “most important skills” and availability of staff with these skills. Related to evidence-based practice, the evaluation of practice effectiveness was the lowest rated skill for all aging services. Recognizing that funded programs for Older American Act services are moving into more complicated arenas of services, including evidence-based health promotion and disease prevention (EBHP), this survey provides data to support the need for gerontological competency-based training for current aging services staff and competency-based education for future aging services personnel.

THE FEASIBILITY OF A GENERIC TRAINING CURRICULUM FOR VOLUNTEERS IN HEALTH PROMOTION PROGRAMS
M. Aitpeter, Institute on Aging, University of North Carolina, Chapel Hill, North Carolina

To determine the feasibility of creating a generic training curriculum for volunteers in health promotion programs for older adults, we conducted a two-phased study to review program materials from 10 national evidence-based or best practice programs. We created a spreadsheet matrix to tabulate the frequency of inclusion of elements across all 10 programs, and arrayed elements under appropriate topics. We then reviewed the matrix for comprehensiveness and added elements to augment the identified core topics. Program administrators reviewed the matrix to ensure accuracy and relevance. We found 67 elements of core content across 50% or more of the reviewed programs. We added 17 elements to enhance curriculum comprehensiveness. Our findings identify a significant body of general core content that supports the feasibility of creating a generic training curriculum for volunteers as an approach to enhance staffing capacity for health promotion programming.

SESSION 810 (SYMPOSIUM)
HOW THE LACK OF A TRAINED WORKFORCE THREATENS THE FUTURE EXPANSION OF PARTICIPANT-DIRECTED LTSS PROGRAMS
Chair: L. Simon-Rusinowitz, School of Public Health, University of Maryland, College Park, Maryland
Co-Chair: K.J. Mahoney, Boston College, Chestnut Hill, Massachusetts
Discussant: K.J. Mahoney, Boston College, Chestnut Hill, Massachusetts

Since 2001, changes in Medicaid policy and expanded financial support from the Administration on Aging (AoA) and the Veteran’s Administration (VA) have led to an expanding number of participant-directed (PD) long-term services and support (LTSS) programs from 139 to over 240. The growth of PD LTSS creates a need to re-train the aging network workforce and informal caregivers, as the adoption of PD LTSS requires an organizational culture change in viewing the participants’ role in directing their own care. However, the growth of PD LTSS has occurred during challenging economic times when many states are forced to cut community-based program budgets. Using recent research from the National Resource Center for Participant-Directed Services (NRCPDS), this symposium will first provide an overview of nationwide growth of Medicaid, AoA, and VA PD programs (Mark Sciegaj). Second, the findings of recent interviews with 15 Cash and Counseling state program directors regarding PD training needs of the aging network workforce will be presented (Abby Schwartz). Finally, the findings from a survey of representatives (family members or friends) serving participants with dementia in Arkansas’ Independent Choices program will detail the training needs for this important team member— the person who assesses and represents a participant’s preferences and needs when that person needs help in doing so (Lori Simon-Rusinowitz). NRCPDS director Kevin Mahoney will synthesize lessons from these projects and discuss approaches to meeting training needs in challenging economic times.

REPRESENTATIVES FOR PEOPLE WITH DEMENTIA IN A PARTICIPANT-DIRECTED PROGRAM: UNIQUE TRAINING NEEDS
L. Simon-Rusinowitz, E. Mahoney, D.M. Loughlin, K. Ruben, J. Health Services Administration, University of Maryland, College Park, Maryland, 2. Boston College, Boston, Massachusetts

Abstract Participant-directed (PD) services help people with all types of disabilities stay in their homes and obtain the type of personal care they prefer. However, policymakers and others have had concerns about
INNOVATIVE APPROACHES TO INCREASING ACCESS TO CULTURALLY APPROPRIATE SUPPORT FOR FAMILY CAREGIVERS

Chair: D.J. Sheets, University of Victoria, Victoria, British Columbia, Canada
Co-Chair: M. Marcus, University of Victoria, Victoria, British Columbia, Canada
Discussant: F. Torres-Gil, University of Victoria, Victoria, British Columbia, Canada

The Harry and Jeannette Weinberg Foundation is providing nearly $8 million in funding to develop the capacity of non-profit organizations to support family and informal caregivers. This symposium presents findings from selected non-profit organizations in 3 states in their second year of funding under this 3 year initiative. The projects highlight innovative approaches to addressing the needs of minority, culturally and ethnically diverse populations. One presentation assesses the use of trained bilingual care advocates to enhance service provider capacity to address the needs of underserved Asian family caregivers in a culturally and linguistically appropriate manner. Another presentation summarizes the impact of a partnership between an area agency on aging and community and faith-based organizations in the south suburbs of Chicago. The presentation highlights key aspects of this grass-roots caregiver support network which provides culturally appropriate, supportive services for low-income, minority caregivers and considers the sustainability issues. The third presentation evaluates the use of a self-assessment web-tool to allow caregivers to identify their own caregiving needs and access services, support and information. This innovative technology has resulted in the creation of a network that offers solutions earlier in the caregiving trajectory. Findings from an evaluation of the project examine how this tool has increased capacity to address the needs of caregivers. Panelists will focus on key project findings relevant to public policy and the development of culturally appropriate caregiver programs and services that target underserved minority, culturally and ethnically diverse family caregivers.

THE ASIAN PACIFIC ISLANDER DEMENTIA CARE NETWORK – PRELIMINARY FINDINGS

D. Cherry1, P. Housten1, S. Enguidanos1, R. Gongoll2, 1. Institute for Change/Research, Partners in Care Foundation, San Fernando, California, 2. Alzheimer’s Association, Southland Chapter, Los Angeles, California, 3. Davis School of Gerontology - University of Southern California, Los Angeles, California

Ethnic minorities are often unaware of or hesitate using social and supportive services. As a result, Asian caregivers may lack needed support and resources. The Los Angeles-based Asian Pacific Islander Dementia Care Network (APIDCN) Project: Services for Caregivers aims to enhance service provider capacity to serve Asian family caregivers in a culturally and linguistically appropriate manner. Trained bilingual care advocates—the “heart” of the APIDCN—recruit, assess, and provide social service referrals to caregivers of persons with dementia. Preliminary analyses show that 26% of caregivers (n=23) indicated at intake (baseline) that they did not use services such as respite, support groups, or chore services. This rate decreased to 9% at follow-up, demonstrating an overall increase in supportive service utilization among caregivers. Caregivers’ knowledge about services in their community also improved. These preliminary findings suggest that culturally appro-
CAREGIVER CENTRAL: SELF-ASSESSMENT TO INCREASE ACCESS TO SERVICES
A. Kelly, A.J. Thompson, Share the Care, Inc, Orlando, Florida

The Caregiver Central project developed a self-assessment web-tool to allow caregivers to identify their own caregiving needs. The use of this tool by a nonprofit organization provided caregivers with direct links to services, support and information. This innovative technology has resulted in the creation of a network that supports caregivers and also expands the potential for community response to caregiver needs, thus giving families more solutions earlier in the caregiving trajectory. Findings from an evaluation of the project will examine how it has increased capacity to address the needs of caregivers by developing a community network reach and response, including both process and outcome perspectives. Aspects of network expansion, such as development of service partnerships and relationships with major employers, are identified as well as implications for addressing caregiver outcomes including depression, caregiver burden and caregiver risk.

SESSION 820 (SYMPOSIUM)

FINDING YOUR VOICE: ADVOCACY TRAINING FOR THE EVERYDAY RESEARCHER
Chair: G. O’Neill, National Academy on an Aging Society, Washington, District of Columbia
Co-Chair: B. Lindberg, Consumer Coalition on Health Care, Washington, District of Columbia

With the current economic climate threatening to cut crucial funding, your voice is needed to make the case for investing in research both on the local level and in Washington. This session will feature an overview of the current funding crisis, give tips on how to set up and prepare for a congressional meeting, and provide training on framing your work and communicating effectively to policy makers. Experts in policy and advocacy will also lead a small group practice exercise to perfect your message. This extended session, chaired by Greg O’Neill, Director of the National Academy on an Aging Society, and moderated by GSA Policy Advisor Brian Lindberg, will provide you with essential tools to become an advocate for research funding and other aging services. This session is sponsored by the National Academy on an Aging Society.

SESSION 825 (SYMPOSIUM)

THE AFFORDABLE CARE ACT AND LONG-TERM CARE: AN ANALYTICAL PERSPECTIVE
Chair: E.A. Miller, Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts
Discussant: D. Grabowski, Harvard Medical School, Boston, Massachusetts

Widespread recognition of prevailing challenges has led to growing consensus that the way long-term care (LTC) is delivered, regulated, and financed needs to be reformed. Although receiving little notice in light of efforts to expand access to basic health insurance coverage, the Patient Protection and Affordable Care Act (ACA) includes a number of provisions meant to address extant deficiencies in the LTC sector. The most prominent is the Community Living Assistance Services and Supports (CLASS) Act, a national voluntary LTC insurance program. Other pertinent provisions include a number of research and demonstration projects, a grab bag of nursing home quality reforms, and additional incentives and options for expanding Medicaid home- and community-based services (HCBS). In including these provisions it was the sense of the Senate that “Congress should address long-term services and supports in a comprehensive way that guarantees elderly and disabled individuals the care they need.” But just how effective is the ACA likely to be in addressing the problems plaguing LTC? This symposium will seek to answer this question by drawing on the expertise of eminent scholars and analysts. Mitchell LaPlante (UCSF) will examine the implications of the ACA for expanding access to home- and community-based services; Robyn Stone (LeadingAge) for the LTC workforce; and Joshua Wiener (RTI) for LTC financing.

THE IMPACT OF THE ACA ON THE ELDER CARE WORKFORCE
R. Stone, N. Bryant, LeadingAge, Washington, District of Columbia

The ACA impacts the development and sustainability of the elder care workforce in several ways. Specific provisions that support and strengthen this workforce include financial incentives to encourage individuals to pursue geriatric careers across professions, the expansion of the Geriatric Education Centers to focus on chronic care management and long-term care, and the development of core competencies and curricula for direct care workers. Indirectly, the ACA will influence this workforce through provisions designed to shift LTC from a primarily institutional to HCBS system. Promulgation of new payment methodologies designed to improve quality and efficiency in Medicare and an array of demonstration and pilot projects designed to promote better care coordination and service integration within and across settings will further impact its size and structure. Ultimately, the type of education and training and practice patterns required will need to be altered to successfully achieve the goals inherent in these provisions.

IMPLEMENTING THE CLASS ACT: DECISIONS FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
J. Wiener, Aging, Disability and Long-Term Care, RTI International, Washington, District of Columbia

Over the long run the CLASS Act has the potential to radically change LTC financing. Like much of the ACA, the CLASS Act delegates considerable discretion to the federal bureaucracy. This suggests that the Act’s ultimate effectiveness will depend on choices the government makes during the course of implementation. How can adverse selection be prevented? What should actuaries assume in setting premiums? What disability levels should trigger benefits? How will eligibility for benefits be determined? How much will benefits be and for what can they be used? What will the relationship be between the CLASS Act and private insurance? Decisions such as these will largely determine whether the general working population can be educated to recognize their risk of needing LTC as they age and whether they believe that the CLASS Act can help to meet future LTC needs-i.e., offers value for affordable premiums.

HOME AND COMMUNITY BASED SERVICE OPTIONS
M. LaPlante, C. Harrington, T. Ng, H. Kaye, University of California, San Francisco, California

Over the past two decades state Medicaid programs have greatly expanded HCBS although considerable interstate variation in access to services remains. The ACA has three important provisions to expand HCBS. First, the Community First Choice Option allows states to provide attendant care services with enhanced federal matching assistance. Second, HCBS can be offered as an optional benefit instead of a waiver at a financial eligibility level of 300% of SSI. Third, the State Balancing Incentive Payments Program provides five years of enhanced federal matching to eligible states to increase HCBS. Although these provisions are valuable, the law does not set minimum standards for HCBS benefits. Moreover, the new incentives may not be sufficient to encourage major changes in light of ongoing state budget difficulties. Wide variations in access to HCBS can be expected to continue while HCBS competes with mandated institutional care for funding.
These data indicate that innate mechanisms of cellular adaptation contribute to aging, and suggest CR specifically activates these metabolic pathways to promote longevity.

**CALORIE RESTRICTION MIMETICS: PROGRESS AND POTENTIAL**

G. Roth¹, D. Ingram², 1. GeroScience Inc., Pylesville, Maryland, 2. Louisiana State University, Baton Rouge, Louisiana

Dietary caloric restriction (CR) is the most robust environmental intervention for extending lifespan and maintaining health and vitality. Its health benefits have been demonstrated in essentially every species examined, including most recently in nonhuman primates and humans. However, maintaining a 25-40% reduced intake over the bulk of the adult lifespan would be a challenge for most humans. Therefore, to obtain the same effects, but WITHOUT dieting, we have introduced the new technology of CR mimetics. Generally, these can be described as dietary supplements which mimic the effects of CR by working through various cellular and molecular mechanisms evoked by CR. Over the past few years, several candidate CR mimetics have been considered and investigated including metformin, resveratrol, and rapamycin, which generally target a specific molecular pathway. Over 12 years ago, we introduced the concept of glycolytic inhibition as a strategy for developing mimetics of CR. We have argued that inhibiting energy utilization as far upstream as possible might offer a broader range of CR-like effects as opposed to targeting a singular molecular target downstream. Our initial candidate compound as a CR mimetic was 2-deoxyglucose, which reduced insulin levels and body temperature (biomarkers shown to correlate with longevity in humans and other species), similar to actual CR, but which demonstrated a narrow window between efficacy and toxicity. Since then, other candidate glycolytic inhibitors have emerged, including the 7-carbon sugar, mannoheptulose, which appears to hold significant potential when applied in the diet in the form of a supplement derived from unripe avocados. The field of CR mimetics is gaining increased attention to direct attention toward effective aging interventions.

**CALORIE RESTRICTION AND CALORIE RESTRICTION MIMETICS, WHERE ARE WE NOW?**

R. De Cabo, J. Mattison, R. Minor, K. Pearson, E. Mercken, National Institute on Aging, Bethesda, Maryland

A prominent manifestation of aging is a reduced ability to respond to environmental stressors, including heat, immune and oxidative stress. This reduced stress tolerance leads to a decreased ability to maintain organismal homeostasis and is, at least, partially responsible for the increased morbidity and mortality that occurs with advancing age. The age-related attenuation of stress response pathways and increased expression of stress-response genes with increasing age are clear examples of the growing body of evidence linking reduced stress responsiveness to aging. In 1935, McCay and colleagues first reported that reducing the caloric intake of rodents could significantly lengthen their mean and maximal life span, slowing down basic aging processes. The effect of caloric restriction (CR) on delaying aging and improving health has been replicated in many animal species including nonhuman primates, although in these, potential life span alterations are still uncertain. CR causes a reduction in body weight, tissue growth, blood glucose, insulin levels and body temperature. In addition, CR prevents the age-related decline in tolerance to different stressors such as oxidative and heat, and the age-related reduction in expression of protective stress response proteins. While CR is the only intervention that has consistently been shown to increase maximum life span and prevent or delay the onset of age-associated pathophysiological changes in laboratory rodents, the underlying mechanisms remain elusive. Using calorie restriction (CR) as a research tool, gerontologists are making progress in identifying dietary and pharmacologic interventions that may be applicable to retarding aging processes in humans.
PSYCHOLOGICAL DISTRESS IN LATER LIFE

MENTOPAUSAL SYMPTOMS AND DEPRESSION: A 9-YEAR PROSPECTIVE LONGITUDINAL FOLLOW-UP STUDY
J. Strauss, Wurzweiler School of social work, Yeshiva University, Bronx, New York

The present study sought to examine: a.) the association between depression among pre-menopausal and peri-menopausal women and subsequent difficulty with menopausal symptoms; and b.) the relationship between initial problems with menopausal symptoms and the subsequent development of depression. A prospective longitudinal regression analysis was employed to examine the association between initial depression and subsequent increases in menopausal symptoms, as well as the relationship between initial menopausal symptoms and later increases in depression, in a sample of 986 women who participated in a community survey of health and well-being in mid-life (the MIDUS Study). Initial levels of depression predicted 9-year follow-up levels of menopausal symptoms controlling for initial menopausal symptoms and demographic covariates. Initial levels of menopausal symptoms predicted 9-year follow-up levels of depression controlling for initial levels of depression and demographic covariates. Women who have more symptoms of depression in their 30’s and early 40’s may be at heightened risk for problems with menopausal symptoms. Conversely, efforts to address more severe symptoms of menopause may help to reduce the onset of depression among women during the menopausal transition. A greater understanding of factors that can reduce the impact of menopausal symptoms on the well-being of women in midlife is important not only for the women themselves, but also for the children and parents for whom they provide care.

VETERAN AND NONVETERAN DIFFERENCES IN LATER-LIFE DEPRESSION
A.S. London, M. Brown, J. Wilmoth, Sociology, Syracuse University, Syracuse, New York

A growing body of research documents how early-life-course military service shapes various later-life outcomes and how heterogeneity in military service experiences matters. For those who serve during wartime, there are greater risks of physical injury and post-traumatic stress associated with combat exposure that can negatively affect a range of outcomes. The extant research has not explicitly examined differences in later-life depression between veterans and nonveterans, veterans with and without wartime service, and veterans who served during different wars (World War II, Korean War, and multiple wars) using nationally representative data. This study uses data from the 1995-2006 Health and Retirement Study (HRS) to estimate growth curve models of age-related depression trajectories among veterans and nonveterans, as well as among veterans with different service experiences. Models control for race/ethnicity, childhood factors, later-life health status, cognitive function, sensory impairments, and attrition. Compared to nonveterans, veterans with and without war service had lower levels of depression in later life, and veterans of different wars experience different trajectories of depression with age. The degree to which childhood and later-life characteristics mediate the relationship between veteran status and depression varies across groups, although childhood disadvantage and health fully explain the lower levels of depression among non-war veterans. The selection into military service, wealthy warrior, positive turning point, and post-service mortality selection hypotheses are discussed as potential explanations for observed differences in later-life depression between war-service veterans and nonveterans.

EFFECTS OF AGE AND GENDER ON THE PREVALENCE AND CORRELATES OF PSYCHOLOGICAL DISTRESS IN LATER LIFE
J.E. Byles1, E. Banks2, 1. Faculty of Health, The University of Newcastle, Newcastle, New South Wales, Australia, 2. The Australian National University, Canberra, New South Wales, Australia

As populations age, psychological distress in late life will become of increasing public health importance. However, there is currently little information about psychological distress in late life, since most studies do not involve older people. We have analyzed data from 236,508 men and women in the New South Wales 45 and Up Study, which includes participants up to 106 years old. Prevalence of high and very high scores on the Kessler Psychological Distress Scale(K-10) decreased with age up to age 80, and was lower for men than for women at all ages. Among those aged <80 years, 7.0% of men had high/very high K10 scores compared with 8.4% of women; among those aged 80 years or more 5.2% of men and 7.6% of women had high/very high scores. Higher education, married status, and higher income were associated with lower risk of psychological distress, with some modification of these effects according to age and gender. After adjusting for demographic factors, there was a strong association between psychological distress and the presence of physical comorbidities, and significant interaction according to gender and age. At the end of this presentation participants will be able to quantify the change in prevalence of psychological distress in late life, and consider the impact of age and sex on this condition.

ACCUMULATED FEELINGS OF DISADVANTAGE: A QUALITATIVE ANALYSIS OF STRESS AND COPING IN KOREAN IMMIGRANT WOMEN
M. Sin, College of Nursing, Seattle, Washington

Although stress can be a normal psychological and physical response to life situations, how one copes with stress is a critical factor for our health. Cultural beliefs and practices, including gender roles imposed by society, have a significant influence on stress-coping mechanisms. The purpose of this study was to assess sources of stress and coping strategies of Korean immigrant women. In this qualitative descriptive study, a convenience sample of 14 Korean immigrant women was recruited to participate in focus groups. Participants had to be age ≥ 40 years and living in Washington state. Four focus group discussions, 60-90 minutes in length were held with seven participants in each group. The mean age was 55 years (SD: 10.6, range: 21-74). Average residency in the U.S. was 18 years (SD: 10.2, range: 5.3-39). The typical participant was college educated (50%) and married (71.4%). Focus groups were audiotaped and transcribed verbatim. Data were analyzed with inductive conventional content analysis. The main stressors identified were socio-environmental changes from immigration such as language barriers, conflict in human relationships, changes in lifestyle, discrimination at work and finances. Living status and child rearing process were also identified as stressors. Both healthy (hiking, walking, and traveling, attending church, and staying busy) and unhealthy (being alone) coping strategies were used by the participants. The Korean immigrant women in this study were very stressed and were experiencing changed coping resources from immigration. Interventions that decrease the stress in this socially disadvantaged population are needed.

THE LONGITUDINAL RELATIONSHIP BETWEEN FINANCIAL HARDSHIP AND DEPRESSIVE SYMPTOMATOLOGY AMONG CAREGIVERS OF INDIVIDUALS WITH DEMENTIA: A PROPENSITY SCORE APPROACH
I. Nam, E. Choi, School of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania

Despite an increase in research focused on the effects of financial hardship on emotional health, little is known about the longitudinal relationship between financial hardship and mental health among caregivers.
of individuals with dementia. Data were from the Resources of Enhanced Alzheimer’s Caregiver Health project. Participants (N = 673) were asked one question relating to financial hardship and the CES-D was used to assess caregiver’s depressive symptomatology. A multiple linear regression was used to examine the relationship between financial hardship and depressive symptomatology. This study used propensity score analyses to account for observed selection into groups of caregivers with and without financial hardship. There were significant prediction of more depressive symptomatology by financial hardship (p < .01), after adjusting for care-recipient and caregiver characteristics. Interestingly, household income did not significantly predict more depressive symptomatology. This supports previous findings that objective income measures are not adequate predictors of psychological distress in older adults. These results revealed that financial hardship played an important and complex role in predicting depressive symptomatology of dementia caregivers. In addition, the results provide more robust evidence regarding the relationship between financial hardship and more depressive symptomatology by reducing selection bias.

SESSION 840 (SYMPOSIUM)

A LIFECOURSE APPROACH TO WOMEN’S HEALTH IN AGING: RESULTS FROM THE NURSES’ HEALTH STUDY
Chair: F. Grodstein, Brigham and Women’s Hospital, Boston, Massachusetts
Discussant: T.M. Gill, Yale University School of Medicine, New Haven, Connecticut

This symposium will feature research from the Nurses’ Health Study, with the goal of examining how risk factors during the lifespan relate to women’s health in aging. The Nurses’ Health Study is one of the largest, long-term studies of women’s health. In 1976, 121,700 nurses, aged 30-55 years, were recruited; the women currently range from 65-90 years. Participants have been continually followed via biennial mailed questionnaires and telephone interviews; follow-up remains 90% complete. We utilized this rich resource to consider how lifestyle and other factors influence a wide variety of health issues important in aging. Specifically, this symposium will explore how mid-life or later-life adiposity, diet, and psychological factors influence outcomes at older ages, including physical function, cognitive function, urinary incontinence, and overall successful aging (combining longevity, chronic diseases, emotional, cognitive and physical functioning). In particular, we will discuss the relation between: (1) adiposity at mid-life and late-life trajectory of physical function; (2) mid-life phobic anxiety and later-life cognitive decline; (3) mid-life vitamin D levels and later-life cognitive decline; (4) later-life intake of acidic fruit/vegetables and subsequent risk of urinary incontinence; and (5) mid-life moderate alcohol consumption and odds of successful aging. Overall, this symposium will highlight the importance of considering risk factors in earlier, as well as later life, and suggest potential interventions which may prevent or delay common morbidities of aging.

PHOBIC ANXIETY AT MID-LIFE AND COGNITIVE PERFORMANCE OVER 4 YEARS AMONG COMMUNITY-DWELLING OLDER WOMEN
O. Okereke1,2, F. Grodstein1,2, 1. Departments of Psychiatry and Medicine, Brigham and Women’s Hospital and Harvard Medical School, Boston, Massachusetts, 2. Department of Medicine, Brigham and Women’s Hospital and Harvard Medical School, Boston, Massachusetts

Phobic anxiety is associated with inflammatory mediators implicated in late-life cognitive dysfunction. However, specific relations of anxiety to late-life cognition and decline are under-studied. Among 16,351 Nurses’ Health Study participants, we prospectively examined mid-life phobic anxiety, using a validated symptom scale, and later-life cognition, using three repeated assessments of general cognition, word-list and paragraph recall (immediate and delayed), category fluency, and attention/working memory over an average of 4.4 years. Primary outcomes were general cognition, verbal memory and global score summarizing all domains; analyses used general linear models of response profiles. Higher mid-life phobic anxiety was related to significantly worse later-life performance on all outcomes; mean differences for extreme categories of anxiety were cognitively equal to 1.5-2 years of aging. Yet, profiles of cognitive decline were parallel over time regardless of anxiety scores, suggesting phobic anxiety may impact cognition earlier in life, rather than having a cumulative effect throughout later-life.

ALCOHOL CONSUMPTION AT MID-LIFE AND SUCCESSFUL AGING IN WOMEN
M.K. Townsend1, Q. Sun1,2, O. Okereke1, E. Rimm1,2, F. Hu1,2, M. Stampfer1,2, F. Grodstein1,2, 1. Channing Laboratory, Brigham and Women’s Hospital, Boston, Massachusetts, 2. Harvard School of Public Health, Boston, Massachusetts

We examined whether moderate alcohol intake is associated with successful aging among 13,906 Nurses’ Health Study participants who survived to age 70 or older. Alcohol consumption at mid-life was assessed using a food frequency questionnaire. Successful aging was defined as absence of 11 chronic diseases and no major impairments in cognition, physical function, or mental health. Overall, 11% of women achieved successful aging. Multivariable-adjusted odds ratios (95% confidence interval) for successful aging were 1.12 (0.96, 1.30) for ≤ 5.0 g/day, 1.19 (1.01, 1.40) for 5.1-15.0 g/day, 1.28 (1.03, 1.58) for 15.1-30.0 g/day, and 1.24 (0.87, 1.76) for 30.1-45.0 g/day compared with non-drinkers. Additionally, independent of total intake, alcohol drinking most days rather than 1-2 days/week was associated with higher odds of successful aging. These data suggest that light-to-moderate alcohol consumption at mid-life may be related to a modest increase in overall health status among women surviving to older ages.

PLASMA VITAMIN D AND COGNITIVE FUNCTION: 9 YEARS OF FOLLOW-UP
J.H. Kang, B. Bartali, E. Devore, F. Grodstein, Brigham and Women’s Hospital, Boston, Massachusetts

We investigated the association between plasma vitamin D in women aged 60-70 years (mean=63) and cognitive function assessed an average 9 years later. We included 1,190 Nurses’ Health Study participants who provided a blood sample in 1989-1990, had plasma vitamin D levels measured and completed a cognitive assessment in 1995-2001. The telephone-administered validated cognitive battery included tests of the general cognition, verbal memory, category fluency and attention. In multivariable analyses, higher vitamin D levels were associated with better global scores (average of z-scores of all tests), verbal memory scores (average of z-scores of verbal memory tests) and digit backwards scores (a test of attention) (p-trend=0.02, 0.04, 0.06, respectively). These scores were significantly higher in the top (median=47.1 ng/mL) versus the bottom (median=1.9 ng/mL) vitamin D decile. Overall, higher plasma vitamin D in women in their 60’s was associated with better cognition 9 years later.

ACIDIC FRUIT INTAKE IN RELATION TO INCIDENT URINARY INCONTINENCE IN OLDER WOMEN
E. Devore1, M.K. Townsend1, N. Resnick2, F. Grodstein1,2, 1. Channing Laboratory, Department of Medicine, Brigham and Women’s Hospital, and Harvard Medical School, Boston, Massachusetts, 2. Division of Geriatric Medicine, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, 3. Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts

Citrus fruit and tomatoes are commonly classified as bladder irritants in the lay literature, but epidemiologic data examining the asso-
association between acidic fruit intake and urinary incontinence are lacking. We ascertained incident incontinence over four years of follow-up in 34,144 women without incontinence, aged 54-79 years, in the Nurses’ Health Study. Acidic fruit consumption was measured using a food frequency questionnaire prior to incontinence onset. We found no relation between intake of acidic fruit, or specific types of fruits, and subsequent risk of incontinence; for example, the relative risk of at least monthly incontinence was 0.99 (95% confidence interval 0.92-1.07) comparing the top vs. bottom quintiles of acidic fruit intake. Additionally, acidic fruit intake was not related to specific risks of urgency, stress, or mixed incontinence. Overall, these data do not support recommendations to reduce acidic fruit intake to prevent incontinence, although future studies are needed to confirm these results.

EFFECT OF ADIPOSY AT MID-LIFE ON PHYSICAL FUNCTION 14 YEARS LATER
B. Bartali, E. Devore, F. Grodstein, Medicine, Brigham and Women’s Hospital - Harvard Medical School, Boston, Massachusetts

The aim of this study was to evaluate whether adiposity at mid-life predicts decline in physical function (PF) in later life. PF was assessed using the SF-36 questionnaire administered in 2000, 2004, and 2008 in Nurses’ Health Study participants. Overall, 72,836 women with at least two PF assessments, and data on body mass index from the 1986 questionnaire, were included. After control for confounding, higher BMI at age 40-65 years was strongly associated with lower PF 14 years later (p-for trend=0.0001). For example, PF score was substantially lower (mean difference=23.7) in the highest (BMI>31.2) versus lowest BMI decile (BMI<20.5). Similarly, higher mid-life BMI was associated with greater PF decline from 2000-2008 (p-for trend=0.0001), after adjustment for confounders. Women in the highest BMI decile had mean 13.1 points/year greater decline in PF versus the lowest decile (95%CI: 13.91, -12.31). These results suggest that BMI at mid-life is a key predictor of PF in later life.

DIFFERING PERSPECTIVES ON EGO-CENTRIC SOCIAL NETWORK CHARACTERISTICS: INDIVIDUALS WITHIN VERSUS AGGREGATED NETWORKS
N.J. Webster, T. Antonucci, University of Michigan, Ann Arbor, Michigan

The social networks of older adults are important predictors of health and well-being. This paper compares two perspectives and methods for analyzing the structure (contact frequency, age, emotional closeness, geographic proximity) and composition (relationship and gender) of social relations conveyed by examining: a) typologies of individuals within convoys through Multilevel Latent Class Analysis (MLCA); and b) typologies of aggregated convoys through Latent Profile Analysis (LPA). Data include respondents age 65 and older (N=293) and their convoy members (N=2101) from the regionally representative Social Relations, Aging and Health Study (2005). MLCA indicates there are 5 individual typologies of convoy members, while LPA indicates 3 types of aggregated networks. The results suggest that an individual-within network perspective provides more detail on the social convoys of older adults than an aggregated view. The implications of these differing perspectives on health and well-being outcomes will also be explored.

AN EVALUATION OF METHODS USED TO ASSESS ASSISTED LIVING RESIDENTS’ SOCIAL SUPPORT NETWORKS
M.M. Perkins1, M.M. Ball2, C.L. Kemp1, 1. Emory University, Atlanta, Georgia, 2. Georgia State University, Atlanta, Georgia

We evaluate methods used in a 3-year multiple-methods study that investigates social relationships in assisted living (AL). This NIA-funded project (1R01 AG030486-01) is the first study in AL to examine in-depth how residents’ social relationships develop and change over time and the impact these ties have on residents’ health and well-being. It also is the first study in AL to use Antonucci’s (1986) social network mapping tool. In addition to addressing our specific research aims, another objective of this research is to make a methodological contribution by evaluating the effectiveness of Antonucci’s instrument for use with the AL population. Data sources include 3,660 hours of observation and interviews with 244 residents and 32 providers from 9 facilities in metro Atlanta. We compare results based on multiple methods used and conclude that Antonucci’s instrument is an effective tool for use in AL. We address several challenges and make recommendations.
MEASURING SOCIAL NETWORKS AND HEALTH AMONG OLDER ADULTS RECEIVING LONG-TERM SERVICES AND SUPPORTS

The primary aim of this study is to test the feasibility of combining two methodological approaches to collecting social network information among older adults living in one neighborhood of an assisted living facility and in a dementia care nursing home. The two methods used in this study to assess social networks are the egocentric (personal network) and sociocentric (whole network) approaches. Face to face interviews were conducted with residents (N=20), family members (n=10), and employees (N=17) to obtain a more complete description of older adults social interactions. Findings reveal that combing approaches improves the data collection techniques available and allows for the creation of social network variables such as centrality, density, and reciprocity. Correlations between health variables and network characteristics are presented. Ways to measure and thereby understand the interactions of all people associated with the social network of older adults receiving long-term services will be discussed.

SESSION 850 (SYMPOSIUM)

DELIRIUM AND COGNITIVE TRAJECTORIES: RESEARCH DESIGN AND MEASUREMENT CHALLENGES
Chair: R.N. Jones, Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts, Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, Massachusetts
Discussant: R.N. Jones, Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts

Major challenges in cognitive aging involve describing changes over time, and the impact of either acute perturbations (such as delirium) or beneficial interventions. The papers in this symposium illustrate accessible approaches to common challenges in cognitive aging research. Fong and colleagues present the validity of self-report measures for cognitive impairment, including the IQCODE and IADLs in a sample of older adults scheduled for surgery. Measures such as the IQCODE may be useful tools for identifying persons with cognitive impairment, but a reliable informant is often unavailable. Yang and colleagues discuss the development of efficient tools for the measurement of complex traits using modern psychometric methods, including item response theory. The particular substantive application is the identification of a set of items for the efficient and accurate screening for delirium in postacute care. The third paper (Gross) addresses remedies for a common challenge in longitudinal research studies: how to deal with non-equivalent test forms, such as alternate forms, different tests in same group, or repeated measures. Non-equivalent tests thwart our ability to detect individual differences in longitudinal analyses. The fourth paper (Saczynski) addresses the modeling of acute changes. Such can occur in experimental studies and in natural experiments, such as stroke, surgery or hospitalization with delirium. The appropriate characterization, and parameterization, of the magnitude, duration, and influence of the acute insult on cognitive trajectories is complicated. Delirium results in a precipitous decline followed by persistent impairment.

DELIRIUM SCREENING ITEMS IDENTIFIED USING A MODERN MEASUREMENT APPROACH
F.M. Yang2, R.N. Jones1,2, S.K. Inouye1,2, D. Tommelt, P.K. Crane1, J.L. Rudolph1, L.H. Ngo2, E. Marcantonio1, 1. Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts, 2. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 3. University of Washington, Seattle, Washington, 4. Brigham and Women’s Hospital, Boston, Massachusetts

Delirium is prevalent and treatable among hospitalized older adults, yet we currently lack a short, efficient, and sensitive screening tool. We sought to identify a set of indicators to assess the four features of delirium codified in the Confusion Assessment Method from a pool of 260 indicators drawn from established cognitive testing and delirium interview tools. We included older adults who were screened for enrollment in a large delirium study in post-acute care facilities (n = 4,598). We used psychometric data analysis techniques to assess assumptions and identified up to five indicators per unidimensional set that minimized measurement error in the region of each underlying trait relevant for delirium screening. We identified 41 indicators that were useful for screening, maintained fidelity to clinical constructs of delirium, and minimized measurement error. This reduced indicator set facilitates development of screening tools suitable for use in clinical applications or research studies.

LINKING THE UNLINKABLE: METHODS FOR EQUATING NON-EQUIVALENT COGNITIVE TESTS
A. Gross1,2, D. Habtemariam3, D. Tommelt, S.K. Inouye1,2, R.N. Jones1,2, 1. Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts, 2. Beth Israel Deaconess Medical Center, Boston, Massachusetts

Non-equivalent tests are frequently used in common situations involving different tests in the same group, alternate forms, or repeated measures. Thus, equating methods play an important role, and our goal was to compare two methods. Linear equating is analogous to z-transformation of scores. Equipercentile methods, often used to reference a patient’s scores to a reference population’s percentiles, equate tests across their percentile distributions. These methods were applied to non-equivalent alternate tests used in a longitudinal memory intervention trial (n=1,401) and different dementia screening tests used in a clinical cohort (n=1,494). Linear and equipercentile equating demonstrated score distributions consistent with the reference test (ratio of mean squared errors comparing linear and equipercentile equating=0.96) and metric equivalence with age (p’s<0.15). Equipercentile equating further adjusts for practice effects and is superior for tests not normally distributed. Equating methods are broadly applicable to within and between group comparisons in both research and clinical settings.

I CAN TELL YOU HOW I’M DOING: SELF-REPORT METHODS FOR DETECTING COGNITIVE DECLINE IN OLDER ADULTS
T.G. Fong1, L. Huang1, A. Gross1,2, S.K. Inouye1,2, E. Schmitt1, D. Habtemariam3, R.N. Jones1,2, 1. Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts, 2. Beth Israel Deaconess Medical Center, Boston, Massachusetts

The Informant Questionnaire on Cognitive Decline (IQCODE) is a common screening tool for cognitive impairment. A self-report version (IQCODE-SR) has been proposed as a convenient substitute. This study explores associations between IQCODE-SR and IQCODE, and investigates validity of the IQCODE-SR and self-reported instrumental activities of daily living (IADL-SR) for cognitive impairment using a reference standard neuropsychological test battery composite (NTBC). Participants were 86 community-dwelling adults over age 70 from a study of elective surgery patients. IQCODE-SR is poorly associated with IQCODE (r=0.15). NTBC is reduced by 0.09 standard deviations (SD) per 1SD worse IQCODE-SR (95%CI=-0.31,0.12) and by 0.72SD for any IADL-SR difficulty (95%CI=-1.18,-0.26). Using the median NTBC as a cutpoint, criterion validity is poor for the IQCODE-SR (AUC=55%; 95%CI=43.67), but better for IADL-SR (AUC=60%; 95%CI=51.70) and IQCODE (AUC=60%; 95%CI=47.73). Screening for cognitive decline is an important clinical activity for which IADL-SR and informant IQCODE are useful; IQCODE-SR is not recommended.
MODELING DELIRIUM AND COGNITIVE TRAJECTORIES POSTOPERATIVELY: ACUTE DECLINE AND FAILURE TO RECOVER
J. Saczynski1, E. Marcantonio1, L. Quach2, T.G. Fong3, D. Tommer1, J.L. Rudolph1, D. Habtemariam2, R.N. Jones3, 1. UMass Medical Center, Worcester, Massachusetts, 2. Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts, 3. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 4. Brigham and Women’s Hospital, Boston, Massachusetts

Delirium, common following cardiac surgery, is associated with increased risk for adverse outcomes. We examined cognitive change following cardiac surgery and recovery of cognitive function in the month following discharge in 225 patients (mean age=73; men=76%). Cognitive function (MMSE) and delirium (Confusion Assessment Method) were assessed preoperatively, daily postoperatively, and at one month. 46% of patients developed delirium postoperatively. Linear mixed model with piecewise linear function of time was performed to estimate the change in MMSE score by delirium status. Compared to patients without delirium, those who developed delirium had significantly lower preoperative MMSE scores (27.6 vs. 26.6, P<0.01), a more precipitous drop immediately following surgery (-2.6 vs. -8.9, P<0.01), and were less likely to recover cognitive abilities 1-month after discharge (27.3 vs. 23.9, P<0.01). Our findings suggest that delirium following cardiac surgery is an independent risk factor for a precipitous drop and persistent impairment in cognitive function.

SESSION 855 (SYMPOSIUM)

FOLLOWING THE RAINBOW’S PATH: LIFECourse, FAMILY, AND SUCCESSFUL AGING AMONG LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OLDER ADULTS
Chair: B.R. Grossman, Health Science/Gerontology, Brian.Grossman@sjsu.edu, San Jose, California

In late life, older lesbian, gay, bisexual, and transgender (LGBT) people (re)tell the stories of their lives, those that mirror what is expected and those that challenge key concepts in gerontology. In this symposium, Rainbow Research Group members contend with how time, health, caring, and the process of aging itself, are constructed and experienced by LGBT older adults. Three papers address the conflict between subjective interpretations and institutionalized expectations of time. Kozlov & Carpenter compare subjective age identity in relation to self-selected sexual identity. Both Bromseth and Siverskog employ Judith Halberstam’s notion of “queer time”: Bromseth to explore the heteronormative lifescipt on the lives of aging lesbians and Siverskog to interrogate the presence and power of normativity, as it influences the lives of older LGBT adults and as it is actively resisted. The remaining two papers reframe experiences of mental health for LGBT older adults - Fenley in relation to family and Van Wagenen, Driskell, & Bradford in the context of successful aging. Fenley uses survey data to explore the effect of the caregiving relationship (family of origin vs. family of choice) on stress and strain in LGBT older adult caregivers. Van Wagenen, Driskell, & Bradford use interview data to develop a new model of “successful aging” for LGBT elders and highlight the the significance of adaptation in the face of illness. Collectively, these papers highlight how the lives of LGBT older adults are often ignored, elided, or obscured by mainstream gerontological approaches and offer pathways to address these omissions.

SEXUAL ORIENTATION ACROSS THE SPECTRUM: AN INCLUSIVE APPROACH TO AGE AND SEXUAL IDENTITY RESEARCH
E. Kozlov, B. Carpenter, Psychology, Washington University in St. Louis, St. Louis, Missouri

Research on identity across the lifespan has typically adopted a binary conceptualization of sexual orientation. We studied a convenience sam-
ple of 267 adults aged 18-91 and asked about sexual orientation on a spectrum (exclusively homosexual=1, exclusively heterosexual =10) to achieve a more nuanced understanding of subjective age identity. Thirty-six percent (n=96) identified as “exclusively homosexual,” 30.3% (n=81) as “exclusively heterosexual,” and 33.7% (n=90) chose values on the spectrum. Compared to similarly aged heterosexual and homosexual individuals, spectrum individuals reported different age identities (ideal, body, personality, social age). For example, spectrum individuals reported feeling 4.5 years younger than their chronological age compared to heterosexual and homosexuals who felt 9.2 and 9.7 years younger, respectively, F(2,264)=5.43, p<.01. By adopting a more inclusive definition of sexual identity, researchers may discover previously obscured and relevant relationships between sexual and age identity.

QUEER LIFE SCRIPTS - NORMATIVITY AND QUEERNESS IN OLDER LGBTQ PERSONS' LIFE STORIES
A. Siverskog, National Institute for the Study of Ageing and Later Life, Linköping University, Norrköping, Sweden

The life course is surrounded with normative expectations of how to do, be and act at certain ages and certain stages of life; expectations that in turn are constructed around stable gender identities and heterosexual reproduction. This paper takes Judith Halberstam’s concept of “queer time” as a starting point, elaborating it to widen theoretical understandings of ageing and the life course. The paper is based on results from a study constituted by life stories interviews with GBTLQ persons, aged 65 or older. It aims to explore how normativity relating to life scripts, age, gender and sexuality, is constructed in how these persons narrate their lives. Central themes from the results involve: 1. Heterosexual and closeted transpractices as ways to adapt to normality in the past 2. Homonormativity - “we’re just like everybody else” 3. Genderqueers - visibility through norm breaking 4. Questioning normativity through queer and anti-ageist strategies.

A CONCEPTUAL MODEL TO DESCRIBE SUCCESSFUL AGING IN A SAMPLE OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) ELDERS
A. Van Wagenen1, J. Driskell2, J. Bradford1, 1. Center for Population Research in LGBT Health, The Fenway Institute, Boston, Massachusetts, 2. Salem State University, Salem, Massachusetts

In this paper, we present a conceptual model to describe health and mental health indicators relevant to successful aging in LGBT elders. Our model responds to criticisms that a dichotomous successful aging framework overlooks the importance of adaptation to illness and disea se in its definition of “success.” We group elders into three categories: avoiders who experience no mental or physical health conditions; sur vivors who experience a mental or physical health condition but are coping well; and strugglers who experience a mental or physical health condition but are not coping well. We believe this model is an improvement that adequately captures not only impairment and pathology but also protective factors. We analyze 22 in-depth semi-structured interviews with LGBT elders, collected in conjunction with a community-based participatory research working group organized around the goal of increasing knowledge about the health concerns, care needs and aging challenges for LGBT older adults and caregivers.

A COMPARISON OF PREDICTORS OF STRAIN AMONG OLDER LGBT CAREGIVERS CARING FOR CHRONICALLY ILL MEMBERS OF THEIR FAMILY OF ORIGIN OR FAMILY OF CHOICE

This study compared emotional, physical, and financial strain of 131 older LGBT caregivers for chronically ill members of their family of
origin or family of choice. Within the context of family type, sociodemographic characteristics, role overload, conflict, and the influence of being ‘out’ on strain were examined. Indices on role overload (amount and type of care) and conflict (personal, family and employment) were created. Caregiver health status was expected to mediate strain. This secondary analysis of a survey conducted by three organizations in 2000-2001 was guided by role theory and the stress proliferation framework. Mean age was 61 years; 47% cared for their family of origin and 53% were family of choice caregivers. MANOVA indicated that the family of origin caregiver experienced greater emotional and financial strain when considering role overload and greater outness, respectively. Conflict was experienced by both family caregivers. Caregiver health was not significant for strain.

THEY COULDN’T IMAGINE THAT SOMEONE LOOKING LIKE THEIR GRANDMOTHER WAS A LESBIAN
J. Bromseth, Centre for gender studies, Stockholm university, Stockholms universitet, Sweden

Life span narratives are regulated by heteronormative concepts of valuable lives. Being young, middle-aged and elder are all life phases where certain things should be ‘accomplished’ to be considered successful: having an education, finding a partner of the opposite sex and marriage, children and eventually grandchildren. Deviating from ‘the straight line’, having the wrong sexuality or being transgender, often implies failing the age-coded expectations of good lives. This presentation builds upon a three-year research project, looking into the life conditions and resistance strategies amongst younger and older lesbian, bisexual, trans- women and queers in Sweden. By using individual and group interviews, and field notes from participant observation, I will look into how age, gender and sexuality norms are co-constructed, taking the elder informants’ narratives as point of departure. What are the social, cultural and economical possibilities and hindrances of creating viable lives outside of the heteronormative life-script as elder women?

SESSION 860 (SYMPOSIUM)

INTERNATIONAL RESEARCH ON GRANDPARENT CAREGIVING
Chair: T.A. LaPierre, Sociology, Univ of Kansas, Lawrence, Kansas
Discussant: M. Silverstein, University of Southern California, Los Angeles, California

Grandparent caregiving is receiving increased attention from researchers in the United States and abroad. This symposium presents an international perspective on the causes, consequences and correlates of grandparent caregiving by bringing together a diverse group of scholars from the United States, Canada, Spain and the Netherlands. The first paper in this symposium examines cultural justifications for grandparent caregiving in Hawaii. In this paper Yancura broadens our understanding of the social-structural forces shaping the grandparent caregiving experience and sets the stage for thinking about the implications of cultural context in each of the subsequent papers. The second paper, by Fuller-Thomson and colleagues, investigates the rewards of grandparent caregiving using a Canadian sample. In addressing this understudied topic this paper highlights how previous research focusing on negative aspects of caregiving has contributed to a biased view of the experience. A team of researchers from across Spain provide our third paper. In this study, Triad and colleagues examine Erikson’s concepts of generativity and integrity as they relate to the auxiliary grandparent caregiving role in Spain. The final paper in this symposium analyzes the impact of grandparent caregiving on fertility within and across European countries. Using multi-level modeling Thomese is able to demonstrate how the relationship between grandparent caregiving and fertility varies across countries. To conclude the symposium, Silverstein, who has conducted research on grandparent caregiving in China, will discuss the papers and comment on international research in this area more broadly.

CULTURAL JUSTIFICATIONS FOR CAREGIVING IN ASIAN AND NATIVE HAWAIIAN GRANDPARENTS RAISING GRANDCHILDREN
L. Yancura, University of Hawaii at Manoa, Honolulu, Hawaii

Race has been found to predict cultural justifications for family caregiving in older adults. However little is known about this relationship in another type of family caregiver, Grandparents Raising Grandchildren (GRG). This study examined relationships between race and justifications for caregiving in 259 Asian American, Native Hawaiian, and White GRG registered as students’ primary caregivers with the Hawaii State Department of Education. Participants were mailed a modified version of Dilloworth-Anderson et al.’s (2005) 10-item Cultural Justifications for Caregiving (CJCJ) scale. Items on the CJCJ did not load onto a single analytic factor. Instead two factors, Custom and Responsibility, emerged. Race was predictive of Custom, with Native Hawaiian GRG having significantly higher scores than other races. These findings suggest that culture influences grandparents’ decision to raise grandchildren and adds to literature demonstrating that family caregiving occurs within cultural contexts.

‘IT HAS BROUGHT ME A LOT OF JOY’: CANADIAN GRANDPARENTS IDENTIFY THE REWARDS OF RAISING THEIR GRANDCHILDREN
E. Fuller-Thomson, L. McCormack, S. Beatty, Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada

In the past 20 years, there has been a burgeoning of research on grandparent caregiving. Many studies have focused on the negative physical health, mental health and economic outcomes for grandparent caregivers. Few researchers have documented grandparent’s perspectives on the rewards of caregiving. Using a grounded theory of 15 Black and 15 White Canadian grandparent caregivers, six rewards of caregiving were identified: pride in their grandchildren’s accomplishments; lower stress once they knew the grandchildren were safe; stronger sense of purpose; greater family cohesion; the grandchildren’s love and companionship; more enjoyment and fun. Findings were validated using member checking. Researchers’ traditional focus on the negative consequences of custodial caregiving may have resulted in a biased perspective on the topic. Future research would benefit from a more balanced investigation of the joys and difficulties of raising grandchildren.

GRANDMOTHERS OFFERING CHILDCARE IN SPAIN: EXPLORING GENERATIVITY AND INTEGRITY DEVELOPMENTAL TASKS
C. Triad, F. Villar, C. Sole, M. Celdran, O. Lopez, S. Pinazo, J. Faba, University of Barcelona, Barcelona, Spain, 2. Universidad Ramon Llull, Barcelona, Spain, 3. Universidad de Valencia, Valencia, Spain

The aim to this study is to examine how auxiliary grandparent caregivers who offer regular care to grandchildren (but without being the main caregiver or sharing the household with them) perceive their role as caregivers and its link to generativity and integrity concepts coined by Erik Erikson. Forty-nine grandmothers responded to three incomplete sentences regarding the most positive, negative and stressful aspects of caring. Additionally, they completed a generativity and integrity’s scale. Qualitative analysis results shown that disobedient behaviours were the worst aspect of caring, and atypical daily situations (such as an illness or injury of the grandchild) were the more stressful situations those grandmothers were facing. The generativity score was related to the length of caring, but there was no relation between Generativity and Integrity scores. The impact of the role of auxiliary caregivers and its relation with ageing identity and developmental tasks will be discussed.
THE GRANDPARENT FACTOR IN MODERN FERTILITY ACROSS EUROPE
F. Thomese, Sociology, VU University, Amsterdam, Netherlands

Grandparental involvement in child care has been shown to facilitate additional childbearing. A common explanation for this finding is that grandparents alleviate mothers’ predicaments in choosing between work and family obligations. This interpretation is countered by a lack of effect of paid child care on fertility outcomes. Using data from the European Survey on Health and Retirement (SHARE) multi-level modeling was used to analyze the effect of grandparental child care and other contact with close kin at baseline on additional births of grandchildren at the follow-up three years later. The international data allowed both the welfare state provisions for working mothers and the extent of involvement of grandparents across countries to be accounted for. Frequent child care from grandparents at baseline had a positive effect on additional childbirths at follow-up, in particular in Southern European countries. Higher contact frequency between parents and grandparents however appeared to act as a suppressor.

SESSION 865 (SYMPOSIUM)

ISSUES IN IMPLEMENTATION OF CHRONIC DISEASE SELF MANAGEMENT PROGRAMS ACROSS SETTING AND STATES
Chair: T. Prohaska, University of Illinois at Chicago, Chicago, Illinois
Co-Chair: C. Etkin, Rush University Medical Center, Chicago, Illinois
Discussant: B. Belza, University of Washington, Seattle, Washington

Development and translation of evidence-based health promotion and disease management programs for older adults has grown considerably in the last decade. With this growth, there has been an ever increasing effort to reach older adults in community settings who would most benefit from these programs and to maintain these programs over time. One of the most successful disease management programs for older adults is the Chronic Disease Self Management Program (CDSMP). This symposium examines efforts to implement CDSMP across Texas and Illinois. Using the RE-AIM framework the presenters discuss issues of Reach, Implementation, and Maintenance of CDSMP and other evidence-based programs across states, agencies and geographical regions. Factors contributing to successful dissemination and maintenance of CDSMP is explored from the perspective of the Agency providers (agency directors, program coordinators) the class leaders and from participants in the program. Issues pertaining to program reach and maintenance is also reported in terms of geographic difference (urban, rural) and by type of agency providing CDSMP (e.g., area agency on aging, health care setting, university based). Findings are discussed in terms of implications for delivering evidenced-based health promotion programs at a statewide level across geographic regions and types of agencies. The implications of the findings are discussed in terms of strategies for overcoming barriers in implementing evidence-based programs for older adults in diverse community settings.

CLASS LEADER AND PARTICIPANT PERSPECTIVES ON THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM IN ILLINOIS
C. Etkin1,2, D. Bright1, K.C. Carey1, 1. Rush University Medical Center, Chicago, Illinois, 2. University of Illinois at Chicago, Chicago, Illinois

For continued success in implementing evidence-based health promotion programs to older adults, it is imperative to understand elements of program implementation. We conducted baseline and 4-month follow-up assessments of the older adult participants and class leaders of the Chronic Disease Self-Management Program (CDSMP) in 3 Planning and Service Areas in Illinois. Between 2008-2010, 891 older adults and 116 class leaders completed a baseline survey. Follow-up surveys indicated 73.5% of participants were continuing key components of CDSMP, including action planning and utilizing problem solving techniques. Qualitative findings indicated participants felt positive about their experiences in CDSMP. Unfortunately, for class leaders, over half (56.5%) had not facilitated a workshop by the follow up time point, while 42.9% faced barriers in implementing CDSMP in their communities. However, 72.7% of leaders felt participants benefited a great deal from CDSMP. Findings highlight areas that will need attention as the dissemination of CDSMP is increased nationally.

AGENCY PROVIDER PERSPECTIVES ON CDSMP IMPLEMENTATION AND MAINTENANCE ACROSS ILLINOIS

With the emphasis on providing community based health promotion and chronic disease management programs for older adults, agency directors and program coordinators have a key role in determining what programs to adopt. The level of commitment to disseminate and maintain programs may differ by type of agency. We conducted a quantitative and qualitative evaluation with directors and program coordinators responsible for implementing CDSMP to older Illinois residents. Four types of program directors and coordinators implementing CDSMP in Illinois were surveyed; university based programs (research principal investigator), health care settings, area agency on aging director and community aging service director. Differences were found in terms of participant reach and commitment to program maintenance. University based research with CDSMP was most limited in reach and maintenance. While urban area agencies and health care based CDSMP had considerable participant reach, these differed in terms of anticipated maintenance. Implications for statewide success with CDSMP are discussed.

RURAL CULTURES: CHALLENGES AND SUCCESSES IN DISSEMINATING CDSMP IN RURAL COMMUNITIES
L.L. Payne1, A. Wilson2, C. Quinn1, 1. University of Illinois at Urbana-Champaign, Urbana, Illinois, 2. Texas A&M University, College Station, Texas

Rural communities have unique cultures that affect their residents’ health behaviors and attitudes toward health promotion/disease management programs. These cultures can affect the reach, adoption and implementation of the Chronic Disease Self-Management Program.
(CDSMP), and negatively affect rural residents’ health and quality of life. Because resources and healthcare services are often more geographically dispersed in rural areas, tailored techniques and strategies are necessary to identify partners and reach rural participants. Additional issues arise when attempting to develop sufficient training capacity and infrastructure. Therefore, members from the Texas and Illinois CDSMP projects will share strategies to overcome challenges disseminating CDSMP in rural areas. Our recommendations include effective approaches to: 1) identifying a champion in the community, 2) obtaining buy-in from “movers and shakers”, 3) relationships building, 4) securing good publicity, and 5) capacity building. Specific strategies in the areas of marketing, partnership building, and volunteer recruitment are also addressed.

SESSION 870 (SYMPOSIUM)

LIVING LONGER AND HEALTHIER? TRENDS IN HEALTHY LIFE EXPECTANCY IN EUROPE

Chair: J. Robine, Institut National pour la Santé et la Recherche Médicale, Montpellier cedex 5, France
Co-Chair: C. Jagger, University of Newcastle, Newcastle, United Kingdom
Discussant: E. Crimmins, University of Southern California, Los Angeles, California

Monitoring quality as well as quantity of life is gaining a higher profile within Europe as its population ages, demonstrated by the inclusion of the Healthy Life Years indicator as one of the European Structural Indicators in 2005, alongside GDP. This indicator uncovered considerable inequalities across the then 25 countries of the European Union (EU) and indeed in most EU countries disability prevalence at later ages have not shown the consistent reductions that have been seen in the US. This symposium will explore trends in health expectancies (HE), combining health and survival, in different EU countries and the underlying mechanisms that may explain them. The first presentation sets the scene by describing whether 13 EU countries were experiencing compression or expansion of disability between 1995 and 2001 and whether this differed when all ages or just the older population were considered. The second paper, from Sweden extends the discussion into the consistency of trends for different underlying health measures. This topic is explored further in the third paper for the Netherlands which also investigates the impact of the changing burden of disease on HE. We then return to DFLE in France to discover the extent to which gender differences in trends are explained by changing social roles. Finally, a new European project will be described which aims to monitor trends in HE across the now 27 EU countries, explain the drivers of inequalities and develop harmonised measures of HLE for greater cross-national comparability between Europe, the US and Japan.


C. Jagger1, C. Gillies2, E. Cambois3, H. Van Oyen2, W.J. Nusselder4, J. Robine5, 1. Institute for Ageing and Health, University of Newcastle, Newcastle upon Tyne, United Kingdom, 2. University of Leicester; Leicester, United Kingdom, 3. French Institute for Demographic Studies, Paris, France, 4. Scientific Institute of Public Health, Brussels, Belgium, 5. Erasmus Medical Center, Rotterdam, Netherlands, 6. INSERM, Montpellier, France

Health expectancy, combining information on mortality and disability into a single summary measure, was developed to address the competing theories of compression or expansion of disability and later, dynamic equilibrium. We use data from the European Community Household Panel with life tables to calculate life expectancy (LE) and disability-free life expectancy (DFLE) at ages 16 and 65 to address which of these theories was evident in thirteen countries of the EU from 1995-2001. We fit country-specific linear regression models to estimate the annual change in total LE, DFLE and in life expectancy with disability of all levels and with severe disability only, to determine the evidence for the competing theories. Despite significant increases in LE at early (age 16) and late (age 65) adulthood over the period in all countries there was considerable heterogeneity in DFLE trends and only 2 countries had strong evidence of compression of disability.

A COMPARISON OF HEALTHY LIFE YEARS (HLY) IN SWEDEN 1980-2006 USING DIFFERENT HEALTH INDICATORS

M. Lagergren1, M.G. Parker, M. Thorlund, Stockholm Gerontology Research Center, Stockholm, Sweden

The aim of the study was to investigate the variability of Healthy Life Years (HLY), i.e. the expected length of life in health, at ages 65 and above over time when using different ill-health indicators. HLY was calculated by the Sullivan method using the Swedish Survey of Living Conditions (ULF) collected bi-annually from 1980 – 2006 with the following indicators of ill-health: ADL-dependency, IADL-dependency, Self-reported overall health, Global activity limitations (GALI), Swedish SCB Health Index and Mobility disability. HLY at age 65 and at older ages increased rapidly between 1980 and 2006 regardless of the indicator except for women with ADL-dependency. The stability of the time trends varied with indicator, the most stable trends using Self-reported ill-health although most other indicators were relatively stable. Most of the extra years of life during the last two decades in Sweden were free from ill-health and disability even at age 85.

TRENDS IN SUBJECTIVE AND OBJECTIVE HEALTH IN DUTCH OLDER MEN AND WOMEN

H. Galenkamp1, A.W. Braam2, M. Huisman3, D.J. Deeg1, 1. VU University Medical Center, Amsterdam, Netherlands, 2. Altrecht Mental Health Care, Utrecht, Netherlands, 3. VU University, Amsterdam, Netherlands

This study investigates trends in both subjective and objective health prevalence and in their associations in older men and women between 1992 and 2009 from longitudinal regression analysis (GEE) on 6 waves of the Longitudinal Aging Study Amsterdam. We found worsening trends between 1992 and 2009 in having one or more (74.0% vs. 83.0%) or two or more diseases (38.8% vs. 52.7%), as well as in mild disability (21.2% vs. 32.6%) although severe disability prevalence decreased (27.5% vs. 20.7%) and there was no overall shift in the level of subjective health. Men aged 75 and over showed the strongest increase in chronic diseases, and experienced a slight decline in subjective health as well. The association between chronic diseases and subjective health became less strong over time, but only in women aged 60-74 (p <0.01). Subjective health is increasingly determined by experiencing severe disability, the prevalence of which decreased.

TO WHAT EXTENT DO GENDER SPECIFIC HEALTH AND SOCIAL PATTERNS EXPLAIN THE RECENT DIVERGING TRENDS IN MALE AND FEMALE DISABILITY-FREE LIFE EXPECTANCY?

E. Cambois1, A. Sieurin1, J. Robine2, 1. INED, Paris, France, 2. INSERM, Montpellier, France

Although disability-free life expectancy (DFLE) for men and women have followed similar trends over the two last decades, the most recent figures for France, based on 2008 data, shows more years lived with functional limitations and activity restrictions especially for women aged 50. Here we present recent trends in DFLE for France, using several dimensions of the disablement process, exploring the trends and patterns in different age and gender groups. We found unfavourable disability trends in the cohort aged 50-65 years but not in the oldest old. This trend corresponds to the first cohort where the majority of women worked. Possible reasons range from the dual roles of home and work...
adversely affecting women's health, modifications in household health care organization or changes in men and women's self-perception of health and function. Whatever the explanation, this new trend should be taken into account when estimating the future need for care.

ADRESSING HEALTH INEQUALITIES: THE EUROPEAN HEALTH AND LIFE EXPECTANCY INFORMATION SYSTEM (EHLEIS) JOINT ACTION

J. Robine, Institut National pour la Santé et la Recherche Médicale, Montpellier cedex 5, France

The Healthy Life Years (HLY) indicator is a Summary Measure of Population Health (SMPH). More HLY means a healthier workforce, less retirement due to ill health and potentially less health and social care use and is thus a means of reducing the economic and social risks associated with demographic change. This presentation will describe the new EHLEIS Joint Action (JA) which will: (i) compute and disseminate HLY through an online information system and annual country reports, (ii) monitor EU trends in health and life expectancies to identify public health priorities, (iii) develop methods for computing comparable health expectancies by socio-economic status, (iv) contribute towards identifying the main determinants of healthy life in Europe, (v) integrate the former Task Force on Health Expectancies into an annual meeting to further engage countries with HLY, and (vi) propose a blue print for a common international SMPH with the US and Japan.

SESSION 875 (SYMPOSIUM)

OLDER ADULTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES: PROMOTING WELL-BEING THROUGH TAILORED INTERVENTIONS

Chair. A.A. Williams, University of Colorado Colorado Springs, Colorado Springs, Colorado
Co-Chair. J. Gray-Stanley, Northern Illinois University, DeKalb, Illinois

Older adults with intellectual/developmental disabilities (I/DD) typically benefit from instruments, assessments, and interventions developed specifically to address their needs, whether those tools originate through their use with typically-developing adults or they are created and refined through use with adults with I/DD. Presenters will describe materials designed to promote health and to assist with planning for retirement and discussing death. Aronow and Hahn have adapted an intervention to promote well-aging in adults with disabilities. Using two modalities of assessment, interventionists using this model ultimately provide both standardized and personalized recommendations to older adults with I/DD to improve their overall health. Culler and Sterns reintroduce a Person-Centered Planning Tool that was introduced in the late 1990s-early 2000 by the Rehabilitation Research and Training Center on Aging with Developmental Disabilities (DD) was developed in the late 1990's-early 2000 by the Rehabilitation Research and Training Center on Aging with Developmental Disabilities. The curriculum was used and adopted in many parts of the United States. The presenters have reviewed this material and feel it may be useful to re-introduce this program designed for older adults with DD. There is a continuing need for such life planning. One module that has been especially useful has focused on issues of death and dying. This presentation will focus on the techniques used to develop the curriculum which included cognitive tasks analysis and concept development. Some of these materials are still available through the National Clearing House. The opportunity to reuse these materials could be a benefit to current older adults with DD dealing with work, retirement, and end of life issues.

BEGINNING THE CONVERSATION ABOUT DEATH


In Western society, death is often treated as an unexpected “crisis” for individuals and families, especially individuals with intellectual disabilities (ID) and their families. Death is the ultimate loss we all face for loved ones and ourselves. Families are beginning to ask how to best prepare their sons and daughters with ID for loss. How do parents start and then continue these conversations? How do they explain death? How do they explain how their death might affect their son or daughter? Should adults with ID start to think about their own death? How can professionals help? Social work faculty, an MSW intern, a hospice and

64th Annual Scientific Meeting 251
a local ARC have begun work to start building coping skills for dealing with loss and death. We will share how we have begun these discussions about change in general, loss in particular, and begun to talk about death and dying.

**SESSION 880 (SYMPOSIUM)**

SPIRITUALITY AND ILLNESS: SALUTARY AND DETRIMENTAL EFFECTS

Chair: J. Patrick, Psychology, West Virginia University, Morgantown, West Virginia

Discussant: P. Wink, Wellesley College, Wellesley, Massachusetts

As the empirical foundation expands in the area of spirituality, religiousness and aging, new research addresses the positive and negative effects of spirituality in a variety of contexts. This symposium focuses on both the salutary and deleterious effects of spirituality among individuals living with HIV, cardiovascular disease, dementia, and other life-threatening diseases. The papers use a variety of research methods, from rich qualitative analyses to sophisticated structural equation models, to address the ways in which spirituality influences both physical and psychological well-being. In this collection of papers, Fiske and colleagues present the results of a systematic review of the literature examining the link between spirituality and well-being among adults with dementia. Ai and Wink examine the role of pre-operative prayer to post-operative well-being among adults surviving cardiac surgery. Landes and Ardelt use qualitative methods to investigate the nuances of the relationship between spirituality and fear of death among adults with chronic illnesses who are residing in residential care settings. Brennan and colleagues use SEM to address the mediating role of spirituality in health-related quality of life among older adults who are HIV-positive. Across these multiple health contexts and using a variety of research methods, these four papers examine the ways spirituality influences adults living with life-threatening health conditions.

**SPIRITUALITY, RELIGIOSITY AND COGNITION: A REVIEW OF RESEARCH WITH OLDER ADULTS AND THEIR CAREGIVERS**

A. Fiske

L.L. Bryant

W. Tseng

M. Brennan

D. Oman

D.B. Friedman

D.J. Fetterman

S.L. Ivey

1. West Virginia University, Morgantown, West Virginia

2. University of Colorado Denver, Denver, Colorado

3. University of California, Berkeley, Berkeley, California

4. AIDS Community Research Initiative of America, New York, New York

5. University of South Carolina, Columbia, South Carolina

6. Westminster Presbyterian Church, Pittsburgh, Pennsylvania

Spirituality and religiosity may promote cognitive and emotional health among older adults and caregivers. This study is a systematic review of empirical literature published through December 2010 examining spirituality and/or religiosity and mental health outcomes for older adults with dementia or cognitive impairment and for caregivers of persons with dementia or cognitive impairment. To be included, studies had to be written in English and include spirituality/religiosity and cognition-related search terms within the title, abstract, and/or keywords. Of 210 identified studies, 37 were eligible and included. Studies focused on older adults (46%), caregivers (46%) or both (8%). Methods included qualitative (51%), quantitative cross-sectional (30%) and longitudinal (14%) designs. Qualitative studies found that spirituality and religiosity were highly valued by many older adults with dementia and dementia caregivers. Positive outcomes were reported in most, but not all, of the quantitative studies. Additional research is needed to clarify these relationships.

**SPIRITUALITY AND RESILIENCE TO DISEASE BURDEN AMONG OLDER ADULTS WITH HIV**

M. Brennan

L. Seidel

S.E. Karpiak

1. Center on HIV and Aging, AIDS Community Research Initiative of America, New York, New York

2. New York University College of Nursing, New York, New York

By 2015 half of those living with HIV in the U.S. will be over age 50. Many HIV+ older adults face the early onset of age-related physical and mental health morbidities, placing them at-risk for poor quality-of-life. Resilience, the successful adaptation to negative life events, stress, or trauma, involves individual traits or strengths like spirituality. We examined how spirituality increases resilience to disease burden with regard to health-related quality of life (QoL) using structural equation modeling. Data were obtained from Research on Older Adults with HIV (Brennan et al., 2009; N=914). The model tested whether spirituality mediated the relationship between disease burden and QoL. The model fit the data well (RMSEA = .060), indicating that spirituality is a resilience factor for mental, but not physical health issues. This is noteworthy given rates of depression among OPLWH that are significantly higher than the general population. Implications for practice will be discussed.

**SPIRITUAL DISCONTENT AND DEATH FEAR**

S. Landes, M. Ardelt, University of Florida, Gainesville, Florida

This paper describes the relationship between spirituality and death fear in older adults dealing with a life-threatening illness or long-term disability while residing in a nursing home, hospice or community setting in north central Florida. Sources of difference in the informative influence of spirituality on death fear revolve around the participants’ expressions of spiritual contentment/discontent. The relationship between spirituality and death fear is initially framed using quantitative data on 184 adults who took part in a larger study on aging well. Qualitative analysis then details trends in the relationship between spirituality and death fear in the lives of 55 older adults who further participated in in-depth interviews on aging and dying well. While supporting quantitative findings showing a quadratic relationship between spirituality and death fear, qualitative analysis reveals that attention to expressions of spiritual contentment/discontent provide greater clarity in understanding the relationship between spirituality and death fear.

**VITALITY OF CARDIAC SURGERY SURVIVORS: PREOPERATIVE PRAYER COUNTERACTS STRESS EFFECTS**

A.L. Ai

P. Wink

1. University of Pittsburgh, School of Social Work, Pittsburgh, Pennsylvania

2. Department of Psychology, Wellesley College, Wellesley, Massachusetts

This study examined the effect of preoperative faith factors, especially using prayer for coping, on long-term postoperative vitality, the opposite of fatigue, in middle-aged and older patients who survived cardiac surgery. Prayer use was assessed as a consciousness-based coping behavior. The analysis capitalized on demographics, faith factors, mental health, and medical comorbidities previously collected via two-wave personal interviews and standardized information from the Society of Thoracic Surgeons’ national database. Two hierarchical multiple regression models were performed. Preoperative using prayer for coping predicted less mental fatigue at the 30-month follow-up, after controlling for key demographics, medical comorbidities, cardiac function (previous cardiovascular intervention, congestive heart failure, left ventricular ejection fraction, New York Heart Association Classification), mental health (depression, anxiety), and protectors (optimism, hope, social support). Reverence in secular context, male gender, and preoperative anxiety predicted more mental fatigue. Older age, more medical comorbidities, and preoperative anxiety increased the likelihood of physical fatigue.
SESSION 885 (SYMPOSIUM)

THE SOCIAL CONSTRUCTION OF STIGMA IN SENIOR HOUSING: EXAMINING DIFFERENCE THROUGH CASE STUDIES
Chair: J.K. Eckert, Sociology and Anthropology, UMBC, Baltimore, Maryland
Co-Chair: E.G. Roth, Sociology and Anthropology, UMBC, Baltimore, Maryland
Discussant: R. Rubinstein, Sociology and Anthropology, UMBC, Baltimore, Maryland

Stigma and the Cultural Context of Residential Settings for the Elderly is a large-scale, ethnographic study (NIA funded) examining the experience and social construction of stigma in seven diverse senior housing settings in the Mid-Atlantic region of the U.S. Our research indicates a key component of stigma is the recognition of differences among residents. Staff members at these multi-level senior housing settings regularly assess individual health, labeling and sorting residents into levels of care in order to ensure an appropriate environmental fit. This process heightens resident and staff awareness of differences; such vigilance is what prompts a resident transition to a higher level of care. Commonly held societal prejudices are at times magnified within these settings. Conversely, negative attitudes toward old age or people with dementia, may be tempered within a setting where everyone is older or experiencing some level of physical limitation and/or memory loss. Our research is informed by the theories of Goffman, Link & Phelan, Dovidio, Major & Crocker, but our goal is to understand the emergent themes and components that might lead to stigma in these settings. This symposium presents five case studies, an approach well-suited to tackle the complexities of these multi-level settings and the highly contextual nature of stigma. These case studies address such emergent themes as the social dynamics that lead to exclusion, stereotyping, and bullying. Through this exploration of relational and environmental contexts, we suggest the possibility of improving the ability of residents, family and staff to counter stigma’s negative effects.

HELEN: FEAR OF FORCED RELOCATION IN A SENIOR HOUSING COMMUNITY
L. Keimig, S. Goldman, B. Harris-Wallace, J. Schumacher, University of Maryland, Baltimore, Maryland

Helen moved into an apartment in Stonemont Homes after her husband died 10 years ago. Over the past two years, she has developed macular degeneration and has given up driving. Fearful that the administrators will force her to move to assisted living once they learn of her diagnosis, Helen withholds information about her health from nearly everyone in the setting. With the support of her adult children and a neighbor, she hides her condition by using assistive devices such as a magnifying lamp and by traveling offsite to receive health care services. In this paper, we examine how the fear of deteriorating health and consequent forced relocation can lead to avoidance of social interaction and refusal of needed assistance. Drawing from Helen’s experiences, we consider the relationship of stigma to power, control, and image management. Implications address efforts to reduce resident fears of decline and encourage aging in place.

ROSEMARY: PREJUDICES PERSIST INSIDE SENIOR HOUSING
M.C. Nemec, A. Frankowski, S. Goldman, A.D. Peeples, Center for Aging Studies, University of Maryland, Baltimore County (UMBC), Baltimore, Maryland

Rosemary did not fit the typical image of a resident at the Riverside when she moved into an independent apartment in this upscale senior residence. Openly derided by fellow independent living residents for her mental illness, obesity, cognitive decline, poor hygiene, and masculine features, Rosemary, from the onset, was stigmatized in her new home. In this paper, we examine the multi-faceted aspects of Rosemary’s life as they relate to difference and explore the effect of labeling in a collective living setting. We frame this discussion around finding the appropriate social environment and the related challenges that persist when individuals move into “institutional” housing. Recommendations for minimizing the impact of stigma will be discussed.

AMBIGUOUS CASE OF STIGMA: MR. AND MS. BURNS
A.D. Peeples1, A. Frankowski2, M.C. Nemec2, S. Zimmerman1, 1. Doctoral Program in Gerontology, University of Maryland Baltimore and Baltimore County, Baltimore, Maryland, 2. Center for Aging Studies, UMBC, Baltimore, Maryland, 3. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Married and otherwise committed couples in which the partners reside in different levels within the same multi-level setting can complicate and exacerbate the experience of stigma. This paper tells the story of one such couple. Mr. Burns lives alone in an assisted living apartment while his wife resides one floor below in the secured dementia care unit. Concerns for Ms. Burns’ safety arose when she was found outside, alone, after a visit with Mr. Burns in his apartment. Without talking directly with Mr. Burns, staff put a stop to the routine visits. We explore the factors leading up to this event, and discuss the ways in which corporate policy, administrators, direct care staff, and family shape the stigma surrounding these two residents. This case illustrates the difficulties of determining what constitutes stigma and untangling its components. Issues of power, ageism, risk, health status, and autonomy are explored.

STANLEY: PERSONAL DIFFERENCES AND EXCLUSION
R. Hrybyk1, L. Keimig1, D.J. Dobbs2, E.G. Roth1, 1. Center for Aging Studies, UMBC, Baltimore, Maryland, 2. University of South Florida, Tampa, Florida

Personal differences can lead to exclusion, shunning, and social isolation. Stanley is different from the other men at Stonemont Homes, an affinity-based senior housing community. His behavior is considered deviant in the cultural context of this community. He does not belong to the same fraternal order and some residents have complained that he does not understand how he is supposed to behave. Instead of socializing with the men, Stanley flirts with the women. The men who once sat at his dining table have all left his table one by one. They say they have nothing in common with him. If the gap between a person and his social environment is large, the “mis-fit” may become stigmatized. His case shows how personal differences can contribute to isolation in these settings.

BABY BOOMERS AND THE REJECTION OF MARTI REIS’ COHORT
E.G. Roth, L. Keimig, L. Morgan, Center for Aging Studies, UMBC, Baltimore, Maryland

Marti Reis and her friends welcomed the arrival of the baby boomers to their well-established active adult community. In a community where active engagement is highly revered, older residents anticipated fresh energy and participation from their new, younger neighbors. But when a member of the newly formed Baby Boomer club rejected Marti’s invitation to their group by stating: “We’re not interested in hanging out with old people,” the story spread “like wildfire” among long-time residents, confirming sentiments and attitudes held by both Boomers (i.e. denigrating old age) and their older cohort (i.e. valorizing youth). The implications of these recognized age differences have to some extent led to social distancing, age-based cliques, and social isolation. These attitudes potentially threaten to weaken the community’s strong tradition of neighbors helping neighbors as they age in place.
SESSION 890 (SYMPOSIUM)

APPLYING FOR ETHICAL APPROVAL IN RESEARCH ON PEOPLE WITH DEMENTIA: STORIES FROM THE UK, THE US AND SWEDEN

Chair: A. Kydd, University of the West of Scotland, Hamilton, Lanarkshire, United Kingdom
Discussant: H. Wilkinson, Edinburgh University, Edinburgh, Lothian, United Kingdom

Applying for ethical approval can be a daunting task for researchers, especially when the research involves recruiting people with dementia to participate in studies. Ethics committees are keen to protect those who can give limited and time restricted consent or indeed cannot give informed consent to participating in research studies. Yet in protecting those with dementia, ethics committees can inadvertently disuade researchers from listening to the voice of those who have dementia by making the ethical application process difficult for researchers (Hellstrom et al 2007). Conversely, such protection can serve to further compromise the person with dementia as it can result in silencing the stories of those people with dementia (Wilkinson, 2002). Many current studies have shown that people with dementia have a voice and there is a need to listen to the person who is experiencing the illness (Phinney, 2002). This symposium gives first hand accounts of researchers who have undergone the ethics application successfully in order to research what life is like for people with dementia. The participants are from the UK, the US and Sweden and each will give their accounts of how they got through to ethical approval and the obstacles they encountered on the way. The symposium has been put forward by a supervisor of two of the participants and discussant, Dr Heather Wilkinson, is a well known author on the subject.

IN VolvING PEoPLe WiTH DeMeNTiA iN UK ReSeARCHe

B. Sharp, A. Kydd, Health, Nursing and Midwifery, University of the West of Scotland, Hamilton, United Kingdom

A common system for ethical review of health and social care research exists across the UK in the form of the National Research Ethics System which aims to safeguard the dignity, rights, safety and well being of research participants and provide independent advice to participants, researchers, sponsors, employers and professionals. Where a study involves people with dementia and potential issues of capacity to consent, applications are considered by a specific committee under the requirements (in Scotland) of the Adults with Incapacity (Scotland) Act 2000. The process, outcomes and issues associated with an application to this committee will be discussed in relation to the involvement of people with dementia in focus groups to hear their subjective experiences of stress. Materials and approaches developed to address the issues of informed consent for this participant group and lessons learned from this study to date will be shared.

INVolvING PEoPLe WiTH DeMeNTiA iN SWEDiSH ReSeARCHe

L. Marmstål Hammar, Mälardalen University, Västerås, Sweden

Ethical considerations in research with persons with dementia in Sweden in Sweden, all research concerned human needs an ethical approval given by an ethical committee. The committees have a council, with an experienced judge as president. The council has also ten persons with research expertise, and five persons that represent public interests. Research concerned persons with dementia has to be carefully described especially of how their integrity will be protected and that the researchers need to carefully observe the persons with dementia to notice if they in some way objects to participate. Before research is introduced, confirmed consent is urged from all participants. From persons with dementia, proxy consent is given from their next of kin or a trustee.

The Ethics of Dementia Research in an American Nursing Home


This presentation examines the tension between research approval processes and the real need for people with dementia to participate in social activities with caring visitors. Using ethnographic data from a two-year long participant-observation study in a California nursing home, it examines the difficulties inherent in obtaining research approval, acquiring proxy consent and identifying the risks and benefits of ethnographic research. The research project involved singing songs with nursing home residents and asking them about music, yet required full committee review, with new stipulations added by each annual committee. Starting with the year-long process of obtaining approval, this presentation examines the roles of key players in the research approval process, including the research review committees, staff, volunteers, family members, and, most importantly, the residents with dementia. It is intended to inform our understanding of benefits, risks, and our obligation to listen to those who are cognitively impaired.

INVolvING PEoPLe WiTH DeMeNTiA iN SWEDiSH ReSeARCHe

L. Marmstål Hammar, Mälardalen University, Västerås, Sweden

Ethical considerations in research with persons with dementia in Sweden in Sweden, all research concerned human needs an ethical approval given by an ethical committee. The committees have a council, with an experienced judge as president. The council has also ten persons with research expertise, and five persons that represent public interests. Research concerned persons with dementia has to be carefully described especially of how their integrity will be protected and that the researchers need to carefully observe the persons with dementia to notice if they in some way objects to participate. Before research is introduced, confirmed consent is urged from all participants. From persons with dementia, proxy consent is given from their next of kin or a trustee.

RESEARCHING PEOPLE WITH SEVERE DEMENTIA

M. Brown, A. Kydd, Health, Nursing and Midwifery, University of the West of Scotland, Hamilton, United Kingdom

This study is about exploring quality of life for the person with severe dementia living in a care home. He or she may not be able to say more than a few words or may no longer be able to speak at all. The aim of the research is to try and understand how quality of life is experienced by someone who has reached this condition. As he or she can no longer tell in words what they feel, want or understand, it is planned to try and uncover other ways to address quality of life as observed by the researcher. The potential of the research is to use the information to develop a guide that will help those who are caring, better meet the needs of the person with severe dementia. However, this vulnerable population cannot consent to participation in the study and the process of the ethical approval needed to conduct this work is discussed.

ETHNOGERIATRIC NURSING: BUILDING THE SCIENCE UNDER PRACTICE

Chair: L.R. Phillips, UCLA School of Nursing, Los Angeles, California
Discussant: M. Wykle, Frances Payne Bolton School of Nursing Case Western Reserve University, Cleveland, Ohio

From a demographic perspective, elders from minority groups are among the fastest growing segments of the U.S. population. From a nursing perspective, however, growth in the knowledge base underlying ethnogeriatrics is in no way keeping pace with the need. Even though the past decades have seen many advances in the field of ethnogeriatrics, few of these advances have found their way into nursing practice or research. The purpose of this symposium is to begin a discussion about the unique knowledge base needed for the practice of ethnogeriatric nursing. The first paper will discuss a model drawn from the literature on transcultural nursing and current conceptualizations in ethnogeriatrics that may be useful in growing the knowledge base. The papers that follow will identify factors associated with particular focal groups that can be used to extend our knowledge. A model for recruiting ethnically diverse nursing home residents is the focus of the second paper using Korean Americans with dementia. The third paper explores mental health issues among older immigrants from war-torn nations using Arab-Americans as the focal group. The fourth paper explores the influence of stigma on self-care among older diabetics using African-Americans as the focal group. The last paper explores issues related to
immigration experiences and overall health using elderly Lebanese-Americans as the focal group.

A MODEL FOR DEVELOPING ETHNogeriatric NURSING KNOWLEDGE
L.R. Phillips, D.L. Woods, J. Mentes, M. Cadogan, UCLA School of Nursing, Los Angeles, California

By 2050, the U.S. Census bureau projects nearly half of all elders will be from minority groups yet the “typical” nurse will still be a member of the “single-race, white population.” This impending situation calls attention to the critical need for the development of models for ethnogeriatric nursing. The model we propose rests on Giger & Davidhizar model of transcultural nursing and incorporates concepts of ethnogeriatrics as identified by Stanford University. Particular attention will be given to how the model can be used in practice and how it can be used to guide research, particularly on what are now recognized as ethnic and racial health disparities. Focus will also be given to identifying the type of knowledge needed and ways knowledge growth can be supported and sustained.

A CONCEPTUAL LOOK AT STIGMA AND SELF-CARE AMONG AFRICAN AMERICAN OLDER ADULTS WITH DIABETES
K. Skrine Jeffers, J. Mentes, L.R. Phillips, UCLA, Los Angeles, California

As the prevalence of adverse chronic disease outcomes rise due to inadequate self-care among African American older adults, an in-depth study of the hidden factors that guide their self-care behaviors is needed. Although stigma has been studied in other groups, its influence on self-care behavior among older African Americans has not been explored. Thus, stigma is an understudied phenomenon within nursing as it relates to the relationship between race, chronic disease and self-care. This paper will present a concept analysis of the word “stigma” and describe its implications in the self-care behaviors of African American older adults with type 2 diabetes. The implications of understanding stigma in building ethnogeriatric nursing science will also be examined.

RECRUITING KOREAN AMERICAN NURSING HOME RESIDENTS USING A COMMUNITY BASED PARTICIPATORY RESEARCH FRAMEWORK
H. Kim, D.L. Woods, School of Nursing, UCLA, Los Angeles, California

Recruiting ethnic minority elders is an ongoing challenge to researchers. Barriers may arise from participants’ mistrust and lack of knowledge of the scientific study, and also researchers’ misunderstanding of the culture within the community. Using a community based participatory research (CBPR) framework, this presentation will describe the strategy used to enhance recruitment of Korean American (KA) nursing home (NH) residents with dementia and non-Korean certified nursing assistants (CNAs). As a participant observer in the NH, the PI was able to: 1) identify cultural and language barriers; 2) become familiar with the NH environment, including mealtimes, and bathing time; and 3) develop a trust relationship with staff and residents. As a result, the administrator agreed to have the PI conduct the study in the NH and assign a staff member to assist with family contact. Thirteen KA residents’ families (24%) consented from 54 contacted within the first month.

ADDRESSING THE UNIQUE NEEDS OF LEBANESE-AMERICAN ELDERS
N. Salem, UCLA, Los Angeles, California

Foreign-born older adults in the United States present unique characteristics and challenges to ethnogeriatric nurses. This paper will address Lebanese-Americans who comprise the largest group of the Arab Population in the U.S. Approximately 15.7% of the Lebanese population are 65 and older and the population is growing substantially. Lebanese-American elders who have immigrated to the U.S. bring experiences related to immigration status, war, resources and the challenges of living and adapting to a new cultural context. These diverse experiences are increasingly drawing the attention of ethnogeriatric nurses who are concerned with obtaining a more informed profile of elderly individuals in the United States and the nursing implications of these unique populations. This paper will present literature on the experiences of elderly Lebanese immigrants; the impact on their health and health care; the nursing implications, and the need for culturally appropriate research.

A CLOSER LOOK: WAR TORN REGIONS AND THE EFFECT OF POST-TRAUMATIC STRESS DISORDER (PTSD) ON OLDER ADULTS
B.E. Salem, L.R. Phillips, UCLA School of Nursing, Los Angeles, California

Exposure to war-torn violence over the last half century has placed Arab Americans at increased risk for post-traumatic stress disorder (PTSD). Approximately 7% of the general adult population in the United States (U.S.) suffers from the syndrome and while estimates vary, some studies have suggested that the projected lifetime risk of PTSD is 5% and increases with age. This paper will present and explore literature about the known factors which influence the substantial unmet need among this ethnic minority, specifically focusing on: (1) the prevalence of PTSD among Arabs in the Middle East and the United States, (2) the effects of migration patterns, (3) understanding cultural perceptions of mental illness, and (4) the need for culturally tailored research for building the science of ethnogeriatric nursing.

SESSION 900 (SYMPOSIUM)

LATE LIFE DEPRESSION IN URBAN CHINESE PRIMARY CARE CLINICS: PUTTING COLLABORATIVE CARE IN CONTEXT
Chair: Y. Conwell, Psychiatry, University of Rochester School of Medicine, Rochester, New York
Co-Chair: S. Chen, Zhejiang University, Hangzhou, Zhejiang, China

Late life depression is a major public health issue in China associated with greater functional impairment, utilization and cost of health care, and early mortality, including by suicide. In 2009 China released new health care policy guidelines indicating that chronic illnesses should be managed in primary care clinics. Depression is ordinarily a chronic illness shown in Western countries to be optimally managed by integration of mental health expertise, evidence-based practice guidelines, patient and provider education, and communications and decision support into the primary care workflow. No such approach, however, has been adapted for use in China. This symposium will examine the need for, and approaches to, adaptation of late life depression care management in Chinese urban primary care clinics. It will consist of four presentations and general discussion. Chen Shulin will first present data defining the prevalence and correlates of mood disorders among older adult patients of primary care clinics in Hangzhou. Second, Kimberly Van Orden will describe the course of depressive illness over one year in these older adults under “usual care” conditions. Third, Yeates Conwell and Chen Shulin will present results of a survey of Chinese primary care doctors concerning the barriers at patient, provider, and service system levels to the detection and management of depression in their elderly patients, and preliminary efforts to institute depression practice guidelines in Hangzhou primary care practices. Finally, Grace Niu will address the cultural adaptations necessary to make Problem Solving Therapy appropriate for use with Chinese older adults. Open discussion will follow.
PREVALENCE AND CORRELATES OF MAJOR DEPRESSION IN OLDER ADULT PRIMARY CARE PATIENTS IN URBAN CHINA
S. Chen, Y. Conwell, K.A. Van Orden, N. Lu, B. Xu, Y. Ma, J.E. Morley
University of Rochester School of Medicine, Rochester, New York, 2. Zhejiang University, Hangzhou, China, 3. Health Department, Hangzhou, China

The personal and social costs of later life depression are high, and primary care is the preferred venue for its diagnosis and treatment. The prevalence and correlates of major depressive disorder among older adult patients of Chinese primary care clinics is unknown. This presentation reports survey results of a representative sample of primary care patients over age 60. Subjects were identified by two-stage screening conducted in primary care practices in urban Hangzhou, China. Interviews included assessments of depressive diagnosis and symptom severity, physical health and functional status, social supports, and quality of life. The estimated prevalence of current major depressive disorder was 11.3%. Greater age, female sex, lower education, living alone, lower support from family, high medical illness burden, and greater functional impairment were significantly associated with major depression diagnosis. Findings have implications for the design of primary care-based interventions for late life depression in urban China.

TRAJECTORIES OF CHANGE IN DEPRESSION SEVERITY AMONG OLDER ADULT PRIMARY CARE PATIENTS IN CHINA
K.A. Van Orden, S. Chen, B. Xu, A. O’Riley, Y. Conwell, J.E. Morley
Psychiatry, University of Rochester Medical Center, Rochester, New York, 2. Zhejiang University, Hangzhou, China

The degree to which depression changes over time for primary care patients in China is unknown. Research in the U.S. identified six distinct trajectories of change. Our aims are to examine the degree of change over one year as a function of initial severity and to examine whether the same patterns of change would be found in China. We found moderate change in the high baseline group, with minimal to no change over time in the mild to low groups. We found six trajectories of change but they appear distinct from those found in the US. One class had a striking increase in severity over time and was distinct from a class with comparable baseline severity in terms of greater physical illness burden and functional impairment. In sum, depression severity is stable or worsens for a large proportion of older adult primary care patients in China.

MANAGEMENT OF LATE-LIFE DEPRESSION IN URBAN CHINESE PRIMARY CARE CLINICS (PCCS) – PERCEIVED BARRIERS AND APPROACHES TO OVERCOMING THEM
Y. Conwell, S. Chen, C. Cerulhi, Y. Ma, J. Psychiatry, University of Rochester School of Medicine, Rochester, New York, 2. Zhejiang University, Hangzhou, China, 3. Health Department, Hangzhou, China

Late-life depression frequently goes undiagnosed and inadequately treated in PCCs. Innovative approaches to integrated late-life depression care management have been shown effective in improving outcomes in Western primary care settings. No such studies, however, have examined these issues in China. 295 primary care physicians (PCPs) in urban Hangzhou reported their typical approach to management of depression in elderly patients and rated the extent to which variables at the patient, provider, and practice levels represented barriers to the care they provide. PCPs reported prescribing an antidepressant, referring to a mental health specialist, and prescribing traditional Chinese medicine in 15.6%, 26.8%, and 23.7% of their depressed elderly patients respectively. Common barriers included patient/family reluctance to accept the diagnosis, lack of confidence in their own skills, and lack of access to mental health specialists. We describe the implications of these findings for design of collaborative depression care management in Chinese primary care clinics.

CULTURAL ADAPTATION OF PROBLEM SOLVING TREATMENT
P.A. Arean, Psychiatry, UCSF, San Francisco, California

Objectives. Provide an example of a cultural adaptation method, Formative Method for Adapting Psychotherapies (FMAP), in the adaptation of an evidence-based intervention for a cultural group known for refusing mental health treatment. Methods. Provider and client stakeholder input combined with an iterative testing process within the FMAP framework was utilized to create the Problem Solving Therapy - Chinese Older Adult (PST-COA) manual for depression. Data from pilot-testing the intervention with a clinically depressed Chinese elderly woman are reported. Results. PST-COA is categorized as a “culturally-adapted” treatment, where core, mediating mechanisms of PST were preserved, but cultural themes of measurement methodology, stigma, hierarchical provider-client relationship expectations, and acculturation enhanced core components to make PST more understandable and relevant for Chinese elderly. PST-COA resulted in remission of depression and was found to be acceptable to test cases. Conclusions. PST, as a non-emotion-focused, evidence-based intervention, is a good fit for depressed Chinese elderly.

SESSION 905 (SYMPOSIUM)

NUTRITION AND HYDRATION IN THE AGING WORLD: OPPORTUNITIES FOR ACADEMIC AND INDUSTRY SCIENTIFIC COLLABORATION
Chair: R. McCarter, Pennsylvania State University, University Park, Pennsylvania, American Federation for Aging Research, New York, New York
Discussant: W.J. Evans, GlaxoSmithKline, Research Triangle Park, North Carolina

This symposium derives from the effort of AARP and the American Federation for Aging Research (AFAR) to launch the creation of “The Health Promotion Institute of AARP and AFAR” for the purpose of bringing greater clarity and public understanding to the work in several subfields of the science of aging, particularly the biology of aging and clinical geriatrics. In this session, speakers will outline the most important threads of the emerging science of human nutrition and hydration as it affects the health and functional status of older adults. The speakers will then address the implications of nutritional science for clinical geriatrics and the importance of addressing these issues in the ongoing care of older adults. Finally, the session will also illustrate the way in which some of the nation’s major business and industries are addressing these same issues, through their own work in food/beverage/pharmaceutical science and product development. The session will illustrate the way in which AARP and AFAR are moving to bring both the science of aging and the communication skills of AARP closer together to help the older adult general population better understand these issues and benefit from the science and product development work as it unfolds.

NUTRITION AND HYDRATION IN OLDER ADULT POPULATIONS: IS IT UNDER- OR OVER-NUTRITION, EITHER OR BOTH
J.E. Morley, St. Louis University, St. Louis, Missouri

In this presentation, the most salient current issues in relation to the science of human nutrition and hydration among older adults will be described and illustrations will be given for how the science is progressing, challenges that have arisen, along with observations from current research that suggest the future direction for this field. Because of the different meanings and clinical significance of either under- or over-nutrition, special attention will be given to the different perspectives and paradigms of research that have contributed to our understanding of nutritional factors in the process of human aging. The presentation will provide a view of some of the more interesting and exciting new directions for research in this field.
In this presentation, a widely known geriatrician will discuss the way in which observations, information gained from patients, and physical exam or laboratory findings are integrated with the science of aging to understand and manage the consequences of both excessive and inadequate/inappropriate nutritional behavior among older adults. In addition some attention will be given to the consequences of ignoring some of the important aspects of personal nutrition in the care of older adult patients. This presentation will give attention to the importance of frailty and general functional status measurement in the context of clinical geriatric practice, including the way in which such observations and measurements may reflect nutritional health status in the older patient. Some attention may be given to the way in which nutritional aspects of self-care are addressed in the course of the typical patient encounter.

THE COMMITMENT OF AMERICAN BUSINESS AND INDUSTRY TO FINDING SOLUTIONS TO NUTRITIONAL ISSUES IN HEALTH AND AGING

G. Mensah, PepsiCo, Purchase, New York

In this presentation, a leading figure in one of America’s largest companies in the food and beverage industry, PepsiCo, will describe the efforts of the many components of this large, global company to focus the attention of its scientists on finding more and better ways to shape the future of product development in this industry in a way that its business can contribute to societal health goals for older adult populations. The science base of the food and beverage industry is rarely observable to those who work in other aspects of aging or public health. This is one company which has made a clear public commitment to invest in the science that will enable the achievement of concrete and achievable goals for the healthful content and marketing of its products in both the food and beverage lines of its business. Working with academic and other facets of the science of aging, PepsiCo has embarked on an ambitious effort to identify specific health goals (like sodium and sugar reduction) in its full product line in order to make a significant contribution to the health of the populations who purchase its products. AARP and AFAR are working with PepsiCo and other industries who are making a similar effort to work with the leading scientists worldwide whose work is relevant to their industries in meeting these goals.

DISCUSSION: TRANSLATING THE SCIENCE OF AGING: NEXT STEPS TOWARD IMPACTING THE HEALTH OF OLDER POPULATIONS THROUGH NUTRITION RESEARCH

W.J. Evans, GlaxoSmithKline, Research Triangle Park, North Carolina

As the discussant of the three principal contributions to this symposium, Dr. Evans, one of the leading figures in the field of muscle metabolism and the geriatric aspects of nutrition, will offer observations on how the science of nutrition is impacting other fields of the basic sciences of aging, but also how this field is helping to “translate” nutritional science in a way that it can have clinical applications in improving the health of older adults.

NUTRITION AND HYDRATION IN OLDER ADULT POPULATIONS: IS IT UNDER-OR OVER-NUTRITION, EITHER OR BOTH?

J.E. Morley, J. Penrod, B. Baney, Penn State University, University Park, Pennsylvania

Weight loss, sarcopenia and cachexia represent major problems in older persons. Poor nutritional intake and cytokine excess are key causes of weight loss. Depression is the primary cause of anorexia. Older persons fail to recognize that they are thirsty leading to dehydration, occurring commonly in this population. A good balanced diet appears to be more useful to older persons than supplements in pill form. Exercise represents a key element to reducing obesity and improving function in older persons.

SESSION 910 (SYMPOSIUM)

TRANSLATING THEORY INTO PRACTICE: SUPPORTING INFORMAL CAREGIVERS PROVIDING END-OF-LIFE CARE

Chair: J. Penrod, Penn State University, University Park, Pennsylvania

Informal caregivers contribute significantly to the care of adults living with and dying from life limiting conditions. Based on preliminary research demonstrating that informal caregiving trajectories mirror distinct disease trajectories, this series of studies was conducted to refine the theory in preparation for translation into practice. Each of the qualitative methods used in this series of studies provided unique prospective of the experiences of informal caregivers and formal care providers in varied clinical settings. However, the integration of findings was critical into a coherent theoretical model was critical to the translation efforts. In this presentation, three distinct qualitative approaches to examining the phenomenon of informal caregiving through the end of life are presented as exemplars of incremental studies contributing to a theory guided, research-based assessment and intervention protocol to support informal caregivers across end-of-life trajectories. Paper 1 discusses a large ethnographic study of informal caregiving across three distinct death trajectories. Paper 2 explores the culture of care manifest in distinct delivery systems through qualitative and quantitative analyses in an ethnology. Paper 3 applies instrumental case study methods to examine the unique challenges faced by older adult caregivers providing end-of-life care across varied death trajectories. Paper 4 then addresses theory building in action and the translation of findings into practice.

ETHNOGRAPHIC INQUIRY: UNDERSTANDING THE CULTURE OF CARE

S.J. Loeb, J. Penrod, B. Baney, Penn State University, University Park, Pennsylvania

Ethnographic methods were applied to maximize conceptual understanding of the influences of prevailing values and beliefs, or the culture of care, on healthcare providers’ interactions with informal caregivers. Longitudinal observational and interview data were collected from healthcare providers and informal caregivers across the trajectory of illness in outpatient clinics serving patients living with/duing from heart failure, amyotrophic lateral sclerosis, and advanced lung cancer. Findings revealed that the formal care providers’ values and beliefs, based on practice theory derived through prolonged engagement with a distinct patient population were communicated verbally and nonverbally to family caregivers during ongoing visits. Three model of care delivery reflected the prevailing culture of care in each setting: Provider Dominant; Cooperative Network; and Interdisciplinary. An important contribution of this work was to explicate implicit or intuitive practice theory that influenced interactions with informal caregivers at the interface of informal/formal caregivers.

ETHOLOGY: UNDERSTANDING THE CAREGIVER INTERFACE

J. Penrod, B. Baney, Penn State University, University Park, Pennsylvania

Qualitatively, it was revealed that values, beliefs and information are exchanged at the interface between healthcare providers and informal caregivers as co-providers and/or co-recipients of care. In this study, ethology was applied to examine the behaviors manifest at the interface during brief office visits. First, an ethogram (descriptive patterns of behaviors) was derived inductively from observational data. Using this...
schema, the data were coded, thus quantifying demographic and behavioral patterns. Multivariable logistic regression was used to determine significant variables associated with patterns of interaction. Adjusted for patient and caregiver sex, the care delivery model was the strongest predictor how the informal caregiver was integrated into the visit. This study confirms the qualitatively-derived theory: implicit values and beliefs shape the culture of care, which in turn influences the experiences of informal caregivers. Too often, the prevailing culture of care obscures opportunities to support caregivers as co-recipients of care.

INSTRUMENTAL CASE STUDY: UNDERSTANDING END-OF-LIFE CARE PROVIDED BY OLDER ADULT CAREGIVERS
G. McGhan, J. Penrod, Penn State University, University Park, Pennsylvania

Medical advances have increased longevity, while prolonging the trajectory of dying. In this study, instrumental case study methods were applied to a purposive sample extracted from the longitudinal interview data from the larger ethnographic study to examine the experiences of older adults providing end-of-life care. Using the Model of End of Life Caregiving to theoretically frame the phenomenon of interest, the experiences of older adult caregivers were examined to uncover challenges or facilitators in each of the four phases of the model. Unique challenges emerged for older adult caregivers: they often suffered health issues that impacted their capacity to provide care for another while attending to their own health needs. Analysis revealed four common themes that inform supportive strategies for older adult caregivers providing end-of-life care: difficulty juggling treatment regimens for co-morbidities; feeling exhausted and overwhelmed; de-prioritizing one’s own health needs; and feelings of isolation.

BUILDING THEORY TO GUIDE PRACTICE: SUPPORTING INFORMAL CAREGIVERS PROVIDING END-OF-LIFE CARE
J. Penrod, Penn State University, University Park, Pennsylvania

This paper provides an overview of the integration of findings highlighted in this symposium with foundational research on states distressed caregiving. The resultant product is a coherent theoretical schema of informal caregiving through the end of life from which clinical implications for the assessment of informal caregivers and strategies to support these partners in care are extracted. Specifically, assessment must focus on the informal caregiver’s sense of confidence and control. Since caregiver distress may be situational or existential, both realms must be addressed in assessment. Supportive strategies must be phase-specific, recognizing the importance of the course and duration of the trajectory toward death, addressing needs or sustaining efforts while protecting the caregivers’ health. Informal caregivers are often integrated as co-providers or “care extenders” outside the formal delivery system. It is time to fully embrace these instrumental partners in care as co-recipients of care who warrant our attention and support.

SESSION 915 (PAPER)

OLDER WORKERS

FLEXIBLE EMPLOYMENT: USING FLEXIBILITY TO AID OLDER WORKER EMPLOYMENT AND LATER LIFE OUTCOMES
E. Alden, School of Social Policy, University of Kent, Canterbury, Kent, United Kingdom

Many organisations in the UK report having flexibility policies in place to support their workers as they attempt to balance various life-stage issues in the home. This presentation provides a review of a recent qualitative research project sponsored by Age UK which looked at how these policies actually work in ‘practice’ for employees aged 50+. The realities of the daily use of flexibility policies were assessed from two viewpoints. First, from the employer viewpoint to determine implementation of policies and ‘buy-in’ at all levels including line-management and employee peers. Second, from the employee viewpoint including desire to work collaboratively with their employer in finding a flexible solution for work exit (often requiring discussions through the life course) and personal views of flexible working and work exit planning. Through this, the realities of the current use of flexibility policies became more apparent, insight into employee views of flexible working and collaborative employer discussions were obtained, and further support for earlier life course interventions in regards to work exit planning were found. Refocusing flexibility policies in this alternative way may hold the key to retaining ageing workers in the current economic downturn. This has significant employment and social policy implications, not just in the UK, as flexibility policies can be used to keep older workers in employment in order to avoid benefit dependence, and the poor financial and health outcomes which can often follow early employment exit, as well as ensuring an extended retention of older worker knowledge within organisations.

POST-RETIREMENT CONTRACTING IN MA STATE AGENCIES: PATTERNS AND PREDICTORS
A. Tull, 1. Gerontology, University of Massachusetts Boston, Weymouth, Massachusetts, 2. Commonwealth Corporation, Boston, Massachusetts

Incentivizing older public sector employees to continue working beyond the normal retirement age is difficult when defined benefit pension programs are designed to encourage workers to retire upon reaching the maximum benefit. Massachusetts state agencies have one policy tool at their disposal to mitigate knowledge or skill loss resulting from worker retirements: a mechanism within the pension laws that allows retirees to return to work as part-time contract employees. This study utilized state human resource data for 2,916 retirees to specify a logistic regression model predicting post-retirement contract utilization within 16 Health and Human Service (HHS) agencies. The study also included contextual data from key informant interviews on the benefits and drawbacks to the post-retirement contracting policy. The results suggest that post-retirement contracting is used as a flexible staffing tool to mitigate the negative effects of retirement, particularly for retirees who hold specific licenses such as registered nurses or licensed social workers (OR=2.90, p=.000). However, the results suggest serious equity concerns, with the odds of post-retirement contracting for non-unionized managers (OR=8.76, p=.000) and white (OR=2.97, p=.000) retirees significantly higher than otherwise similar front-line and minority employees. Yet, in spite of these limitations, this analysis suggests the policy can be an effective tool for facilitating intergenerational knowledge transfer and managing labor costs. This paper also includes a policy analysis that explains the pros and cons of the post-retirement contracting policy relative to alternative approaches to retaining older workers, such as phased retirement, DROP plans and flexible work options.

DYNAMIC WAGE AND EMPLOYMENT EFFECTS OF ELDER PARENT CARE
M. Skira, Economics, Boston College, Chestnut Hill, Massachusetts

This paper formulates and estimates a dynamic discrete choice model of elder parent care and work to analyze how caregiving affects a woman’s current and future labor force participation and wages. Since a typical caregiver is in her fifties or early sixties, and hence in her prime working years, understanding the short and long-term effects of caregiving on work and wages is an important policy issue. The model incorporates several dynamic elements such as the health of the parent, human capital accumulation and the availability of job offers. These extensions allow for long-term costs of informal care that may arise due to the accumulation of foregone or lower wages and/or decreased job opportunities during and after a caregiving spell. Such long-term costs have been
The effect of commuting on the older worker

C. Nicolle, R. Talbot, M. Maguire, Loughborough University, Loughborough, United Kingdom

With the abolition of the default retirement age in the UK, the government is acknowledging that keeping older people in the workforce has wide-reaching benefits. Transport difficulties are one of the barriers to employment experienced by people aged 50 plus. Conflicts may arise regarding work location, travel arrangements, mode of travel, family or caring commitments, and the need for leisure time and a well-earned degree of freedom and flexibility. The journey to work is being investigated as part of “Working Late”, a collaborative research project funded by the UK’s New Dynamics of Ageing Programme (www.workinglate.org). The overall project, running from 2008-2012, is addressing a range of practice and policy relevant issues and is developing strategies to enhance productive and healthy environments for the older workforce. This paper focuses on one aspect of the research: private and public transport commuting to and from work, and the enablers, barriers and choices that older workers may face in this area. A questionnaire survey, telephone interviews and focus groups have been conducted with people over the age of 45. These have identified current difficulties (cost, stress, health, time, and fatigue) and anticipated difficulties (cost, relocation, change in circumstances, and traffic). It was clear from talking with people that they had concerns which they were not sure how they would address in the future. This presentation will provide their stories, potential solutions and inclusive strategies to support personally sustainable travel and well-being, not just for older people but for all employees.

 session 920 (symposium)

changing age: educational perspectives on reconstructing societal views of growing old

Chair: D. Shenk, Gerontology Program, University of North Carolina Charlotte, Charlotte, North Carolina
Co-Chair: G.D. Rowles, University of Kentucky, Lexington, Kentucky

The ways in which societies view the biological, psychological and social processes of aging shape the creation and maintenance of community values, social structures and the role and care of elders in those societies. The presence and resilience of such values, social structures, roles and approaches to care, in turn, reinforce societal views of aging in a never ending feedback loop, a cycle that determines the lifestyles and lifespan of older adults by shaping their life course. Particularly in Western societies, the pervasive view of aging is predominantly negative, stereotypical and ageist. Increasing awareness in the research community that growing old is a far more complex and variegated phenomenon than is reflected in societal views and that the process itself is constantly changing has yet to be effectively translated into public consciousness. This symposium explores “changing age” within the interwoven themes of lifestyle, lifespan and life course. Focusing on transitional views as manifest in a series of topical domains, contributors from four different disciplines explore educational implications and impacts of changing age and aging. Rick Moody will provide an overview and philosophical perspective. Caleb Finch will discuss the evolution of human aging as a unique multigenerational system and its future in a post-Darwinian world. Murna Downs will focus on the specific case of dementia and how the view of the person with dementia has been framed and changed. Jennie Keith will provide an anthropological perspective on changing age in changing cultures.

aging in the risk society: a guide to the perplexed

H. Moody, Academic Affairs, AARP, Washington, District of Columbia

Two decades ago Robert Butler published his book titled “Who Is Responsible for My Old Age?” The answer, increasingly, is the individual self. It is a paradox of post-modern aging society that structural ageism is reinforced by economic and cultural institutions (advertising and the labor market), while individuals face ever larger threats in a “risk society” (Giddens, Beck) accompanied by the “great risk shift” (Hacker) which dismantles collective provision in later life. This duality is explored in four domains where structural and individual forces are in contradiction: (1) Climate change and risks to future generations; (2) Longevity risk and financial planning; (3) Later-life entrepreneurship and the imperative to reinvent oneself; and (4) Illusions of informed-consent in healthcare decisions. A philosophical perspective on risk, autonomy and security suggests that only a self-reflexive consciousness will enable tomorrow’s elders to flourish in a world that is perplexing, indeed.

From hopeless patient to person with rights: the implications of de-dementing ageing

M. Downs, Bradford Dementia Group, University of Bradford, Bradford, United Kingdom

Explanatory models of dementia differ across time and within and between cultures. These include dementia as a neuropsychiatric disease, a neurological disease, a normal part of ageing or as retribution for moral misdeed. Explanatory models have implications for the social value we ascribe to people with dementia and for how we approach their care and support. Education and training play a role in forming, maintaining and challenging explanatory models. Education fosters skills in critical analysis and reflection – key to promoting culture change in dementia care. Yet most of our efforts are devoted to training. We need practitioners and professionals who challenge existing practice and chart a new course of care which upholds the humanity and human rights of the most vulnerable members of our society. Best practice in the US and UK will be used to illustrate how this might be achieved.

The evolution of human aging: does the past predict the future?

C. Finch, Andrus Gerontology Center, Los Angeles, California

Humans have evolved the greatest longevity among primates and unique multi-generational systems of social support. The genetic basis for these huge differences in life history is dimly understood. Since 1800, in less than 8 generations, human longevity has again doubled, through improved hygiene, medicine, and nutrition that minimized chronic inflammation and infections. However, modern populations also incur high levels of chronic diseases during aging that are rarer in aging chimpanzees: cancer, coronary disease, and dementia. Ancient Egyptians also incurred advanced atherosclerosis and cancer, possibly at younger ages. Looking ahead, the global spread of obesity is a recognized risk to adult health. Moreover, global environmental trends challenge health from increased air pollution (ozone and fossil fuels). Warming alone threatens the elderly who are vulnerable to temperature extremes, as well as favoring expansion of insect vectors into temperate zones. Adequate municipal water is also a concern to hygiene. Thus, further global gains in longevity may be attenuated, or even be reversed with trends towards higher inflammatory environments. Nonetheless, we may expect genomic research to identify health-promoting environment-gene interactions, despite environmental challenges. Multigenerational support is likely to remain important in the well-being of the elderly in all environments.
CHANGES AND CONTINUITIES IN CROSS-CULTURAL VIEWS OF CHANGING AGE
J. Keith, Swarthmore College, Lewes, Delaware
Ethnographic accounts describing features of traditional societies such as seniority principles, collective kinship structures or formal age groups have for many years offered, by contrast, insights into the challenges faced by those who grow old in the United States. As part of an education in gerontology, these insights continue to be essential. However, traditional societies around the world are themselves changing, as is the experience of aging within them. The cross-cultural dimension of gerontological education needs to include these changes, and the effect of change itself on the situation of the elderly. Education about aging also needs to include the role of older Americans as agents of change, as well as the opportunities for anthropologists and other social scientists to be partners and leaders in changing age.

SESSION 925 (SYMPOSIUM)
EXAMINING INNOVATIVE PROGRAMS THAT LEVERAGE COMMUNITIES TO PROMOTE AGING-IN-PLACE
Chair: E.A. Greenfield, Rutgers, The State University of New Jersey, New Brunswick, New Jersey
Given demographic changes—such as smaller family sizes—there is concern that families will become increasingly less available to serve as the “backbone” of long-term care in the United States (U.S.). Moreover, systems of formal services to prevent or forestall relocation to skilled nursing facilities have been characterized as fragmented, inefficient, inaccessible, inconsistent across communities, and unresponsive to changing needs and preferences. Recognizing these challenges, community-based aging initiatives recently have developed with the aim of creating more coherent and comprehensive networks of formal and informal supports within a specified geographic area to promote aging-in-place. This symposium will provide an overview and analysis of national initiatives, and will identify future directions for evaluation research to support policy and practice efforts in this area. The first paper will present results from a national survey of 124 community-based aging initiatives, along with a classification system to categorize these initiatives. The second paper will present results from a qualitative study of professionals leading Naturally Occurring Retirement Community Supportive Services Programs (NORC-SSPs), providing an analysis of how community-based initiatives potentially promote aging-in-place in ways that differ from traditional service delivery systems. The third paper will present results from a national survey of Villages to provide an in-depth understanding of how this particularly prominent, innovative, and consumer-led model has been implemented in diverse regions of the U.S. The fourth paper will discuss the need for rigorous evaluation research on community-based aging initiatives, as well as multiple criteria to evaluate the initiatives’ effects on individuals and communities.

DEVELOPING THEORIES OF CHANGE FOR NORC-SSPS: PERSPECTIVES FROM LEAD AGENCY STAFF
E.A. Greenfield, School of Social Work, Rutgers University, New Brunswick, NJ
Despite the rapid emergence of NORC-SSPs over the past two decades, there has been scant empirical research regarding how the initiatives intend to promote older adults’ aging-in-place, particularly in comparison to traditional home- and community-based services (HCBS) delivery. This study drew on data from qualitative interviews with lead agency staff of 15 NORC-SSPs in New Jersey. Data were coded at progressively greater levels of abstraction. Results indicated the largely social-relational ways in which NORC-SSPs not only facilitate more HCBS (e.g., professionals facilitate older adult community members’ helping each other), but also strive to help older adults use HCBS more effectively (e.g., NORC-SSPs allow formal providers to establish a long-term presence in a community to engender trust with potential service recipients). Specifying the potentially innovative ways in which NORC-SSPs provide supportive services can help to guide evaluation research, practice, and policy on optimizing community-based initiatives to promote older adults’ aging-in-place.

THE ‘VILLAGE’ MODEL: WHAT MAKES IT UNIQUE?
A.E. Scharlach, Social Welfare, University of California, Berkeley, California
Although at least 50 Villages have developed in the U.S., and at least 100 others are in formation, little is known about the unique characteristics of this emerging model of aging services. This paper reports findings from a survey of operational Villages, examining their mission, organizational structure, and member characteristics. Like other HCBS models, Villages primarily focus on promoting aging in place, meeting older adults’ service needs, and improving members’ health and well-being. Unlike other HCBS models, the majority of Villages are independent non-profit organizations developed by consumers and supported by member fees and gifts. Consumers are typically involved in organizational development, governance, and providing peer support. Less than 5% of Village members are non-White, and few have discounted memberships by income level. These findings suggest that Villages occupy a relatively unique organizational space, but prompt questions about this model’s ability to meet the needs of less-resourced individuals and communities.

PROMOTING AGING IN COMMUNITY: AN OVERVIEW OF COMMUNITY-BASED AGING IN PLACE INITIATIVES
A.J. Lehning, School of Social Work, University of Michigan, Ann Arbor, Michigan
This paper will provide an overview of the growing number of initiatives that aim to help older adults age in place in their community. Both traditional home- and community-based services and these initiatives share the goal of helping older adults remain in their homes and communities for as long as possible, but these initiatives often go beyond direct service provision to foster community change. This paper will present findings from a survey of 124 initiatives across the country identified through a web-based search. Focusing particularly on efforts to address the social infrastructure (e.g., access to support, social interactions, community engagement), this paper will present a conceptually-and empirically-informed classification system of these community-based initiatives and discuss variations in strategies for service provision, practice philosophy, level of elder involvement, and financing mechanisms. Understanding the differences and similarities between these initiatives can inform future evaluations of the effectiveness and sustainability of these diverse efforts.

CONCEPTUAL FRAMING OF COMMUNITY-BASED AGING IN PLACE INITIATIVES: CHARTING AN EMPIRICAL PATH
Community-based initiatives focused on helping older adults age in-place in their community, have burgeoned across the country. The Village movement, NORC-SSPs and other initiatives are focused on expanding the existing aging services network to improve or maintain older adults’ health and functional status, enabling them to remain independent and engaged. However, research on the efficacy and sustainability of such models is limited. Likewise, little is known about the structure of these programs, the range of variations within/between the models and best practice strategies for implementation. Derived from expert review and analysis, this paper proposes a conceptual framework to guide future research on community-based aging in place initiatives. A critical discussion of research challenges, such as defining, and oper-
Filial piety has been playing an important part in providing elder support in many societies. This symposium examines several important issues surrounding filial piety, elder support, and related social policies in four Asian societies facing rapid social change and aging populations. Using data from 15 focus groups of 89 individuals age 40 and above, Chong examines the parental definition of and expectations on filial piety from adult children in Hong Kong, and how filial piety can contribute towards parental well-being. Using a national data set of 19,483 Chinese parents age 60 and above, Chou compares the level of parental perceived filial piety from adult children in urban and rural China, and examines the relationships between filial piety and parental and family well-being. Chen analyzes the effects of the National Long Term Care Insurance—introduced in 2000 with the aim to socialize family care in Japan—on caregiving, the rising value conflicts, and the lingering role of family caregiving under this new system. Based on a political economy of aging perspective and using archival data, including official reports, parliamentary debates, and media records, Rozario and Hong examine the underlying ideologies, cultural assumptions, and value contradictions of the Maintenance of Parents Act (MPA), established in 1995 to ensure family support to parents in Singapore. Providing multiple critical viewpoints and a wealth of information, this symposium offers a needed platform for discussing the relationships between filial piety and elder support in the interface between individuals, families, and society.

**SESSION 930 (SYMPOSIUM)**

**FILIAL PIETY, ELDER SUPPORT, AND SOCIAL POLICY: VIEWS FROM FOUR ASIAN SOCIETIES**

Chair: R.J. Chou, University of South Carolina, Columbia, South Carolina

In Confucian Asian countries, filial piety entails respecting, loving, and taking good care of one’s parents. In societies with very limited public elder support, filial piety becomes even more critical as a means to ensure elder care and support. This study examines the extent of parental perceived filial piety and the role of filial piety in the well-being of parents and families in China. The study uses both descriptive and regression analyses on data from a nationally representative sample of 19,483 Chinese parents age 60 and above from the 2006 Sample Survey on Aged Population in Urban/Rural China. Results indicate discrepancies in parental perceived filial piety between urban and rural areas. Results also show that filial piety is negatively associated with worries about resources for living, medical care, and personal care, and positively associated with perceived financial security, life satisfaction, happiness, and family harmony. Theoretical and policy implications are discussed.

**THE ROLE OF FAMILY CAREGIVING UNDER THE NATIONAL LONG-TERM CARE INSURANCE IN JAPAN**

L. Chen, School of Social Work, Kwansei Gakuin University School of Human Welfare Studies, Nishinomiya, Japan

In Japan, provision of long-term care for older adults was traditionally relied on families. In particular, wives and daughter-in-laws were main caregivers. However, with the advent of the rapidly aging population coupled with the modernization of Japanese families, family caregiving increasingly became a burden both socially and financially. To ameliorate this problem, the national long-term care insurance (NLTCI) was introduced in April 2000. The new system aimed to socialize familial care in Japan, and evidences show that it has succeeded to do so in many respects. However, care still remains on the shoulders of Japanese women. Japanese still grapple with fulfilling filial obligations to older adults and simultaneously, integrating modern values such as work/life balance. This paper will provide an overview of the effects of the NLTCI on caregiving in Japan, and discuss the value conflicts rising as the NLTCI revised its laws over the past 10 years.

**A POLITICAL ECONOMY EXAMINATION OF THE MAINTENANCE OF PARENTS ACT OF 1995 IN SINGAPORE**

P.A. Rozario, 1. School of Social Work, Adelphi University, Garden City, New York, 2. National University of Singapore, Singapore, Singapore

In the decades ahead, the Singapore government projects a dramatic growth in its aging population. The Singapore Parliament took a proactive approach to this potential problem by enacting the Maintenance of Parents Act in 1995. Under this law, adult children are held financially responsible for their indigent elderly parents. Rellying on archival data, including parliamentary debates, official reports, and print media records, this study examines the underlying ideologies and cultural assumptions that supported and justified the enactment of the Act. We extend the analyses beyond the rhetoric of filial piety to uncover inherent contradictions in the manifest and latent functions of the Act. Further, drawing on the political economy of aging perspective, we examine how the enactment of the Act is influenced by larger governmental goals of nation-building, regime maintenance and wealth accumulation and its coherence with other governmental ideologies, namely self-reliance and pragmatism.

**SESSION 935 (SYMPOSIUM)**

**INERTIA, INCREMENTALISM, AND INNOVATION: THE AGING NETWORK AND LONG-TERM CARE SYSTEM TRANSFORMATION**

Chair: S.R. Kunkel, Scripps Gerontology Center, Miami University, Oxford, Ohio

Discussant: R. Hudson, Boston University, Boston, Massachusetts

Even with visionary leadership and individual commitment at every level, system transformation is a profound challenge. The aging network has taken long strides in reshaping its role in long-term care, and in reshaping the system itself. However, sufficient momentum for the next significant leap forward may require an unconventional analysis of barriers to change. From its inception, home and community-based
service delivery challenged the status quo of institutional care, but now has perhaps settled into a status quo of its own. Deeply-held values that characterize organizational culture, the inertia that can make it difficult for a well-established infrastructure to be agile, and the sustainability of innovation are three notable challenges to revolutionary systemic change. This symposium will explore these challenges and will: 1) pose questions about the extent to which organizational change can ever be anything other than incremental, since every system is defined by regulations, values and restrictions that limit change from within, and, 2) will explore the lessons to be learned from both the successes and the challenges faced by the aging network in long-term care system change. Several examples of aging network initiatives designed to transform or build capacity within existing systems will illustrate successes and barriers. Finally, participants will discuss the role of research in providing navigation for organizational, programmatic, and policy change.

WHAT WE LEARNED FROM WHAT DIDN’T WORK
E. Carpio, S. Kunkel, Gerontology, Miami University, Oxford, Ohio

Results from the 2010 National Aging Network Survey, demonstrates how Area Agencies on Aging (AAA) play a vital role in the planning and delivery of community-based services that allow older adults to remain in their homes and communities for as long as possible. Although AAA’s look for new opportunities to do more in their communities, proactively seek ways to expand the services they provide, and implement new services or practices without directives from governing bodies, they are faced with numerous systematic barriers. The presentation will include data about specific barriers faced by the aging network such as, long-term care role limited by structure or legislation despite transformation initiatives, increasing expenses and decreasing funding and staff shortages due to economic downturn. The paradigmatic shifts necessary to meet the goals of transformation efforts will also be discussed.

MOVING THE TITANIC WHILE AVOIDING THE ICEBERGS: OHIO’S NURSING HOME TRANSITION AND DIVERSION INITIATIVE
E. Carpio, R. Applebaum, A. Bardo, S. Kunkel, Gerontology, Miami University, Oxford, Ohio

The growing demand for long-term services and supports has and will continue to place an enormous strain on state Medicaid budgets. Therefore, it is essential for long-term care systems to make sure that individuals receive services and support in the appropriate setting. With institutional care paid for by Medicaid costing $5000 per month, identifying ways to keep individuals out of institutions as well as developing mechanisms to help transition individuals who are in institutions back to the community have become critical to state Medicaid programs. Although the expansion of home and community-based services began in the 1970’s, more aggressive long-term care system transformation efforts are now on the policy agendas of many states and federal entities. In this presentation, we describe Ohio’s nursing home transition and diversion initiative including, data about the systematic barriers faced by the initiative and the extent to which consumers successfully remain in the community.

THE ROLE OF STATE UNITS ON AGING IN SHIFTING THE BALANCE TO HOME- AND COMMUNITY-BASED SERVICES
L.S. Noelker, R. Browdie, Benjamin Rose Institute, Cleveland, Ohio

A key component of the Aging Network are State Units on Aging (SUAs) that have a critical role in shifting the balance of long term care (LTC) services to Home- and Community-based Services (HCBS). Their role varies widely in relation to state leadership and policies for LTC, size and geographic factors, population demographics, the state’s economic base, and the number and role of state agencies involved in LTC. Findings from a survey of 49 SUAs and HCBS programs for older adults and adults with disabilities across five funding streams revealed the complexities and disparities in the states progress toward LTC system transformation. States typically have evolved complex structures for managing HCBS that can be costly to manage and challenge operational efficiencies. This presentation provides a broader understanding of the divergences in SUAs’ roles in LTC HCBS programs and the successes and barriers they report in state efforts to transform LTC.

SESSION 940 (SYMPOSIUM)

INTEGRATED ASSESSMENT & MOBILITY COUNSELING FOR OLDER ADULTS
Chair: T.M. Meuser, Gerontology Graduate Program, University of Missouri - St. Louis, St. Louis, Missouri

Age-related changes in health and/or functional status can impact negatively on personal mobility. Arthritis and vision loss, for example, may make walking long distances difficult if not impossible. Cognitive change involving forgetfulness and inattention may necessitate eventual retirement from driving for safety reasons. Health and social service professionals play valuable informational and instrumental roles in such mobility transitions. Some do so through the provision of mobility counseling, an individualized, process-oriented approach to ensure continued, positive mobility. In the case of driving retirement, it is important for the counselor to provide viable, accessible alternative modes of transportation. Simply listing resources is not enough. The counselor must first assess and understand the feelings, beliefs, values, abilities and needs of the older client, and then tailor recommended plans for maximal potential impact. The first two presentations in this Symposium will detail specific approaches for individualized assessment. The third presentation will demonstrate how these approaches inform a full mobility counseling intervention. Basic principles of mobility counseling will be discussed; brief video segments will highlight important points.

ASSESSING READINESS FOR MOBILITY TRANSITIONS: INTERPRETATIONS & APPLICATIONS OF A NEW ASSESSMENT TOOL
T.M. Meuser, Gerontology Graduate Program, University of Missouri - St. Louis, St. Louis, Missouri

The Assessment of Readiness for Mobility Transition (ARMT) is a 24-item tool for assessing emotional and attitudinal readiness to cope successfully with a mobility transition, such as retirement from driving. This presentation will review the ARMT and new validation data from a sample of community-dwelling elders (n = 135). Correlations with measures of preferred coping style, physical and emotional functioning, vision loss, fall risk, and a number of other constructs, will be discussed with respect to interpretation. High scores on the ARMT suggest beliefs and feelings that may interfere with adaptive coping. High scorers are likely to feel threatened by impending changes and are likely to resist help from others. Low scorers, in contrast, express flexible views about their functioning and dependence, such that they are more willing to consider alternative approaches. The professional can enhance the potential effectiveness of an intervention by taking these individual differences into account.

HEIGHTENING OLDER ADULTS’ AWARENESS OF MOBILITY PREPAREDNESS USING MULTIPLE SEGMENT FACTORIAL VIGNETTES
J.D. Stowe, University of Missouri, Columbia, Missouri

A vignette-based intervention protocol was tested for effectiveness of increasing older adults’ awareness of potential mobility transitions as an issue of personal concern. 66 community dwelling older adults (ages 61-93) were randomly assigned to experimental (n=32) and control (n = 34) groups to gauge the effectiveness of an intervention focused upon hypothetical vignettes that portrayed older adults facing mobility challenges and likely transitions. Experimental condition participants
SESSION 945 (SYMPOSIUM)

POLICY SERIES: SAVING SOCIAL SECURITY: IS RAISING THE RETIREMENT AGE THE ANSWER?

Chair: R. Hudson, Boston University, Waltham, Massachusetts
Co-Chair: S.E. Rix, AARP Public Policy Institute, Washington, District of Columbia

The Social Security reform debate is heating up and promises to move to the front burner within the next two years, if not before. There is already talk about raising the age of eligibility for full Social Security benefits. A higher age would be good for Social Security, the economy, and workers—if they are able to remain at work. Yet a higher eligibility age is not popular. Workers oppose it, as do unions. Employers are not enthusiastic about it. Nonetheless, a higher age could have such a positive impact on the system’s solvency that it is bound to feature prominently among the proposed solvency solutions. This symposium, co-chaired by Sara Rix and Robert Hudson, will bring together experts from all four sections of GSA (BS, HS, BSS, and SRPP) and from the women’s and minority task forces to examine from an interdisciplinary perspective the impact of raising the eligibility age for full Social Security benefits, generally referred to as the retirement age. This symposium builds on the Spring 2011 issue of Public Policy & Aging Report on this topic. Some of the issues to be addressed include: What accounts for political interest in increasing the age and what do reform proposals involve? Are older Americans able to work longer, i.e., has there been a compression of morbidity or has morbidity been extended over a longer period of time? What about age-related cognitive changes? What would an increase mean for women and minorities? What health interventions could help prolong working life? Ample opportunity will be provided for audience discussion of what has proven to be a very thorny, and hot, political issue.

A CASE STUDY APPROACH TO MOBILITY COUNSELOR TRAINING

M. Berg-Weger, School of Social Work, Saint Louis University, St. Louis, Missouri

Developing knowledge and skills to engage in mobility counseling with older adults is critical for gerontological practitioners. Built on an assessment using the ARMT, this presentation will discuss a person-centered, strengths-based approach to conducting a mobility counseling intervention. Incorporating video vignettes of older adults produced by the authors, the principles and components of this new approach to mobility intervention will be presented. The engagement, assessment, planning, intervention, and follow-up stages of the mobility counseling process will be depicted. The video vignettes will provide insights into appropriate planning for a range of scenarios, including intervening with an older adult who scores high on the ARMT and is resistant to mobility transitions, working with a married couple, and counseling an older adult with a longstanding chronic illness. Participants will be provided with materials that can be integrated into educating students and professionals in the area of mobility counseling.

SESSION 950 (SYMPOSIUM)

USING A NURSING HOME REPORT CARD TO IMPROVE QUALITY OF LIFE

Chair: R. Kane, School of Public Health, University of Minnesota, Minneapolis, Minnesota
Co-Chair: V. Cooke, Minnesota Department of Human Services, St. Paul, Minnesota

Minnesota has been in the vanguard of developing a nursing home report card designed to provide consumers with useful information about care in its 379 nursing homes and to provide feedback to the individual nursing homes. For the past five years it has published on-line a nursing home report card which includes several components: quality of care score based on 24 case-mix adjusted quality measures from the MDS, quality of life measures in 10 domains based on interviews with a sample of residents in each facility, serious deficiencies from the annual surveys, staffing information, number of private rooms, and most recently a measure of family satisfaction. The online system allows users to select the data elements they believe are most relevant to them and to sort facilities (in a defined geographic area) in terms of their personal priorities, but they can get full information on as many facilities and items as they wish. This symposium will describe Minnesota’s experience in developing the QOL component of its report card and the uses that have been made of the data generated. It will describe how the QOL score was created and how the survey was conducted, how the QOL results differ for people with dementia, how the QOL scores correlate with family satisfaction at the facility level, and how this data has been used in performance-based incentive payments and other quality improvement initiatives.

BUILDING A BETTER MEASURE OF QUALITY OF LIFE

T. Lewis, R. Kane, R.A. Kane, 1. MN Department of Human Services, St. Paul, Minnesota, 2. School of Public Health, University of Minnesota, Minneapolis, Minnesota

Quality of life has become an important concern for nursing facilities, but the lack of reliable measurement tools has made it difficult to track and improve. Under contract with the Centers for Medicare and Medicaid Services (CMS), the University of Minnesota developed a brief interview tool to elicit opinions from nursing facility residents on their quality of life. The tool covered multiple quality of life domains identified as important in the literature, and was designed to be understandable by respondents with varying levels of cognitive ability. This session will begin by briefly describing the tool’s development. We will then discuss the changes made to the tool for its statewide implementation in Minnesota, including the addition of validated satisfaction and mood scales. Finally, we will present factor analysis work incorporating these satisfaction and mood scales, in addition to measures of functional status, for a newly comprehensive look at quality of life.

THE RELATIONSHIP OF FAMILY SATISFACTION AND RESIDENT QUALITY OF LIFE AT A FACILITY LEVEL

R. Kane, R.A. Kane, T.P. Shippee, School of Public Health, University of Minnesota, Minneapolis, Minnesota

The segment describes how measures of family satisfaction correlate with measures of residents’ quality of life (QOL) at the facility level. Because the QOL data are drawn from only a sample of residents in each facility, the analyses need to be conducted at the facility level. While the QOL measures yield 10 domains, the family satisfaction produces a single strong factor. Data from the 2010 family satisfaction survey was regressed against each of 10 domains in the resident QOL survey. Regression equations include facility characteristics and family and resident respondent characteristics.

64th Annual Scientific Meeting 263
RAISING THE BAR: MINNESOTA’S EXPERIENCE WITH QUALITY INITIATIVES WITH A FOCUS ON RESIDENT QUALITY OF LIFE
V. Cooke1, T. Lewis2, 3, I. MN Department of Human Services, St. Paul, Minnesota, 2. School of Public Health, University of Minnesota, Minneapolis, Minnesota

Minnesota has taken a multi-faceted approach to quality improvement in nursing homes with several policy goals in mind; transparency for consumers to allow for better choices about placement and to advocate for improvement; benchmarking for providers, information for referral agents, and a basis for financial incentive payments. Minnesota’s policy makers place a high priority on the voices of nursing facility residents, including those residents with dementia or impaired cognition. The state has made a significant financial investment in measuring resident’s QOL via face-to-face interviews, but yet the investment is less than 1% of the Medicaid nursing home budget. We present how Minnesota utilizes QOL data in its performance-based incentive payment system, statewide education efforts, professional technical assistance for providers, and ombudsman and volunteer initiated quality improvement projects. This session will close with an examination of risk-adjusted quality of life trends since 2006.

PROVIDING A CLEAR VOICE: HOW TO COLLECT VALID AND RELIABLE DATA FROM NURSING FACILITY RESIDENTS AND FAMILY MEMBERS IN LARGE SCALE QUALITY INITIATIVES
M. Wheatley, C. Hoskins, G.C. Uman, H. Urman, Vital Research, LLC, Los Angeles, California

This segment will explain how consumer satisfaction and quality of life data were collected from all Minnesota nursing facilities. In 2010, over 13,000 residents were interviewed face-to-face and more than 16,000 family members completed a paper, online, or phone survey during three months of data collection. The number of resident and family surveys completed for each facility averaged 35 and 45, respectively, and depended on meeting or exceeding a (+/-) 3.5% margin of error at the dimension and (+/-) 6.5% margin of error at the overall score level and (+/-) 3.5% margin of error at the dimension level. Survey administration activities included survey form creation, sampling, interviewer recruitment and training, scheduling facilities and interviewers, ensuring fidelity to interviewing techniques and protocols, family survey mailings and reminders, and data management. The session will highlight respondent eligibility, response rates, the level of accuracy of the data, and the feasibility of including nursing facility resident and family opinions in large-scale initiatives.

DEMENTIA SEVERITY, SPECIAL CARE UNITS AND THE QUALITY OF LIFE OF NURSING HOME RESIDENTS
G. Arling1, K. Abrahamsson2,3, C. Mueller4, D. Clark5, A. Perkins1, 1. Indiana University Center for Aging Research, Indianapolis, Indiana, 2. Western Kentucky University, Bowling Green, Kentucky, 3. University of Minnesota - School of Nursing, Minneapolis, Minnesota

Using data from the 2008 Minnesota NH Resident Quality of Life and Consumer Satisfaction Survey (N=14,000), we investigated the relationship between cognitive status, placement in a dementia special care unit (SCU) and quality of life (QoL). We applied multilevel models (resident and facility) to examine the relationship between the resident’s score on each QoL domain, the resident’s cognitive impairment (CI) level, and placement on an SCU after controlling for covariates such as ADL dependency, pain, depression or psychiatric diagnoses, and length of stay. Residents with greater CI scored significantly lower on privacy, individuality, meaningful relationships, and positive mood. They scored higher on the physical environment domain. Residents on SCUs had significantly higher scores on activities and autonomy. There were no significant differences by CI or SCU on the comfort or negative mood domains. We present recommendations for incorporating our findings into the Minnesota Nursing Home Report Card and other applications.

SESSION 955 (POSTER)

BIOLOGICAL MECHANISMS OF AGING II

IMPACT OF MALNUTRITION AND MODERATE AEROBIC TRAINING ON THE STRUCTURE OF ARTERIAL WALL IN AGING RATS
V.C. Brito1, D. Maux1, B. Oliveira2, C. Silva3, R. Costa1, S. Paes1, S. Moraes1, 1. Federal Rural University of Pernambuco, Recife, Pernambuco, Brazil, 2. Institute of Integral Medicine Prof. Fernando Figueira, Recife, Pernambuco, Brazil, 3. Federal University of Pernambuco, Recife, Pernambuco, Brazil, 4. Caruaruense Association of Higher Education, Caruaru, Pernambuco, Brazil

It was evaluated the effects of multidisciplinary diet during the period of lactation and the possible benefits of moderate aerobic training in luminal diameter and Intima-Media Area of Left Common Carotid Arteries, Horizontal Aorta and Thoracic Horizontal Aorta Walls. Twenty-Four Male Rats, Wistar, were separated according to diet and training in: SNG – Sedentary Nourished, TNG - Training nourished, SMG - Sedentary Malnourished and TMG - Training Malnourished. At 10 Months of Life, TNG and TMG were submitted to Swimming Exercises for 8 Weeks. The Rats Were Anesthetized, Sacrificed, and Later, Arterial Fragments Were Collected for Histological Processing. The Intima-Media Area of Blood Vessels Were Measured by the Difference Between External and Internal Areas of the Arterial Wall; and Luminal Diameter Was Measured from the Average of 2 Diameters Measured Starting at 4 Points Marked on the Inner layer of the vessel. It was observed a decrease in the intima-media area of horizontal aorta when we compared the groups SNG x SMG (p = 0.015) and an increase in left common carotid artery between the groups TNG and SNG (p = <0.001). It was observed an increase in the thoracic aorta luminal diameter (p = 0.041) when we compared the SMG with TMG. Multidisciplinary diet induced, partially, changes in Horizontal Aortic Wall; and the training, also partially, promoted changes in the Intima-Media Area of the Left Common Carotid Artery and Thoracic Aorta Luminal Diameter.

SALIVA LEVEL OF NORADRENALINE METABOLITE (MHPG) AS A MARKER FOR LATER MENTAL HEALTH IN ELDERLY MEN
S. Yamada1, I. Watanabe1, Y. Imamura1, H. Nabeta1, Y. Kunitake1, N. Kojima1, G. Li2, 1. Psychiatry, Saga University Faculty of Medicine, Saga, Japan, 2. The First Affiliated Hospital to Changchun University, Changchun, China, 3. Kojima Hospital, Imari, Japan

To examine the association of saliva level of 3-methoxy-4-hydroxyphenylglycol (sMHPG) with a later depressive state and cognitive reduction in elderly people living in a rural community, baseline sMHPG levels were measured in 214 elderly subjects followed by completion of the beck depression inventory (BDI) and Frontal Assessment Battery (FAB) from 2004 to 2006 (time A), then the same cohort underwent BDI and FAB again from 2007 to 2009 (time B). One hundred forty-four subjects (44 men, 100 women) were reassessed by the BDI at time B. Baseline sMHPG in men who was non-depressive (BDI score ≤9) at time A and depressive at time B (BDI score ≥10) was significantly higher than that in the subjects who was non-depressive at time A and time B. Moreover, Baseline sMHPG in men who was non-demented (FAB score ≤14) at time A and demented at time B (FAB score ≤13) was significantly higher than that in the subjects who was non-demented at time A and time B. The baseline sMHPG was significantly associated with the score on BDI and FAB at time B in men.
data indicated that sMHPG might associate with later depressive state and cognitive reduction in elderly men living in a rural community.

CONTRASTING EFFECTS OF TESTOSTERONE AND CORTISOL ON COGNITIVE FUNCTIONING IN MIDDLE-AGED MEN


Cortisol and testosterone have both been shown to be associated with cognitive functioning in middle-aged and older adults. Despite similar sites of action within the brain, specifically the hippocampus and prefrontal cortex, as well as evidence of antagonistic effects on one another, the simultaneous effects of these hormones on cognition have yet to be examined. We therefore assessed the combined effects of cortisol and testosterone on cognitive functioning in 778 middle-aged male twins. Participants ranged in age from 51 to 60. Hormone levels were obtained via saliva samples collected on three non-consecutive days. Cognitive domains included general cognitive ability, abstract reasoning, processing speed, short-term memory, working memory, episodic memory, visual-spatial ability, and executive functioning. After controlling for general cognitive ability at age 20, as well as numerous medical conditions, there were significant effects of both hormones on late midlife general cognitive ability, processing speed, and episodic memory. In each case the effects of the hormones were found to go in opposing directions; higher levels of testosterone were associated with better cognitive performance, while higher levels of cortisol were associated with poorer performance. A significant interaction between the two hormones was observed only for verbal episodic memory. These results suggest that neuroendocrine factors provide both deleterious and protective effects on domains of functioning central to cognitive aging. Moreover, they highlight the importance of simultaneously examining the effects of different neuroendocrine factors, rather than studying individual hormones in isolation.

MECHANISMS UNDERLYING THE ALTERED DENDRITIC CELL FUNCTION IN AGED HUMANS

S. Ulagaozhian, A. Agrawal, J. Cao, S. Agrawal, S. Gupta. University of California, Irvine, Irvine, California

Dendritic cells (DC) are the major antigen presenting cells of the body that are critical for generation of immunity and maintenance of tolerance. Advancing age has a profound effect on dendritic cell function. DCs from aged display a higher basal level of activation and secrete pro-inflammatory cytokines even without activation leading to chronic inflammation. This also compromises the capacity of aged DCs to maintain peripheral self tolerance contributing further to inflammation. In contrast to self antigens, DCs from aged subjects are impaired in their ability to mount effective immune responses against foreign antigens such as influenza virus. There is reduced Interferon secretion as well as reduced capacity to prime T cell responses. The mechanisms underlying the altered DC function in aged humans are not well understood. We have previously shown that functions of NFkB and PI3Kinase signaling pathways are altered in aged DCs. Our more recent studies with Affymatrix gene analysis of DCs from aged and young subjects suggests that processes such as antigen presentation, ubiquitination and transcription are also significantly affected with age. Studies using chromatin-immunoprecipitation (CHIP-IP) with histone antibodies (H3K4, H3K9) suggest chromatin remodeling may also be a key player in altering the response of DCs with age. We found that there may be increased association of IFN-I and IFN-III promoters with suppressor histone, H3K9 in aged DCs. Age-associated alterations at the genetic as well as chromatin remodeling may therefore be responsible for the changes in the function of DCs from aged subjects.

ROLE OF VITAMIN D STATUS ON STRENGTH TRAINING MEDIATED EFFECTS ON SKELETAL MUSCLE HEALTH WITH CKD

C. Castaneda-Sceppa, F. Castaneda, M. Rao, J. Bourne College of Health Sciences, Northeastern University, Boston, Massachusetts, 2. Klinik Herzberg, Herzberg am Harz, Germany, 3. Nephrology Division, Tufts Medical Center, Boston, Massachusetts

There is an association between sarcopenia and declining GFR, with the risk reaching 4-to-6-fold among older patients with chronic kidney disease (CKD). Vitamin D (ViD) deficiency is a risk factor for sarcopenia, and strongly associated with both advancing age and CKD. Currently the only proven strategy to increase muscle mass/strength in older individuals or in patients with CKD is strength training. However, the effectiveness of strength training may be suboptimal in populations where ViD deficiency is widespread. We investigated whether ViD levels mediate the effect of strength training on muscle mass/strength in older (64±10 y of age) patients with CKD stage 3-4 (median GFR: 28 mL/min). Twenty-three patients following a prescribed low protein diet (~0.6 g/kg/d) were randomized to strength training (n=13) or an attention control (n=10) group for 12 weeks. Previously published data from this study showed that participants in the exercise group significantly increased muscle strength and skeletal muscle mass and mitochondrial content and reduced inflammatory mediators; compared to controls (P<0.05). Re-examination of this study showed that participants were ViD deficient (25OHDi levels 10±7 ng/mL) and ViD levels were correlated with muscle strength (r=0.72, P<0.0001) at baseline. After the intervention, muscle strength showed a markedly stronger relationship with baseline ViD levels with strength training (r=0.79, P=0.001), suggesting an interactive/synergistic effect. More research is needed to understand the potential synergy between ViD and strength training on muscle health. Optimal therapy of CKD patients will translate in better long-term disease outcomes, reduced health care costs and improved quality of life.

A SYSTEMS-LEVEL APPROACH TO DECIPHER REGULATORY MECHANISMS IN CALORIC RESTRICTION-MEDIATED LIFE-EXTENSION

J. de Magalhaes, D. Wuttke, M. Plank, C. Vora. University of Liverpool, Liverpool, United Kingdom

Caloric restriction (CR) can retard the aging process in several model organisms, yet its underlying mechanisms remain poorly understood. In recent years, hundreds of genes have been shown to affect lifespan in model organisms, many of which acting synergistically while others act antagonistically with CR. Clearly, genes interact with each other and with the environment to determine the aging phenotype and to relay signals triggered by CR. The rules governing these interactions and nutrient-sensing signalling pathways, however, remain unknown. To study the life-extending effects of CR on a systems-level, we first compiled a list of over 100 genes associated in model organisms with CR-mediated life-extension based on genetic manipulations that cancel out or disrupt CR life-extension effects. These CR-essential genes have been made available online in our GenAge database (http://genomics.senescence.info/genes/). We then derived and analysed network models of these genes to identify central proteins in the network, which are candidate regulatory hubs, as well as new candidate genes for a role in CR which we are validating experimentally. To identify conserved molecular signatures of CR effects, we performed a meta-analysis of CR-induced gene expression profiles in multiple mammalian tissues. Our meta-profile reveals several signatures of CR which we integrated with CR-essential genes, co-expression data and analyses of transcriptional regulation to identify candidate regulators of CR effects on aging. Overall, this session will detail systematic approaches to gain new insights
THE SECRETS OF EXTREME LONGEVITY IN NONHUMAN PRIMATES: DECELERATION OF METABOLIC TRAJECTORIES

B.C. Hansen, Internal Medicine, University of South Florida, Tampa, Florida

Nonhuman primates (NHPs) have shorter life spans than humans, but appear to follow the same longitudinal trajectories regarding biomarkers of aging and diseases of aging, including hyperlipidemia, insulin resistance, and type 2 diabetes. When individually housed monkeys are provided a consistent minimally changing environment, including a constant “healthy” chow diet, high quality daily care, daily determination of actual food intake, biweekly monitoring of body weight, and excellent veterinary support, monkeys nevertheless show a wide range of natural longevity. In this longitudinal study of aging in 147 adult NHPs (rhesus, Macaca mulatta), death by natural causes occurred in 113 between the ages of 20 and 30 yrs (~60 to 90 human age yrs), and in 34 between 30 and 41 yrs (~90 to 122 human yrs, with the extremely old monkey (age 41 yrs) being highly comparable in relative age to Jeanne Louise Calment, the French woman whose well documented life span was 122.5 yrs, thus exceeding all other humans. Longitudinal study of these rhesus showed that the pattern of progression of diseases associated with aging was the same in both groups, however the extremely long lived primates showed a 6 to 12 year delay in crossing each impairment threshold, including fasting plasma glucose (6 yrs); impaired glucose tolerance (8 yrs); hyperinsulinemia (10 yrs); and beta cell hyperresponsiveness (12 yrs) (All p’s >0.001). Deceleration of metabolic trajectories appears to be a major contributor to or marker of extreme longevity. Unlike Madame Calment, these monkeys neither smoked nor drank port daily!

DOES THE RCAN1 GENE LINK OXIDATIVE STRESS AND ALZHEIMER DISEASE?

K.J. Davies, Bio-Gerontology, University of Southern California, Los Angeles, California

We discovered RCAN1 (originally called Adapt78 or DSCR1) as an oxidative stress-adaptive gene. Gene linkage analysis indicated that RCAN1 is also involved in Down syndrome. Since Down syndrome patients typically suffer an aggressive and early-onset form of Alzheimer disease, we tested if RCAN1 might be a common factor. Post mortem analysis of brains from both Alzheimer disease patients and Down syndrome patients (in comparison with ‘control’ brains) revealed more than a doubling of RCAN1 protein levels in affected brain regions, and no difference in unaffected regions. RCAN1 proteins (several isoforms exist) inhibit calcineurin, a major serine/threonine phosphatase. Calcineurin regulates many key metabolic pathways by dephosphorylating its protein targets. One such target is the Tau protein, which accumulates and contributes to formation of paired helical filaments and neurofibrillary tangles in Alzheimer disease. A particular RCAN1 protein isoform, RCAN1-1, is induced by the Aβ peptide. Furthermore, RCAN1-1 both decreases tau dephosphorylation by inhibiting calcineurin, and increases tau phosphorylation by stimulating synthesis of the tau kinase, GSK-3β; these combined effects would clearly be expected to promote tau hyperphosphorylation. The proteolytic degradation of tau is also strongly inhibited by tau phosphorylation. Our working hypothesis proposes that RCAN1-1 expression can be induced by the Aβ peptide and chronic oxidative stress, leading to tau hyperphosphorylation (via calcineurin inhibition and GSK-3β activation) and diminished tau proteolytic degradation; these events may generate paired helical filaments and could, ultimately, result in the formation of neurofibrillary tangles of the type seen in Alzheimer disease.

SEX-SPECIFIC EFFECTS IN FAMILIAL LONGEVITY: BIODEMOGRAPHIC STUDY OF AMERICAN CENTENARIANS

L.A. Gavrilov, N.S. Gavrilova, NORC and the University of Chicago, Chicago, Illinois

It is known that biological relatives of centenarians have substantial survival advantage compared to relatives of shorter-lived individuals. However little is known about the role of centenarian’s sex in these effects. This study explores effects of centenarian sex on survival of their biological and non-biological relatives. We have developed and analyzed a new computerized database on 1,945 validated centenarians born in 1880-1895 in the United States, their parents, 15,103 siblings, and 11,693 siblings-in-law. Brothers of male centenarians live significantly longer compared to brothers of female centenarians: their remaining life expectancy at age 50 is 29.01 years and 26.86 years respectively (p<0.001). Sisters of male centenarians have no survival advantage compared to sisters of female centenarians. Life expectancy of biologically unrelated siblings-in-law is not affected by sex of centenarians. In addition to brothers, fathers of male centenarians demonstrate significant survival advantage compared to fathers of female centenarians: 27.22 vs 25.97 years at age 50, p=0.04. This effect is sex-specific and is observed for fathers but not for mothers of male centenarians. Male sex of centenarians has a significant effect on survival of male relatives (brothers and fathers) but not on survival of female relatives. Female sex of centenarians has no effect on survival of female relatives. These findings are consistent with hypothesis that some longevity genes may be located on male Y-chromosome although social and economic explanations could not be excluded at this stage of the study. This study was supported by the National Institute on Aging (R01 AG028620 grant).

ASSOCIATION OF THE TRANSFORMING GROWTH FACTOR-β1 GENETIC POLYMORPHISM WITH LEAN BODY MASS


Purpose: Sarcopenia is the degenerative significant loss of skeletal muscle mass and strength associated with aging and is one of the components of frailty. In the present study, we examined the relation of the 29C-T polymorphism in the transforming growth factor-β1 (TGFβ1) gene to indicators of sarcopenia such as lean body mass (LBM), which is also called fat free mass (FFM) as well as various anthropometric parameters in Japanese population. Subjects and Methods: A total of 479 adults comprising 143 men and 336 women participated in the present study. Total body fat (fat mass, FM) and total FFM were obtained from DEXA (Hologic QDR-4500A scanner). The whole body FFM was divided into several regions to estimate leg FFM, arm FFM, appendicular FFM (sum of arms and legs), and relative skeletal muscle index (RSMI). Genotyping for rs1800470 (29C>T, Pro10Leu) in the TGFβ1 gene was carried out by TaqMan SNP genotyping assay method. Data of measures were compared with CC genotype to CT+TT genotypes by use of ANOVA. Result: FFM, leg FFM, appendicular FFM and RSMI were significantly lower in male subjects with the CT+TT genotypes than those with the CC genotype. Conclusions: TGFβ1 genotype was negatively associated with indicators of the sarcopenia such as lean body mass in Japanese men and postmenopausal women.
CD4+ LYMPHOCYTES FROM INDIVIDUALS WHO HAVE RECOVERED FROM WEST NILE VIRUS POSSESS UNIQUE “AGED” PHENOTYPE

A.M. Wertheimer1, M. Bennett2, B. Park3, K.O. Murray2, J. Nikolich-Zugich1,2, 1. University of Arizona, Tucson, Arizona, 2. Vaccine and Gene Therapy Institute, Portland, Oregon, 3. Department of Immunology, Tucson, Oregon, 4. Oregon Health Sciences University, Portland, Oregon, 5. University of Texas Health Science Center at Houston, Houston, Texas

To assess impact of an infectious disease which shows pronounced age-related mortality, the West Nile virus (WNV) upon the immune system, we studied three immunological parameters which have each separately been found associated with impaired immunity and/or decreased longevity in experimental animals and humans. We followed T-cell naive/memory ratios (by 8-11 color flow cytometry), number of T-cell clonal expansion (TCE) and exposure to CMV. Low T-cell naive/memory ratios, high number of T-cell clonal expansions (TCE) and CMV exposure are hypothesized to represent separately or together, risk factors for poor immunity in older adults, and, perhaps, could also predispose for increased WNV susceptibility and/or severity. We followed cohorts of WNV sero-positive and age matched healthy human subjects. Whole blood was processed to obtain peripheral blood mononuclear cells which were analyzed for polychromatic flow cytometry to determine both CD4+ and CD8+ naïve (CD28negCD95low) or [nikiolich] (CD45RA+CD27+); central memory (CD28hiCD95hi) or (CD45RA-CD27+); and effector memory (CD28negCD95hi) or (CD45RA-CD27+) populations. We assayed 47 WNV sero-positive and 126 age matched healthy controls (65+yrs) and found that the CD4+ naïve population ratios were significantly lower for the WNV sero-positive vs. respective age matched controls. Moreover, the WNV sero-positive individuals exhibited a significant inflation of the central memory pool over and above that seen with aging alone. Preliminary data also shows increased prevalence of T cell clonal expansion in the WNV sero-positive individuals. In addition, functional assays reveal a paucity of cytokine expression upon stimulation in WNV sero-positive individuals compared to non-exposed counterparts. Experiments are in progress to examine whether this is a primary consequence of aging or a secondary consequence of WNV infection.

SELECTIVE T CELL EXPANSION DURING AGING OF CD8 MEMORY REPERTORIES TO INFLUENZA REVEALED BY MODELING

E.N. Naumova1, Y.N. Naumov1, M.B. Yassai1, J. Gorski1, 1. Tufts University School of Engineering, Medford, Massachusetts, 2. University of Massachusetts Medical School, Worcester, Massachusetts, 3. BloodCenter of Wisconsin, Milwaukee, Wisconsin

The aging of T cell memory is often considered in terms of senescence, a process viewed as decay and loss of memory T cells. How senescence would affect memory is a function of the initial structure of the memory repertoire and whether the T cell lineages (clonotypes) that makes up the repertoire decay at random. We examine this issue using the T cell memory generated to the conserved epitope from Influenza A matrix protein M1 (positions 58 to 66) which induces a strong, focused, but polyclonal CD8 T cell response in HLA-A2 typed individuals. We analyzed the CD8 T cell memory repertoires in eight healthy middle-aged and eight healthy older blood donors representing an average age difference of ~27 years. While the repertoires show broadly similar clonotype distributions, the number of observable clonotypes decreases significantly. This decrease disproportionally affects low-frequency clonotypes. Rank frequency analysis shows the same two-component clonotype distribution described earlier for these repertoires. The first component includes lower frequency clonotypes whose distribution can be described by a power law. The slope of this first component is significantly steeper in the older cohort. Generating a representative repertoire for each healthy cohort allowed agent-based modeling of the aging process. Interestingly, simple senescence of middle-aged repertoires is insufficient to describe the older clonotype distribution. Rather, a selective clonotype expansion must be included to achieve the best fit. We propose that responses to periodic virus exposure may drive such expansion, ensuring that the remaining clonotypes are optimized for continued protection.

HANDGRIp STRENGTH REFLECTS DECREASED lean TISSUE AND FUNCTION IN ELDERLY HEART FAILURE PATIENTS

D. Forman1,2, K. Alsup1, A. Zavin1, A. Lazzari1,2,3, S. Lecker1, J. Joseph1,2, R. Arena1, 1. VA Boston Healthcare System, Boston, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. Boston University School of Medicine, Boston, Massachusetts, 4. University of New Mexico, Albuquerque, New Mexico

Introduction: Handgrip strength (HGS) is commonly used to assess functional capacity in older adults, however it is rarely used to assess function among heart failure patients (HF) despite common complaints of functional decline in this population. We analyzed HGS in older HF patients vs. healthy controls to ascertain its clinical utility. Methods: Comprehensive functional assessment batteries were completed on 20 elderly HF patients (66.8±10 years) and 31 age-matched healthy controls (67±10 years). Assessments included HGS; cardiopulmonary exercise (CPX) testing (peak oxygen consumption [Peak VO2]), VO2 at anaerobic threshold [VAT], and ventilatory efficiency [VE/VCO2 slope]); dual-energy x-ray absorptiometry (DXA); leg strength/endurance (1-repetition maximum [1RM], maximal power [1RM-power], 60% of the 1RM [60%RM], and average power during 60%RM [60%RM-power]). Results: Peak VO2, VAT, 1RM, and 60%RM-power were significantly reduced in HF vs. controls; VE/VCO2 slope was significantly higher. Among HF and controls, significant correlations between HGS and 1RM (r=0.75, p<0.0001; r=0.53, p<0.002), 60%RM (r=0.78, p<0.0001; r=0.52, p<0.002), 60%RM-power (r=0.44, p<0.05; r=0.53, p<0.002), and arms lean (r=0.58, p=0.007; r=0.41, p<0.02) were detected. However, only in HF, HGS correlated to legs lean (r=0.52, p=0.02), total lean (r=0.53, p<0.01), and trunk lean (r=0.47, p<0.04). Discussion: Older HF patients demonstrated decreased CPX performance compared to controls. HGS provided complementary information. In HF patients and healthy controls, low HGS indicated reduced strength/endurance. Among HF patients, low HGS also indicated reduced proportions of lean tissue.

TRANSCRIPTIONAL AND PROLIFERATIVE DEFECTS IN T-CELL EFFECtor DIFFERENTIATION WITH AGING ERODE IMMUNE DEFENSE

J. Nikolich-Zugich, Center on Aging and Department of Immunobiology, University of Arizona College of Medicine, Tucson, Arizona

Aging is often accompanied by an Increased Susceptibility to Infection, and the Decline of Protective Immunity with Aging is Believed to be the Primary Reason. While many Facets of Immune Response Remain to be Unequivocally Examined in Older Animals and Humans, Defects in Adaptive Immune Responses, which are Particularly Pronounced in Aging T-Cells, Strongly Contribute to Immune Senescence. We have Developed and Characterized two Models of Infection in Old Mice, Using the West Nile Virus and Listeria Monocytogenes Bacterium, as Models of Different and Distinct Intracellular Infections. In Both Models, we Observed Impaired T-Cell Differentiation into Effector Cells. Proliferative Expansion was also Affected, and these Defects Led to both Quantitatively and Qualitatively Diminished Immune Responses. Analysis of Intracellular Pathways Revealed Defects in Upregulation of Key Transcription Factors of Effector Differentiation and in Downregulation of Antiproliferative Molecules in Old T-Cells. This Identifies Potential Targets for Intervention in Immune Senescence.
LATERALIZATION AND BRAIN AGING: A COMPARISON OF STATIC AND DYNAMIC LONGITUDINAL ASSOCIATIONS BETWEEN COGNITIVE FUNCTIONING AND PURE-TONE THRESHOLDS IN THE LEFT AND RIGHT EAR

K. Kiely¹, N. Cherbuin², D. Gerstorf³, M. Luszcz³, K. Anstey¹. 1. Ageing Research Unit, CMHRI, The Australian National University, Canberra, Australian Capital Territory, Australia. 2. Pennsylvania State University, State College, Pennsylvania. 3. Flinders University, Adelaide, South Australia, Australia

Studies investigating associations between hearing and cognition have typically aggregated pure-tone thresholds across the left (LE) and right (RE) ears. This ignores the predominant contra-lateral projection of the ear to the auditory-cortex and could obscure inter-hemispheric differences in auditory-cognitive associations. Investigating lateralized differences is important because the left-hemisphere is more vulnerable to aging processes and could underlie more pronounced RE deficits. This paper will compare: 1) the effects of processing-speed and low cognitive functioning on change in LE and RE thresholds, and 2) time-ordered interrelations between processing-speed and LE or RE thresholds.

METHODS: 2087 adults (mean age=78, 50% male) from the Australian Longitudinal Study of Ageing were followed over 4 waves for 12 years. Measures included unaided pure-tone thresholds, Digit Symbol Substitution test (DSS), and Mini Mental State Examination (MMSE). Latent growth curves (LGC) tested the effects of MMSE and DSS on change in LE and RE. Dual change score models (DCSM) tested lead-lag associations between hearing thresholds and DSS. RESULTS: Annual LE change (βslope=-0.71) was greater than RE change (βslope=-0.68). Associations between REslope with MMSEintercept (r=1.8, p=0.01), DSSintercept (r=1.4, p=0.02) and DSSslope (r=2.1, p=0.04), were marginally stronger than LEslope with MMSEintercept (r=1.4, p=0.06), DSSintercept (r=1.2, p=0.05) and DSSslope (r=1.6, p=0.14). Adjusting for socio-demographic, health and lifestyle attenuated these effects, though the pattern remained. DCSMs identified both LE and RE as leading indicators of decline in DSS. DISCUSSION: Cognitive abilities sub-served by the left hemisphere may be more sensitive to declining RE function. These findings also indicate dynamic links between hearing and cognition, with hearing levels predictive of subsequent decline in processing-speed.

EFFECT OF ELECTROLYZED REDUCED WATER ON OXIDATIVE-STRESS RESPONSE AND LIFESPAN IN C. ELEGANS

S. Park, S. Park, J. Park. Medical Biotechnology, Soonchunhyang University, Asan, Chungnam, Republic of Korea

A Large Number Of Studies Show That Age-Related Accumulation Of Oxidative Damage In Cellular Macromolecules, Such As DNA, Protein, And Lipids, Is Positively Correlated With Aging. Free Radical Theory Of Aging Suggests Oxidative Stress Caused By Free Radicals Plays A Pivotal Role In Normal Aging. Electrolysis Of Water Produces Reduced Water At The Cathode And Oxidized Water At The Anode. Previous Studies Reports That Electolyzed Reduced Water Has Extremely Negative Oxidation-Reduction Potential. Electolyzed Reduced Water Could Block The Activity Of Reactive Oxygen Species Produced As A Byproduct Of Metabolism In Cells And Protect Cellular DNA From Oxidative Damage Caused By Free Radicals In Human Lymphocyte. However, The Effect Of Electrolyzed Reduced Water On Aging Has Not Been Studied Yet. Here, We First Tested The Effect Of Electrolyzed Reduced Water On Resistance To Oxidative Stress In The Nematode Caenorhabditis elegans; Worms Grown On Media Made With Electrolyzed Reduced Water Have Increased Resistance To Oxidative Stress Caused By Paraquat. We Also Observed A Significant Lifespan-Extending Effect Of Electrolyzed Reduced Water In Caenorhabditis elegans. These Data Shows For The First Time That Electrolyzed Reduced Water May Play As A Powerful Radical Scavenger And, As A Result Of That, Can Extend Lifespan Of Caenorhabditis elegans.

DIETARY SUPPLEMENTATION WITH COFFEE IMPROVES MOTOR AND COGNITIVE PERFORMANCE IN AGED RATS

A.N. Carey, B. Shukitt-Hale, USDA, HNRCA at Tufts University, Boston, Massachusetts

Polyphenols found in fruits and nuts have anti-inflammatory properties that may provide protection against the decline of cognitive, motor and neuronal function in senescence. The presence of a number of bioactive compounds (e.g., polyphenols) implicates coffee as a potential nutritional therapeutic to curtail brain aging. Moderate (3–5 cups a day) coffee consumption in humans has been associated with a significant decrease in the risk of developing chronic diseases such as Parkinson’s disease, type-2 diabetes, and cancer. Therefore, we hypothesized that coffee supplementation would attenuate specific cognitive deficits in aged animals. Aged rats (19 months) were given one of five coffee-supplemented diets (n =15/group) (0%, 0.165%, 0.275%, 0.55%, 0.825% of the diet) for 8 weeks before motor and cognitive behavior assessment. The graded doses were equivalent to 3, 5, 10, and 15 cups/day, respectively, for humans. The ages rats supplemented with 0.55% coffee diet, equivalent to 10 cups of coffee, performed better in psychomotor testing (rotarod) and in a working memory task (Morris water maze) compared to aged rats on control diet. This appeared to be the optimal dose in this study. The 0.165% coffee-supplemented groups (3 cups) showed some improvement in reference memory performance in the Morris water maze. In a subsequent study, the effects of caffeine alone did not account for the performance improvements. These studies suggest that coffee supplementation, in achievable amounts, may have some benefit in reducing both motor and cognitive deficits in aging.

NEURONAL HOUSEKEEPING IN THE AGING BRAIN: A FUNCTIONAL ROLE OF ACAI BERRIES AND WALNUTS

S.M. Poulouse¹, D.F. Bielinski², B. Shukitt-Hale³. 1. Neurosciece, USDA-ARS, Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts. 2. Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts

The central nervous system in brain is highly susceptible to oxidative stress (OS) and inflammation (INF); both increase in tandem with age, causing injury or toxicity to brain cells with increased intracellular debris. The neurotoxic effects of OS, INF and debris have been implicated in multiple age-related neurodegenerative diseases, severely compromising quality of life while raising medical costs. We investigated the effects of acai berries, an Amazonian fruit having an array of health-promoting phytounititers, and walnuts in activating neuronal housekeeping (autophagy) using BV2 microglia and HT22 hippocampal neurons. The acai berry and walnut extracts, at varying concentrations, significantly reduced lipopolysaccharide, dopamine, or bafilomycinA1 induced OS/INF, by decreasing TNF alpha expression, phosphorylation of NF-kB and p38-MAPK, in addition to decreasing reactive nitrogen species and inflammatory intermediates. The decreasing effects on OS/INF were correlated with the activation of autophagy measured in terms of clearance of p62, MAP1B-LC3 turnover, beclin1 activation and inhibition of mTOR. More robust activation of autophagy was observed in the BV2 microglial cells than in neurons under stress conditions, indicating a secondary protection on neurons. Specific effects of acai and walnut extracts on the mechanisms of autophagy were further characterized using autophagy-deficient mutant ATG5-/- and control (+/+ ) fibroblast cells. The results indicate brain health-enhancing effects of acai berries and walnuts in aging.

MOBILITY AND COGNITION IN AGING

M.G. Miller¹, B. Shukitt-Hale², 1. Psychology, Tufts University, Medford, Massachusetts. 2. Human Nutrition Center on Aging at Tufts University, Boston, Massachusetts

Changes in aging, in both animals and humans, include parallel decrements in mobility and cognition, even in the absence of degenerative processes.
disorders such as Parkinson’s or Alzheimer’s diseases. In humans, these alterations can lead to impaired productivity, independence, and quality of life. In this study, men and women were recruited from a variety of age ranges (21-40, 41-50, 51-60, 61-65, 66-70, 71-75). Balance and gait were measured using a treadmill instrumented with an array of high-density pressure sensors. Balance was assessed during both eyes-open and –closed conditions as well as in both pre- and post-walking conditions. Gait was assessed at both 1.5 mph and preferred walking speeds. Spatial working memory and navigation were measured using a virtual version of the Morris water maze (vMWM) and executive function was measured using the trail-making test (TMT). Results demonstrate age-related increases in postural sway velocity and stride length variance when walking at 1.5 mph. Older adults show impaired acquisition and probe trial performance in the vMWM and declines in psychomotor speed on the TMT. This study reports age-related alterations in mobili

city and cognition and establishes methodology for subsequent dietary intervention studies in aged humans.

THE BRAIN CORTICAL THICKNESS CHANGES OF LATE-LIFE DEPRESSION COMPARED WITH NORMAL ELDERS BY USING MRI

S. Lee, Psychiatry, Chang Gung Memorial Hospital, Taoyuan, Taiwan

ABSTRACT Background: Convergent data demonstrate regional cortical abnormalities in depressed elders. The aims of this study are twofold: 1) to compare the regional cortical thickness between patients with late-life depression and comparison older adults; and 2) to investigate the relationship between cortical thickness and cognitive performance in older adults. Methods: Morphometric magnetic resonance imaging methods were applied to measure regional cortical thickness in 19 patients with late-life depression and 19 older comparison subjects. Results: Compared with the comparison group, the depressed group showed decreased cortical thickness in the right bankssts (cortical areas around superior temporal sulcus), but increased cortical thickness in the left and superior frontal gyri. Psychomotor speed, one of frontal-related functions, was positively correlated with cortical thickness in the right superior frontal gyrus where cortical thickness was greater in the depressed group than in the comparison group, whereas cognitive inflexibility, a manifestation of frontal dysfunction, was negatively correlated with cortical thickness in the right bankssts (i.e., cortical areas around superior temporal sulcus) where cortical thickness was greater in the comparison group than in the depressed group. Conclusions: Our results suggest that there are cortical structural and functional abnormalities in late-life depression compared with healthy aging individuals. Regionally specific measures of cortical thickness may prove to be important biomarkers in late-life depression.

SESSION 960 (POSTER)

ANXIETY AND STRESS IN LATER LIFE: INDICATORS AND INTERVENTIONS

NEGATIVE AFFECT MEDIATES THE ASSOCIATION BETWEEN LONELINESS AND HAIR CORTISOL IN CANADIAN SENIORS

D. Wong, C.A. Hoppman, The University of British Columbia, Vancouver, British Columbia, Canada

Advances in stress research have recently validated the use of human hair as a novel biomarker of cortisol exposure over several months. So far, no study has exclusively investigated the utility of hair as a retrospective calendar of chronic stress in an older adult sample. We use cross-sectional data from 80 community-dwelling older adults aged 65 years and above to examine the association between loneliness, negative affect, and hair cortisol. Three cm of hair were sampled from the posterior vertex of the head to analyze cortisol reflecting chronic stress exposure during the 3 months prior to the study. Preliminary analyses, using a subset (n = 28) of the sample, suggest that loneliness is positively associated with negative affect and hair cortisol (controlling for the effect of thyroid dysfunction, smoking, and body mass index). Furthermore, the relationship between loneliness and hair cortisol seems to be partially mediated by negative affect. These findings show that hair cortisol is meaningfully associated with psychosocial variables, thus offering novel ways to address the health-relevance of psychosocial processes in older adults.

BRINGING LATE-LIFE ANXIETY TREATMENT TO THE COMMUNITY: OPEN TRIAL OF CALMER LIFE PROGRAM

S. Shrestha1,2, M. Armento1, J. Calleo2,3, A. Bush1, N. Wilson1,2, T. Harris3, M.E. Kunik1,2,3, M. Stanley2,3, 1. Psychiatry and Behavioral Medicine, Baylor College of Medicine, Houston, Texas, 2. Houston VA Health Service Research and Development Center of Excellence, Houston, Texas, 3. Michael E. DeBakey Veterans Affairs Medical Center, Houston, Texas

Cognitive behavior therapy (CBT) is efficacious for treating anxiety in older adults. However, all outcome studies have been conducted in academic and primary care settings, and minority groups are significantly underrepresented. New treatment models and additional research are needed to test outcomes in underserved communities with high prevalence of minority elders. The Calmer Life program (CL) offers CBT to older adults who live, work, worship or receive services in four targeted underserved, mostly minority, geographic areas. Treatment is modular and personalized according to participant preference. Participants have options related to delivery site (community sites, telephone, in-home), number of sessions (6 to 12), and skills they want to learn, including the option to incorporate religion and spirituality into standard CBT coping skills. A CL pilot study is ongoing. To date, 10 participants with GAD or worry and ADNOS have been included. All participants are female; nine African American and one Caucasian, with an average age of 62.2 years (range 51-67 years) and mean education of 14.6 years (range 12-20 years). Outcomes for all participants (no attrition) at 3-months show decreases in worry (P<.001; d = .65), anxiety (Geriatric Anxiety Inventory: pre = 28.0; post = 20.0; d = .81), depression (Geriatric Depression Scale – 15 items: pre = 4.9; post = 2.4; d = .53), and sleep (Insomnia Severity Index: pre = 11.9; post = 8.1; d = .88). The treatment shows promise in treating late-life anxiety in minority elders.

RECRUITMENT AND RETENTION OF AFRICAN AMERICANS IN A RANDOMIZED CLINICAL TRIAL FOR LATE-LIFE GENERALIZED ANXIETY DISORDER IN PRIMARY CARE

S. Shrestha1,2, M.K. Jones4, J. Calleo1,2,3, C. Kraus-Schuman3, A. Bush1,2, M.E. Kunik1,2,3, M. Stanley2,3, N. Wilson1,2, 1. Psychiatry and Behavioral Medicine, Baylor College of Medicine, Houston, Texas, 2. Houston VA Health Service Research and Development Center of Excellence, Houston, Texas, 3. Michael E. DeBakey Veterans Affairs Medical Center, Houston, Texas, 4. University of Houston, Houston, Texas

Retention of minority participants in treatment research is a challenge. Issues including stigma, mistrust, and history of racism have been identified as possible barriers. Here, we present data related to the recruitment of African American participants in a clinical trial of CBT for late-life generalized anxiety disorder (GAD) in primary care. At the end of the first year of recruitment, African Americans who consented to participate in the project and had screened positive for anxiety withdrew from contact before the completion of the diagnostic interview at a higher rate (26.7%) than those who were Caucasians (6%) (Calleo, Kraus-Schuman, Wilson, Khan, Cully, Kunik and Stanley, 2009). To increase participation of African Americans, the following changes were made to the study procedure: 1) the participant’s name was highlighted on the envelope of an initial informational letter to distinguish this correspondence from other mail; 2) a one-page project flyer with photographs
of ethnically diverse older adults was created to include in the initial contact letter; 3) potential participants were kept better informed at every step about who would contact them next; 4) participant preferences for meeting times were solicited and honored; and 5) reminder letters were sent regarding all appointments. At the end of second year of recruitment, there was improvements in retention of African American participants with only 13.6% (N=3) who withdrew/lost contact compared to 9.5% (N=4) Caucasians. Differences in retention were significant between African Americans and Caucasians at end of first year (p<.001), but no difference remained at end of second year. Despite systemic barriers, engagement of African Americans can be increased by improving communication and keeping potential participants well informed of the study process.

CORRELATES OF ANXIETY SYMPTOMS AMONG INDIVIDUALS WITH COGNITIVE IMPAIRMENT
G. I. Diefenbach, K. Blank, 1 Anxiety Disorders Center, Institute of Living, Hartford, Connecticut, 2 Memory Disorders Center, Institute of Living, Hartford, Connecticut

The aim of the current study was to determine clinical correlates of anxiety symptoms among patients with cognitive impairment. Anxiety symptoms were assessed using the Geriatric Anxiety Inventory (GAI) – a standardized self-report measure, and the Neuropsychiatric Interview Anxiety Item (NPI) – a clinician rated measure. Participants were 120 outpatients (n = 60 with dementia; n = 60 cognitive impairment no dementia [CIND]) evaluated at a Memory Disorders Center. Fifty adults ages 60 and older without subjective memory complaints served as a comparison group for scores on the GAI. Cognitively-impaired individuals reported more severe anxiety on the GAI (CIND M = 7.4, Dementia M = 6.7) than did control participants (M = 1.4) [F (2, 127) = 19.49, p < .001]. There were no differences between patients with CIND or dementia on the GAI or NPI, and so these groups were combined for further analyses. Anxiety symptoms correlated significantly (p < .05) with the number of functional impairments as assessed on the Functional Activities Questionnaire (GAI r = .19, NPI r = .32) and Global Assessment of Functioning (GAI r = -.23, NPI r = -.52). In addition, the NPI correlated significantly with insight (r = .33) and severity of cognitive impairment as assessed on the Dementia Rating Scale (r = .34). The GAI correlated significantly with age (r = -.20). Results suggest that anxiety is associated with functional impairments among individuals with cognitive decline. Risk factors for high anxiety in these patients included younger age, insight, and severity of cognitive impairments.

NEEDS OF AGING ADULTS LIVING IN URBAN PUBLIC HOUSING
S. Bowland, V. Hines-Martin, 1 Kent School of Social Work, University of Louisville, Louisville, Kentucky, 2 University of Louisville, Louisville, Kentucky

Nursing and social work investigators are conducting assessments of health status and psycho-social needs of African Americans with chronic mental and physical disabilities living in a low-income housing community, using multiple measures. Needs being assessed include: medical conditions, medication, psychological problems, and social support. The sample is composed of disabled adults over the age of 18, and elderly over the age of 60 living in senior housing in the same complex. All but two of the residents interviewed (N = 29), appear to be aging in place, that is they have no plans to move out of this community. Most rated their health as fair or poor. Physical and/or emotional health was frequently reported as interfering with social activities, although residents with social contact appeared to be faring better than those without social support. Twenty-one residents identified significant levels of depression. Notably, residents stated that treatment for their physical illnesses is much easier to obtain than treatment for psychological ones. Most of the depression and stress reported by participants remains untreated. Several residents are not accessing any social services for which they may qualify. By default residents are often aging in place, and they do not have supports in place for healthy aging. While more community programs are needed for residents to manage psycho-social concerns, on-site education and advocacy may be keys to accessing existing services that could make a difference for these residents and lower health care costs in the long run.

MENTAL HEALTH SYMPTOMS AND PATIENT SATISFACTION IN A VA GERIATRIC MENTAL HEALTH CLINIC
B. Kelly, M. Karel, J. Moye, E. Archambault, T. L. Neecker, A. Pless Kaiser, 1 VA Boston Healthcare System, Boston, Massachusetts, 2 Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, 3 Boston University School of Medicine, Boston, Massachusetts

Older veterans’ complex histories present many challenges for mental health providers. In this study of 50 older veterans referred to an outpatient mental health clinic, we surveyed the impact of Late-Onset Stress Symptomatology (LOSS), PTSD, depression, and anxiety on patient functioning and satisfaction with treatment. Participants completed mental health and neuropsychological assessments, including the Geriatric Depression Scale-15, General Anxiety Inventory, and LOSS Scale. Three months after initial evaluation, patients completed the GDS-15, GAI, and a Client Satisfaction Questionnaire. At initial assessment, 63% of patients scored 5 or more points on the GDS-15 (range 3-13, M=6.08, SD=2.72), signifying symptoms consistent with depression. 56% of combat veterans met criteria for PTSD and 41% met criteria for LOSS. 30 of the 50 patients responded to the 3-month follow-up survey. Veterans with comorbid combat histories and PTSD exhibited increased depressive symptoms, whereas those without PTSD had decreased depressive symptoms. Overall, participants conveyed a high level of satisfaction with care. 83.3% of respondents reported that most or almost all of their needs were met; 80% reported that they would definitely recommend the program to a friend; and the majority reported that services helped them deal more effectively with their problems (53.3% “a great deal” and 36.7% “somewhat”). Patient satisfaction with services was not related to self-reported depression or anxiety. Challenges of conducting research with this clinical population and the impact of comorbidities on treatment will be discussed.

BECK ANXIETY INVENTORY FACTOR STRUCTURE IN A NURSING HOME SAMPLE
N. Briggs, S. Meeks, Dept. of Psychological & Brain Sciences, Univ Louisville, Louisville, Kentucky

In recent years, there has been an increased interest in the assessment and treatment of anxiety disorders in underserved populations, including older adults. However, the majority of the research on assessing the factor structure of the Beck Anxiety Inventory (BAI) with older adults has been performed almost exclusively with community dwelling adults. Research suggests that nursing home residents are at a greater risk for the development of mental health problems than their community dwelling peers. In an effort to further understanding and improve the psychometric properties of the BAI in older adults, we sought to investigate the reliability and validity of the two-factor model (i.e. cognitive and somatic dimensions) assessed by the BAI in a sample of 84 nursing home residents. The internal consistency of the two-factor BAI was above .85 for each dimension. Item analyses were conducted on the 21 items hypothesized to assess the cognitive and somatic dimensions of anxiety. Initially each item was correlated with its own dimension (with the item removed) and with the other anxiety dimension. In three cases items were more highly correlated with the other anxiety dimension than their own dimension. The three items were “fear of losing control”, “unsteady” and “faint/lightheaded”. These items were also problematic in the four- and six-factor solutions. Findings suggest that the dimensionality of the anxiety symptoms measured by the BAI...
may be different in medically ill older adults than has been found in community-residing samples.

TEMPORAL DYNAMICS OF ANXIETY & STRESSFUL LIFE EVENTS IN LATER LIFE: FINDINGS FROM THE SWEDISH ADOPTION/TWIN STUDY OF AGING

L. Lee, 1, K.A. Marx 1, M. Gatz 2, N.L. Pedersen 3, C. Prescot t 4, 1. University of Southern California, Los Angeles, California, 2. Karolinska Institute, Stockholm, Sweden

Considerable research supports the association of stressful life events (SLE) with anxiety in adults. However, little is known regarding the applicability of these findings from younger to older adults, as well as the timing of SLE and anxiety. We addressed the temporality of anxiety and SLE in later life by testing the hypotheses that: (1) high levels of cumulative life stress was a leading indicator of subsequent increase in anxiety; and (2) high levels of anxiety was a leading indicator of subsequent occurrence of SLE in later life (i.e., anxious individuals tend to encounter/create more SLE than less anxious individuals). This study was based on data from the Swedish Adoption/Twin Study of Aging collected over 5 occasions between 1984-93. We fitted multiple-group bivariate latent change score structural equation models to examine differences in dynamic expressions of anxiety and SLE in 1,439 individuals across age groups (ages 50-59, 60-64, 65-70, 70-74, 75+/ at study entry). Anxiety was measured using the State Trait Personality Inventory – State Anxiety subscale. A composite SLE score was created from the Social Readjustment Rating Scale. Overall, results indicated that SLE was a leading indicator of subsequent increase in anxiety across all age groups. In contrast, high levels of anxiety were not associated with greater subsequent occurrence of SLE. Older groups had higher levels of anxiety at study entry and slightly less systematic increase in anxiety over time. Our results add to current knowledge on pathways that underlie the development of anxiety in later life.

SESSION 965 (POSTER)

ASSESSMENT ISSUES, MEASURES, STRATEGIES, AND OUTCOMES

THE ERIKSON LIFE STUDY: A LONGITUDINAL EXAMINATION OF RESIDENTS OF A CONTINUING CARE RETIREMENT COMMUNITY

K.A. Marx 1,2, J.M. Gaines 1, B. Resnick 3, J.M. Parrish 1, 1. Erickson Living Foundation, Catonsville, Maryland, 2. University of Maryland, Baltimore County, Catonsville, Maryland, 3. University of Maryland at Baltimore, Baltimore, Maryland

Changes in the health status of older adults, subsequent to their transition to a Continuing Care Retirement Community (CCRC), have seldom been assessed longitudinally. The purpose of this study was to describe changes in CCRC residents during the first five years post move-in. 184 participants (baseline mean age = 77.2 years, s.d. = 5.9) provided data for five annual assessments using a standardized tool that collects data across five domains: physical, functional, mental, cognitive, and social. Using the baseline scores as the covariate, a repeated measure ANCOVA was performed. Significant changes were observed in the physical (p = .006) and functional (p < .001) domain scores. Pairwise comparisons of changes in the physical domain revealed that detected changes occurred between Year 3 (M = 20.8, s.d. = 2.3) and Year 5 (M = 20.4, s.d. = 2.4; p = .014). Changes in functional status were detected beginning at Year 4. Within the physical domain, self-rated health was found to be significantly lower at Year 5 than at baseline (68.0% selected “very good/excellent” at baseline vs. 60.6% at Year 5, p = .001). At Year 5, the mean number of comorbid conditions reported (5.0, s.d. = 2.9) was significantly higher than at baseline (m = 3.2, s.d. = 2.0, p = 0.002). Longitudinal assessment of health changes among CCRC residents pinpoints opportunities for clinical practitioners to provide comprehensive, evidence-based services that may protect against unwanted changes in older adults’ health status over time, and increase the quality of care provided.

EFFECTIVENESS OF BEHAVIORAL HEALTH SERVICES IN AN INTEGRATED SENIOR PRIMARY CARE CLINIC USING THE ORS

S.C. Gibson, D.L. Segal, Psychology, University of Colorado at Colorado Springs, Colorado Springs, Colorado

Introduction: Health care delivery systems for older adults are shifting to an integrated model that utilizes behavioral health services within primary care settings. This study examined the preliminary effectiveness of a behavioral health program in a community senior health clinic using a brief outcome measure. Method: Participants (N = 14) were older adults (M age = 64.14 years) receiving multiple psychotherapy sessions in a primary care setting. The Outcome Rating Scale (ORS; Miller & Duncan, 2000) was administered at each session. The ORS contains four subscales which are summed to comprise the total score: Overall, Individually, Interpersonally, and Socially. Results: Internal consistency of the ORS ranged from adequate (Session 1; Cronbach’s α = .58) to good (Session 5; Cronbach’s α = .97). ORS scores significantly increased from Session 1 (M = 14.31, SD = 6.37) to Session 2 (M = 18.91, SD = 10.15) (t(13) = -2.53, p = .02), with a large effect size (Cohen’s d = 0.54). Changes in ORS scores beyond Session 2 were not significant. However, the increase in ORS scores from Session 1 to Session 5 was significant (t(13) = -2.24, p = .04) with a large effect size (Cohen’s d = 0.70). Discussion: Results indicate that the ORS has reasonable internal consistency for this sample of seniors utilizing behavioral health services within a primary care setting. Findings also indicate that psychotherapy initially results in increased well-being with gradual improvement over time. Clinical implications and practice issues in integrated settings with older adults are discussed.

STAFF COMMITMENT TO PERSONS WITH SCHIZOPHRENIA AS A DETERMINANT OF PATIENT MEASURES OF WELL-BEING

E. Hess 1, V. Cardenas 2, S. Abel 1, D. Isley 1, J. Head 1, L. Le 1, B. Mausbach 1, 1. University of California-San Diego, San Diego, California, 2. San Diego State University, San Diego, California, 3. Alliant International University (CSPP), San Diego, California

Quality of life in schizophrenia is the function of a number of important clinical factors, including neurocognitive functioning, symptoms of psychosis, and functional ability. Equally important in patient quality of life are social and environmental factors, such as social and rehabilitative support. Patients often interact with staff at board-and-care facilities, day-treatment programs, and clubhouses, and the level of interest in rehabilitation and overall well-being on the part of staff members may influence measures of patient well-being. We rated a total of 10 facilities in San Diego, CA in terms of the staff’s commitment to patient rehabilitation, with ratings of 1 = high personal interest in the participants’ overall rehabilitation and well-being; 2 = moderate interest in overall rehabilitation and well-being; and 3 = low interest in overall rehabilitation and well-being. The purpose of this study is to explore the extent to which staff commitment to rehabilitation and well-being is related to a number of patient well-being factors, including patient self-efficacy, hope, depressive symptoms, goal and success orientation, and life satisfaction. We will discuss findings in the context of establishing facility-level factors as determinants of treatment provision.

COGNITIVE SCREENING ITEM REFUSAL AMONG LONG-TERM CARE RESIDENTS WITH MENTAL ILLNESS

J.J. Gregg, C.M. Ciliberti, B. Edelstein, Psychology, West Virginia University, Morgantown, West Virginia

Cognitive screening instruments may have less utility in populations with moderate to severe levels of cognitive impairment and among people with serious mental illness (Camp, Koss, & Judge, 1999) because...
of floor-effects (Teresi, Lawton, Or, & Holmes, 1994). Moreover, most studies do not differentiate between items that were attempted and failed, and items that were refused. The current study sought to examine the factors that predict the percent of items refused on three cognitive screeners: the Mini-Mental Status Exam (MMSE), the Montreal Cognitive Assessment (MOCA), and the Saint Louis University Mental Status (SLUMS) Exam. Our sample consisted of 76 patients (M age = 69, SD = 10.2) at a psychiatric long-term care facility. Most were Caucasian (92.1%) and female (51%). All participants had a chart diagnosis of dementia (n=37), schizophrenia (n=35), anxiety (n=5), depression (n=10), and/or bipolar disorder (n=4). Archival data were utilized and measures of geriatric depression (GDS) and adaptive functioning (AFABS) were included. The average percentage of refused items on cognitive screening measures for our full sample was high (M=17.1%; SD=21). Serial sevens and tests that involved writing were among those items with the highest rates of refusal. Lower adaptive functioning was related to more refused items, r=-.29, p<.05. After controlling for adaptive functioning, schizophrenia was associated with greater percentage of refused items, F(3,74)=6.34, p<.05. These findings point to a need for a brief cognitive measure that is more suitable for use with people who have higher levels of cognitive impairment and serious mental illness, particularly schizophrenia.

THE RELATIONSHIP OF SELF AND PROXY REPORTS OF MEMORY COMPLAINTS AND PERFORMANCE: THE ROLE OF LIVING SITUATION

A. Pearman, E. Fisher, A. Johannaber, Georgia State Univ, Atlanta, Georgia

Standardized cognitive tests administered by healthcare professionals are a useful way to measure memory and cognitive impairments in older adults. However, these tests are thought to be most beneficial when used in conjunction with self-appraisals and proxy reports. Findings thus far suggest that self-reports overestimate cognitive problems and proxy reports tend to underestimate functional and memory problems. This mixed-methods pilot study is designed to examine differences in proxy and self-reports with a specific focus on living situation. Eighteen older adults who lived alone and twelve older adults who lived with a spouse, partner, or family member were interviewed, given cognitive tests, and administered self-report questionnaires. In addition, every participant identified a proxy to fill out a series of questionnaires regarding the participant. Results indicate that proxy reports were more highly correlated (r = .26-.51) with participants’ actual test performance than self-reports (r = –11-.04). In addition, people who were living alone identified proxies who were more accurate (r = 51-.67) at accurately reporting memory problems than those living with a family member, spouse, or partner (r = 29-.38). While these findings appear to differ from previous studies that have suggested that proxies that live with a patient should be better able to detect memory impairment than others, there are several interesting aspects of this sample that will be discussed further. Qualitative analyses of the interviews will also help to expand on the potential reasons for these findings.

COGNITIVE AND SOCIAL SUPPORT PREDICT FUNCTION IN ETHNICALLY DIVERSE COMMUNITY DWELLING OLDER ADULTS

A.M. Mayo1, C.I. Curran2, J. Riquelme1, J. Hahn School of Nursing & Health Science, University of San Diego, San Diego, California, 2. Bayside Community Center; San Diego, California, 3. Bayside Community Center; San Diego, California

Purpose Cognitive impairment and social support limit older adult functional status, safety, and independence. However, community screening for function impairment, cognitive status and social support is rare, especially in ethnically diverse communities. This study explored the relationship between cognitive and social status and functional status. Methodology Using a cross sectional descriptive design, a convenience sample of 104 ethnically diverse (Caucasian, Hispanic, and Japanese) community dwelling older adults were screened for cognitive and social support status and functional status using English and Spanish versions of the Folstein Mini Mental Status Exam, Clock Drawing Test, a new social support instrument, and Functional Activities Questionnaire. Stepwise regression analysis was used to determine which variables predicted functional ability. The new social support screening instrument was evaluated using principal component factor analysis. Results Age, educational level and MMSE total score predicted functional status (F 31.8; df 101; p <0.005) accounting for 48% of the variability in functional status. Results of principal component factor analysis revealed that three out four items on the new social support screening instrument explained 90% of the variance in social support. Conclusions Screening for functional status is important for community dwelling ethnically diverse older adults so that underlying cause(s) can be identified and timely referrals can be made, environments can be adapted to promote safety, and families can prepare for the future.

SESSION 970 (POSTER)

ATTITUDES ABOUT AGING: PERSONAL, PUBLIC, AND PROFESSIONAL

CONCERN ABOUT AGING: WOMEN IN LATE MIDLIFE
E.N. DeBuhr, C. Torges, Human Development & Family Science, North Dakota State University, Fargo, North Dakota

While becoming older is a fundamental part of the human life cycle, many people experience negative attitudes about their own aging process, that is, a concern about aging. This is evidenced in the tens of billions of dollars Americans spend annually on anti-aging products and services (BCC Research, 2009). Although many previous studies have looked at factors related to concern about aging on a broad social level, in this study we examine factors that contribute to differences in individuals’ concern about aging. Data from 103, 62-year old, white, college educated women who graduated from Radcliffe in 1964 were used in this study. Preliminary analyses showed that concern about aging had a bimodal distribution, thus a logistic regression was run. It revealed that higher levels of identity certainty and self-reported health were associated with a lower concern for aging. Surprisingly, personality factors did not predict a concern for aging.

MULTIPLE INFLUENCES ON ATTITUDES TOWARDS OWN AGING: ANXIETY AND INTERGENERATIONAL CONTACT
S.E. Jarrot1, K.A. Munly1, B.R. Levy2, B. Hodson1, A. Mendes2, I. Human Development (0416), Virginia Tech, Blacksburg, Virginia, 2. Yale School of Public Health, New Haven, Connecticut

Intergenerational contact can improve views of elders (an outgroup to youth), but it’s not clear how contact influences individuals’ views of their own aging (or joining that outgroup). We hypothesized that intergenerational contact, views of elders, and three mechanisms of attitudinal change (knowledge, anxiety, and empathy regarding an outgroup; Pettigrew & Tropp, 2008) would predict attitudes towards own aging. We tested our hypotheses with surveys from 87 undergraduates receiving no intervention. Hierarchical regressions for two dependent variables, positive and negative images of self as elder, tested the predictive value of anxiety, knowledge, and empathy related to the outgroup, intergenerational contact, and images of elders. Considering positive images of self as elder, anxiety subcales, fear of old people (R2=.07), F=6.34, β=.51, t=2.51, p<.05 and psychological concerns (R2=.119, F=5.614, β=.507, t=2.15, p<.05), along with positive images of elders (R2=.225, F=7.93, β=.426, t=3.34, p<.05) predicted positive images. Lower anxiety and more affirmative images regarding elders predicted more positive images of self as elder. Turning to negative images of self as elder, the anxiety subscale, psychological concerns (R2=.109, F=10.29, β=.659, t=3.21, p<.05) and negative attitudes toward elders

272

The Gerontological Society of America
these students did not regard older adults as positive figures, they still regarded older adults (M = 33.6, SD = 4.2). The results showed that even though younger students tended to report the exercise of anticipation (e.g. “I will be grumpier” or “wear Grandma shoes.”) Age of self was significantly associated with attitudes toward working with older adults. The Cronbach’s alpha of the two attitudinal scales (M = 33.6, SD = 4.2) predicted negative images. Higher anxiety and more negative images of elders predicted a more negative view of self as elder. Our hypotheses were partially supported; reducing anxiety and improving images regarding elders may improve youth’s images of themselves aging, which can contribute to important health benefits. Intergenerational programs may positively exercise these mechanisms and achieve health benefits for future elders.

EVALUATION OF PHYSICIANS’ KNOWLEDGE AND ATTITUDE TOWARD GERIATRIC MEDICINE
C. Wen, K. Weng, D. Chan, Geriatrics and Gerontology, National Taiwan University Hospital, Taipei, Taiwan

OBJECTIVE: To evaluate the physicians’ knowledge and attitude toward medication use in high polypharmacy risk older adults. MATERIALS and METHODS: During Dec. 2007 to Dec. 2008, 217 high polypharmacy risk older adults were enrolled in the medication safety review clinic (MSRC) study to indentify their problems (DRPs) with interventions proposed to their prescribing physicians (Total N=139). Among them, 134 physicians agreed to fill a self-administered questionnaire regarding their demographic data, practice related characteristics and prescribing behaviors for the elderly. Ninety-eight doctors (73%) completed the questionnaire. Exploratory analysis of the questionnaire data was performed using χ² test with Fisher’s exact method when appropriate. RESULTS: The mean age of the participants was 46.9 years and 94% were men. Sixty-three percent physicians belong to the internal medicine plus family practitioner group (IF group). Only 29% had ever received formal education on geriatric medication prescribing principles in the last 3 years. Most physicians (79%) didn’t know Beers Criteria for potentially inappropriate medications in older adults. Almost every physician (96%) considered that MSRC was helpful to improve drug related problems in the elderly. Compare the IF group with other physicians, they were more likely to review the patient’s medications regularly (66% v.s 42%, p=0.03). They were also more likely to check the medication effects regularly (98% v.s 69%, p<0.001), to monitor medication side effects more regularly (82% v.s 61%, p=0.02), and to add medications for untreated indications (73% v.s 42%, p=0.002). CONCLUSION: Most physicians apply certain degrees of geriatric medication prescribing principles to their older patients. The internists and family physicians were more likely to manage DRPs of their geriatric patients than other specialties. There is still strong need to provide training programs in geriatric DRPs and prescriptions in the future.

TAIPEI TECHNICAL HIGH SCHOOL STUDENTS' ATTITUDES TOWARD WORKING WITH OLDER ADULTS
S. Lin¹, B. Chang², C. Chou³, J. Scott¹, Office of Social Services, Chinese Culture University, Taipei, Taiwan

In Taiwan, the older population has reached 2.6 million, or about 10.7% of the total population in 2011. Today, more than 331,988 older adults currently reside in the largest metropolitan city in Taiwan - Taipei City. For every 100 persons aged 15 and under, there are approximately 87 persons aged 65 and over in Taipei. These numbers will continue to increase. We conducted an exploratory study among high school students with human services and health service related majors at technical schools in Taipei City. The purpose of the study was to investigate students’ attitudes toward working with older adults. Convenience sampling was used in our research, and eight schools agreed to participate. The instrument had 57 questions, including a modified semantic differential attitude scale about elderly and a revised attitudinal scale about working with elderly. The Cronbach’s alpha of the two attitudinal scales were .87 and .83, respectively. We surveyed 1,311 students, 981 females and 64 males, who were 16.8 years old on average. Respondents’ attitudes toward older adults were slightly negative (scores = 67.4, SD = 11.8). However, they showed positive attitudes toward working with older adults (M = 33.6, SD = 4.2). The results showed that even though these students did not regard older adults as positive figures, they still viewed serving older adults “interesting,” “worthwhile,” and “respectable.” We suggest that in-depth interviews should be conducted in future research to examine other possible factors that influence their attitudes toward working with older adults.

ANTICIPATED SELVES: PORTRAYALS OF SELF AT 70 YEARS OLD
A.M. O’Hanlon¹, B. Brookover², 1. Educational Leadership, Counseling and Foundations, University of New Orleans, New Orleans, Louisiana, 2. Xavier University of Louisiana, New Orleans, Louisiana

The present study examined attitudes towards aging through the qualitative analysis of essays describing anticipated selves at 70 years old. Students from an urban state university and a historically black urban college wrote personal essays predicting their future selves, who they expected to be at age 70 years, as assignments in gerontology courses. The essay requirements included prompts for considering: appearance, lifestyle behaviors, health, social network, challenges, and life satisfaction at age 70. The essays (N= 69) were analyzed for evidence of course-related knowledge, student expectations of continuity or discontinuity in different domains, and the presence of stereotypic views of aging. Analyses indicated that students’ essays often included specific course information, particularly regarding lifestyle behaviors and their health-related outcomes. Expectations of discontinuous or continuous development were domain-specific and the prediction of whether or not a particular domain would show change varied among students. An emergent theme of the analysis was the realism of the overall portrayal of life at age 70 years. Students sometimes recognized the unlikelihood of an outcome (e.g. perfect health at age 70), but predicted it nonetheless. Further, while the essays demonstrated knowledge of aging, stereotypic portrayals were still present as in “I will be grumpier” or “wear Grandma shoes.” Age of student appeared to be related to the ease of projecting oneself into the future. Younger students tended to report the exercise of anticipating an older self was more challenging than those who were middle-aged. Known older adults often served as the models upon which to base predictions.

THE IMPACT OF A SERVICE LEARNING COURSE ON COLLEGE STUDENTS’ KNOWLEDGE AND ATTITUDES TOWARD AGING
B. Luo, Sociology, Western Washington University, Bellingham, Washington

Service learning is an educational method in which students engage in organized service designed to meet the needs of the community. The academic curriculum is infused with opportunities for students to provide meaningful service to a community agency and then to reflect on the service experience via personal journals and classroom discussion (Westacott & Hegeman, 1996). In the winter quarter of 2010 in a medium-sized university in Pacific Northwest, the author implemented service-learning pedagogy in course “Aging in America,” which was designed to increase student’s knowledge of aging, promote direct contact with older people, and provide services to the elders who are in need. A pre-course survey and a post-course survey were conducted with each student who is enrolled in this course. The survey consists of two components—a revised version of Palmore’s Fact on Aging Quiz and a revised version of Fraboni Scale of Ageism. In addition, a pre-course focus-group interview and post-course interview were also used to help explain students’ answers on the surveys. Findings reveal that increased interactions and direct services to the aging population significantly improved college students’ knowledge on aging and positively changed their attitudes toward the elderly population.
DISCREPANCIES BETWEEN ATTITUDES TOWARD FALLING AND DROWNING AND TAKING PREVENTION MEASURES IN JAPAN

T. Ikeuchi, F. Toyota, H. Osada, J. F. Oberlin University Graduate School, Tokyo, Japan

In our separate analysis with the four-factor model (Man, Machine, Management, and Media), we found discrepancies between older adults’ attitudes toward falling at home and drowning in a bathtub on the one hand, and the measures they take to prevent falling and drowning on the other. In this study, we investigated factors behind these discrepancies. Participants were 85 men and 65 women (N=150) ages 60 years and older (M=66.51, SD=3.75) living in urban areas of Japan. Participants completed questionnaires seeking to assess their attitudes toward falling and drowning on the one hand, and actually taking measures to prevent falls and drowning incidents. Results show that 30.8% believed fall prevention measures to be practical on the Man factor of the 4M analysis, and 43.6% reported drowning prevention measures to be practical on the Machine factor. They indicated that they had not taken any special measures, but would consider doing so henceforth. We also asked about their reasons for having taken no measures even while considering that they might be practical. For measures having to do with preventing household falls, 64.5% reported being unaware of the extent of the decline in their physical capabilities. As for actions which might prevent drowning accidents in their bathtubs, 32.5% reported being deterred by the high costs and length of time required to do anything. Findings suggest that there may be defects in predicting the decline of physical capabilities in older adults, which might cause or increase the risk of falling and/or drowning.

HOW DO YOUNG AND OLDER ADULTS RATE THE SELF RELEVANCE OF AGE-TYPICAL CHARACTERISTICS?

E. Ankudowich, N.C. Ebner, K.J. Mitchell, M.K. Johnson, Yale University, New Haven, Connecticut

Prior work has shown that adults sometimes identify with their own-age group, and other times they distance themselves from same-aged peers. The factors that influence whether or not young and older adults see themselves as similar to their own-age group have not yet been identified. The present study examined how characteristics that varied in age typicality and valence influenced young and older adults’ self-relevance ratings. Young and older participants rated adjectives (e.g., adventurous, disagreeable, knowledgeable, resigned) on whether they were more typical of young or older adults, on whether they were positive or negative, and on whether they were typical of themselves. Both young and older participants judged positive characteristics as more self-relevant (a “self-positivity bias”), however, older, but not young, participants also endorsed characteristics to a greater extent the more typical characteristics that were rated as negative and typical of young adults. We discuss similarities and differences between young and older adults in their views of the typical characteristics of young and older adults, and the extent to which positivity bias and age salience are evident in judgments about one’s self.

TO CARE OR NOT TO CARE?: EFFECTS OF NURSE TRAINING ON IMPLICIT & EXPLICIT ATTITUDES TO OLDER PEOPLE

P. Nash, I. Stuart-Hamilton, P. Mayer, Centre for Innovative Ageing, Swansea University, Swansea, Wales, United Kingdom

Advance Directives: Steffens, Schulz & Konig (2006) demonstrated that the Implicit Association Test (IAT) is a stable predictor of spontaneous behavior where explicit measures predict only planned. Pervasive, ingrained implicit ageism is found in the general (Levy & Banaji, 2002) and professional medical (James and Haley, 1995) populations, negatively affecting older peoples health care (Duerson, Thomas, Chang & Stevens, 1992; Filipp & Schmitt, 1995). Research Results: A bespoke ageing IAT (Greenwald, McGhee & Schwartz, 1998) and the Fraboni Scale of Ageism (Fraboni, Saltstone & Hughes, 1990) measured implicit and explicit attitudes. Data from 203 participants over six studies demonstrated consistently negative implicit attitudes, where explicit attitudes were largely positive. General adult population controls had significantly higher explicit scores than nursing students (F(1,44)=12.84; p<0.001) with implicit approaching significance (F(1,44)=3.948; p=0.05). Qualified nurses showed a difference in explicit scores (F(1,85)=6.058; p<0.05) but not implicit (F(1,85)=225; N.S.). Policy Issues: Sonnenschein & Brody (2005) predict that by 2050 almost 50 percent of the population in the UK will live past 85. When paired with the fact that in the year April 2008 – March 2009 22.8% of the total admittance to ER departments in England was for those people aged 60 and over (Hospital Episode Statistics, 2010), the attitudes of the care staff will have a significant impact. Through a longitudinal study, Westmoreland et al. (2009) demonstrated that through well structured training based on psychological principles, attitudes towards older people can be changed.

“65 ISN’T WHAT IT USED TO BE”: CHANGES AND TRENDS IN PERCEPTIONS OF OLDER ADULTS

M. Plukun, A. Niehaus, R.D. Reeves, Department of Law, Politics, and Society, University of Evansville, Evansville, Indiana

With increasing life expectancy, adults can look forward to more years after age 65 than previous generations, many with better health. Yet many Americans feel that the “golden years” are anything but idyllic, perceiving that older adults face a lonely life filled with health, financial, and medical worries. However, as the Baby Boomer generation hits that stage in the life course, more Americans are confronted with a changing image of what it means to be 65 years or older. Using two studies, Myth and Reality of Aging (National Council on Aging 1974) and American Perceptions of Aging in the 21st Century (Cutler and Whitelaw 2000), the authors examine changing trends in perceptions of adults 65 years or older. Specifically, we explore the following questions: 1) how are the lives older adults perceived?, 2) how have perceptions of older adults changed over the last 35 years?, and 3) how might the Baby Boomer generation influence perceptions of the lives of older adults? Preliminary findings suggest that perceptions of older adults have become less negative, particularly in the areas of perceived loneliness, fear of crime, and concerns for poor health, suggesting that a growing understanding of issues faced by older adults has led to a more realistic view of the older years. The need for further exploration of perceptions with the aging of the Baby Boomer generation is discussed.

THE PRESENTATION OF DEMENTIA IN THE MOVIES: CLINICAL PICTURE AND COPING

Y. Kuin’, D.L. Gerritsen’, 1. Radboud University Nijmegen/Behavioural Science Institute, Nijmegen, Netherlands, 2. Radboud University Nijmegen Medical Centre/Dept. of Primary and Community Care, Nijmegen, Netherlands

Visual media influences the general public’s perceptions and attitudes regarding mental disorders. Therefore, it is important to know how dementia is presented in movies. In this study we focus on 1) depiction of clinical features of dementia, and 2) attitudes of significant others concerning the person with dementia. Using search terms ‘dementia’, ‘Alzheimer’s disease’ and ‘senility’, motion pictures were sought on the Internet Movie Database, release period 2000-2010. The selection procedure resulted in 12 films: Son of the Bride, Iris, The Alzheimer Affair, It runs in the Family, The Notebook, Aurora Borealis, Away from her, The Savages, Is Anybody There?, Choke, I’ve loved you so long, and The Notebooks. Using search terms ‘dementia’, ‘Alzheimer’s disease’ and ‘senility’, motion pictures were sought on the Internet Movie Database, release period 2000-2010. The selection procedure resulted in 12 films: Son of the Bride, Iris, The Alzheimer Affair, It runs in the Family, The Notebook, Aurora Borealis, Away from her, The Savages, Is Anybody There?, Choke, I’ve loved you so long, and Black. Independently, both authors watched all movies, selected relevant scenes, and noted symptoms and capacities, characters’ behaviors, remarkable aspects, and interpretations. Then, the authors discussed these and reached consensus. Nearly all main characters with dementia show memory problems and disorientation. In only a few movies other
cognitive, emotional or behavioral problems are shown. In six movies the character with dementia has critical moments of lucidity. Significant others are mostly patient and respectful, react warmly, and reassuringly with only a few signs of burden, struggle and frustration. In general the clinical picture is rather limited; challenging behaviors are seldom shown. The burden of caring is generally underexposed. Only one movie (Iris) comes close to reality with regard to both research aims.

AGE DIFFERENCES IN STEREOTYPES OF AGENTIC ORIENTATION AS A FUNCTION OF TARGET AGE, GENDER, AND ETHNICITY
C. Andreoletti1, W. Disch1, J.P. Leszczynski2. 1. Psychology, Central Connecticut State University, New Britain, Connecticut, 2. Eastern Connecticut State University, Willimantic, Connecticut

Although stereotypes about gender, race, and age have been studied independently, few have examined the content of compound stereotypes, which consider these characteristics together. Furthermore, most research on age stereotypes has focused on old age. We examined age differences in stereotypes of agentic orientation as a function of target age (15 to 95 years), ethnicity (Black/White), and gender (male/female). Using bipolar scales, 134 young (M age = 18.7 years, SD = 1.5) and 77 older adults (M age = 77.7 years, SD = 7.3) rated target groups (e.g., Black, 45-year-old females) on 10 attributes. Only agentic attributes (aggressive, ambitious, skilled at business, competitive, dominant) are reported here. Each participant rated 20 groups and were randomly assigned to rate either 15-, 25-, 45-, 65-, and 85-year-old targets or 15-, 35-, 55-, 75-, and 95-year-old targets. We hypothesized that perceived agency would decline with target age as a function of target gender and ethnicity. We also predicted that the timing and extent of perceived decline would vary by participant age group. Results indicated that both younger and older participants rated the agentic attributes as significantly declining as target age increased. Furthermore, younger participants rated the attributes as declining somewhat earlier than the older participants. For example, younger participants rated aggression, ambition, and competitiveness as declining most at approximately 60 years, whereas older participants indicated a decline closer to 70 years. Differences by target gender and ethnicity are also discussed. Results will be used to increase knowledge and awareness of compound stereotypes.

WHADDYA KNOW?: ETHNICITY DIFFERENCES IN KNOWLEDGE OF AGING

Knowledge about aging has been shown to affect both perceptions of aging and individual outlook on aging. A common way to assess such knowledge is with Palmore’s Facts on Aging Quiz (FAQ). In an ongoing study of attitudes toward aging, the FAQ was given to 1120 persons ranging in age from 18 to 94 (M = 37.89, SD = 16.62). Because attitudes toward aging have also been shown to differ by ethnicity, ethnicity differences in knowledge were assessed. The sample included 281 African Americans, 146 Asian Americans, 570 White Americans, 102 Hispanic Americans, 17 American Indians, 60 people who identified as Multiracial, and 11 Japanese participants living in Japan for a total of 1220 respondents. Overall knowledge of aging was significantly different, F(6, 1198) = 4.19, p < .001. Japanese participants scored the highest and Hispanic Americans scored the lowest. There were no differences in negative bias, however there were differences in positive bias in answering the FAQ. F(6, 1197) = 5.42, p < .001. American Indians had the highest positive bias and White Americans had the lowest. A question was added to the FAQ to examine knowledge of ethnicity difference in rates of Alzheimer disease. Significant differences revealed that American Indians and Multiracial respondents had the highest scores on this question and Hispanic and White Americans the lowest, F(5, 1051) = 4.93, p < .001. These results are discussed in terms of their interpersonal with attitudes toward and outlook on aging. Gender and age interactions will also be reported.

AGING ANXIETY IN KOREA

The aging of Baby Boomers is a challenge for Korean policymakers, as in many countries around the world. Using the nationally representative 2010 KGSS, we examined whether older Koreans are more likely than younger people to be anxious about physical dependence in old age (“I worry about not being able to get around on my own as I get older”), cognitive dependence (“I worry others will have to make decisions for me as I get older”), and financial dependence (“Financial dependence on others is one of my greatest fears about old age”). The response category was a 5-point Likert scale ranging from strongly agree to strongly disagree. For our dependent variable, we dichotomized each response into agree versus other. Preliminary analysis shows that about 52% worry about physical dependence, 40% about cognitive dependence, and 44% about financial dependence. Compared to those aged 25-34, older people are 31% more likely to be worried about physical, 29% more about cognitive, and 17% more about financial dependence. After adjusting for socio-demographic variables, we found a significant difference between age groups in physical, but not cognitive or financial anxieties. Interestingly, only the 45-54 age group is more concerned about dependence than the younger group in all three dependence categories. Our findings may reflect the job insecurity and underemployment experienced by Baby Boomers in the 1997 financial crisis, or being a sandwich generation that might be the last raised to take care of parents and the first not expecting support of their children.

THE RELATIONSHIP BETWEEN AGING SELF-PERCEPTIONS, COGNITIVE AND SENSORY FUNCTIONING
M.E. Paggi1, D.S. Jopp1, M. Schmidt2. 1. Fordham University, Bronx, New York, 2. Heidelberg University, Heidelberg, Germany

The impact of aging self-perceptions on cognitive functioning has been demonstrated only through experimental research using priming techniques. Vision and hearing have also been found to be associated with aging self-perceptions. The current study investigated the relationships between aging self-perceptions, cognitive and sensory functioning utilizing data from the Interdisciplinary Longitudinal Study on Aging (ILSE) (Martin, Gründahl, & Martin, 2001). The database consists of 412 older adults (mean age 62.86, SD = 8.90, range: 61 – 65 years) and 457 middle-aged adults (mean age 44.17, SD = 9.00, range: 43 – 46 years). Aging self-perceptions were measured with the Philadelphia Geriatric Center Morale Scale (Lawton, 1975); the participants also underwent cognitive assessments and hearing and vision tests. Correlational analysis with the older cohort indicated that positive aging self-perceptions were related to higher cognitive performance, less hearing loss and higher visual acuity. However, in the middle-aged cohort, aging self-perceptions were correlated with fewer cognitive measures. low-frequency hearing loss and with visual acuity. These results indicate that beliefs about aging are related to cognition and sensory abilities in both older and middle-aged adults, but these relationships are limited to fewer areas of cognition and to more progressive hearing loss in middle-aged adults, suggesting that aging self-perceptions vary with age-related changes in cognitive and sensory functioning.

UNMASKING THE SECRETS OF HEALTHY AGING: CENTENARIAN VIEWS ON THE ATTAINMENT OF ADVANCED LONGEVITY
S. Freeman, J.M. Garcia. Health Studies and Gerontology, University of Waterloo, Waterloo, Ontario, Canada

Pathways healthy and physically functional centenarians take to achieve advanced age have fascinated mankind for centuries. With continuous developments in medical care, individuals are anticipated to live

64th Annual Scientific Meeting 275
Community Attitudes Toward cognitively impaired youthful, middle-aged, and older prisoners

A. Rodriguez, R.S. Allen, J. McAlpine, R. Cavanaugh

A cause of concern in psychology in the last 20 years has been the ever-growing prison population and legislative changes (e.g., harsher sentences, abolishment of parole) that have made spending greater time in prison across a lifetime more likely. Research regarding prisoner health has provided consistent support for the adverse effects related to incarceration, including psychiatric disorders, cognitive impairment, and accelerated aging (Loeb & AbuDagga, 2006; Loeb, Steffensmeier & Lawrence, 2008; Shinkfield & Graffam, 2010). Unfortunately, these issues may be overlooked in society due to negative attitudes toward prisoners. These obstacles put prisoners at high risk for vulnerability. Psychologists have investigated attitudes toward prisoners for decades (Melvin, Gramling, & Gardner, 1985; Silvia, Graham, & Chasidy, 2005; Church, Baldwin, Brannen, & Clements, 2009). The current study examined community-dwelling older adults’ attitudes toward prisoners. Participants included 40 older adults (M = 71.85, SD = 10.10) whose ages ranged from 54 to 88. The majority of participants were female (77.5%); 52.5% self-identified as Caucasian and 47.5% self-identified as African American from Tuscaloosa, Alabama and surrounding areas. Researchers investigated participant attitudes toward cognitively impaired and healthy prisoners of varying ages (i.e., 15 years, 30 years, 60 years) and found significant differences in older adults’ attitudes toward prisoners based on prisoner age and health.

Giving dementia a face? The portrayal of people with dementia in German News Magazines between the Year 2000 and 2009

E. Kessler, C. Schwender

We investigated photographic depictions of people with dementia in news magazines according to their frequency as well as the socio-demographic characteristics and quality of life (QOL) of the characters. Methods. We examined all 2,604 photographs appearing in articles identified using the keywords “dementia” and “Alzheimer’s” published in the four major German weekly news magazines between 2000 and 2009. According to the body text and/or the legend, 154 characters with dementia were identified. Judges rated the age and gender of each character as well as various indicators of their individual well-being and social and environmental context. Results. A photograph showing a person with dementia appeared in about one out of twenty issues. Visual representations of characters with dementia linearly increased across time. Women were shown more often than men. Young-old and old-old characters were depicted equally often. Characters were mostly depicted as having positive emotions and good functional health. A large majority were shown in individualized contexts and together with social partners. Only two social partners displayed negative emotions and she/he was a ‘helper’ in less than one-third of cases. Discussion. Despite the overall low frequency of photographs of people with dementia, dementia seems to have ‘acquired a face’ across the last decade. Although our analysis revealed a heterogeneous portrayal of QOL of people with dementia, positive representations clearly prevailed. We compare this portrayal to objective representations of dementia, statistics on dementia in the ‘real-world’ as well as gender and old age stereotypes.

COGNITIVE STIMULATION AS A MECHANISM FOR COGNITIVE TRAINING


Research has shown that although cognitive performance tends to decline with age, cognitive stimulation may protect against decline (e.g. Hertzog, Kramer, Wilson, & Lindenberger, 2009). Other researchers have suggested that specific, adaptive cognitive training is necessary to see cognitive improvements (e.g., Ball, Edwards, & Ross, 2007; Valenzula & Sachdev, 2009). We compared an adaptive cognitive training program, standardized cognitive training program, internet training, and no contact controls in order to examine whether cognitive stimulation...
is a mechanism for cognitive training gains as measured by the Useful Field of View Test (UFOT). A total of 278 adults between the ages of 62 and 95 participated in two studies of cognitive training (Edwards et al., 2002; Edwards, et al., 2005). A 4x2 mixed-model ANOVA was conducted to determine the effect of different cognitive training conditions (adaptive vs. standard vs. internet training vs. no contact control) and time (pre- vs. post-training) on UFOT performance. Results indicated significant main effects of time, F(1,252)=276.80, p < .001, training group, F(3,252)= 13.59, p < .001 and a group x time interaction, F(3,252)= 32.32, p < .001. Tukey’s HSD was performed to examine group differences. Only the adaptive training group performed significantly better than either the internet training group or no contact control group, who performed similarly. No other significant differences were found. These results suggest that adaptive training may be most beneficial for improving older adults’ speed of processing, and that cognitive stimulation, such as internet training, does not immediately improve UFOT performance.

PROMOTING BRAIN HEALTH: PRACTICES IN HEALTH SYSTEMS, SENIOR CENTERS, AND PUBLIC HEALTH AGENCIES

J.N. Laditka, S.B. Laditka, K.B. Lowe, Public Health Sciences, University of North Carolina at Charlotte, Charlotte, North Carolina

As baby boomers age, more Americans will seek ways to promote brain health. There is little evidence from randomized trials that behaviors affect brain health, but reviews fault their poor study designs. Much stronger evidence from epidemiology and animal studies particularly suggests the usefulness of physical activity, healthy diets, and social involvement. We used the Internet to study brain health promotion in three sectors. We examined: health care systems, using Thompson Reuter’s Top 100 Hospitals; nationally accredited senior centers (National Council on Aging, n=180); and health departments of all 50 states and the 20 largest U.S. cities. Searches included a variety of terms indicating brain health, successful aging, and dementia. We analyzed website text, graphics, brochures, and posters promoting brain health. Products or services to treat dementia were excluded from the analysis. In results specifically for brain health promotion, among health care systems 26% emphasized the usefulness of cognitive activity, 22% nutrition, 22% physical activity, 18% social involvement, and 10% drugs or other products. Among public health agencies, 25% suggested physical activity, 18% nutrition, 17% brain activity, and 7% social involvement. Senior centers emphasized cognitive activities and social involvement (both 13%), physical activity (3%), and nutrition (2%). The science base suggests it may be useful to promote healthy behaviors specifically for brain health, acknowledging the uncertainty of knowledge in this area. Health care systems and public health agencies are beginning to do so. Based on Internet evidence, few senior centers explicitly promote brain health.

THE EFFECTS OF 3-YEAR COGNITIVE ACTIVITY PROGRAMS ON COGNITIVE FUNCTIONS AMONG THE JAPANESE ELDERLY

N. Yatomi, Institute of Gerontology, The University of Tokyo, Kashiwa, Chiba, Japan

Dementia is the greatest health concern in the elderly. The prevalence rate is near 10% of elderly population in Japan. From recent studies, it has been suggested that improving of lifestyles related to amyloid beta deposition and intellectual habits may postpone the onset of Alzheimer disease. The purpose of this study is to examine the effects of 3-year training of executive functions through leisure activities such as cooking, traveling, learning PC skill, and gardening. The subjects were 388 elderly people who live in Setagaya Ward, Tokyo. The experimental group was consisted of 134 elderly (35 males, 99 females; mean age=71.7 yrs (sd: 5.7)). The control group was consisted of 254 elderly (104 male, 175 females, mean age=72.1 yrs (sd: 5.4)). The subjects were tested with neuropsychological examination test of various cognitive domains such as memory, attention, thinking, language, and visuospatial function, at base line and 3 years later. The experimental group member participated in walking program and one of cognitive training programs; cooking, traveling, PC learning and gardening by once per week for three years. The results showed that the experimental group had a more improvement on the category cued recall test(p < .05), the delayed recall of Logical Memory Test(p < .05), the Trail Making Test(p < .01), and the similarity test(p < .05). This results suggest that leisure activities such as cooking, traveling, learning PC skill, and gardening improve cognitive functions such as episode memory, divided attention, abstract thinking.

CARE DYAD CLOSENESS AND PROVIDING COGNITIVELY STIMULATING ACTIVITIES PREDICT COGNITIVE BENEFITS FOR PERSONS WITH DEMENTIA

E.B. Fauth1, K.A. Treiber1, M.C. Norton1, C. Corcoran1, K. Piercey1, P. Rahins1, C. Lyketsos2, J. Tschanz1, J. Family, Consumer, and Human Development, Utah State University, Logan, Utah, 2. Johns Hopkins University, Baltimore, Maryland

Research suggests that caregiving environments impact rates of cognitive decline in persons with dementia (PWD). For example, cognitive performance declines less severely when caregivers report closer emotional relationships to the PWD. We hypothesize that closer caregivers may be more likely to provide cognitively stimulating activities (CSA) to the care recipient, which in turn, explains why cognitive resources decline less dramatically in these PWD. To test these relationships, we used 187 care dyads from the Cache County Dementia Progression Study, a population-based study of persons with incident dementia and their caregivers assessed semi-annually for an average of 2.7 (SD=0.4) years. Mean PWD age was 84.6 (SD = 5.8), education was 13.2 (SD = 2.9), and 65% were female. Linear mixed models examined the effects of closeness (Relationship Closeness Scale) and cognitively stimulating activities (Lifestyle Activities Questionnaire) on rate of change in MMSE, controlling for age, sex, education, occupational attainment, estimated premorbid IQ, APOE ε4, dementia duration, and general health. In separate models, greater closeness and CSA were each associated with slower cognitive decline (F=6.2, p=0.01; F=7.4, p<0.01), particularly at earlier stages of dementia. When both variables were entered into a single model, closeness effects were robust and CSA was associated with better overall MMSE performance but no longer with rate of change. We conclude that both closeness and CSA predict slower cognitive decline, and have both unique and shared variance in explaining cognitive change. Cognitively stimulating activities is not the only mechanism by which closer dyad relationships influence cognitive change.

COGNITIVE SPEED OF PROCESSING TRAINING REDUCES DEPRESSIVE SYMPTOMS AMONG PERSONS WITH PARKINSON’S DISEASE

E.M. Hudak1, M.L. O’Connor1, C. Hale1, C.L. Peronto1, C. McNee1, J. O’Brien1, J.D. Edwards1, 1. School of Aging Studies, University of South Florida, Tampa, Florida, 2. University of Virginia, Charlottesville, Virginia

Depression is common among individuals with Parkinson’s disease (PD; McDonald, Richard, DeLong, 2003). Cognitive speed of processing training (SOPT) is protective against increases in depression among healthy older adults (Wolinsky et al., 2009). This study examines the effects of SOPT on depressive symptoms among older adults diagnosed with PD. The study included 32 community-dwelling adults (M = 67.12 years) who were randomized to immediate SOPT (n=13) or a delayed training control condition (n=19). Inclusion criteria included PD in Hoehn and Yahr stages 1 to 3, Mini-Mental State Exam score of 23 or
greater, and near visual acuity of 20/40 or better. Depressive symptoms pre- and post-training were measured using the Center for Epidemiologic Studies Depression Scale (CES-D). MANOVA indicated that the two training groups did not differ at baseline in education, age, near vision, or mental status; Wilks’ Λ = 0.76, F (4, 27) = 2.06, p = 0.11. Repeated measures MANOVA was used to examine the impact of SOPT on depressive symptoms pre- to post-training (or equivalent delay). A significant group by time interaction, Wilks’ Λ = 0.83, F (1,30) = 5.76, p = 0.02, revealed that those randomized to SOPT had a significant decrease in number of depressive symptoms (mean change = -3.15) as compared to an increase in depressive symptoms among controls (mean change = 2.36). This study indicates that SOPT may effectively reduce the number of depressive symptoms experienced among adults with PD. Other benefits of cognitive training for persons with PD should be examined.

**FUNCTIONING IN OLDER ADULTS**

A. Trujillo, L.A. Whitlock, T. Patterson, A. McLaughlin, J.C. Allaire, M. Gandy, J. North Carolina State University, Raleigh, North Carolina, 2. Georgia Institute of Technology, Atlanta, Georgia

Recent research suggests that playing commercially available video games may have a positive effect on the cognitive functioning across the life span (Basak, Boot, Voss & Kramer, 2008; De Lisi & Wolford, 2002; Feng, Spence & Pratt, 2007; Green & Bavelier, 2006). The current study examined the extent to which playing a cognitive complex, spatially challenging video game confers benefits to older adults’ cognitive functioning. The sample consisted of 56 of community dwelling elders with an average age of 81 (SD = 6.28; range = 66 – 93). Participants completed a pre-test session before being randomly assigned to either a control or experimental conditions. The experimental condition consisted of 15 hour long sessions where participants worked through a series of levels in the game BoomBlox on the Nintendo Wii. BoomBlox is a multi-player action-puzzle interactive game that requires action gestures to cause strategic destruction of blocks. The training levels required low attentional demands, while the more advanced levels contained high working memory and perceptual speed demands. After the 15 sessions were completed, all participants returned for a post-test session. Results from repeated measures analysis of variance revealed marginally significant pre- to post-test by condition interaction for digit symbol recall [F(1, 50) = 3.73, p = .06, η²=.03] with intervention participants performing better at post-test than controls. A similar pattern of results was also found for measures assessing spatial ability and processing speed. Discussion will focus on the potential applied impact of video games on the cognitive competency of older adults.

**EFFECT OF GROUP ACTIVITY-ORIENTED WALKING PROGRAM ON COGNITIVE, MENTAL AND PERFORMANCE STATUS: A RANDOMIZED, CONTROLLED TRIAL**

C. Ura, R. Takahashi, F. Miyamae, N. Kojima, N. Sakuma, H. Kodama, S. Awata, Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

**BACKGROUND:** Physical activity is associated with cognitive function in older people. However, evidence from randomized trials is limited. **OBJECTIVE:** To investigate whether walking program organized and oriented as a small group activity has any beneficial effects on cognitive, mental and performance status in older persons with at least one memory problem. **DESIGN:** One hundred thirty-six men and women aged 65-79 years were randomly assigned to a 12-week walking class or to a waiting-list control. Walking program is an integrated program that regularly adjusts to individual ability, and consists of a daily home-based walking and a weekly group activity-oriented class. Cognitive, mental and performance status were assessed using the Trail Making Test Part A & B (executive function), WAIS-III coding (processing speed), Five-Cog test (multidimensional cognitive battery), WHO-5 and TMIG Index of Competence (everyday performance). **RESULTS:** Overall compliance was 88.4%. At 12 weeks, no between-group differences were seen in cognitive functions; however, among participants with lower MMSE score (<27 points), the Trail Making Test Part B in the intervention group improved more than that in the control group (p<.05). Intervention participants reported significantly greater increases in WHO-5 (p<.05) and everyday performance (p<.05) than the control group. **CONCLUSION:** Group activity-oriented walking program was associated with improved mental health and everyday performance. With regard to cognitive function, particular advantage may be seen in older persons with mild cognitive decline. This program seems to be suitable for implementation in the community and successful settlement of walking habit.

**THE EFFECTS OF LEISURE ACTIVITIES ON THE COGNITIVE FUNCTIONING OF NURSING HOME RESIDENTS: A PLACE-CONTROLLED RANDOMIZED TRIAL**

S. Cheng, P. Chow, Department of Psychological Studies, Hong Kong Institute of Education, Tai Po, Hong Kong

**Objectives:** To examine the effects of cognitive stimulation (mahjong) and physical exercise (Tai Chi) on the cognitive functioning of nursing home residents. Methods: 110 residents were randomized into three conditions: (a) mahjong, (b) Tai Chi, and (c) handicrafts (placebo). Inclusion criteria were MMSE ≥10 and ≤24, and suffering from at least very mild dementia (Clinical Dementia Rating [CDR] ≥0.5). Exclusion criteria were audio/visual impairment, contraindication to do mahjong or Tai Chi or regular participation in either activities in the past 3 months. Each activity was carried out three times a week over a 3-month period. Outcome measures including Mini-Mental State Examination (MMSE), verbal memory (immediate and delayed recall), verbal fluency, digit span, and CDR sum of boxes were collected at baseline, and 3, 6, 9, and 15 months. Results: There were moderate effects of mahjong on most outcome measures up to 9 months; the Tai Chi group had less and shorter-term effects. Controlling for age, education, daily cognitive activities, cardiovascular risk factors, blood pressure, and genetic predisposition to Alzheimer disease (ApoE4) did not alter the findings. Conclusion: Leisure activities, especially mental activities such as mahjong, can be effective measures to improve cognitive functioning in nursing home residents and may even delay dementia progression. They are pleasurable to the participants and are likely to be sustainable as long as physical conditions allow. The lack of effects at 15 months was difficult to interpret due to an H1N1 pandemic.

**CAN MEMORY TRAINING BENEFIT FROM EXECUTIVE FUNCTION TRAINING? EVIDENCE FROM HEALTHY OLDER ADULTS**

J. Li, Institute of Psychology, Chinese Academy of Sciences, Beijing, China

As executive function declineing is taken as one the underlying mechanisms for memory aging, we hypothesized memory training would benefit more with executive training as a warm-up basis compared with memory training alone. 42 healthy elders were randomly assigned to memory only (M) or memory plus executive function training (ME) groups. The format of the training was 1 hour per session, 3 sessions per week, for total 16 sessions. M Group (n=22) received memory training (mnemonics) for all the 16 sessions. MG Group (n=20) received an 8-session EF training (updating & switching) followed by 8-session memory training which included the same mnemonics as in M group. Participants were tested on trained and transferred cognitive tasks before and after the training. In contrast to our hypothesis, M group performed better on both trained and near-transferred memory tasks compared with ME group, though which improved more on executive tests.
MEMORY SELF-EFFICACY PREDICTS RESPONSIVENESS TO INDUCTIVE REASONING TRAINING IN OLDER ADULTS

Although cognitive training interventions often produce clear improvement in specifically trained abilities among older adults, there are individual differences in the effectiveness of training. While prior research has found that certain factors (e.g., age, initial cognitive ability, pre-existing health conditions) moderate the degree to which older adults gain from these interventions, little research has examined the role of self-referential and motivational variables, such as self-efficacy. In the current study, we assessed the relationship between memory self-efficacy at pre-test and responsiveness to inductive reasoning training in a sample of older adults. Participants completed a measure of self-efficacy assessing beliefs about memory capacity. Participants were then randomly assigned to a waitlist control group or an inductive reasoning training intervention. Latent change score models were used to examine the moderators of change in inductive reasoning. The training produced clear improvements in inductive reasoning compared to the control. Within the training group, initial memory capacity beliefs significantly predicted change in inductive reasoning such that those with higher levels of capacity beliefs showed greater responsiveness to the intervention. Further analyses revealed that self-efficacy had effects on how trainees allocated time to the training materials over the course of the intervention. Results indicate that self-referential beliefs about cognitive potential may be an important factor contributing to plasticity in adulthood.

COGNITIVE TRAINING BENEFITS TRANSFER TO UNTRAINED TASKS BY BOLSTERING UNDERLYING COGNITIVE ABILITIES: FACTORIAL INVARIANCE AND IMPROVED PERFORMANCE ACROSS TIME IN THE IMPACT CLINICAL TRIAL
S.E. Dalton, E. Zelinski, Gerontology, University of Southern California, Los Angeles, California

Declines in fluid cognition across the adult lifespan are associated with functional impairments which lead to lost independence, increased risk for nursing home placement, and increased mortality in late age. The theory of cognitive enrichment proposes that maintained cognitive plasticity throughout life allows for certain behaviors, including participation in cognitive training programs, to have a positive influence on cognitive function. The efficacy of training programs to improve cognition in a manner that benefits everyday functioning is demonstrated when participants show transfer of benefits to cognitive abilities that are distinct from the rehearsed skill. This project examines data from a large-scale randomized and controlled test of a computerized training program consisting of a series of mental exercises which intend to enhance cognition in healthy older adults. In addition to demonstrating improved performance on the trained tasks as a result of participation in the program, the study includes two measures of transfer to overall working and short-term memory and auditory memory function. This report first uses latent variable structural equation models to examine the factor patterns of the transfer variables and factor invariance among loadings, variances, and covariances across time. The resulting models are organized progressively and establish metric invariance between pre-randomization and post-training measures of memory performance indicating that the same underlying constructs are measured at each time point. The report subsequently demonstrates significant improvement on the transfer measures as a result of training and the ability of cognitive training to extend influence beyond what was rehearsed to improve memory performance.

SESSION 980 (POSTER)

EMOTIONS AND AGING

DOES LEISURE TIME UNCOUPLE POSITIVE AND NEGATIVE AFFECT?: APPL YING THE DYNAMIC MODEL OF AFFECT
X.L. Qian, D. Almeida, C.M. Yarnal, The Pennsylvania State University, University Park, Pennsylvania

The Dynamic Model of Affect (DMA) argues that the experience of stressors leads to a highly inverse PA-NA (positive and negative affect) relationship which can be uncoupled by positive events (i.e., a PA-NA relationship closer to zero). The DMA led us to propose that the ability to uncouple PA and NA is a criterion to assess the effectiveness of leisure time availability as a coping resource. Prior research has identified leisure as a coping resource, but has not used the DMA to study its effectiveness. The current study fills this research gap. Participants from the National Study of Daily Experiences (NSDE; N=2022, age 33 to 86), part of the National Survey of Midlife in the United States (MIDUS), completed telephone interviews about daily stressful events, time use and affective experiences for eight consecutive days. We examined the effect of daily stressors and leisure time availability on the PA-NA relationship using multilevel models. Results showed that PA and NA were more negatively related on days participants experienced more stressors than usual (controlling that day's leisure time availability). Meanwhile, having more leisure time than usual on those days was associated with the uncoupling of the negative PA-NA relationship (controlling that day's number of stressors). Our findings provide empirical support for the DMA and extend the application of the DMA to leisure as a coping resource. Our study also demonstrates the effectiveness of leisure time availability in helping people cope with daily stressors and the importance of studying leisure as time use.

AGE DIFFERENCES IN DELIBERATELY IMPLEMENTING ATTENTIONAL DEPLOYMENT TO MANAGE MOOD
M. Lohani, D. Isaacowitz, Brandeis University, Waltham, Massachusetts

Older adults are found to naturally show attentional preferences for positive information; however, no previous study has investigated age differences in managing mood by deliberately focusing attention to aspects of emotional information, termed attentional deployment. Forty-two young participants (Mage = 18.5) and 48 older participants (Mage = 71.42) watched two sadness-inducing video clips (about death and terminal illness, 4-5 minutes long) under two experimental conditions - natural viewing (no regulation) and attentional deployment (manage mood by diverting attention away from negative). We used a multi-method approach to investigate age-differences in implementing attentional deployment; participants: a) reported their mood (0 = worst, 100 = most pleasant) after both conditions; we objectively measured their b) fixation patterns via eye-tracking; c) negative expressions via corrugator muscle activity; and d) physiological response via skin conductance level. In the natural viewing condition, consistent with previous work, older participants fixated lesser on the negative regions of the stimuli. In attentional deployment condition, both younger and older participants were able to implement deliberate attentional deployment. However, only older participants and not young experienced mood improvements relative to the natural viewing condition. No age differences in negative expressions of emotions or physiology were found. Thus, attentional deployment was found to be a more beneficial emotion regulation strategy for older participants as they experienced significantly better mood than their younger counterparts.
RISKY CHOICE IN YOUNGER VERSUS OLDER ADULTS: CONTEXT MATTERS

Y.H. Huang, S. Wood, D.E. Berger, Y. Hanoch, 1. Claremont Graduate University, Claremont, California, 2. Scripps College, Claremont, California, 3. University of Plymouth, Plymouth, United Kingdom

Pursuant to earlier findings that showed that older adults tend to experience decline in their deliberative capacity while their affective abilities tend to remain intact, the present study investigated performance of younger and older adults on a risk-taking task that included deliberative and affective conditions. Two versions of the Columbia Card Task (CCT) were used to trigger either affective decision-making (i.e., the “hot” CCT) or deliberative decision-making (i.e., the “cold” CCT). It was predicted that older and younger adults would demonstrate similar risk patterns in risky environments where emotion was involved, but older adults would perform more poorly in risky environments that required more deliberative processing. Compared to younger adults, older adults performed more poorly in both emotional and deliberative conditions, but the difference was greater in the deliberative condition. The use of available probability information was correlated with working memory and numeracy. Overall older adults considered less information relevant to probability assessment across task conditions. The relationship between information use and age was partially mediated by numeracy. This finding adds to the growing literature linking numeric skills to effective risk assessment.

ACCURACY AND CONFIDENCE IN THE APPRAISAL OF FACIAL EXPRESSIONS OF EMOTION: THE EFFECTS OF AGE

S. Rastegar, J. Kellough, B.G. Knight. Department of Psychology, University of Southern California, Los Angeles, California

Research suggests that older adults may be less accurate in identifying facial expressions of certain basic emotions (Isaacowitz, 2007; Orgeta, 2010). In the current study, 126 older and 111 younger adults were presented with sets of standardized facial expressions of emotion (Happy, Sad, Angry, Fear; Ekman, 1976). Participants indicated the presence of as many positive and negative emotions as perceived from a list of 16 emotions, as well as confidence ratings for the emotion(s) endorsed. No age differences were found for accuracy with Happy faces. For Sad and Angry faces, older adults were less accurate than younger adults (Sad: 57.4% vs. 69.4% accuracy, Z=3.772, p<.001; Angry: 81.5% vs. 86.9%, Z=2.183, p=.05). However, for Fear trials, older adults were more accurate than younger adults (78.1% vs. 71.23%, Z=2.364, p=.005). When participants accurately identified the correct emotion, younger adults were more confident in their ratings of Happy faces than older adults, F(1, 234) = 4.325, p=.039. No age differences in confidence for negative emotions were found. Our findings add to previous research suggesting that older adults may be less likely to correctly identify sad and angry faces, but not in recognizing happy or fear faces (Phillips, 2002). Differences in confidence ratings for specific emotions by age do not fully explain differences in accuracy.

AGE DIFFERENCES IN THE COMPLEXITY OF EMOTION PERCEPTION

S. Kim, J. Kellough, B.G. Knight. 1. Gerontology, University of Southern California, Los Angeles, California, 2. University of Southern California, Los Angeles, California

Lifespan developmental theories of emotion suggest that complexity in emotion perception increases in later life. To test this idea, we examined age differences in emotion differentiation in the judgment of emotion from facial expressions. Younger adults (n=120) and older adults (n=111) identified emotions on facial expressions and the degree of confidence for each emotion was rated. The faces represented two levels of ambiguity: The low level of ambiguity consisted of clearly expressed emotional faces, and the high level of ambiguity was from morphed faces that combined features of a happy face and a face showing negative emotion (sad, angry, or fearful). The number of factors was the measure of emotion differentiation and extracted from intra-individual factor analysis of confidence ratings on facial expressions. We compared younger vs. older adults’ number of factors at the two levels of ambiguity (low and high). A main effect for age was found, such that older adults showed a greater number of factors in the judgment of emotions in facial expressions compared to younger adults. A main effect for ambiguity was found, that both age groups reported fewer factors at the high level of ambiguity. There was no interaction of age and ambiguity. Findings were consistent with the existing literature suggesting that older adults display more complexity in emotion perception than younger adults. The ambiguous emotional stimuli appear to result in a decrease in the range of perceived emotions, which lead to fewer factors in the judgment of emotion in facial expressions.

EMOTION RECOGNITION FOR DYNAMIC FAMILIAR AND STRANGER FACES: AGE AND GENDER MATTER

J.T. Stanley, D. Isaacowitz, Brandeis University, Waltham, Massachusetts

Past work suggests older adults are less accurate at recognizing facial expressions than young adults. However, most of these studies used static photos of strangers. In the present study, we sought to determine whether age differences in emotion recognition accuracy could be attenuated if the stimuli were dynamic facial expressions of familiar partners. Young (18-30 years) and older (60-80 years) adult couples participated in two sessions. First, their facial expressions were recorded while they watched film clips intended to evoke sad, angry, happy, fearful, and disgusted feelings. These videos were edited into short videos of facial expressions. In a second session two to eight months later, each participant was asked to identify the facial expressions of their partner and a same-age stranger. Using video as unit of analysis, older adults (n = 37) were less accurate at recognizing emotion in dynamic stimuli than young adults (n = 40), p < .001 and all participants were better at recognizing familiar partners than strangers, p < .001. Gender and emotion interacted with familiarity and age, p < .05, such that young adults outperformed older adults at recognizing sad videos of familiar female targets but older adults outperformed young adults at recognizing sad videos of female strangers. These results suggest that many facets of the stimuli influence the emotion recognition accuracy of young and older adults. The results are discussed from a discrete emotions perspective.

THE ROLE OF SENSORY IMPAIRMENT INFLUENCING LONELINESS AMONG CENTENARIANS: FINDINGS FROM THE GEORGIA CENTENARIAN STUDY

R.B. Hensley, P. Martin; M. MacDonald; L. Poorn, J. Psychology, The College of Saint Scholastica, Duluth, Minnesota, 2. Iowa State University, Ames, Iowa, 3. Kansas State University, Manhattan, Kansas, 4. University of Georgia, Athens, Georgia

The purpose of this study was to analyze the role that sensory impairment (whether or not one had visual and/or hearing problems, and if so, how much do these problems limit one’s day-to-day functioning), and social resources (e.g., having someone with which to confide, the number of times one speaks with someone, etc.) played in participants of the Georgia Centenarian Study. These variables were analyzed to determine whether they predicted loneliness. Blocked regression analyses were utilized in this study. In the first block, we used sex, ethnicity, and past schooling. In our second block, we provided the four variables tied to visual and auditory impairment, and had in the final block a summary score for social provisions. Results indicated that hearing impairment that limits one’s activities significantly predicted loneliness, β = .432, p < .05. In essence, the more that hearing problems limit one’s day-to-day activities, the higher the loneliness score. Moreover, social resources was a significant predictor of loneliness, β = -.295, p < .05. The lower the amount of social resources, the higher the level of loneliness. These results not only add to our understanding of the link.
Recent research suggests emotion regulation abilities are maintained or even improve well into old age. The current study investigated the effective use of specific emotion regulation strategies in young adulthood and old age. We assessed young (age: 18-25) and older adults’ (age: 60-85) reactions to a series of positive, negative, and neutral video clips while their eyes were tracked. Subjects viewed the videos in a passive viewing and a guided-selective attention regulation condition. Effective emotion regulation was indicated by hedonic gaze preferences (preference for positive and avoidance of negative interest areas within the videos) and self-reported mood throughout the experiment. Age differences in fixation preferences emerged in the passive viewing condition where older adults fixated more within positive interest areas as compared to young adults. Both age groups displayed significant preferences within positive interest areas in the emotion regulation as compared to the passive viewing condition. While young adults displayed greater preferences toward negative relative to positive interest areas in the passive viewing condition, both young and older adults showed greater positive relative to negative preferences in the emotion regulation condition. Both age groups also displayed improved mood from the passive viewing to the emotion regulation condition; however no age differences in mood emerged. Our results are discussed in terms of using gaze as an effective emotion regulation strategy in adulthood and old age.

**THE RELATIONSHIP BETWEEN MENTAL WELL-BEING AND RESILIENCE FOR MATURE WOMEN IN A LEISURE-BASED CONTEXT: A LOOK AT THE RED HAT SOCIETY**

P. Chang, C.M. Yarnal, Pennsylvania State University, University Park, Pennsylvania

Recent leisure literature has examined how leisure activities improve mental well-being for mature women, but has paid less attention to the understanding of how and why the individuals change over time. Psychological researchers have also discussed the relationship between resilience and mental well-being, but the pathway from resilience to mental well-being is blurred. We argue that resilience may be a state process when individuals are engaged in a leisure activity. Thus, the purpose of this study is to examine within-person processes of mental well-being and resilience among mature women engaging in a leisure activity over 5-month period. Participants from the Red Hat Society (RHS; N=202, age over 55) completed on-line monthly questionnaire about monthly resilience, mental well-being and demographic information for five months. We estimated growth curve models to examine within-person differences in resilience and mental well-being. Results indicated a correlation between resilience and well-being. Individuals with higher resilience had higher scores of mental well-being when engaged in leisure activity than lower resilience individuals. In addition, this function showed slight increase over the five months of data collection. These findings suggest that resilience is not stable but changeable over time when individuals engaged in a leisure activity. This study provides preliminary evidence for leisure as a pathway to resilience and mental well-being among mature women and begins to bridge the gap between the resilience and leisure literatures.

**OLDER AND YOUNGER ADULTS SHOW OPPOSITE MNEMONIC BENEFITS FOR INTEGRATING EMOTIONAL AND NEUTRAL WORD PAIRS**

B. Murray, E. Kensinger, Boston College, Chestnut Hill, Massachusetts

It has been demonstrated that when two pieces of information are well-integrated with one another at encoding, there is a mnemonic benefit for the association between those items. However, formation of novel associations (e.g., face-name pairings) is among the most significant memory deficits experienced by older adults. It has been proposed that this deficit arises because older adults do not engage the same elaborative processes as young adults when attempting to bind information together. A recent study (Murray & Kensinger, submitted) demonstrated that imagining two neutral items as a single unit required more elaborative effort than integrating an emotional and a neutral item: Young adults required more time to imagine neutral than emotional pairs and reported more difficulty in generating images for neutral pairs. The automatic binding of emotional information came at the cost of retaining those words pairs; however: Young adults showed a disproportionately larger mnemonic benefit for those integrated neutral pairs over integrated emotional pairs, suggesting that young adults engage more elaborative processes for the binding of neutral items compared to emotional items, and that the engagement of these additional processes helps to create a more durable associative memory. Data presented here show that older adults demonstrate a significant reversal of this effect: pairs containing an emotional item show a disproportionately larger mnemonic benefit from integration than do pairs containing two neutral items. This suggests that older adults may not recruit the elaborative processes necessary to boost their associative memory for neutral pairs, but can still automatically integrate emotion pairs.

**HAPPINESS AND LONELINESS OF OLDER ADULTS LIVING IN A MID-SIZED CITY: DO NEIGHBOURHOOD SOCIAL CAPITAL PERCEPTIONS MATTTER?**

N. Newall, V. Menc, University of Manitoba, Winnipeg, Manitoba, Canada

This project explores perceptions of neighborhood social capital and the happiness and loneliness of younger (45-65 yrs) and older (65-95 yrs) adults living in a mid-size city (Winnipeg, Manitoba, Canada; pop. ~680,000). Social capital measures (e.g., helpfulness of neighbours) were analysed in the context of sociodemographic characteristics (e.g., marital status). Data (N = 1015) were from in-person interviews conducted in 2007/08. For adults aged 45-56 years, results showed that none of the sociodemographic or social capital perceptions predicted happiness. In contrast, for adults aged 65+ years, although none of the sociodemographic variables predicted happiness, social capital measures explained 10% of the variance in happiness, with perceiving that seniors are treated with respect, and knowing many neighbours being significant predictors. In terms of loneliness, for adults aged 45-64, only marital status was a significant predictor. In contrast, for those aged 65+, sociodemographic variables accounted for 14% of the variance in loneliness, with social capital perceptions explaining an additional 6%. Being married, having lived in the neighbourhood for longer, and having done a favour for a neighbour in the last 6 months predicted less loneliness. Results suggest perceptions of social capital do matter in terms of the happiness and loneliness of older (65+ yrs) adults. These study findings add to research on connections between the neighbourhood environment of city-dwellers and emotional well-being. Ideally, as efforts are made to change our neighbourhoods through, for example, age-friendly initiatives, these changes may also have a positive impact on older adults’ loneliness and happiness.

**EXAMINING THE ROLE OF POSITIVITY EFFECTS IN OLDER ADULTS’ INTERPRETATION OF EMOTIONALLY AMBIGUOUS FACES**

M. Larcom, D. Isaacowitz, Psychology, Brandeis University, Waltham, Massachusetts

Research suggests that older adults better remember and attend more to positive emotional information as compared to negative information. In the current study, we wanted to determine whether these positivity effects extend to the interpretation of ambiguous facial expressions which contain both positive and negative emotions. Older (M = 72.16 years of...
age, SD = 7.38) and younger (M = 18.81 years of age, SD = 1.05) adults were shown blended expressions of anger/happiness, disgust/happiness, and fear/happiness where the percent of negative-to-positive emotion was 40/60 and 60/40. Participants rated the faces on 3 separate 9-point scales. They were asked, “Does this expression look more like anger or happiness?”, “How angry does this expression look to you?”, and “How happy does this expression look to you?”. The same question format was used for disgust/happiness and fear/happiness blends. When comparing the ratings of the two age groups, our results suggested positivity effects in older individuals’ emotion ratings; however, this depended on the specific emotion blend and the percent of negative-to-positive emotion within blends. At both 40%/60% and 60%/40% disgust-to-happiness ratios, older adults interpreted faces as being less disgusted as compared to younger adults (p < .01 for both). The strongest evidence for positivity effects was found for blends of fear/happiness such that at both fear-to-happiness ratios, older adults rated faces as being less fearful (p < .01; p < .001), happier (p < .01; p < .001), and looking more like happiness than like fear (p > .05; p < .001).

DAILY MEMORY FAILURES AND NEGATIVE AFFECT: ANOTHER SOURCE OF DAILY STRESS?
J. Mogle1, E. Munoz2, J. Smyth2, M. Sliwinski1, 1. Gerontology Center, Penn State University, University Park, Pennsylvania, 2. Syracuse University, Syracuse, New York

Previous research has found that the experience of daily stress is typically characterized by increases in negative affect and decreases in positive affect (see Almeida, 2005); effects that are often exacerbated in older adults (Mroczek & Almeida, 2004; Sliwinski et al., 2009). One potential source of daily stress, particularly for older adults, is the experience of memory failures. Memory failures can lead to personal consequences (e.g., forgetting to take a medication) and may have implications for older adults’ ability to live independently. The current study examined whether daily memory failures also negatively impact daily well-being. Participants (N = 157, Mage = 48 years, range 20-83) completed 7 days of assessments including measures of affect, stress, and memory failures. On days when individuals reported forgetting to take a medication, complete an errand, where something was placed, an appointment, a name or directions to a location, they also reported significantly higher negative affect. Additionally, on days when individuals reported forgetting to complete a household chore, where something was placed, an appointment, a personal date, or a name they also reported significantly lower positive affect. This effect remained even after controlling for experience of daily stressors and trait levels of neuroticism. Unlike the research on daily stressors, older adults tended to experience smaller changes in positive and negative affect in response to memory failures compared to younger adults. This implies that memory failures may act as another form of daily stressor with all of the associated negative affects, particularly for younger adults.

NOT ALL EVENTS ARE THE SAME: AGE DIFFERENCES IN NEGATIVE AFFECT ACCORDING TO APPRAISAL OF DAILY EVENTS
E. Munoz1, J. Mogle2, J. Smyth2, M. Sliwinski1, 1. Pennsylvania State University, State College, Pennsylvania, 2. Syracuse University, Syracuse, New York

Previous research on daily experiences has focused primarily on the effects of stressful events on daily well-being (e.g., Almeida et al., 2002). However, other daily events may also impact well-being even if they are not perceived as stressful. The current study allowed individuals to report events even if they did not consider them as stressful. Participants (N = 170 Mage = 49, range 20-79) reported on their daily experiences and affect 5 times per day for 7 days. Participants reported a total of 1134 events throughout the study (74% stressful). Both types of events were related to significant increases in negative affect (NA), though stressful events were related to significantly more NA compared with non-stressful events. Older and younger adults reported similar numbers of events regardless of event type and experienced similar increases in NA in response to both types of events. Participants also reported the specific subtype of event experienced (e.g., interpersonal, work-related). Older adults were more likely to report network-related stressful events but there were no other significant age differences in the subtypes of the events reported. Event subtype also differentially influenced affect with interpersonal, health, and network stressors related to greater increases in NA compared to work and home stressors. Work and home-related events interacted with age resulting in greater increases in NA among younger compared to older adults. Thus, not all events influence mood in the same way and appraisal of specific type of events as stressful or not is differently associated with NA among younger and older adults.

THE INFLUENCE OF BACKGROUND CONTEXT ON MEMORY IN YOUNGER AND OLDER ADULTS
M. Fernandes, Psychology, University of Waterloo, Waterloo, Ontario, Canada

How does the context in which information is presented influence memory? Are there any specific strategies that healthy older adults can use to enhance the quality of memory? In this talk I will review evidence from behavioural studies of normal aging, and divided attention, showing that provision of meaningful context during encoding selectively influences the richness of information that can be retrieved. In the reported studies, younger and older adults studied words presented with a rich (intact face) or weak (scrambled face) context, and subsequently made ‘Remember’, ‘Know’, or ‘New’ judgments to words presented alone. Younger, but not older, adults showed higher Remember (i.e. recollection) accuracy to words from rich- than weak-context encoding trials. Dividing attention in young, during encoding, reduced overall memory, though the recollection boost from rich encoding contexts remained. The age-related deficit in recollection occurred even when encoding time was doubled in older adults, suggesting it cannot be accounted for by lack of available attentional resources or processing time. Explicit encoding instructions to “bind” contexts to words (matching decisions) did significantly increase recollection in older adults. Results suggest age deficits in recollection stem from a lack of spontaneous binding of context to target information, which can be alleviated by instructions to arbitrarily link context to target information, during encoding. After attending this talk, participants will 1) be able to identify the cognitive processes critical for successful memory and 2) be able to identify which specific strategies can be used to enhance the quality of memory.

SESSION 985 (POSTER)

HEALTH LITERACY

MULTIPLE TRAJECTORIES OF HEALTH BEHAVIORS AMONG THE MEN AND WOMEN TAIWANESE ELDERLY
H. Hsu1, D. Lu2, W. Chang3, 1. Department of Health Care Administration, Asia University, Taichung, Taiwan, 2. Chung-Shan Medical University, Taichung, Taiwan, 3. National Taiwan University, Taipei, Taiwan

Purpose: Research about health behavior trajectory is popular in recent years. However, the joint trajectories of multiple health behaviors are little studied. This study was to identify the multiple trajectories of four health behaviors among the Taiwanese elderly: smoking, betel chewing, alcohol drinking, and regular exercise, and to examine the joint trajectories these behaviors by gender and risk factors. Methods: Data were from a nation-wide, 4-wave longitudinal survey data among the Taiwanese elderly, year 1996 to 2007. Group-based trajectory analysis and multinomial logistic regression were used for analysis. Results: Four trajectories groups of men elders were identified: inac-
tive, healthy lifestyle, smoking and betel chewing, and alcohol drinking. Compared to the inactive group, having better physical health and participating in social groups were less likely to be in the inactive group. In addition, having lower education, lower economic satisfaction, without a spouse and participating in social groups were more likely to be in smoking and betel chewing group. Three groups of women elders were identified: inactive, unhealthy lifestyle, and healthy lifestyle. The women elders of the healthy lifestyle group were more likely to be younger, higher educated, having better physical function, less depressive symptoms, better economic satisfaction, and participated in social groups. No significant difference was found between the inactive group and the unhealthy lifestyle group among the women. Discussion: Health behavior trajectories are different between men and women elders. Social participation may cause different effects to health behavior to men and women. Socio-economic status is related to health behavior trajectories.

LEVELS OF HEALTH LITERACY AMONG HISPANIC ELDERLY PATIENTS AND THEIR CAREGIVERS
C. García1, S.E. Espinoza2,3, H.P. Hazuda2,3, 1. University of Texas Health Science Center at San Antonio, San Antonio, Texas, 2. South Texas Veterans Healthcare System, San Antonio, Texas

Background: Poor health literacy is associated with poor health outcomes and is highly prevalent among Hispanic elderly. We examined levels of health literacy among dyads of Hispanic elderly patients (Pts) ≥65 years and their caregivers (CGs) and the social factors associated with these levels. Methods: 54 Pt-CG dyads were recruited from 3 community clinics and 6 senior centers in San Antonio. Health literacy was assessed using the S-TOFHLA. Education level (ED), acculturation (ACC), age, and Pt-CG relationship were collected by self-report. Results: Males comprised 51.8% of Pts but only 24.1% of CGs. Pts’ mean age was 75.9 years (range: 65-89); CGs’ was 64.8 (range: 33-84). 63% of CGs were spouses; 29.6% were children or grandchildren, and 7.4% were siblings or hired CGs. CGs had higher mean ED compared to Pts (11.4 vs. 8.9; p<0.05) and were more acculturated (2.8 vs. 2.4; p<0.05); higher scores (1-4) indicate greater English vs. Spanish language use. Over half of the Pts (59.3%) and 27.8% of CGs had low HL. In univariable analyses among CG’s, age, ED and ACC were associated with lower likelihood of poor HL. In multivariable logistic regression, only age (OR=1.13; 95% CI 1.03-1.25) and ACC (OR=0.36; 95% CI 0.13-0.99) were independently associated with poor CG HL. Conclusion: Younger age and higher ACC are protective in CGs against poor HL. CGs’ higher literacy levels may protect Pts with lower health literacy from poor health outcomes. Thus, both CG’s and Pt’s should be included in HL interventions designed to improve Pt outcomes.

DEMENTIA: FEAR OF THE KNOWN OR UNKNOWN?
K.S. Page, B. Hayslip, D. Wadsworth, Department of Psychology, University of North Texas, Denton, Texas

Current estimates for Alzheimer’s disease are at 5.1 million older adults, with the number of diagnoses expected to increase (Alzheimer’s Association, 2010). Numerous agencies and organizations are working to fulfill a public education need on the general knowledge about Alzheimer’s. This study examined predictors of fear of dementia among a sample of middle-aged (n = 439) and older adults (n = 291). Participants completed surveys designed to assess their current knowledge about aging, fear of aging, knowledge of Alzheimer’s, depression, memory self-efficacy, and personal exposure to the disease. Hierarchical regression was used to assess the ability of the above measures to predict levels of fear of dementia. This information was entered in various steps, with the final model showing four variables as statistically significant, adjusted R2 = .11, F(14, 469) = 5.23, p < .001. Results indicated that believing you are at a greater risk for the disease, perceiving a greater amount of memory problems, and fearing aging were associated with a higher level of fear of dementia. Furthermore, scoring higher on a test of Alzheimer’s knowledge was significantly related to a greater endorsed fear of dementia. We believe this research points to important factors to consider when educating the public about Alzheimer’s and can serve as a stimulus for discussion and future research.

PREDICTORS OF OLDER MEN’S KNOWLEDGE OF OSTEOPOROSIS
K.A. Marx1,2, J.M. Gaines3, A.L. Gruber-Baldini1, 1. Erickson Living Foundation, Catonsville, Maryland, 2. University of Maryland Baltimore County, Catonsville, Maryland, 3. University of Maryland Baltimore, Baltimore, Maryland

Numerous studies have explored the factors that predict women’s knowledge of osteoporosis. Few studies have examined men’s knowledge of osteoporosis. The purpose of this study is to investigate the predictors of older men’s knowledge of osteoporosis. 1,518 older men (mean age 78.6 years, S.D.=7.6; 3.6 % black) were surveyed about their knowledge of osteoporosis and their risk factors. Overall knowledge was poor (mean=13.15 out of a possible 26, S.D.=5.85). Two multiple linear regressions were conducted. The first examined the relationship of demographic variables and total known risk factors on knowledge of osteoporosis. The regression was found to be statistically significant, F(6, 1511)=14.91, p<.001, R2=.056. Age, race, education, and total known risk factors were significant predictors of knowledge of osteoporosis. Education was the largest predictor (β=.136) with more educated men having better knowledge A second regression was run to explore the relationship of 18 individual risk factors on knowledge of osteoporosis. The regression was statistically significant, F(18, 1267)=6.88, p<.001, R2=.089. Five of the risk factors (personal diagnosis of osteoporosis or low bone mass, a parent experiencing a fracture after 50 years of age, participation in strength exercises, self-reported health, and vitamin D intake) were found to be significant predictors of knowledge of osteoporosis scores. Vitamin D intake was the largest predictor (β=0.124) such that knowledge was better with higher intake. A greater emphasis on educating older men about their risk for developing osteoporosis is needed, and should target men with lower education and osteoporosis risk factors.

EFFECTS OF KNOWLEDGE AND ANXIETY ON WILLINGNESS TO SCREEN FOR ALZHEIMER’S DISEASE
T. Lundquist, R. Ready, Psychology, UMass Amherst, Amherst, Massachusetts

A barrier to screening for Alzheimer’s disease (AD) is lack of knowledge about the disease (Ayalon & Arean, 2004). Another potential barrier to screening is anxiety about AD but it is not known how anxiety might predict screening preferences. This study measured knowledge about AD, trait anxiety, and anxiety about AD in adults (N = 73; M age = 62.00; SD = 7.19; 80.80% female) to determine how knowledge and anxiety might be associated with willingness to screen for AD. Greater knowledge about AD, greater trait anxiety, and greater anxiety about AD in particular were correlated with a higher likelihood of screening (r = .38, .29, and .46, respectively, p < .05). A regression indicated that knowledge about AD (b = .36, p < .01) and trait anxiety (b = .07, p < .05) were each significant predictors of screening for AD; a second regression indicated that knowledge about AD (b = .38, p < .01) and anxiety about AD (b = .19, p < .01) also were significant predictors of screening. Thus, it is not just knowledge about the disease that affects screening preferences for AD but also trait anxiety and anxiety about AD in particular. Increasing knowledge is an effective way to promote AD screening but might have limited utility among persons who are less anxious. Greater understanding of the impact of anxiety on screening behavior might eventually lead to more effective means to promote AD screening in midlife and older adults.
THE IMPACT OF HEALTH LITERACY ON SELF-RATED HEALTH STATUS AMONG ELDERLY KOREAN IMMIGRANTS
H.Y. Lee, School of Social Work, University of Minnesota, Twin Cities, St. Paul, Minnesota

Although health literacy has been considered to be a critical factor impacting health disparity among elderly immigrant populations, there is a dearth of empirical research on this topic particularly among elderly minority immigrants. Little is known about the role of health literacy as a potential contributor to an older adult’s self-rated health status. This study sought to investigate whether elderly minority immigrants with limited health literacy are more likely to report poor health status and whether health literacy is an independent predictor of health status. A total of 205 elderly Korean immigrants residing in New York City were surveyed using a quota sampling strategy. The Chew et al.’s 16-item health literacy screening questions were utilized to measure health literacy. Multiple regression analysis indicated that those who had poorer health literacy were more likely to have lower level of self-rated health status after adjusting relevant factors. The findings confirmed health literacy as a potential determinant of health status. The study’s findings suggest that particular need for intervention is seen among immigrants who have limited health literacy. Health-care professionals and social service providers who work with these vulnerable populations have a valuable opportunity to improve health outcomes. A patient-centered approach that focuses on each older immigrant’s particular language needs and cultural health beliefs can help reduce health disparity among immigrants with limited health literacy.

SENSE OF CONTROL AND PHYSICAL CHECK-UP AMONG OLDER ADULTS
M. Inoue, T. Tran, School of Social Work, Boston College, Chestnut Hill, Massachusetts

Purpose: In recognizing the importance of sense of control on older adults’ health maintenance behavior, this study examined the association between sense of control and physical checkup among older adults aged 60 and older. Methods: We used the 2004-2006 second wave data from the Midlife Development in the United States. Our analysis involved 260 older adults who perceived their health as fair or poor and 1,155 older adults who perceived their health as average, good, or excellent. Sense of self control measured a person’s sense of self mastery and perceived constraints. Physical check up measured the likelihood of having physician visits for physical examination. Two separate logistic regression analyses for each group were conducted. Results: Our analysis revealed that having higher levels of sense of control increased the odds of getting a routine checkup for only those with poor health or fair health status (OR = 4.72, p < .05). In addition, having health insurance significantly increased the likelihood of having a physical checkup for individuals with poor and fair health status (OR = 3.75, p < 0.01) and healthy individuals (OR = 5.75, p < 0.001). Implications: This study suggests that sense of control can be viewed as a motivational factor for better health care maintenance among individuals with poor health status. Thus, providing self efficacy interventions might be an effective way to promote healthy behaviors among older adults.

THE RELATIONSHIP BETWEEN RECEIPT OF COLORECTAL CANCER SCREENING AND KNOWLEDGE AMONG VULNERABLE RURAL RESIDENTS
S.H. Bartdach, N.E. Schoenberg, S.T. Fleming, J. Hatcher, Gerontology, University of KY, Lexington, Kentucky

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths nationally and among residents of rural Appalachia. Rates of guideline-consistent CRC screening in Appalachian Kentucky are suboptimal, approximately 36%. Although not the only determinant, health behavior theory generally considers knowledge a precursor to engaging in cancer screening. This study sought to determine the relation-ship between CRC screening knowledge, specifically regarding recommended screening intervals and receipt of screening among rural residents of Appalachian Kentucky. Between November 20, 2009 and April 22, 2010, respondents (n=1,182) between the ages of 50 and 76 completed a telephone survey including questions on demographics, health history, and knowledge about CRC screening. While 67% of respondents indicated receiving screenings according to guidelines, they also demonstrated significant knowledge deficiencies about screening recommendations. Nearly half of respondents were unable to identify the recommended screening frequency for any of the CRC screening modalities. The seeming disconnect between high rates of screening and low level of knowledge may reflect the medical complexity of this population which requires more regular physician visits and may result in individuals being directed to screening appointments without having specific knowledge of recommended intervals. Enhanced provider efforts to educate patients and recommend screening have the potential to increase early detection and reduce cancer mortality in this underserved region.

SAFETY KNOWLEDGE AND INJURY PREVALENCE IN OLDER ADULTS WITH DIABETES
T.D. Wilson, J.H. Patrick, West Virginia University, Morgantown, West Virginia

Older adults are at significant risk of unintended injury in the home (CDC, 2010). Given the known comorbid complications, older adults with diabetes are at an especially high risk of injury. We investigated the relations among safety knowledge, home safety precautions and injury among adults with (n = 199) and without (n = 137) diabetes. These adults (58% female; mean age = 60.2 years) completed self-report measures. Results of t-tests showed that adults with diabetes reported more total injuries (M = 22.4) than adults without diabetes (M = 16.8; t (319) = 2.56, p < .05). Adults with diabetes also reported less safety knowledge and fewer home precautions. A linear regression examining the associations among knowledge, home safety, and diabetes status accounted for significant variance in the number of injuries experienced [F (2, 312) = 16.42, p < .001]. However, only home safety precautions emerged as a unique predictor of injury (Beta = .34). Our results suggest that given their lower levels of knowledge and safety precautions, vulnerability to injury among adults with diabetes might be reduced via increased use of home safety precautions.

WOMEN'S PREVENTATIVE HEALTH SCREENING AT MIDLIFE
S. Stahl, J.H. Patrick, Morgantown, West Virginia

National health objectives listed in Healthy People 2010/2020 have specifically addressed the need for increasing health screening in women. Engagement in health screening is thought to be an important first step in the utilization of future healthcare services (e.g., medical care, health promotion interventions). The primary goal of the current study was to examine middle-aged women’s engagement in 10 health screens that are specifically recommended for aging women by the USDHHS (e.g., screens for breast, cervical, and colon cancer). Our sample included 75 women between the ages of 40 and 65 years (M age = 49.14 years; SD = 4.56) who completed an online survey. Most women had insurance (public = 26.3%; private = 60.7%) and believed they could “easily” access healthcare services (86.8%). Women reported receiving an average of five health screens (SD = 1.84) and were most likely to report receiving screens for cholesterol (92.1%) and high blood pressure (89.5%), and least likely to report receiving screens for osteoporosis (30.3%) and colorectal cancer (34.2%). Interestingly, age, insurance, and access to healthcare were not significantly associated with engagement in preventative screening. When examining the eight SF-36 scales, women who reported receiving over half of the USDHHS recommended health screens were significantly less likely to experi-
SociaL and health Disparities among elders in Hawaii: implications for health literacy

C. Brown1, K.L. Braun2, C. Nishita1, N. Mokuau1, L.S. Kaopua1, P. Higuchi1, 1. Center on Aging, University of Hawaii, Honolulu, Hawaii. 2. University of Hawaii Ha Kupuna, National Resource Center for Native Hawaiian Elders, Honolulu, Hawaii.

Life expectancy in Hawaii is the longest of any US state. However, in this multiethnic state (24% Hawaiian, 24% Caucasian, 18% Japanese, 16% Filipino, 7% Chinese), a 10 year difference is seen between our longest-living (Japanese and Chinese) and shortest-living (Hawaiian) groups. This session examines reasons for continued differences and outlines work of Ha Kupuna, National Resource Center for Native Hawaiian Elders and the Center on Aging, both at the University of Hawaii at Manoa, to address disparities faced by Hawaii’s people. Data from the US Census, death records, BRFSS and the Hawaii Health Survey were compiled to examine socio-economic variables, years of productive life lost, behavioral risk and disease prevalence data for the state’s major ethnic groups. Taken together, data suggest that the disparate ethnic profiles seen among the elderly in Hawaii result from very different socio-economic influences and life courses of these groups. In later life, strategy to address these disparities can focus on health literacy. The literature defines health literacy as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy is essential to involving elders in their care and to reducing health inequalities. Research has found that racial/ethnic populations face unique challenges related to health literacy. Recent research conducted at the UH Center on Aging examines the role of health literacy and culture in Hawai‘i’s aged to develop tailored approaches for optimal long-term care transitions.

Lessons learned in disseminating an evidence-based program for older adults on a national scale


Fit and Strong! is an 8-week evidence-based, turnkey program for older adults with lower extremity osteoarthritis. Currently, two collaborative efforts are underway to translate and diffuse the program. The first effort is funded by CDC and supports dissemination of the program in two areas on aging in Illinois and two in North Carolina with a minimum of 30 providers. This translation study uses Glasgow’s RE-AIM model and Greene et al.’s work on evaluation to identify facilitators and barriers to the reach, adoption, implementation and maintenance of Fit and Strong! in those states. In addition to the CDC-funded translation effort, AoA is also funding the dissemination of the program in the same two states plus Florida. The goal of the AoA effort is to enroll an additional 20 new providers to adopt the program. The evaluation of this effort includes participant pre- and posttest outcomes, fidelity checks to assess intervention adaptations and participant and instructor program evaluations. To date, 40 providers have adopted the program, 141 instructors have been trained and over 536 new participants have been enrolled in the program. On a subset of participants (n=300), baseline pre-posttest outcomes show continued statistically significant impact of the program on improved lower extremity pain and stiffness, energy/fatigue, self-efficacy for exercise with a marginal impact (p<.07) on BMI. Factors that facilitate and impede program adoption, fidelity, and sustainability will be discussed as well as adaptations made by instructors and providers.

Performance differences on objective assessments of medication knowledge: an examination of ethnicity, education, and health


The present analyses examined racial differences in performance between European-American (EA) and African-American (AA) older adults within the functional domains of medication use, telephone use, financial ability, and nutrition using the Revised Observed Tasks of Daily Living assessment (OTDL-R) and the Everyday Cognition Battery knowledge domain (ECB-K). Data came from a community dwelling sample of 189 older adults with an average age of 73.08 (SD = 7.00, range = 60-94). The sample consisted of 35% AA and 45% male. Results indicated that there were no main effects of ethnicity on overall ECB-K performance (F(2, 191) = 3.35, p = .13) but multivariate analyses revealed a significant main effect of ethnicity for domain-specific performance for the ECB-K, F(3, 191) = 3.32, p = .02. Follow-up univariate ANOVAs revealed significantly lower mean scores for AA relative to EA on the medication domain, but equivalent performance in the nutrition and finance domains. There were no main effects of ethnicity on overall OTDL-R performance (F(2, 191) = 1.04, p = .31), nor were there domain-specific performance differences. Discussion will focus on the potential role of education, health, and medication use in explaining performance differences between AA and EA within the medication domain of the ECB-K specifically.
INTERGENERATIONAL RELATIONSHIPS

OLDER FOSTER PARENTS: SUPPORTS AND RESOURCES
W. Metcalfe1,2, G. Sanders3, 1. Path North Dakota Inc., Fargo, North Dakota, 2. North Dakota State University, Fargo, North Dakota

The goal of this qualitative study was to examine the support experiences of older foster parents. Thirty-seven foster parents, age 62 and older, were interviewed about supports. The support needs of older foster parents were found to be consistent with those of foster parents in general. Older foster parents were healthy, personally flexible, and adaptable. Analysis of these interviews revealed that older foster parents experienced social workers and support groups as valuable resources. Other unique themes included: being valued and respected; education and training; support groups; and respite. Older foster parents consistently experienced their age and life experience as a unique and powerful personal support upon which to draw.

INTERGENERATIONAL TRANSFERS: A QUALITATIVE STUDY
M. Devine, M.E. Szinovacz, University of Massachusetts Boston, Boston, Massachusetts

Intergenerational transfers are an inherent part of family relationships and an important means of understanding family dynamics. Of special interest is whether and to what extent adult children’s care for parents is tied to parents’ financial transfers. Recent studies on intergenerational transfers were typically quantitative and relied on questions about the amount of time and/or money transfers. Qualitative studies are more suited to explore the conditions and intricacies of such transfers, helping to enrich theorizing. We conducted in-depth interviews with 50 caregiving adult children, including 20 sibling dyads (40 siblings) and 10 adult children from separate families. We first identified major categories of transfers and themes surrounding the exchange of transfers. These included type of transfers (e.g., small financial gifts, care for grandchildren, or deeds); distribution of transfers (e.g., equal among children, based on need); timing of transfers (e.g., past gifts, future bequests); expectations regarding transfers (e.g., should earn them, caregivers have a right to them); and agreement or disagreement among siblings about fairness of transfers. We found considerable ambiguity in responses and complexity in exchanges, e.g., when caregivers indicated that one “shouldn’t sponge off” on one’s parents but at the same time accepted a house deed or when caregivers were expected to distribute some of the bequest they received to their siblings, a situation not always welcomed by the siblings. We will present the main themes emerging from our qualitative analyses and tie them to existing theories such as altruism or reciprocity.

INFLUENCE OF PARENT-CHILD RELATIONSHIP FACTORS ON SERVICE UTILIZATION BY PERSONS WITH DEMENTIA AND THEIR ADULT CHILDREN
C. Podgorski, Psychiatry, University of Rochester Medical Center, Rochester, New York

Despite the growth and efficacy of community-based programs for persons dealing with dementia, only between 36% and 50% of caregivers use supportive services. While the chronic stress of caregiving has been linked to increased health risks and acceleration of disease, interventions involving service use have yielded improvements in caregivers’ depressive symptoms, social support, stress appraisals, and delays of institutionalization. This pilot study examined whether key family relationship characteristics (affective involvement, communication, problem solving), and intergenerational factors (individuation, intimacy, intimidation) between a parent and his/her adult child caregiver are associated with adherence to physician recommendations to contact the Alzheimer’s Association following a dementia diagnosis. Parent-adult child dyads (N=21) were recruited from a university-based Memory Disorders Clinic and followed for 6 months. Parents had mild dementia (CDR<1). The parent sample had a mean age of 80.0(SD=9.3), 13.4(SD=3.2) years of education; 4.2(SD=2.1) contacts per week with the identified adult child, and a mean depression score (PHQ-9) of 6.8(SD=5.1). Adult children were on average 53.0(SD=6.6) years of age, had 15.2(SD=2.3) years of education, and had a mean PHQ-9 score of 4.2(SD=5.1). Of 20 dyads 40% contacted the Alzheimer’s Association. The mean length of time between diagnosis and contact was 38.9 (range 0-268; SD=89) days. In comparison to families who did not contact the Alzheimer’s Association, those who did reported more parent-child contact hours per week, higher subjective stress burden on the Caregiver Burden Assessment, and less intergenerational intimacy as measured by the Personal Authority in the Family System Questionnaire.

THE DISENFRANCHISED: PREDICTOR OF LOW LEVELS OF PARENTAL SUPPORT AMONG ADULT CHILDREN

Most parents provide tangible and intangible support to their grown children, but some offspring may receive little parental support. This study is to identify types of intergenerational support that parents are least likely to give their adult children, and reasons underlying for absences of support. In this study, lack of support to children, referred to as disenfranchisement, is defined as offspring receiving help only yearly or even less often. We proposed three complementary models (i.e., Estrangement, Self-sufficiency, parents’ characteristics) to predict low levels of 5 kinds of support. Using data from The Family Exchanges Study, we investigated middle-aged parents (aged 40 to 60, N = 633) who reported how often they provided support to offspring aged 18 or over (n = 1384). A total of 8% of the offspring were disenfranchised. Practical and financial supports were most likely to be absent. Multilevel models showed that low levels of positive and negative relationship quality and absence of contact between parents and offspring were predictive of disenfranchisement for both tangible and intangible support (i.e., Estrangement model). Offspring who were self-sufficient (older, married, and employed full-time) were more likely to receive low levels of tangible support, but they still received some intangible support. Parents’ characteristics were generally less predictive of disenfranchisement of any type of support. These findings suggest that intergenerational support is driven by relationship context and the need for support. By examining mechanisms on disenfranchisement, this study explores central features of parent-child dynamics, and provides empirical evidence for solidarity and contingency theories.

HOW DOES PARENT INFLUENCE ON CHANGE OF GENDER ROLE IDEOLOGY OVER THE LIFE COURSE: FOCUSED ON DIFFERENCES BETWEEN SON AND DAUGHTER
J. Min, M. Silverstein, USC, Los Angeles, California

Literature consistently shows that parental values influence children’s values. However, less is known about the stability of values over the life course and the role of gender in the process. This research examined 1) how one’s gender role ideology changes over the life course; 2) how this change or stability is sensitive to parents’ values; and 3) how this pattern differs between sons and daughters. We hypothesized that the changes of children’s egalitarianism in the transition to adulthood would be influenced by parents’ egalitarianism and this pattern would be more salient to daughters, rather than sons. Using the 1971 and 2000 waves of the Longitudinal Study of Generations (LSOG), the sample consisted of 647 parent-child dyads. Structural equation modeling results showed that changes in children’s gender role ideology were sensitive to parent’s gender role ideology in the transition to adulthood ($\chi^2 = \ldots$)
224.01, p < .001, CFI = .928, RMSEA = .04). This pattern was significant for daughters, but parents’ egalitarianism did not affect sons (Δχ²(df) = 4.23 [1], p < .05). Results suggest that if the parent is more traditional, children have more traditional gender role ideology over the life course and this influence varies according to children’s gender. We discuss the influence of parents’ values on their children’s changes in value orientation as a gendered and a life course process.

DO PARENTS ALWAYS FARE BETTER WHEN RECEIVING SUPPORT: PARENTAL HEALTH AND SUPPORT AS MODERATORS

Y. Cheng, K. Birditt, S.H. Zarit, K. Fingerman, J. Purdue University, West Lafayette, Indiana, 2. Michigan University, Ann Arbor, Michigan, 3. Penn State University, University Park, Pennsylvania

Research has not examined the effects of receiving support from adult children in late life. This study addressed two hypotheses regarding intergenerational support. Drawing on contingency theory, parental needs, such as the existence or lack of health problems, may moderate the effect of receiving support on well-being. Drawing on exchange theory, the support parents provide children may also moderate the support-well-being link. The study defines well-being as that of the individual (parental depressive symptoms) and the relationship (positive relationship quality with offspring). Older adults from the Family Exchanges Study (234 mothers, 103 fathers; Mean age = 76.07, SD = 6.32) reported how often they provide and receive support with each adult offspring (685 daughters, 642 sons; Mean age = 48.21, SD = 6.90), well-being, and demographics. Multilevel models revealed that the link between receiving support and depressive symptoms varied by health. Parents who receive more support from offspring reported greater depression if they were in good health but lower depression if they were in poor health. The link between receiving support and relationship quality also varied by support that parents provided. Parents who receive greater support from offspring reported better relationship quality when they provided less support. When parents give little to offspring, they may expect to receive little in return, and thus feel particularly loved when getting support. Consistent with contingency and exchange theory, parental health and support is related to their own well-being and relationship quality with offspring in response to offspring support.

IS GRANDPARENTING BENEFICIAL OR DETRIMENTAL FOR ELDERLY MEXICAN AMERICANS’ PSYCHOLOGICAL WELL-BEING?

Y. Liu, Z. Cong, 1. Human Development and Family Studies, Texas Tech University, Lubbock, Texas, 2. Pennsylvania State University, University park, Pennsylvania

This study examined elderly Mexican American’s grandparenting experience and its association with elder’s depression. We also took into consideration the financial support from the adult children to the elders and from the elderly parents to their adult children in the process. Based on a convenient sample of 101 elders collected in a city in west Texas in 2010, we conducted a cross-sectional analysis with multiple regression to examine how elders’ depressive symptoms were associated with their length of grandparenting experiences, financial support both from and toward their adult children, controlling for demographic characteristics. Results showed that grandparenting increased elders’ depressive symptoms, and financial support to adult children was beneficial in alleviating depression. The significant interaction between the involvement in caring for grandchildren and providing financial support to adult children suggested that older parents would experience even more depressive symptoms when they had to provide more financial support as their help with child care was called upon. The findings indicated that financial strains were important reasons for stressful grandparenting experiences.

LIVING WITH GRANDPARENTS: AN ASSESSMENT OF FAMILY STABILITY AND CHILD OUTCOMES

R.E. Bulanda, Miami University, Oxford, Ohio

Family structures of children are becoming increasingly fluid and diverse, and these family structures and transitions are increasingly involving grandparents. Estimates suggest approximately 6 million grandparents co-reside with their grandchildren in the U.S. today. Families involving grandparents living with grandchildren is assessed in the existing literature, with much of the emphasis on the outcomes for the grandparents. For example, recent studies have examined the impact of caring for grandchildren on health outcomes and marital quality of the grandparents. Fewer studies have examined the long term influence for grandchildren who have co-resided with their grandparent(s). This is a significant weakness within the current literature, especially since co-residing with grandparents is often an adaptive strategy following instances of divorce and/or downward social mobility. This study uses data from the 1995 National Survey of Family Growth to examine how children’s family structure transitions into households with grandparents are associated with their well-being and transition into adulthood. These data are ideal for this purpose because they provide complete accounts of respondents’ family structure experiences from birth until age 18, including the presence of one or both grandparents in the household. In addition, these data allow for assessments of the timing of these family structure experiences (early childhood, middle childhood, and adolescence). The outcomes assessed in the project are all established indicators of a successful transition into adulthood and are known correlates of family instability: early age of first sex, teen birth, and high school graduation.

AFRICAN AMERICAN GRANDPARENTS AND GRANDCHILDREN: CAREGIVING RECIPROCITY ACROSS THE LIFESPAN

L.J. Ficker, P.A. Lichtenberg, 1. Wayne State University Merrill Palmer Skillman Institute, Detroit, Michigan, 2. Wayne State University Institute of Gerontology, Detroit, Michigan

The objective of the study was to examine patterns of involvement and caregiving between grandparents and grandchildren to determine if reciprocity of caregiving exists (e.g., is a child who is cared for by a grandparent more likely to be a source of tangible and/or emotional support as an adult). We interviewed 200 African American elders over age 55 in order to assess family structure and kinship care; past and present. The sample was 90.5% female and the average age was 70.8 years old (SD = 8.9). Almost 80% of the sample had grandchildren (n = 159) and a majority of the grandparents (72%) reported past care for a grandchild; one-third were providing childcare for young grandchildren at the time of the study. Regression analyses were conducted on 105 grandparents who have adult grandchildren living in close enough proximity for them to provide tangible support. Involvement with adult grandchildren (e.g., eating meals together, visiting) is predicted by the duration of grandparent care and how emotionally close the grandparent feels to the grandchild. In contrast, grandchildren’s tangible support of the grandparent (e.g., taking grandparent to the doctor, helping with shopping and household chores) is predicted by age of grandparent (younger = more involvement) and whether or not the grandparent ever provided childcare for a grandchild, regardless of the closeness of the relationship or duration of care.

INTERACTIONS WITH CHILDREN-IN-LAW AND ELDERS’ DEPRESSIVE SYMPTOMS IN MEXICAN AMERICAN FAMILIES

Z. Cong, Human Development and Family Studies, Texas Tech Univ, Lubbock, Texas

This study examined how relation with children-in-law influenced Mexican American elders’ depressive symptoms, and how their acculturation level and endorsement for familism affect the examined relationship. Our data was from 196 parent-child-in-law dyads from 99 elders recruited from west Texas in 2010 and 2011. Regression with robust
standard error was used to accommodate the nesting data structure. Results showed that relationships with children-in-law were significantly associated with lower level of depressive symptoms in elders. Elders with stronger familialism and less acculturation level were more affected by children-in-law’s relationship. In addition, relationships with daughters-in-law were more influential than relationships with sons-in-law on elders’ depressive symptoms. This investigation reveals the importance of incorporating children-in-law in the examination of intergenerational support in Mexican American families, where familialism sets the tone for intergenerational relationships.

THE EFFECTS OF RELATIONSHIPS WITH ADULT CHILDREN ON SUCCESSFUL AGING OF THE ELDERLY: MODERATION EFFECTS OF ATTACHMENT STYLES, MARITAL RELATIONSHIPS AND GRANDPARENTS-GRANDCHILDREN RELATIONSHIPS

Y. Jeong, J. An, Pusan National Univ., Busan, Republic of Korea

The purpose of this study was to examine the effects of relationships with adult children on successful aging and especially moderation effects of attachment styles, marital relationships, and grandparents-grandchildren relationships of the elderly. 550 elderly people over 60 years old having a spouse, non-cohabited children and grandchildren were included. Results indicated that the effects of relationship with adult children on successful aging were different according to the attachment styles, marital relationships, and grandparents-grandchildren relationships of the elderly. The effect of relationship with adult children on successful aging was higher in case of secure attachment style of the elderly than dismissing, fearful, and preoccupied styles and better marital relationships and grandparents-grandchildren relationships of the elderly. Lastly, total paths of research model were different according to the gender of the elderly. This study explains the role of attachment styles as moderation variable of relationship with adult children on successful aging and discusses the importance of healthy degree about psychological separation with adult children. Also this study suggest the importance of marital relationship and grandparents-grandchildren relationship as alternative supporter when the elderly has relational problems with adult children.

AMBIVALENCE AND SUPPORT BETWEEN OLDER PARENTS AND ADULT CHILDREN

J.P. Lendon, M. Silverstein, Gerontology, USC, Los Angeles, California

Much of the research on intergenerational relationships examines the exchange of supportive behaviors and the emotional aspects of parent-child relationships. Additionally, research on caregiving has examined both the burden and rewards of family caregiving. However, little research as investigated the mutual interplay between having mixed feelings and exchanging support in adult parent-child relationships. A particular gap in aging families research is whether ambivalent feelings about parents reduces the likelihood of adult children providing instrumental support (such as help with chores, financial support, providing advice, etc.). Are children who feel ambivalent towards their parents more or less likely to provide instrumental support? Does providing instrumental support lead to an increase in ambivalent feelings towards parents or children? This study analyzed over 800 parent-child dyads from 1988 to 2005 with data from the Longitudinal Study of Generations. Logistic regression determined that children’s initial mixed feelings did not affect the likelihood of providing support in the future. However, dual change score models showed that increases in support provision produced increases in mixed feelings, which subsequently reduced levels of support over the 17 year time span. This research provides a direct link, as expected, between emotions and behaviors in the dynamic relationships between parents and adult children. We suggest future research on successful negotiation of ambivalent feelings to produce more positive outcomes for support exchange and caregiving.

“DO AS I SAY, NOT AS I DO”: MESSAGES FROM PARENTS TO THEIR EMERGING ADULTS ABOUT LATE-LIFE CAREGIVING

H. Igarashi1, D.P. Coehlo2, K. Hooker1, 1. Human Development & Family Sciences, Oregon State University, Corvallis, Oregon, 2. Juniper Ridge Clinic, Bend, Oregon

How does the experience of providing care to an aging parent influence one’s own behaviors and conversations with emerging adult children about filial duty? This qualitative, exploratory study examined the experiences of middle-aged parents as they simultaneously launched their emerging adult children and engaged in caregiving duties with aging parents. This work extends previous understandings of the experience of caregiving for two generations by exploring the impact of a more lengthy transition to adulthood. Young adults today are requiring substantial parental support (Settersten & Ray, 2010), and we explored how this may affect feelings and behaviors about the flow of support up the generational ladder (Hagestad, 1982).

Six focus groups were conducted, composed of parents with children age 18-30 years, and who provided care for one or more parent (N = 29). Parents in the middle generation described the burdens and sacrifices of caring for their aging parents, yet were clear about their desire to continue to provide this care. These voluntary obligations were often commitments made with imperfect knowledge of the road that lay ahead. However, now equipped with more understanding, parents expressed a strong desire to buffer their children from the impact of their own aging. Other relevant themes included ambivalence, unanticipated care giving, proactive behaviors, conversations about aging, and engagement in the development of their young adult children. These themes reflect complex and sometime contradictory issues that are often present in intergenerational ties, and the efforts made to resolve them.

THE STRUCTURE OF INTERGENERATIONAL EXCHANGES OF MIDDLE-AGED MARRIED ADULTS AND THEIR PARENTS AND PARENTS-IN-LAW IN KOREA: LATENT CLASS ANALYSIS

K. Kim1, S.H. Zarit1, G. Han1, 1. The Pennsylvania State University, University Park, Pennsylvania, 2. Seoul National University, Seoul, Republic of Korea

Prior studies on intergenerational exchanges have focused on support exchanges of adult children with their own parents. However, middle-aged adults, especially married adults, usually have two sets of parents, their own parents and parents of their spouse, and exchange various types of support with both of them. The current study examines the structure of support exchanges that married adults give and receive from both their parents and parents-in-law. We analyzed data from 937 married adults (aged 30s to 50s) in the study “Successful midlife development: Mental health and work/family life course in Korea and the United States.” A latent class analysis using 12 indicators (financial, instrumental, and emotional support given to and received from parents and parents-in-law) identified five latent classes of intergenerational exchanges. Three classes showed balanced patterns of exchanges between parents and parents-in-law: high exchanges, low exchanges, and giving more than receiving. The other two classes showing imbalanced patterns between parents and parents-in-law were exchanges with only own parents and exchanges with own parents but giving tangible support to parents-in-law. The two imbalanced classes showed significant gender differences in membership probabilities. Whereas men were more likely to belong to the class who exchanged support with only own parents, women were more likely to belong to the class who gave tangible support to parents-in-law, which reflects patrilineal patterns in intergenerational exchanges in Korean families. After controlling for demographics of participants.
and geographic distance from parents and parents-in-law, marital support and conflict showed significant associations with the latent class memberships.

COMMONALITIES IN THE EXPERIENCE OF LATER MOTHERHOOD: THE INFLUENCE OF IDEOLOGIES ON EMPTY NEST WOMEN
K. Feldman, Kent State University, Kent, Ohio

Norms surrounding motherhood promote intensive mothering as the most acceptable child rearing style despite possible negative implications for mothers later in life. Intensive mothering may lead to alienation as well as long-term financial dependence for women. This study uses a mixed methods approach to explore the pervasiveness of the cultural imperative of intensive mothering. Data from 339 mailed surveys reveal high levels of salience of motherhood for women after children leave home across diverse racial (27% Black; 70% White), socioeconomic (15% reported annual incomes under $30,000; 37% reported annual incomes over $60,000), and marital categories (51% married; 20% divorced or separated; 25% widowed). In fact nearly two-thirds of the sample (64%) rated the salience of motherhood at the highest level available, with no significant differences across demographic groups. Mothers’ attitudes and expectations were also remarkably similar regardless of social location. Ordinary least squares regression showed that demographic variables accounted for insignificant portions of the variance in women’s attitudes. For instance, the combination of demographic variables including age, race, marital status, income, education, and occupational prestige explained three percent of the variance in mother’s expectations about children leaving home, and six percent of the variance in attitudes about children returning home. Focus group discussions indicated that mothers continued to place children’s needs above their own, separated themselves from the responsibilities of motherhood gradually, and defined their own success in terms of their children’s achievements. Even after children leave home, the norms of intensive motherhood remain pervasive in women’s lives.

GRANDMA’S HOUSE: A SAFE PLACE TO PLAY?
D.K. Nadorff, J.H. Patrick, Psychology, West Virginia University, Morgantown, West Virginia

Today, an increasing percentage of grandparents are assuming the responsibility for raising their grandchildren (Census, 2003). The safety of these home environments is of importance, as unintentional injury is the leading cause of death across all age groups (Borse et al., 2008). A model was proposed for the prediction of custodial grandchild safety (composed of the number of hazards present in the home, and the number of injuries experienced by the child), with the predictors of gender, safety knowledge, and depressive symptoms. Our results suggest an adequate fit of the data to the model \( \chi^2 (df = 11, n = 180) = 29.06, p < .002; GFI = .956; CFI = .952; RMSEA = .096 \). This model explains 14.8% of the variance in child injuries, 32.6% of the variance in safety knowledge, and 34.4% of the variance in the injury hazards. Several group differences based on grandparent gender were also present. Grandfathers seem to be faring more poorly; reporting less safety knowledge \([ t = -9.28 (1, 178), p < .000]\), a more hazardous home environment \([ t = 7.48 (1, 178), p < .000]\), more types of children’s injuries having occurred in the past year \([ t = 4.29 (1, 178), p < .000]\), and more major injuries having occurred in the past 5 years \([ t = 2.54, (1, 178), p < .05]\). Our results indicate that the variance in the injuries to children being raised by their grandparents is explained by the safety of their home environment. The state of their home is in turn predicted by their depressive symptoms. Future researchers are encouraged to consider length of co-residence, and grandchild variables, such as tendency to engage in high-risk behaviors.

OLDER MOTHER-ADULT DAUGHTER DYADS: HOW TO IMPROVE HYPERTENSION MANAGEMENT TO INCREASE LIFESPAN
C. Shawler, J. Meyers, J. Edward, J. Ling, A. Calloway, K. Stinson, M. Rayens, School of Nursing, University of Louisville, Louisville, Kentucky, 2. University of Kentucky, Lexington, Kentucky

Hypertension (HTN) is one of the top factors associated with cardiovascular disease. Women tend to have higher prevalence of HTN than men. There appears to be a positive relationship between HTN and health related quality of life (HRQOL). Purpose: Investigate the influence of quality of relationship and inner strength on outcomes of hypertension self-management, heart healthy behaviors (HHB), and HRQOL over time in older mothers and adult daughters. Method: Sample: 46 dyads of mothers (age > 65; M=77) with HTN and daughters (age 40-63; M=51) with or without HTN. Measures: Autonomy Relatedness Inventory - quality of relationship; Inner Strength Questionnaire; SF-36 for HRQOL; Hill-Bone Scale - hypertension self management; AHA Live and Learn Scale for HHB. Dyadic data were analyzed using Actor-Partner Interdependence Model (APIM) a dyad-based regression to determine the effect of the mothers’ and daughters’ independent variable on own dependent variable score (actor effect) and partner’s dependent variable score (partner effect). Significant Results: (1) Actor effects for mothers and daughters with quality of relationship on self management, HRQOL and HHB; partner effects for self management strategies; daughter partner effect for HRQOL and HHB. (2) Actor and partner effects for mothers and daughters with inner strength on HRQOL and HHB; actor effect for mothers for self-management; partner effects for daughters and mothers for self management strategies. Conclusion and Discussion: Mothers’ and daughters’ quality of relationship and inner strength influenced HTN self management, HRQOL, and HHB. Findings suggest that interventions to improve cardiovascular health and HRQOL should involve dyads.

RACIAL DIFFERENCES IN LATER LIFE MARITAL DYNAMICS AND HEALTH OUTCOMES
J.R. Bulanda, Sociology & Gerontology, Miami University, Oxford, Ohio

A growing number of studies find an association between marital quality and health – particularly in later life – but very few consider whether the relationship between marital quality and health differs based on race. The relationship between marital quality and physical health may be particularly salient for African Americans, as a number of studies find that African Americans report lower marital quality and have more health problems than other race-ethnic groups. Yet, previous research also documents strong social support networks and high levels of religiosity among African Americans, suggesting sources of resiliency that might protect health despite lower ratings of marital satisfaction. This study examines potential Black-White differences in marital quality and physical health using a longitudinal, nationally representative sample of older adults from the 2006 and 2008 waves of the Health and Retirement Study (HRS). Positive and negative dimensions of marital quality at baseline are used as independent variables predicting changes in subjective health and chronic conditions over a two-year time period. The role of social support in moderating the relationship between marital quality and health is considered, as are potential mediating mechanisms such as health behaviors and health care utilization. Analyses account for the diverse family structures as well as sources of chronic stress, demographic factors, and socioeconomic status. Preliminary results show a significant relationship between positive marital support and subjective health, and suggest that this relationship operates similarly for African Americans and Whites.

ADULT CHILD SUPPORT, HEALTH AND PHYSICIAN VISITS OF MEXICAN AMERICAN ELDERSD
S. Park, Z. Cong, J. Scott, Human Development & Family Studies, Texas Tech University, Lubbock, Texas

This study examined how support from adult children influenced frequencies of physicians visit for Mexican-American elders. Data were
collected from interviews with a convenient sample of 82 Mexican-American elders living in Lubbock, TX, in 2010. We used OLS regressions to predict the likelihood of elders’ utilizing physician services based on the Anderson-Newman Behavioral Model. Results showed the influences of children’s support on frequencies of physician visits depended on the type of the support—instrumental, emotional, and financial. We found significant interactions between children’s support and the functional health status of Mexican-American elders, suggesting the effects of children’s support were contextual to elders’ health status. For elders with higher level of ADL impairments, moderate or higher levels of financial support from children enabled elders to visit physicians, whereas moderate or high emotional support reduced physician visits compared to lower levels of support. For elders with higher level of IADL impairments, while receiving any hands-on support reduced elders’ physician visits, moderate or higher levels of emotional support increased frequencies of physician visits, compared to lower levels emotional support.

THE MEMORY OF THE FATHER: FAMILY STRUCTURE, CHILDHOOD FATHER LOSS, AND MIDDLE-AGED AND OLDER WOMEN’S PATERNAL RELATIONSHIPS

E.M. Krampe1, R.R. Newton2, 1. Department of Sociology, California State University, Fullerton, California, 2. Fielding Graduate University, Santa Barbara, California

We used data from a multi-ethnic sample to study the paternal relationship of 312 female participants aged 40 and older. We examined their overall feelings about the father, childhood physical relationship with the father, and perception of their father’s involvement with them in childhood. We explored participants’ perception of maternal support for their childhood bond with father, and perception of the father-mother relationship. Findings revealed that age was negatively associated with the first three dimensions of the father-daughter bond. African Americans, Asian/Pacific Islanders, and Hispanic participants reported less positive paternal experiences than non-Hispanic whites. Co-residence with both biological parents before age 18 consistently correlated with more positive responses in the above five dimensions. Participants from separated or divorced families had the lowest ratings on all five scales; participants whose fathers died before they were 18 were the most positive about four of the five dimensions of their paternal relationships.

FAMILY CAREGIVING SYSTEM: NETWORK OF COMPLEMENTING AND COMPENSATORY ROLES AND FUNCTIONS

K.K. Mehta1, L. Thang2, 1. School of Human Development and Social Services, University of SIM, Singapore, Singapore, 2. National University of Singapore, Singapore, Singapore

This paper analyses the family caregiving system for elder care recipients in Singapore from a qualitative and systemic perspective. The data emerges from a research project conducted in 2010, and funded by the Singapore government. The aim was to expand the current understanding of family caregiving, and impact on intergenerational family dynamics. The sample consisted of adult child caregivers (30), grandchildren (28) and foreign domestic workers (FDW) (15). To complement the family’s functions as well to compensate for the time they are away from home, the FDW enters the caregiving system. The findings show that grandchildren and foreign domestic workers are the support to the adult children caregivers, and caregiving has both positive and negative effects. Spiritual factors and sibling support to adult child caregivers mediate the stresses experienced by the latter. The session will provide participants insights into the interplay and inter-dependency of family relationships in the caregiving system.

SESSION 995 (POSTER)

LIFE COURSE DEVELOPMENT AND HEALTH

BODY MASS INDEX IN EARLY AND LATE MIDLIFE AND COGNITIVE ABILITIES IN LATE LIFE

A.K. Dahl1,2, L.B. Hassing3, E. Fransson1, M. Gatz4,5, C.A. Reynolds1, N.L. Pedersen4, 1. Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden, 2. School of Health Sciences, Jönköping University, Jönköping, Sweden, 3. University of California - Riverside, Riverside, California, 4. University of Southern California, Los Angeles, California, 5. University of Gothenburg, Gothenburg, Sweden

The aims of this study were to study the association between early and late midlife body mass index (BMI), change in BMI, and late life cognitive abilities in a dementia free sample. BMI was calculated from self-reported height and weight in early midlife (mean age 39.9 years, range 25-50) (1963 or 1973) and from assessed weight and height in late midlife (mean age 61.1 years, range 50-75). Starting in 1986 participants were assessed five times at three year intervals on a cognitive test battery in the longitudinal Swedish Adoption/Twin Study of Aging (N=657). Latent growth curve models, adjusting for pairwise, showed that persons with higher BMI in early midlife had significantly lower cognitive performance across domains in late life. Moreover, obesity was significantly associated with a steeper decline in perceptual speed and non-significantly associated with steeper decline in verbal and spatial abilities. Both being overweight and overweight/obese in late life were associated with an increased risk of lower cognitive abilities across domains. However, when decline in BMI was controlled for, underweight in late midlife was no longer associated with lower cognitive ability in any domain. Further, being underweight across midlife, and weight loss between early and late midlife, were each associated with lower mean level cognitive abilities in late life (centered at age 65). In conclusion, several different weight patterns were associated with lower cognitive abilities in late life. Weight patterns may be an important clue to understand the association between weight and cognitive health in late life.

LIFESPAN TRAJECTORIES OF PSYCHOLOGICAL HEALTH AS PREDICTORS OF MORTALITY: LONGITUDINAL FINDINGS FROM THE OAKLAND GROWTH STUDY

C. Jones, J.M. Campbell, psychology, california state university, fresno, fresno, California

The connections between psychological and physical health illustrate holistic interactions between physiological systems, personality, and lifestyle issues (e.g., Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007). Studies that allow an examination of both psychological and physical health across the entire lifespan are particularly helpful in teasing out such interactions. The Oakland Growth Study (OGS), begun in 1929, is one such study. Here we use measures of psychological health, based on the 100-item California Q-sort (Block, 1961), available from age 14 through to age 75, to predict longevity. When lifespan trajectories of psychological health were classified via finite mixture modeling (Jones & Peskin, 2010; Nagin, 2005), three patterns emerged: Stable Low, Increasing from Low, and Increasing from Moderate. As of 2010, approximately 23% of the OGS members are believed to be still alive; date of death is available for 34%, and 43% are of unknown status. After excluding those individuals of unknown mortality status, when the association between mortality status and psychological health trajectory type was examined, a significant link was discovered (X2(4,N=72)=9.59, p=0.048). Significantly more individuals than expected who are still alive show an Increasing from Moderate pattern of psychological health. Significantly more individuals than expected who are dead show a Stable Low pattern of psychological health.
Our study highlights the specific needs among this growing population of older Black women living with HIV/AIDS and the challenge of engaging and retaining patients in HIV care among this group. We conducted in-depth interviews with 20 Black women, ages 50 and up, at an urban HIV primary care clinic. Our analysis was informed by grounded theory and narrative analysis. Preliminary key thematic areas explored the lifespan experience of aging Black women living with HIV/AIDS and (2) identify key facilitators or barriers to engagement in HIV care.

Growing evidence suggests that early environment has long-lasting effects on health and physical functioning well into old age. Evidence, for example, indicates that both socioeconomic and social circumstances in childhood are strongly associated with health outcomes well into later life. However, the biological mechanisms linking early life circumstances to later life health is less well explored. This study investigates the relationship between early life adversity on multiple biological parameters known to predict health risks and on allostatic load, a cumulative measure of physiological wear-and-tear. Allostatic load has been hypothesized to be the biological pathway through which stressful events over the life course lead to chronic disease in later life. We use data from two waves of the National Survey of Midlife Development in the United States (MIDUS) study to explore the association between reported social adversity (i.e. parental death, parental divorce, parental abuse) and socioeconomic disadvantage (i.e. on welfare, relative poverty, and parents have less than a high school degree) before age 18 and their effects on biological risk profiles in middle and later life. We find that both socioeconomic and social disadvantage in early life are significantly and positively related to cumulative allostatic load. In addition, this relationship persists for social adversity (but not socioeconomic), even after controls for current socioeconomic status. These effects are most pronounced for secondary stress systems, including inflammation, cardiovascular function, and metabolic lids.

There is a growing body of literature indicating that the quality of early parent-child relationships has strong implications for chronic physical and emotional health outcomes in adulthood. Specifically, parent-child relationships characterized by low warmth, support and nurturance is related to decreased well-being in late adulthood. More recent findings indicate that early parent-child relationship quality is also related to daily stressor exposure and reactivity in adulthood. To fully examine the interrelationships between health and stress-related outcomes across adulthood, the present study extends current findings and utilizes measures of allostatic load, or indices of physiologic wear and tear on the body due to stressor exposure. Participants in the current study included over 900 adults, aged 25-64, from the Midlife in the United States (MIDUS) survey. Retrospective measures of parent-child relationship quality during childhood and current biomarker data indicate that low mother-child and father-child relationships are related to higher levels of cholesterol and triglycerides in adulthood. Additional analyses, including gender and age, as well as other biomarker indices such as cortisol, will be presented. Findings shed light on the critical role of early childhood support and stress mechanisms across the life span.

Approximately 75 years earlier, when participants were age 18, differential levels of psychological health are seen by mortality status: those still alive in 2010 were significantly more psychologically healthy in adolescence than those now dead (F(2,55)=3.80, p=.028).

EARLY LIFE ADVERSITY AND ADULT BIOLOGICAL RISK PROFILES

Growing evidence suggests that early environment has long-lasting effects on health and physical functioning well into old age. Evidence, for example, indicates that both socioeconomic and social circumstances in childhood are strongly associated with health outcomes well into later life. However, the biological mechanisms linking early life circumstances to later life health is less well explored. This study investigates the relationship between early life adversity on multiple biological parameters known to predict health risks and on allostatic load, a cumulative measure of physiological wear-and-tear. Allostatic load has been hypothesized to be the biological pathway through which stressful events over the life course lead to chronic disease in later life. We use data from two waves of the National Survey of Midlife Development in the United States (MIDUS) study to explore the association between reported social adversity (i.e. parental death, parental divorce, parental abuse) and socioeconomic disadvantage (i.e. on welfare, relative poverty, and parents have less than a high school degree) before age 18 and their effects on biological risk profiles in middle and later life. We find that both socioeconomic and social disadvantage in early life are significantly and positively related to cumulative allostatic load. In addition, this relationship persists for social adversity (but not socioeconomic), even after controls for current socioeconomic status. These effects are most pronounced for secondary stress systems, including inflammation, cardiovascular function, and metabolic lids.

Early and middle adulthood experiences are expected to occur in response to mortality salience induction. Indeed, we find that self-rated youth health status and self-assessed ability to learn “matter” for later life health as they differentially anchor a range of potential mediating lifetime educational and occupational outcomes. Youth health status and learning effects on adult health are further stratified by gender and race/ethnicity.

EARLY PARENT-CHILD RELATIONSHIPS AND HEALTH OUTCOMES ACROSS ADULTHOOD AN EXAMINATION OF PHYSIOLOGIC FUNCTIONING

There is a growing body of literature indicating that the quality of early parent-child relationships has strong implications for chronic physical and emotional health outcomes in adulthood. Specifically, parent-child relationships characterized by low warmth, support and nurturance is related to decreased well-being in late adulthood. More recent findings indicate that early parent-child relationship quality is also related to daily stressor exposure and reactivity in adulthood. To fully examine the interrelationships between health and stress-related outcomes across adulthood, the present study extends current findings and utilizes measures of allostatic load, or indices of physiologic wear and tear on the body due to stressor exposure. Participants in the current study included over 900 adults, aged 25-64, from the Midlife in the United States (MIDUS) survey. Retrospective measures of parent-child relationship quality during childhood and current biomarker data indicate that low mother-child and father-child relationships are related to higher levels of cholesterol and triglycerides in adulthood. Additional analyses, including gender and age, as well as other biomarker indices such as cortisol, will be presented. Findings shed light on the critical role of early childhood support and stress mechanisms across the life span.

64th Annual Scientific Meeting
The Impact of Early Educational Attainment on Mental Health Disparities of Black & White Women in Midlife

L. Best, Pan-African Studies & Sociology, University of Louisville, Louisville, Kentucky

Prior research has shown that adverse early life circumstances can have a negative impact on health in later life. Specifically, socioeconomic achievement processes evident in midlife are in many ways a reflection of the accumulation (or lack thereof) of resources over time. While SES has been consistently associated with depression in women, recent supports suggest that examining changes in SES over time does a better job of capturing disparities. I propose that differences in educational attainment earlier in life leads to divergent health trajectories in adult women. Using data from the National Longitudinal Surveys Young Women cohort (1968-2003), I examined the role SES at baseline (ages 14-24) and over time played in explaining differences in their depressive symptoms over a 10-year span (1993-2003) in midlife (ages 39-51). Initially I utilize growth curve analysis to patterns in SES over time. I also examine a series of multinominal logit models to investigate the predictive nature of demographic factors in explaining the relationship between education and mental health, as defined by the CES-D Depression Scale. Results show that while both black and white women experience gains in educational attainment over time, black women remain at a disadvantage throughout adulthood. These women are also more likely to report consistently higher depressive symptoms throughout midlife.

SESSION 1000 (POSTER)

Links Between Cognition and Physical or Mental Health

Impact of Insight™ Training on Useful Field of View (UFOV) Performance

C.L. Peronto, E. Valdés, J. Alwerdt, M. Castora-Binkley, E.M. Hudak, C. Haley, J.J. Lister, J.D. Edwards, School of Aging Studies, University of South Florida, Tampa, Florida

Previous research has shown that cognitive ability, particularly Useful Field of View Test (UFOV) performance, is important for everyday functioning in older adults. The goal of the current study was to examine whether Posit Science® Insight™, a computerized cognitive training program, produced similar improvements in UFOV performance as previously observed with prior versions of speed of processing training. Additionally, those with high and low UFOV performance at baseline were compared to determine if training was most useful to those with baseline difficulties. Participants (N=64) included healthy adults ages 55 and older with an average level of 15.96 years of education who included more references to time, while younger adults included more references to family. Results provide additional support for the existence of age-related differences in responses to mortality, suggesting that processes for buffering against existential anxiety vary across the lifespan. Results are interpreted from terror management and socioemotional selectivity theories.

Affect, Depression, and Cognition in Midlife: Is an Enhanced UFOV Useful for Enhancing UO VF in Older Adults?


Purpose: This study examined the relationship between affect/depressive symptoms and cognitive performance in CoSTAR. The sample was comprised of 1,479 non-demented, postmenopausal women (mean age=67 years) at increased risk of breast cancer. Methods: CoSTAR participants were enrolled in the National Surgical Adjuvant Breast and Bowel Project’s Study of Tamoxifen and Raloxifene (STAR) trial that examined effectiveness of raloxifene and tamoxifen for reducing invasive breast cancer risk. At each visit, women completed a standardized neuropsychological test battery (Resnick, 2004) and self-report measures of affect and depression. Data from 3 annual CoSTAR visits were included in analyses. Linear mixed models for repeated measures using likelihood ratio tests were used. Separate analyses were performed for positive affect, negative affect, and depression (adjusted for treatment group in STAR, visit number, time since STAR randomization, age, race, and education). After main effects models were constructed, separate tests for interactions were performed. Results: Higher positive affect was associated with better letter fluency (p=0.006) and category fluency (p=0.0001). Higher negative affect was associated with worse performance on global cognitive function (p=0.0001), verbal memory (p=0.002), and spatial ability (p=0.0001). Depression was negatively associated with performance for multiple cognitive tests (verbal knowledge, figural and verbal memory). Conclusion: Findings are consistent with prior research demonstrating a link between greater depression and worse cognitive performance. The most novel finding shows a positive relationship between positive affect and verbal fluency in a large, longitudinal sample, lending support to the notion that positive affect may broaden ability to think creatively and flexibly.

Tracking the Performance of Nursing Home Residents on the MMSE: Can Variability Be Used to Predict a Dementia Diagnosis?

A. Gerstenecker, S. Shah, B.T. Mast, S. Meeks, University of Louisville, Louisville, Kentucky

Although anecdotal evidence suggests that the cognition of nursing home residents will decline at a steady-to-sharp rate after entering a long-term care facility, few studies have tracked the cognition of nursing home residents at designated intervals over the course of a year. For residents with Alzheimer’s disease (AD), average annual rates of decline on the Mini-Mental Status Exam have been reported to be 2-3 points (Agüero-Torres et al., 1998; Small et al. 1997), and this decline may be exacerbated in the latter stages of AD. The current study examined the longitudinal trajectories of cognition in 33 nursing home residents administered two to four MMSE’s over the course of a year. Contrary to expectations, an overwhelming majority (n=21, 63%) of the sample demonstrated stable performance (±3 points) across MMSE administrations. A 2-3 point rate of decline across MMSE administrations was demonstrated by only 5 residents (15%). Two demonstrated improvement (6%) and 5 residents (15%) demonstrated variable performance characterized by both 2-3 point increases and 2-3 point decreases within the same year. A dementia diagnosis did not predict which trajectory residents would follow. This suggests that cognition remains relatively stable for the majority of resident over one year but that a substantial number also show considerable variability over this.
same period. Moreover, the differences in change and stability were not fully explained by the presence of dementia.

**COGNITIVE FUNCTION OF CENTENARIANS AND SEMI-SUPERCENTENARIANS**

Y. Gondo, J. Hirose, Y. Masui, H. Inagaki, Y. Araı, M. Takayama, I. Human sciences, Osaka University; Sita, Japan, 2. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 3. Department of Geriatric Medicine, Kieo University School of Medicine Institute of Gerontology, Tokyo, Japan

The recent prolongation of life span has lead to an expansion of the oldest old population in developed countries. Simultaneously the numbers of demented elderly has also increased. Increasing prevalence of dementia with age raised a scientific question whether dementia is inevitable or not. This is not only of scientific concern but also societal, influencing the very architecture and future of society. Centenarians are a good population to begin researching dementia prevalence. To date several studies have reported on the prevalence of dementia amongst centenarians; however, the results from these studies are highly diversified (40% to 100%). This variation may be caused by sampling methodology or variation of participation age. To overcome this problem we examined dementia status of wide variation of age in one population. Hundred ninety seven centenarian (100+) and 270 semi-supercenetaniaen (105+) were evaluated dementia status by CDR(Clinical dementia ration). Firstly, dementia prevalence was high in both 100+ (67%) and 105+ (87%). Secondly, large sex difference was observed. Dementia prevalence in women increased according to age and all participants were evaluated as demented over 109 years. In men, although number of participants was small and no more than 109 years old were participated, half of the participants were not demented. In addition, lower cognitive status women life longer than men. These results indicate dementia is inevitable only for women but not for men.

**THE INTEGRATION OF HEALTH EVENTS INTO POSSIBLE SELVES: IMPLICATIONS FOR ADAPTIVE COPING STRATEGIES**

M.L. Barreto, L.D. Frazier, Florida International University, Miami, Florida

This study examined the integration of personal health events and experiences (i.e., diagnosis of illness, heart attack, broken arm, etc.) into the possible selves’ repertoire and explores the potential relationship between event-related possible selves and coping. Possible selves (i.e., future self-representations) motivate individuals to adapt to new roles and circumstances throughout the lifespan. The purpose of this study was to determine whether health events become integrated into the self system in the form of possible selves, how those events and experiences shape one’s possible selves, and whether the integration of health events and experiences is positive for developmental and psychosocial outcomes such as coping and well-being. The sample was comprised of 198 participants, both men and women. Ages ranged from 18 to 85. Participants indicated the presence of health events and experiences within their possible selves, indicating integration of stress into future self-representations. The degree to which individuals conceptualize themselves in terms of these experiences relates to their ability to cope with these challenges. The integration of health events and experiences into one’s possible selves were related to stronger coping scores. Finally, the degree of integration was examined in relation to the extent of self-regulation of the possible selves and results showed that a greater integration was related to greater self-regulatory activities associated with the event-related self. This study indicates possible avenues for prevention/intervention programs that can teach people how to incorporate change and life events into their sense of self in positive ways to promote well being.

**MULTIPLE TRAJECTORIES OF COGNITIVE FUNCTION AMONG ELDERLY AMERICANS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY**

X. Xu, J. Liang, J.M. Bennett, W. Ye, A.R. Quinones, I. University of Michigan, Ann Arbor, Michigan, 2. Oregon Health & Science University, Portland, Oregon

**OBJECTIVE:** To examine population heterogeneity in changes in cognitive function in old age and identify important risk and protective factors associated with distinct trajectories of cognitive function. METHODS: Data came from the 1998-2008 Health and Retirement Study involving a national sample of 9,465 Americans age 65 and older with up to 6 repeated observations spanning 11 years. Cognitive function was assessed using a reduced version Telephone Interview for Cognitive Status (TICS), a multidimensional measure containing questions on date naming, object naming, president/vice president naming, and backwards count from 20. Group-based, semi-parametric mixture models (Proc Traj) were used for data analysis. RESULTS: Five major trajectories of cognitive function were identified: (a) healthy function, (b) minimal cognitive impairment and decline, (c) low cognitive impairment with gradual decline, (d) low cognitive impairment with accelerated decline, and (e) elevated cognitive impairment with rapid decline. They accounted for 39.2%, 38.8%, 13.2%, 4.9%, and 3.9% of the sample, respectively. More advanced age, poorer self-rated health, more limitations in activities of daily living and instrumental activities of daily living, and higher depressive symptoms at baseline were associated with greater likelihood of being in the more cognitively impaired groups or experiencing more rapid cognitive decline. Blacks, Hispanics and other ethnic minorities were more likely than whites to experience trajectories of worse cognitive function. Education and household income, however, had a protective effect. CONCLUSIONS: Among elderly Americans, there exist distinct courses of changes in cognitive function over time and significant age and racial/ethnic differences in experiencing these trajectories.

**THEORY OF MIND (TOM) DOES NOT PREDICT SOCIAL FUNCTIONING IN COMMUNITY-DWELLING OLDER ADULTS**

S.V. Rowe, B.T. Mast, University of Louisville, Louisville, Kentucky

Social resources are instrumental to successful aging, as support from others through social interactions is theorized to provide a buffer for the stress of daily life. Theory of mind (ToM) is a social-cognitive construct that concerns the ability to attribute mental states to the self and others. Inferences have been drawn between ToM and social functioning as a result of research indicating impaired ToM performance in clinical populations characterized by marked social deficits. Some research has indicated that ToM performance may decline with age, and it has often been argued that this could impact social functioning in late life, though this has not been tested empirically. This study hypothesized that advanced ToM (the Faux Pas Test and the Eyes Test) would predict social functioning (network size, social exchanges, perceived social support, and informant report of social behaviors) in a sample of 78 community-dwelling older adults. Contrary to predictions, there were no significant relationships between ToM and social functioning in this sample. Although the importance of ToM has often by highlighted by its proposed link with social functioning, in this sample of relatively healthy older adults this link was not supported across a variety of social functioning measures. Low power and the use of a non-clinical sample may have limited the findings.

**COGNITION-ENVIRONMENT INTERACTIONS IN PREDICTING PHYSICAL ACTIVITY**

J.P. Ziegelmann, B. Schüz, S. Wurm, L. Warner, R. Schwarzer, C. Tesch-Roemer, J. German Centre of Gerontology, Berlin, Germany, 2. Freie Universität Berlin, Berlin, Germany

Background. Social-cognitive theories assume a role of context factors for health behavior. However, this relation is often weakly specified and rarely examined. The two studies presented here test whether
properties of the meso-context (districts) affect if and how health-related cognitions are translated into physical activity. Methods. Study 1 (survey, N = 6,200), Study 2 (older adults, N = 300). Both assessed physical activity and health-related cognitions. Context factors (GD in district level) were examined in multilevel models for cross-level interactions. Findings. GD affected intercepts and slopes of attitudes in predicting physical activity (B = 0.08, Study 1). GD also affected intercepts and slopes of intention (B = 0.06) and planning (B = 0.11 and 0.07) in predicting activity in Study 2. Discussion. These findings suggest that apart from individual-level factors such as attitudes, intentions, or planning, the opportunity structure of the environment may play an important role in determining whether health-related cognitions can be translated into actual health behavior.

ACCEPTABILITY AND FEASIBILITY OF MEANINGFUL ACTIVITY PROGRAM FOR MILD COGNITIVE IMPAIRMENT COUPLES

Y. Lu, J.E. Haase. Adult Health Nursing, Indiana University School of Nursing, Indianapolis, Indiana

Persons with mild cognitive impairment (PwMCI) are at greater risk for developing Alzheimer disease, and have diminished functional ability and quality of life. Few interventions focus on helping PwMCI improve or maintain functional performance and enhance quality of life through meaningful activity engagement. The Daily Engagement in Meaningful Activity Program (DEMA) was developed based on the Model of Human Occupation and a phenomenology of patients and spouses experiences with MCI. This presentation reports findings from a pilot study that explored the acceptability and feasibility of DEMA with PwMCI and their spouse (n = 10 dyads) and examined DEMA’s impact on meaningful activity engagement (performance and satisfaction) and health-related outcomes (relationships with family member, depression, physical functioning, cognitive function, and quality of life). During six bi-weekly, 1-hour sessions delivered over 3 months, participants learned ways to work together to set and meet meaningful activity goals, and adapt to changes that might occur over time. Data were collected pre-, post-, and 3 months post-intervention. Findings on rates of consent, session completion, and questionnaire completion indicate the DEMA and study procedures were well accepted by participants. Immediate post-program measures suggest positive trends in meaningful activity engagement performance and satisfaction and relationships with family members. Positive trends at 3-month post program were found in meaningful activity engagement performance and satisfaction. Relationships with family members, depression, physical function, cognitive function, and quality of life were maintained. Based on the promising positive results, further testing of the DEMA in a 2-group randomized clinical trial is recommended.

EVERYDAY PROBLEM-SOLVING AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING: SUPPORT FOR DOMAIN SPECIFICITY

K.J. Kimbler, S.A. Lacy, L.A. Ferrante. Social & Behavioral Sciences, Florida Gulf Coast University, Fort Myers, Florida

Previous research has demonstrated a relation between everyday problem-solving performance and self-reported functional ability (e.g., Allaire & Marsiske, 2002). The current study examined the relation between the Everyday Problems Test (EPT; Willis & Marsiske, 1997) and Instrumental Activities of Daily Living (IADL; Lawton & Brody, 1969) among a sample of middle-aged and older adults (N = 102). The EPT measures everyday problem-solving performance in the domains of telephone use, shopping, meal preparation, housekeeping, transportation, health, and finances. Although the domains that are included in the EPT correspond with IADLs, the EPT focuses on cognitive performance. As a result, the EPT has been found to demonstrate small to moderate sized correlations with self-report measures of IADLs (Burton, Strauss, Bunce, Hunter, & Hultsch, 2009). In the current study, EPT scores did not significantly relate to IADLs (p = .26). Although total scores were not significantly related, further analyses revealed that domain specific performance on the EPT significantly predicted self-reported functional ability within the corresponding IADL domain (p < .05). This significant relation was found for shopping, food preparation, housekeeping, transportation, and financial management. EPT scores related to shopping, food preparation, and housekeeping significantly predicted self-reported IADL status after accounting for age, verbal ability, and inductive reasoning. Results suggest that the predictive utility of the EPT in explaining variance in IADLs may be improved by using a more domain specific approach. The potential impact of measurement issues, age differences, and sample characteristics will also be discussed.

LATENT COGNITIVE PREDICTORS OF TIMED INSTRUMENTAL ACTIVITIES OF DAILY LIVING WITH OLDER ADULTS


Purpose: In this structural equation modeling study, latent variables of cognition (speed of processing, memory, and executive function) were constructed to investigate which ones were most predictive of performing tasks on the Timed Instrumental Activities of Daily Living (TIADL) test using a sample of older adults. Methods: A cross-sectional study sample included 210 community-dwelling older adults (58% male, 85% Caucasian) age 65 and older (Mage = 75). Participants were administered a battery of cognitive, physical, and psychosocial measures along with the TIADL test. Results: Using structural equation modeling, latent variables were constructed based upon the type of cognitive measures that most closely corresponded to the cognitive domain being tested. A hypothetical model was specified and then non-significant paths were trimmed. The trimmed model fit the data well (e.g., GFI = .93, RMSEA = .7). There was a relationship between age and cognitive latent variables. Conclusion: Depressive symptomatology, speed of processing, and memory predicted physical function. Physical function and memory predicted better performance on the TIADL test. Implications for further research are posited.

SLEEP PROBLEMS AND BLOOD PRESSURE: INTERACTIVE PREDICTORS OF COGNITIVE FUNCTION IN OLDER ADULTS?

R.C. Sims1, M.A. Hosey2, L. Katzel1, S.R. Waldstein2. 1. Howard University, Washington, District of Columbia, 2. University of Maryland Baltimore County, Baltimore, Maryland, 3. University of Maryland School of Medicine, Baltimore, Maryland

Sleep problems are common among older adults and have been associated with deficits across a number of cognitive domains including memory, executive function, attention, processing speed, and global cognition. Sleep problems have also been associated with elevated blood pressure, another predictor of deficits in cognitive function among older adults. Previous studies have been limited in their ability to fully assess the relations between sleep problems and cognitive function due to uni-dimensional assessments of sleep quality and/or limited cognitive data. Furthermore, few studies have examined the interaction of sleep problems and blood pressure as a predictor of cognitive function. The purpose of the analysis was to examine relations among an index of sleep problems, blood pressure, and numerous domains of cognitive function. It was hypothesized that more self-reported sleep problems would predict poorer cognitive performance, particularly in the presence of higher blood pressure. Participants were 178 stroke- and dementia-free older adults [M(SD) age = 66.48 (6.83); M(SD) education = 16.26 (2.94)]. They completed the Medical Outcomes Study (MOS) Sleep Scale, several neuropsychological measures, and a health assessment. Multiple regression analyses were run, controlling for age, gender, education, depression, BMI, alcohol use, and smoking status. Results
showed no direct associations between sleep problems and any domain of cognitive function; however, an interaction between sleep problems and systolic blood pressure was identified as a predictor of visuospatial ability. Findings suggest that, for at least one domain, blood pressure may exacerbate the negative influence of sleep problems on cognitive function.

EFFECTS OF A HOLISTIC MEMORY CLINIC FOR OLDER ADULTS
L. Hyer, C. Scott, C.A. Yeager, 1. Georgia Neurosurgical Institute, Macon, Georgia, 2. Essex County Hospital Center, Institute for Mental Health Policy, Research, and Treatment, Cedar Grove, New Jersey

The core issue related to cognitive training at older ages is whether, through targeted interventions, we can affect the aging brain’s basic operating characteristics beyond the neural changes associated with just new knowledge or strategies. In effect, can training assist with the software of the cognitive system? Interestingly, training seems to assist normal adults, but its merit for older adults with age associated memory impairment (AAMI) and mild cognitive impairment (MCI) is less clear. A question also is whether training targeting working memory generalizes to better adjustment. To assist in this process, a “holistic” program for older adults was developed, encompassing cognitive or memory training, as well as other empirically-supported areas. This six-session, manualized Memory Clinic involved several cohorts of older adults (N=100) who had AAMI and MCI. At base, this intervention involved an intense focus on attention/concentration, along with mindfulness, exercise, stress reduction, socialization, and health behaviors. Interim phone calls and one booster session were added. We conducted pre and post testing on cognition (List Learning, Story Memory, Cuing, Digit Span, Recall and Recognition), memory habits (Cognitive Failures Questionnaire) and attitudes, as well as function and adjustment (SF36). We also provided a measure of compliance. Results show positive changes on all measures over baseline with those related to memory reaching significance. At the beginning, we identified at-risk and successful participants; the former performed considerably worse on cognitive and affect measures than successful ones. We discuss the results in the context of cognitive training and quality of life.

SESSION 1005 (POSTER)

MEDICAL INTERVENTIONS AND SERVICE USE IN OLD AGE

OLDER ADULTS’ DENTAL CARE SERVICE UTILIZATION: A TEST OF THE BEHAVIORAL HEALTH CARE UTILIZATION MODEL
H. Lee, J.A. Burr, Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts

Oral health is consistently shown to be associated with older adults’ overall well-being. To maintain good oral health in later life, regular utilization of dental care services is strongly recommended. However, many factors mitigate the ability to attain this important type of health care. The aim of this cross-sectional study is to describe the dental health care utilization patterns of older adults by applying Andersen’s (1995) Behavioral Model of Health Care Utilization. The model includes predisposing characteristics (age, gender, race, years of education, and life satisfaction), enabling factors (income and dental care insurance), and need factors (general health status and dental health status). The utilization of dental care services is the dependent variable in this study. Data are analyzed from a special module of the 2008 Health and Retirement Study that collects detailed information on dental health, accessibility to dental care, and dental care services utilization (N=1,323).

Results from the analysis show that 65.8% of respondents aged 55 and older used dental care services between 2006 and 2008. Other results show that persons higher on the SES ladder are more likely to have visited a dentist in the previous two years, and that African Americans and Hispanics are much less likely than Whites to have seen a dental health care professional. Self-reported health status and presence of a dental health condition are positively related to the likelihood of using these services. These results provide indirect support for the cumulative advantage/disadvantage hypothesis.

TRAINING-INDUCED NEURAL PLASTICITY: FUNCTIONAL CORRELATES OF A MENTALLY REHEARSED GOLF SWING
L. Bezzola, S. Merillat, L. Jäncke, 1. University of Zurich, Institute of Psychology, Neuropsychology, Zurich, Switzerland, 2. University of Zurich, International Normal Aging and Plasticity Imaging Center (INAPIC), Zurich, Switzerland

The present functional magnetic resonance imaging study aimed to improve our knowledge about training-induced neuronal adaptations in golf novices between the age of 40 and 60 years by means of a longitudinal study design. Mental motor imagery was used to study motor skill learning and the associated neural underpinnings. We were particularly interested in changes of neuro-functional recruitment patterns that can be ascribed to the golf training. Eleven golf novices participated in the present longitudinal study with two measurement timepoints. The interval between the two measurements amounted to 40 golf-training hours. Additionally, we collected data from an age- and sex-matched control group with the same inter-measurement interval as the golf group. The participants were instructed to mentally rehearse their own golf swing from a first-person perspective. We performed a repeated-measures ANOVA (i.e., flexible factorial model in SPM8) with within-subject factor time and between-subject factor group. As expected, the analyses revealed increased hemodynamic responses during the mental imagery condition in non-primary cortical motor areas, sub-cortical motor areas and parietal regions in both groups. This result is in line with previous mental imagery research showing the involvement of motor areas while mentally rehearsing a complex movement, especially in subjects with low skill level. More importantly, only the golf novice group showed changes between the two measurement timepoints. Hemodynamic responses were decreased in non-primary motor areas after the practice interval. We assume that this finding relates to the improved skill level in the golf group after the 40 training hours.

DELIRIUM INTERVENTIONS: STATE OF THE SCIENCE
C. Brown, University of North Carolina at Greensboro, Greensboro, North Carolina

Post-operative delirium affects approximately 25 % of participants over the age of 60 having major surgery with nearly 10 % continuing with long term derangement and/or subsequent institutionalization. In 2010, the National Institutes of Health had a roundtable on opportunities to advance psychiatric emergencies. Delirium was one of a selection of key emergencies where more research is deemed imperative. There is extensive and growing science regarding delirium. In a literature review utilizing the search engines PubMed and Ovid, the terms “delirium” and “interventions” yielded studies that examined the etiology, risk factors, pathological processes, clinical presentations (i.e. psychomotor subtypes) as well as interventions to ameliorate delirium. This presentation will summarize the many interventions that are derived from scientific findings about predisposing or precipitating factors associated with delirium. Intervention studies are categorized as prevention, management or treatment of delirium. The management or prevention of delirium interventions are identified as pharmacologic or non-pharmacologic. The studies that demonstrated the greatest effectiveness were multicomponent, multidisciplinary, and aimed at prevention of delirium. Pharmacological therapies carry an increased risk of death, and efficacy is inconsistent. These findings support continued interdisciplinarity collaboration, systematic detection, management and follow-up
of those at risk for delirium, beginning with pre-hospital admission assessment and extending through discharge.

USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR ARTHRITIS BY OLDER WOMEN

E. Tai1, S.B. Laditka2, J.N. Laditka1, M.M. Tsulukidze2, 1. Western Carolina University, Cullowhee, North Carolina, 2. University of North Carolina at Charlotte, Charlotte, North Carolina

Half of adults ages 50+ in the United States use complementary and alternative medicine (CAM). Women and people with chronic health conditions are more likely than others to use CAM. Women with arthritis may be particularly likely to use CAM, because conventional medicine offers limited relief. Yet little is known about CAM use for arthritis by older women. Using data from the 2007 National Health Interview Survey and its CAM supplement, we examined specific reasons why women ages 50+ said they used CAM for arthritis. Descriptive and logistic analyses accounted for the survey design, and were weighted for national representativeness. Controls included age, ethnicity, education, marital status, income, health insurance, body mass index, health behaviors, comorbidities, and region. Participants who said they had arthritis represented about 21 million women ages 50+; 17.8 million used CAM for any reason; 1.2 million used CAM specifically for arthritis. In adjusted results, women with arthritis were more likely to say they used CAM specifically for their arthritis if: conventional medicine did not help (Odds Ratio, OR 5.19, 95% Confidence Interval, CI 3.19-8.44), CAM was recommended by a health care provider (OR 3.43, CI 2.22-5.31), or CAM was recommended by family or friends (OR 4.29, CI 2.76-6.66). A large number of older women use CAM for arthritis, particularly if conventional medicine does not help or if recommended by a provider, or by family or friends. Women with arthritis could particularly benefit from targeted research on risks and potential efficacy of CAM.

AN EXAMINATION INTO THE SLEEP WORLDS OF OLDER WOMEN WHO USE BENZODIAZEPINES

S.L. Canham, R. Rubinstein, University of Maryland, Baltimore County, Baltimore, Maryland

Sleep – its quality, quantity, and features – is a major concern of informants interviewed for a qualitative study of the experience of benzodiazepine (BZD) use in a sample of community-dwelling women (65+). The sleep worlds of informants were often a topic of conversation and sleep was identified as significant in their lives both as an entity in itself and in relation to the “day” as an experiential unit. This paper explores how informants in this study conceptualize the reasons for sleep problems, including issues related to both health and intrusive thoughts; how BZDs are related to the management of sleep problems; and what strategies women use to get to sleep when their BZDs are unable to affect sleep onset, such as environmental considerations in the home. Finally, we discuss how sleep fits into their conception of a “day” and how BZDs not only impact the sleep worlds of informants, but also the actions and feelings of informants throughout the daytime. These findings are significant in that informants appear to be attempting to find a balance between taking a dose too high, which can potentially have side effects, including dependence, and taking a dose too low, which is unhelpful in bringing about the sedating effects of a BZD.

REDUCING THE IMPACT OF CONTINENCE DIFFICULTIES FOR OLDER ADULTS THROUGH TECHNOLOGY, TREATMENTS AND THEORY (TACT3)

M.L. Gilhooly1, E. van den Heuvel1, E. Jowitt2, J. Sutherland1, J. Richard3, 1. Brunel Institute for Ageing Studies, Brunel University, Uxbridge, United Kingdom, 2. Royal College of Art, London, United Kingdom

Incontinence can be a precursor to social isolation, loss of self esteem and depression. The aim of this interdisciplinary project is to reduce the impact of continence difficulties and, thus, assist older people in main-
taining a positive identity and good quality of life. The TACT3 project is comprised of three research workpackages: Assistive technology development: Underwear with an integrated washable wetness sensor and vibrating alert mechanism has been developed to alert continence pad users to leakage from the pad. In addition, a colour change odour detector to indicate the presence of the odour of urine at a just imperceptible level is being developed Challenging environmental barriers to continence: Two sets of stakeholders are involved, older people with continence difficulties and toilet providers. Focus groups, workshops, interviews and photographic diaries have been conducted to identify key issues. A design tool and pictorial reference cards will be produced. Improving continence interventions and services: Patients and their carers are being interviewed twice within a 12 month interval from a community continence service, a specialist older people’s service and a generic continence clinic. Twenty Health and social care managers and 200 practitioners will be surveyed for their views. Care outcomes will be analysed from each clinic and a cost benefit analysis will be carried out. Findings from the first two years of this three year interdisciplinary project will be presented. A prototype of the vibrating underpants will be on display. This research is funded by the UK New Dynamics of Ageing Programme.

THE ROLE OF NUTRI-EPIGENETICS AND PERSONALIZED MEDICINE IN DIETARY LIFESTYLE CHOICES IN ALZHEIMER’S DISEASE

G.M. Pasinetti, 1. Neurology, Mt.Sinai School of Medicine, New York, New York, 2. James J Peters Veterans Affairs Medical Center, Bronx, New York

Alzheimer’s Disease (AD) has no known cure or preventive treatments. This presents an urgent need to find a means to prevent and/or delay disease onset, or to reverse the course of the disease. Unhealthy lifestyle choices are associated with obesity, dislipidemia, and hypertension, which are all risk factors for AD. Interestingly, recent personalized medicine nutri-epigenetic studies support the possibility of identifying potential “successful” responders that could benefit from changes in dietary lifestyles. In particular, certain nutritional factors may attenuate the incidence of AD dementia, and the biochemical functions and mechanistic pathways underlying the potential benefits of specific nutrients on AD dementia are currently being defined and scrutinized. Nevertheless, the reason for inconsistency of dietary lifestyles and supplementation in attenuation of cognitive decline in abnormal aging and neurodegenerative disorders is not well understood. Thus the identification of biomarkers, to predict efficacy of altered dietary lifestyles and monitor the adherence to dietary patterns will help to improve the likelihood of success of lifestyle changes in age-related disease prevention. The increased need for this approach is currently documented in the exponential demand from consumers for novel dietary recommendations for preventing and/or treating age related degenerative conditions. Collectively, this evidence supports the possibility that in the near future we might employ dietary intervention to prevent and/or treat age-related neurodegenerative disorders such as AD dementia and that novel “personalized medicine” approaches will identify subjects that preferentially benefit from lifestyle modification. (Supported by National Institute of Health grant P01AT004511 to GMP).

EFFECTS OF VISION EDUCATION CLASSES ON THE WELL-BEING OF OLDER ADULTS WITH MACULAR DEGENERATION

S. Sorensen1, K. Zanibbi1, K. White1, S. Schwalm2, L. Luna2, K.C. Hopper2, 1. Psychiatry, University of Rochester School of Medicine and Dentistry, Rochester, New York, 2. Association for the Blind and Visually Impaired-Goodwill, Rochester, New York

Older adults with vision impairment are at increased risk for falls and hospitalizations; they find it more difficult to take their medications properly, and are more likely to be socially isolated. They are often
poorly informed about their eye condition and the services and devices that help maintain functioning. Attending vision education classes may improve well-being for older Age-related Macular Degeneration (AMD) patients. Older adults with AMD (N=76; 25 males, 51 females aged 62-96, mean= 83.0), attended four vision education classes addressing medical issues, orientation and mobility, in-home adaptations, and emotional adaptation to AMD. Measures included the CESD-R for depressive symptoms, the STAI for anxiety symptoms, and the Ryff Psychological Well-Being scales. Using repeated measures ANCOVA (covariates: age and gender), yielded significant changes for an overall decrease in Personal Growth (p=.001), but also an interaction (p=.001) indicating a decrease in PG in older participants and an increase in younger participants. Near-significant main and interaction effects were found for Anxiety Symptoms (p=.061): subjects 75 and older became less, whereas younger participants became more anxious after class attendance; Purpose in Life (p=.055; interaction p=.040): younger individuals increased, whereas the older individuals decreased in purpose in life. Surprisingly, main effects suggested primarily negative effects of the classes. However, interactions suggest that young individuals benefitted more with regard to personal growth and purpose in life, whereas older adults benefitted more with regard to anxiety reduction. These results need to be interpreted with caution, since the younger age group consisted of only 10 participants.

SESSION 1010 (POSTER)
MENTAL HEALTH AND WELL-BEING ACROSS THE LIFESPAN
J. Webster1, G.J. Westerhof2, E.T. Bohlmeijer3, 1. Langara College, Vancouver, British Columbia, Canada, 2. University of Twente, Enschede, Netherlands, 3. University of Twente, Enschede, Netherlands

Considered the pinnacle of psychosocial development, and the outcome of a long, well-lived life, wisdom ostensibly confers advantages to persons who possess it. Nevertheless, the relationship among wisdom, aging, and well-being is still not fully understood. This study investigated the relationship between wisdom and several measures of well-being across the lifespan. Participants included 186 male and 326 female Dutch adults ranging in age from 17 – 92 (M = 46.46, SD = 21.37) who completed measures of wisdom (Self-Assessed Wisdom Scale, Webster, 2010), personality (NEO-FFI, Costa & McCrae, 1992), mental health (Mental Health Continuum, Keyes et al., 2008) physical health (General Health Questionnaire, Goldberg, 1978), and a balanced time perspective (Balanced Time Perspective Scale, Webster, 2011). A series of 2 (wisdom) by 3 (age) ANOVA’s revealed main effects for both variables in support of hypotheses. Main study findings revealed that wisdom was unrelated to physical health but positively related to openness to experience, mental health, and a balanced time perspective. Overall, midlife adults scored higher on wisdom than either younger or older participants. Older adults scored lower on physical and mental health, openness, and the use of a balanced time perspective. The results are discussed from a lifespan perspective in which gains and losses contribute to conditions in which midlife adults show high levels of wisdom and well-being.

IDENTITY AND WELL-BEING IN PEOPLE WITH DEMENTIA
L.S. Caddell, Psychology, Bangor University, Bangor, United Kingdom

Background: Past research has concentrated on how identity is affected by the onset and progression of dementia, and the theoretical literature has often suggested that the persistence of identity would support well-being. However, there is little empirical work that actually tests this hypothesis or quantifies the relationships between identity and aspects of well-being. Method: Fifty people with early-stage dementia completed measures of identity, mood, and well-being. Measures of identity included strength of identity, importance of role identities, self-knowledge of personality and autobiographical memory. Measures of mood included anxiety and depression, and measures of well-being, included self-esteem, quality of life, and quality of relationship with a close relative. Results: Results suggest that aspects of mood well-being are influenced by aspects of identity, and that improved mood and well-being is supported by the importance of role-identities to the person with dementia, a stronger and more definite sense of identity, better autobiographical memory functioning, and superior self-knowledge of personality. Conclusion: These results support the notion that the persistence of identity is valuable for people with dementia in terms of supporting well-being, and that identity might be an appropriate target for intervention. The implications of the results will be discussed.

THE GENERATIVITY AND MENTAL HEALTH OF CHILDLESS ADULTS
K. King, Massachusetts School of Professional Psychology, Boston, Massachusetts

Children are thought to be an important source of support and fulfillment for their aging parents, and well-documented stereotypes show a common assumption that childless adults have lower mental health than parents. Further, it is often assumed that the adult developmental task of generativity is primarily achieved through the experience of parenting. This study explores whether there is support for these views by comparing childless adults to parents on measures of generativity and mental health. An online survey was completed by 98 parents, 113 voluntary childless, and 24 involuntary childless individuals. Mental health and generativity were explored through the Center for Epidemiological Studies- Depression scale, Scale of Positive and Negative Experiences, Psychological Well-Being scale, Satisfaction with Life scale, Generative Behavior Checklist, Loyola Generativity Scale, and questions about psychiatric treatment history. Results revealed few significant differences between groups. Parents scored significantly higher than the voluntary childless on psychological well-being and positive affect, and significantly higher than the involuntary childless on life satisfaction. Parents reported more treatment for psychological difficulties than both childless groups, but lower past usage of psychiatric medications. On the Loyola Generativity Scale and the Generative Behavior Checklist, parents scored significantly higher than both childless groups. The minimal significant differences between groups on measures of mental health has important clinical implications given common stereotypes suggesting otherwise. With regard to generativity, significant differences between parents and both childless groups raises important questions about the place of this developmental task in the lives of all adults.

PET OWNERSHIP AND HEALTH CORRELATES AMONG ELDERS IN THE PHILADELPHIA AREA

Interest in the possible health benefits associated with companion animals continues to grow, while data on the topic remain scarce. The 2010 Public Health Management Corporation’s Community Health Survey, a representative sample of older adults age 60+ in Philadelphia and the four surrounding counties (n=3029) included a question about the presence of pets in homes of respondents. 37% of this population has at least one pet. 16% have one dog, another 12% have one cat, 4.3% have a dog and a cat and 5% have some other combination of animals. Relationships with demographic, physical health, mental health and social capital variables will be examined. Pet owners are more likely to be under age 75 (r=-.21, p>.000), not live alone (r=.13, p>.000) and
CHILDLESSNESS AND LIFE SATISFACTION IN LATER ADULTHOOD

M. Pikulik, M.E. Blake, D. Caruana, A. Niehaus, R.D. Reeves, Department of Law, Politics, and Society, University of Evansville, Evansville, Indiana

In virtually every society, the assumption is that people will reproduce. Indeed, both developmental and life course theorists have incorporated parenting into their conceptualization of normative life tasks (George, 1993; Somers, 1993). A logical assumption, therefore, would be that parental status may correlate with satisfaction throughout the life cycle. The authors of the present study are attempting to determine whether an actual relationship exists between parental status and life satisfaction and the marital relationship at mid-life and beyond. The authors consider general factors associated with life satisfaction and the quality of the marital relationship in later years, and give particular attention to differences that exist between people with and without children. Using multiple waves of the Americans’ Changing Lives Study (House, 1986; 2002), the authors explore the role of children in later life satisfaction. Specifically, the questions guiding this research are: 1) Do children play a part in life satisfaction as we age?; 2) If so, what role do they play in satisfaction?; and 3) How are life satisfaction and the marital relationship different for people who do not have children? Preliminary findings suggest that life satisfaction and the marital relationship are, in fact, affected by parental status. Individuals who have been childless across the life course seem to have greater marital satisfaction and positive life satisfaction compared to individuals who have had children. Possible differences between voluntary and involuntary childlessness are discussed.

TARGETING SCARCE RESOURCES TO PROMOTE SCREENING AND BRIEF INTERVENTION PROGRAMS FOR OLDER ADULTS

C. Coogle1, J.M. Hellerstein1, M. Weaver1, R. Whitsett1, 1. Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia, 2. Virginia Department of Alcoholic Beverage Control, Richmond, Virginia

Screening and Brief Intervention (SBI) techniques have been widely applied as a public health approach to the delivery of treatment services that address risky drinking and alcohol abuse. Now SBI has become increasingly available to older adults at risk for developing substance use disorders. In Virginia, SBI training sessions have targeted hospital-based health care providers as well as mental health service providers in community-based clinics. Trainees have included physicians and physicians in training, nurses, nurse practitioners, physician assistants, social workers and therapists (n=43). After the trainings, participants were asked about their intentions to apply the information in their professional practices and their enthusiasm about recommending the training to others in their profession. Although the professions compared did not differ with respect to their level of commitment to apply the information or level of comfort using the techniques (p > 0.05), our pilot investigation of this small sample revealed that physicians were less interested in promoting the SBI training among their professional colleagues (M = 4.40, SD = 0.63) than those in the other primary care disciplines or related supporting professions (M = 4.85, SD = 0.37; p < 0.05). Similar site differences in this respect were also found. Although it may be more challenging to promote SBI training in locations that don’t primarily provide mental health services, hospitals and other primary care settings are precisely where training may be most useful. Other results have implications for improving receptivity to training and addressing the barriers that dampen enthusiasm for SBI training.

CHANGES IN WELL-BEING ACROSS THE LIFESPAN: A CROSS-SECTIONAL SURVEY OF YOUNG, MIDDLE-AGED, AND OLDER ADULTS

E. Karaoylas, C.S. Mackenzie, K.B. Starzyk, Psychology, University of Manitoba, Winnipeg, Manitoba, Canada

Changes in well-being across the lifespan have been poorly understood because research has not been guided by theory and has focused on either hedonic or eudaimonic well-being outcomes. The objectives of this study is to better understand age differences in hedonic and eudaimonic well-being using Ryan, Huta, and Deci’s (2008) theory. According to this theory, four factors are responsible for living a full and meaningful life (eudaimonia) and experiencing pleasure and an absence of psychological pain (hedonia): (1) pursuing intrinsic goals, (2) behaving in autonomous and volitional ways, (3) living mindfully with awareness, and (4) behaving in ways that satisfy the basic psychological needs for competence, relatedness and autonomy. Participants included 90 introductory psychology students, 90 of their parents, and 90 of their grandparents. These individuals completed a battery of questionnaires measuring personal goals, aspirations, mindfulness, basic psychological needs, and multiple measures of eudaimonic (e.g., purpose in life) and hedonic (e.g., positive affect) well-being. Results indicated that age had two effects. First, there were significant mean age differences. Age was positively associated with the pursuit of intrinsic goals, autonomous behaviour, mindfulness, the basic psychological need for autonomy, and hedonic well-being. Conversely, age was negatively associated with the basic psychological need for competence and with eudaimonic well-being. Second, the relationships amongst variables varied across age. Thus, the reasons for differences in hedonic and eudaimonic well-being across the lifespan are complex and our findings shed light on reasons for inconsistencies in previous research examining the effects of age on well-being.
HOW ACCURATE ARE SELF-REPORTED HEIGHT, WEIGHT, AND BODY MASS INDEX AMONG COMMUNITY-DWELLING ELDERLY JAPANESE? EVIDENCE FROM A NATIONAL POPULATION-BASED STUDY

Y. Saito, V. Yong, Nihon University, Tokyo, Japan

The aim of the study is to investigate the extent of accuracy of self-reported height, weight, and derived body mass index (BMI) of elderly Japanese aged 70+; and to assess the concordance between report-based and measurement-based BMI weight categories. The 5th wave of Nihon University Japanese Longitudinal Study of Aging included questions on self-reported height and weight, and direct physical measurements of height and weight. Results indicate that self-reported values were strongly correlated with measured values. The differences in mean values were small. On average, height was over-reported by 0.93cm (SD: 2.48) for men and 1.23cm (SD: 2.84) for women. Weight was under-reported by 1.08kg (SD: 2.55) for men and 0.88kg (SD: 2.45) for women. BMI was under-estimated by 0.68kg/m² (SD: 1.16) for men and 0.79kg/m² (SD: 1.49) for women. As age increases, height over-reporting increased, particularly among women, but weight under-reporting decreased for women, and BMI under-estimation increased for both sexes. Weighted kappa values showed a reasonably high concordance at 0.715 and 0.670 for men and women, respectively (p<0.0001). Overweight (BMI 25.0 to 29.9) and obesity (BMI ≥ 30) prevalence rates were under-estimated, with better specificity (range: 94.4-100%) than sensitivity (range: 59.3-65.1%). We conclude that the accuracy of self-reported height and weight is reasonably high among elderly Japanese, suggesting that they can be used in epidemiological surveys. However, caution should be exercised for the oldest age group (age 85+) as the accuracy declined.

STRESS ASSESSMENT: A COMPARISON OF CHECKLIST VS. INTERVIEW - BASED SYSTEMS IN AN OLDER ADULT SAMPLE

A. Yoder, S. Scott, C.S. Bergeman, S. Monroe, 1. Clinical Psychology, University of Notre Dame, Elkhart, Indiana, 2. Georgia Institute of Technology - School of Psychology, Atlanta, Georgia

The assessment of life stress must be reliable and valid as it has potentially powerful implications for understanding physical and mental health. The prevailing approaches to life stress assessment are interview-based and checklist systems. Previous research shows these two methods differ in assessing life stress due to definitional and operational disparities. Most research on stress measurement has occurred in younger samples yet stress measurement issues in older adults are equally important. Major events such as loss of a spouse, retirement, and health crises are common problems in later life. The present study replicates previous research by McQuaid et al. (1992) comparing an interview-based measure, the Life Events and Difficulties Schedule (Brown & Harris, 1978), to a checklist measure, the Elders Life Stress Inventory (Aldwin, 1990). The current study extends previous work by focusing on older adults, using a sample of depressed outpatients (n = 16), and a matched community sample (n = 16). The two measurement systems were compared by identifying discrepancies between the events endorsed on the checklist and the events identified with the interview-based measure. The main findings replicate prior research, revealing that the two systems yield a significant number of discrepancies in number and kinds of events. Further, the interview measure predicted depressive symptoms whereas the checklist did not. Although checklist measures are appealing due to their simplicity, this study provides further evidence...
for the use of interview-based measures in depression research, and importantly extends such evidence to older adult samples.

**EZCURVE: AN AUTOMATED PROGRAM FOR MODELING LONGITUDINAL DATA**  
L.L. Lo,1, S. Liu,1, M. Rovine1, K. Kosloski2, 1. Pennsylvania State University, University Park, Pennsylvania, 2. University of Nebraska, Omaha, Nebraska

The growth curve model is one of the mostly widely used statistical models for longitudinal designs with repeated measures data and is particularly useful in studying the aging process for psychological and biological domains. This modeling technique can be a time consuming procedure that involves many statistical decisions regarding the shape of the curve as well as the covariance structure associated with the chosen curve. The EZcurve program uses two algorithms that automatically identify and estimate the curvature and covariance structure for growth curves. The two alternative algorithms identify models based on iterative implementations of the linear mixed effect model. The algorithms are described alongside a visual schematic that depicts the modeling process. EZcurve is designed to be easy to use, merely requiring a data set with no other commands necessary. Additionally, the program allows optional commands to allow for flexible modeling capabilities. The results of a Monte Carlo statistical simulation demonstrate the accuracy of the program in varying data conditions. A real data example shows the implementation of the program in a study of psychological burden and identity discrepancy of a sample of aging individuals. The EZcurve program is free of charge and is available on multiple statistical platforms with the intention to facilitate longitudinal research. After attending this poster, participants will be able to apply concepts of growth curve modeling as well as the algorithms implemented for identifying such models. Participants will also be able to identify suitable available algorithms for differing data conditions.

**DIRECTIONALITY OF THE LONGITUDINAL RELATIONSHIP BETWEEN OBJECTIVE AND SUBJECTIVE HEALTH**  
J.I. Caskie1, A. Berkowitz2, J. Margrett2, 1. Education and Human Services, Lehigh Univ, Bethlehem, Pennsylvania, 2. Iowa State University, Ames, Iowa

Objective health measures have been shown to be reliable predictors of subjective health measures (e.g., self-rated health) within time; however, more information is needed about how this relationship may change over time. In addition, given Hispanic elders’ increased health risks, understanding the relationship between measures of objective and subjective health is especially important for this ethnic group. The current study used data from Waves 1, 2, and 3 of the Hispanic EPESE, which assessed a representative sample of 3050 individuals of Mexican origin (1292 males, 1758 females) aged 65 to 99 years with an average education level of 4.85 years (SD = 3.90). Latent variables were created for objective health (OH), indicated by number of comorbid conditions, systolic blood pressure, diastolic blood pressure, standing balance test, doctor visits) and subjective health (SH, indicated by self-rated health, health and independence concerns, ADLs, IADLs). Cross-lagged structural equation models were used to examine the relative fit of four models: (1) earlier OH predicts later SH, (2) earlier SH predicts later OH, (3) a combination of both directional paths, (4) no directional paths between OH and SH. The model in which earlier SH predicts later OH had the best fit to the data; however, better SH at Wave 1 predicted poorer OH at Wave 2 (p < .001) while better SH at Wave 2 predicted better OH at Wave 3 (p < .001). Implications of these findings for understanding how the relationship between subjective and objective health measures change over time will be discussed.

**SESSION 1020 (POSTER)**

**PAIN, HEALTH, AND SOCIAL RELATIONS**

**PAIN AS A MEDIATOR OF HEALTH BEHAVIORS AND ADL FUNCTIONING: A STUDY ON OLDER VIETNAMESE ADULTS**  

Chronic pain in older people can have adverse effects on functional capacities. The current study focuses on chronic pain in Vietnam. Vietnam has a rapidly growing population of older people, and little systematic information is available about functioning among the older population. Pain may be a significant problem due to the cumulative effects of performing physically demanding activities in daily life, chronic illness, and for some people, the lingering effects of war injuries. Frequent experience of pain is likely to lead to decreased functional capacity. The present study tests a model of the mediating role of chronic pain on activities of daily living. Drawing upon previous research in Western countries, we posited that pain mediates the effects of health behaviors and material hardship on ADL. A secondary hypothesis examined gender differences in the path from pain to ADL functioning. A representative sample of 600 adults 55 and older was recruited from Da Nang, Vietnam and surrounding rural areas. The sample was stratified by gender (50% women), age (M = 70.33), and rural/urban (50% urban) status. A structural equation model had acceptable fit indices. Based on the joint significance test, pain was found to be a significant mediator of health behaviors on ADL functioning, but not material hardship. Pain had a stronger effect on ADL for women, though it was also significant for men. These results suggest that chronic pain plays an important role in functional status. Health programs encouraging positive health behaviors should incorporate screening and treatment for chronic pain.

**THE ROLE OF PAIN IN FUNCTIONAL AND MENTAL HEALTH IN OLDER VIETNAMESE**  
Z. Newcomer1, A.N. Leggett1, S.H. Zarl1, C. Hoang2, H. Nguyen3, 1. The Pennsylvania State University, University Park, Pennsylvania, 2. The National Technical College of Medicine 2, Da Nang, Viet Nam, 3. Wake Forest University School of Medicine, Winston-Salem, North Carolina

Despite a growing older population in Vietnam, little systematic information is available on mental and functional health for planning health and social services. Today’s elders are a unique population, having experienced war and social disruption in their earlier life, as well as the daily hardships of a developing country. One consequence of these experiences may be injuries and health problems that result in chronic pain. The current study examines predictors and consequences of pain among older adults living in Da Nang, Vietnam, and surrounding rural areas. A representative sample of 600 adults 55 and older stratified by gender, age, and rural/urban was interviewed. The sample was 50% rural, 50% women, with a mean age of 70.33. Moderate to severe pain was reported by 51% of the sample. Multiple linear regressions were used to determine predictors and outcomes of pain. Among predictors, more pain was associated with being a woman, lower education levels, more material hardship, greater number of diseases and war injury. After controlling for social demographic and health factors, pain was significantly associated with depressive symptoms, worry and sleep but not functional ability. The results suggest that pain reflects the social and historical conditions in Vietnam. Low education, greater material hardship and war injury were all significant predictors of pain, and, in turn, pain had a direct impact on quality of life, as measured by depression, worry and sleep. Health officials in Vietnam should consider pain when aiming to improve mental and physical health outcomes of older adults.
DEPRESSIVE SYMPTOM CLUSTERS IN OSTEOARTHRITIS: ASSOCIATIONS WITH PAIN AND DISABILITY

Since its inception in the early 2000s, Cymbalta (duloxetine Hcl) has been prescribed to treat Major Depressive Disorder (MDD), generalized Anxiety Disorder (GAD), diabetic peripheral neuropathic pain, fibromyalgia, and more importantly, chronic back pain. It was soon recognized that this antidepressant had pain relief qualities, especially for fibromyalgia and patients with both pain and depression. We assessed this antidepressant agent on pain in back surgery patients who had no major depression. The participant pool consisted of people undergoing these back surgeries — lumbar microdiscectomy, lumbar decompression and fusion, or anterior cervical decompression and fusion. The study followed a controlled, double-blind model with subjects randomized to either duloxetine or placebo. All study participants (N=79) were assessed for pain, physical functioning, adjustment, and mood markers using the following clinical assessments—the BPI (Short Form), BDI-II, CIBIC-Plus, SF-36, ADCS-ADL, and the SCL-90-R. Later, cognitive measures were added (processing speed, memory, and executive functioning). Subjects were assessed a total of three times: a week prior to surgery, four weeks post surgery, and 12 weeks post surgery. Based on this early look at 79 subjects with age as a marker (< or > 55), all trends support differences in favor of Cymbalta, with preference for age. Age was not a significant factor, however. The pain scores were reduced; depressed symptoms were reduced; overall adjustment rating was improved; functioning was better; and overall quality of life was positive. Trends then reinforce the utility of Cymbalta with older adults. Further data (N=140) will provide increased power.

THE RELATION BETWEEN PAIN, PHYSICAL DISABILITY, AND DEPRESSION IN MEDICALLY FRAIL OLDER ADULTS
A. Shah, M. Piper, A. Presnall, F. Scogin, M.P. Northland, University of Alabama, Tuscaloosa, Alabama

Depression, health comorbidity, and physical functioning have an important role in the well-being of older adults. Williamson and Shaffer (2000) explain that activity restriction may mediate the relation between physical illness and depression. Earlier activity restriction models have primarily studied pain, but this theory has been extended to other health conditions (e.g. cancer). The purpose of this study was to explore how depression was related to activity restriction/physical disability in those endorsing arthritis compared to those endorsing other physical illnesses. This study used baseline data from Project to Enrich Rural Aged Living (PEARL), which investigated the efficacy of home-delivered cognitive-behavioral therapy for 134 medically frail rural older adults age 65 and above. The Depression subscale of the Symptom Checklist 90 Revised (Derogatis, Rickels, & Rock, 1976), FAST assessment of physical functioning (Ettinger et al., 1997), and the Charlson Comorbidity Scale (Charlson, Pompeii, Ales, & MacKenzie, 1987) were assessed. Correlational analyses were conducted to evaluate the relation between physical disability and depression based on presence of arthritis. Physical functioning was significantly related to depression in older adults with arthritis (r=-.19, p=05) and depression was not significantly related to physical disability in medically frail older adults without arthritis (r=-.04, p=.81). Descriptives of disability and depression scores by health condition will be summarized (e.g. COPD, cancer, cardiac heart failure, diabetes).

SESSION 1025 (POSTER)
SEX AND SEXUALITY IN LATER LIFE

SPIRITUALITY, IDENTITY AND SEXUALLY AGEING WELL AMONG YORUBA PEOPLE IN SOUTHWEST NIGERIA
O.M. Agunbiade, Sociology and Anthropology, Obafemi Awolowo University, Ille-Ife, Osun State, Nigeria

This study explored the realities of spirituality, identity and sexuality in later life among the Yoruba people in southwest Nigeria. Sixty-four vignettes based in-depth interviews and 12 focus group discussion
sessions were conducted on gender and religion basis among two categories (50-59years and 60-75 years) of Yoruba adults in Southwest Nigeria. Participant descriptions of “spirituality, identity and sexuality in late life was analyzed using a content analysis approach which entailed coding responses, creating categories, and identifying recurring themes. Findings showed shared consensus on spirituality as essential part of life that affects every domain including sexuality. Participants’ perceptions of identity and sexually ageing well varied across gender and age. More middle aged male participants related sexually ageing well with desires and actual engagement in heterosexual relations; and absence of sexually dysfunctions in old age as masculinity. Older females emphasized expressing sexual desires within a cultural position of exemplary adults. Older females that behave contrary were stigmatized. Positive perceptions of sexually ageing well and constructive sexual discourse irrespective of age or gender would be necessary to enhance the utilization of health care services in Nigeria. Sexual Health promotions should also create avenues for older people infected with sexually transmitted infections to seek appropriate treatments without stigmatization.

SEXUAL CONCERNS OF THE AGING LGBT POPULATION
K.B. Fehling, M.A. Drickamer, Yale University, New Haven, Connecticut

Human sexuality is an important determinant of quality of life throughout life. Among healthcare professionals, there’s little knowledge of how to address the sexual problems of their elder clients, especially their LGBT elder patients. This qualitative study explores issues of importance to the sexuality of the aging LGBT population. Data was collected through one-on-one digitally recorded interviews with 15 participants 60 years of age and older who identified as lesbian, gay, bisexual, or transgender. Transcripts were separately coded by members of the research team and systematically analyzed using qualitative software. Several findings paralleled results found in heterogeneous aging studies: LGBT elders engaged in less genital-focused sexual behaviors, experienced decreases in sexual desire, and experienced sexual problems due to physical ailments and medications. Study participants experienced changes in their views of sexuality, most viewing sex as a more intimate and emotional act and some viewing past behaviors negatively. LGBT elders did face specific struggles that decreased satisfaction with their sexual experiences, such as small population size and past experiences with discrimination. Timing and difficulty of “coming out” influenced their willingness to discuss sexual problems with medical professionals. Most wanted the health care professional to initiate discussions. This pilot study offers several implications for future research and clinical practice. Healthcare professionals need to initiate discussions and speak to sexual issues of this population. LGBT elders who have faced discrimination or identity issues need discerning and knowledgeable providers.

ACTIVITY RESTRICTION AND WELL-BEING IN COUPLES COPING WITH OSTEOARTHRITIS: MARITAL SATISFACTION AS A BUFFER
J. Lee1, S.H. Zarin1, L.M. Martire1, M. Rovine1, C.J. Whitlatch2, R. Schulz2
1. Human Development and Family Studies, Penn State University, University Park, Pennsylvania, 2. Benjamin Rose Institute on Aging, Cleveland, Ohio, 3. University of Pittsburgh, Pittsburgh, Pennsylvania

Activity restriction due to osteoarthritis (OA) may negatively affect the well-being of affected patients as well as their spouse. However, the quality of the relationship between patient and spouse may also buffer this effect. We examined the association between the activity restriction and well-being of patients with OA and their spouse using the Actor Partner Interdependence Model (APIM), and also examined the moderating role of marital satisfaction. In this dyadic study, patients with OA and their spouses (N=225 dyads) independently reported on activity restriction experienced as a result of patient OA, marital satisfaction, and depressed mood. A multilevel model was used to estimate the degree to which patient and spouse reports of activity restriction were related to each partner’s depressed mood. We also examined whether marital satisfaction would moderate this association. Findings indicate that both patients and spouses reporting higher activity restriction were more likely to have depressive symptoms (actor effect). We found a significant partner effect only for spouses. That is, when patients’ activity restriction was higher, spouses also reported higher depressed mood (β=.14, p<.05). In addition, we found that marital satisfaction moderated the association between spouses’ activity restriction and their depressed mood (β=.005, p<.05). That is, higher marital satisfaction weakened the positive association between activity restriction and depressed mood among spouses of patients with OA. Findings highlight the implication of activity restriction for the well-being of patients with OA and their spouse, and the importance of marital satisfaction for the well-being of spouses.

ONLINE DATING: OLDER ADULTS’ SELF-DESCRIPTIONS AND PREFERENCES
W.K. Watson, C. Stelle, Bowling Green State University, Bowling Green, Ohio

There is a scarcity of research on dating in later life. Recently, however, we have not only begun to recognize dating for older adults as an important topic of inquiry, but we have also acknowledged that as with younger cohorts, some older adults are utilizing online dating sites to locate a partner. However, as with traditional dating, most of the research on online dating focuses on the experiences of younger adults. In our exploratory qualitative content analysis, we examined online personal ads from adults ages 60+ in the U.S. from two different sources – a “traditional” online dating site that markets to adults of all ages (match.com) and an online dating site specifically geared to older adults (seniorpeoplemeet.com). While we were interested in whether these individuals marketed themselves as would be expected prior to prior research (e.g. women advertise looks and men advertise status) we were interested in going beyond this consistent finding to explore other aspects of online dating for older adults. Results are organized around the following: 1) Descriptions of the content of online advertisements, 2) Differences and similarities in what people advertise about themselves and what they seek in a partner, 3) Differences according to source of advertising, and 4) Gender differences in online personals of adults ages 60+. Lastly, as more adults are expected to enter later life single, we discuss how this approach to finding an intimate partner might be an increasingly relevant and useful tool for older adults and for people who work with them.

LGBT CAREGIVING: MEASURING IMPACTS OF CULTURALLY COMPETENT CURRICULUM FOR HEALTHCARE PROFESSIONALS
T. Gendron, J. White, Virginia Commonwealth University, Richmond, Virginia

According to the National Gay and Lesbian Task Force, there are currently between 1.4 and 3.8 million LGBT (Lesbian, Gay, Bisexual, and Transgender) Americans over the age of 65. By 2030, this number is expected to increase to between 3.6 and 7.2 million LGBT Americans. The Department of Gerontology at Virginia Commonwealth University has identified the LGBT aging population as at-risk for receiving less-than-optimal care from healthcare professionals. In order to address healthcare needs of this unique population, the Department of Gerontology at Virginia Commonwealth University has developed and implemented a cultural competence and sensitivity training initiative on LGBT aging issues for community-based healthcare professionals and statewide healthcare organizations/associations serving older adult communities in Virginia. Survey data from over 300 participating healthcare professionals will measure the impact of the training on awareness, cultural competence, and sensitivity toward the aging LGBT popula-
Erectile Dysfunction in a Middle-Aged Twin Cohort

M.D. Grant, M.S. Panizzon, C.S. Moore, R. McKenzie, W.S. Kremen, C.E. Franz, H. Xian, M. Lyons. 1. Psychology, Boston University, Boston, Massachusetts; 2. University of California, San Diego, La Jolla, California; 3. Center for Behavioral Genomics, UCSD, La Jolla, California; 4. Washington University School of Medicine, St. Louis, Missouri

Erectile Dysfunction (ED) is defined as the inability to attain and maintain an erection sufficient to permit satisfactory sexual intercourse. ED has been associated with numerous health and psychosocial factors, such as age, diabetes, hypertension, heart disease, education, and depression. The purpose of this study was to: (1) estimate the prevalence of ED during late middle-age, (2) examine genetic and environmental influences on ED, and (3) examine the association of ED with several health and psychosocial variables in a middle-aged twin cohort. Analyses included 878 sexually active participants (age range: 51-60) from the Vietnam Era Twin Study of Aging (VETSA). ED was assessed utilizing the International Index of Erectile Function (IIEF). Structural Equation Modeling (Mx) was utilized to estimate genetic and environmental influences on ED. The prevalence of ED (“minimal” to “complete/severe”) was 28.2% (n=248). In this cohort, 52.6% of the variation of ED was explained by additive genetic effects while individual-specific environmental influences explained 47.4% of the variance. Diabetes, hypertension, hypercholesterolemia, angina, and education level were associated with significant mean differences in total ED scores. Marginal associations were observed between ED and age, ethnicity, and depression. Prevalence rates of ED in this age range were consistent with the NHANES (2000) data. Chronic health conditions were strongly associated with risk of ED in late-middle life. Future research should continue to examine the underlying genetic mechanisms of ED, putative interactions among genetic influences and various environmental factors that contribute to ED risk, and the impact of ED on aging-related quality of life.

SESSION 1030 (POSTER)

COGNITION, DEPRESSION AND MENTAL HEALTH

Metabolic Dysregulation and Cognitive Functioning in Older Caregivers and Noncaregivers

A. Hemnesch, C. Mezzacappa, S.O. Stuver, T. Heeren, L. Fredman. Epidemiology, Boston University, Boston, Massachusetts

Metabolic syndrome, defined by five indicators of metabolic dysregulation (high waist circumference, blood pressure, blood glucose, triglycerides, and low HDL cholesterol) may compromise cognitive functioning, though most studies have only investigated single indicators of metabolic dysregulation. We examined whether having more indicators of metabolic dysregulation was associated with poorer executive functioning (Trailmaking Task B-A) and delayed recall memory (Hopkins Verbal Learning Task) in older adults. Further, because caregiving-related stress may alter associations between metabolic dysregulation and cognition, we compared associations in caregivers and non-caregivers. The sample included 175 older adults (mean age = 74.45 years; 30% were caregivers; 18% had no indicators of metabolic dysregulation, 56% had 1-2, and 27% had 3-5. Caregivers were significantly more stressed than non-caregivers (mean Perceived Stress Scale: 18.40 vs 14.54, p<0.05) and had better executive functioning (mean Trails time difference: 47.31 vs 59.44 seconds, p<0.05). In multiple linear regression models, increasing metabolic dysregulation was associated with slower executive functioning (mean Trails time difference: 42.09, 57.09, and 62.72 seconds in participants with 0, 1-2, and 3-5 indicators, respectively) and diminished memory (mean recalled: 9.23, 8.99, and 8.34 words, respectively); however, these relationships were not statistically significant. The effect of increasing metabolic dysregulation on recall memory was stronger for caregivers than non-caregivers; whereas the associations for executive functioning were similar in these groups. In summary, these preliminary results support our hypothesis that metabolic dysregulation affects cognitive functioning. Prospective studies are needed to determine whether chronic metabolic dysregulation has a stronger impact on cognitive functioning over time.

PHYSICAL ACTIVITY PREDICTS COGNITIVE FUNCTION IN FIBROMYALGIA

L. Zettel-Watson, J. Chang, R. Shimizu, D.N. Rutledge, C. Jones, B.J. Cherry, 1. California State University, Fullerton; Department of Psychology, Fullerton, California; 2. University of California, Los Angeles; Department of Psychology, Los Angeles, California; 3. California State University, Fullerton; School of Nursing, Fullerton, California; 4. California State University, Fullerton; Department of Health Science, Fullerton, California

Fibromyalgia (FM) is a chronic pain condition affecting approximately 2 to 5% of the population. FM involves widespread chronic pain, but also typically includes stiffness, fatigue, depression, mental confusion, and sleep disturbances. Physical performance decrements have been well documented among persons with FM when compared to same-aged peers. Studies suggest that individuals with FM also perform more poorly than healthy controls across a variety of cognitive domains, and recent research links physical performance to cognitive function. The purpose of the current study was to evaluate physical performance measures as predictors of cognitive function in FM. As part of a larger study on adults aged 50 years and older with and without FM, we incorporated physical performance measures to assess balance, aerobic endurance, and fast walk velocity. Cognitive assessments measured attention/executive function, processing speed, inhibition/interference, episodic memory, and problem solving. Using data from 70 people with FM (Mage = 60 years), hierarchical regressions controlling for age and symptoms revealed a number of significant relationships between physical activity and cognitive function (p < .05). Better balance was associated with better attention/executive function, better problem solving and faster processing speed. Aerobic endurance was associated with better attention/executive function and less inhibition/interference. Faster walk velocity was associated with better attention/executive function and marginally faster processing speed. Given that both increased cognitive and physical function have been associated with better performance on basic/instrumental activities of daily living, the results have important implications for maintaining independence for aging adults with FM.

Selective Unawareness of Cognitive Impairment in Mild Dementia

G. Annoni, S. Umidi, P.D. Trimarchi, M. Menotti, 1. DIMEP, University of Milano-Bicocca, Monza, Italy; 2. University of Milano-Bicocca, Dep. of Psychology, Milano, Italy

INTRODUCTION: The present study explores unawareness of cognitive impairment (anosognosia) in mild dementia (MD) patients by means of a pre-test and post-test estimation of cognitive performance. Aim of the study is to identify possible selective anosognosia for specific cognitive domains in early stage of dementia. A second aim is to estimate relationship between anosognosia and cognitive impairment seriousness. MATERIALS AND METHODS: Two groups of participants (14 MD patients vs 25 healthy controls) were tested with a set of
neuropsychological tasks. Self-estimation of performance on each cognitive task (pre-test and post-test) were collected for each participant. From the estimated and actual performance we obtained an index expressing over/underestimation of performance for each task.

RESULTS: Participants gave different estimations for the different cognitive domains. MD patients tended to overestimate their cognitive performance with respect to healthy controls. Anosognosia emerged for executive, memory, attention, naming and logic functions. Moreover, overestimation in cognitive skills increased with the decrease of MMSE scores.

CONCLUSIONS: Our results confirm the presence of selective anosognosia for specific cognitive domains in the early stage of dementia. Moreover, anosognosia tend to increase with increasing of the global cognitive impairment. Since anosognosia could determine less request of medical consultation by patients with an early stage dementia, more attention in the screening of cognitive abilities, also in the field of general practice, could help in the early diagnosis of cognitive impairment. This activity will clarify the concept of selective anosognosia for cognitive impairment highlighting its impact on early diagnosis of dementia.

OBESITY, DIABETES, AND COGNITIVE ABILITY IN YOUNG AND OLD ADULTS

N. Cherbuin, A.A. Bielak, D. Bunce, K. Anstey, 1. Centre for Mental Health Research, Australian National University, Canberra, Australian Capital Territory, Australia, 2. Brunel University, Uxbridge, Middlesex, United Kingdom

Background: A number of studies have shown an association between obesity, and changes in cerebral structure, cognitive ability, and dementia. However, some findings suggest that the associations between obesity and cognition might vary across the lifespan, or be mediated by diabetes. Few studies have investigated the concurrent effect of obesity, diabetes and cognition in different age groups over multiple waves of measurements. Aims: Investigate the association between obesity (Body Mass Index, BMI), diabetes and cognition in a large longitudinal study of ageing surveying three age groups and over multiple waves of measurements. Methods: Multilevel modelling over three waves of measurement controlling for education, heart problems, hypertension, and stroke and excluding individuals with an MMSE <24. Results: In unadjusted analyses diabetes (β = -1.331, p<.001) and variation in BMI between individuals (β = -.048, p<.05) but not within individuals across occasions (β = -.018, ns) were independently associated with cognitive change. However, after adjusting for covariates the BMI effect disappeared while the effect of diabetes remained strongly significant (β = -.895, p<.01). In multivariate analyses including both BMI and diabetes, having diabetes was associated with less cognitive change (β = -910, p<.001) but no age-group or BMI effect was detected. Discussion: The present results indicate that in cognitively intact individuals diabetes is associated with poorer cognition. In fully controlled models BMI was not found to be associated with cognition, possibly due to the effect of BMI being mostly explained/mediated by diabetes and other health and socio-demographic variables.

A PROSPECTIVE STUDY OF COGNITIVE PERFORMANCE IN OLDER AFRICAN-AMERICAN VERSUS WHITE WOMEN

M.K. Townsend, F. Devore, E. Grodzstein, 1. Channing Laboratory, Brigham and Women’s Hospital, Boston, Massachusetts, 2. Harvard School of Public Health, Boston, Massachusetts

We compared cognitive performance in older African-American versus white women enrolled in a prospective cohort of female health professionals. Cognitive function was assessed in 1995-2001 among 218 African-American and 16,760 white participants, ages 70-81 years, in the Nurses’ Health Study. A follow-up assessment was completed 2 years later. We used linear regression to calculate multivariable-adjusted mean differences in both initial cognitive function and cognitive decline over 2 years in African-American versus white women. After adjusting for age, education, and a wide variety of health, lifestyle, and early sociodemographic variables, we found that African-American women had significantly worse initial cognitive function and significantly faster cognitive decline than white women. Mean differences in the global composite score (averaging six cognitive tests) in African Americans versus whites were 0.32 standard units (95% CI 0.40, 0.24) for initial cognitive function and 0.13 standard units (95% CI 0.20, 0.06) for cognitive decline over 2 years. To help interpret these mean differences, they were similar in magnitude to the mean differences in global score we observe between women 5 and 4 years apart in age, respectively. In conclusion, African-American race appeared to be strongly related to worse cognitive function and faster cognitive decline in a relatively homogeneous cohort of health professionals, among whom potential confounding by health care access and consciousness is likely minimized. Further research is needed to understand the basis of the differences we observed.

THE WAIS DIGIT SPAN TEST: A SENSITIVE INDICATOR OF COGNITIVE DECLINE IN MILD COGNITIVE IMPAIRMENT


As part of a multi-site, placebo-controlled study of the efficacy of a vitamin formulation against Mild Cognitive Impairment (MCI), we noted that participants with MCI receiving placebo displayed a decline in performance over 6 months in both Clock-drawing test (Clox 1) and the Wais Digit Span Test, but not in any domains of the Dementia Rating Scale. The decline was more pronounced after 3 months for Clox 1 than for the Digit Span Test, but a similar level of decline for both tests was observed after 6 months. The respective decline in performance of individual participants on Clox 1 and the Digit Span Test correlated after 3 months, but not after 6 months. Individual performance on the Digit Span Test also did not correlate with performance on the DRS at 6 months. By contrast, individual performance on Clox 1 correlated with performance on the DRS after 6 months. These findings indicate that an individual’s performance in Clox 1 was not a predictor of performance in the Digit Span Test. Individual performance on the Digit Span Test also did not correlate with performance on the DRS at 6 months. By contrast, individual performance on Clox 1 correlated with performance on the DRS after 6 months. These findings confirm recent studies indicating that a battery of several tests is more likely to elucidate and track cognitive decline in MCI, and support the incorporation of the Wais Digit Span Test into such a battery. Supported by the Alzheimer’s Association.

HIGH PLASMA FOLATE AND LOW VITAMIN B12: A DOUBLE THREAT FOR THE ELDERLY

H. Sanchez, C. Albala, L. Marques, L. Allen, M. Lavados, J. Castillo, R. Verdugo, R. Uauy, 1. Nutrition and Public Health Unit, INTA, University of Chile, Santiago, Chile, 2. Department of Neurologic Sciences, Faculty of Medicine, University of Chile, Santiago, Chile, 3. USDA, ARS Western Human Nutrition Research Center, Davis, Davis, California

We investigated the relationship between plasma vitamin B-12 and folate concentrations and cognitive function. Design: Cross-sectional study in 415 community-dwelling elderly people, age 70-79 y, selected at random from primary health centres. The protocol was approved by the ethical committee of INTA. Exclusion criteria were: plasma B-12 >700 pmol/L, MMSE <19, creatinine clearance <30 mL/min, history of stroke, TSH >6.0 mIU/L, Diabetes. Low plasma B-12 was defined as ≤148 pmol/L and high folate as >46 nmol/L. Logistic regression models were used to explore the association between MMSE <25 (the 25th percentile), as the dependent variable and four combinations (low or
normal plasma B-12, and normal or elevated plasma folate using different cut-points for the latter) of serum vitamin concentrations as the independent variables. All models were controlled for sex, age, years of schooling, and depression (GDS-15 ≥5). Results: Cognitive impairment was present in 26.0%, low plasma B-12 in 46.4% and high plasma folate in 12.6%. The adjusted models showed an increased risk of cognitive impairment for the combination of low plasma B-12 and high plasma folate. The Odds Ratio for this combination was significant when plasma folate exceeded 39μmol/L, the 66th percentile (OR 3.53; 95% CI 1.04-11.99). Conclusion: These results support the previously suspected association between the combination of low plasma vitamin B12 and high plasma folate, with increased risk of cognitive impairment.

(Effected by FONDENCYT: #1070592)

EFFECT OF EXCESSIVE ALCOHOL CONSUMPTION ON COGNITIVE FUNCTIONING AMONG OLDER ADULTS
J. Lyu, S. Lee, Gerontology Institute and Department, University of Massachusetts Boston, Boston, Massachusetts
The purpose of this study was to investigate the relationship between excessive alcohol consumption and cognition among individuals aged 65 and older. The study sample was drawn from a nationally representative data set, the Health and Retirement Study (HRS) wave 7, and the final sample was subdivided into female and male groups, which consisted of 3,888 and 2,350 subjects, respectively. Two unique domains of cognition (Fluid intelligence and Crystallized intelligence) were measured by self-reported cognition survey items, and analyzed individually. The drinking status variable consisted of three categories (currently never drinks, currently a non-excessive drinker, and current or past excessive drinker); excessive drinker was defined as being a heavy drinker in any three out of the four biennial waves between 1998 and 2004, or having a problem drinking history which was measured by the CAGE instrument. Adjusted for confounding variables, a multivariate analysis showed that excessive drinking did not have a significant impact on fluid intelligence scores relative to non-excessive drinking for either women or men, but it had a significant negative association with having a high crystallized intelligence score for women. Also, relative to non-excessive drinking, currently never drinking was negatively associated with fluid intelligence and crystallized intelligence scores, but only for women. These findings suggest that there may be a curvilinear association between drinking patterns and cognition in later life, such that among some seniors, a moderate level of alcohol consumption may be associated with better cognitive functioning.

A PROSPECTIVE STUDY OF GAIT PERFORMANCE AND SUBSEQUENT COGNITIVE DECLINE IN A GENERAL POPULATION OF OLDER JAPANESE
Y. Taniguchi1, H. Yoshida1, Y. Fujiwara1, Y. Motohashi2, S. Shinkai1, J. Tokyo Metropolitan Institute of Gerontology, Itabashi-ku, Tokyo, Japan, 2. Akita University Graduate School of Medicine, Akita-shi, Akita, Japan
Background: Gait speed is a good predictor of cognitive decline in later life. However, it is not known whether step length or step frequency is better for predicting such decline. This study aimed to compare the predictive value for cognitive decline of gait performance measures in a population of older Japanese. Methods Among 853 cognitively intact adults aged 70 years or older who participated in a baseline survey, 666 (mean age, 75.5 [SD 4.4] years; women, 59.3%) were re-evaluated at least once during the subsequent 4-year period. Gait was assessed by Mini-Mental State Examination (MMSE), and cognitive decline was defined as a decrease of 3 points or more on the MMSE during follow-up. Results During a median follow-up of 2.7 years, 110 adults (16.5%) had cognitive decline. Among the measures of gait performance (speed, step length, and frequency), step length was the most predictive of cognitive decline. After controlling for important confounders, older men in the lowest and middle tertiles of step length at maximum speed and older women in the lowest and middle tertiles of step length at usual speed were 4.42 (95% confidence interval [CI]: 1.65-11.8), 2.17 (95%CI: 0.82-5.71), 5.76 (95%CI:2.15-15.4), and 2.44 (95%CI:0.94-6.35) times as likely to develop cognitive decline, respectively, as those of the same sex and walking speed who were in the highest tertile. Conclusions Step length was an independent predictor of cognitive decline in a general population of older adults and may be a better predictor than overall gait speed of such decline.

A COMPARATIVE STUDY OF FACTORS RELATED TO COGNITIVE FUNCTIONING IN LATER LIFE: HEALTH AND RETIREMENT STUDY (HRS) AND KOREAN LONGITUDINAL STUDY OF AGING (KLOSA)
J. Lyu, C. Lee, Gerontology Institute and Department, University of Massachusetts Boston, Boston, Massachusetts
Cognitive functioning in later life has been a growing concern worldwide. There have been many studies examining factors related to cognitive functioning in later life, but few studies compared these factors internationally. The purpose of this study was to compare the factors related to cognitive functioning in later life in one of the western countries (U.S.) and one of the eastern countries (Korea). The Study sample was drawn from a nationally representative data set, the Health and Retirement Study (HRS) and the Korean Longitudinal Study of Aging (KLOSA). The final sample for HRS and KLOSA consisted of 15,095 and 7,468 individuals aged 50 or over in 2008. Cognition was measured by self-reported cognition survey items, and analyzed individually. By performing multivariate regression analysis, the results showed that age, IADL, depression were negatively associated with cognitive functioning, and higher education, better self-rated health are positively associated with cognitive functioning in both countries. However, higher income and higher net worth were positive factors related to cognition only in U.S., and ADL was a negative factor related to cognition only in Korea. The most significant difference was gender. Females in U.S. showed higher cognition than males, while females in Korea showed lower cognition than males. These observations show that factors related to cognitive functioning in later life are different from country to country. Findings provide a foundation for further research explaining this difference.

NIGHTTIME SLEEP QUALITY AND DAYTIME SLEEPINESS PREDICT COGNITIVE IMPAIRMENT IN HEART FAILURE
E. Byun, J. Kim, B. Riegel, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania
Background: Approximately 25–50% of persons with heart failure (HF) have cognitive impairment (CI). Both HF and CI are risk factors for mortality. Whether nighttime sleep quality and daytime sleepiness affect CI in HF patients is debated. Purpose: To examine the relationship between nighttime sleep quality, daytime sleepiness and CI in younger (<60 years) and older (≥60) adults. Methods: A sample of 272 individuals (105 younger, 167 older) with chronic HF was enrolled into a descriptive study. Patients with obvious CI on the Telephone Screen of Impaired Cognition were excluded. CI was defined as scoring >1.5 standard deviations on ≥2 of 5 neuropsychological tests of attention, memory, processing speed and crystallized cognitive ability. Nighttime sleep quality and daytime sleepiness were measured by the Pittsburgh Sleep Quality Index and the Epworth Sleepiness Scale. Multivariate logistic regression was used to test the impact of nighttime sleep quality and daytime sleepiness on CI, with adjustment for age, gender, race, education, severity of HF, depression, and comorbidity. The model was tested twice: younger then older adults. Results: Prevalence of CI was 32% in younger and 44% in older adults. In younger adults, daytime sleepiness was a significant determinant for CI (OR 1.25, 95%CI 1.09-1.42, p=0.001), whereas nighttime sleep quality (OR 1.13, 95%CI 1.01-1.25, p=0.028) and daytime sleepiness (OR 0.91,
COURSE OF DEPRESSION AND MORTALITY AMONG OLDER PRIMARY CARE PATIENTS


CONTEXT: Depression is a treatable illness that disproportionately places older adults at increased risk for mortality. OBJECTIVE: We sought to examine whether there are patterns of evolving depressive symptoms among older primary care patients that are associated with increased risk for mortality. DESIGN AND SETTING: Practice-based randomized controlled trial within 20 primary care practices in New York, New York, and Philadelphia and Pittsburgh, Pennsylvania. PARTICIPANTS: The study sample consisted of 599 adults aged 60 years and older recruited from primary care settings. Participants were identified through a two-stage, age-stratified (60-74; 75+) depression screening of randomly sampled patients. Severity of depression was assessed using the 24-item Hamilton Depression Rating Scale (HDRS). MEASUREMENTS: Longitudinal analysis via general curve mixture modeling was carried out to classify patterns of depressive symptoms across 12 months. Vital status at 5 years was ascertained via the National Death Index Plus. RESULTS: Three patterns of change in depressive symptoms over 12 months were identified: (1) persistent depressive symptoms, (2) high but declining depressive symptoms, (3) low and declining depressive symptoms. After a median follow-up of 52.0 months, 115 patients had died. Patients with persistent depressive symptoms were more likely to have died compared with patients with a course of high but declining depressive symptoms (adjusted hazard ratio 2.32, 95% confidence interval [1.15, 4.69]). CONCLUSIONS: Persistent depressive symptoms signaled increased risk of dying in older primary care patients, even after adjustment for potentially influential characteristics such as age, smoking status, and medical comorbidity.

LATE LIFE DEPRESSION AND QUALITY OF LIFE IN GERIATRIC EVALUATION AND MANAGEMENT UNIT IN TAIWAN

J. Lin1,2, Y. Chen1, C. Lin1,2, Y. Lee1, S. Yang1, T. Yih-Jung1, M. Huang1, I. Division of Psychiatry, Chia Yi branch, Taichung Veterans General Hospital, Chia Yi, Taiwan, 2. Division of Allergy, Immunology and Rheumatology, Taichung Veterans General Hospital, Taichung, Taiwan, 3. Center for Geriatrics and Gerontology, Taichung Veterans General Hospital, Taichung, Taiwan, 4. Department of Family Medicine, Taichung Veterans General Hospital, Taichung, Taiwan, 5. Department of Family Medicine, Taipei Veterans General Hospital, Taipei, Taiwan, 6. Department of Nursing, Taichung Veterans General Hospital, Taichung, Taiwan.

Objective: Late life depression (LLD) is not a consequence of normal aging. However, high prevalence was found from ages in community to elderly inpatients. Under diagnosed and under treated cost much medical resource and increased comorbidity in biological, psychological and social areas. Depression also cause declined in quality of life (QoL) especially in elderly inpatient. This study aimed how depression in elderly inpatient affects quality of life and functional recovery on discharge in geriatric evaluation and management unit (GEMU) in Taiwan. Method: 471 elderly inpatients admitted to GEMU from 2009 to 2010 were enrolled in this study. Basic information and comprehensive geriatric assessment (CGA) was collected including activity of daily living (ADL), geriatric depression scale (GDS), mini-mental state examination (MMSE) and QoL assessed with EQ-5D/EQ-5D-VAS on discharge. Chart review was made Chalson comorbidity index. Analysis of the data with regression model was made. Results: In the elderly who was admitted to GEMU, the prevalence of depressive symptoms is 54.4%. Worse ADL and QoL on discharge were found in depressed elderly inpatients. In linear regression model, depressive symptoms accompanied with age, female gender, duration of hospital stay and rehabilitation were significant factors that affects QoL on discharge. Conclusion: High prevalence of depressive symptoms in GEMU was found. LLD should not be overlooked in the elderly inpatients. QoL and functional recovery on discharge would be impacted negatively. Since policy of tertiary medical center limited duration of hospital stay, more effort should be made for better intervention with depressed elderly inpatients.

HOSPITAL ANXIETY AND DEPRESSION SCALE FOR DEPRESSION SCREENING IN ELDERLY INPATIENTS IN A MEMORY CONSULTATION

N. Samaras, D. Samaras, Rehabilitation and Geriatrics, Hôpitaux Universitaires de Genève, Geneva, Switzerland

Background: Depression is a frequent but under diagnosed and under treated pathology in older individuals. It frequently occurs in the context of cognitive impairment. The scale used in our inpatient memory consultation for depression screening, is the Hospital Anxiety and Depression Scale (HADS). Aim of the study: Evaluate the HADS and the depression subscale (HADS-D) as a hetero-questionnaire for screening of depression in older inpatients in a memory consultation and to evaluate the influence of dementia stage on the scale’s performance. Materials and methods: We performed a retrospective study of patients evaluated by the memory specialist and the consulting psychiatrist. The score on the HADS and HADS-D were compared to the psychiatrist’s diagnosis. Results: From 721 patients evaluated, 241 were finally included in the study. Areas under curve (AUC) for depression diagnosis were well under those reported in the literature, ranging from 0.56 to 0.6 for both HADS and HADS-D. For a cut-off of 8 on the HADS-D and 11 on HADS, specificity and sensitivity were around 0.8 and 0.3, and 0.42 and 0.65 respectively with few differences between dementia stages. Conclusion: HADS is not adequate for depression screening in older inpatients in a memory consultation setting. Low performance found in our study could be related to various factors. Geriatric inpatients show an undoubtable complexity due to their multiple somatic and psychiatric comorbidities. No distinction was made between different depression syndromes. The HADS was employed as a hetero-evaluation scale, though it has never been validated as such.

FACTORS AFFECTING LEVELS OF ANXIETY AND DEPRESSION IN PATIENTS WITH COPD

H. Lee1,2, Y. Jeong1, Y. Lim1, I. Kim1, L. Pusan National University, Yangsan, Republic of Korea, 2. University of Wisconsin, Madison, Wisconsin

Purpose: The purpose of this study was to examine the correlates of depression and anxiety in patients with Chronic Obstructive Pulmonary Disease (COPD). Method: The participants of this study were 209 patients diagnosed with COPD from 5 hospitals in South Korea. Data were collected from March 3 to October 25, 2010. The measures included were the Bristol COPD Knowledge Questionnaire, COPD Self-Efficacy Scale, BODE index estimating the severity of COPD, and Hospital Anxiety and Depression Scale. Data were analyzed with descriptive statistics, Pearson Correlation, ANOVA, and multiple regressions using SPSS WIN program. Results: About 93% of the participants were male, 85% lived with their spouses, and 63% had less than high school education. Participants who are male, live with their spouse, have more than high school education, have a job, and stopped smoking tend to report lower levels of anxiety and depression. In the multivariate approach, higher self-efficacy (β =-.39) and living with spouse (β =-.17) had statistically

Downloaded from https://academic.oup.com/gerontologist/article-abstract/51/suppl_2/1/646194 by guest on 30 March 2019
significant relation to the lower level of anxiety, which explaining 25% of the variances. Higher self-efficacy (β=-.42) and knowledge level (β=-.25), lower BODE scores (β=.14), and having jobs (β=.13) also significantly related to the lower level of depression, which explaining 38% of the variances in depression. Conclusion: This study suggest the clue of highly susceptible patients who prone to experience anxiety and depression and give directions for potentially efficient strategies to reduce the levels of anxiety and depression in patients with COPD. Further intervention study to increase self-efficacy in patient with COPD is warranted.

HIGH-FUNCTIONING OLDER STROKE SURVIVORS SELF-IDENTIFY AND REPORT POST-STROKE DEPRESSIVE SYMPTOMS
N. Klinedinst1, P.C. Clark2, S.B. Dunham3. 1. Dept of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland, 2. Georgia State University, Atlanta, Georgia, 3. Emory University, Atlanta, Georgia

Post-stroke depression is difficult to diagnose and is under-treated. Stroke survivors (SS) may misinterpret depressive symptoms (DS) as signs of aging or other post-stroke sequelae and not report their symptoms to the healthcare provider (HCP). This study explored perceptions of the self-identified label and cause of DS among older SS (N= 44). SS were 3-6 months post-stroke with Barthel Index mean score 87.95±16.61, mean age 68.52±8.87 years, 50% male, 55% African American, 73% college-educated. SS responded to the CES-D and a modified version (SPQ) of the Revised Illness Perception Questionnaire via one time interview. SS were instructed to answer the SPQ questions about the cluster of symptoms identified from their responses on the CES-D. The mean CES-D score was 10.80±7.40 and 25% (n=11) scored ≥16. Six percent (n=2) of SS who scored <16 and 73% of SSs who scored ≥16 on the CES-D labeled the cluster of symptoms ‘depression’. SS attributed the cause of the symptoms to ‘stroke’, ‘stress or worry’, ‘family problems’, ‘aging’, and ‘depression’. SS who labeled the symptoms ‘depression’ were significantly more likely to report the symptoms to their HCP (70%) than not (p=.03). All SS who reported the DS to the HCP (n=16) perceived the ‘stroke’ caused their DS (p<.01). Clinicians may be aided in diagnosing post-stroke depression by merely asking higher-functioning and well-educated stroke survivors whether they perceive they are experiencing depression related to the stroke. The ability of lower-functioning or less-educated SS to correctly identify, interpret, and report DS merits future study.

CONTRIBUTING FACTORS TO POOR PHYSICAL FUNCTION IN OLDER ADULTS WITH SCHIZOPHRENIA
H. Leutwyler, B. Miller, E. Hubbard, S. Shin, A. Hasani, S. Vinogradov, UCSF, San Francisco, California

Introduction: Adults with schizophrenia are living longer but exhibit poor physical function compared to the general population. To design targeted interventions to improve the physical function of this vulnerable population, we must identify the factors that contribute to poor physical function. Some contributing factors are known, including lower socioeconomic status, iatrogenic effects of medication, and health care disparities. The associations between neurocognition, psychiatric symptomatology, and physical function of older adults with schizophrenia have not been adequately explored. We present preliminary findings of an ongoing study to examine the associations between neurocognitive function, schizophrenia symptoms, and physical function. Methods: A cross-sectional study in 50 older adults with schizophrenia that assessed neurocognitive function with the Matrics Consensus Cognitive Battery, schizophrenia symptoms with the Positive and Negative Syndrome Scale, and physical function with the SF-12 and the Timed Get Up and Go Test. Bivariate correlations were used to evaluate the associations. Results: To date, 15 participants have completed the study. Preliminary analyses reveal that poorer self-rated physical function is associated with higher number and severity of total (r=-.47) and negative (r=-.59) schizophrenia symptoms. Higher scores on attention/vigilance (r=.55) and executive function (r=.44) tests are associated with better physical function. Conclusions: Our findings provide insight to the contributing factors in functional decline among older adults with schizophrenia. The data will inform the design of lifestyle interventions that may promote physical function and neurocognition and simultaneously alleviate psychiatric symptoms for older adults with schizophrenia.

ASSESSMENT OF BIPOLAR DISORDER IN THE ELDERLY: THE GERI-BD APPROACH

Introduction: Literature describing elders with bipolar disorder remains limited. The NIH GERI-BD study determines outcome of mood stabilizer treatment in elders diagnosed with bipolar disorder (BD) participating in a 9-week, randomized controlled trial. Methods: Instrument selection was informed by the clinical population, study design and tolerability of assessments. Additionally, selection was guided by experience in young adult BD patients, geriatric unipolar depression, and open studies in geriatric bipolar patients. Results: As a study of treatment of bipolar disorder the domains of assessment include diagnosis (Structured Clinical Interview for DSM-IV-TR), treatment history (Bipolar Treatment History Form) and mood symptoms (Young Mania Rating Scale [YMRS], Hamilton Depression Rating Scale [HDRS], Montgomery Asberg Depression Rating Scale). Given the aged population being studied measures of cognition (Mini-Mental State Examination and Dementia Rating Scale), medical co-morbidity (Cumulative Illness Rating Scale), functioning (World Health Organization Disability Assessment Schedule), quality of life (SF-12 Health Survey) and tolerability of study medication (Semi-Structured Interview For The UKU Side Effects Rating Scale) are of particular importance. In our sample (N=100) the mean age was 69 years (S.D. = 7.13); 50% (N= 50) were female, 9% were African American, and 9% Hispanic. YMRS score of 26.4 (S.D. = 6.7) and 24-item HDRS score of 9.6 (S.D. = 6.8). Conclusion: This battery of assessments balances clinical and practical considerations and scientific needs. The baseline data is being used to examine the characteristics of this understudied patient subgroup.

PSYCHOSOCIAL FUNCTIONING AND HEALTH STATUS AS INFLUENCES ON SELF-ASSESSMENT OF HEALTH
N. Galdona1, C. Urdaneta1, C. Martinez-Taboada1, J. Yanguas1, E. Aldaz2, I. Etxebiria1, G. Zamora1. 1. R+D, Fundación Ingema, San Sebastian, Spain, 2. Universidad del País Vasco. Facultad de Psicología, San Sebastian, Guipúzcoa, Spain

Self-Assessment of Health (SAH) has long intrigued researchers in Gerontology because it is an important predictor of a number of future Health Outcomes, such as Mortality, Health Care Utilization (Nybo, Petersen, & Gaist, 2003) and Medication Intake (Fulop, Strain, & Stetin, 2003). SAH is associated both to Health Status-related measures and to Psychosocial measures such as Personality Traits (Chapman, Duberstein & Lynam, 2007) or Social Support (Bisconti & Bergemanan, 2002). The goal of the current study is to increase the understanding of the information included in Elderly People’s SAH judgments by assessing the contribution of various factors related to Physical and Psychosocial functioning. A sample of 102 people, aged 66-80 with a mean age of 71, took part in this study. SAH was measured using a single item of the SF-36 scale, which assesses participants’ Perceived Health Status: “In general, would you say your health is excellent, very good, good, fair or poor? Affect was evaluated by the PANAS, Personality Traits by the NEO-FFI, Social Support by the DUKE UNC-11 questionnaire.
and Satisfaction with Life by SWLS. Finally, measures of Health Status like Medication Intake, Charlson Comorbidity Index and the Number of Doctor Visits were obtained. A statistically significant difference was found in Positive Affect (Z=−2.28, p<0.05), Satisfaction with Life (Z=−2.97, p<0.01), Neurotic trait (Z=−2.54, p<0.05) and Medication Intake (Z=−2.06, p<0.05) depending on the positive or negative SAH. These finding show the importance of paying attention to measures of Physical Health and Psychosocial criteria when analyzing Elderly People’s Health

FACTORS ASSOCIATED WITH BURNOUT IN THE PROVISION OF CARE BY MIGRANT CAREGIVERS

E. Urdaneta, I. Excheberria, G. Zamora, E. Barbero, J. Vanguas, N. Galdona, R+D, Fundación Ingema, San Sebastian, Spain

In the last two decades Spain has witnessed a significant increase in the share of population from non-European Union origin. Their employment choices are mainly limited to low-qualified jobs, such as caregiving for elderly people. These carers are non-trained, face extra demands from the care recipient’s family based on their disadvantaged position and thus engage themselves in long working hours. Many of them show symptoms of Burnout Syndrome. 42 Latin-American Migrant carers, aged 23−65, were interviewed. All of them were caring for community-dwelling elderly dependant people in Spain. Socio-demographic characteristics, Depression, Self-Reported Health and Burnout were measured with standardized scales. Pearson correlation coefficient was used to analyze the relationship between Burnout Syndrome and its consequences in Migrant carers Well Being. Results show a positive relationship between Emotional Exhaustion (r=0.639; p<0.000) and Depersonalization (r=0.725; p<0.000), whereas a negative association was found between Depression and Personal Accomplishment (r=−0.601; p=0.000). With regard to Self-Reported Health, this was negatively associated with Emotional Exhaustion (r=−0.533; p<0.000) and Depersonalization (r=−0.353; p<0.000). Conversely, Personal Accomplishment correlated positively (r=0.542; p<0.000) with higher Perceived Health. The negative consequences of burnout in Migrant carers of elderly people were observed. Caregivers showing higher levels of Burnout presented greater Depression and poorer Self-Reported Health. These results are preliminary and innovative in the study of the consequences of care provision to the elderly by migrant carers.

CHRONIC HEALTH CONDITIONS AND PSYCHOLOGICAL WELL-BEING: BARRIERS TO HEALTH CARE UTILIZATION AMONG OLDER ADULTS IN CALIFORNIA

M. Aydin, 1, Padilla-Frausto, D. Grant, UCLA Center for Health Policy Research, Los Angeles, California

This study examines the impact of psychological well-being on delay of care for chronic health conditions among the 55+ population in California. Data from the adult 2009 California Health Interview Survey are utilized (N=47,614). All chronic conditions were based on self-reports of ever diagnosed by a health care professional. Psychological well-being is captured using severe psychological distress (SPD) and a one-item measure for suicide ideation anytime in the past. Delay or forgoing medical care needed in the past year served as the outcome measure. Results show increased rates of delay among those with SPD, self-reported high blood pressure (36.0%, CI: 23.4-48.6) and heart disease (17.4%, CI: 10.7-24.2) compared to older adults without SPD and with one of these chronic conditions (8.3%, CI: 7.2-9.3 and 7.8%, CI: 6.4-9.1, respectively). Approximately 29% (CI: 15.5-43.6) of adults with diabetes and serious suicidal thoughts report delay of health care, compared to only 7.5% (CI: 6.1-8.9) with diabetes but no suicide ideation. Having both SPD and suicide ideation significantly increases rates of delay in seeking care among those with diabetes (35.8%, CI: 19.5-52.1) compared to adults with diabetes but no SPD or suicidal thoughts (7.2%, CI: 6.1-8.9). Findings suggest that poor psychological health may serve as a barrier to health care utilization regardless of need among the chronically ill in California. Multivariate analyses are needed to investigate the link between these chronic physical and mental health conditions and the role of demographic characteristics in the likelihood of delaying necessary care among the elderly.

ETHNIC DIFFERENEC IN PERFORMANCE-BASED MEASURES OF BASIC AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING

S.E. Espinoza1,2, H.P. Hazuda1,2, 1. University of Texas Health Science Center at San Antonio, San Antonio, Texas, 2. South Texas Veterans Healthcare System, San Antonio, Texas

Introduction: Previous studies have reported that disability prevalence is higher in Mexican American (MA) compared with European American (EA) older adults. Lower socioeconomic status (SES) and higher diabetes prevalence in MAs may explain this disparity. Because most studies relied on self-report measures, we examined ethnic differences in performance-based measures of disability, with attention to SES and diabetes as possible explanatory factors for any observed differences. Methods: Subjects were a community-dwelling cohort of 727 older (65+ years) MAs and EAs who participated in the San Antonio Longitudinal Study of Aging (SALSA) baseline examination. ADL and IADL disability were assessed with the SALSA Structured Assessment of Independent Living Skills; higher scores indicated greater disability. Analysis of covariance was used to examine ethnic differences, adjusting for socio-demographic factors (age, sex, income, education) and diabetes. Results: MAs had lower education and income, but higher prevalence of diabetes compared with EAs. Both ADL and IADL disability scores were higher for MAs (23.2 vs. 18.3, p<0.0001; 57.9 vs. 46.4, p<0.0001) compared to EAs. Additionally, MAs had higher diabetes prevalence (17.4%, CI: 12.2-23.4) compared to EAs (11.3%, CI: 8.7-14.4, p=0.0001). ADL and IADL disability scores were higher among MAs with diabetes (26.2 vs. 23.5, p=0.0001; 58.8 vs. 55.6, p=0.0001). Conclusion: MAs have higher rates of disability compared with EAs. Knowledge of these disparities is important to inform interventions to reduce disparities in ADL and IADL disability among MAs.
Ethnic differences in ADL disability remained significant after adjustment for sociodemographic variables, but were non-significant after further adjustment for diabetes. In contrast, ethnic differences in IADL disability were significant even after adjustment for both sociodemographic variables and diabetes (54.1 vs. 48.9, p<.0001). Conclusion: The ethnic difference in ADL, but not IADL, disability may be largely explained by sociodemographic variables and diabetes. Future research is needed, however, to examine whether other chronic diseases and/or cultural, psychosocial, and lifestyle factors explain the ethnic difference in IADL disability.

SYSTEMATIC REVIEW OF DISABILITY DEFINITIONS, PREVALENCE AND ASSOCIATION WITH MORTALITY IN COMMUNITY-DWELLING OLDER ADULTS

K. Talley1, T.A. Shamliyan2, J.T. Pacala1, R. Kane2, 1. School of Nursing, University of Minnesota, Minneapolis, Minnesota, 2. School of Public Health, University of Minnesota, Minneapolis, Minnesota, 3. Medical School, University of Minnesota, Minneapolis, Minnesota

OBJECTIVES: To evaluate definitions and prevalence of disability, its association with mortality, and differences among gender, racial, and ethnic groups in older community-dwelling adults. METHODS: A systematic review of observational population-based studies published in English. Pooled prevalence of disability was calculated with random effects model. RESULTS: We identified 62 studies examining disability in community-dwelling older adults. Five reported gender differences and three reported racial/ethnic differences. Disability was defined as having difficulty or requiring help with basic (BADL) or instrumental (IADL) activities of daily living and categorized as any, moderate, severe, or by individual activities. The pooled prevalence(%) by definition were: any BADL(9.6), moderate BADL(16.1), severe BADL(6.5), walking(7.2), bathing(6.6), dressing/hygiene(4.5), toileting(3.1), transferring(2.9), eating(1.9), any IADL(17.8), moderate IADL(21.3), severe IADL(6.2), transportation(54.3), housekeeping(35.8), shopping(17.3), finances(14.1), meal preparation(13.2), telephoning(4.2), and medication management(3.8). In general, women had higher prevalence of disability than men, but disabled men were more likely to die. When compared to older people without disability, those with BADL disabilities were at higher risk for death (OR range 1.9-86.8) than those with IADL disabilities (OR range 1.5-6.6). The prevalence of any BADL disability was highest in African Americans(13.6), American Indians(11.6), Hispanic Americans(11.0), and lowest in Caucasians(8.1). Few studies reported gender, race or ethnic differences in death rates or how individual disabilities influence mortality CONCLUSIONS: Disability is prevalent and associated with increased mortality. More research is needed to determine the impact individual disabilities have on mortality and to identify gender, racial, and ethnic disparities so targeted prevention efforts can be developed and implemented.

POTENTIAL UTILITY OF USING A BODY-WORN SENSOR IN THE COMMUNITY-SETTING TO ASSESS THE MOBILITY OF COHORT STUDIES OF AGING

A. Mirelman1, A. Weiss1, A. Buchman3, D.A. Bennett1, J. Hausdorff1, 2, 1. Tel Aviv Sourasky Medical Center, Tel Aviv, Israel, 2. Tel Aviv University, Tel Aviv, Israel, 3. Rush University Medical Center, Chicago, Illinois

Objective: Community-based cohort studies of aging have generally relied on simple measures (e.g., timed walk) to quantify gait and mobility. We hypothesized that more precise spatial-temporal measures of gait derived from a body-worn sensor (accelerometer on the belt) could enhance standard gait testing in participants’ homes. Methods: 50 participants of the Rush Memory and Aging Project, a community-based cohort study (mean age 84.3±4.8 yrs, 67% female), were studied. Gait speed was determined from the time to walk 8 feet (averaged over two walks). During this walk, subjects wore a small, light-weight 3-D accelerometer on their lower back. The signal from the accelerometer was used to derive measures of step-to-step variability (e.g., step and stride regularity, step symmetry, the height of dominant frequency). We stratified the participants based the presence or absence of mobility disability (MD) using the Rosow-Breslau scale of mobility disability and compared their gait measures. Results: Gait speed was slower among those with MD (No MD= 0.55±0.21 m/s vs. Yes MD=0.66±0.16 m/s), but this failed to achieve statistical significance (p=0.065). In contrast, the groups differed with respect to step regularity (p=0.021), stride regularity (p=0.028), step symmetry (p=0.05), and height of the dominant frequency in the anterior-posterior direction (p=0.05). Conclusion: While standard measures of gait speed did not differ, accelerometer-derived measures of gait showed that older subjects with mobility disability walked with less step-to-step consistency and increased variability. Accelerometer-derived measures may augment standard gait testing and enhance the identification of older persons with mobility impairments in the community-setting. Supported by National Institute on Aging grants R01AG17917 and R01AG24480.

QUANTIFYING FALL RISK DUE TO COGNITIVE IMPAIRMENT IN OLDER ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

M. Montero-Odasso1,2, S.W. Muir1, K. Gopaul1, 1. Medicine, Division of Geriatric Medicine, University of Western Ontario, London, Ontario, Canada, 2. Parkwood Hospital, London, Ontario, Canada, 3. Lawson Research Institute, London, Ontario, Canada

Objectives: To evaluate and summarize the evidence linking cognitive impairment to falls in older adults, including a determination of which tests and cognitive domains are highly associated with fall risk. Methods: Systematic review and meta-analysis. Articles in MEDLINE, EMBASE, PsycINFO (1988 – 2010) and bibliographies of retrieved papers were searched. Adults (age ≥ 60) in a prospective cohort study, at least 1 year duration, and not specific to a single disease-defined population. Two authors independently extracted data, including study characteristics, quality assessment, and outcomes. Fixed effects meta-analysis was performed and I2 statistic was used to quantify heterogeneity. Results: Twenty-seven studies met the inclusion criteria. Thirteen methods were used to assess cognition. Summary risk estimates for community-dwelling older adults were: any fall, OR=1.32 (95% confidence interval (CI) =1.18-1.49; I2=74.3%), a serious fall injury, RR=2.33 (CI=1.61-3.36; I2=5.9%) and a fracture, RR=1.78 (CI=1.34-2.37; I2=0.0%). In the institution-dwelling population, the summary risk estimate for any fall was OR=1.88 (CI=1.54-2.30; I2=46.9%). Impairment of global cognitive function was not sufficient to identify an increased risk. Executive function impairment, even subtle deficits in healthy older adults, was consistently associated with an increased fall risk up to 3 times the odds of falling. Conclusions: Cognitive impairment imparts a moderate increased fall risk in community and institution-dwelling older adults. Importantly, measures of global cognitive status should not be used in isolation to quantify risk. Impairment of executive function was consistently associated with an increased fall risk and should be a routine part of a falls risk assessment in older adults.

A CONFIRMATORY PATH ANALYSIS RELATING PHYSICAL FUNCTIONS AND PAIN TO FALLS IN ELDERLY ADULTS

B. Dai1, C. Giuliani1, 1. Allied Health Sciences, UNC Chapel Hill, Chapel Hill, North Carolina, 2. Human Movement Science, Chapel Hill, North Carolina

Introduction: Falls in elderly adults are a major health problem. Poor physical function has been associated with falls, but more discrete cause-effect relationships are not well understood. Methods: Data from 888 subjects (556 men, 67 ± 8.5 yrs) included measurements for: strength (30 second chair rise and arm curl); balance (single leg stand, tandem stand, and 360 degree turn); flexibility (lower and upper body); endurance (normalized scores for 2 min step or 6 min walk tests). Time up and go test (TUG) was also tested. Falls during the previous year and
current pain were recorded. Structural equation modeling included 11 observed variables and 4 latent variables (strength, flexibility, balance, and impaired mobility). Impaired mobility (IM) was modeled as a function of strength, flexibility, balance, endurance, and pain. Fall and TUG were modeled as a function of IM. Results: The model demonstrated good fit ($\chi^2=45.03$, $DF=30$, $p=0.04$, RMSEA=0.02). Balance and IM contributed highest to falls with standardized total effects (STE) of 0.38 and -0.31 respectively. Balance (STE = -1.23) contributed mostly to IM, when flexibility (STE = -0.21) and pain (STE = -0.06) significantly contributed to IM. IM had a STE of 0.97 on TUG. Conclusion: Balance was the most important factor for determining mobility and falls and should be considered a priority in fall screening and prevention programs. As expected the TUG is a good functional screening tool for mobility and fall risk.

MOBILITY, FALLS, AND MEDICATION USE IN OLDER ADULTS SEEN AT A GERIATRIC ASSESSMENT CLINIC

Background: Older adults often have multiple risk factors for falls. The most modifiable falls risk is medication. Objective: To describe the rates of falls among older adults, and the relationship to medications. Methods: A retrospective chart review was conducted through the interdisciplinary seniors clinic at the Misericordia Community Hospital, Edmonton, Alberta. Patients were seen in the clinic in 2006 or 2007, age 65 years or older, and admitted from a community living setting were included. The data was abstracted by a research assistant, entered into an Excel database, and analyzed by SPSS 15.0. Results: A total of 224 patients were included, with 142 (63%) female, mean age 80 (SD 7). A total of 74 (33%) were referred to the clinic for assessment of falls/mobility concerns, while only 18 (8%) had documented mobility problems. After assessment 110 (49%) were found to have a problem with falls, and another 57 (25%) had other mobility concerns. For 110 patients with a history of falls, they were on the following medications: cholinesterase inhibitors (17, 16%), antipsychotics (15, 14%), tricyclic antidepressants (12, 11%), selective serotonin reuptake inhibitors (27, 25%), benzodiazepine (20, 18%), zopiclone (18, 16%), NSAID (22, 20%), opioid (20, 18%), anticholinergic for overactive bladder (6, 6%). Conclusions: Although few patients were referred for falls assessment over half of the patients had a problem with falls or mobility. Use of psychotropic medication remains a concern in this population.

RISK FACTORS RELATED TO DISABILITY IN OLDER ADULTS: ARTHRITIS, OBESITY AND PHYSICAL ACTIVITY

B. Manrique-Espinoza, A. Salinas, K. Moreno-Tamayo, M. Tellez-Rojo Solis, National Institute of Public Health, Cuernavaca, Morelos, Mexico

Objective: To estimate the effect of arthritis, obesity and physical activity on the incidence of functional dependence in Mexican poor older adults. Methods: Longitudinal study of older adults (aged 65 to 74) participating in the impact evaluation study of the social pension program 70 y más (2007-2009). For the study we selected the group of older adults who had no functional dependence (FD) at baseline. We evaluated the presence of arthritis by self-report of medical diagnosis and associated symptoms, with weight and height measurements were calculated body mass index (BMI), and we used the short version of the International Physical Activity Questionnaire to assess physical activity. At follow-up we assessed the onset of FD when the elderly reported needing help to make at least one activity of daily life (ADL). The analytical sample was 2,123 elderly. We used a logistic regression model adjusted for baseline characteristics. Results. After 16 months of follow up, the incidence of FD was 10.5%. The elderly without a diagnosis of arthritis but with symptoms of arthritis and elderly diagnosed with arthritis and symptoms showed higher risk of FD (OR=1.79, p<0.01 and OR=1.72, p<0.05, respectively) compared with older adults undiagnosed and without symptoms. Older adults with BMI>30 had higher risk of FD (OR=1.46, p < 0.10). Vigorous physical activity was a protective factor on the occurrence of FD (OR=0.61, p <0.10). Conclusions. Arthritis and obesity are chronic conditions that are associated significantly with the development of disability while vigorous physical activity reduces the risk of developing disability in a sample of Mexican older people.

ASSOCIATION BETWEEN CHANGES IN PHYSICAL AND COGNITIVE FUNCTIONS IN ELDERLY INSTITUTIONAL RESIDENTS

T. Komatsu1, F. Togo2, H. Park3, T. Mitani4, 1. School of Health Science, Department of Physical Therapy; Tokyo University of Technology, Komatsu, Tokyo, Japan, 2. Health Administration and Psychosocial Factor Research Group National Institute of Occupational Safety and Health, Japan, Kawasaki, Japan, 3. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, Itabashi, Japan, 4. Watanabe Hospital, Kamin, Japan

Relationship between physical and cognitive functions in elderly institutional residents with moderate to severe cognitive dysfunction in unclear. The aim of this study was to investigate cognitive and physical functions in elderly institutional residents. Subjects were 22 elderly institutional residents (age 83.9 ± 2.35 years) with cognitive impairment (MMSE < 24 points) at baseline. All subjects were able to walk independently or with the help of a walking aid. Changes in the ability of walk and the paralysis of the limbs were not observed during this study. Cognitive function was assessed by MMSE. Physical function was assessed by Barthel Index, hand grip strength, and walking at maximum and normal speed (speed and number of steps). These items were measured at the baseline and six months later. During this study, group or individual therapeutic exercise was conducted by physical therapists about two times per week in average. MMSE scores decreased in 9 subjects (reduced MMSE) and did not decrease in 13 subjects (non-reduced MMSE). The number of steps during walking at maximum speed increased in the group of subjects with reduced MMSE (p <0.05), but did not increase in the group of subjects with non-reduced MMSE. Hand grip strength and normal walking speed decreased significantly (p <0.05) at 6 months compared with baseline only in the group of subjects with reduced MMSE. Our results showed that physical function decreased only in the group of subjects with reduced MMSE, suggesting that cognitive decline might cause physically frail. For elderly with cognitive impairment, additional exercise and/or other intervention programs might be needed to maintain and improve physical function.

COMBINED COGNITIVE AND FITNESS TRAINING DIMINISHES BALANCE VARIABILITY IN OLDER ADULTS

S.A. Fraser1, K.K. Vadaga2, N. Berryman1, M. Renaud1, K. Li2, L. Bherer1, 1. Université de Québec à Montréal and Institut de gériatrie de Montréal, Montréal, Quebec, Canada, 2. Concordia University, Montréal, Quebec, Canada, 3. Institut de gériatrie de Montréal, Montréal, Quebec, Canada, 4. Université de Montréal, Montréal, Quebec, Canada

Background: Recent research has supported the use of a cognitive computerized dual-task to improve balance control in a sample of healthy older adults. However, in this intervention study, participants who received cognitive training were compared to a passive control group. This raises the possibility that global treatment effects could have influenced the results. Methods: The current longitudinal study was designed to compare the effect of different types of training on several cognitive and physical measures, while controlling for possible treatment effects. Participants were randomly assigned to one of the following training groups: (1) cognitive and aerobic; (2) cognitive and stretching; (3)
placebo and aerobic; and (4) placebo and stretching. Pre-and post-training, participants’ single support balance was assessed with and without a concurrent cognitive task. Results: A subset of 23 participants were divided into 2 groups: Cognitive + Physical (CP) training (training groups 1 & 2) and Placebo + Physical (PP) training (training groups 3 & 4). Interestingly, the two groups differed in mediolateral variability (SD). Overall, the CP group was more variable than the PP group (p = .004), however the CP group reduced their variability significantly from pre to post-training (p = .031) and the PP group did not show any significant changes (p = .631). Conclusions: Combined cognitive and physical training diminishes balance variability and may be more beneficial to balance than physical training alone.

SHOULDER SYMPTOMS AND FUNCTION IN DIABETIC AND NON-DIABETIC GERIATRIC PATIENTS
D. Abbott, E.A. Burns, A.K. Rosenthal, Medical College of Wisconsin, Milwaukee, Wisconsin

BACKGROUND: Chronic painful tendon disorders are a common problem in diabetics and are linked to reduced quality of life. This study compared frequency of shoulder problems and relationship to daily function in diabetic vs. non-diabetic older veterans. We hypothesized that diabetics report higher rates of upper shoulder pain, greater functional impairment and worse quality of life.

METHODS: Patients aged > 60 attending a Primary Care Clinic at the Zablocki VAMC, Milwaukee, WI, from 7/10-8/10 were recruited. Potential participants were approached at check-in, and if agreeable, were further screened for exclusion criteria then underwent informed consent. Data collected included demographics, medical history, and current medications. Participants answered questions on shoulder pain and self-assessed health (SAH).

Function was assessed with the Stanford Modified Health Assessment Questionnaire (MHAQ). Shoulder mobility and pain was assessed with a standard series of arm maneuvers. RESULTS: 30 patients with diabetes and 37 without, mean age 74, completed the study. 30% of all participants reported shoulder pain. Diabetics reported significantly worse function and more pain with shoulder maneuvers, and overall worse SAH than non-diabetes.

CONCLUSIONS: In this small sample of older adults, the majority of measures suggested that diabetics have greater impairment, higher levels of pain, and worse SAH when compared to non-diabetics. This pilot data will form the basis for additional studies using larger populations to learn more about this condition and test potential interventions to improve function and quality of life.

MODERATE-VIGOROUS PHYSICAL ACTIVITY MAY BE NEEDED TO MAINTAIN PHYSICAL FUNCTION IN OLDER ADULTS
S.A. Foulis, R. Larsen, D. Callahan, J. Kent-Braun, University of Massachusetts- Amherst, Amherst, Massachusetts

Habitual physical activity (PA) level affects multiple physiological processes, including those responsible for maintenance of mobility and physical function in old age. Lower moderate-vigorous PA (MVPA), as observed in older adults, may have significant negative consequences. Currently, recommendations exist for PA in the elderly; however, the dose (intensity and duration) of PA required to maintain mobility has not been established. The purpose of this study is to investigate the relationship between objectively-measured PA and physical function in older adults. Fifty-six older adults (65-85 yrs), ranging in PA level from those with mobility impairments to runners, wore accelerometers to measure habitual PA over the course of one week. Using established cutpoints, total minutes of PA, time spent in low-intensity PA, and time in MVPA were determined. Each participant also completed 3 measures of physical function: 10 chair rises, 8-stair ascent, and 8-stair descent. MVPA ranged from 0.25-91 minutes/day. Linear regression analyses revealed no association between total or low-intensity PA and any measure of physical function (p>0.08). In contrast, higher MVPA time was associated with better physical function (r=0.48, p<0.01). Bilinear regression analyses revealed critical thresholds for adequate physical function at 8-11 minutes/day of MVPA (p<0.01). These results suggest that MVPA may be a necessary component of daily activity in order to maintain physical function in aging adults. More research is needed to establish the minimum recommended daily PA dose for maintaining mobility in older men and women.

WHY DON’T OLDER PEOPLE PARTICIPATE IN FALL PREVENTION PROGRAMS?
S. McMah0, K. Talley, J.F. Wyman, 1. Arizona State University, Phoenix, Arizona, 2. University of Minnesota, Minneapolis, Minnesota

PURPOSE: Despite decades of research on effective fall prevention methods, fall-related injury and death rates are increasing. Understanding how individual, interpersonal, community, and environmental factors influence older peoples’ views about falls, and their prevention, may expand the scope and reach of fall prevention efforts. The purpose of this review was to examine older peoples’ perspectives on falls and their prevention within a social ecological framework (Stokols, 1996). Research questions included: 1) What are the perspectives of older people regarding their own fall risk; 2) What do older people view as barriers and facilitators for participating in fall prevention programs? METHODS: A systematic literature review was conducted of qualitative and quantitative studies published in English between 2005-2010. Eligible studies examined community-dwelling older peoples’ perspectives of fall risk or fall prevention strategies. Study quality was appraised with standardized checklists. Thematic analysis and group discussions were conducted until there was consensus on themes and social ecological levels. RESULTS: Nineteen of 118 studies were eligible. Participants (age range 60-90) lived in 10 countries. Most studies had moderate quality ratings. Themes related to older peoples’ perspectives of fall risk (fear of vulnerability, maintaining autonomy and independence, and interpreting risk) and views of fall prevention (participant/program characteristics, relevance and preference, maintaining autonomy and independence, and support and access) appeared at individual, interpersonal, organizational, and community levels. CONCLUSIONS: Examining older peoples’ perspectives about fall risk and prevention within a social ecological framework identified several multilevel factors to consider when designing and improving fall prevention efforts.

DEPRESSION AND FALLS AMONG COMMUNITY-DWELLING ELDERLY: THE MOBILIZE BOSTON STUDY
L. Quach, F.M. Yang, E. Netown, R.N. Jones, J.A. Burr, L. Lipsitz, 1. Institute for Aging Research, Hebrew SeniorLife, Boston, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. University of Massachusetts Boston, Boston, Massachusetts, 4. Division of Gerontology, Beth Israel Deaconess Medical Center, Boston, Massachusetts

Falls are a major public health problem for the elderly, while depression is commonly associated with falls among older adults. The mechanism underlying the relationship between depression and falls is unclear. The aim of this study is to examine the effects of cognitive function and antidepressant use on the relationship between falls and depression. The study used secondary data from the “Maintenance of Balance, Independent living. Intellect and Zest in the Elderly” (MOBILIZE) Boston study, which is a population-based longitudinal study (n=765). Falls were captured prospectively from September 2005 through April 2010. Depression was assessed with a modification of the Center for Epidemiologic Studies Depression-Revised scale variable and standardized using latent variable modeling, with a mean of 51 (± 10 standard deviation) at baseline. Linear regression was used to estimate the association between depression and the potential mediators. Negative binomial regression was performed to estimate the change in the coefficient for depression with and without executive function or
antidepressant use in the models. The mean age is 78 years old, 64% female, and 77% white at baseline. There were 1,949 falls in total during 2,129 person-years of follow-up time. The coefficient for depression increased by 16% after executive function was added to the model, indicating mediation. The coefficient for depression decreased by 15% after antidepressant use was added to the model, indicating mediation.

The results of this study are useful to supply evidence of the mechanisms underlying the association between depression and falls among older adults.

**VESTIBULAR DYSFUNCTION AND GAIT SPEED IN OLDER INDIVIDUALS**

M. Davalos-Bichara, M. Zuniga, J.P. Carey, M.C. Schubert, J.D. Walston, J. Hughes, Y. Agrawal, *Johns Hopkins Medical Institutions*, Baltimore, Maryland

Background Gait speed reflects function in several organ systems and has been shown to strongly predict survival in older individuals. The inner ear vestibular system is known to play an integral role in balance control and locomotion. Our objectives were: 1) to evaluate vestibular function in older individuals, and 2) to determine the contribution of vestibular function to gait speed in this population. Methods Community-dwelling participants age ≥70 years underwent two clinical tests of vestibular function: 1) right and left head impulse testing (HT; a positive test indicates right or left horizontal semicircular canal dysfunction), 2) the modified Romberg test (mRT; a positive test suggests difficulty integrating vestibular information), as well as gait speed measurement on a 4-meter walkway. Results We enrolled 20 participants; 55% were female and the mean age was 76.7 years (SD 4.4). Thirty-five and thirty percent of subjects had abnormal right and left HTs respectively; individuals with a positive right HT were also more likely to have a positive left-sided HT (p=0.0072). Mean (SD) gait speeds were lower in subjects with positive vs. negative HTs (right 0.90(0.2) vs. 1.4(0.4) m/s; p=0.0053; left: 1.1(0.7) vs. 1.3(0.3) m/s; p=0.3060.) In addition, gait speeds in subjects with a positive mRT (60% of participants) were lower than those with a negative mRT (1.0(0.3) vs. 1.6(0.4) m/s; p=0.0037). Conclusions A significant proportion of older individuals have evidence of vestibular dysfunction, which is associated with a reduction in gait speed. Further quantitative vestibular testing and assessment of fall risk are in progress.

**EFFECTS OF LINE DANCING ON PHYSICAL PERFORMANCE IN OLDER ADULTS WITH MOBILITY DIFFICULTY**

C. Bennett1,2, B.L. Robers3, 1. University of West Florida, Pensacola, Florida, 2. University of Florida, Gainesville, Florida

Older adults with decreased mobility are at a greater risk for disability. Exercise can reduce the risk of disability. Dance is a popular form of exercise and line dancing allows older adults the freedom to dance at their own pace without a partner. The purpose of this pilot was to examine the effects of 8-week line dancing on physical performance and health in older adults with mobility difficulty (difficulty walking 1/4 mile and climbing one flight of stairs). Nine females, 1 male ranged in age from 66-87 years (mean=73). Subjects were randomly assigned to a control group (no contact) or dance group. The control group continued their usual daily activities. The dance group participated in 30 minute line dance sessions, twice a week for 8 weeks taught by an experienced line dancing instructor. The dances progressed from easy to more difficult. From pretest to posttest, the dance group had reduced times for tandem balance (-2.3%), one leg standing balance (-74%), 4 meter walk (-15.4%), and five chair stands (-12%). The control group had increases in times for tandem balance (+27%), one leg standing balance (+36%), 4 meter walk (+2.3%), and five chair stands (+8.5%). For pain, the control group reported experiencing more pain at posttest (35.7%) than the dance group (14.3%). These findings suggest that line dancing may be an effective intervention but further work with larger sample is needed.

**CHANGE TRAJECTORIES OF CHRONIC DISEASE, DISABILITY AND DEPRESSION OF A CHINESE ELDERLY POPULATION: AUTOREGRESSIVE GROWTH CURVE MODELLING**

H. Chiu1, C. Chen1, J. Mullan1, D. Griffiths1, T. Lani2, I. Kreis3, M. Huang1, 1. Kaohsiung Medical University, Kaohsiung, Taiwan, 2. National Health Research Institutes, Miaoli, Taiwan, 3. University of Wollongong, Wollongong, New South Wales, Australia, 4. National Yang-Ming University, Taipei, Taiwan

This study explores change trajectories of chronic disease, disability and depression when the effects of contextual and other structural factors are simultaneously considered. This study adopted a prospective, closed cohort study design. The cohort includes 1260 older adults participating in the 1994 Multidimensional Functional Assessment Questionnaire survey in Kaohsiung City, Taiwan. Five follow-up interviews were conducted in 1996, 1998, 2000, 2002 and 2004. The study investigated changes of status in three health domains at six time points during 1994-2004, controlling for baseline demographic characteristics. Functional status was assessed using 27 items of chronic disease, six Activities of Daily Living and six Instrumental Activities of Daily Living, and 15-items from the Short Psychiatric Evaluation Schedule. Multivariate latent growth modelling was applied to all available data and complete data set. The results show strong change trajectories among the three health domains, with initial poor health status (i.e. existence and level of chronic disease and disability) predictive of further problems across health domains. Continue growth of chronic disease had a significant impact on the development of disability and depression. Furthermore, the initial status of chronic disease and depression had a significant impact on the beginning of depressive symptoms at the early stage. Our results demonstrate that clinicians should carefully evaluate depressive symptoms in person with the new onset of chronic disease and disability.

**PAIN, AUTONOMY AND MOBILITY IN GERMAN NURSING HOMES RESIDENTS**

S. Kalinowski1, M. Kölzsch2, I. Wulff3, R. Kreutz2, D. Draeger1, 1. Charité-Universitätsmedizin Berlin, Institute for Medical Sociology, Berlin, Berlin, Germany, 2. Charité-Universitätsmedizin Berlin, Institute of Clinical Pharmacology and Toxicology, Berlin, Berlin, Germany

Background: Pain is one of the most important syndromes in the elderly population, particularly in nursing home residents (NHR). Despite a growing interest in this topic, pain prevalence, treatment and associated factors are widely unknown. Objective: The purpose was to evaluate pain prevalence, treatment and associations of pain with autonomy and mobility in NHR. Methods: We conducted a cross-sectional study in a random sample of NHR from nursing homes in Berlin and Brandenburg, Germany. Data were collected by interviews with NHR, assessments (Barthel Index, Timed “up & go”-Test, Hertz Perceived Enactment of Autonomy Scale) and by analysis of nursing records. Furthermore, institutional parameters were collected by questionnaire. Results: Overall 560 NHR (age: 81 ± 11 years, 61 % women) from 40 nursing homes were included in our study. Half of the residents suffered from pain. Quality and appropriateness of pain medication, according to the Pain Medication Appropriateness Scale, was insufficient. Furthermore, increased perceived autonomy corresponded with increasing independence in performing activities of daily living (p=0.001) as well as with absence of pain (p=0.041). NHR with pain showed significantly lower levels of functional mobility than persons without pain (p=0.001). Besides, there was a lack of individually adapted training programs to promote mobility. Conclusion: We identified deficits regarding adequate pain treatment in German NHR. Our results show that NHR with pain are disadvantaged in terms of mobility and self-determination. Accord-
During the past 25 years there has been a debate over “generational equity” that has focused on the sharing the benefits and burdens associated with government social problems such as Social Security and Medicare. Since the early 1990s there has been a related debate, largely among economists, about the relative merits of “generational accounting” as a way of dealing with generational (more specifically age cohort) differences in tax burdens, particularly those linked to such programs as Social Security and Medicare. In our analysis we seek to integrate these two literatures with a focus on describing, assessing, and reframing generational accounting. We present the generational accounting model and how it relates to the broader generational equity debate; we present some of the major criticisms of the model made by other economists; and we outline some ways in which a reframing of the model would potentially make it of use to a broader range of scholars, researchers, and policy analysts, particularly to non-economists. Social programs that can be linked to projected lifetime imbalances in intergenerational taxes are understood by proponents of generational accounting as demonstrating that they are generationally inequitable. The reframing of GA that we outline seeks to consider how proposed changes in these policies would affect intra-generational equity. To examine intra-generational equity we must consider the different effects on different groups based on such factors as income, race, ethnicity, immigration status, and gender.

FACTORS ASSOCIATED WITH PURCHASING LONG TERM CARE INSURANCE
S. Reynolds¹, H. Meng², N.S. Park², B. Lee², K. Hyer¹, ¹School of Aging Studies, University of South Florida, Tampa, Florida, 2. USF School of Social Work, Tampa, Florida, 3. USF Mental Health, Law, & Policy, Tampa, Florida

Most older adults agree that Long Term Care Insurance (LTCI) is a desirable product, but few actually buy it, raising the question of what individual factors drive LTCI consumer purchasing behavior. In this study, we use six waves of the Health & Retirement Study (HRS: 1998-2008) to estimate the likelihood of having purchased LTCI in the population age 50 and older (N=19,904). Predictor variables include socio-demographic, health, lifestyle, and health insurance factors. Findings indicate that characteristics most likely to predict having LTCI are: female gender, higher education, higher income and/or wealth, reporting fair/poor health, abstaining from alcohol, engaging in vigorous activity, and having Medicare or Employer-provided insurance. Characteristics of those least likely to have LTCI are: Hispanic origin, lower education, and receipt of Medicaid. Interestingly, ADL difficulties were not predictive of having LTCI; this finding may indicate that those who most need long term care are not buying LTCI. Further studies should include disability trajectories, social resources, cognition, and interactions of ADL difficulties with other covariates in predicting LTCI purchasing behavior. Given current and future strains on the funding of long term care, policy makers and the insurance industry must have comprehensive consumer information to maximize the ability to fund long term care in creative and entrepreneurial ways.

UNINSURED U.S. OLDER ADULTS AGED 65 OR OLDER: WHO ARE THEY?
S. Choi, ¹University of Tennessee, Knoxville, Tennessee, 2. Department of Social Work, State University of New York, Binghamton, Binghamton, New York

Objective: Despite greater devastating effects of being uninsured among older adults aged 65 or older, few studies focused on this age group due to almost universal coverage of Medicare. This study describes health care needs, expenditures, out-of-pocket (OOP) financial burden, and attitudes toward medical care and health insurance of older uninsured individuals. Older adults covered by both Medicare and private insurance consist of a comparison group. Methods: The pooled 2000-2007 Medical Expenditure Panel Survey was analyzed (N=27,738). The STATASVY procedures were used to account for the complex sampling design. Results: About 0.4% of U.S. older adults were uninsured all year (95% CI=0.29%-0.47%), while 41.4% had both Medicare and private insurance for the whole year. Interestingly, older adults without insurance were more likely to agree that they did not need health insurance (18% vs. 4%), health insurance was not worth the cost (32% vs. 14%), and they were more likely to take risks than others (30% vs. 14%). A logistic regression model indicates that the uninsured were more likely to be late-life immigrant, younger, low income, African American, Hispanic, and had a lower number of chronic conditions. After controlling for predisposing, needs, and enabling factors, the uninsured displayed lower total and OOP medical expenditures. However, their OOP financial burden, expressed by the percentage of income spent on OOP medical expenditures, was much greater among the uninsured (54% vs. 11%). Conclusion: Even though the number is small, uninsured older adults should receive further attention from policy makers, practitioners, and scholars.

PREDICTING LONG STAYS AMONG PERSONS NEWLY ADMITTED TO RI NURSING HOMES USING MDS ADMISSION ASSESSMENT DATA
S.M. Allen, P.L. Gozalo, B. Steinman, Community Health, Brown University, Providence, Rhode Island

Rebalancing states’ long term care (LTC) systems by developing better access to community-based LTC services is an important policy goal intended to reduce LTC costs and respond to older persons’ preferences to remain in the community. We investigated the predictors of long stay status among RI Nursing Home (NH) MDS Admission Assessment data merged to RI Medicaid claims for the year 2008. New admissions to a Rhode Island NH with at least one Medicaid NH claim in 2008 comprised our analytic sample (n=2159). Long stay status was defined as remaining in the NH 90 days post admission or later. Among new admits in 2008, 1,039 (48.1%) were long stay using this definition. We modeled long stay status using logistic regression. Our model included demographic characteristics (age, gender, race, education), cognitive and ADL impairment level, NH admission from the community or hospital, social support characteristics, and individuals’ preference to return to the community. Persons age >75 (OR= 2.1; CI=1.6,2.8) and with impaired cognitive status (OR=1.7; CI=1.3,2.3) were significantly more likely than persons age 65-74 and with intact cognition to become long stay NH residents. Persons who were black (OR=5.6; CI=.32,.98), had support to return to the community (OR=.57; CI=.42,.77), and who preferred to return to the community (OR=.55; CI=.40,.75) were less likely to become long stay than their peers. ADL status at admission did not predict long stay status. Implications for the need for effective NH transition programs for residents who do not require a NH level of care are discussed.

AT THE CROSSROADS OF PROFITABILITY AND SECURITY: CURRENT ISSUES AND SUGGESTIONS ON AGE FRIENDLY INDUSTRIAL POLICY AND ELDERLY CARE POLICY IN OECD COUNTRIES
B. Hwang, Pusan National University, Busan, Republic of Korea

This study examines and contrast the development processes among OECD countries of Age Friendly industrial policy and Elderly Care Policy and argues that some OECD countries have addressed challenges
of aging society according to the political economy of profitability, while others with regard to rather security and equity. This Study also argues, based on the results of in-depth key informant interviews with a variety of stakeholders, that the different behaviors and attitudes of people in OECD countries toward senior citizens are due in large part to their perception of each own government’s contradictory ideas about Age Friendly industrial policy and Elderly Care policy.

THE BENEFITS TO MEDICARE BENEFICIARIES OF PERSONALIZED ASSISTANCE WITH PART D OPEN ENROLLMENT
M. Rose, L.S. Noelker, Katz Policy Institute, Benjamin Rose Institute on Aging, Cleveland, Ohio

The annual review of Medicare Part D prescription drug coverage is a continuing challenge for beneficiaries. With literally hundreds of plans to choose from, during each open enrollment period, beneficiaries must consider a multitude of variables. These include whether their plan will continue to be available, the formulary will cover all of their current prescriptions, and the cost is affordable, as well as possible prior authorization before medications are covered and step therapy. These considerations require that beneficiaries understand how to use Medicare’s web-based Plan Finder tool, or work with the plan, pharmacist or Medicare in order to get answers and make decisions. As a result, beneficiaries commonly express reluctance to change plans, even when it is in their best economic interest to do so. A free service staffed by a benefits specialist at the non-profit Benjamin Rose Institute on Aging’s Medicare and Benefits Enrollment Center is available to help beneficiaries understand the Medicare Part D program and evaluate personalized options. During the 2010 open enrollment period, 107 clients received assistance in evaluating their current Part D plan and determining whether a change would be to their advantage. Almost 2/3 (70) of them did so; for 80%, the reason given was to lower costs. The median annual cost savings for clients who changed plans was $234; the maximum exceeded $4,100. Policy recommendations to reduce the complexity and improve the outcomes of this process include limiting the number of plans and requiring open formularies covering all drugs.

SOME SUGGESTIONS ABOUT THE SOUTH KOREA WELFARE POLICY TOWARD THE AGED POPULATION
Y. Son, Enderly Care Management, Catholic University of Pusan, Busan, Republic of Korea

The current paper examined the changing nature of South Korea welfare policy toward the elderly population’s long-term care system. South Korea, coupled with the rapid increase in the oldest population, has launched the 5th public long-term care insurance in 2008, primarily financed by the working population. Since then, the structure of long-term care system has been reorganized; programs and services provided by the public have been noticeably increased. There was not only a large number of increase in nursing facilities, but also a newly established manpower called aged care workers were trained and now needed to be certified through the national examination to be employed at the Government-certified nursing home. The historical development of the long-term care system and the present problems surrounding the system will be suggested to improve this newly born public insurance program.

OHIO’S UNDER 60 NURSING HOME RESIDENTS: ARE NURSING HOMES PREPARED FOR YOUNGER RESIDENT WITH SEVERE MENTAL ILLNESS?
I.M. Nelson, Scripps Gerontology Center, Oxford, Ohio

Similar to the national trend, the number of residents under age 60 residing in Ohio’s nursing homes has grown. Fueling this growth is an increased number of residents diagnosed with mental illness. This study attempts to develop a clearer profile of these residents and to look closer at how well prepared nursing homes are to meet the needs of this younger population. The Minimum Data Set (MDS) and a statewide survey addressing nursing home characteristics such as size, employee ratios, culture change, and mental health staffing and training are utilized. Of the nursing home residents under 60 actively residing in a nursing home between April 2009 and June 2009 (N=7,300), 1 in 5 were classified as having a severe mental illness (SMI) such as Major Depression, Schizophrenia, or Bipolar disease. Of those with SMI, 6% had no activities of daily living impairments. Less than 3% received any type of psychological therapy with a larger percentage receiving medications. The results from the statewide survey show that nearly no nursing homes had psychologists or psychiatrists on staff. The majority of psychologists or psychologists who were contracted provided less than 10 hours of service per month. Finally, less than half of all direct care workers such as RNs and STNAs are given training related to resident mental health concerns, aggressive patients, or procedures for psychiatric emergencies. Additional findings and further discussion about the implications of a growing younger resident population with psychiatric problems on nursing home care will be presented.

PREDICTING OUT-OF-POCKET CAREGIVING EXPENSES USING THE 2009 CALIFORNIA HEALTH INTERVIEW SURVEY
G. Boyer, C. Mendez-Luck, T.R. Konrad, 1. BOYER, UNC-Chapel Hill, Carrboro, North Carolina, 2. UCLA, Los Angeles, California

Given the growing American elderly population and the inclusion of the CLASS Act in the Patient Protection and Affordable Care Act, scholars will continue to study the costs of long-term care. For the first time, The 2009 California Health Interview Survey inquired about informal caregiving, including out-of-pocket spending related to the care of family members, neighbors, and friends. This study sought to identify what predicts these out-of-pocket expenses in California. A cross-sectional, ordered logit regression was performed, using income to predict out-of-pocket expenses controlling for additional socio-demographic factors. A preliminary analysis of expenditures for long-term caregiving presents several interesting findings. First, income and hours worked per week were positively associated with out of pocket spending. In fact, caregivers with higher incomes were predicted to spend up to $1000 in the past month on caregiving. The number of hours worked per week was a positive predictor for all levels of expenditures. Married caregivers were more likely than never-married caregivers to have any out-of-pocket expenditures. Similarly, in comparison to women, male caregivers have a higher likelihood of having any expenditures. However, race/ethnicity, and physical health factors were not significantly associated with any level of expenditure. These preliminary results suggest that income, work obligations, gender, and marital status affect the out-of-pocket long-term care expenditures. More research is needed to elucidate the drivers of informal caregiving expenses and examine whether the health care reform’s CLASS Act will substitute or supplement caregivers’ spending.

DISCHARGE PLANNING WITH OLDER ADULTS IN MINNESOTA HOSPITALS
C.K. Eaton, 1. Winona State University, Winona, Minnesota, 2. University of Minnesota, St. Paul, Minnesota

In 2008, over 200,000 people age 65 and older were discharged from hospitals in Minnesota. Many seniors leave hospitals with on-going care needs whether they return to home with services or temporarily or permanently relocate for post-acute care. Most of the literature in this area was conducted over 25 years ago, before health maintenance organizations, diagnosis related groups, and home and community based care initiatives. Thus, little is known about how hospitals currently conduct discharge planning and who is responsible for this task at a time when older adults are leaving the hospital with complex health needs and after shorter stays. This presentation identifies the current state of discharge planning in an entire state; delineating discharge planning with seniors.

Downloaded from https://academic.oup.com/gerontologist/article-abstract/51/suppl_2/1/646194 by guest on 30 March 2019
in urban and rural areas, large and small hospitals, providing basic information on how discharge planning is being conducted, and how it interfaces with other services. Telephone interviews with a representative from 123 out of 130 hospitals in Minnesota serving seniors found that a social worker is primarily responsible for discharge planning in 30% of the hospitals, nurses in 26%, and either a nurse/social work team or both nurses and social workers separately in 24%. In many of the small rural hospitals where nurses were primarily responsible for discharge planning, the important task of assisting elders with making decisions about post acute care was incorporated into the cumulative function of the floor nurse rather than a specialized function of a social worker or case management nurse as in larger urban hospitals.

SESSION 1045 (POSTER)

HOUSING, SERVICES, AND SOCIAL SUPPORT

A QUALITY IMPROVEMENT INTERVENTION TO IMPROVE PAIN ASSESSMENT AND MANAGEMENT IN THE NURSING HOME SETTING

J.E. Rydell1,2, C. Mueller1. 1. Nursing, Concordia College, Moorhead, MN, Minnesota, 2. University of Minnesota, Minneapolis, Minnesota

Pain is undertreated in nursing home settings with rates of undertreatment estimated 49% to 84%. A quality improvement project, designed to improve pain assessment and management of residents, was implemented to improve pain management outcomes and foster utilization of hospice services. Project methods were developed and implemented by a quality improvement team comprising licensed and non-licensed nursing staff. The team implemented and evaluated a pain assessment and management process, with implementation of a flow-sheet to facilitate resident pain assessment on a “per shift” basis. Education was provided to nursing staff to enhance pain assessment and management processes. The target Effectiveness Ratio was 1.00. The intervention resulted in an increase in documentation of pain in nurses’ focus notes and nursing narrative sections of resident records. However, documentation of pain management follow-up did not increase. The percent of residents experiencing moderate to severe pain decreased from 7.0% pre-intervention to 3.9% one month and 6.4% two months post-intervention (Effectiveness Ratio 1.10 and 0.21, respectively). Utilization of hospice services did not increase one and two months post-intervention (Effectiveness Ratio 0.0), but increased to 100% (4 deaths/4 on hospice; Effectiveness Ratio 1.0) three months post-intervention. The utilization of a quality improvement team to implement strategies for improving pain assessment and management outcomes and utilization of hospice services may be beneficial when outcomes are measured long-term.

THE EXPERIENCE OF HOME FOR OLDER ADULTS: AN INTEGRATED INQUIRY

M. Thornton, University of Colorado College of Nursing, Denver, Colorado

The home environment represents the center of individual and family life throughout the lifespan and is commonly overlooked as an influential factor in the human experience of health/illness. This experience appears to be especially important for older adults who transition across environments as they age. The purpose of this integrated inquiry was to examine the human experience of home for older adults, to more fully develop this experience in the context of nursing, gerontology, and human science. The physical characteristics of the environment and influences on health/illness can and have been examined within the domain of natural science, proposing the need for a human science perspective to further explore the experience of home for later relation to health/illness. As a potential moderator of the health/illness experience, the experience of home for older adults is important to nursing practice and development of strategies to ease transitions and structure supportive environments. Carper’s Patterns of Knowing were used as a framework for this inquiry, employing multiple forms of knowledge. Results of the inquiry showed the human experience of home to be that of comfort, intimacy, connectedness, and security. While knowledge exists related to the meaning of home, the actual experience of home has yet largely unexplored. Further research explicitly examining nurse empowerment in NHs is, therefore, needed to build knowledge about how to

EXPLORING THE RELATIONSHIP BETWEEN ASSISTED LIVING AND PACE

M. McNabney, P. Kohli, B. Leff, A.I. Arbaje, Johns Hopkins University, Baltimore, Maryland

The purpose of this study was to evaluate how assisted living (AL) is utilized by the Program of All-Inclusive Care for the Elderly (PACE). Because the main objective of PACE is to provide cost-effective, coordinated care for aging patients in a community-based setting, we evaluated this relationship by conducting three focus groups of staff members at one PACE site. These included: 1. clinical staff (nurses, therapists), 2. Administrative/social work staff, and 3. direct care aides/drivers. Discussion focused on how PACE utilizes AL in the care of older adults, including the perceived advantages and disadvantages. The demographics of the focus group participants were: mean age 50.3 years; 91% women, 78% white. After transcribing the focus groups discussions, we categorized staff perspectives. Analysis of the transcripts indicate that patient-related factors that led to AL usage included: 1) increased medical and daily care needs; 2) short-stay rehab and respite needs; 3) need for supervision or concern for safety at home; and 4) insufficient support from caregivers. The program-related factors were 1) inability to coordinate care in home setting (especially if associated with recurrent or unnecessary hospital use); and 2) cost-effectiveness of care (compared to NH and hospital). These findings indicate that many factors influence the decision to utilize AL within PACE. To better define this relationship, chart reviews are also being conducted to collect information about the medical conditions, disabilities, and living situations of the participants to identify major themes centered around patient- and program-related factors related to AL usage.

NURSE EMPOWERMENT IN NURSING HOMES: THE CRUCIAL ROLE OF THE DIRECTOR OF NURSING

A. Rao, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

This poster summarizes a systematic review of the literature to illustrate the role of nursing home (NH) directors of nursing (DONs) in fostering empowerment among licensed nurses. Literature from the disciplines of nursing, management, and women’s studies is synthesized to outline the concept of empowerment and highlight its significance within nursing, while summarizing the manner in which nursing leadership influences nurse empowerment. The major findings of this review suggest that nurse empowerment is important because it is associated with a variety of improved nurse outcomes, greater consistency of care, and increased patient satisfaction. Further, several studies demonstrate that nurse leaders’ management practices play a critical role in shaping nurse perceptions of empowerment, but that their capacity for fostering empowerment is highly context dependent. Most of these studies have been conducted with Registered Nurses in acute care settings. Because NHs differ from acute care both structurally and demographically, the generalizability of these findings to the NH setting is questionable. In NHs, DONs are the leaders responsible for providing the positive management that can potentially empower nurses, yet the contextual dynamics impacting their capacity for effectiveness remain largely unexplored. Further research explicitly examining nurse empowerment in NHs is, therefore, needed to build knowledge about how to
better equip DONs to deal with challenges unique to their care environment. Ultimately, this knowledge can help DONs to more effectively provide empowering leadership to nurses who will, in turn, be better able to exercise their professional power to care for their residents.

LINKING OLDER PERSONS TO COMMUNITY SUPPORT SERVICES: A CASE STUDY OF PRIMARY CARE PROVIDERS

J. Ploeg1, M. Denton1, B. Hutchison1, J. Tindale1, C. McAiney1, A. Moore1, K. Brazil1, J. Plenderleith1, 1. School of Nursing, McMaster University, Hamilton, Ontario, Canada, 2. University of Guelph, Guelph, Ontario, Canada

Community Support Services (CSSs) assist older adults to maintain their quality of life and ‘age in place.’ Research indicates that older adults know little about CSSs and that they identify their primary care providers as key sources of information about such services. This research used a qualitative multiple-case design to assess how primary care physicians and the interprofessional health care providers (IHCPS) in their practices link older adults to CSSs. Face-to-face interviews were conducted with primary care physicians and IHCPS working in four different models of primary health care within Ontario, Canada. A total of 43 interviews were conducted (physicians = 23; IHCPS = 20). Findings indicate that primary care physicians know relatively little about CSSs and when available, turn to other professionals within their practice to link older adults to services. IHCPS usually have greater awareness of CSSs than physicians. Physicians and IHCPS working in multidisciplinary team models of primary care described a reliance on the expertise within the team to make linkages while physicians working in solo or small group practices faced greater challenges in making these linkages. IHCPS use a comprehensive process of assessment of needs, identifying support services, prioritizing service needs, sharing information with patients, assessing acceptability of services to patients, negotiating a plan with patients, working as a health care team, connecting with community agencies, and following up, in order to link older adults to an appropriate CSS. Strategies and resources that could improve the linkage of older adults to appropriate CSSs were identified.

MEDICAL INSTABILITY, DELIRIUM, DEPRESSION AND PARTICIPATION IN REHABILITATION AMONG OLDER ADULTS IN POST-ACUTE CARE

S.E. Hardy, Geriatrics, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

Older adults in post-acute care must participate in rehabilitation to maximize the chance of functional recovery. Discharge from the hospital “quicker and sicker” may limit the ability of patients to participate in therapy. We examine the association of medical instability, delirium, and depressive symptoms with participation in therapy among 90 previously community-dwelling older adults admitted to skilled nursing facilities for post acute care. Respiratory instability was defined as a new requirement for supplemental oxygen or hypoxia with rest or activity. Cardiac instability was defined as abnormal blood pressure or pulse or orthostatic changes. Symptoms, assessed at rest and with simple activities, included fatigue, chest pain, other pain, and dizziness. Participants had mean ± SD age of 82 ± 8; 79% were female and 84% were non-Hispanic White. 22 participants (24%) were classified as having no, poor, or fair participation by therapists (versus good, very good, or excellent). Poor participation was significantly associated with delirium (23% vs. 6%, p<0.04) and greater ADL dependence (mean 5.2 vs. 4.2 of 7 ADLs, p=0.046). There were no significant differences between poor and good participants in age (83 vs. 81, p=0.26), female sex (84% vs. vs. 76%, p=0.37), white race (86% vs. 84%, p=0.84), cognitive impairment (68% vs. 74%, p=0.63), depressive symptoms (5% vs. 10%, p=0.40), cardiac instability (23% vs. 19%, p=0.71), respiratory instability (23% vs. 15%, p=0.38), or symptom instability (86% vs. 78%, p=0.39). Poor rehabilitation participation may mediate the relationship between delirium and poor functional outcomes.

SAFER CARE FOR OLDER PERSONS (IN RESIDENTIAL ENVIRONMENTS (SCOPE): IMPROVING RESIDENT CARE AND QUALITY OF WORK-LIFE FOR STAFF IN NURSING HOMES – A PROJECT COMBINING QUALITY IMPROVEMENT AND RESEARCH

L.A. Cranley1, C. Estabrooks2, P. Norton2, G.G. Cummings1, D. Barnard1, 1. University of Alberta, Edmonton, Alberta, Canada, 2. University of Calgary, Calgary, Alberta, Canada

SCOPE is a two-year proof of principle study (2010-2012) funded by Health Canada, being carried out in seven nursing homes in western Canada. It includes an education and support intervention for direct caregivers to improve the safety and quality of care delivery. We hypothesize that this intervention will improve not only the care provided to residents but also the quality of work-life for direct caregivers. The one year quality improvement (QI) intervention includes tools adapted from the Institute for Healthcare Improvement’s Breakthrough Series: Collaborative Model and Canada’s Safer Healthcare Now! improvement campaign. Local improvement teams in each nursing home (1-2 per facility) are led by healthcare aides (non-regulated caregivers) and focus on the management of one of three topic areas: pain, skin care, or resident behavior. These areas for intervention were chosen by managers and caregivers in the sector through a Delphi-like process. Critical elements of the program include local measurement, virtual and face-to-face learning sessions involving change management, QI methods and clinical expertise, ongoing virtual and in person support, and social networking. Quality of work-life is being measured using standard instruments before, during and one year following the intervention. In this session, we report on the progress of the teams in improving care processes at the 6 month mark and show that over ¾ of the teams have made substantial progress toward attaining their improvement goals.

COORDINATING CARE FOR FALLS VIA EMERGENCY RESPONDERS

E. Phelan1, H. Meischke1, B. Stubbs2, C. Fahrenbruch3, J. Herbert1, A. Imperial1, 1. U of Washington, School of Medicine, Seattle, Washington, 2. Emergency Medical Services (EMS) Division, Public Health – Seattle & King County, Seattle, Washington, 3. U of Washington, School of Public Health, Seattle, Washington, 4. Public Health - Seattle & King County, Seattle, Washington

Background Falls account for a substantial portion of 9-1-1 calls, but few studies have examined the potential for an emergency medical system role in fall prevention. We tested the feasibility and effectiveness of an emergency medical technician (EMT)-delivered, at-scene intervention to link elders calling 9-1-1 for a fall with fall prevention programs in their community. Methods The intervention consisted of a brief public health message about the preventability of falls and written program information left at scene. Data sources included 9-1-1 reports, telephone interviews with intervention district fallers and sociodemographically comparable faller controls, and in-person interviews with intervention district EMTs. Interviews elicited faller recall and perceptions of the intervention, EMT perceptions of intervention feasibility, and resultant referrals. Results Fifteen percent of 9-1-1 calls during the intervention were for senior falls. The intervention was delivered to 49% of fallers. Their mean age (N=111) was 81 ± 8 years; 77% were women, 40% had annual incomes under $20K, and 39% lived alone. Thirty-three percent reported that an EMT had discussed falls and fall prevention (vs. 11% of controls, P<0.05); 86% reported that the information was useful. Six percent reported having made an appointment with a fall prevention program (vs. 3% of controls). EMTs reported that the intervention was worthwhile and did not add substantially to their workload. Conclusions A brief, at-scene intervention is feasible and acceptable to fallers and EMTs. Although it activates only a small
FACtORS AFFECTING ATTITUDES OF COMMUNITY-DWELLING OLDER ADULTS TOWARD LONG-TERM CARE UTILIZATIONs
Y. Lin, J. Yoo, Department of Nursing, Yonsei University Wonju College of Medicine, Wonju, Kangwon-do, Republic of Korea

The purpose of the study was to determine factors affecting attitudes of community dwelling Korean older adults toward long-term care utilizations. A total of 222 community dwelling Korean older adults over 60 year old were surveyed to choose home care or nursing home care with hypothetical situations including hip fracture and severe dementia. A logistic regression analysis was used to identify variables that affected attitudes of long-term care utilizations among older adults. In case of hip fracture, gender (OR=2.16, p<0.024) was factor of nursing home care utilizations, indicating that odds that older women would prefer nursing home care if they have hip fracture, as long as they can afford it, were 2.16 times greater than the odds that older men would prefer nursing home utilization. In case of severe dementia, also, gender (OR=2.09, p<0.032) was factor of nursing home care utilizations, indicating that odds that older women would prefer nursing home care if they have severe dementia, in order not to be a burden for caregivers were 2.09 times greater than the odds that older men would do that. Age, education, economic state, living arrangement, cardiac disease, endocrine disease, and musculoskeletal disease were not a significant factor to affect attitudes of older adults toward long-term care utilizations with hypothetical situations including hip fracture and severe dementia. Implications of these findings for further research and application to health care professionals are discussed.

CARE PREFERENCES OF ELDERLY WOMEN AND MEN IN GERMANY
A. Kuhlmeier, S. Bluener, D. Dreger, Medizinische Soziologie, Charité Berlin, Berlin, Germany

Background: In Germany the current percentage of residential care is relatively low. Seeing the demographic change and the assumed change of values with regard to the willingness of loved ones to take over care the question comes up in which way care is provided in the future. Objective: The aim of the study was to find out the individual expectations and orientations of elderly men and women with regard to high-quality care. Method: A random sample of 20,000 participants (>40 years) was obtained among the insurants of 4 different private nursing care insurances. 6,218 insurants replied to the questionnaire, which corresponds to a response of over 31 %. Results: In case of need for care the question comes up in which way care is provided in the future. Objective: The aim of the study was to find out the individual expectations and orientations of elderly men and women with regard to high-quality care. Method: A random sample of 20,000 participants (> 40 years) was obtained among the insurants of 4 different private nursing care insurances. 6,218 insurants replied to the questionnaire, which corresponds to a response of over 31 %.

MEASURING PERSON-CENTERED CARE IN LONG TERM CARE: INSTRUMENT DEVELOPMENT
D. Porock 1, 2, Y. Chang 1, J. Li 1, School of Nursing, University at Buffalo, Buffalo, New York, 2. University of Nottingham, Nottingham, United Kingdom

Background: Person-centered care (PCC) is a philosophical approach where the autonomy and personhood of the elder is central to daily care and activities in long-term care (LTC). PCC places the emphasis on seeing the elder as an individual: who they are, their needs, history, personal preferences, passions, interests, culture, routines, and relationships. Currently there are no comprehensive measures of PCC quality. Purpose: To develop three comprehensive, psychometrically sound instruments for measuring the quality of person-centered care from the perspectives of 1. LTC residents; 2. their family; and 3 the staff who care for them. Methods: Two stage development. 1. Literature review, focus groups and content validity testing were used to develop items for the three questionnaires. 2. Psychometric testing. Participants in both stages were residents, families and staff from LTC facilities in Western New York. Qualitative methods were used to analyze focus group data and identify domains and items for the surveys. Content validation followed Lynn’s method. Reliability and construct validity testing were utilized with the pilot study data. Results: We expect a total 300 participants in the psychometric testing. 100 each from residents, family members and staff. The instruments showed satisfactory psychometric properties which warrant further development and use for research and quality monitoring. Conclusion: These newly developed instruments provide a starting place for measuring PCC which is more comprehensive in capturing all the relevant domains. However, a larger sample is needed along with predictive validity testing to determine the usefulness of these instruments in LTC research and practice.

INDEPENDENCE AND DEPENDENCE: THE PERSPECTIVES OF OLDER TAIWANESE WITH PHYSICAL DISABILITIES
L. Chang 1, J. Wang 1, 1. National Cheng-Kung University, Tainan, Taiwan, 2. Chang Jung Christian University, Tainan, Taiwan

Objectives. Independence and dependence has long served as an important indicator of health and needs for social services for older adults with disabilities. There is limited understanding of how older adults with disabilities conceptualize Independence/dependence in Taiwan. The study explored the meanings of Independence/dependence from their perspectives. Qualitative Methods. 18 older Taiwanese with physical disabilities were recruited from three out-patient rehabilitation clinics and participated in one or two taped in-depth interviews. 26.5 hour of participant observation of their daily routines were completed, including 20-hour of videotape. Interviews were transcribed in verbatim, video tapes reviewed and described in extensive field notes. Transcripts were analyzed with thematic analysis, with the assistance of Atlas.ti 5.5 software. Results. Three themes emerged from the narratives: (1) Independence/dependence was an elusive concept, evidenced by the participants’ difficulties in articulating definitions. (2) Difficulty in rating independence/dependence. Self-rated level of independence varied, primarily conditioned upon interpersonal contexts. (3) Dilemma of “striving for independence.” Despite regaining independence as the proclaimed goal of rehabilitation, the primacy of rehabilitation in daily routines, and diligent attendance in daily rehabilitation sessions that aimed at motor recovery, most participants showed a lack of interests and exertion in independently completing daily tasks outside of rehabilitation clinics, and considered the need for assistance as legitimate. Conclusions. The findings reveal a gap between independence defined in health and social services and the perceptions of older adults, and between the concerted efforts of doing rehabilitation and the lassitude for practicing independence in daily lives.
For example, the Hospital Elder Life Program (HELP) was shown to be successful, but sites with limited resources might find the HELP costly. Thus, modifying the HELP to include only key nursing components might prove more cost-effective. Objectives: To develop and evaluate a modified HELP intervention derived from a conceptual model of shared geriatric-risk factors. Method: The modified HELP intervention was developed and evaluated based on the United Kingdom Medical Research Council’s evaluation framework. According to this framework, the modified HELP was based on a conceptual model of shared risk factors and literature analysis. The HELP’s feasibility, efficacy, and components were evaluated between August 2007 and April 2009 in a pre-and post-intervention pilot trial. Participants were 179 patients enrolled as the control (n=77) and intervention (n=102) groups. Results: The modified HELP intervention targeting three shared risk factors (cognitive, functional, and nutritional status) was successfully implemented on a surgical ward. The average 7-day inpatient intervention for older patients undergoing common elective, abdominal surgical procedures substantially reduced the rates of eight common geriatric syndromes: delirium, functional dependence, malnutrition, weight loss, depression, incontinence, pressure ulcers, chewing difficulty, swallowing difficulty, and sleep disturbance. Conclusions: Theses findings suggest that revising care to target three shared risk factors significantly reduces the development of eight common geriatric syndromes and continued development of the HELP is indicated. Thus, the next logical step in testing its effectiveness and long-term benefit is a randomized controlled trial.

HOSPITAL-RELATED QUALITY OF CARE IMPROVEMENTS ASSOCIATED WITH A HIGH RISK CASE MANAGEMENT PILOT PROGRAM FOR MEDICARE MEMBERS WITH MEDIGAP COVERAGE
K. Hawkins1, R.J. Ozminkowski1,2, G.R. Bhattacharya1, S. Wang1, P. Parker2, C. Barnowsk1, R.J. Miglior1, C.S. Yeh1, 1. Analytics and Data Management, Ingenix, Ann Arbor, Michigan, 2. UnitedHealth Group Alliances, Minnetonka, Minnesota, 3. AARP Services Inc., Washington, District of Columbia

Research Objective: Estimate the relationship between participation in a High Risk Case Management (HRCM) program and inpatient hospital-related quality of care for Medicare beneficiaries with an AARP® Medicare Supplement (i.e. Medigap) plan insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York.

Study Design: In-home and telephone HRCM services were provided by nurses and social workers to improve care coordination for participants who qualified for and lower average inpatient hospital expenditures.

Population Studied: Sample members resided in five pilot states. Those who qualified for Medicare Supplement (i.e. Medigap) plan insured by UnitedHealthcare.

RESULTS: After adjusting for the program had Hierarchical Condition Category scores greater than 3.74. 676 members voluntarily participated in the study. 2.3% of members voluntarily participated in the study. 5.564 similar members were used for comparison. Results: After adjusting for demographic and health status differences, HRCM participants were significantly (3.7%, p=0.05) more likely to have an office visit within 15 days of a hospital discharge, significantly less likely (28.1%, p=0.07) to have a hospital readmission within 30 days of hospital discharge, and averaged significantly fewer inpatient hospital expenditures per month ($37.28, p=0.01). In addition, almost all members (98%) were satisfied with the program. Conclusions: This is the first known HRCM program designed for Medigap members. It was associated with high member satisfaction and better hospital-related quality of care in its first year.

TITLE: DIET QUALITY AND SOCIAL SUPPORT: FACTORS ASSOCIATED WITH SERUM CAROTENOID CONCENTRATIONS AMONG OLDER DISABLED WOMEN (THE WOMEN'S HEALTH AND AGING STUDY)

PURPOSE: This study investigated the relationship between social support, including instrumental support, emotional support, social interaction, social space, and family networks, and diet quality, as indicated by serum carotenoid levels. DESIGN AND METHODS: The sample consisted of participants in the Women’s Health and Aging Study with longitudinal carotenoid data (n=325). We performed regression analyses on baseline indicators of social support — and on change in social support — to determine whether baseline level or change in levels of social support predict change in serum carotenoid levels over 2 years. To determine whether or not regression to the mean was driving these results, we performed an analysis that included baseline and change levels of social support indicators. RESULTS: At baseline, the frequency of leaving one’s home was associated with a decrease in carotenoid levels. Leaving one’s home more frequently predicted an increase in carotenoid levels and attending fewer activities predicted a decrease in carotenoid levels. However, increased telephone use predicted a decrease in carotenoids. IMPLICATIONS: In older, community-resident disabled women, baseline levels of social support did not consistently predict diet quality. However, change in social support predicted both positive and negative change in nutritional status and thus provides supportive evidence that social activity and family interaction may play meaningful roles in the maintenance of nutritional status of functionally compromised older women. Further research is necessary to more fully understand the impact of multiple forms of social supports on the nutritional status of older adults.

UTILIZATION OF COMMUNITY POTENTIAL FOR DISASTER DAMAGE REDUCTION AND RECOVERY
K. Kitagawa1, T. Nagai1, M. Tahara1, H. Ok1, B. Pyon2, 1. Culture & Education, Saga University, Saga, Japan, 2. Mokwon University, Daejeon, Democratic People’s Republic of Korea

Japan’s biggest recorded earthquake in north-east coast had hit on Mar.11,2011. Previous years, disasters were frequent in Japan such as 20.1% of natural disasters in the world occur in Japan, and the related damage accounts for 11.9% of that in the world. Volunteer disaster-prevention activities by community residents are being seen as a new type of social activism in Japan, from a viewpoint of enhancing local disaster prevention capabilities. The number of community fire brigades which have long been important providers of disaster prevention, is decreasing, and there are now less than 900,000 members all over Japan. Moreover, the members are aging, potentially becoming the target of disaster victims in Japan are elderly. We studied relief operations by social welfare facilities. In our research, we found that 64.1% of long-term care insurance facilities and 51.0% of facilities for the disabled were prepared to accept evacuee from the community. It is expected that they will be evacuation centers during disasters. We conducted qualitative studies with the co-operation of staff of community support centers, and clarified that care manager has the capacity to provide medical care, insurance, nursing services and social rehabilitation of elderly people after disasters. By 2010, 99.1% of municipalities in Japan had created evacuation plans for those who require nursing care. Two thirds of municipalities are now making individual plans for such residents. Municipalities are preparing disaster prevention plans which take advantage of the power of community.
Background: The Program of All-inclusive Care for the Elderly (PACE) is a full-risk, capitated model of care for nursing-home eligible older adults, accountable for achieving maximal independence and health for enrollees. Between FY09 and FY10, the Johns Hopkins PACE center transitioned from out-sourced vision services to providing in-house, weekly vision care through an optometrist and mobile clinic. This study evaluates the effects of changes in site-of-care on resource utilization. Methods: Evaluation of direct costs and service provision was performed as a secondary data analysis of claims data submitted with a primary diagnosis for an ophthalmologic condition between the 1 year pre- and the 1 year post-transition in services. Results: There was a decrease in total expenditures for vision services delivered in FY09 and FY10 from $140,919 to $84,140. Notably, more patients received care in FY10 (119) than in FY09 (78) and a higher total number of procedures were performed (721 in FY10 versus 610 in FY09). Conclusions: Despite a 40% reduction in vision care expenditures associated with internalizing specialty services, 53% more patients accessed care and 18% more procedures were performed. Moving primary vision services to the PACE site may enhance access, resulting in greater patient utilization and more comprehensive patient care. Additionally, point-of-care collaboration between PACE managers and non-affiliated health professionals may foster an environment for greater efficiency with less expensive, and perhaps less medically inappropriate, care for this frail, elderly population. We plan to evaluate the impact of these services on vision outcomes in the future.

THE RETURN ON INVESTMENT ASSOCIATED WITH A HIGH RISK CASE MANAGEMENT PILOT PROGRAM FOR MEDICARE BENEFICIARIES WITH MEDIGAP COVERAGE K. Hawkins1, R.J. Ozminkowski1,2, G.R. Bhattacharai1, S. Wang1, P. Parker2, C. Barnowski1, R.J. Migliori2, C.S. Yeh1, 1. Analytics and Data Management, Ingenix, Ann Arbor, Michigan, 2. UnitedHealth Group, Minnetonka, Minnesota, 3. AARP Services Inc., Washington, District of Columbia

Research Objective: Estimate the return on investment (ROI) associated with participation in a pilot High Risk Case Management (HRCM) program for Medicare beneficiaries with an AARP® Medicare Supplement (i.e. Medigap) plan insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York. Study Design: In-home and telephone HRCM services were provided by nurses and social workers to improve care coordination for those with multiple chronic conditions. Propensity-score-weighted multiple regression analyses were used in a difference-in-difference framework to estimate savings in total healthcare expenditures per engaged participant per month that were associated with program participation. ROI was estimated as monthly savings divided by monthly costs of the program. Population Studied: Those who qualified for the program resided in five pilot states with Hierarchical Condition Category scores greater than 3.74. 676 members voluntarily participated in the program. 5,654 similar insureds were used for comparison. Results: The ROI showed favorable savings ($2.18 per dollar spent on the program). These savings primarily accrued to Medicare, which paid about 84% of total healthcare expenditures. To a lesser extent savings accrued to the Medigap payer and to members, who paid 7% and 9% of total expenditures, respectively. Almost all members (98%) were satisfied with the program. Conclusions: This is the first known HRCM program designed solely for Medigap members. While its ROI estimate was not statistically significant (p=0.65) in the first year, these results are encouraging for a pilot program. As the program continues to expand, continued member satisfaction and statistically significant results are anticipated.

SESSION 1050 (POSTER)
EDUCATION AND TRAINING PROGRAMS

FACTORs ASSOCIATED WITH HEALTH SERVICES ADMINISTRATION STUDENTS’ INTEREST IN LONG-TERM CARE A. Temple, J.M. Thompson, Health Sciences, James Madison University, Harrisonburg, Virginia

With the aging of the population, there will be an increased demand for health administrators in long-term care (LTC) settings. This study explored factors related to interest in careers in LTC among 68 undergraduate health services administration students at one mid-Atlantic state university. Students completed an online survey that contained items relating to demographics, completion of gerontology coursework, experience in LTC settings, frequency and quality of contact with older adults, perceptions of the career field, attitudes towards aging, and interest in LTC. Multiple linear regression was used to examine factors associated with interest in a career in LTC administration upon graduation. Of the students surveyed, 32% expressed interest working in LTC administration. Volunteer or work-related experience in LTC settings (beta=0.20, p<.05), quality of contact with unrelated older adults (beta=0.28, p<.05), satisfaction working with the elderly (beta=0.29, p<.05), and confidence in the ability to work in LTC (beta=0.39, p<.01) were all positively associated with interest in LTC administration. These findings suggest that educational programs should incorporate opportunities for experience in LTC settings and tailor coursework to foster confidence in the field to increase the number of students in LTC administration.

TRAINING PROGRAM IN AGING RESEARCH FOR SOCIAL WORK FACULTY: A FOLLOW-UP STUDY C.M. Mehrotra, Psychology, The College of St. Scholastica, Duluth, Minnesota

With support provided by NIH and the Hartford Foundation we have offered a training program to expand the pool of social work faculty engaged in aging research. Program design includes an initial summer institute, ongoing consultation, a mid year meeting, and a follow-up institute. Our past presentations at GSA annual meetings have focused on the program design, its content, intended outcomes, and formative evaluation. This poster reports the results of a follow-up evaluation we conducted in June 2010 to assess program outcomes. Key findings: More than 95 percent of the participants have incorporated recent advances in their courses; 82 percent have engaged students in conducting aging research; 88 percent have used their skills and knowledge from the training program in writing grant applications; and more than 70 percent have given presentations at national and regional conferences. In addition, more than 60 percent have received funds exceeding a total of eight million dollars to conduct aging research. Analysis of their grant applications indicates that a number of these projects focus on aging in ethnic minority populations. Furthermore, grant support has been provided by a large variety of funding agencies. This not only indicates widespread interest in aging research, but also shows recognition of untapped potential of social work faculty to contribute to aging research and generate useful knowledge in new ways. The poster presentation would also include lessons learned in conducting the training activities. This information may be useful to colleagues interested in designing research training programs in other disciplines.


Purpose: To enhance knowledge of pathways that led adults 40 years of age or older to obtain a graduate degree in social work (MSW) and...
to gain insight into their experiences in the program as well as the job market afterward. Methods: Inclusion criteria included age (40+ years) and participation in the MSW program from 1999 to 2009. Sixty-one alumni were contacted and 60 (98%) participated in telephone interviews. Results: On average, respondents were 45 years of age when they returned for the MSW. Most were female (85%) and Caucasian (60%). Prior to the MSW, most (58%) respondents had been in the for-profit sector and most (57%) switched into the non-profit sector after the MSW. Volunteering and caregiving were pathways that led to the MSW and 72% reported having a ‘pivotal moment’ that led them to seek an MSW. Push-factors included lack of meaning in their work while pull-factors included the people-centric nature of the MSW, social work as a suitable post-retirement career, and human service agencies mandating the MSW. Most believed age was an asset in the program and in their job search (58%). Twenty-one percent reported age discrimination. Most reported their post-MSW job was more satisfying than their pre-MSW job and that they were better able to contribute to society. Implications: This MSW program was pivotal in re-tooling baby boomer’s skills and knowledge to advance or launch their careers. Next steps involve developing strategies to recruit and support older students in MSW programs.

UNDERGRADUATE PERCEPTIONS OF WORKING WITH OLDER PEOPLE: IMPLICATIONS FOR THE NURSING PROFESSION
C. Neville, R. Dickie, School of Nursing and Midwifery, The University of Queensland, Ipswich, Queensland, Australia

Recent literature suggests that nursing students are reluctant to seek employment with older people upon completion of baccalaureate programs. This has implications in regard to recruiting a high quality gerontological workforce. Therefore it is imperative to gain a better understanding of the factors that influence nursing students’ perceptions of older people. This understanding is relevant for nursing education curriculum developers and healthcare employers. This three year (2008-2010) longitudinal investigation was undertaken in an Australian University. Data was collected annually using the Perception of Working with Older People Scale (Nolan et al, 2001). This scale assesses perceptions of working with older people in general, one’s personal disposition towards or intention to work with older people and ones’ perceptions of the consequences of working with older people. Results (n=205) indicated that younger students and students who have no experience with older people have less positive perceptions. However, female students, those who have worked with older people prior to their nursing education, those who currently work with older people and students in first year compared to second and third year students have significantly more positive perceptions. Currently there is a gerontological nurse shortage and there is no indication this situation will improve any time in the future. The study reinforces that the important association between perceptions of older people and the type of exposure to older people during the undergraduate curriculum warrants more attention if graduate nurses are to seek employment in this challenging and rapidly expanding clinical area.

GAPS IN WORKFORCE EDUCATION AND TRAINING: WHAT WE CAN LEARN FROM NEW YORK STATE
B.P. Horowitz1, R. Maiden1, J.L. Howe1, 1. York College-CUNY, Jamaica, New York. 2. Alfred University, Alfred, New York. 3. Mount Sinai School of Medicine, New York, New York

On March 23, 2010 President Obama signed the Patient Protection and Affordable Care Act into law with the goal of health care security for Americans. Currently over 35 million Americans have Medicare, 36 million Medicaid. By 2030 it is estimated there will be over 70 million Americans 65 years or older; the number of adults 85 or older is projected to reach 8.9 million. New York State (NYS) ranks third in the nation in the number of older adults. While older adults are often healthy into advanced age, advanced age is associated with greater risk for chronic illness and disability, often requiring health and human service services to address complex health and social needs. The question looms: How will these providers be adequately trained? This paper provides findings from a NYS study that sought to identify concerns and offers recommendations on workforce education/training challenges in gerontology/geriatrics. Data was obtained from a statewide sample of executive level personnel, gerontologists, providers of services, older adults, and other stakeholders (N=355). Key themes identified through content analysis included need for education on aging in agencies serving older adults, education on human development and disability, and more opportunities for training/education for providers. Lack of funding was identified as a significant barrier to employee education as well as a lack of consensus among employers, universities, government agencies and providers on what education programs should be offered. We will make recommendations about strategies to close training gaps which will be generalizable to states with similar demographics.

PARTNERING WITH OLDER ADULTS: USING NURSING STUDENTS’ REFLECTIVE JOURNALS TO IDENTIFY LEARNING
S. Davies1,2, A. Reitmaier1, L. Smith1, J. Nursing, Winona State University, Winona, Minnesota, 2. University of Sheffield, Sheffield, United Kingdom

The benefits of intergenerational contact between old and young adults have been demonstrated; yet nursing programs have underexplored the potential of these relationships for enhancing student learning. This paper presents data from student reflective journals to evaluate an undergraduate course in gerontological nursing. The sixteen-week course aims to create positive learning experiences by involving older adults as peers in student learning. Elders are recruited to receive bi-weekly visits from a designated student in order to share aspects of their life and experiences with them. Students work with older adults to develop health promotion projects that will benefit the whole community in which the older adults live. They write reflective journals based upon their conversations with each older adult as a method of evaluating their learning. Data a matrix was initially developed from a consideration of thirty journals. A further sixty journals were then mapped onto these categories, which were refined and adjusted. Journals were completed during 2010. Three major themes were identified representing the impact of interactions between the students and the older adults on student learning: discovering connections (making links with evidence and viewing the person holistically, adapting our thinking (becoming aware and being challenged, building intergenerational relationships (recognizing the value in spending time with older adult and the potential for mutual learning. The presentation will elaborate on these themes to illuminate the processes through which student nurses apply theoretical learning. The findings have relevance for nurse educators, student nurses, older adults and gerontological practitioners.

HEALTH CARE DECISION MAKING: EVALUATION OF INTERPROFESSIONAL ETHICS TRAINING AND POLICY ISSUES
M.E. Morrissey, Graduate School of Social Service, Fordham University, White Plains, New York

Health care decision making is an important area of policy making for older adults today as it concerns critical issues such as advance care planning, self-determination, conversations with family members, health care agents and health care professionals, caregiving, and multidimensional aspects of health and well-being. The complexity of laws and policies that affect health care decision making for older adults and shifting paradigms in policy point to the urgent need for ethics training for social workers and all health care professionals working with older adults in diverse practice settings. There is little data available on the evaluation of ethics training for health care professionals and ethics committee members working in health care settings and the impact of such train-
SSD ELIGIBILITY AND PARTICIPATION AMONG THE AGED: A HAZARD MODEL APPROACH

J. Kim, Northeastern Illinois University, Chicago, Illinois

This study revisits the historic policy concern over nonparticipation in the Supplemental Security Income (SSI) program, and more specifically, the question of why take-up of SSI program benefits among the aged is perpetually lower than what theory proposes. The most contemporary research model suggests that from a static or cross-sectional perspective, the aged take-up decision is primarily determined by the financial situation of the eligible individuals. Yet, extant studies have yet to establish a dynamic model of SSI participation that explicitly takes into account the changing circumstances of the elderly. For many elders, the period after age 65 is a time of rapid and considerable changes in the areas of income, health and functioning, as well as living situations. As such, this study extends the current literature by exploring the longitudinal processes leading to eventual take-up of benefits among the aged. Methodologically, the research relies on event history analysis of data from the Health and Retirement Study spanning the years 1996-2006 to explain both the timing of transition to eligibility and participation status, as well as the role of life events (i.e., changes in health, functioning, and expected benefit levels) on the take-up decision. Life table analysis yields a cumulative, twelve-year take-up rate of ~36% among those eligible, and a cumulative, twelve-year eligibility rate of ~25% among those at risk. Meanwhile, hazard models reveal that changes in health and functioning over time in addition to changes in the expected benefit significantly influence the participation decision.

IMPACT OF PENSION PLAN DESIGN ON RETIREMENT BENEFITS IN THE MASSACHUSETTS PUBLIC RETIREMENT SYSTEM

E.A. Bruce1, 2, L.A. Martin1. 1. Gerontology Institute, Univ. of Massachusetts Boston, Boston, Massachusetts, 2. Gerontology Department, Univ. of Massachusetts Boston, Boston, Massachusetts

Public pension systems have been under significant scrutiny due to the substantial drop in investments brought on by the recession and stock market drop in the fall of 2008. There is a perceived generosity a public pension defined benefit structure. This paper examines the amount of benefits given to public retirees in one state with a defined benefit pension defined benefit structure. This paper examines the amount of benefits given to public retirees in one state with a defined benefit plan, Massachusetts. We answer several questions. How much retirement income are former state employees receiving? Who are benefiting most from the state retirement system? Are there gender or age differences in the amount of benefits received by workers or beneficiaries, and at what age do most workers retire? Using data from the Massachusetts Retirement System on 33,480 retirees (92.9%) and 2,543 (7.1%) individuals receiving benefits as a surviving beneficiary, the authors examine differences in income, age, and gender. The median benefit of all retirees is $19,748, with full career retirees having a median benefit of $36,692. However, full career female retirees median benefit is $32,286, 17.2% less than full-career males (at $39,005). A larger discrepancy exists based on years in retirement with full-career retirees who have been retired for over 20 years having a median benefit of only $21,519, 57.1% less than that of newly retired full-career ($50,130). Authors examine several reforms being proposed which might impact benefit levels, reduce discrepancies, and provide an adequate retirement for public employees.
examines stage sequential change over time in transition from full-time employment to complete retirement and investigates age cohort and gender differences in the transition process toward retirement. Latent transition analysis revealed four distinct statuses: the fully-retired, partially-retired, full-time work, and part-time work. Among 5,531 adults reporting full-time work hours in 1998, 67% remained in the full-time work status in 2000. From 2000 to 2004, 51% remained there, 27% transitioned to the fully-retired, 12% to part-time work, and 10% to the partially-retired status. From 2004 to 2008, 47% remained in full-time work status while 29% transitioned to fully retired, 13% to part-time work, and 10% to partially-retired status. Age cohort and gender differences were identified in the status prevalence and transition probabilities. For example, early baby boomers (born 1946-1953) were most likely to transition to partially-retired status; whereas the silent cohort (born 1936-1945) were most likely to transition to the fully-retired, and the long-civic cohort (born 1926-1935) most likely to transition to part-time work status. Women were more likely than men to remain in full-time work status at older age. Findings have implications for changes in workforce practices and public policies to adjust for retirement transition among older workers.

SENIOR ECONOMIC INSECURITY ON THE RISE
T. Meschede, L.A. Sullivan, Heller School, Brandeis University, Waltham, Massachusetts

Not only did the dramatic changes in the retirement landscape increase financial risks for seniors, the recent recession added more financial challenges for individuals approaching or living in retirement. This study documents the impacts of the recession on the economic fragility of seniors by depicting trends between 2004, 2006, and 2008 utilizing key measures of economic security such as housing and health expenses, home equity, and assets. Using Consumer Expenditure Survey and Health and Retirement Study data, analysts indicate that the overall financial risk has increased significantly (p<0.001) between 2004 and 2008. Analyses of the major sources of increased risk point to housing expenses, rising expenses relative to budgets, and a decrease in assets. For example, while 41.7% of senior households were spending 30 percent or more of their income on housing expenses in 2004, meeting the Department of Housing and Urban Development (HUD) definition of burdened by housing expenses, the proportion at risk rose to 47.0% percent in 2008. The percent spending no more than 20 percent of income on housing fell three percent during this time to 33.5 percent. For African-American and Latino seniors, who overall have lower retirement benefits and savings, the future is especially bleak. Preliminary analyses point to seniors of color at particular financial risk during retirement. This paper discusses policy solutions to enhance existing programs for seniors and support asset development for adults of all ages to better prepare them for their retirement years.

HOUSING WEALTH OF THE BABY BOOM GENERATION
S. Neufeld, Wayne State University, Detroit, Michigan

Introduction: Historically, the largest component of household wealth in the U.S., aside from Social Security, has been home equity. However, the increase in mortgage debt over several decades, coupled with the decline in housing prices after 2006 has reduced housing wealth substantially. This has particular significance for the baby boom generation, who are nearing retirement age. Methods: We use data from the Survey of Consumer Finances reports from 1989 to 2007 and calibrated to the Federal Flow of Funds (FoF) data published quarterly by the Federal Reserve Bank. We address the questions: To what extent has boomer housing wealth been reduced? Can boomers still count on their home equity to help fund their retirements? Findings: Since 2006 the value of all housing stock owned by the baby boom generation has declined by about $2.2T to $7.9T. Mortgage debt however remains at $4.7T, about the same as in 2007. The housing crash has, thus, exacerbated the long-term trend in declining home equity: the equity of households aged 55-64 (aged 45-54) in 1989 was 81% (70%) on average, but has now dwindled to only 50% (35%). Thus, the average boomer household’s housing wealth is roughly $125K today, only modestly more than their $112K annual income, quite insufficient to fund retirement at the levels they might desire. Discussion: Boomer households remain highly leveraged and their home equity is at historic lows. Mortgage debt will take many years to pay down, which has significant implications for boomer labor force participation in their later years.
HEALTH RELATED QUALITY OF LIFE: THE ROLE OF RACE AND ENGLISH PROFICIENCY FOR OLDER IMMIGRANTS
D. Nguyen1, L. Bernstein2, 1. New York University, New York, New York, 2. Columbia University, NEW YORK, New York

Race has frequently been discussed as an influencer of HRQOL, while language’s role has enjoyed limited attention. Using data from the 2003 and 2005 California Health Interview Survey, this study examines the relationship between social determinants of HRQOL in older immigrants. Data for foreign-born respondents 65 and older was used. Race was categorized using the UCLA Center for Health Policy Research definitions of race. Mixed race respondents were excluded from the study sample to ensure proper classification. The study included 2675 immigrant Latino, Asians, and Whites. Multivariate logistic regression models were tested for the four outcomes of HRQOL. The results show the central role of English proficiency on the health of older immigrants. Elders who spoke well or only spoke English were more likely to be in good health than those who spoke English poorly. In terms of limited days, those who spoke well or only spoke English were less likely to report more limited physical days and overall limited days than elders who spoke English poorly. While more Latino and Asian elders were in poor health compared to non-Hispanic Whites, the racial/ethnic differences were not observed once other factors were controlled. In terms of limited days, Asian elders were less likely to report more limited physical days and overall limited days than non-Hispanic White elders. The findings raise questions about the role of English proficiency on health among older immigrants. Implications for gerontological research and practice older immigrants will be discussed.

TYPES OF DISABILITY AND LIVING ARRANGEMENTS AMONG ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE OLDER ADULTS IN THE UNITED STATES
S. Lee, Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts

The purpose of this study is to explore how type of disability shapes living arrangements among older Asian adults in the United States. Given the paucity of research on Asian ethnic group variations based on marital status, this study analyzes singles and couples separately. This study compares six Asian ethnic groups (Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese) as a majority of older Asians are from one of these six countries. The data are drawn from the U.S. Census 2000 5% Public Use Microdata Sample (PUMS). The findings for singles show that the effect of being limited only on ADL is not significant for any of the specific groups except for Chinese, where the odds of living alone are 67% greater than among the non-disabled. The effect of being limited on both IADL and ADL is statistically significant for Asian Indian, Filipino, Korean, and Vietnamese, where the odds of living alone are 1.74 – 2.58 times higher than among the non-disabled. The findings for couples show that the effect of one or both spouses being limited on ADL is statistically significant for Chinese, Japanese, and Korean couples. The likelihood of living alone decreases by 40% and 53% respectively for Japanese and Korean couples than among the non-disabled, however, the likelihood of living alone increases by 30% for Chinese couples. It is important to be aware of the Asian ethnic group variations in their living arrangements and to promote well-being of the disabled Asian older adults especially those who live alone.

LONG-TERM CARE AMONG OLDER MEXICAN AMERICANS: THE CONSTRAINTS OF CULTURE
K.C. Prickett1,2, J.L. Angel3, 1. Sociology, The University of Texas at Austin, Austin, Texas, 2. The Population Research Center, Austin, Texas, 3. The LBJ School of Public Affairs, Austin, Texas

Purpose. This study addresses long-term care issues facing Mexican-American families in later life. Although the family is central to

SCHOLIC INTEGRATION, HEALTH, AND MENTAL HEALTH AMONG ASIAN INDIAN, CHINESE AND KOREAN IMMIGRANT ELDERS

Research has established the relationship between social integration and health, yet little research has focused on older Asian Americans. This study applies social integration and social exchange theories to examine the effects of family relationships and social exchanges on health, and mental health. The study data were derived from the Asian American Elders in New York City Study, a population-based survey of Asian Americans over 65. The study sample was restricted to 259 Chinese, Indian, and Korean elders. The Geriatric Depression Scale and the general health item from the MOS were selected as dependent variables for multivariate linear regression models. The mean age was 72.6 (SD=6.3). Indian elders were younger than Chinese and Korean elders. Koreans had the lowest mean GDS scores. Indian elders were in poor health and received and provided more care than elders from the other ethnic groups. Multivariate regression models showed that compared to Indian elders, Korean elders report higher levels of depression and are in worse health. Secondly, when the elder is able to provide care to their child’s family, they reported lower levels of depression. Conversely, when the elder receives care from their child, they rate their health more poorly. The differences in overall health and mental health function are reflective of the diversity among the Asian racial category. Furthermore, while being socially integrated is important, the type of connection matters. Implications for researchers and practitioners who work with Asian American elders will be discussed.

IMPLEMENTING THE NATIONAL RESOURCE CENTER ON LGBT AGING: RESULTS FROM A BASELINE SURVEY

The National Resource Center on LGBT Aging (NRC) is the country’s first and only technical assistance resource center aimed at improving the quality of services and supports for lesbian, gay, bisexual, and transgender (LGBT) elders. Established in 2010 through a three-year grant from the U.S. Administration on Aging, the NRC provides training, technical assistance and educational resources to aging service providers, LGBT organizations and LGBT older adults. The NRC is led by Services & Advocacy for GLBT Elders (SAGE), in partnership with ten organizations nationwide representing service providers, professional associations, and universities to carry out the following goals: improve the services that aging service providers and LGBT service providers offer to LGBT elders by educating them about the population’s particular needs; and to increase long-term planning and knowledge among LGBT elders. In the first year of its implementation, the NRC conducted a nationwide baseline web-based survey of LGBT service providers, older adult service providers, and older adults (N=1,732). The purpose of the survey was to determine resource needs among these stakeholders. This paper presents descriptive results of the survey, including bivariate analyses comparing stakeholder needs. Preliminary findings suggest that both LGBT-focused and older adult service organizations lack policies sensitive to the needs of LGBT elders. Results also show significant differences in resource needs among different age groups and income levels of respondents. Detailed results will be presented along with implications to future policy and research to meet the needs of this vulnerable underserved population will be discussed.

their strong familial bonds have served as the foundations of their survival as well. This research was funded by Nissay Foundation.

64th Annual Scientific Meeting 323
Mexican-American identity and culture, Mexican Americans are living longer and with more serious health problems. Consequently, options in elder care often conflict with family traditions. Methods. Using the Hispanic-Established Populations for Epidemiologic Studies of the Elderly and nursing home data provided by the Department of Health and Human Services, this research examines the impact of functional incapacity on living arrangements for elderly, unmarried Mexican American men and women. Results. A greater percent of those living with family experience at least one ADL disability compared to those living alone (46.5% versus 34.5%, respectively). In addition, of those living alone and with an ADL disability, a greater proportion is likely to be very impoverished ($10,000 or less) than those living with family and with an ADL disability (67.2% versus 40.4%). Regression analyses reveal a lack of income mitigates the likelihood of living with family for those with an ADL disability. Finally, nursing home availability has little effect on informal care arrangements once Medicaid is taken into account. Discussion. These findings suggest that despite a cultural preference for family-based long-term care, disability and income interact in ways that constrain and enable these care options. Participants at this presentation will learn how income and disability can influence long-term care decisions among Mexican-American families. In addition, participants will be informed regarding implications for long-term care policy development.

USE OF AND UNMET NEEDS FOR HOME AND COMMUNITY-BASED SERVICES BY FRAIL, OLDER KOREAN AMERICANS AND THEIR CAREGIVERS

B.L. Casado1, S.E. Lee2, 1. University of Maryland, School of Social Work, Baltimore, Maryland, 2. San Jose State University, School of Social Work, San Jose, California

PURPOSE: With changing demographics, the older population in the United States is becoming increasingly diverse. Yet the literature is limited regarding the need for home- and community-based services (HCBS) in older ethnic minority populations. This study explored the needs for these services among older Korean Americans (KA). DESIGN & METHODS: Data were drawn from a cross-sectional survey study of caregivers of frail older KA (N = 146). It examined the utilization and the reasons for non-use of eight types of HCBS programs (respite, adult day care, personal care, home health, housekeeping, home-delivered meals, transportation, and support group). Guided by the health behavioral model, the predictors of unmet needs for these services were explored. RESULTS: The utilization of HCBS among KA was low. Reasons for non-use varied across service type, but respondents often reported non-necessity, lack of awareness, and care-recipients refusal. Predictors of unmet need for HCBS also varied by types of service and included caregiver gender, relationship, care-recipient cognitive impairment, caregiver burden, caregiving hours, Medicaid coverage, and caregiver service-use efficacy. IMPLICATIONS: This study demonstrated the need to outreach the KA community and collaboratively explore innovative ways to modify and expand existing HCBS programs for older KA and their caregivers.

BLACK AND WHITE OLDER COUPLES: INTERDEPENDENCIES IN DISABILITY, PERSONAL RESOURCES, AND WELL-BEING


The prevalence of functional limitations, physical disability and cognitive impairment in the population over age 50 represents a major challenge for society and older individuals. Physical disability is a risk factor for depression and lower emotional well-being in later life, especially as individuals begin to progressively require increased assistance to remain living in the community. Disability within the marital or cohabiting relationship also presents a challenge to older adults as the daily stressors of one partner can influence the well-being of his or her spouse. Few studies have examined couple and partner differences in the co-occurrence of disability, personal resources, depression and well-being. We do this using data from a nationally representative sample of older couples aged 50 and over who participated in the 2008 wave of the Health and Retirement Study (HRS: White Couples, n=2,002; Black Couples, n=222). We use repeated measures ANOVA to identify differences between Black and White couples on various demographic, control, functional limitation, cognitive and well-being measures. Preliminary analyses suggest that there are statistically significant differences between Black and White couples in age, education, memory, total functional limitations and depression. In follow-up analyses we conduct intra-class correlations (Kenny et al, 2006) to quantify the degree of interdependence within Black and White couples. Our findings speak to the importance of considering the differences in degree of interdependence between Black and White older couples and how these differences can inform couple-level interventions.

SESSION 1065 (POSTER)

IMPROVING NURSING HOME QUALITY

BEYOND THE EDGE OF CHAOS: TURNOVER CO-VARIATION, DIRECTOR OF NURSING LEADERSHIP, AND CARE QUALITY IN A NURSING HOME

S.R. Hunt, K. Corazinni, J. Barroso, R.A. Anderson, School of Nursing, Duke University, Durham, North Carolina

More than one third of nursing homes’ directors of nursing (DON) leave their positions annually; importantly, this turnover often co-occurs with turnover at all levels of management and direct care staff (AHCA, 2008). The purpose of this study is to describe the structural and relational processes of turnover co-variation and its impact on quality of clinical leadership and resident care outcomes. This case study is a secondary analysis (N=97 staff in 1 nursing home) of data drawn from a larger, comparative case study of nursing management practices, and matched with CMS quality measures and survey deficiencies. During the 6-month data collection period, this nursing home experienced greater than national average turnover in DONs (N=4) and other levels of staff. Using data coded in the parent study as leadership and turnover, open coding techniques using Atlas.ti were used to answer the study aims; new codes were validated by agreement with two researchers from the original study. Text chunks were sorted and analyzed for themes using matrices (Crabtree and Miller, 1999). Turnover co-variation emerged from relational processes and eroded structural supports necessary for high quality care. Emergent themes of how turnover co-variation weakened DON clinical leadership included (a) pre-hire contextual conditions, (b) insufficient resources and (d) exit conditions. Relational process interventions and enhanced structural supports during turnover crises are critical for successful enactment of the DON role, nursing home workforce stabilization and quality care.

DEVELOPMENT OF A TOOLKIT TO IMPROVE COMMUNICATION ENVIRONMENTS IN LONG TERM CARE SETTINGS

J.A. Sanford1, M. Callins2, J. Brush3, C. Bruce1, 1. CATEA, GA Tech, Atlanta, Georgia, 2. I.D.E.A.S., Inc., Kirtland, Ohio

Despite increasing evidence that the environment in long term care (LTC) facilities can either positively or negatively impact communication of residents with dementia, clinicians lack the tools to assess and modify these settings to support communication. This paper reports the results of a study with 59 LTC clinicians to evaluate the effectiveness of a new Communication Toolkit that was developed to help therapists and other clinicians identify physical barriers and make recommenda-
CULTURE CHANGE: A NON-PHARMACOLOGICAL APPROACH TO TREATING ELDER AGITATION

O.R. Burack, A. Weiner, J. Reinhardt, Research, Jewish Home Lifecare, New York, New York

Agitation, including inappropriate verbal and physical behavior, is prevalent among nursing home residents. Culture change with its person-centered care approach provides a potential nonpharmacological method to reducing agitated behaviors. The purpose of the present study was to examine the impact of a culture change initiative on the frequency of agitated behaviors among nursing home residents. Seven long-term-care communities across a three campus nursing home system served as pilot communities for a culture change intervention designed to transform the nursing home from a traditional hospital-model of care to a person centered model of care. Six comparison communities were matched to the experimental communities and continued to function with the traditional nursing home organizational structure and departmental hierarchy. Data were collected at baseline prior to the culture change initiative and again two years later. 101 residents participated in the study at both time points (experimental n=50, comparison n=51). Each resident’s primary day certified nursing assistant completed the Cohen-Mansfield Agitation Inventory, examining three types of agitation: aggressive, physically non-aggressive, and verbally agitated behaviors. After controlling for ADL functioning and ethnicity, a significant condition by time interaction was found for aggressive and physically non-aggressive behaviors. The comparison group displayed a significant increase in agitation over time compared to an average decline for the culture change group. A trend with the same pattern was found for verbally agitated behaviors. These findings indicate culture change can and should be explored as a nonpharmacological approach to reducing agitation in residents with varying levels of dementia.

SINGING, BINGO, PRIMP AND POLISH: CONSIDERING MALE RESIDENTS IN NURSING HOME ACTIVITIES

B. Buron, T. Killian, Nursing. University of Arkansas, Fayetteville, Arkansas

Although it is well-documented that there are substantively more female than male residents in nursing homes, male residents consistently comprise approximately 30% of the population. Several studies have suggested that the nursing home experience may be less satisfactory for males compared to females, possibly related to a lack of activities interesting to male residents. Therefore, the purpose of this preliminary study was to describe activities provided by Activity Directors (ADs) using gender as a framework to interpret and evaluate those activities. Fifty-one AD’s employed in Arkansas nursing homes provided qualitative and quantitative data. All were female, ranged in age from 20 to 64 years old (mean = 41.6 years), and worked in their facility between 0 and 18 years (mean = 3.5 years). ADs were asked to describe the most common activities provided, the number of male/female resident participants in those activities, and their opinions about whether the activities were more interesting to males/females, or equally interesting to both, as well as several other questions. Male participation rates were substantially lower, with 44% of females and 36% of males participating in the most common activity provided (e.g. BINGO, religious services, and singing/music). Of these activities, 44% of ADs perceived them as more interesting to females, 2% more interesting to males, and 53% equally interesting to both. Furthermore, compared to female residents, a substantial gap existed between AD’s perceived ideal activities for males and the activities they actually provided for them. This paper expands on these findings and discusses implications.

THE RELATIONSHIPS AMONG PATIENT SAFETY CULTURE, PROCESSES OF CARE, AND RESIDENT FALLS IN NURSING HOMES


Studies have shown that patient safety culture, defined as the outcome of a concerted organizational effort to move towards safety, is other changes suggest things may be getting worse, not better, in some aspects of nursing home life. For example, satisfaction with several aspects of the admission process has declined; while scores related to areas of resident choice that should have improved due to culture change have remained much the same. This presentation will highlight areas of stability and change in family satisfaction statewide, as well as among individual facilities. Where possible, facility data from Ohio’s Biennial Survey of Long-Term Care Facilities will be combined with satisfaction data to examine the characteristics of facilities where change has and has not occurred.

CHARACTERISTICS OF NURSING HOME SOCIAL WORKERS WHO REPORT THRIVING AT WORK

M. Bern-Klug, J. Liu, University of Iowa, Iowa City, Iowa

While most research about nursing home workers focuses on the challenges of the setting and issues related to turn-over, we were interested in the factors related to reports of thriving at work. The concept of “thriving” according to Spreitzer et al’s, “Social Embeddedness of Thriving at Work” model includes the experiences of vitality and learning. Using an adaptation of their model, we used data from a nationally representative survey of 928 full-time nursing home social service directors to test the applicability of the model for this population. Results indicate that the model explains about 30% of the variation. Measures representing decision-making discretion, a climate of trust and respect, broad information sharing, and role consistency were statistically significant, as was the perception of salary (although the actual salary was not). Findings suggest that changes in job structures can increase the job satisfaction and sense of thriving among nursing home social workers.

THE MORE THINGS CHANGE, THE MORE THEY STAY THE SAME: FAMILY SATISFACTION IN OHIO NURSING HOMES FROM 2001 TO 2010

J. Staker, Scripps Gerontologist Center, Oxford, Ohio

In 2001, Ohio was the first state to collect statewide nursing home family and resident satisfaction data for public reporting. Since that year, family data have been collected 5 times: 2001, 2001, 2006, 2008, and 2010. The first year (2001) only 69% of Ohio nursing homes participated. In 2010, this proportion grew to 97% of Ohio’s 961 facilities. Over 115,000 residents’ families and friends have responded to the nursing home family satisfaction survey. During this decade, multiple changes have occurred in Ohio’s nursing home industry, including a shift to younger residents, increasing numbers of short-stay residents, a new emphasis on nursing home culture change and person-centered care and the inclusion of family satisfaction scores in Ohio’s Medicaid reimbursement formula. Despite these shifts in the industry as a whole, statewide family satisfaction scores in some areas are intractable, while
poorly developed in nursing homes (NHs) and therefore, residents of nursing homes may be at risk of harm. Using the Revised Version of Donabedian’s Structure-Process-Outcome (SPO) Model, this study examines the relationships among top management’s ratings of NH patient safety culture, safe processes of care, and resident outcomes. Using directors of nursing and NH administrators’ responses from a nationally representative sample of 3559 NHs on the Agency for Healthcare Research and Quality 2008 Nursing Home Survey on Patient Safety Culture, the Online Survey Certification and Reporting Database, and the Minimum Data Set, we examine if the patient safety culture of NHs is related to processes of care (restraint use and catheterization) and patient safety outcomes (falls). Using hierarchical generalized linear models, we find that higher ratings of patient safety culture were significantly related to lower prevalence of physical restraints (est. = -.003; p<.001) and resident falls (est. = -.001; p=.05). Furthermore, poorer processes of care (catheterization and restraint use) were related to negative patient safety outcomes when controlling for structural characteristics and patient safety culture (est. = 0.109, p<.001; est. = 0.573, p<.001; respectively). These findings hopefully will contribute to the development of a patient safety culture in NHs and promote improvements in health care that can be measured by processes of care and resident outcomes.

ASSESSING RCFE LICENSES: CAN THE CONSUMER OF LONG-TERM CARE RELY ON CALIFORNIA’S RCFE LICENSES TO BE ACCURATE? C.M. Murphy1, C.L. Selder1, I. San Diego State University, San Diego, California. 2. Consumer Advocates for RCFE Reform, San Diego, California

Purpose: This study assessed the accuracy of the RCFE License in 348 RCFE public files located in the offices of Community Care Licensing Division (CCLD), California Department of Social Services (DSS) for the Residential Care Facility for the Elderly (RCFE), to determine how compliance CCLD is in its obligation to maintain reliable authorizing documents (i.e. licenses). Methods: This ten-year retrospective descriptive study reviewed 348 public files of licensed RCFEs in California. Files obtained through California Public Records Act requests were reviewed; data corresponding to following defined parameters as they pertained to the license were collected— (status with the state, authorized capacity, and authorization to provide various long-term care services). Data was analyzed in aggregate and by facility size (i.e. bed capacity). For LLCs, LLPs, NFPs and Corp data (existence and legal status) was verified using California’s Secretary of State’s (CASOS) Business Search portal. Findings: 59.4% of licenses did not have documentation in the file to support the abilities authorized on the license. 12% (18/149) of the legal entities (LLC/LLPs, NFPs and Corporations) were disqualified to do business in the state, yet each was currently licensed by CCLD. Implications: RCFE licenses should represent “proof” of what services the licensee is authorized by the state to provide. The state, as regulator, has a duty to be competent and the public has the right to rely on the correctness of a state-issued license. There are also state laws that bar some facilities from operating, and yet they are still licensed by CCLD. The finding that 12% of the licensees are disqualified to do business in the state, and yet are operating going concerns, is illegal and CCLD is liable for licensing them. The consumer may question the level of due diligence demonstrated by CCL in continuing to renew license of licensees no longer qualified to do business in California. Final implication of this finding is the possible undermining of CCLD’s regulatory ability. Continue to do business when disqualified by state, then all other regulatory actions taken by CCLD may be called into question as well.

A CONSIDERATION OF FACTORS THAT MAY INFLUENCE CHANGE IN ALABAMA NURSING HOMES L. Jacobs, A. Snow, Psychology, University of Alabama, Tuscaloosa, Alabama

The current state of traditional nursing homes, which is designed to resemble an acute care model, is in need of change. Fortunately, a movement known as culture change is progressing and expanding in nursing homes. Culture change is a movement directed towards flattening the internal structural, allowing more autonomy for residents and staff, enhancing the environment, and improving the quality of care of residents. The purpose of this study was to identify factors that are related to adopting culture change in Alabama. Three categories of nursing home features were examined: structural factors, market factors, and administrator influence. Additionally, administrators’ perceptions of barriers to implementation were explored. A standardized survey was used to collect administrator self-report information about their facility and attitudes regarding culture change. Structural and market factor information was obtained from public websites. Seventy-seven nursing homes participated, and the majority of administrators reported they were familiar with culture change, yet culture change principles only “somewhat” described their nursing home. Nursing homes with a lower Medicaid census were more likely to implement culture change practices, F(4, 61) = 2.887, p = .03, ηp2 = .16. Nursing homes situated in counties with a higher median income and more older adults were also more likely to implement these practices, F(4, 57) = 2.94, p = .028, ηp2 = .17, and F(4, 57) = 2.97, p = .027, ηp2 = .17, respectively. Barriers to implementation were residents’ ability to engage, staff resistance to change, lack of resources, and regulations/survey process impediments.

NEIGHBORHOOD POVERTY AS A PREDICTOR OF LOW CMS FIVE-STAR QUALITY RATINGS D.A. Dunn, Y. Zhang, Gerontology, University Of Kentucky, Georgetown, Kentucky

The authors examined the relationships between Center for Medicaid and Medicare Services (CMS) Five-Star Quality Rating System (QRS) and neighborhood poverty levels in order to test the hypothesis that higher neighborhood poverty levels would be associated with a lower CMS quality rating for the categories; overall; staffing; quality; and health. Data values were from the CMS Nursing Home Compare website filtered to identify LTC facilities located within a twenty-five mile radius of a medium sized Midwest metropolitan neighborhood (n=65). Neighborhood poverty levels were obtained from the US Census Bureau 2000. Ordinal logistic regression models were used to estimate an average effect (odds ratio) of neighborhood poverty levels as they related to the awarded CMS QRS star. Poverty was associated with the odds of being given a lower rating in the categories of: overall, quality, health and staffing. There was a significant finding for poverty as a predictor variable for low staffing ratings. Staffing showed that as the poverty unit moved from lower to higher levels of poverty there was 5.7 times greater odds of being given a lower star rating (p = .0179). Non profit ownership was associated with higher staffing quality ratings than for profit ownership (p = .0003) in areas of high poverty versus low poverty. Further research and investigation into the states with mandatory patient-staff ratios and CMS staffing rating as it relates to neighborhood poverty should be explored to advance legislation in this field.

IMPROVING QUALITY OF LIFE IN NURSING HOMES: FROM INNOVATION TO IMPLEMENTATION H.B. Degenholtz, A.L. Resnick, N. Bulger, University of Pittsburgh, Pittsburgh, Pennsylvania

The recent introduction of Version 3.0 of the Nursing Home Minimum Data Set (MDS 3.0) and the changes to the nursing home inspection system (survey and certification) have increased attention to resident quality of life (QOL). However, nursing home operators face a lack of practical tools for assessing and improving resident (QOL). We pre-
vously developed and demonstrated the efficacy of an assessment and care planning system for improving resident QOL: the Quality of Life Structured Resident Interview and Care Plan (QOL.SRI/CP). The key elements of the QOL.SRI/CP are the generation of quarterly quantitative QOL scores that can be used to track individual and facility level change, and qualitative data that drive feasible, concise QOL related care plan tasks. Residents are shown to experience improvements in QOL over 90 days. We have developed an organizational-level program to disseminate the QOL.SRI/CP. The materials have been produced in a format that is compatible with the MDS 3.0 and are available for download at http://www.improvingqol.pitt.edu, facilitating adoption and minimizing the training necessary. The implementation model involves commitment from top management, staff training and iterative implementation. We tested our training and implementation materials with four facilities and conducted three large group training sessions using a train-the-trainer model. This approach is compatible with a range of quality improvement techniques. Results show that facilities that staff are able to incorporate the additional QOL questions into their routine with limited additional time commitment.

THE INFLUENCE OF CONSISTENT RESIDENT ASSIGNMENT ON NURSING HOME DEFICIENCY CITATIONS

N. Castle 1, J. Engberg 2, 1. University of Pittsburgh, Pittsburgh, Pennsylvania, 2. RAND, Pittsburgh, Pennsylvania

The association of consistent resident assignment of Nurse Aides (NAs) with quality of care and quality of life of nursing home residents is examined (using five groups of deficiency citations). Data used came from a survey of nursing home administrators, the Online Survey Certification and Reporting data, and the Area Resource File. The information including consistent resident assignment and staffing variables of Registered Nurses, Licensed Practical Nurses, and NAs were measured in 2007, and come from 3,941 facilities. Negative binomial regression and multivariate logistic regression models were used. An average of 68% of nursing homes in this sample reported using consistent resident assignment. However, the actual level of NA consistent resident assignment used varied substantially. Only 28% of nursing homes using NA consistent resident assignment did so at the often recommended level of 85% (or more). In the multivariate analyses, Quality of Life deficiency citations (Resident), Quality of Life deficiency citations (Staffing), Quality of Life deficiency citations (Facility), and Quality of Care deficiency citations were significantly (p<.01) lower in facilities with the highest levels of consistent NA resident assignment. Few significant findings were found in nursing homes using lower levels of consistent resident assignment. Consistent resident assignment has developed as a preferred practice in nursing homes based on little empirical evidence. The findings presented here provide some justification for the use of this staffing practice for NAs.

DIETARY SERVICE RELATED NURSING HOME DEFICIENCIES

K.M. Smith, K.S. Thomas, K. Hyer, H. Meng, University of South Florida, Tampa, Florida

Dietary services play an integral role in the health and quality of life for nursing home residents. This exploratory study examines the relationship between the number of dieticians and food service workers and dietary service deficiencies in nursing homes. Data from the Online Survey Certification and Reporting database was used to examine the relationship among dieticians and food service workers and dietary service related deficiency citations for 15,370 free-standing nursing homes during 2008. Using a generalized estimating equation approach to account for clustering at the state level, we estimated the relationship between dieticians and food service workers and facilities’ dietary service related deficiency scores – calculated using the Centers for Medicare and Medicaid Services’ Nursing Home Compare Five-Star Quality Rating System which accounts for the complexity of the scope and severity of the citations. Our results indicate that within facilities with at least one full time dietician, the number of dieticians (est=-.082, p=.046) and the number of food service workers (est=-.002, p=.013) was predictive of lower dietary service related deficiency scores after controlling for for-profit status, chain membership, total beds, occupancy, and percent private pay. With a large sample size and advanced methods, we have found a relationship between dieticians and food service workers and nursing home quality as measured by dietary service related deficiencies. The findings from this study signify the need for further research on dietary services in nursing homes, dietary related deficiency citations and the impact on residents’ clinical and quality of life outcomes.

SESSION 1070 (POSTER)

MEASURES AND METHODS

EXAMINING THE RELATIONSHIP BETWEEN A MINIMUM DATA SET COMPOSITE QUALITY INDICATOR AND THE ARTIFACTS OF CULTURE CHANGE TOOL

J.L. Sullivan 1,2, M. Shwartz 1,2, M. Garena-Melia 1, D. Berlowitz 1,2, J. Burgess 1,2, 1. Center for Organization Leadership and Management Research, VA Boston Healthcare System, Boston, Massachusetts, 2. Center for Health Quality, Outcomes & Economic Research, Bedford, Massachusetts, 3. Boston University, Boston, Massachusetts

It is increasingly important to understand the extent to which CC initiatives are associated with improvement in quality given the high adoption rate of CC principles in NHs. We use a Bayesian hierarchical model to estimate the latent construct “culture change” as represented by the Artifacts of CC Tool and to analyze the relationship of the latent construct to the composite measure developed from the individual MDS QIs. We also adjust for case mix through RUGs scores. For this study, 107 VA NHs were included that had at least one-third long-stay residents and had at least 10 residents as the denominator for those MDS QIs for which most residents were eligible. In the Bayesian hierarchical model, the Artifacts Latent Score has a mean of .166 and a SD of .90. The model indicates that 1 SD increase in the Artifacts Latent Score is associated with a .18 SD decrease in the MDS-Based Quality Score. This translates into about 3.8 fewer adverse events per 1,000 residents. The correlation between the adjusted Artifacts Latent Score (adjusted for RUGs) and the Quality Score is .18 (95% credible interval -0.25 to -0.10). There is clear evidence of an association between CC activities and MDS clinical outcomes, but results are not that strong. Further research needs to test if variations in NH care processes and policies may be driving the facilities doing better on the Artifacts Tool and the MDS measures compared to those that do poorly.

MAKING NURSING HOME QUALITY MEASURES MORE UNDERSTANDABLE

T. Lewis 1,2, R. Kane 1, C. Mueller 1, B. Dowd 1, D. Radosевич 1, J. Engberg 1, 1. MN Department of Human Services, St. Paul, Minnesota, 2. University of Minnesota - School of Public Health, Minneapolis, Minnesota, 3. Columbia University, New York, New York, 4. University of Minnesota - School of Nursing, Minneapolis, Minnesota

Informing consumers about quality can affect consumer and provider behavior. For ten years, the University of Minnesota (UMN) and the Minnesota Department of Human Services (DHSS) have generated a comprehensive set of 24 case-mix adjusted nursing home quality measures derived from the Minimum Data Set as part of Minnesota’s Nursing Home Report Card website. Consumers and providers can now get a weighted total score or individual reports of each measure. Our goal is to make these measures more useful to end users. After eliminating potentially collinear measures and those with low response rates, we
conducted a series of exploratory factor analyses, arriving at a stable result comprising 17 QIs present on 12,490 residents for the second quarter of 2006. The result included six discrete care area factors (Continence; Physical Functioning; Infections; Mood/Behavior; Pain/Inactivity; and Accidents). We determined the reliability of these results by recreating them for the fourth quarter of 2007, and verified their structure through a confirmatory factor analysis. The factors explained 53% of the variance and showed acceptable independence, with the average difference in absolute factor loadings equaling 0.6 and only two loading pairs showing a difference of 0.2. These results suggest that nursing home care outcomes can be streamlined to improve the use of QI information for consumers, providers and policymakers.

USEFULNESS OF THE RESPONSE TREE IN SCALES MEASURING SYMPTOMS IN OLDER INPATIENTS

Applying a response tree to standardized self-report scales has been recommended to improve older adults’ comprehension and reduce burden while maintaining standardization of the interview. However, public opinion researchers have posed several potential utility, validity, and reliability limitations of the response tree which have not been examined in the clinical setting. OBJECTIVES: This study evaluated if applying a response tree to 3 scales measuring symptoms altered their psychometric properties and utility, and if there were any utility age group differences. METHODS: Both formats (original and response tree) of 3 scales (Insomnia Severity Index, the Fatigue and Orthostatic Intolerance Scales) were administered to a sample of 43 younger (aged 30-50) and 43 older (aged 65+) in-patients of a rehabilitation facility. RESULTS: The response tree had no effect on: the scales’ psychometric properties (alphas > .80, Intraclass Correlation Coefficients > .70); missing responses, or level of difficulty responding. Time to complete the scales differed only for the orthostatic intolerance scale; the response tree format (RTF) took longer to complete than the original [F (1, 84) = 114.69, p < .01]. There were no age group by format interaction effects for any of the utility variables. DISCUSSION: The RTF of the scales is as useful, reliable and valid as the original formats. The RTF may be used in scales measuring symptoms in older adults who misinterpret the original scales or experience response burden with the original scales without compromising their validity, reliability, or utility.

MEASURING TRANSCENDENCE AMONG CHINESE OLDER ADULTS – A SPIRITUAL APPROACH
V. Lou1, C. Chan2, D. Leung3, S. Fok3, T. Amy, K.N.4, 1. Social Work & Social Administration, The University of Hong Kong, Hong Kong, Hong Kong, 2. Tung Wah Group of Hospitals, Hong Kong, Hong Kong, Hong Kong, 3. School of Nursing, The University of Hong Kong, Hong Kong, Hong Kong

Objectives. Spiritual care is one of the key elements of the holistic care perspective. In our previous studies, we reflected that spirituality among Chinese older adults should be understood in a context of non-religious lifestyle. This study aims to validate the spirituality measure, Transcendence Scale for Chinese Elders (TSCE). Method. The draft version of TSCE was developed based on focus groups, in-depth interviews and a Delphi process. Together with other standardized measures, including World Health Organization Quality of Life measures (WHO-QoL), Purpose in Life (PIL), and Positive and Negative Affect Scale (PNAS), the 16-items, 5-point TSCE draft was administered to 825 older adults in Hong Kong and Shanghai. Results. Face and content validity of TSCE were established during a Delphi process. Confirmatory factor analysis identified a six-item, one-factor model that showed satisfactory model fit indexes (SRMR=.036, C-CFI=.953, R-RMSEA=.063). The internal consistency reliability of the 6-item TSCE was satisfactory as indicated by Chronbach’s alpha of .70. TSCE also showed satisfactory criterion-related reliability as indicated by having moderate correlation with PNAS (r=.47), Purpose in Life (r=.35), and psychological well-being as measured by WHOQoL (r=.35). Conclusion. TSCE was developed to measure transcendence among Chinese older adults’ spirituality. Results of the present study showed that TSCE was a reliable and valid measure that assesses transcendence among the Chinese older population in which the social cultural context is featured by non-religious, relationship-oriented and interdependent self-construct. Implications for how to enhance spirituality among Chinese older adults will be discussed.

COMMUNITY-BASED PARTICIPATORY RESEARCH APPROACH TO ASSESS THE HEALTH NEEDS OF CHINESE OLDER ADULTS

Background: Chinese aging population is increasing rapidly, yet very little is known about health and aging in US Chinese populations. The objective of this study is to examine the cultural views of healthy aging, knowledge and barriers to services, and perception on health sciences research among community-dwelling Chinese older adults in Chicago’s Chinatown. Methods: This qualitative study is guided by the Precede-Proceed conceptual model with community-based participatory research design. Data analysis is based on eight focus group interviews with Chinese older (age 60+) adults (N=78). We used a grounded theory framework to systematically guide the thematic structure of our data. Results: Findings show participants described cultural conception of health in terms of physical function, psychological well-being, social support and cognitive function. The availability, affordability, and cultural barriers towards health care services were major negative enabling factors that inhibit participants from fulfilling health needs. Perception and knowledge of health sciences research were also discussed. Conclusion: This study has implications for the delivery of culturally appropriate health care services to the Chinese aging population.

CROSS-CULTURAL COMPARABILITY OF THE MOS-SOCIAL SUPPORT SCALE BETWEEN WHITE NON-HISPANIC & KOREAN-AMERICAN OLDER ADULTS
H. Jeon, Boston College, Chestnut Hill, Massachusetts

This study examined the equivalence of factor structure of an abbreviated version (10 out of 20 original) of Medical Outcomes Study-Social Support Survey (MOS-SSS) between community dwelling White non-Hispanic and Korean-American older adults. The MOS-SSS was designed to measure self-perceived adequacy of functional social support among patients with chronic illness. Data came from the Korean-American Elderly: Social Support and Long Term Care (1994). The data included 221 Korean immigrants and 201 White non-Hispanic groups, aged 65 and older from Southern California. Explanatory Factor Analysis, Internal Consistency Reliability Analysis and Confirmatory Factor Analysis were used to examine cultural comparability of the scale’s psychometric properties. Result showed that the abbreviated 10 items MOS-SSS scale had similar consistency reliability between two racial groups (cronbach’s α for White non-Hispanic was .92 and Korean-American was .956). However, the scale did not have the same factor structure when compared between White non-Hispanic and Korean-American older adults (White non-Hispanic group had 2 factors while Korean-American had 1). It is suggested that the MOS-SSS scale should not be used in comparing mean differences of social support between elderly Koreans and non-Hispanic White elderly research between two ethic groups. Differences in factor structures and psychometric properties might reveal cultural differences in the manifestation of social support across cultures.
REEVALUATING THE ROLE OF SOCIAL WORK IN THE COMPREHENSIVE GERIATIC ASSESSMENT
R.L. Abney, D. Racz, Geriatrics Center Social Work, University of Michigan Health Systems, Ann Arbor, Michigan

The University of Michigan Geriatrics Center Clinics offer multidisciplinary primary and specialty care in an outpatient medical setting. Social Work has been an integral part of this service delivery, providing full psychosocial assessments for all primary care patients. Growing patient numbers, increasing complexity of patient care coordination, rising costs, and space constraints have made it necessary to ask whether this model remains the most effective use of valuable social work time and resources. Since 2008, the social work team conducted a series of pilot studies to develop and test a screening tool to identify which patients have immediate and emerging social work needs that require a full psychosocial assessment on the first appointment; others received streamlined medical assessments only. A follow up study, added brief social work visits as options to new intakes. 86% of all new patients received the full social work intake (N=188); a randomized chart audit confirmed that almost ¼ of these new intakes resulted in SW follow up at or prior to return visit; thereby validating the use of full psychosocial assessments. 14% of all new patients with a brief social work assessment (N= 31), following appropriate pre-screening and scheduled by patients themselves, were served appropriately by a brief assessment. While these efforts support the current practice of full assessment for all new primary care patients, the team continues to experiment with variations and updates to the social work model to ensure best practice and quality of care for geriatric patients.

STRUCTURAL VALIDITY OF THE CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE IN BLACK AND WHITE CUSTODIAL GRANDMOTHERS
G.C. Smith1, P.A. Palmieri1, 2, B. Hall3, 4, 1. LifeSpan Development, Kent State University, Kent, Ohio, 2. Summa Health System, Akron, Ohio, 3. Medical University of South Carolina, Charleston, South Carolina

We investigated the measurement equivalence of the 20-item Center for Epidemiologic Studies Depression Scale (CES-D Radloff, 1977) across race in a sample of Black (n = 366) and White (n=367) custodial grandmothers. Confirmatory factor analyses of the proposed four CES-D factors were conducted using the WLSMV estimator for ordinal data in MPlus version 6.1 (Muthen & Muthen, 2010). Four latent models were tested. The first model specified all items as loading on to one depression factor. The next model separated the four reverse coded items into a separate methods factor. The third model we tested was a three factor model with the same methods factor and an interpersonal problems factor. Compared to these models, the original four factor CESD model with correlated Depressed Affect, Somatic Complaints, Wellbeing, and Interpersonal Problems proposed by Radloff (1977) evidenced the best fit to data from both the Black and White samples. Furthermore, these four factors showed differential patterns of association with external variables, supporting the construct validity of the factor solution. For example, and as expected, Somatic Complaints correlated higher with self-reported physical health than did the other three CESD factors. Tests of configural, threshold, and metric invariance indicated that the four factor model performed relatively similarly in both samples. All but four of the CESD items were invariant across the two groups. The results of this investigation lend further support for the use of the CESD in racially diverse caregiver samples. [ Funded by NIMH R01 066851-02]

BUILDING A REGISTRY OF RESEARCH VOLUNTEERS AMONG OLDER URBAN AFRICAN AMERICANS
L.A. Chadha1, O.G. Washington2, P.A. Lichtenberg1, C.R. Green3, K.L. Daniels1, J. Jackson1, 1. University of Michigan, Ann Arbor, Michigan, 2. Wayne State University, Detroit, Michigan

Purpose of the study: An emerging strategy for increasing public participation in health research is volunteer registries. Using a community-based participatory research framework, we describe recruitment processes and outcomes in building a research volunteer registry of older urban African Americans. The specific research question examined retrospectively was: How does a community outreach partnership between older residents and academic researchers of the Healthier Black Elder Center facilitate recruitment of older urban African Americans for a research volunteer registry? Design and Methods: We adapted program evaluation methods for conducting a process evaluation to understand and articulating the processes involved in enrolling older urban African Americans in a volunteer health registry. We used the logic model for clarifying how community outreach health education activities supported development of a research volunteer registry of older urban African Americans. Results: Paralleling the seven years in which an annual health reception was held, enrollees in a research volunteer registry increased from 102 to 1273 enrollees, representing more than a 10-fold increase. The percentage change in enrollees between any given years was 82% for 2004, 53% for 2005, 15% for 2006, 143% for 2007, 14% for 2008, and 40% for 2009. Implications: Targeted outreach to under-represented groups to build a registry of volunteers for health research may be a promising strategy for addressing recruitment disparities in African Americans’ research participation.

ARE RESEARCHERS AND POTENTIAL PROXIES AS COMFORTABLE WITH PROXY CONSENT FOR DEMENTIA RESEARCH?
M. Dubois1, 2, J.E. Graham1, G. Bravo1, 2, S. Wildeman3, C. Cohen4, 1. Sciences de la santé communautaire, Université de Sherbrooke, Sherbrooke, Quebec, Canada, 2. Research Center on Aging, Sherbrooke, Quebec, Canada, 3. Dalhousie University, Halifax, Nova Scotia, Canada, 4. University of Toronto, Toronto, Ontario, Canada, 5. Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

OBJECTIVE: In dementia research, potential participants often lack the capacity to provide informed consent. Who, if anyone, can then provide this consent and does it depend on the risk-benefit profile of the study? We investigated and compared the views of two highly concerned groups: researchers in aging and potential proxies, namely informal caregivers of cognitively-impaired older adults. METHODS: A postal survey was completed by 177 researchers and 384 informal caregivers from Canada. They were presented with scenarios involving four types of proxies (non-assigned, designated in a healthcare advance directive with or without instructions specific to research, and court-appointed). A fifth scenario asked the respondent to imagine him/herself unable to make decisions with no one assigned to make these decisions. Given a series of risk-benefit profiles, respondents indicated whether they were comfortable with proxy consent for each scenario. RESULTS: Less than 2% of the respondents felt proxy consent should never be allowed. For research involving little or no risk and potential personal benefits, over 90% felt comfortable with substitute consent by a designated or court-appointed proxy while more than 80% would allow a non-assigned proxy. For studies involving serious risks with potentially greater personal benefits, informal caregivers were less comfortable with consent from any type of proxy (all ps<0.01). CONCLUSIONS: For both informal caregivers and researchers, comfort depended far more on risk-benefit profile associated with the research scenario than with type of proxy. A large majority were comfortable with consent from any type of proxy for low-risk research.

COMPARING RISK PERCEPTIONS IN DEMENTIA RESEARCH ACROSS FIVE STAKEHOLDER GROUPS
G. Bravo1, 2, S. Germain1, M. Dubois1, J.E. Graham1, C. Cohen1, S. Wildeman2, 1. Research Centre on Aging, University Of Sherbrooke, Sherbrooke, Quebec, Canada, 2. Dalhousie University, Halifax, Nova Scotia, Canada, 3. University of Toronto, Toronto, Ontario, Canada

Research, conducted mainly in the field of environmental and technological hazards, has found risk perceptions to vary greatly between...
laypersons and experts, as well as within these groups. Objectives: To compare risk perceptions, in the specific context of a dementia drug trial, across 5 stakeholder groups and explore personal characteristics, beyond group membership, associated with risk perceptions. Methods: A postal survey involving 2,060 Canadians belonging to one of the following groups: community-dwelling older adults, informal caregivers of cognitively impaired persons, physicians, researchers in aging, and REB members. Survey participants were given 8 short risk descriptions and asked to categorize the level of risk on a scale ranging from “No risk” to “Serious risk.” Examples of risk descriptions: “The medicine may trigger anxiety in 15% of patients” and “There is a 1% possibility of death among patients taking the medicine.” Results: Risk assessments differ across groups on all descriptions (p<.0001). Further testing revealed 3 clusters of respondents: one comprising older adults and caregivers, another combining researchers and REB members, and a third limited to physicians. Age, sex, disposition toward research, and the role of side effects in substitute decision-making predicted risk perceptions among older adults and caregivers. The latter variable was the only factor linked to risk perceptions among members of the second cluster. No factors were found to influence the perception of risk among physicians. Conclusion: The observed variability in risk perceptions underscores the importance of involving representatives of all stakeholder groups in REBs, including older adults and informal caregivers.

**HISTORY AND THEORY OF DECISION-MAKING CAPACITY ASSESSMENT**

M. Henry, University of Utah, Salt Lake City, Utah

Older adults with cognitive impairment who are able to exercise control over their lives are more likely to report better quality of life, health outcomes, and other measures of well-being than those with less control. Yet the legal standards approach to treatment decision-making capacity often categorically excludes older adults with cognitive impairment from decisions about their medical treatment. This research reviewed the origins of the legal standards approach, beginning with law journal articles in the 1940s that addressed the capacity to enter into a contract and make a will, to the work of Roth, Meisel, and Lidz, published in 1977, to the MacArthur Treatment Capacity Study conducted by Appelbaum, Grisso, Berg, and other colleagues, and the research that has followed the 1996 publication of the MacArthur Capacity Assessment Tools. This research considered assumptions of the legal standards approach and explored the legal, ethical, and practical implications of using statutes and case law as the basis for the construct of treatment decision-making capacity. The research suggests that the legal standards approach clarifies legal relationships between providers and patients by providing a standard, but this clarity comes at the expense of older adults with cognitive impairment who wish to remain involved in decisions about their care. More research is needed to support a new view of treatment decision-making capacity that de-emphasizes dichotomous judgments, balances ethical imperatives, and by doing so, supports the inclusion of older adults with cognitive impairment in their treatment decisions to the greatest degree possible.

**VALIDITY OF A COMBINED FUNCTIONAL STATUS SCALE IN PREDICTING LONG-TERM NURSING HOME STAY**

M. Castora-Binkley, H. Meng, K. Hyer. Department of Aging Studies, University of South Florida, Tampa, Florida

Planning and delivery of long-term supportive services for older adults requires simple yet accurate measures of the demand for care. Recent evidence suggests that the traditional activities of daily living (ADL) and instrumental activities of daily living (IADL) are age biased when used separately and the combined ADL/IADL scale is age-neutral and more sensitive to change. This study tests the validity of the combined ADL/IADL scale in predicting long-term nursing home stay in a nationally representative sample of community-dwelling U.S. adults age 65+. We used data from the Health and Retirement Survey to investigate whether the combined ADL/IADL is predictive of long-term nursing home stay after controlling for demographic, physical health, cognition, and other covariates during a 10-year period. The sample consisted of 4,309 older adults in 1998 (baseline), 43% of the sample died during a follow-up period, 8% had at least one long-term nursing home stay. Multivariate logistic regression models were used to compare the performance of the combined scale compared to that of the two separate scales. We found that neither ADLs (p = .09) nor IADLs (p = .68) were significant in predicting long-term nursing home stay, in part due to collinearity; however, the combined scale remained a significant independent predictor of long-term nursing home stay(Odds Ratio = 1.06, 95% Confidence Interval 1.004 – 1.112). These findings highlight the usefulness of a combined measure of functional status in predicting long-term nursing home use and assists policymakers and service providers in better identifying those at-risk for nursing home care.

**SESSION 1075 (SYMPOSIUM)**

**IS LIFESPAN REGULATED?**

Chair: S. Olshansky, Univ of IL-Chicago Rm 2440, Chicago, Illinois

The development of a unified conceptual framework for the field of biogerontology has been impeded by undefined terminology. Nowhere is this more evident than in the terms aging, lifespan, longevity and their underlying biology. Because Robert Butler made a career of bringing clarity and understanding to the fields of geriatric medicine and biogerontology it is only fitting that a Presidential Symposium be dedicated as a tribute in the Biological Sciences Section to Dr. Butler in an attempt to define these major phenomena in order to place them in a context where the genetic components of longevity are distinguished from the stochastic process of aging. Specifically, speakers will discuss these phenomena within the framework of life history theory.

**LIFESPAN: WHAT IS IT & WHY DOES IT EXIST?**

B.A. Carnes, Geriatric Medicine, Univ of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma

Lifespan is a term whose meaning overlaps with other terms like “duration of life” and “longevity.” It has also been applied to species. As such, it describes both individual and population concepts of time. Further, its extension has been used as proof that an anti-aging intervention (e.g., caloric restriction) was successful. Thus, lifespan has also been linked to aging itself. However, lifespan appears to be many things. Is it regulated and, if so, does it apply to all the lifespan concepts? The presentation will partition the generic “lifespan” term into a non-overlapping set of more specific terms that describe biologically meaningful spans of time. In so doing, the presentation hopes to add clarity to a concept that has been chosen as the organizing theme for this year’s conference.

**WHY SURVIVE? DEFINING QUALITY OF LIFE IN OLD AGE**

R. Binns, Case Western Reserve University, Cleveland, Ohio

In the 1960s two opposing individualistic theories defined “successful aging” as (1) “the acceptance and desire for a process of disengagement from active life,” or (2) “the maintenance as far and as long as possible of the activities and attitudes of middle age.” Robert Butler’s 1975 book, Why Survive?, emphasized the influence of social conditions in shaping quality of life in old age. Rowe and Kahn selected both individual and socio-cultural objective factors for distinguishing between successful and “usual aging” in the 1980s and 1990s in terms of (1) low probability of disease and disease-related disability, (2) high cognitive and physical functional capacity, and (3) active engagement with life. In 2010, Pruchno et al. developed research on subjective measures of successful aging. Definitions of quality of life in old age will continually change and be enriched as medicine, culture, and social institutions evolve.
SESSION 1080 (PAPER)

DIVERGENT RESPONSES TO STRESS AND TRAUMA IN LATER LIFE

USE OF SLEEPING MEDICATION AND SLEEP QUALITY IN LATER LIFE

S. Abeer, S. Venn, Sociology, University of Surrey, Guildford, United Kingdom

Background: Sleep problems and use of sleeping medication increase with advancing age, yet both lead to greater likelihood of falls and confusion. It is therefore important to understand ways to reduce sleep problems and use of sleeping medication in later life. Methods: Complementary data from a large-scale survey and qualitative interviews are analysed. The British Understanding Society survey (2009) is analysed to examine how social and health factors influence use of sleeping medication age >65 (n=3131). Qualitative interviews with 62 older people (average age 75) in SE England with clinically poor sleep (PSQI >5) is analysed to understand older people’s use (or non-use) of sleeping medication. Results: Use of sleeping medicines increases with age, especially for women; over age 85, 25% of women and 15% of men take medicines to help them sleep 3 or more times a week. Logistic regression analysis shows that older people with poorer health and in socially disadvantaged circumstances are higher users of sleeping medication. Qualitative interviews show that most older people do not consider seeing their doctor for help with their sleep, partly because they fear being prescribed sleeping medication. Conclusions: Older people with poor sleep were reticent to seek professional help for their sleep problems and generally against taking sleeping medication. There is a need to raise awareness of alternative, non-pharmacological, solutions to poor sleep for older people. 1 The SomnIA project is funded by the New Dynamics of Ageing initiative, supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009).

FACTORS ASSOCIATED WITH RESILIENCY AMONG OLDER ADULTS LIVING WITH HIV


BACKGROUND: Though older people living with HIV/AIDS (PHAs) face a myriad of physical and mental health challenges, resiliencies of this population are rarely examined. This study sought to understand mental health quality of life differences based on sexual orientation and gender among older PHAs living in Ontario. METHODS: This cross-sectional study analyzed data from PHAs who participated in the Ontario Cohort Study, a community-governed, multi-site study that collects clinical and socio-behavioural information. The present study analyzed data from 383 participants (age 50+) who completed an assessment battery between September, 2007 and March, 2010. Using multiple linear regression, comparisons were analyzed between heterosexual men, gay/bisexual men (GBM) and women on demographic, psychosocial and health-related factors; total standardized score of the SF-36 Mental Component Scale (MCS) was the dependent variable. RESULTS: Heterosexual men reported comparable MCS scores (M=45.90) to GBM (46.52); however, women reported significantly worse scores (M=44.24, p<.01), even after controlling for socio-demographic, psychosocial and health-related variables. Variables predicting better MCS scores included Black/African racial identity (p=0.05), Emotional-Informational social support (p<.001), and mastery (p=0.001); the latter two variables accounted for 25% of the variance in the fully adjusted model. CONCLUSIONS: These findings suggest that men, particularly GBM report higher levels of mental health resiliency among older PHAs. Given that women are reporting greater risk of poor mental health, future research should examine the factors that enhance resiliency among GBM and determine practice/policy initiatives to maintain this resiliency as well as advance the resiliency of older women PHAs.

PSYCHOLOGICAL RESILIENCE AS A RESOURCE FOR LATER LIFE

G. Windle, Dementia Services Development Centre, Bangor University, Bangor, Wales, United Kingdom

Psychological resilience could be a valuable mechanism for maintaining well-being and may constitute an important route to understanding differential resistance to, and recovery from daily stress such as ill-health in later life. This paper explores if the resilient self can compensate for change or adversity, and presents findings from an ongoing programme of work. Analyses draw on cross-sectional survey from a random sample of 1847 people from rural and urban areas in England, Wales and Scotland aged between 50 and 90. The data were analysed using the method of confirmatory factor analysis and multiple regression. Results: A theoretical model of psychological resilience was developed and confirmed. Further analysis demonstrates how psychological resilience moderates the impact of chronic ill-health on well-being. For those with increasing numbers of chronic illnesses an associated increase in life satisfaction was found when resilience was higher. The lowest levels of life satisfaction were associated with a combination of lower levels of resilience and higher levels of illness. The next phase of the research explores a time when psychological resources can be severely tested – the experience of difficulties with cognitive function. A subset of the sample (n=84) were noted to have 1 or more problems with memory on the NSIW noticeable problems scale. Their psychological resilience was significantly lower than those without problems. Implications are discussed in relation to the author’s current research and work in progress with a longitudinal cohort study (n=5000) of ageing and cognitive function (CFAS Wales).

LONG-TERM INFLUENCES OF TRAUMA ON ATTACHMENT-RELATED ANXIETY AND AVOIDANCE AND RELATIONAL SATISFACTION IN AGING MEN

C.E. Franz1, M. Lyons2, M.D. Grant3, R. McKenzie4, M.S. Panizzon1, A. Ramundo1, A. Shahroudi1, W.S. Kremen1, 1. Psychiatry, University of California San Diego, La Jolla, California, 2. Boston University, Boston, Massachusetts

Exposure to traumatic events resulting in post-traumatic stress disorder (PTSD) is known to have consequences for psychosocial functioning. We examined the long-term influence of PTSD on relational outcomes up to 30–40 years post-onset in late middle-aged men. Participants were 1237 individual male twins in the Vietnam Era Twin Study of Aging (VETSA). When participants were an average age of 42, PTSD diagnoses were determined by the Diagnostic Interview Schedule; 7% (n=86) were diagnosed with PTSD. Average onset age was 23.8 years old (range 12-40 years). As part of the VETSA—at average age 55—participants completed the Experiences in Close Relationships (attachment style) scale, Center for Epidemiologic Studies-Depression scale, MPQ stress-reaction (anxiety) scale, and life satisfaction measures for marriage, children, and best friend. Non-twin analyses were performed using mixed models adjusting for family as a random effect. At age 55, having an earlier diagnosis of PTSD was associated with significantly higher levels of avoidant attachment, depressive symptoms, and anxiety as well as lower levels of satisfaction with friends and marriages. Findings from discordant twin analyses in monogamous pairs in which only one twin had PTSD suggest that the avoidant attachment difference was due to environmental influences rather than genetic influences. In summary, earlier life exposure to traumatic events resulting in PTSD affected relational outcomes 30–40 years later in middle-aged men. Such long-term trauma-related effects are important since emotional detachment and other forms of ill-being have been found to be causally related to poorer health outcomes in older adults.
CAREGIVERS NEED CARE TOO: BENZODIAZEPINES AS A COPING TECHNIQUE
S.L. Canham, University of Maryland, Baltimore County, Baltimore, Maryland

Benzodiazepines (BZDs) are an important coping tool in the management of sleep and anxiety problems in older women and have been recognized as such in the literature. However, while the negative implications of BZD use, including higher incidence of falls and hip fractures and potential dependence, have been highlighted, the positive impact these medications have in the lives of older women users has been downplayed. In a qualitative study of the experience of BZD use in a sample of community-dwelling women (65+), a subset of informants report on the importance that this medication has in their daily lives as caregivers. Regardless of the length of time spent caregiving, these caregivers’ experiences of caregiving have been greatly shaped by their BZD usage as these medications are used as a mechanism of support, particularly as it relates to the control of emotions. For instance, reports suggest that BZDs are needed for their ability to calm caregivers in times of particular strain or when they are having difficulty sleeping. The implications of these findings are significant in that the majority of long-term care (LTC) is provided informally by family and friends, with spousal caregivers often the default carer. Understanding the value women place on the use of these medications for the management of their daily lives can help in planning how to best support those who make up the foundation of LTC and who save the formal system billions in dollars.

SESSION 1085 (PAPER)

EFFECTS OF HEALTH AND SOCIAL BEHAVIOR ON COGNITIVE FUNCTIONING

HYPERTENSION IS ASSOCIATED WITH IMPAIRED RECOGNITION OF FACE-NAME ASSOCIATIONS BY OLDER ADULTS
A.R. Bender, N. Raz, Wayne State University Institute of Gerontology, Detroit, Michigan

Older adults perform worse than their younger counterparts on tests of episodic memory. Greater age differences are frequently observed for associations between items than for recognition of individual items. However, in most extant studies, age-prevalent vascular risk factors such as hypertension are not taken into account. As such, these factors may exert deleterious effects on memory, it is important to gauge their influence on age memory declines. In sample of 141 older adults (50 to 77 years; mean age = 61.1, sd = 7.9 years), we assessed recognition of faces, names, and their pairings. Participants studied lists of face-name pairs, followed by two item and two associative recognition tests employing a 2 alternative, forced-choice paradigm. Although greater age was associated with poorer memory, participants with diagnosed hypertension recognized fewer associations than normotensive participants; no difference was observed for item recognition. There was no differential age effect on item and association recognition. The findings indicate that the reported differential effects of age on associative memory may represent a confounding effect of age-related elevation in vascular risk.

ASSOCIATION BETWEEN SMOKING HISTORY AND COGNITIVE DECLINE IN THE WHITEHALL II STUDY
S. Sabia1, A. Elbaz2, A. Dugravot1, J. Head1, M. Shipley1, G. Hagger-Johnson1, M. Kivimaki3, A. Singh-Manoux4, 1. Department of Epidemiology & Public Health, University College London, London, United Kingdom, 2. Inserm, U708, F-75013, Paris, France, 3. UPMC Univ Paris 6, F-75005, Paris, France, 4. INSERM U1018, F-94807 Villejuif Cedex, France

OBJECTIVE: We examined the association between smoking history and decline in multiple domains of cognition between midlife and early old age. METHODS: Data are from 5099 men and 2137 women, mean age 56 years (standard deviation=6) at the start of cognitive testing (Phase 5 of the Whitehall II cohort study, 1997-1999). Smoking history was assessed over a 25-year period (Phases 1 (1965-1988) to 9 (2007-2009)). Five cognitive tests were assessed three times over 10 years (Phases 5, 7 (2002-2004) and 9) and converted to T-scores to compute scores in memory, vocabulary, and executive function. All five tests were combined to yield a global cognitive score. Linear mixed models were used to assess the association between smoking history and 10-year cognitive decline. RESULTS: In men, faster decline in global cognition (mean difference between the change of current versus never smokers=-0.96 (-1.51; -0.40) and executive function (-1.13 (-1.75; -0.51)) was observed among current smokers at Phase 5 compared to never smokers. Cognitive decline among those who continued to smoke until the end of the study was even faster. Recent ex-smokers also had greater decline in executive function (-0.82 (-1.43; -0.20)) while the decline in long term ex-smokers no different to the never smokers. No association between smoking and cognitive decline was found in women. CONCLUSION: Our results show that compared to never smokers, middle-aged male smokers experience faster cognitive decline in global cognition and executive function. Ten years after smoking cessation no residual adverse effect of smoking on cognitive decline was found.

COGNITION AND BLOOD PRESSURE IN OLD AGE: REPORT FROM TWO SWEDISH POPULATION-BASED LONGITUDINAL STUDIES
V. Thorvaldsson1, T. Svensson2, B. Johansson1, 1. Department of Psychology, University of Gothenburg, Gothenburg, Sweden, 2. Lund University, Lund, Sweden

Hypertension in midlife has in previous studies been associated with increased risk of cognitive impairment and dementia in old age. The association between blood pressure in old age and cognitive function is however less clear. Several studies do though suggest that both hypertension and hypotension in old age is associated with cognitive impairment. In this paper we evaluate associations between levels and changes in blood pressure and cognitive function using data from two Swedish population-based longitudinal aging studies. First, the Gothenburg H70 study (n=382) which includes 12 repeated assessments of blood pressure and cognitive function from age 70 over 30 years or until death, and second, the Lund 80+ study (n=212) including repeated annual assessments of blood pressure and cognitive function from age 80 over 20 years or until death. The main findings provide support of the hypothesis of an inverted U shaped association between blood pressure in old age and cognitive function. That is, both hypertension and hypotension are associated with cognitive impairment and increased risk of dementia in old age. The potential modeling approaches and mechanisms behind the associations are discussed.

APOE-E4 AND VASCULAR HEALTH RISK FACTORS ON DOMAIN-SPECIFIC COGNITION
A. Revell1, K. Schaie2, 1. Department of Psychology, UMASS Dartmouth, North Dartmouth, Massachusetts, 2. University of Washington, Seattle, Washington

The patterns of cardiovascular health and genetic risk factors in the detection of cognitive impairment are under investigation by many, though identifying which risks are present by cognitive domain is less clear. In a sample of 450 community-dwelling older adults (mean age=72.21, SD age =7.92, range 59-93) from the Seattle Longitudinal Study (SLS), we investigated whether older adults genotyped for Apolipoprotein E epsilon 4 (APOE-e4) without e4 alleles (n=334) and those with one or more APOE-e4 alleles (n=116) showed significant factor mean level differences in memory recall, perceptual speed, and verbal reasoning factors (based on measures from the SLS neuropsychological battery; Schaie, 2005), and further whether these cognitive domains were predicted by years smoking, heart disease presence, or
Body Mass Index (BMI). Full-information, multiple-group, structural equation models in Mplus (Muthen & Muthen, 1998-2008) indicated that individuals with one or more APOE-e4 alleles had significantly lower mean levels of performance on the memory recall domain and lower mean BMI. The model met commonly used criteria for acceptable fit (CFI=.93; RMSEA=.07), and all indicators were statistically significant (p < .05). Presence of other vascular and non-vascular factors should be investigated to provide supplementary support across similar cognitive measures from other longitudinal studies.

SESSION 1090 (PAPER)

LIFESTYLE, HEALTH, AND MORTALITY

A LIFESTYLE INTERVENTION TO REDUCE DIABETES RISK IN MINORITY AND LOWER-SOCIOECONOMIC STATUS ADULTS
A. Stewart1, A. Kanaya1, J. Santoyo-Olsson1, S. Gregorich1, M. Grossman1, T. Moore2, 1. University of California San Francisco, San Francisco, California, 2. City of Berkeley Department of Parks, Recreation and Waterfront, Berkeley, California

Intensive lifestyle interventions lower diabetes incidence in large clinical trials. Translating such interventions into real world settings is thus a major priority. We report on the effectiveness of a low-intensity lifestyle intervention (Live Well, Be Well) to improve clinical and behavioral diabetes risk factors in lower-socioeconomic status (SES) and ethnic minority adults. Through an academic-public health department partnership, community-dwelling adults at risk for developing diabetes were randomized to a 1-year individualized lifestyle program or wait-list control group. The program was delivered in Spanish and English by health department counselors and prompted increased physical activity and improved diet through primarily telephone counseling with 2 in-person sessions, and 5 group workshops. Primary outcomes (6 and 12 months) were fasting glucose, triglycerides, HDL- and LDL-cholesterol, weight, waist circumference, and systolic blood pressure. Secondary outcomes included diet, physical activity, and health-related quality of life. The sample (N=230) averaged 56 years of age (range 25-91) and was 73% women, 27% Spanish-speaking, and 80% ethnic minority. Study retention was 92%. At 6 months, the intervention group lost 2 pounds more than controls (P=.03) and had greater triglyceride reduction (difference 23 mg/dL, P=.02). The intervention group consumed 7.1 fewer grams of fat per day (P=.04), ate more fruits and vegetables (P=.01), had greater psychological well-being (P=.05), and had greater improvement in self-rated health (P=.05) than controls. Although modest, the observed improvement in several important risk factors is encouraging because of the substantial challenges in designing effective community-based translational interventions for lower-SES and minority communities.

LIFESTYLE EFFECTS ON MORBIDITY AND MORTALITY IN US ELDERLY POPULATION
I. Akushevich1, J. Kravchenko2, S.V. Ukrainseva1, K.G. Arbeev1, A.I. Yashin1, 1. Center for Population Health and Aging, Duke University, Durham, North Carolina, 2. Duke Cancer Institute, Duke University, Durham, North Carolina

Most of aging-related diseases are associated with multiple behavioral factors which are potentially modifiable. Large-scale population-based studies can be used to quantify the effects of characteristics of lifestyle, functional status, and comorbidities (self-reported) on risk of aging-related morbidity and attributed to chronic diseases mortality. Measured in the National Long Term Care Survey (NLTCS) characteristics were grouped in fourteen groups (such as daily living activities, physical activities, smoking, alcohol consumption, social activities, self-reported comorbidity, health insurance, etc.) and tested for association with morbidity and mortality risk. Physical activity, tobacco consumption, comorbidity, demographic characteristics, and health insurance and medical care providers were significant contributors to changes of chronic disease incidence and mortality risk. Resulting from this analysis, the “portraits” of groups at higher cancer risk were obtained based on NLTCS variables and constructed from these variables aggregated indices: e.g., smoking and pulmonary comorbidity were strongly associated with lung cancer incidence risk, and comorbidity and BMI were associated with colon cancer risk. Several types of the effects of second variables were identified: confoundings, candidate mediators, independent predictors, and overlapping predictors. We concluded, that measured characteristics representing a spectrum of characteristics of elderly life (behavioral risk factors, physical activities, morbidity, etc.) analyzed both individually and groupized in related clusters, significantly affect risks in the U.S. elderly. The most influential of the potentially preventable risk factors can be detected using approaches discussed in this report and applied to further deeper analyses, including other data sets with detailed risk factors description.

ACHIEVING HEALTHY AGING: THE IMPACT OF LIFESTYLE FACTORS ON LONGEVITY AND HEALTH IN LATER LIFE
J.E. Byles1, A. Dobson1, 1. Faculty of Health, The University of Newcastle, Newcastle, New South Wales, Australia, 2. The University of Queensland, Brisbane, Queensland, Australia

Healthy ageing is a policy imperative for ageing populations. Ideally, current and future populations of older people will not only live longer, but with limited physical disability and reduced need for services. Health promotion across the life course is thought to be a critical step in achieving this goal of healthy ageing. In this presentation, we examine late life lifestyle factors associated with healthy ageing among 12431 women in the Australian Longitudinal Study on Women’s Health. The women were aged 70-75 years when the study began in 1996, and have contributed information on their health behaviours and wellbeing across five data points (1996, 1999, 2002, 2005, 2008). The findings emphasise the importance of health behaviours for establishing and maintaining good health well into late life. Smoking is associated with reduced life expectancy and reduced healthy life expectancy even among those in excellent health at the commencement of the study; quitting smoking continues to be of benefit even at advanced older age. Moderate consumption of alcohol is associated with reduced mortality, and improved health related quality of life. There is a U-shaped relationship between BMI and mortality, with lowest mortality in the overweight BMI range. Physical Activity is strongly associated with longevity and wellbeing, and protects against negative health effects of higher BMI levels. The presentation will provide participants with precise estimates of the impact of health promotion activities in later life, and the importance of these activities in older age.

EFFECTS OF EARLY LIFE EXPOSURES, MIGRATION TO THE US AND ADULT LIFESTYLE ON THE HEALTH OF OLDER ADULT PUERTO RICANS
M. McNair, Sociology/Center for Demography & Ecology, University of Wisconsin-Madison, Madison, Wisconsin

This paper examines how adverse early life experiences of cohorts born during the early 20th century in Puerto Rico are shaping their health at older adult ages and how migration to the US in later life and adult lifestyle might have compounded these early life effects. Rapid mortality decline in infants and children due to massive public health interventions and medical technology in the late 1920s-early 1940s in Puerto Rico produced cohorts whose health at older ages is potentially more heavily influenced by poor early life exposures compared with earlier cohorts. Many migrated to the US during adulthood. Using data from the Puerto Rico Elderly Health Conditions (PREHCO) study (n=4291) and aggregate historical data, multivariate models examine early life conditions (season of birth, birthplace, IMR, childhood health, knee
height, mother and father SES, parental health, contextual variables at the municipality level and their effects on older adult health (heart disease, diabetes, functionality and mortality) across four groups of older adult Puerto Ricans according to age (born prior to the late 1920s and after) and birthplace (rural/urban) and according to their migration to the US while controlling also for adult SES, obesity and lifestyle factors (smoking, drinking, diet, exercise). Findings: some effects of poor early life exposures on older adult health are much stronger for those who migrated, lived and/or worked in the US before returning to Puerto Rico at older ages. I discuss possible interpretations for these results (selection, early life and adult environment and lifestyle) in the paper.

IS AGE SEGREGATION THE BEST ALTERNATIVE FOR OLDER AMERICANS LIVING ALONE?
E. Portacolone, UCSF, Berkeley, California
In 2006 more than a third of all Americans over 75, five million of them, lived on their own. Thanks to the ‘longevity revolution’ and to the desire to live at home rather than in an institution the number of older one-head householders will increase. Living alone in older age can be a deliberate choice or the product of events beyond control. Death or institutionalization of a significant other, lack of family, the reluctance to be a burden, the desire for a feeling of belonging, or a history of living alone for years are all inroads to this path. More than one year of ethnographic fieldwork among 43 San Franciscans over 75 living alone led to the contention that older adults living alone in buildings for seniors tend to express less worries and feel less lonely than those living in apartments and houses next to neighbors of all ages. The paper reflect on the conditions of possibility that makes segregation by age an appealing alternative sought even by radical activists for social justice. The reflection will reveal how ageism, individualism, and fragmented public services make living in houses for seniors an attractive option.

SESSION 1095 (PAPER)

SEX, INTIMACY, AND MARITAL RELATIONSHIPS

EXPLORING THE RELATIONSHIP BETWEEN FREQUENCY OF SEXUAL ACTIVITY AND HAPPINESS AMONG OLDER MARRIED AMERICANS
A. Jackson, Physical Therapy, Florida A & M University, Tallahassee, Florida
The purpose of this study is two-fold: (1) to examine the correlation between frequency of sexual activity and general happiness among married older Americans and (2) to examine the correlation between frequency of sexual activity and marital happiness among older married Americans. This study employed quantitative data drawn from the 2004-2008 General Social Surveys. The sample included all married respondents 65 years of age and older with valid responses for the dependent, independent, and control variables. Both bivariate cross-tabulations and binary logistic regression analyses were conducted. As expected, the data support a positive association between sexual activity and general happiness in the married elder sample (p < 0.05). Also, as expected, the data support a positive association between frequency of sexual activity and marital happiness (p < 0.05). Even with the introduction of control variables, frequency of sexual activity was found to be a significant predictor of both general and marital happiness (p < 0.05). This study suggests that sexual activity does indeed contribute the happiness and well-being of married couples in later life. It is necessary to examine and explore this relationship in order to better understand the factors contributing to quality of life in this population. Further exploring the physiological, psychological, and sociological constraints on older Americans’ participation sexual activities will help in developing and organizing specific sexual health interventions for couples in this growing segment of our population.

THE MEANING OF SEXUAL PERFORMANCE AMONG MEN WITH AND WITHOUT ERECTILE DYSFUNCTION
E.H. Thompson, K. Barnes, Sociology & Anthropology, College of the Holy Cross, Worcester, Massachusetts
Abstract Body (Required; Limit 250 words): Has direct-to-consumer advertising of erectile dysfunction medication affected men’s sexual performance expectations? This study investigated to what extent adult men were willing to endorse the ‘sex for life’ expectations evident within both traditional masculinity and direct-to-consumer erectile dysfunction (ED) advertising. Method: A convenience sample (N=132) of men from New England age 50 and older (M age = 59.8) examined the sexual performance expectations among men with and without erectile dysfunction. Findings: Two new measures — a 5-item Men’s Sexual Performance Attitudes (MSPA) and a 7-item Late Life Sexual Performance Expectations (LLSPE) — revealed that adult men disavowed sexual performance was a defining feature of their masculinity, and there was no difference in attitude among men with and without erectile dysfunction. However, the group of men with erectile dysfunction and using oral ED medication were much more wary to disparage the maxim that erectile dysfunction equaled troubled masculinity. Unlike the other mid-to-late life men, this group seemed willing to accept the argument that erectile dysfunction was a marker of troubled masculinity. Their peers strongly rejected this principle. Discussion: The ways that mature men perceive sexual functioning is discussed in terms of their partnered sexuality, the way endorsing a traditional masculinity ideology encourages use of oral ED medication, and how physicians and other clinicians might manage men’s sexual competency worries.

THEORIZING INTIMACY ACROSS THE LIFE COURSE: A MODEL OF THE INTIMATE SELF
B. McCann1, K. Allen1, 1. University of Louisiana Monroe, Monroe, Louisiana, 2. Virginia Tech, Blacksburg, Virginia
One important lifestyle factor that affects the aging process is close, personal relationships. Typically intimacy is conceptualized only as an interpersonal process, however social research suggests that intimacy may be a more complex construct. In this theoretical paper we propose a three-part model of the intimate self which brings together interpersonal processes and socio-structural processes. The model we propose has grown out of our research on intimacy and family in midlife and later life. Moreover, we integrated concepts from three theoretical perspectives: life course theory, feminist theory, and social constructionist theory. The model is composed of three nested triangles; each triangle is made up of one concept from each of the three theories. The outermost triangle, Collective Intimacy, is most distal and represents the influence of larger cultural norms and historic changes. The middle triangle—Relational Intimacy—focuses on adults’ place within and among families and social networks. Finally, the innermost triangle, Personal Intimacy, represents the ways in which particular individuals operate within cohort and generational time and make sense of that experience. In summary, we present a more holistic model of one important lifestyle factor, intimacy, which may be useful to researchers and practitioners working in gerontology.

IS MARRIAGE BETTER THE SECOND TIME AROUND? COMPARING FIRST MARRIAGES AND REMARRIAGES AFTER MID-LIFE
T.M. Cooney, L.A. Snyder, C.M. Proulx, Human Development & Family Studies, University of Missouri, Columbia, Missouri
One-fourth of married persons today are in remarriages (22.7% of marrieds 65 and older) and the percent of remarried persons 65 and older will increase with the aging of the Baby Boom cohort. Marriage appears to offer important benefits in later life, with married persons generally reporting better health and well-being than non-married peers, though these associations vary some by gender. Evidence also suggests that, above and beyond marital status, marital quality positively affects well-
being. Missing in most discussions of mid- to later-life marriage, however, is a distinction between persons in first marriages and remarriages. With a growing share of the older population occupying a remarried status, it is increasingly important to consider the quality of these unions. This study uses data from the National Social Life, Health, and Aging Project (NSHAP) to compare marriage and remarriage quality for persons ages 57 to 85. The sample consists of 712 men and 529 women in first marriages and 355 men and 203 women in remarriages. Controlling for group differences in age, race, health, spousal health and SES, we find no differences in men’s reports of marital quality in first and higher order unions. However, remarried women report more positive marital experiences than women in first marriages. They report significantly greater emotional and physical satisfaction with their marriages, more free time spent with spouse, and less marital strain. We discuss potential implications of these findings for later life well-being of future cohorts of elderly.

WIDENING THE SOCIAL CONTEXT OF DISABLEMENT: THE IMPORTANCE OF MARITAL AND NONMARRITAL RELATIONSHIPS FOR LONELINESS

D.F. Warner, S. Adams. Case Western Reserve University, Cleveland, Ohio

Disablement occurs within a web of interpersonal relationships that provide psychosocial resources to and/or place demands on older adults. Grounded in the stress process and life course perspectives, we examined the social context of disablement by examining the influence of marital quality and social support from family and friends on the association between physical disability and loneliness among married older adults. Using data from the nationally representative National Social Life, Health, and Aging Project (NSHAP), we found that the association between functional limitations and higher levels of loneliness was partially accounted for by the fact that, while supportive non-spousal relations are associated with fewer feelings of loneliness, functional limitations were associated with less supportive non-spousal relationships. Positive marital quality moderated the association between functional limitations and loneliness, as older disabled adults in marriages with greater positive attributes were effectively buffered from the negative consequences of functional impairment for loneliness. By contrast, the association between functional limitations and loneliness was exacerbated for older disabled adults in marriages with fewer positive attributes. However, we found no evidence that supportive non-spousal relations compensate for the elevated loneliness among older disabled adults in low-quality marriages. This pattern of associations was similar for both men and women. The findings demonstrate the importance of considering the larger social context of disablement. Although both marital and nonmarital relationships are important for feelings of loneliness, our findings indicate that when confronted with a stressor such as disablement it is the quality of the marital relationship that alone matters.

SESSION 1100 (SYMPOSIUM)

COMMUNITY-BASED THERAPEUTIC INTERVENTIONS FOR EARLY-STAGE DEMENTIA: OUTCOMES AND SCOPE

Chair: S.C. Burgener, Biobehavioral Health Nursing, University of Illinois College of Nursing, Urbana, Illinois
Co-Chair: L. Buettner, University of North Carolina Department of Therapeutic Recreation, Greensboro, North Carolina
Discussant: K.C. Buckwalter, The University of Iowa College of Nursing, Iowa City, Iowa

Increasingly, the extant research has described positive outcomes from non-pharmacological therapies for persons with early-stage dementia (PwD), including positive effects on cognitive functioning. Traditionally there has been less attention given to the benefits of non-pharmacological therapies compared to pharmacological treatments. Concomitantly, no consensus has been reached regarding the most effective components of non-pharmacological therapies or optimal target outcomes. Because of this gap in the research literature, further study is needed to identify (1) effective components of non-pharmacological therapies, (2) outcomes impacted by individual or multi-modal treatments, and (3) optimal structures for community-based interventions. This symposium includes four presentations that illustrate a variety of non-pharmacological interventions impacting on relevant outcomes of PwD. The research has been conducted by and developed from a range of disciplinary perspectives. The first presenter (Buettner; recreational therapy) will describe the effects of a cognitive training intervention on apathy outcomes. The second presenter (Morhardt; social work) will illustrate the outcomes from an improvisational acting intervention. The third presenter (Yu; nursing) will describe the effects of a 6-month aerobic exercise intervention on cognitive outcomes. The final presenter (Burgener; nursing) will describe the cognitive and psychological outcomes from a multi-modal intervention, including cognitive, creative, and exercise components. Each presentation will include descriptions of specific interventions, outcome measures, positive effects for PwD, and approaches to offering the intervention in a community setting.

MAINTAINING COGNITION USING AEROBIC EXERCISE IN ALZHEIMER'S DISEASE

F. Yü, N.W. Nelson, K. Savick, M. Dysken, J.F. Wyman. 1. School of Nursing, University of Minnesota, Minneapolis, Minnesota. 2. Minneapolis Veterans Affairs Medical Center, Minneapolis, Minnesota. 3. St Thomas University, Minneapolis, Minnesota

Aerobic exercise could be potentially effective for delaying cognitive decline via biologically sound mechanisms in the >25 million individuals with Alzheimer’s disease (AD). However, few studies have tested the effect of sole aerobic exercise on cognition in AD. This pilot study used a one-group repeated-measures design to examine the change in cognition from aerobic exercise in older adults with AD. Eight of 11 enrolled participants (mean age 81.4 ± 5.8 years) completed 6 months of individualized, supervised, moderate intensity cycling three times a week. Cognition was measured using the AD Assessment Scale, Mini-Mental State Examination, Trail Making Tests, Executive Interview-25, Stroop test, and Controlled Oral Word Association Test at baseline, 3 and 6 months. The results show that there are no significant changes in any measures. We conclude that this study provides preliminary evidence suggesting that older adults with AD might be able to delay cognitive decline from aerobic exercise.

MENTALLY STIMULATING ACTIVITIES FOR APATHY IN EARLY STAGE AD

L.L. Buettner, S. Fitzsimmons, K. Sink. 1. UNCG, Greensboro, North Carolina. 2. Wake Forest Baptist Medical Center, Winston Salem, North Carolina

We studied changes in apathy among 77 community dwelling older persons with mild memory loss in a randomized clinical trial comparing two non-pharmacological interventions over four weeks. The study used a pre-post design with randomization by site to avoid contamination and diffusion of effect. Interventions were offered twice weekly after baseline evaluations were completed. The treatment group received classroom style mentally stimulating activities (MSAs) while the control group received a structured early stage social support (SS) group. The results showed the MSA group had significantly lower levels of apathy (p<.001) and significantly lower symptoms of depression (p<.001). While both groups improved on quality of life, the MSA group was significantly better (p=.02) than the SS group. The project shows promising results in that the MSA intervention may provide a much needed method of reducing apathy and depressive symptoms, while motivating participation and increasing quality of life.
THE MEMORY ENSEMBLE: AN IMPROVISATIONAL THEATRE INTERVENTION FOR PERSONS WITH EARLY STAGE DEMENTIA


This study’s purpose is to test an intervention to support the strengths and abilities of persons with early stage dementia (ESG). A partnership was formed between a National Institute on Aging Alzheimer’s Disease Center (ADC) and a theatre ensemble to create an improvisational intervention for persons with ESG. A 7-week curriculum was developed. Six community dwelling participants enrolled in a pilot program of seven 90-minute sessions. Field notes were documented and a pre/post-test of Quality of Life (QOL) was administered. Written evaluations were obtained. Field notes were analyzed thematically and revealed subjects' increased confidence, sense of accomplishment, and normalcy. Pre/post testing revealed a slight improvement in QOL. Subjects found the intervention mentally stimulating, were better able to accept their diagnosis and cope with cognitive changes, and felt less isolated and alone. These results show promise for further development and refinement of an improvisational theatre intervention for persons with ESG.

A COMMUNITY-BASED INTERVENTION FOR PERSONS WITH EARLY-STAGE DEMENTIA: EFFECTS ON COGNITION AND DEPRESSIVE SYMPTOMS

S.C. Burgener, R. Mathy, Biobehavioral Health Nursing, University of Illinois College of Nursing, Urbana, Illinois

Non-pharmacological interventions initiated early in dementia have the potential to improve outcomes, including cognitive and emotional functioning. Multimodal interventions provide a variety of stimuli, affecting neuronal activity and responses through varying mechanisms. The purpose of this pre/post-test study was to test the effectiveness of a community-based, multimodal intervention on cognitive and depressive outcomes of persons with early-stage dementia (PwD). The intervention consists of cognitive, creative, social, and exercise (TaiChi) activities, offered 4 hours/day, 1-2 days/week. Seventeen participants (mean age = 76.9) comprised the sample, with data being collected at baseline and one-year following initial participation. Findings reveal stability in cognitive functioning, with Mini Mental State Examination scores varying from 26.12 at baseline to 27.83 at one year. Geriatric Depression Scale scores were also stable, being 2.14 at baseline and 2.0 at year one. Findings support a trend toward positive effects for early-stage PwD from participation in the multimodal intervention.

SESSION 1105 (SYMPOSIUM)

CONNECTING OLDER ADULTS WITH THE COMMUNITY: APPLICATIONS OF COMPUTER TECHNOLOGY

Chair: M.S. Heinz, Human Development and Family Studies, Iowa State University, Ames, Iowa
Discussant: J. Coughlin, Massachusetts Institute of Technology, Cambridge, Massachusetts

There are many benefits of technology to older adults such as increased independence and connectedness. Barriers to using technology are also noted, particularly as they relate to usability aspects of products and older adults’ attitudes about technology. The purpose of this symposium is to report first results from a two-phase study of computer applications that assist older adults to connect to the community. In the first phase of the study, three focus groups were conducted regarding their perceptions and usage of technology. Based on the focus group discussion, two computer prototypes (i.e., check-in monitor and daily health diary) were developed in order to meet three key needs older adults identified in the focus groups: concern about safety, health, and social connectedness. Skype was also used with older adults in order to address the concern over lack of social connectedness. Eight older adults living in an independent-living community tested the computer prototypes over a ten-day period. A follow-up focus group was conducted after participants completed the ten-day testing period. Older adult perceptions regarding the usability of the prototypes will be shared and discussed (e.g., usefulness, enjoyment). After attending this symposium, participants will have an understanding of older adults’ perceptions and current uses of technology and learn about older adult reactions to testing out new computer prototypes. The symposium will include older adults’ reactions to computer scientists coming into their homes to install equipment, usability of the computer prototypes, and perceptions of Skype before and after using the technology.

OLDER ADULTS AND PERCEPTIONS OF TECHNOLOGY


Changes and advancements in technology have the potential to benefit older adults by promoting independence and increased ability to age in place. However, older adults are less likely to adopt new technology unless they see benefits to themselves. This study assessed perceptions of thirty older adults in the Midwest concerning technology via three separate focus groups (i.e., independent living community, a rural community, and exercise program participants) with a particular focus on oldest-old and rural individuals. The focus group questions included items such as what technology older adults currently used, desired improvements in technology, and the greatest challenges participants were facing or would face. Five themes emerged from all three focus groups: technology barriers, transportation needs, help and assistance, self-monitoring, and gaming. After attending this session, participants will understand older adult perceptions, current uses of technology, and implications for technology designers and service providers who work with older adults.

THE COMPUTER DOESN’T BITE YOU! FOCUS GROUP DISCUSSION ON COMPUTER USE AMONG OLDER ADULTS

J. Cho, P. Martin, H. Yang, J. Wong, Iowa State Univ, Ames, Iowa

Computers and technology are necessities for everyday life in the 21st century regardless of age. Specifically, using technology has become a main component of work, education, communication, entertainment, and health care. In the current study, we used a computer program to check the health status of eight residents in an independent living community over a ten-day period. Participants initially expressed low confidence in their ability to use a computer. Pre- and post-focus group sessions were administered to assess attitudes toward technology. Results showed older adults learned and were confident about computers and usage of checking health status on computers, and recommended using an on-line health status check as an alternative to a regular office visit. The results of this study highlight the effects of technology, how technology improves the quality of life and promotes healthy and independent living among aging populations.

OLDER ADULTS AND NEWER TECHNOLOGIES: CHALLENGES AND STRATEGIES

N. Kelly, Iowa State University, Johnston, Iowa

Computers and related technologies are becoming ubiquitous. Their use is increasingly necessary to fully engage in various facets of daily life, and such innovations hold great promise for improving the lives of older adults. But technology development is traditionally oriented to the young; it does not take into account the sensory and cognitive effects of aging. Thus, obstacles exist in the products themselves. Another barrier to adoption may be older adults’ negative attitudes toward newer technology. However, research has shown that such attitudinal issues are less prevalent than stereotypes suggest. For example, previous research noted that older adults are quite open to adopting new tech-
SURPRISE: YOU CAN SKYPE, TOO!
J.B. Baenziger1, P. Martin1, H. Yang1,2, J. Wong1,2, 1. Human Dev Fam Studies, Iowa State Univ, Ames, Iowa, 2. Iowa State University Computer Science Dept, Ames, Iowa

Although computers offer an opportunity to enhance the lives of older adults, use is relatively low compared to other age groups. Barriers, such as lack of confidence and health issues, are obstacles preventing computer use. This study reports on results from a focus-group discussion that examined the attitudes of eight older adults in an independent living community following a ten-day period of using Skype. Results noted several barriers that participants overcame while taking part in this study, including trust issues surrounding a computer camera in their home and privacy issues concerning how they appeared to others during Skype sessions. Positive perceptions residents noted were: it was “fun” for them and their families, useful as a “check-in” device, and helpful as a way to increase self-confidence in “today’s technology.” Likewise, participants wished to continue Skype after the study ended. The results of our study suggest that adults can overcome technology barriers.

SESSION 1110 (SYMPOSIUM)

FAMILY INVOLVEMENT IN DEMENTIA CARE – AN INTERCONTINENTAL OVERVIEW
Chair: J. Gräske, Alice Salomon University of Applied Sciences, Berlin, Berlin, Germany
Co-Chair: E. van Rossum, Maastricht University, Maastricht, Netherlands
Discussant: B. Resnick, University of Maryland, Baltimore, Maryland

Care for Persons with Dementia Requires a Person-Centered Approach. Family Involvement Serves to an Individualization of Care Provided to Residents, and Improves Residents Quality of Life. Family Member’s Participation in Dementia Care is Possible in Various Ways and Helps Residents Staying Involved in Every Day Life. This Symposium Aims to Provide an Overview of Selected Ways of Family Involvement and the Impact on Residents Health-Related Outcomes. Each Presenter Will Discuss Current Approaches to Improve Dementia Care All Over the World. Everyday Life as well as Dementia Care in Special Circumstances are Included in the Symposium. Results of Family Involvement in Meaningful Activities, Decision Making, and Sexuality Will be Presented. The First Presenter shall Evaluate the Impact of Family Involvement from Residents Perspective Using Self-Rated Quality of Life Instruments, using data from a longitudinal German study (n=104). The Second Presenter Addresses Results from a U.S Study Using 205 dyads of Care Givers and Care Recipients with Dementia in an Early Stage on the Decision Making Process in Every Day Life. The Third Presenter Focuses on Differences in Family Involvement in Meaningful Activities Between Traditional Nursing Homes and Small-Scale Living Facilities, including 206 Family Caregivers and 259 People With Moderate to Severe Dementia in the Netherlands. The Final Presentation Discusses an Imported though Neglected Area of Sexual Expression of People With Dementia in Long-Term care and Specifically Addresses Family’s Perspective. The Presentations Show, that Family Involvement is Essential for Residents to Improve Their Everyday Life and Private Needs.

FAMILY INVOLVEMENT IN GERMAN SHARED-HOUSING ARRANGEMENTS – A LONGITUDINAL STUDY
J. Gräske, K. Wolf-Ostermann, Alice Salomon University of Applied Sciences, Berlin, Germany

Background: Family Involvement in Dementia Care is Considered to Be Beneficial to Persons With Dementia. Shared-housing Arrangements (SHA) are a New Approach in Dementia Care in Germany. Family Involvement is a Core Aim in This Setting. Empirical Findings of Frequency and Applied Tasks are Lacking yet as well as the Impact on Residents Outcomes. Method: We Conducted a Longitudinal Study to Assess Family Involvement and the Impact on Residents Quality of Life (QUALIDEM) and Challenging Behavior (CMAI). Results: We Included 104 Residents (Mostly Female, 79.0 Years) of 36 SHA. Family Members of 60% of all Residents are Involved in Dementia Care. Predominantly, They are Involved in Reading out and Taking Their Relatives for a Walk. Residents with Family Involvement Have a Higher QoL and Less Challenging Behaviors than People Without. Conclusion: Family Involvement is Not as Present as Postulated. We can Confirm, that It Is Beneficial for Residents of SHA.

FAMILY INVOLVEMENT IN DEMENTIA CARE: SMALL-SCALE LIVING FACILITIES AND TRADITIONAL NURSING HOMES COMPARED
H. Verbeek, S.M. Zwakhalen, E. Van Rossum, G.I. Kempen, J. Hamers, Maastricht University, CAPHRI School for Public Health and Primary Care, Department of Health Care and Nursing Science, Maastricht, Netherlands

This Study Compared Involvement of Family Caregivers in Care for People with Dementia Living in Two Different Settings: Traditional Nursing Homes (TNH) and Small-scale Living Facilities (SSLF). Involvement With Care Was Assessed in 206 Family Caregivers (106 in SSLF and 100 in TNH) During 1 Year (Baseline Assessment and Follow-ups After 6 and 12 Months). Family Caregivers Were Most Often Involved in Sitting, Chatting and Walking With Residents. Only Small Differences Were Identified Between The Two Settings: Family Caregivers in SSLF Were More Engaged in Helping Others and Assisting With Household Chores. No Significant Effects Were Found for Frequency and Duration of Visits and Number of Activities During Visiting. Our Results Indicate That Involvement With Care is Not Different for Family Caregivers in SSLF Compared with TNH, Although Small Differences Between Type of Activities Emerged.

CARE RECIPIENT AND FAMILY CAREGIVER PERCEPTIONS OF EVERYDAY CARE IN EARLY-STAGE DEMENTIA: THE EFFECT OF INCONGRUENCE ON QUALITY OF LIFE
H. Moon1, A.L. Townsend1, C.J. Whitlatch2, 1. Case Western Reserve University, Cleveland, Ohio, 2. Benjamin Rose Institute, Cleveland, Ohio

Few studies have examined the differences between care recipients (CRs) with early-stage dementia and family caregivers (CGs) in their perspectives about CRs’ daily care, and the effect on CGs’ and CRs’ quality of life (QoL). This study examines differences between CR and CG reports about: 1) CR involvement in decision making about daily care, 2) CR values and preferences regarding social relations, and 3) the effect of these differences on CG and CR QoL. Within 205 care dyads (i.e., CRs with early-stage dementia and CGs), CGs rated CRs’ involvement in decision making as significantly lower than CRs. CGs also reported that CRs valued maintaining social relations significantly less than CRs reported. Multilevel analysis revealed that there was a significant effect of incongruence on values and preferences on CGs’ and CRs’ QoL. Discussion will focus on the implications of the findings for developing strategies for improving CR and CG QoL.
DAD WOULD NEVER HAVE DONE THAT!: OLDER PEOPLE’S EXPRESSION OF THEIR SEXUALITY IN LONG TERM CARE
M. Bauer, R. Nay, D. Fetherstonhaugh, L. McAuliffe, La Trobe University, Bundoora, Victoria, Australia

The sexual needs and wellbeing of older people living in residential aged care remains a significant challenge, receives scant attention in practice and is easily dismissed. As guardians and informal carers, family play an important role in residential aged care facilities; however they can also be one of the hurdles to the acknowledgement of residents’ sexuality and residents being unable to express their sexual needs. Many family members find it difficult to accept that sexual expression may still be important for the older person in an aged care facility, particularly when dementia is involved. This paper will present research findings from a project which involved interviews and focus groups with resident’s family members in two Australian states on the issue of sexuality and older people living in residential aged care. Research findings underscore the need for policy, information and education.

SESSION 1115 (SYMPOSIUM)

IMPLEMENTATION OF LOW VISION INTERVENTIONS FOR OLDER ADULTS: CHALLENGES AND REWARDS
Chair: G. Zijlstra, Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands
Co-Chair: V. Cimarolli, Jewish Home Lifecare, Research Institute on Aging, New York, New York
Discussant: A. Horowitz, Fordham University, Graduate School of Social Service, New York, New York

Low vision is a common age-related chronic condition associated with increased functional disability, depression, loneliness, mobility problems, falls, mortality risk, and reduced quality of life. Vision rehabilitation centers offer services for older people with low vision that focus on improving vision-related functioning to promote independence and psychosocial well-being. However, there is a lack of research documenting development and implementation issues (e.g., enrolment challenges) of such interventions as well as their potential effectiveness in alleviating the negative effects of vision loss. The aim of the symposium is to present new data - from studies conducted in the US, Germany, and the Netherlands - on the development and/or evaluation of low vision interventions targeting older adults in various settings and to discuss implementation challenges and rewards. First, data on the impact of vision loss on physical rehabilitation use and outcomes in elderly sub-acute care patients along with implications for the design of low vision interventions will be presented. The second paper will focus on the outcomes of a qualitative process evaluation discussing implementation challenges of a psychosocial consultation program. The third presenter will report on a RCT that tested the acceptability of identification cane training by partially-sighted older adults and their mobility instructors. The final two presentations will give results from two problem-solving therapy trials focusing on their implementation challenges and efficacy in reducing depression and improving vision function. Our discussant will facilitate a discussion on-site.

THE IMPACT OF VISION LOSS ON SUB-ACUTE REHABILITATION USE AND OUTCOMES: INTERVENTION OPPORTUNITIES

This study investigated the effects of vision impairment on occupational therapy utilization and outcomes of 100 elders receiving sub-acute rehabilitation in a nursing home setting. Understanding vision loss in this context is important to ensure effective use of physical rehabilitation and to achieve optimal patient outcomes. We assessed both subjective (self-rated difficulties in performing activities of daily living) and objective (visual acuity and contrast sensitivity) vision impairment impact. Regression analyses indicate that controlling for socio-demographic, health, and social support variables, decreased contrast sensitivity was a significant predictor of fewer occupational therapy minutes used and decreased visual acuity functioned as a significant predictor of higher functional dependency at discharge. Results underscore the importance of the development of low vision rehabilitation interventions that can be delivered in conjunction with traditional sub-acute physical rehabilitation. Specific intervention opportunities, such as low vision self-management programs will be discussed.

CHALLENGES OF A PSYCHOSOCIAL COUNSELLING PROGRAM FOR VISUALLY IMPAIRED ELDERS: FINDINGS FROM QUALITATIVE PROCESS EVALUATION
I. Himmelsbach1, F. Oswald1, S. Driebold1, F. Esch2, K. Metzler3, J. Nagel1, 1. Interdisciplinary Ageing Research, Goethe University, Frankfurt, Germany, 2. Foundation for the Blind and Visually Impaired, Frankfurt, Germany, 3. Blindenstudiienanstalt/German Institute for the Blind (blista), Marburg, Germany

Three aims are central for development and evaluation of this program: Understanding visual impairment as challenge for psychosocial counselling, replacing segmented interventions by an integrative concept and striving for permanent continuation of the program. The project encompasses two phases: Phase 1 (month 1-18) emphasizes concept development and qualitative evaluation, whereas phase 2 (month 19-36) focuses on quantitative outcome evaluation of the final concept. Conceptual and empirical findings of phase 1 are drawn from qualitative analyses of expert and client interviews, as well as counselling records and are presented on three levels: A) the central categories, e.g. vision and age specific contents of consultation, or the interrelation of potential needs versus subjective evaluation of the intervention from clients’ and experts’ perspectives. B) the final concept achieved by subsequent concept optimization based on the emerging categories. C) the set of outcome concepts and related quantitative measures for quantitative analyses in phase 2.

ACCEPTABILITY OF AN ORIENTATION AND MOBILITY TRAINING IN IDENTIFICATION CANE USE: OUTCOMES OF AN RCT
G. Zijlstra, J. Ballemans, G.I. Kempen, Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands

Vision rehabilitation services generally lack standardized intervention protocols and scientific knowledge about the effects of their services. In an RCT the effects and acceptability of a newly developed standardized intervention (O&M) training for identification cane use were compared to usual care, i.e. the regular training. Data on the acceptability was collected from 29 O&M-trainers and 68 partially-sighted older adults. Participants of the standardized training rated the overall training slightly higher than participants of the regular training; trainers of the standardized training were less positive about the overall training than their counterparts of the regular training. According to the trainers of both groups O&M-skills were only partly achieved in about 38% of the participants; about 52% of the participants of both groups reported that the trainings contributed to their mobility needs. The standardized O&M-training is feasible; yet, essential components of the standardized training were likely not or insufficiently applied.
OUTCOMES OF A DEPRESSION FOCUSED PROBLEM-SOLVING THERAPY TRIAL FOR OLDER ADULTS WITH VISION LOSS

Depression is a major health problem strongly associated with disability among older adults, and affecting about one-third of those with age-related vision loss. This study describes a randomized trial comparing Problem Solving Treatment (PST) to a Social Contact intervention for 42 visually impaired older adults with subthreshold or mild major depression. While recruitment was difficult, those who did participate in the therapy completed their treatment schedule, and had very positive feedback. Identified problems for elders in the PST group were related to issues in daily living likely made harder due to vision disability (socialization, household maintenance, transportation issues). Data on depression diagnosis and symptoms were collected at baseline, 11-weeks later (following intervention), and 3 months post intervention. Preliminary results showed a significant decrease in depressive symptoms over time in both groups. Recruitment challenges and solutions are discussed as well as issues relating to acceptance and adherence to the treatment program.

Efficacy of Problem-Solving Treatment versus Supportive Therapy in Improving Vision Function in AMD
R. Casten, B.W. Rovner, B. Leiby, Thomas Jefferson University, Philadelphia, Pennsylvania

This randomized controlled trial tested the efficacy of Problem Solving Treatment to improve vision-related function in patients with AMD. Control subjects received Supportive Therapy (ST), an attention control treatment. Subjects were assessed at baseline and at 3 and 6 months (masked to treatment assignment). Both groups received 6 in-home treatment sessions. The primary outcome was Targeted Vision Function (TVF), which is the average difficulty rating of vision goals that are meaningful to subjects. The secondary outcomes were the NEI-VFQ subscale scores of: near activities, distance activities, social function, dependency due to vision loss, mental health, and role function. The analyses of the 3-month data indicate that there was no treatment effect on change in TVF. However, a MANOVA showed a global improvement on NEI-VFQ vision-related quality of life subscales.

SESSION 1120 (SYMPOSIUM)

INTERSECTIONAL PERSPECTIVES ON AGE RELATIONS: RECENT RESEARCH AND CHALLENGES
Chair: C. Krekula, Dept of Social Studies, Karlstad University, Karlstad, Sweden
Co-Chair: N. King, Virginia Tech, Blacksburg, Virginia
Discussant: T. Calasanti, Virginia Tech, Virginia, Virginia

Globalisation and demands for equality have drawn attention to diversity in ageing; yet most conference presentations on global age relations have appeared in contexts that provided limited sustained attention. The five papers in this symposium contribute a more thorough accounting of age relations. With comments by a discussant, they provide empirical support for compatible theories of intersections of inequities of age, class, and gender. Each identifies a research frontier and the challenges associated with the study of particular dimensions of age relations. Krekula’s research shows how policies of “gender mainstreaming” affect age relations. Nilsson’s analysis of self-helps of old rural men with no immediate family shows how codes of masculinity shape their old age and confrontations with death. King’s study of the discourse of gerontological Social Work shows how age relations structure applications of professional empowerment to women and men. Pietilä and Ojala’s study of male factory workers shows how codes of manhood also shape their approaches to medical care as they age. Finally, Clarke, Korotchenko, and Bennett’s study of chronically ill shows how gender and class intersect with age relations to shape strategies of self care. As a whole, these presentations demonstrate the variety of challenges facing intersectional research and the possibility of developing coherent theory from multiple studies.

DISCOURSING IN CONFLICT OR ACCORD? ON STRATEGIES FOR AGE AND/ OR GENDER BASED EQUALITY
C. Krekula, Dept of Social Studies, Karlstad University, Karlstad, Sweden

Gender mainstreaming has been defined as a strategy which aims to bring about gender equality. The concept emphasizes that we must bear in mind the different consequences that legislation and action plans can have for women and men. Since the concept was first proposed in 1985, the vocabulary has been broadly adopted internationally. However, there are various levels of implementation and progress. In both the political and academic debates the differences are substantial, for example with respect to the formulation of goals and how other bases for inequality are addressed. In this paper, I discuss the strategy from an intersectional perspective by way of analysing how gender equality and age based equality interact. By referring to qualitative data I shed light on how different applications of gender mainstreaming can both maintain and challenge asymmetrical age relations. In so doing, theoretical tensions and research frameworks will be reconsidered.

AGEING AND MASCULINITY IN THE RURAL
M. Nilsson, Karlstad University, Karlstad, Sweden

The rural context has consequences for the ways that gender structures the lives of people throughout the life course, both materially and socially. Norms of masculinity remains strong in rural areas and there is less room for deviations than in urban areas. This is not least connected to the scarcity of meeting places, and above all to that of alternative spaces. Men in rural areas who have remained unmarried throughout their lives and live without a partner tend to live in the areas where they were born. The identity and ways of living of unmarried men is often tied to the places where they live, but it is also connected to notions of heterosexuality and couplehood. In this paper I will explore the ways that unmarried and childless older men talk about relationships and childlessness in relation to norms of masculinity and heterosexuality, notions of ageing, growing old and approaching death.

GERONTOLOGICAL “EMPOWERMENT” AND THE IMPUTATION OF ACTION TO OLD WOMEN AND MEN
N. King, Virginia Tech, Blacksburg, Virginia

To social gerontologists, “empowerment” appears to mean discretion and causal force, or the self-perception of having them. This research bears upon social gerontologists’ discussions, in their academic journals, of this concept and suggests what functions they serve for that professional group. The journal articles (from four mainstream journals in the field) studied here often urge that old people should enjoy greater empowerment, and that gerontologists should help to bring this about with their research and advocacy. This essay combines content analysis and constructivist theory to suggest why. It argues that those imputations of empowerment express affiliation with an oppressed group, affirm professionals’ entitlement to intervene on their behalves, and justify those interventions by framing them as the actions of clients.

ACTING AGE IN THE CONTEXT OF HEALTH
I. Pietilä, H. Ojala, 1. School of Health Sciences, University of Tampere, Tampere, Finland, 2. University of Tampere, School of Social Sciences and Humanities, Tampere, Finland

This paper focuses on the intersections of age, gender and class in interpretations of the aging of middle-aged working-class men. It is
based on interview data in which Finnish industrial workers are interviewed about health. Based on the theoretical implications of intersectionality, the paper provides an empirical analysis of how categorizations of age and conceptualizations of aging are tightly interwoven with gender and class in interviews. The middle-aged interviewees base their interpretations of the aging self on negotiating their position between the categories of the ‘young’ and ‘old’. Both these groups are labeled with rather negative characteristics regarding the irresponsibility for health among the young and impaired functional ability of the old, which conflicts with the working-class expectations regarding masculine identity. The findings suggest that studying how people ‘age’ requires consideration of the respects in which aging is an age-specific and gendered process shaped by class-based values and ideals.

‘THE DOCTORS CAN ONLY DO SO MUCH, THE REST IS UP TO YOU!’: SELF CARE STRATEGIES AMONG OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS
L.C. Hurd Clarke, A. Korotchenko, E.V. Bennett, School of Human Kinetics, University of British Columbia, Vancouver, British Columbia, Canada

The majority of older adults will experience at least one chronic condition in later life and the average number of chronic conditions has been found to increase with age. This paper focuses on the self-care strategies employed by 35 older adults (aged 75+) who had a range of three to 14 chronic conditions (average of six). The analysis of our data revealed four broad categories of self-care: a) adherence to medical interventions (including conventional and alternative medicine); b) care of the body through diet, exercise, rest/sleep, and appearance work; c) engagement or non-engagement with social and community support resources; and d) use of psychological and spiritual strategies. We discuss the gendered and social class patterns among the self-care strategies employed by our participants in light of the literature on age relations, gender, and help-seeking behaviour as well as in terms of extant social discourses pertaining to healthism and health promotion.

SESSION 1125 (SYMPOSIUM)
PREVALENCE OF LIFESTYLE BEHAVIORS IN OLDER ADULTS WITH CANCER
Chair: T. Cadet, Simmons College, Boston, Massachusetts
Co-Chair: K. Bellizzi, University of Connecticut, Storrs, Connecticut
Discussant: H.J. Cohen, Duke University, Durham, North Carolina

Understanding lifestyle behaviors among older adults with cancer is a critical step to develop and target interventions aimed at decreasing morbidity, mortality, and improving quality of life in this rapidly growing population. This symposium, co-sponsored by the Research on Cancer and Aging Interest Group and Emerging Scholars and Professional Organization (ESPO) will examine the prevalence of cancer screening, exercise, diet, and smoking among older adults with cancer. Utilizing data from the National Health Interview Survey, the first presentation will describe the high screening rates occurring in racially diverse adults over the age of 75, and the extent to which physicians are continuing to recommend screening to this group. The second presentation will explore these screening practices in more detail by examining patterns of utilization, factors associated with utilization, and the relationship between utilization and breast cancer outcomes from the Breast Cancer Treatment Effectiveness in Older Women study. The third presentation will focus on demographic antecedents and quality of life correlates of health promotion efforts with particular attention to the greater propensity of older women compared to older men to adopt positive lifestyle changes, such as exercise and healthy eating following a cancer diagnosis. The final presentation will examine smoking concordance among older lung and colorectal cancer survivors and their caregivers and its impact on mental and physical quality of life indicators using data from the Cancer Care Outcomes and Research Surveillance Consortium (CanCORS). Our discussant will synthesize findings and facilitate a discussion about both the importance and challenges of engaging in healthy lifestyle behaviors among this population.

STILL SCREENING AFTER ALL THESE YEARS: PREVALENCE OF CANCER SCREENING IN OLDER RACIALLY DIVERSE ADULTS
K. Bellizzi1, E. Breslau1, H. DIFOSCU, UConn, Storrs, Connecticut, 2. National Cancer Institute, Bethesda, Maryland

While early detection of cancer through screening programs has led to a substantial decline in mortality and morbidity in the population, less attention has been given to segments of the population where screening may not be appropriate, such as older adults with limited life expectancy. Data were analyzed from the 2005 and 2008 National Health Interview Survey. Screening behaviors were examined according to the United States Preventive Services Task Force recommendations for breast, cervical, colorectal and prostate cancer screening. Among adults aged 75-79, the percentage screened was colorectal (57%), breast (62%) cervical (53%) and prostate cancer (56%). Among the 80 plus age group, rates of screening ranged from a low of 38% for cervical cancer screening to a high of 50% for breast cancer screening. Over 50% physicians continue to recommend screening to adults over the age of 75 despite the ambiguity of recommendations for this group.

MAMMOGRAPHY SCREENING AMONG OLDER BREAST CANCER SURVIVORS
R.A. Silliman1, T. Field2, T. Lash1, M. Fox1, 1. Boston University Medical Center, Boston, Massachusetts, 2. University of Massachusetts Medical School, Worcester, Massachusetts

Breast cancer survivors are at risk for recurrence and second primaries in the contralateral breast. Although surveillance mammography is known to be underused, factors associated with underuse are poorly understood. Further, although there are no clinical trial data that demonstrate its effectiveness in relation to breast cancer mortality, annual surveillance mammography is recommended. Taking advantage of a cohort study of 1859 older women (65+) diagnosed with stage I or II breast cancer in six integrated health care delivery systems, we ascertainment and health care system factors associated with surveillance mammography use and estimated the effect of surveillance mammograms on the rate of breast cancer mortality. Women at higher risk of recurrence were less likely to receive annual mammograms while those with visits to either breast cancer surgeons or oncologists were more likely. Each additional surveillance mammography was associated with a decrease in the odds of breast cancer mortality.

SELF-CARE AND HEALTHY LIFESTYLES IN A COMMUNITY SAMPLE OF ELDERLY CANCER SURVIVORS
E. Kahana1, B. Kahana2, D. Kulle1, J. Li1, L. Lovegreen1, J. Brown1, J. Case Western Reserve University, Cleveland, Ohio, 2. Cleveland State University, Cleveland, Ohio

This study explored self-care and adoption of healthy lifestyle behaviors among 174 community dwelling cancer survivors (mean age 80.6). Self care activities included seeking health information primarily through print media (36.8%). Patient initiative was also considered in terms of use of non-traditional treatments and enrollment in clinical trials. Only a small minority utilized alternative care, or clinical trials. Patients reported strong physician support for non-traditional treatments. Psycho-social interventions, including Internet based support groups or mental health services, were infrequently relied on. Engaging in healthy lifestyle behaviors was a more frequent adaptation in this group. Among those not already committed to smoking avoidance, healthy diets and exercise prior to cancer diagnosis, nearly one out of five began healthy practices after diagnosis. Women were significantly more likely than men to start exercise and healthy diets. Findings underscore the will-
CANCER PATIENT-CAREGIVER DYADS AND QUALITY OF LIFE: MENTAL HEALTH GOING DOWN IN SMOKE?  
J. Rowland, Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, Maryland  

Cancer poses enormous stress not only on the patient diagnosed, but also on his or her caregiver. Distress may be heightened when members of this dyad are mismatched on smoking status (one smokes, but the other does not). Smoking concordance and patient and caregiver mental and physical quality of life were analyzed in a large sample of lung and colorectal patient-caregiver dyads (N = 472) drawn from the national multi-site Cancer Care Outcomes Research and Surveillance (CanCORS) and the CanCORS Caregiver studies; the majority of the cancer patients were older than 65 (53.1%). While dyad smoking was less strongly associated with physical well-being, smoking by one or both members of the dyad was associated with worse mental health than for members of non-smoking dyads. Results highlight the importance of assessing smoking in both cancer patients and their caregivers and referring to appropriate smoking cessation and psychosocial services as needed.

SESSION 1130 (SYMPOSIUM)

SUICIDE IN LATE LIFE: PROXIMAL AND DISTAL RISK FACTORS  
Chair: J.J. Gregg, Psychology, West Virginia University, Morgantown, West Virginia  
Co-Chair: P. Bamonti, Psychology, West Virginia University, Morgantown, West Virginia  
Discussant: Y. Conwell, University of Rochester School of Medicine, Rochester, New York  

Although older adults (ages 65+) only comprise 12.6% of the general population, they account for 15.7% of all suicides (American Association of Suicidology, 2010). The objective of this symposium is to highlight cutting edge research on proximal and distal risk factors of suicide in late life using innovative methodologies and analytic strategies. The first portion of the presentations will examine the applicability of the Interpersonal Theory of Suicide to older adults. According to this theory, both thwarted belongingness and perceived burdensomeness are predictors of suicidal behavior (Joiner, 2005; Van Orden et al., 2010). First, Dr. Kim Van Orden will present a study examining the relation between perceived burdensomeness, thwarted belongingness, and death by suicide in older adults utilizing a psychological autopsy study. Next, Meghan Marty will present research on the validity of a measure of perceived burdensomeness and thwarted belongingness among community dwelling older adults. Dr. Alisa O’Riley will then examine the relation between personality traits, familial distress, and perceived burdensomeness in treatment seeking older adults. This symposium will also address other potential risk factors for suicidal behavior. Sarra Nazem will present research using survival analysis in a population-based sample evaluating headache as a risk factor for death by suicide. Lastly, Dr. Mark Kaplan will present research using a national sample to examine differences in method of suicide in older adult males. This symposium will increase awareness of important factors associated with suicide in late life that have implications for future research, assessment, and practice.

THE INTERPERSONAL THEORY OF SUICIDE APPLIED TO OLDER ADULTS: THEORETICAL AND EMPIRICAL FOUNDATIONS  
K.A. Van Orden, P.N. Smith, A. O’Riley, Y. Conwell, Psychiatry, University of Rochester Medical Center, Rochester, New York  

This presentation will integrate the Interpersonal Theory of Suicide (Joiner, 2005; Van Orden et al., 2010) with the empirical literature on late-life suicide. Data from two studies will be presented. First secondary analyses from a psychological autopsy study of older adults (n=82 community control and n=82 older adults who died by suicide) indicated that both thwarted belongingness (TB) and perceived burdensomeness (PB)—two of the key constructs in the theory—significantly differentiated between older adults who died by suicide and community controls (Odds ratio for TB = 3.72, p<.01; PB = 5.88, p<.01). Second, data on the specificity and sensitivity of TB and PB in the detection of suicidal ideation among a sample of older adult psychiatric inpatients will be presented (data collection is underway). Future directions for research, as well as clinical applications, will be discussed.

ANALYSIS OF THE INTERPERSONAL NEEDS QUESTIONNAIRE IN COMMUNITY-DWELLING OLDER ADULTS  

Perceived burdensomeness and thwarted belongingness are important indicators of suicide ideation (Van Orden et al., 2010). This study evaluated the structure and validity of the Interpersonal Needs Questionnaire, a measure of burdensomeness and belongingness, among older adults. Participants (N = 284, M age = 73.3 years, SD = 7.1) completed questionnaires. Principal Components Analysis with Varimax rotation revealed the presence of four components with eigenvalues exceeding 1, explaining 28.0%, 15.3%, 11.0%, and 9.6% of the variance. A two-component solution explained 50.3% of the variance, with Component 1 contributing 28.3% and Component 2 contributing 22.0%. Component 1 contained identical items in both analyses and measured belongingness. In the second analysis, Components 2, 3, and 4 combined and measured burdensomeness. Components of both analyses had medium-to-large positive correlations with suicide ideation, hopelessness, and loneliness, providing evidence for convergent validity. Results support the use of a two- or four-factor solution among older adults.

CORRELATES OF PERCEIVED BURDSENSOMENESS IN DISTRESSED OLDER ADULTS  
A. O’Riley, K.A. Van Orden, P. Duberstein, D. King, Psychiatry, University of Rochester Medical Center, Rochester, New York  

Research has demonstrated that perceived burdensomeness is a risk factor for suicide in late life (Cukrowicz, Cheavens, Van Orden, Ragin, & Cook, in press; Van Orden, Bamonti, King, & Duberstein, submitted). To date, however, little research has examined potential risk factors for perceived burdensomeness in late life. This presentation examines the relation between perceived burdensomeness, NEO five factor personality traits, and familial distress in a sample of older adults (N=93; aged 60-88) seeking treatment in an outpatient mental health clinic. Results indicate that, even after controlling for level of depressive symptoms, older adults with high levels of conscientiousness and high levels of perceived familial criticism endorsed higher levels of perceived burdensomeness than older adults low in conscientiousness and perceived criticism (B = .05, SE = .021, p < .05, 95% CI = .005, .09). These findings have important implications for preventing and addressing perceived burdensomeness in late life.

HEADACHES AND SUICIDE IN A POPULATION-BASED SAMPLE  
S. Nazem, A. Fiske, Department of Psychology, West Virginia University, Morgantown, West Virginia  

Individuals who experience headaches are at increased risk for suicidal ideation and attempts. No studies, however, have examined the
association between headaches and suicide. The present study examined the relation between headaches and suicide in the population-based Swedish Twin Registry. Participants included 42,928 individuals who responded to a mailed questionnaire in 1967 or 1973. Poisson regression was used to estimate risk of suicide associated with headache over a period of up to 36 years. The relation between headaches and suicide was moderated by gender, χ²(1) = 9.01, p < .01; women who experienced headaches were twice as likely to die by suicide as women who did not experience headaches, IRR: 2.01 (95% CI 1.22, 3.31). Headaches were not associated with increased risk for suicide in men, IRR: 0.62 (95% CI 0.34, 1.15). Findings support the conclusion that headaches are associated with suicide in women but not in men.

CHARACTERISTICS OF OLDER MALE SUICIDE DECEDE NTS USING DIFFERENT METHODS
M.S. Kaplan¹, B. McFarland², N. Huguet¹, 1. Portland State University, Portland, Oregon, 2. Oregon Health & Science University, Portland, Oregon

Suicide is a leading cause of death in older adulthood, and most older men who die of suicide do so with firearms. This paper examines the differences in characteristics of older male suicide decedents using different suicide methods. Data were obtained from the 2003 to 2008 National Violent Death Reporting System restricted access database. Using logistic regression, a model was developed to differentiate older male suicide decedents who used firearms (n = 4290) from those who used other suicide methods (n = 1067). The results show that the presence of a health problem at the time of death was one of the best predictors of firearm suicide. Place of suicide and veteran status further increased likelihood of firearm use. Suicides occurring in mostly rural counties and in the South were significantly more likely to involve firearms. We conclude with a discussion of the implications for suicide researchers, clinicians, and policymakers.

SESSION 1135 (SYMPOSIUM)

BODY COMPOSITION AND HIP FRACTURE
Chair: D. Alley, University of Maryland, Baltimore, Maryland
Co-Chair: D. Orwig, University of Maryland, Baltimore, Maryland
Discussant: D.P. Kiel, Hebrew SeniorLife, Boston, Massachusetts

The relationships between body composition and hip fracture are complex: both fat and lean mass may be related to risk of fracture and to fracture recovery, but hip fracture also affects body composition. Additionally, secular trends in obesity have resulted in large shifts in the body composition of recent cohorts of older adults, and it is unknown how these changes are related to risk of fracture or the characteristics of hip fracture patients. The presentations in this symposium address important aspects of the association between fat, muscle, and bone in influencing the risk of hip fracture and the process of hip fracture recovery. Lloyd and colleagues examine the association between body mass index (BMI) and bone mineral density in a recent sample of older adults, allowing for a re-examination of this relationship in an era of widespread obesity. Yerges and colleagues document an increase in BMI and bone mineral density over time, reflecting the need for increased vigilance and therapeutic intervention shortly after hip fracture.

SHORT-TERM CHANGES IN BODY COMPOSITION AFTER HIP FRACTURE
C. D’Adamo¹, W. Hawkes¹, R.R. Miller², M. Hochberg¹, J. Yu-Yahiro², J. Magaziner¹, 1. University of Maryland School of Medicine, Baltimore, Maryland, 2. Union Memorial Hospital, Baltimore, Maryland

Deleterious changes in body composition contribute to the persistent decline in physical function during the year after hip fracture. However, little is known about short-term changes in post-fracture body composition as no studies have examined changes prior to two-month follow-up visits. Thus, the goal of this study was to determine whether short-term changes in body composition occur after hip fracture. Measures of body composition (total body mass, lean body mass, fat mass, and hip bone mineral density) were assessed at 3 day, 10 day, and 2 month post-fracture visits in 155 female hip fracture patients from the third cohort of the Baltimore Hip Studies. Longitudinal analysis of post-fracture body composition was conducted using mixed models. Decreases in total body and lean mass were shown to occur from 3 to 10 days (p < 0.05), reflecting the need for increased vigilance and therapeutic intervention shortly after hip fracture.

LEAN MASS AND THE RISK OF HIP FRACTURE IN OLDER ADULTS: THE FRAMINGHAM STUDY
R.R. McLean¹, ², M.T. Hannan², S.D. Berry¹, ³, K. Broe¹, X. Zhang¹, L. Cupples¹, D.P. Kiel¹, ², 1. Hebrew SeniorLife Institute for Aging Research, Boston, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. Boston University School of Public Health Biostatistics Dept, Boston, Massachusetts

Reduced muscle mass is associated with poor functioning in older adults, yet little is known on its relation with hip fracture. We examined whether baseline leg and total lean mass, measured via DXA, predict hip fracture risk among elderly men and women of the Framingham Heart Study, hypothesizing that lower lean mass is associated with higher hip fracture risk. The 306 men and 541 women (mean age 78 yrs at baseline) experienced 20 and 74 hip fractures, respectively, over a median follow-up of 9.8 yrs. While lean mass did not predict hip fracture risk among men, in women each kg increase in leg and total lean mass was associated with a 30% and 13% increased risk for hip fracture, respectively (P<0.01). Our unexpected findings in older women may reflect that those with greater lean mass are more active and thus have a greater opportunity to fall and fracture.

BODY MASS INDEX AND BONE MINERAL DENSITY IN ADULTS OVER 50: RESULTS FROM NHANES 2005-2008
J. Lloyd¹, D. Alley¹, W. Hawkes¹, S.R. Waldstein¹, M. Hochberg¹, D. Orwig¹, 1. Epidemiology and Preventive Medicine/Gerontology, University of Maryland, Baltimore, Maryland, 2. University of Maryland, Baltimore County, Baltimore, Maryland

Although previous studies have reported a positive relationship between body mass index (BMI) and bone mineral density (BMD), this relationship hasn’t been examined in more recent cohorts. Using data from the National Health and Nutrition Examination Survey (2005-2008), we examined the association between BMI and low BMD and osteoporosis (defined as >1 SD and >2.5 SD below young, sex-specific mean, respectively). There were 3,801 adults >50 years (mean 63 years), predominately female (51.7%), white (83.5%), and overweight or obese (72%), with a mean femoral neck BMD of 0.78 gm/cm2 (SD=0.14). Both overweight and obese persons had significantly lower odds of low BMD (OR=0.21, CI: 0.13-0.34; and OR=0.10, 95% CI: 0.05, 0.22, respectively) and osteoporosis (OR=0.19, 95% CI: 0.08, 0.44; and OR=0.21, 95% CI: 0.08, 0.59, respectively). Gender and race were not significant effect modifiers. Results demonstrate the strong positive association between BMI and BMD, consistent with prior research.
The prevalence of overweight and obesity is rising among older Americans, but less is known about trends among individuals who fracture. We utilized data from the Baltimore Hip Studies (BHS), a series of prospective cohort studies of hip fracture outcomes in older community-dwelling participants from the Baltimore area, to compare body mass index (BMI) at the time of hospitalization for hip fracture in three BHS cohorts with similar eligibility criteria. For women, the average BMI was 22.1 for the cohort initiating enrollment in 1990, 22.7 for the cohort initiated in 1992 and 25.0 for the cohort initiated in 2006. For men, data were only available in two cohorts (1990 and 2006). The average BMI was 23.4 for men in the cohort initiated in 1990 compared to 25.4 for men in the 2006 cohort. These observations could indicate that the archetype of the ‘thin, frail’ hip fracture patient may be changing.

**Sarcopenia and Functional Recovery After a Hip Fracture**

N. Chiles, D. Alley, W. Hawkes, D. Orwig, University of Maryland Baltimore, Baltimore, Maryland

Adequate muscle mass may be important in hip fracture recovery. This study assessed the impact of sarcopenia 2 months after a hip fracture on physical performance 6 months post-fracture. Data from 109 female patients admitted to two Baltimore-area hospitals from 1992-1995 were analyzed. Sarcopenia classification was based on DXA-measured appendicular lean mass normalized for height and coded according to Baumgartner’s definition ($\leq 5.45$kg/m² for women). Physical performance was measured by the Lower Extremity Gain Scale (LEGS, range: 0-36). Only 62 participants (56.9%) were sarcopenic at 2 months post-fracture. Mean LEGS score at 6 months was 23.7 (SD 8.3). There was little association between sarcopenia at 2 months and physical performance 6 months post-fracture. Our findings indicate that sarcopenia may not be predictive of functional recovery after hip fracture.

**SESSION 1140 (SYMPOSIUM)**

**BUILDING ACADEMIC GERIATRIC NURSING CAPACITY ALUMNI RESEARCH: EXPANDING THE LIFESPAN FOR DIVERSE POPULATIONS**

Chair: C.E. Rogers, Arizona State University, Mesa, Arizona
Discussant: C.E. Rogers, Arizona State University, Mesa, Arizona

Because the lifespan of older adults is predicted to increase in the next 20 years both in number and diversity, changes that accompany aging are expected to be hallmarked by an anticipated 20% increase in older adults with disabilities. Given these predicted changes, the need for empirical testing and application of culturally relevant, theory based research to promote healthy lifestyle behaviors targeting disability reduction is critical. The purpose of this symposium is to report the findings of theory based research in promoting healthy behaviors for older adults in different settings. The objectives are to report a) culturally relevant influences on healthy behaviors, b) barriers to participating in healthy behaviors for specific populations of older adults, c) findings from effective, theory based intervention research, and d) a discussion of how these approaches advance the science for improving health outcomes for older adults across the lifespan. Approaches to improving health outcomes in older adults will overarch the framework of this symposium with 4 research reports: Rogers et al. discusses the relationship between positive spiritual beliefs and healthy behaviors for older adults using a model of healthy aging; Chu reports how post-immigration lifestyle changes increase the risk for chronic disease among Vietnamese American older adults; Purath reports the effect of a theory driven primary care intervention on increasing physical function among sedentary older adults, and Yao describes the application of a Positive Emotion Motivated Tai Chi model to improve health outcomes using a dyadic approach for caregivers and patients with Alzheimer’s disease.

**BENEFITS FOR DEMENTIA CAREGIVERS PARTICIPATING IN A CAREGIVER-ASSISTED TAI CHI INTERVENTION**

L. Yao, D. Algase, Giordani, N. Alexander, 1. Michigan State University, East Lansing, Michigan, 2. University of Michigan, Ann Arbor, Michigan, 3. University of Toledo, Toledo, Ohio

This presentation reports the benefits of a Caregiver-Assisted Tai Chi (CATC) fall risks reduction program on participating caregivers. CATC is a dyadic approach in which a person with Alzheimer’s disease (AD) undergoes an adapted Tai Chi exercise program together with his/her family caregiver, with a goal to enhance AD participation and adherence. Caregiver outcomes were measured using Timed Up and Go (TUG), unipedal stance time (UST), CES-D and Zarit Burden Scale. Linear Mixed Model analyses showed improvement in TUG ($p<.002$) and UST ($p<.007$) post-intervention, controlling for age. These improvements are more obvious than improvements accrued in AD patients ($p<.001$). CES-D 10 and ZBS were correlated (rsbeline=0.84; r week=0.76; rs week=0.82; $p<0.0001$) and reductions in both scores were observed from baseline to post-intervention (NS, $p>.05$). The CATC approach may be a practical model in improving health and quality of life for both the AD and their family caregivers.

**USE OF A THEORY-DRIVEN INTERVENTION TO INCREASE PHYSICAL ACTIVITY AND FITNESS IN OLDER ADULTS**


This paper describes results of a randomized controlled trial to promote physical activity (PA) among 72 community-dwelling older adults. The theory-driven primary care intervention uses physical fitness test results as a basis for mutual goal-setting to increase PA and improve physical fitness. We hypothesized that intervention participants will significantly 1) increase PA and fitness and 2) increase self-efficacy and decrease barriers for physical activity. Intervention participants increased weekly frequency of PA (F=3.2; p<0.05) and improved upper (F=4.03; p<0.05) and lower body strength (F=4.34; p<0.05). Moderate PA, and other fitness outcomes were not significantly improved. Barriers and self-efficacy did not mediate PA or fitness. Income and education moderated PA.

**SPIRITUAL BELIEFS ACROSS THE LIFESPAN AND HEALTHY LIFESTYLE BEHAVIORS**

C.E. Rogers, C. Keller, L.K. Larkey, Arizona State University, Mesa, Arizona

Rowe and Kahn’s revised model of healthy aging was used to explore the relationship between spiritual beliefs and healthy behaviors for older adults. To advance this theory, a synthesis of the literature was completed to evaluate the strength of the research reporting the antecedents and consequences of positive spiritual beliefs among older adults. Antecedents to positive spiritual beliefs include previous religious/spiritual experiences, gender, cultural beliefs, onset of illness, and loss of family and friends. Consequences of positive spirituality include better psychological outcomes, adapting to loss and chronic disease, and participating in healthy behaviors. Spiritual beliefs increased with age across demographics (gender and cultural, racial, and ethnic groups) and were associated with health outcomes for older adults. Findings from this synthesis provide evidence that interventions designed to promote positive spirituality while increasing healthy lifestyle behaviors may reduce the risk of chronic disease for older adults regardless of demographic background.
LIFESTYLE CHANGES THAT IMPACT HEALTH STATUS OF VIETNAMESE AMERICAN ELDERS IN THE 21ST CENTURY

N. Chu, University of OklahomaHSC College of Nursing, Oklahoma City, Oklahoma

Minorities were roughly 1/3 of the U.S. population in 2008 and are expected to become the majority by mid 21st century. There is a growing need for health professionals to provide cross-cultural care to very diverse populations. This presentation focuses on lifestyle changes among Vietnamese American elders and recommendations to achieve healthy aging. An ethnographic study of N=57 participants (27 elders ages 60 and over, 11 middle aged adults and 19 community leaders and providers) focused on the health needs of Vietnamese elders in a mid-sized U.S. city. The study was guided by the Andersen and Newman utilization framework. The interview data revealed the elders were at risk for one or more chronic conditions. Common lifestyle changes after arrival in America included a sedentary lifestyle, consuming more meat for one or more chronic conditions. The presentation will discuss the need for health professionals to provide cross-cultural care to very diverse populations. This presentation focuses on lifestyle changes among Vietnamese American elders and recommendations to achieve healthy aging. An ethnographic study of N=57 participants (27 elders ages 60 and over, 11 middle aged adults and 19 community leaders and providers) focused on the health needs of Vietnamese elders in a mid-sized U.S. city. The study was guided by the Andersen and Newman utilization framework. The interview data revealed the elders were at risk for one or more chronic conditions. Common lifestyle changes after arrival in America included a sedentary lifestyle, consuming more meat and fatty diets. Language barriers, low health literacy, and lack of transportation were major barriers to access preventive and health services.

SESSION 1145 (SYMPOSIUM)

FAMILIES HIGHLY CLUSTERED FOR EXCEPTIONAL LONGEVITY: THE LONG LIFE FAMILY STUDY

Chair: T.T. Perls, Medicine & Geriatrics, Boston University School of Medicine, Boston, Massachusetts

Discussant: W. Rossi, National Institute on Aging, Bethesda, Maryland

The Long Life Family Study (LLFS) is a National Institute on Aging-funded effort to determine non-genetic and genetic factors that predispose members of long lived families to exceptional survival. As the LLFS prepares for its genetic studies, its investigators have been investigating numerous phenotypic features of its 539 families and 4,953 family members and offspring spousal controls. The LLFS subjects are linked to their records in US Censuses of 1910, 1920 or 1930. Preliminary analysis of these data indicate that farm background, living in a two-parent household, and having immigrant parents predict survival to advanced age. The Danish component of the LLFS is accessing the Danish government’s vital and health statistics and cancer registries to study cancer rates amongst LLFS subjects and population-based controls. Telomere length plays key roles in both aging and cancer and in a third study we find that telomere length predictably declines with age and might also be a biomarker of healthy aging. In a fourth study, a healthy aging index consisting of pulse pressure, forced vital capacity, creatinine, mini-mental status, and fasting glucose demonstrated a heritability of 0.57. In our fifth study, LLFS probands have been noted to have disease free survival that is comparable to a centenarian sample and participants of the LLFS not only have lower disease prevalence but they also delay the age of onset to very old ages.

HEALTH-SPAN IN PARTICIPANTS OF THE LLFS

T.T. Perls1, P. Sebastiani2, N. Solovieff2, 1. Medicine & Geriatrics, Boston University School of Medicine, Boston, Massachusetts, 2. Boston University School of Public Health, Boston, Massachusetts

The Long Life Family Study (LLFS) is an international study that recruited 547 families who have several members reaching very old ages. An initial description of health and functions of family members showed that the prevalence of several age-related disease in probands and their siblings tend to be less common than in other cohorts as the Framingham Heart Study (FHS), and is comparable to the New England Centenarian Study (NECS). We expand this analysis to describe the distribution of disease free survival of LLFS participants that include the first completed follow up, and we compare it to disease free survival of subjects from the NECS and the FHS. The analysis shows that LLFS probands have disease free survival that is comparable to centenarians from the NECS for several age-related disease and suggests that participants of the LLFS not only have lower disease prevalence but also delay their onset to very old ages.

EARLY LIFE PREDICTORS OF SURVIVAL TO EXTREME OLD AGE IN THE LONG LIFE FAMILY STUDY


As evidence regarding effects of early life conditions on adult health has mounted, increased attention is being paid to the cumulative influence of social origins on health throughout the life course. Early environment, including parents’ socioeconomic status, family composition, and farm residence, have exhibited significant associations with health and mortality in later life. This paper investigates whether childhood social and economic circumstances predict survival to age 85+ in the Long Life Family Study. The LLFS subjects are linked to their records in US Censuses of 1910, 1920 or 1930. A control group, matched on age, race, and state of residence, is drawn from Census Public Use samples for the same censuses. Comparable early life characteristics are available from the census files for both LLFS subjects and the controls. Our preliminary results indicate that farm background, living in a two-parent household, and having immigrant parents predict survival to an advanced age.

TELOMERE SHORTENING IN A BIGENERATIONAL COHORT

L.S. Hong1, M. Kang1, T. LLFS Study Group2, 1. Taub Institute/ Serejsievsky Ctr, Columbia University, New York, New York, 2. Washington University School of Medicine, St. Louis, Missouri

Chromosomal telomeres shorten with successive cell division. Shorter telomere length (TL) in leukocyte DNA is associated with biological aging: it has been reported to be associated with mortality and with disorders of aging including dementia. We are analyzing TL in the LLFS study, a cohort of 4,953 persons from the Northeastern USA and Denmark, which includes 539 persons with exceptional longevity (>90 years) and their children. We find that in this cohort, there is no significant difference, using regression analysis in mean TL between men and women, or in spread of TL (variance as percentage of the mean), in different age strata. But across the sample, TL is ~8% shorter for each additional year of age. TL may be a biomarker of biological age, and the family based structure of the LLFS study should through use of genetic analyses, allow detection of human genetic determinants of variations in TL.

CANCER AND LONGEVITY – IS THERE A TRADE-OFF? CANCER OCCURRENCE IN LONG LIVED FAMILIES IN DENMARK

K. Christensen, Danish Aging Research Center, University of Southern Denmark, Odense C, Denmark

Animal models have suggested a complex interaction between cancer risk and longevity indicating a trade-off where low cancer risk is associated with accelerating aging phenotypes and, vice versa, that longevity potential comes with the cost of increased cancer risk. The data for humans are sparse and conflicting. Here we study 76 Danish families (1268 individuals) in the Long Life Family Study (LLFS) and similar Danish families identified through population register searches – a total of 10,139 individuals. The hypothesis is that longevity is positively associated with cancer risk in off-spring and siblings of long-lived individuals compared to their spouses and the background population. Cancer diagnosed in Denmark since 1943 is available through the Danish Cancer Registry. If longevity is positively associated with cancer risk in first degree relatives, this would help explain the low...
HERITABILITY OF A HEALTHY AGING INDEX IN THE LONG LIFE FAMILY STUDY
A.B. Newman1, J. Sanders1, R. Boudreau2, M.M. Barnada1, 1. Epidemiology and Division of Geriatric Medicine, University of Pittsburgh, Graduate School of Public Health and School of Medicine, Pittsburgh, Pennsylvania, 2. University of Pittsburgh, Graduate School of Public Health, Pittsburgh, Pennsylvania

Longevity is characterized by better health at younger ages. Health is challenging to assess across generations, since most middle-aged adults are free of disease or disability. The Long Life Family Study (LLFS) assessed health in long-lived sibships (n=1453, mean age 90.5) and their adult children (n=2411, mean age 60.5). We constructed a healthy aging index using multiple physiologic measures. Based on a previously published index, pulse pressure, forced vital capacity, creatinine, mini-mental status, and fasting glucose were scored as 0, 1 or 2 using approximate tertiles. Scores were summed from 0-10. Initial heritability was calculated for the sum, then weights for each component were optimized using multivariate segregation analysis implemented in SOLAR. Initial heritability was 0.2, but rose to 0.57 with optimization of weights (which weighted glucose higher than other traits). These findings support further evaluation of the genetic and environmental factors contributing to this phenotype of healthy aging.

SESSION 1150 (SYMPOSIUM)

NEW DYNAMICS OF NUTRITION
Chair: A. Walker, Sociological Studies, University of Sheffield, Sheffield, United Kingdom

The complex relationship between nutrition and ageing requires increased understanding of the individual, social and environmental contexts in which people live. Multidisciplinary approaches to nutrition and ageing provide a means of exploring key issues and developing new tools and models for intervening to prevent malnutrition and related conditions, such as sarcopenia, obesity, and frailty, to improve the lives of older people. This symposium presents three projects illustrating multidisciplinary approaches across different aspects of nutrition in the lives of older people: migration and transnational nutrition, malnutrition in hospitals and developing new ways to measure nutritional status. These projects are part of the New Dynamics of Ageing Programme, a UK-based research initiative bringing together researchers from diverse disciplines to develop practical policy and implementation guidance and novel scientific, technological and design responses to improve quality of life as people age. The MINA project is addressing ageing, migration, and nutrition across two generations of Bangladeshi women who are socially disadvantaged, have poorer health status, and face complex challenges of ageing, poverty, racism, and social exclusion. Mappmal is developing a novel prototype for a new food provision service for vulnerable older hospital patients that considers all stages of the food journey, from production to consumption (i.e. products, people, places and procedures). The NANA project is developing novel technology to provide holistic assessment of nutritional status along with cognition, physical function and mental health. The focus of the symposium is on describing experiences of multidisciplinary approaches and their implications for research, practice and policy.

MIGRATION, NUTRITION AND AGEING ACROSS THE LIFECOURSE IN BANGLADESHI FAMILIES: PROJECT MINA
J.L. Thompson1, J. Merrell1, B. Bogin2, M. Heinrich3, P. Meier4, V. Garaj1, 1. Centre for Exercise, Nutrition and Health Sciences, University of Bristol, Bristol, United Kingdom, 2. Swansea University, Swansea, United Kingdom, 3. Loughborough University, Loughborough, United Kingdom, 4. University of London School of Pharmacy, London, United Kingdom, 5. University of Sheffield, Sheffield, United Kingdom, 6. Brunel University, London, United Kingdom

UK Bangladeshis experience substantially poorer health than the general population. The impact of migration on food-related behaviors, ageing, health, functional status, inter-generational and transnational social networks and exchange of foods and nutrition information is not well understood in Bangladeshi women. This presentation will include results from a mixed methods study of Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families (MINA); participants included 37 Bangladeshi women (aged 45+) who migrated to the UK, 37 of their adult daughters (aged 18-35) and 22 mother-daughter pairs of similar age living in Bangladesh. UK mothers and daughters were more obese and less likely to follow the cooking practices of their mothers than women in Bangladesh. UK mothers had lower physical function than Bangladesh mothers. All groups consumed below current recommendations for fruit and vegetables. Social support differed transnationally and between generations, and frequent transnational exchange of nutrition information and foods was identified.

MAPPMAL: MULTIDISCIPLINARY APPROACH TO DEVELOP A PROTOTYPE FOR THE PREVENTION OF MALNUTRITION IN OLDER PEOPLE
P. Moynihan, Institute for Ageing and Health, Newcastle University, Newcastle, United Kingdom

Approximately 60% of older people are at risk of malnutrition whilst in hospital, increasing complications and reducing quality of life. The objective of the ‘mappmal’ project is to design a new service prototype for food provision for older people in hospital with the long term aim of preventing malnutrition. A comprehensive ethnographic study of current practice with respect to hospital food provision for older patients informed a series of key service principles and concepts for food provision, from which the new service prototype is being designed in a user participative study. mappmal is engaging with key end users (food providers, caterers, dietitians, nurses, doctors, occupational therapists, speech therapists, carers, older people) at all stages of development of the new prototype by conducting workshops, focus groups and interviews. This will inform on the feasibility and acceptability of the new system, its workability and potential integration in real life.

NANA: NOVEL ASSESSMENT OF NUTRITION AND AGEING
A.J. Astell1, T.D. Adlam2, F. Hwang1, E.A. Williams1, 1. Psychology, University of St.Andrews, St.Andrews, United Kingdom, 2. Bath Institute of Medical Engineering, Bath, United Kingdom

NANA is a three-year research project developing novel technology to improve data collection about nutritional status and integrate this with current information about physical function, cognitive function and mental health. The aim is to identify individuals at risk of under-nourishment and frailty and improve targeting of interventions by taking a holistic view of the person and the context in which they live. This multi-disciplinary program brings together skills and expertise in Psychology, Nutrition, Engineering and Human Computer interaction to improve measurement tools across nutrition, cognition, physical and mental health and increase understanding of the way these domains interact. The findings should inform strategies to prevent physical and
SESSION 1155 (SYMPOSIUM)

OPTIMIZING PHYSICAL ACTIVITY IN INSTITUTIONAL SETTINGS
Chair: E. Galik, University of Maryland, Baltimore, Maryland
Discussant: C.J. Brown, University of Alabama, Birmingham, Alabama

The majority of older adults, regardless of living situation or setting, do not meet public health guidelines for physical activity. The level of physical activity for those who are institutionalized is particularly low, and these individuals are often not even performing their own functional activities (e.g., bathing and dressing). Moreover, a decline in function over time is noted across all institutional settings with those in ALs declining at a rate similar to that found in nursing home samples. Moreover, the activity that is performed by these individuals is mainly of very low intensity and in a seated position. To identify the barriers and facilitators and optimize function and physical activity in these settings it is useful to consider a comprehensive social ecological approach. The social ecological approach considers intrapersonal, interpersonal, environmental and policy factors. Intrapersonal factors include the underlying physical status and capability of the individual, mood, pain, fear, apathy, motivation and resilience. Interpersonal factors include social supports and effective interventions are guided by social cognitive theory. Environmental factors consider the impact of the physical environment (e.g., are there clear and pleasant walking areas) and the fit between the person and the environment. Lastly, policy reflects the rules and regulations within the setting that can increase or decrease access to opportunities for physical activity and reinforce such activity. Using this theoretical framework, this session will address how to optimize physical activity across all these settings and among special populations such as those moderate to severe cognitive impairment.

SUCCESSFULLY INCREASING PHYSICAL ACTIVITY AND MAINTAINING FUNCTION IN ASSISTED LIVING SETTINGS USING A FUNCTION FOCUSED CARE PHILOSOPHY
B. Resnick, University of Maryland, Baltimore, Maryland

Function Focused Care in Assisted Living (FFC-AL) is theoretically based on a social ecological model and social cognitive theory and is implemented using four components: (I) Environment and Policy Assessments; (II) Education; (III) Developing Function Focused Goals; and (IV) Mentoring and Motivating. FFC-AL was tested in a randomized controlled trial including 171 residents and 96 direct care workers (DCWs) from four assisted living communities. Control sites were exposed to FFC-Education only. DCWs in treatment sites provided more FFC by 12 months than those in the control sites. Residents in treatment sites demonstrated less decline in function, a greater percentage returned to ambulatory status, and they spent more time in moderate level physical activity at 4 months and had more counts of activity at 12 months compared to residents in control sites. Using a function focused approach in AL prevents some of the persistent functional decline commonly noted in these settings.

SESSION 1160 (SYMPOSIUM)

THE ASSOCIATION OF RACIAL EXPERIENCES AND PERCEPTIONS WITH THE SENSE OF CONTROL, HEALTH OUTCOMES, AND NEIGHBORHOOD CHARACTERISTICS IN THE AFRICAN AMERICAN HEALTH (AAH) STUDY
Chair: F. Wolinsky, Health Management and Policy, University of Iowa, Iowa City, Iowa
Discussant: K.E. Whitfield, Duke University, Durham, North Carolina

At baseline, AAH included 998 men and women who were 49-65 years old, lived either in a poor inner-city area or the near northwest suburbs of St. Louis, Missouri. Identification of the cohort began with a complete enumeration of all housing units in the two target areas, followed by random multistage cluster sampling, resulting in a probability based sample fully representative of the two areas. The AAH participants have been shown to be substantially more socioeconomically and health disadvantaged than their counterparts interviewed at the same time in nationally representative studies. Other than age, inclusion criteria were self-reported black or African American race and MMSE scores > 16. Detailed baseline in-home evaluations were conducted in 2000-2001, with a 76% response rate. Brief telephone follow-up interviews were conducted at 1, 2, and 4 years post-baseline. At 3 years post-baseline, in-home evaluations were once again conducted. Detailed telephone follow-ups were conducted at 7 years post-baseline. At the 9-year follow-up in 2010, in-home evaluations were again conducted, and a rich battery of racial
experiences and perceptions were added to the protocol, including measures of school segregation during grades 1-12, racial consciousness, perceived discrimination, feeling responsible for the African American community, and resilience. This symposium showcases the important associations of those factors with the sense of control, blood pressure, peak expiratory flow, chair stands, normal gait speed, grip strength, balance, and neighborhood characteristics. Racial experiences and perceptions need to be considered to fully understand health outcomes and address health disparities in African Americans.

SCHOOL SEGREGATION AND THE SENSE OF CONTROL IN THE AFRICAN AMERICAN HEALTH COHORT: AN UNINTENDED CONSEQUENCE OF DESEGREGATION

F. Wolinsky¹, D.K. Miller², T. Malmstrom³, P. Miller¹, E. Andresen⁴, M. Schootman⁵, 1. Health Management and Policy, University of Iowa, Iowa City, Iowa, 2. Indiana University, Indianapolis, Indiana, 3. Washington University, St. Louis, Missouri, 4. Saint Louis University, St. Louis, Missouri, 5. University of Florida, Gainesville, Florida

We examined the relationship between experiencing segregated schools during grades 1-12 and the current sense of control among the 566 AAH participants re-interviewed in 2010. We estimated the crude relationship using multiple linear regression, and serially adjusted for traditional covariates (age, gender, marital status, education, employment, income, and health), racial perceptions (racial consciousness, feeling responsible for the African American community, and perceived discrimination), and resilience. Propensity score re-weighting adjusted for potential attrition bias. After adjustment, experiencing segregated schools for at least half of grades 1-12 was associated with higher sense of control scores (standardized effect size = 0.285, p < 0.001). Attending desegregated schools was associated with lower sense of control scores, reflecting the reduction or elimination of three benefits arguably associated with attending segregated schools—the crystallization of racial solidarity, the advantage of having same-race teachers as role models, and not having been discriminated against or antagonized at school.

ASSOCIATIONS OF PERCEIVED DISCRIMINATION WITH BLOOD PRESSURE, PEAK FLOW, CHAIR STANDS, GAIT SPEED, GRIP STRENGTH, AND BALANCE IN THE AFRICAN AMERICAN HEALTH COHORT

D.K. Miller², T. Malmstrom³, M. Schootman⁵, E. Andresen⁴, P. Miller¹, F. Wolinsky¹, 1. Health Management and Policy, University of Iowa, Iowa City, Iowa, 2. Indiana University, Indianapolis, Indiana, 3. Washington University, St. Louis, Missouri, 4. Saint Louis University, St. Louis, Missouri, 5. University of Florida, Gainesville, Florida

We examined the relationship between perceived discrimination and blood pressure, peak expiratory flow, chair stands, normal gait speed, grip strength, and balance among the 566 AAH participants re-interviewed in 2010. We estimated the relationships using multiple linear regression analyses, serially adjusted for demographic and economic factors, health status, psychological factors, and racial perceptions. Propensity score re-weighting adjusted for potential attrition bias. After adjustment for all of the covariates, participants reporting the highest (top 40%) levels of perceived discrimination had statistically significantly higher systolic (5.82 mm Hg) and diastolic (3.89 mm Hg) blood pressure. They also had statistically significantly better balance, holding the tandem stand eyes open, tandem stand eyes closed, and one-leg stand for 4.24, 3.15, and 2.77 seconds (respectively) longer than participants who experienced lower levels of perceived discrimination. No significant associations were found between perceived discrimination and the other measures in adjusted analyses.

NEIGHBORHOOD CHARACTERISTICS, PERCEIVED DISCRIMINATION, AND RESILIENCE IN THE AFRICAN AMERICAN HEALTH COHORT

T. Malmstrom¹, M. Schootman⁵, E. Andresen⁴, P. Miller¹, D.K. Miller², F. Wolinsky¹, 1. Health Management and Policy, University of Iowa, Iowa City, Iowa, 2. Indiana University, Indianapolis, Indiana, 3. Washington University, St. Louis, Missouri, 4. Saint Louis University, St. Louis, Missouri, 5. University of Florida, Gainesville, Florida

We examined the relationship between three neighborhood characteristics—living in the inner city, observer assessment of the block where the participant lived, and the participant’s perception of their neighborhood safety—and perceived discrimination and resilience among the 566 AAH participants re-interviewed in 2010. We estimated the relationships using multiple linear regression analysis, first unadjusted, and then adjusted for demographic and economic factors, psychological factors, and health status. Propensity score re-weighting adjusted for potential attrition bias. Blocks with the worst quartile of observed conditions were statistically significantly associated with higher levels of perceived discrimination, while living in the inner city was associated with less perceived discrimination, although these relationships were not significant after adjustment. Blocks with the worst quartile of observed conditions were also significantly associated with higher levels of resilience, while living in the inner city was associated with less resilience, although these relationships were not statistically significant after adjustment.

SESSION 1165 (SYMPOSIUM)

VA GRECC SYMPOSIUM: LIFESTYLE MODIFICATION AND SUCCESSFUL COGNITIVE AGING

Chair: J.M. Gaziano, VA Boston Healthcare System, Boston, Massachusetts, Brigham and Women’s Hospital, Boston, Massachusetts, Harvard Medical School, Boston, Massachusetts

As the population ages increasing numbers of individuals are living with cognitive impairment. Successful cognitive aging is a priority for the VA as well as the broader aging population. In this session we will discuss a number of issues in the exploration of modifiable lifestyle factors that are related to cognitive health and impairment. A prevention paradigm, in contrast to a treatment paradigm, will be used as a conceptual framework. Methodologic issues in the assessment of early cognitive impairment will be discussed, and the utility of simple screening tools will be summarized. We will also explore population research methods that are used to relate modifiable risk factors with cognitive health. In particular, new national resources that are being developed will be summarized such as the Million Veteran Program. We will explore what longitudinal studies tell us about the relationship between specific lifestyle factors and Alzheimer’s Disease. We will also discuss the role lifestyle factors play in the loss of executive function. This symposium will point to the potential for modification of various factors in the maintenance of cognitive health.

CEREBROVASCULAR RISK, DECISION MAKING, AND THE BRAIN: A CRITICAL CONNECTION TO THE MAINTENANCE OF HEALTH IN OLDER ADULTS


Risk factors for cerebrovascular disease, such as hyperglycemia, hypertension, and hyperlipidemia, are generally felt to cause nonspecific atherosclerosis. In the brain, these risk factors may cause more specific deficits leading to specific cognitive deficits. This presentation will review recent data on the effects of cerebrovascular risk factors on specific brain regions. Blood glucose, cholesterol and blood pressure affect the central nervous system in very specific patterns, while converging on those structures critical for decision making and the cognitive virtualization of future events and consequences. It will be argued that
these neural effects play a role in medication adherence and efforts to mitigate cerebrovascular risk in older adults.

**COGNITIVE THEN FUNCTIONAL IMPAIRMENT OR VISA VERSA: THE CLOCK IN THE BOX EXPERIENCE**


Cognitive function is inter-twined with independent function. The objective of this symposium is to continue the discussion of which comes first: cognitive impairment or functional impairment. Using the Clock-in-the-Box, a 2-minute screening test of executive function and working memory, this symposium will discuss the relationship of these cognitive domains and function using data from three cohort studies: a) outpatient clinic patients with high cardiovascular risk, b) cardiothoracic surgery patients, and c) community dwelling elders. Using the executive function and working memory subscales of the Clock-in-the-Box, we will explore which domain correlates with modifiable cardiac risk factors, as well as, subsequent independent function. Future studies and clinical quality improvement can utilize cognitive screening instruments, such as the Clock-in-the-Box, to determine which patients would benefit from early interventions to minimize chronic disease and maximize both, cognitive and independent function.

**DOES EXERCISE ENHANCE PHARMACOTHERAPY IN TRANSGENIC MOUSE MODELS OF AGE-RELATED NEURODEGENERATION?**

N. Kowall, A. Dedeoglu, I. GRECC, VA Boston Healthcare, Boston, Massachusetts; 2. Boston University School of Medicine, Boston, Massachusetts

A growing body of evidence suggests that moderate physical exercise enhances brain function and slows neural degeneration. We reported that moderate exercise delayed the onset of motor deficits in amyotrophic lateral sclerosis (ALS) transgenic mice. High levels of exercise slightly but significantly hastened the onset of motor performance deficits. Motor neuron density in the spinal cord was significantly higher in the moderate exercise group compared to the sedentary group at 95 days of age. Beneficial effects of exercise on cognition in patients with mild cognitive impairment (MCI) have been reported and studies using Alzheimer’s disease (AD) mouse models suggest that exercise may slow the development of AD-type pathology but the effects of exercise combined with pharmacological therapy have not been tested. Our experimental studies will test this combination in transgenic models of AD to further explore the potential added benefits of lifestyle interventions in patients with AD.

**COGNITIVE ACTIVITY AND REDUCED RISK FOR COGNITIVE DECLINE AND ALZHEIMER’S DISEASE: TRUTH OR MYTH?**

A. Atri, M. Mitchell, I. GRECC, Bedford VA Medical Center, Bedford, Massachusetts; 2. Department of Neurology, Massachusetts General Hospital, Boston, Massachusetts; 3. Harvard Medical School, Boston, Massachusetts

Large-scale studies have found associations between the engagement in intellectually demanding activities and cognitive performance in later life. This has suggested that cognitive activity may protect against the cognitive changes seen in normal aging and possibly also against Alzheimer’s disease and other dementing conditions. Additionally, the concepts of “Cognitive and Brain Reserve” have been proposed to explain data that high education and intelligence may buffer the effects or delay onset of dementia symptoms. We will first review the results of several of these studies and discuss the role of cognitive reserve. Next, we will discuss methodological issues in the measurement of cognitive activity and reserve and how these limitations may undermine the existing evidence purporting beneficial effects. Finally, we will discuss possible solutions for these limitations and directions for future longitudinal collaborative studies to address these important issues in cognitive aging and dementia research.

**SESSION 1170 (PAPER)**

**CIVIC ENGAGEMENT**

A LEGAL ANALYSIS OF “CIVIC ENGAGEMENT”: SIGNIFICANCE, IMPLICATIONS, AND OPPORTUNITIES

C.J. Oveby, J. Hinterlong, Social Work, Virginia Commonwealth University, Richmond, Virginia

The Edward M. Kennedy Serve America Act and Congress’ reauthorization of the Older Americans Act of 1965 defines the term “civic engagement” within the legal realm, and has implications for research, policy, and practice. The definition should be read in conjunction with the functions of the Assistant Secretary for Aging, that delineate the responsibilities of the federal government according to the updated agenda concerning the civic engagement of older adults. This paper highlights the possibilities for policy makers and agencies given the legal definition and its accompanying responsibilities. There are possible opportunities related to the academic and policy goals of conducting meaningful research in the field of aging, and also to issues of facilitating access to programs that will promote the civic engagement of older adults. Concerning civic engagement, the Assistant Secretary is charged with its encouragement, the development of a national strategy for older adults, and the development of cost-effective community-capacity building initiatives involving older individuals. This paper explores what is possible for meeting and modeling the several “Functions of Assistant Secretary,” by proposing the use of transferable educational awards and other non-cash incentives in volunteer- and employment-training programs like the Senior Community Service and Employment Program [SCSEP]. This paper describes recent public policy developments that pertain to issues of access to, and incentives designed for the increased involvement in, civic engagement opportunities by older adults. After attending this session, participants will be able to better understand and apply the legal definition of “civic engagement” to aging-related initiatives.

**SOCIAL INCLUSION OF OLDER PEOPLE THROUGH VOLUNTEERING**

G. Naegle, A. Ehlers, M. Reichert, Institute of Gerontology at the TU Dortmund, Dortmund, Germany

In Europe, Social Integration Of Older People Is an Issue Of Growing Importance. Due To Demo-graphic and Societal Changes, Their Risk Of Being Socially Excluded Is Rising. The Paper Is Going To Present the Results Of the Project “Measures for Social Inclusion Of the Elderly” (Funded by the European Foundation For the Improvement Of Living and Working Conditions) Which Aims At Answering the Question Whether the Risk Of Social Exclusion Of Older People Can Be Fought By Encourag-ing Them To Become Volunteers. The Paper Deals With the Conditions Under Which the Involvement Of Vulnerable Older People As Volunteers Can Succeed. Although Country-Specific Conditions as Well As Individual Differences Of Volunteers Have To Be Taken Into Account, Promoting and Impeding Factors for the Inclusion Of Older People Can Be Identified. Since Ageing Is Characterised By Heterogeneity and the Risk Of Soc-ial Exclusion Cannot Be Examined Apart From Country-Specific Conditions, the Project Looked for Examples Of Best Practice From 10 European Member States: Denmark, Finland, France, Germany, Hungary, Italy, Latvia, Poland, the Netherlands and United Kingdom. Good Practice Of Measures To Promote Social Inclusion Of Older People Through Volunteering As Well As Information About Na-tional Framework Conditions Were Collected. Three Case Studies Per Country Were
VOLUNTEERING: PATHWAY TO INCREASED SOCIAL AND CIVIC ENGAGEMENT

N. Morrow-Howell, S. McCrary, Y. Lee, Washington University, St. Louis, Missouri

PURPOSE. Research on outcomes of volunteering in later life focuses on health of volunteers, in contrast to research on youth, where focus is on effects of volunteering on life trajectories and subsequent behaviors. The purpose of this paper is to examine the effects of volunteering on subsequent social and civic activity of older volunteers. Further, we explore the extent to which attitudes/actions in the arena of public education are affected by volunteer experience in public schools.

METHODS. Data derive from a longitudinal study of older adults who volunteered for the Experience Corps (EC) program in Fall of 2006 and 2007. Telephone interviews were conducted with 338 volunteers in Fall, 2010 to capture work, education, civic and community activities undertaken subsequent to joining EC.

FINDINGS. Since joining the EC program, 17% of respondents started a job, 53% started another volunteer experience, 40% started a community activity, and 38% took an education course/program. Respondents reported that involvement in EC related to subsequent activity by: making a connection; increasing motivation/confidence; increasing skills/knowledge; and increasing the desire to do things outside of the home. Further, 85% reported that their experience in the EC program changed their attitude toward public education and that they are much more likely to speak out about and vote on educational issues.

IMPLICATIONS. The lack of focus on volunteering in later life as a pathway may reflect ageism, and civic engagement, educational issues.

SESSION 1175 (PAPER)

ENSURING FINANCIAL SECURITY IN RETIREMENT

FROM PUBLIC PENSION PRIVATIZATION BACK TO UNIVERSAL PUBLIC PENSIONS: THE CASE OF ARGENTINA

S. Bould1, R. Eleta-de Filippis2, 1. Universite du Havre, La Havre, France, 2. Univ. of Mass. Boston, Boston, Massachusetts

In 2008 the Argentine government ended its 14 year experiment in privatization of old age pensions and moved toward a universal public pension with a minimum guaranteed benefit. Firstly, under privatization a contribution to one’s pension fund was voluntary; individuals with low wages, high risk of unemployment, or discontinuous labor force attachment decided that their economic interest was to keep income for immediate expenditure. The result was that the private system was underfunded. The situation worsened with the economic crisis of 2001-2002 when more than half of the participants (N=11,700,000) were no longer paying their contribution. There remained only 4,800,000 contributors. Without a guaranteed benefit many believed that entry into this system was like a lottery. Secondly, many people were going to be facing very serious poverty in old age without any pension income. The very thing that universalism was to prevent, widespread and serious poverty in old age, was now happening. From 2005 to 2007 the Social Security system was pushed to provide “private” pensions to help persons who had not contributed. Among these were many women. Under privatization individuals who had a weak attachment to the labor force became at greater risk of extreme poverty in old age. A large number of these were women, but they also included men who were self employed and working in small enterprises as well as those with a work disability. Data are from the Argentine Institute of Social Security (ANSES) and Administration of funds for retirement and pensions (AFJP).

MULTILEVEL ANALYSIS OF OLD-AGE PENSION POLICY AND OLDER ADULTS’ LIFE SATISFACTION

E. Calvo, UDP, Santiago, Chile

This study assesses the influence of old-age pension policy on older adults’ life satisfaction, and examines factors that shape this relationship. It theorizes that two distinct dimensions capture variation in the type of pension policy: individualization of risk (as opposed to risk pooling) and redistribution of resources (that is, poverty prevention through income redistribution mechanisms such as non-contributory pensions). To empirically evaluate the presence of these two dimensions and to assess their influence of life satisfaction among older adults, this study analyzes data for 126,560 adults age 45 and over living in 91 countries over the period 1981-2008. Using principal component factor analysis, it finds support for the two-dimensional model of pension policy. Next, using three-level hierarchical linear regression, this study assesses the effects of pension policy individualization and redistribution on life satisfaction, generating three additional major findings. First, life satisfaction comes with redistribution. Second, the relationship between pension policy and life satisfaction is contingent on the macro-social context. Specifically, life satisfaction outcomes are better when individualization takes place in more affluent societies than in contexts of material scarcity and when redistribution takes place in the context of traditional cultures as opposed to secular-rational cultures. A third finding is that governmental commitment to social security (i.e., government expenditures on social security as a percentage of total government expenditures) substantially improves the life satisfaction outcomes of individualization. Findings from this study are used to integrate and advance theory on comparative public policy and the larger macro-social context shaping subjective well-being.
EXIT THIS WAY: SOCIAL AND FINANCIAL IMPLICATIONS OF DIFFERENT DOORS TO “OFF-SCHEDULE” RETIREMENT

Planning for retirement presumes at least some ability to determine its timing, although arguably the most effective retirement plans account for a range of dates and scenarios. What happens when retirement occurs “off schedule,” that is, when the exit from work is significantly later or earlier than planned? Researchers at MetLife’s Mature Market Institute and Miami University’s Scripps Gerontology Center studied people approaching retirement or recently retired, conducting fifty long interviews with couples and individuals (n=79) and surveying a nationally representative sample (n=1007). The aim of the study was to explore how individuals and families think and make decisions about retirement, especially in the face of the unexpected. According to study findings, among the unexpected experiences on the path toward retirement were surprises about its timing, often with significant social and financial implications. Most of the individuals and couples interviewed had experienced or expected to experience off-schedule retirement; they described these experiences in detail. Of the 1007 people surveyed, over one-fourth (27%) had experienced or expected to experience a significantly off-schedule retirement, 19% later and 8% earlier than anticipated. The study found that the reasons for exits from work are varied and distinctive and go beyond a simple push-pull framework. We conceptualize these distinctions in terms of doors to retirement, for example, revolving doors, Dutch doors, automatic doors, trap doors, locked doors, and escape hatches, as a means of articulating the contributing factors and social and financial implications related to off-schedule retirement. Implications for research, policy and practice are identified.

INCREASING THE ELECTION OF SPOUSAL BENEFITS IN STATE PENSION PLANS
E. A. Bruce1, , J. Martin2, Gerontology Institute, Univ. of Massachusetts Boston, Boston, Massachusetts, 2. Gerontology Department, Univ. of Massachusetts Boston, Boston, Massachusetts

Increasing the election of spousal benefits in the private and public pension systems is one approach to reduce women’s low level of income in retirement. This paper examines two changes in spousal benefit election policy in the Massachusetts state pension system to assess the policies’ impact on retirees’ election of a joint and survivor annuity (J&SA) benefit. Similar to the public sector, a state worker can receive his/her benefit as a single life annuity or J&SA. Unlike the private sector, Massachusetts’s public sector workers do not need their spouse’s consent to elect a single life annuity. The state passed two laws which affected the election process. A 1988 law provided that a worker’s J&SA benefit, which was less than their single life annuity benefit, would increase to the level of a single life annuity if the spouse pre-deceased the worker, (a pop-up provision). The second law in 2004 changed the actuarial calculation such that the J&SA’s value was equal to the single life annuity. We examined the number of current retirees who had elected a J&SA before and after each amendment and found no change in the rate of election with the pop-up provision but a significant increase in the election of J&SA with the actuarial change. Women make up 83.5% of the beneficiaries where a J&SA is elected, reinforcing the importance of this benefit to women. The mean spousal benefit is a modest $13,363/yr. The paper discusses these and other policy options for increasing spousal benefit elections.

SESSION 1180 (PAPER)
INTERNATIONAL ISSUES IN LONG TERM CARE POLICY

TAIWAN’S PUBLIC LONG TERM CARE INSURANCE PLAN
P. Nadash, Y. Shih, Gerontology, University of Massachusetts, Boston, Boston, Massachusetts

Since its peaceful transition to democracy (from a military dictatorship) in 1987, Taiwan has moved systematically toward the provision of a full range of social insurance protections, aimed at ensuring baseline security for its citizens: retirement security, universal health care, and, most recently, protection against the cost of long term care (LTC). The new public LTC insurance plan, to be introduced in 2013, offers coverage for citizens of all ages and disabilities. The proposed legislation finances services through contributions from employees and employers, as well as from general revenue. The legislation is supported by another piece of legislation, The LTC Services Act, which provides a badly needed overhaul of existing regulation in the LTC services sector. Together, these laws aim to support the growth of a community-based service infrastructure and the continuing and traditional role of families in providing LTC. They also address the need to develop a reliable workforce for LTC: currently, there is an over-reliance on foreign workers, who comprise 86% of the LTC workforce. Using data collected through key informant interviews of stakeholders and policy elites, as well as source documents, this paper describes the shape of the reform, key factors in its development, and the policy implications of the reform, setting them in the context of other countries’ efforts as well as comparative social policy theory. Taiwan’s decisions with respect to how it structures its LTC insurance contrast significantly with the choices made the United States when designing its public LTC Insurance, the CLASS Act.

THE ROLE OF THE PUBLIC SECTOR IN A PLAN FOR LONG-TERM CARE INSURANCE IN TAIWAN
C. Chou, S. Lin, B. Chang, Chinese Culture University, Taipei, Taiwan

Population aging has become one of the critical issues in modern societies. By year 2010, the older population in Taiwan reached 2.49 million, or 10.74% of the total population. The number is estimated to reach 5.36 million (22.5%) in 2028. A long-term care (LTC) insurance policy has yet to pass the legislature in Taiwan. This study aimed at analyzing the LTC insurance policy in Germany and Japan and developing strategies for policy formation. We investigated the following elements in both countries: 1) the structure of the existing health care policy; and 2) the roles of the public sector in the health care insurance system. We proposed a solution to promote and implement LTC insurance based on the political and economic conditions and social insurance systems in Taiwan. The models of public long-term care insurance can be categorized as tax-financed, independent, and under/with health care insurance. According to the Executive Yuan, the LTC insurance in Taiwan may be likely to be tied with the national health care insurance. Two major conclusions emerged based on the analysis for the organization of the public sector. First, we suggest that the Taiwan government should integrate diverse but loosely structured administrative systems. The LTC insurance and the national health care insurance should be independent of each other but closely connected. Second, we suggest that the central and local government in Taiwan should work together, while the central government lead the policy promotion and implementation at the initial stage with assistance from the local government.

CARE OR CASH? TAIWAN’S LONG-TERM CARE IN CROSROADS
P. Wang, National Taipei University, New Taipei, Taiwan

Prior studies that explored the policymaking of a welfare program tend to investigate retrospectively the institutional history of a policy.
Rarely have we seen analyses examining the articulation of ongoing or prospective forces that are to shape the debates of a policy. A case in point is the inclusion of a “cash-for-care” option in Taiwan’s long-term care program. The cash-for-care (in addition or as against to the in-kind service) option in long-term care programs (LTC) serves as a unique analytical tool to decipher the making of both policy and knowledge. This study aims to examine the ways in which debates on care or cash have been staged. It was conducted in 2010 and 2011, using both qualitative and quantitative methods. The findings include first a discourse analysis of the ways in which Taiwanese government and non-government sectors deployed the cash-benefit option in LTC. Second, a survey research that investigated service users’ motives and willingness to accept the cash-for-care benefits in LTC. Findings reveal that: (1) Few current in-kind service users will opt out for the cash-for-care option. (2) One fifth of the users preferred being allotted more service hours rather than being given cash benefits instead. (3) Moderately and severely disabled respondents tended to be more vocal than their mildly disabled counterparts. What they demanded is again services rather than cash. Program-design problems were thus identified and policy implications discussed.

INVESTIGATING THE DEMAND AND SUPPLY OF SOCIAL CARE IN THE UK

M. Evandrou1,2, J.C. Falkingham1, A. Vlachantoni1,2, 1. University of Southampton - Centre for Research on Ageing, Southampton, United Kingdom, 2. University of Southampton - ESRC Centre for Population Change, Southampton, United Kingdom

The UK’s population is ageing and, given that older people are the major users of health and social care services, this presents a major challenge for policymakers. As well as increasing the demand for care, population ageing is affecting the supply of care professionals, as the health workforce itself ages. This paper presents preliminary results from the project on the Care Life Cycle, funded by the Engineering and Physical Sciences Research Council of the UK, which brings together social scientists, including demographers, gerontologists and social policy experts, with complexity scientists. The project is aimed at modelling the demand for and supply of, different kinds of social support to older people, including state, private and informal support. Demand-side factors include, for example, morbidity patterns and patterns of family formation and dissolution at the individual level, and rising wealth at the societal level. Supply-side factors include the demographic patterns of the health and social care workforce, as well as migration patterns of professionals working in this field. The paper addresses key questions facing policymakers in the UK today, regarding the short- and medium-term organisation of care provision, as well as the long-term tactical and strategic constraints on policy making in this area. In addition, the paper uses data from the English Longitudinal Study of Ageing (2002, Wave 1) in order to explore the relative importance of demographic, health and socio-economic determinants for the receipt of different kinds of care by people aged 50 and over.

SESSION 1185 (SYMPOSIUM)

INNOVATIVE TRANSPORTATION RESOURCES TO FACILITATE COMMUNITY PARTICIPATION

Chair. A. Dickerson, Occupational Therapy, East Carolina University, Greenville, North Carolina
Co-Chair: S. Classen, University of Florida, Gainesville, Florida
Discussant: M. Leary, National Center for Senior Transportation, Washington, District of Columbia

Transportation is a basic need for all people and is linked to independence and quality of life. Unfortunately, when elders must give up driving and the responsibility falls on family members who may or may not be willing to assist with the elders’ transportation needs. Assistance for medical transportation may be available, but individuals with cognitive deficits or mobility issues need more than just transit help. Additionally, it is clear that quality of life is impacted if older adults cannot attend social events, leisure activities, church services, and continue in community activities. This symposium will highlight innovative resources that may be sued to address the transportation needs of older adults. These include discussions on the following topics. Travel trainers were interviewed about services in South Florida. Perceived safety issues and unfamiliarity with public transportation may be mitigated with travel trainers. A new database has gone live via the Florida Senior Services Resources website. The characteristics of the website, known data on users, and satisfaction via surveys will be highlighted. A door-through-door program in Boston was evaluated and results will be discussed for the disadvantaged population the volunteers serve. The STARS program that works for pairing seniors with transportation networks will be highlighted. A Transportation Resource Guide for professionals was developed in North Carolina, but is a template for other professionals to use online as a resource for their clients. It would be described.

THE TRANSPORTATION RESOURCE GUIDE FOR THERAPISTS

A. Dickerson, Occupational Therapy, East Carolina University, Greenville, North Carolina

When the older adult gives up the keys, family members ensure they get to physician appointments or other essentials places. However, there are other trips that are important to the individual. Although there may be information in one’s community, it is often not easily accessible for the elder or caregiver or coordinated through one source. The Transportation Resource Guide was developed by therapists to be used with their clients. The purpose of the Guide is to provide practitioners with a clear algorithm that will help their clients understand why it is unsafe for them to continue driving and to provide them with alternative modes of transportation that will be specific for that client based on their needs. The guide has been drafted, based on multiple interviews with clients, therapists, and transportation experts.

INNOVATIVE ALTERNATIVE TRANSPORTATION WEBSITE FOR OLDER ADULTS

S. Classen, Univ of Florida-Geological Sci, Gainesville, Florida

Depression, social isolation and early nursing home admissions, are risk factors for those who have stopped driving and are “left” without alternative transportation options. The needs of older adults are greater than just “having” access to alternative transportation as they require accessible, affordable, adaptable, and acceptable transportation options which must include a “family of services”. The University of Florida’s Institute for Mobility, Activity and Participation created, with the Florida Department of Transportation, a database offering over 700 transportation options, across Florida’s 67 counties. This database has now gone “live” via the Florida Senior Services Resource Center website and provide access to elders to a variety of transportation services (e.g. fixed-flexible route schedules) including a range of service options (door through door via pick-up and drop-off). This presentation will highlight the characteristics of this web-site, and make the known data on end-user search behaviors and satisfaction collected via surveys.

BLURRING THE LINE BETWEEN TRANSPORTATION AND HEALTH CARE: DOOR-THROUGH-DOOR MEDICAL ESCORT SERVICES

L.A. Martin, 1. Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts, 2. FriendshipWorks, Inc., Boston, Massachusetts

Transportation is recognized as a major barrier to accessing health care. Solutions such as door-through-door escort services increase our options by addressing additional physical, emotional, and navigational needs. This report presents an evaluation of one Boston-based door-through-door program and its effectiveness in addressing challenges.
older and disabled adults may face when traveling to appointments. Findings are based on 32 volunteer (mailed/emailed) and 78 recipient (phone) surveys. Service recipients were low-income (74%), living alone (88%), disabled (43%) and socially isolated (45%). Volunteer assistance played an important role in improving both access to care and quality of care among program recipients. Overall, the volunteers felt uncertain that the older adults could get to their appointments without this service and some elder recipients stated they would refrain from scheduling until their transportation needs were assured. This door-through-door program reaches a disadvantaged population and reduces barriers that otherwise impact their access to medical care.

**TRAVEL TRAINING TO INCREASE SENIOR MOBILITY**

D.P. McCarthy, Florida International University, Miami, Florida

Background: Seniors are infrequent users of public transportation and are unlikely to transition to its use when they stop driving. Travel training, individualized instruction on the use of public transportation, may mitigate the negative consequences associated with driving cessation. Methods: Travel trainers were recruited to answer questions regarding provision of services to seniors. Results: All respondents (n=27) reported providing services for seniors. Other groups served included people with disabilities, students, and those referred from other agencies. Most of those receiving services were current paratransit users while many drove themselves in private automobiles. Major obstacles for seniors’ use of public transportation were fear/safety issues or were related to walking/falling, crossing streets and other environmental concerns. Conclusion: Perceived safety issues and unfamiliarity with the use of public transportation may prevent many seniors from transitioning to its use after driving cessation. Travel training may increase users’ confidence and lead to increased community mobility.

**STARS PROGRAM: LINKING SENIORS WITH SUPPLEMENTAL TRANSPORTATION PROGRAMS**

H. Kerschner, Beverly Foundation, Albuquerque, New Mexico

The Beverly Foundation’s mission is to foster new ideas and options to enhance mobility and transportation for older adults through research activities, community outreach and technical assistance products. One of the key partnership projects has been the STAR Search and STAR award program, which honors the best transportation programs that provide services to older adults. This presentation will describe how data for the STARS is updated as well as the new method of linking people with over 1,000 Supplemental Transportation Programs (STP) for seniors on the STP map which will soon be on their website.

**SESSION 1190 (SYMPOSIUM)**

**POLICY SERIES: SOCIAL SECURITY—YOU FIX IT!**


Co-Chair: J. Rother, AARP, Washington, District of Columbia

This hands-on session, sponsored by AARP and the GSA Public Policy Committee, will involve you in a fun and informative exercise to find solutions to the long term solvency of Social Security. Session chair John Rother, Vice President of Policy, Strategy and International Relations at AARP, will provide a review of the program, its financing problem, and the leading proposals for eliminating the shortfall. Mr. Rother will then take you through an interactive exercise to come up with your own solutions for “fixing” Social Security.

**SESSION 1195 (SYMPOSIUM)**

**SMALL-HOUSE NURSING HOMES: FINDINGS AND FUTURES**

Chair: R.A. Kane, Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota


Small-scale self-contained houses licensed as nursing homes (NHs) have become visible recently, partly because of the success and replication of Green House ® NHs, a trademarked small-house NH model. This Symposium presents facility-level and system level research on small-house NHs, with an emphasis on dementia. We present findings from a longitudinal study in 3 separate Avalon-by-Otterbein small-house NF complexes in Ohio (15 houses total) to explore the experiences of persons with Alzheimer’s disease integrated into 10-person houses. Rosalie Kane presents data on outcomes for residents and perceptions of staff based on interviews and MDS data. Tetyana Shippee presents quantitative and qualitative data on family perspectives based on family telephone interviews. Most AD residents were accommodated through various stages of dementia until their deaths and the small-house environment helped preserve function, social and family relationships, and quality of life. Challenges arose when residents exhibited behavior problems, suggesting training needs for frontline workers and needs for closer integration of CNAs with health care goals. Family feedback was enthusiastic, though some were concerned that a philosophy of resident autonomy may offer “too much choice” to confused residents. Lois Cutler presents comparative information about dementia care and other features in 55 operational 55 small-house NH programs, including 22 GHs, and 18 innovative neighborhood style NHs that have developed normalized small-scale living within large NHs. Finally Terry Lum presents information about preparation for and implementation of small-house models in 6 Asian countries.

**FAMILY PERSPECTIVES ON DEMENTIA CARE IN SMALL-HOUSE NURSING HOMES**

T.P. Shippee, R.A. Kane, L. Peterson, L. Cutler, Health Policy and Management, University of Minnesota, 420 Delaware St. SE, MMC 729, Minnesota

Family perspectives on dementia care in small-house NHs were gathered through detailed family interviews at two points in time. Family members were highly enthusiastic, citing the advantages of the private space, the homey atmosphere, and their own involvement. Most frequent concerns expressed by family were that organized activity was insufficient, and that some residents had “too much choice” over their routines, which they deemed inappropriate for a person with dementia. Family members of residents with dementia in traditional settings (including those who had opted not to move residents to small houses) also rated their satisfaction highly, suggesting that some family may be reluctant to try a new model. Some families in the traditional settings stated that their relatives were too far advanced in the disease to be in a small house, even while others equally disabled had moved to the small houses and had maintained or even regained function.
SESSION 1200 (SYMPOSIUM)

THE 2010 NATIONAL SURVEY OF RESIDENTIAL CARE FACILITIES (NSRCF): A RESOURCE FOR RESEARCHERS
Chair: E. Rosenoff, Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, Washington, District of Columbia
Co-Chair: L. Harris-Kojetin, National Center for Health Statistics, Hyattsville, Maryland
Discussant: K. Polzer, National Center for Assisted Living, Washington, District of Columbia

Research in the field of residential care/assisted living has been hampered by a lack of nationally representative data. Lack of data has been a significant limitation to understanding and improving the quality of care and outcomes for current and future generations. This symposium will preview the data sets of a first time nationally representative survey of residential care/assisted living settings and residents sponsored by the Department of Health and Human Services and the Veterans Administration. The main goals of the National Survey of Residential Care Facilities (NSRCF) were to estimate the size of the U.S. residential care industry and determine the characteristics of facilities and residents. A major goal of the government is that the NSRFC data be used widely by the research community, as NSRFC results will be of interest to policymakers, researchers, and providers. The public-use files are currently scheduled for release within months of the 2011 GSA, and so the timing of this symposium is especially opportune. In this symposium we will provide an update on the survey, give an overview of the survey content, share and discuss the data dictionaries, and field audience questions about their potential analysis topics. The symposium discussant, a senior representative from a national residential care provider association, will stimulate discussion about possible topics to examine with the NSRFC data. Individual presentations in this symposium will cover: 1. Purpose, Goals and Overview of NSRFC 2. Content and discussion of data dictionaries

PURPOSE, GOALS AND OVERVIEW OF THE NATIONAL SURVEY OF RESIDENTIAL CARE FACILITIES (NSRFC)
L. Harris-Kojetin, E. Rosenoff, 1. National Center for Health Statistics, Hyattsville, Maryland, 2. Assistant Secretary for Planning and Evaluation, DHHS, Washington, District of Columbia

This presentation highlights the purpose and goals of the NSRFC; provides an overview of the study definition, survey design and data collection methodology; and gives the latest update on when initial findings and products will be made publicly available. The NSRFC fills a gap in our knowledge of the U.S. long-term care system by providing nationally representative estimates of state-regulated residential care places (e.g., assisted living, board and care homes) with four or more beds and the characteristics of people living in these settings. Between April and November 2010, in-person interviews were completed with residential care directors and staff to collect information on 2,300 sampled facilities for an unweighted 79% response rate. Within participating sampled facilities, between three and six residents were randomly sampled per facility, based on facility size, resulting in data collected from staff on over 8,000 residents. No residents were interviewed.

CONTENT AND DATA DICTIONARIES OF THE 2010 NATIONAL SURVEY OF RESIDENTIAL CARE FACILITIES (NSRFC)
M. Sengupta, E. Park-Lee, CDC/NCHS, Hyattsville, Maryland

This presentation provides an in-depth look at the content collected in the NSRFC and provides examples of potential policy and practice-relevant topics that may be explored using the data. The NSRFC collected facility-level information as well as information on sampled residents. Using data from NSRFC, researchers and policymakers will be able to: describe facility characteristics, services provided, and fees
Since the signaling pathways are well conserved across phylogeny, these will define the biological characteristics of how an organism ages and organismal levels on wild type as well as four different long-lived process. We will perform a large number of assays at both the cellular and organism ages. We use the nematode Caenorhabditis elegans (C. elegans) as our model system; a premiere system for studying the aging process. We will perform a large number of assays at both the cellular and organismal levels on wild type as well as four different long-lived

EXAMINING NATURAL DEATH IN THE LABORATORY
H. Tissenbaum, University of Massachusetts Medical School, Worcester, Massachusetts

What is a natural death? How can we study this topic in the laboratory setting? To answer these questions, we also need to define how an organism ages. We use the nematode Caenorhabditis elegans (C. elegans) as our model system; a premiere system for studying the aging process. We will perform a large number of assays at both the cellular and organismal levels on wild type as well as four different long-lived animals. We assay these parameters as the animals age. Therefore, we will define the biological characteristics of how an organism ages and ultimately dies. With these results, we will have a biological blueprint for defining the aging and death process in a whole organism. Ultimately, since the signaling pathways are well conserved across phylogeny, these studies will undoubtedly have implications for understanding these events in humans.

DEATH OF AN ELDERLY PARENT: THE CHILDREN’S NARRATIVE
H.K. Black, Behavioral Research, Arcadia University, Glenside, Pennsylvania

In this presentation, we explore the meaning of the death of elderly fathers based on adult children’s narratives about their fathers’ life and death. Their narratives show a family worldview, from which each child reveals a unique perspective of self; the deceased, other family members, and the meaning of life and death. This presentation is based on research in which 30 families (a widow and two adult children) were qualitatively interviewed six to ten months after the death of the husband and father about his dying and death. We collected in-depth data through formal ethnographic interviews and informal conversation. We offer a sampling of narrative accounts from adult children. A key finding in this presentation is that for some adult children, connectedness to the father and to the remaining family members is indicative of a particular kind of spirituality based on Buber’s “I-Thou” interaction.

WHO GETS THE DEATH THEY WANT? PREDICTORS OF PROXY ACCURACY IN SUBSTITUTED JUDGMENT
L. Winter, S.M. Parks, Thomas Jefferson University, Philadelphia, Pennsylvania

Central to the ideal of the good death is having one’s wishes for end-of-life care honored - the principle of patient autonomy. Yet most final treatment decisions are made by proxies, whose accuracy is known to be low. In a cross-sectional study of 202 elderly individuals and their proxies, we assessed proxy accuracy by asking elders a standard living-will question and their proxies the same question using substituted judgment. 82.7% were accurate, 17.3% inaccurate. Proxies were accurate when the elder had a living will (73.6% vs. 56.3% for inaccurate proxies), had assigned a durable power of attorney for healthcare (65.3% vs. 41.3%), had talked with a family member (88.6% vs. 53.1%), and was White (86.7% vs. 74.6%). Elders who wanted all possible care were less likely to have accurate proxies (32.1%) than elders rejecting life-prolonging care (94.6%). No differences were found for age, gender, education, or financial well-being.

EUTHANASIA AND “NATURAL DEATH”: INTERSECTIONS OF NATURE AND CULTURE AT THE END OF DUTCH LIFE

Euthanasia – ending the life of another person at that person’s explicit request typically for reasons of terminal illness – is a relatively new policy based on an old practice that is known to have existed in cultures around the world at least since the beginning of written records. Question is why is euthanasia, and its counterpart – assisted dying – only recently coming to the forefront of end-of-life policy debates? Using a 15-month ethnographic study of euthanasia and home death in The Netherlands, I will explore the intersections of nature and culture in the one country most often held up as the model for and against euthanasia and assisted dying policy. This paper uses ethnographic and historic data to show how one culture negotiates the difficult boundaries of nature and culture at the end of life, suggesting that perhaps culture does have a central role to play in “natural death.”

IS ‘NATURAL’ DEATH AN ILLUSION? THE PATH OF COMMUNICATIVE ETHICS
H. Moody, AARP, Washington, District of Columbia

“Natural” death has had a long history in law and ethics, and appeals to all who are fearful of meaningless prolongation of life (e.g., Terri Schiavo) yet resist the “unnatural” path of assisted suicide. Natural death is

SESSION 1205 (SYMPOSIUM)

VALUES SYMPOSIUM: WHAT IS A NATURAL DEATH?: EXPLORING THE DEFINITIVE CROSSROADS OF LIFESTYLE AND LIFESPAN
Chair: K. de Medeiros, Miami University, Oxford, Ohio
Discussant: H. Moody, AARP, Washington, DC, District of Columbia

The often unspoken implication of lifestyle on lifespan can be found in how one dies. While there continues to be much research interest on the benefits of lifestyle modification; understanding the impact of various environmental and social stressors on quality of life; compression of morbidity; and other areas concerned with living better, longer, “death” is treated as an outcome variable rather than the center of discussion. The “ideal death” for many involves dying in their sleep without assistive devices, pain, or awareness. But how does this ideal fit within current research agendas or does it have a place at all? The purpose of this symposium is to consider historical, biological, policy and social implications of a natural death in light of work on lifestyle and lifespan. Topics will cover a historical view of a “natural” death as it shifted from the religious to the secular; defining natural death in a laboratory; an exploration of whether one’s wishes for end-of-life care are honored as measured in a cross-sectional study; the meaning of the death of an elderly parent as told through children’s narratives; and a in-depth look at policy implications for a “natural” death through a study of euthanasia policy in The Netherlands.

HISTORICAL PERSPECTIVES ON LIFESTYLE AND DEATH
T.R. Cole, The John P. McGovern, M.D. Center for Humanities and Ethics, University of Texas Health Science Center, Houston, Texas

In the mid-19th century, American thought about death began to shift from the religious to the secular. Death was no longer a punishment for sin or a necessarily painful event. Instead, health reformers urged middle class Americans to live a healthy, moral life that would culminate in painless death after a long life. Like Oliver Wendell Holmes’ poem the “One Hoss Shay”, a person in old age would fall apart “all at once and nothing first”. This ideal still hold sway in gerontological circles. Natural death today has also become a goal of those who want to die free from the dominance of technology. In both cases, the “natural” is in fact shaped by the cultural, which requires critical interpretation to reveal the interests and power arrangements at stake.

EXAMINING NATURAL DEATH IN THE LABORATORY
H. Tissenbaum, University of Massachusetts Medical School, Worcester, Massachusetts

What is a natural death? How can we study this topic in the laboratory setting? To answer these questions, we also need to define how an organism ages. We use the nematode Caenorhabditis elegans (C. elegans) as our model system; a premiere system for studying the aging process. We will perform a large number of assays at both the cellular and organismal levels on wild type as well as four different long-lived animals. We assay these parameters as the animals age. Therefore, we will define the biological characteristics of how an organism ages and ultimately dies. With these results, we will have a biological blueprint for defining the aging and death process in a whole organism. Ultimately, the signaling pathways are well conserved across phylogeny, these studies will undoubtedly have implications for understanding these events in humans.

DEATH OF AN ELDERLY PARENT: THE CHILDREN’S NARRATIVE
H.K. Black, Behavioral Research, Arcadia University, Glenside, Pennsylvania

In this presentation, we explore the meaning of the death of elderly fathers based on adult children’s narratives about their fathers’ life and death. Their narratives show a family worldview, from which each child reveals a unique perspective of self; the deceased, other family members, and the meaning of life and death. This presentation is based on research in which 30 families (a widow and two adult children) were qualitatively interviewed six to ten months after the death of the husband and father about his dying and death. We collected in-depth data through formal ethnographic interviews and informal conversation. We offer a sampling of narrative accounts from adult children. A key finding in this presentation is that for some adult children, connectedness to the father and to the remaining family members is indicative of a particular kind of spirituality based on Buber’s “I-Thou” interaction.

WHO GETS THE DEATH THEY WANT? PREDICTORS OF PROXY ACCURACY IN SUBSTITUTED JUDGMENT
L. Winter, S.M. Parks, Thomas Jefferson University, Philadelphia, Pennsylvania

Central to the ideal of the good death is having one’s wishes for end-of-life care honored - the principle of patient autonomy. Yet most final treatment decisions are made by proxies, whose accuracy is known to be low. In a cross-sectional study of 202 elderly individuals and their proxies, we assessed proxy accuracy by asking elders a standard living-will question and their proxies the same question using substituted judgment. 82.7% were accurate, 17.3% inaccurate. Proxies were accurate when the elder had a living will (73.6% vs. 56.3% for inaccurate proxies), had assigned a durable power of attorney for healthcare (65.3% vs. 41.3%), had talked with a family member (88.6% vs. 53.1%), and was White (86.7% vs. 74.6%). Elders who wanted all possible care were less likely to have accurate proxies (32.1%) than elders rejecting life-prolonging care (94.6%). No differences were found for age, gender, education, or financial well-being.

EUTHANASIA AND “NATURAL DEATH”: INTERSECTIONS OF NATURE AND CULTURE AT THE END OF DUTCH LIFE

Euthanasia – ending the life of another person at that person’s explicit request typically for reasons of terminal illness – is a relatively new policy based on an old practice that is known to have existed in cultures around the world at least since the beginning of written records. Question is why is euthanasia, and its counterpart – assisted dying – only recently coming to the forefront of end-of-life policy debates? Using a 15-month ethnographic study of euthanasia and home death in The Netherlands, I will explore the intersections of nature and culture in the one country most often held up as the model for and against euthanasia and assisted dying policy. This paper uses ethnographic and historic data to show how one culture negotiates the difficult boundaries of nature and culture at the end of life, suggesting that perhaps culture does have a central role to play in “natural death.”

IS ‘NATURAL’ DEATH AN ILLUSION? THE PATH OF COMMUNICATIVE ETHICS
H. Moody, AARP, Washington, District of Columbia

“Natural” death has had a long history in law and ethics, and appeals to all who are fearful of meaningless prolongation of life (e.g., Terri Schiavo) yet resist the “unnatural” path of assisted suicide. Natural death is...
part of a larger history of natural law, largely rejected by the philosophical consciousness of modernity. In bioethics, proposals for advance directives have proved problematic in practice; but, even if they succeed, the supremacy of autonomy is far from acceptance of a natural end to the course of life. Biomedical technology, which promises to extend instrumental power and choice, has in practice created new forms that constrain freedom. Here it is argued that natural death remains a regulative ideal, but an ideal that must be contextualized to individual life history and circumstance. Achieving that ideal will require social, not individual, freedom, which Jurgen Habermas has called “unconstrained communication.”

SESSION 1210 (SYMPOSIUM)

NUTRITION IN BRAIN AGING AND NEURODEGENERATIVE DISEASE

Chair: B. Shukitt-Hale, Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts
Co-Chair: D.A. Rivas, Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts

One just has to glance at the internet to realize that most of the supplement world is non-evidence based. There are several nutritional supplements specifically marketed to prevent, slow or reverse brain aging and neurodegenerative disease. Speakers in this session will focus on dietary interventions and the potential mechanisms that lead to changes in behavior and development and progression of brain disease in the aged.

NUTRITIONAL INTERVENTIONS IMPROVE AGE-RELATED COGNITIVE PERFORMANCE

B. Shukitt-Hale, USDA, HNRCA at Tufts Univ, Boston, Massachusetts

The onset of age-related neurodegenerative diseases such as Alzheimer’s or Parkinson’s Disease, superimposed on a declining nervous system, could exacerbate the motor and cognitive behavioral deficits that normally occur in senescence. Thus, it is extremely important to explore methods to retard or reverse age-related neuronal deficits, as well as their subsequent, behavioral manifestations, in order to increase healthy aging. In this regard, our lab has shown that consumption of fruits and vegetables high in antioxidant and anti-inflammatory activity, such as blueberries, blackberries, and strawberries, can prevent and even reverse the occurrence of the neurochemical and behavioral changes that occur in aging. Polyphenolic compounds in these foods may exert their beneficial effects either indirectly through their ability to lower oxidative stress and inflammation, or directly by altering the signaling involved in neuronal communication, calcium buffering ability, neuroprotective stress shock proteins, plasticity, and stress signaling pathways.

NEUROMUSCULAR FUNCTION AND ANABOLIC SIGNALING ARE IMPAIRED WITH AGING AND A HIGH-FAT DIET

D. Rivas, E. Morris, P. Haran, R. Fielding, Tufts University, Boston, Massachusetts

Muscle mass and strength both decline with age, but the loss of strength far surpasses what is projected based on the decline in mass. This may be explained by deterioration in muscle quality including, decreased fiber size and number, reduced contractility of fibers, motorneuron loss, and intramyocellular lipid infiltration. Interestingly, in several epidemiological studies the accumulation of fat mass has been shown to be a strong independent predictor of subsequent functional loss and disability. Therefore, we have determined in C57BL/6 mice if aging and a high-fat diet similarly impair muscular strength/function and molecular signaling associated with muscle growth pathways. Data will be presented suggesting that aging (24 months) and a high-fat diet (60% fat/kcal, 12 weeks) similarly impair neuromuscular function and growth signaling pathways in skeletal muscle after anabolic stimula-

tion. Furthermore, this may be due to altered cytokine activation observed in both models.

RETENTION OF COGNITIVE FUNCTION WITH AGING: IMPACT OF DIET AND CHRONIC DISORDERS

C. Greenwood, 1. Kunin-Lunenfeld Applied and Evaluative Research Unit, Baycrest, Toronto, Ontario, Canada, 2. University of Toronto, Toronto, Ontario, Canada

Numerous socio-economic factors support cognitive plasticity and retention of cognitive function with aging. Amongst these factors, evidence, including ours, shows that consuming Prudent-style diets high in fruits, vegetables, whole grains and fish associate with better cognitive retention with aging. Conversely, consuming a typical Western-style diet associates with increased risk of cognitive decline and dementia. Avoidance of many diet-associated chronic disorders, especially hypertension and type 2 diabetes, likely contributes to the diet-cognition association. Nevertheless, the impact of diet is modulated by other socio-economic factors which contribute to cognitive plasticity, such that individuals with poor socio-economic status are more susceptible to the adverse effect of consuming a Western-style diet. While evidence from randomized clinical trials is still lacking, epidemiologic data support the need to promote healthy lifestyles, including healthy eating, beginning in mid-adulthood as a means of supporting cognitive health in an aging population.

PREVENTION OF ALZHEIMER DISEASE (AD): PLEIOTROPIC APPROACHES IN PRECLINICAL MODELS

G. Cole, S. Frautschy, University of California, Los Angeles, Los Angeles, California

AD is a complex cascade spreading over decades to involve additional circuits, regions and cognitive functions. Different segments of AD pathogenesis can be captured in culture and animal models where the beneficial impact of pharmacological blockade of specific initiating molecular targets has shown repeated success, but led to ultimate failure in the clinic. Our research argues that safe pleiotropic agents including an omega-3 fatty acid (docosahexanoic acid), the turmeric spice curcumin and exercise can target multiple steps in the cascade including amyloid and tau oligomers, inflammation, oxidative damage and synaptic toxicity. Some interventions, for example omega-6 and omega-3 fatty acids have robust nutrigenomic interactions with the major genetic risk factor, Apolipoprotein E. Our data argue that AD prevention approaches may need genetically informed applications and that combination or cocktail approaches can lose efficacy and need to be optimized using surrogate biomarkers in humans to evaluate efficacy.

SESSION 1215 (PAPER)

DEMENTIA: ISSUES OF DIAGNOSIS, UNDERSTANDING, AND TREATMENT

DIALOGUES AROUND DIAGNOSTIC DISCLOSURE FOR PEOPLE WITH DEMENTIA AND CARERS

J. Manthorpe1, J. Ready2, J. Bond3, L. Robinson1, K. Samsi1, 1. Social Care Workforce Research Unit, King’s College London, London, United Kingdom, 2. University of Manchester, Manchester, United Kingdom, 3. Newcastle University, Newcastle, United Kingdom

As demand for dementia services grows, this UK-based qualitative study explored information needs of people with memory problems and carers before and after receiving a diagnosis of dementia. Face-to-face interviews were conducted with 27 people with dementia and 26 carers about their experience of the process of assessment and diagnosis disclosure. Findings highlighted that diagnosis disclosure appeared to be a poorly managed process, with limited time given to patients and carers for processing information or for asking questions. Most described

64th Annual Scientific Meeting 355

Downloaded from https://academic.oup.com/gerontologist/article-abstract/51/suppl_2/1/646194 by guest on 30 March 2019
feeling unsupported at this time and none had received referral to further emotional or counselling support. Those who were discharged with a diagnosis and no further support described feeling let down by services and reported on pessimistic attitudes, and poor coping practices and resources for long-term management of the condition. Giving timely and accurate information to people referred for their memory problems should be integral to the diagnostic process. Details about how long the process takes may prepare people with memory problems and carers better and reduce anxiety and confusion. Post-diagnosis information also needs to be developed in order that newly diagnosed people and those discharged from services receive adequate support and are aware of resources which they can turn to in the future.

LANGUAGE ANALYSIS OF WORDS FOR EARLY VS. LATE SYMPTOMS OF ALZHEIMER’S: ENGLISH, SPANISH, AND RUSSIAN
R. Schrauf, M. Iris

How older adults understand and talk about Alzheimer’s disease is shaped by the language(s) that they speak. To probe similarities and differences in linguistic terms for behaviors and symptoms associated with AD, we developed natural language lists of symptoms in African American Vernacular English (African Americans), Spanish (Mexican Americans), and Russian (refugees/immigrants from the Former Soviet Union) from qualitative interviews (n=10 in each group). These translation equivalents and their linguistic contexts are compared in tabular format.

To assess cross-cultural differences in the symptoms domain, we asked new samples from each ethnic group (n=10 in each group) to participate in a pile sorting exercise. Cluster analyses showed a similar structure across languages, with 5 symptom clusters: physical/medical signs, cognitive impairments (memory and thinking), self-care/self-management issues, behavioral and social implications, and mood and personality changes.

To assess participants’ understanding of the progression of the disease, we recruited new samples from each group (n=36 per group) who selected the 5 symptom labels most characteristic of early AD and 5 most characteristic of late AD. Chi-square analyses showed significant differences between early vs. late symptoms for all groups (p<.001). All groups emphasized cognitive deficits as early markers (forgetting names, faces, and recent events; losing things; changes in personality) and psychological and behavioral deficits as late markers (problems with personal care; hallucinations; being in ‘one’s own world’; poor appetite; dangerous or inappropriate behavior; incontinence).

The provision of services to ethnic Americans may benefit from this ‘dictionary’ of symptoms and behaviors in the three languages.

THE CONTROVERSIAL PROMISES OF ChOLINESTERASE INHIBITORS FOR DEMENTIA: A QUALITATIVE STUDY OF CAREGIVERS’ EXPERIENCES
A. Smith, K. Kobayashi, N.L. Chappell
Sociology, University of Victoria, Victoria, British Columbia, Canada

Since their introduction, clinicians have been engaging in debates over the therapeutic benefits of cholinesterase inhibitors (ChEIs) in Alzheimer’s disease and related dementias (ADRD). Against this backdrop of controversy, caregivers’ views and experiences have been largely ignored. This has occurred despite the fact that this group may provide insights into these drugs in ways not captured by clinical research. To address this gap in knowledge, the current study examines 25 caregivers’ narratives about the treatment of relatives diagnosed with mild to moderate ADRD and treated with ChEIs. The findings reveal an appraisal of cholinergic effects whereby caregivers question the benefits of the drugs, generally not knowing whether to attribute stabilization or improvements to them or not but also fearing termination of the drug ‘just in case’ there is some benefit. Caregivers justify their belief in ChEIs’ long-term effectiveness primarily by invoking non-medicated prognostic scenarios of more rapid decline and loss of self. In addition, the study explores the meaning caregivers attribute to ChEI effects vis-à-vis a pharmaceutical discourse which frames these drugs as a source of hope. Finally, attention is drawn to how the limited benefits associated with cholinergic drugs may due to non-pharmacological influences such as supportive caregiving practices.

EVALUATING SERVICE NETWORKS FOR PEOPLE WITH DEMENTIA AND THEIR INFORMAL CAREGIVERS: THE “EVIDENT”-PROJECT
M. Reicheit, K. Koehler, V. Leeve, B. Zimmer
Social Gerontology, FK 12, University TU Dortmund, Dortmund, Germany

In an ageing society efficacy of care provision and other outpatient services for people with dementia and their informal caregivers is of particular importance. Against this background, the project “EVIDENT” (funded by the German Ministry of Health) aimed to evaluate the work of six dementia care networks in Germany. The principal purpose of these dementia care networks - which were regarded as “good practice” - was to decrease the fragmentation of community based services by linking the different parts of dementia supply (e.g., medical and nursing services, consultation, self help.) Six case studies were conducted to document structure and processes of each network and analyse facilitators for and barriers to the development and functioning of dementia networks.

Data refer to the institutional and individual drivers for participating in networks, the development of networks in community care systems, the conditions necessary for success and sustainability, and the restrictions of networks referring to institutional and financial framework. Results show, for example, that dementia networks have to be adapted to the regional parameters, case management has to be developed more systematically and family doctors and other medical specialists have to be included into the networks more strongly.

PRACTITIONER AND PATIENT ACCOUNTS OF MILD COGNITIVE IMPAIRMENT: WHAT GETS LOST IN TRANSLATION
R.L. Beard, T.M. Neary
Department of Sociology & Anthropology, College of the Holy Cross, Worcester, Massachusetts

This paper draws on in-depth interviews (N=20) with medical practitioners, including neurologists, neuropsychiatrists, neuropsychologists, geriatricians and internal medics, to trace the nosological background of Alzheimer’s, particularly the potential precursor known as mild cognitive impairment, and professional experiences of rendering this diagnosis. Grounded theory methods were used to collect, code and analyze narrative interview data into overarching themes, which will be presented here. The interviews reveal considerable dispute and ambiguity concerning the utility and definition of this label, as well as when and how to disclose the diagnosis itself. Based on these findings, comparisons between the state-of-the-science and clinical practice standards and the personal accounts of MCI-diagnoses (N=18) reported elsewhere will be made. This case comparative approach demonstrates the clinical constraints of diagnosing a medically uncertain condition as well as the psychosocial significance of such ambiguity on practice and everyday life with mild cognitive impairment.

SESSION 1220 (PAPER)
END OF LIFE CARE DECISIONS: INDIVIDUAL AND RELATIONAL INFLUENCES

ATTITUDES TOWARD DEATH AND DYING IN OLD AGE: HIGH PERCEIVED CONTROL, LOW METAPHYSICAL BELIEFS
A.K. Leist, M. Hoffmann
University of Luxembourg, Walferdange, Luxembourg

Objectives. The awareness of the inevitability of death might constitute a major source of fear and influence behavior and psychosocial
well-being directly or indirectly. Attitudes toward death and dying in old age were explored in the context of legal alterations in Luxem-
bourg allowing for medically assisted suicide in case of fatal illness. 
Method. A sample of 62 community-dwelling individuals aged between
65 and 89 years participated in an interview exploring attitudes towards
death and dying in general and the salience of this topic for their own
lives in particular. Reports were analyzed using interpretative phe-
nomenological analysis. Results. Three overarching themes were iden-
tified: (1) Concreteness of thoughts concerning death and dying, sug-
gesting that a significant part of the respondents has already prepared
definitions with pragmatic organizational decisions in order to counter-
act fears of a long and painful dying process. (2) The role of metaphysical
and religious beliefs, demonstrating perceptions of death as a mainly
corporal phenomenon that seems postponable by high-tech medicine.
Few persons stated to believe in heaven, the soul, or the reunion with
dead persons within three months of last seeing the patient. In 2008, 2,099 physi-
cians were contacted via email to complete an anonymous survey on
inquire about the influence of physician religion as it relates to hospice
that arise in the course of advanced dementia. Families were asked which care-providers were involved in
discussions, the length of conversations, topics covered, the amount of
information they wanted about the condition and particular situations,
and the degree to which they were satisfied with care. Results showed
that family members had conversations mostly with nurses (71%), cer-
tified nursing assistants (57%), physicians (49%), and social workers
(48%). Families had an average of 27 conversations over a 3-month
period with members of these four professional disciplines. Having a
greater number of these conversations was significantly associated with
families feeling fully involved in decision making, being more likely to
discuss what is in their relative’s best interest and the amount of informa-
tion they want regarding their relative’s condition. Implications for
research and practice are discussed, with an emphasis on strategies to
ensure that families understand risks and benefits of treatment decisions
that arise in the course of advanced dementia.

THINKING AND TALKING ABOUT THE END OF LIFE 
AMONG THE AGED: TWO VERY DIFFERENT THINGS
E. Kahana1, B. Kahana2, L. Lovegren1, H. Pfaff1, J. Brown1, J. Kahana2, 1. Case Western Reserve University, Cleveland, Ohio, 2. Cleveland 
State University, Cleveland, Ohio, 3. University of Cologne, Cologne, Germany, 4. Mount St. Mary College, Newburgh, New York

This paper reports on findings of a study of community dwelling
elders reflecting on their preferences, plans, and conversations related
to end of life plans. This paper reports on findings of a study of com-
community dwelling elders reflecting on their preferences, plans, and con-
versations related to end of life plans. Individual interviews were con-
ducted with 514 urban dwelling participants in a panel study focused
on the final years of life. Our findings reveal that social connections
remain very salient to older adults as they contemplate the end of life.
Accordingly, when thinking about the end of life, over 90% of respon-
dents desired to have people around them, others pray for them, and
to die at home if possible. In striking contrast, these elders were not talk-
ning and having conversations connecting them to significant family or
health care providers regarding plans for the end of life. Only 14.7% discussed end of life issues with health care providers, and only 28.0 %
had conversations regarding end of life issues with family. Talking about
end of life plans tended to be limited to preparation of formal advance
directives. These data raise provocative questions about the absence of
opportunities for meaningful end of life conversations for persons who
actually are nearing the end of life. Clearly, elders do not wish to
disengage, even at the very end, but their continuing engagement lacks
facilitation.

DISCUSSING END-OF-LIFE ISSUES IN ADVANCED 
DEMENTIA: WHO MAKES FAMILIES FEEL INVOLVED?
J. Reinhardt, E. Chinin, H. Sand, Research Institute on Aging, Jewish Home Lifecare, New York, New York

Throughout the dementia disease trajectory, both the person with 
dementia (PWD) and the family are the focus of care. When the PWD
is in the late stages of the illness, clinicians communicate exclusively 
with families to determine treatment preferences and goals of care. As
part of a larger study, we queried families (N=99) to learn more about
the end-of-life treatment discussions they had with health care profes-
sionals in a skilled nursing facility regarding their relatives with advanced
dementia. Families were asked which care-providers were involved in
discussions, the length of conversations, topics covered, the amount of
information they wanted about the condition and particular situations,
and the degree to which they were satisfied with care. Results showed
that family members had conversations mostly with nurses (71%), cer-
tified nursing assistants (57%), physicians (49%), and social workers
(48%). Families had an average of 27 conversations over a 3-month
period with members of these four professional disciplines. Having a
greater number of these conversations was significantly associated with
families feeling fully involved in decision making, being more likely to
discuss what is in their relative’s best interest and the amount of informa-
tion they want regarding their relative’s condition. Implications for
research and practice are discussed, with an emphasis on strategies to
ensure that families understand risks and benefits of treatment decisions
that arise in the course of advanced dementia.

HOW DO SOCIAL RELATIONS AFFECT THE ADVANCE 
CARE PLANNING OF OLDER ADULTS?
S. Bodnar Deren, Sociology, Institute for Health, Health Care Policy, 
and Aging Research, Rutgers University, New Brunswick, New Jersey

The aim of this study is to examine if there is a relationship between
the quality of social relations and the odds that a patient engages in
advance care planning (ACP). Data come from a recent survey of 305
chronically ill, non-institutionalized adults in New Jersey aged 55 years
and older. Individuals who reported that they could communicate with
members of their social networks were 60% more likely to have had
end-of-life (EOL) discussions (p<.01). Similarly, if they were able to
discuss their fears and concerns with loved ones or if they found it easy
to plan activities with members of their social network they were 50%
more likely to have had EOL discussions with others (p<.05). Addi-
tionally, the quality of their social relations were a significant factor in
the odds that older adults had formalized their advance care plans. Those
respondents who felt supported by others were 50% more likely to have
named a Durable Power Attorney for Health Care (DPAHC) (p<.01).
Those who felt accepted, supported in their decisions, or those who got
along with family were 40% more likely to have had both discussions
and to have appointed a DPAHC (p<.01). These findings broaden what
we know about ACP. By further exploring the motivations for ACP, health care providers may put into place effective strategies for facilitating end-of-life discussion and ACP with their patients.

SESSION 1225 (PAPER)

FINANCIAL SECURITY IN OLD AGE: PRESENT AND FUTURE

LONGEVITY INSURANCE: WILL IT SECURE FINANCIAL SECURITY FOR OLDER AMERICANS?

G.A. Mackenize, Public Policy Institute, AARP, Washington, District of Columbia

Life annuities insure older people against the risk of privation and misery that an unexpectedly long life may entail. Economists have long been puzzled by the small size of the market for these instruments. Recently, insurance companies have promoted a new kind of annuity, sometimes called longevity insurance, which may escape the apparent bias against life annuities. Longevity insurance is best understood as a long deferred annuity. For example, an annuitant might pay a specific sum at age 65 that entitles him or her to receive monthly income for life starting at an advanced age like 80. The premium is not refundable if he dies before payments start. The long deferred start of payments and the possibility of premature death mean that longevity insurance is much cheaper than a conventional life annuity paying the same monthly income. Therein lies its appeal. The paper’s main aims are to assess the merits of longevity insurance and to evaluate the potential regulatory implications of a growing market for it. The paper concludes that longevity insurance is a better choice than the conventional life annuity for some potential annuitants but not others, and that annuity providers will need to ensure that their representatives are able to offer sound advice. The paper will also stress the need to ensure fiduciary safeguards are adequate to minimize the risk of self-serving advice.

THE EASTERLIN HYPOTHESIS: AN UPDATE ON THE STATUS OF THE BABY BOOMER COHORT

P. Cummins, 1. Sociology & Gerontology, Miami University, Oxford, Ohio, 2. Scripps Gerontology Center, Oxford, Ohio

The purpose of this paper is to provide data on the income status of the baby boomer cohort as compared to their parental cohort. The baby boomer cohort has been studied extensively on issues ranging from music to politics to income. In 1961, Easterlin proposed that, without substantial adjustments to their demographic decisions, the baby boomer birth cohort would not achieve the economic status of their parents. In their analysis of baby boomer economic status three decades later, Easterlin, Schaeffer, and Macunovich (1993) determined that, due to demographic decisions such as delaying parenthood and having fewer children, the baby boomer cohort has indeed achieved an economic advantage over their parents. This paper updates the work of Easterlin et al. (1993), using Current Population Survey income data for the years 1963 through 2009 to compare the status of the baby boomer cohort to their parental cohort. The baby boomers have maintained an economic advantage over their parental cohort, but the advantage is not as great as that shown in Easterlin et al.’s (1993) analysis. Analysis of 2009 income for the baby boomer cohort indicates that younger baby boomers and those with less education are especially at risk for adverse outcomes in retirement. While the current recession is not as severe as the Great Depression, declines in retirement savings and home equity, combined with lengthy periods of unemployment, have had a serious impact on the retirement prospects of many baby boomers.

ECONOMIC WELL-BEING AMONG OLDER ADULT HOUSEHOLDS: VARIATION BY VETERAN AND DISABILITY STATUS

J. Wilmoth1, A.S. London1, C. Heflin2, 1. Syracuse University, Syracuse, New York, 2. University of Missouri–Columbia, Columbia, Missouri

A growing body of gerontological research uses nationally representative data to compare later-life outcomes among veterans and nonveterans. This research has focused primarily on health outcomes and has not considered issues related to economic well-being. Recent research among the working-age population indicates veteran and disability statuses interact to influence both poverty and material hardship at the household level. This paper builds upon the extant research by using pooled data from five waves of the Survey of Income and Program Participation (SIPP) to examine the extent to which household members’ veteran and disability statuses are associated with poverty and four types of material hardship—home hardship, medical hardship, bill-paying hardship, and food insufficiency—taking into account household-level demographic characteristics. The analysis is restricted to households that contain at least one adult aged 65 years or older. Compared to households that have no veteran or person with disability, nondisabled veteran households are significantly less likely to be in poverty (OR=0.55) and experience medical hardship (OR=0.45). In contrast, disabled nonveteran households are significantly more likely to be in poverty (OR=1.53) and to experience home, medical, and bill-paying hardships (OR=2.47, 1.79, and 1.81 respectively). Disabled veteran households are not significantly different in terms of their odds of poverty, but exhibit the highest odds of home hardship (2.91), medical hardship (OR=2.56), bill-paying hardship (OR=1.98), and food insufficiency (OR=3.72). The results suggest the risk of poverty and material hardship is relatively high among disabled nonveteran and disabled veteran older adult households. The implications for policy are discussed.

ECONOMIC CRISSES IMPACT EXPECTABLE LIFE COURSE TRANSITIONS: “RUSTING IN PLACE”

C. Lysack, S. Neufeld, W.D. Bartlo, M.R. Luborsky, Gerontology, Wayne State University, Detroit, Michigan

Problem: American households face historic financial erosion due to depressed housing markets and the economic meltdown. These conditions may disrupt expectable later life transitions in household composition, downsizing and relocation, retirement, and continuity of financial security. Yet, systematic data is needed, but still scant, on the extent and salience of disruptions; anecdotal evidence suggests an emerging phenomena of “rusting in place” particularly in the Midwest. Methods: Data is drawn from a 2011 population-based representative sample of Michigan adults (n=550) surveyed using computer-assisted telephone, internet, and mail methods. Measures included financial security, retirement status, household composition and changes, “under-water” mortgage to value ratios; downsizing and household relocation; and sociodemographic factors. Findings: Analyses revealed: (1) While older households (age 62+) report less financial stress, those who take in family members facing financial hardship report greater stress than younger households. (2) Older households gaining family members are significantly more likely to be lower income, be underwater on their mortgages, feel “rusted in place” and unable to move, and report more money worries and difficulty meeting needs. (3). Self-rated health and income level were not related to rusting in place. Discussion: Disrupted expectable life course transitions due to economic factors including “rusting in place” are clear, yet adaptations such as combining household selectively disadvantage older adults who, while fulfilling family care values by offering a refuge for struggling family members, also perceive a cost to older adults that requires further research. [Funding: NIH #R01AG030477; and Michigan Center for Urban Studies]
SOCIOECONOMIC INEQUALITIES IN HEALTH: IMPLICATIONS FOR THE RETIREMENT AGE DEBATE

A. Zajacova1, J. Montez1, 1. University of Wyoming, Laramie, Wyoming, 2. University of Texas at Austin, Austin, Texas

The debate about raising the retirement ages of U.S. workers revolves around the longer average health expectancy of the population; consideration of socioeconomic disparities in health are absent. We analyze the socioeconomic disparities in numerous health outcomes among older adults and translate them into age-equivalents. We use the 1997-2009 National Health Interview Survey, nationally representative dataset, for information on health and functional and activity limitations of adults aged 50-80 (N=281,882). Using parametric and nonparametric regression models, we calculate predicted age-specific health levels across 5 education levels, from pre-secondary to post-baccalaureate. Early results emphasize the critical differences in health by socioeconomic status: older adults with a post-baccalaureate schooling report health levels equivalent to levels reported by high school graduates about 20 years younger. The differences hold across demographic groups and health indicators. Findings highlight the importance of considering health inequalities in the discussions about retirement age.

SESSION 1230 (PAPER)

IMPROVING THE QUALITY LIFE FOR PERSONS LIVING IN ALFS AND NURSING HOMES

CONCEPTUAL MODEL FOR EXAMINING OUTCOMES OF CULTURE CHANGE IN NURSING HOMES

C.W. Hartmann1,4, A. Snow2,3, R.S. Allen1, P. Parmelee1, J.A. Palmer3, D. Berlowitz1,4, 1. CHQOER, Bedford VA Medical Center; Bedford, Massachusetts, 2. Tuscaloosa VA Medical Center; Tuscaloosa, Alabama, 3. University of Alabama, Tuscaloosa, Alabama, 4. Boston University, Boston, Massachusetts

Nursing homes (NHs) across the country are increasingly adopting new care paradigms under a rubric generally termed “culture change.” Culture change prioritizes residents’ needs and preferences and emphasizes having facilities’ designs, routines, and care shaped by them. To understand the circumstances that best promote culture change, we developed a conceptual model for examining the current state of care, work, and culture of NHs. We conducted a search of the relevant literature for (a) concepts related to the various aspects of culture change and (b) instruments designed to measure these aspects. We developed a conceptual model based on our findings, using the Holistic Approach to Transformational Change (HATCH) framework. To pilot and refine the model, we conducted over 100 hours of systematic observations of residents and staff at two NHs within a large, integrated healthcare system (the Veterans Health Administration). Observations supported the existence of our 18 specific domains (e.g., Promoting Resident’s Voice; Existence and Functioning of Interdisciplinary Teams) within the three overarching HATCH categories of “care practices,” “workplace practices,” and “environment of care.” Results also suggested that assessment of resident and staff engagement with each other and in activities is important to include across all domains. The comprehensive model we developed has the potential to inform directly the care provided to residents in NHs by identifying areas in which culture change is having a positive effect. It also highlights aspects of culture change that work well from the perspective of residents and staff and those that could benefit from modification.

ASSISTED LIVING LIFESTYLE—INFORMATION FLOW TO PRIMARY PROVIDERS ON THE HEALTH OF DEMENTIA PATIENTS

D. Willer-Sly1,2,3, R.R. Whitebird1, 1. HealthPartners Geriatrics, Minneapolis, Minnesota, 2. HealthPartners Research Foundation, Minneapolis, Minnesota, 3. University of Minnesota, Minneapolis, Minnesota, 4. John A. Hartford Foundation’s Minnesota Center of Geriatric Nursing Excellence, Minneapolis, Minnesota

Communication between assisted living (AL) staff caregivers of geriatric patients with dementia, and nurse practitioners and physicians who serve as primary care providers is critical for good decision-making. Literature that describes the communication flow between staff of AL facilities and primary care providers, however, is lacking. Using an intuitive decision making model as a framework, a study was undertaken to assess patient information flow among these providers. Qualitative and quantitative data were collected systematically from 25 participants regarding flow of patient information and the level of professional caregiver satisfaction with this information flow. Results revealed that 83% of AL staff were not often asked to provide information to primary care providers, while 100% of AL nurses were. Eighty-one percent of staff either were not satisfied or could not identify how they report information to the primary care providers for patients. Nurses were somewhat satisfied or satisfied (80%) with how they currently obtain information. A comprehensive health status reporting tool for patients in assisted living was not found in the geriatric literature, but one was identified from the field of developmental disabilities. Next steps in the study are to examine the efficacy of this tool to improve information flow to nurses and primary providers regarding the current health status of geriatric dementia patient in the assisted living settings.

INCREASING OPPORTUNITIES FOR ARTS-BASED INTERVENTION IN LONG TERM CARE

J. Eaton, University of Utah, Salt Lake City, Utah

Increased life expectancy has augmented the use of arts-based interventions to enhance quality of life through an emphasis on late life potential, yet research varies greatly in design, availability, and application. A systematic review of literature identified arts-based intervention settings as well as outcomes within long term care (LTC). Search parameters included peer-reviewed articles published between 2000 and 2010 describing interventions including dance, theatre, visual art, and music with adults 65 and older. A search of four electronic databases provided 1,536 references, 262 were relevant to preliminary criteria. Interventions were categorized within three settings: 1) community, 2) clinical (inpatient and outpatient), and 3) LTC (nursing homes, skilled nursing, and assisted living facilities). Interventions in LTC emphasized individuals with dementia compared with the overall LTC population. To better understand this difference a synthesis was conducted on ten LTC articles not targeting dementia. Results focused on quality of life, increased social interactions, and evolution of culture through leadership opportunities. Economic value was not reported and methods varied greatly. Arts-based interventions within the LTC environment heavily target individuals with dementia. This suggests that there are residents without dementia who would benefit but are not provided these opportunities. Incorporation within policy and practice will require an emphasis on economic impact and outcome-based designs utilizing random selection and control groups. Interdisciplinary collaboration and the use of professional artists need to be considered for their potential to increase participation and outcomes.

URINARY INCONTINENCE (UI) IN NURSING HOMES: IMPROVING RESIDENT OUTCOMES AND STAFF USE OF EBPS

J. Specht1, A. Bossen1, P. Mobily1, M. Stolder1, K. Lane1, J. Russell1, D.A. Reed2, 1. Nursing, University of Iowa, Iowa City, Iowa, 2. University of North Carolina, Chapel Hill, North Carolina

Urinary incontinence (UI) is a highly prevalent and costly problem in nursing homes (NH) and is often mistakenly attributed to normal
The arts and humanities are a relatively neglected part of the gerontological research agenda and the main purposes of this symposium are to disseminate the results of a unique and exciting mini-programme of research on this topic and encourage further research and transatlantic collaboration. The four projects presenting results come from the UK New Dynamics of Ageing Programme, the largest multidisciplinary programme of research ever mounted in the UK or elsewhere in Europe. The perspectives presented come from theatre, music, photography and visual arts. The ground covered includes the identities of older theatre professionals and former professionals, the challenges in creating non-stereotypical images of older women, and the roles of music and visual art in promoting social engagement and well-being. They combine to provide a state-of-the-art assessment of the current state of research on ageing in the arts and humanities as well as an account of the therapeutic potential of arts-based activities in later life.

THE ROLE OF SOCIAL NETWORKS IN DETERMINING THE NATURE OF OLDER PEOPLE’S ENGAGEMENT WITH CONTEMPORARY VISUAL ART AND ITS RELATIONSHIP TO WELLBEING
A. Newman, A.M. Goulding, Newcastle University, Newcastle upon Tyne, United Kingdom

This paper explores how the development and maintenance of social networks influences older people’s decisions to engage with art galleries and how they experience the visit itself. This is explored through the results of a two-year study that examined the experiences of 43 people aged 64 – 93 with varying levels of prior engagement with the arts who visited contemporary art galleries in north east England, UK. Specific research with older people has shown that social relations can improve health and increase survival rates (Fiori, Smith, and Antonucci, 2007). After attending this paper, participants will be able to appreciate the relationship between social capital, visiting art galleries and well-being. They will also be able to discuss how psychosocial barriers to engagement can be reduced through mutual support networks. Fiori, K., Smith, J. and Antonucci, T. (2007) ‘Social Network Types Among Older Adults: A Multidimensional Approach’. Journal of Gerontology, 62B, 6, 322-330.

MUSIC FOR LIFE: PROMOTING SOCIAL ENGAGEMENT AND WELL-BEING IN OLDER PEOPLE THROUGH COMMUNITY SUPPORTED PARTICIPATION IN MUSICAL ACTIVITIES
A. Creech1, S. Hallam1, H. Gaunt2, A. Pincas1, 1. Institute of Education, University of London, London, United Kingdom, 2. Guildhall School of Music & Drama, London, United Kingdom

This research explored the potential for participation in community music making to enhance older people’s social, emotional and cognitive well-being. The research comprised three UK case study sites, each offering a variety of musical activities. At each site a sample of people aged 50+ (total N = 398), including novices and more experienced musicians, was recruited. Participants completed quality of life measures, developed for use in research on ageing, before and after nine months of active engagement with music. A control group (N=102) completed the same measures. In-depth interviews, focus groups and observations of musical activities were carried out with a representative sample. Higher scores on the quality of life measures were found consistently amongst the music participants, in comparison with the control group. Music participants attributed significant social, emotional and health benefits to active engagement with creative music making, opportunities for progression and participation in performances.

AGEING UNDER THE SPOTLIGHT: IDENTITY AND LATER LIFE WITHIN THE THEATRE
M. Bernard1, M. Rickert1, D. Amigon1, L. Munro1, M. Murray1, J. Rezzano2, 1. Keele University, Keele, United Kingdom, 2. New Vic Theatre, Newcastle-under-Lyme, United Kingdom

This paper will draw on qualitative interviews with current and former theatre professionals at the New Vic Theatre in Newcastle-under-Lyme. Twenty narrative interviews (of between one and two hours each) were conducted with older people who were or are employed as actors, directors, stage managers, sound technicians, costume makers and designers, and administrators. The interviews explored interviewees’ creative, professional and social identities as they have aged, through the lens of their involvement with the New Vic and, specifically, their contribution to the Vic’s ground-breaking social documentaries of the 1960s to 1990s. The interviews were conducted as part of the NDA funded ‘Ages and Stages’ project, which is exploring the role that the Vic has played in the lives of people in the Potteries during the last fifty years, and the part that theatre plays in people’s experiences and representations of ageing and old age.

ALTERNATIVE OR AGE-OLD IMAGES? LESSONS FROM A PROJECT CHALLENGING REPRESENTATIONS OF WOMEN AND AGEING
L. Warren1, N.M. Richards1, M. Gott2, 1. Sociological Studies, University of Sheffield, Sheffield, United Kingdom, 2. University of Auckland, Auckland, New Zealand

This paper presents findings from one phase of an NDA programme project exploring representations of older women. Two discrete cohorts of older women were invited to work with two purposively selected photographers charged with the brief of creating ‘alternative’ images of ageing. Whilst the photographs produced in the subsequent workshops departed from the ‘heroes of ageing’/bodily decline’ representations dominant in popular culture (Featherstone, 1995), many of the images could nevertheless be categorised as nostalgic/melancholic or humorously carnivalesque. This indicates the difficulties of creating ‘alternative’ images of older women that are read in ways which defy established modes of categorisation. This presentation addresses the conference theme of ‘the social well being of older people’ through the analysis of a participatory initiative designed to address the Madrid International Plan of Action on Ageing objective to ‘facilitate contributions of older women . . . to the presentation by the media of their activities and concerns’ (UN, 2002).
EMOTIONAL AND PHYSICAL WELL-BEING: AN AGE-COMPARATIVE PERSPECTIVE ON STRUCTURE AND COMPLEXITY

Chair: A. Brose, Center for Lifespan Psychology, Max Planck Institute for Human Development, Berlin, Germany; Max Planck Institute for Human Cognitive and Brain Sciences, Leipzig, Germany
Co-Chair: J.K. Wolff, Center for Lifespan Psychology, Max Planck Institute for Human Development, Berlin, Germany

The within-person perspective, including intraindividual variability and within-person factor structures, increasingly receives attention in psychological research. Identifications of factor structures underlying a set of variables and their complexity are mostly based on interindividual differences but rarely on intraindividual variability. Yet, research is required on both levels of analysis, because findings on, for example, relationships between different facets of affect at the interindividual level do not have to be informative on how affective states travel together across time. Age-comparative research acknowledges potential age-related changes in interindividual structures by testing invariance of constructs. This symposium suggests that (1) potential age group differences in structure and complexity also require attention at the intraindividual level and (2) more insights are needed on the degree of equivalence of inter- and intraindividual variation in order to judge the generalizability of findings across levels in different domains. We focus on age differences in structures in the domains of emotional and physical well-being. Ready investigates age differences in the congruence of multiple within-person structures of positive and negative affect with a focus on affect complexity. Ram et al. demonstrate that findings on within-person affect complexity depend on its definition and quantification and that age-related changes in context may underlie changes in complexity. Wolff et al. present different methods to compare within- and between-person structures using data on daily assessments of health complaints in two age groups. Brose et al. focus on whether the within-person structures of affect differ from the between-person structures in younger versus older adults.

INTRAINDIVIDUAL VARIABILITY IN POSITIVE AND NEGATIVE AFFECT IN YOUNGER AND OLDER ADULTS

R. Ready¹, M.I. Weinberger¹, ¹, Psychology, SMAST/UMASSD, Amherst, Massachusetts, 2. Weill Cornell Medical Center, New York, New York

Interindividual structures of positive (PA) and negative affect (NA) are similar in older and younger adults (Ready et al., in press) but it is not clear if the intraindividual structures of PA and NA are invariant across age (Molenaar, & Campbell, 2009). Intraindividual structures of PA and NA were calculated in younger (N = 16) and older adults (N = 21) and were compared to a composite affect structure. Data were from a 28-day diary study. Younger adult congruence coefficients averaged .97 for PA and 0.93 for NA, suggesting strong convergence. Older adult congruence coefficients averaged 0.94 for PA and 0.84 for NA, suggesting poor convergence for NA. These pilot data indicate greater variability in the within-person structure of affect in older relative to younger adults and are consistent with ideas of greater emotional complexity in older adults (Lawton, Kleban, & Dean, 1993; Ready, Carvalho, & Weinberger, 2008).

AGE DIFFERENCES IN AFFECT COMPLEXITY: IS IT ACTUALLY AGE-RELATED HETEROGENEITY IN CONTEXT?²

N. Ram, D. Conroy, A. Pincus, A. Lorek Dattilo, A.L. Hyde, M. Roche, Pennsylvania State University, University Park, Pennsylvania

Building from theory, a number of constructs have been used to capture interindividual differences in the complexity and changing nature of affective states. Although obtained from similar types of data, emotional differentiation, heterogeneity, and poignancy are operationalized using different procedures — within-person correlations, sums or differences, and P-technique factor analysis. Using three 21-day bursts of data provided by 140 participants (aged 18-89 years) in the Penn State Intraindividual Study of Aging, Health, and Interpersonal Behavior (iSAHIB) we (a) illustrate the variety of ways affective complexity can be quantified, (b) identify some of the benefits and limitations of those measures, (c) consider why age differences appear in some measures and not others, and (d) suggest that affect complexity may reflect variability in individuals’ social contexts rather than inherent individual differences. Throughout, we underscore the need for precision in the theoretical conceptions and methodological invocations of complexity-based constructs.

SYMPTOM REPORTING IN YOUNGER AND OLDER ADULTS: WITHIN-PERSON VARIABILITY AND FACTOR STRUCTURES

J.K. Wolff¹, F. Schmiedek¹,², A. Brose¹,², U. Lindenberger¹, ¹, Max Planck Institute for Human Development, Berlin, Germany; 2. Max Planck Institute for Cognitive and Brain Sciences, Leipzig, Germany, 3. German Institute for International Educational Research, Frankfurt a.M., Germany

Intraindividual variability and within-person factor structures are widely neglected in health-related research. The current study addresses both issues from an age-comparative perspective. 101 younger (20-31 years) and 103 older adults (65-80 years) participated in 100 daily assessments of health complaints. To evaluate the within- and between-person factor structures, two approaches are used: confirmatory two-level factor analysis and P-technique factor analyses. The amount of intraindividual variability is compared between the age groups showing less fluctuation in older adults. Preliminary results show that one-factor structures of health complaints provide an acceptable fit at the between- and average within-person levels in both age groups with age-specific loading patterns. The p-technique analyses reveal a well fitting one-factor solution for a considerable amount of individuals. However, several persons had a worse fit, indicating different individual structures. In further analyses, dynamic factor analyses will be conducted to additionally account for temporal dependencies in the data.

POSITIVE AND NEGATIVE AFFECT: FROM THE BETWEEN-PERSON STRUCTURE TO INDIVIDUALS’ DAILY EXPERIENCES

A. Brose¹,², F. Schmiedek¹,², M.C. Voelkle¹, U. Lindenberger¹, ¹, Center for Lifespan Psychology, Max Planck Institute for Human Development, Berlin, Germany; 2. Max Planck Institute for Human Cognitive and Brain Sciences, Leipzig, Germany, 3. German Institute for International Educational Research (DIPF), Frankfurt, Germany

This study investigated whether the structure of affect that is based on interindividual differences is equivalent to the structures underlying variability of affective states within individuals across time. Adult age group differences were examined regarding equivalence and interindividual differences in within-person structures. For 100 daily sessions, 101 younger (20-31) and 103 older (65-80) adults rated their mood on the Positive and Negative Affect Schedule (PANAS). The structure of affect was investigated by means of confirmatory factor analyses (cross-sectional analyses, single-subject dynamic factor analysis). The results differed across subjects, but were comparable across age groups on average. The major age difference was reduced variability in older adults. According to a test of ergodicity (i.e., the equivalence across levels of analysis), younger and older individuals’ structures differed from the interindividual structure. Thus, findings on either level are not generalizable to the other. Individual differences in intraindividual structures remain to be understood.
Implementing Autonomy in Senior Housing: Strategies and Challenges

Chair: A. Frankowski, UMBC, Baltimore, Maryland
Co-Chair: R. Rubinstein, UMBC, Baltimore, Maryland
Discussant: S. Golant, University of Florida, Gainesville, Florida

Autonomy is a core American value and a key component in the philosophy of senior housing, especially assisted living (AL). Research demonstrates that older adults' sense of autonomy - expressed as independence, choice, or control - is integral to their health and well-being. In this symposium, we explore how autonomy is defined, experienced, and negotiated by residents, their families, and staff in senior housing settings through the gaze of advocates, consumers, providers, and qualitative researchers. After a brief introduction to the theoretical construct of autonomy, two researchers present data on the experiential aspects of autonomy, as expressed specifically through alcohol use in AL and participation in communal dining in a continuing care retirement community. The third paper, framed through a provider perspective, examines the degree of autonomy afforded to AL residents with dementia, and the conflicting forces between residents, families, and providers regarding their varied preferences in the implementation of the concept. Our fourth presenter reports on a consensus project examining the needs and recommendations of the gay, lesbian, bisexual, and transgender community in long-term care (LTC) and other senior residential settings, whose goals are to promote resident autonomy, beneficence, and social justice. We conclude with an overarching look at person-centeredness in LTC, its environmental successes and barriers, operational components, and parameters for evaluation. These presentations will inform policy and practice on how implementing autonomy in everyday life results in better quality of life and care for the increasing number of adults living longer and moving into senior housing.

Resident Choices and Challenges in a Communal Dining Room

M.C. Nemec, A. Frankowski, A.D. Peeples, R. Rubinstein, Center for Aging Studies, University of Maryland, Baltimore County (UMBC), Baltimore, Maryland

Residents in assisted living, nursing homes, and some independent living apartments share meals in communal dining rooms where choices are compromised, reduced, or non-existent. They are assigned seats, offered limited food options, and adhere to the setting’s rules, resulting in their exercising minimal control. This presentation honours the critical role autonomy plays in the dining experience as understood by residents, staff, and management. The authors first examine 100 interviews and 150 fieldnotes from the perspective of one case study, that of a large religiously-affiliated, multi-level senior housing site located in a Mid-Atlantic state; they then compare their focal case analysis to four qualitative databases. Findings suggest that fear of litigation, concerns of LGBT elders, and form the basis for further initiatives around autonomy in AL.

One More Glass: Navigating Autonomy and Alcohol in Assisted Living

A.D. Peeples1, A. Frankowski1, R. Perez1, M.C. Nemec1, R. Rubinstein1, 1. Center for Aging Studies, UMBC, Baltimore, Maryland, 2. Doctoral Program in Gerontology, University of Maryland Baltimore and Baltimore County, Baltimore, Maryland

Little research has been conducted on the use of alcohol in assisted living (AL) settings. This paper explores resident autonomy as it relates to alcohol use and abuse in AL. The alcohol policies of ALs, as well as the factors that affect changes to these policies over time, are described. We examine the roles that corporate policy, the executive director, staff members, families, and residents themselves play in shaping resident access to alcohol in AL. Through the use of case studies, dementia and alcoholism are each explored as complex conditions that can make autonomy and resident choice difficult to uphold when alcohol is involved. We also discuss the potential for alcohol use as an affirmation of resident autonomy in these settings. Data for this paper is drawn from four ethnographic, NIA-funded studies focusing on transitions, quality, stigma, and autonomy in AL.

Autonomy for People with Advanced Dementia in Assisted Living: Implications From and for Research

J. Hyde1, R. Perez2, P.J. Doyle1, 1. Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts, 2. University of Maryland, UMBC, Baltimore, Maryland

Assisted living (AL) is often thought of as a setting for relatively independent seniors, yet moderate to severe cognitive impairment is common among AL residents. A 2004 study (Rosenblatt et al) found that 67% of AL residents had, on full evaluation, significant cognitive impairment. Of these approximately 10% were severely impaired (MMSE<9). While the AL philosophy promotes choice and autonomy, a significant minority of residents are unable to speak more than a few words and may not recognize people who have been significant in their lives. How may these individuals participate in decisions that effect their health and quality of life, and how are AL providers successful in supporting resident autonomy? Drawing from this team’s research regarding end-of-life programs, the session will provide theoretical and practical perspectives on autonomy for the most cognitively impaired, particularly with regard to consent, informed consent and participation in research for those with advanced dementia.

Addressing Concerns for Long-Term Care in the Lesbian and Gay Community

G.L. Stein, Wurzweiler School of Social Work, Yeshiva University, New York, New York

Long-term care providers need to do more to address the perspectives of their LGBT residents. The authors conducted an exploratory inquiry comprised of two focus groups among gay elders receiving services at a community-based social service organization and a long-term care setting. Participants reported fear of being rejected or neglected by healthcare providers; fear of not being accepted by other residents; fear of having to go back into the closet if placed in long-term care; and a preference for gay or gay-friendly residential options. As a result of this study, the author and a leading national provider of assisted living residences convened in 2011 elder care providers, educators, and consumers at an invitational meeting to develop consensus recommendations for staff training, program development, and research. Our findings and recommendations will promote awareness of the special concerns of LGBT elders, and form the basis for further initiatives around these domains.

Person-Centeredness: How Will Providers Know if They Are Achieving It and What Consumers Should Look for

K. Love, Pathways to Care, Falls Church, Virginia

Person-centered care (PC) has its roots in Carl Rogers and Abraham Maslow’s work on humanism that values and respects the dignity of each individual and treats them as humans with unique feelings and characteristics. Loneliness, helplessness, and boredom that Bill Thomas describes many nursing home residents as suffering from are outcomes experienced in a non PC culture. Assisted living improved many environmental barriers to PC that exist in traditional nursing homes: institutional designs, nursing stations, overhead address systems, and one-size-fits-all mentality to dining and activities. Some operational components such as PC workforce practices and meaningful engagement, however, are missing. The Affordable Care Act signed into Law
by President Obama has provisions for health care delivery based upon PC which encompasses aging services beyond nursing homes and assisted living to home health care and adult day care among other services. There are no national parameters of PC, so how will providers know when they are achieving it and how will consumers know what to look for? This paper will address these questions.

SESSION 1250 (SYMPOSIUM)

LIFE AFTER GRADUATE SCHOOL: NAVIGATING THE PROCESS
Chair: C.A. Mingo, Institute on Aging, University of North Carolina - Chapel Hill, Chapel Hill, North Carolina

Many emerging scholars with an interest in Gerontology experience anxiety during the transition from graduate school to their first post-graduate position. Because of the interdisciplinary nature and the wide array of Gerontology-related career opportunities (i.e., academic and non-academic), emerging scholars can benefit greatly from mentoring. Mentoring is important for individuals throughout their careers, and historically GSA has always seen it as an indispensable part of success. Discussing opportunities with a mentor can result in positive outcomes including the reduction of anxiety and the broadening of horizons of what is possible. While mentorship can come in many forms (e.g., long-term, short-term, structural, informal, formal, workshops, and conference presentations) the purpose of this symposium is to provide a forum that would advise emerging scholars on ways to approach the “what next”. The overall objectives of this symposium are to educate emerging scholars about ways to bridge the gap between student and professional life, to find the right academic position for you, to find and secure non-academic employment opportunities, and to provide information on the mentoring opportunities offered and sponsored by the GSA Task Force on Mentoring. Following the presentations, an opportunity will be provided for questions and discussion between symposium presenters and the audience. This symposium is co-sponsored by the GSA Emerging Scholars and Professional Organization, GSA Task Force on Mentoring, and the Association for Gerontology in Higher Education.

BRIDGING THE STUDENT-TO-PROFESSIONAL GAP: WHAT INSTITUTIONS CAN DO
L.K. Evans, Family & Community Health Nursing, University of Pennsylvania, PHILADELPHIA, Pennsylvania

New academics face many challenges as they begin their first positions. Learning a culture ‘from the other side,’ mastering the ‘rules for success,’ and achieving work-life balance require energy, navigational direction, and support. Universities increasingly recognize that their interests are best served by supporting the success of those they hire through strategies such as mentoring. Likewise, savvy emerging scholars ask about mentoring as they seek academic positions, knowing that mentoring can help them prioritize among multiple, often competing commitments [science/scholarship, teaching, patient care, service] while learning and mastering the politics of the academic culture. In this paper, the formal mentoring program at the University of Pennsylvania School of Nursing will serve as an exemplar. At Penn, every junior faculty member’s mentoring program is initiated on appointment and comprises both individual components (mentoring by a senior faculty mentor, a member’s mentoring program is initiated on appointment and comprises both individual components (mentoring by a senior faculty mentor, a mentoring committee, and the Department Chair) and school-wide components (training and resources).

FROM A TO Z: ACADEMIC POSITIONS ACROSS THE FULL SPECTRUM
L.G. Hodgson, Sociology, Quinnipiac University, Hamden, Connecticut

Planning for life beyond graduate school is both an opportunity and a challenge. Emerging scholars who seek academic employment face a wide array of choices, from faculty positions at community colleges to major research institutions. The mix of research, teaching, and service obligations at different types of institutions varies along a continuum but all have the potential for rewarding careers. It is critical that emerging scholars and their mentors talk openly about the full range of possibilities. On the part of the emerging scholar, that requires an honest appraisal of strengths, weaknesses, and preferences; on the part of the mentor, that requires a willingness to “hear and listen” before offering advice. Clearly the goal of both emerging scholar and mentor should always be the same—an academic career decision that offers the “best fit.”

NON-ACADEMIC CAREERS IN AGING FOR EMERGING SCHOLARS AND PROFESSIONALS: FINDING MENTORS BEYOND THE UNIVERSITY WALLS
L. Waters, Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia

At its core, gerontology emphasizes a broad multidisciplinary approach to aging issues and relies on collaborative interprofessional relationships. The study of aging provides a wealth of opportunity for emerging scholars in many major disciplines. For graduates preparing for a career in the field of aging and seeking employment outside of academia, there is a spectrum of potential prospects, including advocacy, service delivery, policy development, program development, and administration; in both the public and private sectors. This presentation will provide non-academic employment resources for emerging scholars; describe anecdotally successful careers from past ESPO members working outside of academia; and offer mentoring advice for students interested in these types of professions.

LADDER MENTORING AND THE GSA MENTORING TASK FORCE
E.L. Idler, Sociology, Emory University, Atlanta, Georgia

With its focus on aging, and its identity as an interdisciplinary organization, GSA has long understood mentoring to be a vital part of its mission. The GSA Task Force on Mentoring was initiated in 2009 to provide an overview of GSA mentoring activities, to increase their visibility, and promote new activities. Based on our surveys of GSA membership and Interest Group conveners, the mission of GSA should be to promote “naturally occurring mentorship opportunities” by bringing together researchers and practitioners with common interests, to share information and opportunities, in a way that is different from, and supplemental to, the type of mentoring that occurs within schools and programs. Our guiding concept is that of “ladder mentoring”, that mentoring, and being mentored, should be career-long activities — all GSA members can BE mentors, and should SEEK mentoring at all stages of their career, beginning when they are emerging scholars.

SESSION 1255 (SYMPOSIUM)

MULTIDISCIPLINARY AND GLOBAL PERSPECTIVES ON CARE AND CAREGIVING
Chair: S.R. Williams, Anthropology, Purdue University, West Lafayette, Indiana
Co-Chair: G. Ice, Ohio University, Athens, Ohio
Discussant: M. Iris, Leonard Schanfield Research Institute, Chicago, Illinois

The impact of caregiving on well-being is a major concern within the field of gerontology. However the nature and impact of caregiving depends upon the context in which care occurs and who fulfills the role of caregiver. While research in the U.S. has increased our understanding of the connections between caregiving, health and well-being, these relationships are likely to vary across cultural contexts. The nature and circumstances of the caregiving-care recipient relationship likely differs across cultures and thus it is likely that the impact of caregiving is
variable. This symposium explores the challenges associated with caregiving across multiple cultural contexts and examines commonalities and contrasts in the impact of caregiving in order to guide appropriate interventions to support caregivers. The papers presented represent research from diverse perspectives and cultural contexts. Each of these papers focuses on the older adult as caregiver. Shatz, contextualizes the gendered nature of care-giving in AIDS-endemic settings. Ice, et al. present data about the factors which determine differential response caregiving among Kenyan grandparents. Beegle and Adhvaryu discuss long-term impacts of caregiving in Tanzania. Williams, et al. discuss shifts in the expectations associated with aging and caregiving and the contribution that changing family structure makes to caregiver burden. Leitsch et al. show that a significant percentage of older Americans are involved in caregiving and suggest that increased caregiving is associated with decrease in health. The discussant, Iris, will summarize the common themes in these papers and suggest future directions for research on caregiving across cultures.

THE IMPACT OF CHANGING FAMILY STRUCTURE AND CULTURAL EXPECTATIONS ON CAREGIVING IN INDIA
S.R. Williams, D.L. Howell, Anthropology, Purdue University, West Lafayette, Indiana

Context creates the need for caregiving and determines the impact that caregiving has on the caregiver. Further, cultural contexts and expectations produce different lived experiences in both aging and caregiving. In India, traditional family structure consists of multiple generations living in the same household. This pattern created stability and ensured care for older adults as they required care. In modern India, this pattern is changing as single generation households are becoming more common, especially in the rapidly growing and aging middle and upper classes. The goal of this paper is to explore the current impact of caregiving on the health of older adults in India using population level data from the World Health Organization’s Study of Global Aging and Adult Health (SAGE). Further we attempt to draw on ethnographic data collected in Kolkata, India to explore how the shifting family structure contributes to caregiver burden and poor health outcomes.

AN UNEXPECTED DOUBLE BURDEN OF CAREGIVING: OLDER WOMEN IN AIDS-ENDEMIC SETTINGS
E.J. Schatz, Occupational Therapy/Women’s & Gender Studies, University of Missouri, Columbia, Missouri

Caregiving is gendered. In most contexts, women primarily do the physical and emotional work at home of caring for the sick, dying, and the social reproduction entailed in raising children. In the global North, aging populations have led to a double burden for middle-aged women caring for children and their aging parents. In the global South, particularly places affected by AIDS, older women rather than those in middle-age often are taking on this double burden of care—for their ailing adult children and their grandchildren (fostered and orphaned). This paper examines some of the existing literature and theoretical underpinnings of the implications of carework on carers; and, it examines gendered nature and generational shifts in caregiving in AIDS-endemic settings. I focus on the impacts of caregiving for older women’s own health and wellbeing, and the intergenerational dynamics brought on by shifting roles and responsibility within older women’s households and communities.

FACTORS INFLUENCING WELL-BEING OF KENYAN CAREGIVERS
G. Ice1, A. Sadruddin1, J.V. Yogo1, E. Juma2, 1. Social Medicine, Ohio University, Athens, Ohio, 2. Kenya Medical Research Institute, Nairobi, Kenya

Numerous advocacy groups have expressed concern about African elders, who have expanded caregiving duties due to the HIV/AIDS pandemic. Recent research is on African caregivers, however, has demonstrated that caregiving in not universally detrimental yet we know little about the factors which determine the impact of caregiving. Results from Kenya have demonstrated that caregiving has a positive impact on some elders. What makes some elders vulnerable and others resilient? This presentation explores the factors which positively and negatively impact the well-being of caregivers using BMI, perceived health and mental health as outcome variables. Data were collected from 366 elders (177 caregivers). Households demographics were important predictors of outcomes, with the number of older children and women generally having a negative impact on female caregivers and the number adults having a positive impact on men. These data suggest a careful assessment of household demographics and gender be considered prior to intervention.

CAREGIVING DOSAGE EFFECTS: VARIATION IN BIOMEASURES BY CAREGIVING INTENSITY
S. Leitsch1, K.A. Morris1, S.R. Williams1, 1. NORC, Chicago, Illinois, 2. Purdue University, West Lafayette, Indiana

Physiological manifestations of emotional strain through which caregiving affects long- and short-term health outcomes. Methodological advancements, such as blood spot collection, allow identification of biologically driven mechanisms in population-based research. Using data from the National Social Life Health and Aging Project (NSHAP), we investigate how caregiving intensity affects health and function, including blood pressure, performance-based mobility, and dried blood-spot assays of inflammation (CRP) and immune function (EBV antibody titers). In this population-based sample of older Americans (n=3,005), approximately 15% of respondents indicated caring for someone over the age of 65 who needs help with day-to-day activities because of age or disability. The intensity of the caregiving role, as defined by the number of hours per week spent caring, is significantly associated with greater impairment in activities of daily living, more impaired mobility and greater systolic blood pressure, but not inflammation or immune function.

THE LONG-RUN IMPACTS OF ADULT DEATHS ON OLDER HOUSEHOLD MEMBERS IN TANZANIA
K. Beegle1, A. Adhvaryu1, 1. World Bank, Washington, District of Columbia, 2. Yale University, New Haven, Connecticut

HIV/AIDS is drastically changing the demographic landscape in high-prevalence countries in Africa. The prime-age adult population bears the majority of the mortality burden. These “missing” prime-age adults have implications for the socioeconomic well-being of surviving family members. This study uses a 13-year panel from Tanzania to examine the impacts of prime-age mortality on the time use and health outcomes of older adults, with a focus on long-run impacts and gender dimensions. Prime-age deaths are weakly associated with increases in working hours of older women when the deceased adult was co-resident in the household. The association is strongest when the deceased adult was living with the elderly individual at the time of death and for deaths in the distant past, suggesting that shorter-run studies may not capture the full extent of the consequences of adult mortality for survivors. Holding more assets seems to buffer older adults from having to work more after these shocks. Most health indicators are not worse for older adults when a prime-age household member died, although more distant adult deaths are associated with an increased probability of acute illness for the surviving elderly. For deaths of children who were not residing with their parents at baseline, the findings show no impact on hours worked or health outcomes.

364 The Gerontological Society of America
QUALITY OF CARING RELATIONSHIPS: THE ROLE OF STAFF-RESIDENT INTERACTION DURING CARE ROUTINES

Chair: A. Custers, Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, Netherlands
Discussant: H. Wahl, Department of Psychological Aging Research, Heidelberg University, Heidelberg, Germany

Interpersonal relationships with staff are known to influence the experience and well-being of older people in residential long-term care. Although there is some evidence that older people describe relationships developed with staff as an important aspect of the quality of care they receive, there is limited literature that explains how positive caring relationships are developed. This symposium proposes that positive caring relationships are integral to the delivery of resident-centered care. Four papers from different countries and disciplines, using different research methods, highlight how care routines may be used to develop positive caring relationships through resident-centered interaction. The first paper describes a typology of resident-staff interaction that was developed using ethnographic data to compare two non-profit nursing homes. This is followed by a paper that examines ‘elderspeak’ used by staff in three different care settings. The fulfillment of residents’ needs of relatedness, autonomy and competence during care interactions is the focus of the third paper, which also addresses the relationship with residents’ well-being. The final paper explores how caring relationships are developed during care routines presenting an evidence-based model for supporting staff in implementing resident-centered care. The symposium will conclude with an interactive discussion that considers the characteristics of a high-quality caring relationship and how this might be developed in practice.

STAFF-RESIDENT INTERACTION IN NURSING HOMES: AN ETHNOGRAPHY OF DISPARITIES AND COMMUNITY CONTEXTS
M. Ryvicker, Center for Home Care Policy and Research, Visiting Nurse Service of New York, New York, New York

Although there is growing evidence of racial/ethnic and socio-economic disparities in health outcomes of nursing home (NH) residents, less is known about disparities in the quality of staff-resident interaction. This study used ethnographic data to compare staff-resident interaction in two non-profit NHs and develop a typology of interaction. One facility served a white, middle-class community; the other served a low-income, historically underserved Black and Hispanic community. Three categories of interaction emerged: activating, relating, and attending – that were performed differently between facilities. Whereas staff in the more affluent NH interacted with residents in a dynamic fashion, adapting to residents’ responses, staff in the safety-net facility interacted with residents in a one-directional, didactic fashion. These differences reflected disparities in staff communication skills related to each NH’s relationship with its local community. This study raises further questions about how neighborhood contexts influence organizational processes that influence staff-resident interaction and resident quality of life.

RELATIONAL COMMUNICATION ACROSS LONG-TERM CARE SETTINGS: ELDERSPEAK’S IMBALANCE OF CARE, RESPECT, AND CONTROL
K.N. Williams, School of Nursing, Univ of Kansas, Kansas City, Kansas

Older adults who reside in long-term care rely on staff for interpersonal relationships that are reflected in communication. Elderspeak is a common speech style used by nursing home staff that reflects an imbalance in care, respect, and control. Naïve raters listened to audio clips collected in long-term care settings and rated staff speakers on care, respect, and control dimensions of emotional tone. We examined these ratings of staff communication, comparing staff communication in traditional nursing homes, dementia care, and assisted living settings. Emotional tone of staff communication with residents varied significantly from their communication with coworkers and age peers. Staff communication was rated as less caring and more controlling in dementia care units compared to nursing homes and assisted living facilities. Respect ratings were highest in assisted living and lowest in dementia care. Implications for staff communication training to improve interpersonal relationships with residents in these settings will be discussed.

NEED SUPPORT AND WELL-BEING DURING CARE: AN OBSERVATIONAL STUDY ON RESIDENT-STAFF INTERACTION
A. Custers1, Y. Kuin1, M. Riksen-Walraven1, G. Westphol2, 1. Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, Netherlands, 2. Department of Psychology and Communication of Health and Risk, University of Twente, Enschede, Netherlands

In this study, the quality of care interactions was investigated using Self-Determination Theory. We explored to what extent professional caregivers support residents’ needs of relatedness, autonomy, and competence and how this is related to residents’ well-being. Four nursing homes in the Netherlands participated. Three video-observations (with different caregivers) of each resident (n=20) were made during morning care and questionnaires were completed. The results show that residents’ needs were on average, moderately fulfilled during care interactions. Higher resident well-being as observed during care was related to a higher level of needs being supported by professional caregivers. Resident and caregiver characteristics were explored, with the education and job function of caregivers being related to need support. Professional caregivers demonstrated many good quality interactions, but there was also a recognised need for improvement. Suggestions are presented for improving resident-centred care by taking the three psychological needs of relatedness, autonomy and competence into account.

USING RELATIONSHIPS IN CARE ROUTINES TO DEVELOP RESIDENT CENTRED PRACTICE IN LONG TERM CARE
C. Brown Wilson, University of Manchester, Manchester, United Kingdom

This study explored the influence of relationships on the experience of residents, families, and staff using constructivist methodology. Three nursing homes within the United Kingdom participated. Data collection included participant observation (256 hours), interviews with residents (n=16) families (n=18) and staff (n=25). Focus groups (n=8) enabled the development of shared meanings between all stakeholders. A framework was developed that described how different approaches to care adopted by staff influenced the type of relationships able to be developed. Key components of resident-centered care were described by residents, families, and staff as finding out what mattered to them, incorporating these important details into care routines and knowing why these details were significant. When staff consistently adopted this approach, personal and responsive relationships were developed, with residents describing positive experiences. The implications of this model for improving quality in residential long-term care will be discussed.

SOCIAL RELATIONSHIPS AND HEALTH OVER THE LIFE COURSE: PERSPECTIVES FROM AROUND THE WORLD
Chair: T.G. van Tilburg, VU University Amsterdam, Amsterdam, Netherlands
Co-Chair: K.J. Ajrouch, Eastern Michigan University, Ypsilanti, Michigan

In old age social relationships promote social integration, receipt of support, and aid in the prevention or delay of poor health. Having beneficial social relationships and its effects on health vary over time, place...
and context. This symposium presents results from five countries to highlight this variation. Takayama & Akiyama show health outcomes of friendship and social activities for people aged 85–102 in Tokyo, Japan. Social, psychological, and behavioral factors influence longevity. Ajrouch, Antonucci & Abdulrahim examine whether network size and relationship quality varies by age in its association with health among adults in Beirut, Lebanon aged 40–96. Unexpectedly smaller networks contributed to better health outcomes among older adults. Fuller-Iglesias & Antonucci studied Mexican adults aged 40–95. Positive and negative social support quality mediates effect of stress on depressive symptoms differentially. Suanet, Van Tilburg & Broese analyze networks of Dutch older people aged 55–100. Since the 1990s networks increasingly are composed of non-kin relations, which may be due to delay of age-related decline. Antonucci & Akiyama examine the effects of relationship quality with friends as a potential buffer among those aged 70 and above in the United States. Findings suggest that high positive and low negative friend relationship quality attenuates the strong association between chronic conditions and depression. Each paper contributes to our knowledge of how social relationships operate in old age. Together the papers add to the insight that not all relationships are beneficial, however, specific sets of relationships in specific contexts contribute to well-being in old age.

SOCIAL SUPPORT AS A MEDIATOR BETWEEN STRESS AND DEPRESSIVE SYMPTOMS IN MEXICAN ADULTS
H. Fuller-Iglesias, T. Antonucci, 1. North Dakota State University, Fargo, North Dakota, 2. University of Michigan, Ann Arbor, Michigan

Recent studies have explored social support as a buffer for the effects of stress on well-being; however, little is known about stress buffering within Latin cultures where social support is known to be critically important. Using data from the Survey of Social Relations and Well-being in Mexico (Fuller-Iglesias & Antonucci, 2009), this study explores whether positive and negative social support quality mediate the effect of current, recent, and long-term stress on depressive symptoms in Mexican adults aged 40–95 (N = 680). Tests of mediation indicate that the effects of long-term stress (i.e. education level) and current stress (i.e. perceived stress) on depressive symptoms were mediated by negative support quality whereas the effect of recent stress (i.e. stressful life events) on depressive symptoms was mediated by both positive and negative support quality. Findings suggest that among Mexicans social support quality may act as a buffer for psychological well-being. Implications and future directions will be discussed.

THE INFLUENCE OF THE SOCIAL, PSYCHOLOGICAL AND BEHAVIORAL FACTORS ON LONGEVITY
M. Takayama, H. Akiyama, 1. Keio University, Yokohama, Kanagawa, Japan, 2. University of Michigan, Ann Arbor, Michigan, 3. University of Tokyo, Tokyo, Japan

The majority of studies on longevity have focused on biological and health-related aspects of longevity. Although biology and health undoubtedly play an important role in determining the length of life, there are also a number of important social, psychological, and behavioral factors associated with longevity. In order to examine this research question, we analyzed a longitudinal data among the oldest old in Japan (Tokyo Oldest Survey on Total Health; N = 663 age 85–102) using logistic regression analysis with controlling age and gender (dependent variables: alive or dead until 2010(Wave3); independent variables: biological, physical, cognitive, psychological and social variables in Wave1 (2008)). The results revealed that hearing ability (I need for someone to speak to me loudly, or need NOT), self-efficacy, subjective well-being with calm-feeling, number of friends, positive relations with friends, and social activities at WAVE1 (2008) predicted life at WAVE3 (2010), while physical functional limitations did not.

COHORT-RELATED CHANGES IN THE PROPORTION OF NON-KIN IN OLDER ADULTS PERSONAL NETWORKS
B. Suanet, T.G. Van Tilburg, M. Broese Van Groenou, Sociology, VU University Amsterdam, Amsterdam, Netherlands

Research on age-related changes in personal networks strongly supports socio-emotional selectivity theory holding that older adults experience a decline in less emotionally close relations. Various scholars have suggested that salience of less structurally embedded relations has increased in recent decades. We hypothesize an increase in the proportion non-kin in networks across subsequent birth cohorts. Seven observations by the Longitudinal Ageing Study Amsterdam covering a time span of seventeen years since 1992 are analyzed, including 3516 respondents born between 1908 and 1938. Results show that younger cohorts have a larger proportion of non-kin in networks (at age 77: 40% versus 33% for older cohorts) and that age-related decline in non-kin is absent for younger cohorts and large for older cohorts (12%). Findings can be interpreted in several ways. First, socio-emotional selectivity fits particularly with older cohorts. Second, the onset of age-related decline is delayed. Third, societal salience of non-kin has increased.

SOCIAL RELATIONS AND HEALTH OVER THE LIFE COURSE: A LEBANESE PERSPECTIVE
K.J. Ajrouch, T.C. Antonucci, S. Abdulrahim, 1. Eastern Michigan University, Ypsilanti, Michigan, 2. University of Michigan, Ann Arbor, Michigan, 3. American University of Beirut, Beirut, Lebanon

It is now widely recognized that social relations are multi-dimensional, age-specific, and have effects on health outcomes. Yet, little is known about links between social relations, age, and health in west Asian countries. Using data recently collected from a representative sample of adults in Beirut, Lebanon, this study examines whether networks size, as well as positive and negative relationship quality varies by age in its association with health among adults aged 40–96. Hierarchical regression results reveal more positive and less negative relationship with key others including spouse and child. These relationships diminished the link between age and poor health. The interaction between age and network size suggests an unexpected effect in that smaller networks compared to larger networks did better to diminish the negative influence of age on being chronically ill. Theoretical and practical implications will be discussed.
THE BUFFERING EFFECT OF SOCIAL RELATIONS ON THE LINK BETWEEN PHYSICAL HEALTH AND PSYCHOLOGICAL WELL-BEING IN THE U.S.

T. Antonucci, H. Akiyama, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

This study examines how the composition and quality of older adults’ social relations with friends and family buffers the association between physical health and psychological well-being. Data come from the Social Relations, Aging and Health Study, a regionally representative longitudinal sample of the Detroit metropolitan area. Respondents age 70 and older at wave 1 (1992) were selected for analysis (N=285). Regression analyses reveal that respondents who reported fewer chronic conditions and a greater proportion of friends in their social network were less depressed. Among those with high positive and low negative friend relationship quality, the strong association between chronic conditions and depression was drastically reduced. In terms of immediate family relationship quality, only low negative quality relationships was found to buffer the detrimental influence of chronic conditions on mental health. The role of social relations in buffering this relationship over time will also be explored.

SESSION 1270 (SYMPOSIUM)

TILL DEATH DO US PART: CONTEXTS AND IMPLICATIONS OF MARRIAGE, DIVORCE, AND REMARRIAGE

Chair: K. Birditt, Institute for Social Research, University of Michigan, Ann Arbor, Michigan
Discussant: D. Carr, Rutgers University, New Brunswick, New Jersey

Marriage is often associated with better health and well-being. However, there is little research regarding the developmental course of marriage, marital dissolution, and factors predicting well-being and support. This symposium examines individuals in different marital contexts (engaged, married, divorced, and remarried) and links between aspects of those contexts (e.g., relationship quality, support) and well-being. Gilligan and colleagues examined engaged couples and their mother-in-law relationships before and after the wedding. Positive relationship quality with mother-in-laws at Time 2 varied by Time 1 positive relationship quality, frequency of contact, and familiarity with in-law preferences. Birditt and colleagues examined trajectories of marital happiness and tension over 16 years of marriage and associations with psychological and physical well-being among husbands and wives. They found distinct trajectories of happiness and tension that were associated with well-being. Brown and Birditt examined links between divorce and depressive symptoms and whether those links varied by relationship quality in the first year of marriage. Divorced men with low quality relationships reported the greatest depressive symptoms while women’s depressive symptoms were unrelated to divorce but were negatively associated with relationship quality. Sherman examined social networks among remarried wives caring for spouses with dementia. Larger negative networks and more step family disagreement were associated with lower life satisfaction, greater depression and greater caregiver burden. Overall, these studies reveal significant variation in well-being and support within each marital context that can be attributed to variation in relationship quality, social networks, and gender among other factors.

IN-LAW RELATIONSHIPS BEFORE AND AFTER THE WEDDING: HUSBANDS, WIVES, AND THEIR MOTHERS-IN-LAW

M. Gilligan1, L.E. VanderDrift2, L. Pitzer3, K. Fingerman1, 1. Purdue University, West Lafayette, Indiana, 2. Notre Dame, Notre Dame, Indiana

In the US, married couples tend to be closer to the wife’s family of origin than to the husband’s family. To examine the formation of these patterns, sixty-five men and women engaged to be married and each of their mothers (N = 260) completed interviews prior to the wedding and 6 to 8 months following the wedding. Multilevel models revealed that positive relationship quality at Time 2 was predicted by affective (positive relationship quality at Time 1), behavioral (frequency of visiting/calling inlaws) and cognitive (a quiz about the in-law’s background and preferences) aspects of the relationship at Time 1. For wives, any type of contact was associated with more positive relationship qualities after the marriage. For grooms, only contact he initiated was associated with better relationship with mother-in-laws at Time 2. Discussion focuses on gender and generational differences in the formation of in-law ties.

DEVELOPMENTAL TRAJECTORIES OF MARITAL HAPPINESS AND TENSION: IMPLICATIONS FOR WELL-BEING

K. Birditt1, S. Hope1, E. Brown2, T.L. Orbuch1, 1. Institute for Social Research, University of Michigan, Ann Arbor, Michigan, 2. University of Connecticut, Storrs, Connecticut

This study examined trajectories of marital quality (happiness, tension) over 16 years and associations with individual well-being. Participants from the Early Years of Marriage Study (N = 373 couples) completed interviews in years 1, 2, 3, 4, 7, 14, and 16 of their marriages. Group-based trajectory models (PROC TRAJ) identified trajectories of marital happiness, tension, and well-being (depressive symptoms, health) separately for husbands and wives. Analyses revealed developmental trajectories often characterized as low, moderate, and high trajectories over time. For example, wives’ marital happiness trajectories included a sharp decline, moderate decline, and consistently high and husbands trajectories included low, moderate decline, and consistently high. Wives’ tension trajectories included low, moderate, and high whereas husbands’ tension trajectories included low, moderate, high, and high and decline. Analyses revealed links between trajectories of marital quality and individual well-being. Findings are consistent with the enduring dynamics and emergent distress models of marital development.

MARITAL DISSOLUTION AND DEPRESSIVE SYMPTOMS: THE MODERATING ROLE OF MARITAL RELATIONSHIP QUALITY


This study examined whether the documented negative impact of divorce on depression varies depending on the quality of the marital relationship before divorce. Participants included 373 newlywed Black and White American couples who completed interviews in year 1 of their marriages and again 16 years later after 46% had divorced. Linear regressions estimated separately for men and women controlling for Year 1 depressive symptoms revealed that the effect of divorce on year 16 depressive symptoms was greater among men with low quality relationships. Divorced men reported greater depressive symptoms than married men when they had low quality relationships in the first year of marriage. Among women, first year marital quality was negatively associated with depressive symptoms regardless of marital status. Discussion is focused on the critical moderating effects of the first year marital relations on the link between divorce and depression and the context of gender.

DEMENTIA CAREGIVING IN THE CONTEXT OF REMARRIAGE: IMPLICATIONS FOR WELL-BEING

C.W. Sherman, University of Michigan, Ann Arbor, Michigan

Americans are increasingly experiencing complex marital and family histories across the life course. With rising incidence of chronic health concerns, such as dementia, it is important to examine caregiving in the context of remarriage and its effects on caregiver well-being. A new multi-method study of remarried wife caregivers (N=62) examined...
marital history, positive and negative social relationships, and well-being. Linear regression models revealed that caregivers with more negative relationships and greater disagreement with stepfamily reported lower life satisfaction, greater depressive symptoms and caregiver burden. Further, caregivers with lower levels of emotional support reported higher levels of depressive symptoms, whereas those with higher levels of intrusive support reported greater burden. Qualitative analyses of remarriage and stepfamily dynamics to illustrate the impact of relationships on well-being among remarried caregivers. Discussion will focus on how the remarriage context appears to present unique or amplified risks associated with spousal caregiving.

SESSION 1275 (SYMPOSIUM)

TRAJECTORIES INTO AND OUT OF LONELINESS IN LATER LIFE
Chair: C. Victor, Brunel University, Uxbridge, United Kingdom
Discussant: M. Sullivan, Brunel University, Uxbridge, United Kingdom

There is now a significant body of work from a range of different countries examining the prevalence of loneliness amongst older people. Studies conducted in Britain, North America, Australia and Northern Europe consistently report rates of significant loneliness amongst the population aged 65 in the range of 5-10% with a further 20% categorised as ‘sometimes’ lonely. There are also a range of studies indicating that loneliness is associated with a range of negative physical and mental health outcomes including mortality and with elevated health service utilisation. Researchers have also sought to examine key socio-demographic correlates of loneliness such as age, gender and ethnicity. However most of the studies concerning loneliness in later life are cross-sectional, single time point study. There are far fewer studies that have looked at loneliness within a longitudinal perspective. In this symposium we examine the dynamic nature of the experience of loneliness that underpins the point prevalence rates for loneliness which are the bedrock of our knowledge about this topic. We use both quantitative and qualitative approaches to identify the trajectories into and out of loneliness in later life and identify the factors associated with these differing trajectories. We distinguish between those who never experience loneliness, those for whom loneliness in later life is an enduring experience and those for whom loneliness increases/decreases in later life. We demonstrate that it is possible to ‘recover’ from loneliness and our symposium offers several promising perspectives with regard to ameliorating loneliness which will be explored by our discussant.

A LONGITUDINAL ANALYSIS OF LONELINESS AMONGST OLDER PEOPLE IN GREAT BRITAIN
C. Victor¹, A. Bowling², J. Brunel University, Uxbridge, United Kingdom, 2. St Georges University of London & Kingston University, London, United Kingdom

Cross sectional surveys conducted with people aged 65+ years living in western industrial societies have consistently reported the rate of ‘severe’ loneliness at approximately 8-10% with a further 20-30% reporting intermediate levels of loneliness. We followed up 8 years after the initial survey the 999 people aged 65 and over interviewed in 1999/2000 living in the community in the United Kingdom: 583 participants were still alive and 287 (58%) participated in the follow up survey. Approximately two-thirds of participants had a stable loneliness rating with 40-50% as never lonely and 20-25% as persistently lonely whilst 25% demonstrated improved loneliness and around 15% worse loneliness. Improvements in physical health and improved social relationships were linked to reduced levels of loneliness which suggests loneliness may be decreased by interventions aimed at improving health status as well as social interventions which aim to build and support social embeddedness.

The Gerontological Society of America

TRAJECTORIES OF LONELINESS AFTER PARTNER LOSS
M.J. Aartsen, T.G. van Tilburg, Faculty of Social Sciences, VU-University, Amsterdam, Netherlands

Sooner or later, many married older adults are confronted with the loss of the partner, which often leads to increased feelings of loneliness. However, not all become lonely after the loss of the partner. In a subgroup (N=412) of people participating in the Longitudinal Aging Study Amsterdam, who were married at baseline but lose their partner during the 16 years of follow up, 65% do not develop loneliness despite the loss of a partner; 15% are persistently lonely, and 20% become lonely. Higher levels of mastery and the absence of depressive symptoms seem to protect against emotional loneliness after the loss of the partner. Better self-perceived health and an internal locus of control seem to protect against social loneliness after the loss of the partner. Enhancing mental health, self-perceived health and mastery may help to prevent or overcome feelings of loneliness in widowed people.

AN UNCERTAIN TRAJECTORY OUT OF LONELINESS: FAMILIARY OBSTACLES IN OLDER ADULTS’ REPARTNERING AFTER DIVORCE OR WIDOWHOOD
J. Gierveld, NIDI, Den Haag, Netherlands

After divorce or widowhood in later life older people are confronted with intense levels of emotional and social loneliness. Finding a new intimate partner is considered an optimal way out of this situation. In contrast to young adults, most of the older adults are embedded in inter-generational familial bonds that have to come to terms with the new partner: children of both partners, and parents (or siblings) who provided instrumental and emotional support in difficult times. In this study results of qualitative interviews with 49 repartnered older adults are presented (Netherlands Kinship Panel Study, minipanel). In-depth analyses show that emotional loneliness decreases, but social loneliness sometimes sharply increases as a consequence of relational obstacles, eliciting the uncertain loneliness outcome of repartnering.

“DO YOU FEEL LONELY”? OLDER RESPONDENTS TALK ABOUT LONELINESS IN A SURVEY INTERVIEW
M. Jylha, School of Health Sciences, University of Tampere, Tampere, Finland

In many studies, structured personal interviews are used to collect information about loneliness in old age. The responses will be coded to give frequencies of experienced loneliness, but very little is known about the process where the responses are produced. In three rounds of Tampere Longitudinal Study on Aging (TamELSA), in 1989, 1999, and 2007, a number of the interviews (altogether 120) were tape-recorded and transcribed. This study analyzes the episodes where feelings of loneliness are discussed. The focus is on the ways the respondents answered the question, and on the reasons they spontaneously gave for their possible loneliness. Possible sensitivity of the direct loneliness question is approached by analyzing the answers in the context of other parts of the interview where social contacts and experiences of life are discussed.

EXPLORING LONELINESS TRAJECTORIES OVER THE LIFE COURSE
M. Sullivan, W. Martin, C. Victor, Brunel University, Uxbridge, Middlesex, United Kingdom

The dynamic nature of loneliness has primarily been overlooked by the numerous cross-sectional studies exploring it. Thus, less is understood about the temporal aspects of loneliness or how loneliness may change over the life course. Interviews were held with 45 older people to illuminate the meaning of loneliness in the lives of older people, and possible pathways to or from loneliness. Thematic analysis revealed a number of complex and shifting social, psychological, functional and physical features that characterize three pathway experiences or loneliness trajectories: (1) regenerative; (2) degenerative; and (3) enduring.

This paper will illustrate some of the features of these trajectories and
in doing so highlight dynamic interconnections and interrelationships between our bodies, selves, identities and social worlds. The paper also draws attention to some of the particular challenges for developing intervention strategies for a diverse group of older people.

SESSION 1280 (PAPER)

EXERCISE INTERVENTIONS

EFFECT OF RESISTANCE EXERCISE IN OLD HOSPITALIZED GERIATRIC PATIENTS

N. Beyer1, T.S. Enevoldsen2, P.S. Magnusson3, 1. Department of Physical Therapy, Bispebjerg Hospital, Musculoskeletal Rehabilitation Research Unit, Copenhagen, Denmark, 2. Department of Physical Therapy, Bispebjerg Hospital, Copenhagen, Denmark

Background: Physical inactivity during hospitalization leads to decline in muscle function in frail older individuals. Aims of Study: To determine whether resistance exercise for hospitalised geriatric patients has an effect on discharge functional status and hospital length of stay. Methods: Patients aged 65 and older who were ambulatory prior to hospital admission were included in this cluster randomized cross-sectional study. The control group (C-group, n=126) received usual care including functional training 3-5 times/week, the intervention group (I-group, n=168) was in addition offered resistance exercise 5 times/week. Assessments included self-reported patient mobility prior to hospitalization (New Mobility Score, NMS), cognitive status (MMSE), objectively measured function on admission and discharge including balance (Short Physical Performance Battery), number of chair stands in 30s and 8-foot Up&Go, and hospital length of stay (LOS). Results: Results are reported as mean±SD or proportion. There were no baseline differences between the groups regarding age (I-group: 86.4±6.8 yr; C-group: 85.0±6.4 yr), NMS (I-group: 4.4±2.1; C-group: 4.8±2.5), number of diagnoses (90% had ≥4 diagnoses) and MMSE (I-group: 23.4±4.5; C-group: 23.3±4.6), but more patients in I-group were transferred to the Geriatric Department from other hospital departments compared with patients in C-group (p<0.001). No intervention effects were found on function and LOS. Patients in the I-group who performed resistance exercise ≥2+ times/week were the same age, had similar scores in MMSE, NMS, and shorter LOS compared with those who exercised less often (14.7±6.0 vs. 22.8±14.0, p=0.001, data corrected for NMS-score). Conclusion: Resistance exercise for geriatric patients reduced LOS in patients who performed the exercise.

TRANSLATING THEORY AND RESEARCH INTO PROMISING PRACTICE: EXERSTART, A LOW IMPACT EXERCISE PROGRAM

J. Teufel1, D. Werner2, P. Holgrave1, 1. OASIS Institute, Saint Louis, Missouri, 2. Auburn University, Auburn, Alabama

Background: Physical activity and functional fitness are key elements of health promotion and disease prevention. Improvements in physical activity and functional fitness among adults age 60 and older are associated with decreased risks of falling, improved self-image, decreased depression, and improved body composition. However, few evidence-based physical activity programs exist to address the needs of sedentary and deconditioned adults age 60 and older. To address this need, OASIS developed a 40-session, theory-based, low impact exercise program, named ExerStart, which is facilitated by older adult lay leaders and has been implemented in urban and rural settings. Methods: Over 200 adults age 60 or older residing in rural Missouri participated in ExerStart. The mean participant age was 76, and approximately 70% of participants lived alone. To evaluate the effectiveness of ExerStart in rural Missouri, OASIS used surveys, observational assessments (Senior Fitness Test), and compared findings to a similar program implemented in Los Angeles. Results: Participants significantly improved in their perceived health, physical fitness level, level of endurance, muscle tone, energy level, and physical ability to complete everyday tasks. Beyond perceived improvements, participants objectively improved their functional fitness (i.e., strength, endurance, flexibility, and mobility), as measured by the Senior Fitness Test and decreased their body mass index. Conclusion: Evaluation findings support ExerStart as a promising practice for improving subjective and objective functional fitness among sedentary and deconditioned rural older adults. ExerStart stands as an example of translating theory into practice and adapting evidence-based programs, such as ActiveStart, for implementation in community settings.

RESULTS OF THE STAYING HEALTHY THROUGH EDUCATION AND PREVENTION (STEP) STUDY


The goal of the Staying Healthy Through Education and Prevention (STEP) Study was to translate into practice an evidence-based physical activity (PA) intervention in senior housing with services (HWS) and to evaluate the impact of this program on physical functioning relative to a didactic Wellness intervention. STEP was a non-randomized, cluster-allocated trial that enrolled 317 residents of 10 HWS communities. PA participants were engaged in 150 minutes of moderate exercise each week, and those in the Wellness group attended bi-monthly lectures and socials. Participants were followed for 12 months. Compliance was assessed by activity logs and bi-monthly interviews. The Short Physical Performance Battery (SPPB) was measured at baseline, 6 and 12 months. Although SPPB scores in both the PA (0.678, p<.001) and Wellness (0.643, p<.001) groups increased between baseline and 6 months, there was no overall effect of intervention on SPPB scores between baseline and 12 months. However, in both groups, greater adherence to the intervention resulted in improved SPPB scores. In the PA group, persons who adhered 100% with the protocol had SPPB scores that were 2.2 points higher than those who did not adhere at all, and a similar observation was made for the Wellness group, which was not instructed to change its PA levels. STEP suggests that both PA and didactic Wellness programs may have a favorable impact among seniors in HWS, and future research should focus on maximizing adherence.

LONG-TERM EFFECTS OF A 6-MONTH MULTIMODAL TRAINING INTERVENTION ON THE RETENTION OF PHYSICAL FITNESS IN OLDER INDIVIDUALS

J.F. Gudlaugsson1, V. Gudnason2, T. Aspelund2, P.B. Jonsson2, S.A. Arngrimsson1, A.S. Olafsdottir2, T.B. Harris1, E. Johannsson1, 1. Centre for Research in Sport and Health Sciences, University of Iceland, Reykjavik, Iceland, 2. Icelandic Heart Association, Reykjavik, Iceland, 3. Faculty of Medicine, University of Iceland, Reykjavik, Iceland, 4. Department of Geriatrics, Landspitali – University Hospital, Reykjavik, Iceland, 5. Laboratory of Epidemiology, Demography, and Biometry, Intramural Research Program, National Institute of Aging, Bethesda, Washington

The aim of the study was to evaluate the effects of a 6-month multimodal training intervention on functional fitness, body composition and quality of life (QL) in older persons and assess the long-term effects during 6- and 12-month follow-ups. At conclusion of 6-month training, statistical significant changes were found in SPPB score (0.5 95% CI; p=0.001), 8-foot up-and-go test (0.7 95% CI; p=0.001), knee extension strength (28.6 95% CI; p<0.01), handgrip strength (13.0 95% CI; p<0.05), 6-minute walking (24.9 95% CI; p=0.001), physical activity...
SESSION 1285 (PAPER)

NURSING HOMES

DESIGNING AND IMPLEMENTING CLUSTER RANDOMIZED TRIALS IN NURSING HOMES: INSIGHTS FROM THE PRIDE TRIAL

P.H. Van Ness, Internal Medicine/ Geriatrics, Yale University School of Medicine, New Haven, Connecticut

Nursing home residents present design and analytical challenges for researchers testing interventions intended to improve their health. Physical proximity and administrative arrangements make it difficult to deliver different interventions to persons residing in the same nursing home and so cluster randomization is often used. In this design different intervention regimens are assigned to entire nursing homes rather than to individuals in the same and different homes. Implementing an intervention in an entire nursing home requires integration not only into the daily life of residents but also into the administrative procedures of the nursing home. Thus, cluster randomized trials in nursing homes characteristically have attributes of effectiveness research as well as features designed to assess intervention efficacy. How cluster randomized trials in nursing homes take on both aspects of efficacy and effectiveness will be described with reference to the PRIDE (Pneumonia Reduction in Institutionalized Disabled Elders) trial in which an oral hygiene intervention to prevent pneumonia was implemented according to a clustered nursing home design. Other distinctive design and analytical issues will be discussed. Finally, insights from the PRIDE trial will be shown to make a valuable contribution to current discussions of comparative effectiveness research and will provide insights for clinical researchers planning to conduct cluster randomized trials in nursing homes.

EFFECTIVENESS OF TWO PROTOCOLS FOR TREATING NURSING HOME RESIDENTS WITH ADVANCED DEMENTIA


The Serial Trial Intervention (STI) is a decision support tool to address the problem of under assessment and treatment of pain and other unmet needs of people with dementia. Though a 5-step version of the STI was found to effectively treat discomfort and behavior change, a 9-step version was developed to improve nurses’ approach to long-term treatment of new problems. The purpose of this study was to compare the efficacy of the 5-step and 9-step versions of the STI. The design was a double-blinded two-group repeated measures experiment with randomization of matched study sites to the 5-step or 9-step STI. Participants were 125 nursing home residents with dementia. Measures were taken at baseline and 2, 4, and 6 weeks following intervention. Both the 5 and 9-step STIs significantly decreased discomfort and agitation from pre to posttest (effect sizes 45 to 90). The 9-step version was more effective for comorbid burden and cortisol slope (effect sizes .5 and .49). Process variables were all statistically significantly improved using the 9-step STI (treatment preceded by assessment, new physical problems identified and treated, scheduled dosing of effective treatments, ineffective treatments stopped, and adjonctive and preventive treatments added). Nurse time was not different between the two groups. The clinical decision support rules embedded in the STI, particularly the 9-step version, helped nurses change practice and improved resident outcomes.

INFLUENCE OF COGNITION ON TREATMENT RESULTS IN A GERIATIC UNIT

K. Hager, A. Marahrens, M. Brecht, M. Kenkiles, V. Grosse, Clinic for Medical Rehabilitation and Geriatrics, Hanover, Germany

Background: Cognitive deficits and dementia influence the results of geriatric therapy and rehabilitation. The aim of this study was to compare the influence of cognitive deficits at the time of admission as measured by the Mini Mental Status Examination (MMSE) with the change of the activities of daily living (ADL), evaluated by the Functional Independence Measure (FIM). Patients and Methods: Data of 2527 patients from the years 2006-2009 were analyzed. The patients were treated in the Clinic for Medical Rehabilitation and Geriatrics in Hanover (Germany), a clinic with acute and rehabilitative geriatric care. Results: The mean age of the patients was 81.6 ± 7.7 years, the mean improvement of the FIM was 14.3 ± 13.4 points. The lower the MMSE on admission, the lower was the functional state of the patients at the beginning and at the end of their treatment. Patients with only a slight reduction in the MMSE (20-26 points) achieved an improvement in the FIM similar to that of the cognitively not impaired patients (15.2 ± 13.3 versus 14.9 ± 12.4 points; n.s.). In patients with a MMSE below 20 points the improvement of the FIM was significantly lower (MMSE 10-19 points: 11.7 ± 14.9 points; MMSE 0-9 points: 7.1 ± 15.6) compared with the cognitively intact (both p<0.01). Nevertheless 40% of the patients with a MMSE of 10-19 points and 30% of those with a MMSE of 0-9 points reached an improvement better than that of the average of all patients. Conclusion: Patients with a MMSE of 20-30 points should be admitted to geriatric rehabilitation unit without restriction concerning cognition. Patients with 19 points or lower in the MMSE should not be generally excluded, but individual factors should be considered, because many of them were able to reach an improvement even better than the average of all patients.
EDUCATIONAL NEEDS ASSESSMENT OF NURSING HOME NURSES
M.J. Dyck, M. Kim, Mennonite College of Nursing, Illinois State University, Normal, Illinois

Nursing homes continue to be cited for poor quality care. Studies during the 1990s showed that nursing home nurses have limited knowledge regarding nutritional needs of elders, pressure ulcers, pain management, end of life care, and organizational management. However, further work has not occurred since that time. The purpose of this study is to assess learning needs of nursing home nurses in central Illinois in relation to their current educational level. The sample (n = 50 nursing homes) for this study is a proportionate stratified random sample of central Illinois nursing homes based on the overall 5-star rating determined by Centers for Medicaid and Medicare Services with approximately 750 to 1000 nurses recruited from these homes. There are 152 free-standing nursing homes. Quantitative data includes nurses’ demographics and their responses to a needs assessment tool. The “Education Needs Assessment” questionnaire was used to assess the learning needs of the nurses. The questionnaire has 51 questions with one open-ended question asking nurses’ need for continuing education, each followed by a 5-point Likert-type scale (1 = Strongly Disagree; 5 = Strongly Agree). Quantitative data will be managed using SPSS 18.0. Descriptive statistics will be used to identify the continuing education needs. Multivariate analysis of variance (MANOVA) will be used to determine whether priorities for learning were affected by age, educational level, or experience. As a follow-up test to MANOVA, analysis of variance (ANOVA) will be conducted on each dependent variable (i.e., educational priorities).

SESSION 1290 (SYMPOSIUM)

BEST PRACTICES FOR USING NURSING HOMES AS CLINICAL PLACEMENT SITES FOR NURSING STUDENTS: NEW RESOURCES AND STRATEGIES
Chair: M. Mezey, College of Nursing, Hartford Institute for Geriatric Nursing New York University, New York, New York
Co-Chair: C. Mueller, University of Minnesota, School of Nursing, Minneapolis, Minnesota
Discussant: M. Gugliucci, University of New England College of Osteopathic Medicine, Biddeford, Maine

Almost all entry level nursing students have a rotation in a nursing home at sometime during their clinical years. Yet faculty and nursing home staff are concerned that students do not value nursing home rotations, and in fact come away from these rotations with negative stereotypes about care in nursing homes. There is considerable discussion in the literature as to how nursing homes are selected as placement sites, and how to structure rotations in nursing homes to position themselves as clinical sites, to teach concepts related to care in nursing homes. The five presentations in this Symposium provide an overview of web-based resources and innovative initiatives to help faculty select and use nursing homes as clinical sites and nursing homes to position themselves as clinical sites, to teach concepts related to culture change and resident-directed care in nursing homes, to assist clinical faculty structure the clinical experience, and to consider the role of teaching nursing homes as clinical placements. Specific, measurable objectives for this symposium are: After attending this Symposium, participants will be able to: 1) discuss criteria for selecting nursing homes as clinical placement sites for nursing students; 2) Identify strategies to structure student placement in nursing homes.

RESOURCES TO HELP NURSING PROGRAMS SELECT NURSING HOMES AS CLINICAL SITES

Overview of six web-based modules prepared by the Hartford Institute for Geriatric Nursing and the American Association of Colleges of Nursing to help nursing programs select appropriate nursing homes for student placements. Two modules review demographic and regulatory structures pertaining to nursing homes, and nursing care in nursing homes. Using this information, one module then guides faculty in selecting nursing homes for student placements. Two modules specifically address culture change and resident-directed care, providing culture change concepts and strategies for building on these concepts during student rotations in nursing homes. One module advises nursing home personnel regarding how a nursing home can prepare and position itself as a clinical placement site.

NURSING HOME CLINICAL EXPERIENCES THAT ADDRESS CULTURE CHANGE AND RESIDENT DIRECTED CARE
C. Mueller, University of Minnesota, School of Nursing, Minneapolis, Minnesota

There is an increasing emphasis on transforming nursing homes to places that promote a non-institutional, resident-directed model of care. Faculty may not be as informed about this social change and the implications and opportunities for clinical teaching in nursing homes. A faculty development module about resident directed care will be described along with examples of clinical teaching strategies to assist students in learning about and providing care that promotes autonomy and control for residents residing in nursing homes and the staff that work most closely with them.

STRUCTURING THE NURSING HOME EXPERIENCE: A WEB-BASED RESOURCE FOR CLINICAL FACULTY
M. Mezey, E. Ea, College of Nursing, Hartford Institute for Geriatric Nursing New York University, New York, New York

It is often the case that faculty overseeing clinical rotations for entry level nursing students in nursing homes have limited knowledge of geriatrics and also possibly of care in nursing homes. Given the unique needs of frail nursing home residents and the nursing home environment, faculty find themselves challenged as to how to structure rotations to maximize learning and student satisfaction. This session introduces a new web-based resource specifically developed to help clinical faculty structure a nursing home experience for students. The module takes a faculty member through a “typical” clinical day, and suggests resources and experiences to enhance student learning.

ECLEPS: ENRICHING CLINICAL LEARNING EXPERIENCES THROUGH PRACTICE-ACADEMIC PARTNERSHIPS IN LONG-TERM CARE: A CASE STUDY

Long term care (LTC) nursing is complex and requires excellent clinical and leadership skills. Enriching Clinical Learning Experiences through Partnerships (ECLEPs) is an academic-practice partnership model designed to build capacity for LTC facilities to be excellent sites for practice and learning. Central to ECLEPs are relationships between faculty and staff nurses. Interactive workshops address best practices in teaching and gerontologic nursing, and are designed so that faculty and staff nurses learn through and from each other. Goals for students are...
that they experience learning in LTC settings as meaningful and challenging; understand the nursing roles and practice opportunities associated with working with residents, families and staff; and have positive attitudes about nursing practice in residential and long-term care settings. A case study of a successful partnership will illustrate the key components for practice-academic collaborations and the rich and varied clinical opportunities for students across multiple courses in a baccalaureate program.

SESSION 1295 (SYMPOSIUM)

CHALLENGES IN ANALYSIS OF DATA FROM LONGITUDINAL STUDIES OF AGING


Co-Chair: E.S. Strotmeyer, University of Pittsburgh, Pittsburgh, Pennsylvania

Discussant: H. Allore, Yale University, New Haven, Connecticut

Longitudinal epidemiologic studies have collected health-related variables and outcomes among cohorts of older adults over years or decades. Novel methods have been developed to analyze these data, but challenges remain around their application. Various approaches can address the same scientific questions, and no single method suffices for characterizing changes in health-related variables across time. In this symposium we will address some of the key challenges around longitudinal analyses. (1) How are death and dropout addressed, to limit survival and retention biases? (2) How do analytic approaches account for repeated measures on the same individual? Should those who survive longer have greater weight in the analyses than those who do not? (3) What approaches are used for missing data and censoring, and what techniques are used to differentiate informative from non-informative censoring? How should cases be weighted based on the likelihood of censoring? (4) How do models account for the technical and theoretical challenges of applying time-varying covariates? The speakers will discuss how these issues influence their analyses in the Cardiovascular Health Study and the Health, Aging, and Body Composition Study, two large, long-term epidemiologic studies of older adults. The discussant will synthesize the main themes and make suggestions for future research.

ASSESSING THE CARDIOVASCULAR RISK OF PERSISTENT SUBCLINICAL HYPOTHYROIDISM


Use of a single set of thyroid function tests to define subclinical hypothyroidism may lead to significant misclassification over time and could influence the findings from longitudinal studies. We sought to define the cardiovascular risks of subclinical hypothyroidism, using data from 4864 men and women enrolled in the Cardiovascular Health Study. We will compare and contrast three analytic models. In the first, subclinical hypothyroidism was defined by 2 thyroid tests (time varying exposure). In the second, the exposure was “ever” subclinical hypothyroid, also updated over time. In the third, persistent and transient subclinical hypothyroidism were defined by 2 thyroid tests performed 2 years apart, or 3 tests over 4 years, and compared to persistent euthyroidism (fixed exposure). We will conclude by discussing the merits of using repeated measures to define our exposure.

ANTIHYPERTENSIVES AND CHANGE IN KIDNEY FUNCTION IN ELDERS: A MARGINAL STRUCTURAL MODEL ANALYSIS


The effectiveness of antihypertensive medications for slowing decline in kidney function in older adults is unknown. We examined this relationship in 1,576 hypertensive elders in the Cardiovascular Health Study, over 7 years. Kidney function was measured by estimated glomerular filtration rate (eGFR). The mean annual decline in eGFR was -2.28 ± 4.96 mL/min/1.73 m². Antihypertensives were not associated with change in eGFR, based on traditional regression analyses. Based on a marginal structural model, participants on one and two medications had an estimated 1.43 (95% CI: 0.09, 2.77), and 1.08 (-0.28, 2.45) mL/min/1.73 m² per year slower decline in eGFR, respectively, compared with persons on none. The estimates were larger and less precise in a model that also accounted for informative censoring. A marginal structural analysis suggests a protective effect of antihypertensives on kidney function in elders.

THE LONGITUDINAL RELATIONSHIP OF VITAMIN B12 AND INFORMATION PROCESSING SPEED

K. Leishear1, C. Rosano1, R. Boudreau1, A.B. Newman1, S. Studenski1, L. Ferrucci1, T.B. Harris1, E.S. Strotmeyer1. 1. University of Pittsburgh, Pittsburgh, Pennsylvania. 2. National Institute of Aging, Baltimore, Maryland. 3. National Institute of Aging, Bethesda, Maryland

Vitamin B12 deficiency may cause demyelination, resulting in white matter damage and slower processing speed. We examined whether low B12 [<260 pmol/L], rather than deficient, or change in B12 (2000-01 to 2007-08) were associated with decline in Digit Symbol Substitution Test [DSST] scores (2001-02 to 2007-08) in 1033 Health, Aging, and Body Composition Study participants [age: 76.0 ± 2.8; female: 52.1%; black: 31.4%]. Cross-sectionally low B12 (n=173; 16.7%) was associated with greater standardized DSST decline, adjusting for initial DSST score, demographics, socioeconomic/lifestyle factors, CES-D, medications, and comorbidities (β = -0.267; p = 0.04). Improving to normal B12 (n=82) was associated with greater annualized DSST decline compared to having sustained normal B12 (n=792), after adjustment (β = -0.465; p = 0.01). Associations were similar for >1SD decline from mean change, and using mixed models with 4 DSST timepoints. Initial B12=260 pmol/L was associated with greater DSST score declines in older adults. Maintaining adequate B12 levels is critical, because cognitive impairments associated with low B12 potentially may not be reversible.

SESSION 1300 (SYMPOSIUM)

HEALTH CARE REFORM & PRIMARY CARE MEDICAL HOME (PCMH): THE CRITICAL ROLE OF GERIATRICS EDUCATION

Chair: C.P. Brunker, Intermountain Healthcare, Salt Lake City, Utah. University of Utah Geriatrics, Salt Lake City, Utah

Co-Chair: G.A. Pepper, University of Utah Hartford Center of Geriatric Nursing Excellence, Salt Lake City, Utah

Discussant: R. Golden, Rush University Medical Center, Chicago, Illinois

Geriatrics education across various disciplines plays an important role to help span the quality chasm that the Institute of Medicine, the Commonwealth Fund and others have described in patient care. Older adults with an increased prevalence of complex illness, geriatric conditions, physiologic changes of aging, and psychosocial
needs are at increased risk for adverse events and higher costs and thus offer an opportunity to improve quality and efficiency of health care. This symposium will provide an overview of initiatives such as the formation of Accountable Care Organizations and the High-Value Health Care Project and discuss the components, training, and evidence for Care Management Plus (CM+*) as a proven, evidence-based model for Primary Care Medical Home. Advance care planning, eliciting patient goals, and respect for cultural and family perspectives are important components. Applying a patient-centered approach such as Motivational Interviewing promotes self-management and establishes relationships and trust with patients and their families and caregivers. In addition to the CM+ geriatrics training for interdisciplinary teams in practice, we will also examine curriculum developments for students and faculty to prepare for upcoming changes in health care. For example, Hartford Centers of Geriatric Nursing Excellence post-graduate course work includes evaluation of complex ethics of clinical trials and innovations in health care. And finally, the pilot of training masters’ level social work interns to assess and meet the complex psychosocial needs of culturally diverse, low-income seniors crosses the breadth of research, education, and practice.

BUILDING THE MEDICAL HOME, THE TOOLS OF CARE MANAGEMENT PLUS

Care Management Plus (CM+) is a flexible, proactive model for Primary Care Medical Home (PCMH). Geriatrics-trained care managers and unique computer tools help clinic teams provide care coordination, tracking, follow up, self-management support, registries, performance reporting/ improvement—all key for PCMH. Self-management depends on health coaching for behavior change. The Motivational Interviewing (MI)-based health coaching approach differs greatly from the traditional health education model used frequently in health care settings and is a key element of the CM+ curriculum (Butterworth et al., 2007). MI is not based on the information model, does not rely on advice-giving or scare tactics, and is not confrontational, forceful, guilt-ridden, or authoritarian; rather it is shaped by an understanding of what triggers change (Miller & Rollnick, 2002). Patient-centered care includes functional assessment, advance care planning, discussion of goals and helps establish trusting relationships with patients, families, caregivers.

A TALE OF TWO DOCTORATES: PREPARING NURSE FACULTY TO EDUCATE FOR HEALTHCARE REFORM
G.A. Pepper, University of Utah College of Nursing, Salt Lake City, Utah

The critical role of nurses in healthcare reform and patient-centered geriatric care has been emphasized in two contemporary Institute of Medicine reports: “Rethinking for and Aging America” (2008) and the “Future of Nursing” (2010). Both acknowledge need for nursing faculty prepared in geriatrics to accomplish goals in elder care in the emerging healthcare environment. The central mission of the nine Hartford Centers of Geriatric Nursing Excellence is the education and retooling of nursing faculty to prepare a nursing workforce with the numbers and skills to meet the challenges of an aging population in a reformed environment. The Centers collaborate to support preparation of nursing faculty locally and nationally in PhD programs (research preparation) and Doctor of Nursing Practice (DNP—advance clinical practice), as well as master’s programs. The distinct goals of DNP and PhD programs related to health care reform lead to diverse, but complementary, curricula and program outcomes.

DEVELOPMENT AND ENHANCEMENT OF A MEDICAL HOME FOR LOW-INCOME SENIORS USING SOCIAL WORK STUDENTS
F. Wilby, M. Luptak, College of Social Work, University of Utah, Salt Lake City, Utah

Our intervention is an adaptation of the Care Management Plus model (CM+), piloted by Intermountain Health Care, which we implemented in a community health center for low-income chronically ill older adults. Six 2nd year MSW students completed the CM+ curriculum (8 weeks of on-line modules with discussions and assignments on topics such as pain, palliative and hospice care, advance directives, hypertension, asthma, and COPD) and served as case managers and performed the following functions: provided information on the types of Medicare available and the application process; completed the application process, including ongoing support to obtain all supporting documents; communicated directly with Medicare offices, in the role of patient advocate; assisted with medical appointment scheduling and education regarding Medical Home, once Medicare enrollment has been secured; and provided referrals to community resources.

SESSION 1305 (SYMPOSIUM)

RECRUITING, ENGAGING, AND TRAINING CLINICAL EXERCISE STAFF: THE OVERLOOKED BACKBONE OF CLINICAL TRIALS
Chair: K.K. Mangione, Arcadia University, Glenside, Pennsylvania
Discussant: R. Fielding, Tufts University, Boston, Massachusetts

Older adults after major disabling events such as stroke and hip fracture often require skilled professionals to engage in exercise programs. Similarly, frail and institutionalized older adults may require skilled professionals for the safe conduct of a study. Methods for recruiting, retaining, engaging, and training professionals, such as physical and occupational therapists, for exercise trials outside of the typical gym-based settings have not been reported in the literature. This symposium will address strategies that have been used to successfully recruit, retain, engage, and train clinicians in NIH sponsored clinical exercise trials. Examples from multicenter exercise trials that employed clinicians in both rehabilitation clinical settings and the patients’ home environment include 1) Locomotor Experience Applied Post Stroke (LEAPS) – walking recovery for patients post-stroke; 2) Extremity Constraint Induced Therapy Evaluation (EXCITE) – recovery of upper extremity function after stroke 3) Efficacy of a Post-Rehabilitation Exercise Interventions – recovery of self-reported function and physical performance in persons after hip fracture, and 4) Community Ambulation Project (CAP) – recovery of the ability to achieve community ambulation following hip fracture. The speakers are either project managers or investigators responsible for identifying and training clinicians to be research staff for clinical trials. This symposium will highlight the important teamwork and unique collaborations between physical and occupational therapist clinicians and scientists from other disciplines in large exercise clinical trials who can work together to improve methods in this area.

RECRUITING REHABILITATION STAFF FOR EXERCISE TRIALS
N. Latham1, K.K. Mangione1, 1. Physical Therapy, Arcadia University, Glenside, Pennsylvania, 2. Health and Disability Research Institute in the Boston University School of Public Health, Boston, Massachusetts

Recruiting rehabilitation staff for community based studies can be challenging. Methods will be discussed to identify both per diem and dedicated intervention and assessment research staff. Recruitment models will be presented that outline clearly defined responsibilities for the therapists, the contributory role of the therapist to the larger study, identifying therapist characteristics which lead to successful recruitment and retention, and providing therapists with tangible benefits associated with
working in a clinical trial. Strategies to identify physical therapists such as conventional advertising and social networking through professional organizations, local home health care providers, universities and professional leaders will be presented. A staffing model will be discussed that involves per diem contracts to appeal to a wider pool of qualified applicants.

FOSTERING ENGAGEMENT OF REHABILITATION STAFF DURING MULTI-SITE CLINICAL TRIALS
S.R. Blanton, Emory University, Atlanta, Georgia

Once recruited, active engagement of rehabilitation staff during the course of a long clinical trial can be crucial for maintaining the quality and consistency of interventions, evaluations and overall study flow. Examples from the EXCITE (Extremity Constraint Induced Therapy Evaluation) and ICARE (Interdisciplinary Comprehensive Arm Rehabilitation Evaluation) trials will be used to demonstrate methods to foster professional growth and individual commitment of therapists during their involvement in research. The role of the site team leader in addressing site specific needs, building relationships with clinical site management and utilizing study resources to create opportunities for staff development will be explored. Finally, the concept of patient-centered care as a framework for the optimizing the interdisciplinary relationships of clinical site teams will be described.

TRAINING FOR ADHERENCE TO RESEARCH PROTOCOLS
J.K. Tilson, University of Southern California, Los Angeles, California

Optimizing consistency for the intervention and assessment procedures is an essential component of successful clinical trials. While the educational background of physical and occupational therapists makes them ideal candidates as interventionists and examiners for clinical trials, adhering to strict protocols may sometimes conflict with their clinical intuition. This session will discuss the successful strategies used during the LEAPS (Locomotor Experience Applied Post Stroke) trial to train physical therapists across two states and five sites to perform a complex assessment in a standardized fashion. Result from reliability tests will be presented. Physical therapists were also trained and monitored to conduct standardized, yet tailored ambulation programs and home exercise routines. Methods to maintain adherence and consistency of trainers in both the home and clinic environment will be reviewed.

SESSION 1310 (SYMPOSIUM)

USING DISTANCE LEARNING TECHNOLOGY TO REACH CLINICIANS WORKING WITH OLDER VETERANS IN RURAL SETTINGS
Chair: L.I. Jones, Geriatric Research Education and Clinical Center, Veterans Administration, North Hills, California
Discussant: J.L. Howe, Mount Sinai School of Medicine Dept of Geriatrics and Palliative Medicine, New York, New York

Recent developments in the use of technology for geriatric education facilitate the implementation of programs that are suited to meet the continuing education needs of clinicians. This session highlights varied technological modes which enable the implementation of education programs focused on providers working with older Veterans in rural settings. In these remote clinics, clinicians are challenged to efficiently use technology to connect to colleagues who may need to be in isolated clinical settings working with patients with complex needs. In this symposium we present several effective methods to facilitate the work of these clinicians as they work both individually and collaboratively to meet their patients’ needs. Multiple technologies and their application in specific educational programs will be presented. The technologies include: 1) an online learning community; 2) webinar series; 3) video; and 4) educational resources in mobile formats. The symposium will also highlight the way each of these technologies can be modified to fit the needs to the distinct groups of learners. Program evaluation of the learners’ use of these technologies will also be discussed.

CREATING A LEARNING COMMUNITY AND WEBINAR SERIES FOR CLINICIANS WORKING WITH OLDER VETERANS IN RURAL SETTINGS
L.I. Jones1, J. Kramer2,1, R. Chernoff1,4, J.L. Howe3,2, F. Francisco3,2,1, David Geffen School of Medicine at UCLA, Los Angeles, California, 2. Mount Sinai School of Medicine Dept of Geriatrics and Palliative Medicine, New York, New York, 3. VISN 3 GRECC at James J. Peters VAMC, Bronx, New York, 4. University of Arkansas for Medical Sciences, Little Rock, Arkansas, 5. Central Arkansas Veterans Healthcare System Little Rock GRECC, Little Rock, Arkansas, 6. VA Greater Los Angeles Healthcare System Greater Los Angeles GRECC, Los Angeles, California

In this paper, the experience of creating an Intranet learning community as well as a webinar series for clinicians working with older Veterans in rural settings will be discussed. Learning community content is developed through needs assessments of the target audience, participants in the Geriatric Scholars Program. The Geriatric Scholars Program, a collaboration of eight VA Geriatric Research Education and Clinical Centers, provides focused geriatric education to practitioners in rural VA Community Based Outpatient Clinics (CBOCs). Usage of and experiences with the learning community by these adult learners are assessed three and six months after they enroll in the program. In addition, a webinar series was created in response to the participants’ professional development needs. Past topics in this 2-year-old series have included peer-to-peer education, adult learning, health literacy, keys to effective leadership, and management of team dynamics. These webinars complement the asynchronous learning that occurs on the learning community site.

MAKING TRAINING VIDEOS FOR USE IN GERIATRIC EDUCATION
M. Johnson, Geriatric Research, Education and Clinical Center, University of Texas Health Science Ctr in San Antonio & VHA-South Texas Veterans Hlth Care System, San Antonio, Texas

If you cannot have a live professor in your classroom, why not have a recorded one on your desktop or in the palm of your hand? This talk will focus on how to find content and, if necessary, convert it and repurpose it to fit the format that works best for you in your unique geriatric education settings. Students today have grown up with laptops, iPods and YouTube—consequently, it’s best to work with them using the modern methods they’re accustomed with—and that means Video.

GERIATRIC EDUCATION IN A MOBILE FORMAT: POSSIBILITIES FOR RURAL PRACTITIONERS
S.T. McKee, 1. GRECC, CAVHS, Little Rock, Arkansas, 2. Univ of Ark for Med Sciences, Little Rock, Arkansas

Providing educational resources in a mobile format has been found to be a successful tool towards the goal of meeting the needs of clinicians working with older Veterans in rural settings. A January 2011 survey of participants in the Geriatric Scholars Program, a geriatric education program for practitioners working in rural VA Community Based Outpatient Clinics (CBOCs), found that nearly 60% of current participants would access program resources if they became available in a mobile format. Thus it is important to explore the challenges and possibilities of integrating educational resources in mobile formats into the program, a collaboration of eight VA Geriatric Research Education and Clinical Centers. Successful utilization of geriatric education in mobile formats in other programs will be explored. As well, strategies to use mobile formats meet the specific needs identified by the participants in the Geriatric Scholars Program will be examined.
SESSION 1315 (PAPER)

EDUCATION FOR AN AGING WORLD

THE ROLE OF EVALUATION RESEARCH IN SOCIAL GERONTOLOGY: A TEN-YEAR TREND
M. Rivera-Hernandez, S.R. Kunkel, Gerontology, Miami University, Oxford, Ohio

...For many disciplines, including gerontology, there is a long-standing (though increasingly blurry and problematic) distinction between basic and applied research. Evaluation research (ER) is one obvious forum where the integration of theory, basic, and applied research can and should occur. Even though ER contributes in many areas in the social sciences and is crucial to the improvement of programs and services for older adults, its place in mainstream scientific literature in gerontology is not clear. The purpose of this paper was to evaluate the ten-year (2000 to 2010) trend in visibility of ER in peer-reviewed journals in gerontology. Two journals were analyzed: The Gerontologist and Journal of Applied Gerontology, based on the assumption that these are among the well-respected journals in the field most likely to publish evaluation research. Overall the number of ER articles published from 2000 to 2010 appears to be rising. The highest proportion of studies incorporated some form of program evaluation and occurred in 2009 (16.5%), and only 4% of the articles in 2003 were ER-based. Program effectiveness, needs assessment and process evaluation were the most frequent categories of evaluation published in both journals (43.5%, 24%, and 23.5%, respectively). ER appears to be more visible in peer-review journals than before. This may reflect that programs and services for older adults are expanding, and the field of gerontology is more committed to an evidence-based approach. ER has important roles in translating basic research in community programs for older adults including long-term care, and evidence-based programs.

GERONTOLOGY IN THE PRIMARY GRADES: COMMUNICATING THEORY THROUGH PICTURE BOOKS
E.F. Ansello, Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia

...There has been long awareness that children’s first literature can serve as an indirect socialization to aging and older adults (Ansello, 1977, 1978; Homer, 1982; Vasil & Wass, 1993). Similar findings pertain regarding media socialization to race, gender, disabilities, and more (e.g., Henneberg, 2010). In the primary grades with regard to the subject matter of aging, the focus by many well-intentioned gerontologists has been to provide reading lists of books with positive portrayals of older characters, e.g., Cohen (2004) enlisted help from the Association for Library Service to Children to produce a list of 91 books called “Books with Positive Portrayals of Aging and Older Characters” for grades PreK to 6. Such lists tend not to offer a rationale for the books selected nor reference to gerontological principles; rather they may simply substitute positive stereotypes for negative stereotypes. The author has field-tested a unit with six 20-30 minute modules for grades K-2 reflecting basic gerontological theories, including: life course development, mental tasks, generativity, cycle of life, and most importantly, heterogeneity. Each book in a regularly updated bibliography of 120 or more titles is coded for use in these modules; older characters reflect a full range of characteristics, not only positive, regarding behaviors, health, personalities, etc. All titles are in active circulation in neighborhood libraries, rather than being compilations of what book sellers have just published. The current annotated bibliography is newly updated; the modules are presented and explicated, with use of representative titles.

YES, WE NOW HAVE GERONTOLOGY COMPETENCIES: BUT HOW DO WE TEACH THEM?

...The Council on Social Work Education (CSWE) Gero-Ed Center, funded by the John A. Hartford Foundation, prepares faculty and students to meet the geriatric workforce needs of our aging society through a competency-based approach to gerontological social work. The competency-based education approach of the CSWE 2008 Educational Policy and Accreditation Standards (EPAS) focuses on student outcomes that are based in practice behaviors; that is, what a student must learn and be able to do. It stipulates 10 competencies common to all social work practice. Programs may build on and apply these 10 competencies in an area of advanced practice, such as aging, which derives from their mission, goals, and context. The question is: how do faculty at social work programs teach these competencies to ensure that their students attain them? What teaching resources can measure competency attainment? This presentation will suggest strategies to answer these important questions. First, the Gero-Ed Center co-Principal Investigator will provide an overview of the work the Center has undertaken to develop gero-specific competencies and support faculty in designing and infusing their own gero competencies throughout their curriculum. Next, a Lead Faculty member in the Center’s Specialized Gerontology Program, which provides faculty with the resources to design, implement, and institutionalize gero competencies at generalist and advanced levels of practice, will describe the challenges and achievements of her process to integrate and teach the competencies in her social work program. Ample time for questions and comments will be provided to engage the audience.

THE NEW WORKFORCE PARADIGM? TRAINING IN AGING AND DISABILITIES FOR WORKERS IN PENNSYLVANIA
S.M. Geron, B. Keefe, Boston University Institute for Geriatric Social Work, Boston, Massachusetts

...Recognition of the growing intersection of the aging and disabilities workforce is increasingly recognized in policy, but there are relatively few states that have actively developed workforce solutions to address this issue. This presentation describes a partnership between the Institute for Geriatric Social Work (IGSW) and the Pennsylvania Association of Area Agencies on Aging (PAA’s) Office of Long Term Living to create interactive, skill-based, multi-media online training courses for practitioners providing long-term services to older adults and persons with disabilities in Pennsylvania. A central feature of the project was the involvement of key stakeholders, including consumers, in the aging and disability communities in Pennsylvania in all phases of the project, beginning with developing the topics to include in the courses. Two online training courses for were developed: Core Training, a course intended for new workers in Pennsylvania’s Long-term Care Living programs, and Assessment Training, a specialized course designed for workers who will conduct assessments. IGSW brings over five years of experience and a national reputation in developing skill-based, online educational programs for practitioners, with a proven track record of helping states and agencies incorporate online learning programs to find creative workforce solutions. The presentation will describe the innovative collaboration and technology used in the project, provide a demonstration of the online courses, and present findings from the field test of the online courses with samples of practitioners from different agencies. These findings were very extremely positive, and showed that participants improved in key competencies areas.

64th Annual Scientific Meeting 375
SESSION 1320 (SYMPOSIUM)

ADVANCES IN RESEARCH, PRACTICE AND POLICY ON PHYSICAL ENVIRONMENTS SUPPORTIVE OF AGING-IN-PLACE

Chair: H. Chaudhury, Gerontology, Simon Fraser University, Vancouver, British Columbia, Canada
Discussant: M. Calkins, IDEAS Consulting Inc., Kirtland, Ohio

The physical environment of the home and community has a crucial role in fostering, supporting and maintaining lifestyle behaviors in older adults to age-in-place. This session will include four presentations that examined recent issues and challenges in the physical environmental features in the home and community environments related to “aging-in-place.” Yang and colleagues will present online survey based findings that identified and prioritized unmet needs for physical environmental modifications in home and community settings in urban, suburban, and rural communities in Georgia. Clarke’s study investigated the relationship between urban built environment characteristics and trajectories of mobility disability in older adults living in Detroit highlighting how hazards in the built environment prevent adults from aging-in-place. Mahmood and colleagues will present preliminary findings from a survey on the influences of neighborhood physical and social environments on physical activity in older adults. This study was conducted across eight neighborhoods in Vancouver, British Columbia and Portland, Oregon. Finally, Parker’s presentation will focus on accessibility guidelines and utilization of the Virginia Livable Home Tax Credit Program that provides a state tax credit to owners of homes, who make specified accessibility improvements and to buyers of new houses that meet these same requirements. After attending this activity, participants will be able to discuss current research issues and challenges in environmental design related to the potential of aging-in-place. The session will also provide a forum for discussion on appropriate public policy and programs that have an important role in creation of physical environment supportive of aging-in-place.

NEIGHBORHOOD INFLUENCES ON ACTIVE AGING: PRELIMINARY FINDINGS BASED ON SURVEY IN TWO METROPOLITAN AREAS


The neighborhood environment becomes increasingly salient to older adults faced with multiple physical, cognitive and social changes. Previous studies have shown that the physical environment impact physical activity levels by providing safe and accessible venues and creating opportunities for social interaction that in turn promotes physical activity in older adults. The overarching research question of this study is “How do the physical environment and social context of neighborhoods affect the physical activity of older adults?” Eight neighborhoods are selected across Vancouver, British Columbia and Portland, Oregon. Samples of 60 to 65 older adults (60+ years) are surveyed from each of the study neighborhoods. Data are collected on demographics, health status, physical activity type, frequency and location, neighborhood and housing characteristics, perception of neighborhood, relationship between physical activity and physical- and social environment. This presentation covers preliminary findings from this survey highlighting similarities and differences across the two study regions.

HAZARDS IN THE BUILT ENVIRONMENT AND LONG TERM TRAJECTORIES OF DISABILITY FOR OLDER ADULTS AGING IN PLACE

P. Clarke, University of Michigan, Ann Arbor, Michigan

Hazards in the built environment create barriers to independence among older adults aging in place. We investigated the relationship between urban built environment characteristics and trajectories of mobility disability in a sample of 2269 older adults (mean age=77.5±8.7 years) living in Detroit, a city that has undergone rapid economic and structural decline. Built environments were assessed using the “Street View” feature of Google Earth where a trained rater did a “virtual” audit of each residential block. Growth mixture models were used to examine the effect of built environment characteristics on different trajectories of outdoor mobility disability over a 15 month period. Controlling for sociodemographic and health risk factors, individuals with steadily increasing trajectories were more likely to live in areas with poor quality streets and sidewalks (p<.01) and were more likely to be admitted to a nursing home over time (p<.05). This research aims to understand how hazards in the built environment prevent adults from aging in place.

SESSION 1325 (SYMPOSIUM)

ADVANCING UNIVERSAL MULTIDISCIPLINARY COMPETENCIES IN THE CARE OF OLDER ADULTS


In June of 2008, over 20 organizations representing healthcare providers who care for older adults met to review the Institute of Medicine (IOM) report, Retooling for An Aging America: Building the Healthcare Workforce. These organizations discussed ways they could work together to advance the IOM report recommendations and to improve the capacity of America’s healthcare workforce to provide quality geriatric care. Now called the Partnership for Health in Aging, this coalition, representing over 30 organizations, identified as its first and highest priority action step the development of a set of universal competencies that all healthcare professionals should have at the completion of their entry-level health professional degree to ensure quality care for older adults. This symposium presents the PHA multidisciplinary competencies and the process by which they were developed, discusses how the multidisciplinary competencies relate to existing discipline-specific geriatrics competencies, addresses how the competencies may apply differently to different health professions, and discusses strategies for the competencies’ implementation. This will be an interactive symposium during which the audience will be encouraged to share ideas on how the competencies can be used most effectively to enhance the training and certification of all health professionals to ensure that they have sufficient knowledge and skills in the care of older adults as they enter the healthcare workforce.

The Gerontological Society of America
THE RATIONALE AND DEVELOPMENT PROCESS FOR THE PHA MULTIDISCIPLINARY COMPETENCIES


While several healthcare disciplines have existing geriatrics competencies for the entry-level of training, other disciplines involved in the care of older adults have not yet identified entry-level competencies specific to the care of older adults. Therefore, the Partnership for Health in Aging identified the need for a set of universal geriatrics/gerontology competencies that could direct the training and evaluation of all entry-level healthcare professionals. A workgroup representing ten healthcare disciplines reviewed a comprehensive matrix of competencies across these disciplines, recognizing that many were at different stages in geriatrics competency development. Through an iterative process, the workgroup identified common themes and overlapping areas, and developed draft competencies that were circulated to over 25 organizations for comment. The final competencies were endorsed by 30 organizations. The competency development process will be discussed, including challenges inherent in developing competencies applicable to multiple professions at differing stages of competency development and with varying terminologies.

WHAT’S NEXT WITH GERIATRICS COMPETENCIES? PUTTING THEM INTO ACTION!

The 2010 PHA Multidisciplinary Competencies provide an encompassing foundation for geriatrics training within and across professions. PHA has addressed the IOM Retooling for an Aging America assertion that healthcare professionals require geriatrics skills. These entry-level competencies join the ranks of discipline-specific competencies and address the need for cross-discipline work. These competencies must be integrated into geriatrics training and professional education. Now is the time to move geriatrics competencies forward. A framework for use of competencies must address a number of issues, including: level of education and skill; disciplinary, multidisciplinary or interdisciplinary focus; domains of learning such as content and practice context; the process of educational delivery and evaluation. Models of how these issues are being addressed by the Geriatric Education Centers will be described. Additionally all panelists and the audience will be called upon to provide examples for next steps in applying competencies to geriatrics workforce development.

MULTIDISCIPLINARY EDUCATIONAL STANDARDS FOR THE CARE OF OLDER ADULTS; DOMAINS AND COMPETENCIES
S. Berger1, J. Barr1, C.L. Grus2, R. Chernoff3, K. Shay1, G. Warshaw1, 1. Occupational Therapy, Boston University, Boston, Massachusetts, 2. St. Ambrose University; Davenport, Iowa, 3. American Psychological Association, Washington DC, District of Columbia, 4. University of Arkansas, Little Rock, Arkansas, 5. VA Office of Geriatrics & Extended Care, Ann Arbor, Michigan, 6. University of Cincinnati, Cincinnati, Ohio

The Partnership for Health and Aging multidisciplinary competencies address six domains: Health Promotion and Safety; Evaluation and Assessment; Care Planning and Coordination Across the Care Spectrum (including End-of-Life Care); Interdisciplinary and Team Care; and Caregiver Support. The competencies are intentionally broad, in order to provide a baseline for geriatrics and gerontology training in multiple disciplines. It is expected that there will be variations in the way these competencies apply to each discipline, including variations in the depth of knowledge or level of involvement in the competency. This presentation will discuss the competencies and provide several examples of how these competencies are being addressed differently in individual disciplines.

SESSION 1330 (SYMPOSIUM)
DEVELOPING A MULTIFACTORIAL FALL PREVENTION PROGRAM: INCREASING STABILITY THROUGH EVALUATION AND PRACTICE (INSTEP)

This symposium will describe the Fall Prevention Center of Excellence’s (FPCE) multifactorial program aimed at reducing seniors’ fall risk, Increasing Stability through Evaluation and Practice (InSTEP). The InSTEP program, targeted to older persons at moderate to high risk of falls, are part of FPCE’s mission to build a fall prevention infrastructure in California and develop evidence-based models, provide technical assistance, and information. FPCE staff analyzed the relative effectiveness of three basic InSTEP models, which differ by intensity of professional involvement (high, medium and low). Validated instruments were used to measure fall risk behaviors, concerns about falling, fall history, and current physical activities. Multiple physical performance tests were also conducted pre- and post-intervention. The first presentation evaluates the InSTEP models’ impact on reducing fall risks and identifies characteristics of participants who benefited from the programs. The second presentation will share results of the home modification component of the programs. The third presentation will present findings of the moderate intensity InSTEP model conducted with English and non-English speaking older adult groups. Lastly, future directions for InSTEP will be discussed, including sustainability strategies and development of a toolkit for dissemination. FPCE is a consortium of the University of Southern California’s Andrus Gerontology Center; the Center for Successful Aging at California State University, Fullerton; the VA Greater Los Angeles Healthcare System Geriatric Research, Education and Clinical Center and David Geffen School of Medicine at UCLA; and the California Department of Public Health, State and Local Injury Control Section.

INSTEP: MAJOR RESEARCH QUESTIONS
J. Kramer1, J.O. Harker2, M. Mitchell1, L. Rubenstein1, 1. VA Greater Los Angeles Healthcare System, Geriatric Research Education Clinical Center (GRECC), David Geffen School of Medicine at UCLA, Sepulveda, California, 2. VA Greater Los Angeles Healthcare System, Geriatric Research Education Clinical Center (GRECC), Sepulveda, California, 3. Department of Veterans Affairs, Center for the Study of Healthcare Provider Behavior, Sepulveda, California, 4. University of Oklahoma, Reynolds Department of Geriatric Medicine, Oklahoma City, Oklahoma

The three InSTEP intensity models were evaluated in longitudinal design using a logistic regression and multi-level modeling to determine: 1) Which model(s) reduce fall risk factors, 2) Characteristics of participants who benefit from these FP models, 3) Do the models have similar impacts on falls and 4) Which of the risk factors that were modified by InSTEP participation have an impact on falls. Risk assessment and participant characteristics were evaluated at baseline, immediately post intervention, and then at 3 and 6 month intervals up to 12 months;
in addition fall diaries were collected monthly over 12 months. Preliminary results indicate that all InSTEP models have had statistically significant impact on falls and fall risk reduction at 3 months after graduating from an InSTEP program. Self-reported falls decreased for all InSTEP models. Of the 99 persons who had a history of falls at baseline, only 44.6% had fallen again (McNemar test, p<0.001).

OUTCOME ANALYSIS OF THE INSTEP HOME MODIFICATION COMPONENT
B. Steinman1, A. Quyen Do Nguyen2, 1. Center for Gerontology and Health Care Research, Brown University, Providence, Rhode Island, 2. Leonard Davis School and Andrus Gerontology Center, University of Southern California, Los Angeles, California

This discussion will focus on implementation of an environmental risk assessment tool called the Falls Home Assessment (FHA) which is being developed by the FPCE. The FHA assesses nine areas of concern in homes of InSTEP participants, evaluates whether common hazards are present, and provides potential solutions to address hazards. On average, occupational therapists administering the FHA identified 12.4 (SD = 7.2) hazards in homes of high intensity participants at baseline; by contrast, social workers identified 9.9 (SD = 4.5) in homes of medium intensity participants. These findings suggest that FHA may function differently depending on assessor type. A home modification intervention was available to fix up to five home hazards. On average, participants agreed to fix 2.7 (SD = 1.8) hazards in their homes; as a result of the intervention, participants fixed an average of 1.8 (SD = 1.6). A conclusion will discuss potential barriers to making home modifications.

INSTEP: TESTING PROGRAM EFFICACY IN MONOLINGUAL KOREAN- AND SPANISH-SPEAKING OLDER ADULTS
D. Rose, Center for Successful Aging, California State University, Fullerton, Fullerton, California

Following its successful implementation with English-speaking older adults, the efficacy of the moderate intensity InSTEP model was tested with monolingual Korean- (N = 37) and Spanish- (N = 29) speaking older adults. Outcome and process evaluations were conducted after the three program rotations for each ethnic group. The combined results of the Medical Risk Assessment (MRA) and baseline balance testing indicated that 21 of the 66 participants (32%) were at high risk for falls with significant differences across ethnic groups. At follow-up, most participants screened (93.3%) had discussed their MRA assessment results with their doctor as directed. The Home Assessment and Modification component was less successful with only 38 of 66 participants (58%) consenting to a home assessment and 29 (44%) to recommended modifications. After 12 weeks in the group exercise program, significant improvements in balance, lower body strength, and functional mobility were observed for the total sample.

FUTURE DIRECTIONS: LESSONS LEARNED AND NEXT STEPS
J. Pynoo, Leonard Davis School and Andrus Gerontology Center, University of Southern California, Los Angeles, California

Based on evaluation findings and lessons learned regarding sustainability and feasibility, future directions for InSTEP focus on refining the model, additional testing, and the development of a toolkit to guide implementation. Issues to consider include auspices of the program; appropriate target groups; recruitment of participants; necessary resources; validation of instruments; coordination of the medical, exercise, and home modification components; cost of the program; and the development of toolkit.

SESSION 1335 (SYMPOSIUM)
FAMILY CARE, LIVING ARRANGEMENTS AND HEALTH OF OLDER PEOPLE IN CHINA
Chair: T.Y. Lum, University of Minnesota, St. Paul, Minnesota

This symposium examines family caregiving and health of older adults in China. The first paper examines how culture influenced family caregiver’s perception of dementia and caregiving. Using qualitative data collected in two urban Chinese cities, the authors found that traditional Chinese culture might protect family caregivers against caregiving stress. The second paper examines the structure of intergenerational relationships in rural China. Using survey data from the Anhui province, the authors found that typologies of intergenerational relations reflected adaptations of family relations to contemporary socio-economic and cultural conditions in China. The third paper examines generational differences in filial piety and living arrangements for elders in Hong Kong. Using survey data from 1,004 adults, the authors found a U-shape relationship between age and filial piety and willingness to living with aging parents. The fourth paper examines trajectories of social engagement and depressive symptoms among nursing home residents in Hong Kong. Using 5 years nursing home assessment data, the authors found that the two trajectories were negatively related. The last paper examines rural-urban health disparities among adults in China. Using data from the Chinese Health and Retirement Longitudinal Study, the authors found that that people living in rich, urban areas in China were increasingly experiencing “compression of functional limitations”, whereas decreased physical function was associated with age was accelerated in poor province and rural areas.

TRAJECTORIES OF SOCIAL ENGAGEMENT AND DEPRESSIVE SYMPTOMS IN OLDER ADULTS IN RESIDENTIAL CARE IN HONG KONG
V. Lou1, C. Kwan2, I. Chi1, A.Y. Leung3, 1. Social Work & Social Administration, The University of Hong Kong, Hong Kong, Hong Kong, 2. Department of Statistics & Actuarial Science, The University of Hong Kong, Hong Kong, Hong Kong, 3. School of Social Work, University of Southern California, Los Angeles, California, 4. School of Nursing, Sau Po Centre on Aging, The University of Hong Kong, Hong Kong, Hong Kong

Objective: This study examines the relationship between changes in social engagement and depressive symptoms among Chinese older adults who have lived in residential facilities for over 6 years. Method: A latent growth model was used to analyze six waves of data from the Resident Assessment Instrument (RAI) used in the Longitudinal Residential Home Study Hong Kong Sheng Kung Hui Welfare Council (HKSKW) from 2005 to 2010. Results: While controlling for baseline measures, trajectories for social engagement are strongly related to trajectories for depressive symptoms. Those participants who recorded positive growth in social engagement report negative growth in depressive symptoms. Conclusion: Depressive symptoms are among the most commonly observed mental health problems for older adults in residential care. The findings of our study extend previous research by showing that the dynamic relationship changes across time.

AREA DISPARITIES IN HEALTHY AGING IN CHINA
L. Li, J. Zhang, School of Social Work, University of Michigan, Ann Arbor, Michigan

This study examines area disparities in health and in the way health varies by age among adults in China. The analysis was based on the Chinese Health and Retirement Longitudinal Study which collected data from a probability sample of adults (age 34-93, N=2,685) in a rich coastal province (Zhejiang) and a poor inland province (Gansu) of China in 2008. We found that older age and rural residence (vs. urban) lower physical functioning, and their effects are greater for those living in Gansu than in Zhejiang. Nonetheless, rural and Gansu residence pro-
tects one from the risk of hypertension associated with age. Our find-
ings suggest that people living in rich, urban areas of China are increas-
ingly experiencing “compression of functional limitations,” whereas 
those living in poor, rural areas are much less likely to age without dis-
ability. The former, however, may be at greater risk of hypertension and 
related diseases as they age.

THE STRUCTURE OF INTERGENERATIONAL RELATIONS 
IN RURAL CHINA: A LATENT CLASS ANALYSIS

M. Guo1, I. Chi2, M. Silverstein1, J. USC School of Social Work, Los 
Angeles, California. 2. Davis School of Gerontology, Andrus 
Gerontology Center, University of Southern California, Los Angeles, 
California

Most existing typology studies of intergenerational relations have 
used samples in North America and Europe. The present study expands 
on the previous research by determining whether similar family rela-
tion typologies could be found by using a sample of Chinese elderly. 
The data was derived from a survey of 1,224 older adults in rural Anhui 
province, China in 2009. The results of Latent Class Analysis showed 
five types of intergenerational relations among Chinese rural elderly: 
tight-knit, nearby but discordant, distant and discordant, distant recip-
ocal, and distant ascending. Among them, “distant reciprocal” is a 
unique pattern different from those of western studies and it reflected 
collaborative and mutual beneficial parent-child relations in the context 
of large out-migration of adult children in rural China. We conclude that 
the typologies of intergenerational relations found in our study reflected 
adaptations of family relations to contemporary socio-economic and 
cultural conditions in rural China.

FAMILY CAREGIVER’S PERCEPTION OF DEMENTIA AND 
CAREGIVING IN CHINESE CULTURE

B. Dai1, B. Wu1, Y. Mei1, Z. Mao1, H. Wang1, X. Yu1, S. Levkoff2, 1. 
school of public health, Wuhan University, Wuhan, Hubei, China. 2. 
Jiangsu University, Zhenjiang, Jiangsu, China. 3. Duke University, 
Durham, North Carolina. 4. Harvard University, Cambridge, 
Massachusetts, 5. Peking University Institute of Mental Health, 
Beijing, China. 6. University of South Carolina, Columbia, South 
Carolina

Objective: This study examined views of perception of dementia and 
caregiving among family caregivers of individuals with mild cognitive 
impairment (MCI) and dementia in China. Methods: Semi-structured 
terviews were conducted in 2009 in Wuhan and Beijing, China. Par-
ticipants included 38 spouses, seven adult children and one sibling, aged 
between 41 and 85. Results: One common theme is that family care-
givers thought the Chinese terminology of dementia brings discrimi-
nation to individuals with cognitive impairment. Caregivers who were 
children were less traditional and more pragmatic in their practice of 
filial piety than those who were spouses or siblings. Conclusions: A cul-
turally appropriate terminology of AD/dementia would help in decreas-
ing the stigma of dementia. Though divergences emerged, a mainstream 
culture of filial piety persisted. This study suggests that traditional cul-
ture provides positive influence on caring for elders with cognitive 
impairment and AD/dementia, and reduces the stress of caregiving.

GENERATIONAL DIFFERENCE IN ATTITUDE TOWARD 
FILIAL PIETY AND ELDER CARE IN HONG KONG

T.Y. Lum1, E. Yan1, A. Ng2, G. Leung2, D. Lam1, M. Chow1, 1. University 
of Minnesota, St. Paul, Minnesota. 2. The University of Hong Kong, 
Hong Kong, Hong Kong

Objective: The objective of this study was to understand intergen-
erational difference in support of filial piety and its implication for fam-
ily care frail elderly among Chinese people. Methods: We conducted a 
telephone survey with 1,014 adults and focus groups with 32 people in 
Hong Kong. A grounded theory approach was used to analyze the focus 
group data while multivariate regression analysis was used to analyze 
the survey data. Findings: Support for filial piety was stronger among 
the elderly and younger adult populations, but lowest among middle age 
people. Older people were very willing to live with their adults chil-
dren. However, most non-elderly adults were reluctant to live with their 
aging parents. Among non-elderly adults, the willingness to live with 
aging parents was highest among younger adults than middle age adults. 
Implications of these findings to the future of family care in Chinese 
society will be discussed.

SESSION 1340 (SYMPOSIUM)

HEALTHY AGING IN MASSACHUSETTS: COMMUNITIES 
FOR LIFELONG WELLNESS

Chair: W. Leutz, Heller School, Brandeis University, Waltham, 
Massachusetts
Discussant: N. Whitelaw, National Council on Aging, Washington, 
DC, District of Columbia

After a 2.5-year planning and development effort supported by the 
Tufts Health Plan Foundation, Massachusetts is launching a statewide 
healthy aging (HA) initiative in late 2011. The initiative’s HA model 
seeks to integrate a statewide network of evidence-based programs 
into new community-level initiatives that build on existing health and 
supportive services, existing healthy community efforts, social networks, 
and other local institutions. These efforts will be supported by a coor-
dinated public awareness campaign, as well as a Healthy Aging Acad-
emy to train and inspire leadership. All initiatives will include older 
adult engagement, involvement of community leaders, systems link-
ages, and evaluation. This symposium describes the development of the 
MA initiative and details the HA model to be used. It includes reports 
on the foundation’s journey into healthy aging as a funding priority, the 
use of the Massachusetts Health Policy Forum to build a representative 
state-wide planning effort, the models for HA that guided the planners, 
and the plan that will be launched in late 2011.

DEVELOPMENT OF A STATEWIDE HEALTHY AGING 
INITIATIVE

D. Abelman, 1. Tufts Health Plan Foundation, Watertown, 
Massachusetts. 2. Tufts Health Plan, Watertown, Massachusetts

In 2009, the Tufts Health Plan Foundation launched an initiative 
focused on healthy aging for older adults 60+. Leveraging that grant 
making initiative, the foundation began a partnership with the Massa-
echusetts Health Policy Forum (MHPF) at Brandeis University to develop 
policy and public education approaches aimed at building a Healthy 
Aging (HA) movement in Massachusetts. The Foundation partnered 
with MHPF to create a series of three Issue Briefs and two statewide 
conferences in 2009 and 2010 that first reviewed models of HA and HA 
efforts in the state, second supported a steering committee to prioritize 
components of the initiative, and third created subcommittees to develop 
detailed and integrated plans to foster HA. This presentation will detail 
the process, including involvement of outside experts and a broad con-
stituency in the background research, forums, and committees; lever-
aging resources from the Foundation and other sources; and plans for 
sustainability and expansion over time.

THE MASSACHUSETTS MODEL FOR HEALTHY AGING

W. Leutz, Heller School, Brandeis University, Waltham, 
Massachusetts

The model for healthy aging (HA) that is being implemented in Mas-
sachusetts is the result of a two-year research and development effort 
backed by the Tufts Health Plan Foundation and the Massachusetts 
Health Policy Forum. The project is guided by a vision of HA that was 
derived from a synthesis of the policy and research literature on HA, 
interviews with 28 experts inside and outside the state, and site visits 
to a variety of HA programs. This presentation summarizes the findings
of the investigation, including concepts and ingredients of HA, a systems model of HA, programming for HA, and approaches for promoting HA in communities.

THE MASSACHUSETTS PLAN FOR HEALTHY AGING
C. Jakubak1, D.P. Stevens2, 1. MA Association of Older Americans, Boston, Massachusetts, 2. Massachusetts Councils on Aging, Easthampton, Massachusetts

The details and coordination of the Massachusetts plan for healthy aging (HA) have been worked out by a steering committee, which formed three subcommittees to: (1) solidify evidence-based HA programming; (2) foster HA communities; and (3) support the first two subcommittees with public awareness activities. This presentation details the formation and operations of these committees, as well as the plans to be implemented. For HA programming, this includes solidifying the statewide infrastructure of trainers, recruitment, and classes as well as political and financial support. For healthy communities, this involves developing cross-program, intergenerational partnerships in cities and towns, plus support from a state-level healthy aging “academy.” Public awareness activities will be developed to support the HA programming and communities efforts.

STATE AGENCY VIEWS OF THE MASSACHUSETTS PLAN FOR HEALTHY AGING
R. Palombo1, A. Albright2, 1. MA Executive Office of Elder Affairs, Boston, Massachusetts, 2. MA Department of Public Health, Boston, Massachusetts

Over the last several years, the Massachusetts Executive Office of Elder Affairs (EOEA) and Department of Public Health (DPH) have collaborated closely to implement both evidence-based healthy aging (HA) programs and broader healthy communities initiatives. The initiatives are supported by a variety of federal, state, and local funds. Since 2009 EOEA and DPH have also collaborated with the statewide HA planning and development effort supported by the Tufts Health Plan Foundation through the Massachusetts Health Policy Forum. In this presentation, a state agency staff member discusses the challenges and opportunities related to coordinating their ongoing programming and commitments with an independent HA initiative outside of state government.

SESSION 1345 (SYMPOSIUM)

REFINEMENTS AND NEW MEASURES IN THE NATIONAL BALANCING INDICATORS
Chair: S. Ruiz, IMPAQ International, Washington, District of Columbia
Co-Chair: O. Urdapilleta, IMPAQ International, Washington, District of Columbia

This symposium will present findings from Year 1 of the National Balancing Indicator Project (NBIP). Approximately 42% of elders and 19% of adults currently report having functional limitations due to physical or intellectual disabilities, and/or mental illnesses. These individuals require a range of long-term support and services (LTSS) to live independently in the community. Despite substantial research efforts studying rebalancing, there remains a gap in the availability of common indicators to measure rebalancing efforts and measures of choice, control and access of the full array of quality services that assure independence, optimal health and quality of life across all States. To address this gap, the NBIP is assisting the Centers for Medicare & Medicaid Services (CMS) and States in the refinement of the indicators that measure States’ progress in offering a rebalanced system of LTSS. The presentations will focus on three areas: 1) the refinement and improvement of balancing indicators; 2) additions and expansions of the indicators; and 3) the development and collection of the developmental indicator cultural competence. Federal mandates and initiatives (e.g., Americans with Disabilities Act, Olmstead Decision) provide an impetus for State agencies to pursue community integration for all individuals. As States continue to reform their LTC systems, there is a growing interest in determining their successes in attaining and maintaining person-centered care, and achieving a more equitable balance between the provision of Medicaid institutional care and community-based services and related expenditures. These rebalancing issues continue to be critical components of long-term support system discussions at the Federal and State levels.

REFINEMENTS OF THE NATIONAL BALANCING INDICATORS

One core component of the NBIP project is refining and improving balancing indicators developed in the first phase. This presentation will describe the ways in which the indicators are being improved through feedback from state grantees and federal partners. Individual States provided a range of feedback from preferences in wording to philosophical changes in how the indicators were calculated. Some States also felt that several of the indicators should be consolidated or shifted to another principle. It was argued that some indicators should be consolidated because of overlap in those two indicators. States also suggested that some indicators be shifted. Several States wanted to update indicators based on changes within the state or new legislation. States sometimes gave critiques about how the indicator was calculated and suggested alternative calculation strategies. An example of such a critique would be a unified mission/vision statement. It was argued that there is debate about whether such a statement is important for the operation of the agency. A description and analysis of State suggestions for refinement of the indicators will be included in the presentation.

ADDITIONS AND EXPANSION OF INDICATORS IN THE NATIONAL BALANCING INDICATOR PROJECT

This session will present findings from the development of new balancing indicators, with a focus on indicator development for Direct Service Workforce (DSW). After a summary of the NBIP’s work with State Grantees and federal partners to expand balancing indicators, the presentation will focus on the creation of indicators to measure states efforts in DSW. The National Direct Service Workforce (“DSW”) Resource Center released a set of recommendations for state agencies about which workforce data to collect and which indicators to track to help them measure the impact of their workforce initiatives over time. The set of six core data elements identified in the article were identified through a collaborative effort of the DSW Resource Center technical assistance team, representatives from 13 states, CMS, and several Federal partner agencies. As part of the Prime Contract, IMPAQ will work with the DSW Resource Center team to assist CMS State Profiling Tool (SPT) grantees to collect the recommended core data elements and build the infrastructure needed to track these workforce indicators over time. In addition the new measures, the presentation will consider the applicability and implementation of these measures in context to the availability of existing data sources and future data collection and reporting efforts mandated by the Affordable Care Act (ACA) and other initiatives within CMS and across the Federal government designed to reform and improve the LTSS system.

THE DEVELOPMENT OF INDICATORS TO CAPTURE CULTURAL COMPETENCE
S. Ruiz, J. Howard, IMPAQ International, Washington, District of Columbia

This presentation will summarize the ongoing efforts among the ten SPT Grantees to implement a culturally competent long-term support and services (LTSS) system as well as previous efforts by the NBC...
in the development of the Cultural Competency principle and indicators. Due to the fact that States have unique terminology to represent a culturally competent LTSS system, the general definition used is a system that provides accessible information and services that take into account people’s cultural and linguistic needs. Specifically, a culturally competent LTSS system includes the following key components: 1) Service offerings to a diverse population, supported by staff that reflect that diversity; 2) State and local communities provide ongoing education, training and awareness activities in cultural competence for providers and others; 3) Prevention of prejudice and discrimination related to disability or accommodation in the workplace; 4) Successful communication with people of all ages with disabilities and/or chronic conditions.

SESSION 1350 (PAPER)
ENVIRONMENTAL CHANGES THAT IMPROVE THE QUALITY OF LONG TERM CARE

THE EFFECT OF BRIGHT LIGHT ON PERSONS WITH DEMENTIA: A REVIEW OF THE CURRENT RESEARCH ON THE ABILITY OF BRIGHT LIGHT IN RESIDENTIAL SETTINGS TO REDUCE AGITATION AND IMPROVE SLEEP IN PERSONS WITH DEMENTIA

With the development of the special care unit as a residence for those with dementia, the relationship between the environment and health outcomes gains increased importance. As the model continues to grow, designers and health care providers need to be able quantify the effect of specific environmental interventions on improved health. This paper presents the findings of an in depth literature review on the effects of exposure to bright light on persons with dementia. Specifically this review includes only those studies that measured either reduction in agitation or sleep improvements. Dementia was defined to include those with Alzheimer’s Disease and other dementias. The review includes research studies that use both artificial bright light and daylight interventions. Studies reviewed were primarily conducted in special care dementia units, skilled nursing facilities, or supportive living environments and included only adults aged 65 and over with a diagnosis of dementia. The research confirmed that exposure to bright light does have a positive affect on reducing agitation and improving sleep patterns in persons with dementia. However, the research shows conflicting findings on the appropriate dosage of light or method of administration. This suggests that further research is needed in order to better understand the biologic response to bright light. Two areas identified as being of primary importance are dosage of light required and type of light that is most effective.

THE PRESENCE OF FAMILY DURING MEALTIME: IMPACT ON FEEDING ASSISTANCE CARE QUALITY
D.W. Durkin, S.F. Simmons, Center for Quality Aging, Vanderbilt University School of Medicine, Nashville, Tennessee

Inadequate staffing is a common problem in long-term care (LTC) facilities that often results in inadequate mealtime assistance. New federal regulations allow non-nursing staff to provide feeding assistance. The use of family/volunteers could be an effective way to augment LTC staff to improve mealtime assistance. However, we have limited knowledge about how often family members visit during mealtime and what types of assistance they provide, when present. The purpose of this study was to examine data from a larger study. Trained research staff conducted observations (n=1,443) during meals for a sample of 44 LTC residents. Specifically, we examined the prevalence and quality of family/volunteers assistance and the relationship between the presence of family/volunteers and mealtime care quality. Results showed that assistance from family/volunteers was infrequent, occurring only 6% of the time; however, when assistance was provided residents benefited. Residents with family/volunteer assistance ate significantly more of their meal, were provided assistance for significantly longer periods of time and were significantly more likely to receive physical guidance/encouragement to promote mealtime consumption. Regression analyses determined that residents who were older, female, and non-white were more likely to receive family assistance. LTC facilities that encourage family involvement in mealtime assistance would free up time and staff to help assist other residents and may improve the intake of residents who get assistance from families. In addition, it would give the families something to do when they visit their loved one. This may be particularly beneficial to family members of residents with dementia.

PERSON-CENTERED CARE IN THE FACE OF ‘AGGRESSIVE’ BEHAVIORS OF PEOPLE WITH DEMENTIA LIVING IN A LONG-TERM CARE SETTING
P.J. Doyle, Center for Aging Studies, Erickson School, University of Maryland Baltimore County, Baltimore, MD

Person-centered care is considered to be among the best practices in providing formal dementia care. However, there are limitations in the application of person-centered care and information regarding the limitations is lacking in the literature. The ethnographic research project, in which this paper draws from, sought to examine the complexities of this approach to care in one focal dementia care setting that had an explicit organizational commitment to a person-centered model of care. The ethnographic interviews and participant observations of both staff members and residents will be used to discuss some of the challenges faced when applying person-centered care principles. Specifically, this paper will focus on how documented aggressive behaviors of residents influenced the provision of person-centered care. To look at this relationship between aggressiveness and person-centered care, this paper will focus on three residents who exhibited aggressive behaviors. In these situations, there was often a delicate balance between what is best for the ‘aggressive’ resident and the well-being of others living/working in the environment. This study found that aggressive behavior, perceived to be problematic, triggered acute attention to the resident to minimize the undesirable behavior. However, the solutions to reduce the behavior did not always match the principles which underlay person-centered care. Discussion will focus on how and why the approach to aggressive residents at times conflicted with the overall model of care in this setting and if this deviation is problematic.

THE DINING ENVIRONMENT IN SPECIAL CARE UNITS: OPPORTUNITIES FOR SOCIAL CONNECTION FOR RESIDENTS LIVING WITH DEMENTIA
E. Roberts, Human Environmental Sciences, University of Missouri-Columbia, Columbia, Missouri

Lee, Draper & Lee (2001) define social connection as the subjective awareness of being in a close relationship with the social world, suggesting that social connection includes a sense of closeness to others that is critical to one’s sense of belonging. Incorporating the framework of a social ecology perspective, this multi-method case study addressed social connection for the residents of a 70-bed special care unit (SCU) for cognitively impaired individuals with dementia. While past studies have shown that the organizational and physical structure of SCUs can have an impact on resident social interaction, the purpose of the study was to gain a better understanding of the role that the physical environment plays in supporting important social interactions in dining room settings. The SCU in the study had two dining options for residents, one a large institutional dining room, and the other a residentially scaled dining room with a dining table where 8-10 residents are served meals directly from a residentially scaled kitchen. Through observations and staff and family interviews, it was determined that despite the different settings, social bonds created during mealtimes are complex relational
ties formulating a cohesive social community, and offer potential for improved quality of life and a sense of social connection for residents living in SCUs.

**PROMOTING CHOICE IN NURSING HOME DAILY CARE: A STANDARDIZED OBSERVATIONAL PROTOCOL OF STAFF BEHAVIOR**

J. Palmer\(^1\), V. Parker\(^2\), D. Berlowitz\(^1\), J. Burgess\(^2\), C.W. Hartmann\(^1\)\(^,\) J. CHQOER, Bedford VA Medical Center, Bedford, Massachusetts, 2. Boston University, Boston, Massachusetts

The burgeoning “culture change” movement in nursing homes champions resident choice as key to resident-centered care. Staff plays a pivotal role in soliciting and honoring resident choice; thus the question arises: how well do nursing home staff do at achieving such a goal? Little has been done to measure this phenomenon. We have developed a preliminary standardized observational protocol to address this gap. In the first phase of tool development, we relied on the use of qualitative methodology within a large, integrated healthcare system (the Veterans Health Administration). This consisted of 22 hours of ethnographic observations and over 30 interviews of residents and staff in two nursing homes. We refined the tool further using a comprehensive literature review on the topics of resident choice and observational instruments in nursing homes. Finally, we established face validity of the tool by consulting a five-member expert panel of nursing home workers and research experts in the field using a modified Delphi approach. The final tool includes the following coded dimensions for each observed instance of staff-initiated choice opportunity: choice domain (e.g., meals), choice type (e.g., when), staff language use (e.g., open-ended question), staff behavior when choice is solicited (e.g., asks in an anticipatory fashion), staff behavior when choice is not solicited (e.g., suggests what is to be done), and potential conflicts to offering resident choice (e.g., treatment recommendations). This tool holds significant promise for informing operationalization of resident choice, advancement of its research, and internal and external quality measurement in nursing homes nationwide.

**SESSION 1355 (PAPER)**

**GLOBAL PERSPECTIVES ON INTERGENERATIONAL SUPPORT**

**BONDING WITH ONE CHILD: CONSEQUENCES ON DEPRESSION AND DISABILITY OF ELDERS IN RURAL CHINA**

Z. Cong\(^1\), M. Silverstein\(^2\), 1. Human Development and Family Studies, Texas Tech Univ; Lubbock, Texas, 2. University of Southern California, Los Angeles, California

This paper examined how relationships with children influenced the trajectory of depression and disability of elders in rural China. Our working sample included 1640 elders from a four-wave longitudinal study in Anhui Province, China, interviewed in 2001, 2003, 2006, and 2009. In rural China, on average elders have 4 children, with whom elders experience various interactions. We categorized elders’ relationships with children into three groups: one dominant, shared support, and all distant. We further used growth curve analysis to examine the effects of these types of relationships on the trajectories of depression and disability respectively, as well as the buffering effects of relationship types on the reciprocal relationships between depression and disability. Results showed that having one dominant relationship reduced the development of depression and disability, and deterred the reinforcing effects between depression and disability. This investigation brings forth the importance of having at least one supporting child in elders’ well-being. When children play a very important role in elders’ support network in rural China, the best strategy for elders to improve their well-being is to be closely bonded with one child.

**WHAT EXCHANGES MEAN TO JAPANESE OLDER PARENTS AND THEIR “ON-CALL” FAMILIES**

S. Lum, Waseda University, Tokyo, Japan

Many quantitative research and surveys have found exchanges within Japanese families to be at a low level. Although situated in Asia, Japanese family structures have undergone significant changes over the past century. Compared to families in other Asian societies, Japanese family relationships can be said to be distant and recent phenomena lamenting the “collapse” of family have created an even bleaker picture. The purpose of this research was to explore in depth the intra-family relationships of middle-class, healthy older adults living in the Greater Tokyo area. A total of 35 older adults (age ranged from 60 to 85 years) and 10 adult children (age ranged from 30 to 59 years) were interviewed to understand the living arrangements, contacts and exchanges and relationships between parent(s) and child(ren). Interview data were analyzed for family structure, contacts and exchanges and generational relationships. Results found that parents fiercely guarded their independence as well as that of their children. The infrequent contacts and exchanges became important times and events for both generations. The adult children, generally living apart from parents, were deeply committed to see to the needs of their parents, when and if such a need arose. Needs became the overriding criteria for action, resulting in what could be described as “on-call” families.

**HOUSEHOLD CONTEXT AND HEALTH OF THE ELDERLY IN INDIA**

T. Samanta, Sociology, University of Maryland, College Park, Maryland

Support for the elderly in developing countries is becoming an increasingly important issue in the face of accelerated population aging. This population aging is occurring at a time when developing countries are also experiencing rapid socioeconomic changes including globalization, urbanization, occupational mobility and outmigration of young people. Notably, family still remains the central source of support for the elderly as institutional systems of care (e.g., old age homes, geriatric clinics etc) are largely inadequate in most developing countries. Given this resilience to norms of filial piety, governments and policy makers in some developing countries (including India) have enacted filial responsibility laws mandating familial support, rather than introducing government funded institutional programs such as social security pensions and public medical systems. Academic research, however, has been largely inadequate to assess the multifaceted implications of such family-care policy. This paper draws on the nationally representative, multi-topic dataset-India Human Development Survey (2004-05) - and attempts to fill this gap by examining the association between household context (especially co-residence with adult children) and elderly health (short term morbidity) in the Indian context. In addition, the study also aims to focus on the association between elderly health and differences in health expenditures by family types (living alone, with adult children or with other family members) in situations where there is no universal social security or national health care scheme to protect the elderly. Statistical analyses such as logistic regression and propensity score matching are used to investigate the hypothesized associations.

**REFLECTIONS ON A STUDY OF THE UK’S FIRST PURPOSE-BUILT INTERGENERATIONAL CENTRE**

J. Melville, Centre for Social Gerontology, Keele University, Stoke on Trent, United Kingdom

Many changes in society, such as increased geographic mobility and improved technological advances, have led to generations frequently becoming segregated from one another. One response to these social and economic changes has been to develop intergenerational shared sites (IGSS). IGSS’ are unique as they present the opportunity for frequent structured and informal activities with the potential to establish age-integrated communities that meet the diverse needs of their members.
Whilst IGSS are well established across the US, very few centres with a specific ‘intergenerational focus’ operate in the UK. In 2008, the London Borough of Merton, England, received capital funding to establish the country’s first purpose-built intergenerational centre. Since then, the Acacia Intergenerational Centre has been developed as a one-stop resource of shared services and facilities for older people, children and younger people, and families. This paper presents preliminary findings from in-depth qualitative interviews conducted with stakeholders responsible for the design and development of the Centre, documentary analysis highlighting the processes and decision-making behind its establishment, and non-participant observation of how the Centre’s social and built environments promote interaction between participants. In particular, the study explores stakeholders’ expectations and their proposed strategies for how the Centre will foster intergenerational interaction. Findings highlight the interplay between the objectives set for the centre, and the extent to which the environment has met the needs of participants and fostered intergenerational interaction.

EFFECTS OF GRANDPARENT CAREGIVING: EVIDENCE OF HEALTH IMPROVEMENTS FOR GRANDPARENTS IN TAIWAN

Background: Grandparents in Taiwan often volunteer to help care for grandchildren due to traditional family values. However, little is known about the health impact of caregiving on those grandparents. Although research in the U.S. has found negative health effects on grandparent caregivers, the results are likely to differ in Taiwan considering cultural differences. The objective of this study is to determine whether caring for grandchildren has a positive impact on the health and health services use of grandparents in Taiwan. Methods: Data came from 5,245 grandparent respondents in four waves of the Survey of Health and Living Status of the Elderly in Taiwan (1993-2003), a nationally representative survey of Taiwanese elderly. Grandparent caregiver was a binary indicator of whether the respondent has ever helped care for his or her grandchildren. Panel data analyses were used to estimate health impact of caregiving while controlling for selection into caregiving by healthier grandparents using both fixed effects and instrumental variables. Results: Caring for grandchildren was associated with improvements in caregivers’ physical and mental health measured by self-rated health, life satisfaction, mobility limitations, and depression. Caregivers were also less likely to report having unmet health need, although no significant effect was found in their outpatient care utilization. Instrumental variables analysis showed that after controlling for endogeneity, the protective effects of caregiving was even larger on mobility limitations and unmet health need. Conclusions: Evidence from grandparents in Taiwan supports our hypothesis that that caring for grandchildren can be beneficial for grandparents’ health within a culture that emphasizes intergenerational reciprocity.

SESSION 1360 (PAPER)

RISKS FOR FUNCTIONAL LIMITATIONS

IMPACT OF COGNITIVE AND MANUAL DUAL-TASKS ON GAIT OF OLDER ADULTS AT HIGH AND LOW FALL RISK
C. Hall1-2, M. Hackney1-2, 1. Rehab R & D Center of Excellence, Atlanta VAMC, Decatur, Georgia, 2. Emory University, Atlanta, Georgia

Background: Impaired ability to walk under dual-task conditions contributes to falls. Results of previous studies vary depending on the dual-task used, making it difficult to apply findings. One purpose of this study was to determine the impact of different secondary tasks on gait. A second purpose was to determine the impact of dual-tasks on gait of participants at high versus low fall risk. Methods: Sixty-two healthy, community-dwelling older adults (range: 65-86 years) without cognitive impairments participated. Gait, with and without dual-tasks (verbal, math, or manual), was measured using an electronic walkway. A 3x2x2 (cognitive task by manual task by fall risk group) RM MANOVA was performed. Results: There were significant (p<0.001) main effects of task (cognitive and manual) and group. While performing either cognitive task, participants walked slower, had shorter stride length, longer stance time, and increased swing time variability. While performing the manual task, participants walked slower and had shorter stride length. With or without dual-tasks, participants at high risk for falls walked slower, had shorter stride length, longer stance time, wider steps, and more variable swing time, than those at low fall risk. Dual-task conditions did not differentially affect participants at high fall risk. Conclusion: A verbal task had the greatest effect on gait and so may be appropriate for identifying fall risk in older adults. Gait performance decrements (i.e., dual-task costs) were similar for individuals at high and low fall risk; therefore, an actual time cutoff to determine fall risk with dual-task paradigms may be most appropriate.

AN EXAMINATION OF RURAL VS. URBAN FALLS USING GIS
D.J. Van Dussen1, B.M. Hileman2, B.A. Shellito3, H. Krause1, 1. Sociology, Anthropology, and Gerontology, Youngstown State University, Youngstown, Ohio, 2. St. Elizabeth Health Center, Youngstown, Ohio

The current research examines the associations between the number and severity of falls and the distance from a hospital as well as the urban and rural development of the location in the Youngstown/Warren regional area in Ohio. This study uses GIS to show the distribution of falls and the distance from the three hospitals that deal with trauma in the area. Our sample consists of 1600 individual fall locations representing traumas resulting in hospitalization. Performing calculations on these locations with ArcGIS, the fall locations were linked to their closest trauma facility. GIS distance calculations were then used to determine the distances traveled to reach the facility. Entering ISS trauma data provided by the trauma facilities into ArcGIS, there is an obvious trend towards increased ISS levels as distance increases. This information can be used to improve care that is provided by these trauma facilities, enabling them to provide better service to an expanded service area.

INSUFFICIENT PERSONAL ASSISTANCE FOR ADL DISABILITY AND RISK FOR DEATH AMONG COMMUNITY-LIVING OLDER ADULTS
S. He1, H. Xu1, L.P. Sands2, P. Stallard2, B.A. Craig1, J. Thomas3, K. Covinsky1, 1. Purdue University, West Lafayette, Indiana, 2. Indiana University School of Medicine, Indianapolis, Indiana, 3. Nursing, Purdue University, West Lafayette, Indiana, 4. Duke University, Durham, North Carolina, 5. University of California San Francisco, San Francisco, California

BACKGROUND. To assess whether self-reports of insufficient help for ADL disabilities reflect vulnerability that cannot be captured by traditional indicators of disability and disease status, we determined whether they were associated with time to death after controlling for demographics, functioning, and illness status. METHODS. Community respondents to the 1994, 1999, and 2004 National Long-term Care Survey (NLTCS) reported demographics, co-morbidities, ADL disability and whether they needed more help for their ADL disabilities. Hospitalizations and date of death were determined from linked Medicare and vital statistics data. RESULTS. During the interview, 6688 respondents reported at least one ADL disability: 80% were aged 75 or older; 72% were female, 87% were white, 31% were hospitalized within 12 months of the interview, and 21% reported lack of sufficient ADL help. Results of a Cox proportional hazards model that adjusted for demographics
and illness status revealed the reports of insufficient ADL help were associated with an increased risk for death among respondents with 1 to 3 ADL disabilities (HR = 1.35, 95% CI: 1.05-1.74), but not among respondents with 4 to 5 ADL disabilities (HR = 0.92, 95% CI: 0.72-1.19). CONCLUSION: For older adults with 1-3 ADL disabilities, self-reports of insufficient help appear to reflect vulnerability that is not captured by ADL and disease status.

INSUFFICIENT ADL HELP AND HOSPITAL READMISSION

G. DePalmal, H. Xu2, K. Kovinsky3, B.A. Craig1, P. Stallard2, J. Thomas4, L.P. Sands5, L. Purdue University, West Lafayette, Indiana, 2. Indiana University School of Medicine, Indianapolis, Indiana, 3. University of California, San Francisco, San Francisco, California, 4. Duke University, Durham, North Carolina, 5. Purdue University, West Lafayette, Indiana

BACKGROUND. ADL disability increases risk for hospital readmission among older adults. We hypothesized that insufficient human help for activities of daily living (ADL) disabilities is a stronger predictor of re-hospitalization than level of ADL disability. METHODS. Self-reported data about presence of ADL disability, insufficient help for ADL disability, demographic and health characteristics were available from the 1994, 1999 and 2004 community interviews of the National Long Term Care Survey (NLTCS). Hospital data were obtained from linked Medicare claims records. Respondents lived in the community and had a hospital discharge within 90 days prior to the NLTCS interview. A Cox proportional hazards model was computed to determine the association between insufficient ADL assistance and hospital readmission between 90 days and one year after the prior hospital discharge after adjustment for demographics, ADL level, and co-morbidities. RESULTS. All subjects had at least one ADL disability; 28% were less than 75 years old, 68% were female, 87% were white, 39% were living alone, and 24% of subjects reported insufficient help for one or more ADL disabilities. ADL status was not associated with time to readmission, but insufficient ADL help was. Rates of readmission were 51% and 36%, respectively, for those who did and did not report insufficient ADL help (HR = 1.95; 95% CI =1.26 - 3.00). CONCLUSION. Results indicate that insufficient ADL help better identifies older adults at risk for hospital readmission than level of ADL disability. The potential for insufficient ADL help at home should be considered in hospital discharge planning.

WAYFINDING EFFICACY IS ASSOCIATED WITH BALANCE IN OLDER ADULTS: RESULTS FROM THE HEALTHY AGING RESEARCH NETWORK


Balance facilitates a healthy lifestyle in ways such as walking for exercise, preventing falls, and maintaining mobility. Cognitive processing plays an important role in balance. Numerous studies have linked balance to cognition demonstrating that balance degrades as cognitive processes are taxed under dual-task conditions; however this association has not been demonstrated in a large community-based cohort. As supported by the Multiple Component Model of Working Memory, it is possible that visuospatial capacity plays a role in motor movements. This study investigates whether wayfinding efficacy – a proxy for visuospatial skills – is associated with balance or falls in older adults.

Method: The Healthy Aging Research Network administered a survey on walking and environmental characteristics to older adults across the US. One-way ANOVAs were used to explore the association between wayfinding efficacy and two outcomes: balance and history of falls. Results: The 884 participants were males (23%) and females (77%) age 65 and older. Participants who were not confident in their ability to navigate through a familiar environment when faced with an obstacle were significantly more likely to have poor balance (F(1,870)=16.47, p<0.001). However, low wayfinding efficacy was not significantly associated with a self-reported fall within the last 6 months (p=0.231). Discussion: This study provides support for the association between balance and visuospatial efficacy. Degradation in wayfinding efficacy may be indicative of decreased postural stability since it is likely that balance taps into the same cognitive process (visuospatial skills) as wayfinding. Lifestyle choices that promote cognitive health may also enhance physical health through better balance.

SESSION 1365 (SYMPOSIUM)

AFRICAN AMERICAN MEN’S HEALTH: THE ROLE OF PSYCHOSOCIAL AND LIFESTYLE FACTORS

Chair: R. Thorpe, Hopkins Center for Health Disparities Solutions, Baltimore, Maryland, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Discussant: J. Jackson, University of Michigan, Ann Arbor, Michigan

A key objective of the public health agenda is to reduce, if not eliminate, health disparities. However over the past three decades modest progress has been achieved with regard to race and sex inequalities. At the intersection of race and sex are African American men who have the worst health profile of all American subgroups as they experience greater morbidity, premature mortality, earlier onset of disease, and present with disease at later stages. Little is known about factors that are related to this important, yet understudied population. While there are research documenting group differences between African American and white men, it is important to identify and understand factors that will enhance the lives of African American men. This symposium highlights research that focuses on how lifestyle and psychosocial factors affect African American men’s health. Thorpe and colleagues examine associations between lifestyle and psychosocial factors and longevity. Whitfield and colleagues examine how health impacts cognitive functioning. Clay and colleagues determine the impact of physical, psychosocial and lifestyle measures on physical functioning. Bruce and colleagues present results from a study examining the relationship between perceived discrimination and blood pressure. These studies provide information that will bolster our knowledge of how lifestyle and psychosocial factors can improve the lives of African American men, lead to reductions in health disparities and improve overall population health.

HEALTH AND COGNITIVE AGING IN AFRICAN AMERICAN MEN

K.E. Whitfield, A. Aiken Morgan, J.C. Allaire, Psychology and Neuroscience, Duke University, Durham, North Carolina

Recently scholars have argued that understanding minority aging needs within group analyses to advance. The same could be argued for gender among these groups. African American men experience greater morbidity, premature mortality, earlier onset of disease, and present with disease at later stages than other men or women of other minority groups. This investigation examined the impact of health status and demographic factors on cognitive functioning of African American men. Data include 243 men from the Baltimore Study of Black Aging and individuals from the Carolina African American Twin Study of Aging. Using linear regression, peak expiratory flow and demographic factors (age, education, and marital status) were found to be significant predictors of cognitive functioning. The results indicate that health factors identified as leading indicators of disparities are important sources of variability in cognitive functioning.
PERCEIVED DISCRIMINATION AND BLOOD PRESSURE AMONG MEN IN THE JACKSON HEART STUDY
M.A. Bruce, M. Sims, R. Thorpe, D.A. Hickson, B.M. Beech, K.E. Whitfield, 1. Internal Medicine, University of Mississippi Medical Center, Jackson, Mississippi, 2. Jackson State University, Jackson, Mississippi, 3. John Hopkins University, Baltimore, Maryland, 4. Wake Forest University, Winston Salem, North Carolina, 5. Duke University, Durham, North Carolina

Hypertension is a major contributor to the compromised health status among African-American men. An emerging segment of the scientific community has begun to acknowledge that hypertension is a complex condition developing from complex interactions of biological (i.e., obesity) and non-biological influences such as discrimination. The purpose of this paper was to use baseline data from the Jackson Heart Study to examine the relationship between perceived discrimination and blood pressure among African American men. The results from descriptive analysis indicate that nearly 20% of the men in the study noted that lifetime discrimination made their lives very stressful and findings from logistic regression analyses indicated that moderate to high levels of stress derived with lifetime discrimination were associated with hypertension prevalence (OR: 1.92 CI: 1.15, 3.22). These findings suggest that the health implications of discrimination for African American men may be linked to the accumulation of toxic discriminatory experiences.

CORRELATES OF LOWER EXTREMITY FUNCTION IN OLDER AFRICAN AMERICAN AND CAUCASIAN MALE MEDICARE BENEFICIARIES

Maintaining functional status and reducing/eliminating health disparities in late life are key priorities. Although race differences in lower extremity functioning have been observed, little is known about the correlates between African American and Caucasian men. The goal of this investigation was to identify race-specific correlates of lower extremity function in a sample of 501 community-dwelling African American and Caucasian male Medicare beneficiaries. The mean age of the participants was 74.9 years (SD=6.5), and the sample was 50% African American, and 53% rural. A linear regression model revealed that African American males had scores on the Short Physical Performance Battery (SPPB) that were significantly lower (p<0.01) than their Caucasian counterparts. Additional multivariable models stratified by race revealed a pattern of similar correlates of the SPPB including medical conditions, psychosocial factors and lifestyle measures, but differences did emerge. The results of this investigation can be helpful for researchers planning targeted interventions.

LIFESTYLE FACTORS AND LONGEVITY IN AFRICAN AMERICAN MEN
R. Thorpe, S. Wilson-Frederick, J.V. Bowie, T. LaVeist, 1. Hopkins Center for Health Disparities Solutions, Baltimore, Maryland, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Despite the well-documented findings of premature death among African Americans, few studies have examined whether lifestyle determinants affect longevity among African American men. Linking the Third National Health and Nutrition Examination Survey (1988-1994) to the 2007 National Death Index, we examined the relationship between lifestyle factors and all-cause mortality in 2503 African American men using Cox regression models. Lifestyle measures included smoking, drinking, physical inactivity, and obesity. After adjusting for age, education, poverty, insurance status, and number of health conditions, current drinking (OR= 0.55, 95% CI 0.32-0.94), smoking (OR= 1.93, 95% CI 1.25-2.99), and physical inactivity (OR= 1.56, 95% CI 1.05-2.33) were associated with all-cause mortality. Obesity was unrelated to all-cause mortality. Efforts to improve longevity among African American men should focus on health promoting strategies aimed at increasing physical activity and smoking cessation in African American men.

SESSION 1370 (SYMPOSIUM)

AGE DIFFERENCES IN JUDGMENT AND DECISION-MAKING: THE ROLE OF MOTIVATION AND EMOTION
Chair: C.E. Loeckenhoff, Cornell University, Ithaca, New York
Discussant: J.M. Jacobs-Lawson, University of Kentucky, Lexington, Kentucky

Previous research has found age differences in various aspects of judgment and decision-making. Importantly, such effects are not fully explained by cognitive decline. Age-related variations in motivational states and affective responses appear to play a role as well - especially in realistic and emotionally salient scenarios. The presentations in this symposium illustrate such effects in the context of choices about temporal sequences of emotional experiences, monetary investment decisions, and susceptibility to consumer fraud. The first two presentations examine how adults of different ages distribute exposure to emotion-eliciting stimuli over time. Reed, Maresca, and Loeckenhoff asked an adult life-span sample to sort a series of positive, negative, and neutral photos in order of viewing preference. Advanced age was associated with a preference for balanced over improving sequences and this effect was fully mediated by future time perspective. Loeckenhoff, O’Donoghue, and Dunning, in turn, examined age differences in intertemporal choices about aversive experiences. Compared to younger adults, middle-aged and older adults optimized their immediate experiences at the cost of delayed events. Next, Schlosnagle and Strough report on age differences in a laboratory-based investment task. Compared to younger adults, older adults showed increased confidence and reduced loss aversion. Further, Notthoff, Scheibe, Deeva, and Carstensen examined the effects of message framing in a large-scale fraud prevention program for older adults. Fraud prevention messages were particularly effective when emphasizing information-focused over emotion-focused strategies. Finally, Jacobs-Lawson will integrate these findings with the aging and decision making literature and discuss directions for future research.

WHO SAVES THE BEST FOR LAST? AGE DIFFERENCES IN DECISIONS ABOUT AFFECTIVE SEQUENCES
A.E. Reed, S.N. Maresca, C.E. Loeckenhoff, 1. Department of Psychology, Stanford University, Stanford, California, 2. Cornell University, Ithaca, New York

Accumulating evidence suggests an association between age-related limitations in future time perspective and decision making. The present study extends these findings to choices about sequences of emotional outcomes. An adult life-span sample (N = 85, aged 20-88 years) selected a sequence for viewing 30 emotion-inducing images of positive, negative, and neutral valence. Overall, participants preferred increasingly positive sequences, but this preference decreased with age (r = -.29, p < .01) such that older adults favored more balanced sequences. Age differences in sequence preference were fully mediated by future time perspective (Sobel’s z = -2.37, p < .05) but unrelated to cognitive functioning, personality traits, and affective responses to individual images or the sequence as a whole. Findings imply that
the optimal construction of temporal sequences may depend on the age and time horizons of the target population.

AGE DIFFERENCES IN TEMPORAL DISCOUNTING OF EMOTIONAL EXPERIENCES
C.E. Lockenhoff, E. O’Donoghue, D. Dunning, Cornell University, Ithaca, New York

We examined age differences in temporal discounting, the tendency to devalue delayed outcomes relative to immediate ones. Hypothetical choices involved trade-offs between immediate and delayed exposure to aversive photos. Participants (N = 85, aged 20-88, M = 50, SD = 20, 60% female) were asked to imagine that they would view sets of aversive photos immediately and 1, 14, and 90 days in the future. Choices involved adding or removing negative photos at different time points. Compared to younger adults, middle-aged and older adults were more likely to postpone exposure to aversive photos, F(2, 84) = 4.6, p < .01. Age effects were not explained by cognitive functioning, personality traits, affective responses to the photos, or willingness to pay to avoid aversive photos. Results suggest that age groups differ in their preferences for the distribution of emotional events over time.

AGE, CONFIDENCE, LOSS AVERSION, AND DECISIONS ABOUT INVESTING MONEY
L. Schlosnagle, J. Strough, West Virginia University, Morgantown, West Virginia

Younger (N=50, M age=20.49 yrs; 66% women) and older adults (N=50, M age=69.74; 56% women) indicated confidence in their knowledge of the calorie content and food calories and were given a monetary budget with the option to purchase advice that could be used to earn more money on a calorie estimation task. After controlling for income, compared to younger adults, older adults were more confident of their knowledge prior to purchasing advice; F(1, 95) = 14.62, p < .001, η2p = .19, invested more money to purchase advice; F(1, 95) = 32.75, p < .001, η2p = .26 and tolerated larger monetary losses on a hypothetical trade-off task; F(1, 95) = 21.53, p < .001, η2p = .19. Implications of these findings for understanding age differences in monetary investments will be discussed, and attendees will learn about age differences in monetary loss aversion, investor knowledge, and how these factors relate to each other.

WARNING OLDER ADULTS AGAINST CONSUMER FRAUD: THE ROLE OF INFORMATION VERSUS EMOTION FOCUS
N. Notthoff1, S. Scheibe2, M.J. Deevy1, L. Carstensen1, 1. Department of Psychology, Stanford, Stanford, California, 2. University of Groningen, Groningen, Netherlands

The Federal Trade Commission estimates that people lose approximately $3 billion per year to consumer fraud. We examined the effectiveness of an AARP fraud prevention program (n=1155), and tested whether the effectiveness of warnings could be increased by instructing older adults who generally focus on their emotional reactions to focus on the information in potentially fraudulent messages (n=92). Participants who were warned against fraud were more likely to recognize signs that characterize fraudulent phone messages (75.4%) than controls (64.3%) (Chi-sq(1, 1155)=13.19, p<0.01) and to know strategies how to handle such calls (86.2% compared to 81.5%) (Chi-sq(1, 1155)=7.37, p<0.005). Participants who focused on their emotional reactions to marketing messages were more interested in and less suspicious of them than participants who focused on the information (F(2, 87)=3.41, p<0.05). Warning older adults against consumer fraud is effective, especially when instructing them to focus on informational characteristics of potentially fraudulent messages.
three weeks. The phones prompted participants 54 times to report, among other things, their momentary affect and affect-regulation orientations. The procedure was repeated after three years. Here, participants additionally completed Implicit Association Tests measuring the implicit valence of various emotions. Results indicate age differences in explicit and implicit measures of pro- and contra-hedonic orientations, as well as associations with short-term affect-regulation effectiveness and longer-term emotional adjustment. We discuss theoretical implications regarding the lifespan development of affect regulation, and address the feasibility of mobile-phone based experience sampling in age-heterogeneous samples.

MOVING TOWARDS REAL-TIME ASSESSMENT AND INTERVENTION: DYNAMICS OF AGE, HEALTH, AND WELL-BEING
Lifespan development is characterized by the complex interplay of processes that manifest at different levels of analysis and time-scales. Intensive study designs like the Penn State Intraindividual Study of Aging, Health, and Interpersonal Behavior (iSAHIB), an investigation of 140 adults aged 18-89 years wherein data are collected at four time scales using mobile and web technologies, may allow for more direct tests of developmental theory. Three 21-day bursts of interpersonal, affect, and stress data are used to demonstrate how (a) quantifications of hour-to-hour variability in social context, (b) models of day-to-day stress processes (c) trajectories of month-to-month change in health, and (d) age-heterogeneous samples that span all of adulthood can be used to (1) articulate hypotheses of age-related change in the interplay of affect regulation and reactivity with physical and mental health, and (2) develop and deliver recommendations for individualized, context- and time-sensitive interventions at population-level scale.

MEASUREMENT BURST DESIGNS: NEW DIRECTIONS AND CHALLENGES
M. Slivinski, HDFS, Pennsylvania State University, University Park, Pennsylvania
The measurement-burst design is an approach to study intraindividual processes that transpire over very different temporal intervals. Consisting of repeated bursts of intensive (i.e., daily or momentary) assessments, the burst design can augment the type of information obtained from conventional daily diary and prospective longitudinal designs. The use of new technologies and tools hold promise for improving cost-effective implementation of intensive data collection design. Examples that include automated systems for providing real-time feedback to participants to improve compliance, and eventually, to implement interventions will be discussed an demonstrated.

SESSION 1380 (SYMPOSIUM)

ASPECTS OF GENERATIVITY IN LATER LIFE
Chair: R. Rubinstein, University of Maryland, Baltimore County, Baltimore, Maryland
This symposium reports on various aspects of generativity among older women. Five papers present materials gathered in an on-going NIA-funded study, Lifestyles and Generativity of Childless Older Women (GLOW), in which we have interviewed approximately 100 women, who have no children, in different age groups and marital statuses, as well as some women with children for comparison purposes. Each woman was interviewed in three open-ended interviews that collect a life story and detailed information about health, social relations, and self-conceptions. Besides gathering information on these topics, a focus of the study is the notion of generativity, defined generally as caring about future generations or caring for the self through generative outlets over time. Theoretically, we rely on the work of Erikson, Kotre and McAdams as well as work in cultural anthropology and narrative for guidance. However, the data gathered makes an independent contribution to theory about generativity over the life course. These insights are developed in the papers we will present. The papers concern the following issues: adoption and other forms of non-biological parenthood as forms of generativity; the relationship of generativity and personal biographic themes; women’s careers in the 20th century when options for women’s careers were limited or socially circumscribed; generativity as a form of personal triumph in the face of poverty; and questions of the efficacy of the notion of generativity for understanding elders’ views of the future and future generations.

WORKING TOWARDS GENERATIVITY: WOMEN’S CAREERS AS AN EXPRESSION OF GENERATIVITY
A. Mosby, University of Maryland, Baltimore County, Baltimore, Maryland
Women joined the work force in growing numbers during the latter half of the 20th century. Furthermore, they entered historically male professions and held positions of increasingly high status, often being forced to choose between having a career or raising a family. This paper presents findings from a subsample of two women who participated in a larger qualitative study on childless older women. Interviews addressed questions on life history, career development, generativity, and meaning of family and childlessness. Themes that arose from the data include: 1) professional careers as generative tasks, 2) a strong commitment to work is associated with happiness and satisfaction, 3) colleagues as significant mentors, and 4) serving as a mentor for others’ development is an important achievement in one’s own development. Future implications include programs that encourage mentorship in the workplace and encore careers.

GENERATIVITY AND PERSONAL BIOGRAPHIC THEMES IN LATER LIFE
R. Rubinstein, University of Maryland, Baltimore County, Baltimore, Maryland
Generativity has been viewed as a psychological construct with life developmental features. While generativity can be viewed as a direct manifestation of personality, it can also be viewed as an element of the culturally constructed self. In this paper, we present the case of an 87-year-old woman who, by many objective measures, would not be considered especially generative. Her primary relations are with nieces and nephews, who live in another part of the country, and with co-residents of her retirement community. A primary aspect of her identity is her continuing affiliation with a branch of the military, with whom she served only two or three years when she was quite young. Critical to her account was her development of key thematic markers of identity. The paper discusses the relationship of these markers of personal identity to important forms of late life generativity.

GENERATIVITY IN LATER LIFE AMONG WOMEN WITH ADOPTIVE CHILDREN
S.M. Hannum, R. Rubinstein, Sociology and Anthropology, University of Maryland, Baltimore County, Baltimore, Maryland
For many, reproduction and parenting can be viewed as highly generative experiences. Whether through miscarriage, infertility, or other reasons, however, some women are not able to achieve biological reproduction and may therefore choose to adopt a child. Little is known about the impact of the role of an adoptive parent/child relationship on feelings of generativity and self-concept among women as they age. This paper therefore seeks to describe this phenomenon, using interview data from a subsample of four women, ages 65+. Transcripts were analyzed for larger order themes, indicating two prominent areas of focus: 1) women find meaning in experiences of pregnancy and childbirth, which does not appear to affect feelings of generativity, and 2) definitions of
Redemption and Generativity in Later Life
L. Keimig, University of Maryland, Baltimore, Maryland

Although she did not bear children of her own, Norma, a 65-year-old African American woman, describes herself as the matriarch of her extended family. The financial independence she has achieved in her career enables Norma to provide for various family members and friends, on her own terms. This paper examines how Norma practices generativity in later life, in the context of her personal history and self-redemption. Norma overcomes abuse and adversity in her early years, pursues education, gains financial security through hard work and thrift, renews contact with her family, and ultimately cultivates a sense of optimism in life. The dimensions of generativity raised in this case study include the meaning of kinship, the role of religious beliefs in fostering concerns beyond the self, and the power of redemption. Implications relate to a broader understanding of the construct of generativity in later life.

“Do Future Generations Need Anything From Me?": Perceived Relevancy in “Generativity”
K. de Medeiros, Miami University, Oxford, Ohio

“Generativity” is a concept originally associated with middle age, a time a person is presumably able to act on generative tendencies (e.g., having children) or work on creating some enduring legacy. Recently, generativity has been considered within the realm of old age. One important question worth exploring is: does perceived relevancy play a role in how generativity is understood and undertaken. Specifically, as people age, is there a time when their connection with future generations seems too disconnected to matter, that their actions are no longer relevant to future generations. This theoretical paper draws from a large qualitative study on generativity in childless older women. Specifically, I argue that generativistic acts (e.g., nurturing, volunteering, perpetuating an historical tradition or community) cease to be important once the person feels disconnected from the younger generation. The importance in recognizing this shortfall in the concept of generativity is aimed at pushing gerontological theory away from a glamorized notion of old age from the perspective of the middle age, to one that recognizes and respects insights from those who are old.

Session 1385 (Symposium)
End-of-Life Issues in Understudied Subgroups of the U.S. Population
Chair: S.M. Moorman, Sociology, Boston College, Chestnut Hill, Massachusetts
Discussant: B. Hayslip, University of North Texas, Denton, Texas

Much of what is known about Americans’ advance care planning and end-of-life medical care preferences is based on studies of dying older adults grouped by illness category, for example, advanced cancer patients or persons with dementia. Persons with the same illness can be assumed to have similar symptoms and to face similar decisions about treatment. In this symposium, we explore other shared group experiences that may influence end-of-life planning and preferences: incarceration, military service, race/ethnicity, and birth cohort. Allen and colleagues interviewed male prison inmates about their care preferences, and find that factors including expectation of future parole and level of trust in the prison health care system are related to level of desire for life-prolonging treatment. Garrido and Penrod note that anxiety and depression are especially common among veterans, and use chart review data to analyze how veterans’ psychological distress is assessed and treated in palliative care. Carr tests whether previously-documented racial and ethnic differences in rates and contents of terminally-ill adults’ advance care planning persist among healthy adults. She finds racial and ethnic differences not only in rates of planning, but also in the reasons why persons choose to plan or not plan. Moorman and Inoue study young and middle-aged adults’ plans and preferences, and find that younger cohorts may be more disposed to think about and prepare for end-of-life than their older counterparts. Hayslip will summarize these studies and suggest implications for policy and practice.

Agining Prisoners’ Treatment Selection
R.S. Allen1, G. Harris1, A. Presnell1, J. DeCoster1, R. Cavanaugh2, L. Phillips3, 1. The University of Alabama, Tuscaloosa, Alabama, 2. Central Texas Veterans Healthcare System, Temple, Texas

With the rapid growth in the older inmate population and the economic impact of end-of-life treatments within the cash-strapped prison system, consideration should be given to inmate treatment preferences. We examined end-of-life treatment preferences and days of desired life for several health scenarios among male inmates incarcerated primarily for murder. Inmates over the age of 45 who passed a cognitive screening completed face-to-face interviews (N = 94; mean age = 57.7; SD = 10.68). End-of-life care for the burgeoning inmate population is costly and active life-sustaining treatments may not be desired under certain conditions. Specifically, expectation of parole but not current functional ability interacts with future illness condition in explaining inmates’ desire for active treatment or days of desired life in the future. Moreover, inmates desired more days of life when they had less negative affect, a greater fear of dying, and less trust in the prison healthcare system.

Depression and Anxiety Assessment and Treatment in Veterans Receiving Palliative Care
M.M. Garrido1,2, J.D. Penrod1, 1. James J Peters VA Medical Center, Bronx, New York, 2. Mount Sinai School of Medicine, New York, New York

Depression and anxiety co-occur with advanced illnesses such as metastatic cancer and influence quality of life and end-of-life care preferences. Depression/anxiety screening and treatment rates for veterans receiving palliative care (PC) for life-limiting illnesses are unknown. We reviewed medical records of 20 hospitalized veterans with and without depression and/or anxiety who were over 50 years old and received PC consultations. Assessments of depression/anxiety symptoms were recorded for 30% of those with and 57% of those without depression/anxiety diagnoses. Reasons for missing assessments included cognitive impairment and intubation. Less than half who reported depression/anxiety symptoms received psychotropics or psychotherapy. Anti-depressants and anxiolytics were documented for 55% of those with depression/anxiety diagnoses. Others were taking psychotropics at admission, but contraindications precluded further use. Psychologists or psychiatrists visited one-third of patients for evaluation, medication management, psychotherapy, or counseling. These preliminary data suggest the need to improve depression/anxiety treatment rates for PC patients.

Racial and Ethnic Differences in Advance Care Planning (ACP): Identifying Subgroup Patterns and Obstacles
D. Carr, Institute for Health, Health Care Policy, and Aging Research, Rutgers University, New Brunswick, New Jersey

Research demonstrates that blacks and Latinos are less likely than whites to engage in ACP, yet these studies typically focus on terminally ill populations. I use data from a national sample of married and cohabiting adults ages 18-64 who participated in the Knowledge Networks study (N=2111). Logistic regression analyses reveal that Latinos are less likely than whites to have a living will, durable power of attorney for health care (DPAHC), and to discuss treatment preferences.
Asians are less likely than whites to have had discussions. Blacks and whites do not differ significantly. I find pronounced differences in obstacles to ACP; Asians are most likely to say they do not want to burden others, their preferences are known by family, and they don’t want to think about death. Hispanics say they don’t know about ACP instruments and these instruments would not affect treatment. Implications for culturally sensitive interventions are discussed.

AGE, SELF-REPORTED HEALTH, AND END-OF-LIFE PLANNING AMONG YOUNG AND MIDDLE-AGED AMERICANS
S.M. Moorman, M. Inoue, Sociology, Boston College, Chestnut Hill, Massachusetts

Because most deaths in the United States today occur to older adults, little is known about the end-of-life medical plans and health care preferences of young and middle-aged adults. Some professionals, expressing concern about potential unpreparedness, urge that it is never too early to create an advance care plan and begin discussing end-of-life. We examine data from a national internet survey of 2,150 American adults aged 18-64. Thirty percent report having a living will, a durable power of attorney for health care, or both. Over half (57%) report having discussed end-of-life with a family member, friend, or professional. Net of self-reported health and other demographic variables, each additional year of age increases the odds of having a living will or durable power of attorney for health care by 5 to 6%, and increases the odds of a conversation by 3%. We discuss implications for health care providers.

SESSION 1390 (SYMPOSIUM)

INFLUENCES ON RELIGION AND SPIRITUALITY ACROSS THE COURSE OF LIFE
Chair: V.L. Bengtson, Davis School of Gerontology, University of Southern California, Los Angeles, California

This symposium brings together recent research and theorizing concerning influences on spirituality and religion across the course of life. One set of influences are cohort and historical effects, creating trends of change and innovation over time; a countervailing force involves family influences and intergenerational transmission, reinforcing religious continuity over time. Parental religious socialization practices produce non-religious outcomes as well, as seen in the link between parental religious encouragement to depressive symptoms in later life as well as a sense of connection to others and a willingness to forgive. Another important influence is access to and utilization of clergy who represent an important resource for both spirituality and social support, particularly for older adults from minority communities and those with mood or anxiety disorders. Research on religion across the life course has escalated in both volume and quality over the past 30 years, but an alarming trend has been a growing focus on smaller and increasingly focused dimensions of religiosity—endangering perspective of the holistic and powerful phenomenon of religious and spiritual experience. But there are new research directions in which religion and spirituality are being conceptualized as unique social institutions, a worldview in which the whole is greater than the sum of its parts.

RELIGIOUS CONTINUITY AND CHANGE ACROSS GENERATIONS AND OVER TIME
V.L. Bengtson, N. Putney, S. Harris, M. Silverstein, Davis School of Gerontology, University of Southern California, Los Angeles, California

This study examines religious transmission over generations and how this has changed over recent decades. We assess 35 years of survey data from the Longitudinal Study of Generations and in-depth interviews on subjective meanings of religion and spirituality from 25 multi-generational families selected from this longitudinal panel. Results indicate (1) there is an unexpectedly high degree of cross-generational religious continuity; (2) the degree of parent-youth transmission has not decreased since 1970; (3) grandparents—sometimes great-grandparents—represent significant influences on religious outcomes of young adults; (4) we find transmission effects among the religious “nones”—parents providing non-religious moral socialization; (5) there are cohort (or “generational”) contrasts in religious expression as well as long-term trends over time, such as the increasing separation of “spirituality” from “religion” with successive cohorts. Findings pose challenges for theorizing—for example how to explain family religious transmission in the context of inter-cohort religious contrasts.

PARENTAL RELIGIOUS SOCIALIZATION PRACTICES AND DEPRESSIVE SYMPTOMS IN LATER LIFE
N. Krause, University of Michigan, Ann Arbor, Michigan

This study has two aims: (1) to examine whether parental religious socialization practices influence religious beliefs and behaviors of older adults; (2) to assess whether these socialization practices and the religiousness they promote are associated with depressive symptoms in later life. Data come from an ongoing nationwide survey of older people. Findings from a latent variable model provide support for the following relationships: (1) older people whose parents encouraged them to become more involved in religion are more likely to attend worship services in late life; (2) older people whose parents promoted religious involvement and individuals who attend church more often are more likely to report that they see a fundamental connection among all human beings; (3) older individuals who feel more closely connected to others are more likely to forgive people for the things they have done; and (4) older people who are more forgiving are likely to experience fewer symptoms of depression over time.

INFLUENCES OF CLERGY AMONG AFRICAN AMERICANS, BLACK CARIBBEANS AND NON-HISPANIC WHITES
L. Chatters, R. Taylor, University of Michigan, Ann Arbor, Michigan

Research on help-seeking demonstrates that people turn to clergy to address serious life problems, mental health disorders, and substance misuse. Although clergy operate outside of the formal mental health care system, their contributions as “natural helpers” in providing informal mental health care are substantial. Clergy are more likely than psychiatrists to provide counseling for psychiatric disorders such as mood disorders and anxiety disorders. However, unlike other mental health professionals, clergy typically have little or no formal training in mental health screening and counseling. This study investigates the use of clergy among African Americans, Black Caribbeans and Non-Hispanic whites using data from the National Survey of American Life. It examines the religious, demographic and psychiatric disorder (mood, anxiety, substance disorders) correlates of the use of clergy. Study findings indicate that younger adults are less likely to utilize clergy than older adults. Frequent church attendees, Pentecostals, women and those coping with the death of a loved one had higher rates of clergy use. Respondents with substance use disorders were less likely to seek assistance from clergy than those with mood or anxiety disorders. Discussion of these findings highlights ways that (1) social status factors are selectively associated with different forms of religious participation and access to social resources within churches; (2) problem type characteristics are important in help-seeking and accessing clergy for assistance.

RELIGION/SPRITUALITY AND HEALTH ACROSS THE LIFE COURSE AND GENERATIONS: MOVING AWAY FROM REDUCTIONISTIC INQUIRY
L. George, Duke University, Durham, North Carolina

The volume and quality of research on religion across the life course and across generations has grown in both volume and quality over the
past quarter century. The major trend in this research has been to examine smaller and highly specific dimensions of religious experience, outcomes, and possible mechanisms. Although this approach has been useful, when it is the only level of analysis, there is great danger of reductionism – of losing sight of the overall phenomenon of religious/spiritual experience. In this presentation, I first document the clear trend toward reductionist inquiry in the field and then describe several promising research directions in which religion/spirituality is conceptualized as a unique social institution, a worldview, and a “package” in which the whole is greater than the sum of its parts.

SESSION 1395 (SYMPOSIUM)

INTERGENERATIONAL RELATIONSHIPS IN LATER LIFE: CHANGING NORMS AND CHANGING Contexts

Chair: J.R. Smith, Social Service, Fordham University, New York, New York
Discussant: R. Blieszner, Virginia Polytechnic Institute, Blacksburg, Virginia

This symposium brings together four qualitative researchers, each of whom has investigated the intergenerational relationship from the standpoint of the older adult. Despite the significant change in life expectancy and the growth in the aging population, very little research has focused on what older adults experience, and hope for, in their relationships with their adult children and grandchildren. The majority of studies in family gerontology have focused on the effect of caregiving on the adult child when a parent becomes frail and in need of care (Pillemer, 1991). In this symposium, the papers use qualitative methods to examine parenting in later life, focusing on the older person’s coping strategies as parent/grandparent. In addition, the papers highlight the context of culture or place on the parenting in later life. The methods of analyses include ethnography, phenomenology, grounded theory and content analysis. The papers include: 1) Analysis of videotaped visits among family members and their relatives in nursing homes; 2) Parents’ perceptions of their current relationships with their adult children, comparing South Indian, African-American and Jewish older adults; 3) Vietnamese grandparents’ experience as they grieve for their adult children’s death from AIDS, while parenting their orphaned grandchildren; and 4) the influence of filial responsibility on the decision-making of Chinese elders regarding entering nursing homes. The symposium contributes to needed knowledge on how intergenerational relationships impact well-being among older people who are parents.

DECIDING TO ENTER NURSING HOMES: INTERGENERATIONAL COMMUNICATION AMONG ELDERLY CHINESE IMMIGRANTS AND THEIR CHILD CAREGIVERS

L. Chen, Social Welfare, University of California, Los Angeles, Los Angeles, California

The purpose of this study is to understand the nature of deciding to enter a nursing home among Chinese elders and their child caregivers in Los Angeles, CA. The reconstructed decision-making process explores how filial responsibility influenced their choice of institutionalization over other available health care services. This study is conceptualized through a theoretical framework, which systematically combines crisis theory, uncertainty management theory, and the Andersen Behavioral Model. This study used a phenomenological approach. The first phase of data collection consisted of 8 semi-structured interviews with elderly Chinese residents and one focus group with their child caregivers. Results found that both generations assessed, appraised and reappraised caregiving alternatives to reach the final decision to enter nursing homes. Location, service quality, and cultural competency were the major concerns. Both generations reported experiencing intergenerational conflicts in the decision-making process, with elderly residents expressing their understanding of the transforming filial obligations.

CHARACTERIZING ELDERSPEAK DURING MEALTIMES IN NURSING HOMES AMONG RELATED INDIVIDUALS: IMPLICATIONS FOR IMPROVING THE QUALITY OF FAMILY VISITS

L. Levy-Storns, B. Barba, UCLA, Los Angeles, California

“Elderspeak” represents specific types of verbal and vocal, non-verbal communication that may be negatively perceived by older adults. The purpose of this study was to explore “elderspeak” during mealtimes among visiting family members and their relatives in nursing homes. Four videos of family members who visited their relatives in a nursing home during mealtimes were analyzed qualitatively in order to investigate naturally-occurring interactions. Three themes capture the most variation from these systematic comparisons and represent the most compelling illustrations of “elderspeak” during mealtimes using subtle verbal and non-verbal communication behaviors: 1) disguised elderspeak, (e.g. ask a question but mean as a command); 2) unnecessary effort for the not hearing impaired (e.g., using unnecessary gestures); and 3) doing the opposite of the obvious (e.g., being physically present but mentally absent). These less tangible characterizations of “elderspeak” may be incorporated into future training curricula for improving family members’ communication.

GRANDPARENTS RAISING GRANDCHILDREN AFFECTED BY HIV/AIDS IN VIETNAM: HOW MEANING AND CONTEXT AFFECT COPING AMONG SKIPPED GENERATION CAREGIVERS

L.B. Maradik Harris, B. Kim, Social Welfare, UCLA, Los Angeles, California

This ethnographic study of skipped generation caregivers in Vietnam examines how caregivers make sense of their role, and identifies how these meanings inform their coping strategies. In-depth qualitative interviews and participant observations were conducted with 15 older caregivers. Caregivers experience coping through three different dimensions: coping with the past, present and future. These coping dimensions occur because participants experience a cross-generational role that involves an alternating flow of caregiving. For skipped generation caregivers, this role begins by caregiving for an adult child living with HIV/AIDS, and then moves to simultaneously caregiving for an adult child dying of AIDS and grandchildren, to finally becoming the sole caregiver of orphaned grandchildren after the death of the adult child. Participants’ understandings of coping with the present involve problem-focused coping, for example a set of caregiving actions around the completion of a daily routine, childcare, making money, borrowing money, cooking and daily chores.

OLDER ADULTS’ VIEWS OF THE PARENTING RELATIONSHIP: HOW MUCH TO SAY OR DO FOR ONE’S ADULT CHILDREN

J.R. Smith, M. Pardasani, Social Service, Fordham University, New York, New York

This study examines older adults’ beliefs regarding the parenting role with adult children, among South Indian, African-American and Jewish parents over age 65. Our work builds on the research of those who have investigated the older adult’s view of the parenting relationship in later life (Bleizer & Mancini, 1987; Levikki, 2009). We conducted four focus groups in senior centers. Subjects responded to vignettes of family conflict. Content analysis was used to analyze the responses. Participants also filled out survey instruments addressing attitudes about filial responsibility (Lee, et al., 1994) and the perceived expectations of a parent and current parenting role (Vassallo, Smart & Price-Robertson, 2009). Ethnic differences were found, with first generation, immigrant parents (mainly South Asian) more likely to experience conflict about parenting roles and responsibilities. The analyses reveal that the utility of the theoretical perspective of ambivalence (Pille-
SESSION 1400 (SYMPOSIUM)

LIFESTYLE PREDICTORS OF HEALTH & DISEASE IN AGING LATINOS
Chair: A. Watts, Lifespan Institute, University of Kansas, Lawrence, Kansas
Co-Chair: D.K. Johnson, Lifespan Institute, University of Kansas, Lawrence, Kansas
Discussant: K. Markides, University of Texas Medical Branch, Galveston, Texas

This symposium addresses the meeting’s theme, Lifestyle —> Lifespan, focusing on Latino older adults. Presenters discuss lifestyle factors in industrialized and developing nations reflecting several distinct Latino populations. The Tsimane in Bolivia are a geographically isolated group who live a very active traditional lifestyle, yet have very short life expectancy (Vasunilashorn et al). By contrast, rural Costa Ricans may have protective lifestyle factors which may explain their relative longevity compared to urban Costa Ricans (Brenes-Camacho et al). Michaels-Obregon et al. present longitudinal, cross-national comparisons of Mexico and the United States that consider the effect of obesity on ADL disability and possible paths of disability in developing Latin America countries given lifestyle transitions. Beltran-Sanchez et al. will discuss 8-year changes in smoking behaviors in the Mexican Family Life Survey, a nationally representative sample. Finally, Johnson et al present on The Pura Vida project, a developing cross-national endeavor that aims to extend the clinical research infrastructure of an established U.S. research center to the Costa Rican healthcare system to build clinical research expertise for aging-related diseases. These five studies of Latinos provide a unique demonstration of the relevance of lifestyle factors to healthy aging and rates of disease throughout the world. They highlight paradoxes that provide insight on the roles of industrialization and lifestyles that promote healthy aging and longevity. This symposium offers several unique qualities. It is centered on the meeting theme, focused on understudied populations, and represents many scholars at universities in the U.S., Central America, and South America. Dr. Markides, the PI of the Hispanic EPESE study, will provide an integrative discussion linking the talks together in a broader framework.

AGING WITH A TRADITIONAL LIFESTYLE: THE TSIMANE OF BOLIVIA
S. Vasunilashorn1, C. Finch1, J. Kim2, J. Winking3, M. Gurven4, H. Kaplan5, E. Crimmins6, 1. Population Studies, Princeton University, Princeton, New Jersey, 2. University of Southern California, Los Angeles, California, 3. Texas A&M University, College Station, Texas, 4. University of California, Santa Barbara, Santa Barbara, California, 5. University of New Mexico, Albuquerque, New Mexico

The aging process is variable as it is determined by the interaction of internal and external factors experienced by an individual living in a specific context. In countries with high life expectancy like the U.S., a number of markers of biological risk for health outcomes related to aging have been associated with poorer cognitive and physical functioning, more heart disease, and higher mortality. Few studies, however, have examined how these biomarkers vary with age in populations living in very different circumstances. This paper compares age differences in biomarkers related to aging in two populations with very different health conditions: the Tsimane, an indigenous forager-farmer population in lowland Bolivia with current mortality rates similar to historical populations 150 years prior, and the U.S. (NHANES 1999-2004). Discernible differences in age patterns were found in a majority of the biomarkers.

SMOKING ONSET AND CESSATION IN MEXICO
H. Beltran-Sanchez1, D. Thomas2, F. Wheaton1, E. Crimmins3, 1. University of Southern California, Los Angeles, California, 2. Duke University, Durham, North Carolina

Smoking is a major health issue in Mexico and recently public health programs in Mexico have focused on eliminating smoking. We investigate both the initiation and cessation of smoking in Mexican adults aged 20 and older using the Mexican Family Life Survey (MXFLS). The MXFLS is a longitudinal nationally representative survey with 3 waves of data. Data from Wave 1 in 2002 and Wave 3 in 2010 are used to examine change in smoking behavior. People in rural areas are more persistent in their behavior; they are both less likely to start smoking and less likely to quit. Better educated women are more likely to start smoking; on the other hand, higher education is linked to less smoking onset for men. Education is not linked to quitting behavior. Young age is strongly linked to initiating smoking and older age is linked to a lower likelihood of cessation.

THE EFFECT OF OBESITY ON ADL DISABILITY ONSET AMONG OLDER ADULTS IN MEXICO AND THE UNITED STATES
K. Gerst1, A. Michaels-Obregon2, R. Wong1, 1. Institute of Gerontology, University of Georgia, Athens, Georgia, 2. University of Texas Medical Branch, Galveston, Texas

Purpose: Explore the impact of obesity on the onset of disability in two countries at different stages of the epidemiologic transition, US and Mexico. Data: Longitudinal data from two waves of the Mexican Health and Aging Study (2001 and 2003) and the Health and Retirement Study (2000 and 2002) with persons over age 50. Multinomial models examine the effect of being underweight, normal weight, overweight or obese at baseline on reporting ADL limitations at follow-up. Results: Obesity prevalence is higher in the US compared to Mexico. Models show obesity as a significant risk factor for developing one ADL limitation at follow-up but also for developing two or more limitations in the US. In contrast, the Mexico models show obesity as significant predictor only for developing one ADL limitation at follow-up. Conclusion: Obesity may affect physical disability progression differently according to the stage of the epidemiological transition that societies are undergoing.
THE PURA VIDA STUDY
D.K. Johnson1, M. Castora-Binkley2, F. Coto3, J.M. Burns3, A. Watts1, 1. LifeSpan Institute, University of Kansas, Lawrence, Kansas, 2. University of Costa Rica, San Jose, Costa Rica, 3. University of Kansas Medical Center, Kansas City, Kansas

Developing nations like Costa Rica must plan to address the needs of an aging population. Low and middle income nations will experience unprecedented growth of the elderly population and subsequent increases in age-related disorders that requires effective strategies for promoting healthy aging. The Pura Vida project, a developing cross-national endeavor, aims to extend the clinical research infrastructure of an established U.S. research center to the Costa Rican healthcare system to build clinical research expertise for aging-related diseases. We will accomplish these goals by 1) extending preexisting information technologies to underdeveloped Costa Rican clinical research centers, 2) training existing faculty at University of Costa Rica for clinical assessment and research methods in the assessment and treatment of neurological diseases in the developing world to support future clinical research in Costa Rica and across Central America, and 3) creating a baseline for a sustainable longitudinal study of Latin American aging and neurological diseases modeled on the KU Alzheimer and Memory Program.

SESSION 1405 (SYMPOSIUM)

MAKING PARTICIPATORY ARTS PROGRAMS FOR OLDER ADULTS A LIFESTYLE BEHAVIOR FOR IMPROVED HEALTH
Chair: L.S. Noelker, Katz Policy Institute, Benjamin Rose Institute on Aging, Cleveland, Ohio
Discussant: G. Hanna, National Center for Creative Aging, Washington, DC, District of Columbia

Less than one-third of community-dwelling older adults regularly participate in physical activity. Yet, it is the primary lifestyle behavior that favorably affects a broad range of physiological systems. Because exercise programs have low adherence rates, calls have been issued for evidence of the health benefits of novel types of activity programs for older adults such as dance and movement programs, however, existing research on their health benefits is limited. With better designed and theoretically driven research documenting their health benefits and the mechanisms by which benefits are achieved, they can be a valuable addition to the evidence-based toolkit of health promotion programs. This symposium aims to increase interest in theoretically-guided and more rigorously designed research on the health benefits of performing arts programs. The presenters will focus on: 1) the theoretical underpinnings of the health benefits of participatory performing arts programs for older adults, drawing upon an expanded social cognitive model to identify mechanisms by which these programs are associated with specific health outcomes; 2) approaches to the translation and dissemination of arts programs to diverse older populations and linkages between the research and arts communities to extend the reach of these programs for their public health benefits; and 3) the effects of a pilot dance program on the physical and cognitive health of older Latino adults. The discussant will explicate the role of the National Center for Creative Aging as a resource linking health science researchers and professional artists to expand the evidence base for arts programs.

THEORETICAL APPROACHES TO UNDERSTANDING THE HEALTH BENEFITS OF PERFORMING ARTS FOR OLDER ADULTS
L.S. Noelker1, M. Castora-Binkley2, M. Rose1, 1. Katz Policy Institute, Benjamin Rose Institute on Aging, Cleveland, Ohio, 2. University of South Florida, Tampa, Florida

The relatively sparse research literature on the health benefits of participatory performing arts programs for community-dwelling older adults is typically not well-grounded in theoretical models. Existing models are rudimentary and when tested, usually yield substantial amounts of unexplained variance. This presentation draws upon social cognitive theory, which has been applied to research on health-related behaviors to investigate factors related to the adoption of behavior change. The social cognitive model is expanded here to explore mechanisms by which performing arts interventions (e.g., dance and movement programs) may be associated with health outcomes specific to the intervention, namely gait, balance, cognition, and mood. In the past, it has been argued that model variables are mediated by intention and perception of the behavior change. This expanded model suggests that behavior change is mediated by mechanisms, including mastery and self-efficacy, that are important to understand for mapping causal pathways and for hypotheses generation.

TRANSLATING DANCE INTO AN EVIDENCE BASED HEALTH PROMOTION PROGRAM
T. Prohaska, University of Illinois Chicago, Chicago, Illinois

Not all successful interventions in promoting health of older adults are translated into evidence-based programs that are widely disseminated in community settings. This presentation will discuss the multiple phases for integrating findings from dance interventions for older adults into organizations and community settings to maximize the public health impact. Using elements from the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation and Maintenance) strategies are provided for successful adoption while assuring treatment fidelity. Methods are provided for satisfying criteria for a performing arts dance program to become evidence-based such as identifying program essential elements and standardized program implementation. Finally, strategies for successful recruitment and retention of diverse older participants into dance programs are suggested based on lessons learned from successful dissemination of existing evidence based programs in health promotion and chronic disease management.

DEVELOPMENT AND PILOT TESTING OF THE BAILAMOS© DANCE PROGRAM AND ITS IMPACT ON PHYSICAL AND COGNITIVE FUNCTION IN OLDER LATINOS
D.X. Marquez, E.E. Bustamante, S. Aguñaga, Kinesiology and Nutrition, University of Illinois at Chicago, Chicago, Illinois

Physical activity (PA) can influence declines in physical and cognitive function. Unfortunately, Latinos aged 65-74 are 46% less likely to engage in leisure time PA than older non-Latino whites. Walking and dancing are the most commonly reported forms of PA among older Latinos. However, urban older Latinos cite unsafe neighborhoods and extreme weather conditions as significant barriers to walking. Dance holds promise as a culturally appropriate form of PA that challenges individuals physically and cognitively. BAILAMOS© is an innovative dance program developed in collaboration with an accomplished Latin dance instructor. A total of 12 previously sedentary Latinos began the 3-month pilot of BAILAMOS© and 9 (M age=65.2) completed the 24-session program. Effect sizes (Cohen’s d) indicated improvements in physical function (mobility, d=.56; usual gait speed, d=-.10) and cognitive function (d=.11-.12). Evidence suggests that Latin dance is a feasible way of impacting upon the physical and cognitive function of older Latinos.

SESSION 1410 (SYMPOSIUM)

THE USE OF VISUAL METHODS IN AGEING RESEARCH
Chair: W. Martin, School Of Health Sciences and Social Care, Brunel University, Uxbridge, United Kingdom
Co-Chair: T. Twigg, University of Kent, Canterbury, United Kingdom
Discussant: T. Calasanti, Virginia Tech, Blacksburg, West Virginia

Visual Methods are increasingly being used within ageing research. Exploring the visual is seen as a means to uncover significant insights...
into how micro processes of daily life are linked to wider socio-cultural discourses; to make visible the taken-for-granted; and reveal meanings and understandings in context. Whilst the use of visual methods can be experienced as empowering and participatory by older people; the development of visual research has also presented researchers with new complexities and challenges in relation to ethical, theoretical, analytical and methodological issues. The aim of this symposium is to bring together researchers who are using a wide variety of different visual methods to study social aspects of ageing. In particular, we will draw on data from four research projects to explore the opportunities, challenges and experiences of using visual methods. Twigg provides insights into gender, fashion, ageing and the body through the analysis of four UK magazines. Dickinson questions the use of photography and possible moral implications when researching certain topics, such as, diet and food choices. Martin and Williams explore the use of photographs as a form of "visual diary" to make visible the ordinary and everyday as a means to explore perceptions, narratives and meanings about daily lives. Victor et al. show how significant insights can be revealed into familial and social relationships when participants are asked to draw maps of their social networks. This symposium will conclude by debating the possibilities and difficulties when developing visual methodologies.

GENDER, MAGAZINES AND FASHION IN THE CONSTITUTION OF AGED BODIES
J. Twigg, Sociology and Social Policy, University of Kent, Canterbury, United Kingdom

We are accustomed, from a wealth of work on young women, to see magazines as significant in the constitution of gendered and classed identities. There has been little work, however, taking these perceptions forward in relation to aged ones. This paper explores the role of women's magazines in shaping the ways in which ageing is experienced, understood and imagined in modern culture, focussing on the subject of clothing and dress. Magazines are inherently visual phenomena. In order to understand how they work, we need to be able to explore how they operate at the level of images. The study thus presents an example of the growing interest in visual methods in gerontology. It is based on an analysis of four UK magazines: Vogue, Woman & Home, SAGA, and Yours.

I WOULD BE EMBARRASSED FOR YOU TO SEE WHAT I EAT. OLDER PEOPLE REJECTING THE VISUAL?
A. Dickinson, J. McClinchy, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, Hertfordshire, United Kingdom

This paper will present data from a pilot study carried out in a faith-based community-meal setting. Data was collected using a number of qualitative methods including researcher and participant generated visual images. Using cameras to capture the social context of eating and food eaten, was limited due to poor uptake. Uptake appears not to be influenced by technical phobias but by the subject matter. Food and its consumption is surrounded by strong moral discourses and older people living alone were embarrassed to expose their eating behaviour to visual scrutiny. Using visual devices to explore eating behaviour in older people, particularly those who live alone, should be used cautiously and with sensitivity. Images when collected have the potential to add context to the data provided in food diaries and interviews, however, it appears that alternative methods of data collection alongside visual images are needed.

PHOTOGRAPHING EVERYDAY LIFE: AGEING, BODIES, TIME AND SPACE
W. Martin, V. Williams, School Of Health Sciences and Social Care, Brunel University, Uxbridge, United Kingdom

As people grow older, daily practices can become increasingly problematic as everyday routines become more frequently disrupted. People in mid to later life may increasingly be required to make sense of these biographical and bodily changes. The aim of this paper is to highlight the significance of the ordinary and day-to-day by focusing on everyday meanings, lived experiences and spatio-temporal contexts. We will draw on data from the pilot phase of an empirical study funded by the ESRC. The pilot study included 10 participants (age range 50-70 years) with different daily routines. Data collection methods included self-directed photography and in-depth interviews. The photographs allow us to explore narratives and meanings of everyday life, and make visible the rhythms and patterns that underlie our habitual and routinised everyday worlds. We will discuss themes underlying these issues including gender; space and time; identities; mess and dirt; social networks; and ageing bodies.

VISUALISING THE SOCIAL NETWORKS OF OLDER PEOPLE FROM BANGLADESHI AND PAKISTANI COMMUNITIES LIVING IN THE UK
C. Victor, W. Martin, M. Zubair, Brunel University, Uxbridge, United Kingdom

Introduction: Within the next 20 years the proportion of older people living in minority black and ethnic communities within the UK will significantly increase. We have limited evidence documenting the family and social networks of these groups. Methods: We draw on data from our ESRC New Dynamics of Ageing project: Families and Caring in South Asian Communities to explore how our 110 participants’, a diverse group of Bangladeshi and Pakistani men and women aged 50+ years, visualize their social networks and family relationships and link to the data generated from in-depth interviews. Findings and Conclusions: The range of styles of the 109 network maps created by participants ranged from ‘traditional’ networks diagrams to ‘lists’ of network members. We highlight the role of the network maps in revealing relationships which provide meaning and context for our participants social relationships, such as religion, which do not always emerge in the interviews.

SESSION 1415 (SYMPOSIUM)

UPDATE ON NIMH PROGRAMS AND PRIORITIES IN GERIATRIC MENTAL HEALTH RESEARCH
Chair: G. Niederehe, Geriatrics Research Branch, NIMH, Bethesda, Maryland
Co-Chair: J. Evans, Geriatrics Research Branch, NIMH, Bethesda, Maryland

In this session, National Institute of Mental Health (NIMH) staff members will describe current priorities for the Institute, inform the audience of NIMH programs that support research efforts on aging and mental health, and outline particular areas of opportunity for new studies. The initial two presentations will discuss the current funding context at the National Institutes of Health and NIMH, including trends, recent developments, and changes in the business practices affecting the review and award process for grant applications, and provide an overview of how funding programs at NIMH are organized. Particular emphasis will be placed on the NIMH Strategic Plan as a key articulation of current priorities, and on the report of an NIMH Advisory Council working group on new directions in intervention research. The subsequent two presentations will describe the various areas in which the NIMH Geriatrics Research Branch supports studies of mental health and aging, highlighting particular interests and priorities relating to its programs on Translational Behavioral Science, Translational Neuroscience, Pharmacologic Intervention Research, Psychosocial Intervention Research, and Multi-Modality Intervention Research. The final portion of the session will be a question and answer period during which audience members will be encouraged to pose questions to the presenters about whichever aspects of seeking NIMH support may be of interest.
THE NIH RESEARCH CONTEXT: RECENT DEVELOPMENTS PERTINENT TO GERIATRIC MENTAL HEALTH RESEARCH

G. Niederehe, Geriatrics Research Branch, NIMH, Bethesda, Maryland

This presentation will describe the current research funding context at NIH and NIMH for proposing projects on mental health and aging, both in terms of long-term trends and recent events. This will include the status of the Congressional appropriations process for the coming year, and other special initiatives or situational elements that may bear upon aging-related research (such as recent NIH Funding Opportunity Announcements, noteworthy recent scientific advances, organizational changes, or the like). Particular emphasis will be placed on the centrality of the NIMH Strategic Plan in prompting current Institute priorities.

NIMH FUNDING PROGRAMS AND APPLICATION PROCESSES: AN OVERVIEW

J. Evans, Geriatrics Research Branch, NIH, Bethesda, Maryland

This presentation will cover how funding programs are organized at NIMH, typical funding mechanisms, forms of support available for aspiring investigators in early stages of a research career, and the basic steps in applying for an NIH grant. Included will be information on requirements regarding the length, format, and timing of applications, and on the steps in the grants review and funding process. The presenter will also identify resources that can be useful to investigators interested in applying for funding support.

TRANSLATIONAL BEHAVIORAL SCIENCE AND PSYCHOSOCIAL INTERVENTION OPPORTUNITIES IN GERIATRIC MENTAL HEALTH RESEARCH

G. Niederehe, Geriatrics Research Branch, NIMH, Bethesda, Maryland

This presentation will review the priorities for and types of research supported by the Translational Behavioral Science and Psychosocial Intervention research programs within the NIMH Geriatrics Research Branch. Areas to be discussed will include the recommendations of an NIMH Advisory Council work group on new directions in intervention research, and the increasing priority placed on intervention studies that examine various avenues to personalizing care for older adults with mental disorders. The latter may include studies of modularized interventions and stepped care approaches, as well as studies of potential predictors of the individual’s response to varied treatment options. The presenter will discuss NIMH viewpoints on and priority given to the development of innovative new treatments, and also to research that instead proposes to modify or adapt existing treatment approaches (e.g., to increase their cultural sensitivity, their applicability in typical care settings, and/or their uptake and use by typical providers).

GERIATRIC TRANSLATIONAL NEUROSCIENCE AND PSYCHOPHARMACOLOGIC INTERVENTION RESEARCH: PRIORITIES AND SCIENTIFIC OPPORTUNITIES

J. Evans, Geriatrics Research Branch, NIMH, Bethesda, Maryland

This presentation will discuss NIMH efforts to expand its geriatric translational neuroscience research program and highlight areas of particular opportunity for advancing neuroscientific and psychopharmacological research on late-life mental disorders. Themes to be emphasized will include: studies directed at clarifying the neural circuits and biological processes associated with mental disorders in later life; the desirability of integrating genetic, brain imaging, and other technologies (e.g., cognitive and affective neuroscience) to advance a mechanistic understanding of disorder pathophysiology; new approaches to assessing symptomatic or functional domains that cut across traditional diagnoses; the importance of studying how specific aspects of the biological aging process interact with the trajectories of neurobiological changes seen in chronic mental disorders as affected individuals age; and studies aimed at identifying biomarkers indicative of vulnerability to developing mental disorder in late life, useful in tracking the progression of underlying disease processes over time, or informative about older adults’ likely response to particular treatments.

SESSION 1420 (SYMPOSIUM)

WHAT DOES THE FUTURE HOLD FOR ME? VIEWS ON DEMENTIA IN ADULTHOOD

Chair: B. Hayslip, Psychology, University of North Texas, Denton, Texas Co-Chair: K.S. Page, Psychology, University of North Texas, Denton, Texas

Discussant: D. Wadsworth, Preston Hollow Presbyterian Church, Dallas, Texas

Given the incidence of Alzheimer’s disease and other forms of dementia in the United States, diagnosis and treatment have become public health issues. Indeed, it is critical for middle aged and older persons to seek information about dementia, driven by the possibility that they themselves or a family member might be victims of this disease. This symposium addresses such behaviors and related concerns in view of the fact that either a lack of information or misinformation about dementia undermines proactive efforts to seek a timely diagnosis, engage in efforts to stave off dementia altogether, or minimize the cognitive decline associated with Alzheimer’s disease or other forms of dementia. Hodgson and Cutler discuss findings from their ongoing panel study of adult children with and without a family history of dementia, concentrating upon explicating relationships between memory functioning and worry within the framework of what is termed anticipatory dementia, significant in that awareness of and knowledge are key in seeking help for dementia’s cognitive manifestations. Hayslip, Page, and Wadsworth present several papers based upon a substantial data set of middle age and older adults exploring the dispositional antecedents of fear of dementia, differential concerns held by middle aged versus older adults regarding the disease, and views about end-of-life choices in light of the possible diagnosis of dementia. Wadsworth summarizes these studies’ findings, concentrating on their value for middle aged and older adults as well as for practitioners.

SUICIDE AND THE POTENTIAL DEMENTIA DIAGNOSIS

K.S. Page, B. Hayslip, D. Wadsworth, Department of Psychology, University of North Texas, Denton, Texas

Millions of Americans seriously consider suicide each year. Knowing that physical health and illness are risk factors, we examined the extent to which middle-aged and older adults (N = 719) would consider ending their life, if they were to receive a diagnosis of Alzheimer’s disease. Thirty percent of the sample indicated some level of ambivalence or consideration for ending their life in the face of a diagnosis, while the remaining percentage reported they definitely would not consider suicide. Respondents’ reasoning ranged from not wanting to be a burden to religious prohibition. Furthermore, significant correlations were found between level of consideration, knowledge of Alzheimer’s, and fear of dementia.

CONTEMPLATING ALZHEIMER’S: THE PHENOMENON OF ANTICIPATORY DEMENTIA

L.G. Hodgson1, S. Cutler2. 1. Sociology, Quinnipiac University, Hamden, Connecticut. 2. University of Vermont, Burlington, Vermont

Millions of older adults have Alzheimer’s disease (AD); many more fear it. Anticipatory dementia describes concerns among middle-aged (and older) persons that everyday memory lapses are the first signs of AD. For 15 years, we have been studying these concerns as well as the consequences that result. Findings from our ongoing panel study offer insights into the processes that link memory functioning at mid-life to worries about future cognitive impairment. For example, adult children of persons with AD, not surprisingly, exhibit high rates of antici-
Many middle-aged adults seek information about dementia, driven by concerns about the disease. Fears about dementia were investigated among 383 middle-aged and 220 older adults, 512 of whom did not have dementia caregiving experience, while 91 did so. A 2 (age group) X 2 (caregiving experience) ANOVA of Fear of Dementia factor scores suggested main effects for age and the interaction of age and caregiving involvement (p < .05), wherein middle-age persons with dementia caregiving experience scored higher relative to those middle-aged persons without such experience, while the opposite was true for older adults. Middle-aged persons also reported more concerns about dementia. These findings suggest that middle-aged persons’ concerns about dementia are more prevalent and that such concerns are especially salient for adult children who are caring for an older family member with dementia, highlight the need for information about diagnosis and treatment among such persons.

PERSONALITY TRAITS, AGING, AND FEAR OF DEMENTIA
K.S. Page, B. Hayslip, D. Wadsworth, Department of Psychology, University of North Texas, Denton, Texas

The concern for developing dementia is an unspoken concern for many. Understanding what factors may contribute to reported fear of dementia could allow us to better understand the individual’s view and experience. In a sample of middle-aged and older adults (N = 730), participants were asked about personality traits, knowledge of both Alzheimer’s disease and aging, fear of aging, and fear of dementia (FOD). Results yielded a positive correlation between FOD and Neuroticism for both age groups, but only a positive correlation between FOD and Agreeableness among the middle-aged participants. Furthermore, a positive correlation was found for both age groups between fear of aging and Neuroticism, while a negative correlation was found between fear of aging and Extraversion, Openness, Agreeableness, and Conscientiousness. Several significant correlations were also found between the personality domains and the other related measures. Implications for future research will be discussed.

SESSION 1425 (PAPER)

BLADDER HEALTH AND INCONTINENCE

AGING AND MATURATION PRODUCE DIFFERENT EFFECTS ON BLADDER FUNCTION IN A MOUSE CYSTOMETRY MODEL
P. Smith, A. DeAngelis, L. DeAngelis, G.A. Kuchel, Center on Aging, University of Connecticut Health Center, Farmington, Connecticut

BACKGROUND: Degradation of lower urinary tract function and control is thought to contribute to disorders of urine storage and voiding in the elderly. Effects attributable to aging are difficult to separate from associated morbidities. We utilized a mouse cystometr model to evaluate the impact of aging on micturition cycle. METHODS: Groups of ten Young (2 mo), Mature (10 mo), Aged (22 mo), and Elderly (26 mo) female B6 mice underwent multichannel pressure/flow cystomet-ric study under urethane anesthesia. Comparisons of storage and voiding parameters between groups used ANOVA with Bonferroni test. RESULTS: Young, Mature and Aged mice reliably generated typical cyclic contractile voiding. Half of Elderly mice failed to demonstrate cyclic contractile voiding. Baseline bladder pressure and voiding pressure thresholds were greater in Young compared to older groups, however maximum bladder pressures during voiding were not statistically different between groups. Young mice demonstrated poorer compliance than the older groups. Voiding flow rates, volumes and intervals increased with aging. Estimators of contractility were less in Young compared to older groups, however older groups did not differ. Estimators of urethral resistance did not differ between groups. CONCLUSIONS: Contrary to expectation, if cyclic contractile voiding is established, old mice did not demonstrate impaired storage and voiding when compared to young and mature mice. However, maturational differences exist. Unlike younger mice, Elderly mice do not reliably demonstrate typical contractile voiding. The impact of aging may be related to system responsiveness rather than alterations of specific functions. Supported by NIA AG028657 and the Jahnigen Scholars Program

IN-HOSPITAL USE OF CONTINENCE AIDS AND NEW-ONSET URINARY INCONTINENCE IN ADULTS AGED 70 AND OLDER
A. Zisberg, G. Sinoff, N. Gur-Yaish, H. Admi, E. Shadmi, Haifa University, Haifa, Israel. 2. Carmel Medical Center, Haifa, Israel, 3. Rambam Health Care Campus, Haifa, Israel

Objectives: To describe the types of continence aids of older adults hospitalized in acute medical units and to test the association between new use of continence aids and development of new urinary incontinence (UI) at discharge. Methods: Three hundred twenty two older (age 70 or older) acute medical patients hospitalized for a non-disabling diagnosis in a large tertiary medical center in Israel were followed prospectively from admission to discharge. Only participants who were continent prior to admission were included in presented study. The development of new UI was defined as patients’ report of inability to control voiding at discharge. Results: Of the 352 patients continent at admission, 58 (16.5%) used adult-diapers and 27 (7.7%) had a urinary catheter (UC) during most of the hospital stay. Sixty (17.1%) patients developed new UI at discharge. The odds of developing new UI were 4.26 (95% confidence intervals – CI: 1.53-11.83) and 2.62 (CI: 1.17-5.87) higher for UC or adult-diaper users, respectively, than for the self-toileting group, controlling for baseline functional and cognitive status, disease severity, age, and length of stay. Conclusion: The use of adult-diapers and UC during acute hospitalization is associated with the development of new UI at discharge. The management of continence among hospitalized older adults requires more diligence, and further investigation is needed to devise continence promotion methods in hospital settings.

URINARY CONTINENCE INTERVENTIONS: ASSESSING OUTCOMES MEASUREMENT
K. Southall, J.W. Jutai, E. van den Heuvel, Élisabeth-Bruryère Research Institute, Ottawa, Ontario, Canada. 2. Brunel University, London, United Kingdom. 3. Interdisciplinary School of Health Sciences, University of Ottawa, Ottawa, Ontario, Canada

Urinary incontinence (UI) is a condition frequently experienced by older adults. Individuals with UI are commonly stereotyped as frail and incompetent, which can sometimes lead to humiliation, embarrassment and social isolation. There are numerous effects of UI on psychological and social well-being that make it a challenge to measure the relative success of a particular treatment. A systematic review examined the psychometric and administrative properties of commonly used subjective measures for urinary incontinence. Each measure was examined for content that addresses social- and self-stigma. In this presentation, we will provide a brief overview of the tools identified to assess...
the outcomes of UI intervention, and discuss the extent to which the various tools assess stigma. Recommendations are provided on how measures might be improved, giving particular attention to challenges encountered by older adults.

MEASURING THE OUTCOMES FOR CONTINENCE MANAGEMENT TECHNOLOGIES
J.W. Jutai1, K. Southall2, E. van den Heuvel3, N. Cotterill3, A. Long3, 1. Interdisciplinary School of Health Sciences, University of Ottawa, Ottawa, Ontario, Canada, 2. Elisabeth Bruyere Research Institute, Ottawa, Ontario, Canada, 3. Brunel University, London, United Kingdom, 4. Bristol Urological Institute, Bristol, United Kingdom

Current technologies and interventions to help manage incontinence are not completely effective and accepted by persons with continence problems. One acknowledged weakness in the field of continence management technologies is the lack of controlled outcomes studies. To measure the psychosocial impact of assistive technology in a standardized, objective and measurable fashion requires specifically designed tools. One such tool is the Psychosocial Impact of Assistive Devices Scale (PIADS). The purpose of this research was to produce a modified version of the PIADS, for continence aids, that is understandable and acceptable to this population, and to investigate its reliability and validity. In the current study, we conducted interviews with older persons who have continence difficulties to help determine how well the PIADS seems to capture important areas for impact of continence technologies and identify modifications and enhancements that might be needed. In this presentation we will present themes generated from interview analyses, and overview proposed modifications.

A QUALITATIVE INQUIRY OF PATIENT-REPORTED OUTCOMES: THE CASE OF LOWER URINARY TRACT SYMPTOMS

Patient-reported outcomes provide a particularly important source of evidence for assessing healthcare for symptom-based conditions that lack definitive physiological measures of treatment efficacy, such as lower urinary tract symptoms (LUTS). Although LUTS increase in prevalence and severity over the life course and can significantly reduce quality of life, research shows a lack of concordance between provider and patient assessments. Semi-structured interviews were conducted with a stratified subsample of a larger representative community survey. The qualitative sample included 90 men and women from three race/ethnic groups (black, Hispanic, and white) who had spoken with a provider about LUTS. Respondents were asked to describe symptom relief after seeking medical care for LUTS, adherence to providers’ recommendations, and satisfaction with care. Interviews were transcribed, coded, and analyzed for themes. Most patients experienced either no symptom relief or partial relief, reported that they adhered to provider recommendations, yet also stated that they were satisfied with the care received. The primary reason for no symptom relief was not receiving a treatment recommendation from a provider. For patients, even partial relief made symptoms more manageable both physically and emotionally. Satisfaction with care was mediated by the patient/provider relationship and a patient’s expectations other than symptom relief. Patients’ assessments of the outcomes of seeking care for this symptom-based condition broadened the criteria for quality of care beyond providing a cure. For providers and researchers, the context acquired through a qualitative approach can enhance understanding of patients’ perspectives and the ability to construct meaningful quantitative measures.

SESSION 1430 (PAPER)
QUALITY OF LIFE AND WELL-BEING
DOES PEG FEEDING TUBES IMPROVED SURVIVAL IN ADVANCE DEMENTIA?

BACKGROUND: Earlier work suggests that feeding tubes are not associated with improved survival. However, these prior studies are limited in that they did not distinguish between nasogastric tubes and percutaneous endoscopic gastrostomy (PEG) tubes, examined samples from single institutions or states, and did not use state-the-art methods to control for selection bias. The objective this study was to examine survival with and without a feeding tube using, rigorous method to account for selection bias. A second objective was to examine whether the timing of feeding tube impacted on survival. METHOD: Retrospective cohort study using data from the Minimum Data Set and Medicare Claims from 1999-2007 to examine survival for advanced dementia NH residents with and without a feeding tube insertion using multivariate survival model with a propensity score. RESULTS: Of the 36244 NH residents (88% white, mean age, 84.9, 88% with one feeding tube risk factor), 1943 (5.3%) had feeding tube inserted. After multivariate analysis that included the propensity score, no difference was found between the survival of the 2 groups (AHR 1.03 95% CI. 94 to 1.13). Among residents who were tube-fed, the timing of PEG tube insertion relative to the onset of feeding problems was not associated with survival (AHR, 0.89 95% CI 0.72 to 1.11). CONCLUSION: This national study confirms that neither feeding tubes nor the timing of the insertion of a PEG feeding tube improved survival.

RISK FACTORS FOR NEGLECT IN ASSISTED LIVING
C.E. Ziminski1, L.R. Phillips1, G. Guo2, 1. Nursing, University of California, Los Angeles, Los Angeles, California, 2. Peking University School of Nursing, Beijing, China

It is estimated nearly 1 million elders live in an assisted living facility (ALF). While research has shown elder mistreatment to be a prevalent threat in ALFs, little is known specifically about neglect. ALFs were designed to be an alternative to skilled nursing facilities, though they are serving an increasingly larger population of sicker and more dependent elders with complex healthcare needs. As this population grows so does the opportunity for neglect. Research suggests risk factors such as use of unlicensed assisted personnel, lack of education requirements for staff, level of services provided, and for-profit motive of ALFs attribute to the occurrence of elder mistreatment. This study used archived public data from Arizona to examine the prevalence and types of neglect (environmental, medical, personal). Analysis explored relationships of institutional and staff risk factors and resident outcomes. Staff risk factors included citations pertaining to education requirements, qualifications, and attitudes. Institutional risk factors included citations pertaining to staffing, hiring practices, care practices and business practices. Results have implications for policy and interventions.

FACTORS INFLUENCING QUALITY OF LIFE IN OLDER ADULTS WITH OSTEOARTHRITIS
J.B. Jenkins, P.B. Crane, The University of North Carolina at Greensboro, Greensboro, North Carolina

Background: Over one-third of older adults have osteoarthritits (OA). OA of the knee is the most significant source of pain and physical disability in older adults and one of the five leading causes of disability. The consequences of OA may be detrimental to the older adult resulting in a decreased quality of life (QOL). Purpose: The purpose of this
OLDER WORKERS WITH CARDIOVASCULAR DISEASE: THE RELATIONSHIP OF JOB CHARACTERISTICS, SELF-CARE AND QUALITY OF LIFE

V. Vaughan Dickson, A. Howe, J. Deal, M. M. McCarthy, College of Nursing, New York University, New York, New York

Older workers with cardiovascular disease (CVD) must meet the challenges of today’s work processes including increased stress and intense production demands while managing the complexities of CVD. Adherence to self-care practices (medication, diet, exercise and symptom monitoring) is essential to maintaining physiological stability of CVD. This study explored the relationship of job characteristics (job stress and workplace support), self-care and health-related quality of life (HRQL) among older workers with CVD. Methods: In this cross-sectional study 88 older workers (>age 55) with CVD (mean age 63.3 years SD 7.1) were recruited from clinical and community settings and completed standardized instruments about job characteristics, self-care, physical functioning and HRQL. Correlational and regression analyses examined relationships between variables. Results: The sample was 56.8% female, 34.4% African American, 79.6% were employed (59% full or part time; 20% self-employed). Hypertension was common (36%); 33.6% had coronary heart disease. Self-care behaviors varied. Although most reported medication adherence (70.5%), few adhered to diet (25%), exercise (19.3%) or symptom monitoring (30.7%). Increased job demands were negatively correlated to self-care (r=-0.302, p=.007). Better self-care was reported by those with workplace support (r=0.331, p=.004) Overall, job characteristics explained 22% of self-care variance. Self-care and physical functioning were significant determinants of HRQL (p<.001). Conclusions: Since job characteristics may influence self-care, clinicians should assess job demands and resources as part of self-care education for older workers with CVD. As the workforce ages, worksite programs that facilitate self-care are needed and may help maintain physical functioning and HRQL among the growing aging workforce.

GRANDMOTHERS RAISING GRANDCHILDREN: RESULTS OF AN INTERVENTION TO IMPROVE PSYCHOLOGICAL WELL-BEING

S.J. Kelley, D.M. Whitley, P.E. Campos, School of Nursing, Georgia State Univ, Atlanta, Georgia

A substantial body of research indicates that grandmothers raising grandchildren are at increased risk for depression, as well as other forms of psychological distress. To date, the majority of research is limited by use of unidimensional symptom scales, such as those that measure only depression. The current study expands on knowledge of the psychological status of custodial grandmothers by use of the Brief Symptom Inventory, a multidimensional measure that examines psychological symptoms across nine primary symptom dimensions. The goal of the current study was to determine if an interdisciplinary intervention can be effective in decreasing psychological distress in grandmothers raising grandchildren. The sample comprised 449 predominantly low income, African American grandmothers raising one or more grandchildren. Their mean age was 57 years, with a range of 38 to 82. Participants were enrolled in an interdisciplinary, community-based program with the goal of improving the well-being of family members. Support services included home-based visitation by social workers and registered nurses, access to support groups and parenting classes, early interventions services for young children, and referrals for legal services. Participants are enrolled in the program for one year. Data are obtained at pre and post intervention. Results indicate that overall psychological distress decreased significantly from pre to post test (p < .000). Of the nine primary symptom dimensions, there were statistically significant (p < .005) decreases in scores on the following: Obsessive Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, and Paranoid Ideation. Implications for practice, policy, and future research will be discussed.

SESSION 1435 (SYMPOSIUM)

POSITIVE AGING: FROM THEORY TO PHENOTYPE

Chair: B.B. Cochrane, School of Nursing, University of Washington, Seattle, Washington, Fred Hutchinson Cancer Research Center, Seattle, Washington
Co-Chair: N.F. Woods, School of Nursing, University of Washington, Seattle, Washington

This symposium aims to ignite dialogue about positive aging and the assessment of one or more phenotypes from which to understand positive aging determinants and health outcomes and to posit hypotheses regarding new biomarkers. In the first paper we address theoretical and methodological foundations for studying positive aging, focusing on models posited from biobehavioral perspectives. In the second paper we address the question: what is the structure of positive aging? We will summarize results of principal components analyses completed with data from the Women’s Health Initiative, a large longitudinal study of postmenopausal women’s health, and examine the utility of functional and self-report measures as indicators of positive aging. In the third paper we examine the relationships between positive aging phenotypes and health outcomes, including: mortality, hospitalizations, years of independent living, and years of healthy living. In the fourth paper we present results from trajectory analyses of positive aging indicators and thereby address the sensitivity of individual items assessing functional capacity in comparison with other indicators of positive aging. Together, the authors of these papers will identify the theoretical foundations of positive aging, posit phenotypes useful for advancing the science of positive aging, and analyze the contributions of a variety of indicators to this effort. Discussion of the utility of relevant measures in both clinical and research initiatives will complete the symposium.

POSITIVE AGING: THEORETICAL AND METHODOLOGICAL FOUNDATIONS

B.B. Cochrane1,2, N.F. Woods1, A.Z. LaCroix2, 1. School of Nursing, University of Washington, Seattle, Washington, 2. Fred Hutchinson Cancer Research Center, Seattle, Washington

The aims of this paper are to review the theoretical foundations of positive aging and to link these historical views explicitly to methodological foundations for studying positive aging. Literature on positive aging was reviewed to identify conceptual and theoretical foundations that have motivated the development of research on positive aspects of aging, as well as such constructs as successful aging and healthy aging. Models of positive aging, including those developed from theoretical domains within the social and biomedical sciences will be compared and contrasted with those grounded in data provided by older adults.
The linkages among theory, models, and methodological approaches to the study of positive aging will be explicated.

**TRAJECTORIES OF POSITIVE AGING: COMPARISON OF INDICATORS**

O. Zaslavsky1, J. Liu2, J.R. Herting1, N.F. Woods1, B.B. Cochrane1,2, 1.
University of Washington, Seattle, Washington, 2. Fred Hutchinson Cancer Research Center, Seattle, Washington

The aims of this paper are to characterize the trajectories of multiple indicators of positive aging using longitudinal data obtained from the Women’s Health Initiative participants 65 years and older at baseline and followed over an average of 7-8 years. Previous longitudinal studies revealed that multiple indicators of physical and emotional functioning have been strongly associated with positive aging. However, there is a scarcity of studies addressing the longitudinal trajectory of change in these indicators. We applied an innovative statistical approach, namely Latent Class Growth Modeling (LCGM) to this dataset, which allowed us to describe different trajectories of both subjective and objective positive aging indicators over time (e.g., constant over time, rapidly declining) and to differentiate those baseline characteristics that predict trajectory group membership. We will discuss the utility of these approaches in both clinical and research contexts.

**POSITIVE AGING PHENOTYPES: PRINCIPAL COMPONENTS ANALYSIS**

N.F. Woods1, J. Liu2, B.B. Cochrane1,2, A.Z. LaCroix3, O. Zaslavsky1, J.
University of Washington, Seattle, Washington, 2. Fred Hutchinson Cancer Research Center, Seattle, Washington

The purpose of this paper is to examine the dimensions of positive aging using data from the Women’s Health Initiative, a large longitudinal study of postmenopausal women’s health that began in 1993 at 40 clinical centers across the United States and continues in long-term follow-up through 2015. Over 70,000 women were 65 years and older at baseline measurement and included in these analyses. Data collected at baseline, year 3 and at closeout from Clinical Trial participants and at baseline and year 3 from Observational Study participants were analyzed using principal components analysis to identify dimensions of positive aging. Results revealed two important dimensions: physical functioning and emotional functioning. These dimensions are examined for their utility in future research in contrast with the use of individual items.

**OUTCOMES OF POSITIVE AGING: MORTALITY, YEARS OF HEALTHY LIVING, YEARS OF INDEPENDENT LIVING**

A.Z. LaCroix1, N.F. Woods2, B.B. Cochrane1,2, J. Liu1, O. Zaslavsky2, J.

The multidimensional phenotype of positive aging using a two-factor solution, as well as individual indicator scores, were examined for their ability to predict health outcomes among participants in the Women’s Health Initiative who were ages 65 and older at baseline. Outcomes examined included time-to-death, years of independent living (e.g., first report of nursing home admission) and years of healthy living (e.g., no hospitalizations or major health conditions). Adverse outcomes were estimated based on the years prior to death. All models were adjusted for age, race/ethnicity, education, and WHI component enrollment. Cox proportional hazard modeling revealed that both factors and the independent indicators informing the factors were significantly associated with each of the estimated outcomes. The differential relationship of the two-factor positive aging phenotype versus individual indicators will be discussed.

**SESSION 1440 (SYMPOSIUM)**

**SLEEP DISTURBANCE AND ADVERSE HEALTH OUTCOMES IN OLDER ADULTS**

Chair: A.P. Spira, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Co-Chair: K.L. Stone, California Pacific Medical Center Research Institute, San Francisco, Maryland

Discussant: S. Ancoli-Israel, University of California, San Diego, La Jolla, California

Sleep disturbances, including poor sleep quality and sleep-disordered breathing, are common among older adults, and a growing body of research suggests that they are associated with—and perhaps cause—a range of adverse health outcomes. Given the prevalence of sleep disturbances in this population, and the fact that they often can be treated, evidence for an association with poor health outcomes could have substantial implications for the prevention of morbidity and maintenance of independence in older adults, or for prognosis, with respect to these outcomes. In this symposium, we will present research regarding the association between sleep disturbances—assessed using several methodologies (i.e., actigraphy, polysomnography, self-report)—and a range of adverse outcomes. Specifically, the session will include studies of: the association between actigraphically measured sleep duration and fragmentation in older women and subsequent placement in nursing homes or personal care homes (e.g., assisted living); the interaction of actigraphic and self-report measures of sleep disruption and the risk of falls in older women; the link between sleep disturbance and pain in older adults; and the extent to which obstructive and central sleep apnea predict incident heart failure in older men. We will discuss the implications of results for the health of the large and growing population of older adults, including opportunities for prevention of disease and maintenance of quality of life.

**OBJECTIVELY MEASURED SLEEP FRAGMENTATION AND NURSING HOME PLACEMENT IN OLDER WOMEN**


Although sleep complaints are common among older adults, little is known about the association between objectively measured sleep and placement in long-term care (LTC). We studied 1,664 women (mean age = 83) with data indicating residence in a “private home or apartment” or “retirement home or senior complex” at baseline, who completed wrist actigraphy for quantification of sleep/wake. Residence data were collected five years later. Sleep fragmentation was measured as WASO (wake after sleep onset duration), expressed as quartiles. Women in the fourth compared to the first quartile for WASO were almost three times more likely to reside in a nursing home (adjusted odds ratio (AOR) = 2.78, 95% CI 1.30, 5.95) or a personal care home (AOR = 2.40, 95% CI 1.31, 4.42) five years later. There was no association between sleep duration and LTC residence. Objectively measured sleep fragmentation, but not duration, predicts LTC placement in older women.
Sleep disruption is associated with increased risk of falls, yet most studies have relied on subjective sleep assessment. Many individuals with subjective sleep complaints do not have objective evidence of poor sleep. We used data from the SOF (n=2974 women, mean age 83.5) and MrOS (n=3023 men, mean age 76.4) Sleep Studies to explore the associations of subjective and objective (based on wrist actigraphy) sleep and risk of 2+ falls during the subsequent year. In multivariate models, objective sleep was associated with increased fall risk in both women and men. For example, relative to those who slept 7-8 hours per night, short sleep duration (<5 hours) was associated with a 1.60-fold (95% CI 1.08 – 2.38) and 1.75-fold (1.20 – 2.54) increased fall risk in women and men, respectively. Subjective sleep significantly predicted fall risk in women but not men. The interaction of subjective and objective sleep measures were also explored.

INTERACTIONS OF SLEEP DISTURBANCE AND PAIN IN OLDER ADULTS: IMPLICATIONS FOR EFFECTIVE TREATMENT

M.V. Vitiello, Psychiatry, University of Washington, Seattle, Washington

Pain due to osteoarthritis (OA) affects over half of all older adults, with the majority of these individuals experiencing significant co-morbid sleep disturbance. Sleep disturbances have typically been assumed to be secondary to pain syndromes. However, emerging evidence demonstrates that while pain may initiate and exacerbate sleep disturbance, disturbed sleep in turn maintains and exacerbates chronic pain and related dysfunction. This interaction suggests that optimal OA interventions should target not only perceived pain and related dysfunction but co-morbid sleep disturbance as well. Evidence demonstrating sleep/pain interactions will be reviewed and synthesized and the implications for enhancing the treatment of co-morbid pain and disturbed sleep in older adults by treating both conditions simultaneously will be discussed.

OBSTRUCTIVE AND CENTRAL SLEEP APNEA: ASSOCIATIONS WITH INCIDENT HEART FAILURE IN OLDER MEN


It is unclear whether sleep disordered breathing (SDB) increases risk of heart failure (HF) in elderly individuals, whether associations are bi-directional, and if HF risk is associated with central or obstructive apneas. The association between SDB and incident HF over 5 years was evaluated in 2878 men (mean age 76.4±5.5 years) in the MrOS Sleep Study who underwent baseline polysomnography. After adjusting for age, race and clinic, incident HF was associated with an Apnea Hypopnea Index >15 (OR: 1.58; 1.22, 2.27, 95% CI); %sleep time at oxygen saturation levels <90% (1.18; 1.05, 1.33), increased awake (>1.5 hrs) after sleep onset (1.76; 1.25, 2.49); and Cheyne-Stokes Breathing (CSB) (3.00; 1.91, 4.70). After excluding men with prevalent HF, associations weakened, but remained significant for CSB, increased wake time and sleep hypoxemia. CSB, a breathing pattern associated with central apnea, is a marker for HF incidence, even in men without HF at baseline.

TAILS OF CARE: RESEARCH AND PRACTICE IN ANIMAL ASSISTED INTERVENTIONS (AAI) AND OLDER ADULTS

Chair: R.J. Karasik, Gerontology, St. Cloud State University, St. Cloud, Minnesota
Co-Chair: J. Berry, Dementia Care Foundation, Darwin, Minnesota

While the use of Animal Assisted Interventions (AAI) in health care is not new (Johnson et al., 2002; Odendaal, 2000), its place in the care of older persons, including persons with dementia is now coming to the forefront (Sellers, 2006; Williams & Jenkins, 2008). Despite a growing body of literature, limited information is found on the practical applications and challenges associated with implementing AAI with older adults. This symposium examines the integration of AAI into a continuum of settings (from home and community to specialized and institutional care) and with populations varying significantly in their care needs. Particular emphasis is placed on the practice of AAI as a cost effective, non-chemical healthcare intervention. The first paper examines the effectiveness of dog walking as a physical activity, factors that facilitate and prevent dog walking in older adults, and the methodological challenges of assessing such AAI. The second paper explores the impact of dog walking on the endurance and mobility of older persons in institutions. The third paper presents findings from a 3 phased study examining the impact of an aquarium on the food intake of persons with severe dementia in an institutional setting. The fourth paper describes a 10 year case study where AAI with a variety of domestic and exotic animals has been incorporated into a new care approach for persons needing specialized dementia care. The final paper addresses the overall theme of putting AAI into practice and explores available resources to assist in implementing AAI across the care continuum.

BACK AT THE RANCH: PRACTICAL APPLICATIONS OF ANIMAL ASSISTED INTERVENTIONS (AAI) IN DEMENTIA CARE

R.J. Karasik1, J. Berry2, 1. Gerontology, St. Cloud State University, St. Cloud, Minnesota, 2. Dementia Care Foundation, Darwin, Minnesota

This case study reflects 10 years of Animal Assisted Intervention (AAI) practice (1999-2010) with residents of the Lakeview Ranch Model of Specialized Dementia Care (N=145). Animal Assisted intervention is a key component of the model, along with a high staff: resident ratio, interdisciplinary teamwork, medication reviews, attention to residents’ emotional needs, and specialized staff training. The model re-allocates funding toward “up front” care programs (e.g., AAI) geared to prevent challenging dementia-related behaviors, rather than toward more expensive and often less desirable “after the fact” interventions (e.g., medication, hospitalization). Since its inception, LR has been home to a variety of domestic, farm, and exotic animals. Current findings document numerous AAI benefits including: increased emotional connections, sensory stimulation, physical activity/exercise, and socialization, along with decreased challenging behaviors. Type of animal/intervention was found as an intervening variable. Logistical concerns identified include: state regulations/health issues, program cost, therapist availability, staff buy-in, and animal care.

THEORETICAL AND PRACTICAL FACTORS ASSOCIATED WITH DOG WALKING FOR OLDER ADULTS

R. Johnson, Sinclair School of Nursing, University of Missouri, Columbia, Missouri

Premise & Process: Globally there is growing research investigating dog walking to enable people to meet PA recommendations. Epidemiological evidence suggests people who walk dogs are more likely to meet recommendations. This paper explores factors facilitating and preventing dog walking among older adults. It will draw upon data from the rapidly expanding global evidence base on dog walking, and refer
to findings from 3 of the author’s studies. Methodological issues of designing and implementing dog walking studies with older adults will be presented. Practical issues of older adults’ dog walking will be discussed (including safety, walking speed, balance, and PA). Conclusions: Dog walking may be beneficial to improve or maintain PA in older adults given attention to safety issues particular to this population. Objectives: 1. Describe factors facilitating and preventing dog walking among older adults. 2. Analyze issues associated with implementing dog walking research and programs with older adults.

HOW TO PRACTICALLY APPLY ANIMAL ASSISTED INTERVENTIONS (AAI) IN ANY SENIOR SETTING
P.K. Frakes, Life Enrichment Consulting, Minneapolis, Minnesota

(abstract) Research has shown that utilization of various forms of Animal Assisted Interventions (AAI) can have a positive psychosocial impact on the lives of older adults. The challenge for senior professionals is how to properly incorporate AAI options so that the experience is humane for the companion animals, and safe for the recipients. This session will examine currently available tested professional resources that will benefit any organization that utilizes them, rather than trying to reinvent the wheel in this area of AAI with senior adults. The participants will be able to identify the three key factors to consider before implementing any AAI options: (1) Examining the options, (2) Planning for success (3) Selecting the right intervention for your setting. The participants will also become familiar with several educational options and professional resources that can assist them to achieve the optimal results with AAI in their senior setting.

EFFECTS OF A DOG-WALKING PROGRAM WITH OLDER ADULTS IN LONG-TERM CARE
S.M. Shea1, M.M. Baun2, N. Bergstrom1, R. Johnson2, L.A. Hart1, 1. University of Texas Health Science Center-Houston, Houston, Texas, 2. University of Missouri, Columbia, Missouri, 3. UCDavis, Davis, California

Objective: To determine if walking a dog would result in an increase in walking endurance and mobility among institutionalized elderly. Design: Experimental pre and post test two group randomly assigned design. Setting: Three long-term care facilities Participants: Thirty subjects, male and female (mean age, 72) Intervention: A 6-week walking program where the experimental group walked with a dog and handler and the control group with only a handler Measures: Outcomes Expectations for Exercise Scale (OES), 2-minute walk test and 30 second chair stand test Results: All of the participants showed an increase (7 minutes) in walking endurance during the 6-week period (p=0.048, mean 15.08, SD 7.6). The OES scores did not significantly predict adherence to the program. The pre-post-chair stand and the 2-minute walk test did not show statistical significant differences. Conclusions: Walking three times a week for 6 weeks has the potential to increase walking endurance.

THE INFLUENCE AQUARIUMS ON FOOD INTAKE IN INDIVIDUALS WITH DEMENTIA
N.E. Edwards, A.M. Beck, Purdue University, West Lafayette, Indiana

The project examined the effects of introducing an aquarium in the dining areas of specialized dementia units in long term care facilities. The sample consisted of 71 residents with severe dementia. The 10 week study consisted of 3 phases: Week 1-2 baseline food intake; week 3-4 food intake with aquarium in dining area; and week 5-10 follow-up phase. Food intake was measured by weighing the food prior to and after each meal. Resident body weight was assessed at the beginning of each phase. Using a repeated measure ANOVA, a significant increase in food intake was noted between the baseline and treatment phase. When assessed by facilities, all three facilities had significantly higher intake in Phase II compared to Phase I and the effect was maintained through Phase III. A significant increase was noted in resident weight between Phase I and Phase III. The bond with nature and animals transcends dementia.

SESSION 1450 (SYMPOSIUM)

VALUING THE ROLE AND CONTRIBUTIONS THE REGISTERED NURSE BRINGS TO LTC: PROCEEDINGS FROM AN INTERNATIONAL MEETING
Chair: K.S. McGilton, Research, Toronto Rehabilitation Institute, Toronto, Ontario, Canada, Faculty of Nursing, Toronto, Ontario, Canada
Discussant: B. Bowers, University of Wisconsin-Madison, Madison, Wisconsin

An invitational two day meeting was held to focus on valuing the contributions an RN brings to LTC. The symposium brought together international, national and local stakeholders to highlight the value of registered nurses in long-term care and to develop strategies to develop sustainable roles in LTC nursing homes. Despite coming from 6 different countries several similar key concerns were identified and these were summarized into three themes: (1) Role Clarification and Delineation, which focuses on issues of how the RN role is defined in different organizations, scope of role, expand of authority and professional role extension; (2) Gerontological Nursing Expertise, which focuses on the nature and focus of education programs for practice in LTC, and (3) Models of Care, which focuses on the way in which LTC models are changing and the implications of these changes on the RN role in LTC. The symposium will focus on describing recommendations made by this international alliance. The first paper describes the persons we care for in LTC and possible RN sensitive outcomes based on their needs. The second paper examines the RN role and RN role performance within a systems-focused context. The third paper examines competencies for RNs that practice in nursing homes and components of nurse practice acts that are considered within the RN’s scope of practice. The final paper is focused on moving the agenda forward. Recommendations made by the international alliance on future research and policy will be discussed.

A PROFOUND UNDERSTANDING OF THE PERSON LIVING IN LTC AND OUTCOMES ASSOCIATED WITH RN SENSITIVE CARE
B. Mc Cormack, T.J. Roberts, J. Meyer, D.G. Morgan, nursing, university of ulster; Newtownabbey, United Kingdom

Long-term care for older people is undergoing significant change internationally. This change reflects a shift in philosophy from an institutional model of care to one that seeks to recognize and celebrate the continuing place of the older person in community, ensuring the ‘person’ is at the heart of decision-making about models of care delivery. Changes require reconsideration of the role of the registered nurse (RN) in facilitating relationships that enhance the personhood of the older person and others significant to them. This paper will explore the meaning of ‘person’ in the context of long term care for older people. It will suggest approaches to care delivery that can enhance both quality of life for service users and staff well-being. It will be argued that cultures of care need to embrace the personhood of residents, relatives and staff and that RN outcomes need to be sensitive to these cultures of care.
A SYSTEMS-FOCUSED CONTEXT FOR UNDERSTANDING THE RN ROLE AND PERFORMANCE


A myriad of sociocultural, political, organizational, and micro unit-level systems comprise contexts in which the registered nurse (RN) role is defined, operationalized, and evaluated. This paper offers several systems-focused perspectives for understanding the RN role and performance within and across systems of care. An organization-level systems approach highlights the interaction effect of the organizational design factors that link organizational structure to RN work. Another approach addresses one specific aspect of the RN role – delegation of nursing services – highlighting the regulatory and functional mechanisms that influence ways the RN role is operationalized. A micro-systems approach addresses specific RN practices associated with prevention of pressure ulcers, and the unit-level interactions that facilitate and/or limit RN knowledge, beliefs, and values associated with best practices. The knowledge gained from applying systems-focused perspectives to understanding the RN role provides critical insights and directions for interventions aimed to maximize RN role effectiveness in long term care.

REGISTERED NURSE COMPETENCIES AND SCOPE OF PRACTICE: IMPLICATIONS FOR QUALITY OF CARE IN NURSING HOMES


Reviews of international literature highlight that nursing practice in a nursing home is perceived as routine care delivered to people with non-complex needs and that nurses require less expertise to practice in those environments. This misperception has led to substituting licensed practical nurses (LPNs) for registered nurses (RNs) in many nursing homes. We analyzed all the U.S. state nurse practice acts (NPAs) regarding RN and LPN scopes of practice for nursing assessment, care planning and evaluating, delegating and supervising. Twenty-four states (47%) permit LPNs to delegate and supervise, but care quality was better in states that were more restrictive about LPN delegation and supervision. These NPA dimensions were mapped to endorsed RN geriatric nursing competencies (e.g., AACN 2010; NLN 2010). By relating scope of practice to RN competencies, findings illustrate the adverse care outcomes of an LPN scope when the complexity of resident conditions require RN-level core competencies.

MOVING THE AGENDA FORWARD: RECOMMENDATIONS MADE BY THE INTERNATIONAL ALLIANCE ON FUTURE RESEARCH AND POLICY


The main recommendation from the international alliance is that the role and scope of the RN role requires a redesign. The role of the RN has evolved to meet the demands of the system with limited regard to what matters most to the resident (i.e., well-being), or the competencies required of the RN to lead the team to these outcomes. To refocus what the role of the RN should be, outcomes have been identified based on residents’ needs that we believe are sensitive to RN care. Next steps include the development of evaluation criteria for these outcomes and an international research project to test the framework. In addition, recommendations will determine the infrastructure support and best care delivery models that are required in order to enable realization of the full scope of the role so that RNs can ensure residents enjoy and engage in life despite their complex health conditions.

SESSION 1455 (PAPER)

ISSUES IN CHRONIC CARE - SERVICE DELIVERY

PROMOTING CONSIDERATION OF THE SOCIAL DIMENSION IN EFFECTIVE DELIVERY OF COMPREHENSIVE CARE COORDINATION


In the United States, nearly half the population suffers from at least one chronic condition and the prevalence of multiple chronic conditions is increasing. The National Coalition on Care Coordination (N3C) comprised of leading health and aging professionals representing 40+ social, family caregiver, and professional organizations, formed in 2008 to advocate for better coordinated health and social services for older adults with chronic conditions. By its very nature, chronic disease requires ongoing attention and management of medical, psychological, economic, and social factors. N3C contributed to assuring that the Patient Protection and Affordability Care Act (ACA) includes access to care coordination as a key strategy for improving the quality and cost effectiveness of health care. As ACA moves into implementation, it is critical that consideration of innovative models hold as much regard for the behavioral/social support dimension as what is typically afforded the medical realm. N3C efforts to build and disseminate evidence for the effectiveness of care coordination delivered by an interdisciplinary team process links medical care with community and long-term care. The continuing focus on medical care alone is not enough to also address the behavioral and social support needs of these individuals. Evidence on the importance of this behavioral/social support dimension and on models of care that incorporate it is increasingly becoming available and deserves broader dissemination. This presentation will focus on N3C efforts to produce the evidence and disseminate this more comprehensive approach to care coordination that will benefit older adults with chronic conditions.

POTENTIALLY AVOIDABLE HOSPITALIZATIONS AMONG DUAL ELIGIBLES: DEFINITIONS, RATES AND COSTS

E. Walsh, J.G. Ouslander, S. Haber, A.W. Bragg, J. Wiener, 1. RTI, Waltham, Massachusetts, 2. Florida Atlantic University, Boca Raton, Florida.

Reducing the incidence of potentially avoidable hospitalizations (PAHs)—either by preventing conditions warranting hospitalization or by managing conditions at home or in nursing facilities—has the potential to substantially reduce Medicare costs, as well as improve health outcomes and beneficiaries’ quality of life. To analyze PAH rates and costs we developed a comprehensive list of conditions associated with potentially avoidable hospitalizations (and their associated ICD-9 codes) for nursing facility residents, based on input from experts in geriatrics, ambulatory care sensitive conditions, and other quality measures. We identified a subset of this list as most appropriate for HCBS waiver enrollees and other community-residing beneficiaries, to reflect the...
lower levels of support available to them compared to those in nursing facilities. We created and analyzed a linked data set incorporating 2005 Medicare and Medicaid claims, eligibility data regarding dual eligibility, and other data sources. We incorporated state Medicaid policy characteristics, facility characteristics, and measures of area supply and demand for health care services from other data sources including the Online Survey and Certification Reporting System, and the Area Resource File. Among the 5.6 million dual eligibles, we found 700,000 PAHs costing $5.6 billion: 338 per 1000 person years among those Medicare-covered nursing facility stays, 942 among those with in skilled nursing facility stays, and using the reduced PAH list, 250 and 88 among those in HCBS waivers and all other community-residing dual eligibles. We present results by state, condition, and demographic characteristics as well as multivariate analyses.

THE ROLE OF CONSUMER ADVOCACY IN MEDICAID NURSING HOME REIMBURSEMENT: LESSONS FROM NEW YORK AND MINNESOTA
E.A. Miller1, C. Rudder2, 1. Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts, 2. Long Term Care Community Coalition, New York, New York

Medicaid is the major purchaser of nursing home care in the United States. Lack of consumer advocacy involvement in Medicaid payment policy has resulted in reimbursement systems that favor industry and government interests at the expense of issues important to residents and their families. The purpose of this study is to draw on qualitative case studies of New York and Minnesota to identify factors promoting positive consumer participation in Medicaid nursing home reimbursement. In-depth interviews were conducted with 22 individuals with known or demonstrable experience in this area. Pertinent documents were also reviewed. Consumer advocates in both states played a critical role in the adoption of case-mix reimbursement. Whereas advocates in New York convinced policymakers to consider a number of rate setting components intended to improve access, quality and efficiency, those in Minnesota successfully supported such reimbursement system attributes as rate equalization and add-ons targeted to direct care staff. Findings suggest the importance of developing, demonstrating, and volunteering expertise in nursing home reimbursement as a means of gaining legitimacy, which, once earned, will lead to an ongoing role in state reimbursement policy discussions. Findings also suggest supplementing higher-level participation in stakeholder meetings and taskforce memberships with grass roots activities—e.g., press release, Op-Ed pieces, action alerts—that draw more widespread attention to an issue. Here, a division of labor may be useful with those advocates becoming expert in reimbursement partnering with other organizations capable of marshalling the resources necessary to conduct mass rallies, letter writing, email, and other broad-based campaigns.

SESSION 1460 (SYMPOSIUM)

AGING AND ADVANCE CARE PLANNING
Chair: J. Harrison, Center for Gerontology & Health Care Research, Brown University, Providence, Rhode Island

Rates of advance care planning (ACP) in the general population are unknown, however, estimates are as high as 30% among older age community dwelling and insured Americans. Interventions to increase advance care planning have limited success. Recent attempts to incorporate voluntary ACP as a service offered during annual wellness visits for Medicare beneficiaries was met with rigorous debate and eventually removed. In general, the medical community, including hospice providers, supported the Medicare regulation for ACP, citing lower psychosocial distress on patients and their families and better quality of death. Self-reported barriers to ACP among patients include: confusion over the meaning of advance directives, anxiety about death, avoidance, procrastination, denial and lack of information. The purpose of this symposium is to assemble an expert panel to address issues in aging and advance care planning from the perspective of gerontological nursing, gerontological social work, emergency medicine, health services, and public policy. Each presenter will discuss issues related to aging and advance care planning in their area of expertise. The symposium will conclude with the distinguished discussant providing a general summary of the presentations and offering some final suggestions for making policy recommendations informed by data regarding advance care planning in old age.

IMPACT OF TRANSITION TO PART D FOR DUALLY ELIGIBLE AGED MEDICARE BENEFICIARIES

As Medicare Part D was implemented (2006), there was concern that shifting from 51 state Medicaid drug programs to random enrollment in 600+ private Low Income Subsidy plans might harm dually eligible Aged Medicare beneficiaries. To investigate this, we used claims and enrollment status for a 5% sample of full Medicaid-eligible fee-for-service Medicare beneficiaries for two analyses. First, monthly population means for three outcomes (inpatient hospitalizations, acute days and emergency department visits) for 2001–2007 were analyzed using interrupted time series methods accounting for trends and seasonality. Second, multivariate panel analysis of beneficiary-level data estimated the effect of Part D on outcomes adjusting for beneficiary characteristics and time trend; outcomes considered included hospital admissions, hospital days, emergency department utilization, physician encounters, nursing home entry and ambulatory-care-sensitive hospitalizations. The interrupted time series and the bulk of the multivariate analyses showed no negative effects for Part D. Multivariate full and subgroup analyses revealed small but statistically significant negative outcomes in only three instances: hospital admission rates for urinary tract infection; for beneficiaries diagnosed with chronic heart failure; and for nursing home residents. Several analyses showed improvement in outcomes. Conclusions: Although some dually eligible Aged Medicare beneficiaries may have had better access to prescription drugs under Medicaid prior to the implementation of Part D, this study adds to growing evidence that Part D “did no harm” for these beneficiaries. Beyond this null finding, the analyses demonstrate improved health care outcomes for some high risk subpopulations in the first year of the Part D program.

PROMOTING ADVANCE CARE PLANNING THROUGH NATIONAL INITIATIVE
K. Black, College of Arts and Sciences, University of South Florida Sarasota - Manatee, Sarasota, Florida

National Healthcare Decisions Day is a nationwide campaign aimed at increasing advance care planning among adults throughout the country. This broad-scale initiative simultaneously seeks to encourage Americans to express their wishes regarding future healthcare decision making, rally a national media campaign to promote the importance of planning in advance for care, and mobilize national, state, and community organizations to develop a wide range of educational activities. The movement culminates in an annual day of multiple events throughout the country designed to inundate the public about advance care planning. The national event originated from the successful statewide Virginia Advance Directives Day’s inaugural event, conducted on April 18, 2006. Healthcare professionals are encouraged to participate in this growing initiative through a variety of activities and roles. A descrip-
BEYOND ADVANCE DIRECTIVES: PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)
M. Kapp, Center for Innovative Collaboration in Medicine & Law, Florida State University, Tallahassee, Florida

A tremendous amount of time and energy have been devoted over the past thirty-five years to lobbying state legislatures, educating physicians, and cajoling actual or potential patients regarding the creation and documentation of advance medical directives (both instruction directives and proxy directives). Sometimes, these efforts have resulted in better quality of medical care for particular individuals near the end of their lives. Often, however, advance directives prove to be unhelpful for a variety of reasons. It is time to move beyond traditional patient-authored advance directives to a more sophisticated approach to assuring that the patient’s personal values and preferences are honored: namely, POLST (Physician Orders for Life-Sustaining Treatment). This presentation will describe the practical, legal, and ethical foundations of the POLST Paradigm, its developmental status, and an example of the current efforts of professionals in one state (Florida) to implement the POLST Paradigm within that jurisdiction.

PLANNING FOR CARE AT THE END OF LIFE: A FAMILY PERSPECTIVE
M. Luptak, University of Utah College Social Work, Salt Lake City, Utah

Planning for care at the end of life is a dynamic multifaceted issue that affects the entire family constellation. Families often lack accurate and/or adequate information regarding end-of-life care planning: 1) as they begin care planning, 2) when someone is actively dying, and 3) during the bereavement process. Families also adopt widely varied approaches to end-of-life care planning such as avoidance of discussions, shared decision-making, and expression of desires to hasten death. This presentation will address end-of-life decision making as a social process between older adults and their family members. It will deepen understanding of the experiences of families as they plan for, make decisions about, and organize around end-of-life care; the needs that surface and the coping strategies employed to meet those needs; and how family members view professionals, services and systems involved in providing care.

TRUST, CARING, ADVICE, AND CONTACT: RELATIONAL ATTRIBUTES OF PERSONS NAMED TO ADVANCE CARE PLANNING ROLES AMONG WOMEN WITH RECURRENT CANCER
J. Harrison, M. Clark, J. Center for Gerontology & Health Care Research, Brown University, Providence, Rhode Island, 2. Brown University, Providence, Rhode Island

This presentation will focus on exploring the relationship between persons named to advance care planning roles (i.e., emergency contact, health care proxy, and primary support) and relational attributes in the social networks of women with recurrent cancer. We used an ego-centric network approach, to collect data from an ego respondent (women with cancer) about persons (alters) with whom they have relationships and direct contact. Five single item-generating items were used to collect names and relationships of up to ten persons: Please name those who you (1) care about the most, (2) care the most about you, (3) trust the most, (4) are in most contact with either by phone, mail, or in person, and (5) would most likely go to for advice. We developed models to help explain how the different relational attributes were associated with the odds of an alter being selected to each advance care planning role.

SESSION 1465 (SYMPOSIUM)
COST-EFFECTIVE COMMUNITY LIVING FOR LOW-INCOME OLDER ADULTS: COORDINATING AFFORDABLE SENIOR HOUSING WITH HEALTH AND LONG-TERM SERVICES AND SUPPORTS
Chair: L. Alexaith, The Lewin Group, Falls Church, Virginia
Co-Chair: R. Stone, LeadingAge Center for Applied Research, Washington, District of Columbia

This symposium presents preliminary findings of an effort funded by HHS and HUD to develop options for the design of a demonstration of (targeted) coordinated housing, health, and long-term services and supports for older residents of subsidized housing and their surrounding communities. First, the session reviews the effort’s public policy rationale, including a strong interest in the development of innovative service delivery models that allow older adults to remain in their communities while also achieving program efficiency (savings) and positive outcomes (health and well-being). There is a specific interest in the role of subsidized housing as the platform for achieving these efforts. Each of these policy interests warrants a stronger evidence base that a demonstration would provide. Next, this session describes the effort’s guiding conceptual framework as well as a summary of findings from six places that hold promise as models of coordinated housing, health, and/or long-term supports that could inform the larger demonstration’s design. Finally, the session describes the feasibility and utility of matching HUD and HHS administrative data to inform this effort (specifically) and to serve as a basis for using matched data to better describe and plan for the needs of aging residents in HUD subsidized housing.

POLICY RATIONALE FOR HOUSING WITH SERVICES TO ENHANCE AGING IN PLACE FOR OLDER ADULTS
R. Stone, LeadingAge Center for Applied Research, Washington, District of Columbia

This presentation summarizes the major policy issues driving this study. The first is an overarching policy interest in helping older adults—particularly those with limited financial resources—to successfully age in their communities. This concern is manifested in such policy efforts as the Obama administration’s “Community Living” initiative and the shift from institutional to home and community-based services supported by health care reform and ongoing state Medicaid reforms. A second driver is the commitment to higher quality at lower costs through improved care coordination and integration for chronically ill and disabled individuals, especially Medicare/Medicaid enrollees. The observed lack of affordable housing linked to services as a barrier to the success of the Money Follows the Person program illustrates the importance of this study’s focus. HUD’s growing recognition of the aging of its subsidized housing residents and recent efforts to reform its congregate housing programs is another key motivator.

A CONCEPTUAL FRAMEWORK FOR COORDINATED HOUSING, HEALTH CARE, AND LONG-TERM SERVICES AND SUPPORTS FOR LOW-INCOME OLDER ADULTS
R. Stone, M.F. Harahan, LeadingAge Center for Applied Research, Washington, District of Columbia

This presentation describes the conceptual framework developed by the research team to examine the role that affordable housing for lower-income older adults linked with health and long-term services and supports can play in facilitating successful, cost-effective “aging in community.” It combines various aspects of person-centered care and chronic care models but recognizes the unique contribution that congregate housing (where large numbers of older adults reside) can play in providing an efficient platform for delivering preventive services and health education, encouraging self-care management and achieving better service coordination and integration. This framework uses a population-based approach which attempts to address the needs and preferences of
all elderly residents in the property and surrounding community from the healthiest to those with chronic care and end of life concerns. It has guided the ASPE/HUD-funded project in its exploration of questions related to policy and practice challenges, targeting resources, and designing demonstration options.

AFFORDABLE SENIOR HOUSING WITH SERVICES MODELS & STRATEGIES
A. Sanders1, 2, J. Carson2, 1. Leading Age Center for Applied Research, Washington, District of Columbia, 2. Peter Sanborn Place and Sanborn Homecare, Reading, Massachusetts

This presentation provides findings from six case studies of affordable housing with services models representing different auspices and strategies for helping low-income seniors to age safely in place. One of the six models is described in detail to illustrate how such a program is implemented within current policy and resource constraints. The team observed a wide range of programs from those offering a comprehensive set of wellness activities, primary health, personal care, and chronic care management to those that target services to individuals needing primarily long-term care services and supports. Operational challenges include assessing resident needs and targeting interventions effectively, establishing formal housing/community service provider partnerships, and identifying sustained funding for services. The potential for these models to produce Medicare and Medicaid savings as well as improve quality of care/life outcomes are discussed. Challenges to large scale replicability are also highlighted.

FEASIBILITY OF LINKING HUD AND HHS DATA TO STUDY OLDER ADULTS IN LOW-INCOME HOUSING
L. Alexix1, G.J. Watson2, 1. The Lewin Group, Falls Church, Virginia, 2. The Moran Company, Arlington, Virginia

To explore the potential benefits of linking low-income housing with services, it is essential to understand the health/functional status and service utilization of elderly residents in these settings. This study represents the first attempt to link HUD and HHS administrative data to describe this population. Data from HUD administrative files and the CMS Chronic Condition Warehouse (Medicare/Medicaid enrollment and claims, MDS and OASIS health and functional assessment data) were matched for elderly low-income housing residents in five cities with a large number of senior housing properties. Presenters describe the analytical and operational challenges associated with the data matching process and present preliminary findings including hospital, ED, physician, nursing home and home health use over the calendar year, use and spending for individuals with 12 months enrollment; and use and spending per member per month.

SESSION 1470 (SYMPOSIUM)
LESSONS FOR CLASS – WHAT EXISTING PUBLIC PROGRAMS CAN TEACH US
Chair: P. Nadash, Gerontology, University of Massachusetts, Boston, Massachusetts
Co-Chair: P. Doty, Department of Health and Human Services, Washington, District of Columbia
Discussant: S. Crisp, Boston College, Chestnut Hill, Massachusetts

Nations across the world have increasingly incorporated into social safety nets the need for long-term supports and services (LTSS) – personal assistance services and supports for frail elderly and younger persons with functional disabilities. In the US, however, public support for LTSS is limited to the poor and highly disabled. To address the gap this creates, the 2010 Patient Protection and Affordable Care Act (PPACA) establishes a new, federally administered, voluntary public insurance program: Community Living Assistance Services and Supports (CLASS). However, written into the legislation were mandated design features that pose substantial challenges to its success: the program’s voluntary nature; its self-financing mandate; its $50 pd average benefit; its 3% cap on administrative costs; and its requirement to pay benefits in cash. This symposium brings together research on the lessons that existing public programs that pay cash to people who need LTSS have for CLASS. Pamela Nadash will present data from Austria, England, France, Germany, and the Netherlands on some key issues presented by CLASS, focusing on mechanisms to ensure that benefits are used appropriately—particularly, that workers are hired legally—while allowing beneficiaries the broadest discretion in using their cash benefit. In two further presentations, Mollie Murphy will present data from US programs regarding mechanisms for maximizing the purchasing power of consumers, and Lori Simon-Rusinowitz will present data on how consumers use this flexibility in ways that result in improved outcomes. Discussants Pamela Doty and Suzanne Crisp will offer federal and state policymaker perspectives.

CASH BENEFITS FOR LTSS IN EUROPE — ISSUES AND OPTIONS
P. Nadash1, P. Doty2, K.J. Mahoney2, 1. Gerontology, University of Massachusetts, Boston, Boston, Massachusetts, 2. ASPE/DHHS, Washington, District of Columbia, 3. Boston College, Chestnut Hill, Massachusetts

This paper presents data from Austria, England, France, Germany, and the Netherlands that address a key issue presented by CLASS: the level of accountability beneficiaries should be held to in how their cash benefit is used. What, if any, limits should be imposed? How might limits be operationalized in a cost-effective way, given the restriction on administrative costs imposed by the legislation and the goal of maximizing participant control? Among countries that allow unfettered use of cash, the use of illegal workers has become an issue; there are also fears of political backlash associated with the perceived misuse of funds and cost overruns. Conversely, other countries have imposed controls over the use of benefits via mechanisms such service plans and expenditure audits, or, as in France, via a payment mechanism that authorizes reimbursement of approved expenditures only. This paper discusses the issues associated with these policy choices.

HOW DID CASH AND COUNSELING PARTICIPANTS SPEND THEIR BUDGETS, AND WHY DOES THAT MATTER FOR THE CLASS ACT?
L. Simon-Rusinowitz2, 3, D.M. Loughlin1, K.J. Mahoney2, 1. School of Public Health, University of Maryland, College Park, Maryland, 2. Boston College, Chestnut Hill, Massachusetts

The Community Living Assistance Services and Supports (CLASS) Act—a groundbreaking component of the Affordable Care Act—creates a publicly administered voluntary insurance program for long-term services. The CLASS program offers a cash (or cash equivalent) budget benefit that is designed to assist people with disabilities remain independent. Parallels between Cash and Counseling (C&C) and the CLASS Act include participant control over the budget, the ability to develop an individualized spending plan that includes assistive equipment, the ability to hire family members as workers, and the availability of a range of supports to help participants manage their responsibilities. This presentation will describe how participants used their cash allowance under the C&C option, and suggest how these findings can inform the development of the CLASS program.

GETTING PURCHASING POWER INTO THE HANDS OF PARTICIPANTS: LESSONS FROM PARTICIPANT DIRECTION PROGRAMS
K.J. Mahoney1, 2, M.G. Murphy1, L. Simon-Rusinowitz2, 3, D.M. Loughlin2, C.C. Parker1, J. Selkow1, 1. National Resource Center for Participant-Directed Services, Boston College, Chestnut Hill, Massachusetts, 2. University of Maryland, College Park, Maryland

Parallels exist between the CLASS Act and participant-directed home and community-based services offered to public program beneficiaries.
under the Cash and Counseling budget authority system and other participant direction programs. Implementation of the CLASS Act can be informed by decades of experience in these programs. Drawing on data and lessons learned from Cash and Counseling and other participant direction programs, researchers will discuss the challenges and benefits of different approaches for participants to access program benefit funds. Methods for getting purchasing power into the hands of participants must balance flexibility, choice and control, with fiscal accountability and tax compliance. We will review approaches including: a cash benefit, a debit card infrastructure customized to the program, and a professional Financial Management Service to manage funds and make payments. Researchers will outline appropriate approaches under various circumstances, ultimately recommending a model that includes aspects of each.

SESSION 1475 (SYMPOSIUM)

TO LIVE AND LET DIE: INSIGHTS INTO ENHANCING THE CARE OF OLDER PRISON INMATES

Chair: A. Bishop, Human Development and Family Science, Oklahoma State University, Stillwater, Oklahoma

Discussant: S.A. Eisenhandler, University of Connecticut-Waterbury, Waterbury, Connecticut

Offenders age 50 years and older represent one of the fastest growing age demographics across state prisons. This pattern is projected to persist throughout the coming decades. Continued growth in the number of persons who will grow old and die in prison represents an emergent challenge relative to how correctional institutions address the complex physical and mental healthcare needs of older inmates. Older prison inmates are primary consumers of mental and physical health services during imprisonment. A key policy concern is how to provide quality-of-care in a way that will sustain inmate health and well-being but not substantially increase cost to the public. Yet, many older inmates typically suffer from multiple chronic and life-threatening conditions which demand continued extensive long-term or end-of-life care. Most prisoners maintain a high degree of distrust toward correctional medical staff. As a result, their perception of support, meaning, and well-being continues to erode through the end-of-life. Gerontological investigation into the physical and mental well-being issues and end-of-life challenges faced by older prison inmates has remained limited. The purpose of this symposium is address key influences in the physical and mental health functioning of older prison inmates, as well as to address perceptions and strategies for infusing end-of-life care within the context of correctional institutions. Empirical results will be discussed relative to implications for addressing the physical and mental well-being of older prison inmates, as well as providing recommendations for improving research, policy, and end-of-life care practices within the correctional context.

DIRECT AND INDIRECT EFFECTS OF RELIGIOUS PRACTICES ON VALUATION OF LIFE THROUGH FORGIVENESS AND SOCIAL PROVISIONS AMONG OLDER INCARCERATED MALES

G. Randall1, A. Bishop2,1, Family & Consumer Sciences, Bradley University, Peoria, Illinois, 2. Oklahoma State University, Stillwater, Oklahoma

To date, few studies have investigated the influence of religious practices, forgiveness, and social resources on incarcerated individuals’ attachment to their lives, or valuation of life (Lawton, et al., 2001). Based upon the literature, we hypothesized a mediational model linking religious practice (RP) to valuation of life (VOL) through the three subscales of the Heartland Forgiveness Scale (Self, Others, and Situations) and social provisions (SP). Data was collected from 261 prison male inmates, aged 45 to 82. The final model fit the data well: Satorra-Bentler \( \chi^2 (N=261; \text{df}=3) = 7.40; \ p = .06; \ CFI=.99; \ RMSEA=.08; \ SRMR=.02 \) (using FIML). Significant indirect effects of RP on VOL through Forgiveness of Others and Social Provisions, and of RP on SP through Forgiveness of Others, were found. Analyses controlled for age, race, sex, education, physical health, and mental health. Implications of the findings for those involved with prisoner care are discussed.

THE POWER OF FORGIVENESS: IMPACT OF SPIRITUAL, SOCIAL, AND EMOTIONAL VULNERABILITY ON THE PERCEIVED HEALTH OF OLDER PRISON INMATES

A. Bishop1, M.J. Merten1, G. Randall2,1, Human Development and Family Science, Oklahoma State University, Stillwater, Oklahoma, 2. Bradley University, Peoria, Illinois

This study involved a pilot examination of \( N = 261 \) male inmates (\( M = 57.59 \) years, \( \text{SD} = 8.41 \)) incarcerated in Oklahoma. Path analysis was used to explore an integrated model. Controlling for age, race, education, and type of crime, spiritual ambivalence (\( \beta = -.28, \ p < .01 \)), loneliness (\( \beta = -.25, \ p < .01 \)), and depressive affect (\( \beta = -.35, \ p < .01 \)) were negatively associated with forgiveness. However, forgiveness was positively associated with perceived health (\( \beta = .29, \ p < .01 \)). Forty percent of the variance in forgiveness was explained by spiritual ambivalence, loneliness, and depressive affect. Only 11% of the variance in perceived health was attributed to forgiveness. Spiritual ambivalence, loneliness, and depression diminish forgiveness, yet greater forgiveness improves health perceptions. This appears most salient in the association between depressive affect and perceived health. Results have implications relative to pastoral care services for older prison inmates.

DYING BEHIND BARS: DETERMINING THE CURRENT STATUS OF END-OF-LIFE CARE IN CONTEXTUALLY DIVERSE PRISONS

S.J. Loeh, J. Penrod, Penn State University, University Park, Pennsylvania

Managing the care, custody, and control of offenders who are aging and dying within prison walls is a source of growing concern for corrections officials. Dying in prison is among inmates’ greatest fears. The purpose of this study is to describe the values, beliefs, and perceptions of end-of-life care held by stakeholders who care for or are administratively responsible for dying inmates. Descriptive qualitative findings from semi-structured interviews conducted with 188 Department of Corrections workers are presented. Data were analyzed using content and thematic analysis. Major themes that emerged were: Prison as Home; Special Dispensation; Facilitators and Barriers to End-of-Life Care; Images of Dying in Prison; Impact of Death on Others; Needed Improvements; and Comparisons with the Free World. These insiders’ perspectives provided baseline information that contributed to the development of an intervention toolkit of generalist strategies for end-of-life care in prisons.

SHAPING CHANGE: ENHANCING EOL CARE USING PARTICIPATORY ACTION RESEARCH METHODS

J. Penrod, S.J. Loeh, Penn State University, University Park, Pennsylvania

The complexity of providing healthcare to offenders is profound, as the mission of providing care is balanced with securing custody and maintaining control. Effective integration of enhanced end-of-life care in corrections requires that strategies be tailored to fit the context of dying in prison by addressing unique contextual barriers and the scope of influence exerted by non-clinicians. The purpose of this paper is to describe the application of Participatory Action Research (PAR) methods in order to shift complex organizational systems of six distinct state corrections institutions toward enhanced end-of-life care. Three cardinal principles of PAR are illustrated using a large federally-funded study as an operational exemplar: Developing a Collaborative Network; Promoting Co-Ownership; and Translation of Contextual Reality into System Change. Stimulating sustainable change in prison health care,
requires a shift in this complex, value-laden organizational culture. PAR provides methods for engaging insiders in creating, evaluating, and sustaining meaningful change.

SESSION 1480 (SYMPOSIUM)

WHAT CAN I DO WITH A GERONTOLOGY DEGREE? EXPANDING YOUR OPTIONS

Chair: C. Leach, National Cancer Institute, Bethesda, Maryland

An endless number of career trajectories are possible for gerontologists. With an aging population, our skills and areas of expertise are of high value to numerous industries. However, when in graduate school, we commonly are only exposed to tenure-track positions at doctoral level institutions. This type of position is an excellent fit for many trainees, but not always the best fit for everyone. This symposium will highlight many different potential career paths in the field of aging. We will also address ways to make yourself as marketable as possible for the career path you feel will suit you best. First, Dr. Ewen will talk about different types of careers in academia. She will emphasize the importance of position “fit” for faculty candidates, departments, and universities. Next, Dr. Leach will discuss alternative post-doctoral programs in the federal government, potential careers in the federal government, and career potential in the non-profit world. Dr. Ruiz will discuss moving from the academic track and a post-doctoral position to working for a health policy research firm. Finally, Dr. Dassel will address other non-traditional careers in aging and ways of being creative in your career path when unexpected life events change your original plans.

CAREER UTOPIA IS THE IVORY TOWER?

H. Ewen, Miami University, Oxford, Ohio

Current and prospective doctoral students are largely familiar with the academic career path due to their own educational experiences and the mentoring of faculty throughout their academic journeys. Students who are considering an academic career may follow several paths to get to their destination of “tenured professor”. Academic careers are competitive and may be aided through post-doctoral fellowships. However, there is not a one-size fits-all tenure position at the end of the tunnel. Each position is created for a purpose within a department and a university with specific goals and aspirations. Faculty jobs can be considered research-intensive, teaching-intensive, or balanced. This presentation will discuss the various academic tracks and the ways that gerontology and other interdisciplinary scholars are experiencing and changing the experience of academe.

EXPLORE NEW CAREER POSSIBILITIES IN GOVERNMENT AND THE NON-PROFIT WORLD

C. Leach, National Cancer Institute, Bethesda, Maryland

Throughout graduate school, Dr. Leach wasn’t 100% positive a tenure track academic position was the right fit. With little exposure available to alternative types of careers in aging, it was difficult to know what careers were even possible that would value the skills developed in a Gerontology PhD program. By selecting a post-doctoral program in the federal government, Dr. Leach was able to acquire additional training, skills, and networking opportunities that a typical academic post-doctoral program typically would not have allowed. This choice proved to be the ideal stepping stone to a position at a large non-profit organization with a nice balance between research and applied public health. This presentation will explore jobs in the federal government and non-profit world as well as ways of building a skill-set more applicable to careers outside academia.

SESSION 1485 (SYMPOSIUM)

ANTIOXIDANTS AND OTHER SUPPLEMENTS FOR THE ELDERLY: WHAT IS THE RIGHT RX?

Chair: S.N. Meydani, USDA Human Nutrition Research Center at Tufts University, Boston, Massachusetts
Co-Chair: L. Ceglia, USDA Human Nutrition Research Center at Tufts University, Boston, Massachusetts

I want to age gracefully! Help, what can I take!! There are hundreds of dietary supplements marketed to prevent the cellular damage that appears to accumulate and result in aging. This accumulated damage may prevent normal cellular function and thus result in declines in physiological function. We will hear from the experts in the oxidative stress field and from individuals working at the USDA/Tufts Human Nutrition Research Center in Boston. Find out which supplements may be helpful as we reach the golden years.

ANTIOXIDANTS AND THE ELDERLY – WHO NEEDS DIETARY SUPPLEMENTS?

K.J. Davies, Bio-Gerontology, University of Southern California, Los Angeles, California

The Oxygen Paradox is that oxygen is simultaneously essential for human life and yet toxic to our DNA, proteins, and lipids. We cope with this ‘oxidative stress’ by using antioxidant enzymes to minimize oxidative damage to our cells and tissues, and removing or repairing those cellular constituents that still do get damaged. We also consume dietary antioxidants that are major constituents of fruits and vegetables. Many of these ‘antioxidants’ actually work by regulating the expression of key genes, and not by directly preventing oxidation. Mounting evidence suggests that the effectiveness and, especially, the adaptability of damage
removal/repair systems decline in old age. There is also some evidence to suggest increased oxidative damage with aging. While many would like to believe that dietary antioxidant supplements provide significant health benefits to the elderly, the evidence is weak at best. Possible reasons for such largely negative outcomes will be discussed.

REVIVING THE AGEING IMMUNE RESPONSE - ARE ALL ANTIOXIDANTS EQUAL?
S.N. Meydani, Nutritional Immunology, Jean Mayer USDA HNRCA at Tufts University, Boston, Massachusetts

Infections, particularly respiratory tract infections, are common in elderly individuals, resulting in decreased daily activity, prolonged recovery times, increased health care service use, and more frequent complications, including death. Contributing to the increased incidence of infection with age is the well-documented age-associated dysregulation of immune function. Adequate levels of antioxidants are necessary for maintaining the optimal function of the immune and inflammatory responses; however, not all antioxidants behave the same way. This presentation will focus on the efficacy of essential and non-essential antioxidant food components on reducing the decline of the immune response in the elderly and their susceptibility to infectious diseases. Furthermore, factors that influence the efficacy of antioxidant supplementation on immune response of elderly such as genetic background and appropriate dose will be discussed. Supported by: USDA agreement # 58-1950-7-707, NIA 1R01-AG 13975, and NIA 2R01 AG009140-10A1.

ROLE OF VITAMIN D IN SKELETAL MUSCLE
L. Cegla, Tufts Medical Center, Tufts University, Boston, Massachusetts

Profound vitamin D deficiency can cause a proximal muscle weakness of variable severity. Several randomized placebo-controlled clinical trials indicate that vitamin D supplementation improves tests of muscle performance, reduces falls, and may impact on muscle fiber composition and morphology in vitamin D-deficient older adults. This session will review the genomic and nongenomic effects of vitamin D with respect to skeletal muscle development, proliferation and preservation. The role of 1,25-dihydroxyvitamin D in signal transduction and calcium uptake and data on the vitamin D receptor gene knockout mice will be reviewed.

THE ROLE OF NUTRITION SUPPLEMENTS IN AGE-RELATED EYE DISEASE PREVENTION
E.J. Johnson, Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts

Age-related macular degeneration and cataracts are major causes of visual impairment and blindness in the aging population. Attention has focused on efforts to stop the progression or to prevent the damage leading to these conditions. Modifiable risk factors include dietary components. The nutrients that may be important are vitamins C and E, B vitamins, the carotenoids, lutein and zeaxanthin, zinc and omega-3 long chain polyunsaturated fatty acids. Given that the retina and lens suffer oxidative damage, the antioxidant nutrients are thought to be protective through their role as antioxidants. The B vitamins may lower homocysteine levels and improve function of blood vessels in the eye. Additionally, lutein and zeaxanthin may provide protection as filters against light damage. Omega-3 fatty acids may affect membrane composition of the retina. This presentation will evaluate recent evidence for a role for dietary and supplemental intake of these nutrients in age-related eye disease prevention.

SESSION 1490 (PAPER)

MARITAL QUALITY, HEALTH, AND WELL BEING

MARITAL QUALITY AND PHYSICAL HEALTH: A DYADIC ANALYSIS
H. Choi1, J. Yorgason2, 1. Penn State Altoona, Altoona, Pennsylvania, 2. Brigham Young University, Provo, Utah

Literature on the association between marital quality and health has been limited by research design and analysis. The relationship is fundamentally dyadic, therefore the partner’s influences on marital quality and health are of key interest. Nevertheless, most research has been based on samples of men and women who are not married to each other. To address this limitation, we fitted an Actor-Partner Interdependence Model to explore concurrent linkages between marital quality (i.e., positive and negative marital quality) and health (i.e., IADL/ADL, self-rated health). Our data consisted of a sample of husbands and wives aged 50+ who participated in the 2004 Health and Retirement Study (dyad N=735). Given the bidirectional relationship between these variables reported in existing studies, we explored (1) the effects of marital quality on health and (2) the effects of health on marital quality, controlling for each dyad member’s age, race, and education. When the effects of marital quality on health were estimated, findings suggest consistent partner effects. Specifically, wife’s positive evaluation of marriage was associated with her husband’s better functional status and self-rated health. Husband’s negative perception was predictive of his and his wife’s lower ratings of self-rated health. When the effects of health on marital quality were estimated, actor effects emerged consistently. Husband’s self-rated health was predictive of how positively and negatively he perceives his marital relationship. Wife’s better health (both functional status and self-rated health) was linked to her reports of higher levels of positive marital quality.

EXPLORING THE TEMPORAL ORDERINGS OF LINKS BETWEEN MARITAL QUALITY AND HEALTH IN OLDER COUPLES: DIFFERENTIAL DYADIC ASSOCIATIONS ACROSS A TWO AND FOUR YEAR PERIOD
J. Yorgason1, H. Choi2, 1. School of Family Life, Brigham Young University, Provo, Utah, 2. Penn State University, Altoona, Pennsylvania

Studies have generally indicated that poor marital quality is linked with a decline in individual health, and that individual health can have negative effects on marital quality. These associations may have different temporal orderings, and may be influenced differently by one’s own health versus a spouses’ health. Health may have greater influence on marital quality in the short term, while marital quality may erode health across a greater time. The present study examined two-wave longitudinal associations between health and marital quality across a two and four year period, to explore how effects of health on marriage might differ from effects of marriage on health across the two time intervals. Data were taken from 334 couples that responded to the Health and Retirement Study in 2004 and 2006, and from 314 other couples that responded to the same study in 2004 and 2008. Results from dyadic models indicated that several (5) actor and partner health effects (ADL and self-rated health declines) in 2004 were predictive of poorer marital quality in 2006. Only 2 effects of poorer marital quality in 2004 were linked with lower self-rated health in 2006. Across the 4 year interval there was evidence of a balance between health predicting marital quality and marital quality predicting health. Also, trends in actor and partner effects were found.
Specifically, reporting IADL limitations in 2004 was predictive of poorer partner marital quality in 2006, while poorer marital quality in 2004 was linked with respondents’ own higher IADL limitations in 2006.

WITHIN COUPLE ANALYSIS OF PHYSICAL HEALTH AND PSYCHOLOGICAL DISTRESS
M. Thomee, University of Texas at Austin, Austin, Texas

This study integrates theory on life course, mental and physical health, gender, and marriage to examine to what degree an individual’s psychological distress is influenced by his or her spouse’s physical health. An important concept in the life course perspective is linked lives, the idea that individuals are interdependent and reciprocally connected on multiple levels. Previous research indicates that the concept of linked lives is particularly key in understanding the mental and physical health of married adults, as the health of one spouse is highly influential on the health of the other, and thus individual’s health can be better understood by studying it in the context of the spouse’s health. Past research identifies that psychological distress and physical health are closely correlated within individuals. This present study examines how influential these factors are across spouses, specifically the degree to which one spouse’s physical health influences the other spouse’s level of psychological distress, and tests three pathways which might explain this correlation. The pathways tested to explain how the respondent’s physical health impacts the spouse’s psychological distress are the amount of money spent on the respondent’s healthcare, the physical health of the spouse, and the psychological distress of the respondent. Additionally, I pay particular attention to the degree to which these pathways vary according to gender, testing whether husbands or wives are more influential over their spouse’s health. I use structural equation modeling to analyze couples from multiple waves of the Health and Retirement Survey (HRS).

THE RELATIONSHIP BETWEEN MARITAL HAPPINESS AND PHYSICAL HEALTH: A LATENT GROWTH MODEL APPROACH
L.A. Snyder, C.M. Proulx, Human Development and Family Studies, University of Missouri, Columbia, Missouri

Although research has explored the connection between marital quality and physical health in marriage, the existing cross-sectional research on this topic fails to consider the evolution of marital relationships as people age. To address this gap in the literature, this study investigated how adults’ marital happiness in mid-to late life changed over a 12-year period and how those changes related to their current physical health. The study’s sample included 708 married adults who participated in the last four waves (collected in 1988, 1992, 1997, and 2000) of the Marital Instability Over the Life Course panel study. Participants ranged in age from 38 to 76 at the last wave (M = 56 years) and were continuously married to the same spouse over the four waves used.

The eleven marital happiness indicators included happiness with the spouse’s understanding and love, as well as a comparison to other marriages. Physical health was a latent construct that included indicators of self-rated health, physical symptoms of illness, and mobility. Latent growth modeling in AMOS 18 assessed how changes in marital happiness are linked to current physical health. Our findings demonstrate that marital happiness significantly increased over the four waves as indicated by a positive slope value. This increase was positively related to health outcomes at the last wave of data collection. These results support the notion that long-term marriages can continue improving and offer insight into how evolving interpersonal relationships are related to health status in marriages in mid-to late life.

SESSION 1495 (PAPER)
MENTAL HEALTH IN LATER LIFE: IMPACTS OF GENDER, RACE, AND AGE

MORE OF LIFE’S PLEASURES WITH AGE, BUT LESS BENEFIT?
T. Gruenewald, Medicine/Geriatics, University of California, Los Angeles, Los Angeles, California

A number of theoretical perspectives and empirical investigations converge to suggest that the seeking of positive life experiences and the associated experience of positive affect increases with advancing age. The goals of the current investigation were to examine age variations in the frequency and associated pleasure/reward of positive life experiences, as well as potential age differences in psychological and physiological well-being correlates of such experiences. Analyses utilized data from the Biomarker Substudy (n = 1,255; age 35 to 86; 55% female) of the Study of Midlife in the U.S., including data on the frequency of occurrence, and associated enjoyment/reward/pleasure of 49 positive experiences in the last month in various life domains (social, leisure, productivity, relationship, relaxation), and depressed mood and levels of allostatic load (a multi-system index of physiological dysregulation), as indicators of mental and physical well-being. There were no significant age variations in the reported frequency of positive life experiences in the past month. However, greater age was associated with slightly greater pleasure/reward experience (older vs. younger B = .12, p < .01) in conjunction with positive experiences. Greater frequency of positive experiences and associated pleasure/reward predicted lower levels of depressed mood regardless of age, however, an age variation emerged for physiological well-being, such that greater frequency of positive life experiences only predicted lower levels of allostatic load (B = -.70, p < .01) in young adults (age 35 to 49). Findings suggest that older adults may derive more pleasure, but younger adults may derive more physiological benefits, from positive life experiences.

UNDERSTANDING GENDER DIFFERENCES IN THE PERCEPTION OF DEPRESSION AND ITS IMPACT ON HEALTH AND WELL-BEING: A QUALITATIVE STUDY OF U.S. CHINESE OLDER ADULTS
E. Chang1, M.A. Simon1, E. Wong2, B. Wong3, X. Dong1, I. Rush University Medical Center, Chicago, Illinois, 2. Northwestern University Medical Center, Chicago, Illinois, 3. Chinese American Service League, Chicago, Illinois

Background: There exist vast knowledge gaps in assessing the psychological needs of U.S. Chinese older adults who reportedly have one of the highest suicide rates than any other racial groups nationwide. Specifically, suicide rate among older Chinese women is a higher leading cause of death compared with the general population. Investigating gender differences in how Chinese older men and women understand and perceive depression is a critical step in promoting the health of this rapidly growing population. Methods: A community-based participatory research approach was utilized to partner with Chicago Chinese community. Data were collected from semi-structured interviews with 41 men and 37 women over the age of 60. Results: Results show existing gender variations in the perception, perceived determinants, and perceived health outcomes associated with depression. For both genders, depression was most frequently identified through the feelings of helplessness. Feelings of getting bored, feelings of dissatisfaction with life, loss of interests in activities and suicidal ideation were also common descriptions of depression for both men and women. However, men were most likely to perceive social conflicts as contributing factors to depression, whereas women were most likely to report family conflicts. In addition, men most often associated worsening of health outcomes with the impact of depression, whereas women perceived worsening social isolation in association
with depression. Conclusion: This study has implications for healthcare professionals, social services agencies and policy makers. Understanding gender-related differences will contribute to better optimizing the prevention and intervention of depression among U.S. Chinese older adults.

SOCIAL TIES, AGE EFFECTS, AND SELF-IDENTIFICATION OF MENTAL HEALTH SERVICES NEEDS AMONG LATINO OLDER ADULTS

This study examined age differences in social ties with family or friends on perceptions about having a mental health condition and needing mental health services among Latino older adults. The Latino population aged 65 years and older will increase 224 percent by 2030. Yet, there is a large unmet need for mental health services within the Latino older adult population living in the United States. Previous research has explored the importance and benefits of social ties on health. However, few have examined it comparing older groups with younger counterparts and different types of social ties in relation to mental health in Latinos. We used logistic regression to examine relationships between social ties and identifying a problem as well as perceived need for formal mental health services among a national sample of community-dwelling individuals data from the National Latino and Asian American Survey (N=16,772,343). We compared Latinos 30-54 years of age with those 55 or older. The younger Latinos were twice as likely to identify having a problem and more likely to perceive a need for formal care (p<.05). Both young and old who frequently contact and tell family about problems were less likely to identify having a problem or perceive a need for formal mental health services (p<.05). In sum, this study highlights the significance of layered social connections and age on perceptions of mental health care among Latinos. Future studies of perceived need should account for intra-group differences and community interventions that incorporate social networks among older Latinos.

WHY DO OLDER AFRICAN-AMERICANS REMINISCE? AN EXAMINATION OF REMINISCENCE FUNCTIONS
J. Shellman, M.C. Brown. Nursing, University of Massachusetts Lowell, Lowell, Massachusetts

Reminiscence functions have been shown to be associated with positive mental health and well-being in certain older adult populations. However, there is little known regarding the functions of reminiscence and associations with mental health in older African-Americans. This paper will present the results of a descriptive survey study that examined the reminiscence functions in sample of 184 community-dwelling older African-Americans. Data were collected using the Modified Reminiscence Functions Scale (MRFs) (Washington, 2009) in two urban areas in the northeast. The 43 item Likert type scale was found to be culturally acceptable and understandable to this population. The sample was mostly female with an average age of 70.3. Sixty percent of the sample reported they had completed high school. Results show that these participants reminisce very often for the purposes of teaching/information, for conversation, and self-regard. On the other hand, respondents reported they rarely reminisced for the functions of death preparation, intimacy maintenance or bitterness revival. These findings support conceptual data previously obtained through focus groups and key informant interviews (Shellman 2011). Furthermore, the results have implications for how reminiscence is facilitated with older African-American adults to improve their mental health and well-being. Recommendations for future reminiscence research with older African-Americans will be discussed.

RACIAL DIFFERENCES ON DEPRESSION MEASURES FOR OLDER WOMEN WITH CHRONIC ILLNESS
K.B. Adams, C.B. Warner, A.R. Roberts, J. Lee, M. Paek. Case Western Reserve University, Cleveland, Ohio

Measurement invariance between racial groups is a desired psychometric feature for depression screening scales. This study compared scores and individual responses of 138 African American and white older women with chronic illnesses on the 20-item CES-D and the 30-item Geriatric Depression Scale (GDS) to identify differences between the two racial groups on these two well-known depression screening measures. The sample included 44 black and 94 white women, ages 65 to 88, average age 72.7 years, who reported an average of 3.9 chronic illnesses. Using cut-offs of 11 points or higher (GDS) and 17 points or higher (CES-D) to indicate depression, these measures agreed on categorization for 86.8% of the sample. There was no significant difference between the racial groups on proportion categorized as depressed with the GDS, but black women were significantly more likely than white women to fall in the depressed category on the CES-D (x2 = 4.2, p = .041). Of the black women, 50% were depressed by CES-D, in contrast to 35% by GDS, and in contrast to 32% of whites by either measure. Income adequacy, a dichotomous variable, was not differentially associated with depression on either measure; rather, women with inadequate income were more likely to be in the depressed category on both CES-D and GDS. Black women had significantly higher scores than whites on eight individual CES-D items, including the four positively-worded items. Differences between these two depression measures and the cultural significance of specific CES-D items will be highlighted in discussion.

SESSION 1500 (SYMPOSIUM)
DYADIC INTERRELATIONS IN COGNITIVE AND EMOTIONAL DEVELOPMENT ACROSS ADULthood AND OLD AGE: EVIDENCE FROM EXPERIMENTAL, DAILY LIFE, AND LONGITUDINAL INQUIRY
Chair: C.A. Hoppmann, University of British Columbia, Vancouver, British Columbia, Canada
Co-Chair: D. Gerstorf, Department of Human Development and Family Studies, Pennsylvania State University, University Park, Pennsylvania
Discussant: K.S. Rook, University of California, Irvine, California

Development occurs in the context of close relationships such as marriage. This is particularly true in old age when networks decrease and spouses share long histories. This symposium brings together couple research in two domains of functioning that are key for successful aging: Cognitive and emotional functioning. Gerstorf and colleagues use longitudinal data from couples dealing with a debilitating disease that often challenges the emotional experiences of both partners. They demonstrate that daily-life emotional transmission between spouses accumulates over time and is also found in perceived stress and negative social interactions. Margrett and colleagues use cross-sectional data from Hispanic couples in the EPESE study to examine spousal successful aging profiles. They demonstrate that very few Hispanic couples in the US were aging successfully, with both partners being free of impairments in physical, mental, and cognitive health. Rauers and colleagues combined an experiment with experience-sampling data to investigate two different facets of emotion-recognition abilities in younger and older couples. Differential age effects using these two empirical paradigms suggest that older adults’ emotion-recognition abilities rely more on knowledge-based, and less on sensory information. Hoppmann and colleagues examine associations between spousal goals and everyday problem solving using time-sampling data. They show that joint goals are positively associated with collaborative problem solving. Collaborative problem solving, although rated as very effective, is not always appreciated. The discussion by Karen Rook focuses on the potentials.
of examining socially interrelated aging trajectories using couple data and addresses the challenges that this line of research has to confront.

**SPOUSAL INTERRELATIONS IN EMOTIONS, PERCEIVED STRESS, AND NEGATIVE SOCIAL INTERACTIONS OVER ONE-MONTH AND SIX-MONTH PERIODS**


Aging researchers have become aware that chronic strains often trigger daily emotional transmissions between spouses. Less is known, however, about whether daily-life effects accumulate over time and generalize to perceived stress and negative social interactions. We applied change score models to three waves of data one month and six months apart from 228 couples (aged 47 to 92 years) where one spouse has osteoarthritis – an often debilitating disease that can challenge the emotional experiences of both spouses. Transmission of negative emotions of husbands to wives was found consistently, whereas the opposite predictive effects of wives for husbands were only observed over the six-month period. For perceived stress and negative social interactions, reciprocal lead-lag interrelations between spouses were found over the one-month period. Over the six-month period, however, it was only husbands’ perceived stress that was associated with increases in wives’ perceived stress. Our findings provide impetus for studying the role of perceived stress and negative social interactions as possible underlying mechanisms.

**SUCCESSFUL AGING PROFILES: CONGREGATION AMONG OLDER MARRIED HISPANIC SPOUSES**


Successful aging is viewed as a multidimensional construct comprised of physical, mental, and cognitive health components. Research suggests that spouses influence one another’s functioning across these domains. Data from 553 married couples who participated in the Hispanic Established Populations for Epidemiologic Studies of the Elderly (EPESE) were examined. Individuals were categorized as successful agers based on four criteria: few depressive symptoms, social support availability, no impairment in instrumental activities of daily living, and unimpaired mental status. Considerable variation existed within the sample; thirty percent of males and 26% of females in the sample achieved this distinction at baseline. From a dyadic standpoint, spousal scores were significantly related (ICC = .30), but only 13% of couples achieved successful aging status for both spouses. These couples reported higher household income, but did not differ in marital length or contact with children. Discussion focuses on the longitudinal implications of spouses’ successful aging profiles.

**EMPATHIC ACCURACY IN YOUNGER AND OLDER COUPLES – RECONSIDERING AGE DIFFERENCES**

A. Rauers, E. Blanke, M. Riediger, Max Planck Institute for Human Development, Berlin, Germany

Evidence suggests that emotion-recognition abilities decline across adulthood. These findings typically stem from studies that investigated how accurately people interpret decontextualized emotional expressions. Such approaches thus specifically focus on people’s ability to interpret sensory cues. However, empathic accuracy in daily life may also rely on additional competencies (e.g., using contextual and knowledge-based information), which are disregarded by traditional paradigms. We propose that this may lead to an underestimation of emotion-recognition abilities, particularly in older adults. Fifty younger (20–30 years of age), and 50 older (70–80 years) couples completed a traditional emotion-recognition task and participated in experience sampling with mobile phones. Six times daily for 15 days, both partners simultaneously rated their own, and their partners’ current emotional states. Our results confirm that traditional paradigms selectively emphasize facets of emotion-recognition abilities that decline with aging, while disregarding other important facets that are more stable across adulthood.

**GOALS AND EVERYDAY PROBLEM-SOLVING IN OLDER COUPLES: EVIDENCE FROM DAILY TIME-SAMPLES**


Personal goals reflect changing themes of life and are meaningfully associated with everyday problem-solving and emotion regulation. Goals are rarely pursued in isolation and require the coordination of efforts within partnerships. The present study uses 10-day time-sampling information from 49 couples aged 60 to 85 to investigate how spousal goals relate to individual and collaborative everyday problem solving both within and between spouses. Findings show that spousal progress on self-focused goals is associated with elevated concurrent positive affect whereas progress on joint goals is related to decreased negative affect. Spouses with joint goals further reported higher more collaborative problem solving than spouses with self-focused goals. Interestingly, collaborative problem solving was not always appreciated even though it is generally rated as very effective. These findings are in line with an interactive minds perspective which proposes that everyday problem solving requires both individual agency and interpersonal cooperation.

**SESSION 1505 (SYMPOSIUM)**

**EARLY AND MIDLIFE PREDICTORS OF COGNITION, DEPRESSION, HEALTH BEHAVIORS, AND MORTALITY IN LATE LIFE**

Chair: P. Herd, University of Wisconsin-Madison, Madison, Wisconsin

This set of papers will focus on life course predictors of cognitive functioning, depression, health behaviors, and mortality in late life. One set of papers will explore the links between life course measures of employment and job characteristics and cognitive functioning, health behaviors, and mortality at older ages. The second set of papers focuses on the links between attractiveness, gender, marriage and alcohol use and depression in late life. All papers utilize the Wisconsin Longitudinal Study, which is a 1 in 3 sample of Wisconsin high school graduates (and a selected sibling) from the class of 1957. This set of papers emphasizes the critical role of early and mid life factors, ranging from attractiveness and marital status to employment, and late life well-being, health, and mortality.

**MARITAL STATUS, GENDER, AND ALCOHOL USE IN LATE MIDLIFE**

T. Padovska, J. Melvin, University of Texas-Austin, Austin, Texas

We explore how marital status affects alcohol use in late middle age men and women. Our findings reveal that although married women drink more frequently than unmarried women, both married and unmarried women consume roughly the same number of drinks on occasions when they drink. In contrast, married men drink as often as unmarried men, yet married men consume less alcohol than their unmarried counterparts on the days they drink. This study suggests that marriage may protect men from unhealthy levels of alcohol use, perhaps, because wives function as gatekeepers for their spouse’s alcohol consumption. Moreover, women experience stronger social constraints attached to alcohol use and may be more likely to drink with their husbands than by themselves. This study will improve participants understanding of how marital transitions in later life may affect gendered patterns of alcohol use and help identify marital status groups at risk for unhealthy drinking patterns.
ENVIRONMENTAL MASTERY AS A MEDIATOR BETWEEN MID-LIFE JOB CHARACTERISTICS AND LATER-LIFE HEALTH BEHAVIORS
A. Karraker, Sociology, University of Wisconsin-Madison, Madison, Wisconsin

Occupational status may impact health not only via economic resources such as income but also via psychosocial resources such as environmental mastery. Marmot (2004) and others have hypothesized that an individual’s position in hierarchies, including those related to employment, impact one’s sense of control over one’s life (i.e., environmental mastery). Not being able to control one’s environment in one area of life such as one’s work may lead an individual to feel a loss of control over other areas of life, such as one’s health. Health behaviors (e.g., obesity, smoking, alcohol use) may be particularly sensitive to an individual’s sense of environmental mastery because they are largely under the individual’s control. I examine first whether mid-life occupational status characteristics (e.g., frequent supervision by a superior) are related to environmental mastery. Second, I investigate the extent to which environmental mastery explains the relationship between mid-life job characteristics and later-life health behaviors.

EMPLOYMENT HISTORIES AND COGNITION IN LATE MID-LIFE
T. Pudovska1, J. Warren2, J. Raymo1, A. Halpem-Manners2, J. University of Texas, Austin, Texas, 2. University of Wisconsin, Minneapolis, Minnesota, 3. Sociology, University of Wisconsin, Madison, Wisconsin

We examine the association between work histories and cognitive ability in late midlife (age 53-54). We construct latent trajectories of employment status and the number of different employers across midlife using life history data for the large cohort of men and women in the Wisconsin Longitudinal Study. Preliminary results indicate that those who were continuously employed between 36 and 53 but had more employment spells had higher cognitive ability than those who were continuously employed with a single employer. We observe this difference for both men and women and find that it primarily reflects differences in early-life cognitive ability – those with higher cognitive ability in adolescence were more likely to both change employers and have higher cognitive ability at midlife. Participants attending this session will have a descriptive understanding of relationships between employment trajectories and cognitive ability in late midlife and will be able to discuss mechanisms underlying these relationships.

PRETTY IN HIGH SCHOOL AND HAPPY IN OLD AGE: LINKS BETWEEN ATTRACTIVENESS AND EMOTIONAL WELL-BEING ACROSS THE LIFE COURSE
P. Herd1, K. Slienski1, D. Cart1, University of Wisconsin-Madison, Madison, Wisconsin, 2. Rutgers University, New Brunswick, New Jersey

While there is evidence demonstrating links between attractiveness and financial well-being and marital prospects, especially for women, there is little evidence demonstrating whether attractiveness influences emotional well-being. Does attractiveness garner higher levels of emotional well-being? And if so, are there greater effects for women given evidence that women’s physical appearance influences how they are perceived and treated? We utilize the Wisconsin Longitudinal Study, a sample of 1 in 3 Wisconsin high school graduates from the class of 1957, to answer this question. The WLS includes attractiveness scores for participants, measured based upon yearbook photos from 1957. We find a strong association between attractiveness in high school and emotional well-being outcomes in late life (CESD, Self Acceptance, and Sense of Purpose in Life measured in 1992 and 2004), controlling for a host of potentially confounding variables. Further, we find that this association only holds only for women.

SESSION 1510 (SYMPOSIUM)

FAMILIES AND THE END OF LIFE
Chair: L. Winter, Thomas Jefferson University, Philadelphia, Pennsylvania

Family members of patients approaching the end of life assume a complex and central role, both exerting influence on the process and absorbing the impact of the patient’s experience. Because most patients are decisionally incapacitated at the end of their lives, family members usually make final treatment decisions. Their perceptions, fears, hopes, values, and attitudes toward the relative’s healthcare influence the goals of care, specific treatments, and the patient’s general experience of the end of life. In turn the patient’s end-of-life experience has a signal impact on the family’s well-being. Family experiences are therefore considered important indices of the quality of dying. Our symposium explores several aspects of families’ perceptions, preferences, and experiences surrounding a relative’s end of life, presenting a multidisciplinary perspective provided from psychology, sociology, social work, family medicine, and religious studies, using both qualitative and quantitative methodologies. Symposium presentations will examine sociodemographic predictors of accuracy in families’ substituted judgment, proxy decision making in relation to the elder’s current health, concerns of cancer patients’ families regarding settings of care, and explorations of the meaning that adult child construct surrounding a parent’s death and dying.

ELDERS’ AND PROXIES’ ACCEPTANCE OF LIFE-PROLONGING TREATMENTS IN FUTURE HEALTH SCENARIOS: EFFECTS OF THE ELDER’S CURRENT HEALTH
L. Winter, S.M. Parks, Thomas Jefferson University, Philadelphia, Pennsylvania

People in poor health tend to view life-prolonging treatments (e.g., tube feeding) as more acceptable than do healthier people, as a substantial body of research attests. Do proxies’ substituted judgments about their relatives’ treatment preferences shows a similar tendency to vary with the elder’s health status? In a cross-sectional study of 202 elderly individuals and their proxies, preferences for 4 life-prolonging treatments in 7 health prospects were examined in relation to the elder’s current health status, operationalized as number of deficits in activities of daily living. Stronger preferences for life-prolonging treatments in worse-health prospects were expressed by both elders and proxies when the elders’ currently health was relatively poor. The interaction effect was stronger for proxies’ substituted judgment than for elders’ own preferences. We discuss implications for proxy decision making, especially on behalf of patients with long-term decisional incapacity.

FATHER’S END OF LIFE: TWO SISTERS’ PERSPECTIVES
S. Moss, M.S. Moss, Arcadia University, Glenside, Pennsylvania

End-of-life of an elderly person often has different meanings for adult children. Using qualitative ethnographic interviews with each of two bereaved adult daughters, we focus on an extreme example. The two sisters describe similar medical conditions of the father, but their perspectives on his end-of-life—as rooted in their past views of father and family—are strikingly different. For Jane, who had been the father’s primary caregiver, her father was her “hero and mentor”, and for Grace he was an “abusive alcoholic”. For Jane, at the end of his life, he “was still Dad”, and for Grace he was “an incontinent brought down man”. Both daughters agreed to remove father’s life supports, but with different rationales. The narrative of neither of these daughters represents the family experience as a whole. Discussion examines implications for providing terminal care and understanding family bereavement. (NIH 1R01AG031806)
MEANING AT THE END OF LIFE: A FAMILY AFFAIR
H.K. Black, Behavioral Research, Arcadia University, Glenside, Pennsylvania

Adult children find meaning in their elderly father’s end of life based upon the messages they received from parents about life and relationships, from childhood until the present. This presentation is based on research in which 30 families (a widow and two adult children) were qualitatively interviewed six to ten months after the death of the husband and father about his end of life. We collected in-depth data through formal ethnographic interviews and informal conversation. We offer a sampling of narrative accounts from the adult children about their fathers’ end of life. Accounts reveal how the perceived “we” of each family bears on children’s perceptions of the father’s end of life. Our findings show that the significance of what adult children learned from the father about love and the nature of family early in life, shapes their experience about his end of life.

FAMILY PERSPECTIVES OF PSYCHOSOCIAL CHALLENGES RELATED TO SETTING OF CARE AT THE END-OF-LIFE
M. Bern-Klug, University of Iowa, Iowa City, Iowa

The National Consensus Project includes psychological and social aspects of care as key domains for quality palliative care. Findings from qualitative interviews with 24 family members (mostly spouses and adult children) of nursing home residents with cancer document that psychological and social (psychosocial) issues related to the setting in which care was received proved to be common and often complex. Multiple transitions between and within settings (NH to hospital; hospital to hospice; NH to hospice; NH to home) were disclosed by family members who were surprised by the transitions and often confused and disappointed, and also sometimes relieved. Common concerns include: social isolation of the older adult (and the relief when the resident’s social connections improved in the nursing home) and the capacity of the staff to meet needs. Anticipating, assessing, and addressing psychosocial issues is an important part of providing excellent palliative and end-of-life care.

ACCURACY OF PROXIES’ SUBSTITUTED JUDGMENT: EFFECT OF THE ELDER’S GENDER
S.M. Parks, L. Winter, Thomas Jefferson University, Philadelphia, Pennsylvania

The present study of elders and their proxies explored sociodemographic predictors of accuracy in proxies’ substituted judgment, defined as the difference between elders’ preferences for life-prolonging treatments (e.g., CPR, tube feeding) and their proxies’ substituted judgment. In a survey of 202 community-dwelling elder-proxy dyads, elders expressed their preferences for 4 life-prolonging treatments in each of 7 scenarios, and proxies’ substituted judgment was elicited for each treatment and scenario. Elders’ gender emerged as the sole sociodemographic characteristic associated with accuracy of substituted judgment. When the elder was female, inaccurate substituted judgment (i.e., elder-proxy discordance) was more than four times larger than when the elder was male. Thus, proxies of female elders are much more likely to be inaccurate than are men’s proxies. Possible reasons for this dramatic difference are discussed.

SESSION 1515 (SYMPOSIUM)

GENDER & AGING: AGEISM, HEALTH, AND CAREWORK
Chair: M. Loe, soan dept, colgate university, Hamilton, New York
Co-Chair: A. Brooks, Boston College, Boston, Massachusetts
Discussant: A. Brooks, Boston College, Boston, Massachusetts

This symposium focuses on the gendered realities of aging and the life course, with particular focus on ageism, health, and care-work. Coming from a feminist gerontology tradition, this symposium centers research on the gendered structural realities related to age, aging, and ageism, as well as elder agency in the context of health, healing, and grandparenting. Margaret Morganroth Gullette and Margaret Cruikshank will review feminist gerontology past and present, and discuss new and old iterations of ageism as it intersects with gender. Kelly Joyce and Crystal Moore will share their research on gendered patterns of illness and self-care, with a focus on autoimmune disease and alcohol-use, respectively. And Madonna Harrington-Meyer will discuss her research on work/family balance among grandmothers. This session aims to promote and achieve constructive dialogue and cross-fertilization among diverse perspectives, scholarship, and empirical research on the topic of gender and aging.

GRANDMOTHERS AT WORK: JUGGLING WORK AND GRANDCHILDREN ACROSS THE LIFECOURSE
M. Harrington Meyer, Syracuse University, Syracuse, New York

We tend to think of balancing work and family as something only relatively young families contend with, yet many middle aged grandmothers are employed and proving routine childcare for their grandchildren. This paper uses a life course perspective to explore the strategies of, and impacts on, US grandmothers who are juggling work and grandchildren. I draw on data from my Grandmas at Work Study, a convenience sample of 40 in-depth interviews with US grandmothers who juggle working and minding their grandchildren. I find that while nearly all grandmothers are pleased to mind the grandchildren, many are readjusting work schedules, using vacation and sick leave time, gutting retirement accounts, postponing retirement, and caring for their frail older parents. The grandmothering is intense in part because many grandmothers reported having more security and flexibility on the job than their daughters.

OVERCOMING THE TERROR OF FORGETFULNESS: EXPECTATIONS AND CARE-GIVING AND THEIR CULTURAL CONTEXTS
M.M. Gullette, WSRC, Brandeis, Women’s Studies Research Center, Brandeis, Newton, Massachusetts

What historical and gendered factors make memory loss worse? We are constantly told that women live longer than men: women will thus be more subject to Alzheimer’s and cognitive losses; and women will be the “expensive” ones in the ongoing and virulent national debate over end-of-life care. What role do expectations play in the national Terror of Forgetfulness? Does sexist ageism worsen actual cognitive losses when they begin to appear, and if so, how? How might these cultural and personal factors affect filial caregivers, and how can we overcome them? Based on care-giving for her own mother in her nineties, and research on the latest theories of personhood in later life, Margaret Morganroth Gullette, noted age critc and author most recently of Age-wise: Fighting the New Ageism in America, will describe the interaction between the personal and the contextual in these various scenarios.

RE-EXAMINING 1980S FEMINIST WORK ON AGING: MACDONALD, RICH, AND COPPER
M.L. Cruikshank, center on aging, university of maine, Corea, Maine

Early feminist challenges to ageism in the 1980s assumed that ageism was the central issue for old women and assumed further that “old” was a core identity. Work by feminist gerontologists in the past decade, apparently moving beyond ageism, has tended to see “old” as a fluid, changing, and indeterminate identity. A re-examination of books by Barbara Macdonald, Cynthia Rich, and Baba Copper illustrates the relevance of their work. Current on women’s aging considers such topics as women’s feelings about their bodies, the massive overdrugging of old women, the problems with mainstream gerontology’s embrace of “successful aging” and narrative gerontology all hark back to ageism. The radical critiques of Macdonald, Rich, and Copper may find a more receptive audience today than in the 1980s. Participants in this session
Recent research reveals that alcohol misuse is among elders in the United States and Sweden is a public health concern (Blazer & Wu, 2009; Hallgren et al., 2009). Alcohol misuse is related to physical and psychological co-morbidities that can shorten quantity and decrease quality of life (Lin et al., 2010). This research examines the relationships among alcohol use and misuse and quality of life variables (depression, life satisfaction, self-described health status) among a sample of American (n=285) and Swedish (n=620) elders age 65 and older. Data were collected via mail survey (American) and face-to-face interviews (Swedish). Findings are discussed vis-à-vis culture and gender to develop a better understanding of late-life drinking patterns and correlates. Implications for public health are presented.

**GENDER, AGING, AND AUTOIMMUNE ILLNESSES**

K. Joyce, Sociology, College of William and Mary, Williamsburg, Virginia

The National Institutes of Health estimates that autoimmune illnesses affect approximately 5 to 8% of the U.S. population. Autoimmune-related illnesses (for example, Multiple Sclerosis, Lupus, Sjogren’s Syndrome) are chronic illnesses where one’s immune system is triggered against the cells of one’s own body (instead of disease). Drawing on in-depth interviews with forty participants and fieldwork, this paper examines how people’s sense of aging changes (or does not change) when living with autoimmune illness. How aging is a gendered process will also be discussed. Men and women encounter different societal expectations about gender and aging; how people negotiate these in relation to chronic illness will be explored in this talk. Social scientific research on autoimmune illnesses has focused on diagnostic pathways; in-depth analysis of aging with autoimmune illnesses has not been the focus of scientific inquiry.

**SESSION 1520 (SYMPOSIUM)**

**HIGHLIGHTING STRESS AND RESILIENCE WITH BURST DATA: THE NOTRE DAME STUDY OF HEALTH AND WELL BEING**

Chair: L. Pitzer, Univ Notre Dame, Notre Dame, Indiana
Co-Chair: S. Scott, Georgia Tech, Atlanta, Georgia
Discussant: A.D. Ong, Cornell University, Ithaca, New York

Innovative methods to understand individual differences in stress and resilience processes include the use of daily diary data. The major objective is to highlight the Notre Dame Study of Health and Well Being (NDHWB), a five-wave longitudinal study of mid- and later-life that includes three separate 56-day daily bursts. Four papers explicate successful methods used to examine daily burst data, specifically pertaining to stress and resilience processes as they relate to well being, stress-management, and affective synchrony. B. R. Jackson and C. S. Bergeman examines daily variability in stress appraisal and how it impacts longitudinal perceived stress and health and well being. L. Pitzer, C. S. Berge- man, and S. B. Scott explore how positive emotions help loosen the hold that negative affect gains during times of stress through examination of different levels synchrony between daily positive and negative affect. M. A. Montpetit, C. S. Bergeman, and K. H. Banks use dynamical systems analysis to understand resilience and individual differences in stress management as related to race and discrimination, and C. S. Berge- man, P. R. Deboeck, and L. Pitzer present the Reservoir Model, a useful perspective to explaining the accumulation of stress over time, how people simultaneously take steps to decrease the effects of stress, and how this may be used to predict well being. Anthony Ong (discussant) will integrate and emphasize the different methods to assess daily diary data and how each brings a unique (not better) perspective to the concepts of stress and resiliency.

**RESILIENCE IN MID- AND LATER LIFE: THE ROLE OF AFFECTIVE SYNCHRONY**

L. Pitzer1, C.S. Bergeman1, S. Scott2, I. Univ Notre Dame, Notre Dame, Indiana, 2. Georgia Tech, Atlanta, Georgia

Resilient individuals optimize positive emotions to loosen the hold of negative affect during stress. Using the NDHWB 56-day burst assessments from distinct samples midlife (N = 326) and later life (N = 305) adults, analyses replicate and extend the model of Affective Synchrony. Assessment of individual differences in covariation of affect in adulthood (represented by patterns of a-synchrony, synchrony or de-synchrony), and how different contextual (stress) and individual (ego resilience) factors account for individual differences was explored through multilevel modeling. Results indicate that the nomothetic average of the synchrony scores indicates a negative (de-synchronous) relationship between positive and negative affect; however, significant individual differences in synchrony suggest synchronous, a-synchronous, as well as de-synchronous patterns among associations between positive and negative affect for individuals. Trauma, perceived stress, ego resilience, and emotion regulation explain variability in synchrony scores. Implications of this study on resilience and recovery in adulthood will be discussed.

**THE UPS AND DOWNS OF DAILY STRESS: HOW VARIABILITY IN STRESS APPRAISAL PREDICTS GLOBAL WELL-BEING**

B. Jackson, C.S. Bergeman, Psychology, University of Notre Dame, South Bend, Indiana

Day-to-day variability in stress appraisal has emerged as an important index of overall well-being, and is a potential predictor of well-being trajectories over time. The Year 1 daily burst of the NDHWB (N=696; aged 31-91 years) was used to investigate the impact of day-to-day variability in appraisals of positive and negative life events on 1) global perceived stress, somatic health, and psychological health at Year 1, and 2) trajectories of these global variables across the 4 yearly assessments. Age was included as a moderator of all effects. Results: variability in both positive and negative appraisals is predictive of all well-being outcomes in the same year; variability in the appraisal of daily negative events significantly predicted the trajectory of somatic health, moderated by age. Findings highlight the importance of examining daily stress variability—in addition to mean levels—in understanding the impact of daily stress on health and well-being over time.

**RACIAL IDENTIFICATION, DISCRIMINATION, AND STRESS-RECOVERY: A DYNAMICAL SYSTEMS APPROACH**

M. Montpetit1, C.S. Bergeman2, K. Hudson Banks1, I. Illinois Wesleyan University, Bloomington, Illinois, 2. University of Notre Dame, Notre Dame, Indiana

Dynamical systems approaches allow researchers to capture the process of resilience, defined in terms of stress-resistance and stress-recovery, in real time. Using data collected from 176 older adults (Mage=68.5 years, SDage=5 years) in the NDHWB, the current study investigates individual differences in stress-management as they relate to individuals’ identification with their endorsed racial group, the experience of discrimination, and the interaction of the two. Results indicated that there is a significant interaction between identification with one’s racial group and discrimination on stress-management, with greater identification and more reported discrimination relating to increased stress-recovery over 56-days. Although seemingly counter-intuitive, the
results corroborate extant literature: people for whom race is more central also report more experiences of discrimination; those individuals, however, tend to be at lower risk for negative mental health outcomes in the face of discrimination. Implications for both developmental and clinical science will be discussed.

THE EFFECTS OF STRESS REACTIVITY AND STRESS RECOVERY ON LONGITUDINAL WELL-BEING OUTCOMES: THE RESERVOIR MODEL OF PSYCHOLOGICAL CAPACITY

C.S. Bergeman1, P.R. Debock2, L. Pitzer3, J. Unin Notre Dame, Notre Dame, Indiana, 2. University of Kansas, Lawrence, Kansas

We describe the Reservoir Model, which assess both the current state of a system and the way in which the system is changing. If we consider stress, the contents of the reservoir depend on the number and magnitude of incoming events as well as their dissipation. That is, stressors “add up” over time, but it is also possible to take steps to “blow off steam,” resulting in varying “levels” in the reservoir. This model provides two parameters: one that describes the average magnitude (or level) of the perceived events (e.g., stress reactivity) and the person’s ability to dissipate negative events (e.g., stress recovery). The model is applied to the daily reports from the NDHWB. Parameter estimates representing stress reactivity and stress recovery are then used to predict psychological and subjective well-being, not only at the same point in time, but 2, 3, and 4 years later.

SESSION 1525 (SYMPOSIUM)

MORE THAN CAREGIVING STRESS: LESSONS FROM THE DESIGN, MEASURES, AND RESULTS OF CAREGIVER-SOF STUDY

Chair: L. Fredman, Epidemiology Department, Boston University School of Public Health, Boston, Massachusetts
Co-Chair: A. Hemmesch, Epidemiology Department, Boston University School of Public Health, Boston, Massachusetts
Discussant: J.E. Gaugler, University of Minnesota, Minneapolis, Minnesota

Studies of the health effects of caregiving have evolved from describing caregivers’ psychological well-being, to investigating biomarkers and physical health outcomes, and to identify factors that modify health consequences of chronic stress. These studies provide information not only about caregiving outcomes, but about factors that influence the quality of life in older adults. For caregiving studies to yield these broad results, researchers must consider sampling frames, study designs and measures. In this symposium, we will use the Caregiver-Study of Osteoporotic Fractures (Caregiver-SOF) as an example of a study that branched from caregiving into other areas. Caregiver-SOF is a prospective cohort study of 1069 older women participants from the SOF study (375 caregivers and 694 non-caregivers at baseline). Participants had 5 interviews between 1999-2009, generally spaced at 12- and 18-month intervals. Study design features included establishing a classic cohort sample of caregivers and non-caregivers; utilizing a longitudinal design in which caregiver status was re-assessed for all participants at each follow-up interview; documenting changes in caregiving and other time-varying variables; and including epidemiologic measures of physical, cognitive, and self-reported health status that were applicable to non-caregivers as well as caregivers. Utilizing a longitudinal design in which caregiver status was re-assessed for all participants at each follow-up interview; documenting changes in caregiving and other time-varying variables; and including epidemiologic measures of physical, cognitive, and self-reported health status that were applicable to non-caregivers as well as caregivers. Presentations provide examples of how Caregiver-SOF bridges several areas of gerontology: cognitive functioning in continuous caregivers compared to former caregivers and non-caregivers; prospective associations between performance-based functioning and incident ADL/IADL limitations, mortality, and other health outcomes; and the short-term effects of caregiving transitions on perceived stress. Discussion will address the methods and contributions of studies on health effects of caregiving.

BETTER COGNITVE FUNCTIONING IN CONTINUING CAREGIVERS: SUPPORT FOR THE HEALTHY CAREGIVER HYPOTHESIS

R.M. Bertrand1, J. Saczynski1, C. Mezzacappa2, K. Ensrud3, L. Fredman1, 1. Health Policy, Abt Associates Inc, Cambridge, Massachusetts, 2. University of Massachusetts Medical School, Worcester, Massachusetts, 3. Boston University, School of Public Health, Boston, Massachusetts, 4. University of Minnesota School of Medicine, Minneapolis, Minnesota

Most studies of caregiving outcomes focus on physical health rather than cognitive functioning. Our previous research found that older caregivers had better baseline health than non-caregivers, and those who continue caregiving had better functional health than other respondents, supporting the ‘Healthy Caregiver Hypothesis’. We tested this hypothesis in cognitive function using measures of memory (Hopkins Verbal Learning Test) and processing speed (Digit Symbol Substitution Test) at the 3rd Caregiver-SOF interview. Participants were classified as continuous caregivers (n=194), former caregivers (n=148) or continuous non-caregivers (n=574). In adjusted analyses, continuous caregivers had significantly better memory than former caregivers and continuous non-caregivers (mean = 18.4, 16.6, and 15.8, p<0.001) and faster processing speed (mean = 35.9, 35.6, and 34.4, p=0.09). These results utilized caregiver status from multiple interviews, extended findings from physical health outcomes, and suggest that older women who continue caregiving may be cognitively, as well as physically healthier than their peers.

CHANGE IN PERCEIVED STRESS IN THE YEAR FOLLOWING CAREGIVING TRANSITIONS, A MIXED-MODEL APPROACH

C. Mezzacappa1, T. Heeren1, K. Ensrud2, L. Fredman1, 1. Epidemiology, Boston University School of Public Health, Boston, Massachusetts, 2. University of Minnesota, Minneapolis, Minnesota

Most studies of caregiving transitions focus solely on the cessation of caregiving and suffer from low statistical power. In Caregiver-SOF, transitions into and out of caregiving were documented for all participants over 4 follow-up intervals, allowing analyses of multiple transitions and comparisons to participants who continued caregiving or non-caregiving. We observed 426 transitions among the 1042 Caregiver-SOF participants with > 1 follow-up interviews: 178 care recipient deaths (42%), 44 nursing home placements (10%), 128 cessations for other reasons (30%), and 76 caregiving initiations (18%). Multiple regression analyses found Perceived Stress Scale (PSS) scores decreased in caregivers whose care recipient died (adjusted mean PSS change = -3.32, p<0.001) or was placed in a nursing home, while it remained stable in those who continued caregiving and increased in non-caregivers who became caregivers. Stratified analyses revealed significant differences by caring for a spouse versus a non-spouse, and by caregiver age.

PHYSICAL PERFORMANCE ASSOCIATIONS WITH INCIDENT ADL/IADL LIMITATIONS AND MORTALITY AMONG OLDER WOMEN

J. Lyons1, J. Keyes1, T. Heeren1, J.A. Cauley1, M. Hochberg3, L. Fredman1, 1. Boston University, Boston, Massachusetts, 2. University of Pittsburgh, Pittsburgh, Pennsylvania, 3. University of Maryland, Baltimore, Maryland

Prospective cohort studies on health outcomes increasingly include standardized performance-based assessments of physical function that are easily replicable and comparable across different populations, whereas studies of caregiving rely more on self-reported measures, such as basic and instrumental Activities of Daily Living (ADLs/IADLs). Caregiver-SOF included both self-report and performance-based measures at each interview. We analyzed associations between functional performance and health outcomes over 7 years in 491 Caregiver-SOF participants without ADL/IADL limitations at baseline. In Cox Pro-
portional Hazards analyses, participants with lower summary performance scores (i.e., poorer functioning) had increased risk of incident limitations (adjusted Hazards Ratio: HR: 1.25, 95% Confidence Interval, CI: 1.09-1.45) as well as mortality (HR: 1.20, CI: 0.92-1.59). These analyses explored epidemiologic questions about physical functioning in Caregiver-SOF, and considered caregiving as a covariable. The results suggest that the relationship between functional performance and health outcomes that has been observed in younger populations applies to older populations.

SESSION 1530 (SYMPOSIUM)

ONE SIZE DOES NOT FIT ALL: DIFFERENTIAL TRAJECTORIES OF LATE-LIFE CHANGE

Chair: J. Morack, Pennsylvania State University, State College, Pennsylvania
Co-Chair: D. Gerstorf, Pennsylvania State University, State College, Pennsylvania
Discussant: D. Dannefer, Case Western Reserve University, Cleveland, Ohio

Lifespan researchers have long been interested in the diversity of developmental pathways throughout adulthood and old age across domains, time, and persons. The major objective of this symposium is to bring together a collection of papers showcasing contemporary approaches of inquiry into differential development and its antecedents, correlates, and consequences. Using pooled data from four Swedish longitudinal studies of aging, Morack and Gerstorf apply latent profile analysis to identify groups of old and very old adults who experience different trajectories of late-life changes in the domains of social integration, well-being, and cognition. Ryan and Smith utilize group-based trajectory modeling of longitudinal data obtained in the Health and Retirement Study to identify subgroups of individuals with differential trajectories of positive and negative well-being over a period of 10 years. Berg and Johansson apply multi-level modeling to six-year longitudinal data to examine health predictors of differential patterns of late-life change for the personality facets of extroversion and neuroticism. Aldwin and colleagues employ latent class growth analysis to data collected from men in the Normative Aging Study. They identify distinct trajectories of stressful life event trajectories over 17 years and link those to differential mortality hazards. Dannefer will integrate the four papers and consider the theoretical and methodological promises and challenges of research targeting differential aging.

DISTINCT PROFILES OF DIFFERENTIAL LATE-LIFE TRAJECTORIES ACROSS MARKERS OF COGNITIVE, SOCIAL, AND WELL-BEING FUNCTIONS

J. Morack, D. Gerstorf, Pennsylvania State University, State College, Pennsylvania

Lifespan research has long been interested in intra-individual changes within and structural relations between domains of functioning. Using a more variable-oriented approach, research in this area has revealed seminal insights into the intricacies of human development. In our study, we opted for a more subgroup-oriented approach using multiple-indicator information at the person level. To do so, we applied latent profile analysis to eight-year longitudinal data pooled across four Swedish studies (N = 1,008; 70-95 year olds; 61% women). Results revealed four psychological profiles with distinct psychological trajectories across indicators of cognitive, social, and well-being functions. These groups were also differentiated by cross-disciplinary characteristics that may have served as antecedents, correlates, or consequences of the profile trajectories (e.g., sociodemographics, functional limitations, mortality). We discuss the promises and challenges of a systemic-wholistic perspective for studying differential aging.

DISTINCT TRAJECTORIES OF SUBJECTIVE WELL-BEING DURING OLD AGE: STABILITY, LABILITY AND CHANGE

L.H. Ryan, J. Smith, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

The maintenance of subjective well-being contributes to healthy longevity. However, less is known about whether sub-groups of individuals share similar trajectories of well-being in late life. We examined this question using 10-year longitudinal data from the AHEAD cohort between 1998 and 2008 (N = 1,375; age 75 – 97 in 1998; 65% women). Participants were interviewed at 2-year intervals (potentially six occasions). We applied longitudinal group-based trajectory modeling to identify differential trajectories in self-reported depressive (psychosomatic) symptoms and in positive well-being. In addition, we examined demographic and psychosocial covariates (age, education, gender, health, personality, loneliness, life satisfaction, marital status) to differentiate trajectory group type. Initial analyses reveal multiple distinct trajectory groups in terms of level and pattern variability over time. Covariates also significantly differentiated trajectory group membership. Implications for theories of differential aging and health are discussed.

DO WE CHANGE DUE TO CHANGE IN HEALTH? HEALTH-RELATED CHANGES IN PERSONALITY IN A SWEDISH SAMPLE AGED 80 AND OLDER

A. Berg, B. Johansson, Department of Psychology, University of Gothenburg, Gothenburg, Sweden

Background: The assumption that mean levels of personality traits are stable across adulthood and aging has lately been questioned and suggests a life-span developmental perspective to identify predictors for differential patterns of change. Aim: To investigate whether previously identified life-span trends of a decrease in extraversion and neuroticism continue into late life. We hypothesized that psychosocial losses and diversity in morbidity and distance to death were related to individual variation in rate of change. Method: Extraversion and neuroticism was measured with the Eysenck Personality Inventory (EPI) at 4 occasions over a 6-year time period in a population-based sample of 400 individuals aged 80 and over. Results: MLM growth curve analysis showed a significant linear decline in extraversion both with impend death and with increasing age. Level of extraversion was associated with various health and functional indicators, but there were also associations between functional health and change in extraversion. Conclusion: The results provide evidence for plasticity also in dimensions of personality in late life and that contextual conditions are important to recognize within the life-span developmental model.

STRESS TRAJECTORIES AND MORTALITY AMONG OLDER MEN: FINDINGS FROM THE VA NORMATIVE AGING STUDY

C.M. Aldwin1, N. Molitor1, A. Spiro2,3, H. Igarashi1, J. Molitor1, M. Levenson1, 1. Human Development & Family Sciences, Oregon State University, Corvallis, Oregon, 2. N.A.S. VA Boston Healthcare System, Boston, Massachusetts, 3. Boston University School of Public Health, Boston, Massachusetts

We examined long-term patterns of stressful life events (SLE) and their impact on mortality contrasting two theoretical models: allostatic load (linear relationship) and hormesis (inverted U) in 1443 NAS men (45 – 88 in 1985) with at least two reports of SLEs over 17 years (total observations = 7,634). Using a zero-inflated Poisson modification of a growth mixture model, we identified four patterns of SLE trajectories, three showing linear decreases over time with low, medium, and high intercepts, and one an inverted U, peaking at age 74. Repeating the analysis omitting two health items from the SLE scale yielded only the first three linear patterns. Compared to the low stress group, both the moderate and the high stress groups showed excess mortality, controlling for demographics and health behavior habits, HRs = 1.42 and...
The results support an allostatic load rather than a hormesis model.

SESSION 1535 (SYMPOSIUM)

RECRUITING AND RETAINING MINORITY OLDER ADULTS FOR A LIFESTYLE HEALTH PROMOTION TRIAL: LESSONS LEARNED
Chair: E. Tanner, School of Nursing and Center on Aging and Health, Johns Hopkins University, Baltimore, Maryland
Co-Chair: J.M. Parisi, School of Nursing and Center on Aging and Health, Johns Hopkins University, Baltimore, Maryland
Discussant: K.E. Whitfield, Duke University, Durham, North Carolina

Recruiting and retaining minority older adults in health promotion intervention research is essential for identifying interventions which will reduce population health disparities. Unfortunately, most health promotion research has been conducted with middle-aged, non-minority populations, limiting knowledge about factors impacting recruitment and retention of minority older adults, especially in lifestyle health promotion intervention studies. We will review lessons learned from the Baltimore Experience Corps® Trial (BECT), an experimental evaluation of Fried’s social model of health promotion, which tests the health and well-being effects of high-intensity volunteering. The session will begin with a discussion of the effectiveness of evidence-based strategies for recruiting, enrolling and retaining of 702 minority older adults (91% African American, 85% women) in the trial. The second presentation will highlight findings from a trial sub-study which examined volunteer-associated benefits and burdens impacting retention at key stages across the first year of volunteer service, illuminating both the challenges and rewards of high-intensity volunteering and links with psychological and physiological well-being in older adults. The final presentation will provide an overview of individual and environmental factors which affect the volunteer role experience and retention in the intervention, gleaned from focus groups with BECT volunteers.

VOLUNTEER STRESS IN EXPERIENCE CORPS BALTIMORE
Chair: V.R. Varma, J.M. Parisi, M. Carlson, Center on Aging and Health, Johns Hopkins University, Baltimore, Maryland
Discussant: A. Glicksman, Planning, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania

Volunteering is beneficial to adults as they age; however, volunteers engaged in high-stress environments can experience burnout from stressors associated with volunteering and lack of adequate support structures. Although most studies of volunteering have been conducted with white, female, middle to upper income populations, we explored the adverse effects associated with volunteering in a predominately low-income, urban, Black, female population of EC volunteers, through a series of focus groups. Our results suggest that lack of clarity surrounding volunteer roles, as well as cultural and generational gaps, when working with children and teachers, often drive many of the challenging experiences of volunteers in the schools. Coping resources include spirituality and drawing on motivations to help the younger generation in persisting in the volunteer role. Findings illuminate both the negative perceptions of volunteering and potential coping and support structures which may affect retention of minority older adults in intergenerational volunteer interventions.

SESSION 1540 (SYMPOSIUM)

RESEARCH ON THE OLDER PERSON AND THE ENVIRONMENT: THE LEGACY OF M. POWELL LAWTON
Chair: C. Hoffman, Planning, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania
Co-Chair: T. Seeman, Mailman School of Public Health of Columbia University, New York, New York
Discussant: H. Wahl, University of Heidelberg, Heidelberg, Germany

This year marks ten years since the death of Dr. M. Powell Lawton, who pioneered the field of environmental gerontology. The four presentations on this panel each describe the impact of Lawton’s work on research conducted post 2001, demonstrating the continued influence his work represents in the field of aging. Sharlach’s paper looks at the relation of Lawton’s coined phrase “person-environment fit” for the popular aging-in-place paradigm called “The Village Model.” Chaudhury examines Lawton’s work on environmental quality of life issues for patients in dementia care settings. Pruchno looks at neighborhood
characteristics, such as crime reports and their impact on older adults. Glicksman et. al consider Lawton’s work in the context of developing a research-based model involves a variety of professions working collaboratively to create an age-friendly community. Walsh’s response will consider these papers within the larger context of Lawton’s work. The discussion among panelists and audience will be guided by Hoffman who worked with Lawton for many years. At the end of the session participants will be able to: 1) identify at least two significant contributions Lawton made to the field of environmental gerontology2) describe how Lawton’s work has influenced studies that relate to the environment of both neighborhoods and institutions 3) name at least two community-based initiatives aiming to improve the quality of life for older adults that were directly influenced by Lawton’s work.

**LAWTON’S LEGACY: DEFINING OBJECTIVE ENVIRONMENTS**
R.A. Pruchno, UMDNJ - School of Osteopathic Medicine, Stratford, New Jersey

In his 1983 Kleemeier lecture Lawton identified the ‘objective environment’ as one of four components of the ‘good life’. This objective environment “lies outside the individual and is capable of being counted or rated consensually by observers.” Lawton lamented that standardized measures for many aspects of the environment were underdeveloped and pushed for the advancement of environmental taxonomies. Answering Lawton’s call for scientists to better define and recognize the salient role played by the environment efforts are underway to identify the neighborhood characteristics most salient to the health of older people. Using data readily available from secondary sources (Census, crime reports, Departments of Agriculture and Law & Public Safety, HRSA) I will present a multidimensional model of neighborhood characteristics and demonstrate its psychometric properties. Plans for the next phase of my research including examination of how neighborhoods influence the mental and physical health of community-dwelling older people will be discussed.

**ENVIRONMENTAL ASSESSMENT OF DEMENTIA CARE SETTINGS: A TOOL LINKING ENVIRONMENT AND BEHAVIOR**
H. Chaudhury, Simon Fraser University, Vancouver, British Columbia, Canada

M. Powell Lawton’s contribution on the topic of dementia care includes, among other issues, an articulation of quality of life in people with dementia and development of an effective language to capture the built environmental properties as relevant for enhancing quality in dementia care settings. In this recent project, I have linked Lawton’s conceptualization of QOL in dementia to the larger discourse of personhood in dementia and developed an environmental assessment tool (Dementia Care Mapping - Environment or DCM-ENV) that works along with the existing well-known care practice assessment tool “Dementia Care Mapping (DCM)”. This environmental coding scheme is influenced by Lawton’s idea of developing a more systematic lexicon of the built environment for dementia care. The newly developed tool (DCM-ENV) is based on 23 Environmental Category Codes (ECC) that allow a trained mapper to systematically capture real time affect of the built environmental aspects and properties with observed behaviours. In that respect the tool and method generate evidence-based data on how the physical environment influences behaviors in people with dementia. This contrasts with the other environmental assessment tools that are based on perceived role of the environment on behavior as identified in the previous literature.

**LIFESPAN DEVELOPMENT AND P-E FIT: IMPLICATIONS FOR AGING-FRIENDLY COMMUNITIES**
A.E. Scharlach, University of California at Berkeley, Berkeley, California

Powell Lawton made seminal contributions in the areas of person-environment (P-E) fit, individual functioning, environmental salience in later life, and competence as a function of PxE interaction. This presentation begins by examining the question of “competence for what?”, drawing upon lifespan developmental psychology for a conceptually- and empirically-derived framework of five late life psychosocial “challenges.” “Aging-friendly” communities can then be understood as those in which P-E transactions foster developmentally-salient functioning in these five areas. To the extent that well-being in later life involves the active engagement of older persons, it becomes important to consider the ways in which elders themselves are involved in helping community environments to become more “aging-friendly.” Findings from current research on the Village model will be presented, in order to examine possibilities for engaging older persons in community development activities designed to enhance P-E fit in response to the physical and psychosocial challenges of later life.

**M. POWELL LAWTON AND AGE-FRIENDLY PHILADELPHIA**

M. Powell Lawton’s impact on the development of Philadelphia Corporation for Aging’s Age-friendly Philadelphia (AIP) agenda is multifaceted. Since 2008 PCA has pursued an AIP policy agenda designed to inspire changes in the physical and social environment with the aim of enhancing the health and quality of life of the city’s older adults. Two aspects of Lawton’s work have played especially important roles in the development of this effort. First, his concept of “environmental press” continues to influence our understanding of the impact of the environment on the older adult population and shape the research agenda supporting our AIP effort. Second, the personal example Lawton set of building collaborative efforts with practitioners in various fields (three of the five authors worked directly for him) to translate research directly into practice have shaped the role research has played in the AIP work.

**SESSION 1545 (SYMPOSIUM)**

**THE DIGITAL FRONTIER OF AGING RESEARCH: EMERGING METHODS IN MICROLONGITUDINAL STUDIES**
Chair: S. Mejia, Human Development and Family Sciences, Oregon State University, Corvallis, Oregon
Discussant: K. Hooker, Human Development and Family Sciences, Oregon State University, Corvallis, Oregon

The daily processes underlying developmental mechanisms of stability and change have traditionally been difficult to study due, in part, to the limits of traditional data collection methods. Innovative applications of current technologies, coupled with older adults’ increased internet use, provide opportunities to capture these processes, opening new windows into older adults’ daily lives. Papers in this symposium uncover the nuts and bolts of designing, implementing, and evaluating microlongitudinal research using these technologies. Sliwinski, Wilmuth, and Mogle examine whether the impact of physical health and cognitive functioning on engagement in self-care can be adequately assessed over 7 days using a web-based measure. Using experience sampling methods from two studies, Chui, Reubicul, Lumley, Labouvie-Vief, and Diehl examine different temporal sampling designs to determine whether parameters describing adults’ emotional processes will differ significantly by study design. To examine self-regulatory processes Mejia, Pham, Choun, Metoyer, and Hooker designed a custom web-based application for a 100-day idiopathic study, where initial survey responses uniquely populated daily surveys and provided participants with visual feedback. Smith, Ofstedal, Ryan, and Stawski speak to the future of
large longitudinal studies, and the potential of including microlongitudinal components to reveal snapshots of daily lifestyle processes. Presentations will highlight the emerging opportunities to deepen our understanding of the daily processes behind established constructs known to support wellbeing in adulthood. The discussant, Karen Hooker, has experience in both traditional and web-based microlongitudinal methods and will provide her perspective on how advances in methods are bringing new theoretical insights into studies of adult development.

ASSESSING DAILY ACTIVITIES IN OLDER ADULTS: DESIGNING A BRIEF WEB-BASED SURVEY TO EXAMINE THE IMPACT OF PHYSICAL HEALTH AND COGNITIVE FUNCTIONING ON SELF-CARE AND SOCIAL ENGAGEMENT

M. Sliwinski¹, J. Wilmot², J. Mogle¹, 1. Gerontology Center, Penn State University, University Park, Pennsylvania, 2. Syracuse University, Syracuse, New York

Age-related declines in physical health and cognitive functioning may have profound effects on the daily lives of older adults. For example, these declines may hinder the ability to perform self-care tasks and engage in social activities, thus impairing quality of life. Little is known about this relationship, however, due to the lack of appropriate measures for the daily assessment of activities in this population. The current study piloted a web-based measure designed to capture the frequency of a range of daily activities in older adults as well as the relationship between the frequency of activities and daily physical symptoms. One hundred older adults (ages 60-80) completed a brief (~15 minutes) activities assessment once each day for 7 consecutive days. At each assessment, participants indicated the number of activities and physical symptoms over the past 24 hours. Results suggest the pilot measure adequately assessed the impact of physical health and cognitive functioning on engagement in self-care and social activities in this age group.

EMOTION REGULATION IN ADULTHOOD: HOW DIFFERENCES IN STUDY DESIGN AFFECT FINDINGS


Momentary ecological assessment methods are increasingly used to study emotion regulation in adults and late life. Although these methods have been praised as the new “gold standard” for studying transient aspects of human behavior, such as emotion regulation, little is known about how a specific study design affects the resulting findings. Using Boker’s damped and coupled oscillator models and data from two experience sampling studies, this paper examines how the study design affects the findings that may be observed with regard to adults’ emotion regulation processes. Specifically, we will analyze data from 239 adults who completed in a 30-day diary study with one assessment per day. Findings will be compared against the data from 114 adults who participated in a 7-day experience sampling study with up to 5 assessments per day. We expect that the key parameters that describe adults’ emotion regulation processes will differ significantly by study design.

CAPTURING 100 DAYS OF SELF REGULATION PROCESSES VIA THE WEB: DESIGN, IMPLEMENTATION, AND EVALUATION

S. Mejia¹, T. Pham², S. Choun¹, R. Metoyer¹, K. Hooker¹, 1. Oregon State University - Department of Human Development and Family Sciences, Corvallis, Oregon, 2. Oregon State University - School of Electrical Engineering and Computer Science, Corvallis, Oregon

Studying daily processes of self-regulation requires a simple, flexible, customizable, and accessible approach to data collection. This paper describes the design, implementation, and evaluation of the Personal Understanding of Life and Social Experiences (PULSE) project, an internet-based 100-day study of Oregon residents over the age of 50 (n = 105), which examined intraday variation in progress towards health and social goals. We designed a web-based application that allowed participants to log their daily health and social goal progress, provided access to visual representations of their data, and served as a data management tool for the researchers. We will discuss design elements of our system, recruitment and orientation methods, and participant feedback on their experience with the study, including the unique opportunities and challenges that emerged. Social and computer scientists collaborated in the design and implementation of this study, which was funded by the Oregon State University Center for Healthy Aging Research.

WEB-BASED DIARIES AND NATIONAL LONGITUDINAL SURVEYS OF AGING: CURRENT STATUS AND FUTURE SCENARIOS

J. Smith¹, M. Olstesdal, L. Ryan, R.S. Stawski, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Most longitudinal representative studies of older adults, such as the Health and Retirement Study (HRS), use computer-assisted telephone or in-person interviews. The internet is undeniably a cost-effective alternative that offers new opportunities to monitor data quality and enhance survey design. Despite concerns about the digital divide, there is evidence of increased computer and internet usage in cohorts born after 1940. Indeed, HRS conducts a longitudinal biennial web survey with participants who have internet access. In 2009, a subsample of 4433 HRS participants aged 50 to 96 (M age = 66) completed a study on the impact of the economic crunch. This was repeated in 2011. We present our findings regarding period effects on global and experienced well-being in older workers and retirees and outline future scenarios for web-based modules in large national surveys. In particular, we discuss the feasibility of adding intermittent internet diaries (measurement bursts) to large national surveys.

SESSION 1550 (SYMPOSIUM)

The U.S.-Israel Bi-National Science Foundation Symposium on Well-Being Among the Oldest Old

Chair: L. Poon, Institute of Gerontology, University of Georgia, Athens, Georgia

Discussant: J. Cohen-Mansfield, Herzeg Institute on Aging, Tel Aviv University, Tel Aviv, Israel

Although the concepts of well-being, life satisfaction, and successful aging have attracted unprecedented research attention in the last 30 years, we know very little about these concepts among the oldest old. A reality among the oldest old is the increasing variability in both subjective and psychological well-being found within an individual owing to variations in cumulative experiences and differences in strategies to survive into very old age. In conjunction with the U.S.-Israel Bi-National Science Foundation, the institutes of gerontology at the University of Georgia and Tel Aviv University convened a think-tank conference/workshop in Israel to describe and advance our state-of-the-art on well-being among the oldest old. The workshop addressed (a) the conceptions of well-being among the oldest old, (b) the accumulation of trauma throughout the life span and how it affects the perception of well-being, (c) the influence of moderating, mediating and proximal processes on well-being, and (d) issues relating to the measurement of

418 The Gerontological Society of America
well-being. This symposium will highlight key issues that may impact new research directions among older adults and the oldest old.

UNDERSTANDING WELL-BEING AMONG THE OLDEST OLD
L. Poon1, J. Cohen-Mansfield2, 1. Institute of Gerontology, University of Georgia, Athens, Georgia, 2. Herzzeg Institute on Aging, Tel Aviv University, Tel Aviv, Israel

The life course is marked by individuality and diversity. An individual’s life is a process that, if scrutinized at a singular instance, would yield incorrect assumptions about its trajectory. Instead, the gradual accumulation of events in a person’s life provides perspective into how that person arrived at his or her present state of well-being. This paper will briefly introduce our approaches in conceptualizing well-being among individuals who are older than 75 years of age. This cohort deserves its own conception of well-being because of its distinctiveness in comparison with younger generations. For example, individuals in the fourth age are referred to with ethereal adjectives, such as gerotranscendence, empowerment, maturation, and resilience. Nonetheless, there are minimal data and discourse available on the oldest old; the lack of exploration can be attributed to the large amount of individual variability within the cohort, which makes it difficult to reach generalizations for the group.

MEASURING MAGIC: PSYCHOLOGICAL AND CULTURAL APPROACHES TO THE CODIFICATION OF WELL-BEING
A. Bishop1, C. Fry2, 1. Human Development and Family Science, Oklahoma State University, Stillwater, Oklahoma, 2. Loyola University of Chicago, Chicago, Illinois

The purpose of this symposium presentation is to address measurement and operational definitions used to empirically investigate well-being in old-old age. Three key issues will be addressed. First, historical implications of qualitatively and quantitatively assessing the welfare of older persons will be addressed. Second, advancement of psychometric and ethnographic approaches used to strategically evaluate well-being of the oldest old will be identified. Third, empirical problems arising from the theoretical and operational definitions used to capture the well-being construct will be critiqued. Of particular interest is how well-being has come to represent a complex phenomenon rooted in human physiology and conditioned by familiar psychological, social, and cultural inputs. Further consideration of how language and cultural meanings are linguistically coded to transform the complexities of well-being into a more simplified and measurable variable within gerontological research will be noted.

SOCIAL NETWORK AND WELL-BEING AMONG OLD-OLD EUROPEANS: IS IT THE SAME ASSOCIATION?
H. Litwin, K.J. Stoeckel, Hebrew University, Jerusalem, Israel

Aim: To investigate the associations between social network and well-being among Europeans aged 80 and older. Method: The study addressed respondents aged 60 and over from the second wave of the Survey of Health, Ageing and Retirement in Europe (N=13,946). Three well-being outcomes—depressive symptoms, the CASP scale and life satisfaction—were regressed on three domains of social network: structure/interaction, exchange and engagement. The analysis controlled for background, health and region, and included interaction terms for oldest-old age (80+) by each of the network variables. Results: Differences were observed in the nature of the associations between the network variables and the well-being outcomes among the oldest-old. Discussion: The findings show that the association between social network and well-being in late-life is age-dependent, and that the oldest old have unique associations. The social networks of older people should be seen differentially in relation to age, especially when designing social interventions.

THE LINGERING IMPACT OF PAST TRAUMA IN LATE LIFE: CONCEPTUAL AND CLINICAL PERSPECTIVES
D. Shmotkin1, L. Hyer2, 1. Tel Aviv University, Department of Psychology and Herzzeg Institute on Aging, Tel Aviv, Israel, 2. Mercer University School of Medicine, Macon, Georgia, 3. Georgia Neurosurgical Institute, Macon, Georgia

The aftereffects of major traumas experienced along life never really end. We address their significance in three modes of survival into old-old age. In robust survival, individuals maintain well-being in face of age-related challenges, and control the trauma’s remnants through a balance between general resilience and specific vulnerabilities. In embattled survival, predominated by frailty and losses, past trauma may continue in a chronic formation, such as posttraumatic stress disorder, or undergo a reactivation by the recent adversity. In dementia-molded survival, it is largely obscure whether cognitive impairment sensitizes or blunts traumatic memories. To further understand how earlier trauma is regulated in late life, we present findings illustrating mechanisms (e.g., meaning generation, time perspective, autobiographical memory) that sustain well-being in the face of hostile-world scenarios. Turning to psychotherapeutic implications, we finally examine whether treatment of posttraumatic reactions among the old-old can reflect variability of restorative strengths or rather a common decline.

OLDER ADULTS’ WILL TO LIVE: CHARACTERISTICS AND APPLICATION TO PROFESSIONAL PRACTICE
S. Carmel1, J. Damron-Rodriguez2, 1. Ben-Gurion University of the Negev, Department of Sociology of Health and Gerontology, Beer-Sheva, Israel, 2. University of California Los Angeles, School of Public Health, Department of Social Work, Los Angeles, California

Based on systematically repeated results of 6 large scale studies, the will to live (WTL) was found to be an important indicator of general well-being, encompassing psychological and physical dimensions, and predicting survival over 7.3 years. Conceptually, the WTL is defined as the psychological expression of a natural instinct of human beings - the striving for life, which is comprised of rational and irrational components, and can be self-assessed. The WTL is unique, since it not only expresses a state of general well-being, but also one’s commitment to life and desire to continue living. The WTL is assessed by a 5-item scale with scores ranging from 0 to 5, is easy to use, and well accepted by older adults. Its internal reliability (Cronbach’s alpha) ranges from .82 to .89. All of these characteristics, especially the WTL’s significant diagnostic and prognostic value, led us to adopt this simple evaluative tool to daily practice by integrating it into geriatric competency-based educational programs for professional caregivers. Training focuses on using this tool for assessing well-being of older adults, evaluating changes over time, and applying individual-based interventions for improving the personal determinants of the WTL, which can be improved. Moving from the description of WTL as a concept, its value and correlates, we will explore how WTL relates to the geriatric competencies for health professions developed by the American Geriatric Society, Professional Health Alliance (2010). Teaching and training program applications will be presented from the perspective of faculty experts in the U.S.A. and Israel.

MODELS IN UNDERSTANDING WELL-BEING
P. Martin1, J. Cohen-Mansfield2, 1. Iowa State Univ. Ames, Iowa, 2. Tel Aviv University, Tel Aviv, Israel

Much research concerning the well-being of old and very old adults is conducted without reference to explicit conceptual frameworks or theories. This presentation will provide a brief overview of current well-being models and highlights two specific theoretical approaches that help to understand the relatedness of proximal and distal influences on well-being in late life: the first approach, the developmental adaptation model, highlights the importance of distal and proximal resources for
optimal well-being in late life. The second approach, the shifting baseline theory, explains the relatively high levels of well-being among the old-old. Similarities and differences of these conceptualizations will be discussed. Together, these theoretical frameworks demonstrate the variability in the understanding of the importance of past experiences, resources, and experiences of daily living as determinants of well-being.

SESSION 1555 (PAPER)

CANCER

TRENDS IN COLORECTAL CANCER INCIDENCE AND MORTALITY BY SUB-SITE, SEX AND AGE: UNITED STATES AND EUROPE
K. Garcia, E. Crimmins, USC, Los Angeles, California

Colorectal cancer is the third most common cancer and the fourth most common cause of cancer deaths worldwide. Cross-country variations in colorectal cancer incidence and mortality trends have been documented. However, no study has examined colorectal cancer trends by sub-site, sex and age group for the U.S. and Europe. We use population-based cancer registry data from Cancer Incidence in Five Continents Plus (CISPlus) and the WHO Mortality Database to examine temporal changes in age-standardized colorectal cancer incidence trends from 1990-2002 and mortality trends from 1990-2005 for the U.S. and nine European countries. Data were extracted by national or regional cancer registries, anatomical site, year of diagnosis, sex and 10-year age group. Joinpoint regression is used to identify significant changes in trends and to estimate average annual percent change (AAPC). Incidence and mortality trends vary widely between the U.S. and Europe, and across Europe as well. From 1990-2002, incidence rates for cancers of the colon, rectum and anus increased or remained stable in most European countries examined, however significant declines were observed in the U.S. across most age groups for both males and females. From 1990-2005, most countries experienced significant mortality declines in cancers of the colon, rectum and anus. The AAPC in colon cancer deaths for males and females are greatest in the U.S. (2.1-2.9%; 2.3-2.9%), Austria (0.8-3.5%; 1.2-3.5%), and England (1.6-3.3%; 2.3-4.5%), while greatest in Austria (2.2-3.3%; 2.3-3.9%) and Denmark (1.1-3.3%; 1.2-2.8%) for rectal and anal cancer. Variations in risk factors, screening and treatment practices are discussed.

THE IMPORTANCE OF PHYSICIAN ENCOURAGEMENT OF COLORECTAL CANCER SCREENING AMONG LATINO PATIENTS
A.M. Napoles1, J. Santoyo-Olsson1, E.J. Perez-Stable1, A. Stewart2, 1. Medicine, University of California San Francisco, San Francisco, California, 2. Institute for Health & Aging, University of California San Francisco, San Francisco, California

Background: Latinos are less likely to obtain colorectal cancer (CRC) screening and experience poorer 5-year CRC survival than Whites. Objective. Assess associations between patient-reported CRC-specific communication and CRC screening. Participants: Latino primary care patients aged ≥50 with ≥1 visit during the preceding year (N=1,314) were sampled from four clinics. Design: Cross-sectional telephone survey assessing whether (yes or no) physicians: provided explanations; elicited patients’ barriers; were responsive to patients’ concerns about CRC screening; and the amount of physician encouragement of CRC screening (quite a bit/ a lot vs. none/a little). Outcomes were fecal occult blood test (FOBT) and endoscopy within recommended guidelines. Results. 504 patients completed the survey; mean age was 61 years (SD 8.4), 69% were women, and 53% had < high school education. 46% reported obtaining endoscopy (+/F OBT), 13% FOBT only, and 41% no screening. In bivariate analyses, physician explanations, responsiveness to concerns, and greater encouragement for screening were associated with receipt of FOBT and endoscopy. Adjusting for sociodemographic factors, patients reporting quite a bit/a lot of physician encouragement were more than 6 times as likely to receive FOBT as those reporting none/a little encouragement (OR=6.54; 95% CI 2.76, 15.48). Adjusting for sociodemographic factors, physician explanations (OR=1.27; 95% CI 1.03, 1.58) and greater physician encouragement (OR=6.74; 95% CI 3.57, 12.72) were associated with endoscopy. Conclusions. The degree to which Latino patients perceived that physicians encouraged CRC screening was more strongly associated with screening than providing information, eliciting barriers, and responding to their concerns about screening.

THE RELATIONSHIP BETWEEN REPORTED CANCER PAIN AND PERSONALITY IN OLDER ADULTS RECEIVING OUTPATIENT CANCER CARE
J. Krok, T. Baker, University of South Florida, School of Aging Studies, Tampa, Florida

It is well-established that personality has a significant impact not only on physical health and longevity, but mental health and coping mechanisms as well. Despite what is known regarding the significance of personality and well-being, there is a dearth of empirical data defining the relationship between cancer pain and personality, particularly among older adults. The objective of this investigation was to examine how an individual’s personality traits influence the experience of cancer pain. The sample consisted of older patients (x = 66.7 years of age, SD= 7.60; 80% White) receiving outpatient treatment at a comprehensive cancer center. Pain severity (Brief Pain Inventory, Patient Pain Questionnaire), pain frequency, psychological symptoms, and personality (Ten Item Personality Inventory (TIPI) and the Positive and Negative Affect Scale (PANAS) were assessed. Preliminary data showed the average pain score of 4.28 (SD = 1.93, scale = 0-10). Negative affect was found to be associated with higher distress associated with pain (F2, 27 = 3.26, p<.05). Having high neuroticism (b=1.27, p<.05), low agreeableness (b=-1.98, p<.05), and low openness to experience (b=-1.04, p<.05) were similarly found to be related with worse expectations of pain in the future (F10, 16 = 2.65, p<.05). These findings indicate that different personality types may influence the perceptions and experience of cancer related pain. More empirical research is needed to understand the impact of pain and its relationship with personality in more diverse and marginalized cancer populations across the age continuum.

TYPE AND PREVALENCE OF SYMPTOMS EXPERIENCED BY OLDER ADULTS OVER TIME AFTER CANCER SURGERY

OBJECTIVES: Older adults undergoing cancer surgery often experience symptoms, leading to adverse outcomes. Identifying and understanding the pattern of symptoms over time may lead to early interventions, thus improving older adults’ outcomes. The purpose of this study was to describe type and prevalence of symptoms over time reported by older adults undergoing surgery for thoracic, digestive, gynecologic, and genitourinary cancers. METHOD: Secondary analysis using combined subsets of data of 326 adults ages 65 or older from five clinical trials of nurse-directed interventions targeting patients post-surgery. Patients were interviewed at baseline (post-surgery period), and 3 and 6 months. Presence or absence of symptom was assessed using the Symptom Distress Scale and summed for total number of symptoms. Descriptive statistics and Poisson regressions by Generalized Estimating Equations (GEE) were used. RESULTS: While controlling for type of cancer, results from the GEE analysis demonstrated the total number of symptoms reported by patients significantly decreased over time (p<0.001). Type and prevalence of symptoms reported by patients also changed over time. At baseline interview during the post-surgical period,
40% or more of study patients reported typical surgical symptoms of fatigue, appetite, insomnia, pain, or bowel symptoms. At 6 months, 25% or more of study patients reported fatigue or pain symptoms. CONCLUSION: The results suggest that older adults undergoing thoracic, digestive, gynecologic, and genitourinary cancer surgery may follow a typical post-operative course of decreased symptoms over time. Some older adults, however, may experience pain and fatigue up to 6 months post-surgery.

MEDICAL CONDITIONS BEFORE AND AFTER CANCER AMONG LONG-TERM CANCER SURVIVORS

C. Leach1, N. Aziz2, C.M. Alfonso1, J. Rowland1, K. Weaver1, L. Forsythe1, J. National Cancer Institute, Bethesda, Maryland, 2. National Institute of Nursing Research, Bethesda, Maryland, 3. Wake Forest University School of Medicine, Winston-Salem, North Carolina

Multiple medical co-morbidities are common at the time of cancer diagnosis and additional health conditions may develop after cancer. Studies examining medical conditions post-dating the cancer diagnosis remain sparse, especially with respect to the effect of age at and time since diagnosis. Data from the population-based FOCUS Use among Survivors (FOCUS) study were used to examine medical conditions (ever developed; developed after cancer) among 1582 long-term breast, prostate, colorectal, and gynecological cancer survivors by age at diagnosis (<65, 65+) and time since diagnosis (4-9 years, 10+ years). In general, long-term survivors suffered from a large number of co-morbidities. The top 5 most prevalent conditions include (ever; new-onset post-diagnosis): hypertension (53.8%; 17.6%), arthritis (45.8%; 16.5%), other heart-related conditions (35.0%; 17.4%), cataracts (39.4%; 25.1%), and diabetes (21.3%; 10.2%). Older age at diagnosis was associated with higher numbers of medical conditions (65+: 5.9; <65: 4.4). However, time since diagnosis was not associated with the total number of medical conditions. Heart-related conditions and cataracts post-cancer diagnosis were more common among patients diagnosed with cancer at a later age (respectively, 65+: 20.5%, 34.0%; <65: 11.1%, 6.7%) whereas hypertension, arthritis, and diabetes saw no difference by age at diagnosis. Co-morbidities acquired after cancer varied by age at diagnosis. Findings suggest that health professionals may need to consider patient age when managing the post-treatment care of survivors. Future research should examine why older age at diagnosis increases risk for heart-related conditions and cataracts after cancer, but not other conditions.

SESSION 1560 (PAPER)

COGNITIVE IMPAIRMENT

DELAY OF GRATIFICATION IN OLD AGE: COMPARISON OF INDIVIDUALS WITH AND WITHOUT COGNITIVE IMPAIRMENT

R. Drobetz, A. Maercker, S. Forstmeier, Psychology, Psychopathology and Clinical Intervention, University of Zuerich, Zuerich, Switzerland

Delay of gratification (DoG) is the postponement of immediate smaller for the sake of later larger rewards. DoG predicts cognitive, motivational, social and health variables; however DoG has not sufficiently been explored in the elderly up to now. Findings in the DoG-related construct of executive functions suggest a decline with increasing age and cognitive impairment. We primarily focused on differences in DoG-behavior between individuals with and without cognitive impairments as well as on influencing variables. Study participants were 60 individuals with Mild Cognitive Impairment (MCI) and mild Alzheimer’s dementia and 120 cognitively unimpaired controls (all participants were aged 60 and older). We experimentally measured DoG with the Delay of Gratification Test for Adults (Forstmeier, Drobetz & Maercker, 2011) using primary (food) and secondary (money) reinforcers. While cognitively unimpaired individuals had higher DoG when snacks were rewards, they showed lower DoG when money was used. Additionally, cognitively unimpaired participants preferred significantly more often immediate money with increasing age. The lower individuals’ DoG in snacks the higher their self-reported impulsiveness. Further, DoG correlated significantly negatively with apathy, a common syndrome in MCI and Alzheimer’s dementia. Besides, patients’ DoG predicted mental, but not physical health of their caregivers. In conclusion, DoG linked with impulsiveness seems to decrease in primary reinforcers (food) with cognitive impairment. In contrast, money as an abstract secondary incentive seems to lose its relevance for cognitively impaired individuals. Both positive effects of high self-control on relationships and fewer stressing symptoms might explain the link between patients’ DoG and caregivers’ wellbeing.

DOES THE NDB MODEL EXPLAIN WANDERING?

D. Algase1,2, C. Antonakos3, E.R. Beattie1, C. Beel-Bates1, L. Yao1, J. Song3, G.S. Hong4, I. University of Toledo, Toledo, Ohio, 2. School of Nursing, University of Michigan, Ann Arbor, Michigan, 3. Queensland University of Technology, Brisbane, Queensland, Australia, 4. Grand Valley State University, Grand Rapids, Michigan, 5. Michigan State University, Lansing, Michigan, 6. Hanyang University, Seoul, Republic of Korea, 7. Korea University, Seoul, Republic of Korea

Wandering is a potentially hazardous behavior affecting approximately 60% of people with dementia (PWD). The basis of wandering is poorly understood and, thus, interventions for it are more palliative than therapeutic. We evaluated the need-driven dementia-compromised behaviour (NDB) model for its explanatory power for wandering among PWD in long-term care settings. Using a convenience sample from 23 settings, we analyzed data from 143 wanderers who were: 1) assessed on NDB background factors (cognitive impairment, health status, mobility status, circadian rhythm, personality, behavioral response to stress) and 2) observed up to 12 times for NDB proximal factors (emotion, social interaction, hunger, thirst, pain, wandering rate and duration. Proximal environmental characteristics (sound and light levels, crowding, ambience, caregiver familiarity with resident) also were assessed at each observation. Based on preliminary analyses, variables significant at p<.15 were retained for evaluation of the overall model. Using SAS (PROC GENMOD), the data were shown to be a good fit to the model (scaled deviance/df=97 full model log likelihood=−1658.79, null model log likelihood=−1673.45; Chi-square=29.31, df=10, p=.001). At p<.10, higher MMSE scores, keeping busy under stress, negative facial expression, and a soothing environment were significantly associated with lower wandering rates; anxious behavior under stress, positive emotion, and upper GI problems were significantly associated with higher wandering rates. In a similar analysis using wandering duration as the dependent variable, results were similar. In sum, a trimmed NDB model was supported as a basis for designing wandering interventions. Refined measures may expand the number of original concepts supported.

STRATEGIES IDENTIFIED DURING WAYFINDING IN A VIRTUAL REALITY ENVIRONMENT IN MIDDLE AGED AND OLDER ADULTS

R. Davis, Kirkhof College of Nursing, Grand Valley State University, Grand Rapids, Michigan

Place learning, the ability to learn and remember environments is a critical cognitive function for wayfinding in new or changed environments that becomes impaired in many people with age. Older adults are often slower, less accurate, and more likely to get lost than younger adults. Little is known about the types of strategies that older adults use in wayfinding, or how these strategies relate to wayfinding performance. In this study, 3 groups of older adults (aged 55-64, 65-74, and >75) were asked to find their way in 4 computerized virtual reality environments for 3 consecutive days. At the end of the experiment on days 1 and 3 subjects were asked several qualitative questions related
to wayfinding strategies. Qualitative analysis revealed eight separate strategies, including: 1) Lining self up with cues/ pictures/ corners; 2) Psycho- motor patterns 3) Random movement 4) Using distance/ depth 5) Using memory 6) Moving towards one specific cue 7) Searching a specific quadrant and 8) Triangulating between more than 2 environmental features/ cues. Individuals reported using more than one strategy, ranging from 0 – 5 strategies (mean 2.08 strategies on day 1, and 2.03 strategies used on day 3). There were no significant differences between age groups except for two strategies. The oldest age group (age >75) was significantly less likely to report using a distance strategy (day 1, F(2)=17.147 (p<.0001) and triangulation on day 3 (F(2)=14.292, p<.001) when compared to the youngest age group. Less use of these allocentric strategies may explain some of the difference seen in place learning in older adults.

**EFFICACY OF A NUTRICEUTICAL FORMULATION ON COGNITIVE PERFORMANCE IN MCI AND AD**


A nutriceutical formulation (NF); vitamins E, B12, folic acid, S-adenosylmethionine, N-acetylcysteine, acetyl-L-carnitine has been demonstrated in prior studies to maintain or improve cognitive performance and mood in persons with Alzheimer’s disease (AD) and boost cognitive performance in adults with no known or suspected dementia. Herein, we report initial results from an ongoing multi-site, placebo-controlled study of NF for AD and mild cognitive impairment (MCI). Individuals with AD (age 82.4±9 years, education 12.2±3 years, MMSE 22±6) or MCI (age 62.2±2 years, education 15.2±2 years), randomly assigned to receive either NF or placebo, completed cognitive tests at baseline, 3 and 6 months. Family or staff caregivers completed mood/behavior (NPI) and activities of daily living (ADCS-ADL) inventories. AD participants receiving NF but not placebo improved in CLOX1 within 3 months (p<.01) and maintained improvement at 6 months. NF participants improved versus placebo in AEMSS of the Dementia Rating Scale at 6 months (effect size 0.9). Placebo participants declined 30% in ADL at 6 months (p<.09); NF participants declined only 12%. MCI participants receiving placebo but not NF declined (p<.05) in the WAIS Digit Span by 6 months. Placebo but not NF participants declined in CLOX1 over 6 months (effect size 0.86). NF participants displayed a moderate effect size (0.4) versus placebo in AEMSS at 3 and 6 months. These findings indicate that NF can maintain or improve cognitive performance and function prior to and during MCI and AD. Multi-site studies are ongoing and additional sites are recruiting; forthcoming data will also be presented.

**TESTING THE MOUTH INTERVENTION TO PROVIDE ORAL HYGIENE TO PERSONS WITH DEMENTIA WHO RESIST CARE**

R. Jablonski¹, B. Therrien², A.M. Kolansowski², E. Mahoney², E. Gabello², C. Kassab³, 1. School of Nursing, Penn State, University Park, Pennsylvania, 2. University of Michigan, Ann Arbor, Michigan, 3. Boston College, Chestnut Hill, Massachusetts, 4. By The Numbers, West Decatur, Pennsylvania

The primary purpose of this pilot study was to test the feasibility of an intervention designed to reduce care-resistant behaviors (CRBs) in persons with moderate to severe dementia during oral hygiene activities. The intervention, Managing Oral Hygiene Using Threat Reduction ( MOUTh), combined best oral hygiene practices with CRB reduction techniques. The MOUTh intervention is based on the neurobiological principles of threat perception and fear response governed by the amygdala. As perception and reasoning become distorted, persons with dementia attribute high threat to low or non-threatening situations. Eight NH residents with dementia received twice daily mouth care for 14 days; 7 completed the study. Oral health was operationalized as the total score obtained from the Oral Health Assessment Tool (OHAT). CRB was measured using a refinement of the Resistiveness to Care (RTC) Scale. The baseline OHAT mean score of 7.29 (SD=1.25) improved to 1.00 (SD= 1.26) (p<.0001); CRB improved from 2.43 CRBs/minute (SD=4.26) to 1.09 CRBs/minute (SD= 1.56)(t= 1.97,dF 41, p=0.06). The threat reduction strategies most often employed were priming, gestures/pantomime, and chaining. Time of day the resident received oral hygiene (morning versus evening) was not related to CRBs (p=0.392); however, the day of care had a significant negative relationship to CRB (p=0.030). This latter finding suggests that the NH resident was consistently exposed to the MOUTh intervention over time, CRB rates dwindled.

**SESSION 1565 (PAPER)**

**FRAILTY**

**DOES FRAILTY EXPLAIN “AGE-RELATED” DECLINES IN WELLBEING IN LATER LIFE?**

I. Lang¹,², R. Hubbard¹, V. Goodwin¹,³, D.J. Llewellyn⁴, 1. Peninsula College of Medicine and Dentistry, Exeter, United Kingdom, 2. NHS Devon, Exeter, United Kingdom, 3. Peninsula Collaboration for Leadership in Applied Health Research and Care, Exeter, United Kingdom, 4. Cardiff University School of Medicine, Cardiff, United Kingdom

Background. Frailty is sometimes conceptualized as an inevitable. Efforts to prevent and reduce frailty are likely to benefit wellbeing. In this study we explored the relationship between subjective wellbeing and frailty cross-sectionally and longitudinally in a population-based sample of older people. Our aim was to assess the extent to which age-related change in wellbeing is explained by frailty. Method Longitudinal analysis of data on 1495 individuals aged 65 to 80 participating in the English Longitudinal Study of Ageing (ELSA) in 2002 and 2008. We used adjusted linear regression analyses to assess the relationship between frailty (measured using a Frailty Index) and wellbeing (measured using the CASP-19 instrument) at baseline and longitudinally. Results At baseline there was a strong correlation between wellbeing and frailty (r=-0.53, p<.001). In cross-sectional analyses, apparently age-related decline in wellbeing was mostly explained by frailty. In models controlled for age, sex, socioeconomic status, and baseline frailty, change in wellbeing was a modest predictor of change in frailty (p<.001, independent contribution to r²=0.12). Similarly, in models controlled for age, sex, socioeconomic status, and baseline wellbeing, change in frailty was a modest predictor of change in wellbeing at follow-up (p<.001, independent contribution to r²=0.11). Conclusions Frailty and wellbeing are linked and may decline together. Apparently age-related declines in wellbeing may be driven largely by frailty and need not be regarded as inevitable. Efforts to prevent and reduce frailty are likely to benefit wellbeing.

**FRAILTY AND OBESITY IN LATER LIFE**

I. Lang¹², R. Hubbard¹, V. Goodwin¹,³, D.J. Llewellyn⁴, 1. Peninsula College of Medicine and Dentistry, Exeter, United Kingdom, 2. NHS Devon, Exeter, United Kingdom, 3. Peninsula Collaboration for Leadership in Applied Health Research and Care, Exeter, United Kingdom, 4. Cardiff University School of Medicine, Cardiff, United Kingdom

Background. Frailty is sometimes conceptualized as a wasting disorder involving weight loss but there is some evidence obesity in later life is associated with higher levels of disability. In this study we explored...
the longitudinal relationship between frailty and obesity in a cohort of older people. Methods. Data were from 5,602 community-dwelling adults aged 50+ who participated in the English Longitudinal Study of Ageing in 2004 and 2008. Frailty was assessed using an index of accumulated deficits (Frailty Index). BMI was divided into five categories (below 20, 20-25, 25-30, 30-35, 35 plus) and waist circumference 88 cm or more (in women) and 102 cm or more (in men) was defined as high. Analyses were adjusted for sex, age, wealth, education, and smoking. Results. The BMI-frailty association was U-shaped at baseline. Over four years, those in the highest BMI category were significantly more likely to experience a further increase in frailty compared to those of recommended weight. This effect was more pronounced in younger age groups: for example, comparing recommended weight to the highest weight category the adjusted odds ratio for experiencing a frailty decline of ten points or more (out of 100) was 3.32 (95% CI 1.71 to 6.43) in those aged 50 to 64 at baseline, 1.82 (95% CI 1.02 to 3.24) in those aged 65 to 79, and not significantly different in those aged 80+.

Conclusions. Obese older adults experience higher levels of frailty than those of recommended weight and are at elevated risk of further decline.

EFFECTS OF PREVENTIVE HOME VISIT PROGRAM ON QOL AND CARE COSTS IN AMBULATORY FRAIL ELDERS

A. Kono, Y. Kanaya, T. Fujita, C. Tsunura, T. Kondo, K. Kushiyama, L. Rubenstein, School of Nursing, Osaka City University, Osaka, Japan.

The aim of the present analysis from a randomized controlled trial was to examine effects of a preventive home visit program for ambulatory frail elders living in three Japanese communities on QoL parameters, health and long-term care costs. Eligible and willing subjects (n=323) were randomly assigned to intervention (n=161) or control group (n=162). Community health nurses and care managers provided structured preventive home visits to intervention group subjects every six months over two years. QoL measures (including ADLs, IADLs, depression, and social support) were collected via mail questionnaire at baseline and at the 12- and 24-month follow-up points. Costs of public health or long-term care insurance were documented. At 24-month follow-up, 6.8% of intervention group subjects had died vs 12.4% of control group subjects (NS). Two-way ANCOVA adjusting for each baseline score of QoL parameters has not shown significant differences. Total public health care costs over the period in intervention group (2,168,725 yen) were fewer than those in control group (2,291,885 yen) (NS). Long-term care costs in the intervention group (36,001 credits) were higher than in the control group (26,022 credits) (NS), and significantly more elders in the intervention group utilized long-term care services than those in the control group over the period 7-month to 15-month after intervention started. These results suggest that a preventive home visitation program could facilitate earlier use of public long-term care services over two years but might not significantly affect on QoL in the present population.

WHO IS FRAIL? THE IMPACT OF DIFFERENT FRAILTY MODELS ON CHARACTERISING THE FRAIL POPULATION IN THE IRISH LONGITUDINAL STUDY ON AGEING

Y. Kamiya, V. Timonen, R. Kenny, Trinity College Dublin, Dublin, Ireland.

Frailty is a geriatric syndrome which is associated with disability, falls, morbidity and mortality. Numerous definitions have been developed and two main approaches to frailty have emerged. One involves the accumulation of ‘deficits’ across many systems (burden model) and the other identifies frailty as biological syndrome or phenotype characterized by specific set of symptoms (biological model). We use these two models to estimate the prevalence of frailty in a nationally representative sample of 8,400 adults aged 50 and over who participated in the first wave of the Irish Longitudinal Study on Ageing (TILDA). As the burden and biological models have different theoretical foundations, we hypothesize that the factors associated with non-frail versus frail status are different and capture different groups. Eleven per cent of older people are frail according to biologic model, while 19% are frail according to the deficit accumulation model, and 5% were deemed frail when both models were used. People who are frail in the burden model are younger than those in the biological model (mean age 68 years vs. 71 years). They are also less likely to be married, in poorer self-reported health, live alone, and have higher score in the loneliness scale and quality of life. Therefore, frailty models derived from different theoretical approach capture different groups of older people.

FRAILTY MODELS AND THEIR DISABILITY AND MORTALITY OUTCOMES: THE HEALTH AND RETIREMENT STUDY


Frailty has been modeled in different ways, reflecting different theoretical understandings of the concept. The frailty index (FI) is a measure of an older adult’s cumulative burden of symptoms, diseases, conditions, disability, etc. (Burden model). In contrast, the frailty phenotype is defined in terms of 5 components present in a hypothesized cycle of frailty (Biologic Syndrome model). Although previous research has demonstrated that these models differ in how they identify older adults as frail, we hypothesized that both models would predict substantial future disability and mortality. We analyzed waves 2004-2006 of the Health and Retirement Study, a nationally-representative longitudinal health interview survey. Our study sample included community-dwelling adults >=65 years (n=2,111) in 2004. We operationalized the FI (Burden model) and the frailty phenotype (Biologic Syndrome model) (using physical performance measures). Two-year disability was determined in terms of new dependency in activities of daily living and instrumental activities of daily living. Two-year mortality was determined using HRS data cross-referenced with the National Death Index. We used logistic regression models, which included six demographic characteristics and seven chronic diseases as covariates. Weighted prevalences of frailty were: Burden, 24.7%; Biologic Syndrome, 15.9%. Disability and mortality at 2 years were Burden, 16.8%/13.4%; Biologic Syndrome, 20.8%/19.0%. The unadjusted odds ratio for the association of frailty (Burden model) with disability incidence/progression and/or mortality at two years (the dependent variable in the models) was 4.2 (95% confidence interval: 3.1-5.5), adjusted odds ratio 3.1 (2.3-4.3). The unadjusted odds ratio for the association of frailty (Biologic Syndrome model) with disability incidence/progression and/or mortality at two years was 5.6 (3.9-8.0), adjusted odds ratio 2.5 (1.7-3.5). Significant covariates in all models included age and net worth. Odds ratios for frailty were comparable to or greater than those for chronic diseases. Confirming our hypothesis, although the frailty models differed in identifying older adults as frail, each of the models predicted substantial disability and mortality at two years. Future longitudinal investigation should explore how older adults become frail and how differing trajectories of frailty lead to disability and mortality.

64th Annual Scientific Meeting
INDEPENDENCE, DEPENDENCE, AND DISABILITY

LATENT CLASSES OF FUNCTIONAL DISABILITY AND THEIR LONGITUDINAL TRAJECTORIES
H. Allore, L. Han, B. Godlove, T.M. Gill, H. Lin, Internal Medicine, Yale Univ., New Haven, Connecticut

Previous longitudinal models of disability (as measured by Activities of Daily Living (ADL)) have used regression models that yield a single trajectory in which risk factors represent increases or decreases in slope estimates. However, this assumes that the population is homogeneous and would follow a single trajectory shifted only by the presence of risk factors. Using data from the Precipitating Events Project, we followed 754 initially nondisabled, community-living persons 70+ years for more than 10 years, with monthly assessments of ADLs and comprehensive assessments at 18-month intervals. We fit latent growth mixture models with random effects adjusted for age, sex, living alone, physical frailty, depressive symptoms, cognitive impairment, presence of two or more chronic conditions to longitudinal measurements of three nominal states of disability (Nondisabled, Mild ([1-2 disabled ADLs], Severe ([3-4 disabled ADLs]) over seven consecutive 18-month intervals. Overall across the seven intervals, five distinct latent classes with corresponding trajectories were identified: (1) “Functionally Intact”, comprising 61.6% of the person-intervals with 3.1% within trajectory mortality; (2) “Intact Declining to Mild”, comprising 11.2% of the person-intervals with 13.3% within trajectory mortality; (3) “Consistently Mild”, comprising 13.6% of the person-intervals with 10% within trajectory mortality; (4) “Mild Declining to Severe”, comprising 7% of the person-intervals with 38.6% within trajectory mortality; and (5) “Severely Disabled”, comprising 6.6% of the person-intervals with 50.6% within trajectory mortality. Trajectories differed by intercepts and nonlinear slopes. Except for Functionally Intact, trajectories displayed both worsening and recovery in each 18-month interval.

MOST REASONS WHY OLDER ADULTS MOVE FROM INDEPENDENCE MAY BE AMENABLE TO REMOTE EARLY DETECTION
J. Kaye1,2, N.C. Mattek1,2, S. Maxwell1,2, T. Hayes1,2, K. Wild1,2, T. Zitzelberger1,2, 1. Oregon Health & Science University; Portland, Oregon, 2. Oregon Center for Aging & Technology; Portland, Oregon

To design optimal interventions for maintaining independence that can take advantage of remotely acquired home monitoring data of health related activities and behaviors, we sought to identify incidence rates and reasons for transitions from independence to assisted living or nursing facilities among initially independent seniors. Volunteers were 222 older adults with unobtrusive activity sensors and computers installed in their homes for the Intelligent Systems for Assessing Aging Changes (ISAAC) longitudinal study. Baseline characteristics were: mean age 84 years, 73% female and 54% living alone. After up to 4 years of follow-up, 41 (18%) subjects changed residences; 21 (9%) moved from independence to a care facility due to cognitive decline (n=7), physical health problems (n=9), falls (n=7) and mental health issues (n=1). Age and higher Cumulative Illness Rating Scale scores at baseline predicted future moving from independence (p<0.01). At most recent visit prior to move, 29% of movers were cognitively impaired vs. 13% of others (p<0.10). Subjects who moved from independence also scored higher on the Geriatric Depression Scale (p<0.01). Six percent of partnered subjects moved out of independence; 13% of singles moved out. Overall, moves from independence occurred at a rate of 3%/year. Additionally 22 deaths occurred and 12 subjects withdrew. Subjects who moved to a care facility were more likely to die (p<0.01). These data suggest that among independently living seniors transition to more dependent care settings is infrequent, but secondary to a discrete number of causes that are amenable to early detection with ambient home-based activity sensing methodologies.

TRENDS IN PHYSICAL FUNCTIONING AND DISABILITY AMONG OLDER PERSONS WITH SEVERE VISION IMPAIRMENT

In the past decade, considerable research has chronicled change in various dimensions of health over time. Improvements in physical functioning and reduced rates of disability among older adults have been documented; however, fewer studies have examined trends in functioning among persons with specific impairments. The purpose of this study was to examine trends in physical function and disability among older persons who self-reported severe visual impairments. We used data from the US NHANES III (1988–1994; N=5222) and NHANES IV (1999–2008; N=6963) to test the hypothesis that older persons with severe vision impairments experienced similar gains in functioning as persons with normal vision. We compared these groups with respect to the percent reporting difficulty/inability in completing any of 6 functional tasks (e.g., walking quarter mile) and any of 3 activities of daily living (e.g., dressing). Results suggest that a greater proportion of persons with poor vision had functional impairment in NHANES IV (78%) than their poor vision counterparts in NHANES III (47%). Similarly, rates of disability have increased for participants with severe vision impairment across that time period (from 13% to 32%). Among persons with normal vision, a lower proportion had functional impairment over both time ranges. Given the significant strides in policy aimed at addressing disability among society, it is important to investigate whether gains in functioning have affected all population subgroups. As population aging continues, tracking this dimension of health across time has important implications with respect to the needs of older persons who have severe visual impairment.

EFFECTS OF AN OLDER ADULT MULTI-COMPONENT PHYSICAL ACTIVITY PROGRAM ON ADL PERFORMANCE
P.E. Toto1, K.D. Raina1, M.B. Holm1, E.A. Schlenk2, J.C. Rogers1, 1. Occupational Therapy, University of Pittsburgh, Pittsburgh, Pennsylvania, 2. University of Pittsburgh, School of Nursing, Pittsburgh, Pennsylvania

Less than 30% of older adults engage in any form of regular physical activity. Despite best practice recommendations and the known benefits on health, the impact of physical activity programs on older adult participation in everyday life and the performance of activities daily living (ADL) is not well understood. This study examined the effect of the “First Step to Active Health,” a best practice physical activity program, on ADL performance, physical performance, physical activity, and depression in older adults. Sedentary older adults age 60 years and older, residing in a low-income senior apartment building, participated in a 10-week, group-based, physical activity program 2 times per week for 60 minutes, with an additional home exercise program 1 time per week. The physical activity program incorporated endurance, strength, balance, and flexibility exercises, and self-efficacy activities. Subjects were assessed at baseline, posttest (10 weeks) and post-posttest (14 weeks). Comparison of pretest and posttest scores (N=15) using a one-tailed paired samples t-test resulted in improvement (p<0.05) for 2 of 3 ADL domains on the Activity Measure-Post Acute Care and on all 6 physical performance measures of the Senior Fitness Test. Repeated measures ANOVA (N=14) revealed significant main effects (p<0.05) for 3 of 8 measures using the Yale Physical Activity Scale. The adherence rate was 89.7% and retention was 78.9%. These data support the feasibility and effectiveness of best practice physical activity recom
ACTIVE GENERATIONS: OLDER ADULT VOLUNTEERS IMPROVING CHILDREN’S PHYSICAL ACTIVITY AND NUTRITION

J. Teufel¹, D. Werner², P. Holgraves³, J. OASIS Institute, Saint Louis, Missouri, 2. Auburn University, Auburn, Alabama

Background: Obesity, nutrition, and physical activity are important public health issues for children and older adults. Efforts to address these issues often do not integrate both age groups. To address this need, OASIS, in partnership with the University of Texas, developed Active Generations, which is an intergenerational adaptation of the evidence-based Coordinated Approach to Child Health (CATCH) program. Older adult volunteers facilitate Active Generations, which provides opportunities for children, grades 3-5, to eat healthy food, engage in physical activity, and learn about health in an out-of-school community setting.

Methods: To evaluate the effectiveness of this older adult-volunteer led program, children were surveyed before and after the program. Local coordinators also collected process evaluation data from volunteers.

Results: Approximately 750 children (47% female, average age of 9 years old, 4th grade) in eight cities completed pre-test and post-test surveys, which were adaptations of the CATCH Kids Club surveys. Based on statistical analyses, child participants reported consuming more servings of fruit and vegetables, decreasing the number of hours watching television, decreasing the number of hours playing video games, and increasing the reading of food labels. Children also reported increased confidence to participate in physical activity three to five times per week, to participate in physical activity in after school programs, to run or bike during the week, and to run at a steady pace for at least 15 minutes.

Conclusions: Community-based intergenerational physical activity and nutrition programs led by older adult volunteers can improve health-related attitudes and behaviors among children.

SESSION 1575 (SYMPOSIUM)

ALLOSTASIS, LIFESTYLE AND LIFESPAN: A TRANSDISCIPLINARY PERSPECTIVE

Chair: D.L. Morris, University Center on Aging & Health, Case Western Reserve University, Cleveland, Ohio

This symposium is designed to examine the impact of allostatic load on human aging based on based on biological, behavioral, and social, and policy and practice perspectives. Allostasis describes adaptive processes which seek to balance the internal and external demands, or stresses, which occur as one ages across the lifespan. Lifestyle has been identified as a major factor that affects the health of all persons. Individuals’ ways of living present multiple demands with cumulative effects that accrue and provide a context for identifying and assessing individuals’ attitudes, values, and behaviors. The cumulative effect of a person’s response to genetic, physiologic, psychological, social and environmental demands is described as allostatic load. Four speakers, each a Fellow representing either Biological Sciences, Health Sciences, Behavioral and Social Sciences, or Social Research, Policy and Practice Sections, will provide a definition of allostatics and a discussion of lifestyle factors affecting allostatic load. The objective of this transdisciplinary approach will be to provide an opportunity for participants to explore allostatic as a basis for understanding processes by which lifestyle choices impact individuals’ lifespans. A second objective will be to synthesize an integrated definition of allostatics that is useful to address applied and basic research to understand the cumulative effect of internal and external style demands on the lifespan. Further, research findings the potential to inform the design of social and public health programs. It is concluded that the future of promoting lifestyles to enhance healthy lifespans will require interdisciplinary efforts of basic and translational research.

THE BASIC SCIENCE: FOCUS ON THE CARDIOVASCULAR SYSTEM

G.E. Taffet, J. Medicine-Geriatrics, Baylor College of Medicine, Houston, Texas, 2. The Methodist Hospital, Houston, Texas

The adaptive processes invoked to compensate for stresses come with a price, that the organism, or organ system, may be less able to respond adequately to subsequent challenges. This is clearly true for the cardiovascular system. With aging, a multitude of changes occur that result in the need to call on compensatory responses. Four areas will be described in some detail: fuel source (switching from fatty acids to glucose), heart rate regulation (diminished sympathetic responsiveness), importance of atrial systole (increased reliance on left atrial systole for ventricular filling), and calcium fluxes (increased calcium movement across the sarcolemma) as they all show diminished reserves for subsequent stressors. The end result is that the cardiovascular systems of old people and old animals are adequate at rest, but perform less well when challenged. The potential for interventions, like caloric restriction, to modify these processes will also be broached.

ALLOSTATIC LOAD: LINKS BETWEEN BEHAVIOR, SOCIAL, AND ECONOMIC CHARACTERISTICS

E. Crimmins, University of Southern California, Los Angeles, California

Summary indicators of biological risk or allostatic load have been proposed as an indicator of cumulative dysregulation across multiple physiologic systems. Increased risk is hypothesized to result not only from large and clinically significant dysregulation in individual systems, but also from more modest dysregulation present in multiple systems. Allostatic load has been shown to be related to risks for a number of health outcomes in older ages. In this presentation, we use a longitudinal data set with data over a substantial period of time, the Health and Retirement Study, to examine how allostatic load or biological risk is related to lifetime behaviors, social, and economic circumstances. Allostatic load is measured using blood pressure, pulse, waist circumference, glycosylated hemoglobin, cholesterol, C-reactive protein, cystatin-C, lung peak flow rate, and grip strength.

DO INTERVENTIONS REDUCE ALLOSTATIC LOAD OR BUFFER ITS EFFECTS AT OLDER AGES? REVIEW AND DISCUSSION

S. Robert, School of Social Work, University of Wisconsin-Madison, Madison, Wisconsin

Growing evidence from both clinical and population-based studies indicates that economic, psychosocial, and behavioral risk factors affect dysregulation in many physiologic systems, with accumulation of allostatic load occurring across the life span. Given the cumulative allostatic load that people carry with them into older age, what are the program and practice interventions that reduce allostatic load or buffer its effects at older ages? While population-based studies produce recommendations for program and practice interventions, there are few interventions that actually test changes in allostatic load, and fewer still that demonstrate large impact in such changes. In this presentation, I review evidence on the role of program interventions in reducing allostatic load and its impact at older ages. I discuss areas for future research on allostatic load, highlighting what we need to know to better develop and evaluate interventions to improve the health of and reduce health disparities among older adults.

BEYOND BIOMARKERS: HOLISM, ALLOSTATIC LOAD AND THE NURSING SCIENCE CASE FOR A MORE INTEGRATED VIEW

E.R. Beattie, School of Nursing, Dementia Collaborative Research Centre: Consumers and Carers, Queensland University of Technology, Brisbane, Queensland, Australia

Allostatic load is both a theoretical construct and a measure of the cumulative impact of chronic stress on the physiological risk for disease and disability. The perspective posits that allostatic load is expected
to increase as a function of person-environment action over time. Yet a growing body of evidence suggests idiosyncratic responses to stressors that may confer resilience and well being in late life. Limited efforts have been made to integrate an allostatic load perspective with existing stress-based theories, and the overall utility of the concept for providing an holistic understanding of trajectories of health and aging remains challenging. Existing stress-based mid-range theories from nursing science can be integrated with the allostatic load perspective to create a more holistic view of the aging experience than that provided by allostatic load.

FACING THE CHALLENGE: IS THE MULTIVARIATE ANALYSIS A SOLUTION?

D. Karasik¹, 1. Hebrew SeniorLife, Boston, Massachusetts, 2. National Institute on Aging, Bethesda, District of Columbia, 3. Johns Hopkins Medical Institute, Baltimore, Maryland, 4. Boston University, Boston, Massachusetts

To date, GWAS have already produced relevant data for multiple aging-related traits; however, none of these traits is a proxy for the whole organism’s aging. It can be hypothesized that convergent results from GWAS of multiple aging-related traits will ultimately lead to the identification of genes responsible for aging per se. Here we provide several examples of identifying potentially pleiotropic genetic polymorphisms that would otherwise not have been captured by analyzing only one phenotype. To accomplish this we apply methods such as principle component analysis and a “block-clustering” technique that simultaneously relates multiple phenotypes to multiple genotypes. We conclude that jointly considering multiple aging-related phenotypes when performing GWAS analysis is a powerful approach for genomic discovery, both by reducing the burden of multiple testing and improving statistical power by integrating phenotype information. As a further step in genetic discovery, we propose to combine several muscle strength traits based on shared genetics among them. Participants will be able to define pleiotropy and become familiar with several methods to identify pleiotropic genes.

BEYOND LONGEVITY: PHENOTYPE HARMONIZATION ACROSS COHORT STUDIES

A. Matteini¹, J.D. Walston¹, T. Tanaka², A. Smith³, D. Karasik⁴, D.P. Kiel⁴, A.B. Newman⁵, 1. Geriatric Medicine, Johns Hopkins Medical Institute, Baltimore, Maryland, 2. National Institute on Aging, Bethesda, Maryland, 3. University of Iceland, Kópavogur, Iceland, 4. Harvard Medical School, Boston, Massachusetts, 5. University of Pittsburgh, Pittsburgh, Pennsylvania

Success of genetic association analysis in age-related outcomes relies heavily on development of well-defined phenotypes. Phenotypes of physical function (walking speed, hand grip, leg strength) were selected and associations with genome-wide association study (GWAS) results were evaluated. Issues that emerged in developing these phenotypes include: cross-sectional versus longitudinal measures, exclusion criteria (age and comorbidities), covariate adjustment and tests for interaction with genetic variants (e.g., with gender or age). Across 11 studies, availability of relevant measures and data collection protocols vary widely. Walk distances ranged from 3 to 10 meters. Hand grip strength measures differed in number of trials performed and in hand(s) tested. Lower extremity strength was collected in 5 cohorts and varied methodologically. It can be hypothesized that convergent results from GWAS of multiple aging-related traits will ultimately lead to the identification of genes responsible for aging per se. Here we provide several examples of identifying potentially pleiotropic genetic polymorphisms that would otherwise not have been captured by analyzing only one phenotype. To accomplish this we apply methods such as principal component analysis and a “block-clustering” technique that simultaneously relates multiple phenotypes to multiple genotypes. We conclude that jointly considering multiple aging-related phenotypes when performing GWAS analysis is a powerful approach for genomic discovery, both by reducing the burden of multiple testing and improving statistical power by integrating phenotype information. As a further step in genetic discovery, we propose to combine several muscle strength traits based on shared genetics among them. Participants will be able to define pleiotropy and become familiar with several approaches to identify pleiotropic genes.

BEYOND LONGEVITY: STRENGTH IN NUMBERS FOR GENETIC STUDIES OF HUMAN AGING

Chair: J.M. Murabito, Medicine, Section of General Internal Medicine, Boston University School of Medicine, Framingham, Massachusetts
Co-Chair: D.P. Kiel, Hebrew SeniorLife, Boston, Massachusetts
Discussant: G.J. Tranah, California Pacific Medical Center, San Francisco, California

Animal and human studies suggest that genetic factors significantly contribute to human aging but few genes have been identified to date. In this symposium we will draw on the experience of the Aging and Longevity working group within the Cohorts for Heart and Aging Research in Genomic Epidemiology (CHARGE) Consortium that came together in 2008 to facilitate large scale genetic studies and replication opportunities among longitudinal population-based cohorts in the United States and Europe. This effort currently includes 15 cohorts with >30,000 participants with genome-wide genotyping. Most genetic studies of human aging have focused on longevity, a heterogeneous phenotype that does not take into account health or function, and a limited number of candidate genes. The extensive examination of cohort participants often repeated across adulthood provides a unique and rich resource to define successful aging phenotypes that go beyond longevity to include measures of physical and cognitive function, physical performance and frailty. Dr. Amy Matteini will discuss the challenges of phenotype harmonization across many cohort studies while Dr. Gill Azmoun will review the challenges of genetic association testing and approaches to link promising genetic findings to underlying biology. Finally, Dr. David Karasik will present newly developed methods to identify genes that influence multiple aging phenotypes (pleiotropy). Participants in this symposium will learn about the process of defining aging phenotypes for genetic association studies, state-of-the-art analysis methods, new research directions to identify pleiotropic genes, and collaborations with basic scientists to uncover biologic mechanisms of aging and speed translation of findings.

AGING ASSOCIATED GENES: BEYOND THE CANDIDATE GENE APPROACH

G. Azmoun¹, K. Lunetta², 1. Medicine and Genetic, Albert Einstein college of medicine, Bronx, New York, 2. Boston University School of Public Health, Boston, Massachusetts

Genetic and non-genetic factors interact to determine aging phenotypes. A systematic approach to identify genetic determinants of aging phenotypes in elderly persons is lacking. Genome-wide association analysis (GWAS) identifies common genetic variants through unbiased genomic screening. Meta-analysis of GWAS has become the standard to combine data across cohort studies, that use different genotyping arrays, and to increase power to detect small effects of genetic variants. With ~25K subjects, we had 90% power to detect SNPs that explain ≥0.18% of phenotypic variance with genome-wide significance (GWS, p<5x10^-8). Despite large samples, the GWS threshold wasn’t achieved for three aging phenotypes (walking speed, hand grip and lower extremity strength), perhaps due to cohorts heterogeneity and trait complexity. Thus, we applied a systems biology approach to link GWAS genetic signals and emerging biology. After attending this activity participants will be able to discuss the pros and cons of each analysis strategy.
SESSION 1585 (SYMPOSIUM)

BLUEPRINT FOR AGING WORKFORCE STRATEGY: IOM FUTURE OF NURSING & RETOOLING FOR AN AGING AMERICA REPORTS

Chair: C.R. Shillam, Betty Irene Moore School of Nursing, University of California, Davis, Sacramento, California
Discussant: H.M. Young, Betty Irene Moore School of Nursing, University of California, Davis, Sacramento, California

Workforce planning efforts are currently underway to meet the demands of our rapidly aging population. Approaches essential to this planning must focus on both the numbers required to deliver care, as well as the design and delivery of healthcare services. Two valuable Institute of Medicine reports are resources to guide gerontologists in planning for increasingly complex workforce needs: Retooling for an Aging America (2008) and The Future of Nursing: Leading Change, Advancing Health (2010). This symposium will discuss how these reports provide a blueprint to create synergy across efforts to advance organizational strategies for assuring a diverse and well-prepared workforce to care for older adults. This symposium will include presentations highlighting the key recommendations of these two landmark reports as they apply to increasing geriatric workforce capacity, followed by an interdisciplinary panel discussion of the major implications. The presenters will discuss the lessons learned from the implementation of the Retooling for an Aging America report, as well as the national strategy and progress for the Future of Nursing implementation. The panel will synthesize recommendations and themes across these reports. They will identify strategic challenges and opportunities for addressing the goal of assuring a well-prepared workforce to develop new knowledge, educate future professionals, and deliver care to older adults. The panel will also address how the interprofessional team can best contribute to new models of care for older adults within the context of these two reports.

THE FUTURE OF NURSING: ADVANCING HEALTH FOR OLDER ADULTS


This presentation will provide an overview of the key recommendations of the Institute of Medicine report The Future of Nursing: Leading Change, Advancing Health, as they pertain to the care of older adults and workforce development. Speakers will present a discussion of the partnership between the Robert Wood Johnson Foundation and AARP for developing implementation strategies and the engagement of regional action coalitions. Specifically, the focus will be placed on recommendations for implementing nurse residencies in diverse settings, expanding opportunities for nurses to lead and diffuse collaborative improvement efforts, and preparing and enabling nurses to lead change to advance health. Presenters will also pose key challenges and opportunities for implementation of recommendations for discussion by the interdisciplinary panel.

RETOOLING FOR AN AGING AMERICA: LESSONS LEARNED


This presentation will provide an overview of the key recommendations of the Institute of Medicine report Retooling for an Aging America, as they pertain to the care of older adults and workforce development. Speakers will present an update on the implementation of particular recommendations of the report, with a focus on recommendations regarding residencies in diverse settings (both MD and RN/APRN), payer incentives to increase the number of geriatric specialists, development of National Geriatric Service Corps, and creation and dissemination of models of care for older adults shown to be effective and efficient. Presenters will also pose key challenges and opportunities for implementation of recommendations for discussion by the interdisciplinary panel.

SESSION 1590 (SYMPOSIUM)

DESIGNING INFORMATION TECHNOLOGY SOLUTIONS TO PROMOTE AN INDEPENDENT LIFESTYLE FOR OLDER ADULTS

Chair: H.J. Thompson, University of Washington, Seattle, Washington
Co-Chair: G. Demiris, University of Washington, Seattle, Washington
Discussant: D. Parker Oliver, University of Missouri, Columbia, Missouri

The US health care system is facing significant challenges as the aging population increases coupled with an aging and shrinking health care workforce. It is imperative that we explore innovative approaches to managing the health and wellness of older adults, in order to proactively maintain and maximize independence. Innovations in management include the use of information technology (IT) solutions which offer both tremendous opportunities and numerous challenges as dissemination has been limited by technical, ethical, clinical and economic issues to date. This symposium provides guidance for designing IT solutions for older adults, and includes insights into dealing with the complexities of this diverse population, demonstrating how prior experiences, education, health history, and social support affect the strategies and approaches engineers, designers and interventionists must consider during development, particularly the oldest-old. Despite the growing amounts of health data available through information technologies, this information is often fragmented and the overall well-being of an individual is still difficult to assess. We also discuss the role of comfort and aesthetics in acceptance of telehealth technology. Integrated approaches towards visualization of health data from IT solutions is examined from cognitive design principles to facilitate decision making by different stakeholders (e.g. older adults, family members, health care providers). Lastly, the symposium also addresses how data derived from an in-home wireless sensor-based solution using algorithmic approaches to provide cues and reinforcement can be used to proactively maintain independence and aging in place.

INTERDISCIPLINARY DESIGN APPROACHES: METHODS AND RECOMMENDATIONS FROM APPLIED RESEARCH

O. Zaslavsky, B. Reeder, K. Wlaminowska, G. Demiris, H.J. Thompson, University of Washington, Seattle, Washington

In order to design successful technology interventions that link elders, informal caregivers and health care professionals, an interdisciplinary approach that implements proven design methods and involves all stakeholders in a participatory fashion is required. However, technology to support aging in place breaks new ground and therefore design efforts for new technology inform emergent processes that link daily living and professional work activities. This session will give an overview of participatory and user-centered design methods and relate them to designing for aging populations in community and residential settings. We draw on our experiences from a pilot study in a wellness lab and demonstrate design artifacts in the form of two "personas" as tools to aid in the design for the oldest old. The session will conclude with recommendations informed by these personas that engineers, designers and interventionists should consider when designing new technology interactions.
Degree of comfort with and perceived aesthetics of telehealth monitoring devices are potentially important factors for acceptance of home telehealth technology. We outline the results of a pilot study of a remote monitoring system that used a Chumby device to administer health questionnaires daily for two weeks as well as requiring the use of a watch-like wrist device to monitor falls, temperature, and location information in the homes of 9 seniors aged 75+ years. Comfort and aesthetics questionnaires for the wrist device showed little change over two weeks, suggesting that first impressions were maintained for the device. Similar findings occurred for the comfort ratings for the Chumby. We discuss item effects for the questionnaires and their implications for acceptance of remote monitoring technology.

DATA VISUALIZATION TECHNIQUES FOR A HOLISTIC UNDERSTANDING OF OLDER ADULTS’ HEALTH
T. Le1, K. Wilamowska1, H.J. Thompson, G. Demiris1,2, J. Biomedical and Health Informatics, School of Medicine, University of Washington, Seattle, Washington, 2. School of Nursing, University of Washington, Seattle, Washington

Over the last decades, there has been an increased focus on developing applications to monitor the health status of older adults. These applications produce large amounts of data that are unfortunately not presented in a meaningful way. Health information can be fragmented, making it difficult to assess the overall well-being of individuals. We have applied innovative visualization techniques to capture wellness over time from measures collected by health monitoring applications. We present several approaches to visualizing wellness guided by cognitive design principles, focusing on (1) a holistic view of wellness, (2) change in status over time, and (3) detailed information display. These visualization techniques provide an integrated view of well-being which can then be leveraged by both older adults and health care providers as a shared decision support tool. Understanding the design principles behind data visualization can help us effectively manage an increasing abundance of information.

TECHNOLOGY CONVERGENCE FOR PROMOTING AN INDEPENDENT LIFESTYLE FOR ELDERS
A. Savvides, Electrical Engineering, Yale University, New Haven, Connecticut

Aging in place involves a plethora of factors from detecting adverse health effects to proactively managing and preserving wellness. Considering the sheer numbers of the aging demographic, it becomes apparent that scalable information technologies have an important role to play in supporting unobtrusive and economically sustainable aging in place. From measuring determinants that may predict and help prevent precipitating events, to keeping elders interactive and connected to society, new technologies are expected to provide a powerful platform for delivering care and services. This symposium will provide an overview of how the convergence of information, communication and sensing technologies can provide such a platform. It will describe methods and tools for measuring wellness determinants and overview novel communication and coordination mechanisms for amortizing the cost and burden of care across multiple individuals and entities, also providing relief to family caregivers.

SESSION 1595 (SYMPOSIUM)

HEALTH, AGING, AND DIVERSITY RESEARCH: HYPERTENSION, DIABETES, EXERCISE, AND HEALTH PERCEPTION
Chair: S. Davarian, Gerontology, University of Southern California, Los Angeles, California

This ESPO sponsored symposium features a multidisciplinary group of Health Science emerging scholars. This impressive group of students in gerontology, sociology, and allied health will present on a diverse array of topics at the forefront of research in health and aging. In keeping with the theme of this year’s conference, lifestyle/lifespan, the student researchers will present on the many social, cultural, and internal factors that influence lifespan both nationally and globally. Hypertension in the 68-and-older population of Japan and the US compares hypertension prevalence rates in two economically similar but demographically different countries. The study demonstrates that hypertension rates in the US and Japan are actually similar though measured hypertension and antihypertensive medication usage rates differ. A study of diabetes in Mainland China examines diabetes- and hypertension-related mortality risk among the oldest-old (77 years old or older) in an ethnically diverse Chinese population. The study also addresses urban/rural differences in diabetes prevalence. The presentation on barrier effects to exercise among African-American women is of particular interest to healthcare professionals; by identifying the barriers to exercise, healthcare professionals can work towards increasing participation among African-American women and improving the health of this population. Self-rated health in Mexican-Americans investigates whether social support, religiosity, and self-management behaviors have an effect on health status and self-rated health in older adult Mexican-Americans.

BARRIER EFFECTS TO EXERCISE AMONG AFRICAN AMERICAN WOMEN
C. Brown, Virginia Commonwealth University, Richmond, Virginia

Continued participation in physical activity among aging women continues to be a challenge for healthcare professionals. African American women constitute 52% of women who do not participate in physical activity. A survey administered to a subset of African American women (n=24) examined reported barriers between veteran and first time participants in a group exercise program and identified barrier effects on the number of completed athletic events within the 8 month triathlon season. The four most common scheduling barriers were (1) work (67%), (2) group exercise schedule (53%), out of town/trips (33%) and family (33%). The least common scheduling barriers were running schedule (13%) and social activities (7%). Collectively, first time attendees reported more barriers to exercise and did not complete as many athletic events as veteran participants. The identification and removal of barriers by healthcare professionals may promote continued participation in exercise among older African American women.

A STUDY OF DIABETES IN MAINLAND CHINA
X. Pan, Miami University, Oxford, Ohio

The current study aims to: 1) examine diabetes- and hypertension-related mortality risk among the oldest-old (77+) ethnically diverse Chinese population in Mainland China; 2) examine the epidemiology of diabetes for the same population in urban and rural areas. The hypotheses are: 1) gender, ethnicity, diabetes and interaction of diabetes and hypertension predict the risk of mortality; 2) the prevalence of diabetes among males is higher than males in urban areas. The data come from the 1998-2005 Chinese Longitudinal Healthy Longevity Survey (CLHLS). Results indicated the interaction of diabetes and hypertension significantly predicted mortality for men only; and the risk of dying is 5 times higher for men who have diabetes and hypertension compared to those who have neither condition; females are twice more likely to have diabetes than males regardless of urban or rural areas. Objectives:
After attending this activity, participants will be able to 1) understand the health-related problem among oldest-old Chinese population. 2) discuss the impact of diabetes and diabetes-related hypertension among oldest-old population in Mainland China.

SOCIAL SUPPORT, RELIGIOSITY, SELF-MANAGEMENT BEHAVIORS AND HEALTH STATUS IN HISPANIC POPULATIONS
M. Rivera-Hernandez, Gerontology, Miami University, Oxford, Ohio

Diabetes is a major cause of death, morbidity, and disability in the United States, specifically for Hispanic populations. Despite the growing body of research on diabetes, coping, social support and religion, there is very limited literature that has focused on Hispanics. The purpose of this study is to determine whether social support, religiosity, and self-management behaviors have an effect on the health status of older adult Mexican Americans. This was a cross-sectional study that uses data from the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPSE), wave 5. Binary hierarchical logistic regression models were used to examine the influence of self-management behaviors, social support, religiosity and two-way interaction effects of these variables on self-rated health. The results suggest interaction effects between social support and self-management behaviors on self-rated health. Research findings may have a number of implications for physicians and other healthcare providers.

HYPERTENSION IN THE 68-AND-OLDER POPULATION OF JAPAN AND THE US
S. Davarian, E. Crimmins, Y. Saito, A. Takahashi.

This study examines links between age, sex, and hypertension in the populations 68 years and older of Japan and the United States (US). Data come from the Nihon University Japanese Longitudinal Study of Aging (NUJLSOA) (n=2,370) and the US Health and Retirement Study (HRS) (n=3,593). Sex differences in hypertension were smaller in Japan than in the US. In neither country was there a clear pattern of age differences. The prevalence of hypertension (defined as either measured high blood pressure or antihypertensive medication usage) was similar in both countries. The prevalence of antihypertensive medication use was higher in the US and the prevalence of clinically significant measured blood pressure was higher in Japan. This study utilizes both self-report and measured blood pressure and focuses on the 68-and-older population of Japan and the US, creating a more complete picture of hypertension in two economically similar but otherwise different countries.

SESSION 1600 (SYMPOSIUM)
IMPACT OF SYSTEMIC DISEASES ON ORAL HEALTH, DISPARITIES AND EDUCATION FOR HEALTH CARE PROVIDERS
Chair: B. Wu, School of Nursing, Duke University, Durham, North Carolina
Co-Chair: A.H. Kiyak, University of Washington, Seattle, Washington
Discussant: P.K. Friedman, Boston University, Boston, Massachusetts

This symposium aims to address gaps in the gerontological and oral health literature on the association between oral health and systemic diseases, the impact of cognition on oral health, on oral health disparities across racial and ethnic groups in the U.S., and on how to improve health professionals’ knowledge of these links. The first paper examines racial/ethnic variations in the number of self-reported missing teeth among Americans aged 50 and over. Controlling for socioeconomic status, health behaviors, and chronic diseases, results from multinomial logistic regressions showed that, blacks and Native Americans were more likely than whites to have lost 6 or more teeth. The second paper examines incidence of root caries among community-dwelling adults over three years. The third paper compares oral health status in nursing home residents with different levels of cognitive functions. The study found that residents with dementia in nursing homes had significantly poorer oral health than residents with normal cognition. The fourth paper examines the association between oral health and systemic diseases among low-income older adults. The results showed that elders with diabetes, hypertension or cardiovascular disease were more likely to have caries. Denture problems were more common in those with diabetes and hypertension. The fifth paper describes an innovative model for the interdisciplinary training of health professions students that focuses on the link between systemic and oral diseases. The discussant will provide a synthesis of these findings and their implications for teaching dental students and improving clinical care of older adults.

RACIAL AND ETHNIC VARIATIONS IN NUMBER OF TEETH MISSING AMONG ADULTS AGED 50 AND ABOVE IN THE U.S
B. Wu, R. Furter, B.L. Plasman, J. Liang, R. Landerman.

ORAL HEALTH STATUS IN NURSING HOME RESIDENTS WITH DIFFERENT LEVELS OF COGNITIVE FUNCTION

OBJECTIVES: The differences in oral health in nursing home (NH) residents with different cognitive functions remain unclear. The study’s goal was to compare oral health in NH residents with different cognitive functions. METHODS: 902 NH residents were retrospectively examined. Medical, functional, cognitive and dental assessments were abstracted from dental records. ANOVA, Chi-squared test and negative-binomial regression were used to document oral health and associated risk factors for subjects without cognitive impairment (CI), with CI but without a diagnosis of dementia, and with a diagnosis of dementia. RESULTS: Demented subjects arrived with 4.2 decayed/broken teeth, significantly more than 3.3 in those without CI (P=0.02). 40% of residents with CI but not dementia were edentulous. Multiple factors contributed to the poor oral health in NH residents. CI is significantly associated with number of missing teeth in NH residents. CONCLUSION: Oral health is poor but differs in NH residents with different cognitive functions.

TEACHING THE LINK BETWEEN SYSTEMIC AND ORAL DISEASES
M.J. Saunders, B.M. Hicks.

Research has shown that older patients have better outcomes when treated by an interdisciplinary health care team. In addition, recent
research has shown a link between oral health and cerebro- and cardiovascular disease. Non-oral health professions students need to learn this information as much as do students in the oral health professions. This paper presents an innovative model for the interdisciplinary training of health professions students that focuses on the link between systemic and oral diseases. Interdisciplinary teams of students, including oral health professions students, rotate through a community nursing facility in which a dental hygienist serves as the Dental Program Director. Trainees learn how to screen NF residents for oral problems and the importance of receiving dental care to maintain or improve the residents’ nutritional and general systemic health. Trainees are administered a survey to assess knowledge gained in both oral health and interdisciplinary team care.

DIFFERENCES IN BASELINE DENTAL STATUS BETWEEN SURVIVORS VS. DECEASED AT 20 YEARS

A. Papas, P. Corrado, Tufts University School of Dental Medicine, Boston, Massachusetts

Athena Papas and Pamela Corrado, TUFFS UNIVERSITY SCHOOL OF DENTAL MEDICINE, BOSTON, Ma. Objective: Determine survival status of subjects who participated in the Nutrition and Oral Health Study, started in 1981. Methods: Death Records were examined to determine cause of death. Data were obtained on number of teeth and root tips present. Results: Survival data on 280 volunteers, age 40-80 at the start of the study, was obtained from The National Death Index and the Massachusetts Death Registry. The deceased included 91% Caucasian, 53% females and on average 12.9 years of education. Survivors included 88% Caucasian, 58% females and on average 13.7 years of education. Deceased subjects had fewer teeth (17.88 ± 0.001) than survivors (21.55 ± 0.83, mw p ≤ 0.0001). In particular, those who died of cardiovascular disease had fewer teeth than survivors (mw p ≤ 0.0001). However, deceased subjects had more root tips (2.64 vs. 1.86 ± 0.64 respectively, mw p ≤ 0.046). Conclusion: Good oral health is associated with a longer life span.

SESSION 1605 (SYMPOSIUM)

MUSIC AND THE AGING BRAIN
Chair: A. Balbag, University of Southern California, Los Angeles, California
Discussant: C. Finch, University of Southern California, Los Angeles, California

Music’s influential reach spans a wide spectrum, ranging from anatomical brain differences in musicians to facilitating memory recall in Alzheimer’s disease (AD) patients. Music is a complex process and distinctly unique medium: Not only is it art, or entertainment, but also a prime example of multimodal integration with lasting and beneficial effects on the brain. Given its exceptional impact, how does a musical lifestyle affect aging over the lifespan? This symposium examines the innovative connection between music and the aging brain, discussing the implications musical involvement may carry for long-term cognitive health and plasticity. Do we reap cognitive benefits from a nourished hearing environment or from actively making music, or both? The phenomenal relationship between music and AD will serve as a point of departure for implications on how music may also affect normal aging. While memory loss is the hallmark characteristic of this neurodegenerative disease, recent evidence shows musical memory to be spared in AD. Recent advances in this direction will be explored. A universal and non-invasive medium, music may serve a large and diverse population. Practical benefits of using music therapy to facilitate memory recall in dementia and AD patients will be discussed, along with suggestions for caregivers and families on how to incorporate music for patient well-being. (If possible, these dates are requested to facilitate speakers’ scheduling: November 21 or 22, 2011.)

SESSION 1610 (SYMPOSIUM)

PROMOTING OLDER ADULTS’ WELL-BEING ACROSS CARE SETTINGS THROUGH NURSE LED RESEARCH
Chair: D.F. Mahoney, School of Nursing, MGH Institute of Health Professions, Boston, Massachusetts
Discussant: M. Henderson, School of Nursing, MGH Institute of Health Professions, Boston, Massachusetts

GSA encourages scientists to focus on factors that impact the human health span and lifespan. Accordingly, we will highlight the concept of well-being and its’ constructs by focusing on improving clinical understanding and strategies to promote well being. Mahoney will present findings from focus group research conducted in Independent Living Residents. Her findings highlight the disparate meanings of independence among residents, families, and staff that resulted in the creation of a model of Connected-Disconnections which affects residents’ well-being. Roberge reports on a study of 290 patients in a geriatric primary care practice. She tracked participants over a one-year period and found that they required 451 referrals to the emergency room. In addition, she identifies their characteristics, utilization patterns, and factors that precipitated emergency care. Rosenbloom-Brunton presents the key components of a nurse-family partnership for psycho-educational interventions designed to prevent or detect early onset of delir-

THE CLINICAL BENEFITS OF MUSIC ON AGING, WELLNESS, AND QUALITY OF LIFE
C.M. Tomaino, Institute for Music and Neurologic Function, Bronx, New York

It has long been observed that music, particularly music of personal importance, can reach and stimulate dramatic responses in persons with Alzheimer’s disease and other forms of dementia. Attention is maintained, fragments of memories unfold, and a true connection to the “self” takes place. Current research in neuroscience indicates that there is a strong connection between the auditory system and key neural networks including the medial pre frontal cortex and limbic system. This biological link makes it possible for sound to be processed almost immediately by the areas of the brain that are associated with long term memory, and emotions. These connections also make music an important tool within the context of music therapy. Specific applications of music can be applied to support short term memory, increased physical function, long term memory recall, improved gait, and overall emotional well-being. Drawing from clinical and scientific research, the presenter will explain how and why music in an essential therapeutic tool to not only maintain aging wellness but to reach and benefit those severely limited by Alzheimer’s disease and dementia.

MUSIC AS A MEMORY ENHANCER IN ALZHEIMER’S DISEASE
N.R. Simmons-Stern, A.E. Budson, B.A. Ally, 1. Department of Neurology, Vanderbilt University, Nashville, Tennessee, 2. Boston University, Boston, Massachusetts

There has been a drastic increase in the study of music in the area of aging and dementia. The majority of this work has found behavioral and long-term memory retrieval enhanced with music. Although using musical mnemonics to improve the learning of new information has a history of popular use, this has never been tested in patients with Alzheimer’s disease (AD). In a recent study from our laboratory, AD patients and healthy controls studied unfamiliar children’s song lyrics with either a sung or spoken recording, and were tested for their memory of the lyrics presented visually without any audio. AD patients realized a greater than 40% improvement in recognition of verbally presented lyrics when studied with music. Ongoing studies in our lab are examining whether this music-enhanced newly learned information is retained over longer study-test delays and whether music provides benefit to patients for everyday information, such as medication management.
Instead, a home-like environment, administrative support and empowerment to avoid aspiration and meet perceived regulatory compliance. These studies indicated that hand feeding can maintain well-being, but staff, organizational, and perceived regulatory factors frequently favor tube feeding. Finally, Henderson will discuss the policy and practice implications raised by these research findings and offer ways to translate them into meaningful strategies to improve older adults’ well-being across health care settings.

PROMOTING RESIDENTS' WELL-BEING IN INDEPENDENT LIVING RESIDENCES
D.F. Mahoney, K. Goe, E.L. Mahoney, School of Nursing, MGH Institute of Health Professions, Boston, Massachusetts

Independent Living Residences (ILRs) are burgeoning in popularity but resident appropriateness is becoming an issue. To further understanding of the issue, eight focus groups were conducted with 26 stakeholders representing residents, family members and staff from two ILRs. Transcripts were subject to content analyses using qualitative methodology with confirmability of interpretations by the focus group participants. Findings indicated participants had disparate interpretations of the meaning of independence. Residents reported residing in a facility known as “independent living” affirmed their self-care ability and perceived well-being. Families expected that staff were available to provide services to maintain independence. Staff reported that cognitive impairment was the major threat to residents’ independence with resident and family denial of dementia a growing problem. A Model of Connected Disconnections evolved and related practice recommendations to improve residents’ well-being and their capacity for “independent living” will be suggested.

DELIRIUM PREVENTION IN HOSPITALIZED OLDER ADULTS: A NURSE/FAMILY CAREGIVER EDUCATION INTERVENTION
D. Rosenblum-Brunton, MGH Institute of Health Professions, Boston, Massachusetts

Delirium is a serious problem for nearly half of all hospitalized older adults and is associated with substantial morbidity and mortality. Findings from a pilot psychoeducational intervention study using 10 Nurses and 10 family caregivers of hospitalized older adults support their critical roles in detection and prevention of delirium by virtue of their consistent presence at the bedside. Three components that comprised the intervention phase will be described: 1) Delirium Education Module; 2) Staff Nurse/Family Caregiver Partnership Module; and 3) a unit champion nurse as a resource, along with related barriers and facilitators to the partnerships. Findings suggest that multifaceted education interventions are worthy of further testing.

PROMOTING NURSING HOME RESIDENTS' WELL-BEING: AVOIDING THE USE OF FEEDING TUBES
R. Lopez, School of Nursing, MGH Institute of Health Professions, Boston, Massachusetts

The majority of Americans with dementia receive terminal care in nursing homes (NHs). Evidence suggests that individuals with advanced dementia benefit from palliative care. Yet, many NH residents with advanced dementia receive invasive procedures such as feeding tubes, despite no demonstrable benefits. To explore reasons underlying the use of feeding tubes in residents with advanced dementia a series of qualitative studies were conducted with family and NH staff. Synthesis of these studies indicated that hand feeding can maintain well-being, but individual and organizational factors may favor feeding tube use. Factors associated with feeding tube use included an institution-like environment, poorly staffed mealtimes, and staff attitudes favoring feeding tubes to avoid aspiration and meet perceived regulatory compliance. Instead, a home-like environment, administrative support and empowerment of staff, and shared decision-making involving family may reduce the use of feeding tubes and increase hand feeding of residents with advanced dementia.

CHARACTERIZING EMERGENCY DEPARTMENT UTILIZATION PATTERNS FROM A GERIATRIC PRIMARY CARE PRACTICE
B.J. Robenge, M. Feldmannova, K.A. Hesse, geriatrics, Massachusetts General Hospital, Boston, Massachusetts

The rate of older adults being admitted to Emergency Departments (ED) is increasing raising concerns about unnecessary utilization. Of interest is whether the frequent repeater pattern noted in the literature similarly arises when a geriatric primary care practice manages care. Descriptive statistics were used to characterize 303 patients who had 487 referrals from a geriatric practice to the ED over an 12 month time-period. One-half of the sample were over age 85. One quarter were discharged directly home. Close to 1/3 were “repeaters” who ranged from two to seven readmissions. A pattern occurred of quick repeaters, readmitted < 30 days and just prior to death. Findings will guide future qualitative interviews with families and older adults to gain an understanding of their viewpoints about ED transfer. This knowledge is critical to developing interventions to promote well-being for older adults in the primary care setting.

SESSION 1615 (PAPER)

SEXUALITY AND SELF PERCEPTION IN LATER LIFE

“I’VE NEVER TALKED ABOUT THIS BEFORE”; THE SOCIAL EXPERIENCES OF OLDER ADULTS WITH GLBTQ FAMILY MEMBERS
K. Scherrer, University of Michigan, Ann Arbor, Michigan

Individuals are increasingly likely to “come out” as gay, lesbian, bisexual, transgender, and queer (GLBTQ) and disclose this identity to their families. Yet little is known about how this news impacts older adults, particularly in their experiences with social others (e.g., family, friends, clergy, medical professionals). In this paper examine how older adults socially experience having a GLBTQ family member and what motivates an interest in talking with others. I use in-depth qualitative interviews with 32 older adults (ages 62-97) who have at least one GLBTQ family member who is “out” to them. Interviews were recorded, transcribed, and analyzed utilizing open and focused coding methods. I found that most participants were reluctant to share about their GLBTQ family member(s) with others, although the motivations for doing this varied greatly. For some, non-disclosure was motivated by shame or embarrassment stemming from negative views about homosexuality. For others, lack of interest in disclosure was motivated by feeling awkward in not knowing how to talk about it, or a desire to avoid negative social repercussions for themselves or for their family member. While most were reluctant to share about their GLBTQ family member(s), a small subset of participants spoke with social others to seek emotional support, to educate themselves, or to advocate on behalf of their family member. Implications for helping professionals will be discussed, as they may usefully dispel negative stereotypes about GLBTQ individuals, cultivate comfort talking about issues of sexuality, or provide emotional support for older adults struggling with this news.

OPENNESS TO DISCUSSIONS OF SEXUALITY WITH A DOCTOR IN LATER LIFE: THE IMPORTANCE OF MARITAL QUALITY
S. Adams, Sociology, Case Western Reserve University, Cleveland, Ohio

Many older adults engage in regular sexual activity and maintain a strong interest in sexuality. The importance of recognizing the sexual health needs of older adults has gained increased attention in recent years, with both scholars and policy makers emphasizing the need for
sexual health to become a regular part of older adults’ conversations with medical professionals. However, both medical professionals and older patients are often reluctant to discuss issues of sexual health. Therefore, this study examines the influence of marital quality on attitudes related to openness regarding discussions of sexuality with a medical doctor using data from the nationally representative National Social Health and Aging Project (NSHAP). This research focuses specifically on the marital dyad since the marital relationship is often the center of one’s social network in later life, and because having a supportive spouse is associated with health promotion behaviors, including the seeking of medical care. Results indicate that higher levels of positive marital quality predict greater comfort discussing sex with a doctor among men, as well as greater approval of such discussions among both men and women. After attending this session, participants will be able to explain (1) the influence that a supportive spouse has on older adults’ openness to sexual health conversations with medical professionals and (2) why attitudes concerning communication about sexuality represent an important facet of well-being in later life.

CORRELATES OF HIV STIGMA IN A POPULATION OF OLDER ADULTS LIVING WITH HIV DISEASE IN ONTARIO, CANADA


BACKGROUND: Evidence suggests that HIV stigma negatively impacts the mental health, quality of life and social experiences of older people with HIV/AIDS (PHAs). The primary objective of this study was to determine sociodemographic, psychosocial and health-related variables that contribute to HIV-related stigma in a sample of older PHAs. MEASURES: This cross-sectional study analyzed data from PHAs who participated in the Ontario Cohort Study, a community-governed, multi-site research study that collects clinical and socio-behavioural information voluntarily from PHAs across Ontario. The present study analyzed data from 377 participants (age 50+) who completed an assessment battery between September, 2007 and March, 2010. Sociodemographic, psychosocial and health-related data were analyzed using multiple linear regression; total HIV stigma scale score was the dependent variable. RESULTS: Emotional and informational social support (p<.001), and mastery (p<.001) served as protective factors against stigma while maladaptive coping (p<.01) and less time since diagnosis (p<.01) were associated with greater stigma. Both older women (p<.05) and heterosexual men (p<.05) had higher scores of HIV stigma as compared to men who have sex with men (MSM). The final model adjusting for all factors simultaneously accounted for more than 30% of the variance (R^2 = .31) for HIV stigma. CONCLUSIONS: Findings suggest that the importance of healthy internal mechanisms (mastery), and external factors (emotional and informational support) as protective factors against the deleterious effects of HIV stigma in older adults. Interventions designed to reduce the impact of stigma and strengthen protective components among HIV-positive older adults, needs to be examined.

SESSION 1620 (SYMPOSIUM)

“PRACTICING TO SCOPE”: NURSING SCOPE OF PRACTICE AND NURSING HOME RESIDENT QUALITY OF CARE OUTCOMES

Chair: K. Corazzini, Duke University School of Nursing, Durham, North Carolina
Discussant: C. Mueller, University of Minnesota School of Nursing, Minneapolis, Minnesota

The 2010 IOM report, “The Future of Nursing” calls for nurses to practice to their full scope of practice; thus, understanding relationships between regulation of nursing scope of practice and care outcomes for older adults in nursing homes (NHs) is critical. In NHs, licensed practical nurses (LPNs) are predominant, rather than registered nurses (RNs); RNs are the professional nurses whereby LPNs have a directed scope of practice under RN supervision, specifics of which vary by state Nurse Practice Act (NPA). Yet, NH use of LPNs continues to increase while RN presence is declining. Further, presence of advanced practice RNs (APRNs) in NHs is low (12% of NHs have an APRN). Given these staffing patterns, regulation of scopes of practice may affect quality of care, both in terms of blurred scope of practice boundaries, whereby LPNs may be performing care beyond their scope, as well as differences in what states allow APRNs, RNs, and LPNs to do. This symposium will examine relationships between nursing scope of practice and NH quality of care from the perspectives of how RNs and LPNs understand their scope of practice and differences in how states regulate scopes of practice. If nurses are to practice to their full scope for improved quality of healthcare nationally, understanding how nurses currently enact their scopes of practice, the differences between states in the regulation of nursing practice, and the effects of these understandings and differences on quality of care outcomes are fundamental to inform regulatory and policy changes.

LICENSED PRACTICAL NURSE SCOPE OF PRACTICE-SENSITIVE CARE OUTCOMES

K. Corazzini1, R.A. Anderson1, C. Mueller2, E.S. McConnell1, L.R. Landerman1, J.M. Thorpe1, 1. Duke University School of Nursing, Durham, North Carolina, 2. University of Minnesota School of Nursing, Minneapolis, Minnesota, 3. Duke University School of Medicine, Durham, North Carolina, 4. University of Wisconsin School of Pharmacy, Madison, Wisconsin

In the past decade, nursing homes (NHs) have increased use of licensed practical nurses (LPNs) by 20% while decreasing registered nurses (RNs) by 25%. This trend contrasts with the non-substitutability of LPNs for RNs due to scope of practice. This study explored differences between state Nurse Practice Acts in LPN practice and Centers for Medicare and Medicaid Services Quality Measures (CMS QMs). Using mixed models of 2007 data from the Online Survey Certification of Automated Records merged with CMS QMs, (N=13,300 NHs) we related aspects of regulation of LPN practice to quality of care outcomes, controlling for state-level and facility-level factors. Pain, catheterizations, and urinary tract infections were consistently related to LPN scope of practice. State differences in LPN scope of practice related to quality for this set of LPN practice-sensitive care outcomes. Relying on LPNs to deliver licensed nursing care in NHs could lead to poorer quality for certain outcomes.

LOCAL INTERACTION STRATEGIES AND RN AND LPN ENACTED SCOPES OF PRACTICE

R.A. Anderson1, S.R. Hunt1, C. Mueller2, E.S. McConnell1, K.A. Porter1, K. Corazzini1, 1. School of Nursing, Duke University, Durham, North Carolina, 2. University of Minnesota, Minneapolis, Minnesota, 3. Durham Veterans Administration Medical Center, Durham, North Carolina

As derived from complexity science, behaviors used by nurses to exchange information, connect with staff members, and promote cognitive diversity are known as relationship-oriented local interaction strategies (LIS). This paper examines the use of LIS in relation to how nurses in nursing homes enact their scopes of practice (SOPs). While SOPs are the legal parameters of what an RN or LPN can do, they do this in work settings in interaction and in response to each other. Data were drawn from a comparative multiple case study of nursing homes in two states (N=45 homes, 225 RNs and LPNs); interviews were coded for use of LIS in relation to 5 components of SOP assessment, care planning, care evaluation, delegation, and supervision. Results suggest that
use of LIS is related to both how nurses understand what their SOP is as well as to how they enact their SOPs.

APRN REGULATION AND POTENTIAL FOR IMPROVED QUALITY OF CARE IN LONG-TERM CARE

Despite evidence of the relationships between use of advanced practice registered nurses (APRNs) in NHs and better resident care outcomes, prevalence of APRNs in NHs remains low. Importantly, differences between states in the regulation of APRN practice have the potential to affect their use and implementation; this paper compares state statutes and regulations of APRN scope of practice applicable to APRN practice in NHs. Data were drawn from all 50 states and the District of Columbia’s Nurse Practice Act and Medical Practice Act statutes and code. A mixed-methods analysis was conducted, in which qualitative coding of statutes and code were transformed to quantitative indicators of the permissiveness and restrictiveness in APRN scope of practice. Findings indicated that variations in permissiveness and restrictiveness in APRN scope of practice provided potential incentives and disincentives to NHs to effectively employ and use APRNs for improved quality of care.

DON TENURE AND UNDERSTANDING DIFFERENCES IN RN VERSUS LPN SCOPES OF PRACTICE FOR NURSING HOME CARE

As clinical leaders in nursing homes (NHs), the director of nursing (DON) is the authoritative voice concerning nurse practice scope enactment. Longer DON tenure has been linked to improved resident care outcomes. The purpose of this cross-sectional, mixed-methods, comparative multiple case study of nursing homes in two states (N=45 homes) was to examine the relationship between the length of DON tenure and understanding of registered nurse (RN) and licensed practical nurse (LPN) practice scopes. Using open coding of depth interviews conducted with facility DONs, we found that DONs with longer tenure understood the nuances of RN-LPN communication and practice, but that many were unable to spontaneously verbalize their tacit knowledge of scope limitations. DONs with less tenure may be more engaged in short-term, day to day challenges, and may benefit from readily available resources that offer anonymity.

SESSION 1625 (SYMPOSIUM)

TOWARDS ERADICATING OLDER PERSONS’ POVERTY: A HUMAN RIGHTS’ PERSPECTIVE FROM THE INTERNATIONAL NETWORK FOR THE PREVENTION OF ELDER ABUSE (INPEA)
Chair: N.M. Silverstein, Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts
Co-Chair: S.B. Somers, International Network for the Prevention of Elder Abuse (INPEA), New York, New York
Discussants: A. Lowenstein, Haifa University, Haifa, Israel

The Universal Declaration of Human Rights, (UDHR) applies to persons of all ages. In spite of this, many older persons remain largely invisible and marginalized in society and are too often impoverished, and vulnerable to age discrimination. Poverty is acknowledged as both a cause and consequence of human rights violations and discrimination. Human rights are interdependent and interrelated: the protection of one right has an impact on the enjoyment of others. Poverty is multi-dimensional in nature, encompassing more than a lack of income. Over the lifespan, lack of opportunity and participation, limited access to healthcare, inadequate housing, poor nutrition and poor education, are all interdependent denials of rights that contribute to poverty. Older person’s poverty is a global issue. The United Nations noted in 2010 that by 2045 older people will outnumber children for the first time in history. The world is aging at an unprecedented rate; likewise the numbers of people facing age discrimination and poverty in old age are likely to increase. Older people are particularly affected by chronic poverty. Further, poverty increases vulnerability to abuse and denies participation in Society. Older women are particularly vulnerable after a lifetime of gender inequalities. A Joint UN NGO Statement on “Strengthening the Rights of Older Persons Towards a New UN Convention” will be distributed. Panelists from Israel, Canada, Hong Kong and Turkey will present methods to strengthen social protection, focusing on ethics, income security, housing and physical and mental health care in light of Governments’ responsibilities and older persons’ rights.

INCOME SECURITY IN CANADA & OTHER OECD COUNTRIES: WILL INCLUSION IN MILLENNIUM DEVELOPMENT GOALS ERADICATE POVERTY IN THE OLD?
G.M. Gutman, Simon Fraser University, Vancouver, British Columbia, Canada

While currently in Canada only 6% of couples aged 65+ are below the poverty line, the proportion among unattached women 65+ is almost 50%. High poverty rates also occur among Aboriginals, and other subgroups. This paper examines how inclusion in the MDGs and a UN Convention on rights of older persons might impact chronic or extreme poverty groups in Canada and other OECD countries. Income inequality will also be addressed. Between mid-1990 and mid-2000 Canada had the 2nd largest increase in gap between rich and poor among similarly developed countries. Income inequality also increased in the USA and Finland but fell in other countries e.g. UK, Netherlands. Poverty indicators focus on the bottom of the income scale. Inequality indicators show how resources are distributed across the society. The distribution of resources in a country can affect the extent and depth of poverty. Inequality is also linked to health and social problems.

THE IMPACT OF POVERTY ON HEALTHY AGING IN A CHINESE COMMUNITY
A.F. Tiwari, The University of Hong Kong, Pokfulam, Hong Kong
Methods: Through in-depth, semi-structured, individual interviews, 98 Chinese women in Hong Kong described the factors that impacted on their healthspan and aging lifespan as well as that of their intimate older partners. Results: The women confirmed the many factors known to impact on human healthspan and lifespan including socioeconomic status, education, social engagement, and coping skills. In addition, the circumstances in which such factors existed were also revealed. Specifically, poverty, discrimination, and poor coping skills co-existed which further diminished their and their partner’s control over healthy aging with adverse health outcomes. Worthy of note is that such circumstances occurred in a seemingly affluent society with inadequate poverty eradication policies. Conclusion: Individual’s control over the factors impacting on healthy aging should be considered in the context of societal response to poverty.

CONFRONTING HOMELESSNESS AMONG TURKEY’S OLDER POPULATION: A HOME FOR THE HOMELESS
I. Tufan, Akdeniz University, Antalya, Turkey

While the Turkish Statistical Institute reports that 14,000 people of all ages are registered as homeless, 2010 data suggests there are really some 283,000 homeless in Turkey. Among the homeless in the province
of Aydin, 128 are 60+ years of age. Three years ago in Aydin, a housing project began to provide temporary or year round shelter and assistance for such older persons. These prefabricated homes are constructed on Aydin Municipal Government land. Aside from providing refuge from the potentially fatal elements of winter, these homes provide older residents with a new perspective on life. To date, 60 older persons have escaped from the social stigma of life on the streets, and live in dignity. Of these, 21 have accepted assistance and live in 1½ room homes. Others have benefited from temporary residency. Sponsors support construction of fully-furnished homes with heating units. Residents receive routine health assessments and dental care.

GLOBALIZATION, POVERTY AND OLD AGE: WHY SHOULD WE CARE?
I. Doron, Haifa University, Haifa, Israel

The experience of ageing is becoming more globalized. Older persons are moving across the world for various reasons: joining their adult children in foreign countries; migrating to big cities or warmer climates; returning to their country-of-origin or distantly caring for other ageing family members. However, from an economic perspective, in many countries, older persons still suffer from poverty. Especially in developed countries, the aged population is characterized by high rates of poverty and deprivation. This general picture hides a more complex socio-economical reality in which minority or weakened social groups, such as women, disabled, or the older old, experience even higher rates of poverty in old age. An ethical argument is presented for the moral duty to eliminate poverty in old age. This principled argumentation will attempt to go beyond the existing general and universalistic reasoning that supports the eradication of poverty as such, and will try to emphasize the uniqueness of the social phenomenon of old age.

SESSION 1630 (SYMPOSIUM)

PERSONALISATION AND PREVENTION IN ENGLAND
Chair: K.C. Jones, Personal Social Services Research Unit, University of Kent, Canterbury, United Kingdom
Co-Chair: J. Forder, Personal Social Services Research Unit, University of Kent, Canterbury, United Kingdom
Discussant: K. Windle, Personal Social Services Research Unit, University of Kent, Canterbury, United Kingdom

Within the political agenda to modernise both health and social care services in England, we have increasingly seen terms such as ‘personalisation’ and ‘prevention’. Both are seen to be central to the aim of encouraging older people to become more involved in service design and how they receive both social care and health care support that meet their needs. To support the development of interventions around personalisation and prevention, a number of evaluations have been commissioned by the Department of Health in England. The symposium will present findings from three evaluations: the Partnership for Older People’s Project (POPP), the Home Care Re-ablement Study and the Personal Health Budgets Evaluation (PHBE).

THE PARTNERSHIP FOR OLDER PEOPLE PROJECT’S
K. Windle, Personal Social Services Research Unit (PSSRU), University of Kent, Canterbury, United Kingdom

The Department of Health initiated and funded the Partnership for Older People’s Project which ran from May 2006 to March 2009. An independent evaluation was commissioned to run alongside the programme to explore the impact of the projects on user outcomes. The EQ-5D was used to measure, (amongst other outcomes), the changes in health-related quality of life (HRQoL), as compared to a similar sample drawn from the British Household Panel Survey. Through grouping the 62 projects into well-being (primary) and secondary and tertiary preventative categories, we demonstrate the changes in HRQoL: in particular, the perhaps unexpected health improvements found within the lower-level well-being projects, those that provided gardening, shopping and small repairs. The differences found within and across the interventions are also explored; identifying those structures and processes that may be supporting greater improvements. The POPP programme demonstrated that prevention and early intervention, positively affected HRQoL.

THE HOME CARE RE-ABLEMENT STUDY
K.C. Jones, J. Caiels, E. Welch, Personal Social Services Research Unit (PSSRU), University of Kent, Canterbury, United Kingdom

Home care re-ablement is a new, short-term intervention in England which helps service users to regain confidence and relearn self-care skills and aims to reduce needs for longer-term support. The study found that re-ablement was associated with a significant decrease in subsequent social care service use. The costs of the social care services used by people in the re-ablement group during the 12 months of the study (excluding the costs of the re-ablement intervention itself) were 60 per cent less than the costs of the social care services used by people using conventional home care services. However, this reduction in social care costs was almost entirely offset by the initial cost of the re-ablement intervention. At a ‘willingness to pay’ threshold of £30,000 per year increase in health-related quality of life, there is a very high probability (just under 100 per cent) that home care re-ablement would be cost effective.

PERSONAL HEALTH BUDGETS EVALUATION
K.C. Jones, J. Caiels, E. Welch, Personal Social Services Research Unit (PSSRU), University of Kent, Canterbury, United Kingdom

The Department of Health in England is now leading a personal health budget pilot programme and have commissioned a national evaluation that runs from November 2009 to October 2012. Twenty sites from the 70 pilots were selected to be in-depth evaluation sites with the remainder being wider cohort sites. The in-depth evaluation will cover the following conditions: long-term health conditions; mental health; NHS continuing health care; and stroke. An important aspect of the evaluation explores early experiences of implementation within the pilot sites. Interviews were conducted with personal health budget project leads, operational staff, health professionals, commissioning managers and third party budget holders. While the majority of participants were enthusiastic about the potential of personal health budgets and the positive impact of providing more choice and control, there were a number of challenges they faced in implementing the initiative, which all relate to changing the culture of health service delivery.

SESSION 1635 (SYMPOSIUM)

RECRUITING PEOPLE WITH DEMENTIA FOR INTERVENTION STUDIES IN PRIMARY CARE & COMMUNITY-BASED SETTINGS
Chair: R.H. Fortinsky, Center on Aging, University of Connecticut
Discussant: M. Downs, Bradford University, Bradford, United Kingdom

This symposium will report experiences of recruiting community-dwelling people with dementia (PWD) for participation in non-pharmacological intervention studies in the U.S. and England. Presentations will describe lessons learned when recruiting, enrolling, and retaining PWD for studies within primary care practice settings and other health and social care organizations. This topic will become more important as: 1) non-pharmacologic interventions are increasingly tested and disseminated in primary care and community settings to help improve health-related outcomes for PWD and their family caregivers, and 2) efforts increase to improve dementia-related diagnostic and management skills of primary care practitioners. The symposium panel will include four presenters, two from each country, and a discussant. Steve
Iliffe will discuss his experiences leading the Evidence-Based Dementia Educational Intervention study in 23 primary care group practices in southeast England. This project involves recruiting PWD and their family caregivers to evaluate an educational intervention for practitioners. James Warner will discuss a project in London testing the value of exercise therapy in ameliorating behavioral and psychological symptoms in PWD. This project began recruiting in primary care but due to challenges broadened its efforts. Carol Whitlatch will summarize recruitment, enrollment, and retention strategies from five U.S. psycho-educational intervention studies for PWD and their family caregivers recruited from non-primary care settings. Richard Fortinsky will discuss PWD and family caregiver recruitment experiences in an ongoing study evaluating a nurse practitioner-delivered intervention in six primary care practice sites in Connecticut. Murna Downs will serve as discussant.

RECRUITMENT EXPERIENCES IN THE PROACTIVE PRIMARY DEMENTIA CARE PROJECT
R.H. Fortinsky, Center on Aging, University of Connecticut Health Center, Farmington, Connecticut

This presentation will describe progress in implementing and evaluating Proactive Primary Dementia Care (PPDC) in community-based primary care group practices. PPDC utilizes a nurse practitioner (NP) with geropsychiatric nursing competencies as the interventionist; the NP affiliated with three Connecticut primary care group practices to provide evidence-based protocol-driven care over 12 months to consenting people with dementia (PWD) and their family caregivers (dyads) referred by physicians. Three other practice sites serve as control group dyad referral sources. Recruitment relies primarily on study invitation letters from physicians to potentially eligible dyads with follow-up contact from practice site staff members. We also must establish capacity to consent in PWD for study eligibility. To date, 18 dyads are enrolled in the study and recruitment continues. This presentation will detail study recruitment strategies, successes, and challenges within the context of busy community-based primary care offices with numerous competing priorities.

RECRUITING PEOPLE WITH DEMENTIA TO AN EDUCATIONAL INTERVENTION IN PRIMARY CARE
S. Iliffe, University College London, London, United Kingdom

The EVIDEM-ED study is an RCT of educational interventions designed to enhance the diagnostic and management skills of primary care physicians and nurses. Its primary outcome is the number of patients identified with dementia in 23 group practices in South East England. Secondary outcomes are the quality of care for people with dementia (based on chart reviews) and caregiver satisfaction with primary care services (based on interviews before and after the intervention). The trial has identified 800 people with dementia at baseline, of whom 192 agreed to take part in the secondary outcomes part of the study. Nineteen patients were excluded at the request of their primary care physician, and five withdrew, leaving a study sample of 168 who agreed to the review of their medical records. Eighty of their carers granted interview views. This presentation will describe recruitment strategies used to recruit this sample, and preliminary findings from the trial.

FACTORS AFFECTING CLINICIAN ENGAGEMENT IN RECRUITMENT FOR DEMENTIA TRIALS
D.P. Lowery, Central North West London Foundation Trust, London, United Kingdom

A randomised controlled trial of tailored walking for the management of Behavioural and Psychological Symptoms of Dementia (BPSD) experienced very poor recruitment despite strong support from stakeholders. From a population exceeding two thousand people with dementia only six participants were recruited in the first six months despite minimal exclusion criteria. Consequently we invited clinicians to facil-
develop a working knowledge of the best practice strategies for engaging older adults as volunteers and community leaders; identify the motivational factors that influence baby boomers and older adults to become involved in civic engagement and environmental stewardship and describe the health, environmental and other benefits from smart growth.

CREATING LIVABLE AND SUSTAINABLE COMMUNITIES THAT BENEFIT OLDER ADULTS: RESEARCH AND POLICY ANALYSIS
R. Harrell, AARP Public Policy Institute, Washington, District of Columbia

Governments at all levels are promoting the development of “livable” or “sustainable” communities, which can have several benefits for healthy aging. These are compact and feature mixed land uses, and if they are well-designed, they can foster greater engagement among residents, transportation options and may also improve residents’ and workers’ health by encouraging walking and biking and minimizing air pollution from vehicle traffic. Successful mixed-use development and transit-oriented development (TOD) require coordinating several government functions and working with the local community, including the private sector. If not specifically addressed in the planning, the needs of older adults can be excluded from the benefits. This session will discuss the results of a study on TOD and older adults, including the ways that sustainable and livable communities can help support healthy aging (or fail to do so) and introduce the policies needed to ensure that outcome.

THE FEDERAL AGENDA FOR SUSTAINABILITY AND ITS IMPLICATIONS FOR OLDER AMERICANS
R.C. Gray, US HUD, Washington, District of Columbia

An integral feature of a sustainable neighborhood design is mixed-use development that encompasses both residential and commercial uses, one that increases opportunities for physical activity, is safe, inclusive, and provides access to housing, jobs, and valuable community amenities. Developing sustainable communities will require active and ongoing coordination between local and regional governments, fostered and supported by incentives at the federal level. A sustainable community will also require active involvement and partnerships with private and non-profits entities, community development organizations, and advocacy and philanthropic groups—all which are committed to expanding housing choice, improved transportation and infrastructure planning, and promoting green and energy-efficient strategies that protect the environment and conserve natural resources. In order to evaluate how well communities are fulfilling the goals of sustainability, we must first understand how the ways in which we plan impacts the availability of affordable housing; the combined costs of housing and transportation for low- and moderate-income families; access to job centers, health care services, and other essential destinations; and, respond to the needs of a growing, changing and aging population. During this session, participants will discuss how federal programs and policies, such as those administered by the HUD-DOT-EPA Partnership for Sustainability, have assisted communities in pursuit of sustainability goals. The issue is whether these goals include a focus on the challenges faced by older Americans as their needs change.

ENGAGING OLDER ADULTS TO SOLVE COMMUNITY PROBLEMS: EXAMINING MOTIVATIONAL FACTORS AND DEMOGRAPHIC PROFILES OF OLDER ADULTS ENGAGED IN ENVIRONMENTAL STEWARDSHIP
L.W. Kaye, J. Crittenden, D.C. Wilhry, A. Chamberlain, UMaine Center on Aging, Bangor, Maine

Encore Leadership Corps is a state-wide volunteer leadership program focused on engaging older adults in the areas of development and housing (N=34 projects); staying active, connected, and engaged (N=74 projects); staying healthy (N=47 projects); and transportation and mobil-

ity (N=3 projects). One hundred and forty members, who are between 50 and 85 years (Mean=63 yrs), are working to address community and environmental issues in their respective regions. One such project, the Safe Medicine Disposal for ME Program, has successfully engaged older adults as both participants and volunteers to safely dispose of over 5,000 lbs. of medicine while positively impacting nearly 4,000 households in Maine. This presentation will provide an overview of outcomes data from two novel programs that utilize older adults to solve environmental issues. Demographic profiles of program participants and case study vignettes will be used to illustrate strategic motivational factors that influence baby boomer and older adult volunteers.

CHANGES TO THE BUILT ENVIRONMENT CHANGE CLIMATE CHANGE

Community design is critical for the sustainability of a community, as well as the health and well-being of its residents. By redesigning the built environment, it is possible to create transportation and mobility options that benefit people’s lives. Land use decisions by local planners that promote mixed use policies can better connect people to places that we commonly visit in our daily lives. Motor vehicles generate greenhouse gas emissions in the short and long term. These short-lived greenhouse pollutants (sulfates, carbon, and ozone), are significant risk factors for cardiovascular mortality. Poor air quality, due primarily to ozone and particulate matter (PM), is responsible for premature deaths in older adults who are afflicted by cardiovascular disease or COPD. In 2008, 36% of persons 65 and older lived in counties with poor air quality for ozone and 11% for particle matter (2.5 microns). Reducing these pollutants can lead to an immediate health dividend.

SESSION 1645 (SYMPOSIUM)

UPDATE YOURSELF ON OLDER WORKER TRAINING AND EMPLOYMENT
Chair: A.A. Sterns, College of Nursing, Kent State University, Kent, Ohio, iRxReminder LLC, Akron, Ohio, The University of Akron, Akron, Ohio
Discussant: A. Sarmiento, Senior Service America Inc., Silver Springs, Maryland

Training adult and older adult workers continues to be a major priority in a changing work environment for older worker employment. Innovations and best practices in employment and training programs need critical attention. This symposium, sponsored by the aging and work interest group, focuses on current research and practice and provides new data and information regarding older worker programs successes and difficulties. The symposium will share the findings of a 2010 AARP study on older worker training. We will share updates on the evaluation of recent partnerships and collaborations among Senior Community Service Employment programs, Workforce Investment Act programs, and the aging network. Finally, we will share recent data on successful training on older adults in the use of new technologies and successful training outcomes. In combination, the symposium presents support for the importance of maintaining a strong interventionist perspective in a period of difficult re-employment for older workers.

INNOVATIONS AND BEST PRACTICES IN EMPLOYMENT AND TRAINING PROGRAMS FOR OLDER WORKERS
P. Cummins, S.R. Kunkel, Miami University, Oxford, Ohio

Older workers are more likely to remain in the workplace longer today than in recent years. The economic downturn has resulted in an increase in the unemployment rate, especially for those 55 and over, reaching levels not observed in the past 60 years. When older workers become unemployed, it takes them longer to find a new job than their younger counterparts, and they are less likely to participate in training
programs. While older workers are quite capable of learning new skills, training may take longer than younger adults. This paper, describes innovations and best practices in employment and training programs for older workers, including Individual Training Accounts, collaborations between Senior Community Services Employment Programs and Workforce Investment Act programs, and the role of the aging network in fostering effective partnerships. A well-structured, effective, and efficient employment and job training program for older workers is a critical pathway to economic self-sufficiency.

OLDER WORKER TRAINING IN A WORLD OF UNCERTAINTY
S.E. Rix, AARP Public Policy Institute, Washington, District of Columbia

Employer concerns about skills obsolescence and comfort with new technology continue to bedevil older workers and jobseekers. In October 2010, a nationally representative employment survey of 5,027 (1) workers, (2) jobseekers, and (3) recent retirees aged 50+ was undertaken by the AARP Public Policy Institute. This presentation will highlight analyses of questions on recent training by the different categories of respondents, including a subset of retirees who returned to the workforce. It will focus on variations in who received job-related training, its type, why training was undertaken, and how training was paid for. It will also discuss whether workers and jobseekers felt that training helped them in their careers or job search. The unemployed and those who recently left the workforce were least positive, despite the potential importance of training for these groups. The presentation will conclude with a discussion of the finding’s implications for public- and private-sector training policy.

AN UPDATE ON TRAINING, TECHNOLOGY, AND OLDER ADULTS
H.L. Stenss, A.A. Stenss, College of Nursing, Kent State University, Kent, Ohio, 2. iRxReminder LLC, Akron, Ohio, 3. The University of Akron, Akron, Ohio, 4. The University of Maryland, Akron, Ohio

There continues to be ageism regarding the training of older workers. Many training professionals believe that older adults cannot master the use of the latest technologies such as smartphones and the applications they support. Research funded by NIA/NIH has clearly demonstrated that the use of well established life-span developmental approaches to training can be successful. Examples of successful research with training older adults will be presented. The research using smartphones and computer-based training shows success in utilizing technologies for formal work tasks as well as demonstrations of self-management of health-related tasks that are important and applicable to maintaining employment.

INNOVATIONS AND BEST PRACTICES IN EMPLOYMENT AND TRAINING PROGRAMS FOR OLDER WORKERS
P. Cummins, S. Kunkel, Sociology & Gerontology, Miami University, Oxford, Ohio, 2. Scripps Gerontology Center, Oxford, Ohio

Older workers are more likely to remain in the workplace longer today than in recent years. The economic downturn has resulted in an increase in the unemployment rate, especially for the over 55 and over 65-age groups, reaching levels not observed in the past 60 years. Less educated and lower earning older adults have a greater risk of job loss and are more likely to have difficulty finding new employment. The only public employment program dedicated to older workers, the Senior Community Service Employment Program (SCSEP), is underfunded and is not structured to provide training that will be necessary for many older workers to find new employment and remain in the labor force. This paper describes innovations and best practices in employment and training programs for older workers and explores ways in which existing programs might be changed to better meet the needs of older workers.

SESSION 1650 (SYMPOSIUM)

BEST LAID PLANS: THE IMPACT OF UNFORESEEN CHALLENGES ON THE ECONOMIC SECURITY OF OLDER ADULTS
Chair: C.E. Bishop, Heller School for Social Policy and Management, Brandeis University, Waltham, Massachusetts
Discussant: G.A. Mackenzie, AARP, Washington, District of Columbia

Adverse health events, layoffs and changes in family structure (widowhood, divorce, marriage) can shake the firmest foundation for retirement. The Economics of Aging Interest Group is pleased to present a symposium that considers whether and how older adults approaching retirement experience and plan for these risks and then details the impact of these shocks on wellbeing in retirement. First, interview and survey findings for a group of relatively asset-rich older adults anticipating retirement are analyzed to provide insight into how older adults assess and prepare for possible retirement challenges. Especially relevant to current events, our second presentation focuses on the choices and future wellbeing associated with labor market fluctuations near the expected retirement date. Third, analysis of a national sample of retired persons estimates the actual risk of some of these shocks, the distribution of risk for subgroups, and the impact of shocks on economic security in retirement. Finally, the link between health shocks and retirement insecurity is explored in an analysis of the impact of health events and out-of-pocket health spending on unsecured debt with implications for bankruptcy risk.

THINGS THAT GO BUMP IN RETIREMENT: TYPES OF THINKING AND PLANNING STRATEGIES

Effective retirement planning requires building not only a solid foundation of retirement resources but also a flexible strategy for responding to the unexpected: those things that “go bump” in retirement. How do people think about and respond to the unexpected? Researchers at MetLife’s Mature Market Institute and Miami University’s Scripps Gerontology Center studied pre-retirees and recent retirees, conducting fifty interviews with couples and individuals (n=79) and surveying a nationally representative sample (n=1007). Twelve challenges to a secure retirement and ten types of thinking about those challenges were identified with implications for retirement decisions. Responses to imagined risks and consequences of the unexpected are varied and dynamic; that is, individuals may express different types of thinking related to particular challenges and they may change their thinking according to context and circumstances. Finally, couples who don’t share thinking and decision styles may be at risk for reduced confidence in their retirement plans.

RECESSIONS, RETIREMENT, AND SOCIAL SECURITY

We examine how labor market fluctuations around the time of retirement affect labor force withdrawal, Social Security claiming, and subsequent retiree wellbeing. To this end, we use 30 years of data from the March Current Population Survey as well as data from the Census and American Community Surveys. We find support for the notion that workers are more likely to leave the labor force, to collect Social Security earlier, and to have lower income later in life when a recession hits around the time of retirement. The impact is greatest for the less-educated, who are more susceptible to job loss and rely more heavily on
Social Security to support them in retirement. These findings highlight the importance of focusing on older workers who have lost their jobs in the present recession and may suffer lower income for many years as a result.

POST RETIREMENT SHOCKS: INCIDENCE AND IMPLICATIONS FOR FINANCIAL WELLBEING
G. Wallace1, R. Haveman1, K.C. Holden1,2, B. Wolfe1, 1. La Follette School of Public Affairs-University of Wisconsin, Madison, Wisconsin, 2. Center for Financial Security-University of Wisconsin-Madison, Madison, Wisconsin

We use waves 1-9 of the Health and Retirement Study (HRS) to investigate the evolution of assets post-retirement and how this evolution is affected by shocks in family structure, health, and cognition. Our sample is individuals from the initial HRS cohort who claimed OASDI benefits at age 62 or older. Individuals are tracked over time with respect to their exposure to adverse events. During each period post-retirement the level of household wealth is estimated from self reports of asset values and flows of pension, annuity, and social security income. These data are used to pursue two objectives. The first is to provide a view of what sorts of shocks retirees are exposed to, the rate of exposure to these shocks, and how this rate of exposure differs across individuals. The second objective is to provide evidence on the impact of these shocks on wealth-based measures of retirement savings adequacy.

THE EFFECTS OF HEALTH SHOCKS AND OUT-OF-POCKET MEDICAL EXPENDITURES ON CONSUMER DEBT
K.A. Zurlo1, H. Kim2, W. Yoont1, 1. School of Social Work, Rutgers University, New Brunswick, New Jersey, 2. University of Kentucky, Lexington, Kentucky

This paper examines two issues related to health and financial burden in mid-aged and older Americans: 1) whether or not new health events affect the accumulation of consumer’s unsecured debt (no collateral in borrowing) including credit card debt, and 2) to what extent do associated out-of-pocket medical expenditures contribute to the accumulation of unsecured debt. We used four biennial waves (1998, 2000, 2006, and 2008) of the Health and Retirement Study (HRS). We find that new health events of severe and mild conditions affect the accumulation of unsecured debt. New severe conditions lead to approximately 50 percent to 60 percent more unsecured debt than new mild conditions in measures of dollars and probabilities of increases in debt. Although those with new health events have unsecured debt of $1,100 to $1,700 more compared to those without health problems, approximately 10 percent is attributed to out-of-pocket medical expenditures.

SESSION 1655 (POSTER)

A MULTIDISCIPLINARY PERSPECTIVE ON CHRONIC ILLNESS MANAGEMENT IN THE ELDERLY

THE RELATIONSHIP BETWEEN HEALTH LITERACY AND HEALTH STATUS AMONG PARTICIPANTS IN A CONGESTIVE HEART FAILURE DISEASE MANAGEMENT PROGRAM
K. Hawkins1, R.J. Ozminkowski1,2, F.G. Bottone1, J.G. Ekness1, C. Hommer2, R.J. Migliori2, C.S. Yeh1, 1. Analytics and Data Management, Ingenix, Ann Arbor, Michigan, 2. UnitedHealth Group Alliances, Minnetonka, Minnesota

To better understand the relationship between self reported health literacy and health status among Medicare enrollees with an AARP® Medicare Supplement Insurance (i.e. Medigap) plan insured by UnitedHealthcare Insurance Company (or UnitedHealthcare Insurance Company of New York), we surveyed 649 Medigap members in a Heart Failure (HF) disease management pilot program. The surveys assessed the members’ health status, health literacy, satisfaction with the HF program, and perceptions of how the HF program helped them manage their health. 410 members (65.8%) responded to the survey. Nearly two-thirds (64.3%) of the respondents were ‘extremely’ or ‘quite a bit’ confident in filling out medical forms by themselves (a measure of health literacy), while the rest were either ‘somewhat’ (23%), ‘a little bit’ (5%), or ‘not at all’ (8%) confident in filling out forms by themselves. Only about 10% reported ‘excellent’ or ‘very good’ health status, while 44% reported ‘good’ and 46% ‘fair’ or ‘poor’ health status. The health status responses were stratified by responses to confidence in filling out medical forms to establish a relationship. As a result, 84% of those in ‘excellent’ or ‘very good’ health were ‘extremely’ or ‘quite a bit’ confident filling out medical forms. Meanwhile, 66% of those in ‘good’ and 58% of those in ‘fair’ or ‘poor’ health were ‘extremely’ or ‘quite a bit’ confident filling out medical forms, respectively (P<0.05; Chi-Square test). Health literacy appears to decline with health status. This is problematic, as those in the poorest of health often require the most extensive care.

THE EFFECTIVENESS OF EVIDENCE-BASED SELF MANAGEMENT CLASSES IN RURAL OLDER ADULTS
R.E. McAtee, K.A. Packard, T. Horton, Donald W. Reynolds Institute on Aging, University of Arkansas for Medical Sciences, Little Rock, Arkansas

Background: The Stanford University Chronic Disease Self-Management Program (CDSMP) serves as a model that teaches participants the skills to manage chronic conditions and build their self-confidence so they can be successful in adopting healthy behaviors and enhance their quality of life. A Matter of Balance (AMOB) uses practical coping strategies to reduce the risk and fear of falling by incorporating exercises to improve strength, coordination and balance. Working together to assure prevention programs are part of the nation’s health, state units on aging, the academic health science campus, and the state health departments are full partners in administering the program in AR.

Purpose: To conduct a statewide assessment of CDSMP and AMOB programs and participants while analyzing outcomes. Method: Observation and surveys of CDSMP and AMOB leaders during classes, observation of programs, phone surveys of non-completers, and phone survey of participants regarding their perceived clinical outcomes via self report on factors such as dietary changes, blood test, physical activity changes, emotional well-being, and quality of life. Results: Leaders ensured the fidelity of programs and participants were very satisfied with the programs. Both quantitative and qualitative results indicate self-reported overall improvement in clinical and emotional outcomes. Conclusion: These evidence-based educational programs generated positive outcomes for older adults in rural areas and the next steps will be to follow participants to obtain objective quantitative data on clinical outcomes, hospitalizations, and readmissions.

BARRIERS TO POSITIVE HEALTH BEHAVIORS AMONG OLDER WOMEN WITH CHRONIC ILLNESS
C. Warner, K.B. Adams, A.R. Roberts, J. Lee, J.A. Arendt, M. Paek, Case Western Reserve University, Cleveland, Ohio

The importance of positive health behaviors for management of chronic illnesses is emphasized in health literature and practice but less is known about barriers to performing these behaviors. We surveyed 138 women (mean age = 72.6 (6.2)) with one or more chronic illness about their adherence to ten key health behaviors. Behaviors included regular provider visits, healthy diet, regular exercise, medication compliance and pacing themselves. These women reported an average of 3.9 chronic illnesses, with the highest incidence of hypertension, arthritis and diabetes. Those with diabetes, followed by arthritis, reported high levels of interference with daily activities. The majority of the sample reported they regularly performed all ten health behaviors, with positive endorsement ranging from 56.9% to 98.6% for these items. The
three behaviors with the highest non-endorsement by the sample were 1) exercise, 2) researching their health conditions via media, and 3) adequate sleep. Most notably, 43.1% reported they did not get regular exercise or physical activity and 23.2% did not regularly get enough sleep. Fourteen written reasons for not exercising regularly focused on respondents’ pain from exercising (arthritis, foot or knee issues) and other health-related reasons (reliance on oxygen, easily winded). Ten reasons offered for insufficient sleep focused on pain or worry keeping the women from sleep. Findings suggest that barriers to participation in health behaviors are primarily illness-related for these older women. Poor health can restrict older adults from performing healthy behaviors. Implications for strategies to increase positive self-management behaviors are discussed.

LVADS AS DESTINATION THERAPY: BURDEN OF TREATMENT VS. BURDEN OF DISEASE

J. Hupey, L.A. Kitko, Penn State, University Park, Pennsylvania

The number of Americans with heart failure is increasing. Although new interventions have improved survival, 50% of patients will die within 5 years of diagnosis. One intervention, left ventricular assist devices (LVADs), has been shown to improve survival in patients with end-stage heart failure. Initially developed as a bridge to transplantation, LVADs are now implanted permanently as destination treatment (DT) in patients who need cardiac support but are not heart transplant candidates. The number of LVAD-DT implants as a life-prolonging EOL treatment is increasing yet, there remains a paucity of research on the EOL experiences of patients and the impact of living with a device requiring continued care and external battery support. The purpose of this study was to examine changes in perception of burden of disease versus the burden of treatment for patients over the course of the LVAD-DT trajectory. Methods: A cross-sectional sample of 20 older patients 1 month post LVAD implant through two years post-implant were surveyed. Patients were asked to rate their perceptions of the burden of disease and treatment prior to the implant and their present perceptions of burden of disease and treatment post-LVAD implant. Findings: For the majority of patients, the burden of disease dramatically decreased initially, then stabilized. The burden of treatment was significantly higher for all patients initially, but decreased considerably for some, but for others remained elevated. Further research is needed to determine why the level of burden remained elevated for some patients and where interventions could impact this finding.

DIETARY MANAGEMENT AND EMOTIONAL DISTRESS AMONG COUPLES COPING WITH TYPE 2 DIABETES

R.C. Hemphill1, M. Franks2, A. Seidel2, M.P. Stephens1, K.S. Rook1. 1. Psychology, Kent State University, Kent, Ohio, 2. Purdue University, West Lafayette, Indiana, 3. University of California, Irvine, Irvine, California

Individuals with diabetes commonly experience feelings of worry, anxiety, and sadness directly related to their disease and its management. Furthermore, among married couples, patients’ diabetes can be a source of emotional distress for partners without diabetes. Because adhering to a healthy diet is often the most difficult aspect of disease management for patients, as well as the most visible aspect of diabetes management for spouses, both partners may be especially emotionally responsive to patients’ successes and failures in managing their diet. Limited research, however, has attempted to link emotional distress of both marital partners directly to patients’ dietary management. The current study examined setbacks in patients’ adherence to a recommended diet as a predictor of diabetes-specific distress and depressive symptoms among 112 older couples in which one partner (the patient) was diagnosed with type 2 diabetes and the other partner (the spouse) was not. In-person interviews were conducted three times over the course of one year. Concurrent analyses showed that each partner’s reports of patients’ dietary setbacks were positively associated with their diabetes distress, but were unrelated to their depressive symptoms. Additionally, in longitudinal analyses, only spouses’ reports of patients’ dietary setbacks predicted increases in their diabetes distress and depressive symptoms six months later. Findings highlight the need to consider the short- and long-term emotional consequences of patients’ difficulties maintaining a healthy diet, not only for patients with diabetes, but also for their spouses.

SUBJECTIVE HEALTH AND BIOLOGICAL DYSREGULATION IN THE CONTEXT OF PHYSICAL ILLNESS IN OLDER ADULTS

V. Raccio, J. Jobin, C. Wrosch. Psychology Department, Concordia University, Montreal, Quebec, Canada

Self-rated health has been shown to be a significant predictor of declines in physical health and subsequent mortality even when controlling for objective indicators of physical health (Mossey & Shapiro, 1982). The mechanism by which self-rated health predicts mortality remains ambiguous, though one proposed mechanism may be the adaptive use of health engagement control strategies (Wrosch & Schulz, 2008). High self-rated health may lead to engagement in health engagement control strategies when individuals face high levels of chronic illness which may translate to adaptive biological regulation of the immune system (e.g., low levels of C-Reactive Protein, CRP); Jylhä, Volpato, & Guralnik, 2006). It was hypothesized that the interaction between self-rated health and objective health would significantly predict CRP. It was further expected that this relation would be mediated by the use of health related control strategies. The Montreal Aging and Health Study (N = 111) was used to test this hypothesis using a cross-sectional design. The interaction between self-rated health and objective health significantly predicted CRP levels. Specifically, individuals with high levels of chronic illness and high self-rated health showed significantly lower levels of CRP compared to those with high chronic illness and low self-rated health [F (6, 111) = 2.30, p = 0.04]. However, the adaptive use of health-related control strategies was not found to significantly mediate this relation. The results indicate that high levels of self-rated health may be protective against systemic inflammation in the face of chronic illness. Implications are discussed.

THE DUALITY OF OPTIMISM AND PESSIMISM IN ELDERLY AFRICAN AMERICAN PATIENTS WITH HEART FAILURE

C.J. Burant1,2, G. Graham1, R.A. Siders1, R.S. Boxer1. 1. Case Western Reserve University, Cleveland, Ohio, 2. Louis Stokes VA Medical Center, Cleveland, Ohio

African Americans (AA) have higher morbidity, mortality rates, more functional decline, and more hospitalizations associated with heart failure (HF) as compared to other races. Self care, such as adherence to medication and low sodium diet are important to controlling symptoms and improving quality of life. The current study examined the dual nature of optimism and pessimism in AA patients with HF. Specifically, how optimism and pessimism may impact self-care issues and health outcomes differently. Data were collected from 35 older AA subjects at a HF clinic at a large Midwest university affiliated hospital. A medium effect size of <.30 for correlations was used to determine potential relationships among the variables of interest. The mean age of the cohort was 76 years (SD = 7.8), 72% women, 57% were New York Heart Association (NYHA) class II, and 37% NYHA class III, 83% had systolic HF with a mean ejection fraction of 41%. Higher levels of optimism were positively correlated with self-care issues including: KCCQ self-efficacy score (r = .31), frequency of adherence (r = .31) and negatively correlated with higher levels of difficulty in adherence (r = -.31). Conversely, pessimism showed no relationship with these outcomes. Higher scores on pessimism were associated with poor health outcomes, such as the KCCQ symptom stability score (r = -.34), KCCQ quality of life score (r = -.35) and positively correlated with the NYHA heart failure
classifications \((r=.35)\). Optimism was not associated with any of these measures. Preliminary findings suggest that in AA patients with HF, optimism impacts self-care issues while pessimism impacts health outcomes.

**LIKELIHOOD OF USE OF THE SPANISH VERSION OF STANFORD’S CDSMP BY THE OHIO HISPANIC POPULATION**

J.K. Chahal, S. Kunkel, Sociology & Gerontology, Miami University, Oxford, Ohio

High prevalence of chronic conditions among Hispanics combined with the aging of the population reinforces the need for preventative programs within this community. Previous studies on Hispanic utilization of prevention programs have been predominantly conducted in the southwestern region of the United States. In order to expand knowledge in less Hispanic populated regions, this study aimed to understand factors influencing the Hispanic population’s potential use of preventative services. This research was conducted to determine if the Ohio Hispanic population would be likely to use the Spanish version of Stanford’s Chronic Disease Self-Management Program (CDSMP), and to identify factors associated with successful implementation. The study was divided into two phases (key informant interviews and distribution of surveys to potential clients) and was conducted at a total of four site locations, one in each major metropolitan area of Ohio. Results show that the major factors important for successful implementation of the CDSMP are: building a context of trust for the program, expanding and creating community collaborations, and providing financial and infrastructure support for organizations and their clients. These findings suggest that improving partnerships within the community will provide appropriate resources and support systems for implementing a new program, while ensuring to avoid budgetary concerns associated with providing overlapping services. Future program implementation should focus on creating established and trusted community collaborations in order to minimize barriers to preventative services and increase utilization among the surrounding Hispanic community.

**TYPE 2 DIABETES CARE: THE IMPORTANCE OF OLDER PATIENTS’ VALUES**

C.L. LaCoe, Y.A. Beverly, M. Scanze, R.A. Gabbay, L.A. Wray, 1, Pennsylvania State University, University Park, Pennsylvania, 2. Harvard University, Boston, Massachusetts

Although type 2 diabetes is increasing in prevalence and costs, effective care may reduce the physical, emotional, and financial toll of the disease and its complications. Recent diabetes guidelines recommend individualized care based on patient characteristics; patients’ values for care were identified as important components of individualized care. Values represent an enduring belief that a specific behavior or ideal is personally or socially preferable. Given limited research on the topic, we examined older adults’ values: (1) values for diabetes care by age category; (2) perceptions of how often their doctors asked about their values for care; and (3) the relationship between perceived doctors’ concern for values and blood glucose levels (HbA1c). Following on our qualitative study of older adults’ values for diabetes care, we conducted telephone interviews with 91 older adults living in Central Pennsylvania, collecting data on demographics, health status, values for diabetes care, and attitudes about diabetes. Leading values for desired diabetes outcomes included “staying as healthy as possible” and “having an enjoyable quality of life” in both the younger and older age category. Leading values for desired diabetes lifestyles included “being thankful for current health” and “living life as one wants to” in both the younger and older age category. Nearly half (49%) of the participants reported that their doctors almost never or generally did not ask about their values for care. These same adults also reported significantly lower HbA1c levels \((R^2=0.1969, p=0.0163)\). After controlling for covariates, this relationship remained significant.

**BENEFITS OF GROUP DIABETES EDUCATION FOR OLDER ADULTS**


To examine the value of group diabetes education for older adults with type 1 and type 2 diabetes who have not reached A1c targets, we compared older patients (>60 years old) who attended group education classes to younger patients (<60 years old). In this ongoing study, we measured glycemic control, self-care behaviors, and psychosocial factors \((\text{diabetes distress}=\text{Problem Areas in Diabetes}; \text{frustration with diabetes treatment}=\text{Self-Manangement Questionnaire}; \text{frequency of self-care}=\text{Self-Care Inventory-Revised})\) at baseline and 3, 6 and 12 months post education. To date, 194 patients have completed the 3-month assessment \((38\%>/>/=60 \text{ years}, 87\% \text{ White}, 48\% \text{ female}, 63\% \text{ type } 2, 55\% \text{ females} 15\% \text{ years of education}, 17\% \text{ 11 years of diabetes, A1c}=9.0\% \pm 1.2\%).\)

**CARDIOVASCULAR DISEASE RISK FACTORS AND SOCIAL SUPPORT ON COGNITIVE DECLINE IN OLDER ADULTS**

A.M. Couto, A.J. Revell, Psychology, University of Massachusetts Dartmouth, North Dartmouth, Massachusetts

The influence of cardiovascular disease risk factors on cognitive decline was investigated in middle-aged and older adults. Longitudinal research (Kivipelto et al., 2001) has demonstrated mid-life blood pressure and serum cholesterol concentrations are indicative of cognitive decline in later life. Relative to blood pressure, this relationship is moderately attenuated with anti-hypertensive treatment (Launer et al., 2000), suggesting better control of early cardiovascular risk factors may reduce the occurrence of late life cognitive decline. Pearson (1986) also purported the inestimable importance of socially supportive relationships and effective social networks in mental and physical health. Lack of social networks or support systems has been linked to higher mortality, cardiovascular disease, and psychiatric issues. In our investigation of community-dwelling adults (Mage=68.36, range 53-90 years), global cognitive status \((\text{MSBDIT}=5.87, \text{range}=0-28)\), self-reported vascular health, and blood pressure were assessed. Of those tested \((N=42)\), 38 indicated having a history of vascular health issues. Results indicated a statistically significant relationship between living arrangement (residing alone or with family members who might potentially serve as caregivers) and systolic blood pressure \((F(3, 37)=3.42, p<.03)\), diastolic blood pressure \((F(3, 37)=6.82, p<.00)\), and mean arterial pressure \((F(3, 37)=5.93, p<.02)\). In addition, persons who scored at or above 24 on the MMSE perceived more social support \((M=6.17, \text{range}=1-7)\) from friends than persons who scored below 24 \((e.g., \text{ clinical dementia})\) on the MMSE \((M=4.42)\). These associations suggest preliminary evidence of cardiovascular risk severity as important in the assessment of social support and cognitive status.

The Gerontological Society of America

440
COMORBID CHRONIC DISEASES AND MENTAL HEALTH DISORDERS IN OLDER ADULTS: RISK AND PROTECTIVE FACTORS

J.D. Flatt, S. Albert, D. Musa, M. Silverman, Behavioral and Community Health Sciences, University of Pittsburgh, Pittsburgh, Pennsylvania

Objectives: Guided by the life-span theory of control, we explored risk and protective factors for comorbid depression and anxiety in older adults with two chronic diseases: osteoarthritis and ischemic heart disease. The life-span theory suggests that optimal primary and secondary (OPS) control strategies help older adults with managing their health problems. Methods: Data are based on a population-based sample of older African Americans (N=443) and whites (513) who reported on self-care practices. Multiple linear regression analysis was used to assess whether constructs of the life-span theory of control were associated with depression and anxiety symptomatology independently and concurrently. Results: Those with ischemic heart disease and females were at greater risk for comorbid depression and anxiety. After adjusting for age, race, and health conditions, memory impairment and pain remained significant risk factors for depression, whereas memory impairment was not a significant risk factor for anxiety or comorbid depression-anxiety. Higher levels of OPS control strategies were associated with less risk for depression, anxiety, and comorbid depression-anxiety (B=−1.53, p<.001; B=−2.16, p=.001; B=−3.69, p=.001, respectively). Implications: Research has suggested that control strategies are important for managing health threats and quality of life. Our findings suggest that older adults with higher levels of control strategies are at a decreased risk of mood disorders. Interventions for increasing self-care strategies in older adults with comorbid chronic illness and depression-anxiety may help to alleviate these psychological problems, improve adaptation to health stresses and increase overall quality of life.

CONTRIBUTION OF SATISFACTORY SUPPORT TO SELF CARE IN PERSONS WITH CARDIAC DISEASE

M. Sebern, Nursing, Marquette University, Milwaukee, Wisconsin

Although the literature emphasizes the importance of social support and health, little attention is directed to relationship processes that foster or inhibit the expression or receipt of support. In prior work, Shared Care was identified as a system of three relationship processes (communication, decision making, and reciprocity) used to exchange satisfactory support between cardiac patients and family members who provide unpaid assistance to them. The purpose of this study was to examine the association between cardiac patients’ and family caregivers’ perception of Shared Care and the patient’s self-care and health. A cross-sectional design was used. Survey data was collected from 91 patient/family caregiver dyads (182 participants). Factor correlation models were used to validate associations between patients’ and caregivers’ Shared Care, and patients’ self care and health. The typical patient was a 67 year old Caucasian male with a high school education. The typical caregiver was a 59 year old Caucasian female, spouse, with a high school education. Correlations between dimensions of patient Shared Care and dimensions of their self-care were moderate and significant (r=0.24 to 0.36, p <.05). The correlations between dimensions of patient’s Shared Care and their mental health were also significant (r=0.35, p <.007). All 3 dimensions of caregiver Shared Care correlated positively with patient mental health (r=0.36 to 0.39, p <.003). In conclusion the data supported associations between Shared Care and self care and mental health. Interventions to enhance Shared Care may improve health outcomes for cardiac patients.
tors such as health, social relationship, and depression can affect mortality among older people. Little research has explored the relationship between quality of life (QOL) and mortality. Therefore, the purpose of this research was to determine the relationship between QOL and long-term mortality among older people in the UK and Taiwan. Methods: Data were derived from the 1989 waves of two nationally-representative samples of older people: the Nottingham Longitudinal Study of Activity and Ageing (NLSAA) in the UK, and the Survey of Health and Living Status of the Elderly in Taiwan (SHLSET). Kaplan-Meier analysis and the log-rank (Mantel-Cox) test were used to explore the relationship between levels of life satisfaction (low versus high) and 14-year mortality in old age in the two studies. Results: There was a significant difference in the mean survival time for people with high and low levels of life satisfaction over the 14-year period in unadjusted models in both studies. There was not a significant difference in survival for people with high life satisfaction between the two countries (p=0.588). However, people with low life satisfaction in the SHLSET study (Taiwan) lived significantly longer than people with low satisfaction in the NLSAA study (UK). Conclusion: Older people with higher reported QOL had lower long-term mortality than people with low reported QOL. Whether this is due to QOL per se, or due to mediating factors, is not clear. There was some evidence of cross-national differences among people with low QOL. Further analyses will explore the QOL-mortality relationship further while controlling for potential explanatory factors.

THE CES-D IN CROSS-NATIONAL AND LONGITUDINAL PERSPECTIVE: DOES THE GENDER GAP IN DEPRESSIVE SYMPTOMS PERSIST OR NARROW ACROSS TIME IN THE UNITED STATES AND JAPAN?
A. Tiedt, Sociology and Anthropology, Fordham University, Bronx, New York

Past research has described the gender gap in depressive symptoms as one of the most persistent mental health phenomena of recent decades. However, few cross-national studies have compared the gender gap in longitudinal perspective. This research used data from the University of Michigan’s Health and Retirement Study (HRS) and the Nihon University Japanese Longitudinal Study of Aging (NUJLSOA) to examine fluctuations in depressive symptoms, as captured by the CES-D, over two survey waves. The study posited that social support would mediate the relationship between gender, somatic health, and depressive symptoms. And that the correlates of depressive symptoms for Japanese elders would be contingent on multigenerational living arrangements. Results confirmed the existence of the gender gap across cultures and the importance of family support variables in Japan. The United States, marital status, rather than support from adult children, was the key social determinant of depressive symptoms. At the same time, continued marriage and community contact had a protective effect on depressive symptoms among men in either nation. The analyses also revealed that disability and chronic illness had a direct relationship with depressive symptoms among most U.S. elders, while increases in chronic conditions were problematic for Japanese women. These results imply that despite contemporary preferences for independent living among Japanese, family support relationships centered on filial piety continue to have consequences for elder mental health. In contrast, spouses are the main buffers against depressive symptoms in the United States.

THE EFFECTS OF LIFESTYLE ON PROCESS OF AGING IN CHINA
K. Huang1, 2, Y. Zhu1, 1. Sociology Department, Peking University, Beijing, Beijing, China, 2. Social Work & Social Administration, Hong Kong, Hong Kong, China

Existing studies believed that lifestyle affects deterioration, particularly the senescence of the elderly population. But to what extent does lifestyle affect the process of aging? This study retested this assumption in case of China and explored a more specifically quantitative result based on the follow-up data from the five waves Chinese Longitudinal Healthy Longevity Survey (CLHLS). This study made a cross-sectional study in the 2008 data to examine the differences among the elderly population who have lifestyle disparity and also does a longitudinal research on the elderly people aged 65 above, firstly observed in 1998 and followed up in 2000, 2002, 2005, and 2008, and the middle-aged adults aged 35-64, firstly observed in 2002 and followed up in 2005, and 2008, in order to distinguish diverse aging processes for people having various lifestyles. The process of aging (dependent variable) was defined by the behavior and cognitive ability and classified into several steps of deterioration. The lifestyle (independent variable) was measured by smoking, physical exercise and diet. This study used Ordered Logit regression model and our findings from this study demonstrated as follows: Firstly, the elderly people who own different lifestyles have significantly different aging features; Secondly, the effect of smoking on aging process is considerably significant for both the middle-aged adults and the elderly people while the impacts of physical exercise and diet on aging process is remarkably significant for the middle-aged adults but slightly for the elderly people.

THE EFFECT OF ACCULTURATION ON DEPRESSION OF KOREAN IMMIGRANT ELDERS LIVING IN CANADA AND U.S
W. Kim1, 2, Kang2, 1. School of Social Work, University at Buffalo, The State University of New York, Buffalo, New York, 2. University of Texas-Arlington, Arlington, Texas

Korean immigrant elders experience high levels of depressive symptoms. In current literature, often adjustment (or acculturative) stress has been assumed to be a source of depression among immigrants, including immigrant elders. However, the correlates of depression may not be uniform across different migration environments. The purpose of this study was to examine and compare factors that influence the level of depression among Korean immigrant elders living in Canada and the U.S. by combining data from two separate studies in Arizona State (Tucson & Phoenix), the U.S., and the metropolitan area of Toronto, Canada. Original variables from both studies were compared and the common variables were extracted to build a single dataset. A total of 245 participants ages 65 or older (mean age: 73.5, SD=6.67) from Arizona (n=117) and Toronto (n=128) were used for regression analysis of depressive symptoms (Geriatric Depression Scale-Short Form: GDS-SF). Results showed similarities between two groups in demographic characteristics including gender composition, marital status, and educational level and the level of depression. However, regression analyses revealed distinctive patterns between two groups. Acculturation variables, such as years since immigration and English proficiency, were negatively associated with GDS-SF in Arizona, where the Korean population is small, but not significant in Toronto, where Korean community is well developed with many services available in ethnic languages. The results suggest that the capacity of ethnic community Korean immigrant elders may have played a role in the differential development of depression. Implications for practice, education, and future study were discussed.

THE IMPACT OF OLDER ADULTS’ QUALITY OF LIFE ON AGING: RESULTS FROM SF-6D
S.V. Humboldt1, P. Leal, Instituto Superior de Psicologia Aplicada (ISPA), Lisbon, Lisbon, Portugal

Objective: The increase of older adults in the population has emphasized the need for consideration of what it takes to live this phase of life with a sense of quality and satisfaction. This research aims at examining the relationships between older adults’ quality of life (QOL) and aging. Methods: For the purposes of this study, the Health Survey Questionnaire (SF-6D), one measure of cognitive functioning - the Mini-Mental State Examination (MMSE) and demographics, were included. Measures were completed using a variety of culturally appropriate meth-
SUBJECTIVE SURVIVAL EXPECTATIONS AND OBESITY IN TWO DIFFERENT CONTEXTS, THE US AND COSTA RICA
B. Novak, UW-Madison, Madison, Wisconsin

Background: Except for few exceptions, there is no research done on subjective survival expectations related to excess body weight in developed countries; for developing countries, research on this topic is scant. Objective: To study the determinants of subjective survival expectations in two different contexts, the US and Costa Rica. Given the relationship found between obesity and mortality, the focus is put on the effect of excess body weight on these expectations. Data: 2004 Health and Retirement Study (HRS) and 2004-2006 Costa Rican Study on Longevity and Healthy Aging (CRELES). Methods: Both studies are fully compatible. Subjects: Individuals aged 60-90. The sample size is 10531 for the HRS study and 1206 for the CRELES study. Method: Ordered Logistic Regression. Results: In the CRELES study the answer to the subjective survival question is a 4-point Likert scale ranging from “Very Likely” to “Very Unlikely.” In the HRS study it can be any integer between zero (“Absolutely no Chance”) and 100 (“Absolutely Certain”). The subjective survival answers given by HRS respondents were transformed to the mentioned 4-point Likert scale. The analysis stratifies individuals by age (60-69 and 70-89). Results: Results show similarities between the HRS and CRELES studies in the determinants of subjective survival expectations. Health-related variables seem to mediate the relationship between obesity and subjective survival expectations among individuals in the younger age group in the CRELES study and among individuals in both age groups in the HRS study. Among older individuals in the CRELES study obesity has an independent effect on these expectations.

KOREAN BABY BOOMERS PANEL STUDY : KOREAN BABY BOOMERS AS A SANDWICH GENERATION?
G. Han1, H. Choe1, K. Eun1, J. Lee1, S. Joo1, J. Kim1, I. Seoul National University, Seoul, Republic of Korea, 2. Chonnam National University, Kwangju, Republic of Korea, 3. Ewha Womans University, Seoul, Republic of Korea

The Korean baby boom, comprising 7,125,000 persons and 14.7% of Korea’s current population, are often characterized as a “Sandwich Generation” squeezed between caretaking responsibilities to elderly parents and a duty to support dependent children. However, no systematic empirical data has been provided regarding this assertion. This study examined generational position of Korean Baby Boomers within the family and generation and identified Boomers’ supports that they provide to their elderly parents(G1) and down to their children(G3). Data used in this study are from the 1st wave of Korean Baby Boomers Panel Study. A total of 4,668 respondents born between 1955 and 1963 were surveyed in face-to-face interviews using structured questionnaires, from May till August in 2010. 1) About 27% of respondents have demographic potential to be “sandwiched”, having at least one living parents and dependent children age 18 and younger. When we expand the definition of dependent family members to include the adult children who are not married, and also the care of in-law relations to reflect cultural expectations to support children until they marry and also provide care to parents-in-laws, proportion of Sandwich Generation climbs to 75.3%. 2) When we examined actual support behavior, only 23% of respondents are identified as having double burden of supporting unmarried children and providing regular supports to elderly parents. As parents of Boomers will soon enter “very old” stage, Boomers’ burden of caring for their elderly parents will increase. These results suggest that Boomers’ burden as a sandwiched generation will increase for the time being.

AGING TRAJECTORIES AMONG IMMIGRANT MIDDLE-AGE FILIPINO WOMEN IN AMERICA
K.J. Kalaw, Sociology and Gerontology, Miami University, Oxford, Ohio

Middle adulthood is significant in one’s life course towards becoming an older adult yet has received little attention. Midlife studies remain to be at the periphery in contrast to older adult studies. Thus, this study attempts to contribute to the slowly emerging literature on the intersection of middle adulthood with ethnicity and gender in the United States and its increasing diversity over time. A qualitative case study was conducted in North Carolina among four middle-age married Filipino immigrant women to explore their perceptions of later life in the study, it aimed to understand how identity was created in relation to women’s perceptions on their aging trajectories. The findings showed that essential in knowing their perception is knowledge on their identities. More so, the study affirms past researches that identity is a product of one’s past and present self. Once established, perception on their future selves is created and their aging trajectories will follow. The themes identified on their perceptions on aging were: concept of home, sense of Filipino identity and meaning of the American dream. Each woman gave different meanings on how their experiences then and now shaped their future selves align with their aging trajectories. In sum, these women’s aging trajectories are products of the interplay of self and society across time and space.

INTERGENERATIONAL FAMILY TRANSFERS IN LATIN AMERICA: EFFECTS OF ECONOMIC AND SOCIODEMOGRAPHIC CHANGE
E. Storelli, Boston College, Chestnut Hill, Massachusetts

Current debates on families and aging in Latin America have raised concerns that the region’s rapid demographic, economic, and cultural changes will lead to inadequate care and support for the region’s rapidly growing aging population. To date, there is little empirical evidence on the ways these changes, such as decreasing fertility and increasing rates of divorce, migration, and women’s labor force participation, for example, are affecting intergenerational family transfers in the region. This paper utilizes data from the Survey on Health and Well-Being of Elders (SAVE), a cross-national seven-country representative study, to investigate the structure and content of intergenerational exchanges between older adults and their children in Latin America, and to assess whether demographic, cultural and economic factors are linked to intergenerational support given to older adults by their children. Results suggest that all three forces are tied to intergenerational family transfers in significant and important ways. For example, higher rates of child migration reduce the odds of older adults receiving instrumental and emotional care. Having employed daughters reduces the odds of older adults receiving supportive services, but increases the odds of receiving financial support, goods, and emotional companionship. Furthermore, fewer children and higher proportions of non-biological children, often due to divorce and remarriage, reduce the odds of receiving all forms of support. These and other findings will be discussed in context of future changes to intergenerational support and policy alternatives.
THE EXPERIENCE OF WORRY AMONG YOUNG AND OLDER ADULTS IN THE UNITED STATES AND GERMANY: A CROSS-NATIONAL COMPARISON
R.L. Babcock, E.E. MaloneBeach, Central Michigan University, Mount Pleasant, Michigan

This study compared adult age-related differences in the experience of worry within two cultures. Data were collected from 173 Germans and 263 Americans (within the United States) on three worry scales. In addition, hypothesized correlates of worry, including stressful life events and locus of control, were examined within and across cultures. Analyses of variance indicated that there were age differences on all of the hypothesized correlates of worry as well as differences on all but one measure of worry, with younger adults reporting more worries than did older adults. Differences were found between the two countries on the hypothesized correlates (with the exception of internal locus of control) and one measure of worry and on three subscales of worry measures. More importantly, path analyses indicated that the hypothesized correlates of worry differentially contributed to the prediction of worry across the two cultures and across the two age groups. That is, with one minor exception, the hypothesized correlates did not predict worry within the German sample, but did predict worry within the American sample. Among the younger adult sample, endorsement of chance control and life events predicted worry, but among the older sample, endorsement of internal locus of control and powerful others locus of control predicted worry.

GENDER DIFFERENCES IN CAREGIVING FOR THE ELDERLY IN LOWER- AND MIDDLE-INCOME COUNTRIES
B.D. Capistrant, L.F. Berkman, D. Bloom, M. Glymour, Harvard School of Public Health, Boston, Massachusetts

Background: Population aging in less developed countries is likely to result in large increases in family caregiving demands, which may differentially affect women. However, we lack nationally representative estimates of the prevalence or gender balance of old-age caregiving in lower-and middle-income countries. Methods: Using data from the Study on AGING and Adult Health (SAGE), we estimated prevalence of family caregiving for and by adults aged 50+ in 4 lower-income countries: Ghana, South Africa, Russia, and India. We define caregiving as providing care to a family member in the same household with health tasks or activities of daily living. We estimate crude and age-standardized country-specific prevalence of caregiving. We also test whether women are more likely to provide care in each country. Results: The crude prevalence of caregiving was highest in India (11.0%), where age adjusted prevalence was 6.9%. Similar patterns were seen between crude and age adjusted estimates in Ghana (4.1% v. 2.5%), South Africa (2.9% v. 1.3%), and Russia (8.5%, 7.4%). We found women were at increased odds of providing care than men when adjusting for age (e.g., Russia OR: 1.55, 95% CI: 1.27, 1.89). We also found significant differences between countries in odds of caregiving by caregiver gender ($\chi^2, 3 df: 22.98$). Conclusions: The prevalence of family caregiving in older adults varied by a factor of 4 across these countries, from a low of 1.3% in South Africa to a high of 7.4% in Russia. In all countries, caregiving demands fell differentially upon women.

SESSION 1665 (POSTER)

ADDRESSING FALL PREVENTION AND ENHANCING MOBILITY AMONG OLDER ADULTS

CHANGE IN LEISURE INVOLVEMENT AMONG OLDER ADULTS AFTER FALLING
T. Chen1, M. Janke2, 1. University of South Florida, Tampa, Florida, 2. University of South Florida Polytechnic, Lakeland, Florida

Leisure activities occupy more time on a daily basis during older adulthood (AARP, 2010). Research has identified a relationship between activity participation and falls, suggesting that falls can lead to reduced activity participation which in turn increases the likelihood of falls. While the high prevalence of falls in the aging population and the resulting physical and psychological effects have been studied extensively, less is known whether or how participation in leisure activities changes after falling. Using the Health and Retirement Study (HRS, 2004-2006) and two waves of data from the Consumption and Activities Mail Survey (CAMs, 2005-2007), we investigated the patterns of energy expenditure on leisure activities after falling among older adults. The sample included adults aged 65 and older (N = 6083) and was predominantly white (86%) and female (61%). The total energy expenditure (TEE) was calculated for each respondent as well as a total number of leisure activities in each wave. We used independent t-tests, Chi-Square analyses, and regression analyses to examine the variation of leisure patterns and TEE among older population. Our findings indicated that older adults who fell engaged in significantly fewer leisure activities than people who did not fall; however no significant difference in TEE was found between these two groups. Moreover, fall status was a significant predictor for the number of leisure activities but not TEE in subsequent waves.

N’BALANCE©, A COMMUNITY-BASED FALL PREVENTION INTERVENTION THAT MAY IMPACT LEISURE SELF-EFFICACY FOR OLDER ADULTS

Leisure activities positively impact the health and well-being of older adults and promote higher quality and successful aging. Older adults often perceive leisure as relaxing and enjoyable, yet a recent study found only 4% of older adults engage in leisure time physical activity (Americans Tim Use Survey, 2008; Rowe & Kahn, 1998). Falls and fear of falling can have a negative impact on older adults’ perception that they are able to participate in leisure activities. Fortunately, multi-factorial, multidimensional community-based fall prevention programs have been shown to have a decrease in the risk of falls in older adults and can have a greater reach within a community. The purpose of this study was to examine the effects and influence of N’Balance©, a community-based fall prevention intervention for older adults and better understand its implications for leisure self-efficacy among older adults. This was a community-based intervention trial with a control group using two sites. A two-way (group x time) ANOVA was used to examine differences in the dependent variables within each group over time (from pre- to post-test) and between groups (intervention vs. control). Results of pre- and post-test assessments indicated that N’Balance© was associated with improved balance (.00) and the fear of falling (.04). Leisure self-efficacy approached significance (.06) as a result of participation in N’Balance©. Leisure is an important factor for successful aging and the perception that falling may occur can reduce active leisure participation.

EFFECTICITY OF A FALL PREVENTION PROGRAM DELIVERED TO MONOLINGUAL KOREAN- AND SPANISH-SPEAKING SENIORS
D. Rose1, M. Mouttapa1, T. Hummel2, R. Sabonio2, 1. California State University, Fullerton, Fullerton, California, 2. St. Barnabas Senior Services, Los Angeles, California

The purpose of this study was to establish the short-term efficacy of a fall prevention (FP) program with monolingual Korean-Speaking (KS) and Spanish-Speaking (SS) older adults at moderate-to-high risk for falls. A total of 29 KS (M = 74.7 yrs, SD = 6.4) and 37 KS (M = 75.9 yrs, SD = 5.6) older adults completed a 12-week program that included a medical risk assessment (and follow-up), group exercise, and a home assessment and modification component. Each of 3 program rotations was limited to 10 to 12 participants from the same ethnic group. A social
worker conducted the medical risk assessment and home assessment components and an English-speaking Occupational Therapist (with minimal assistance of a translator) delivered the exercise component. All participants completed the medical risk assessment and the majority (93.3%) discussed the results of their Health Activity Questionnaire (HAQ) checklist with their doctor as directed. Significant improvements in balance (p < .001), lower body strength (p < .001), and functional mobility (p < .002) were also observed for the total sample post completion of the exercise component. Only 38 (KS = 24; SS = 14) of the 66 participants had their homes inspected; 8 subsequently refused service to make recommendations; 1 participant did not need service. Moreover, only 44.1% indicated that recommended home modifications were completed at follow-up. The translated FP program was delivered with generally good fidelity when compared to the original InSTEP model and participants reported high levels of satisfaction with the program as delivered.

**ACTIVITY, BALANCE, LEARNING, AND EXPOSURE (ABLE): A NEW INTERVENTION FOR EXCESSIVE FEAR OF FALLING**

J. Wetherell, K.M. Johnson, S.R. Ward, D. Chang, A. Petkus, I. Dept. of Psychiatry, UCSD, La Jolla, California. 2. VA San Diego Healthcare System, San Diego, California. 3. University of St. Augustine, San Marcos, California. 4. UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California

Approximately 10% of older adults living independently in the community, including more than 5% of those who have never fallen, experience moderate to severe fear of falling (FF) and avoid multiple activities as a result. Excessive FF leads to decreased physical activity, disability, loss of independence, depression, anxiety, reduced social engagement, poor quality of life, and falls. Interventions targeting FF, typically delivered in groups and incorporating cognitive restructuring, education, and exercise, increase fall-related self-efficacy. Unfortunately, behavioral avoidance is resistant to treatment, and older adults with high levels of FF are least likely to attend these interventions and most likely to drop out prematurely. This suggests that avoidance should be targeted more directly and that interventions should be designed to reach those with severe fear and avoidance who are most likely to drop out of traditional FF programs. Despite the similarities between excessive FF and anxiety disorders, and the fact that the most effective behavioral treatment for most anxiety disorders is exposure therapy, no FF interventions to date have incorporated an exposure component. We have developed and are piloting an in-home, physical therapist-delivered intervention that integrates exposure therapy with exercise, a home safety evaluation, and a medication review for older adults with excessive and disabling FF. Preliminary data suggest that the intervention reduces avoidance as well as concerns about falling. We will present data from the first six patients who have completed the intervention.

**SOCIODEMOGRAPHIC CHARACTERISTICS AND FALLS RISK FACTORS AMONG INDEPENDENT-LIVING OLDER ADULTS**

R. Ellis, M. Kosmai, J. Fabre, D.S. Moore, I. Antikainen, C.A. Baptiste, T. Kim, R.H. Wood, 1. Kinesiology and Health, Georgia State Univ; Atlanta, Georgia. 2. Louisiana State University, Baton Rouge, Louisiana. 3. New Mexico State University, Las Cruces, New Mexico

We examined sociodemographic characteristics and falls risk factors in 626 Black (n = 318) and White (n = 308) residents (M age = 72.6, SD = 9.3) of Louisiana (n = 411), Georgia (n = 182), and New Mexico (n = 33). Income groups were low (< $1306 monthly; n = 271), medium ($1307-$1836 monthly; n = 74), and high (> $25,000 annually; n = 179). Education groups were low (high school degree or less; n = 381), medium (some college or associate’s degree; n = 132), and high (bachelor’s degree or more; n = 104). The Comprehensive Falls Risk Screening Instrument assessed the falls risk factors of history, physical functioning, medication, vision, and home environment, and produced an average total falls risk score. A 3 x 3 x 2 MANCOVA (covariates were state and age) showed main effects for income (F = 2.34, p = .006) and race (F = 2.67, p = .02). Pairwise comparisons revealed that low income participants had greater falls risk scores for history (p = .002), physical functioning (p = .001), medication (p = .02), vision (p = .04), and total falls risk (p < .001) than high income participants. Similarly, Black participants had greater falls risk scores for history (p = .02), physical functioning (p = .003), medication (p = .02), and total falls risk (p < .001) than White participants. Low income and Black race are associated with greater falls risk and professionals should consider these differences when designing falls prevention programs.

**ATTITUDES IN JAPAN TOWARDS OLDER ADULTS’ FALLING AND BATHTUB DROWNING, AND PREVENTION MEASURES**

F. Toyota, T. Ikeuchi, H. Osada, J. F. Oberlin University Graduate School, Tokyo, Japan

This study utilized an analytical model of four “M” factors to evaluate attitudes of older adults toward falling at home and drowning in their Japanese bathtub, and about measures for preventing such accidents. The 4M factor – Man, Machine, Management, and Media – model was originally used by the U.S. National Transportation Safety Board (NTSB). Our sample included 85 men and 65 women (N= 150), ages 60 years and older (M= 66.51, SD = 3.75). Participants completed questionnaires seeking to assess their attitudes about methods of preventing falls and drowning. We asked if they would consider methods in fall prevention as being practical, by referring to the attitudes of the 4M analysis, such as taking the specific action of keeping electric cords away from pathways. The answers were rated on a scale of 1=strongly disagree to 4=strongly agree. We also asked if they had taken preventive actions on the same 4M factors, and to rate on a three-point scale (1=done already, 2=not yet, but will consider in future, and 3=not done and no plans in future). From 77.9% to 91.0% of participants reported they saw fall prevention measures as being practical, and 69.0% to 85.3% reported believing that drowning prevention measures were also practical. However, 28.3% to 40.8% reported having taken no actions to prevent falling, while 41.0% to 58.2% reported taking no preventative steps to prevent drowning. Findings suggest that there are discrepancies between older adults’ attitudes toward falling and drowning and the measures they actually take to prevent these accidents.

**FALL RISK AMONG OLDER ADULTS WITH VERY EARLY PRECLINICAL ALZHEIMER’S DISEASE**

S. Stark, C.M. Roe, E. Grant, J.C. Morris, Washington University, St. Louis, Missouri

Background: Falls are prevalent in persons with Alzheimer’s disease (AD). To explore whether motor changes precede cognitive changes in persons who ultimately develop symptomatic AD, we examined the rate of falls among healthy older adults with and without preclinical AD based on their PIB PET imaging studies and molecular biomarker profile. Methods: We conducted prospective cohort study (to examine the cumulative incidence of falls among community-dwelling cognitively normal older adults. Falls (unintentional movement to the floor, the ground, or an object below knee level) were reported monthly. A Cox proportional hazards model was used to test whether time to first fall was associated with MCBP at baseline, after adjustment for age, gender, education, and race. Results: The sample (n=125) was predominately female (63.9%) and white with a mean age of 74.5 years. The response rate was 100% with an average of 191 days of data available. There were 49 participants who experienced a fall. With the exception of CSF Aβ42, higher levels of each biomarker were associated with a faster time to first fall. A positive PIB PET
image resulted in a 2.72 times greater chance of experiencing a fall among healthy older adults. Conclusion: Preclinical AD is a risk factor for falls in older adults. This study points to the importance of understanding the motor changes that appear to precede cognitive changes.

WHO ATTENDS FALL PREVENTION PROGRAMS?
J.D. Flatt, J. King, E. Lukish, A. Swailes, S. Albert, Behavioral and Community Health Sciences, University of Pittsburgh, Pittsburgh, Pennsylvania

Background: Falls result in devastating problems for older adults and lead to increased morbidity, mortality and health care costs. One in three community-dwelling older adults fall each year, and close to half of older adults aged 80 and older fall each year. Several community-based fall prevention programs have been shown to reduce fall risks and fall-related injuries. Purpose: Describe the personal characteristics of participants who attend two statewide fall prevention programs in Pennsylvania. Methods: Participants were recruited from local Area Agencies on Aging and partnering senior centers that offer fall prevention programming to seniors. Results: Currently, 193 participants have been recruited from 33 senior centers/providers in eight counties in Pennsylvania. The mean age is 78, 45% of participants are 80 years or older, 82% female and 18% are African American. Seventy-eight percent live in a home or apartment in the community and only 6% receive homemaker or nursing services at home. In regards to participation in fall prevention programming, approximately 43% of participants had taken one of the two fall prevention programs. Seventy-eight percent of people completing either falls prevention program were less than 80 years old compared to 32% among those 80 or older, (p < .01). Conclusion: This finding has important implications for recruiting and engaging adults 80 years of age or older in community-based fall prevention programming. Fall prevention programs should consider the specific needs of this high risk group and employ strategies to further engage this population in fall prevention programs.

FALLS AND DEPRESSIVE SYMPTOMS IN OLDER JAPANESE WORKERS
F. Togo1, A. Ohnishi1, K. Ishimatsu1. 1. The University of Tokyo, Tokyo, Japan, 2. National Institute of Occupational Safety and Health, Kawasaki, Japan

Falls are a leading cause of work-related injuries among Japanese workers who are over 50 years old. It has recently reported that there is a close association between depressive symptoms and fall risk in older people, but links between falls and depressive symptoms are still unclear in older workers. The present study examined the associations between falls and depressive symptoms in 54 male volunteers, aged 50-69 years, and in 41 female volunteers, aged 51-72 years. All subjects were building cleaning and support services workers. The number of falls suffered by the subjects in the 12 months before the assessment was recorded. A fall was defined as “an event which resulted in a person coming to rest unintentionally on the ground or other lower level, not as the result of a major intrinsic event or an overwhelming hazard”. Subjects completed the Center for Epidemiological Studies Depression Scale (CES-D), a 20-item, self-report, rating scale developed measure current level of depressive symptoms in community populations. Difference between subjects with and without a history of falls (fallers and non-fallers, respectively) was tested by using non-paired t-test. The respective numbers of male and female fallers were 7 and 11. Score of CES-D was significantly higher in fallers than non-fallers in men, but did not differ between fallers and non-fallers in women. These results indicate that depressive symptoms might correlate with falls in older male workers, but not in older female workers.

SESSION 1670 (POSTER)
CARE SUPPORTS, SERVICES AND PROGRAMS

EARLY ALZHEIMER’S INTERVENTION: A HOLISTIC APPROACH TO CARE
N. Blume, Nursing, Lamar University, Beaumont, Texas

Early Alzheimer’s disease intervention reveals that maintaining cognitive function can be supported and maintained for longer periods when a holistic approach to both care partners is implemented. The purpose of the current study was to determine if a baseline cognitive functioning level can be maintained over time using a holistic intervention approach. Instruments used to measure functioning in the care partner dyads were (1) Beck Depression Inventory, (2) Department of Veteran’s Affairs (VAMC) St. Louis University Mental Status (SLUMS), (3) Instrumental Activities of Daily Living (4) Caregiver Support and Satisfaction Inventory and a qualitative questionnaire of open ended questions about the caregiver’s perceptions of care. Seven early Alzheimer’s diagnosed persons and their caregivers were participants in a series of six intervention strategies over a three month period. Cognitive functioning was assessed for the persons with Alzheimer’s at the beginning and ending of the series to determine if functioning was maintained. The series of interventions was repeated after a 3 month time in a time-series design. Caregivers were trained in communication methods similar to validation therapy and relaxation methods while their early diagnosed family member or friend worked at a cognitive/memory strategy. The care partner dyads interacted using the strategies taught and the level of functioning apparent. Cognitive or thinking ability was maintained over the first three month period, diminished the second three months and rose again with the next set of interventions for the early Alzheimer’s diagnosed persons. The caregiver partner maintained with fewer depressive symptoms reported.

CAREGIVER BURDEN, HEALTH UTILITIES, AND INSTITUTIONAL SERVICE USE IN ALZHEIMER’S DISEASE
E.A. Miller1, L. Schneider2, R. Rosenheck1. 1. Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts, 2. Univ. Southern California, Los Angeles, California, 3. Yale University, New Haven, Connecticut

This study examines the moderating effect of caregiver burden on the relationship between the health status of Alzheimer’s disease (AD) patients and use of institutional services (hospital, nursing home, and residential care). Data were obtained at baseline and 3-, 6-, and 9-months following study entry on 421 community-dwelling AD patients in the CATIE-AD trial. The outcome variable includes any institutional services use. Logistic regression was employed to estimate the interaction of Health Utility Index (HUI)-III score (a general health status measure) at outcome and four caregiver burden measures. Marginal effects were calculated and plotted using random effects models for observations at multiple time points per individual. Average effects were calculated across all observations using models without random effects. Random effects results suggest that caregiver burden weakens the inverse relationship between health utilities and institutional service use, leading to greater likelihood of institutional use than would be expected at a given level of health. This is indicated by positive, significant signs on the HUI-III caregiver burden interaction when burden is measured using the Caregiver Distress Scale, Beck Depression Inventory (BDI), and Caregiver Assessment Survey (all p<.05). It is reinforced by positive, significant average effects deriving from Caregiver Distress and BDI models without random effects (both p<.10). Results deriving from the Burden Interview Scale, though positive, were non-significant and weak by comparison. Caregiver support interventions should be offered to individuals caring for less advanced AD patients. Otherwise healthy
patients may be at increased risk for institutionalization when caregivers experience high levels of burden.

PERSON-CENTERED IN-HOME CAREGIVING FOR PERSONS WITH ALZHEIMER’S DISEASE
M.J. McClendon, K.A. Smyth, Case Western Reserve University, Cleveland, Ohio

Research on in-home caregivers of persons with dementia has found that training in coping skills and avoidance of emotion-focused coping characterized by wishful thinking or fantasizing increased the survival time of care recipients. We hypothesized that caregiver coping is linked to care-recipient survival because coping is related to person-centered care. Research has also shown that caregivers with neurotic personality types are more likely to use emotion-focused coping. Thus, we hypothesized that caregiver personality may also be linked to person-centered caregiving. To investigate the relationships between caregiver personality, caregiver coping, and person-centered care, we conducted a mail survey of 128 in-home dementia caregivers. Measures of person-centered care consisted of 35 items from existing scales (Exemplary Caregiving, Environmental Support, Frustrations with Caregiving, and Criticism of Care-Recipient), plus six new environmental items. Coping was measured with sixteen items from the Big Five Inventory. Factor analysis revealed six reliable dimensions of person-centered care (Personalized, Punitive, Respectful, Controlling, Compensatory, and Withdrawal). Personalized and respectful caregiving were related to non-wishful coping and to open, agreeable, neurotic, and/or non-extraverted personalities. Punitive, controlling, and withdrawal caregiving were related to wishful and/or fantasy coping and to extraverted, agreeable, and/or non-neurotic personalities. To generalize, agreeable, open, neurotic, and non-extraverted caregivers who did not use wishful or fantasy coping were better at person-centered care. Research is needed to determine whether or not training in person-centered care needs to be individualized in terms of caregiver personality and coping style.

TRAINING FOR TELEPHONE ADMINISTERED DEMENTIA CARE COORDINATION: LESSONS LEARNED

Partners in Dementia Care (PDC) is a multi-site study of a telephone care coordination model for veterans with dementia and their family caregivers. Key features of PDC include: formal partnerships between VA Medical centers and the Alzheimer’s Association, a multidimensional assessment and treatment approach, ongoing monitoring, and a shared computerized system to guide service delivery. Care coordinators assist families by offering: dementia education, emotional support and coaching, linkage to services and resources, and mobilization of informal care. Two study sites (Houston, TX and Boston, MA), and three control sites (Oklahoma City, OK, Providence, RI and Beaumont, TX) enrolled a total of 508 veterans, 486 of whom had a family caregiver participate as well. The project findings presented are relevant for design and delivery of dementia care coordinator training. A total of 313 computerized intervention records were analyzed to highlight common areas of assessed need for veterans and caregivers across medical and non-medical domains. This analysis underscored the breadth of service knowledge and clinical skills which need to be addressed in training. Themes were also drawn from semi-structured debriefing interviews conducted with 6 of the study care coordinators with social work, nursing, or counseling backgrounds. Primary challenges for providing this type of intervention were stated, including: forming a professional partnership across sites and establishing rapport and trust with participants over the phone. Potential training strategies suggested included: team building activities, communication techniques and case reviews. Detailed lessons learned and recommended training practices will be shared to improve dementia care service delivery.

ASSESSING THE NEEDS OF INFORMAL CAREGIVERS OF OLDER ADULTS FOLLOWING HOSPITAL DISCHARGE
D.A. Menio, M. Mathes, M. Cuciurean-Zapan, Center for Advocacy for the Rights and Interests of the Elderly, Philadelphia, Pennsylvania

National studies have documented the financial, emotional and clinical importance of family caregivers (Gibon and Houser 2007; Colvin et al. 2004). The impact of caregiver burden on the health and well-being of the caregiver has also been reported (National Alliance for Caregiving and AARP 2004). Substantial declines in the length of hospital stay for patients age 60 and over have sharpened concerns about the adequacy of discharge planning (Manon et al. 1992). Moreover, as one study noted, “[f]amily caregivers encounter the home care system at a time of great stress and need. They understand little about the system when the case is opened and not much more when it ends six or seven weeks later” (Levine et al. 2006). During the Summer of 2010, the Center for Advocacy for the Rights and Interests of the Elderly conducted a study to assess the needs of caregivers of older adults who have been discharged from the hospital in the Philadelphia area, as well as caregivers’ perceptions of the effectiveness of available resources and the accessibility of existing supports. The study used semi-structured qualitative interviews as well as two focus groups with individuals who care for family members with Alzheimer’s Disease. The data was analyzed using standard qualitative methods. These include field notes, transcription, theme development and analysis, coding, and synthesis. This session will present study findings, conclusions and directions for future work.

STAKEHOLDER INPUT INTO A TOOL TO INVESTIGATE CAREGIVING ISSUES FROM THE PERSPECTIVE OF FAMILY PHYSICIANS
C. Gibbons1, M. Bedard2, A. Lambert-Belanger2, J. Riendeau2, i. Research, St. Joseph’s Care Group, Thunder Bay, Ontario, Canada, 2. Lakehead University, Thunder Bay, Ontario, Canada, 3. Northern Ontario School of Medicine, Thunder Bay, Ontario, Canada

Background: Many seniors with dementia are supported to “age in place” by unpaid caregivers, many of whom are seniors themselves. Family physicians (FPs) are uniquely positioned to play a critical role in caregiving situations. Unfortunately, we have little knowledge of caregiving issues from the perspective of FPs, which limits opportunities to effect change of benefit to care recipients, caregivers, and FPs. Objectives: Our objectives are to develop a survey to: better understand FPs’ knowledge of caregiver issues; assist health planners/decision-makers in optimizing the role of FPs in supporting caregivers’ health and well-being; and indirectly maximize the health status and quality of life of care recipients. Methods: After completing a literature review, three domains were identified – health outcomes and accountability, preparation, and barriers; from these a 38-item survey was created. Feedback was received from two geriatric experts and changes were made. Next, seven health planners/decision makers and nine FPs were interviewed. Results: Respondents found the survey very useful and stated that caregivers are essential for the sustainability of the healthcare system. They felt the survey could be made generic to apply to all caregivers. Health planners indicated that the survey would provide valuable data from a planning perspective. FPs commented on their
experiences with caregivers and identified relevant questions. Conclusions: The comments from health planners/decision makers and FPs were incorporated into a revised version to be presented. This survey could be used for healthcare planning to develop targeted interventions to ultimately improve the health of caregivers and care recipients.

DESIGNING MEMORY CARE COMMUNITIES TO PROMOTE WAYFINDING: THE UTILITY OF SHADOW BOX INTERVENTIONS

A. Jay, L. Feliciano, Psychology, University of Colorado at Colorado Springs, Colorado Springs, Colorado

There is a growing population of older adults with dementia residing in long-term care settings. These individuals commonly experience difficulty locating their bedroom as a result of cognitive impairment, limited learning histories in the care facility, and ineffective cues to help distinguish individual bedrooms. Ineffective room finding abilities may expose elders to safety hazards and create problems for other residents and staff. The current study is being conducted in a series of three experiments to determine what types of memory box items improve the room finding abilities of older adults with moderate to severe dementia.

In Experiment One, a recognition assessment was administered in which the participant’s ability to meaningfully identify various self-referent stimuli was measured (i.e., young adulthood, middle adulthood, late adulthood photographs, and printed name). Participants who moved onto Experiment Two participated in a preference assessment to identify highly preferred items. In Experiment Three, a room finding intervention was introduced in the form of memory boxes hung outside participant bedroom doorways. After exposure to an empty baseline memory box, participants received either a personalized memory box (i.e., features best recognized stimulus from Experiment One and top preferred items like a military medalion from Experiment Two) or a general memory box (i.e., features neutral items like seashells not personally relevant to the participant, but simply served as a landmark). Wayfinding probes assess room finding abilities via direct observation techniques.

Data collected are presented as accuracy and latency to room finding. Implications and future directions for research are discussed.

ASSESSING VETERAN PREFERENCES IN THE COMMUNITY LIVING CENTER (CLC)

K. Curyto1, K. Van Haitsma2, L. McCulloch3, 1. VA Western NY Healthcare System, Batavia, New York, 2. Polisher Research Institute, North Wales, Pennsylvania

Psychosocial preferences (e.g., social contact, activities, control and independence, caregiver characteristics, routines) are related to satisfaction and quality of life and not assessed comprehensively in long-term care. This project aimed to revise the original Preferences for Everyday Living Inventory (PELI) to include the language that CLC Veterans use and understand based on 31 Veteran interviews. Average age was 74.3 (59-92 years), 96.8% were male, 83.8% were Caucasian, and 16.3% were African-American. Seventy-eight PELI items were subjected to cognitive interviewing. Twenty PELI items were excluded because they had been through cognitive interviewing and included in the MDS 3.0 Preference Assessment Tool. Thirty-one participants were interviewed about their comprehension, interpretation, and reactions to the content and language of PELI items, with a minimum of 5 responses per item. Responses were summarized for content, wording, and meaning. Based on team reviews, one of four decisions was made about each item: retain with no further testing, keep testing, reword and keep testing, or delete. Out of these 78 PELI items, thirty-nine items were retained with no further testing, keep testing, reword and keep testing, or delete.

THE IMPACT OF PSYCHOEDUCATIONAL INTERVENTION PROGRAM ON FAMILY CAREGIVER BURDEN AND DEPRESSION FOR FAMILY CAREGIVER OF KOREAN RESIDENTS WITH DEMENTIA IN THE NURSING HOME

S.K. Han, Bergen Regional Medical Center, Paramus, New Jersey

This study examines the impacts of the Psychoeducational Intervention Program (PIP) that strives to eliminate family caregiver burden and depression while increasing family involvement in the caring of Korean residents with Dementia in the nursing home. The data was collected through quantitative methods with semi-structured and close-ended questions from the family caregiver with the use of Zarit’s family caregiver burden scale and geriatric depression scale (GDS). The study uses T-Test with SPSS to show the effect of PIP. Results indicated that PIP, a treatment in which a social worker conducts a 3 hour, one session interview with the family caregiver, designed for articulating the causes of stress, reframing the family caregiver’s role, and teaching basic relaxation skills and Dementia information with behavior disturbance, reduced the family caregiver’s burden and depression.

According to a pre-test and a post-test 6 months before and after PIP, the family caregiver’s burden was significantly lower with the application of PIP, showing improvements in feeling time limitation (p<.05), being stressed (p<.01), strained (p<.01), afraid (p<.01) and feeling overwhelmed (p<.05). The family caregiver’s depression was also significantly lowered (p<.001). The PIP encouraged the family caregiver to be more involved in caring for the resident with visible increases in the frequency of visits, positive interaction with the staff, and willingness of medical health care decisions. The study suggests that PIP reduces family caregiver burden and depression through education and counseling session upon the time the resident is first admitted. The study also shows that PIP with a bilingual and bicultural social worker increases the effectiveness and receptiveness of the treatment.

A FAMILY-FOCUSED “NEW PARADIGM” INTERVENTION FOR ALZHEIMER’S DISEASE

D.A. Chiriboga, S. Huang, K. Kwag, L.M. Brown, Y. Jang, V. Moliniari, S. Wang, Aging and Mental Health Disparities, University of South Florida, Tampa, Florida

This poster will present results of a four year evaluation of a Medicaid Alzheimer’s Program (MAP) waiver. Designed to keep persons with Alzheimer’s disease out of nursing homes, the program provided 11 services tailored to the needs of each care giver-recipient dyad. Costs and risks of nursing home placement were compared with those for four other Medicaid programs: the Aged and Disabled Waiver (ADW), Assisted Living for the Elderly (ALE), Channeling (CH), and Nursing Home Diversion (NHD). MAP costs were significantly greater than costs than all programs except NHD. A survival analysis of long term placements into nursing facilities was then performed. Only Medicaid recipients who had participated in one of the programs for five months or more were included in the analyses, and placement was defined as a consecutive stay of three or more months in a nursing home.

It was found that MAP reduced the risk of long term placement by 31.6% relative to the risk of placement faced by the total group of those enrolled in the other programs. When MAP was compared separately to each of the other programs, the risk of placement was significantly reduced when compared to ADW and ALE. While the risk of placement was lower for MAP than it was for the other two programs, the differences were not significant. Discussion focuses on the value of a new paradigm of care that focuses on the family as a unit, as opposed to either the care giver or the care recipient.
IMPLEMENTING PLEASANT EVENTS WITH ASSISTED LIVING DEMENTIA RESIDENTS


This study describes the use of pleasant events with assisted living dementia residents with challenging behaviors. Forty-eight direct care workers (DCW)-resident dyads participated. DCWs were 44 years of age (range=21-73), female (90%), diverse (29% identified as Asian), and born outside of the U.S. (85%). Residents were 87 years of age (range=77-100), female (75%), Caucasian (90%), had a mean MMSE of 11.6 (SD=7.1), and were identified as having challenging behaviors. As part of the STAR (Staff Training in Assisted-living Residences) intervention, DCWs participated in four individual consultations where they identified pleasant events to implement with residents. One-hundred percent of DCWs participated in at least two consultations and 81% participated in all four. Pleasant events were coded in five categories: one-to-one activities, group activity, exercise, outings, and other. DCWs were able to identify pleasant events to implement with residents at 100% of the consultations. DCWs predominantly implemented one-to-one activities (89%), with group activities (39%) and exercise (29%) also widely implemented. The majority of staff identified and implemented multiple pleasant events (69%) at each consultation. Pleasant events included: conversation, looking at photo albums, applying lipstick, going for a walk, giving a compliment, having coffee, supporting hobbies, and group activities with residents. These findings have clinical implications as DCWs, with their extensive contact with residents, are in a unique position to implement interventions. Providing training to DCWs on how to incorporate pleasant events into their work routine may be a promising approach to reduce challenging dementia behaviors, such as depression and anxiety.

THE FIT KITS STUDY: DEVELOPING INTERACTIVE ACTIVITY MATERIALS FOR PEOPLE WITH DEMENTIA AND THEIR FAMILY CAREGIVERS

B. Wright1, E. Femia1, 1. The Lewin Group, Falls Church, Virginia, 2. FIT Interactive, Falls Church, Virginia

This study, funded by an Institutes of Health Small Business Innovation Research (SBIR) grant, tested the use of FIT (Families Interacting Together) Kits for people with Alzheimer’s disease or other dementia and their family members. The first phase of the project involved four focus groups with family caregivers to explore the feasibility of the kits and how they could benefit families. The second phase tested the use of FIT Kits by caregivers with their family members over one month. Findings highlight the challenges with engaging people with dementia in activities and the need for resources to assist caregivers with this challenge. Caregivers expressed interest in using the FIT Kits as a way to give their family member something enjoyable to do, enhance visits with family members, or provide the caregiver some respite. Of importance is that activities be appropriate for adults and provide the person with dementia with a sense of purpose (pencil sharpening, sorting coins). Caregivers expressed interest in activities customized based on their family members’ stage of dementia, activity interests (brain stimuli, sports, babies, animals), or occasion (birthday, Christmas). Results also indicated the importance of educational materials, including tips and ideas for engaging family members with dementia (trying multiple activities to see what works, using activities in non-traditional ways, and using humor). Caregivers wanted guidance on how to introduce an activity for the first time and a list of creative ideas to try with items they already have (folding napkins, looking at photo album).
PREDICTORS OF TREATMENT PREFERENCE AGREEMENT AMONG OLDER PATIENTS, SURrogates, AND PHYSICIANS

E. Woodhead1,2, T. English4, M. Goldstein1,2, A. Garber1,1, L. Carstensen2, 1. VA Palo Alto, Palo Alto, California, 2. Stanford University Department of Psychology, Stanford, California, 3. Stanford University Center for Primary Care and Outcomes Research, Stanford, California

Past research suggests that there are moderate levels of agreement about treatment preferences between patients and surrogates and between patients and physicians. There is limited research on agreement between physicians and surrogates, and whether characteristics of the patient predict agreement among patients, surrogates, and physicians. The objectives of the current study were to examine level of agreement between patients, surrogates, and physicians, and to determine whether patient variables and aspects of the decision differentially predicted agreement among all pairings of individuals (patient-surrogate, patient-physician, and physician-surrogate). Participants included 77 patients over age 60 recruited from a low-income community medical center, as well as physicians at the clinic and the patient’s elected surrogate. We used the Life Support Preferences Questionnaire to assess treatment preferences. Patients indicated their own preferences; the physician and surrogate were asked to indicate the patient’s preferences. We used linear regressions to examine the predictive utility of patient demographics, mental and physical health, and performance on a brief cognitive battery on agreement. Physician-surrogate agreement was moderately high (M = 0.65, SD = 0.20) and was not significantly different from the other pairings. When examining the influence of patient variables on agreement, preference for less treatment predicted higher patient-physician agreement and higher agreement among all three individuals (b = -0.44, p < 0.001; b = -0.24, p = 0.04, respectively). Rates of agreement for all pairings were highest for preferences about current health. Future research should explore physicians’ understanding of patient treatment preferences when higher levels of intervention are desired.

INITIAL FINDINGS: FEASIBILITY TESTING OF THE CAREGIVER SELF-MANAGEMENT OF UNMET NEEDS INTERVENTION

S.W. Morgan, University of Wisconsin - Milwaukee, Milwaukee, Wisconsin

Almost 11 million Americans provide unpaid care to persons living with dementia. Persons with dementia may be unable to communicate their needs in a way that their caregivers can recognize leaving those needs unmet. To recognize unmet needs can result in deleterious health outcomes for the care recipient. The (C-SUM) was designed to teach family caregivers to self-manage the needs of persons living with dementia thereby leading to reductions in family member discomfort, agitation, and stress and caregiver burden and stress. The aim of this feasibility phase was to evaluate the use and usefulness of the study measures and components, describe the sample, evaluate recruitment and retention and gain insight into the self-management process. Sixteen caregiver/family member dyads completed feasibility testing. The study involved pre and post measures of stress and burden in the family caregiver and stress, pain and agitation in the family member living with dementia. Additional measures included demographics, caregiver sleep and health. The caregivers are primarily female (n=13), diverse, African American (n=6) Hispanic (n=2), and low-income (>50% have a household income of <=$39,000). The caregivers (n=16) reported poor sleep quality, poorer health quality relative to bodily pain, vitality, and role emotional state when compared to population norms. Preliminary findings relative to self-management indicate that the C-SUM impacts the process components of self-efficacy, outcome expectancy, self-regulation skills and abilities, decision-making, planning and action. There is little literature about self-management and caregivers of persons with dementia so these initial findings provide important insights into this process.

PROGRAM SATISFACTION AND STRESS REDUCTION AMONG REACH II CAREGIVER PARTICIPANTS: FINDINGS FROM NORTH CAROLINA


The majority of extant research on caregiving focuses on psychosocial and physical outcomes, such as depression, health, and stress. It is important to examine such outcomes within an intervention context to better understand how they may affect program efficacy and participant satisfaction. This analysis examined the relationship between stress reduction and program satisfaction in a sample of family caregivers (CG) for individuals living at home with a diagnosis of Alzheimer’s disease (AD) or related dementia. Data came from measures used in the original multi-site intervention Resources for Enhancing Alzheimer’s Caregiver Health II (REACH II) that is being tested for feasibility in North Carolina. The sample currently consists of 12 caregivers with an average age of 68.11 years (SD = 10.71, range = 45-79). Results indicate that moderate to strong trend relationships exist between baseline risk appraisal, stress, race and program satisfaction, with White caregivers reporting substantially lower levels of satisfaction as compared to African-American caregivers as determined by an independent-samples T-test. Greater baseline risk was associated with lower overall satisfaction (r = -.37), whereas lower levels of baseline stress were associated with greater satisfaction (r = .32). Further analyses indicated that for caregivers with higher levels of baseline risk, lower levels of satisfaction were more strongly related to lower levels of understanding regarding the need for self-care and care-recipient needs (r = .60). Discussion will further explore specific intervention components and participant characteristics that may or may not contribute to overall program satisfaction and reduction of caregiver stress.

PREDICTORS OF THE IMPACT OF NONPHARMACOLOGICAL INTERVENTIONS FOR AGITATION IN NURSING HOME RESIDENTS

J. Cohen-Mansfield1,2, K. Thein5, M.S. Marx4, M. Dakheel-Ali1, 1. Herczeg Institute, Tel Aviv Univ, Tel-Aviv, Israel, 2. Research Institute on Aging, Rockville, Maryland

While the most common treatment approach for agitated behaviors in nursing home residents with dementia is pharmacological, there is a growing movement to use nonpharmacological interventions. However, research is needed to determine specific factors that contribute to the success of nonpharmacological interventions. In this presentation, we describe the influence of person characteristics (e.g., demographic, medical, functional variables) on the efficacy of nonpharmacologic interventions to reduce agitation. Agitation was systematically observed at baseline and during intervention stages using the Agitated Behavior Mapping Instrument (ABMI) in a sample of 89 residents from 6 Maryland nursing homes. Their mean age was 85.9 years, 73% were female, 81% were Caucasian, over half were widowed, and 42.7% had a college, technical school of graduate degree. Their mean MMSE score was 7.6. Each participant received interventions based on an individualized algorithm (TREA–Treatment Routes for Exploring Agitation) which identifies unmet needs and matches interventions to needs and to the participant’s sensory, cognitive and functional abilities as well as to self-identity and preferences. Analysis revealed that higher levels of
cognitive function, ADL function, and speech correlated significantly with decreased levels of agitation during intervention. The presence of staff barriers (e.g., refusals, interruptions) correlated significantly with less reduction of agitation during intervention. In order to maximize the success of nonpharmacological interventions for agitation, nursing home staff need to consider the role played by person characteristics and staff-related barriers. This study was supported by grant #SR01 AG010172-14

SESSION 1675 (POSTER)

CAREGIVING, CAREGIVING RELATIONSHIPS, AND WELL-BEING

‘WHAT’S AGE GOT TO DO WITH IT?’: CLINICAL BARRIERS, SOCIAL OBSTACLES AND INTERACTIONAL TENSIONS OF LIFE WITH EARLY-ONSET ALZHEIMER’S


Although Alzheimer’s commonly occurs in seniors, a growing number of individuals are being diagnosed younger, with what is called early-onset. This paper draws on in-depth qualitative interviews (N=17) to learn about the experiences of early-onset, from both the perspective of those diagnosed and family members. Grounded theory methods were used to collect, code and analyze data into common themes. These narratives highlight the unique experiences of living with dementia at earlier biographical stages. Age-based differences reveal clinical barriers, social obstacles, and interactional tensions. These distinctions complicating personal, intimate and social relationships for younger people with AD engage core sociological debates about the relationship between biography, identity and narrative. As both a ‘disruptive’ and ‘reconstructive’ force, the case of early onset Alzheimer’s builds on existing sociological models of illness narratives. By demonstrating what happens when normative disease-based expectations are broken, Alzheimer’s – especially at a younger age – threatens biographical corruption or narrative deconstruction. These findings help dispel perceptions that the condition only happens to older people and can foster improvements in Alzheimer care practices and services. The theoretical contribution includes expanding discourse on the role of narrative within the social sciences generally and the interplay between biography and illness in particular.

THE RELATIONSHIPS BETWEEN STRESS PERCEPTIONS AND STRESS BIOMARKERS OF FAMILY CAREGIVERS IN NORTHERN TAIWAN

Y. Chiu, K. Cheng, C. Li, S. Lee, S. Liao. School of Nursing, Chang-Gung University, Taoyuan, Taiwan

Background: Family caregivers (FCGs) of persons with dementia (PWDs) are under chronic stress. However, their stress has often been assessed by their distress without physiological indicators. Furthermore, studies to date have rarely documented the relationships between FCG distress and stress biomarkers. Purpose: The aims of this study were to describe the distress and stress biomarkers of FCGs for PWDs in northern Taiwan and to explore the relationships between FCGs’ distress and stress biomarkers. Methods: This secondary data analysis study included 113 dyads of PWDs and their FCGs who donated blood samples. The original study sites were located in northern Taiwan. FCGs’ distress was assessed by the Chinese Neuropsychological Inventory-Caregiver Distress Scale (CNPI-CD), and stress biomarkers included interleukin IL-1β, IL-6, IL-10, cortisol, C-reactive protein (CRP), and albumin. Results: The greatest FCG distress was found toward PWD’s appetite & eating behavioral change (mean = 2.75 ± 1.29). Levels of the stress biomarkers were not correlated with FCGs’ overall distress toward PWDs’ neuropsychological problems. However, IL-1β, IL-6, IL-10 and albumin levels were correlated with FCGs’ specific distress toward specific PWDs’ neuropsychological symptoms: levels of IL 10 was related to PWDs’ agitation/aggression, levels of IL-1β, IL-6 and albumin were correlated with PWDs’ delusion. Conclusions: In this study, we found some stress biomarkers (IL-1β, IL-6, IL-10) were associated specific PWDs’ neuropsychological symptoms (p < .05). Further longitudinal research is needed to clarify the causal relationships between subjective distress and objective stress biomarkers to better comprehensively evaluate FCGs’ stress levels.

PSYCHOLOGICAL WELL-BEING IN DEMENTIA CAREGIVERS

C.K. Holley1, B.T. Mast2, L. Behavioral Health, Stratton VA Medical Center, Albany, New York. 2. University of Louisville, Louisville, Kentucky

Although there is an abundance of literature examining the negative effects of dementia there is relatively little research examining resiliency in caregiving. The purpose of this study was to determine which aspects of psychological well-being predict low levels of burden and grief. Eighty dementia caregivers completed a survey related to their experiences, including measures of burden, anticipatory grief and psychological well-being. Independent sample t-tests were used to examine mean level differences on the subscales of the Ryff Scales of Psychological Well-Being in caregivers reporting high and low levels of burden and grief. Examining the subscales revealed that those with low levels of burden had significantly higher levels of positive relations with others (t=8.22, p = .001), self-acceptance (t=8.256, p = .001), and environmental mastery (t=8.51, p < .01), but there were no differences in autonomy, purpose in life, and personal growth. Similarly, those with low levels of anticipatory grief reported significantly higher levels of positive relations with others (t=8.231, p = .002), self-acceptance (t=8.212, p = .04), and environmental mastery (t=8.283, p < .01) with no differences in the remaining subscales. High levels of psychological well-being were associated with avoiding caregiver burden and grief. However, not all aspects of well-being are equally important in this regard. Specifically environmental mastery, self-acceptance, and positive relations with others, may serve a protective function against some of the deleterious effects of caregiving such as burden and grief.

LIFE EVENTS, DAILY STRESSORS, AND CORTISOL RESPONSE IN MOTHERS OF ADOLESCENTS AND ADULTS WITH ASD

J.D. Wong1, M. Mailick Seltzer1, 2, L. Greenberg1, 2, J. Hong4, D. Almeida4, C. Coe1, 2, J. University of Wisconsin, Madison, Waisman Center, Madison, Wisconsin, 2. University of Wisconsin, Madison, School of Social Work, Madison, Wisconsin, 3. University of Wisconsin, Madison, Madison, Wisconsin, 4. The Pennsylvania State University, Human Development and Family Studies, University Park, Pennsylvania

Recently, literature has emerged linking the stress of parenting a child with developmental disability to a pattern of hypocortisolism. The current paper extends the work of Seltzer and colleagues (2010) by focusing on the cortisol response of mothers of adolescents and adults with Autism Spectrum Disorders (ASD) under stressful conditions that are not specific to the child’s ASD symptoms. This study examines how negative life events and daily stressors are associated with maternal awakening cortisol level. Participants were selected from the Adolescents and Adults with Autism Study (AAA; Seltzer et al., 2003). In addition to completing a set of questionnaire and in-home interview, the 82 mothers participated in the AAA Daily Diary Study. Based on the paradigm from the MIDUS study, the Daily Diary Study consisted of telephone interviews over eight evenings and saliva collection across four days. Controlling for a set of mother and child characteristics, results from the 2-level multilevel models revealed an interactive effect of number of daily stressors (previous day) and number of negative life events...
for log awakening cortisol. On days following a greater number of daily stressors, mothers who had previously experienced more negative life events had lower awakening cortisol level than mothers who reported fewer negative life events. Findings also showed a significant interaction between previous day stressor severity and number of negative life events for awakening cortisol level. These findings highlight the toll that global and everyday stressors have on the cortisol response of mothers of adolescents and adults with ASD.

POSITIVE ASPECTS OF CAREGIVING: EXAMINING RACIAL DIFFERENCES ON THE SELF-AFFIRMATION AND OUTLOOK ON LIFE SUBSCALES
J.I. Alva, T. McCallum, Case Western Reserve University, Cleveland, Ohio

Past research on caregiving has focused on the negative consequences of providing care for a family member with dementia. More recently, research on rewards and more positive aspects of caregiving has emerged. The Positive Aspects of Caregiving (PAC) scale (REACH I, 1995) measures the positive appraisals attributed to the caregiving experience. Research on factors related to increased PAC may help explain why some caregivers derive satisfaction from the challenging caregiving task. Past research has identified racial differences in this area. For example, African American caregivers report higher levels of PAC compared to White caregivers (Roff et al., 2004). Preliminary research on the PAC measure identified two components through factor analysis: Self-Affirmation and Outlook on Life (Tarlow et al., 2004). Differences in these two factors have yet to be explored. The current study examines racial differences in these factors to determine if different racial groups identify more strongly with different components of PAC. The sample used in this secondary data analysis from the REACH II (2001) dataset included 642 Alzheimer’s caregivers. Three racial groups were represented: White (n = 220), African American (n = 211), and Latino (n = 211). A one-way between groups multivariate analysis of variance was performed resulting in no statistically significant results. Possible reasons for the absence of racial differences in Self-Affirmation and Outlook on Life factors are discussed.

THE GRIEF PROFILE FOR CAREGIVERS OF PERSONS WITH DEMENTIA
J. Strong, C.K. Holley1, B.T. Mast1, 1. Psychological and Brain Science, University of Louisville, Louisville, Kentucky, 2. Stratton V. A. Medical Center, Albany, New York

This study examined the relationship between caregiver depression and the experience of grief and burden. We assessed anticipatory grief and burden in 80 dementia caregivers using the Marwit-Meuser Caregiver Grief Inventory, Anticipatory Grief Scale, Zarit Burden Interview and Montgomery Burden Scales. Whereas the total scores for each of the grief and burden measures did not differ between clinically depressed and non-depressed caregivers, depression did affect the pattern of item endorsement. Chi-Square analyses demonstrated that depressed caregivers were significantly more likely to endorse items concerning changes in their own life including loss of freedom and control than did non-depressed caregivers. Eleven items differed significantly between groups (p<.05) and four more items showed statistical trends. For example, depressed caregivers endorsed “I feel I am losing my freedom” (p=.002) and “Do you feel that your social life has suffered because you are caring for your relative?” (p=.007) more than non-depressed caregivers. There was no difference in item endorsement patterns on items concerning other aspects of life (e.g., caregivers support network). For example, there was no difference on items such as, “I have nobody to communicate with” and “My extended family has no idea what I’m going through” (p>.10). These findings are consistent with prior literature demonstrating that people with depression exhibit greater self-focused attention, and suggest that depression influences the way burden and anticipatory grief are experienced even when the overall levels of burden and grief are similar to those of caregivers without depression.

DISCREPANCY IN PERCEPTIONS OF VALUES OVER TIME: INDIVIDUALS WITH DEMENTIA AND FAMILY CAREGIVERS

Cross-sectional evidence suggests that there are discrepancies in reports between individuals with mild to moderate dementia (IWDs) and their family caregivers when reporting on the values and preferences held by IWDs regarding their daily care. Caregivers consistently report less importance of IWDs’ care values and such discrepancy is primarily associated with caregivers’ beliefs about IWDs’ involvement in decision making. However, research has yet to address how these relationships change over time and how they are related to wellbeing. Using a sample of 216 dyads, where one person has mild to moderate dementia and the other is a family member providing assistance and supervision, we used linear growth curve modeling to investigate how discrepancies in report on IWD’s values and preferences in daily care change over four years. Results indicate significant increases in discrepancies over time due to caregivers reporting less perceived importance with time, as well as significant interindividual differences in discrepancies over time. Baseline caregiver beliefs remained a significant predictor of level of discrepancy along with IWD depression and quality of life at baseline. While caregiver depression was not associated with discrepancy, caregiver quality of life at baseline was significantly associated with the change in discrepancy over time. These findings identify differential effects of individual characteristics on understanding discrepancy in perceptions over time. They also demonstrate a need to investigate further the influence of wellbeing and other factors on perceptions of values, particularly as ongoing discrepancies may represent a challenge when caregivers become surrogate decision makers for their relatives.

PREDICTORS OF DEPRESSION AMONG HIGHLY BURDENED DEMENTIA CAREGIVERS
G. Tremont1,2, J. Davis1,2, K.E. O’Connor2, R.H. Fortinsky3, C. Grover2, 1. Brown University, Providence, Rhode Island, 2. Rhode Island Hospital, Providence, Rhode Island, 3. University of Connecticut Health Center, Farmington, Connecticut

Highly burdened dementia caregivers are at heightened risk for depression, but not all of these caregivers report significant depression. The purpose of this study was to identify factors that explain why burden is associated with depression in some caregivers but not in others. Participants were 114 dementia caregivers (M age = 61.89, SD = 12.10; 53.5% spouse, 41.2% adult child, 5.3% other) enrolled in an intervention study who were providing a minimum of 4 hours of daily care for at least 6 months (M length 48.13 mo, SD = 38.48). Caregivers were selected if they endorsed a significant level of perceived burden on Zarit Burden Interview (>24). They were divided into two groups based on their self-reported depression on the Center for Epidemiologic Studies Depression Scale (high = 16 or higher [n=56] versus low = less than 16 [n=58]). Individuals with low self-reported depression had significantly higher self efficacy for managing dementia symptoms and higher relationship satisfaction compared to those with high levels of depression (both p<.05). Differences were not seen for ADL impairment or behavior problems in the patient, caregiver age or education, or length of caregiving. Regression analysis showed that self-efficacy for symptom management accounted for significant variance in depression even after controlling for perceived burden (Δ R2 = .03, p = .025). Findings suggest that confidence in managing dementia symptoms and a positive view of the caregiver-patient relationship may protect burdened caregivers from depression.
POSITIVE AND NEGATIVE CAREGIVING EXPERIENCES: CONSIDERING DYADIC INFLUENCES
E. Tov, S.M. Moorman, Sociology, Boston College, Chestnut Hill, Massachusetts

While much caregiving research has focused on caregiver burden and the rewards of caregiving, little of this work directly considers the influence of a caregiver’s relationship with the care recipient. This study examines the factors that contribute to positive and negative caregiving experiences among over 1,000 family caregivers of older adults who participated in the 2004 National Long Term Care Survey. Using ordinary least squares (OLS) regression, we assessed the effects of positive influences of the relationship (e.g., helpful care recipient behaviors), detrimental influences (e.g., family conflict), and care recipient perceptions, which included self-reported socioemotional well-being measures. Positive and dyadic relational factors were associated with positive caregiving experiences; social support, helpful care recipient behaviors, and care recipient happiness increased positive caregiving experiences while negative recipient behavior decreased them. Relationship factors had less to do with negative caregiving experiences; rather, the most important contributors were financial hardship, poor caregiver health, and gender, with women being more likely to report negative experiences than men. These results suggest that the mechanisms behind positive and negative caregiving experiences may differ. Interventions that may lessen caregiver burden, therefore, will not necessarily pave the way for positive caregiving experiences. Nevertheless, some indicators, such as recipient behavior, are fundamental in creating both positive and negative experiences. Efforts aimed at alleviating caregiver burden or enhancing positive aspects of caregiving should thus be sensitive to the caregiver / care recipient relationship.

NEIGHBORHOOD SOCIO-ENVIRONMENTAL INFLUENCES ON PSYCHOLOGICAL HEALTH AMONG INFORMAL CAREGIVERS
T. Wakui1,2, E.M. Agree1, T. Saito1, I. Kai1, 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. Japan Society for the Promotion of Science, Tokyo, Japan, 3. School of Public Health, the University of Tokyo, Tokyo, Japan

The role of neighborhood social cohesion, collective efficacy, and social capital for elder health has received much attention. However, the effects of neighborhood socio-environmental factors on caregivers’ well-being remain overlooked, despite the known importance of social support for alleviation of caregivers’ burden and psychological health. In this research we examine the relationship between neighborhood trust and reciprocity, and caregivers’ psychological health, and whether these factors have a buffering effect among caregivers who have greater care demands. In 2010 we conducted a mail survey of family caregivers from 17 municipalities in Japan. Neighborhood social cohesion was assessed with questions on community social trust and reciprocity. The Zarit Burden Inventory and Center for Epidemiological Studies Depression Scale were used to assess psychological health. Information on help provided, recipient dementia symptoms, and actual social support from community and other caregiver and recipient characteristics was also collected. The final analytic sample comprises 2,511 informal caregivers, whose mean age was 63. In multiple regression analysis, those who trusted their neighbors or reported higher reciprocity had lower burden and depression, even controlling for actual support received from the community. For ADL caregivers, neighborhood trust and reciprocity were important regardless of care demands, but reciprocity was more important for dementia caregivers. Findings suggest that the perception that help is available may be important over and above actual help received from the community. This is particularly true for dementia caregivers, for whom back-up care is a more critical day to day concern.

THE ASSOCIATION BETWEEN SLEEP QUALITY AND FATIGUE IN DEMENTIA CAREGIVERS
Y. Chang1,2, L.O. Wray1, P. Chang3, S. Lai3, 1. School of Nursing, The State University of New York, University at Buffalo, Buffalo, New York, 2. Center for Integrated Healthcare VA Western New York Healthcare System, Buffalo, New York, 3. Alzheimer’s Association Northern California & Northern Nevada, Mountain View, California

Background: Family caregivers often experience sleep disturbances due to overwhelming caregiving task provided to their loved ones with dementia. Insufficient sleep may cause serious consequences that can affect the immune system, daily functioning, and psychological and physical health. The association between sleep and fatigue has been established in other populations. However, little is known about fatigue and its association with sleep quality in dementia caregivers. Purpose: This study aimed to examine the association between sleep quality and fatigue in dementia caregivers. Methods: This study used a cross-sectional design. Participants were recruited from San Francisco Bay Area and the Alzheimer’s Association Northern California and Northern Nevada chapter. Measures included the Pittsburgh Sleep Quality Index (PSQI), the Lee Fatigue Scale (fatigue and energy scales), and a demographic questionnaire. Descriptive statistics and Pearson’s correlation were utilized for data analysis. Results: A total of 60 family caregivers participated in the study. Preliminary findings indicated that 75.5% of participants reported poor sleep quality (PSQI > 5). Participants reported experiencing a moderate level of fatigue (mean 4.72) and a moderate level of energy (mean 5.01). Significant associations were found between sleep quality and fatigue (r = .553; p < .000) as well as sleep quality and energy (r = .245; p < .05). Conclusions: The findings revealed that caregivers who had a poorer sleep quality reported a higher level of fatigue and a lower level of energy. Our findings indicated a need to develop interventions for dementia caregivers to improve sleep quality and decrease fatigue.

PSYCHOTROPIC MEDICATION USE IN A POPULATION STUDY OF DEMENTIA CAREGIVER DEPRESSION
K.W. Piercy1, E.B. Fauth1, M.C. Norton1, P. Rabins1, R. Pfister1, J. Olson1, C. Lyketsos2, J. Tschanz1, 1. Utah State University, Logan, Utah, 2. Johns Hopkins University, Baltimore, Maryland

Research suggests that caregivers of persons with dementia (PWD) are at increased risk for depression. Most of what is known about psychotropic medication use (anti-depressant, anti-anxiety, and sedative hypnotics) in caregivers has been studied in clinical samples. The Cache County Dementia Progression Study is a population study of dementia caregivers (n=256) seen up to four times in two years (M=2.5 visits, SD=1.08). This sample reports low levels of depressive symptoms (M=7.98, SD=7.8) on the Beck Depression Inventory; BDI) with no significant average change over time. Using linear mixed models, we tested if time varying psychotropic medication predicted differential rates of change in depressive symptoms. Persons with dementia were 61% women, averaged 85 years old (SD=5.53), with average dementia duration of 3.68 years (SD=1.91). Caregivers averaged 67 years old (SD=14.34): were 76% women, 50% adult children, and 45% spouses. Twenty percent of the sample reported psychotropic medication use at baseline. Psychotropic users did not differ from non-users in age, relationship to the PWD, or self rated health, although male caregivers were less likely to use psychotropics than female caregivers (p=.08). The subsample of psychotropic users had significantly higher average BDI scores over the course of the study (p<.001) and showed significant decreases in BDI scores over time (p=.04) compared to caregivers not taking psychotropics. While this population-based sample reports lower levels of depression than clinical samples, depressive symptoms were stable over time. The subset using psychotropic medications experienced a decrease in depression scores over time compared to caregivers not using them.

64th Annual Scientific Meeting
CAREGIVING EFFICACY COMPLETELY MEDIATES THE RELATIONSHIP BETWEEN BEHAVIORAL SYMPTOMS AND DEPRESSION OF CAREGIVERS OF ALZHEIMER DISEASE
S. Cheng, Department of Psychological Studies, Hong Kong Institute of Education, Tai Po, Hong Kong

Objective: To investigate whether caregiving efficacy mediates the relationship between patients’ behavioral symptoms, cognitive impairment, and functional impairment on the one hand, and caregivers’ burden and depression on the other. Methods: 135 caregivers of family persons with Alzheimer disease participated in a 4-wave longitudinal study. This study reports cross-sectional findings at Wave 2 in which a measure of caregiving efficacy was administered. Also assessed were, in patients, behavioral and psychological symptoms of dementia, Mini-Mental State Examination, and impairments in activities of daily living. Caregiver burden and depression were assessed by the Zarit Burden Scale and the Hamilton Depression Rating Scale. Data were analyzed using structural equation modeling. Results: Behavioral symptoms were more predictive of burden and depression, than cognitive or functional impairment. However, all pathways between patient problems and caregiver distress were fully mediated by caregivers’ sense of efficacy. Conclusion: Caregiving efficacy is a powerful attribute of caregivers. However, what contributes toward efficacy among dementia caregivers is not at all clear. Future research should investigate the basis for caregiving efficacy.

CAREGIVING AS A REWARDING EXPERIENCE: DOES SPIRITUALITY MATTER AMONG ALZHEIMER’S FAMILY CAREGIVERS?

Purpose: Caring for an Alzheimer’s relative can engender physical, emotional, and psychosocial stress. Although research has largely focused on the negative effects of stress on caregiving, a growing literature has begun to examine the positive aspects of caregiving (PAC), defined as the rewards or gains derived from the caregiving experience. This study tested Pearl et al.’s stress process model in explaining PAC among Caucasian (n=220), African-American (n=211) and Latino (n=209) Alzheimer’s family caregivers; and examined the role of spirituality in predicting PAC for each ethnic group. Methods: A secondary data analysis was performed using baseline data from the Resources for Enhancing Alzheimer’s Caregiver Health (REACH) II project. Latent constructs included: objective and subjective stressors, social support, spirituality, and PAC. Structural equation modeling (SEM) was performed using LISREL 8.80. Results: Acceptable model fit were found for each group, suggesting that Pearl et al.’s stress process model is a valid model for explaining PAC across these three groups. The results indicated a direct effect of spirituality on PAC for Caucasians, no effect for African-Americans, and both a direct and a partial mediation effect of spirituality for Latino CGs. Discussion: This study suggests: 1) the constructs in Pearl et al.’s model are useful in explaining PAC for Caucasian, African American, and Latino caregivers and 2) spirituality plays a positive role in facilitating PAC among Caucasian and Latino caregivers, but not among African American caregivers. In the latter case, the non-significant finding may be explained by the minimal variance in spirituality observed among African-American caregivers.

THE INFLUENCE OF SOCIAL-RELATIONAL INVOLVEMENT ON DEPRESSIVE SYMPTOMOLOGY-FOCUSED ON INTERMEDIATING EFFECT OF CAREGIVING BURDEN
Y. Oh, M. Paek, MSASS, Case Western Reserve University, Oh, Ohio

The purpose of this study is to investigate the mediating effect of burden in caregivers of impaired older adults on the relationship between social-relational involvement and depressive symptoms. Many studies show that social-relational involvement is an important predictor of caregiving burden and depression among caregivers of vulnerable people. Several studies demonstrated that caregiving burden also plays a significant role in predicting depression among family caregivers. There is little known about the mediating relationship between social-relational involvement and depression among family caregivers. METHODS: To achieve the purpose of the study, we selected family caregivers who live with elderly people from the first wave (2008) of Seoul Welfare Panel Study (SWPS). The sample included 297 Korean family caregivers. Depressive symptomatology was measured by the CES-D, a 5-point Likert-type self-report scale. Social relational involvement was assessed by the degree of participation in social activities. Caregiving burden was measured by six items which reflect financial, physical, psychological, employment, time constraints burden, and insufficient knowledge. RESULTS: There are two major findings: First, caregiving burden, as a mediating variable, has effect on the relationship between social-relational involvement and depressive symptoms (β=-.13, p < .05) and depressive symptoms (β=-.15, p < .01). Second, the negative effect of social-relational involvement on depressive symptoms still exists (β=-.30, p < .01), after adding caregiving burden into the analysis model (CFI=.987, RMSEA=.43). These results suggest that attention should focus on providing interventions to promote social interaction and to alleviate caregiving burden for family caregivers with older adults.

CAREGIVER-REPORTED PATIENT BEHAVIOR PROBLEMS ONE-YEAR AFTER A STROKE EVENT
M.M. Perkins1, J. Goldstein2, 1. Psychology, University of Alabama at Birmingham, Birmingham, Alabama, 2. Sanford University, Birmingham, Alabama

Stroke is the third leading cause of death in the United States and depending on the severity of the stroke, survivors can experience significant physical and mental disability. It is important to understand how caregivers view the behavior changes of the stroke survivor because it can ultimately impact the caregiver’s health. Haley and colleagues (2009) found mood disturbances of the stroke survivors to be one of the most stressful problems faced by stroke caregivers. The current study used data collected from spouse caregivers of male stroke patients at the Lakeshore Rehabilitation Hospital in Birmingham, AL. The baseline interview was conducted between 12 and 18 months after the stroke event. Caregivers participated in a telephone survey that measured changes in psychological, emotional, and physical health, family involvement, and financial status since the stroke incident. Problems with the stroke patient’s behavior were assessed using 11 caregiver-reported items that also included the degree to which these problems were occurring or unpleasant. Data was provided on 35 female spousal caregivers who were, on average, 67.9 years old. The caregivers reported an average of 4.1 patient behavior problems, with 32 indicating at least one problem (91.4% of the sample). The most frequently reported problem was the husband’s ability to communicate with speech was worse now than it was before the stroke, and caregivers felt that the problem happened for several words or phrases. The relationship between caregiver health and stroke patient recovery will be discussed.

SESSION 1680 (POSTER)

COMMUNITIES, SUPPORT, AND RESILIENCE

THRESHOLDS OF CULTURAL RENEWAL IN ONE RETIREMENT COMMUNITY: THE SIGNIFICANCE OF NEW DOORS
S.A. Eisenhandler, Sociology, University of Connecticut, Waterbury, Connecticut

During six years of qualitative study [2005-2011] the small retirement community of Kahehtio in a rural pocket of northwestern
Connecticut has yielded flowers, veggies, a stable community, and a good quality of life for its residents. Analytically the Kahehtiyoh study has provided new insights and confirms findings derived from other research about the kinds of group interaction and communal features that are strongly associated with social well-being for older people. The research study has documented a culture created by long-term residents and staff as well as changes that have emerged within the community as residents and staff members have moved on or have died. This poster examines observable, material changes that are now present in the ‘bones’ or physical infrastructure of the retirement community. Specifically the poster addresses external or structural elements (such as the recent availability of outside funding for renovation of housing units) that play a crucial part in shaping the direction of cultural change and in setting the pace for change. Moreover, in a recent ceremony marking an important transition in the community, the role of multiple social actors and larger contexts, i.e., the political landscape in the local community and the state underscores the power and influence of larger social forces. A threshold is both a point of entry and exit, of farewells and welcomes; the symbolic significance of changing thresholds with new doors says much about the renewal of a retirement community and its culture.

INTERGENERATIONAL EQUIVALENCE OF A MEASURE OF COMMUNITY SATISFACTION AMONG BLACK AMERICANS
A. Schwartz, Boston College Graduate School of Social Work, Chestnut Hill, Massachusetts

This paper examined generational equivalence of measurement properties of a measure of community satisfaction between young and older African Americans. Data was from the National Study of Black Americans: Wave 4, 1992. The sample included 659 participants (young group n=317, older group n=342), with a mean 1991 income of $34,255, and mean age of 53 years. Within group confirmatory factor analyses (CFA) revealed that the measurement model of community satisfaction models had excellent fit in both generations (younger group \( \chi^2 = 7.11, DF = 28, p < 0.53 \); older group \( \chi^2 = 10.58, DF = 8, p = 0.23 \)). The subsequent multi-group CFA indicated that the measurement equivalence hypotheses were supported suggesting the community satisfaction scale had cross-generational measurement equivalence. The findings confirm that this scale can be used in intergenerational comparison research to help promote the quality of life of Black Americans.

A WAR WITHIN A WAR: AN AFRICAN-AMERICAN VETERAN’S STORY
H.K. Black, Behavioral Research, Arcadia University, Glenside, Pennsylvania

Many histories of World War II distorted African American soldiers’ contributions. Research on suffering in elders revealed that lack of government acknowledgement of their efforts angered and pained African American veterans. Our use of one case illustrates how the case study shows a phenomenon, such as racism in World War II, in depth. Mr. Thompson, a 90 year old combat veteran, was drafted in 1942, sent to Italy, and saw the irony of racism in war. His all-Black infantry division liberated a seaside resort town, Virregio, in Tuscany. They could not visit Virregio after liberation because the American General in charge “did not want Blacks coming in.” A key finding is: life course development theories do not fit African American elders’ experiences. Our case: 1) shows the need for alternative human development models; 2) reveals how elderly veterans interpret experiences of racism and war and 3) acknowledges that DuBois’ ‘double consciousness’ persists as a function of self-protection.

64th Annual Scientific Meeting

FAMILIES AND CARING IN SOUTH ASIAN COMMUNITIES IN THE UK: KEY THEMES AND CRITICAL CHALLENGES
C. Victor, W. Martin, M. Zubair, Brunel University, Uxbridge, United Kingdom

Introduction: Within the UK we have a limited evidence base about the experiences of growing old for Bangladeshi and Pakistani communities, especially in terms of their need for and expectations of care and support. Methods: We draw on our experiences of the fieldwork for and utilize the data generated by 110 semi-structured interviews conducted with a diverse group of Bangladeshi and Pakistani men and women aged 50+ years for our ESRC New Dynamics of Ageing project: Families and Caring in South Asian Communities. All participants were resident in the local community and were not recruited from specific care provision agencies. Interviews were either recorded, translated and transcribed verbatim or extensive field notes taken according to participants’ preferences. Findings and Conclusions: In this paper we offer observations upon both our methods and the substantive findings. We explore critical methodological issues from the fieldwork focusing in particular upon how the age and gender of our researcher was linked to the creation of the researcher identity and the influence this had upon access and recruitment of study participants. We examine the complex interplay between these factors and challenge the duality of the ‘insider/outsider’ concept from our fieldwork experience. In terms of our empirical data we focus upon the expectations of receipt and provision of care and support expressed by participants in terms of both locally and transnationally based caring networks and the links between family and formal caring solutions.

OLDER RV RETIREMENT PARK RESIDENTS: WHO ARE THESE PEOPLE AND ARE THEY AGING SUCCESSFULLY?
E. Sikorska Simmons, A. Gens, A. Hartman, L. Lei, M. Lopez-Perez, B. Stevens, Sociology, University of Central Florida, Orlando, Florida

RVing, as an alternative form of housing and lifestyle, can accommodate a variety of older people’s needs. There is a growing number of RV retirement parks that are specifically designed for older adults. Little, however, is known about older people who live in these parks. This study examined characteristics of RV retirement park residents and their lifestyle. The sample included 110 residents of an RV retirement park in Florida. Data were collected, using a self-administered questionnaire. Of the 110 participants, 46% were women, 99% were white, and 68% were married. Almost all had children (95%), close friends (91%) and were in frequent contact with them. The mean age was 76, and 25% were 80 or older. More than half (56%) assessed their health as “excellent” or “very good.” Almost all (96%) reported high levels of life satisfaction. Snowbirds constituted the largest group (58%), followed by part-timers (29%), and full-timers (12%). The length of RVing varied from 1.5 to 62 years, with a mean of 30 years. The most common type of RV was a travel trailer (72%). During a typical week, most residents participated in at least three activities, including visiting friends, walking, and sightseeing. “Feelings at home, regardless of place” and “traveling and meeting people” were the most appealing aspects of RVing. These findings suggest that older RVers experience good quality of life that is indicative of successful aging. More research is needed to better understand RV living and its effects on health status and well-being of older adults.

THE SIGNIFICANCE OF ETHNICITY IN PENSIONS: A QUANTITATIVE OVERVIEW
O. Gough1, R. Adami1, A. Sharma1, A. Carosi2, 1. Westminster Business School, London, United Kingdom, 2. University of Bologna, Bologna, Italy

The research provides an overview of the variation in employment patterns, pension participation and poverty levels at retirement between

455

Downloaded from https://academic.oup.com/gerontologist/article-abstract/51/suppl_2/1/646194 by guest on 30 March 2019
the white majority and ethnic minorities in the UK and highlights differences between the various ethnic minority groups. Using data from the Family Resources Survey (FRS) from 1997 to 2007 we show the differences that still exist in terms of employment status, income, pension contributions and pension benefits between ethnic minorities and the white majority. We use socio-economic and demographic variables such as age, gender, income, education and family background as indicators of an individual’s future retirement income. Our analysis spans across different age groups including those in the early stages of their working life as well as those aged 65+ who are already in retirement. We show how disadvantage in the labour market affects retirement prospects of ethnic minorities and often leads to poverty in old age. By comparing the first generation of immigrants to Britain with the younger second generation in terms of employment, income and pension contributions, we provide an insight into the current and future attitudes to retirement planning among ethnic minority groups.

LOOKING FOR MEANING, A PREVENTIVE LIFE REVIEW COURSE FOR LONG-TERM CARE RESIDENTS
LF. van Asch1, J.D. Lange1, M. Smallbrugge1, A. Pot1,2, J. Program on Aging, The Netherlands Institute of Mental Health and Addiction, Utrecht, Netherlands, 2. VU University, Amsterdam, Netherlands, 3. VU University Medical Center, Amsterdam, Netherlands

Background: Older Adults Living in Long-Term Care Facilities Have a Higher Risk to Become Depressed. “Looking For Meaning” is an Evidence-Based Preventive Life-Review Course for Community-Dwelling Older Adults with Depressive Symptoms. The Purpose Of the Current Pilot Study Was to Evaluate If This Course Is Suitable For Long-Term Care Residents. Another Aim Was to See If The Course Has An Impact On Depressive Symptoms, Psychological Wellbeing and Quality Of Life. Method: The Pilot Project Was Conducted in Eight Long-Term Care Facilities in The Netherlands. The Residents Participated in Eight Different Groups, Each Consisting of 5-8 Persons. Exclusion Criteria Were Clinical Depression and/or Cognitive Impairments. The Intervention Was Carried Out By A Psychologist and an Activity Therapist. To Evaluate The Effects Of The Intervention On Depressive Symptoms, Psychological Wellbeing And Quality Of Life Three Questionnaires Were Used; the Geriatric Depression Scale-8 (GDS-8), Philadelphia Geriatric Center Morale Scale (PGCMS) and the Euroqol-5 (EQ-5D). Data Were Collected At Baseline and One Week After The Last Session. Results: At Baseline the Sample Consisted of 42 Females and 13 Males. Due to Death and Physical Illness 44 Participants Completed The Course. Results of The Pilot Study Show That the Intervention Had a Significant Effect On the GDS-8 (P=0.001) and the PGCMS (P<0.001), but no Significant Effect on the Thermometer of the EQ-5D (P=0.186). A Significant Effect On the GDS-8 (P<0.001) and the PGCMS (P<0.001), but no Significant Effect on the Thermometer of the EQ-5D (P=0.186).

OLDER AFRICAN AMERICAN MEN AND MANHOOD MEANING: A LIFESPAN PERSPECTIVE
B. Sells1, W. Powell Hammond2, J. Ivy Tower Insights, Decatur, Georgia, 2. University of North Carolina, Chapel Hill, Chapel Hill, North Carolina

With an increasing focus on US health disparities, psychosocial issues impacting African American men throughout the lifespan are receiving greater attention. Specifically, research is focusing on how African American men view their social roles as men. The current study investigates perceptions of manhood among African American men who are aging successfully (e.g., low incidence of disease, high physical and cognitive functioning, engaged socially). The sample consists of thirteen African American men aged 70 years and older (M=79.6 years) residing in the greater Pittsburgh area who participated in a mixed methods interview regarding manhood, health, discrimination, and social support. Manhood meaning was assessed by asking participants a series of open-ended questions, “what does manhood mean for you?” (Hammond & Mattis, 2005). Retrospective accounts of manhood meaning and influences on manhood meaning were also collected. Among the participants, there was variability in specific meaning of manhood, with themes of being a provider, being independent, caring for children/grandchildren, and being fair/social responsibility emerging throughout the interviews. Participants also acknowledged changes in their perceptions of manhood across their lives with experiences from friends/family and observations of other men. These data were then compared with published qualitative studies conducted with younger groups of African American men. Results suggest that while previous studies found similar emergent themes regarding social responsibility and being a provider, findings differ with regard to older men’s usage of reflection and past experience, and their perceptions of discrimination. Implications for improvement of men’s well-being across the lifespan will be discussed.

CHALLENGES FACED AND LESSONS LEARNED FROM SUSTAINING COMMUNITY-BASED PARTICIPATORY RESEARCH PARTNERSHIP IN CHICAGO CHINATOWN

Background: Community-academic partnership is among the most commonly practiced collaborations in community-based participatory research (CBPR) projects. Despite growing interests and demands in partnerships, less attention is given on partnership sustainability—a critical issue to the management of successful community health initiatives. Methods: Our community-academic partnership is a synergistic effort between Rush University Medical Center and Chinese American Service League to conduct a CBPR project with older Chinese population in the Chicago Chinese community. Based on a well-accepted sustainability conceptual framework, this study presents challenges faced and strategies learned throughout the initial steps, midterm actions, and long-term goals pertaining to partnership sustainability. Results: Our experience in this ongoing collaboration shows that partnership sustainability goes beyond program-based evaluation. Rather, the social, environmental, and cultural contexts within which the partnership operates serve as critical forces for long-term sustainability. In particular, we have learned that working with Chinese elderly community requires trust and respect for its unique cultural values and linguistic diversity. With a committed attitude to mutual learning, both community and academic partners will be able to better explore, comprehend, and appreciate each other’s standpoint, thereby contributing to maintaining meaningful partnerships. Conclusion: Our results indicate the need to develop evidence-based, impact-driven health partnerships with culturally appropriate strategies critical for advancing social change. Furthermore, we believe our partnership experience with Chinese population provides implications for expanding CBPR model to fully address the needs of diverse populations.

IN THE PATH OF PROGRESS: THE IMPACT OF ZONING POLICY ON AGING-IN-PLACE AND AGE-FRIENDLY PLANNING
A.W. Costley, York College-CUNY, Queens, New York

Background: While many U.S. cities work to become more “age-friendly” by transforming commercial and physical environments, urban renewal projects can often work against these efforts. This mixed-method study in New York City explored the impact of a major rezoning plan on minority older adults, aging-in-place and the potentially negative impacts on the area’s age-friendly status. Methods: Survey data from 60 residents (ages 60-90 m/sd=74.7/7.7) were collected at senior centers in the rezoning area. Items assessed income, housing status, ADLs/IADLs, attitudes toward essential age-friendly features (WHO
EXPLORING THE LONG-TERM CARE NEEDS OF ALASKA NATIVE ELDERS IN RURAL ALASKA
J.P. Lewis, K. Boyd, University of Alaska Fairbanks, Fairbanks, Alaska
The current trend in long-term health care service delivery includes placing older adults in long-term care or skilled nursing facilities. Many of the rural villages in the State of Alaska have little to no access to routine health care services let alone a long-term care facility. When an Elder begins to need more assistance or medical care than family members are able to provide, many of them are sent to a long-term care facility in an urban location. Previous research with Alaska Native Elders has given voice to the Elders’ preference of remaining in their home community as they grow old (Lewis, 2011). We were approached by a community in the Northwest region of Alaska to conduct a needs assessment with the Elders in the area to determine the most effective, efficient, and culturally congruent way to serve the Alaska Native Elders in their communities. Working collaboratively with the 5 participating villages we conducted a quantitative needs assessment employing the use of the Indian Health Service “ Identifying our Needs” survey instrument. This phase consisted of interviews with 134 Alaska Native Elders aged 60 years and older, and was followed by a qualitative phase in which selected elders were interviewed to help gain a deeper understanding of their needs and wants. The results provide strong support for a much needed paradigm shift in the way long-term care is delivered in Alaska.

A DEMOGRAPHIC AND SOCIAL PROFILE OF MIDDLE-AGED AND OLDER HMONG FROM THE AMERICAN COMMUNITY SURVEY
M.S. Yang, J.A. Burr, J.E. Mutchler, Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts
Following the Vietnam War, two waves of Hmong refugees from Southeast Asia migrated to the US, settling primarily in California, Minnesota and Wisconsin. This paper is among the first to provide a quantitative analysis of some of the key characteristics of middle-aged and older Hmong people that reflect their unique cultural heritage, their immigrant status, and their vulnerability. We analyze three-year pooled data (2006-2008) from the American Community Survey for persons 50 years old and older. In demographic terms, only 3.5% of the population is 65 years old or older (compared to 15% of the total US population). In terms of family characteristics, 53% are married, 20% are widowed, and more than 9-in-10 middle-aged and older Hmong persons live in a multigenerational household (with 42% living in a household with at least one grandchild and more than 5% raising a grandchild). Only 1-in-4 Hmong in this age group have completed high school and median personal income is under $10,000 per year (median household income is more than $50,000). Yet, nearly 60% live in an owned home, a rate that is considerably higher than for some other immigrant groups. These statistics and others provide a picture of a relatively economically poor but family rich ethnic group. Findings from this study help us to understand better how this refugee population transitions into later life. The findings are also discussed in terms of the unique culture and history of the Hmong people.

LINKS AMONG HOPE, GRIT, AND PERCEPTIONS OF COMMUNITY FOR OLDER AND MIDDLE-AGED ADULTS
K.N. Erickson, B.A. Randall, North Dakota State University, Fargo, North Dakota
Theories of successful aging emphasize that resource availability, social support, and psychological characteristics affect older adults’ well-being. Older adults tend to be strongly committed to aging in place, and have strong bonds to their community. Research has emphasized the importance of services (e.g., transportation). However, a focus on services ignores the broader reality of successfully aging in place, as multiple community features and psychological characteristics likely contribute. Of particular interest is the perception of a match between the importance and availability of community features, as greater perceived match should enhance well-being. Psychological characteristics may impact the perceived level of match. Hope Theory suggests variability in individuals’ ability to cope with goal blockage. Similarly, grit influences perseverance in striving toward goals. Individuals low in hope and grit may perceive greater mismatch, as people high in these characteristics would work to resolve obstacles. Those high in hope and grit may also generally be more satisfied with and engaged in their communities. A community sample of upper-Midwest adults (aged 37-89, N=198, 51 were age 65+) will be used to compare middle-aged and older adults on the links between hope, grit, and multiple variables measuring community perceptions. Regression analyses showed that hope was not significant, though high grit predicted less mismatch between important and available community features for older adults, but not for middle-aged. Older and middle-aged adults with higher hope scores reported greater community satisfaction. Additional analyses will explore the relations of hope and grit to other aspects of community for both groups.

THE EFFECT OF ACCULTURATION ON ALCOHOL CONSUMPTION AMONG HISPANIC AND ASIAN ELDERS
A.N. Bryant, G. Kim, Psychology, Univ Alabama, Tuscaloosa, Alabama
Alcohol use by older adults is occurring more frequently, while simultaneously the number of older adult minorities is growing. It is important to identify drinkers as unhealthy drinking often goes unnoticed in older adults. Identifying risk factors for older adult alcohol use is an area that warrants attention. Previous studies have found that higher levels of acculturation may be related to an increase in alcohol consumption among both Hispanics and certain subgroups of Asians. However, such an examination has not been conducted among older adults. Using data obtained from the 2009 California Health Interview Survey (CHIS), 1,088 Hispanics and 1,536 Asians aged 60 and older were selected for analyses. Results show that there was no significant difference in prevalence of past year alcohol consumption between Hispanics (43%) and Asians (44%). Results from regression analyses show that percent of life spent in the US was a significant predictor for Asians’ alcohol consumption (p<.01), indicating that those who had spent a greater percentage of their life in the US were more likely to have consumed alcohol in the past year. The absence of limited English proficiency was a significant predictor for alcohol consumption in Hispanics (p<.01). While neither one of the significant acculturation related variables fully encompasses the concept of acculturation, it is reasonable to view these variables as proxies of acculturation, suggesting that acculturation may be related to alcohol consumption for both older Asians and Hispanics. Such information may be useful in identifying individuals in need of...
treatment, as well as providing culturally appropriate substance abuse related healthcare.

LIFECOURSE EXPERIENCES OF RACIAL DISCRIMINATION AMONG TWO COHORTS OF OLDER AFRICANS IN THE SAN FRANCISCO BAY AREA

A. Thresher, K. Walker, A. Stewart, Center for Aging in Diverse Communities, University of California at San Francisco, San Francisco, California

BACKGROUND: A lifecourse perspective could help explain how discrimination-related stress contributes to health disparities among older African Americans. Such factors may include early childhood experiences, changing social contexts, and cohort differences. For example, experiences of racial discrimination could be influenced by the length of time individuals lived under Jim Crow. Previous research has not examined how lifecourse factors may affect the experience of racial discrimination or its perceived effects on health. METHODS: In-depth interviews with 38 African American aged 50 and over were conducted between June 2008 and December 2009. Approximately equal numbers of individuals in Cohort A (50-64 years old, born 1945-1959) and Cohort B (65+ years, born 1944 and earlier) were recruited from senior centers and community organizations serving African Americans in the San Francisco Bay Area, CA. RESULTS: Post-adolescence was a critical period in participants’ understanding and experiences of racial discrimination. As they grew older, participants tended to ignore situations deemed racist, downplay their response, or give others the benefit of the doubt. A few members of Cohort B reported little discrimination across their lives, but this was not the case for Cohort A. Mental health issues such as depression and anxiety were more readily identified as consequences of racial discrimination than physical health issues. CONCLUSION: The time frame of the question affected older African Americans’ responses about the types, settings, frequency, and reactions to racial discrimination. Future research should examine the mechanisms by which lifecourse factors influence the relationship between discrimination and health for this population.

LIFE-Span DEVELOPMENT OF RESILIENCE AND MEANING THROUGH INTERGENERATIONAL RELATIONSHIPS

L. Holley, M.Z. Cohen, S.P. Wengel, Department of Gerontology, University of Nebraska at Omaha, Omaha, Nebraska, 2. UNMC College of Nursing, Omaha, Nebraska, 3. UNMC Department of Psychiatry, Omaha, Nebraska

This poster describes and introduces a multidisciplinary, multimethod research project to assess lifespan effects of intergenerational “teaching-learning” pairs of ethnicity- alike elders and youth. Dimensions to be assessed include physical and mental health, life satisfaction, ethnic allegiance, civic or social engagement, spirituality and religiosity. Pre- and post measures (qualitative and quantitative) taken one year apart will be used to compare an “experimental” group which receives the “teaching-learning” pairing intervention, with one or two control groups in comparable contexts and of the same ethnicity. D. Gelfand has observed that effects of ethnicity can mitigate negative aspects of aging and loss of meaning in later life (2003, Aging and Ethnicity). Bernal and Knight note that information available on transmission of ethnic identity across generations is “extremely limited” (Ethnic Identity, 1993). Studies of transmission of ethnic identity strongly suggest that “ethnicity” fades from generation to generation (e.g., F. Torres-gill The New Aging, 1992). Results of this project will provide a comprehensive set of Pre- and Post- quantitative and qualitative measures of the experimental and control group(s). These measures will be analyzed to evaluate ethnic identity as a protective factor for aging, and to evaluate efficacy of the “teaching-learning” pairs intervention for intergenerational transmission of culture and enhancement of health, life satisfaction and meaning in old age.

SESSION 1685 (POSTER)

COPING, CONTINUING, AND CARE: CANCER IN LATER LIFE

VITAL INVOLVEMENT THEMES OF CANCER COPING IN ELDER KOREAN AMERICAN AND CAUCASIAN AMERICAN SURVIVORS

H.Q. Kivnick, H.Y. Lee, School of Social Work, University of Minnesota, St. Paul, Minnesota

Although cancer is the leading cause of death among Asian Americans (AA) and cancer disparity is visible in AA communities, research focused on these areas is scarce. Available literature attributes disparities primarily to obstacles posed by AA’s culture-based interpretations, beliefs and attitudes towards the disease, cultural associations about psychosocial support, coping behaviors and the entire continuum of cancer care. This exploratory study begins to identify culturally-based themes of vital involvement (VI) that also come into play as elder Korean- and Caucasian-American cancer survivors cope and then continue to live with cancer. Using a semi-structured interview guide, researchers conducted face-to-face interviews with five elder Korean- and five Caucasian-American cancer survivors (aged 55-83). Lasting from 1-2 hours, each interview was audio-recorded and transcribed verbatim in its own language. Data from the two cultural groups were analyzed separately, using grounded theory to identify thematic categories and dimensions, and to integrate these categories into theory. Seven major themes emerged, for VI of cancer coping: (1) Support; (2) Outlook; (3) Personal responsibility for treatment management; (4) Care quality; 5) Religion / spirituality; 6) Ongoing life; and 7) Other cancer people. Within themes, some dimensions are shared between the two cultural groups; others are not. Not surprisingly, Korean American participants need to overcome the additional obstacles that confront many immigrants seeking cancer care (e.g., language; economic disadvantage; unfamiliarity with American health care). Implications are discussed, for developing culture-specific cancer-coping intervention strategies around identified VI themes.

DO MILITARY VETERANS IDENTIFY CANCER AS A TRAUMATIC STRESSOR?

E.A. Mulligan, J. Schuster, A.D. Naik, J. Gosian, K.M. Doherty, J. Moye, VA Boston Healthcare System, Boston, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. Washington University, St. Louis, Missouri, 4. National Center for PTSD Women’s Health Sciences Division, Boston, Massachusetts, 5. Michael E. DeBakey VA Medical Center and Baylor College of Medicine, Houston, Texas

Given the lifetime risk of cancer (40%) in combination with advances in treatment, cancer survivorship is increasingly common, especially among older adults. Various aspects of the cancer experience may be traumatic (e.g., diagnosis, recurrence), which is in keeping with the inclusion of life threatening illness as a stressor that can elicit post-traumatic stress disorder (PTSD) symptoms in DSM-IV. The majority of cancer-related PTSD research does not explicitly assess if survivors view cancer as a traumatic stressor (PTSD Criterion A). The purpose of the current analyses was to investigate the prevalence of cancer-related Criterion A as well as the relationships between Criterion A endorsement, other PTSD symptoms, and survivor characteristics. A sample of 73 primarily male (96%) military veterans were interviewed 6 months after receiving a diagnosis of head and neck, colorectal, or esophageal/gastric cancer. Eighty-six percent of the sample identified cancer as a threat of death, serious injury, or loss of physical integrity (Criterion A1) and 74% reported that they responded to cancer with fear, helplessness, or horror (Criterion A2). Taken together, 66% of participants endorsed both A1 and A2 (overall Criterion A). However, fewer veterans met full diagnostic criteria for cancer-related PTSD (16%).
Veterans who identified cancer as traumatic endorsed significantly more overall PTSD and reexperiencing symptoms on the PTSD Checklist-Civilian Version. Additionally, participants who met Criterion A1 were significantly younger than those who did not. Many veterans viewed cancer as a traumatic stressor, but future research is needed to determine which survivors are most susceptible to cancer-related PTSD.

INFLUENZA IMMUNIZATION AMONG OLDER ADULTS WITH AND WITHOUT CANCER
M. Kilgore, J.L. Locher, A.C. Rucks, S.A. Spencer, 1. Health Care Organization & Policy, UAB School of Public Health, Birmingham, Alabama; 2. UAB School of Medicine, Birmingham, Alabama.

Context: Older adults and cancer patients are at increased risk for influenza infection and, once infected, are at increased risk for adverse complications. Thus both older adults and, especially, cancer patients should receive influenza vaccinations. Objective: The purpose of this study was to compare the likelihood of receiving an immunization for influenza among older adults following a cancer diagnosis with older adults not diagnosed with cancer. Design, Setting, and Participants: We conducted a retrospective analysis using the Surveillance, Epidemiology, and End Results (SEER)-Medicare Data, a linkage of the NCI’s tumor registry data and Medicare Claims. Data on Medicare beneficiaries diagnosed with breast, colon, or prostate cancers in the year 2001 (n=35,257) and also data for a 5% sample of Medicare beneficiaries without a cancer diagnosis residing in the areas covered by the SEER registries (n=203,124) were included in the analyses. Main Outcome Measure: Influenza immunization. Results: We found that immunization rates increased over time for persons diagnosed with cancer in 2001 (from a pre-cancer diagnosis rate of 46.8% to a post-diagnosis rate of 50.8%), but the increase was much greater among Medicare beneficiaries who did not receive a cancer diagnosis (42.6% to 79.7%; p < 0.00001; 95% CI 0.320 – 0.324). Conclusions: Older adults recently diagnosed with cancer receive influenza immunizations at much lower rates than older adults who have not been diagnosed with cancer. Opportunities exist to improve influenza immunization among this population who are at increased susceptibility to influenza because of compromised immune systems.

SURVIVORS’ BODY SATISFACTION AND SELF-ESTEEM: THE INFLUENCE OF FUNCTIONAL LIMITATIONS AND CANCER SYMPTOMS AMONG LONG-TERM ADULT CANCER SURVIVORS
H.T. Renzhofer, S. Brown, C. Cronin, G. Deimling, Case Western Reserve University, Cleveland, Ohio.

Cancer is an illness with implications for an individual’s sense of self, including specific issues such as body satisfaction and self-esteem. This study examines how older adult long-term cancer survivors’ reports of functional limitations and cancer symptoms influence their body satisfaction and self-esteem. It also examines whether these relationships are influenced by stigma perceived by cancer survivors. The data used in this research is from a longitudinal study of 321 older adult, long-term survivors of breast, colorectal and prostate cancer. Participants were randomly selected from a tumor registry of an NCI designated comprehensive cancer center. Survivors selected for the study were aged 60+ years, and had survived cancer at least five years since diagnosis. Survivors who identified cancer as traumatic endorsed significantly more overall PTSD and reexperiencing symptoms on the PTSD Checklist-Civilian Version. Additionally, participants who met Criterion A1 were significantly younger than those who did not. Many veterans viewed cancer as a traumatic stressor, but future research is needed to determine which survivors are most susceptible to cancer-related PTSD.

THE IMPACT OF CANCER ON IDENTITY-RELEVANT FACTORS AND THE SOCIAL SELF
G. Deimling, S. Brown, H.T. Renzhofer, C. Cronin, Case Western Reserve University, Cleveland, Ohio.

Research on life-threatening or serious chronic illness identifies the impact they can have on the individual’s sense of self (Fran, 1991; Thoits, 1991). Our research examines a multivariate model of the relative impact of cancer factors and other health problems on cancer-related aspects of identity and the social self. Data from in-person interviews with 321 older-adult cancer survivors in a NIH funded research project at an NCI comprehensive cancer center are utilized to test a conceptual model on the key predictors of identity-relevant outcomes. Regression analyses show that cancer-related health worries (β = -.19) and perceived cancer stigma (β = -.25) are significant predictors of lower self-esteem among cancer survivors, and stigma is a strong predictor of poor self-continuity (β = -.28). However, non-cancer factors, such as co-morbidities (β = -.16) are also significantly related to lower self-esteem. Cancer-related factors, such as continuing cancer symptoms (β = -.15) and perceived stigma (β = -.21), are significant predictors of body satisfaction, which is correlated with self-esteem. These results suggest that both cancer and non-cancer health factors play an important role in the individual’s cancer-linked identity and the broader social self. These results suggest that psycho-social practitioners and health care providers need to be aware of the role that cancer, even in the distant past may have on important aspects of identity. These include aspects of identity that are both cancer-linked and more general aspects of self and identity, such as self-esteem, body image, and continuity of self.

ADULT DEVELOPMENTAL PERSPECTIVES ON COPING WITH CANCER: LIFE ACTIVITIES, SATISFACTION, AND DEPRESSION

Cancer diagnosis and treatment may affect functioning in multiple life domains, with variable psychosocial consequences for individuals. This study examined functional and mental health outcomes in military veterans, six months after treatment for head and neck (N=32), colorectal (N=33), or esophageal/gastric (N=8) cancer. 73 mostly male (96%) and mostly older veterans (M age 63.68, SD = 10.16, range 27-87, 67% over age 60), completed in-person interviews that included measures of community integration, illness intrusiveness, and depression. Participants reported that the most important areas of life activity were: relationships (with family/relatives, friends, spouse/partner), using transportation, and recreation/leisure. Areas of life most frequently reported as interfered with by cancer and its treatment include: the feeling of being healthy (74%), eating/drinking (68%), recreation/hobbies (67%), and work/chores/errands (63%). A significant minority of veterans reported that relationships with one’s spouse/partner (40%) or other family (41%), or friends (41%) were interfered with by cancer. A majority of veterans reported major (14%) or minor (18%) depression on the PHQ-9. Older veterans reported lower levels of depressive symptoms (r=0.356**). Older veterans were more likely to report satisfaction with important life domains (e.g., r=0.309* regarding satisfaction with relationships with friends, and r=0.346** regarding satisfaction with recreation/leisure). Veterans with greater depressive symptoms reported more interference in life activities by cancer and its treatment.
and were less likely to report satisfaction with valued life domains. Older veterans appear to be more resilient to functional and psychological consequences of cancer diagnosis and treatment. Results will be discussed from adult developmental perspectives.

DAILY WELL-BEING OF CANCER SURVIVORS: THE ROLE OF SOMATIC AMPLIFICATION
M. Barrineau1, H. King1, E. Costanzo2, D. Almeida3, I. Penn State University, University Park, Pennsylvania, 2. University of Wisconsin-Madison, Madison, Wisconsin

Cancer survivors may experience similar symptoms and emotions to those of the active cancer phase, and previous discussions have noted that understanding somatization in cancer patients is critical. Somatic amplification, the sensitivity to bodily concerns and sensations, may contribute to continued suffering and impact the intensity of future treatment in individuals with a cancer history. The present analyses examine how somatic amplification is associated with daily well-being, specifically daily reports of physical health symptoms and positive and negative affect in cancer survivors. Participants were drawn from the second wave of the National Study of Daily Experiences (part of the MIDUS survey) and included 111 cancer survivors (mean age = 65, range = 38-82; 63% female). Participants completed a baseline assessment containing a measure of somatic amplification as well as eight consecutive evening telephone interviews, which included questions regarding daily experiences (i.e., physical health symptoms and positive and negative affect). Results from a series of linear regression models revealed that among cancer survivors, higher scores on somatic amplification were associated with greater negative affect, less positive affect, and more severe ratings of physical health symptoms. Preliminary analyses suggest that somatic amplification contributes to the daily well-being and experiences of cancer survivors. Additional analyses will compare cancer survivors to matched controls in an effort to understand how the role of somatic amplification may differ across groups.

SPIRITUALITY AND FUNCTIONAL STATUS IN AFRICAN AMERICAN BREAST CANCER SURVIVORS
C. Talley, College of Nursing, Michigan State University, East Lansing, Michigan

Purpose: The purpose of this study was to examine the relationship between spirituality and functional status (physical and social functioning) in African American breast cancer survivors that were 2, 5, and 10 years post diagnosis. Methods: This secondary analysis included 170 female African American breast cancer survivors that were 55 years of age or older at time of diagnosis. The mean age was 65.2 (SD=8.2); most of the participants were widowed. Spirituality was examined with the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACT-sp); physical and social functional was examined with the Medical Outcomes Study 36-item Short Form (physical and social functioning subscale). Spiritual meaning/peace was found highly significant positively related to physical function (beta=.51, p=0.0054 adjusted by co-morbidities and other covariates) and social function (beta=.96, p=.0001 adjusted by co-morbidities and other covariates). Number of co-morbidities was found to be significantly negatively related to physical function (beta=-1.96, p=0.0002 adjusted by spiritual meaning/peace and other covariates). betas=-2.03, p=0.0001 adjusted by spiritual well being and other covariates) and marginal significant negative related social function. Spiritual well-being and meaning/peace as determined by the FACIT-sp, may influence some aspects of functional status (physical and social functioning) in older African American long-term breast cancer survivors. These findings highlight the need for assessing spirituality needs in this population. Spirituality may be a protective factor. Future studies should include a longitudinal design.

FAMILY DYNAMICS, INVOLVEMENT IN HEALTH CARE, AND HEALTH OF OLDER ADULT SURVIVORS OF CANCER
S. Brown, G. Deimling, C. Cronin, H.T. Renzhofer, Case Western Reserve University, Cleveland, Ohio

This study examines the role of family dynamics during the experience with cancer as it affects involvement in health care by family members and physical health among older adults who are cancer survivors. Data were collected from a sample (n = 230) of older adults (M age = 70), long-term (5+ years) cancer survivors identified using a tumor registry from an NIH funded project at a major comprehensive center. Findings from this study reveal that at the bivariate level both family communication and family involvement in health care are correlated with health outcomes. While the relationship between family involvement in health care are minimized at the multivariate level, family communication during the diagnosis and treatment of cancer survivors remains a consistently strong predictor of health outcomes. More specifically, the effects of open family communication during cancer diagnosis and treatment help to explain current self-rated health (β = .20), functional difficulties (β = -.32), and co-morbidities (β = -.21). In addition, being married (β = .19) and the disclosure of information about one’s cancer experience with family members during diagnosis and treatment is shown to influence family involvement during remission. These findings clearly indicate that family dynamics is an important predictor of health during a time of chronic illness, and for family involvement in health care to occur during remission. This has important implications for health care practitioners working with cancer survivors. Inclusion of family members during diagnosis and treatment of cancer patients may be a key determinant of later health.
DEATH, DYING AND GRIEF

ATTITUDES AND BELIEFS ABOUT HOSPICE AND PALLIATIVE CARE AMONG SEXUALLY DIVERSE WOMEN

A. June, D.L. Segal, University of Colorado at Colorado Springs, Colorado Springs, Colorado

The purpose of the present study was to explore differences in end-of-life care attitudes and beliefs among lesbian and heterosexual old and middle-aged women. Self-identified lesbian older adults (n = 30; 90% White, M age = 66 years, SD = 5.5 years), heterosexual older adults (n = 31; 87% White, M age = 64.8 years, SD = 4.6 years), lesbian middle-aged adults (n = 35; 97% White, M age = 50 years, SD = 7.3 years), and heterosexual middle-aged adults (n = 49; 88% White, M age = 50.5 years, SD = 5.5 years) anonymously completed the Beliefs about Pain Management scale and the Hospice Beliefs and Attitudes scale of the End-of-Life Care Questionnaire. Two-way (age X orientation) ANCO-VAs, controlling for group differences on having completed a Living Will and Durable Power of Attorney for health care, revealed significant differences for age on comfort discussing pain management, F(1, 138) = 12.37, p < .05. Older adult women reported more comfort discussing pain management than middle-aged women. Significant differences were also found on hospice beliefs and attitudes for age, F(1, 138) = 5.43, p < .05, and for sexual orientation, F(1, 138) = 6.06, p < .05. Results showed that older adult women held more positive beliefs about hospice care than middle-aged women and lesbian women held more positive beliefs than heterosexual women. None of the interactions were significant. Implications of these findings are discussed.

GENDER ROLES, AGE, AND GRIEF IN ADULTHOOD AFTER PARENTAL LOSS

K. Schiñner, B. Hayslip, University of North Texas, Denton, Texas

While parent-child relationships are significant throughout life, personal and vocational changes as children grow may impact the nature of such relationships. Relationships are further influenced by differences between mothers and fathers, as well as between daughters and sons. For most adults, the death of a parent is a significant event, and grief may be influenced by such variables as age, relationship quality, and gender roles. The current study sought to examine how changes in the parent-child relationship as both generations age affect grief after the death of a parent, while taking into account time since the death. We also utilized the Scanzoni (revised from 1975, 1976) scale to examine how traditional or egalitarian gender roles might affect the course of grief in the context of the death of a parent. Adults (M age = 23.37) were assessed with the Texas Revised Inventory of Grief, the Hopkins Symptom Inventory, and a short form of the Bereavement Experience Questionnaire. After controlling for time since the death and sex role preferences, gender of the child was significant (p < .05) for total BEQ scores, as well as for several specific dimensions of grief (BEQ-Blame/Guilt/Anger, BEQ-Preoccupation, TRIG-Present). Age of the deceased parent (older adults vs. younger adults) did not impact expressions of grief.

“A ROOM FULL OF CHAIRS AROUND HIS BED”: BEING PRESENT AT THE DEATH OF A LOVED ONE IN VA MEDICAL CENTERS

B.R. Williams1,2, A.R. Wittch1, L.L. Woodby1,2, K.L. Burgio1,2, J. VA Medical Center, Birmingham, Alabama, 1. University of Alabama at Birmingham, Birmingham, Alabama

PURPOSE: Americans express a preference for dying at home with loved ones, yet hospital deaths remain the norm. We explore next-of-kin experiences of being present at the moment of a loved one’s hospital death. METHODS: In 2005-2010, we conducted interviews with 78 next-of-kin of deceased veterans in 6 VA Medical Centers in the South-east U.S. We used content analysis to explore respondents’ experiences with hospital deaths of loved ones, characterizing the underlying social process. RESULTS: A majority of respondents were female (78%) and white (60%). Forty percent were surviving spouses, 31% adult children, and 17% siblings of the deceased. Location of death included ICU/CCU/SICU (42.3%), acute care (38.5%) hospital long-term care (10.2%), and palliative care unit (8.9%). 42.3% of respondents were present in the hospital room at the time of death. Those present were disproportionately female (84.8%), white (78.8%), surviving spouses (54.4%), and had patients dying in the ICU (51.5%). Being present at the time of death often took the form of family prayer circles around the patient’s bed, enhancing family unity and promoting spiritual bonds with the deceased. CONCLUSIONS: This research characterizes personal, interpersonal, and institutional factors related to family presence during the death of hospitalized loved ones. It also sensitizes us to the role of death bed vigils in bringing together family members during a time of crisis and providing survivors with a spiritual bond to the deceased.

MEASURING PREDEATH GRIEF IN FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

E.A. Mulligan, 1. Washington University, St. Louis, Missouri, 2. VA Boston Healthcare System, Boston, Massachusetts, 3. Harvard Medical School, Boston, Massachusetts

Research suggests that family caregivers of persons with dementia may experience grief prior to the death of their care recipients, in part because of the series of losses they experience and the chronic nature of caregiving. The purpose of the current study was to compare two self-report measures of predeath grief, one adapted from the postdeath literature (the Prolonged Grief Disorder Inventory; Prigerson, Vanderweerker, & Maciejewski, 2008) and one designed specifically for use with dementia caregivers (the Marwit-Meuser Caregiver Grief Inventory-Short Form; Marwit & Meuser, 2005). A total of 202 spousal (63%) and adult child (37%) caregivers of persons with dementia completed questionnaire packets. Results from this study suggest that grief is an important component of the caregiving experience that is related to but distinct from depression. Based on information about psychometric properties and confirmatory factor analyses, both measures are appropriate for use with dementia caregivers. In correlational and regression analyses there were several areas of overlap between the measures, including significant associations with characteristics of caregivers (e.g., spousal relationship). However, these associations varied somewhat across subscales. One clear area of discrepancy was the number of caregivers identified as potentially in need of intervention by each measure, as the Prolonged Grief Disorder Inventory was more conservative (7% of caregivers versus 27%). Future research is needed to determine if predeath grief as measured by each instrument is predictive of long-term distress and dysfunction in the context of longitudinal studies.

BEREAVEMENT AMONG HOSPICE CAREGIVERS ONE YEAR FOLLOWING LOSS: PREDICTORS OF GRIEF, COMPLICATED GRIEF, AND DEPRESSIVE SYMPTOMS

J.Y. Allen, W.E. Haley, B. Small, S. McMillian, University of South Florida, Tampa, Florida

Although bereavement is described as an experience to which most individuals are resilient, subgroups may have heightened risk for physical and mental health morbidities and mortality (e.g., Prigerson et al., 2009). Some individuals have clinically significant grief outcomes, so inclusion of complicated (pathological grief) in the DSM-IV has been proposed (e.g. Prigerson et al., 2009). Therefore, the purpose of this study was to identify predictors of normal and complicated grief in a sample of older caregivers. Because persistent duration is proposed as a criterion for complicated grief (Prigerson & Jacobs, 2009), outcomes...
1-year post-loss were investigated. Predictors of depressive symptomatology were also explored. Regression analyses were conducted using data from 188 hospice caregivers residing in Florida. Models included demographic, physical impairment, caregiver baseline depression and resource factors. Less social support, more nursing staff visits, and more symptoms of baseline depression were predictive of higher complicated grief scores, indicating worse bereavement, and risk for clinically significant complicated grief. Older age was also predictive of greater risk for clinically significant complicated grief. Lower education and more depressive symptoms predicted better “normal” grief and depression outcomes at follow-up. Finally, better palliative performance predicted fewer symptoms of depression. Findings suggest an important role of caregiver education levels, received social support, and baseline depression in complicated grief. These results may aid clinicians seeking to target individuals who may benefit from services. Further, findings that increased nursing staff visits are predictive of complicated grief may indicate other underlying factors, such as patient clinical variables, at work.

BOOMER LATINAS REMEMBER THEIR MAMAS: MOTHER-DAUGHTER ATTACHMENT AND LOSS AFTER A MOTHER DIES
C.A. Gosselink, A.L. Hoover, Psychology, Missouri State U, Springfield, Missouri  
Negligible literature exists examining the depth of bereavement experienced by middle-aged boomer women when their mothers die. In this research project, Bowlby’s (1969) Attachment Theory served as a guiding framework to study how boomer daughters characterized their relationships with their deceased mothers and how they coped with their grief. Twenty-five Latinas born between 1946 and 1964 were interviewed in face-to-face, audiorecorded sessions that lasted from two to four hours. Content analysis was performed on the daughters’ narratives. The vast majority of respondents expressed deep attachment to their mothers. “Regina” recalled the deep affection she felt toward and received from her dying mother: “I had so much love… Mama told me, ‘You don’t know how much I love you.’ I would say, ‘I do, and I love you too.’ And she said, ‘I love you more.’” Similar sentiments were expressed even by Latinas who reported childhoods that included abuse, neglect, or abandonment. Many of the respondents still felt bereft years after the demise of their mothers. Implications of these findings include a greater need for culturally-aware bereavement and counseling services for a group of women whose grief is frequently overlooked. Suggestions and recommendations for addressing this need will be discussed.

SESSION 1695 (POSTER)

DRIVING AND TRANSPORTATION ISSUES FOR AGING ADULTS

DISEASE SEVERITY AND DRIVING CESSATION: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY
E. Dugan, C. Lee, F. Poell, Gerontology Dept, University of Massachusetts Boston, Boston, Massachusetts  
Driving a personal vehicle is the preferred means of transportation for most Americans. The transition from driver to passenger is not well-understood. Our previous research identified biopsychosocial risk factors for driving cessation. This study extends that work by exploring the impact of chronic disease (diabetes, stroke, arthritis) severity and cognitive function on driving transitions. This paper pooled data from the 1998, 2000, 2002, 2004, 2006, & 2008 waves of the Health and Retirement Study (HRS). The HRS is a nationally representative longitudinal survey of community dwelling adults in the United States. The analytic sample was restricted to adults age >65 who answered all of the driving questions in the HRS survey (n=43,532). Expected demographic factors (age, gender, education, income, race/ethnicity) were related to driving cessation. In addition, we found that indications of severity of the chronic conditions were associated with driving status. Increased risk for driving cessation was associated with: taking insulin for diabetes; having seen a doctor in the past 2 years because of a stroke; reporting that arthritis limited usual activities; lower summary cognitive score (p<0.05). These findings support the approach of assessing disease severity rather than relying on a diagnosis alone when evaluating driving fitness.

SELF-REPORTED DRIVING BEHAVIORS AMONG OLDER ADULTS WITH CLINICALLY DIAGNOSED MILD COGNITIVE IMPAIRMENT: DO THEY AVOID DIFFICULT SITUATIONS?
M.L. O’Connor1,2, Y. Bannon1, E.M. Hudak2, C. Haley2, C. Peronto2, J.D. Edwards2, J. Psychology, University of Virginia, Charlottesville, Virginia. 2. University of South Florida, Tampa, Florida  
Older drivers with mild cognitive impairment (MCI) have been found to perform worse on driving simulator tasks and on-road tests than drivers without MCI (Frittelli et al., 2009; Wadley et al., 2009). Thus, complex driving situations may pose safety concerns for MCI patients. However, it is unclear whether individuals with clinically defined MCI self-regulate their behavior by driving less frequently and avoiding more challenging situations. The current study examined self-reported driving frequency (i.e., days and miles driven per week) and avoidance behaviors among 30 drivers with clinically diagnosed MCI, as well as 53 cognitively normal drivers who resided within the same community. The total sample ranged in age from 60 to 92 years (M = 76.14, SD = 7.64). After controlling for age, gender, and education, MANCOVA results indicated that MCI patients reported driving fewer days per week than normal participants, F(1,61) = 7.37, p < 0.01. Drivers with MCI also more frequently avoided accessing the community, F(9,53) = 4.19, p < 0.05, driving in unfamiliar areas, F(9,53) = 11.14, p < 0.01, and driving on high-traffic roads, F(9,53) = 4.20, p < 0.05. Miles per week and avoidance of bad weather, left-hand turns, and night driving did not significantly differ according to MCI status. Results indicate that drivers with MCI may be aware of decrements in their abilities and regulate their behavior appropriately. However, further research is needed to determine if such self-regulation impacts driving safety.

CAREGIVER PERCEPTIONS OF THE EFFECTS OF COGNITIVE DECLINE ON THE DRIVING ABILITIES OF CARE RECEIVERS
D.P. McCarthy, Occupational Therapy, Florida International University, Miami, Florida  
Background: Progressive cognitive decline eventually robs individuals of their safe driving abilities. This not only affects their mobility, but also affects the lives of their family, friends and others. This study examined caregivers’ perceptions of about current driving abilities and eventual driving cessation among drivers experiencing cognitive decline. Methods: Drivers seeking a driving evaluation from a memory disorder clinic were accompanied by family, a friend, or hired help (caregiver). While drivers underwent testing, caregivers completed a questionnaire about their perceptions of the driver, the driver’s abilities, and how the driver’s eventual loss of driving privileges would affect the caregiver. Results: Of the 39 participants who completed the survey, 49% were spouses/partners and 39% identified themselves as relatives. Many drivers (77%) received physician referrals for the driving evaluation. Most (81%) caregivers who expressed concerns had discussed them with the driver. Only 8% of drivers had expressed concerns about their own driving ability. Most (77%) caregivers provided rides for the drivers and 36% reported a disruption in their daily activities. When asked about the effects of drivers’ eventual loss of driving privileges, 73% of caregivers expected an increase in their responsibilities and 56% expected a decrease in their quality of life. Conclusion: The loss of driving privileges is an eventuality for those with progressive cognitive
decline. Drivers’ declining abilities also impact the daily activities and quality of life of their caregivers. Clinicians and others involved with individuals with cognitive decline should be cognizant of these issues and provide supportive services to caregivers.

**THE DRIVINGHEALTH® INVENTORY AS A CLINICAL SCREENING TOOL FOR OLDER DRIVERS – AN ASSESSMENT OF THE FACE VALIDITY AND ACCEPTANCE OF THE DHI IN A CLINICAL SETTING**

M. Crisler1, J.O. Brooks1, S. Healy2, J. Mckee3, L. Clemson Univ, Clemson, South Carolina, 2. Roger C. Peace Rehabilitation Hospital, Greenville, South Carolina

In this study, we examined the acceptability and face validity of the DrivingHealth® Inventory (DHI), a standardized, computer-based older-driver screening tool for clinical applications. 360 volunteers over age 50 (M = 68.7, SD = 9.2) were administered the DHI at a Southeastern US rehabilitation hospital by trained research associates. Volunteers were also administered the Driving Preferences Inventory and other surveys to learn about their health, driving habits, and impressions of the DHI. Volunteers reported strong agreement with statements that suggest they believe the DHI measures abilities important for safe driving and that they would seek or be willing to listen to advice about driving and safe mobility from medical professionals. Correlations observed between DHI results and Driving Preferences Inventory responses suggest that some self-regulation of driving behaviors is already occurring. It was also observed that even though drivers who scored poorly on the DHI were generally positive about it’s ability to help them understand their ability to drive safely, these drivers were less positive than were drivers who scored well on the DHI. This suggests that early use of such screening measures may encourage acceptance of results as abilities decline later in life; however, further research will be necessary to firmly establish this link and investigate the benefits of using the DHI with diverse clinical populations.

**CUE CARDS: HELP FOR THE STATE HIGHWAY PATROL?**

A. Dickerson1, B. Overton2, 1. Occupational Therapy, East Carolina University, Greenville, North Carolina, 2. NC State Highway Patrol, Raleigh, North Carolina

In recognition of state highway patrol officers being stakeholders in older driver safety, the North Carolina Older Driver Coalition used grant funding from NHSTA and NCST to address educational goals of the highway patrol about older adults. This presentation will describe the process and implementation of the plan, including the development and distribution of cue cards about older drivers with possible cognitive issues. Over 2,000 cue cards were developed and distributed to every North Carolina Highway Patrol officer. An on-line survey was used to collect reactions from the officers over a 6 month period with the intention of improving the cards. Based on the results, cards would be modified and made available to all law enforcement in North Carolina. This presentation will describe the response of the officers. At least 158 officers responded with feedback. The most common reason for stopping the older adult was speeding (n=105), although unsafe driving was also frequent. Although only 15 officers indicated they used the cards, 46% indicated they believed the card would be useful in the field. Fifteen officers offered optional feedback and will be summarized for this presentation.

**LIFE GOALS AS BARRIERS TO DRIVING CESSION**


In most of the US, driving a car is a necessity for access to goods and services as well as other important functions. Those who have to give up driving may find significant interference not only in acquiring goods, but in pursuing their ongoing life goals. In this study we used a health behavior change model to examine the influence of life goals on driving cessation among a group of adults aged 55+, who were having vision problems, and still driving upon entry into a larger longitudinal study. The final baseline sample contained 381 drivers whose ages averaged 75 years. About half the sample were women (52%) and about half were married (48%). We used the Rivermead Life Goals Questionnaire (Wade, 1999) to inquire about the importance of 8 general life goals as well as the degree to which participants perceived driving cessation would interfere with these goals. At the 24-Month follow-up, 66 participants (25%) had stopped driving. Baseline perceptions of greater interference with Domestic Arrangements, Life Philosophy/Religion, and Hobbies/Leisure Activities were related to lowered likelihood of driving cessation 24 months later. Interestingly, when all three of these life goals were regressed on driving cessation, Hobbies/Leisure Activities mediated the relations of the other two life goals with cessation. Thus, perceptions that driving cessation will interfere with hobbies and leisure activities represent a barrier to changing a potentially high-risk behavior. Interventions that focus on maintaining pursuit of important goals and finding alternative paths for goal pursuit are recommended.

**RISK FACTORS FOR DRIVING CESSATION AMONG OLDER WHITES, BLACKS, AND HISPANICS**

C. Lee, E. Dugan, F.W. Porell, Gerontology, Univ. of Massachusetts Boston, Boston, Massachusetts

The number of older drivers is expected to double in the near future. Information about driving fitness and cessation is needed. This study builds on our previous research exploring racial differences in biopsychosocial risk factors for driving cessation. We now explore driving cessation by investigating the relative contribution of cognitive function measures and indicators of disease severity (such as diabetes strokes, and arthritis) this study utilized data from Health and Retirement Study (HRS) (1998-2008 waves). The HRS is a nationally representative longitudinal survey of community dwelling adults in the United States. This study included respondents age 65 and older including Whites (n=34,706), Blacks (n=5,147) and Hispanics (n=3,050). This study performed multivariate logistic regression to estimate the association between risk factors and driving cessation among older adults. The study results presented that demographic factors (age, gender, education, income) and functional limitations were related to driving cessation similarly among those three groups. Also, we found that cognitive impairments had significant impacts on driving cessation (p<0.05). With respect to the severity of chronic conditions, taking insulin for diabetes was associated with driving cessation in White adults (p<0.05). Having recently visited a doctor for a stroke was associated with driving cessation in both Older Whites and Blacks (p<0.05). In combination with our previous research, these findings support racial and ethnic disparities in risk factors for driving cessation. In addition, diagnosed chronic conditions as well as severity of those conditions provide better understanding of racial differences and driving cessation.

**SENIORS AND PHYSICIANS VIEW OF USING DRIVING SIMULATORS IN CLINICAL SETTINGS**

J.O. Brooks1,2, P.J. Venhoven1, S. Healy, J. Mckee, 1. Psychology, Clemson Univ, Clemson, South Carolina, 2. Greenville Hospital System University Medical Center, Greenville, South Carolina

Rehabilitation clinics need new tools to help maintain and improve the driving independence of patients of all ages but especially the aging population. The purpose of this research was to gather information from community dwelling older adults regarding their views of the use of driving simulators in clinical settings. Over 175 adults ranging in age between 50 to 93 years participated. First, participants were given a demonstration of a simulator which included a variety of screenshots from dynamic driving scenarios including straight roads, curvy roads, city streets with heavy traffic, neighborhoods, intersections, roadway

**64th Annual Scientific Meeting 463**
hazards, day time vs. night time settings, work zones, weather conditions such as rain, snow, and fog. Since the focus of the study was to determine how potential patients view the use of a driving simulator in a rehabilitation setting, participants did not drive the simulator but rather completed a structured interview with questions regarding hypothetical clinical situations and different uses for a driving simulator in a clinical setting. Most questions were answered using a 5-point scale. The volunteers believe the simulator is an appropriate tool in the therapy treatment process to practice driving, learn new skills, and measure one’s driving after a significant medical event but do not feel the simulator is appropriate as a tool to assess driving fitness. User-centered design testing conducted in clinical settings with seniors may lead to driving simulators which can be used by a broad range of patients in clinical settings.

AN EXAMINATION OF MOTORCYCLE CRASHES IN SOUTH CAROLINA
J.O. Brooks1,2, P.J. Venhovens1, V. Hirth1, R. Becco1, R. Boland3, I. Clemson University, Clemson, South Carolina, 2. Greenville Hospital System University Medical Center, Greenville, South Carolina, 3. Palmetto Health, Columbia, South Carolina

It is no longer true that the greatest proportion of motorcycle injuries and fatalities are experienced by the youngest generation of motorcycle riders. As the baby boomer population continues to age, concerns regarding the older vehicle driver population have received significant attention, yet the aging motorcyclist population has not. When examining the number of fatalities in the US between 1997 to 2006, the number of fatalities for each demographic increased but most dramatically for the older population: 50 – 59 year = 307% increase, and >59 years = 280% increase (USDOT, 2007). We examined motorcycle crashes in South Carolina for the years of 2004-2008 for licensed riders in six age groups. A total of 6,711 motorcycle crashes were investigated. The number of crashes for each demographic increased but most dramatically for the older population: <20 years = 35.4% increase, 20 – 29 years = 24.4% increase, 30 – 39 years = 17.7% increase, 40 – 49 years = 55.2% increase, 50 – 59 years = 70.4% increase, and 60+ = 148.8% increase. Failure to yield right of way was the most common among riders age 50 to 59 and over 60 years of age. Failure to yield right of way has also been previously found to be the most common contributing factor among vehicle drivers over the age of 65 in South Carolina. Helmet use, head injuries, fatalities, levels of damage, contributing factors, actions prior to impact, day of the week, and other factors will be discussed.

COMPREHENSIVE DRIVING EVALUATIONS: A RESOURCE IN OLDER DRIVERS’ DRIVING DECISIONS
B. Tracton-Bishop1, L. D’Ambrosio2, B. Kramer3, M. Mohyde4, E. Schold-Davis1, J. Coughlin1, 1. The Hartford Financial Services Group, Inc., Simsbury, Connecticut, 2. MIT AgeLab, Cambridge, Massachusetts, 3. American Occupational Therapy Association, Bethesda, Maryland

While many older drivers drive safely due to a combination of their good judgment, years of experience and self-regulation, some older adults, family members and caregivers struggle with the driving decision. Comprehensive driving evaluations performed by occupational therapists who have earned additional certification in driving can help drivers and families with their decisions around driving through a comprehensive driving evaluation and serve as an impartial evaluator. This qualitative study of occupational therapists who conduct and older drivers who had completed comprehensive driving evaluations found that occupational therapists who engage in these evaluations did not follow a single model, although there were similar elements in the evaluations. Likewise, the results of such evaluations could be more multifaceted than a simple pass or fail response. Occupational therapists, and family was important to a successful evaluation process. Older adults underscored the importance of driving to their sense of autonomy and quality of life. Most drivers in the study had evaluations because of a medical event. The paper concludes by considering that if comprehensive driving evaluations are to become a more common element in the older adults’ decisions around driving, then there is a need for future research to connect assessment tests to safe driving behaviors, and to work to raise awareness and underwrite the costs of evaluations for drivers.

Navigating Traits: Exploring Personality Constructs and Self-Regulatory Behaviors of Older Drivers
E. Lea, T. McCullum, Case Western Reserve University, Cleveland, Ohio

To combat declines in functioning, and improve perceived safety, older drivers often utilize self-regulatory behaviors, such as limiting driving to daylight hours, good weather, familiar roads, and city streets. While many older adults report utilizing these strategies, there is little empirical support for their effectiveness. Further, it is unclear how individual differences, such as personality, may impact older adults’ use of self-regulatory driving behaviors. Therefore, the present study explores the relationships between self-regulatory driving behaviors, demographic factors, perceived health, and personality constructs. A community-based sample of 117 older adult drivers completed self-report measures of driving behavior, health, personality, social desirability, and locus of control. Participants ranged in age from 60 to 97 with a mean age of 73.09 (SD=8.92). The average number of days that participants drove each week ranged from one to seven (M =5.82, SD=1.55). The majority of drivers sampled reported altering driving habits in the last five years to increase safety (62.7%). Older age and greater perceived change in abilities were associated with more frequent self-regulatory driving behaviors. For older drivers, extraversion, emotional stability, and openness were associated with both greater comfort and higher frequencies of driving in challenging situations. External locus of control was associated with greater difficulty adapting driving behaviors, less comfort driving in challenging situations and more frequent avoidance of such scenarios. Given the diverse relationships between individual differences and driving behaviors in older adults, future research should investigate the utility of tailoring driving-related interventions to best suit older adults’ personalities.

Understanding of the Needs of Aging Drivers Who Use Mechanical Hand Controls
J.O. Brooks1,2, P.J. Venhovens1, E. Lowe1, J.P. Bacon1, 1. Psychology, Clemson Univ, Clemson, South Carolina, 2. Greenville Hospital System University Medical Center, Greenville, South Carolina

Mechanical hand controls are adaptive equipment, which allow drivers to operate vehicles when it is not possible to use one’s lower extremities to operate pedals. Diagnoses among the aging population which are associated with the use of hand controls include, but are not limited to, neuropathy, diabetes, degenerative joint disease, knee replacement, lower limb amputation, prosthesis, rheumatoid arthritis, stroke, etc. After completing a review of the current mechanical hand control technologies, it became apparent that there is a lack of research in the US regarding training, safety issues, and further development. Therefore structured interviews were developed for occupational therapists and dealers / installers to gain a further understanding of the needs within the field. Eight occupational therapists trained as driving rehabilitation specialists and ten dealers / installers completed the interviews. The occupational therapists overwhelmingly agreed (88%) that training should be required for drivers who need hand controls but also acknowledge (37%) that training may be too expensive for most patients. One reason this percentage may be rather low is because several of the therapists work for VA hospitals where the patients may not have the same financial burden as civilian patients. The majority of the therapists train patients how to use hand controls in parking lots or residential settings. The dealers / installers provided insightful comments on mechanisms to improve safety for both the user of the hand controls and other driv-
ers who use the same vehicle. These safety considerations will be especially important for the aging population. Future research will examine the utility of using driving simulators to train aging patients how to use hand controls.

**TRAINING LAW ENFORCEMENT TO IDENTIFY MEDICAL CONDITIONS IN OLDER ADULTS**
L. Hill, J. Rybar, T. Styer, J. Jahns, K. Patrick, R. Coimbra, UCSD, san Diego, California

It is estimated that during the next 19 years, 10,000 ‘baby boomers’ will turn 65 each day; hence, those over 65 are the fastest growing age group. NHTSA estimates that there will be more than 40 million licensed drivers over 65 by 2020. This increase in older drivers renders impairments associated with aging to be an increasingly important public health concern. Older adults often experience a decline in cognition, vision, and motor skills required to complete many of the challenges associated with driving. Law enforcement officers are often the first to encounter an impaired driver, so a timely assessment can be imperative to the driver’s safety. This study reports on training of law enforcement officers (including both highway patrol and local police) in Southern California to identify and manage older adults who are suspected of impairment during traffic contacts. The two hour in-person training increased law enforcements knowledge to: 1) understand how the demographics of the older population and medical conditions can impact driving, 2) recognize and assess for conditions that may require intervention, 3) communicate with at-risk drivers regarding licensing re-examination, and 4) refer to community resources. Officers were provided with reference guides for management and referral, including a cognitive assessment tool to determine the presence of dementia. The training was well received, with high satisfaction scores. Preliminary results indicated that 83% of participants felt confident in their ability to recognize cognitive impairment post training. The presentation will include methods for replication of the training nationwide.

**ASSESSING DRIVING COMPETENCY IN OLDER DRIVERS USING A DRIVING SIMULATOR: QUESTIONING RELIABILITY AND EXTERNAL VALIDITY**
S. Gagnon1, A. Bélanger1, H. Cary1, M. Bedard2, 1. University of Ottawa, Ottawa, Ontario, Canada, 2. Lakehead University, Thunder Bay, Ontario, Canada

The goal of this experiment was to examine the reliability and validity of simulator based performance in groups of older (n=45; mean age: 70) and younger experienced drivers (n=53; mean age: 26. Participants first completed a familiarization phase and a thorough 40 min simulator assessment that consisted in a 12 km driving course. After the completion of the assessment, basic simulator handling was further assessed to examine reliability and validity of simulator-based performance. The participants were either tested on a wide angle simulator (31 young and 33 older drivers) or on a desktop mounted simulator (24 young and 20 older drivers). Both platforms were propelled by the same software (STISIM). Handling was assessed on a 11 km scenario that requested the drivers to generate four driving reactions: turning towards the left or right; lane change towards the left or right; stopping; maintaining speed. Based on a low validity hypothesis, it was expected that young and older drivers would differ in their ability to handle the simulator in the last phase of this experiment. Similarly, low reliability should lead to fluctuating results between simulator settings. Handling reactions were scored using a Simulator Evaluation Scale completed by two scorers. Older drivers’ responses to the four handling situations were less accurate than what was observed in the group of young experienced drivers. However, no difference was noted between driving settings. Our findings confirm that external validity is the biggest challenge of simulator-based assessments of older drivers’ performance.

**THE IMPACT OF STEREOTYPE THREAT ON DRIVING PERFORMANCE OF OLDER ADULTS**
M. Joanse, S. Gagnon, M. Voloaca, J.P. Cheron, School of Psychology, University of Ottawa, Ottawa, Ontario, Canada

**ABSTRACT:** Understanding how various factors can influence older drivers’ performance and on-road safety is critical to help them maintain their driving privileges, their mobility, and quality of life. The focus of earlier driving research has generally been the identification of the physical, cognitive, and perceptual changes commonly seen in old age, which can mediate or moderate the driving performance. The influence of social variables, such as negative stereotypes, on the performance of older drivers has never been investigated. Given previous research revealing the existence of a predominantly negative view of the older driver and the stereotype threat literature establishing that stereotypes can impact performance, we hypothesized that older drivers’ performance could be altered under a stereotype threat paradigm. Sixty older drivers aged 65 and above completed a simulated driving task. Prior to testing, half of the participants were informed that the objective of the study was to investigate why older adults aged 65 years old and above were more implicated in on-road accidents (stereotype threat condition) and half were told that the objective was to understand underlying processes involved in driving. Results showed that negative stereotypes could affect their driving performance. The importance of controlling for self-relevance, number of kilometers driven annually, and education is discussed as well as the implication of these results on driving assessments.

**SESSION 1700 (POSTER)**

**FORM AND FUNCTION OF SOCIAL RELATIONS IN LATER LIFE**

**THE MEDIATING EFFECT OF SOCIAL SUPPORT IN THE RELATIONS BETWEEN SPIRITUALITY AND LIFE SATISFACTION IN MIDDLE AND LATER LIFE: AGE AND GENDER DIFFERENCES**
J. Park, School of Social Welfare, University of Albany, Albany, New York

The study aims to examine whether the relationship between spirituality and life satisfaction is mediated by social support regardless of age and gender in middle and later life. Based on the relationship perspective, it was hypothesized that 1) the impact of spirituality on life satisfaction would be mediated by social support in middle and later life; and 2) the mediating effect of social support would be consistent across age and gender. The measure of social support was constructed by the mean across items of each of three subscales of family, friend, and spouse/partner support. Life satisfaction was measured by satisfaction with life at present and rating of life. The measure of spirituality was constructed by the mean across items in each of four domains: private religious practices; religious and spiritual coping; daily spiritual experiences; and mindfulness. The study used data from the Midlife in the United States Survey of 2004 with different age and gender groups: females (N=409, Mean age=51.1, SD=7.045) and males (N=447, Mean age=52.7, SD=6.706) aged 40 to 64; and females (N=128, Mean age=70.8, SD=4.960) and males (N=195, Mean age=71.8, SD=4.729) aged 65 and older. The results of path analysis indicated that social support fully mediated the relationship between spirituality and life satisfaction among males and females aged 40 to 64. Among males aged 65 and older, social support was a full mediator only in the relationship between spirituality and rating of life. In contrast, social support was not a mediator among females aged 65 and older.
TALKING WITH OTHERS ABOUT HEALTH: IMPLICATIONS FOR MANAGING SYMPTOMS

Talking with others about health conditions is one way that social connections can impact well-being. This study investigated the influence of social ties on symptom management and help seeking, using urinary symptoms as a case study. Urinary symptoms provide a useful case because they increase in prevalence and severity with age for both men and women, yet many people do not seek formal care for their symptoms. Semi-structured qualitative interviews were conducted with 144 respondents who reported one or more urinary symptoms during a larger representative community study (Boston Area Community Health survey). The qualitative sample included 25 black women, 23 black men, 25 Hispanic women, 22 Hispanic men, 23 white women, and 26 white men. Respondents were asked about whether they talked with family or friends about urinary symptoms and, as appropriate, who they talked with, what was said, or why they had not talked with family or friends. Interviews were transcribed, coded, and analyzed for themes. Talking with others about urinary symptoms was common but had contrasting effects. In some cases, talking with others resulted in gaining a sense of identification with others suffering the same symptoms, receiving practical assistance to ease symptom burden, obtaining suggestions for managing symptoms, and learning about available treatments. In other cases, talking with others served to normalize symptoms so that people saw no need to manage symptoms differently or seek additional help. Results also confirmed prior findings of gender differences in who people talk with about health.

FRIENDSHIP NETWORK STYLES AND THEIR PREDICTORS IN OLD AGE: A LATENT CLASS MODEL
M. Miche1, O. Huxhold2, N. Stevens1. 1. Radboud University Nijmegen, Nijmegen, Netherlands, 2. German Centre of Gerontology, Berlin, Germany

Friendships contribute to well-being in old age beyond family relations. However, studies on later life friendships mostly ignore interindividual differences in friendship patterns that can be found in social reality. The aim of this study, therefore, was to investigate such differences by identifying distinct friendship network styles including their predictors. The study builds on Matthews’ qualitative model of friendship styles. Matthews established three distinct approaches to friendship that differ by number of friends, duration of friendships, and levels of closeness in friendship. We used latent class analysis to retrieve these friendship styles in quantitative data from a sample of adults aged 40 to 85 years (N = 1,876). Data came from the national representative German Aging Survey (DEAS). Our results demonstrated that considerable interindividual differences in the ways in which people organize their friendship relations can be captured by four distinct friendship styles. In accordance with Matthews’ qualitative typology, we identified these as: a discerning style, which focuses on few close relationships, an independent style, which refrains from close engagements, and two acquisitive styles that both acquire new friends across their whole life course but differ in terms of their emotional closeness in their friendship relations. Furthermore, socioeconomic status, gender, health, network-disturbing, and network-sustaining variables predicted friendship network styles. Based on our results, we argue that future studies should consider a more holistic view of friendships in order to better understand associations between friendships and well-being across the lifespan.

AGE HOMOPHILY IN OLDER ADULTS’ SOCIAL NETWORKS
M. Stone, J. Lin, Sociology, Case Western Reserve University, Lakewood, Ohio

The social separation of the young and the old has always been a scholarly and public concern. International research indicates that there are large deficits of young adults in the networks of older people and that fewer older people have regular contact with younger non-kin adults. Although the structure of core networks in the U.S. has undergone important changes over the past two decades, there is limited research examining older adults’ social networks. The purpose of this paper is to examine older adults’ social networks with a focus on the age composition of their primary social connections, using a nationally representative sample of 3,005 adults aged 57 to 85 years old in the National Social Life Health and Aging Project (NSHAP). Using descriptive techniques, regression models and network analysis, we will address two specific aims. First, we will estimate the extent of age-segregation/age-integration by examining the degree of age homophily in older adults’ network ties. Our second specific aim is to explore factors that influence the social segregation/integration of older adults. For example, scholars have suggested that family is the only institution that provides opportunities for the young and old to interact and as a result, older persons with few kin relationships may be at a higher risk of age-segregation. We will then discuss the implications of age-segregation/age-integration given the changing age and family structure of the U.S. population.

SOCIAL RELATIONSHIPS OF AFRICAN AMERICAN AND HISPANIC OLDER ASSISTED LIVING RESIDENTS: EXPLORING THE ROLE OF RACE/ETHNICITY
N. Park, D. Dobbs, I.V. Carrion, T.L. Young, J. Salomon, University of South Florida, Tampa, Florida

While there is speculation that assisted living (AL) communities are economically and racially segregated, little is known about how social relationships are experienced by racial/ethnic minority residents in assisted living (AL) communities. The purposes of the study were to: (1) describe patterns/processes of social relationships of African American and Hispanic residents in AL settings; (2) examine how residents construct and maintain relationships with other residents and staff. The data were collected using in-depth interviews with 15 African American and 15 Hispanic older adults in eight AL communities in Florida. Salient themes were derived using a grounded theory approach. Interviews included questions dealing with resident to resident relationships and resident to staff relationships. Results: Formation of both resident and staff relationships was described by AL residents as important to their well-being. Between race resident to resident relationships were not common for reasons such as a lack of common values and social interests. Hispanic residents were more likely to be linguistically and socially isolated when they lived in AL communities with few Spanish speaking residents and staff. Both African American and Hispanic residents voiced the lack of meaningful activities, which could promote developing resident to resident and resident to staff relationships. These findings suggest a need for more culturally competent care provision in AL communities that are racially/ethnically diverse.

SOCIAL ISOLATION AND TIME PERSPECTIVE AMONG OLDER ADULTS IN JAPAN
A. Ohashi1, K. Abe2, Y. Arai1, C. Oh1, K. Mizuno1, J. Chubu Gakuen University, Seki, Japan, 2. Kansai University of International Studies, Miki, Japan

Purpose: The purpose of this study was to examine the aspects of social isolation among older adults residing in a rural community in Japan. This study was also to examine differences in time perception depending on the degree of social isolation. Methods: The subjects consisted of 2529 older adults residing in Shirotori Town, Gujo City, Gifu Prefecture. The subjects completed a questionnaire survey regarding the presence of co-residing family members, frequency of communication with family members or friends, and their perception of time relative to the past, present and future. Results: 8.4% of the subjects lived alone and 26.8% lived only with their spouse. Although subjects living alone indicated that their children, relatives or close friends fre-
DIVERSITY AMONG MIDDLE-AGED AND OLDER ADULTS
AN EXAMINATION OF SOCIAL SUPPORT SOURCE

Health over time. Implications for successful aging will be discussed.

Self-rated health is arguably one of the most reliable predictors of mortality in older adulthood (Iddler & Benyamini, 1997). Identifying protective factors that maintain self-rated health in the face of increasing rates of chronic illness is a necessary endeavor to understanding successful aging (Cheng, Fung & Chan, 2007). Mechanisms such as social support and goal adjustment capacities may have buffering effects for self-rated health among aging adults (Cheng & Chan, 2006; Wrosch, Miller, Scheier & Brun de Pontet, 2007). This longitudinal study assessed 374 recent retirees every year over a four year period. It was hypothesized that individuals with satisfactory levels of social support and adaptive goal adjustment capacities would have higher levels of self-rated health over a four year period. Furthermore, social support and goal adjustment capacities were expected to interact to predict changes in self-rated health over time. Results indicated that functional disabilities, chronic illness and goal reengagement capacities predicted baseline levels of self-rated health. Longitudinal decreases in self-rated health were found across the entire sample. However, social support satisfaction buffered against decreases in self-rated health over time. Furthermore, social support satisfaction interacted with goal reengagement such that individuals who reengaged in goals and were satisfied with their social support networks were able to maintain their self-rated health over the four years. Results indicate that social support and the ability to reengage in meaningful goals may be protective for older adults’ self-rated health over time. Implications for successful aging will be discussed.

AN EXAMINATION OF SOCIAL SUPPORT SOURCE
DIVERSITY AMONG MIDDLE-AGED AND OLDER ADULTS
L.A. Ferrante, K.J. Kimbler, S.A. Lacy, Social & Behavioral Sciences, Florida Gulf Coast University, Fort Myers, Florida

A great deal of research has examined factors related to individuals’ social support. Much of this research has focused on the number of individuals available to provide specific types of support, satisfaction of available support, or total social support network size (e.g., Carney-Crompton & Tab, 2002; Gottlieb & Bergem, 2009, Sarason et al., 1983). The current study focused on the number of relationship types (e.g., spouse, parents, children, siblings, extended family, and friends) that individuals reported as sources of instrumental and emotional social support. Social support was measured with a modified version of the social support questionnaire (Kimbler, Ferrante, & Lacy, 2010) that included 7 items related to instrumental support and 3 items related to emotional support. Participants indicated their level of satisfaction, the individuals who provided each type of support, and the nature of their relationship with those individuals. Results indicate that men and women significantly differ (p < .05) in the number of different types of relationships that are reported as social support sources. Although the types of social support sources were not related to verbal ability or inductive reasoning, there was a significant correlation between the types of social support sources and everyday problem-solving performance (p < .05). Additional analyses examined sex differences in the consistency of social support sources and differences in emotional and instrumental social support sources. The current study suggests that examining the types of social support sources provides important additional information when assessing the complex nature of social support networks.

RELEVANCE OF RELATIONSHIP QUALITY AND HEALTH: AN EXAMINATION OF POSSIBLE BEHAVIORAL AND BIOLOGICAL MECHANISMS
S. Hope, K. Biditt, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Positive aspects of relationships are beneficial for health and well-being. Less is known about negative aspects of relationships and the mechanisms by which relationships influence health. This study investigated associations among positive and negative social relationships, self-reported well-being, health behaviors, and bio-measures of health. Participants from the National Social Life, Health, and Aging Project (N = 3005; ages 57 to 85) completed face to face interviews regarding their health and relationships, had their blood pressure tested, and provided blood spots which were analyzed for CRP, EBV, and Hba1c. Participants rated their relationships with spouses, family, and friends with two positive (talk about worries, rely on them for help) and two negative (make too many demands, frequency of criticism) items. Linear regression models revealed that individuals who reported more negative relationships reported fewer health behaviors (e.g., less physical activity, poorer sleep), poorer psychological well-being (e.g., greater depression and anxiety symptoms), and lower self-rated physical health. Individuals with more positive relationships reported greater health behaviors (e.g., less physical activity, poorer sleep), greater psychological well-being (e.g., greater depression and anxiety symptoms), and greater self-rated physical health. Surprisingly, there were few associations among relationship quality and bio-measures with the exception of negative friend relationships which was associated with higher blood pressure. Further analyses examine whether associations between relationships and well-being vary by age. In sum, these results shed light on the potential mechanisms accounting for the relationship-health link.

SOCIAL NETWORK ANALYSIS: ASSOCIATION BETWEEN NETWORK CENTRALITY MEASURES AND ACCULTURATION IN KOREAN AMERICAN OLDER ADULTS
S. Rhew1, D.A. Chiriboga, Y. Jang2. 1. University of South Florida, School of Aging Studies, Tampa, Florida, 2. University of South Florida, Department of Aging and Mental Health Disparities, Tampa, Florida

More acculturated immigrants may be ideal targets in attempts at intervention because they have connections with both the host culture and the social network of fellow immigrants. Their potential to connect with both worlds is utilized in this study. Our goal is to identify characteristics of key players in the social networks of targeted immigrants, Korean American older adults, and examine whether key players are more likely to show higher acculturation than other individuals who have comparable centrality in the network. The sample consisted of 353 Korean American older adults living in central Florida. Summary scores from a 12 item acculturation inventory were computed. Social network analysis was conducted to calculate three types of node-level centrality: degree (persons who are the most visible in the network), betweenness (persons who are literally on the communication paths between two other persons), and closeness centrality (persons who can quickly interact with all others). Fifteen sets of key players identified by social network analysis software can cover 178 people (50.4%) of the network. Non-significant differences were observed in the scores of acculturation for key players and non-key players. Key players showed a more balanced gender distribution (7 males versus 8 females) whereas non-key players who have comparable degree centrality were more

64th Annual Scientific Meeting 467
likely to be male; female was dominant in non-key players who have comparable closeness centrality. Implications for a health service use educator who works with Korean American are discussed.

EXAMINING THE IMPACT OF HUMOR STYLES OF PEOPLE WITH DEMENTIA ON THEIR SOCIAL RELATIONSHIPS

W. Mak, L. Kehoe, S. Sorensen, University of Rochester Medical Center, Rochester, California

Older adults often comment that humor is essential for aging well, but in recent years studies have shown that beneficial outcomes related to humor depend on the type of humor used. Specifically four styles have been identified: self-enhancing, affiliative, aggressive, and self-defeating. Self-enhancing humor includes coping humor and affiliative humor focuses on enhancing others’ well-being, both of which are beneficial types of humor. On the other hand, aggressive humor centers on belittling others, and self-defeating humor centers on belittling the self. The role of humor styles and its impact on social relationships has not been studied in people with dementia despite the reported importance of humor and continued social interaction during the progression of dementia. The present study examined how humor styles in people with mild to moderate dementia may be associated with the quality of their social relationships. Correlation and regression analyses were used to assess the association between humor styles and positivity of social relationships, controlling for cognitive status (MMSE). People with an aggressive style of humor were more likely to report worse relationship quality whereas those with a self-enhancing style of humor were more likely to report better relationship quality. Identifying different humor styles in people with dementia may facilitate selection of activities and social partners that would maximize well-being. Results are discussed in the context of informing community-based program development.

SESSION 1705 (POSTER)

HEALTH INTERVENTIONS WITH OLDER ADULTS AND HEALTH WORKERS

ORIENTATION AND MOBILITY TRAINING FOR PARTIALLY-SIGHTED OLDER ADULTS: A REVIEW OF THE LITERATURE

G.I. Kempen, J. Ballemans, G. Zijlstra, School for Public Health and Primary Care, Maastricht University, Maastricht, Netherlands

Objective: This study aimed to provide an overview of the development, content, feasibility, and effectiveness of existing orientation and mobility training programs in the use of the identification cane. Data sources: A systematic bibliographic database search in PubMed, PsychInfo, ERIC, CINAHL and the Cochrane library was performed, in combination with the expert consultation (n=42; orientation and mobility experts), and hand-searching of reference lists. Review methods: Selection criteria included a description of the development, the content, the feasibility, or the effectiveness of orientation and mobility training in the use of the identification cane. Two reviewers independently agreed on eligibility and methodological quality. A narrative/ qualitative data analysis method was applied to extract data from obtained documents. Results: The sensitive database search and hand-searching of reference lists revealed 248 potentially relevant abstracts. None met the eligibility criteria. Expert consultation resulted in the inclusion of six documents. Conclusion: Our review of the literature showed a lack of studies on orientation and mobility training in identification cane use. This finding hampers explicit recommendations regarding the application of the training in practice, but stresses the need for further research, since effective orientation and mobility training in using the identification cane may be essential for independent functioning and participation of partially-sighted older adults.

DEVELOPING A STIGMA QUESTIONNAIRE FOR DIRECT CARE WORKERS IN ASSISTED LIVING

B. Harris-Wallace, J.K. Eckert, J. Schumacher, L. Stapleton, Sociology and Anthropology, University of Maryland Baltimore County, Baltimore, Maryland, 2. University of Maryland Baltimore County, Department of Psychology, Baltimore, Maryland

The purpose of this poster is to document the development of a questionnaire to assess direct care worker stigmatizing attitudes and behaviors toward older adults in assisted living (AL) environments. The initial development of the questionnaire was based on narratives provided by informants from the larger ethnographic parent study titled “Stigma and the Cultural Context of Residential Settings for the Elderly,” which examined the broader sociocultural dynamics and interactions in AL. Using these narrative data and key theoretical underpinnings, domains such as stereotyping, prejudice, social distance and devaluation between workers and residents were determined. Guided by these domains, a questionnaire was developed and evaluated by two direct care worker focus groups. After analyzing the information gleaned from the focus groups, the questionnaire was then revised and piloted among a larger sample of direct care workers. Results from this research may provide insight into the development of an assessment tool to assist AL administrators in determining stigmatizing attitudes prior to hiring new workers and identifying educational and training programs most useful for combating stigmatizing behaviors among current workers in the organization.

EFFICACY OF A TRAIN-THE-TRAINER CURRICULUM FOR OCCUPATIONAL THERAPISTS’ MENTAL HEALTH KNOWLEDGE

C. Lysack, C. Leach, P.A. Lichtenberg, Wayne State University, Detroit, Michigan

Introduction: Although occupational therapists (OTs) are trained in mental health assessment and intervention, these skills are under-utilized in clinical practice with older adults. The purpose of this study was to assess the efficacy of a 7-DVD set of depression training materials (Lysack et al, in press) utilizing a randomized control trial design to measure a train-the-trainer curriculum on therapists’ pre- and post-training knowledge. The DVD topics included Mental Health, Depression, Medications, Caregiving, Falls and Balance, and Driving. Each DVD included video demonstrations of OTs performing patient assessments and interventions. Method: Baseline testing was conducted for all participating OTs (n=70) before any training was conducted to measure pre-training knowledge. The train-the-trainer curriculum consisted of one 2-day intensive training for the 4 OT trainers in the intervention group. The OT trainers then conducted training for their OT staff over a 4 week period. Testing on all OTs was conducted after training was complete for all OTs in the intervention (n=37) and control groups (n=33). A 2X2 Repeated Measures Analysis of Variance showed significant knowledge increases. Results: The intervention group significantly improved their knowledge at post test (from 61 to 78% correct responses) whereas the control group remained at 61% correct at both testing time-points (F=32.25, p<0.05) Conclusion: The train-the-trainer model was efficacious in increasing OTs’ mental health knowledge in older adults. Given major shortfalls in the recognition and treatment of late life depression, the study emphasizes the importance of mental health screening in this population.

MOBILE HEALTHCARE: AN INNOVATIVE APPROACH TO ADDRESSING THE HEALTHCARE NEEDS OF RURAL OLDER ADULTS


Twenty-seven percent of persons age 65 and older live in rural areas, and they typically have fewer resources and poorer physical health than urban elders. There is a dire need to improve access to healthcare in
rural areas. As such, various academic disciplines at The University of Alabama collaborated with the West Alabama Mental Health Center to enhance healthcare using a mobile unit. The interdisciplinary team provided healthcare screens and behavioral assessments on a mobile unit that traveled to four cities in rural Alabama on a monthly basis. The rates of hypertension and obesity in this population were striking. Out of 1,776 rural residents screened, the team identified 399 persons with undiagnosed hypertension. There were 384 older adults screened, and 88% of these older adults had pre-hypertension or hypertension and 81.7% were overweight or obese. Age, BMI, blood sugar, and cholesterol accounted for 72% of the variance in BMI ($R^2 = .724$, $F(4, 15) = 9.843, p < .001$), while total blood pressure, age and cholesterol accounted for 86% of the variance in BMI ($R^2 = .857$, $F(4, 15) = 22.450, p < .001$). Men aged 55-64 were more likely to be overweight and obese than other study participants ($X^2(4, n = 150) = 18.43, p = .001$). These data suggest that rates of hypertension and obesity among rural elders are above national averages. Mobile healthcare delivery appears to be a novel and effective way to improve healthcare diagnoses, treatment, and education in underserved rural areas.

Caring Touch and Older Hospitalized Adults: An Exploratory Analysis

P. Adler, X. Liu. 1. University Hospitals Case Medical Center, Cleveland, Ohio, 2. Cleveland Clinic, Cleveland, Ohio

Caring touch is a type of touch that provides comfort and does not involve a procedure or task. Little investigation has been conducted to explore age and gender differences of touch preference reported by hospitalized older patients. The purpose was to explore types of caring touch most preferred by hospitalized older adults by age and gender. The sample consisted of a subset of 58 (men = 35, women = 23) patients who participated in a study of caring touch using survey method. Patients were given a choice of 10 types of caring touch that involved the upper body and requested to record their preferences using a likert scale. Demographic data were analyzed using descriptive statistics. Fisher’s exact test was used to compare the distribution of responses between preferred touch type and gender or categorized age. Tests were performed at alpha level of 0.05. There was a significant difference in the most preferred caring touch type between age groups (≥ 60 years = 27; < 60 years = 31) and between gender in adults less than 60 years of age but not those 60 years plus. Men and women 60 years and over most preferred a back rub, while men less than 60 years most preferred a handshake and women preferred a hug. Results are limited by sample size and lack of cultural diversity, and warrant further study. Knowledge of older adult caring touch preferences during hospitalization would provide nurses with a better understanding of how to enhance patient’s satisfaction.

The “A” Word: Use of “Alzheimer’s Disease” During Diagnostic Conversations

A.K. Zaleta, B. Carpenter, E.Y. Sakai. Psychology, Washington University, Saint Louis, Missouri

Introduction. Practice guidelines encourage disclosure of a suspected dementia diagnosis, but some people remain hesitant about using the term “Alzheimer’s disease” (“AD”). We explored use of “AD” during dementia diagnosis conversations and its relationship to patient/companion psychological outcomes. Methods. Surveys and transcripts from 77 physician/patient/companion triads recorded during dementia diagnostic feedback sessions. Results. Before diagnostic results were shared, all patients and all but one companion reported wanting to be told if the patient had AD or another dementia. Physician use of “AD” (mean = 6.44, SD = 4.78), “dementia” (mean = 3.20, SD = 5.37), and “memory problems” (mean = 3.91, SD = 4.60) varied in frequency, occurring less (p < 0.05) in instances of no dementia. Patient/companion use of these terms was minimal, regardless of diagnosis. During diagnostic disclosure, for participants with AD, 85% were told explicitly that “Alzheimer’s disease” was the most likely explanation for symptoms. Explicit use of “AD” was associated with enhanced companion but not patient comprehension of the diagnosis. Regression analyses demonstrated that frequency of physician use of “AD,” “dementia,” and “memory problems,” as well as the ratio of “AD” relative to other words, was not associated with patient/companion depression, anxiety, or comprehension. Summary. The term “AD” was used frequently, but not always shared explicitly as the cause of symptoms by physicians delivering a dementia diagnosis. “AD” was used less often by patients and companions, even though they wanted to know when dementia is suspected, and its use was not associated with catastrophic psychological distress.

Session 1710 (Poster)

Improving Professional Training and Practice

A Multipronged Approach to Improving Geriatric Competency in Internal Medicine Residents

T.R. Kostas, S. Hurwitz, R. Bernacki. 1. Gerontology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2. Department of Medicine at Brigham and Women’s Hospital, Boston, Massachusetts, 3. Harvard Medical School, Boston, Massachusetts, 4. Dana Farber Cancer Institute, Boston, Massachusetts, 5. Division of Aging at Brigham and Women’s Hospital, Boston, Massachusetts

Introduction: The demand for geriatric medical care will increase significantly in the coming decades; however, many medicine residents lack confidence in their ability to care for elderly patients. Our objective was to use a multipronged educational intervention to improve residents’ confidence, knowledge, and behavior in caring for elderly patients. Methods: Our intervention involved lectures, a geriatric wiki, and a geriatric pocketcard during the intern geriatric rotation. A survey assessed change in geriatric confidence. A pre- and post-intervention knowledge test assessed change in geriatric knowledge. Chart reviews of 3 elderly patients admitted by each intern before and after the intervention assessed behavioral change. Results: 25 interns underwent the intervention; 22 completed the confidence surveys, and 20 completed the knowledge tests and underwent chart reviews. Over the last year there have been 94 users and 534 hits on the wiki. The intervention significantly improved intern confidence in all areas including knowing medications to avoid in elderly patients, delirium, advanced care planning, managing pain, and functional status assessment (p = 0.0001). There was a small but nonsignificant increase in knowledge test scores. As for behavioral change, the increase in documentation of hearing and vision impairments was significantly greater in intervention interns compared with controls (p = 0.04). Nonsignificant improvements were observed in documentation of geriatric diagnoses, reduction in prescription of medications to avoid in the elderly, and documentation of fall risk. Conclusion: This multipronged approach to geriatrics education improves residents’ competence in geriatrics by positively impacting their confidence and behavior in caring for the elderly.

Identifying Community-Dwelling Frail Older Persons: Experiences of Practice Nurses

J. Bindels, K. Cox, O. van Schayck, G. Widdershoven, T. Abma. 1. School for Public Health and Primary Care (CAPHRI), Maastricht University, Maastricht, Netherlands, 2. Fontys University of Applied Sciences, School of Nursing, Eindhoven, Netherlands, 3. Department of Metamedica, VU University Medical Centre, Amsterdam, Netherlands

The number of community-dwelling older persons that are considered as frail is rising. Early problem detection and adequate coaching
for frail older persons is essential to prevent unnecessary loss of function, inefficient use of facilities and decrease in quality of life. Therefore, variations of early detection and treatment aftercare for frail older persons were implemented in three sub-regions in the south of the Netherlands. In all regions practice nurses perform assessments with older persons during home-visits and are considered as case-managers for identified frail older persons. The aim of this study was to compare and map the experiences of the practice nurses. Data were collected over a 6 months period. In-depth interviews were conducted with practice nurses (n=12). Essential topics like selection procedures, approach, assessment, workload and cooperation with other professionals were included. Additionally observations during home-visits took place with a specific focus on the practice nurses and their way of working. The practice nurses faced difficulties with detecting frail older persons: not all frail older persons were detected and many healthy older persons were falsely detected as frail. The home-visits to assess the older persons were experienced as valuable, however they were also considered as time-consuming. Furthermore, practice nurses perceived problems in facilitating care for reluctant frail older persons. Although the practice nurses developed more expertise in the field of detecting and assuring frailty in older persons over time, more support is needed (e.g. from general practitioner or other professionals) to address the bottlenecks they perceive.

ENHANCING HEALTHCARE PROFESSIONALS KNOWLEDGE: HOW AN INTERPROFESSIONAL CONFERENCE INFORMS PRACTICE

C. Ford¹, P. Sawyer¹, A.G. Roehrick¹, E. Kvale², P. Bosworth¹, C. Ritchie¹,²
1. Gerontology, Geriatrics & Palliative Care, University of Alabama at Birmingham, Birmingham, Alabama, 2. Birmingham/Atlanta GRECC, Birmingham, Alabama

The University of Alabama at Birmingham’s Geriatric Education Center (UAB GEC) focuses on the training/retraining of healthcare professionals (HP) across the state concentrating on the Care of the Complex Older Adult. To ensure optimal outreach, the UAB GEC offered a statewide 2-day Interprofessional Geriatric Education Conference (IPEC) for the last two years. Originally a partnership with the Alabama Gerontological Society (AGS), the UAB GEC transitioned to a campus-based offering that provides a more cohesive and focused experience for students and practicing HP. The curriculum for the 2011 conference was derived from the needs assessments and previous conference evaluations. This included an assessment completed by attendees from the 2009 AGS Conference (85), the Alabama Department of Public Health (202), the UAB Continuing Medical Education Network’s Community Physicians (33) and evaluations completed by the 2010 IPEC attendees (186). Based on the results, the 2011 conference was expanded to two full days, running four simultaneous tracks: Complex Issues of Aging, Communication Skills, The Active Patient & Caregiver, and Transitions in Care. This presentation will describe the effective transition from a partner-based conference to a solitary-sponsored event, successful strategies to increase attendance, and the benefits of transitioning from a topic-focused curriculum to conference tracks. It will also discuss the challenges of obtaining continuing education credits and steps to ensure compliance with the varying governing board rules. Following this session, attendees will be able to develop and implement a geriatric interprofessional conference for varying levels of learners representing multiple health care disciplines.

GERIATRIC COMPETENCY AND TRAINING: SURVEYING A LOCAL ELDER SERVICES AGENCY

T.L. Aiduk, Bridgewater State University, Bridgewater, Massachusetts

Social Work competency in the field of aging is vital; however, despite increased opportunities to gain the knowledge and skills necessary to work effectively with elders, many currently in the field may not be adequately prepared to help aging clients. The Geriatric Social Work Competency (GSWC) scale was developed to standardize skill development of social work students and has guided the recent development of training resources, curricula, and agency-academia collaboration specific to working with elders. In a unique application of the GSWC scale, this project explored how a local elder services agency fulfills its mission to “support the dignity and independence of elders” in light of workers’ training and geriatric competency. Using a community-based mixed methods approach, data were collected through semi-structured interviews with key staff members (n=20), and administration of the GSWC scale, along with a supplemental survey, to direct care workers (n=50). Findings include managers’ perception of worker competence in aging, workers’ self-assessed geriatric competency, educational and training background of employees and ongoing training opportunities. In spite of above average self-assessed competency and ongoing employee training, direct care workers indicated a strong desire for continued educational opportunities. Workers’ understanding of the importance of geriatric competency was underscored by a response generated list of over 80 aging-related training topics which they believe would increase their ability to better meet the needs of their aging clients. Findings have important implications for the preparation and on-the-job training of geriatric care workers and expanded uses for the GSWC scale.

NURSE AIDES’ PERCEPTIONS OF BARRIERS TO IMPLEMENTING DEMENTIA EDUCATION IN A KOREAN NURSING HOME

E. Kong¹, E. Byun², 1. Kyungwon University, Seongnam, Republic of Korea, 2. University of Pennsylvania, Philadelphia, Pennsylvania

There are rapidly increasing older adults with dementia in Korea. Low quality of dementia care in nursing homes is becoming social issue, which results in increasing dementia-education programs in nursing homes. Korean nurse aides, however, face many problems in implementing dementia education. Purpose: The purpose of this study was to identify and describe the barriers to nurse aides’ implementation of dementia education in a Korean nursing home. Methods: Qualitative descriptive methods were used. A total of 21 informants participated in the interviews three months after they had attended dementia education program. All interviews were one-on-one and face-to-face using semi-structured interview protocols. Qualitative content analysis was used to analyze the data. Results: Six themes were identified: (a) There are gaps between theory and practice; (b) There is complexity of elders’ behaviors; (c) Lack of staff and reward do not motivate us; (d) It requires patience and strong sense of mission; (e) If we regard the elders as my family member…; and (g) We need to learn more. Conclusion: Identifying the barriers to implementing dementia education among nurse aides is important to improve the dementia education program and the quality of dementia care in nursing homes. Health care administrators and researchers need to consider these barriers and develop strategies targeting the barriers.

EVALUATING THE RELIABILITY AND VALIDITY OF THE ROSENBERG SELF-ESTEEM SCALE IN NURSING AIDES

T. McMullen¹, B. Resnick¹, 1. Doctoral Program in Gerontology, University of Maryland, Baltimore and Baltimore County, Baltimore, Maryland, 2. University of Maryland, School of Nursing, Baltimore, Maryland

Self-esteem develops over the lifespan and involves a process of evaluation and interaction between an individual and the environment. Organizational-based self-esteem is the extent to which individuals view themselves as having significant roles in the workplace. Individuals with a high organizational-based self-esteem excel in their workplace environment and have higher levels of job satisfaction. Understanding self-esteem in the workforce is critically important as it impacts productivity, job satisfaction and success. To this end, measurement of self-esteem has been extensively studied among many work groups including adolescents, minority cohorts, and nursing home residents. It has not been
and know that they want, meaning short cost effective trainings that promote cost effectiveness. These findings suggest that management are clear that they want in their day-to-day work setting. Theme 3: diversity in culture and communication styles. Theme 2: knowledge and understanding of skills staff gain and how they applied training program the length (the shorter the better) was important. Theme 1: almost every participant agreed that when considering a training that recognizes diversity in culture and communication styles. Additionally, these findings have implications for future staff trainings in assisted living residences to accommodate this growing population.

EDUCATION BACKGROUND AND NEEDS OF SENIOR SERVICE PERSONNEL
D. Martin, The Center for the Study of Aging, McDaniel College, Westminster, Maryland

Directors and administrators of Agencies/Bureaus of Aging, Continuing Care Retirement Communities, Senior Centers, Assisted Living Facilities and non-medical home care agencies acknowledge the need for senior sector employees to be educated in Gerontology, but question whether current employees have the necessary educational background to fully support the needs of the clients and families whom they serve. The purpose of this study was to assess the educational background and present needs of those charged with providing care and assistance to the senior population. Links to an online survey (17 questions) were forwarded to the directors and administrators of seven government agencies and private facilities located throughout central Maryland and south-central Pennsylvania. The recipients were instructed to complete the survey and also to forward the link to their employees via the agency/facility listserv. One-hundred eight survey results were recorded. The data confirmed that administrators and employees in the senior service sector have limited education related to aging and age-related processes. The data further revealed that both the administrators and their personnel desire additional information on topics that varied by position title, but that many were unaware of institutions offering this education. The results highlight the need for institutions offering age-related education to specifically target their marketing efforts to those individuals already employed in the senior service sector.

SESSION 1715 (POSTER)

PHYSICAL AND FINANCIAL ABUSE OF ELDERS

ARE GREATER DEPRESSIVE SYMPTOMATOLOGY ASSOCIATED WITH INCREASED RISK FOR ELDER MISTREATMENT IN A US CHINESE POPULATION?

Background: Elder mistreatment (EM) is associated with increased morbidity and mortality. The objective of this study is to examine the association between depressive symptoms and EM in a US Chinese population. Methods: A Community-Based Participatory Research approach was implemented to partner with the Chicago Chinatown population. Self-reported EM was assessed using modified VASS instrument. Depressive symptomatology was assessed using the short form Geriatric Depression Scale. Exact logistic regression was used to assess these associations. Results: Of the 78 participants, mean age was 74.8 (7.8) years and 52.6% were women. EM was reported in 20.5% of participants. After adjusting for potential confounding factors, higher numbers of depressive symptoms were independently associated with increased risk of EM (Exact-OR, 1.99, 95% CI, 1.23-3.41). Interaction terms analyses suggest that higher educational levels may buffer the risk

CAREER TRAJECTORIES AND ASPIRATIONS OF ADVANCED GERONTOLOGY DOCTORAL STUDENTS

Until recently, individuals who study aging have been trained in traditional disciplines. Over the last two decades, a growing number of interdisciplinary doctoral programs in gerontology have emerged and are producing a new kind of scholar. At a time when aging research is gaining broader attention and the need for interdisciplinary research is increasing, it is timely for the field of gerontology to examine this new generation of “gerontologists”. In this presentation we report on two cohorts of doctoral students from all gerontology degree granting institutions within the U.S. who have participated in the Gerontology Education Longitudinal Study (GELS). Specifically we examine the career trajectories and aspirations of doctoral students and the kind of research they are producing. Analyses of these longitudinal data reveal the relationships among the early ideals and plans for their careers, their productivity in research, and the relationship of these as they are in the final stages of doctoral training. Preliminary results suggest that the majority of students remain stable in their career aspirations. These aspirations guide their research activities and plans in preparation for the next step in their developmental journey. We discuss the implication of the current economic climate and job availability on the career planning and unfolding trajectories for these scholars.

WHAT LEADERSHIP WANT: STAFF TRAINING WITH ASSISTED LIVING RESIDENTS WITH DEMENTIA

Staff working with individuals that have dementia often have limited training and experience difficulties in managing problem behaviors. Leadership (e.g. executive directors, managers, administrators) frequently encounter challenges in finding trainings that educate their staff on best practices in working with people with dementia. This study asked leadership from assisted living facilities (AL) what they perceived as important outcomes of a training program for direct care staff who work with those with dementia in AL. Five semi-structured focus group interviews with 21 participants; four were male and seventeen were female. The AL sites were diverse in their resident size and payment structures. Private pay for profit (57%), private pay non-profit (29%) and Medicare/Medicaid (14%). Four themes emerged from the data analysis. Theme 1: almost every participant agreed that when considering a training program the length (the shorter the better) was important. Theme 2: knowledge and understanding of skills staff gain and how they applied them in their day-to-day work setting. Theme 3: diversity in culture and communication styles between direct care staff and resident. Theme 4: cost effectiveness. These findings suggest that management are clear and know that they want, meaning short cost effective trainings that provide an applicable skill set in working with residents with dementia and a training that recognizes diversity in culture and communication styles.
of elder mistreatment associated with depressive symptoms. Conclusion: Greater depressive symptoms are associated with increased risk for elder mistreatment in Chinese older adults. Longitudinal studies are needed to confirm these findings in this US Chinese population.

TEACHING ELDER ABUSE THROUGH CASE-BASED WORKSHOPS
J.M. Halphen1, S.L. Pickens1, J.A. Larson1, S.K. Ostwald2, M. Hossain3, C. Dyer1, 1. Division of Geriatric and Palliative Medicine, University of Texas Health Science Center at Houston, Medical School, Houston, Texas, 2. University of Texas Health Science Center at Houston, School of Nursing, Houston, Texas, 3. University of Texas Health Science Center at Houston, Center for Clinical and Translational Sciences, Houston, Texas

Background: Elder mistreatment impacts morbidity and mortality. Healthcare practitioners have a legal and ethical duty to identify and intervene in suspected cases. Lack of knowledge and perceived barriers to reporting interfere with this duty. Education is a key strategy for implementing change. Method(s): An interactive case-based two-hour workshop was delivered to medical practitioners by a clinician experienced in assessing elder mistreatment. At the workshop, 23 physicians completed pre-tests and 19 completed post-tests of their knowledge. In addition, six months after the intervention, 12 physicians received a follow-up survey by email regarding perceived barriers to reporting elder mistreatment. Results: Physicians (n=23) answered the pre-test knowledge questions correctly 18% of the time. The 19 physicians who completed the knowledge post-test answered the questions correctly 78% of the time, demonstrating a significant increase in knowledge after the workshop (p=<0.001). In addition, 42% of the physicians receiving the 6-month follow-up survey responded (5 of 12). Their responses demonstrated significant changes in knowledge about what to report (p=0.014), changes in their perceptions about the time needed to report (p=0.003), and changes about legal liability concerns (p=0.003). Conclusions: This pilot study demonstrated that a two-hour case-based workshop led by an experienced clinician could increase pre-post knowledge of physicians. In addition, the workshop had long-term positive effects on physician knowledge and attitudes about their elder mistreatment responsibilities. Larger studies are needed to demonstrate that changes in knowledge and attitudes translate into changes in practice behaviors with more reports of elder mistreatment and appropriate interventions.

A DESCRIPTIVE TYPOLOGY OF RESIDENT TO RESIDENT AGGRESSION IN NURSING HOMES

Resident to resident aggression (RRA) in nursing homes is an alarmingly common but understudied phenomenon. This research presents a descriptive typology of the broad range of RRA in an effort to expand current understanding and prevention of aggression in nursing homes. Reports of RRA were systematically collected through interviews with staff and residents, incident reports, and observation by researchers in selected nursing units in five nursing homes in New York City. Aggressive events were reconstructed in narrative form by combining accounts of victims, perpetrators, and bystanders with data from medical charts and direct observation. Qualitative methods were used to create 16 types of events. The descriptive typology of RRA that resulted addresses the complex and varied nature of the phenomenon. Findings from the event reconstructions and typology suggest that widely-accepted definitions of agitation and aggression in a geriatric population do not fully cap-

THUMBS UP/THUMBS DOWN: READER REACTIONS TO ONLINE NEWS STORIES ABOUT IPV IN LATE LIFE
N. Brossioe, K.A. Roberto, Center for Gerontology, Virginia Tech, Blacksburg, Virginia

Intimate partner violence (IPV) in late life is a hidden public health problem that can result in physical harm, neglect, emotional abuse, and often death of the victim. Using national newspaper reports of IPV experienced by older adults, we identified the types of violence reported and examined how readers responded to the incidents described. For three consecutive months in 2010, we collected and followed online news stories identified through the daily Elder Abuse News Feeds. One-half of the 24 news items about IPV involving older adults included incidents of stabbing, strangulation, torture, and neglect. The remaining stories were reports of murder-suicide. Three themes emerged from a content analysis of readers’ online responses (i.e., written comments, thumbs up/thumbs down, and share) to the news items: overall concern, ageist attitudes, and interpersonal relationships. When readers expressed concern, they focused on the perceived emotional and social impacts of IPV in late life on multiple levels — the individual, family, and society. Comments that included ageist remarks were often mixed with dark humor and represented negative coping strategies used by the reader to make sense of old age and death. Those who focused their comments on relationships focused on the imbalance of power and control in violent relationships. Findings provide insight about societal attitudes towards IPV in late life and can inform the development of strategies to remove stigmas connected to being a victim of IPV and other social barriers that ultimately impact social policy, decision making, and community response strategies.

KEY FACTORS INFLUENCING DECISION MAKING IN RELATION TO ELDER FINANCIAL ABUSE: A CASE SCENARIO STUDY OF CERTAINTY, LIKELIHOOD OF TAKING ACTION, AND ACTION TAKEN
M.L. Gilhooly1, M. Davies2, P. Harries1, K. Gilhooly2, D. Caims1, 1. Brunel Institute for Ageing Studies, Brunel University, Uxbridge, United Kingdom, 2. University of Hertfordshire, Hatfield, United Kingdom

Little is known about the factors that influence decision making by health, social care and banking professionals in relation to detecting and preventing elder financial abuse. The research questions for this study were, (1) Which case features are most influential in decision making? (2) Which characteristics of the decision maker are most influential in decision making? Data was collected via the World Wide Web where participants (82 health, 70 social care and 70 banking professionals) were asked to read and rate case scenarios. Data was analyzed quantitatively using two methods: regression techniques to identify the importance of each of the factors in respondents’ decision making and cluster analysis to group participants according to their judgement about the certainty that financial abuse is occurring and likelihood of taking action. Of the many cues (case features) that could be used in making a decision, only a few appear to persuade professionals that financial abuse is taking place. Similarly, only a handful of cues influence decision making in relation to actions taken. The cues that exert the greatest influence are: the mental capacity of the older person; the nature of the finan-
DETECTING ELDER FINANCIAL ABUSE: CUES USED BY HEALTH, SOCIAL CARE AND BANKING PROFESSIONALS IN CLASSIFYING CASES AS TRUE INSTANCES OF FINANCIAL ABUSE

M.L. Gilhooly, D. Cairns, M. Davies, P. Harries, K. Gilhooly, A. Gilbert, D. Stanley, I. Brunel Institute for Ageing Studies, Brunel University, Uxbridge, United Kingdom, 2. University of Hertfordshire, Hatfield, United Kingdom, 3. University of Plymouth, Plymouth, United Kingdom, 4. Northumbria University, Newcastle upon Tyne, United Kingdom

The aim of this study was to examine decision-making by health, social care and banking professionals in relation to the detection of elder financial abuse. Three research questions guided this study: 1. What are the cues or patterns that are perceived as triggering suspicions of financial abuse? 2. What kinds of decisions are made? 3. What are the case features that make decisions difficult? Data was collected via in-depth semi-structured interviews (n=63) using the critical incident technique to focus on each professional most recent experience of elder financial abuse. Content analysis of the interview transcripts was conducted to consider decision making in the context of such abuse. Results identified critical incidents of financial abuse including stolen possessions, money being taken from bank accounts, and rogue traders. A number of cues were found to raise suspicion of such abuse including: 'identifier of abuse', 'financial problem suspected', 'physical and mental capacity', and 'living circumstances' of the older adult. The cues used by health and social care professionals were similar; bankers, being more concerned with safeguarding money, used slightly different cues; who is in charge of the older person’s money was a key cue category for those in banking. Decision making was not always straightforward. Study participants reported a number of problems in relation to decision making and knowing the best course of action when elder financial abuse was suspected.

USE OF A SELF-REPORT MEASURE OF FINANCIAL EXPLOITATION IN A COMMUNITY SAMPLE

S. Wood, P. Liu, Psychology, Scripps College, Claremont, California, 2. Claremont Graduate University, Claremont, California

The Self-Report Measure of Financial Exploitation of Older Adults (OAFEM) (Conrad et al, 2010) is a 79-item, client self-report measure that has been psychometrically validated. The OAFEM covers 6 conceptual domains of FE: theft and scams, abuse of trust, financial entitlements, coercion, signs of possible abuse, and risk factors. In addition, the article offers guidance on cut-off scales indicative of serious FE. As such, the OAFEM offers a validated tool that should be useful for researchers in the area of FE to use to better describe and characterize FE. In order to ascertain the viability of using the OAFEM in a community sample versus a sample of substantiated cases of financial exploitation, a pilot study was conducted including 136 adults (aged 18 – 93) including both an on-line and community sample examining susceptibility to fraud using the 30-item short form. Results indicated that significant and measurable acts of elder exploitation were present across the lifespan. 2/3 of older adults endorsed at least 1 item on the short form of the OAEFM, with a mean of 1.7 items endorsed. The younger sample was comparable with a mean of 2.0 endorsements. A closer examining of the type of financial exploitation indicated the most common endorsement was entitlement and expectations. This pilot data demonstrates that use of the Conrad et al, (2010) OAFEM is a feasible measure in a community sample and suitable for a dependent measure of susceptibility to elder financial exploitation.

PERCEPTIONS OF ELDER ABUSE AMONG AFRICAN AMERICAN ELDERS AND AFRICAN AMERICAN FAMILY MEMBERS

C.D. Cody-Connor, Winston-Salem State University, Winston-Salem, North Carolina

The purposes of this study were to explore African American elders’ and African American family members’ perceptions of elder abuse and to determine similarities and differences in their perceptions of elder abuse. King’s general systems framework (King, 1981) was used to guide this study. A descriptive correlational mixed method design was used in this study. A sample of 125 African Americans from central North Carolina was surveyed. The total number of caregivers or family members was 72 (57.6%), and the total number of elders was 53 (42.4%). The participants’ written responses to five open-ended questions (Hudson, 1994) produced the qualitative data for this study. The data were analyzed using quantitative and qualitative approaches. Findings indicated that age, gender, role, past experience with abuse, and self-esteem were not related significantly to perceptions of abuse or severity of abuse. Additionally, perceptions of abuse were not related significantly to severity of abuse ratings. However, the coefficients indicated that age was a significant positive predictor of severity ratings. The results suggested that severity ratings increased with increasing age.

THE ECOLOGICAL/CONTEXTUAL PATTERN OF RISK FACTORS FOR RESTRAINT ABUSE OF OLDER ADULTS IN NURSING HOMES: A RANDOM SAMPLE TELEPHONE SURVEY OF ADULTS WITH AN ELDER FAMILY MEMBER IN A NURSING HOME


Few empirical investigations of elder abuse in nursing homes address prevalence and risk factors of restraint abuse. While some restraints (e.g. straps, forced feeding, inappropriate toileting) may be necessary to protect older adults from self inflicted harm or harming others, such restraints become abusive when used punitively or unnecessarily. A random sample of 452 adults with an older adult relative, ≥ 65 years of age, in a nursing home completed a telephone survey regarding elder abuse experienced by that elder family member. Family member respondents reported that 22% of older adult nursing home residents experienced one or more incidents of restraint abuse. SEM estimates of risk factors for restraint abuse addressed: 1) older adult characteristics, such as age, gender, and health status (e.g. ADL's/IADL's, diagnosis of dementia); 2) contextual factors, such as the family/older adult relationship (e.g. family member/older adult emotional closeness) and the staff caregiver/older adult relationship, including other types of staff abuse (e.g. physical abuse, emotional abuse). Statistically significant risk factors included: 1) older adult characteristics—age (γ = -0.024; t-value = -3.74; p = 0.000), gender (γ = 0.228; t-value = -1.967; p = 0.049), and ADL's/IADL's (Daily Help) (γ = -0.021; t-value = -5.415; p = 0.000), 2) contextual factors a) family context—emotional closeness (γ = -0.062; t-value = -4.458; p = 0.000), b) older adult/caregiver relationship—physical abuse (γ = 0.388; t-value = 6.003; p = 0.000), emotional abuse (γ = 1.046; t-value = 2.948; p = 0.003). Findings support an ecological/contextual perspective for identifying risk factors and potential interventions.
SESSION 1720 (POSTER)

ASSessment and intervention

comParison of objective and self-reported methods for measuring physical activity in community dwelling older adults

S. Sahni, S.E. Crouter, R.R. McLean, M. Hannan, 1. Institute for Aging Research, Hebrew SeniorLife, Harvard Medical School, Roslindale, Massachusetts, 2. Dept. of Exercise and Health Sciences, University of Massachusetts, Boston, Massachusetts

Objective: Accurate measurement of physical activity (PA) is often difficult in large studies of elders. This study compared PA measured by accelerometry and two self-reported measures. Methods: From 2009-10, 26 participants (age range 65-88 yr, 21 women) completed a food frequency questionnaire (FFQ) measuring usual dietary intake over past 6 months and the Physical Activity Scale for Elderly (PASE). Participants also wore an ActiGraph GT1M accelerometer for 7 days. Mean daily energy expenditure (EE) was calculated using: 1) accelerometer counts (METs; EEACC) and 2) FFQ using published equations (EEFFQ = ratio of energy intake (kcal) to predicted resting EE, calculated using sex-specific Harris-Benedict equations). Partial Pearson’s correlations (r) were calculated between EEACC, EEFFQ and PASE score (range 0-400) adjusting for sex, age and BMI. Correlations were examined for categories of age (≤77 versus >77 yr median age). Results: On average, participants wore the accelerometer for 6 days. Mean EEACC was 1.28±0.12 METs, EEFFQ was 1.04±0.28 and PASE was 93±49. The (gold standard) EEACC was moderately correlated with EEFFQ (r=0.36, P=0.11) but not correlated with PASE (r=0.05, P=0.82). Persons over age 77 had a stronger correlation between EEACC and PASE (r=0.66, P=0.07) but not with EEFFQ. Conversely for persons <77y EEACC and PASE were not correlated but EEACC and EEFFQ showed a strong correlation (r=0.63, P=0.04). Conclusion: There were only moderate correlations between measured EEACC and EEFFQ estimated from self-report. It is better to use objective measures of physical activity when possible.

base-II-study: comparison of a self administered cognitive test with the MMSE to detect dementia

N. Bucholtz, N. Köster, M. Ibrahim, Y. Moskoui, R. Eckardt, E. Steinhagen-Thiessen, H.K. Berthold, Charité University Medicine, Berlin, Germany

Systematic screening for cognitive functions in primary care and non-specialist settings is important for detection of dementia. To minimize operator time, Brown et al. (BMJ 2010) introduced a self-administered cognitive screening test (test your memory, TYM), which was found better at discriminating between patients with and without dementia than the standard Mini Mental Status Examination (MMSE) in a memory clinic setting. The aim of our study was to validate the test in a German language version within the setting of a geriatrics hospital. Geriatric inpatients were assessed in parallel using the TYM and the MMSE. Diagnosis of dementia or MCI was established by clinical neuropsychologists and physicians according to ICD-10. Preliminary results show that 19 of 63 patients had dementia (30%). The TYM and the MMSE total scores were significantly correlated (R²=0.58, p<0.01). The area under the receiver operating characteristic curve for differentiating patients with dementia from patients without cognitive impairment was 0.76 for the TYM and 0.85 for the MMSE. Using a cutoff total score of ≤38/50 for the TYM and ≤24/30 for the MMSE, sensitivity of both tests was 90%, whereas specificity was 50% and 63% for the TYM and MMSE, respectively. Unlike in the study of Brown et al., first results of our study indicate that the TYM is less discriminative than the MMSE test. Practicability (i.e. speed and ease of use, accuracy of self-administration) was not as excellent as expected. Suitability for non-specialist use has to be questioned based on these preliminary results.

Creating a contemporary late-life disability instrument using computer adaptive testing

C.M. McDonough, I.M. Kopits, P. Ni, F. Tian, A. Jette, 1. Health & Disability Research Institute, Boston University School of Public Health, Boston, Massachusetts, 2. The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth College, Lebanon, New Hampshire, 3. Geriatrics Section, Department of Medicine, Boston University Medical Center, Boston, Massachusetts

Background/Objectives: Traditional measurement methods present difficult tradeoffs between response burden and both precision and sensitivity to change. This study used Computer Adaptive Test methods (CAT) to build a patient-reported measure of late-life function for geriatric research. Design: This was a cross-sectional study. Participants and Setting: We collected data from a convenience sample of 520 community dwelling older adults. Materials/Methods: We created a bank of 138 functional items using the literature, focus groups, and cognitive testing. Subjects responded to all 138 items that were administered by a trained interviewer. We conducted confirmatory factor analyses (CFA) to assess dimensionality of the item pool and employed Item Response Theory (IRT) methods to calibrate items and to assess data fit with different measurement models. We tested the accuracy of real-data simulated CATs of different lengths compared to the full item bank and estimated the precision of CAT score estimation. Results: CFA results revealed that a bi-factor IRT model of Overall Function fit the data best and we developed separate “self-care” and “mobility” sub-factors within this overall bi-factor model. Fit statistics were: CFI=0.93; TLI=0.93; and RMSEA=0.04. The 15-item CAT demonstrated the most accuracy compared with the item bank (r=0.93 or above. RMSE <0.28). Precision was greatest at the middle of the scale than that at the extremes. For the 15-item CAT, the standard errors for the Overall Function scores were less than 0.3 across the -2 to 1 logit score range and standard errors for self-care and mobility scores were less than 0.4 across the -2 to 1 logit score range. Conclusions/Significance: The Late-Life Function CAT demonstrated high accuracy and precision and has the potential to advance functional assessment in research with older adults.
The dearth of information concerning community-based seniors diagnosed with Parkinsonism hinders the application of evidence-based policy decision-making. In 2001, the Resident Assessment Instrument-Home Care (RAI-HC) was mandated for use in Ontario for all long stay clients accessing home care. As such, this paper will report on the health status, functional status and potential health needs of all community-based individuals with Parkinsonism that accessed home care in Ontario over a 4 year period. In total, 13,021 assessments for Parkinsonism were collected using the RAI-HC between April 2003 and May 2007, representing one of the largest available data sets concerning this population. The RAI-HC, a comprehensive, standardized instrument for evaluating the needs of home care clients, is a screening tool and care planning system that assesses multiple domains for individuals and identifies clients who may be at risk of health-related problems. The primary intent of this poster is to provide descriptive information concerning the health status of these individuals. The health status of the sample was generally compromised (e.g., cognitive impairments, problems with ambulation and instrumental activities of daily living), in addition to being diagnosed with Parkinsonism. Some of the most common clinical areas requiring further assessment or care planning were: cardio respiratory conditions, risk of institutionalization, falls, and medication management. A reliable and valid instrument such as the RAI-HC affords researchers the opportunity to study conditions like Parkinsonism and provides up-to-date health information about individuals accessing home care services.

LATE-ONSET STRESS SYMPTOMATOLOGY: DEVELOPMENT AND VALIDATION OF A SHORT-FORM SCREENING INSTRUMENT

J. Wang, A. Pless Kaiser, A.V. Seligowski, C. Potter, A. Spiro, L. King, D. King, C.B. Brady, J. VA Boston Healthcare System, Boston, Massachusetts, 2. Boston University School of Medicine, Boston, Massachusetts, 3. Boston University School of Public Health, Boston, Massachusetts

Late-Onset Stress Symptomatology (LOSS) is a phenomenon among older combat Veterans with no history of chronic stress-related disorders who have begun to think more about their past experiences in the context of normative aging. A potential part of the life review process, LOSS may lead to increased emotional or mental health issues or toward adjustment and well-being. Originally conceptualized based on focus group data with aging Veterans (Davison et al., 2006), a 33-item LOSS scale was developed and validated by King et al. (2007). Our objective was to examine the psychometric properties of an 11-item short form (LOSS-SF) of the LOSS scale developed for broader research application and for clinical use as a screening tool. We examined the concurrent validity of the LOSS-SF versus the full LOSS scale and the LOSS-SF test-retest reliability across two studies of older (Mean age=68 in both) combat Veterans. We also examined the convergent/divergent validity of the LOSS-SF versus the full scale via correlations of each version of the LOSS scale with other measures. The LOSS-SF and full LOSS scale achieved a correlation of .81 and the LOSS-SF’s test-retest reliability was .87 (7- to 14-day interval). Bivariate correlations of age, posttraumatic stress symptomatology, anxiety, and depression with the LOSS-SF were consistent with analogous correlations with the full LOSS scale. Further validation of the LOSS-SF as a clinical screening tool will allow healthcare providers to target potential older combat Veterans vulnerable to mental distress.

A MULTI-COMPONENT WEIGHT LOSS INTERVENTION FOR MIDDLE-AGED AND OLDER ADULTS WITH PRE-DIABETES

C.W. Bales, E.O. Granville, S.B. Rose, S.L. Aktan, A. Dathan, L.W. Piner, W.E. Kraus, Medicine, Durham VAMC/Duke Sch of Medicine, Durham, North Carolina

Overweight and obese individuals with risk factors for Type 2 diabetes benefit from modest reductions in body weight (WT); however, the advisability of WT loss in this population is questioned. Thus we examined WT, body composition, and dietary changes in a sub-set (n=10) of subjects (55-70 yrs, mean = 62.4 yrs; BMI=30.1+3.1 kg/m2) participating in an intensive, supervised intervention for reducing diabetes risk (caloric restricted diet to achieve > 7% WT reduction, aerobic physical activity > 30 min on 5 d/wk). Diet intakes were evaluated at baseline (BL) and at the end of the 6 month study (ET); monthly WT was also recorded. Overall exercise compliance was 87.2%. By study mid-point, subjects had lost clinically important amounts of WT (-4.5 +1.1 kg; 5.3% of BL; P<0.005) and at ET, WT (-6.0 +1.7 kg; 8.1%) was also lower (P<0.006) than at BL. Waist circumference at ET was decreased by 4.2cm and body fat decreased from 41.8% to 35% between BL and ET. Decreases in total fat intake (-12 g/d, P=0.01) and fat exchanges (-1.9/d, P=0.02) were noted, along with meaningful decreases in intakes of kcal (-101/d), alcohol (-2 g/d), and % kcal from fat, and improvements in glycemic index (-2.9) and intakes of fiber (+3.5 g/d), dairy foods, and fruit (+0.43 and +0.44 servings/d, respectively). Thus subjects participating in this intervention improved their body WTs and composition while increasing physical activity and making beneficial changes in several markers of diet quality.

A STUDY ON RELATIONSHIP BETWEEN OCCLUSAL RETENTION WITH NUMBERS OF PRESENT TEETH AND DIAGNOSIS OF DISEASE AMONG THE ELDERLY IN A JAPANESE PREFECTURE

H. Ueda, M. Kanda, M. Yoshida, T. Toyokawa, Graduate School of Human Sciences, Osaka University, Suita, Osaka, Japan, 2. Hyogo Dental Association, Kobe, Hyogo, Japan

This study examined the relationship between occlusal retention with number of present teeth and diagnosis of disease in the elderly. We obtained the study information from dental and medical receipts under the National Health Insurance scheme. The data covers one year period from May 2005 to April 2006 and includes a total number of 30,844 elderly residents (13,573 men and 17,271 women) aged 70 and over in Hyogo Prefecture, Japan. The average age of the study sample is 76.2 years old (SD=4.9) for men and 76.5 (SD=5.1) years old for women. Examined diagnoses of disease as dependent variables are cancer, endocrine system, neuro-mental diseases, ontological diseases, circulatory diseases, respiratory diseases, and others. With logistic regression analyses, we found some statistically significant relationships between occlusal retention with number of present teeth and diagnosis of disease such as diabetes, disorder of metabolism, dementia, respiratory diseases, musculoskeletal systems, separately for each sex. Relationships with circulatory diseases were seen for women. On the other hand, we did not observe a relationship with Parkinson’s disease and Alzheimer’s disease. Our research outcomes imply that the occlusal retention with number of present teeth may indicate a relationship with some diseases in old age. It is recommended to further explore those relationships with additional studies.
NURSING CARE AIDE DETERMINATION AND REPORTING OF AGGRESSIVE INCIDENTS IN LONG-TERM CARE
A. Cammer, D.G. Morgan, N.J. Stewart, M. Crosley, University of Saskatchewan, Saskatoon, SK, Saskatchewan, Canada

Through previous research we expanded our understanding of organizational factors that contribute to aggressive behavior within long-term care. We previously reported that while aggressive incidents are a common occurrence in long-term care, most incidents are not reported and formal reporting is not done consistently between facilities nor sometimes within a facility. Without accurate recording of aggressive incidents, the magnitude and nature of this problem cannot be understood. We conducted a subsequent study to explore how nursing care aides understand physical aggression within their worklives, how they describe these incidents, and what criteria they use to determine whether an incident warrants formal documentation and reporting or not. In June 2010, five focus group discussions were held with 44 nursing aides representing twelve of the thirteen health regions of Saskatchewan, Canada. Nursing care aides shared their experiences with aggressive behavior from residents, described the reporting and follow-up processes at various levels of their organizations, and explained the criteria they consider when determining whether an experience of aggression constitutes “an incident”. Aggressive incidents are typically explored from the vantage of isolated incidents or episodes; this project represents an innovation in examining incidents from a broader systemic perspective, and from the perspective of nursing care aides who directly experience the aggression. Analysis yielded four salient categories of consideration in determination of an aggressive incident: cognitive impairment and the ability of the resident to control behavior, power and hierarchical relationships within the long-term care system, futility with follow-up processes, and the systemic normalization of aggression.

THE EFFECT OF SLEEP-INDUCING MUSIC ON SLEEP PATTERN IN PERSONS WITH PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOGRAPHY AT CCU
M. Ryu, J. Park, H. Park, J. Keimyung University Dongsan Hospital, Daegu, Republic of Korea, 2. Keimyung University College of Nursing, Daegu, Republic of Korea

Aims and Objectives The study compared the effect of earplug-delivered sleep-inducing music on sleep in persons with percutaneous transluminal coronary angiography (PTCA) in the cardiac care unit (CCU). Background Diverse types of music have been claimed to improve sleeping elsewhere, but relatively little is known in South Korea. Most studies investigating the effect of sleep-inducing music on sleep have involved persons with insomnia, even though many persons with cardiovascular disease in the intensive care unit suffer from sleeping problems. There is a need to investigate the effect of sleep-inducing music on sleep disorders in persons with PTCA in the CCU. Design An experimental research design was used. Methods Data collection was conducted in the CCU of K University Hospital in D city, from September 3 – October 4, 2010. Fifty eight subjects participated and were randomly assigned to the experimental group (earplug-delivered sleep-inducing music for 52 min beginning at 10:00 pm, while wearing an eyeshield; n=29) and the control group (no music, but earplugs and eyeshield worn; n=29). The quantity and quality of sleep was measured using questionnaires at 7 am the next morning for each group. Results Participants in the experimental group reported sleeping quantity and quality was significantly higher than control group (t=3.181, p=.002; t=5.269, p<.001, respectively). Conclusion Sleep-inducing music significantly improved sleep in patients with PTCA at a CCU. Offering earplugs and playing sleep-inducing music may be a meaningful and easily-енacted nursing intervention to improve sleep for ICU patients.

MODELS OF LOW VISION PRACTICE IN THE UNITED STATES

Clinical low vision care has been in existence in U.S. for 60 years and evolved to provide a range of services in a variety of practice patterns. Low vision clinical care may be provided by an ophthalmologist or optometrist in a clinical setting such as a hospital, vision rehabilitation organization, or by the Veterans Administration and with diverse multidisciplinary staff involvement. The main objective of this study was to examine the range of low vision practices and settings to determine the current models of low vision service delivery to the growing population of older adults with impaired vision. The study assessed practice patterns and multidisciplinary staff involved in service provision. A total of 55 geographically representative responses to the survey were received. Results indicate that the majority of low vision practices provide care to primarily older adults with half covering all age groups. The majority of respondents have a protocol for low vision exams, but less than half had a documented written protocol. The findings highlight that most clients can be reached through medical referral sources and that those practices with written, documented protocols for the low vision exam also report existing billing and referral practices in place. Results suggest that regardless of size of the practice, provision of low vision care is enhanced through the use of technology. Profiles of best practices across settings will be highlighted along with the diverse patterns of staffing especially the differential use of occupational therapists and vision rehabilitation therapists in certain settings.
VARIATION IN CARE TRANSITIONS AMONG PATIENTS WITH HIP FRACTURES

J. Byrum, N. Leland, P.L. Gozalo, J.M. Teno, V. Mor, 1. The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Medical School, Lebanon, New Hampshire, 2. Center for Gerontology and Health Care Research, Warren Albert School of Medicine at Brown University, Providence, Rhode Island

Objective: Hip fractures are common, costly, and involve multiple care transitions during recovery. Little is known about the differences across health care markets in the pattern of transitions or the risk for “problem transitions”. The objective of this study is to describe the occurrence of transitions in the first 6 months post-discharge for Medicare beneficiaries who experience their first hip fracture. Study Design: Observational cohort study of variation across 50 US states. Population: All fee-for-service Medicare beneficiaries older than 75 who experienced initial hip fracture between 1999-2007, lived in the United States, and discharged alive (N=1,216,234). Transition rates were adjusted for demographic, comorbid illness, nursing home residence, and index hospitalization characteristics. Principle Findings: Adjusted number of care transitions in the first 6 months post-discharge was 3.75 per person and varied by state (AK 3.32 to AR 4.07). Transitions are movement between health care delivery providers and problem transitions are moving into a higher acuity of care such as hospital readmission. The adjusted average number of problem transitions was 0.95 per person and ranged from 0.72 in Utah to 1.16 in Louisiana. Individuals admitted to an inpatient rehab facility experiencing, on average, more problem transitions (1.16) than individuals admitted to a SNF (0.86 problem transitions). Conclusions: There is significant variation in problem transitions geographically and by first post acute care site. Varying rates of problem transitions suggest that initial site of discharge warrants further investigation of the most efficient way to deliver rehabilitative care for hip fracture patients.

PNEUMONIA AND MORTALITY BEYOND HOSPITAL DISCHARGE IN ELDERLY PATIENTS

R. Rozzini, M. Trabucchi, 1. Poliambulanza Hospital, Brescia, Italy, 2. CeSOS-Catholic University, Sacro Cuore, Brescia, Italy, 3. Geriatric Research Group, Brescia, Italy

Aim: evaluate the association between pneumonia and three months mortality beyond hospital discharge in elderly patients consecutively admitted to a Geriatric ward (Poliambulanza Hospital, Brescia, Italy) during a 36-months period. Methods: multidimensional evaluation performed after admission includes information on demographics, mental, physical health, and functional abilities using a standard protocol. Pneumonia was diagnosed by clinical signs and chest radiography and treatment done according to the ATS/IDSA guidelines. Results: Among the 3365 elderly patients admitted and 240 patients had Community Acquired-CAP. Severity of somatic, biological, psychic, and functional conditions was higher in patients affected by pneumonia than in those with acute non infectious diseases. In particular, those disabled two weeks before admission were nearly twice in the CAP group. Three-month mortality was significantly higher in pneumonia (19.2%) than in other patients (10.3%). Variables associated with mortality in bivariate analysis were being males, renal failure, stroke and independently being very old (>90+), smoking habit, APS-APACHE II subscore (12+), urea/creatinine ratio >60, being disabled two weeks before admission, delirium, dementia, COPD, malnutrition, metastatic cancer, Charlson Index score (5+), and drugs number (7+). Conclusions: hospitalized CAP are associated with many deaths outside the time frame normally considered in this otherwise acute disease. Clinicians must take in consideration the poor outcomes of old pneumonia patients predisposing the most appropriate care, as is due to frail, old patients. Improved understanding of the poor long-term prognosis associated with CAP is needed to modify the dismal outcome of this common disease in elderly patients.

THE MODERATING EFFECT OF DISTRESS ON SELF-EFFICACY AND DIABETES CONTROL IN A SELF-MANAGEMENT RCT

S. Robertson, A. Bush, J. Cully, A. Naka, 1. Baylor College of Medicine, Department of Psychiatry & Behavioral Science, Houston, Texas, 2. Baylor College of Medicine, Geriatric Medicine Section, Department of Medicine, Houston, Texas, 3. Michael E. DeBakey Veterans Affairs Medical Center, Health Services Research & Development Center of Excellence, Houston, Texas

Depression and distress are common among individuals with diabetes. While depression is associated with increased risk of adverse outcomes (e.g., stroke, kidney disease), the mechanisms are not well-understood. We previously conducted a randomized clinical trial (RCT) of two primary care group clinics that showed improvements in diabetes control, partially mediated by self-efficacy, among participants randomized to the self-management action planning arm of the intervention. To further understand the findings, we used these data to examine interrelationships among diabetes control, self-efficacy and Depression Anxiety and Stress Scale (DASS) scores. Our sample consisted of 87 participants from the RCT. Participants’ total scores on the DASS were used to measure overall distress. Diabetes self-efficacy was assessed with 8 items assessing confidence in one’s ability to perform specific diabetes self-management tasks, while HbA1c was used as a measure of diabetes control. Controlling for baseline self-efficacy, multiple regression analyses revealed that higher baseline DASS scores were associated with lower 3-month self-efficacy. Additionally, higher DASS scores were associated with greater 3-month HbA1c levels, controlling for baseline HbA1c. After controlling for treatment group in both sets of analyses, the effect of DASS scores on self-efficacy remained significant, however, the association between DASS scores and HbA1c was no longer significant. Importantly, there was a significant interaction between baseline self-efficacy and DASS scores; among participants with higher self-efficacy, those with lower DASS scores had greater HbA1c improvements from baseline to 3-months. These findings suggest that interventions should jointly target self-efficacy and mood difficulties to improve diabetes control.

SELF-PERFORMED ACUPRESSURE FOR PAIN AND SLEEP IN THE AGING POPULATION

M.L. Burns, S. Yoon, Nursing, University of Florida, Gainesville, Florida

Background and Significance: Sleep difficulties and chronic pain are prevalent in older adults. Acupressure may reduce non-malignant pain and sleep difficulties. Self-performed acupressure may be a cost-effective, convenient alternative, and beneficial when it is combined with pharmacological therapies. Purpose: Determine the effectiveness of self-performed acupressure for sleep difficulties and chronic pain. Methods: A convenience sample of 5 men and 12 women, > age 65 (mean age, 73), community dwelling, with self reported chronic pain (neck, shoulder, back, hip, knee) and sleep difficulties > 3/week for >3 months, were assigned to an acupressure (n=7) or a control group (n=6) by geographic location. Subjects in the acupressure group practiced it for 6 weeks after they learned eight acupressure points during a 2 week period. The control group received educational materials. Excluded were those with missing fingers, neuropathies or malignant pain. Results: Sleep difficulty (Pittsburg Sleep Quality Global Sleep) was improved by 23% in acupressure group upon completion of the study, while control group indicated 4% improvement compared to the beginning of the study. Pain experience (0-6 Likert scale) was decreased by 57% in acupressure group compared to pre-intervention, while control group showed increased pain level by 45%. Due to a small sample size, there were no significant differences in sleep difficulty and pain experience between these two groups upon completion of the study. Discussion: Although results were not significant, self-performed acupressure may
be an effective treatment for chronic pain and sleep difficulties. Future work with larger samples is warranted.

CONSIDERING COGNITION WHEN USING BEHAVIORAL ACTIVATION TO TREAT DEPRESSION AND DIABETES IN ADULTS

Type 2 diabetes affects over 26% of older adults in the U.S. An additional 79 million adults and older adults have pre-diabetes, a condition that may develop into Type 2 diabetes if not managed properly (CDC, 2011). Prevalence rates of depression are 20-30% higher in individuals with diabetes compared to those without diabetes (Li et al., 2008). Diabetes and depression are associated with impairments in multiple cognitive domains, including memory (Stewart, & Liolitsa, 1999; Watkins & Teasdale, 2001), attention (Boone et al., 1995; Levens, Muhtadie, & Gotlib, 2009), and decision-making (Boone et al., 1995; Levens, Muhtadie, & Gotlib, 2009; Stewart, & Liolitsa, 1999). Cognitive impairment in those with depression, diabetes, or both can lead to additional challenges in establishing and maintaining healthy self-care behaviors (Eren, Erdi & Sahin, 2008). Unlike some pharmacological treatments for depression, psychotherapeutic interventions can lead to positive diabetes and depression-related outcomes without resulting in further cognitive impairment (Fiske, Wetherell, & Gatz, 2009). Behavioral Activation (BA) is an empirically supported treatment that addresses the links between environment, mood, and behavior and has been effective in reducing depressive symptoms (Dimidjian, Martell, Addis, & Herman-Dunn, 2008). Recent ongoing research reveals promising results when BA is used in a population of low income, middle-aged and older adults with diabetes and depression (Feliciano, Anderson, Steers, & Jay, 2010). Preliminary data on mood, cognition, and diabetes-related outcomes will be presented comparing individuals with comorbid depression and diabetes who were randomly assigned to either BA or a wait-list control group.

USING CBPR TO DEVELOP A QUESTION PROMPT LIST TO IMPROVE CANCER CARE IN OLDER AFRICAN AMERICANS
R. Tkatch1, S. Eggly2, J. Baker-Calloway1, W. Stengle1, L. Penner1, J.J. Griggs2, R. Brown3, R. Chapman4, 1. Karmanos Cancer Institute/Wayne State University School of Medicine, Detroit, Michigan, 2. University of Michigan, Ann Arbor, Michigan, 3. Virginia Commonwealth University, Richmond, Virginia, 4. Henry Ford Hospital, Detroit, Michigan

The use of chemotherapy in the curative setting varies by patient race after controlling for clinical and tumor characteristics. One cause may be that ineffective communication during racially discordant clinical interactions leads patients and oncologists to make inappropriate treatment decisions. The objective of this study was to use a Community Based Participatory Research (CBPR) approach to develop a Question Prompt List (QPL) as an intervention to improve communication between older African-Americans and oncologists as they discuss chemotherapy. We collaborated with experts in health communication, community members, medical oncologists, and current or former chemotherapy patients. We created a large pool of initial questions and formats from various sources. We then held focus groups and individual interviews with community members, oncologists, patients, and families to elicit their perspectives on content, wording, and format. Using an iterative process of eliciting feedback and revising drafts, a final version was created. We noted disagreement between and among oncologists, patients, and community members. Patients and community members wanted many specific questions addressing the diverse needs and concerns of older people with cancer, but some oncologists felt that too many questions would be time-consuming and ineffective. Some questions specifically suggested by community members or patients made oncologists uncomfortable. The CBPR process resulted in a 33-item final version representing multiple perspectives. This tool is currently being tested in a randomized clinical trial with older African American patients to assess its effect on level of patient participation in oncology interactions and on appropriateness of patient and oncologist treatment decisions.

SESSION 1725 (POSTER)
EDUCATION, TECHNOLOGY, AND RESEARCH METHODS

SERVICE LEARNING: PROMOTES OCCUPATIONAL THERAPY GERONTOLOGY EDUCATION AND PRACTICE
B.P. Horowitz1, S. Dapice Wong2, 1. York College-CUNY, Jamaica, New York, 2. Touro College, Bay Shore, New York

Changing demographics and advances in medicine have increased demand for geriatric rehabilitation practitioners, including occupational therapists. Shortages of health care providers with expertise in geriatrics/gerontology, and limited numbers of students interested in geriatric/gerontology practice, requires health/human service education programs to combat ageism and promote practice with older adults. Older adults are increasingly choosing to age-in-place, increasing demand for home health care and community services. The question is: What pedagogies best provide students with knowledge and skills for geriatric/gerontology practice while encouraging interest in gerontology practice? Service learning is recognized as one pedagogy that integrates experiential learning with traditional academic study to advance health science education and civic engagement. This research reports findings from a 3-year intergenerational service learning program (IGSL) involving 4 occupational therapy (OT) faculty, 70 OT students, 12 senior learners, and 225 older adults who participated in fall prevention health education sessions. The IGSL program was integrated in 2 occupational therapy courses to advance intergenerational dialogue, knowledge of aging, fall prevention, and encourage future gerontology practice. Senior learners and students participated in classroom activities and jointly provided community fall prevention programs. Evaluation data found the program increased students’ knowledge of aging, interest in geriatric/gerontology practice, and increased skills for community practice. Outcome data following fall prevention sessions found older adults’ increased their awareness of individual fall risks and learned strategies to reduce risks. While this study focused on occupational therapy education, findings are relevant for other health and human service professions.

HERE COME THE BOOMERS: ARE PHYSICIANS PREPARED?
W.P. Moran, P.J. Iverson, General Internal Medicine and Geriatrics, Medical University of South Carolina, Charleston, South Carolina

Many residency curricula are inadequate in equipping doctors with the knowledge and skills needed to properly care for the unique syndromes and concerns of the older adult. This presentation will address these concerns and introduce a new model, Aging Q3: Quality Education, Quality Care, and Quality of Life for the Older Adult, using a rapid cycle process improvement model within the clinical environment. Methods: Aging Q3 was implemented at a major academic health center in the Division of General Internal Medicine and Geriatrics for 30 faculty and almost 100 Internal Medicine residents, and is currently in year 3. This rapid cycle improvement model is based on academic detailing and quality improvement principles to improve geriatric education focused on 16 specific target areas. Steps include faculty development, resident didactic, academic detailing, resident reminders and cues, and skill development at time of outpatient continuity of care training. Data is entered by the resident in the electronic medical record and reports...
are extracted and analyzed from the templates specifically designed for the intervention. Intervention in seven areas has been completed so far including vision, falls, dementia, continuity of care, medication use and safety, and screening and prevention. Results: In the first seven areas, there has been a 78% average faculty attendance at the faculty in-services and 30% average resident attendance at the didactics. An average of 80% of all residents received academic detailing and 73% demonstrated the skill. An average of 82% of the faculty participated in resident academic detailing. Results are measured by attendance reports, participation rates, chart audits, patient survey, and pre/post knowledge tests. Improvement in resident knowledge scores was shown in 66% of the areas. Discussion and Limitations: The Aging Q3 rapid cycle process improvement model has resulted in a high rate of resident participation in hands-on skill training in the outpatient clinic. Future emphasis will need to focus on improvement in evidence based question design to ensure valid knowledge measurement. Conclusion: Experiential and detailing based education on geriatric principles is achievable in a fast paced resident clinic by creating a learning environment with multiple reminders that leads residents through an improvement in knowledge and skills and a behavior change in practice. Physicians will be better prepared to provide quality care with an increased awareness, confidence, and ability to properly address the unique medical care needs of the rising number of older patients in their care. Sponsor: Donald W. Reynolds Foundation

A PROCESS EVALUATION OF AN AGENCY-WIDE PARKINSON'S DISEASE CARE PROGRAM


This poster summarizes findings of a process evaluation of a care enhancement project for persons with Parkinson’s disease (PD) at a large health and social services agency. The objectives were to develop and implement a model for delivering ongoing, comprehensive training and care guidelines to staff in various long term care settings, including skilled nursing, assisted living, home health care, and adult day services. During the development phase, we collaborated with clinicians from the Feinberg School of Medicine at Northwestern University and developed a series of training lectures to be viewed in a self-study mode, along with pre and post quizzes, and a set of discipline-specific care guidelines. During the implementation phase, staff members completed training and were provided with care guidelines and additional PD resources. The evaluation results highlight challenges and successes related to: 1) developing training content, format, and learning modes for multiple audiences, 2) selecting appropriate technologies and delivery formats for self-study, 3) developing care guidelines suitable for a variety of disciplines, 4) monitoring completion of the training and use of the care guidelines, 5) assessing trainees’ knowledge gains and satisfaction, and changes in perceptions of care, and 6) identifying factors that contribute to the sustainability of the program in different settings and among different groups of staff. Evaluation findings also have implications for facilitating change in long term care knowledge and practice.

IMPROVING CLINICAL TEACHING IN NURSING HOMES—STRATEGIES AND OUTCOMES

C. Mueller, M. Zaccagnini, M. Goering, K. Talley, D. Wingen, Nursing, Univ of MN-School of Nursing, Minneapolis, Minnesota

The majority of nursing faculty are not prepared to do clinical teaching in nursing homes, yet many schools of nursing provide their students with some type of clinical experience in that setting. An undesired, but common outcome, for students who have clinical experiences in nursing homes with faculty who are not familiar with nursing homes or knowledgeable in geriatric nursing, is students having a negative attitude about the nursing home as a practice environment and no desire to consider it as a practice site in their career. A conceptual model of factors that contribute to successful clinical teaching in nursing homes was developed and used to implement a faculty development program that has been provided to over 200 nursing faculty and their nursing home partners in four states. The evaluations from faculty and their nursing home partners participating in the program were extremely positive (high ratings). Pre and post surveys to determine the impact of the program on improving clinical teaching in nursing homes find that most schools of nursing use the nursing home setting for the students’ first clinical experience. Approximately 60% consider the nursing home clinical experience as a way for students to learn about geriatric nursing as a specialty. Although the majority of schools of nursing have a clinical experience for students in a nursing home, more than half are moderately or somewhat satisfied with the experiences the students have in that setting.

TRAINING INITIATIVES IN BEHAVIORAL TREATMENT PLANNING IN LONG-TERM CARE


Older patients with behavioral disturbances and mental health needs constitute a varied population within long-term care facilities, including delirious patients, patients with delirium and dementia, and those with psychiatric disorders. Approximately two-thirds of nursing home residents have dementia, with more than half of these exhibiting behavioral disturbances sometime during the course of their residential care. Despite efforts over the past two decades to train long-term care staff to assess, manage and prevent these behavioral symptoms, there is little evidence that the prevalence of such symptoms has diminished. We conducted a focus group at the Coatesville VA Medical Center to identify barriers to the application of knowledge and skills acquired through prior educational experiences in the care of long-term care residents with dementia and behavioral disturbances. Participants included professionals in staff development, geriatric medicine, nursing, psychology, and recreation therapy. Key findings focused on: 1) lack of skills or experience in the behavioral treatment planning process; 2) inadequate appreciation of the role of care staff across disciplines in the care planning process; and 3) lack of knowledge of systems for documenting and communicating contents of behavioral treatment plans in long-term care. In response to the findings, we pilot-tested a new format and process by conducting six workshop sessions, one for each of the six groups of interprofessional staff representing all three work shifts on two separate nursing home units. The workshop explored potential reasons that the existing plan has not succeeded; and used evidence-based principles to guide the revision of the care plan.

KEEPING GRANNY SAFE THROUGH GRACE? A MULTIFACETED CLINICAL INITIATIVE TO IMPROVE HOUSESTAFF AWARENESS OF DELIRIUM AND ITS RISK FACTORS

D.D. Olvezczyk, K. Mukamal, M. Mattison, Internal Medicine, Beth Israel Deaconess Medical Center, Boston, Massachusetts

Many elderly inpatients develop delirium, a preventable, but debilitating condition. Despite this most medical house officers do not recognize its risk factors. We tested whether the Global Risk Assessment and Careplan for Elders (GRACE), a geriatric quality initiative, can improve residents’ awareness of delirium and its risk factors. GRACE is an initiative to optimize care for all hospitalized elders. It implements a bedside care checklist and modifies the hospital’s computerized provider order entry (CPOE) system to prompt providers to remove unnecessary tethers, ambulate elderly inpatients several times daily, and avoid inappropriate medication use. While GRACE was phased in, we administered pre- and post-rotation surveys to residents rotating for four
to five weeks on an inpatient medical service. Results: 109 out of 126 eligible housestaff (86%) completed pre-rotation surveys. Seventy-three housestaff (58%) completed post-rotation surveys. The proportion of correct responses to questions on haloperidol dosing and the characteristics of delirium increased from 36% before to 87% after the rotation (p < 0.0001). The proportion of housestaff who reported an improvement in their ability to recall which patients were receiving intravenous fluids increased from 17% to 38% (p = 0.06). Corresponding figures were 21% versus 52% for Foley catheters (p = 0.01), and 28% versus 59% for telemetry (p = 0.01). Similarly the percentage of residents who reported that GRACE improved their awareness of delirium increased from 32% to 80% (p < 0.0001). Conclusion: A quality initiative to improve the care of geriatric inpatients can dramatically improve residents’ knowledge and awareness of delirium and its risk factors.

DEVELOPING AND IMPLEMENTING A NURSING HOME INTERNSHIP FOR BACCALAUREATE NURSING STUDENTS
K. Nolet1, B. Bowers1, B. Ryther1, C. Gullickson2, T.J. Roberts1, A.L. Gilmore2, R. Roiland1, P. Davis1, 1. University of Wisconsin-Madison, Madison, Wisconsin, 2. Edgewood College, Madison, Wisconsin

A growing number of baccalaureate nursing students have an interest in working with older adults, however most of these students are not choosing to work in nursing homes for their careers. Students feel unprepared for the environment where there is often limited RN and physician support on site, more delegation of work to CNAs and very complex health conditions to manage. The Long Term Care Clinical Scholars Program (LTC-CSP) was created by the University of Wisconsin-Madison and Edgewood College Schools of Nursing to help prepare students interested in working with older adults for careers in nursing homes. This poster describes the development of the summer internship program in collaboration with area nursing homes, the Wisconsin Department of Health Services and several other key stakeholder organizations. Fourteen baccalaureate nursing students applied to the LTC-CSP and seven were selected for internship positions at five nursing homes. Over the internship’s twelve weeks, interns participated in weekly workshops, were matched with two preceptors at their homes, and were hired as Nurse Techs to work at least 24 hours each week. Preceptors were provided with online education, two in-person precepting workshops, and six visits with program staff over the duration of the program. Evaluation of the program focused on intern confidence in skills required for nursing home caregiving, preceptor experiences in coaching and mentoring interns, intern career preferences, and nursing home administrations’ experiences in program participation.

FEASIBILITY OF A WEB-BASED DEMENTIA FEEDING SKILLS TRAINING MODULE FOR NURSING HOME STAFF
M. Aslager1,2, E.J. Amelia1, J. Zapka1, M. Mueller1, C. Beck3, 1. Medical University of South Carolina College of Nursing, Charleston, South Carolina, 2. University of North Carolina Wilmington School of Nursing, Wilmington, North Carolina, 3. University of Arkansas for Medical Sciences, Little Rock, Arkansas

Background: For an event that occurs three times daily and offers nutritional status. Evidence-based guidelines are needed to improve the health of our aging population and inform best practices for clinicians caring for older adults. Systematic reviewers are increasingly focusing on interventions that address the problems of older, multimorbid, functionally impaired populations. Key outcomes for these interventions are function and health-related quality of life (HRQL). The presentation reviews some methods for assessing function and HRQL and provides tools to assess the quality of such evidence. Key measurement properties include responsiveness of the chosen instruments (ability to detect meaningful change) and interpretation of results (is the magnitude of change trivial or important?). Special challenges in older adult populations include for implementation of the training module. Pre- and post-tests assessed NH staff knowledge and self-efficacy. Meal observations assessed staff feeding skills and PWD behaviors during meal times at baseline, 2 and 8 weeks. Field notes were maintained to address predetermined feasibility questions. Results: This study will conclude in April 2010; full results will be available at the time of the meeting. Preliminary results demonstrate recruitment of Intervention NH staff (n=16) and PWDs (n=3); Control NH staff (n=22) and PWDs (n=5). Meal observation data and field notes are in preliminary analysis. Discussion & Conclusions: While this study is in progress, desired outcomes include NH staff increased knowledge, self-efficacy; improved feeding skills and behaviors when feeding all PWD in the NH. Subsequently, PWD will experience improved QOL related to mealtimes and improved health outcomes related to nutritional status.

CHANGE IN ATTITUDES TOWARD AND KNOWLEDGE OF OLDER ADULTS BY PHARMACY STUDENTS OVER THE FIRST TWO YEARS OF THE PROFESSIONAL PROGRAM
C. Sadowski1, L. Strain2, S.H. Simpson1, S. Vamhagen3, 1. Faculty of Pharmacy, University of Alberta, Edmonton, Alberta, Canada, 2. University of Alberta Faculty of Medicine & Dentistry, Edmonton, Alberta, Canada, 3. University of Alberta Faculty of Extension, Edmonton, Alberta, Canada

Background: Students in health professions often have poor attitudes toward and insufficient knowledge of older adults. Objective: The purpose of this project is to determine pharmacy student knowledge of and attitudes toward older adults at various time points in the curriculum. Methods: Pharmacy students at the University of Alberta were recruited to participate in a prospective study regarding their knowledge and attitudes toward older adults. Questions included demographic, the Palmore Facts on Aging Version 2, and Kogan’s Old People Scale were used. The questionnaires were administered on the first day of orientation to the Faculty (T1), at the end of year 1 after 50 hours of service learning (predominantly long term care) (T2), and part-way through year 2, after the geriatrics module (T3). Only those students who consented to participate were forwarded the online survey. Results: A total of 222 students participated; 67% female, age < 20 (32%), age 20-24 (58%). A total of 23% worked in a pharmacy, and 40% had ever lived with an older adult. Mean Palmore scores were 15.3 (SD 2.5) T1, 15.6 (2.7) T2, and 17.8 (2.3) T3, P < 0.001. Kogan scores for negative stems were 63.3 (7.2) T1, 64.8 (5.3) T2, and 64.5 (7.2) T3, p = 0.098. Kogan scores for positive stems were 70.3 (8.4) T1, 70.7 (6.6) T2, and 70.9 (8.5) T3, p = 0.74. Conclusions: The students demonstrated increased knowledge regarding older adults throughout the program. The student attitudes did not change after a service learning experience nor after the geriatrics module.

A PRIMER FOR SYSTEMATIC REVIEWERS AND OTHERS ON THE MEASUREMENT OF HEALTH-RELATED QUALITY OF LIFE IN OLDER ADULTS

Evidence-based guidelines are needed to improve the health of our aging population and inform best practices for clinicians caring for older adults. Systematic reviewers are increasingly focusing on interventions that address the problems of older, multimorbid, functionally impaired populations. Key outcomes for these interventions are function and health-related quality of life (HRQL). The presentation reviews some methods for assessing function and HRQL and provides tools to assess the quality of such evidence. Key measurement properties include responsiveness of the chosen instruments (ability to detect meaningful change) and interpretation of results (is the magnitude of change trivial or important?). Special challenges in older adult populations include
THE REASONS OF REFUSING TO TAKE PART IN STUDY
IN THE ELDERS OF HIP FRACTURE WITH DIABETES
IN TAIWAN
Y. Huang 1, L. Chen 1, S. Tang 2, H. Cheng 1, Y.L. Shyu 1, J. Nursing, Chang-Gung Institute of Technology, Taoyuan, Taiwan, 2. Chang-Gung University, Taoyuan, Taiwan, 3. Ming Chuan University, Taoyuan, Taiwan, 4. Yuanpei University, Hsinchu, Taiwan

Clinical and scientific significance. Hip fracture will impair functional activities of elders. Previous researches had shown multidisciplinary interventions benefited the outcomes. In our previous researches which afforded interventions to the elders of hip fracture, the refusal rate was 36.1%; in our present study with the same design but comorbid with diabetes, the refusal rate is significantly higher (47.4%). For ethics, we can’t get details from rejecters; but elders with comorbidities usually have lower functions and worse outcomes than those without and had better get more interventions. We wonder why they refuse and worry about bias in present study, but little is known about the situation. Research Purpose. The aim is to explore the refusing reasons of rejecters in present study. Data and Methods. Elders above 60 year-old of hip fracture with diabetes were invited to participate in the intervention program at Chang Gung Medical Center in northern Taiwan from 2010 Jan to 2011 Feb. If they refused, researcher explored the reasons after getting oral consent. Transcribed information was analyzed using content analysis technique described by Miles and Huberman. Results. Thirty-seven rejecters were inquired, the main reasons included: (1) they always need care and bother family, so refuse programs lest troubling others, (2) their health are poor and hard to improve, so don’t waste energy. Conclusion. The elders seem unwilling to participate by their weakness and dependence, and avoid bothering others. It may be a research bias that we recruit more healthy and vital cases but lose the feeble ones. Keywords. hip fracture, diabetes, elders, refusal.

RECRUITMENT AND RETENTION OF OLDER STROKE PATIENTS: LESSONS LEARNED FROM A FEASIBILITY STUDY
N. Hadidi1, R. Lindquist2, K.C. Buckwalter1, 1. Sinclair School of Nursing, University of Missouri, Columbia, Missouri, 2. Katholike Universiteit Leuven, Leuven, Belgium

Electronic monitoring (EM) of medication adherence is often criticized in that monitor use may impart an unintended intervention effect. In studies of HIV and kidney transplant patients, electronic adherence monitoring showed an intervention effect ranging from 35 to 40 days from initiation. No published studies have evaluated the presence or duration of intervention effect from EM of medication adherence in older adult populations. Methods: A convenience sample of hypertensive older adults (age ≥ 60 years) used EM for six weeks to determine eligibility for an antihypertensive adherence study. The screening data were analyzed by calculating and plotting the percentage of subjects who were adherent on each day of adherence monitoring. Results: Among the 33 participants who completed the monitoring period (median age 74 years), the probability of taking the correct number of daily doses remained stable over six-weeks. At day 1, 90.9% of participants took the correct number of doses, compared with 89.7% at day 42. The probability of taking all daily doses within the correct time interval decreased slightly from day 1 to day 42, from 71.9% to 65.5%, respectively. Additional data is currently being collected to further evaluate these findings. Discussion: The intervention effect of electronic medication adherence monitoring caps seen in previously studied populations was not replicated in this older adult sample. Further study is necessary to determine if this is due to absence of intervention effect from EM use among older adults, or if the intervention effect in older adults is longer than 42 days.

ANSWERING GERONTOLOGICAL RESEARCH QUESTIONS USING LARGE DATA SETS
M. O’Connor, K.H. Bowles, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

A vast amount of quantitative data concerning geriatric Medicare and Medicaid recipients, costs, utilization and providers exists allowing for cross-sectional or longitudinal studies. Centers for Medicare and Medicaid (CMS)-owned data is available to academic, non-profit and government researchers for analysis through the Research Data Assistance Center (ResDAC), the CMS contractor that facilitates data use agreements and purchase. Secondary analysis of CMS-owned large administrative data sets provides the opportunity to generate new knowledge from existing data in a cost-effective and efficient manner but is not without limitations and challenges. In this presentation we explore the three types of CMS data sets (Research Identifiable Files, Limited Data Sets, and Non-Identifiable Files) as well as provide an overview of the individual data sets available. The data sets available include eligibility and demographic information, claims files for the multiple provider types receiving reimbursement from CMS, assessment and survey data, and prescription drug costs. Varying files are available on a claim and beneficiary level while others are summary level files. Information on how to obtain permission to use them, the strengths and limitations of employing nationally represented data, and suggestions regarding how to prepare the data sets for analysis are presented. This presentation includes an exemplar describing the matching of beneficiaries, and the merging and analysis of multiple CMS-owned data sets.

Further, involving caregivers in the study was critical to study completion success. We established realistic and rigorous inclusion/exclusion criteria—but closely monitored potential “lost” participants and appropriately loosened criteria (via IRB) to increase and broaden the capture of subjects who might benefit from PST.

ELECTRONIC MEDICATION ADHERENCE MONITORING HAWTHORNE EFFECT IN OLDER ADULTS
T. Ruppert, 1. Sinclair School of Nursing, University of Missouri, Columbia, Missouri, 2. Katholike Universiteit Leuven, Leuven, Belgium

Background: Electronic monitoring (EM) of medication adherence is often criticized in that monitor use may impart an unintended intervention effect. In studies of HIV and kidney transplant patients, electronic adherence monitoring showed an intervention effect ranging from 35 to 40 days from initiation. No published studies have evaluated the presence or duration of intervention effect from EM of medication adherence in older adult populations. Methods: A convenience sample of hypertensive older adults (age ≥ 60 years) used EM for six weeks to determine eligibility for an antihypertensive adherence study. The screening data were analyzed by calculating and plotting the percentage of subjects who were adherent on each day of adherence monitoring. Results: Among the 33 participants who completed the monitoring period (median age 74 years), the probability of taking the correct number of daily doses remained stable over six-weeks. At day 1, 90.9% of participants took the correct number of doses, compared with 89.7% at day 42. The probability of taking all daily doses within the correct time interval decreased slightly from day 1 to day 42, from 71.9% to 65.5%, respectively. Additional data is currently being collected to further evaluate these findings. Discussion: The intervention effect of electronic medication adherence monitoring caps seen in previously studied populations was not replicated in this older adult sample. Further study is necessary to determine if this is due to absence of intervention effect from EM use among older adults, or if the intervention effect in older adults is longer than 42 days.
The Wii balance board could be used to assess elderly risk of falling, concordance, resulted in a weighted kappa statistic of 0.79 (p=0.03). Tests with the balance board were blinded to the clinimetric results. The board was connected via bluetooth to a computer with a freeware, which allowed the analysis of the frequencies. We divided the subjects into two groups. One group included 121 hypertensive participants (40 intervention and 72 control) at 4 rural senior centers in West Central Ohio. Intervention participants were instructed to use a telehealth kiosk at least once per week when visiting the center. If the initial BP was elevated, participants were instructed to rest for 15 minutes, take a second measurement and answer an on-screen questionnaire. BP data were streamed from the kiosk to a central server that was accessed remotely by study nurses who monitored participants according to protocols provided by participants' physicians. Participants were interviewed in-person at baseline and followed for 10 months. Their mean age was 74.1 years, 74% were female, and 84% reported having used an automatic blood pressure cuff in the past. Baseline systolic BPs were 131 +/- 21 and 138 +/- 21 mmHg in the intervention and control groups, respectively. Weekly use of the technology increased over the first 5 months of the study, reaching 80% in month 5, but then declined, falling to a low of 47% in month 10. Weekly use of the technology was 69% over the entire study period. Overall compliance with taking a second BP measurement among persons with an initially high reading was 61%, and compliance with use of the pop-up questionnaire was 13%. End of study systolic BPs were 126 +/- 20 and 132 +/- 21 in the intervention and control groups, respectively. Although senior center personnel and clients embraced the idea of using this venue for telehealth-mediated chronic disease management, practical issues—most notably the need for reliable internet service—presented substantial operational challenges in the rural areas in which this project was conducted. This pilot study suggests that senior centers have the potential to act as hubs for community-based chronic disease management using telehealth technology, and that hypertensive seniors will use of the technology in this setting if it is available.

The Elderly population is growing due to a global demographic transition. The appearance of diseases in this age group has some peculiarities, and many of them were identified in entities known as geriatric syndromes. These include falls, which are of particular interest due to their health and social consequences: fractures, immobility, dependence and early institutionalization among others. In addition, falls are markers of overall health in elderly. The aim of this study was to determine the effectiveness of the Wii balance board in the evaluation of the balance of a group of ambulatory elderly in Mexico City. We assessed 20 elderly (age range 60-98), and used standard tests (timed up and go and the short performance scale) and a set of tests with the Wii balance board. The board was connected via bluetooth to a computer with a freeware, which allowed the analysis of the frequencies. We divided the subjects into three:stable, intermediate and unstable. Researchers who made the tests with the balance board were blinded to the clinimetric results. The concordance, resulted in a weighted kappa statistic of 0.79 (p=0.03). The Wii balance board could be used to assess elderly risk of falling, this study showed that it could discriminate between three different groups (compared with usual clinimetric tools). Also, we found an increased use of energy in those classified as unstable. Further work is needed to assess the Wii effectiveness in predicting falls, but certainly it appears a easy-to-use tool with promising results.

The Global Risk Assessment and Careplan for Elders (GRACE): An Innovation to Standardize and Improve Care of Hospitalized Elders

A. Botts, J. Moran, C. Kristeller, R.N., D. Olveczky, M. Mattison, G. Investigators, Medicine, Harvard Medical School - Beth Israel Deaconess Medical Center, Boston, Massachusetts

Background: Delirium and functional decline are common complications associated with the hospitalization of elders. GRACE is a novel, interdisciplinary initiative to standardize the care of older, hospitalized patients and thus limit delirium and prevent functional decline. Methods: GRACE uses a bedside checklist and modifications to the computerized provider order entry (CPOE) system to provide a standard geriatric care plan for all patients 80 years and older. The checklist includes delirium assessment and detection by a daily screen for inattention, as well as delirium prevention strategies, specifically a mobility protocol, promotion of sleep hygiene and a daily tether check. Modifications to the CPOE system include decision support to encourage appropriate ordering of antipsychotic and analgesic medications; an alert system for a subset of Beers medications; and default best-practice guidelines for daily activities (mobility, sleep, vital sign monitoring). Evaluation: Outcomes from May 1-November 30, 2010 include the number of orders for antipsychotic medication and the activation of the rapid response team (“triggers”) for change in mental status. Among patients 80 and over, the mean percentage given antipsychotics was (mean ±SD) 10.7±2.0 in 2009 and 9.3±1.3 in 2010 (p<0.05). The mean number of “triggers”, including altered mental status, was 4.4±4.0 per 1000 discharges in 2009 and 11.8±4.5 in 2010 (p=0.01). Compliance with completion of the bedside checklist averaged 34%. Conclusions: A multi-disciplinary team approach to standardizing best practices for older adults can improve recognition of altered mental status by bedside staff and shows a trend for reducing overall use of antipsychotic medication.

Development of a Computer Adaptive Interactive Voice Response Functional Monitoring System

N. Latham1, A. Jet te1, R. Friedman2, 1. Boston University School of Public Health, Boston, Massachusetts, 2. Boston Medical Center, Boston, Massachusetts

Background: Computer adaptive tests (CAT) such as the Late Life Function and Disability Instrument CAT (LLFDI-CAT) provide accurate assessments of function with few items. Interactive voice response (IVR) is a time- and cost-efficient way to obtain information. To date, these two technologies have not been combined. Aim: The aim of this project was to develop an IVR version of the LLFDI-CAT. Methods: A dialogue of the IVR version of the LLFDI-CAT was developed and evaluated in five cognitive testing sessions to ensure that the content could be understood by older adults when delivered over the telephone. The IVR system was built and the LLFDI-CAT program was embedded in the system. In house simulations and debugging of the IVR program took place, followed by pilot testing in six community dwelling older adults with functional limitations who provided informed consent over the telephone. Participants provided quantitative and qualitative evaluations of the system with a research assistant at the end of the call. Results: The system performed well in all six calls. One minor technical problem was identified and easily corrected. Participants were able to complete all items on the functional test. They did not require any outside assistance and reported high satisfaction and low levels of difficulty with the IVR CAT. Discussion: This system shows promise.
as an efficient way to monitor function in older people. Work is now underway to compare the performance of the IVR system to direct telephone administration of the LLFDI-CAT in 50 older people.

SESSION 1730 (POSTER)

EPIDEMIOLOGY

PHYSICAL PERFORMANCE ASSOCIATIONS WITH INCIDENT ADL/IADL LIMITATIONS AND MORTALITY AMONG OLDER WOMEN

I. Lyons, J. Kestor, T. Heeren, L. Fredman, Epidemiology, Boston University, Boston, Massachusetts

Individual and summary measures of physical performance and muscle strength are predictive of functional status and health outcomes in various populations, though few studies have been performed on older women over a long follow-up period. We evaluated associations between quartiles of individual performance tasks (chair stand speed, usual walking pace, grip strength) and a 12-point summary performance scale based on these three measures and modeled after the Short Physical Performance Battery, with development of incident limitations in basic and instrumental Activities of Daily Living (ADL/IADLs) and mortality over 7 years. The sample included 491 females from the Caregiver Study of Osteoporotic Fractures. At baseline, participants were aged 70-93 years (mean = 80.5), reported no limitations in ADL/IADLs, and had physical performance measures. In unadjusted Cox Proportional Hazards analyses, participants with lower summary performance scores (i.e., poorer functioning) had a significantly increased risk of incident limitations (Hazards Ratio, HR: 1.35, 95% Confidence Interval, CI: 1.18-1.54) as well as mortality (HR: 1.33, CI: 1.01-1.72). When adjusted for age, depressive symptoms, and medical conditions, these associations remained (incident limitations HR: 1.25, CI: 1.09-1.45; mortality HR: 1.20, CI: 0.92-1.59). While usual pace and grip strength were associated with these outcomes, the summary performance score was a stronger predictor than any individual performance task. In summary, these results in a sample of high-functioning, older women suggest that the relationship between summary physical performance measures and incident disability that has been observed in younger populations also applies to older populations.

DIABETES AND COGNITIVE DECLINE IN OLDER PATIENTS

F. Limongi, S. Maggi, M. Noale, G. Romanato, G. Crepaldi, CNR, Institute of Neuroscience, Padova, Padova, Italy

Analyses were based on the Italian Longitudinal Study on Aging, a community-based cohort study including 5,632 individuals aged 65-84 years with two follow-ups (1996-2000). The cognitive assessment included the Mini Mental State Examination, the Prose memory Test and the Attention Matrix Test. The mean scores on the 3 tests, at baseline and follow-ups, and mean changes between baseline and follow-ups, were compared between diabetics and non-diabetics according to the Generalized Linear Models. Logistic regression models were defined to study the influence of diabetes and of glycated hemoglobin on cognitive decline on the 3 tests at follow-ups, adjusting for baseline scores and other variables. At baseline, diabetic women had significantly worse scores on all cognitive tests compared to non-diabetic women, but did not show worsening over time, whereas men with diabetes did not show worse scores on cognitive tests at baseline compared to non-diabetic males; however, diabetes in men was associated with a risk of cognitive decline over time, particularly in attention. A poor glycemic control was associated with poorer performance on Prose memory tests at follow-up in both sexes. The impact of diabetes on cognitive status might differ in older men and women, probably because of a survival effect, with a higher mortality at a younger age among diabetic men. The association between a poor glycemic control and the risk of cognitive decline is extremely important, since impairment in even a single domain may favor progressive decline in cognitive capacities. A routine assessment of diabetes complications should include cognitive evaluation.

OSTEOARTHRITIS AND DIABETES IN ELDERLY POPULATION

P. Siviero1, 2, S. Zambon3, 4, S. Zanoni5, 2, G. Crepaldi1, 2, CNR, Institute of Neuroscience, Padova, Padova, Italy, 2. Department of Medical and Surgical Sciences, University of Padova, Padova, Italy

The aim of this study was to explore the relationships between osteoarthritis (OA), diabetes and other potential risk factors in an Italian aged population. 1,572 participants of the Progetto Veneto Anziani observational cohort study, aged 65 and older, with hand, knee and hip X-rays were analyzed. Hand radiographs were scored for the presence of OA in the distal and proximal interphalangeal joints (IP) and in the first carpometacarpal joint using a standard atlas; for knee and hip the Kellgren-Lawrence grading scale was used. Only for IP and hip OA there was a significant association with diabetes. 49.7% of subjects with diabetes presented IP OA vs 32.1% of subjects without; 28.8% of subjects with diabetes presented hip OA vs 19.7% of subjects without. Multivariate regression analysis identified as significant risk factors for IP OA age, sex, BMI and diabetes. Subjects with IP OA were women of 72 years and older. A non diabetic subject with BMI ≥27.3 kg/m2 was almost 2 times more likely to have an IP OA compared to a non diabetic subject with BMI ≤27.3 kg/m2. A diabetic subject with BMI ≥27.3 kg/m2 was estimated to be 0.27 times as likely to have an IP OA compared to a diabetic subject with BMI ≤27.3 kg/m2. A diabetic subject BMI ≥27.3 kg/m2 was 6 times more likely to have an IP OA than a non diabetic subject with similar BMI. Significant risk factors for hip OA were male sex, age; physical activity and alcohol use were protective factors.

TRAJECTORIES OF MUSCULOSKELETAL PAIN AMONG OLDER ADULTS IN THE CARDIOVASCULAR HEALTH STUDY


Objectives: To characterize the trajectories of musculoskeletal pain among a community sample of older adults over a five-year period, and to identify factors associated with remission of pain. Design and Setting: Retrospective analysis of data from six annual examinations of a community-based cohort study in four American counties, part of the Cardiovascular Health Study. Participants: 5093 men and women aged 66 years or older. Measurements: Pain was assessed each year by a single question about the presence of pain in any bones or joints during the last year. If affirmative, participants were queried about pain in seven locations (hands, shoulders, neck, back, hips, knees, hips). Results: At the first measurement point, 41% of subjects reported experiencing musculoskeletal pain. The median number of pain locations was three. Women were more likely to report pain than men, as were those with poor self-rated health, greater depressive symptoms, more medications, and obesity. 24% of the subjects who reported pain at one year did not report it the following year. 54% of those who had any pain at the first measurement had at least one year observed without pain. Factors associated with remission of any pain included increased age, male sex, better self-rated health, not being obese, taking fewer medications, and having fewer depressive symptoms. Conclusion: Musculoskeletal pain in older adults follows a dynamic trajectory, occurring commonly but remitting frequently. Pain does not seem to be an inevitable consequence of getting older, nor a fixed or progressive symptom.
FRAILTY AND FALLS, FRACTURE, AND DISABILITY: A MULTIPLE COUNTRY STUDY
S.E. Tom1, A. Wyman2, A.Z. LaCroix3, 1. Department of Preventive Medicine and Community Health, University of Texas Medical Branch, Galveston, Texas, 2. Group Health Research Institute, Seattle, Washington, 3. Center for Outcomes Research, University of Massachusetts Medical School, Worcester, Massachusetts, 4. Fred Hutchinson Cancer Research Center, Seattle, Washington

Background: We used a sample of women aged 55 years and over from Australia, Europe, and North America to test the hypothesis that women with increasing evidence of frailty would have greater risk of falls, fractures, and disability, compared to women who were not frail, across age. Methods: Components of frailty (slowness/weakness, poor endurance/exhaustion, physical activity, and unintentional weight loss) at baseline and report of falls, fracture, and disability at one year of follow-up were available for 48,636 women. Results: Among those aged < 75 years, U.S. women were more likely to be prefrail and frail than women from Australia, Canada, and Europe. The distribution of frailty was similar by region for women aged ≥ 75 years. Increased evidence of frailty was related to increased risk for each outcome for women aged < 75 years, but risk patterns were less consistent for women aged ≥ 75 years. For example among women aged < 65 years, frail women (OR: 1.52; 95% CI: 1.36, 1.69) and prefrail women (OR: 1.09; 95% CI: 1.01, 1.18) had a greater risk of falling than nonfrail women, with attenuated risks for women aged 65 – 74 years. However, in the age group ≥ 75 years, only frail women had increased risk for falls (OR: 1.11; 95% CI: 0.99, 1.24). Results did not vary by geographic region. Conclusions: Increased evidence of frailty is associated with increased risk for falls, fracture, and disability among women aged ≥ 55 years in ten countries. Associations were less consistent among oldest women.

ACCURACY OF SELF-REPORT OF PHYSICIAN DIAGNOSIS FOR ASCERTAINING CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN CLINICAL RESEARCH STUDIES OF OLDER ADULTS
S.S. Chang1, C.A. Fragoso1, S. Chen1, G. McAvay1, T.M. Gill1,2, 1. Geriatrics/Internal Medicine, Yale School of Medicine, New Haven, Connecticut, 2. Yale School of Public Health, New Haven, Connecticut

Background: Accuracy in ascertaining chronic obstructive pulmonary disease (COPD) in older adults is essential to establishing validity in clinical research and informing the translation of significant findings into clinical practice. Self-report of physician diagnosis is often used to identify COPD in research studies. However, the accuracy of this measure for ascertaining COPD in older adults remains unclear. Methods: Baseline data were from the Cardiovascular Health Study, a prospective cohort of community-dwelling adults aged ≥65 (N=3248). Self-report of physician-diagnosed COPD was obtained by questionnaire. Spirometric criteria for airflow limitation, the physiologic hallmark of COPD, served as the reference to establish COPD, using the Lambda-Mu-Sigma method, an approach which accounts for age-related changes in lung function. Participants with asthma and a spirometric restrictive-pattern were excluded. Accuracy of self-report in identifying COPD was determined by calculating the sensitivity, specificity, predictive values, and likelihood ratios (LRs). Results: The prevalence of COPD ascertained by self-report was 7.3% (N=237) and by spirometry was 15.3% (N=496). Self-report of physician-diagnosed COPD was associated with a sensitivity of 21.2% (95%CI, 17.7-25.0%), specificity of 95.2% (95%CI, 94.3-96.0%), positive predictive value of 44.3% (95%CI, 37.9-50.9%), and negative predictive value of 87% (95%CI, 85.8-88.2%). The likelihood that self-report accurately identified COPD status was fair-to-good if positive (LR+, 4.4; 95%CI, 3.5-5.6) and poor if negative (LR—, 0.83; 95%CI, 0.79-0.87). Conclusions: Self-report of physician diagnosis fails to capture COPD adequately in older adults, which could lead to inaccurate inferences of research findings. To enhance accuracy, COPD ascertainment should be guided by spirometric criteria.

MIDLIFE JOB STRAIN AS A DETERMINANT OF MORTALITY – A 28-YEAR PROSPECTIVE FOLLOW-UP
T. Rantanen1, J. Seitsamo2, J. Ilmarinen1, C. Nygård1, M.E. von Bonsdorff1, M. von Bonsdorff1, 1. Gerontology Research Center, University of Jyväskylä, University of Jyväskylä, Finland, 2. Finnish Institute of Occupational Health, Helsinki, Finland, 3. University of Tampere, Tampere, Finland

Objectives: The aim was to investigate the association of psychological job strain in midlife with total mortality and mortality after the age of 65 years. Methods: In 1981, psychological job strain was assessed for 5733 people aged 44 to 58 years. Psychological job strain was categorized as: low demands, low control (passive job); low demands, high control (low strain); high demands low control (high strain) and high demands, high control (active job). Death dates were followed up for 28 years from the Finnish National Population Register. Results: 1838 (32.1%) participants died, and of them 1408 died aged 65 years or over. Compared to the men with low job strain, men in passive jobs (Relative Risk, RR, 1.41, 95% CI 1.20-1.66), men in jobs with high job strain (RR 1.29, 95% CI 1.19-1.63) and men in active jobs (RR 1.28, 95% CI 1.07-1.52) had higher age-adjusted risk of death. Adjusting for socioeconomic status, lifestyle and chronic diseases attenuated the risks but did not completely explain the higher mortality risk of men with passive jobs (RR 1.20, 95% CI 1.01-1.43). Limiting analyses to deaths that took place after age 65 showed an increased adjusted mortality risk among those with high job strain (RR 1.24, 95% CI 1.00-1.52) but not among those with passive or active jobs compared to those with low job strain. No associations were observed among women. Conclusion: Psychological work strain in midlife influences early deaths differently from deaths after the age of 65 years and over.

SABE STUDY: HEALTH, WELLNESS AND AGING IN COLIMA, MEXICO

Introduction: PAHO promotes the SABE Study (1997) in Latin America in order to understand the nature and magnitude of health and social care problems of elderly, and make public policy to produce acceptable levels of welfare. It has been recently conducted in the State of Colima. Methods: Cross-sectional, multi-stage, random, and proportional study, participants n=1,222 community-dwelling elders 60 and older. Using SABE-survey data were collected: socio-demographic characteristics, economic status, employment and housing, chronic diseases, nutritional status, oral health, access to health services and medication use, anthropometric measurements, functionality, blood pressure, as well as glucose, cholesterol and triglycerides measurements. Data were captured simultaneously by using micrometers. Analysis was performed on SPSS program. Results: Mean age was 72.16±8.52, 62% women, 16.3% illiterate. Living alone 15.2%, satisfied with their family 94.9%. Most (94.3%) have been married in his life, currently only 61.1%. Religion is important for 85.2%, most of the catholic (92.5%). Cognitive impairment was found in 17.5%. The perception of health was good to excellent in 32.7% and poor in 15.1%. The most frequent diseases were: hypertension 49.2%, diabetes mellitus 28.3%, and arthritis 17.2%. It was found urinary incontinence in 20.6% and fecal 5.6%. During the last year 35.2% has suffered falls. 57.3% have lost half of their teeth, 56.3% use full or partial denture, only 4.9% keeps your teeth intact. Conclusion: The results show social and health implications as well as the need of better health services for aging. They pose several challenges at governmental, social, community and family level.
INFLAMMATION AND COGNITIVE TEST PERFORMANCE IN THE BEAVER DAM OFFSPRING STUDY
M.A. Wichmann,1 K.-J. Cruickshanks,1 B.E. Klein,1 R. Klein,1 M.E. Fischer,1 J.S. Pankow1,2 C.R. Schubert1,2, J. University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, 2. University of Minnesota, Minneapolis, Minnesota

Our goal was to determine if markers of inflammation and endothelial dysfunction were cross-sectionally associated with cognitive test performance in a middle-aged cohort. Beaver Dam Offspring Study participants (n=3285) with data on either serum interleukin-6 (IL-6) or intracellular adhesion molecule (ICAM-1), and at least one cognitive test, Trail Making Test A (TMTA), Trail Making Test B (TMTB) or Grooved Pegboard test (GBP), were included (n=2700, mean age = 49 years). Associations were analyzed using linear regression. Adjusted for age, sex, and education, neither IL-6 nor ICAM-1 was associated with TMTA. Those with higher levels of IL-6 took longer to complete the other cognitive tests (3rd vs. 1st tertile difference, TMTB: 3.5s, p = .02; GBP: 4.4s, p < .0001). Similarly, those in ICAM-1 tertile 3 took longer (vs. t1, TMTB: 3.7s, p = .01; GBP: 2.7s, p = .0007). The associations were attenuated and no longer statistically significant in models adjusting for additional potential confounders (for IL-6 - TMTB: sedentary lifestyle, diabetes; for ICAM-1 - TMTB: sedentary lifestyle, diabetes, alcohol use in past year; for IL-6 - GBP: waist circumference, diabetes, arthritis; for ICAM-1 - GBP: waist circumference, diabetes, and alcohol intake level). In this middle-aged cohort, inflammatory and endothelial dysfunction markers were associated with cognitive test performance in models adjusted for socio-demographic factors. Further adjustment for potential confounding factors diminished the associations to a non-significant level, but it is unclear whether some factors may also be in the causal pathway. Longitudinal studies are needed to investigate these relationships.

DRUG USE IN CENTENARIANS COMPARED TO NONAGENARIANS AND OCTOGENARIANS IN SWEDEN: A NATIONWIDE REGISTER-BASED STUDY

Background: The number of centenarians is increasing rapidly and they have been proposed as representatives of healthy aging. Yet, little is known about their use of medications. Methods: We analyzed data on dispensed drugs for centenarians (n=1672), nonagenarians (n=76 584) and octogenarians (n=383 878) registered in the Swedish Prescribed Drug Register from July to September 2008, record-linked to the Swedish Social Services Register. Multivariate logistic regression analysis was used to analyze whether the age was associated with use of drugs, after adjustment for sex, living situation (community-dwelling or institutionalized) and co-morbidity (i.e. number of other drugs). Results: The centenarians, nonagenarians and octogenarians used on average 5.1, 5.7 and 5.3 drugs per person, respectively. In the adjusted analysis, centenarians were more likely to use analgesics, hypnotics/sedatives and anxiolytics, but less likely to use antidepressants than nonagenarians and octogenarians (reference group). Moreover, centenarians were more likely to use high-ceiling diuretics, but less likely to use beta-blockers and ACE-inhibitors. Discussion: Centenarians are more likely to use analgesics, hypnotics/sedatives and anxiolytics than nonagenarians and octogenarians. This may indicate pain and mental health problems in extreme old age and questions the view of centenarians as representatives of healthy aging. Further research of health status in relation to drug use is needed, to assess whether our findings reflect a palliative approach to drug treatment in centenarians. Also, centenarians seem to be on less recommended cardiovascular drug therapy than nonagenarians and octogenarians. Whether this reflects an age or cohort effect should be evaluated in longitudinal studies.

FINANCIAL STRAIN IS ASSOCIATED WITH INCREASED OXIDATIVE STRESS: THE WOMEN’S HEALTH AND AGING STUDIES

Elevated oxidative stress levels may be one underlying biological mechanism that contributes to poor health outcomes, including atherosclerosis and diabetes. Financial strain in adulthood is consistently associated with poor health. High oxidative stress and financial strain are each predictors of morbidity and mortality, but little research has investigated their relationship. This study investigated whether financial strain was associated with elevated oxidative stress levels. A cross-sectional analysis was conducted on 728 community-dwelling older women from the Women’s Health and Aging Studies I and II at the baseline visit. Linear regression was performed to quantify the relationship between financial strain and oxidative stress. Financial strain was measured as three-level ordinal response to: “At the end of the month, do you have more than enough money left over, just enough, or not enough?” Oxidative stress was measured using protein carbonyl concentrations obtained from serum samples. Those who reported high financial strain exhibited 14.6% higher protein carbonyl concentrations compared to individuals who reported low financial strain (p = 0.002). Findings show that high financial strain among community-dwelling older women may be associated with increased oxidative stress, suggesting that oxidative stress could mediate the associations between financial strain and poor health outcomes. These results are of critical importance because individuals from lower SES backgrounds consistently exhibit poorer health outcomes.

THE EFFECT OF CHRONIC DISEASES ON SURVIVAL AFTER LIFE EXPECTANCY
D. Rizzato1, A. Marenghi1,2, R. Bellocco1,3, C. Qui1, L. Fratiglioni1,4, I. Karolinska Institutet, Aging Research Center, Department of Neurobiology, Health Care Sciences and Society, Stockholm, Sweden, 2. University of Brescia, Department of Medical and Surgery Sciences, Brescia, Italy, 3. University of Milano-Bicocca, Department of Statistics, Milan, Italy, 4. Stockholm Gerontology Research Center, Stockholm, Sweden, 5. Karolinska Institutet, Department of Medical Epidemiology and Biostatistics, Stockholm, Sweden

Aims: To determine the impact of chronic diseases on survival and mortality in community-dwelling older persons. Methods: 1099 subjects aged 78 years and older enrolled in the Kungsholmen Project, Sweden, were evaluated. The impact of most common chronic diseases, grouped to ICD-9, on survival was evaluated using two measures: years lived after disease diagnosis (YLD) and potential years of life lost due to the disease (PYLL). The impact of chronic morbidity on all-cause mortality was estimated during both a short period (less than 2 years of follow-up) and a long period (between 2 and 6 years of follow-up). Data were analyzed using Cox and Laplace regression models stratified by age groups (78-87 and 88+ years). Results: Short-term mortality was mostly affected by malignancy, CVD and urological disorders, whereas in the long-term, neuropsychiatric disorders emerged as relevant as CVD and malignancy. Chronic diseases were differently related to YLD and PYLL, but in general in both the youngest and oldest age group most of the chronic disorders were associated with a long survival after diagnosis, with the exception of cancer and renal failure where the years lost due to these diseases exceeded the years lived with the disease Cancer and urological disorders were the most malignant with approximately 4 PYLL, followed by mental, respiratory, and blood disease with 2.5 PYLL in the youngest-age group. After age 88, the effect of all chronic
ASSOCIATION OF ESTIMATED GLOMERULAR FILTRATION RATE WITH COGNITIVE PERFORMANCE AND GAIT SPEED IN OLDER ADULTS

W. Akhtar1,2, J. Guralnik1, K. Patel3, 1 Laboratory of Epidemiology, Demography, and Biometry, National Institute on Aging, National Institutes of Health, Bethesda, Maryland, 2 Department of Epidemiology, University of Florida, Gainesville, Florida

Background: Chronic kidney disease (CKD) increases with advancing age and is associated with increased risk for cardiovascular disease and mortality in older adults. However, the functional consequences of CKD are not well characterized. The purpose of this study is to assess the association of renal function with cognitive performance and gait speed in adults aged 60 and over. Methods: Data on 2,986 participants of the 1999-2002 National Health and Nutrition Examination Survey were analyzed. Estimated glomerular filtration rate (eGFR) was calculated using the CKD Epidemiology Collaboration equation. Cognitive performance was assessed with the Digit Symbol Substitution Test (DSST), while usual gait speed was assessed over a 20 foot distance. Multiple linear regression models were used to assess the association of CKD with gait speed and cognitive function. Results: Reduced eGFR was associated with decreased performance on the DSST (p for trend across eGFR categories=0.017), independent of several potential confounders, including diabetes, hypertension, and cardiovascular diseases. Reduced eGFR was also associated with decreased gait speed adjusting for demographic factors (p=0.003). This effect was attenuated after further adjusting for DSST (p=0.048) and was eliminated when adjusting for diabetes and hypertension (p=0.349). Conclusions: In this nationally representative sample of older adults, reduced renal function was associated with decreased cognitive performance, which likely reflects a common pathogenesis. However, renal function was not independently associated with gait speed. Chronic kidney disease might lie in the causal pathway from diabetes and hypertension to decreased physical performance, but further research, particularly longitudinal studies, is needed.

MULTIDIMENSIONAL HEALTH TRANSITIONS IN AGING PROCESS

W. Chang1, S. Wu1, F. Lu1, 1 Institute of Health Policy and Management, National Taiwan University, Taipei City, Taiwan.

Background: Previous studies have provided considerable knowledge about health transition among older adults, but mostly focused on a single dimension. This study aimed to investigate the characteristics of multi-dimension and heterogeneity of health changes in aging process by applying latent transition analysis (LTA). Methods: Data analyzed was from a nation-wide, representative Taiwanese sample of 2,756 people aged 50 years or older who were surveyed in 1996, 1999, 2003, and 2007. We used LTA to identify health status subgroups and probabilities of membership and transitions. Three indicators, including comorbidity, frailty, and ADLs-disability, were used to measure the latent health status. Sex, age in 1996, education, social engagement, and fall experience were covariates predicting health status transition. Results: We identified five types of health status among the middle- and old-aged Taiwanese, including Healthy, Comorbid, Prefrail, Comorbid-prefrail, and Comorbid-frail-disable, with baseline membership probabilities of 32.88%, 22.89%, 26.39%, 16.23%, and 1.61%, respectively. After adjusting for the other covariates, compared to staying in the same status between two time-points, being male, higher education, and social engagement were associated with lower probabilities of deteriorating transitions, i.e. from Healthy to Comorbid or Prefrail, or from Comorbid-prefrail to Comorbid-prefrail-disable, and higher probabilities of improving transition, i.e. from Comorbid-prefrail to Comorbid. Having fall experience was associated with higher risk of deterioration. Conclusions: By applying LTA, we manifested the heterogeneity and qualitative health transitions with multi-dimension in aging process, and found some covariates relating to transitions. The findings could help to achieve the goal of healthy aging.

IMPACT OF SELF-RATED HEALTH ON ALL-CAUSE MORTALITY AND MEDICAL AND CARE COSTS IN OLDER JAPANESE

H. Yoshida, Y. Fujiwara, M. Nishi, T. Fukaya, H. Murayama, M. Kim, S. Shinkai, Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

This study examined the impact of self-rated health (SRH), which was categorized as very good, good, fair, and poor, on all-cause mortality and medical and long-term care expenditures in older Japanese. The subjects were those aged ≥70 years (n=1,039) who responded to the baseline survey conducted in 2001 in Kusatsu, Gunma, Japan. We followed-up 916 individuals (88.2%) for 4 years. 137 subjects (15.0%) died during the 4-year follow-up period. Among 872 subjects except for those who moved, 210 subjects (24.1%) with fair/poor SRH were divided into a poor SRH group, while 662 subjects (75.9%) with very good/good SRH were divided into a good SRH group. We compared period to the death, accumulated medical and long-term care expenditures between the two groups during the 4-year follow-up period. Cox proportional hazard model was used to examine the association between baseline SRH and all-cause mortality after adjustment for age, gender, and generic mobility scale. The relative hazard ratio (HR) of all-cause mortality was higher for those in the poor group than in the good group (HR=1.69, 95% CI: 1.14-2.51, P=.009). The mean expenditures per capita for the accumulated medical and long-term care during 4-year follow-up period were 3.4 million yen and 1.1 million yen, respectively in the poor group, while those in the good group were 1.7 million yen and 4.5 hundred thousand yen, respectively. SRH in older Japanese was not only a significant predictor for adverse health outcomes, but it had a strong impact on the future medical and long-term care expenditures.

TRANSFER OUT OF REGION PRIOR TO DEATH IN RURAL AREAS

P. St. John1,2, V. Menec2, S. Nowicki2, 1 Section of Geriatric Medicine, University of Manitoba, Winnipeg, Manitoba, Canada, 2 Centre on Aging, University of Manitoba, Winnipeg, Manitoba, Canada

Objective: To determine factors which predict hospitalization in a different region from residence, prior to death. Setting: Rural regions of the Canadian province of Manitoba. Methods: Administrative data for community-dwelling residents of rural regions over the age of 65 who died between April 2003 and April 2006 were used. The outcomes were hospitalization outside the region of residence or hospitalization in the 180 days preceding death. Predictor variables were age, gender, marital status, income, region of residence, cause of death, hospital beds/1000 population of the region, physicians/1000 population of the region, and having had surgery. Results: There were 5550 persons who died, of those 79.0% were hospitalized during their last 180 days of life. For those hospitalized during their last 180 days of life, 79.8% were hospitalized in their region of residence. There were 3263 people who died in hospital (i.e. hospitalized on their day of death), and of those 79.2% died in their region of residence. After adjusting for other factors, the odds of hospitalization increased with increasing bed ratios (Adjusted Odds Ratio (AOR) 1.29 [1.11,1.49]). However, the odds of being hospitalized out-of-region decreased with increasing bed ratios (AOR 0.79 [0.67,0.93]). Increasing physician ratios were not associated with hospitalization, but the odds of being hospitalized out-of-
region decreased with increasing physician ratios (AOR 0.12[0.05,0.29]).

Conclusions: Rural older adults who died were more likely to be hospitalized in their own region if they resided in a region with more hospital beds and more physicians in their region.

THE OUTCOME AT DISCHARGE IS RELATED TO THE CLINICAL AND FUNCTIONAL CHARACTERISTICS AT ADMISSION IN A POPULATION OF ORTHOPEDIC PATIENTS

P. Mazzola1, G. Bellotti2, M. Corsi1, P. Baccella1, G. Castoldi1, G. Zatti1, G. Ammon1, 1. University of Milano-Bicocca, Geriatric Clinic, Monza, Italy, 2. Geriatric Research Group, Brescia, Italy, 3. University of Milano-Bicocca, Orthopedic Clinic, Monza, Italy.

Background and aim: in the last years orthogeriatric management has become a consolidated approach for the hip fracture care in the elderly. The aim of our study is to evaluate the outcomes at discharge in a population of older patients admitted to the Orthogeriatric Section (OGS) of the Geriatric Clinic at San Gerardo University Hospital – Monza, with a diagnosis of proximal femur fracture (PFF). Materials and methods: patients consecutively discharged from the OGS in the period March 2007-December 2010 with PFF have been considered. Baseline characteristics, time of management, occurrence of complications, and outcome at discharge (return to living home, transfer to rehabilitation facilities, institutionalization, death) have been registered. Statistical analysis has been performed with PASW Statistics 18. Results: patients have been divided in two groups according to the outcome at discharge: those transferred to rehabilitation facilities (group 1), and those returned home because not eligible for rehabilitation, discharged to nursing home, or deceased (group 2). Patients in the group 2 were significantly older, more frequently dependent in function and demented before PFF, had more postoperative complications and a longer length of stay than their counterpart. The persistence of delirium was associated with poor outcomes (i.e. the longer the duration the poor the outcome). Conclusion: the outcome at discharge is affected by both patient’s baseline characteristics (in particular functional dependence and pre-existing diagnosis of dementia) and time of management (in particular the time from admission to operation). Furthermore, delirium incidence and its persistence were associated to the worst outcome.

THE ASSOCIATION BETWEEN HEALTHY EATING INDEX-2005 SCORES AND DISABILITY AMONG OLDER AMERICANS


Nutritional status is vital to older adults’ physical health and may prevent the onset of disability. The purpose of this study was to examine the association between overall dietary quality and self-reported disability among a nationally representative sample of Americans aged 60 and older. Cross-sectional data obtained from the 1999-2004 National Health and Nutrition Examination Survey (NHANES) were used. Overall dietary quality was assessed using the United States Department of Agriculture’s (USDA) Healthy Eating Index-2005 (HEI-2005). Self-reported measures of disability included activities of daily living (ADLs), instrumental activities of daily living (IADLs), leisure and social activities (LSAs), lower extremity mobility (LEM), and general physical activities (GPAs). Multiple logistic models were used to examine the association between HEI-2005 scores and self-reported measures of disability. Older adults with higher HEI-2005 scores were less likely to experience LEM (p for trend < 0.001) and GPAs (p for trend < 0.001) disability. Compared to older adults whose HEI-2005 scores were in the lowest quartile, the likelihood of both LEM and GPA disability were significantly lower in individuals whose scores were in quartiles two, three, and four. Compared to those who had HEI-2005 scores in the lowest quartile, the odds of IADLs disability were significantly lower in older adults whose scores were in quartile two and three. Older adults who do not adhere to the 2005 Dietary Guidelines for Americans report disability more frequently than those who do adhere to the guidelines.

SESSION 1735 (POSTER)

NEUROSCIENCE, PHYSIOLOGY, IMMUNOLOGY

AGE-ASSOCIATED CHANGES IN THE EFFECTS OF DUAL TASKING ON THE BILATERAL COORDINATION OF GAIT

M. Plotnik1,2, J. Jacobs1, M. Brozgal1, N. Giladi1,2, J. Hausdorff1,2,3, 1. Tel Aviv Sourasky Medical Center, Tel Aviv, Israel, 2. Tel Aviv University, Tel Aviv, Israel, 3. Harvard Medical School, Boston, Massachusetts

Background: While basic gait features generally remain intact with normal aging, bilateral coordination of gait (BCG) is reduced. Aims: To compare the effect of dual tasking (DT) on BCG in elderly and young subjects. Methods: 17 healthy elderly subjects (84.1 ± 2.5 y) and 14 healthy young adults (25.9 ± 2.5 y) wore force-sensitive insoles that measured the timing of each gait cycle during 2 min of usual and DT walking (serial 3s and 7s for the elderly and young, respectively). The stride duration of one foot, i.e., the gait cycle, was defined as 360°. The relative timing of contra-lateral heel-strikes defined the phase, ϕ (ideally, ϕ=180°). The sum of the coefficient of variation of ϕ and the mean absolute difference between ϕ and 180° defined the phase coordination index (PCI), representing variability and inaccuracy, respectively, in phase generation. Results: During usual-walking, mean PCI values (±SEM) were significantly higher (less coordination; p < 0.01) among the elderly (4.1 ± 1.0%), compared to the young subjects (3.2 ± 0.5%), but gait speed only tended to be slower (1.3±0.1 m/s and 1.4±0.1 m/s, respectively, 0.05 < p < 0.1). DT decreased gait speed in the young adults (p=0.007), but PCI was not affected by DT (p=0.524). Both parameters were compromised in the elderly during DT (p<0.01). Conclusions: DT compromised BCG only in the elderly subjects, even though they performed a relatively easier DT. Age-associated decline in attention and DT abilities apparently produces unstable supra-spinal control of the spinal neural mechanisms that mediate left-right stepping phasing.

MEMORY IMPROVEMENTS RESULTING FROM A SPATIAL MEMORY INTERVENTION PROGRAM IN HEALTHY ELDERLY

V. Bohbot1, N. Anderson1, R. Sham1, K. Konishi1, L. Dahman2, V. Kurdi3, L. Bherer4, 1. Douglas Mental Health University Institute, Department of Psychiatry, McGill University, Verdun, Quebec, Canada, 2. CRUIGM, Department of Psychology, University of Montreal, Montreal, Quebec, Canada.

Cognitive deficits, including episodic and spatial memory dysfunction, have been observed in normal aging. These memory deficits in normal aging have been associated with decreased function of the hippocampus (HPC). Hence, one objective of the current research was to find intervention methods that will strengthen memory that is dependent on the HPC. Previous research in our laboratory demonstrated that healthy participants spontaneously use different strategies when navigating in a virtual environment. Magnetic Resonance Imaging studies showed that spatial memory strategies are specifically associated with increased activity and grey matter of the HPC. People using stimulus-response strategies, however, show increased activity and grey matter in the caudate nucleus. Consequently, we spent the last five years developing and validating a spatial memory intervention program (SMIP) that aims to stimulate the HPC with the extensive use of spatial memory strategies, taking particular attention to minimize the use of stimulus-response strategies. Twenty-eight healthy older adults (mean age = 65.44 ± 4.41) participated in this experiment and eleven (mean age = 65.7 ± 4.31) underwent the SMIP. Comparison of results from a battery of transfer tests, including virtual navigation tests balanced for version
DECREASES IN SPATIAL STRATEGIES ACROSS THE LIFE SPAN IN A VIRTUAL NAVIGATION TASK

V. Bohbot1, S. McKenzie1, R. Schachar2, M. Boivin1, P. Robaey1. 1. Douglas Mental Health University Institute, Department of Psychiatry, McGill University, Montreal, Quebec, Canada. 2. Hospital for Sick Children, Toronto, Ontario, Canada, 3. Dept. of Psychology, Laval University, Quebec, Quebec, Canada. 4. Department of Psychiatry, Ste-Justine Research Center, Montreal, Quebec, Canada

Anatomy of the human brain changes across the entire life span. Throughout childhood, there are changes in both function and size of numerous brain structures. During normal aging, decreases in memory and executive function are observed. Using a virtual maze (VM), we investigated navigational strategies in different age populations ranging from eight year-old children to 80 year-old healthy older adults. One hundred and eighty-eight children (mean age: 8.0), 175 young adults (mean age: 25.1) and 112 older adults (mean age: 66.4) participated in this study. During navigation, spatial learners spontaneously use environmental landmarks in contrast to response learners who use a pattern or series of movements from certain stimuli. We found that 80.3% of children spontaneously used spatial memory strategies as opposed to response strategies. In young adults, a sharp decrease in the use of spatial strategies was observed, as 47.4% used spatial strategies in contrast to response strategies. Finally, older adults exhibited an even more pronounced decrease in spatial strategies (39.3%), and the remaining participants used response strategies. The chi-squared analysis yielded a significant difference in the use of spatial strategies across all age groups ($\chi^2 = 64.49$, $p < 0.0001$). Our results show that while the majority of children use spatial strategies, the proportion of people using spatial strategies continually decreases with age until senescence. These results have important implications for understanding factors involved in healthy and successful aging.

THE APOE ε4 GENOTYPE ACCELERATES TERMINAL DECLINE IN COGNITION IN THE OLDEST-OLD

M.A. Praetorius, V. Thorvaldsson, L.B. Hassing, B. Johansson. Department of psychology, University of Gothenburg, Gothenburg, Sweden

Several studies have been published recent years which states that differences in individual cognitive change in old age is associated with impending death. The relationship between individual cognitive change in old age and survival is however still unclear. Several issues need to be clarified. In the present study we investigated if the association between individual cognitive change and survival is mediated by differences in gene characteristics such as APOE genotype. Participants were 498 individuals aged 80+ from the longitudinal Swedish OCTO-Twin study, tested at five measurement occasions. Inter-individual differences in intra-individual change were analysed using multilevel modeling (MLM) which provides both overall growth estimates for the entire sample as well as individual and within-pair variation in growth. The results showed that APOE was significantly related to differential patterns of terminal decline in all tests measuring long-term memory (semantic and episodic memory). There were non significant similar trends in almost all other tests. APOE ε4 genotype carriers had a steeper survival related decline than the other genotype carriers. The results indicate that APOE is not just the most important biological marker for developing Alzheimer’s disease. It plays, in a for dementia controlled sample, a significant role for survival related differences in cognitive change.

SPATIAL MEMORY INTERVENTION PROGRAM IMPROVES MEMORY IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT

R. Sham1, V. Nair2, H. Chertkow1, S. Gauthier1, V. Kudi1, L. Bherer1, V. Bohbot1. 1. Douglas Mental Health University Institute, Department of Psychiatry, McGill University, Montreal, Quebec, Canada. 2. CRiUGM, Department of Psychology, University of Montreal, Montreal, Quebec, Canada. 3. Jewish General Hospital, Department of Neurology and Neurosurgery, McGill University, Montreal, Quebec, Canada

Atrophy of the hippocampus (HPC) has been observed in patients with Mild Cognitive Impairment (MCI) and has been shown to be a predictor of conversion to Alzheimer’s disease (AD). Hence, it is important to find methods that can delay the onset of dementia among people who are at a high risk of developing AD. Previous research in our laboratory has shown that healthy participants spontaneously use different strategies when navigating in a virtual environment. More specifically, the use of spatial memory strategies has been found to be associated with increased activity and grey matter in the HPC while the use of stimulus-response strategies has been found to be associated with increased activity and grey matter in the caudate nucleus. Since AD affects the function and volume of the HPC, we developed a computerized spatial memory intervention program (SMIP) to specifically stimulate this region. Participants with MCI (N = 3, mean age = 71 ± 0.60), before intervention, showed severe spatial memory impairments on transfer tests which include several virtual navigation tasks. After the SMIP, significant spatial memory improvements were observed in these individuals. Subjective reports furthermore indicated a renewed sense of hope as participants witnessed their improvement on the spatial memory tests. Though these results are preliminary, they are promising and suggest the effectiveness of SMIP at reducing symptoms associated with MCI.

A SPATIAL MEMORY INTERVENTION PROGRAM INCREASES GREY MATTER IN THE HIPPOCAMPUSS AND NEOCORTEX

K. Konishi1, V. Kudi1, L. Dahmani1, R. Sham1, N. Anderson1, L. Bherer2. 1. Douglas Mental Health University Institute, Department of Psychiatry, McGill University, Montreal, Quebec, Canada. 2. CRiUGM, Department of Psychology, University of Montreal, Montreal, Quebec, Canada

Atrophy in the hippocampus has been associated with normal aging and is responsible for many cognitive deficits such as memory impairments. It is therefore of great interest to prevent degeneration of the hippocampus and to increase hippocampal grey matter in the aging population. Previous research in our laboratory demonstrated that healthy participants spontaneously use different strategies when navigating in a virtual environment. The use of spatial memory strategies, which involve building relationships between landmarks, has been shown to be associated with increased activity and grey matter in the hippocampus. In contrast, individuals who use stimulus-response strategies, which involve following a pattern or a series of movements to certain stimuli, show increased activity and grey matter in the caudate nucleus. Consequently, over a period of five years, a spatial memory intervention program (SMIP) that aims to stimulate the hippocampus was developed and validated. This program maximizes the use of spatial memory strategies and minimizes the use of stimulus-response strategies. Structural Magnetic Resonance Imaging on seven healthy older adult participants (mean age = 66.86 ± 4.3) administered before and after the SMIP showed grey matter increases in a number of regions of the brain including the hippocampus ($t = 1.64; x = -29.0, y = -21.8, z = -19.9$ and neocortex. These results suggest that spatial memory intervention can lead to
increases in grey matter in a network of regions known to be involved in Alzheimer’s disease.

INCREASING ACTIVITY IN THE HIPPOCAMPUS AFTER A SPATIAL MEMORY INTERVENTION PROGRAM

L. Dahmani1, K. Konishi1, V. Kurdi1, R. Sham1, N. Anderson1, L. Bherer2, V. Bohbot1. 1. Douglas Mental Health University Institute, Department of Psychiatry, McGill University, Montreal, Quebec, Canada. 2. CRUUGM, Department of Psychology, University of Montreal, Montreal, Quebec. Canada

Cognitive deficits that arise during the normal aging process are associated with deterioration of the hippocampus and a decline in hippocampal activity. It is therefore of interest to develop interventions for the aging population that will restore function and increase grey matter in the hippocampus. Previous studies in our laboratory have uncovered how people use different strategies to navigate virtual worlds. Individuals who rely on spatial memory strategies, which involve the formation of cognitive or “mental” maps of an environment, show greater activity and grey matter in the hippocampus. Conversely, individuals who rely on stimulus-response strategies, which involve the construction of a pattern of movements around a given stimulus, exhibit increased activity and grey matter in the caudate nucleus. Over the last five years, we have created and validated a spatial memory intervention program (SMIP) which promotes the use of spatial memory to stimulate the hippocampus while specifically discouraging the use of stimulus-response strategies. Nine participants (mean age = 65.89 ± 4.7) underwent functional Magnetic Resonance Imaging before and after the SMIP. Results showed a significant increase in activity of the hippocampus (t = 3.47, p < 0.005, uncorrected) while participants were engaged in a virtual navigation task. Furthermore, increased activity in the hippocampus from pre- to post-SMIP correlated with the spatial memory improvement that was specific to each participant (t = 3.24, p < 0.01, uncorrected). These results show that spatial memory intervention can have a significant impact on restoring the lost function of the hippocampus associated with normal aging.

FMRI ACTIVITY IN THE HIPPOCAMPUS OF OLDER ADULTS CORRELATES WITH SPATIAL STRATEGY USE DURING VIRTUAL NAVIGATION TASK

K. Konishi, S. Roy, N. Etchamendy, N. Rajah, V. Bohbot. Douglas Mental Health University Institute, McGill University, Montreal, Quebec, Canada

Navigation in a virtual maze relies on either a spatial or response strategy. Spatial strategies involve using environmental landmarks while response strategies involve forming a pattern or series of movements from certain stimuli. Using functional Magnetic Resonance Imaging (fMRI), we have previously shown that younger adults who use spatial memory strategies have increased activity in the hippocampus, whereas response strategies are associated with activity in the caudate nucleus. This study was undertaken to examine the effects of aging on navigational strategies and brain function. Healthy participants (N=53) were tested on a virtual maze task in a 1.5 T fMRI scanner; 23 young adults (mean age: 24.2) and 30 older adults (mean age: 64.7). Young adults who were previously shown to favor the spontaneous use of spatial strategies, had fMRI activity in the hippocampus. On the other hand, older adults who were previously shown to predominantly use response strategies, had caudate nucleus activity. Interestingly, the older participants who used a spatial strategy to learn the task, similar to young adults, also had activity in the hippocampus. These findings suggest that the aging process involves a shift from hippocampal-dependent spatial strategies towards caudate nucleus-dependent response strategies. This reduced use of hippocampal-dependent spatial strategies may lead to hippocampal atrophy, which is a risk factor for cognitive deficits in normal aging and Alzheimer’s disease. Consciously, increased use of spatial strategies may be associated with a healthy hippocampus and successful aging.

GREY MATTER IN THE HIPPOCAMPUS CORRELATES WITH SPATIAL STRATEGIES IN OLDER ADULTS ENGAGED IN VIRTUAL NAVIGATION

R. Sham, K. Konishi, V. Bohbot, Douglas Mental Health University Institute, McGill University, Montreal, Quebec. Canada

Healthy young adults spontaneously use different strategies when navigating in a virtual maze. Spatial strategies involve using environmental landmarks while response strategies involve forming a pattern or series of movements from certain stimuli. Functional Magnetic Resonance Imaging (fMRI) and structural Magnetic Resonance Imaging (sMRI) studies previously confirmed that people who use spatial memory strategies show increased hippocampal activity and grey matter, whereas response strategies are associated with increased caudate nucleus activity and grey matter. A growing number of studies report that cognitive decline with normal aging is associated with a decrease in hippocampal volume. Consequently, we asked whether spatial strategies in aging are associated with greater grey matter volume in the hippocampus, as found in our previous study with young healthy participants. Thirty-one healthy older adults (mean age: 64.5) were tested on a virtual navigation task. Using Voxel Based Morphometry, we regressed MRIs against performance on the navigation task and found a significant correlation in the right hippocampus (t = 3.55, x = 37.0, y = -30.8, z = -11.4, p < 0.05). Reports in the literature indicate that significant reduction in the volume of the hippocampus is associated with cognitive deficits in normal aging. Furthermore, a decrease in hippocampal volume is a risk factor for dementia. Our results show that older participants who use spatial strategies when navigating have greater amounts of grey matter in the hippocampus. This suggests that using spatial memory in our everyday lives may increase hippocampal grey matter and healthy and successful aging.

SPATIAL STRATEGIES IN HEALTHY AGING ARE ASSOCIATED WITH LOWER RISKS OF DEMENTIA ASSESSED WITH THE MOCA

F. Dossa, S. McKenzie, N. Etchamendy, V. Bohbot. Douglas Mental Health University Institute, McGill University, Montreal, Quebec. Canada

Navigation in a virtual maze relies on either a spatial or response strategy. Spatial strategies involve using environmental landmarks while response strategies involve forming a pattern or series of movements from certain stimuli. Previous research has revealed a link between the use of spatial strategies and increased hippocampal function and grey matter, the latter of which reduces risks of developing dementia. This study investigated navigational strategies in older adults and whether spatial strategies are associated with better overall cognition as measured with the Montreal Cognitive Assessment (MoCA), a standard neuropsychological test sensitive to dementia. Forty-five healthy young adults (mean age: 24.9) and 112 older adults (mean age: 66.4) were administered two virtual maze tasks that assess navigational strategies. A higher proportion of older adults used a response strategy relative to young adults. Similarly, older adults had impaired performance compared to young adults. A correlation analysis in older adults showed a negative correlation between age and strategy, suggesting that as people age, they are more likely to use a response strategy. Importantly, performance also correlated with MoCA scores (r = -0.214), indicating that older adults employing spatial strategies have better overall cognition. These results provide evidence that as people age, they are more likely to use response strategies and that these response strategies are associated with poorer MoCA scores and higher risks of dementia. This study indicates that individuals who are able to maintain spatial strategies have better overall cognition.
ASSOCIATION BETWEEN MICROBIAL TRANSECTION AND ADIPOSITY IN HEALTHY ELDERLY ADULTS
J.R. Stohle, B. Nicklas, S.B. Kritchevsky, D.W. Kitzman, X. Leng, K. High, Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina

Background: Microbial translocation (MT), systemic exposure of microbes/microbial products without overt bacteremia, may be pronounced with age. MT is indicated by blood levels of microbial products (lipopolysaccharide, LPS) and responsive host proteins (soluble CD14, sCD14; LPS binding protein, LBP). MT induces inflammation, however links between MT and age-related changes in inflammation, adiposity, and physical function is unexplored. Design: We assessed gender-adjusted cross-sectional relationships between two biomarkers of MT (sCD14, LBP) and adiposity, physical function (short physical performance battery, SPPB) and common biomarkers of inflammation (CRP, IL6, TNFα, TNFα receptor 1[TNFαR1]) in 61 older (60-89 yrs) healthy men and women (no evidence of acute or chronic illness). Pearson correlation coefficients are presented. Results: SPPB scores were inversely correlated with both LBP (-0.42; p=0.002) and sCD14 (-0.33, p=0.01) indicating lower physical function is associated with higher MT. In addition, sCD14 (0.350, p=0.009) and LBP (0.246, p=0.07) correlated positively with percent body fat measured by DEXA. The MT markers correlated (0.27, p=0.05) indicating they may be responsive to similar conditions. sCD14 correlated with three inflammatory markers: IL-6 (p=0.004), TNFα (p=0.09) and TNFαR1 (p=0.001) while LBP correlated with two inflammatory markers: TNFα (p=0.08), and CRP (p=0.007) indicating that MT is related to chronic inflammation. LBP showed the strongest association with age (p=0.13) among the markers in this older (>60yrs) age group. Conclusion: MT markers correlate with important phenotypes associated with aging (physical function, percent body fat, and inflammation). These data provide evidence supporting a mechanistic link between MT, adiposity, and age-related loss of function.

THE ROLE OF MEMORY T-CELL SUBSET SECRETED CYTOKINES ON INFLUENZA CYTOTOXIC CD8+ T CELLS

The age-related decline in cytolytic activity has been mainly described in CD8+ T cells, with relative sparing of CD4+ T cells. We show that effector memory (CD45RA-CCR7-) and effector (CD45RA+CCR7-) CD8+ T-cell subsets in older compared to young adult PBMC responding to influenza A/H3N2 challenge have limited cytolytic activity against influenza-infected autologous targets. We also identified CD45RA+CCR7-CD127+CD25+GranzB+PerF+ virus-specific T-cell subset in CD8+ T cells which plays a critical cytolytic role in the response to influenza virus post-vaccination. Furthermore, we show there is a decline in IL-2 secretion but enhanced IL-6 levels in influenza-stimulated PBMCs in vaccinated healthy older compared to vaccinated young adults. Further, recombinant IL-2 and IL-6 can help naïve CD8+ T cells differentiate into effector memory and effector T cell phenotypes. We successfully used effector memory IL-2- and IL-6-producing T cells to enhance the proliferation and cytotoxicity of the CD8+CD45RA+CCR7- effector T-cell subset in healthy older adults post-vaccination.

MRSA SCREENING ON ADMISSION IN A GERMAN GERIATRIC CLINIC
K. Hager, M. Parusel, V. Grosse, M. Brecht, Clinic for Medical Rehabilitation and Geriatrics, Hanover, Germany

Background: Patients with a colonization or even an infection with methicillin resistant staphylococcus aureus (MRSA) are found more often in a geriatric population and hence in geriatric units. Colonization with MRSA may lead to severe infections or even bacteremias. Objective: To better protect those not yet colonized as well as those already carrying MRSA a screening was done on admission to a German geriatric clinic. Patients and Methods: From January to June 2008 from all patients admitted to the clinic a swab from mouth and nose was taken. In the further course of treatment another microbiological culture was done only in case of an infection. Results: 33 of 771 patients had a MRSA detected either on admission or in the course of the treatment. 4.3% of patients had a MRSA detected in the first 48 hours, so that it was assumed that they imported the bacterium into the clinic. In 91% this was not known or was not communicated. 27% of the patients with a MRSA were detected after 48 hours, so that in about a quarter the germ was probably acquired within the clinic. 76% were just colonized, in 24% an infection was present. A decolonization was possible in 76% of the patients. Several indicators for the MRSA load were calculated. Conclusion: The rate of MRSA-positive patients in our hospital corresponded to data from other countries. Compared to German hospitals the geriatric unit had to deal with a 7.4 fold higher percentage of imported MRSA. Despite this high percentage, the amount of nosocomial MRSA-days was lower than expected. Because the patients of the clinic were most often transferred from other clinics, the data about the MRSA load corresponded better to German rehabilitation clinics. Due to the special situation of geriatric patients a reduction of the MRSA load will only be possible by means of a national or at least regional effort.

ASSOCIATION BETWEEN ALA16VAL SUPEROXIDE DISMUTASE GENE POLYMORPHISM AND HYPERCHOLESTEROLEMIA IN A BRAZILIAN ELDERLY POPULATION
I.B. da Cruz, M.R. Manica-Cattani, R.N. Moresco, M.M. Duarte, Health Center, Universidade Federal de Santa Maria, Santa Maria, Brazil

Evidences suggest that aging is associated to oxidative stress processes that could to increase the susceptibility to several chronic degenerative diseases as hypercholesterolemia (HC). HC induces endothelial dysfunction due to excessive production of reactive oxygen species, as superoxide ion. Since the dismutation of superoxide is catalyzed by superoxide dismutase enzymes (SOD), we postulated that efficiency of mitochondrial MnSOD could to influence the elderly susceptibility to HC morbidity. To test this hypothesis we performed a case control study to compare the genotype and allele frequencies of Ala16Val-MnSOD polymorphism. The study included 915 subjects, 407 hypercholesterolemic (cholesterol levels ranging from 250 to 529 mg/dL, mean age= 67.6±6.8 years) and 508 healthy control subjects (67.3±7.2 years). Additionally, we tested the possible interaction between the polymorphism and hypercholesterolemia on levels of plasma lipid and inflammatory biomarkers using 100 hypercholesterolemic subjects who were recently diagnosed and not yet treated. We found a positive association between Ala16Val MnSOD genotypes and HC since lower AA frequency occurred in HC group. The odds ratio risk to V allele carriers present HC was 1.931 (95% CI: 1.349-2.734). The total cholesterol, LDL-chol, hs-CRP, OxlDL and OxlDL autoantibodies levels were higher in HC subjects as well as V allele carriers. The gene and HC interaction analysis showed that AA-hypercholesterolemic subjects have HDL-chol levels similar to control group. The results suggest that the lowest HDL-chol levels present in VV and AV carriers could to contribute in the metabolic pathways triggering a lipid imbalance.

AGING OF LOWER EXTREMITY COMPARTMENTS AND ASSOCIATIONS WITH PHYSICAL FUNCTION IN OLDER ADULTS
T.W. Buford1, D.J. Lott1, E. Marzetti1,2, S. Wohlgenuth1, K. Vandenbome1, M. Pahor3, C. Leeuwenburgh1, T. Manini1, 1. University of Florida, Gainesville, FL, Florida, 2. Catholic University of the Sacred Heart, Rome, Italy

This study investigated lower-extremity tissue composition in young and older adults and the relative importance of individual tissue compartments to the physical function of older adults. A total of 43 older adults.
 session 1740 (poster)

adult protection and elder abuse

professional preparedness to address abuse and neglect among elders living in the rural south: identifying resiliency where stress prevails

E. Vandsburger, B.A. Imbody, Radford University, Radford, Virginia

With populations over 65 growing, there is an increased need for professional preparedness to address elder issues, including abuse and neglect. There is an absence of literature assessing the preparedness of professionals who serve older adults. This study was comprised of four focus groups that included professionals working with elders in rural regions of Southwest Virginia. Participants represented a wide range of disciplines including medical professionals, advocacy workers, social workers, mental health service providers, adult protective services workers, and academia. Participants were asked to define “professional preparedness” and to identify assets and gaps in “being prepared” for providing services to maltreated elders. From the qualitative data analysis two main themes emerged: barriers leading to professionals’ stress; and, characteristics of resiliency. Specific barriers included organizational barriers; lack of training; lack of public awareness; resistance of elders; and challenges of rural living. Themes of resiliency included positive attitudes and behaviors of professionals when faced with the challenges of helping vulnerable clients. Professionals took a proactive approach to problem-solving and their attitudes and words expressed commitment, compassion, perseverance, collaborative and creative problem-solving, and doing more with less. Results illuminated the need for more community-based educational opportunities for professionals; for inter-organizational communication; and consensus about defining abuse. Attendees of this poster session will gain greater understanding of the challenges faced by professionals in their pursuit of preparedness and will be better equipped to advocate for services, obtain and direct grants, and provide services to address a growing problem.

elder financial abuse: an analysis of uk policy and guidance for banking, social care and health professionals

D. Stanley1, A. Gilbert2, B. Penhale3, D. Cairns4, C. Hennessy5, M.L. Gilhooly2, 1. School of Health, Community & Education Studies, Northumbria University, Newcastle upon Tyne, United Kingdom, 2. Brunel University, Uxbridge, United Kingdom, 3. University of Plymouth, Plymouth, United Kingdom, 4. University of East Anglia, Norwich, United Kingdom

The aim of this study was to determine if there were commonalities in policies and guidelines as to which cues should raise suspicions of elder financial abuse and what should then happen in terms of intervention. The analysis was of two key categories of document: (a) reports and guidance which supported the development of policy and practice guidelines relating to adult abuse and (b) safeguarding documents from local authorities, health trusts and banks. Using a content analysis to look for emergent themes and frequency counts, both quantitative and qualitative data were culled from the documents to provide an account of the policy and guidance environment. Results identified little guidance specifically relating to financial abuse and how this should be dealt with or prevented. Current policies for health and social care professionals were very similar, based on a common template. They are usually stated to be ‘joint documents’ shared across a number of different agencies in an area. The overarching procedural mechanism for detecting and preventing elder financial abuse is provided by the Multi-Agency Adult Safeguarding procedures initiated by the UK Department of Health guidance ‘No Secrets’. Within banking, detailed guidance has, for security reasons, restricted circulation. Elder financial abuse does not appear to be explicitly addressed in banking policies. Multi-agency procedures have only limited focus on financial abuse with the consequence that it features as secondary in importance to other forms of elder abuse.

comprehensive elder mistreatment consultation service: an outcome study

D. Greenberg, J. Ellner, K. Ouchida, A. Salamti, M. Bogaisky, Geriatrics Division, Montefiore Medical Center, Bronx, New York

Purpose: From 2008-2010, the Montefiore Medical Center Division of Geriatrics implemented an Elder Mistreatment Consultation Service to provide comprehensive, multidisciplinary evaluations. Outcomes of these evaluations: dispositions, emergency room visits, hospitalizations and deaths were analyzed after the consultation. Methods: Demographics, types of elder mistreatment, hospital and ER visits 6 months prior and 6 months after the consultation were obtained from the electronic medical record and the consultation. Mortality was determined through the Social Security Death Registry. Results: A multidisciplinary team performed 68 consultations: 68% in the hospital, 25% in the ambulatory setting and 7% in the home. Most suspected victims were female (79%), community dwelling (96%), and insured (90%). The mean age was 82 (range 55-97). The majority had cognitive (77%) and functional impairment (65%). Of the hospital consultations, 51% returned home, 35% to sub-acute rehabilitation or nursing home. Nearly all (90%) outpatients remained at home. Neglect (56%) was most common type of mistreatment but 24% of the subjects presented with multiple forms of mistreatment. Interventions included medical recommendations (57%) and referrals to Adult Protective Services (41%). A utilization analysis for inpatient consultations (49) on admission rates 6 months before and after the consultation revealed that admission rates in the 6 months prior to the consultation were 3.1 admits per person and after the consult were 0.82 admits. The difference was statistically significant (p =.0001), after adjusting for the variable follow up time. There were 9 deaths (18%). This result suggests comprehensive elder mistreatment consultations may significantly reduce hospitalization rates.

older women and social network sites: an exploratory study of the risks and benefits of online relationship seeking

C. VandeWeerd, J. Corvin, M. Coulter, E.A. Perkins, T. Telford, University of South Florida, Tampa, Florida

In addition to browsing the internet, an increasing number of older women have begun to use the internet to seek dating relationships, yet little is known about the benefits, risks or adverse outcomes this kind of relationship seeking poses. To better understand the benefits, risks and adverse outcomes associated with online dating, this study collected pilot data from a stratified random sample of 45 women (15 Caucasian, African American and Hispanic), over the age of 50, who self-identified as “seeking relationships” on MySpace.com or Latino MySpace.
and who were living within a 25 mile radius of Tampa Bay, Florida. Participants were contacted for study participation via the secure email feature of their publically available MySpace account and were asked to complete an online qualtrics survey which contained both fixed choice questions around issues such as the frequency, duration, and purpose of their social network/dating site behaviors; as well open ended questions about the type of information they shared with potential suitors, screening of potential mates, and positive or negative experiences outcomes that have arisen from the online dating process. Quantitative data were analyzed via SPSS and qualitative data were imported into Atlas TI and analysed using content analysis. Results indicated that adverse events such as intimate partner violence and financial abuses are being experienced by older women who seek relationships online and that many women do not feel safe, even though they continue to use these services. Implications will be discussed in terms of policy, practice and future research.

IMPROVING OUTCOMES FOR VICTIMS OF FINANCIAL ABUSE EXPLOITATION: THE EFFECT OF AN ELDER ABUSE FORENSIC CENTER
A.E. Navarro1, K. Wilber1, D.C. Homeier2, 1. University of Southern California, Davis School of Gerontology, Los Angeles, California. 2. University of Southern California, Keck School of Medicine, Los Angeles, California

Elder financial exploitation is defined as the taking or misappropriation of an older person’s property, possessions, or financial assets. As society identifies victims, arriving at a remedy can be time-consuming and complex, requiring cooperation from a diverse array of institutions. This National Institute of Justice study focuses on outcomes from a specific type of multidisciplinary team (MDT)—the elder abuse forensic center (the Center)—comprised of a diverse collaborative of problemsolving professionals, meeting weekly to focus on complex elder abuse cases, using enhanced forensic resources with the ultimate goal of protecting older adults. Propensity score matching was used to compare the value added from the Center to “usual care.” Each older victim of financial abuse reviewed at the Center (n=241) between January 2007 and December 2009 was matched from an unduplicated Adult Protective Service (APS) pool of clients (n=33,650) served during the same period. The sample consists of community-dwelling adults, aged 65 years and older, residing in Los Angeles County, California (n=482). Covariates include socio-demographic characteristics, additional types of abuse, and referral sources. Outcomes from APS, Office of the Public Guardian, and the District Attorney’s Office were merged and include professional assessments, initiation of conservatorship and/or criminal prosecution, successful results of legal proceedings, and decreased time to resolution. Preliminary evidence suggests combined expertise of health, social service, and justice professionals improves efficient resolution of financial exploitation cases, having implications for both policy and practice related to the national replication of elder abuse forensic centers designed to protect older adults.

BREAKING BARRIERS: USING PROMOTORES TO IDENTIFY ELDER ABUSE IN AN URBAN LATINO COMMUNITY
M. Riparetti-Brown, Z.D. Gassoumis, K. Wilber, Davis School of Gerontology, University of Southern California, Los Angeles, California

Latino immigrants are an understudied population in the field of elder abuse due in part to cultural and language barriers that impede research access. To overcome these barriers, this study recruited and trained Promotores—local Latino residents who serve as community advocates—to gain entree into a low-income, Spanish-speaking immigrant population (age 65 and older) residing in Los Angeles (N=198). Promotores conducted door-to-door interviews to assess the frequency of caregiver neglect, physical assault, psychological aggression, sexual abuse, and financial exploitation using a multi-domain abuse instrument. The majority of the sample, 63.8%, emigrated from Mexico at an average age of forty-one. Fifty-six percent of the sample is female. Psychological aggression was reported by 24.8% of respondents, 10.7% reported physical abuse, 9.0% indicated sexual abuse, and 16.7% reported financial exploitation. Neglect was reported by nearly 12% of the participants. Overall, 45% of older Latinos indicated experiencing some form of abuse in the past year, a proportion that far exceeds previous findings in nationally representative studies on elder abuse. Regression analysis indicated that cognitive and functional impairment and a history of prior abuse are major risk factors for elder mistreatment in this community. This is the first study to use Promotores to capture the prevalence and risk factors of domestic elder abuse in a previously unexplored population of undereducated, low-income Latino immigrants. Future research should determine whether these high rates of abuse are representative of the broader immigrant population and conceptualize how elder mistreatment is defined, recognized, and resolved in disadvantaged ethnic communities.

ENTERING THE ABYSS: DESIGNED NEGLECT OF ALZHEIMER’S DISEASE (AD) HOME CARE PATIENTS AND CAREGIVERS
W.D. Cabin, Stockton College, Glen Rock, New Jersey

The Medicare home health benefit limits care to AD patients and their caregivers. A two year mixed methods study documented the limitations, their impact on patient and caregiver care, their impact on nurse and social worker coping strategies, and the failure to use evidence-based practice (EBP) to determine coverage. The study includes a New York City metro area-based convenience sample of 72 home care nurses and social workers interviews and a national survey of over 2,000 home care nurses and social workers. Among the major findings are: regulatory constraints and organizational culture limit nurse and social worker willingness to meet known patient and caregiver needs; limitations increase nurse and social worker burnout; nurses and social workers are generally unaware of EBP interventions for the AD population, controlling for for age, ethnicity, gender, education level, and years in home care practice; and home care nurses and social workers prefer the palliative care model for treating the home care AD population, despite its lack of coverage. Practice and policy implications are discussed.

SCREENING AND REPORTING ELDER MISTREATMENT: AN EXPLORATION OF KENTUCKY-BASED PHYSICIANS’ BEHAVIOR AND PRACTICE
A.E. Sokan, Graduate Center for Gerontology, University of KY, Lexington, Kentucky

Elder mistreatment (EM) increases risk of premature death and institutionalization for victims; raises economic, healthcare, and social costs for society; and may expose physicians to risk of malpractice suits for non-detection and poor quality care. Physicians are in an advantageous position to screen for and report EM because they come into contact with older adults seeking health care. Studies indicate that physicians do not routinely screen and are less likely than other healthcare professionals to report EM, often despite mandatory reporting laws, although they are most likely to encounter it. Reasons for apparent physician reticence to screen and report EM include lack of: time, appropriate training, reimbursement, and confidence in ability to detect EM. Employing in-depth qualitative interviews with 22 Kentucky-based physicians, this study identifies barriers to physician screening and reporting of EM and explains physician behavior and practice. Findings indicate: the importance of physician values and experience, the role of personal definitions of EM, the relationship between confidence/competence and reporting, differences in attitudes between referral and non-referral-based practices, and differences between rural and urban practitioners. Furthermore, participants indicated that the environment in
which they operate can either serve to enhance or inhibit EM screening and reporting behaviors.

SESSION 1745 (POSTER)

CIVIC ENGAGEMENT AND SUCCESSFUL AGING

DEVELOPING OLDER ADULT CIVIC ENGAGEMENT INITIATIVES IN URBAN COMMUNITY-BASED SETTINGS: TESTING A PILOT PROJECT

A. Cohen-Callow, A. Jones, School of Social Work, University of Maryland Baltimore, Baltimore, Maryland

This study utilized quantitative and qualitative methods to examine the development of volunteer activities for older adults in local community agencies. A nationally funded civic engagement pilot project employed community asset mapping in collaboration with each agency and its native contingent of older adult volunteers. Data collected during the first year of project implementation included older adult volunteer engagement, organizational capacity to engage volunteers, and volunteer management best practices. Additionally, interviews with agency staff added contextual background information. A comparison was made between the level of success implementing the volunteer initiative and: 1) agencies’ responsiveness to the priorities identified through asset mapping, and 2) agencies’ organizational capacity to engage older adults in volunteer activities. In terms of #1, volunteers age 50+ (n = 260) did not see themselves as effective change agents, however community asset mapping identified such volunteers as a key resource. Agencies (n = 6) indicated that community priorities identified during the asset mapping process were addressed only when they were aligned with pre-existing agency defined needs. Conversely, agencies continued to pursue agency defined needs even when asset mapping indicated that they were not community priorities. In terms of #2, agency informants (n = 7) indicated that they felt they had limited capacity to engage volunteers without additional resources. Staff wanted more training, technical assistance, and support to assist in recruitment and management of older adult volunteers. Implication of findings for improving volunteer management of older adults will be discussed.

INTERGENERATIONAL ACTIVITIES AND WELL-BEING OF THE ELDERLY: IMPLICATIONS FOR COMMUNITY PRACTICE

L. Liu1, Y. Qui2, 1. Department of Social Work, Tunghai University, Taichung City, Taiwan, 2. ESmE Creative Studio, Taichung City, Taiwan

In modern society extended families are no longer the norm. It is not uncommon that older adults do not live together with their young family members in communities. The significantly increased older population living along in communities have raised some fundamental issues, such as community revitalization, family relationships, and generation stereotypes. Intergenerational programs served by community organizations give us the opportunity to bring old and young generations back together. In addition, it allows us to create a strong sense of community and to empower residents engaging in community revitalization. Using qualitative analysis, this study presents how a community grassroot group in mid-Taiwan collaborated with local businesses as well as district schools to develop an intergenerational service program as "Humanities Tea Ceremony." The paper shows how the service program has improved connections between generations and changed the stereotypes of young generations toward old population in communities. In addition, it made community residents began to care about senior citizens and developed the social support network for the elderly in their neighborhoods. Moreover, there has been a revival of interest in Teasim in communities. When tea is more than a drink, Tea Ceremony is often associated with arts, culture, and philosophy. In Chinese culture it presents as a sign of respect, a way of family gathering, a form of apology and deep thanks, as well as a symbol of value. The implications of this intergenerational program on services for the elderly and community cohesion are discussed in this study.

VOLUNTEER TRANSITIONS AMONG OLDER ADULTS: THE EFFECTS OF HUMAN, SOCIAL, AND CULTURAL CAPITAL IN LATER LIFE

E. Gonzales1, T. McNamara2, 1. George Warren Brown School of Social Work, Washington University in St. Louis, St. Louis, Missouri, 2. Sloan Center on Aging & Work at Boston College, Boston, Massachusetts

OBJECTIVES. We aim to understand how human, social, and cultural capitals are associated with the volunteer process: engagement (starting), intensity (number of hours), and cessation (stopping), among older adults. METHODS. Data from the 2000 through 2008 Health and Retirement Study and the 2001 through 2009 Consumption and Activity Mail Survey provides a sample of 4,526 respondents. Random-effects pooled time series analyses incorporate not only the presence of various types of capital, but also the quality of that capital. RESULTS. Human capital (education/health/assets) and cultural capital (religiosity) were positively associated with increased volunteer involvement and negatively associated with cessation. Effects of social capital (relationships in the family, employment status, and the community) depended on the quality of the relationships, not necessarily on their presence alone. For instance, providing 10+ hours/month of care to parent resulted in reduced volunteering intensity (b = -3.39, p<.05) and affected the probability that a person would have volunteered over the last month (probability= -.07, p<.05). Full-time employees unable to reduce the hours on the job, volunteered on average 2.12 (p<.001) hours fewer per month than their unemployed counterparts. DISCUSSION. Results suggest that bolstering older adults’ capitals, particularly among lower socioeconomic status groups, can increase volunteer engagement and intensity, and reduce cessation. Additionally, a variety of organizational policies including respite programs for caregivers and flexible work arrangements might indirectly affect participation rates and commitment. More research is necessary to identify how to recruit and retain individuals in social networks where volunteer participatory rates are low.

VOLUNTEER PERSPECTIVES TO THE TEAM APPROACH OF MEETING NEEDS IN TERMINALLY-ILL COMMUNITY-BASED AGING INDIVIDUALS: A QUALITATIVE ANALYSIS

C. Azuero1,2, G. Harris1,2, E. Kvale3,4, C. Ritchie3,4, B.R. Williams1,2, R.S. Allen1,2, 1. Center for Mental Health and Aging, Tuscaloosa, Alabama, 2. Psychology, University of Alabama, Tuscaloosa, Alabama, 3. Department of Veterans Affairs, Birmingham/Atlanta Geriatric Research, Education, and Clinical Center (GRECC), Birmingham, Alabama, 4. University of Alabama at Birmingham Department of Medicine-Division of Geriatrics, Gerontology and Palliative Medicine, Birmingham, Alabama

Purpose: This presentation describes the experiences of volunteers with the UAB Support Team Network (STN) involved in meeting the needs of community-dwelling individuals with chronic life-limiting illnesses. The UAB STN was developed in early 1990, growing out of a movement to care for acutely ill HIV/AIDS patients dying in the community. As HIV/AIDS became chronic, this caring model expanded to community-based aging individuals living with an assortment of conditions. Methods: Using a semi-structured qualitative interview guide, we interviewed 10 individuals with volunteer experience within this model. Emerging themes were identified and coded using a phenomenological approach within a grounded theory framework. Results: Participants were white (100%), female (90%) age 40–62, 70% were affiliated with support teams organized by religious/spiritual organizations. Analysis of the interview data revealed an interaction among four ecological levels: Individual, Team, Organizational, and Socio-cultural environment. On the individual level, volunteers derived meaning from their
work, but sometimes felt insecure if what they were doing was sufficient. As members of a team, volunteers relied upon each other to lighten the burden. Additionally, some volunteers reached out to the UAB institutional infrastructure for support, while others felt isolated. On the social-cultural level, socioeconomic and religious differences between volunteers and those they served were a salient concern. Conclusions: The team approach to caring is a cost-effective tool to help seriously-ill individuals age in place. However, to create support teams that are sustainable and mutually beneficial to care recipients and volunteers, integration of individuals within teams supported by organizations is necessary.

VOLUNTEERISM AMONG OLDER ADULT IMMIGRANTS IN THE UNITED STATES

H. Jang, Washington University in St. Louis, St. Louis, Missouri

Abstract PURPOSE: Although the number of foreign-born older adult immigrants is rapidly increasing in the United States, studying volunteerism for this demographic is a neglected topic. This study aimed to examine how human, social and cultural capitals, along with other economic resources, are associated with volunteering among older adult immigrants. DESIGN AND METHODS: Data were drawn from the 2009 Volunteering Supplement. Current Population Survey, with a sample of 4,536 who were 50 years of age and older; there were 587 volunteers. One logistic and two multinomial regressions were completed: (1) identified factors associated with volunteering, (2) included volunteer activities, and (3) types of organizations. RESULTS: Human capital (education), social capital (participation of public affairs and neighborhood) and cultural capital (donation) were positively associated with volunteering. High intensity volunteers were more involved with tutoring/teaching, religious activity, and medical/professional services. Medium and high intensity volunteers were strongly involved in religious organizations. Asian older adults had lower volunteer rates, but those that did volunteer did so at high levels of intensity in religious organizations. Interestingly, older adults who had income less than $30,000 and lived in non-metropolitan areas showed high volunteering intensity. IMPPLICATION: Findings suggest that religious organizations play a pivotal role in strengthening older adult immigrants’ volunteering. Connection between ethnic religious organizations and communities such as schools, hospitals, and professional institutions will enhance engagement of volunteering. Institutional program development may enhance volunteer opportunities for those who had low income and lived in non-metropolitan areas.

VOLUNTEERING AND EGO INTEGRITY OF OLDER ADULTS: LEVELS AND PERCEIVED Benefit of Volunteering


This study examines the association between the level and benefit of volunteering and the ego integrity of adults aged 60 and over in Korea. With proportional quota sampling, we collected data from 460 older volunteers in 2009. The level of volunteering is measured by duration and monthly mean hours of volunteer activities. Perceived benefit of volunteering is measured by 11 items developed by Morrow-Howell, Kinney, & Mann (1999). The ego integrity is measured by 31 items representing six domains of current life satisfaction, wisdom, attitude to life, acceptance of the past, acceptance of aging and death (Kim, 1988). Hierarchical regression analysis results show that those with no work, having higher monthly income, living in urban areas, with better self-rated health, with no need for IADL support are more likely to report higher levels of ego integrity (R²=.175). In a next step, older adults who volunteer for longer time, who engage in more hours of volunteering, and perceive greater benefits of volunteering report higher levels of ego integrity (R²=.278). In a final step, perceived social support mediates the effect of longer duration on ego integrity (R²=.415) whereas monthly mean hours and perceived benefit of volunteering have directly positive associations on ego integrity. The findings shed light on volunteer activities as an important, but not necessarily causal, pathway to ego integrity in later life. Future research is necessary for longitudinal analysis to test a causal relationship between productive engagement and ego integrity of older adults.

NEW REALITIES: ENGAGING COMMUNITIES TO ENHANCE DIGNITY AND INDEPENDENCE

K. Black1, D. Dobbs2, S. Gregory2, T. Dutton2. 1. College of Arts and Sciences, University of South Florida Sarasota - Manatee, Sarasota, Florida, 2. University of South Florida, Tampa, Florida, 3. SCOPE, Sarasota, Florida

There is increasing interest in developing innovative ways to enhance the ways in which people age in their community - in their homes and their neighborhoods. There is also emergent interest in promoting meaningful aging - within the context of daily life and interactions. Combined, these two foci implore us to ask: To what extent can a community be mobilized to enhance dignity and independence among its oldest residents? The Aging with Dignity and Independence Initiative is a community-based project in Southwest Florida. The project combined both qualitative and community-based participatory research to better understand and engage the community to enhance the aging experience. This presentation reports on the findings from a unique aspect of the project that utilized an Appreciative Inquiry approach in which persons of all ages throughout the community were invited to share their story of a positive interaction with an older adult. A total of 217 stories were collected both in person, via community forums, and electronically, via online participation. Content analysis was conducted yielding a total of five primary themes (1) Promoting socialization; (2) Importance of aging in place; (3) Provisions from A to Z; (4) More than first impressions; and (5) Secrets of positive interactions. The novel methods and creative approaches about how the data was shared to mobilize and engage the community are also presented.

THE EFFECT OF VOLUNTEERING AND OTHER SOCIAL ACTIVITIES ON LIFE SATISFACTION IN LATER LIFE

Y. Shih, Gerontology Department, University of Massachusetts Boston, Boston, Massachusetts

Volunteering, as one of many social activities, has been recognized for its health benefits among older adults. However, research solely focusing on volunteer work ignores that older volunteer may engage in other social activities. Little is known about how volunteering is related to other social activities, and how the combinations of volunteering and other social activities are associated with older adults’ well-being. In response, the current study examines these two types of social activities on older adults’ life satisfaction. Data come from the 2008 Health and Retirement Study Leave-Behind Questionnaire. Overwhelmingly, older volunteers are involved in one or more other social activities. In a nationally representative sample of 6,640 older Americans, about 30% of them report participation in volunteer work in the previous month, and 80% of them report participation in other social activities at the same time. Multivariate logistic regression analysis is used to estimate whether the benefits of volunteering vary with levels of participation in other social activities, controlling for personal characteristics such as employment, marital status, functional limitations, and psychosocial measures. Findings suggest that both volunteering and other social activities independently increase the chance of reporting higher life satisfaction, and that older volunteers with other social activity involvement are more likely to have higher life satisfaction than those who only participate social activities. The results show a fuller picture of older adults’ everyday lives, and suggest that modeling concurrent activities is important for a better understanding of well-being among older adults.
FAMILY CAREGIVING

WHO ARE THE FAMILY CAREGIVERS? A COMPARATIVE STUDY BETWEEN THE U.S. AND KOREA ON PARENTAL CAREGIVING

Y. Lee, F. Tang, University of Pittsburgh, Pittsburgh, Pennsylvania

Considering the population aging, the demand for informal care will increase exponentially in the next few decades both in the U.S. and Korea. Though there are some similarities regarding how elder parents are cared between countries, there are also differences. We used two nationally representative datasets: Health and Retirement Study (HRS) in the U.S. and Korea Longitudinal Study of Aging (KLoSA) of 2008. This study examined the characteristics and differences of family caregivers in two countries. Commonly, the primary caregivers for elderly parents were female in the U.S. and Korea. While adult children in both countries provided most of family caregiving, spousal caregivers were 6% in the U.S. and 29.7% in Korea, respectively. Among child caregivers, adult children consisted of 50%, and children-in-law took 11% in the U.S., whereas in Korea, the eldest son and daughter-in-law took most of caregiving responsibility (31.8%), followed by daughter and son-in-law (15.3%).

RECRUITING FAMILY CAREGIVERS IN RURAL AMERICA: CHALLENGES AND LESSONS LEARNED

M. Luptak1,2, B.L. Hicken2, C. Daniel1, R. Hilt1,3, R. Zheng1, M. Grant3, C. Moreno1, R. Rupprecht1,2, 1. University of Utah College of Social Work, Salt Lake City, Utah, 2. VA Office for Rural Health - Western Region, Salt Lake City, Utah, 3. VA Salt Lake City Healthcare System Geriatric Research Education and Clinical Center, Salt Lake City, Utah, 4. University of Utah Department of Educational Psychology, Salt Lake City, Utah

Supporting Caregivers of Rural Veterans Electronically (SCORE) is a randomized controlled pilot study examining in-home delivery of support and education to caregivers of rural veterans with dementia. Outcome variables included caregiver burden, caregiver efficacy and care receiver health utilization data. Internet-naive participants were assigned to a group which employed a simple in-home information collecting device or a group which received telephone support. Internet-savvy participants were assigned to an internet user group or a group which received telephone support. This presentation describes the recruitment process, challenges inherent in this process, and lessons learned. After querying electronic medical records to identify veterans who were diagnosed with dementia-related disorders or prescribed anti-dementia medications, we sent an informational letter and followed up with a phone call. Of 561 caregivers contacted, 277 were ineligible, 209 declined, and 75 enrolled. Participation barriers included: 1) caregiver awareness of the veteran’s dementia but limited awareness of the caregiver role (43%), 2) caregiver recognition of dementia and the caregiver role, but no time to participate (19%), and 3) caregiver minimization of progressive symptoms (7%). To optimize recruitment and enhance caregiver participation, we adopted a multi-faceted approach. For example, we contacted caregivers at a time convenient for them; provided contact information for multiple staff; reviewed the consent form in person before after veterans’ scheduled VA appointments to minimize travel barriers; and employed licensed clinical social workers who were able to respond to multiple caregiver concerns and offer support when reviewing the consent form. Further strategies will also be discussed.

HOW DO FAMILY MEMBERS EXPERIENCE CARING FOR OLDER ADULTS WITH DEPRESSION?

M. Henry1, M. Luptak1, C.E. Duffy1, S.M. Metzner2, 1. University of Utah, Salt Lake City, Utah, 2. Resources for Human Development, Assertive Community Treatment, New Orleans, Louisiana

Involvement of family members of older relatives with depression and how involvement affects well being is poorly understood. This study explored the experiences of family members of older community-dwelling individuals with a diagnosis of major depression. Twenty older adults meeting study criteria were recruited; they identified family members involved in their care who were then invited to participate. Thirty-eight family members completed face-to-face interviews which included questions from six subscales of the Family Experiences Interview Schedule (FEIS). Statistical evaluation of responses to the FEIS was used to describe the experiences of caregivers. Most caregivers reported positive elements of the relationship: the older adult was important in the respondent’s life (97.4%), the respondent was proud of the older adult (81.6%), and the older adult made the respondent happy (78.9%). Yet a large majority also worried about the older adult’s physical health (97.3%), social life (81.1%), and safety (77.8%), and a minority reported disappointment (23.7%), irritation (36.8%), anger (15.8%), and embarrassment (26.3%). An analysis using Pearson’s correlation coefficient suggested relationships between various characteristics of the caregiver and reports of caregiving benefits and burdens. For example, married participants were less likely than unmarried participants to report benefits related to financial support from the older adult (r = -.412, p = .01) or companionship (r = -.391, p = .02). Findings support the need for evidence-based strategies to improve and support the health and well being of older adults with depression and the family members who care for them.

DEPRESSION IN SPOUSAL ELDER CAREGIVERS IN HONG KONG

E. Chow, Applied Social Studies, City University of Hong Kong, Kowloon, Hong Kong

Care for the elder has become a major social issue as the ageing population in Hong Kong raises rapidly in the recent years. Spouses commonly serve as the primary caregivers of older adults as their children are faced with conflicting demands of employment as well as housing and living conditions. To enhance understanding on the psychological wellbeing and needs of spousal elder caregivers, the present study aims to examine caregiver burden, depression, self-esteem, purpose in life, proactive coping, and social support. 131 elderly caregivers aged 65 and above were recruited from 13 caregiver resource centers in Hong Kong. Frequency results revealed that 13% of the caregivers were suffering from depression. Stepwise hierarchical multiple regression analysis revealed that purpose in life, caregiver burden, and self-esteem can significantly explain 57.2% of the variance in depression. The actual demands required in caregiving, social support, and proactive coping did not predict depression. The findings suggest that the perceived experience of caregiving is more important in explaining depression in spousal elder caregivers than the situational factors. Findings are discussed in relation to needs of spousal caregivers followed by implications for development of policy making, professional practice and support programs.

A GENDERED EXPERIENCE OF CARING IN LATER LIFE: EVIDENCE FROM THE ENGLISH LONGITUDINAL STUDY OF AGING

A. Vlachantoni, Centre for Research on Ageing, University of Southampton, Southampton, United Kingdom

The 2001 Census in the United Kingdom for the first time included a question on the provision of unpaid care to family members, friends,
neighbours or others, because of ill-health/a disability, or problems related to old age, within or outside the household. However, much less is known about the provision of care more broadly, for example towards one’s spouse or grandchild. We also know little about the provision of care in the latter part of the life course, particularly among those aged 50 and over. This poster presents the results of a project analysing the demographic characteristics, caring patterns, socio-economic characteristics and health patterns of carers aged 50 and over in England. It employs bivariate and multivariate analysis of data from Wave 3 (2006) of the English Longitudinal Study of Ageing (ELSA) to illustrate three key results. Firstly, the extent and nature of care provision changes at different points of the life course, for example caring for one’s spouse/partner is more prevalent in older ages compared to younger ages. Secondly, in addition to changing across different age groups, care provision is a profoundly gendered experience, for example women are more likely to look after children or grandchildren, while men are more likely to look after their spouse/partner. Finally, ‘round-the-clock’ carers, who constitute over one-fifth of all carers aged 50 and over, report a better health status and are more likely to be employed than certain groups of less intense carers.

FAMILY CAREGIVING TO OLDER, MINORITY CANCER SURVIVORS LIVING IN THE COMMUNITY: PERSPECTIVES FROM A RANDOMIZED CONTROL TRIAL OF CAREGIVER PROBLEM-SOLVING SKILLS TRAINING


Background: Cancer is among the most prevalent chronic health disorder that can lead to impaired functioning and mortality in the elderly. Recognition of the centrality of families’ role in patients’ treatment and recovery is wide spread. Less attention, however, has been focused on developing programs and interventions that include or target the families’ role during the cancer survivorship period, a period when patients are coping with the consequences of cancer and its treatment. Methods: Funding from NCI, Office of Cancer Survivorship supported delivery of a brief problem-solving skills training program for familial caregivers to lower income older (60+) post-treatment cancer survivors. Familial caregivers accrued through Community/Migrant Health Centers (C/MHCs). Results: Program satisfaction high, caregivers recognizing utility of training. Shared session materials with survivor, relatives/friends, suggesting caregivers could be the point of engagement for multilevel outreach support. Requested more sessions on additional topics, supporting need for education and training on specific survivorship care issues. Requested help accessing community resources, suggesting a need to implement family-focused community case management. Felt more confident about addressing situations emerging during survivorship period and more likely to apply a problem-solving approach in care situations. Conclusions: Caregiver education and training programs should target caregiver informational and training needs during the survivorship period given families’ direct involvement in health care decision-making, health advocacy and care provision. Low-cost, brief, evidence-based programs that can be implemented in community settings and effective in maximizing families’ care giving abilities and skills and provide them with the skills and resources are needed.

THE PREDICTORS OF ACCESS TO CARE, PREVENTIVE SERVICES USE, AND LIFESTYLE BEHAVIORS AMONG CALIFORNIA CAREGIVERS: FINDINGS FROM THE 2009 CALIFORNIA HEALTH INTERVIEW SURVEY

C. Mendez-Luck, G. Hoffman, UCLA School of Public Health, Los Angeles, California

Approximately one in every four California adults cares for a family member or friend with a long-term illness or disability, at an annual estimated value of $48 billion. The health risks associated with caregiving have been well documented; however, the findings are mixed about the relationship between caregiving, care-seeking and lifestyle behaviors. Using data from the 2009 California Health Interview Survey, this study will examine these relationships through separate multivariate regressions, with barriers to health care services, non-utilization of preventive services, and health behaviors (e.g., smoking, physical inactivity, alcohol use) as our main outcome variables. Our main predictor variables will include caregiving characteristics (e.g., length of caregiving, time spent weekly caregiving, number of persons being cared for, living arrangements, caregiver-care recipient relationship). Control variables will include sociodemographics (e.g., age, race/ethnicity, gender, rural-urban status, income) and health characteristics (e.g., diagnosed chronic conditions, self-rated health, disability). Our analyses will be guided by the Andersen Model, developed to study the determinants of health services use, and currently the most widely-used model of access to care. The study results will add to the scholarship in this area by 1) elucidating the factors of the caregiving situation that contribute to caregivers’ poor access, low service use, and health risk behaviors, and 2) identifying the caregivers at elevated risk for poor health outcomes.

CHANGES IN ROLE CHARACTERISTICS: A 10-YEAR FOLLOW-UP OF WORKING, SANDWICHED-GENERATION COUPLES

M.B. Neal1, L.B. Hammer2, A.M. Pines2, T. Bodner1, 1. Institute on Aging, Portland State University, Portland, Oregon, 2. Ben Gurion University, Beer-Sheva, Israel

This study examined changes in marital, child-care, parent-care and work role occupation over a 10-year period and how these changes affect work-family fit, health, well-being and work outcomes among a sample of dual-earner, sandwiched-generation couples (i.e., couples who were caring for children and aging parents and who were engaged in paid work). The original data were from a national study funded by the Alfred P. Sloan Foundation which examined general effects of being “sandwiched” on work and well-being (Neal & Hammer, 2007). At the time of the first wave of the survey, all couples (N=309) held all four roles. Ten years later, with the help of a grant from the U.S. Israel National Science Foundation, a follow-up survey was administered by mail to these couples. Of the original 309 couples, both members of 101 couples could be located and agreed to participate in the time 10-year follow-up survey, and one member of each of another 33 couples agreed to participate. Only 18 of the 101 couples, and 7 of the 33 individuals still held all four roles. To determine the effects of these role changes on work-family fit, well-being and work, hierarchical regression analyses were conducted separately for men and women, including the objective role loss indicators and the Wave 1 dependent variable as predictors. The results and their implications for organizations, policy makers, and sandwiched couples and individuals themselves will be discussed.

CHARACTERISTICS OF PARENTAL CAREGIVERS IN THE HEALTH AND RETIREMENT STUDY, 1992-2008

3.C. Greenfield, Washington Univ. in St. Louis, Saint Louis, Missouri

Informal care is the backbone of the U.S. long-term care system, and caregiving prevalence is expected to rise dramatically as baby boomers age. Parental caregivers are of particular interest because caregiving may strain their health and finances, thereby undermining their own preparation for retirement and long-term care needs. Understanding trends in parental caregiving is essential to ensure that policies and programs are responsive to caregiver needs. Using nine waves of data from the Health and Retirement Study (HRS) – specifically, 51-61 year-old respondents from 1992-2008 – an exploratory analysis of parental caregivers’ socio-demographic characteristics was conducted to describe these caregivers and to compare the age, gender, race, education, self-
rated health, income and assets of parental caregivers and their non-caregiving peers at each wave. For example, in 1992, there were 113 respondents (14%) who reported providing care for a parent or parent-in-law; these caregivers were 85% (n=85) White, almost 100% female (n=112), and had a median income of $44,500 ($67,778 in 2008 dollars). By 2008, caregiving prevalence among this age group had increased to 42% (n=583), while only 68% (n=394) were women, 83% (n=486) were White, and the median income had decreased to $52,800. Differences between caregivers and non-caregivers were detected in all waves; for instance, caregivers were more likely to be women and White in all waves, but gender and racial disparities decreased over time. Median income also decreased over time. Findings suggest that prevalence of caregiving is increasing, and that changes in gender and racial disparities are emerging as well.

CAREGIVING DECISION-MAKING AMONG ELDERLY CHINESE IN SHANGHAI: FINDINGS FROM QUANTITATIVE AND QUALITATIVE DATA

L. Chen1, M. Ye2, 1. Social Welfare, University of California, Los Angeles, Los Angeles, California, 2. Bowling Green State University, Bowling Green, Ohio

The purpose of this study is to describe the nature of caregiving decision-making, especially institutionalization, among Chinese elders in Shanghai from both quantitative and qualitative data analysis. This study also explores the transforming concept of filial piety during the caregiving decision-making process from Chinese elders’ perspectives. A theoretical framework of modified Andersen Behavioral Model helps to conceptualize this study. The dataset is 2005 Shanghai Elder Citizen Longitudinal Tracking Study, which used stratified sampling and surveyed 1,327 community-dwelling elders about caregiving decision-making and quality of life. The study uses age, gender, marital status, educational level and satisfaction of intergenerational relationships as predisposing factors, monthly income as an enabling factor, monthly medical cost and self-care capability as need factors and institutional decision-making as a dependent variable. Logistic regressions revealed that elders who had higher education, higher monthly income, but with lower satisfaction on intergenerational relationships and lower capability of taking care of themselves were more likely to accept institutional caregiving. Interviews with 11 elderly residents in a nursing home in Shanghai investigated their perspectives on institutionalization and their relationships with adult children during the decision-making process. Results from interviews echo survey results. Elderly residents reported that self-care capability, monthly medical cost, and intergenerational relationship have direct implications on their consideration of institutionalization. Combining results from the survey and interviews, this study finds that filial piety, under the influences of economic reform in urban China, although has been culturally and socially reconstructed, it still has strong impacts on caregiving decision-making of Chinese elders.

CAREGIVERS OF VETERANS WITH DEMENTIA: ACCESSING SERVICES

C.M. Daniel1, B.L. Hicken1, M. Grant1, M. Luptak2, R. Hill2, R. Rupper1,2. 1. GRECC, VA Salt Lake City HCS, Salt Lake City, Utah, 2. University of Utah, Salt Lake City, Utah

Background: Caregivers of persons with dementia face significant challenges in accessing support from local, state, and VA resources, and typically rely on informal sources of support, such as family, neighbors, and fellow church members. The present study aims to utilize health care access models (Aday, 1974) to improve resource use among this population. Methods: Caregivers (N=75) of patients with dementia participated in a tele-caregiver support program. The program provided: 1) educational information disseminated using the Internet or a home telehealth device; and, 2) brief intervention and psychosocial support via a remote licensed clinical social worker. Educational curriculum addressed topics related to skill training, mood management, and resource access for the caregiver. The remote care manager documented support needs and strategies to address those needs. Both qualitative and quantitative analyses were used to examine the data. Results: Participation in the program improved knowledge of and access to VA and community resources. For example, care managers provided most (55%) caregivers with information about local, state, and federal resources, including those provided through VA. Community referrals to mental health services and local aging resources were also common (23%). Finally, end of life care planning was also needed. Care managers addressed Advance Directives for both the caregiver and care recipient (16%). Conclusions: Telehealth support programs not only provide information about resources, but they also help connect caregivers with VA and community resources. Establishing strong VA-community partnerships and educating caregivers about VA and community resources enhances access to much-needed services for this population.

INTERACTION BETWEEN OLDER CAREGIVERS AND OTHER HELPERS

S.H. Sigurredottir1,2, M. Ernath Bravell1, 1. University of Iceland, Reykjavik, Iceland, 2. Institute of Gerontology, Jönköping University, Jönköping, Sweden

Objectives of the study: The aim of the study is to describe older informal caregivers and how they interact with the formal care system and other informal caregivers when providing care. Method: In the study Icelandic older people (ICEOLD), data was collected using a nationally representative sample of persons aged 65 and over living in their own homes in Iceland. A telephone interview was conducted with 782 individuals, 441 women and 341 men, 65-98 years of age. The response rate was 66%. The participants were asked about living standards, help received and whether they provided help to someone living in their own household or somewhere else. The study is based on descriptive analysis. Results: About one fifth (21%) of the total sample of respondents helped or provided care for another person (n=157). The results demonstrate that older caregivers living with someone are more often informal caregivers than those living alone. Emotional support is the most frequent help given. The older caregiver is often alone in his/her role as a caregiver, but when care becomes too burdensome, the formal care system provides help in tandem with the older caregiver. More than half of the informal caregivers need help themselves with ADL tasks. Conclusion: The results from this study show that older caregivers in Iceland are an important resource in providing care. Light must be shed on older informal caregivers and further research is needed to assess how municipalities can support them in their roles as caregivers.

SESSION 1755 (POSTER)

HEALTHCARE DISPARITIES

HEALTH CARE DISPARITIES: HOME HEALTH AGENCY & SYSTEM BARRIERS TO HEALTHY AGING


Home health care plays a pivotal role in the health status of older adults. However, recent studies indicate disparate outcomes for minority recipients of home healthcare. This work explores home health agency staff perspectives on the agency and system factors which contribute to disparate outcomes for minority home care recipients. Qualitative, focus group interviews were conducted with both professional and paraprofessional home healthcare staff from a variety of agencies in a tri-state metropolitan area. Staff reported the following agency and system factors that contribute to disparities in home health care outcomes: agency policies and procedures related to cost control, coverage issues and staffing assignments; and system factors including health care access, costs, insurance issues, and the culture of healthcare. We
discuss the interrelationships between factors identified by agency staff and access/quality, suggesting a mediating path to enhancing patient health status. We relate these results to both theoretical frameworks and existing empirical understanding of this complex problem to inform the development of a more equitable system of home health care delivery. Best practice recommendations will be discussed. Ultimately, the goal of this research is to alleviate disparities and improve health outcomes for all patients thus enhancing late life health.

IS LANGUAGE PREFERENCE RELATED TO CARE RECEIVED AND QUALITY OF LIFE OF NEW HOME CARE ENROLLERS?
S. Shah1, J. Fousta2, C. Mutraugh1, M.D. Naylor1, 1. Center for Home Care Policy & Research, Visiting Nurse Service of New York, New York, New York; 2. University of Pennsylvania, Philadelphia, Pennsylvania. Purpose. To determine whether the preference for speaking Spanish among elders newly enrolled in a long-term care (LTC) program is related to receipt of formal and informal care and self-reported quality of life (QoL). Methods. The analysis is part of the Health Related Quality of Life: Elders in Long-term Care (PI: Naylor NIA/NINR R01 AG025524) study. We focused on baseline data of elders enrolled in a home-based LTC program (n=124). Simple differences in means and proportions were compared and multivariate models estimated to determine whether language preference is related to care received and self-reported QoL. Results. There were 76 Spanish-speaking and 48 English-speaking participants. Mean age was similar but health status and living arrangements were not: Spanish speakers reported worse overall health status (p=0.065) and were less likely to be living alone (36% vs. 67% of others; p<0.001). Simple comparisons showed statistically significant differences between the two groups in primary caregiver (p=0.011) and whether the caregiver provided personal care (60% Spanish vs. 39% English; p=0.036) with worse QoL reported by Spanish speakers (p=0.042). In preliminary multivariate models, differences in care received and QoL substantially diminish after adjusting for health status and other patient characteristics. Conclusions. Spanish- and English-speaking participants had significantly different health status and living arrangements at baseline. Our findings suggest they are important factors determining care received and overall QoL. The results provide new data to guide future research and clinical practice to improve care planning and QoL, especially among Spanish-speaking elders where little is known.

HEALTH DISPARITIES OF OLDER ASIAN AMERICANS: A COMPARATIVE STUDY OF CHINESE, FILIPINO, ASIAN INDIAN, AND OTHER ASIAN/PACIFIC ISLANDER
J. Tan, Bridgewater State University, Bridgewater, Massachusetts
Purpose of the study, This study examined the health disparities US Chinese, Filipino, Asian Indian, other Asian/Pacific Islander (API), and non-Hispanic white older adults by using nationally representative data. Design and Methods. Aggregated data file from the National Health Interview Survey from 2000 to 2008 was analyzed. Sample included 282 Chinese, 271 Filipino, 93 Asian Indian, 580 “other API”, and 63270 non-Hispanic white older adults aged 65 and older. Bivariate and multivariate analyses were used to examine the relationship between Asian ethnicities and health status. Results. The descriptive statistics show that there are significantly differences of health status and activity limitations among different groups of Asian older adults. Compared to non-Hispanic whites, Asian Indian older adults had better self-reported health; while Chinese, Filipino and other API older adults had poorer self-reported health (F=5.02, p<0.001). In terms of activity limitations, all Asian older adults groups had fewer limitations than non-Hispanic whites (g2=30.34, p<0.001). Age, marital status, education, live arrangement, citizenship and health insurance status are all significant factors related to health status. Implications. Understanding of similarity and difference of health status among different groups Asian American older adults can help health professionals provide best services to these populations.

MEDICARE PART D AND ITS IMPACT ON RACIAL/ETHNIC DISPARITIES IN ACCESS TO PRESCRIPTION MEDICATIONS
E. Mahmoudi, G.A. Jensen, Wayne State University-Institute of Gerontology, Detroit, Michigan
Objectives. This study evaluates the impact of Medicare Part D on racial/ethnic disparities in access to prescription medications. This paper seeks to answer four questions: (1) Has Medicare Part D increased access to prescription drugs within different racial/ethnic groups, and if so, by how much? (2) Has Medicare Part D reduced racial/ethnic disparities in access to prescription drugs? (3) Has Medicare Part D reduced disparities in out-of-pocket and total spending on prescription drugs, and in out-of-pocket and total healthcare spending? And (4) Do the answers to these questions vary when different definitions for a “disparity” are used, and if so, how? Data. Medical Expenditure Panel Survey (MEPS) data covering 2003 through 2008 will be used for the analysis. Six measures of access will be examined: whether an individual has prescription drug insurance, the number of prescriptions actually filled during the year, annual out-of-pocket and total spending on prescription medications, and annual out-of-pocket and total healthcare spending. The “treatment group” will consist of MEPS respondents ages 65-70, and the “comparison group” will consist of MEPS respondents ages 59-64. Methods. A “pre-post-with-comparison-group” quasi-experimental design will be implemented using the framework of multivariate regression analysis. Specifically, a regression-based difference-in-differences (DD) estimator will be adopted to quantify Medicare Part D’s effects on each of the six outcome measures. Three alternative definitions for a “disparity” between a minority group and Whites will be explored, specifically, the AHRQ definition, the IOM definition, and a third one, called the “Residual Direct Effect” definition in the literature.

IMPROVING ORAL HEALTH AMONG VULNERABLE LOW INCOME SENIOR HOUSING RESIDENTS IN CENTRAL CONNECTICUT
Oral health is critical to healthy aging. It impacts appearance, self-worth, nutritional status, and chronic disease progression. This current study identifies significant disparities in oral health among low income, primarily minority community dwelling adults residing in senior housing in Central Connecticut. We propose that reducing disparities necessitates addressing gaps in existing infrastructure. Methods include: developing long term relationships with in senior housing in the region, building a transformative Academic Health Center/community partnership, the Oral Health Research Strategic Alliance (OHRSA), linking UCONN School of Dental Medicine, the Institute for Community Research and the North Central Area Agency on Aging with other local organizations/institutions to support oral health programs; supporting local data collection on oral health and service barriers among vulnerable older/disabled adults; building and disseminating curricula to support community-based partnership research and developing a 10-year strategic research agenda. We have made entry into eight senior residences in the targeted region and solicited resident interest in oral health and oral health research; organized the OHRSA, which has met twice and has identified at least three future areas of research; critically reviewed undergraduate curricula in geriatric oral health for dental students in the US; submitted a collaborative SDM/ICR planning grant to develop a building-level and individual-level intervention to improve
oral health self-management of senior housing residents. We conclude that we can build an oral health research alliance, integrate oral health and prevention into senior buildings, and develop collaborative research efforts to improve oral health self-management in the region.

DIVISION AMONG DIVISIONS: THE AARP AND DIFFERENT DISCOURSES ON DIABETES AMONG ANGLOS AND HISPANICS

K. Moody, M. Rivera-Hernandez. The University of Iowa, Iowa City, Iowa. Miami University, Oxford, Ohio

In 2010, there were about 25.8 million people aged 20 years and older affected with diabetes (CDC, 2010). About 11.8% of Hispanics had been diagnosed with diabetes, but, the risk of developing diabetes is 66% higher for Hispanics. Hence, Hispanics are at higher risk to develop diabetes compared to non-Hispanic whites and Asian Americans (CDC, 2011). The lack of representation of Hispanics within printed publications seems to disprove that statistical evidence, and suggests a lack of presence or importance within national debates on obesity and diabetes. Our study looks at how Hispanics are represented within health campaigns and magazine advertisements, particularly in health magazines such as AARP Magazine. We looked at specific news stories on diabetes on the AARP Magazine website in both English and Spanish, checking to see if there was any difference in terms of content and message. By performing a content analysis of twelve months of publication (January 2010 – December 2010), our studies will see if there is a difference in terms of discussion of diabetes between health magazines published in the United States versus those published for Hispanic audiences. By examining the content that is archived online, we hope to show: a) what differences exist in communication between these audiences, and b) how the discourse about diabetes grows and evolves over time. The end result is a greater understanding of what universal qualities exist in terms of diabetes discourse, as well as important racial and community differences among health professionals and publications aimed at older individuals.

THE ROLE OF SOCIOECONOMIC STATUS IN PREDICTING CHRONIC HEALTH CONDITIONS IN OLDER ADULTS WITH POOR VISION AT MIDLIFE

A. Chun, B. Steinman, GERONTOLOGY, USC, Los Angeles, California. Brown University, Providence, Rhode Island

There is growing interest in the association between socioeconomic status (SES) early in life, and health outcomes in later life. Indicators of low SES, including low income, employment status, and educational attainment are statistical predictors of many health problems experienced by older people. Because of institutional and social barriers including discrimination, racial minority groups are often among those most at risk for low SES, and to experience health disparities associated with social disadvantages. In many regards, people who age with severe vision impairments and/or other disabilities may be similar to racial minority groups in that they are likely to experience many of the same barriers leading to low SES. The purpose of this study was to compare SES characteristics of middle-aged adults with poor vision and good vision, and to examine the degree to which low SES among persons with vision impairment at midlife functions as a predictor of age-related chronic conditions in older persons. We analyzed six consecutive waves (1998 thru 2008) of the Health and Retirement Study using Cox Regression to determine risk of acquiring each of seven chronic conditions. Controlling for demographic variables and SES covariates, we assessed the effects of two levels of self-reported vision (poor and good). Results suggest that for middle-aged persons with poor vision, some SES variables are associated with lung problems, psychiatric disorders, and arthritis in old age. Consequently, middle-aged persons with severe vision impairments may benefit from public support services and behavioral interventions that address modifiable indicators of low SES.

SESSION 1760 (POSTER)

HOME AND COMMUNITY BASED SERVICES

CONSUMER VOICES IN SETTING STANDARDS FOR OPTIONS COUNSELORS

D. White, S. Carder, S. Elliott, A.F. Tressider, S. Jackson, D. Truxillo, Portland State University, Portland, Oregon. Seniors & People with Disabilities, Salem, Oregon

Options counseling is an emerging profession in the aging network. Options counselors (OC) provide information and decision support to consumers and their families. Consumers include those over 18 years of age with a disability and/or long-term services and supports needs. Person-centered planning and support is central to the role, with an emphasis on consumer values and preferences. The Administration on Aging is supporting the development of professional OC standards. This poster presents the processes used in Oregon, starting with a systematic job analysis with OCs, their supervisors, and national experts on options counseling. The result was a comprehensive list of task statements and job requirements which were then prioritized by OCs and OC experts. Consumer data also contributed to the development of standards. Fifty consumers or family members were interviewed to determine their perceptions of options counseling and the extent to which the OC delivered person-centered services and supports. Preliminary results indicated congruence between key aspects of the job (e.g., listening to concerns, providing appropriate information, demonstrating knowledge of services and resources, and not pushing for a particular decision) and the experiences the consumers and families valued most. These interviews also highlighted how gaps in the service system (e.g., transfers from one setting to another; affordable home care) can limit the effectiveness of OCs. Knowledge gained from this project can inform OC practices in other states, person-centered practices, and provide evidence about what matters to older persons and their families as they look for guidance with long-term care decisions.

MULTI-STATE SURVEY OF SUPPORT BROKER/PLANNERS IN PARTICIPANT-DIRECTED SERVICES PROGRAMS


Participant-directed long-term services programs successfully serve older adults and people with disabilities by providing choice and control over the services they receive. One component of these programs has been the significant contribution made by support brokers (also called support planners, counselors or consultants) who assist participants to develop the care plans they need. Although many aspects of the effectiveness of participant-directed programs have been reported, there is still much to learn about time management and the job-specific training and training needs of support brokers. We conducted a multi-state survey of support brokers to learn about their roles. We included specific items about support brokers’ professional backgrounds, usual tasks, as well as the availability of training and their preparedness to perform such tasks. We followed up with phone interviews to obtain a better understanding of the survey findings. This presentation reviews the preliminary findings and presents suggestions for future training topics.

ELDERS’ EXPECTATIONS OF COMMUNITY SERVICES IN CHINA

J. Liu, The School of Social Work, Iowa City, Iowa

In China, the older population is growing rapidly. According to Chinese culture, families are expected to take care of their elders. However, the family capacity to support elders is shrinking, because the One-Child Policy reduced the number of potential family caregivers. Therefore, it is necessary to develop community services to satisfy elders’ physical,
psychological and social needs. The purpose of this study is to explore whether Chinese elders expect to receive community services and what factors influence their expectations. Following the ecological perspective, this study hypothesizes that elders’ well-being and environmental conditions are related to their expectations of community services. This study uses a nationally representative dataset from the Chinese Longitudinal Healthy Longevity Survey to analyze Chinese elders’ expectations of eight types of community services and the factors that influenced their expectations. The results of expectation frequencies and logistic regressions indicate that Chinese elders expect their communities to provide services for them and these expectations are strongly related to their psychological and social well-being, and the availability of family support and rural registration. The findings of this study imply: to support the increased elder population, the government should emphasize developing community services concerned with their psychological and social as well as physical needs; to further explore elders’ expectations of community services, researchers should collect more comprehensive data about Chinese elders’ well-being and their environmental changes; to provide effective services, administrators of community service programs should assess individual well-being and environmental conditions of their targeted elder populations.

CHARACTERISTICS OF OLDER ADULTS WHO SEEK HOME AND COMMUNITY BASED SERVICES THROUGH AN AREA AGENCY ON AGING IN THE UNITED STATES

F. Wilby, C. Chambless, College of Social Work, University of Utah, Salt Lake City, Utah

The United States and other nations around the world are on the cusp of a demographic transition that will result in a dramatic increase in the number of older adults. Associated with the graying of the world, experts identify the need for programs that manage chronic disease and enable older adults to remain in their homes for as long as possible. This study was conducted to identify the characteristics of 260 adults, 65 and over, who applied for services through an Area Agency on Aging in a western state in the United States, and determine the conditions that resulted in referral to the state-funded Home and Community Based Alternatives Program (Alternatives) or the Medicaid Aging Waiver program. Logistic regression was used to examine the characteristics that determined referral to the two programs. Although most of the sample lived at or near poverty levels, results suggest that higher monthly income and savings and living alone predict referral to the Alternatives program, whereas greater need for assistance with bathing and performing heavy housework are the primary determinants of referral to the Medicaid Waiver program.

AN ANALYSIS OF CURRENT AND PROJECTED RURAL OLDER ADULT LEGAL SERVICE NEEDS

L.W. Kaye1, J. Crittenden1, M.A. Adle1, D.C. Wihry1, J.L. Martin2, J. Center on Aging, University of Maine, Bangor, Maine, 1. Maine Legal Services for the Elderly, Augusta, Maine

A comparative legal needs assessment of rural-based older adults was conducted by analyzing research conducted in six states and service data from Maine. Findings indicate that up to half of all older adults will need legal assistance in the next 5-10 years, and this will be even higher among low income elderly where from 45% to 86% experienced legal problems in the prior three years. Help with health insurance was the greatest need across all states with 25% of intervention directed toward such issues. In Maine, help with financial issues was the second-most frequently provided service, compared to fourth nationally. More than half of those cases involved collections and 10% were for help with debt relief/bankruptcy. These cases have been increasing in Maine due to the economic downturn. About 25%-45% of older adults across states need help with estate planning. More than 15% of cases addressed in Maine involved housing issues including foreclosures. Housing issues may also be increasing for older adults compared to just three years earlier. In Maine and nationally, elders are not seeking help when facing abuse/exploitation. Less than 2.5% of older adults report abuse to authorities, but 6%-12% self-identify as being abused. While Maine’s elders, like those in other resource poor states, rely upon the legal assistance provided by Legal Services for the Elderly, data confirm such services are not sufficient to meet the growing need. Without free legal assistance, people who can’t afford a lawyer are most likely to ‘do nothing’ about their legal problems.

HOME- AND COMMUNITY-BASED SERVICE USE OF AFRICAN AMERICAN ELDERS LIVING IN INNER-CITY NEIGHBORHOODS

A.J. Lehning, M. Kim, R. Dunkle, School of Social Work, University of Michigan, Ann Arbor, Michigan

Historically, although African Americans are at an increased risk for chronic illnesses and functional limitations in later life, they have used nursing homes significantly less than Whites. Over the past decade, however, rates of nursing home use by Whites declined while those of African Americans increased. With research suggesting that nursing home use is linked to less use of HCBS, it is important to better understand the factors influencing HCBS use among African Americans. This study examined the association between predisposing characteristics, enabling resources, and need using Andersen’s Behavioral Model of Health Services and Access to Care and HCBS use in a representative sample of 517 African American elders age 60 and older living in inner-city Detroit. Results indicate that the role of predisposing, enabling, and need factors depends on the type of service used (i.e., in-home care, functional care, household services, and out-of-home care). For example, in terms of need factors, the number of health conditions was associated with an increased odds of using in-home (e.g., home health care) and functional care (e.g., home-delivered meals, homemaker assistance) services and decreased odds of household (e.g., home repair, legal assistance) services.

SESSION 1765 (POSTER)

HOUSING POLICY AND SAFETY ISSUES

CONSTRUCTING FIRE SHELTERS IN RESIDENTIAL BUILDINGS FOR ELDERLY AND DISABLED

B. Chang, C. Chou, S. Lin, Chinese Culture University, Taipei, Taiwan

Among all types of fires in the past decade, building fires, especially residential fires, occurred most frequently based on data from the Fire Agency in Taiwan. Today, the older population in Taiwan has reached 2.6 million, which is about 10.7% of the total population. Among these older individuals, 41,185 older individuals live in nursing or long-term care facilities, and 181,000 older individuals are cared for by foreign nursing aides at home. Due to the fact that physical limitations may cause strains on elderly and disabled to escape from fires successfully, it has drawn our attention to constructing fire shelters in residential buildings. First, we selected bathrooms from residential units as our study object based on the concept of “relative shelter,” including the frequency of fires, types of construction, risk factors, economic benefits, and residents’ physical and mental status. We conducted pre- and post-tests on air-tightness in 8 residential bathrooms by sealing sinks, air vents, and bathtubs. The results showed that fire shelters should: 1) be constructed by fire-proof materials, 2) allow escape individuals to breathe, and 2) have at least 50Pa pressurization to prevent the invasion of smoke and toxic gas. Air-supply equipment should be also installed to provide fresh air at least 12.8 m3 per minute and to be paralleled with emergency power. Under these conditions, these bathrooms will be able to resist fire, resist high temperature, and maintain air-tightness, and may serve as fire shelters for elderly or disabled in residential buildings or nursing facilities.
Housing Accessibility of the Elders in Shanghai
L. Chen, Population Research Institute, East China Normal University, Shanghai, China

Family planning policy has been implemented in China for over three decades. Now the first cohort of one-child parents have overwhelmingly become elders. The aging of one-child parents will be a unique feature of the situation of aging in urban China. Meanwhile, China has witnessed dramatically rising housing price in urban areas in the past ten years. Housing becomes one of the most-heated topics in China. However, attentions have been paid mostly to the young generation, less is related to the elders. This paper investigates the housing condition of one-child elders. Shanghai was selected to conduct a survey of 976 one-child elders in 2010. The research finds that housing problems parallel with medical-treatment-caused poverty and constitute one of the two paramount categories of problems among the one-child elders. The low accessibility featuring multiple-storey housing without lift is the most worried problem of elders in terms of housing, which will impede their independence of daily living and social participation in the future. However, housing transformation encounters collective action problem and policy restrictions in the context of condominium-dominated housing structure in urban China.

Social Interaction and Social Activity Among Residents in Affordable Assisted Living

While aging research has consistently noted the importance of social involvement and social support in the lives of older adults, there have been very few studies exploring social interaction in assisted living (AL). The present study explored how residents in an affordable AL facility perceived their involvements with residents, staff, and family. Qualitative interviews were conducted with a purposive sample of 20 AL residents. All participants had resided in the facility between 6 months and 2 years. The sample consisted of almost equal numbers of African American (N = 8) and White (N = 11) elders, ranging in age from 65 to 93 years of age. Based on qualitative analysis of the data, four themes emerged capturing residents' social involvement and feelings about social interactions. The themes reflected generally low expectations for social involvement with other residents. The major theme - “We all get along” - reflected casual, non-intimate social interactions with other residents. Interactions with fellow residents were clearly not viewed as friendships. Maintaining social distance appeared to as a strategy for avoiding conflicts and adapting to communal living. The remaining themes reflected limited expectations and desire for social activity. While most elders did not participate in formal activities, they acknowledged that there is “lots to do, if you want to.” However, low expectations for social involvement were related to general satisfaction. Finally, a sense of impermanence limited a desire to be involved with other residents. Findings provide important insight into how low-income elders in affordable ALFs view social involvements.

Proximity of Assisted Living Facilities Accepting Medicaid Waiver to Florida Nursing Homes and the Relationship to Low-Care Residents

Florida's Medicaid Assisted Living for the Elderly (ALE) Waiver Program was designed to provide less costly personal care and supervision services in assisted living facilities (ALFs) for eligible individuals who would otherwise need nursing home (NH) care. The purpose of this study was to determine if access to Medicaid-funded care provided in ALFs is related to the prevalence of low-care residents in Florida NHs. Because county measures do not account for differences in local market characteristics, each NH was assigned a 15-mile radius used to identify the NH market. Using ArcGIS, we calculated the number of ALFs accepting ALE waivers located within each NH market. Data come from the Minimum Data Set, Online Survey Certification and Reporting Dataset, Area Resource File, and data derived from geospatial analysis for 626 Florida NHs in 2007. Hierarchical linear models were used to estimate the relationship between the number of ALFs accepting ALE waivers in a NH market and the proportion of low-care NH residents. The average Florida NH had 8.0% (SD=6.1% range 0-38.5%) of residents identified as low-care and the model adjusting for facility and market characteristics indicated that for every additional 10 ALFs that accept Medicaid waivers in a NH market, there was a .08 decrease in low-care NH resident prevalence (est- .008, SE=.02, p=.005). Results suggest that the number of ALFs accepting ALE waivers were associated with the prevalence of low-care residents in Florida NHs. Medicaid HCBS waiver services provided in an ALF may have served as a substitute for individuals with low-care needs.

How Useful Are California's RCFE Public Records for Consumers Choosing an Assisted Living Facility?
C.M. Murphy1,2, C.L. Selder, M. Garret1, 1. San Diego State University, San Diego, California, 2. Consumer Advocates for RCFE Reform, San Diego, California

Purpose: This study describes enforcement practices and patterns by the licensing and regulatory agency (Community Care Licensing Division (CCLD), Department of Social Services (DSS) for California’s Residential Facility for the Elderly (RCFE)) an understudied component of long-term care. Method: This ten-year retrospective descriptive study reviewed 348 public files of licensed RCFEs in California. Files obtained through California Public Records Act requests were reviewed, data corresponding to defined parameters regarding enforcement variables (citations by type and by inspector) were collected. Data was analyzed in aggregate, by facility size (i.e. bed capacity), state inspector - Licensing Program Analysts (LPA), and other parameters. Findings: Findings revealed variations and irregular enforcement patterns by LPA, irregularities in assessment and collection of civil penalties, and identified the Top Ten cited regulations by facility size. Also, a widespread pattern of missing and incomplete data in the facilities’ public record was shown. Implications: Because of variations and irregular enforcement patterns, and irregularities in assessment and collection of civil penalties, among other findings, the public record offers the consumer incomplete and inaccurate information to base her selection on an assisted living facility. Findings further imply that regulations lack the precision necessary for meaningful enforcement. Systematic patterns of missing and incomplete data contribute to information asymmetry by preventing the consumer from accessing a complete public record on individual RCFE performance.

Session 1770 (Poster)

Long Term Care Workforce

Nursing Assistants’ Job Satisfaction and Intent to Leave in Nursing Home: A Multilevel Analysis
J. Choi1, M. Johantgen1, 1. University of Kansas School of Nursing, Kansas City, Kansas, 2. University of Maryland School of Nursing, Baltimore, Maryland

Purpose: There has been little methodologically strong research to try and understand the complex factors influencing the job satisfaction and intent to leave of nursing assistants, essential care providers in nursing homes. The study examined the influence of relevant work-related and personal factors on Certified Nursing Assistants’ (CNAs) job satisfaction and intent to leave while accounting for the nested nature of

64th Annual Scientific Meeting
data. Methods: Two-level logistic regression models were examined using 2004 linked data from two databases: the National Nursing Home Survey and the National Nursing Assistant Survey. The nationally representative sample included 2,897 CNAs in 582 nursing homes. Results: Consistent with the findings of previous studies, the majority of CNAs (80%) were satisfied with their work. CNAs' job satisfaction was significantly associated with intent to leave. Of individual-level work-related factors, supportive supervision was a significant predictor of both CNAs' job satisfaction and intent to leave. Most nursing home-level work-related factors (staffing, location) were non-significant. While personal factors (age, education, and job history) were related to intent to leave, but not to job satisfaction. Conclusion: Findings corroborate the results from previous studies that showed supportive supervision significantly contributed to higher job satisfaction and less intent to leave among CNAs working in nursing homes. Yet, this study found that the modeling approach used did allow for more discrimination of the factors influencing CNAs' job satisfaction and those influencing intent to leave.

STAYERS, LEAVERS AND SWITCHERS AMONG NURSING HOMES CNAS: A LONGITUDINAL STUDY RETENTION AND TURNOVER

J. Rosen1,2, E. Stiehl1, V. Mittal3, C.R. Leana2, 1. Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, 2. Katz Graduate School of Business, University of Pittsburgh, Pittsburgh, Pennsylvania, 3. Jones Graduate School of Business, Rice University & Baylor College of Medicine, Houston, Texas

Purpose: Studies of certified nursing assistant (CNA) turnover in nursing homes are typically cross-sectional and include full-time and part-time workers. We conducted a longitudinal study to evaluate the job factors and work attitudes associated with just full-time CNAs staying or leaving. For those who did not stay, we assessed reasons for leaving and satisfaction following job transition. Design and Methods: A random sample of CNAs identified through the Pennsylvania Department of Health's CNA registry, working >30 hours weekly in a nursing facility was surveyed by telephone at baseline and one year later. Results: Of the 620 responding to both surveys, 532 (85.8%) remained (stayers), 52 (8.4%) switched to another facility (switchers), and 36 (5.8%) left the industry (leavers). At baseline, switchers reported higher turnover intentions and fewer benefits compared to stayers, and left for new opportunities. Leavers had lower job satisfaction and emotional well-being, and left for health reasons. Turnover intentions were predicted by low job satisfaction and low emotional well-being. Actual turnover was predicted only by turnover intentions and by the absence of health insurance. Pay was not a predictor of turnover intent or turnover. Implications: There are two distinct groups of CNAs contributing to turnover. Attitudinal factors, such as job satisfaction and emotional well-being, are mediated via turnover intentions to effect actual turnover. Even accounting for methodological differences, this turnover rate is lower across wards. Furthermore, staff stability had both a significant positive direct effect and a moderating effect on job satisfaction, whereas the two other ward-level predictors yielded no significant contributions. Conclusion: The relatively stronger effect of task-oriented leadership on job satisfaction, particularly in wards with low staff stability, is in contrast to most previous studies and suggests that there may be specific conditions in nursing homes that favour the use of this leadership style. The varying effect of both leadership styles indicates that staff in different nursing home wards could benefit from the use of different leadership styles.

A STUDY OF JAPANESE NURSING HOMES THAT HIRED NURSING CARE WORKER CANDIDATES FROM INDONESIA AND THE PHILIPPINES BASED ON ECONOMIC PARTNERSHIP AGREEMENT (EPA)

N. Tsukada, Nihon University Graduate School of Business, Tokyo, Japan

It has been about two years and half since Japan started hiring foreign nursing care worker candidates based on Economic Partnership Agreement (EPA) in August 2008. As of January 2011, a total of 612 nursing care worker candidates from Indonesia and the Philippines were working in Japan. The major purposes of this study are to find out how senior personnel of nursing homes, which have hired foreign nursing care worker candidates, would perceive their experiences and to find out if there were any differences between candidates from the two countries. The extensive-interview data, obtained from senior personnel of these nursing homes (N=46:20 hiring Indonesian candidates and 26, the Philippines candidates) between August 2010 and February 2011, were qualitatively analyzed. Preliminary analyses reveal that all participants of this study cited that foreign nursing care worker candidates work very hard with smiles and sincere attitudes towards residents. The biggest concern of the participants pertained to the National Care Worker License Examination scheduled in January 2012, for which the candidates will have only one chance, and if they fail to pass it, they will be sent back to their home countries. Although no differences were found in the working attitudes between the two groups of candidates, the drop out rates differed significantly (Indonesia, 1.62% and the Philippines, 5.34%). The major explanations of the differences would be cultures and conditions of the countries, in which candidates from the Philippines would be able to obtain employment as nursing care workers in other countries much easier than the Indonesians.

LOVING THE JOB BUT STILL CHOOSING TO LEAVE: UNDERSTANDING TERMINATIONS AMONG HOME CARE WORKERS

S.S. Butler1, M. Brennan2, S. Wardamasky1, 1. University of Maine, Orono, Maine, 2. AIDS Community Research Initiative of American, New York City, New York

The number of people projected to need personal assistance services is expected to double in the first half of this century. Although family caregivers provide much of this care, there is an increasing need for paid personal care workers, particularly for people living alone and with high levels of need. Personal care is one of the fastest growing occupations in the country, but with the high turnover rate among workers, there remains a critical “care gap”. This paper reports on a mixed-method longitudinal study investigating turnover among home care aides in a northern New England state. The longitudinal design of this inquiry improves upon previous cross-sectional studies which have relied on “intent to leave” as a proxy for actual job termination. A sample of per-
sonal care workers (n=261) from 11 home care agencies serving all regions of the state were followed for 18 months over which time 90 (34.5%) terminated their employment. Binary logistic regression (χ2 (9) = 31.715, p<.01) indicates factors at Time 1 predicting turnover 18 months later include younger age, lack of health insurance, lower mental health, and, surprisingly, stronger feelings of personal accomplishment regarding the work. Analysis of qualitative data from telephone interviews with these terminated workers reinforces the finding that workers quit the work while continuing to enjoy it. More than half (53.4%) reported more positive aspects to the job (e.g., helping elders is rewarding) than negative aspects (e.g., wages are too low). Implications related to increasing retention of these valuable workers will be explored.

WHAT MAKES THEM STAY? FACTORS PREDICTING LONG JOB TENURE AMONG HOME CARE WORKERS
S.S. Butler1, M. Brennan2, W.M. Turner1, 1. University of Maine, Orono, Maine, 2. AIDS Community Research Initiative of America, New York City, New York

High turnover rates among direct care workers are costly both to employers and society. When a worker leaves an organization, there are replacement costs related to recruitment and training. For society, there may be a reduction in care or no care at all for older adults. This paper reports on a mixed-method longitudinal study investigating factors related to retention among home care aides in a rural state. Home care workers (n=261) from both nonprofit agencies and for-profit companies (n=11) serving all regions of the state were followed for 18 months, completing two mail surveys and a telephone interview regarding employment experiences. The length of employment among the study participants, which included 90 terminations during the data collection period, ranged from less than three months to over 13 years, with a median tenure of just under three years. One quarter of the study participants had worked for their home care agency for at least five years and 6% had held their job for 10 years or more. A regression model (R2=.363) indicates older age, living rurally, higher wages, and higher sense of autonomy predicted longer job tenure. Surprisingly, lower physical function and lower sense of personal accomplishment also predicted longer tenure which may be a function of greater age. Themes from the telephone interviews demonstrate differences between long-tenure workers (e.g., enjoys flexible schedule) versus those who terminate in less than a year (e.g., inconsistent hours are problematic). Implications will be discussed regarding increasing retention of this critical component of long-term care.

COMPASSION FATIGUE: IMPACTS FOR PROFESSIONALS WORKING WITH OLDER ADULTS

Compassion Fatigue (CF) is becoming recognized in helping professions as a silent disease which is beginning to impact people in the helping professions who are increasingly stressed, and impacted by trauma for prolonged periods of time. Professionals working with older adults are a group of silent victims, whose vulnerability is often unnoticed and underestimated. Thus, unrecognized CF for professionals can lead to a lack of ability to detect signs of mental distress for older adult consumers. This presentation will describe some of the signs and symptoms of CF, differentiate CF from ‘burnout’ and present some findings on the incidence and prevalence for professionals working with older adults. Data examining three subscales, compassion fatigue, compassion satisfaction and burnout (Stamm, 2003) were used to identify the level of CF experienced by helping professionals working with older adults in rural settings in the Midwest (n=212). Findings suggest that the longer a person has been in their specific helping role, the more likely they are to be suffering from burnout and compassion fatigue, and the more likely they are to suffer from dissatisfaction with their role.

Training and education do not seem to serve as a mediating factor, however, marital status does serve as a protective factor. Solutions will be addressed at the conclusion of the paper.

HRD BEST PRACTICES FOR HEALTH CARE WORKER RETENTION IN RURAL ORGANIZATIONS
D. Spokas, E. Yoder, Health Policy and Administration, Penn State, University Park, Pennsylvania

Numerous studies have documented the current and projected shortage in the health care work force (Harmuth & Dyson, 2005; HANYSaTM Workforce Survey, 2008; BLS 2007; ADGAP, 2007). The projected population that has traditionally worked in the health care field is projected to only increase slightly which will not be enough to satisfy the growing need for health care workers, especially considering the persistent challenges related to recruitment, development and retention of health care workers. The current study examined from a human resource perspective the issues related to development and retention of older (55 or older) health care workers within three relatively small, rural health care organizations. Two areas were examined: (1) associations between organizational factors and social support factors with retention/turnover intentions of older health care workers and (2) human resource best practices employed by organizations to address recruitment, development and retention of older health care workers. Study participants (n=148) from three rural health care organizations were included in the study. Logistic regression results indicated indicators of quality of work life were an important indicator to retention/intention to leave. Also found to be significantly associated with retention/intention to leave were indicators of corporate/organizational fit and indicators of role/job ambiguity. The results provide baseline information for personnel in HRD divisions of health care organizations to develop best practices for the recruitment, development and retention of older health care providers in rural areas.

WORK-RELATED INJURIES AMONG NURSING HOME CERTIFIED NURSING ASSISTANTS
N. Bryant, Center for Applied Research, LeadingAge, Washington, District of Columbia

This is a nationally representative data on work-related injuries among certified nursing assistants (CNAs) in nursing homes as well as demographic characteristics and perceptions of CNAs associated with having a work-related injury in the last year. Data are from the 2004 National Nursing Assistant Survey (NNAS). The findings are based on data from 2,881 respondents, representing approximately 676,300 CNAs nationwide. In 2004, 58% of CNAs were injured over the course of one year. The types of injuries included scratches, open wounds, cuts; back injuries; black eyes; pulled muscles/other strains; and human bites. The majority of injuries occurred because of aggression by residents and by lifting, bathing, and handling residents. Over the course of one year, CNAs had an average of 4.5 injuries, were unable to work an average of 3 days because of the injury, and 16% were assigned other duties or jobs because of the injury. Adjusted logistic models showed that a significant association persisted between reported work-related injury over the course of a year and CNAs’ perception of needing other equipment to make the job safer, being a female, being White (relative to Black), job dissatisfaction, and CNAs’ perception that turnover interferes with their ability to do the job. The model predicts odds of a work-related injury over the past year as .681. The data show some characteristics of CNAs and their perceptions that might help to identify those at higher risk for a work-related injury.

WHAT ARE THE PREDICTORS AND OUTCOMES OF MAINTAINING CNA STAFFING LEVELS VOLUNTARILY?
K.M. Smith, K.S. Thomas, K. Hyer, H. Meng, University of South Florida, Tampa, Florida

The primary objective of this study is to examine provider response to relaxed minimum staffing levels and its effect on patient outcomes.
Prior to July 2008, the Florida mandated minimum staffing levels for certified nursing assistants (CNA) were 2.9 hours per resident day (HPRD) with a daily minimum of 2.7. Due to reimbursement cuts in July 2008, sanctions for violations of these mandated minimum levels were relaxed for facilities staffing above 2.6 HPRD for a 12-month period. Staffing levels have been shown to have a direct relationship with quality of care. This study uses the structure, process and outcome model (SPO) to examine the effect of maintaining higher levels of staffing (structural component) on restraint use (process component) and quality measures (outcome components). Data from quarterly Florida staffing reports and the Online Survey Certification and Reporting database were used to examine CNA staffing levels of free-standing nursing homes during 2008-2009. Results indicated that relaxed requirements precipitated an immediate drop of CNA staff in 61% of Florida’s nursing homes. Nursing homes maintaining higher staffing levels were more likely to be non-profit, χ² (1) = 14.25, p < .05 and have lower Medicaid ratios (t = 3.48, p = .001). Outcomes included pressure sores, four point activities of daily living decline, and incontinence. These findings reinforce the importance of adequate state reimbursement for Medicaid residents to insure that all residents receive adequate care and quality of care is not determined by reimbursement. Future research should explore how quality outcomes vary given different staffing, process of care and reimbursement levels.

SESSION 1775 (POSTER)

SOCIAL SUPPORT

SOCIAL SUPPORTS AS PREDISPOSING FACTORS IN RURAL AND NON-RURAL NURSING HOME ADMISSIONS

A.L. Cohen, J. Bulanda, Sociology and Gerontology, Miami University, Oxford, Ohio

In this study, we use nine years of longitudinal data to examine the role of social supports as predisposing factors for nursing home admissions in individuals living in both rural and non-rural communities. Data from the 1998 through 2006 waves of the Health and Retirement Study are used to examine rural-nonrural differences in odds of being admitted to a nursing home for thirty days or more over a two-year time period. Results show that rural elders have higher odds of nursing home admission than do non-rural elders. Controlling for health factors reveals that rural elders’ higher risk of nursing home admission is due to the fact that they are in poorer health, on average, than their non-rural counterparts. A number of social support factors are significant predictors of nursing home entry, including marital status, proximity of children, and frequency of visits with neighbors.

COMPARING THE EFFECTIVENESS OF SOCIAL SUPPORT FROM DIFFERENT SOURCES IN DEPENDENT ELDERLY

S. Chao1, P. Lu1, J. Tzu Chi University, Hualien City, Taiwan. 2. National Chengchi University, Taipei City, Taiwan

Background: Taiwan is facing a growing aging population and increasing needs in long-term care. Previous research indicated functional disability was a significant risk factor for the increase of depressive symptoms. Social support may moderate the linkage between functional status and depression. This longitudinal study explored the buffering effects on depression of instrumental and emotional support from different sources against the impact of increasing functional disability. Methods: Random effects modeling was utilized with data from a nationwide longitudinal study in Taiwan. There were a total of 6,722 observations from 2,856 elder study subjects over a 10-year period. Findings: 1. Sons were the most common providers of instrumental assistance, followed by spouses and daughters-in-law. However, Chinese elders turned primarily to their spouses for emotional support, followed by sons and daughters. 2. Instrumental support from sons and daughters-in-law as well as emotional support from spouses and sons yielded greater effects on depression than other sources. 3. Receiving instrumental support from family members and formal organizations appeared to moderate the linkage between increasing functional disability and depression. Conclusions and Implications: The results here support the importance of encouraging a partnership between natural helpers and health care professionals. Improved integration between formal and informal networks may more effectively meet the needs of the frail elderly and their families. This study also calls for more attention to cultural competence issues in health care policy and service delivery.

AN EVALUATION OF AN ELDER COHousing
COMMUNITY

A.P. Glass, University of Georgia Institute of Gerontology, Athens, Georgia

To determine if this intentional community succeeds in meeting expectations and maintaining or improving quality of life for residents, this research is an evaluation of one of the first elder cohousing communities in the U.S. The researcher has gathered data annually for five years, using a mixed-methods approach of surveys and in-depth interviews. Baseline data were collected from a total of 43 residents over this period. All respondents were white, the majority (79%) were female, and the average age was 74 (range = 65 to 88). Respondents reported common chronic health problems, but were generally independent in functioning. There was no significant difference in physical or mental health across time. Sense of community and mutual support were the primary reasons respondents gave for moving. When asked how living here compared to expectations, 22 of 32 (69%) said it was either “very close” or “exceeded” expectations. On a 2010 “overall satisfaction” measure, 29 (91%) respondents were “somewhat” (n = 9, 28%) or “very satisfied” (n = 20, 63%). Mutual support is occurring. There was high satisfaction across all 30 quality of life aspects. The “total” satisfaction score based on summing these aspects was highly correlated with the “Brief Sense of Community” scale (p = 0.000). Almost all (97%) would recommend elder cohousing to others their age. More than two-thirds of the charter residents (n = 28, 71%) remain involved in the community. Lessons learned are shared. Findings suggest that while there are challenges, self-managed elder cohousing is a viable option.

SOCIAL CAPITAL AND FEELINGS OF UNSAFETY IN LATER LIFE

L. De Donder, N. De Witte, S. Dury, T. Buffel, D. Verté, Vrije Universiteit Brussel, Brussels, Belgium

This contribution explores the relation between social capital, defined in terms of social ties, place attachment and civic participation, and feelings of unsafety in later life. The data for the present research are derived from the Belgian Ageing Studies, a project which uses structured questionnaires to collect information about various aspects of quality of life of older adults at the level of municipalities. Using data from 26,766 older adults, the results of the multiple regression analysis reveal a lack of opportunities for political participation as the most important factor in understanding feelings of unsafety. In addition, several features of place attachment proved to be associated with feelings of unsafety such as neighborhood satisfaction and neighborhood involvement. The quantity of social ties and potential social support are less important when other aspects of social capital are taken into account. Based on these results, a number of policy recommendations to tackle feelings of unsafety amongst older people will be critically discussed. The argument is developed that enhancing opportunities to give older people a voice in the process of political decision-making are important actions in reducing feelings of unsafety in later life.
DIFFERENCES IN PREFERENCES FOR PET DOGS VERSUS HUMAN COMPANIONSHIP AND DEPRESSION IN CAUCASIAN AND LATINO ELDERS
H. Miltiadis, J. Shearer, California State University, Fresno, Fresno, California

This research study compared preferences for pet dogs versus human companionship among 115 Caucasian and 47 Hispanic older adults. Depression was then regressed on pet preference and social and demographic characteristics. Results: The respondents were on average, 67 years old, mostly female (60%), married (73%), and over half (55%) had a high school education. Analysis revealed that 45% of Caucasian elders preferred their pet dog to family and friends, whereas only 14% of Hispanics preferred their pet to family and friends (Chi2 = 11.07, p = .01). Regression analysis revealed that inability to pay bills, Caucasian ethnicity, and ability to adequately care for the dog was associated with a higher likelihood of preferring the pet to family and friends. Depression was predicted by social network, gender, ability to care for the dog and pet preference. An interaction term revealed that Caucasian elders who preferred their pet had higher levels of depression than Hispanic elders who preferred their pet. Conclusion: This research indicates that there may be cultural differences in how older adults form pet attachments. Furthermore, some Caucasian and Hispanic elders prefer dog to human companionship and this may result in depression. Further research is needed to explore how pet preference develops.

GENDERED RELATIONSHIPS BETWEEN SOCIAL CAPITAL AND HEALTH AMONG OLDER ADULTS IN CHINA
Q. Xu, J. Norstrand, Social Work, Boston College, Newton, Massachusetts

Goal: Goal of study was to examine how social capital (SC) relates to health among older Chinese, particularly from a gender perspective. Method: Sample (N=1,854) of older Chinese (60 years and over), 46.4% female, were obtained from Chinese General Social Survey (CGSS) 2005, a representative sample survey of China’s urban and rural households. Principal component analysis generated 8 dimensions of SC on which male and female elders were compared using t-tests. Treating physical and emotional health outcomes as continuous variables, multiple regressions tested relationship between SC and health outcomes for male and female groups separately. Model 1 included demographic variables only; model 2, SC dimensions were added. Results: Significant differences were found on some dimensions of SC by gender. Regressions indicated different associations between dimensions of SC with health outcomes by gender. Implications: Accounting for gender may be important when developing interventions to maximize SC in communities of China.

SOCIAL ISOLATION, LONELINESS AND HEALTH AMONG OLDER ADULTS
C. Coyle, Univ. of Massachusetts Boston, Boston, Massachusetts

As the percentage of older adults increases over the next few decades, particularly those that live alone, social isolation and loneliness are likely to increase. Previous research has identified social isolation as well as feelings of loneliness as risk factors for adverse health outcomes, particularly among older adults. However, these two constructs are rarely studied together as two unique constructs, making it unclear whether subjective feelings of loneliness or objective measures of social isolation are more detrimental to the health of older adults. The primary objective of this study is to examine the independent relationships between social isolation and feelings of loneliness and health outcomes. Using data from two waves of the Leave Behind Questionnaire from the Health and Retirement Study (2006 and 2008), (n=14,732) several indicators (e.g. small social network, and infrequent participation in social activities) were combined to form a scale of social isolation, and the Hughes 3-Item Loneliness scale was used to measure feelings of loneliness. Logistic regression analysis results show that both feelings of loneliness and social isolation have independent relationships with several binary health outcome measures (self-reported fair/poor health and multiple chronic conditions) after controlling for a wide range of demographic variables. Continued research on separating these two constructs could provide valuable information on how to combat the deleterious impacts of isolation and loneliness on health in later life.

INDIVIDUAL, FACILITY, AND COMMUNITY FACTORS INFLUENCING SOCIAL RELATIONSHIPS IN ASSISTED LIVING
A. Meadows1, Y. Paye1, S. Luo1, M.M. Perkins2, 1. Georgia State University, Atlanta, Georgia, 2. Emory University, Atlanta, Georgia

Existing research on social relationships in assisted living (AL) is limited. Some evidence suggests that diminished mental and physical health can impede the development of meaningful connections between residents. These factors, coupled with the circumstances of age, the nature of social relationships may vary for female and male residents. This is important when developing interventions to maximize social connections between female and male residents. The current in-depth case study of a 38-apartment AL residence in an in-town suburb of Atlanta, Georgia is aimed at enhancing knowledge of residents’ social experiences in these care settings. This study is part of a larger NIA-funded study (1 R01 AG030486) aimed at understanding how individual, sociocultural, and environmental factors shape AL residents’ social relationships. Data used in the current study include field notes from 485 hours of observation conducted over the course of one year, 15 resident surveys, and in-depth interviews with 4 residents and 3 staff. We used a grounded theory approach to analyze the data. Findings show that despite substantial barriers, it is possible to develop and maintain meaningful social ties in the AL setting, and that factors influencing such relationships. This research examines how residents’ shared interests and common background, as well as their individual cognitive status, personality, and physical health. Other key factors include an innovative activity program and availability of staff, families, and other members of the community in the social life of the home. Findings have implications for interventions to improve AL residents’ quality of life.

SESSION 1780 (PAPER)

SURVIVAL, SENESCENCE AND LONGEVITY: MECHANISMS OF AGING

DEPLETION OF MTOR AND MLST8 UNCOUPLES LONGEVITY FROM RAPAMYCIN-INDUCED CHANGES IN GLUCOSE HOMEOSTASIS
D. Lamming1, L. Ye1, P. Katajisto1, R. Ahima1, D. Guertin1, D. Sabatini1, J. Baur1, 1. Whitehead Institute, Cambridge, Massachusetts, 2. University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania

Rapamycin, an inhibitor of mechanistic target of rapamycin complex 1 (mTORC1), extends the lifespan of yeast, flies, and mice through mechanisms that remain unclear. Improved glucose homeostasis is considered a key feature of interventions that extend life in mammals, including caloric restriction, which has been proposed to work via mTORC1 and thus may share a common mechanism with rapamycin. However, we find that mice chronically treated with rapamycin have substantially impaired glucose tolerance and are insulin resistant. We demonstrate that chronic treatment with rapamycin disrupts a second mTOR complex, mTORC2, in vitro and in vivo, and that this complex is required for the suppression of hepatic gluconeogenesis. Further, disruption of glucose homeostasis is separable from mTOR-mediated lifespan extension, as female mice heterozygous for both mTOR and mLST8 exhibit decreased mTORC1 activity and extended lifespan, but have normal glucose tolerance and insulin sensitivity. These results indicate that attenuation of mTORC1 signaling is sufficient to extend lifespan independently from changes in glucose homeostasis, and moreover, that...
POST-DEVELOPMENTAL, LIVER-SPECIFIC KNOCKDOWN OF IGF-1 IN MICE: A NOVEL MODEL OF VASCULAR AGING
L. Bailey-Downs1, M. Mitschelen1, D. Sosnowska1, P. Toth2, A. Koller2, W. Sonntag3, Z. Ungvari1, A. Csiszar1, I. Reynolds Oklahoma Center on Aging, Department of Geriatric Medicine, Oklahoma University Health Sciences Center, Oklahoma City, Oklahoma, 2. Department of Physiology, New York Medical College, Valhalla, New York

Age-related dysregulation of Nrf2-dependent antioxidant pathways impairs cellular redox homeostasis, exacerbating age-related oxidative stress and increasing sensitivity of aged vessels to oxidative stress-induced cellular injury. Circulating levels of IGF-1 substantially decline with age, which significantly increase the risk for cardiovascular diseases in humans. To determine whether adult-onset IGF-1 deficiency results in vascular Nrf2 dysfunction, we utilized a novel mouse model with a liver-specific adenoviral knockdown of the IGF-1 gene using Cre-lox technology (Igf1f/f + MUP-iCre-AAV8), which manifests a significant post-developmental decrease (~50%) in circulating IGF-1 levels. In the aorta of IGF-1 deficient mice there was a trend for decreased expression of Nrf2 and Nrf2 targets genes (GCLC, NQO1 and HMOX1). In cultured aorta segments of IGF-1 deficient mice treated with oxidative stressors (high glucose, oxLDL and H2O2) induction of Nrf2-driven genes was significantly attenuated as compared to control vessels, which was associated with an exacerbation of endothelial dysfunction, increased ROS levels and apoptosis, mimicking the aging phenotype. Thus, IGF-1 deficiency is associated with vascular Nrf2 dysfunction, which likely promotes adverse vascular pathophysiological conditions associated with increased ROS production (i.e. diabetes mellitus) and results in accelerated vascular impairments in aging.

OXIDATIVE STRESS RESISTANCE IN A NOVEL ANIMAL MODEL OF AGING WITHOUT SENESCENCE
S. Milton, M. Reiterer, L. Bruce, H. Prentice, Biological Sciences, Florida Atlantic University, Boca Raton, Florida

Oxidation of the amino acid methionine (Met) to methionine sulfoxide (Met(o)) by reactive oxygen species (ROS) causes loss of biological activity and age-related diseases. The antioxidant system of the methionine sulfoxide reductases (MsrA, MsrB) catalyzes the reaction Met(o) -> Met, thus preventing and repairing oxidative damage to proteins to restore biological function, as well as scavenge ROS. MsrA and MsrB may thus provide potential therapeutic targets for age-related pathologies; Msr overexpression is known to increase lifespan in some animal models. The long-lived turtle Trachemys scripta provides a unique model to investigate ROS handling, as it survives both extended anoxia and reoxygenation without neuronal deficit, and suppresses oxidative damage. The turtle thus provides an exciting new animal model in which to examine the relationship between ROS and aging. Msr levels and ROS production and damage were examined in anoxia (4h) and upon reoxygenation in the turtle. ROS levels increase 2-fold upon reoxygenation following anoxia, but without protein carbonyl increase. We hypothesize that high Msr levels may ameliorate oxidative stress and age-related senescence. Anoxic MsrA RNA and protein levels increased 9- and 7-fold, respectively, with mRNA but not protein levels falling upon reoxygenation. MsrB transcription increased 2- and 3-fold during anoxia and reoxygenation, respectively, with protein increases of 8- and 15-fold. Msr upregulation is vital for cell survival, as MsrA knockdown with siRNA more than doubled cell death in neuronal cultures. This is the first report in any system of the regulation of Msr transcription and protein levels by oxygen supply.

ESSENTIAL GENES AND STEM CELL QUALITY MODULATE SURVIVAL AND EXCEPTIONAL LONGEVITY IN C. ELEGANS
S. Curran, Davis School of Gerontology, University of Southern California, Los Angeles, California

Aging is a universal and inevitable process driven by diverse molecular pathways. Recent work suggests that the genes that most potently influence the rate of aging in C. elegans are those that are essential for growth and development. More than 90% of these genes have conserved developmental roles from yeast to man and together may represent an evolutionarily conserved program to modulate lifespan. Many of these genes function independently of the canonical longevity-modulating pathways including insulin/IGF-I signaling, dietary restriction, mitochondrial respiration and reproduction. Inactivation of one group of longevity modulators results in somatic cells with germ cell-like characteristics, increased tolerance of genotoxic stress and increased lifespan. We have developed a new model to explain the exceptional longevity phenotype of some C. elegans essential gene mutants. We identified the misexpression of germ cell specific factors in the somatic cells of the insulin-like signaling mutants, in animals RNAi depleted for the cytosolic chaperonin complex, and in animals with diminished protein synthesis. An important question is how this pathway is triggered in C. elegans and why some cells are more responsive than others. As a first step, we have examined the key transcriptional regulators of many longevity-promoting pathways and found that the misexpression phenotype requires at least two transcription factors; the worm ortholog of FoxO/DAF-16 and Nrf2/SKN-1. Both of these transcription factors receive inputs from multiple signaling pathways including insulin signaling, JNK and the p38 MAPK pathways, but the specific signal that initiates the misexpression of germline specific genes in somatic tissues remains a mystery. Importantly, both of these transcription factors potentiate the longevity phenotype identified from post-developmental inactivation of many essential genes.

SESSION 1785 (PAPER)

AGE-RELATED SARCOPENIA AND BONE LOSS
CONFIRMATION OF MOUSE MODEL OF SARCOPENIA BY GENOME WIDE EXPRESSION STUDY IN HUMANS
D. Melzer1, L. Harries1, L. Pilling1, S. Bandinelli2, J.M. Guralnik3, A. Singleton4, D. Hernandez5, L. Ferrucci5, 1. Epidemiology and Public Health, University of Exeter, Exeter, United Kingdom, 2. National Institute on Aging, Baltimore, Maryland, 3. Azienda Sanitaria di Firenze, Florence, Italy

Introduction A ‘knockout’ mouse model suggested a key role for CCAAT / enhancer-binding protein β (C/EBP-β) in muscle fibre regeneration and sarcopenia like changes. We aimed to identify in-vivo leukocyte gene expression associated with muscle strength in the human adult population. Methods We undertook a genome wide expression microarray screen, using immediately stabilized blood RNA samples from InCHIANTI study participants (ages 30-104 yrs). The Short Physical Performance Battery score (SPPB) tested walk speed, chair stand and balance. Logged expression intensities were regressed with muscle strength using models adjusted for multiple confounders. Key results were validated with TaqMan Low Density Arrays. Results C/EBP-β expression was associated with handgrip strength (coeff = 0.20560, p=1.03*10^-6, genome-wide data False Discovery Rate q-value = 0.014): this association was independent of physical activity levels. Estimated mean handgrip strength in 70 yr old men in the lowest C/EBP-β expression tertile was 35.2 kg compared to 41.2 in the top tertile. TGF-β3 (p=3.4*10^-5, q=0.12) and CEBP-α expression (p=9.67E-5, q=0.18) showed near study-wide positive associations, but there was no association with C/EBP-β expression. C/EBP-β expression was associated with hip, knee, ankle and shoulder strength and the SPPB performance

506 The Gerontological Society of America
LOSARTAN RESTORES SKELETAL MUSCLE REMODELING AND PROTECTS AGAINST DISUSE ATROPHY IN SARCOPENIA
T.N. Burks1–4, E. Andres-Mateos1, R. Marx1, J.D. Walston1–4, C.W. Ward2, R.D. Cohn1
1. Institute of Genetic Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland, 2. University of Maryland School of Nursing, Baltimore, Maryland, 3. Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Baltimore, Maryland, 4. Johns Hopkins Older Americans Independence Center, Baltimore, Maryland

Sarcopenia, the physiological process of aging characterized by a critical loss of muscle mass and function, significantly contributes to morbidity and mortality in older adults. Additionally, it increases the incidence of pathologic fractures causing prolonged periods of hospitalization and rehabilitation. The molecular mechanisms underlying sarcopenia are poorly understood, but recent evidence suggests that increased TGF-β signaling contributes to impaired satellite cell function and muscle repair in aged skeletal muscle. We therefore evaluated whether antagonism of TGF-β signaling via losartan has a beneficial impact on the muscle remodeling process of sarcopenic mice. We demonstrate that mice treated with losartan develop significantly less fibrosis and exhibit improved in vivo muscle function after cardiotoxin-induced injury. Interestingly, we find that losartan not only blunts the canonical TGF-β signaling cascade, but also modulates the non-canonical TGF-β mitogen-activated protein kinase pathway. We next assessed whether losartan was able to combat disuse atrophy in aged mice that were subjected to limb immobilization. We show that immobilized mice treated with losartan are protected against the loss of muscle mass. Remarkably, this protective mechanism is not mediated by TGF-β signaling, but is due to an increase of the IGF-1/Akt/mTOR pathway. Thus, blockage of the TGF-β signaling cascade, but also modulates the non-canonical TGF-β mitogen-activated protein kinase pathway. We next assessed whether losartan was able to combat disuse atrophy in aged mice that were subjected to limb immobilization. We show that immobilized mice treated with losartan are protected against the loss of muscle mass. Remarkably, this protective mechanism is not mediated by TGF-β signaling, but is due to an increase of the IGF-1/Akt/mTOR pathway. Thus, blockage of the TGF-β receptor using losartan proves to have clinical benefits to combat injury-related muscle remodeling and to protect against disuse atrophy in sarcopenia by mediating various critical pathways important for skeletal muscle homeostasis.

AGE RELATED BONE LOSS IS PARTIALLY DUE TO ALTERATION IN OSTEOCLAST DIFFERENTIATION POTENTIAL IN MICE
S. Lee, S. Mun, P. Hernandez, G.A. Kuchel, Center on Aging, University of Connecticut Health Center, Farmington, Connecticut

Background: Human aging is often complicated by bone loss, which leads to osteoporosis and its associated increase in bone fragility and fracture risk. Osteoclasts remove old matrix while osteoblasts form new bone and aging is believed to affect both systems. Methods and Results: To determine if mice lose trabecular and cortical bone with age, we examined 6 and 22 month old male C57BL/6 mice. In aged mice, femoral bone mass by microCT was decreased (72%; p < 0.01) compared to younger mice. We also examined OCL numbers forming in bone marrow cultures. Bone marrow cells from aged mice showed a significant increase in TRAP(+) OCL numbers when treated with RANKL and M-CSF. OCLs from aged mice were also larger. Flow cytometric analysis demonstrated no significant difference in osteoclast precursor numbers. Subsequently, we examined inflammatory cytokines in the serum and found significant increases in the levels of IL-1α, MCP-1 and MIP-1α in aged mice. Lastly, mRNA expression analysis demonstrated a significant increase in the RANKL/OPG ratio in calvaria and femurs from aged mice. Conclusions: These results indicate that bone marrow osteoclast precursors from aged mice have greater potential to differentiate into OCL. These more active and larger osteoclasts and increases in RANKL/OPG ratio may contribute to the development of age related bone loss and fracture risk through enhanced bone breakdown. This work was supported by NIH/NIAMS Grant R01AR055143.

AMINO ACIDS FOLLOWING AEROBIC EXERCISE ENHANCE MUSCLE PROTEIN SYNTHESIS & MTORC1 SIGNALS IN ELDERS
M.M. Markofski1, K.L. Timmerman1,2, C.S. Fry2, J.M. Dickinson3, D.K. Walker4, B.B. Rasmussen2, E. Volpi5, J. Sealy Center on Aging, University of Texas Medical Branch, Galveston, Texas, 2. Division of Geriatrics, University of Texas Medical Branch, Galveston, Texas, 3. Department of Internal Medicine, Division of Geriatrics, University of Texas Medical Branch, Galveston, Texas

Even in older adults that appear healthy, sarcopenia is a serious concern. Aerobic exercise and essential amino acid supplementation have been suggested as possible treatments for sarcopenia. The purpose of this preliminary study was to investigate the acute effects of aerobic exercise and essential amino acid supplementation on muscle protein metabolism in older adults, specifically fractional synthetic rate (FSR) and mammalian target of rapamycin complex 1 (mTORC1) signaling. Methods: To date, eighteen sedentary (4050±1241 steps/day) but otherwise healthy older adults (68-81 years) completed the acute phase of the study. Baseline postabsorptive muscle samples were collected, and subjects were randomized to either rest in bed (REST) or 45 minutes of treadmill walking at ~70% of resting HR reserve (EX). Immediately following the REST or EX period, subjects consumed either a leucine-enriched essential amino acid (EAA) or placebo (PLA) beverage (double-blind). Muscle biopsies were collected one and three hours postbeverage. FSR and mTORC1 signaling were measured with stable isotope techniques and immunoblotting procedures, respectively. Preliminary results: FSR and mTOR phosphorylation were elevated above baseline by 40% and 30%, respectively, in the EAA+EX group. Conclusion: Aerobic exercise in combination with essential amino acid supplementation may be beneficial for the treatment of sarcopenia. Completion of the study will increase power and provide information on the mechanism by which EAA+EX enhance muscle anabolism in older adults. Funded by NIH/NIAG grant #R01AG030070

SESSION 1790 (PAPER)

AGING IN A CHANGING WORLD: EMERGING ISSUES AND OPPORTUNITIES FOR RESEARCH

SOCIAL INEQUALITY IN OLD AGE: THE MIGRATORY ‘LENS’
S. Torres, Dept. of Sociology, Uppsala University, Uppsala, Sweden

Globalization is challenging social gerontologists’ notions of who older migrants are and how to cater to their needs. This presentation aims to show that there are specific risks for social exclusion associated with the migratory life-course even if mechanisms of social exclusion are bound to work differently depending on the when, where and how surrounding the migratory life-course. The manner in which social exclusion is experienced by older migrants will depend, however, not only on the type of migration they have engaged in (e.g. international labor migrants, family-reunification migrants, amenity-seeking migrants and refugee) but also on the social positions (class, ethnicity and gender to name a few) from which they depart. The presentation will show the differences in conceptualizations of social exclusion that are characteristic of both, gerontological research and research in migration/ethnicity-related issues, since these streams of research depart from different approaches to social exclusion. As such they put forth different solutions to the problem of social exclusion and have different conceptualizations of what social integration is. The presentation will address these differences as well as the implications they have for gerontological research, policy and practice.
THE UK HOUSEHOLD LONGITUDINAL STUDY (UNDERSTANDING SOCIETY) – A RESOURCE FOR COMPARATIVE RESEARCH
S.L. McFall, Inst. for Social and Economic Research, University of Essex, Colchester, United Kingdom

Gerontologists are familiar with cross-national comparisons using the Health and Retirement Survey and the English Longitudinal Study of Ageing. The new UK Household Longitudinal Study, Understanding Society is another interesting data source for comparative research on the life course. The initial release of data from the first half of wave 1 was in December 2010 and had 9,718 persons aged 50 or older and 4,385 persons aged 65 or more. The full wave 1 data released in Winter 2011 will have at least double the number of older persons. The study has a stratified and clustered equal probability sample of addresses in the UK, with an over-sample of five ethnic minorities. This paper summarizes health and family data frequently used by social gerontologists. Several varieties of health data are collected in main or self-completed surveys, annually or in rotating modules. Nurse collection of objective biomarkers was introduced for adults in Wave 2. They include anthropometrics, blood pressure, lung function, and the collection of whole blood for DNA and analytes. Data linkage will be used to examine health care use, diagnoses, and mortality. With respect to family, there is extensive information about household composition/relationships. Adults report on family background when young, family networks, care giving, and quality of relationship with spouse or partner. Wave 2 has information about division of labour and social support. Understanding Society can be used to examine health and social variation and permits examination of older persons in the context of family, community and society.

WHO STAYS AND WHO LEAVES? AN EMPIRICAL EXAMINATION OF THE DEMOGRAPHIC CHARACTERISTICS OF MEXICAN ELDERLY RETURN MIGRANTS
A. Vega, University of California, Berkeley, Berkeley, California

With the number of foreign-born elderly in the United States growing rapidly, return migration to the country of origin among this population will become increasingly important in coming years. Perhaps no other group highlights this issue more so than Mexican elderly in the U.S. The number and characteristics of Mexican immigrants who return migrate in old age not only affects social service consumption in the U.S. but also our understanding of foreign-born elderly well-being. Estimates of the prevalence of Social Security use, employment status, and educational level among foreign-born elderly will be biased if a non-representative group of immigrants return to their home country during old age. This study compares the socio-demographic characteristics of Mexican immigrants who remain in the U.S. upon reaching retirement age and those who return migrate during this time. Moreover, because of the complexity of studying migrant activity, this study conducts this comparison using multiple data sources as an added robustness check. The results of this study reveal that elderly Mexican return migrants are more likely to be male, have higher levels of schooling, are more likely to be married, and are less likely to receive any form of retirement income than their U.S.-residing counterparts. These findings highlight the importance of considering elderly return migration in assessments of how well foreign-born elderly fare in the U.S.

GRANDPARENTS’ GENDER AND GRANDPARENTS’ SEXUAL ORIENTATION: OVERLOOKED ISSUES THAT INFLUENCE GRANDPARENTING
N. Orel, C.A. Fruehauf, Gerontology, Bowling Green State University, Bowling Green, Ohio, 2. Colorado State University, Fort Collins, Colorado

Although researchers have empirically examined the grandparent-grandchild relationship for over fifty years, there has been a lack of attention given to understanding the diversity and contextual variation within this intergenerational relationship when grandparents self-identify as Lesbian, Gay, Bisexual, or Transgender (LGBT). This presentation will provide the results of a comprehensive overview and critique of the available research and literature on LGBT grandparents using a life course perspective. The life course perspective is an extremely useful theoretical and organizational structure that can be applied to the role of LGBT grandparenting and the relationship between grandparents and grandchildren. From this theoretical orientation, two overlooked issues that influence grandparenting (i.e., grandparents’ gender and grandparents’ sexual orientation) will be explored. The authors will specifically discuss two overarching themes that are evident in the available research on LGBT grandparenting: 1) Mediating role of parents in the grandparent-grandchild relationship, and 2) Managing disclosure of sexual orientation and gender identity. Recommendations for programs, policy, and practice that recognize LGBT grandparents and their grandchildren will be provided.

SESSION 1795 (PAPER)
CORRELATES OF VOLUNTEERING IN LATER LIFE

LEAVING HOME: HOW OLDER ADULTS PREPARE FOR INTENSIVE VOLUNTEERING
C. Cheek, K. Piercy, S. Grainger, 1. Human Development and Family Studies, Penn State, Mont Alto, PA, Pennsylvania, 2. Utah State University, Logan, Utah, 3. Independent Researcher, Bristol, United Kingdom

Many people reaching retirement choose volunteering as a way of finding personal meaning (Haber, 2009). One type of service that older adults increasingly choose is intensive volunteering, which is volunteering done a 24-hour basis away from home. Because of the multiple demands of family, employment, and health that are present from middle age onward, potential volunteers often find that they need to plan ahead in order to serve intensively. This study used semi-structured interviews to explore planning and decision-making processes for 19 men and 19 women over 50 years old. The Mormon, Mennonite, and Lutheran participants who gave intensive humanitarian or disaster relief service averaged 56.24 years old (SD = 6.22), were mostly married (86.8%), and served an average of 81.95 weeks (SD = 61.2). Using McCracken’s five step method for qualitative data analysis, our results suggested that there were five stages related to preparation and performance of intensive service: pondering, anticipating, mobilizing, serving, and evaluating for possible re-enlistment. During this process, study participants made decisions about the feasibility of intensive service and engaged in preparatory behaviors that included downsizing homes, dealing with health issues, and making arrangements for stability during their absence (insurance coverage, house-sitting, payment of bills, and care of family members left behind). Increased knowledge of planning and decision-making processes for intensive service can aid sponsoring organizations in recruiting and supporting older volunteers. References Haber, D. (2009) Gerontology: Adding an empowerment paradigm. Journal of Applied Gerontology, 28, 283-297

VOLUNTEERING AMONG OLDER AMERICANS: UNEXPECTED DIFFERENCES BETWEEN THOSE UNDER 75 AND THOSE 75+
B. McIntosh, N. Danigelis, 1. School of Business Administration, University of Vermont, Burlington, Vermont, 2. Sociology Department, University of Vermont, Burlington, Vermont

Recent evidence appears to indicate that, among those 65 and older, volunteering rates tend to be lower for those aged 75+ (Independent Sector, 2000; Prisuta, 2003; Zedlewski and Schaner, 2005). Some reasons offered for this difference include better health, more education, and higher incomes in the age group between 65 and 74 (Morrow-How-
ell, 2010). Therefore, such age differences may be reduced as the under-75 cohort ages. This paper revisits the asserted age difference by examining diary data from the 2006 & 2007 American Time Use Surveys (ATUS) and comparing current volunteer activity levels among those aged 65 – 74 (N = 1,826) and those aged 75+ (N = 1,654). Unadjusted age group mean comparisons surprising show significantly more time spent volunteering among those 75+ for all volunteering and also for religious volunteering. These mean comparisons remain significant even after background variables like health, education and income are controlled. When analyses are performed separately for males and females, there are no significant age group differences for males, except a marginally significant difference that shows the older group spends more time on non-religious volunteering. Among females, the older group spends significantly more time engaged in overall volunteering and also religious volunteering. Results are discussed methodologically in terms of the difference between self-reported diaries and survey data and also age, period, and cohort effects. Conceptually we address role related leisure, relational leisure, and intrinsic compensatory/recuperative leisure (Kelly, 1983; Henderson et al., 1989).

ARE OLDER ADULTS’ PERCEPTIONS OF GENERATIVITY GROUNDED IN REALITY?
T. Gruenewald, Medicine/Geriatrics, University of California, Los Angeles, Los Angeles, California

A growing body of research suggests that older adults’ perceptions that they make important contributions to others are linked to better psychological and physical well-being in later life. However, relatively little is known about the behavioral correlates of such generativity perceptions, including whether older adults who feel more generative also more frequently engage in activity that benefits others. This hypothesized association was examined in the current study using data on perceptions of generativity and frequency of engagement in generative activities (volunteer, informal caregiving, social support provision) in older adults (age 55+; n = 2,499) collected during two waves of survey data collection in the National Study of Midlife in the U.S. (MIDUS). Results indicate that older adults with greater feelings of generativity reported greater engagement in volunteer, caregiving, and support provision activity (all p’s < .05 for linear trends of time spent in generative activity by quartiles of generativity). Activity differences were sizable, for example those with high as compared to low perceived generativity, volunteered and provided instrumental and emotional support for 14, 5, and 23 more hours per month (on average), respectively, and provided twice as much informal caregiving (20.6% vs. 10.2%). Similar findings emerged from analyses of daily reports of time spent in these activities during 8-day diary subsudies. Results indicate that not only may perceptions of generativity be linked to older adults own well-being, but such perceptions are also grounded in actual generative activity which may benefit others in older adults’ social environments.

MOTIVATION FOR THE CONTINUATION OF WORK: THE CASE OF SENIOR EXPERTS IN GERMANY
A.M. Woehrmann, L.M. Maxin, J. Deller, SMARD, Leuphana University Lueneburg, Lueneburg, Germany

Many people aged 65 plus remain in good mental and physical health and devote their time to various post-retirement activities. This quantitative study explores the motivation of German retirees working on a voluntary basis with Senior Expert Service (N = 661). Personal characteristics (motivational dispositions, such as achievement, generativity) and their relationship to situational job characteristics (e.g., feedback, possibilities to pass on knowledge) are examined. Results show that meeting Senior Workers’ motivation structure in situational job characteristics enhances job satisfaction. Knowledge about motivational patterns of active retirees can help better to understand the individual requirements to realize post-retirement work in a variety of settings. This would help enhance the satisfaction and well-being of a group feel-

ING healthy and motivated to contribute. This talk will give participants a deeper understanding based on empirical data of the motivational pattern, beyond financial need, of German Senior Experts. After attending this presentation, participants will be able to define basic job characteristics, which enhance work motivation in retirement. The specific conditions that organizations have to provide to meet the demands of Silver Workers if they want to profit from their experience are discussed.

SESSION 1800 (PAPER)

INFORMAL CAREGIVING: FACTORS ASSOCIATED WITH CAREGIVER WELL-BEING

FACTORs INFLUENCING QUALITY OF LIFE FOR CAREGIVERS OF PROSERS WITH DEMENTIA
W.D. Duggleby1, J. Swindle2, S. Peacock1. 1. Nursing. University of Alberta, Edmonton, Alberta, Canada, 2. University of Alberta, Edmonton, Alberta, Canada, 3. University of Saskatchewan, Saskatoon, Saskatchewan, Canada

Purpose: Hope is a critical psychological resource for family caregivers of persons with Alzheimer’s disease. It is defined as transitional dynamic possibilities within uncertainty. The purpose of this cross-sectional correlational design was to examine the relationships among demographic variables, hope and quality of life in family caregivers of persons with dementia. Methods: The Alzheimer Society of Alberta/NWT and Calgary distributed 170 surveys to family caregivers of persons with dementia. Surveys included a demographic form, questionnaires on hope [Herth Hope Index (HHI)] and quality of life [World Health Organization Quality of Life –BREF (WHOQOL-BREF)]. Results: Seventy-Nine surveys were completed and returned. The majority of family caregivers were older (Mean age 67.2, SD 10.7), female (85%) and married (88.6%). The majority of caregivers were older (Mean age 78.1, SD 8.7) males (59.5%). Variables that significantly correlated with quality of life were entered into a linear regression model. Health status of the caregivers compared to one year ago, length of time caregiving, hope scores (HHI) (positively correlated) and the number of services used (negatively correlated) accounted for 64.9% variance in overall quality of life scores (df=4, F= 12.7, p<.000). Tolerance levels were within acceptable limits. Conclusions: The findings suggest that hope, caregivers’ health status, length of time caregiving and the number of services used have a significant influence on quality of life of family caregivers of persons with dementia. As family caregivers provide 80-90% of the care of persons with chronic disease, health care providers should consider the importance of these factors in supporting family caregivers.

THE IMPACT OF FAMILY AND NON-FAMILY ROLES ON CAREGIVER HEALTH OVER TIME
A.E. Mateck, University of Minnesota, St. Paul, Minnesota

Using stress process and life course theory, this research investigated pathways of adult child caregivers’ family (caregiving, marital, parenting) and non-family (employment) roles and their relation to caregiver psychological and physical health over time. Eight waves of data (1992-2006) from the Health and Retirement Study were analyzed for 1,300 adult child caregivers. Latent class analysis provided strong substantive and statistical evidence for a 4-class model of caregivers’ role pathways. The four pathways of adult child caregivers were (a) Married, Working Caregivers (22.5%), (b) Married, Retired Caregivers with Co-Residing Child (12.5%), (c) Married, Retired Caregivers (30.5%), and (d) Not Married, Retired Caregivers (34.6%). According to regression analyses, Married, Working Caregivers, who were more likely to be male, White, and younger than most other pathways, had more optimal psychological and subjective physical health, but were more likely to have high blood pressure compared to other pathways. Results suggest that
(a) adult child caregivers have distinct family and non-family role pathways, (b) caregivers’ gender, race/ethnicity, and age predict pathway membership, and (c) caregivers’ role pathways are related to their psychological and physical health over time. Findings suggest that future research should explore how adult child caregivers’ role pathways structurally differ for male versus female and younger versus older caregivers in order to further explain the heterogeneity of adult child caregivers’ role pathways. Practitioners can utilize findings to create resources (i.e., educational materials, support groups, policies) for caregivers that are specific to caregivers’ diverse family and non-family role pathways and health outcomes.

CARE-RECIPIENT RESISTANCE: WHAT MATTERS TO FAMILY CAREGIVER EMOTIONAL AND PHYSICAL WELL-BEING – FREQUENCY VS. UNPREDICTABILITY?
Y. Shirai, S.S. Koerner, University of Arizona, Tucson, Arizona

We know from existing research that care-recipient resistive behavior during necessary care provision (CR-resistance) can be very challenging for family caregivers (CGs). However, based on results from these conventional cross-sectional studies, we are not certain about whether it is the frequency and/or the unpredictable nature of CR-resistance that most influences CG emotional and physical well-being. In order to document and capture details of CG experiences of CR-resistance, the present study applied a mixed-methods design that combined an 8-day daily quantitative survey (n = 63) and a follow-up semi-structured interview (n = 19). The daily surveys captured the average frequency (mean-level) as well as the unpredictable nature (daily fluctuation) of CR-resistance; whereas the in-depth qualitative interviews obtained a nuanced, emic view of CR-resistance. Hierarchical Linear Modeling analyses of the survey data revealing that neither the frequency nor the daily fluctuation (unpredictable occurrence) of CR-resistance by themselves appeared to have a significant impact on CG emotional or physical health. However, the combination of having a relatively high frequency of CR-resistance along with relatively high daily fluctuation had a significant, unfavorable impact on CG physical health (b = .34, p < .01). Furthermore, qualitative thematic analyses of the interview data provided supportive, insightful evidence that CGs who experienced a relatively high frequency of CR-resistance (which often required constant emotional and physical attention without a break), were particularly vulnerable to the unpredictable nature of CR-resistance—daily fluctuation. Implications for enhancing family CG support and professional CG training will be discussed.

DOES BECOMING A SPOUSAL CAREGIVER INCREASE DEPRESSION?
R. Dunkle1, S. Feld1, A.J. Lehning2, H. Shen2, H. Kim1, S. Park1, M. Kim1, 1. School of Social Work, University of Michigan, Ann Arbor, Michigan, 2. Hunter College, New York, New York

Nearly one-quarter of those providing informal care to older adults are spouses. Previous research has found that a significant proportion of spousal caregivers have symptoms of depression. Furthermore, higher levels of caregiver depression can increase the likelihood of care recipient’s institutionalization. Little is known, however, about how a change in spousal caregiver status impacts a change in depressive symptoms. Using data on 12,067 respondents from the 2000-2006 waves of the Health and Retirement Study, this study explored the relationship between changes in spousal caregiver status for Activities of Daily Living and depressive symptoms. Scores on the 8-item Center for Epidemiologic Studies Depression scale (CES-D) were compared between four groups: those who became a spousal caregiver, those who remained a spousal caregiver, those who stopped being a spousal caregiver, and those who remained a non-caregiver. Multilevel models included factors from the stress process model developed by Pearlin and colleagues, including the background and context of the stress process, primary stressors, secondary stressors, and mediating conditions. Preliminary results indicate that compared to remaining a non-caregiver, becoming a spousal caregiver is associated with an increase in depressive symptoms. Remaining a caregiver or stopping caregiving activities did not have a significant relationship with change in CESD score. Findings suggest that interventions designed to ameliorate depressive symptoms of caregiving spouses should focus on the beginning of the caregiving career.

SESSION 1805 (PAPER)

LIFE COURSE TRAJECTORIES

REACHING ADVANCED OLD AGE: ARE THERE ANY EFFECTS ON AFFECT?
O.K. Schilling, H. Wahl. Department of Psychological Ageing Research, University of Heidelberg, Heidelberg, Germany

Up to now, the scarce body of longitudinal oldest-old studies revealed only few empirical knowledge about the development of affect when people exceed their cohort’s life expectancy. In the current study, we analyzed intra-individual medium- and long-term changes in measures of positive affect (PA), negative affect (NA), and depressive symptoms in a sample of very old, in order to further the empirical findings on affective dynamics in very old age. By use of data from the German LateLine study (N=115, born 1911-1921, measured 2009 and 2010), which followed up survivors from the ENABLE-AGE project (measured 2002 and 2003), we analyzed changes across medium- (1 year) and long-term (6 years) intervals by means of Structural Equation Modeling. Basically, the results show substantial long-term worsening on average in all measures, as well as large inter-individual variability in such changes. However, in-depth analyses reveal notable differences in change characteristics between the measures analyzed, suggesting that PA decline results from loss of functional competencies, impeding positive everyday experiences. In contrast, increases of NA in very old age may mirror basic processes of psychological or biological degradation, unfolding in the terminal phase of the human lifespan. In sum, the findings underscore that reaching advanced old age crucially affects the affective system, in terms of a destabilization of affect under end of the life conditions, which marks a crucial aspect of psychological terminality.

SOCIAL INTERACTION AND LONGEVITY AMONG A RURAL JAPANESE COMMUNITY: TWENTY YEARS OF STUDY
T. Anne1, M. McCall2, 1. Tsukuba University, Tsukuba, Japan, 2. Psychology, Saint Mary’s College of California, Moraga, California

The relationship between social activity and longevity has been found in the United States and several European countries. In Japan, Sugisawa and colleagues (1994) suggested that by examining this relationship in multiple diverse sociocultural contexts the robustness of findings can be increased. They found in a 3-year longitudinal study of Japanese elders that social participation was directly and inversely related to mortality. However, very few studies have been done on the same community over a span of 20 years, as this presentation does. The study of elders in a rural village of Japan began in 1991 and data have been collected regularly over the last two decades. In addition to multiple times of measurement, this study also includes a wide range of activities that people report as important to maintain a sense of social connection and integration, ranging from watching television to reading local newspapers. Results demonstrate that some factors that are important for social interaction over 5 or 7 years are somewhat different from those that are related to longevity over longer periods of time – 11 years. In addition, age differences reveal the changes in the types of social activities that are related to longevity, leading to questions about the meaning of various activities to elders as they grow older and lose some capabilities. We pose questions for
A YEAR IN THEIR LIVES: TRAJECTORIES OF WELL-BEING AMONG PATIENTS DIAGNOSED WITH ADVANCED STAGE CANCER

G. Kypriotakis1, 2, J. Rose2, K. F. Bowman1, 1. Case Western Reserve University, Cleveland, Ohio, 2. Louis Stokes VA Medical Center, Cleveland, Ohio

Patients diagnosed with advanced stage cancer face complex and unique challenges that threaten their physical, psychosocial and spiritual well-being. Despite recent interventions to improve well-being, little is known about how advanced stage cancer patients adapt to their diagnosis. In this study we analyzed longitudinal data on patients with advanced stage cancer in order to describe multiple dimensions of their experience. The goals of this study are to: 1. identify trajectories and model the patterns of change of different domains of well-being. 2. capture variation in well-being outcomes attributed to modifiers such as demographics and utilization. 3. examine the interplay of different domains of well-being over time. Five hundred seventy six patients at baseline are analyzed who have data until death or for up to one year. Longitudinal variables are analyzed using generalized latent growth models. The results from these analyses suggest that patients’ well-being is compromised in the first 3-6 months after diagnosis followed by an improvement in the psychosocial domains but not in the physical. Treatment types at baseline (1-8 weeks from diagnosis) have differential effects on the initial level and rate of change among the different domains of well-being. Finally, changes in social support and in spirituality are not related to physical or to mood changes throughout the illness experience. On the contrary, changes in the psychological domains are closely related to changes in the physical well-being. Results can be used to identify times of increased need where interventions may be more needed.

TRAJECTORIES OF SOCIAL ROLE OCCUPANCY, STRESS, AND SATISFACTION AND THEIR ASSOCIATIONS WITH DEPRESSIVE SYMPTOMS ACROSS THE LIFE COURSE

J. Sautter, Duke University Medical Center, Durham, North Carolina

This study examines how disaggregated trajectories of multiple social role occupancy, measured by level and dynamics of spouse, parent, and worker roles, are associated with concurrent disaggregated trajectories of depressive symptoms. Role strain, role enhancement, role context, stress process, and life course theories frame hypotheses examining both within-person changes over age and between-person predictors of health status. Data are from adults age 25-85 in the Americans’ Changing Lives Study, a nationally representative accelerated cohort panel study of U.S. adults interviewed in 1986, 1989, 1994, and 2001/2. I use latent trajectory analysis to estimate disaggregated trajectories of role occupancy, role strain, role satisfaction and depressive symptoms across the adult life course. I then use multinomial and logistic regression analyses to examine associations between role trajectories and depressive symptom trajectories. I find that (1) there is significant heterogeneity in trajectories of role occupancy and characteristics across the adult life course; (2) higher levels of social role occupancy are associated with better depressive symptom outcomes; (3) lower levels of role strain and higher levels of role satisfaction are associated with better depressive symptom outcomes, and (4); the association between role occupancy and health is robust to the inclusion of role characteristics. Thus, I find support for the role enhancement hypothesis in that higher levels of role occupancy are associated with better mental health outcomes irrespective of reward and strain associated with those roles.

AGE TRENDS IN SENSE OF COHERENCE OVER THE SECOND HALF OF LIFE

J. Heap1, M. Silverstein2, C. Lennartsson1, M. Thorslund1, 1. Aging Research Center, Karolinska Institutet / Stockholm University, Stockholm, Sweden, 2. University of Southern California, Los Angeles, California

Sense of coherence (SOC) — the belief that one’s life is comprehensible, manageable, and meaningful — has been shown to be an important internal resource that moderates negative health outcomes induced by stress. Although SOC is moderately stable over time, with a tendency to grow stronger with age, little research has examined change in SOC into advanced old age, across successive birth cohorts, and in relation to time-varying social and physical conditions related to aging. This study addresses these issues using data from a sample of 1,841 individuals aged 56 and older who participated in up to five waves of a nationally representative survey conducted in Sweden between 1991 and 2010. Sample replenishment allowed the investigation of cohort differences as well as aging effects. Latent growth curve modeling revealed a non-linear pattern with SOC increasing up until age 70, after which it began to decline. SOC was stronger in later birth cohorts and among men, the more highly educated, and those who worked in non-manual occupations. Poor self-rated health and psychological distress weakened SOC while being married and having more social contact with family and friends strengthened it. The non-linear age effect remained with covariates controlled, suggesting that SOC is as much structured by life stage as it is by the resources and deficits associated with aging. Growth and later decline in SOC are discussed in the context of developmental theory and the adaptive capacity of the oldest-old to handle stress and maintain well-being.

SESSION 1810 (PAPER)

PERSONAL AND SOCIAL ADAPATION IN WIDOWHOOD

WIDOWHOOD, LIVING ARRANGEMENTS, SOCIAL SUPPORT, AND DEpressive SYMPTOMS AMONG OLDER ADULTS IN MEXICO

M. Monserud, R. Wong, University of Texas Medical Branch, Galveston, Texas

In developing countries with low institutional support, such as Mexico, the wellbeing of older adults can be contingent on their living arrangements and the availability of social support. Drawing on data from two waves of the Mexican Health and Aging Study (2001-2003), we investigate gender differences in the effects of intergenerational coresidence, geographic proximity of kin and friends, and support from children and friends on depressive symptoms among recently and continuously widowed Mexicans, in comparison with their married counterparts (N=8,708; aged 50 and over). The results of negative binomial regressions demonstrate several gender similarities and differences. Compared to the married older adults, recently widowed ones had more depressive symptoms, regardless of gender. In contrast, among continuously widowed adults, only men reported more depressive symptoms. Irrespective of marital status, for both men and women, greater emotional support from children was associated with fewer depressive symptoms, whereas greater instrumental support from children was linked to more depressive symptoms. Furthermore, for men, coresidence with adult sons and financial support from children was related to more depressive symptoms, while coresidence with siblings, the presence of relatives in the neighborhood, and emotional and instrumental support from friends were predictive of fewer depressive symptoms. For continuously widowed women, coresidence with adult daughters led to fewer depressive symptoms, whereas coresidence with parents had the opposite effect. Continuously widowed men, however, reported fewer depressive symptoms when they had relatives in the neighborhood.
For recently widowed women, coresidence with adult sons was associated with fewer depressive symptoms.

**WIDOWHOOD AND HEALTH TRAJECTORIES: RACE/GENDER INTERSECTION**

D. Unberson, I. Sasson, P.A. Thomas, H. Liu, M. Thomeer, I. University of Texas at Austin, Austin, Texas, 2. Michigan State University, Lansing, Michigan

National data reveal a troubling trend: the health gap between the married and widowed has grown steadily over the past 30 years, especially for women. The health gap is also striking for African Americans. Except for the widowed, all other African American marital status groups exhibited improved health over the past three decades. Given the poorer health of African Americans compared to whites, the greater prevalence of widowhood among women and African Americans, and the adverse effects of widowhood on health, it is surprising that so few studies have considered how the effects of widowhood vary across race/gender groups. We analyze national longitudinal data from the Health and Retirement Survey to consider how widowhood influences multiple health outcomes among mid to late life adults. Results suggest that vulnerabilities vary by race and gender. African American women are particularly vulnerable because they enter widowhood in very poor health and, although they are more likely than other groups to be overweight prior to widowhood, they experience much greater weight loss than other groups following widowhood. Compared to other widowed groups, African American men exhibit greater decline in self-rated health over time. White men and African American women seem to be more vulnerable than white women and African American men to psychological distress following widowhood. These findings suggest that key areas of vulnerability to widowhood differ by race, gender, and the type of health outcome considered. Intervention and policy strategies should address group differences in vulnerability to promote health for diverse widowed populations.

**DAILY STRESSORS AND WELL-BEING IN WIDOWED AND MARRIED OLDER ADULTS**

E.A. Hahn, K.E. Cichy, D. Almeida, I. School of Aging Studies, University of South Florida, Tampa, Florida, 2. Kent State University, Kent, Ohio, 3. Pennsylvania State University, State College, Pennsylvania

Despite the fact that widowhood may result in potentially stressful changes to daily routines, research has yet to examine how daily stressors contribute to well-being in widowed versus married older adults (OA). This study examined how daily stressor reactivity varies for widowed versus married OAs. Participants included 100 widow(er)s and 342 married adults over age 65 from the National Study of Daily Experiences (NSDE), a daily diary study from the second wave of the Midlife in the United States (MIDUS II). Daily stressors were measured using the Daily Inventory of Stressful Events (DISE); well-being was assessed with the Positive and Negative Affect Scale (PANAS). Married OAs had more days when they experienced daily stressors compared to widow(er)s ($p<.0001$). Controlling for age, gender, education, and marital status, multi-level models revealed that married and widowed OAs reported stressor-related increases in negative affect ($p<.05$). At the within-person level, results revealed that married OAs were more reactive to interpersonal stressors, whereas at the between-person level widow(er)s who reported avoiding more arguments with family members reported greater negative affect. Both groups were emotionally reactive to home- or work-related stressors ($p<.0001$). Results suggest that while married OAs may be more emotionally reactive to some types of daily stressors, widowed adults are not immune to the negative effects of other daily stressful events as evidenced by similarity in reactivity to home or work-related stressors among married and widowed OAs.

**DYNAMIC TRAJECTORIES OF SOCIAL SUPPORT, AGE, AND CAREGIVER DURATION ON DEPRESSION DURING BEREAVEMENT**

N.E. Pisce, B.G. Knight, S. Nolen-Hoeksema, I. Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. Yale University, New Haven, Connecticut

This study examined longitudinal data from 155 bereaved adults. We formulated a latent growth curve model hypothesizing that increases in the amount of social support received by bereaved individuals caused a decrease in depression, independent of caregiving duration. Participants were from the Stanford Bereavement Project, a longitudinal prospective study that included 5 waves of data from 1989 to 1992. Subjects were assessed before the death of their loved one and then at 1, 6, 13, and 18 months post-loss. We found considerable individual variability and change in both depression and the amount of social support in univariate latent growth curve analyses. A multivariate latent growth curve analysis revealed caregiving duration had no effect on either initial social support or change in depression. However, age had a positive effect on the intercept and negative effect on slope in depression. The mechanism for increases in depression is a decrease in the amount of social support received.

**SESSION 1815 (SYMPOSIUM)**

**COMMUNITY, CONNECTIVITY, MOBILITY AND LATER LIFE**

Chair: I.R. Jones, Social Sciences, Bangor University, Bangor, Gwynedd, United Kingdom

Discussant: C. Phillipson, Keele, Keele, Keele, United Kingdom

In recent decades, just as community and communities have been subject to economic and social disruption, so later life has experienced radicalised disconnections from previous stable and institutionalised life courses. Just as community has been associated with a crisis of meaning and a nostalgic longing for an earlier age so later life is seen to be subject to the contingencies and vicissitudes of social change. This symposium is based on work undertaken under the UK Arts and Humanities Research Council (AHRC) ‘Connected Communities Research Reviews’. The symposium will provide an overview of the findings from the research reviews and papers addressing specific and related research questions. The first paper ‘Social Networks and Well-being in Later Life’ will focus on the relationship between social connectivity, attachment to place/belonging and levels of well-being in later life. The second paper ‘Ageing, mobilities and place attachments: changing conceptions of community in later life’ examines how people in later life make a variety of adjustments to changed circumstances and considers the implications for the ways in which individuals use and relate to space and place. The third paper ‘Connectivities in the Third Age: from fixity to fluidity?’ examines how developments in technology, travel and tourism have eroded the centrality of place and looks at how new connectivities in later life provides an important vector of understanding the development of the Third Age.

**SOCIAL NETWORKS AND WELL-BEING IN LATER LIFE**

I.R. Jones, Social Sciences, Bangor University, Bangor, Gwynedd, United Kingdom

There are important gaps in our knowledge of the link between social networks and well being in later life. Recent social changes have had important consequences for levels of connectivity, social networks and social support in later life. Social networks have been found to be protective for dementia while social isolation and poor social relations appear to be harmful to health and are associated with cognitive decline. Recent research however, suggests important inter-generational aspects to lack of connectivity in old age. The networks that older people have tend to be deficient in younger adults while participation in organizations that include people of diverse ages increases the likelihood of older
people interacting with younger non-kin. This paper reviews the evidence for the importance of connectivity in maintaining well-being in later life and examines theoretical approaches to connectivity and well-being in the context of migration, ageing in place and retirement to place.

AGEING, MOBILITIES AND PLACE ATTACHMENTS: CHANGING CONCEPTIONS OF COMMUNITY IN LATER LIFE

G. Day, Social Sciences, Bangor University, Bangor, United Kingdom

People in later life make a variety of adjustments to changed circumstances. These include ‘downsizing’, retirement migration, new patterns of travel to maintain (or sometimes escape from) family and social networks, and the take up of new technological fixes to manage distance and space. These adaptations have implications for the ways in which individuals use and relate to space and place, freeing some to express their preferences through an elective attachment to place, while others remain restricted by or embedded in prior commitments. Through a comparative review of international literature, this paper will examine evidence for variations in such practices, and consider how they relate to traditional and more recent conceptions of ‘community’. It will also explore how these relationships are likely to change, in the light of the shocks associated with the current recession, which has disrupted many of the plans and expectations which previously underpinned such mobility practices.

CONNECTIVITIES IN THE THIRD AGE: FROM FIXITY TO FLUIDITY?

C.J. Gilleard, P. Higgs, Research Strategy, UCL, London, United Kingdom

The context of later life is changing and one element in that change is the nature and form of community. Conventional approaches toward the idea of community in old age were based around attachment to place and the day to day presence of the community of propinquity. Later life was thought to be rooted in the spatial location of neighbourhood. Within this paradigm, movement represented risk – the risk of dissolving the safety, solidarity and social networks of the local community. Developments in technology, travel and tourism are eroded the centrality of place and have potentially replaced the risks of mobility with the opportunities provided by alternative lifestyle choices in the shape of post-work communities and retirement migration. Examination of these new connectivities in later life provides an important vector of understanding the development of the Third Age.

SESSION 1820 (SYMPOSIUM)

CONDUCTING RESEARCH WITH INDIVIDUALS WITH DEMENTIA

Chair: K. Judge, Psychology, Cleveland State University, Cleveland, Ohio
Co-Chair: S. Yarry, VA Palo Alto Health Care System, Palo Alto, California
Discussant: K. Judge, Psychology, Cleveland State University, Cleveland, Ohio

Due to the cognitive difficulties experienced by individuals with dementia (IWDs), few studies have focused on IWDs as active participants in the research process or included IWDs in the implementation of intervention protocols. An emerging area of research is how to best design data collection and psychosocial intervention protocols to include IWDs. The following symposium will examine and discuss key issues related to conducting research with IWDs. The first paper reports on thematically analyzed qualitative data from 115 IWDs about their concerns and fears associated with memory loss and how this information can be utilized when working with IWDs. The second paper discusses key elements of survey construction (i.e., types of responses used, how questions are asked) that facilitate or impede IWDs’ ability to complete self-report questionnaires. The third paper presents self-report quantitative data from IWDs (n=115) on their perspectives on key psychosocial measures, including symptoms of depression and anxiety, dyadic relationship strain, feelings of embarrassment and isolation, and difficulty and distress when completing instrumental and personal activities of daily living. The fourth paper presents a Strength-Based Approach for developing and implementing interventions for IWDs that utilizes a cognitive rehabilitation framework for understanding how cognitive processes are spared or compromised due to memory loss. Discussion will focus on 1) the benefits of including IWDs in the research and intervention process; 2) how to facilitate IWDs’ active participation in research and intervention protocols; 3) methods for developing effective intervention protocols for IWDs; and 4) future directions in conducting research with IWDs.

INSIGHT ON MEMORY LOSS THROUGH THE EYES OF THE DEMENTIA PATIENT

S. Powers1,2, M. Wilson3, N.T. Dawson1, 1. University of Akron, Akron, Ohio, 2. Cleveland State University, Cleveland, Ohio

Due to changing cognitive and functional capabilities, individuals with dementia (IWDs) face challenging care-related issues such as feelings of embarrassment and isolation, relationship strain, and concerns about the future. Based on the Stress Process Model for Individuals with Dementia, these role and intra-psychic strains may lead to a variety of negative psychosocial outcomes, including symptoms of depression and anxiety. Limited research exists that examines IWDs’ perceptions and concerns about these issues and how their perspectives can impact the quality and process of the illness experience. Using a set of open-ended questions, qualitative data from IWDs (n=115) were analyzed regarding the following issues: 1) concerns and fears about memory loss; 2) how memory loss impacts their daily routines and relationships with others; and 3) what they wish others understood about memory loss. Discussion will focus on using this information to develop interventions that include IWDs’ perspectives and addresses their care needs.

PSYCHOSOCIAL CONSTRUCTS FROM THE PERSPECTIVE OF AN INDIVIDUAL WITH DEMENTIA

N.T. Dawson1,2, S. Powers1,2, M. Wilson1,2, 1. Cleveland State University, Cleveland, Ohio, 2. University of Akron, Akron, Ohio

Little is known about the illness experience from the perspective of individuals with dementia (IWDs), as most research has focused on IWDs’ psychosocial issues from the view of the caregiver. Using the Stress Process Model for Individuals with Dementia (SPM for IWDs), the following paper will present self-report data from IWDs (n=115) about their illness experience, including primary objective and subjective stressors (i.e., cognitive and functional symptoms of dementia; perceived difficulty and distress associated with cognitive and functional symptoms); secondary role and intrapsychic strains (i.e., dyadic relationship strain, feelings of embarrassment and isolation, self-efficacy) and psychological well-being outcomes (i.e., quality of life, symptoms of depression and anxiety). Discussion will focus on IWDs’ profiles across these domains of the SPM for IWDs along with using this information to identify areas amenable to interventions through specific internal and external mediators that serve to buffer the effects of the stress process for IWDs.

A STRENGTH-BASED COGNITIVE REHABILITATION APPROACH FOR INDIVIDUALS WITH DEMENTIA

S. Yarry1, N.T. Dawson2, K. Judge1, 1. VA Palo Alto Health Care System, Palo Alto, California, 2. Cleveland State University, Cleveland, Ohio

Much attention in research and practice has been given to cognitive deficits as a result of dementia. A substantially smaller amount of attention has been given to remaining cognitive strengths, an equally important aspect of daily life among individuals with dementia. In an attempt to move away from this deficit-focused approach, we have previously
proposed a shift in philosophy to a strength-based approach that focuses on remaining skills as opposed to declines and losses (Judge, Yarry, & Orsulic-Jeras, 2009; Orsulic-Jeras, Britton, & Shepherd, 2003; Yarry, Judge, & Orsulic-Jeras, 2010). This presentation will outline fundamental components of the strength-based approach model for designing cognitive rehabilitation tasks for individuals with dementia. Four essential components of the approach include education, strengths assessment, active participation, and flexibility. A strength-based approach is particularly well-suited for treating individuals with cognitive impairment and this will be shown through the demonstration of key cognitive rehabilitation techniques.

INCLUDING INDIVIDUALS WITH DEMENTIA IN THE RESEARCH PROCESS: UNDERSTANDING THE IMPACT OF SCALES AND RESPONSE CATEGORIES USED IN SURVEYS

M. Wilson1, S. Yarry2, N.T. Dawson1, 1. Psychology, Cleveland State University, Cleveland, Ohio, 2. University of Michigan, Ann Arbor, Michigan

Recently, researchers have implemented strategies to reduce barriers to participation in surveys associated with cognitive limitations. However, empirical information is lacking. The current study presents data from structured interviews with memory impaired elderly (n = 125). Survey questions asked for either objective or subjective information, which was indicated using full range or simplified response choices. Response choice sets were either unidirectional ratings of frequency/amount (e.g., not at all, just a little, a fair amount, or a great deal) or bidirectional ratings (e.g., strongly agree, agree, disagree, or strongly disagree). Results showed that greater cognitive impairment was associated with use of more simplified response categories, especially when answering questions with bi-directional response choices. Subjective or objective question content did not influence participants' ability to use the full response set. These results highlight the need to consider individual cognitive abilities when constructing response choices to survey questions for older adults with memory impairment.

SESSION 1825 (SYMPOSIUM)

CONTEXTUAL EFFECTS ON INDIVIDUAL DEVELOPMENT ACROSS ADULTHOOD AND OLD AGE

Chair: D. Gerstorf, Department of Human Development and Family Studies, Pennsylvania State University, University Park, Pennsylvania
Co-Chair: N. Ram, Department of Human Development and Family Studies, Pennsylvania State University, University Park, Pennsylvania
Discussant: T. Glass, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Lifespan and gerontological research has long acknowledged the contextual embeddedness of individual development. This symposium brings together four papers that highlight how contextual factors at various different levels of analysis shape individual development in different phases of adult development. Wilson-Genderson and Pruchno use census-tract data throughout New Jersey to demonstrate intrinsic linkages between social advantage and health behaviors. Piazza and colleagues use data from the MIDUS to investigate how perceptions of neighborhood characteristics are related to 10-year change trajectories in well-being and control beliefs and how this differs between adults in midlife and old age. Williams and colleagues use data from the MIDUS and NSDE studies to link contextual factors to individual health outcomes and daily stress processes. Utilizing both objective census tract data and subjective perceptions of neighborhoods, the authors show that relying exclusively on objective characteristics may underestimate the health and stress implications of living environments. Gerstorf and Ram combine individual- and county-level data from the German SocioEconomic Panel to examine how physical, service, and social aspects of the environment shape late-life changes in well-being. The discussion by Glass integrates the four papers, highlights their theoretical and methodological contributions, and considers challenges and opportunities of research linking socio-structural characteristics and individual-level outcomes.

SOCIAL ADVANTAGE AND HEALTH BEHAVIORS OF OLDER ADULTS: MODELING INDIVIDUAL AND NEIGHBORHOOD EFFECTS

M. Wilson-Genderson, R.A. Pruchno, New Jersey Institute for Successful Aging, University of Medicine & Dentistry School of Osteopathic Medicine, Stratford, New Jersey

Neighborhood characteristics are associated with the health behaviors of older adults, yet confounding between individual-level attributes and neighborhood-level characteristics has limited understanding of their influence. We tested hypotheses about the relationship between neighborhood-level advantage and adherence to guidelines regarding alcohol consumption, exercise, smoking, and diet. Data derived from a random-digit-dial sample of 5,688 community-dwelling adults aged 50-74 residing in 1,644 census tracts throughout New Jersey. We utilized multilevel structural equation models (ML-SEM) to permit the inclusion of a latent construct representing neighborhood advantage (high household income, % with professional occupation, % college degree), thus adequately accounting for structural relationships as well as geographical clustering. Analyses indicated that neighborhood advantage has significant effects on multiple health behaviors that are independent of individual-level attributes. Findings suggest the importance that neighborhood plays vis-à-vis the health behaviors of older adults.

PERCEPTIONS OF NEIGHBORHOOD QUALITY AND CHANGES IN PSYCHOLOGICAL WELL-BEING OVER TIME


The current study examined how perceptions of neighborhood quality influenced trajectories of psychological well-being across a 10-year period. Participants (n = 3,897) from the Midlife Development in the United States (MIDUS) Survey were interviewed between 1994-1995 and again between 2004-2005. During these interviews, participants rated the safety of their neighborhoods and the helpfulness and trustworthiness of their neighbors (Keyes, 1998). They also completed questionnaires assessing their psychological well-being (Ryff, 1998) and sense of control (Lachman & Weaver, 1998). Higher levels of perceived neighborhood quality were associated with greater well-being and sense of control, and with positive changes in these variables over time (p’s < .01). Results suggest that the well-documented association between socioeconomic status and well-being may be partially explained by how people perceive the quality of their neighborhoods.

NEIGHBORHOOD SOCIOECONOMICS, PERCEPTIONS, AND HEALTH: CONTEXTUAL HEALTH EFFECTS AMONG OLDER ADULTS

J. Williams1, S.T. Charles1, D. Almeida2, 1. Psychology and Social Behavior, University of California, Irvine, Costa Mesa, California, 2. Penn State University, University Park, Pennsylvania

A growing body of evidence suggests that social and physical neighborhood characteristics influence residents’ health and well-being. The current study used the MIDUS and NSDE datasets to assess relationships between census tract SES and a range of health outcomes and daily stress processes. Median neighborhood income was negatively associated with BMI and chronic conditions, and positively associated with self-rated physical and mental health in this adult sample, even after controlling for individual SES and other sociodemographic variables. Although this objective measure of neighborhood SES did not predict...
daily stress processes, subjective assessments were significant predictors. Maintaining positive perceptions about one’s neighborhood buffered the adverse effects of daily stressors on self-reported negative affect and physical symptoms. Focusing exclusively on objective neighborhood SES may thus mislead contextual studies examining daily stress processes. Results from this study indicate the importance of both objective and subjective neighborhood factors for well-being and physical health outcomes.

WHERE PEOPLE LIVE AND DIE MAKES A DIFFERENCE: INDIVIDUAL AND CONTEXTUAL EFFECTS ON WELL-BEING PROGRESSION AT THE END OF LIFE

D. Gerstorf, N. Ram, Department of Human Development and Family Studies, Pennsylvania State University, University Park, Pennsylvania

Lifespan psychological research has long been interested in the contextual embeddedness of individual development. Contextual factors can be expected to support or constrain processes of adaptation and regulation, particularly when individual resources are scarce. We use longitudinal data from more than 3,000 deceased participants of the national German Socioeconomic Panel to illustrate how late-life well-being can be better understood by modeling associations between change and measures of both individual and contextual characteristics. First, we show that sizeable portions of between-person differences in both level and decline of well-being reflect regional differences (e.g., individuals nested within counties nested within East vs. West-Germany). Second, we demonstrate that regional differences often amplify the disparities in late-life change attributed to individual factors. Third, we investigate the shared and unique contributions of individual perceptions of the service, physical, and social characteristics of their living contexts to late-life developmental trajectories of well-being.

SESSION 1830 (SYMPOSIUM)

EARLY LIFE FACTORS AND LATE LIFE OUTCOMES: ANALYSIS OF DATA FROM THE SURVEY OF HEALTH, AGING AND RETIREMENT IN EUROPE

Chair: H. Litwin, Hebrew University, Jerusalem, Israel
Discussant: A. Boersch-Supan, Mannheim Institute for the Economics of Aging, Mannheim, Germany

Modeled after the Health and Retirement Survey, the Survey of Health, Ageing and Retirement in Europe (SHARE) is one of the key longitudinal aging surveys in the world today. The third wave of the survey introduced retrospective life histories among some 30,000 respondents aged 50 and older (SHARELIFE). This symposium will utilize the unique capacity of SHARE to examine the late-life consequences of a varied range of factors in early life. The paper by Youssim and Litwin examines the association between capitals inherited from the family of origin and the scope of productive involvement among people aged 50 and older in Israel. The work by Garrouste and Paccagnella estimates structural relationships among childhood SES, education, and income at the first and last job in selected SHARE countries. Sirven and Or investigate the influence of early-life circumstances on variations in health care utilization habits of different cohorts in 13 European countries. Dykstra et al. consider the variation in late-life loneliness across Europe, with special attention given to the effects of early-life events (marital and parenthood history). Finally, Brandt et al. investigate the role of childhood conditions and societal context in older Europeans’ propensity to age successfully, constructing an analytic model based upon Rowe and Kahn’s conceptualization. Axel Boersch-Supan, the founding coordinator of SHARE, will discuss the papers and their implications for public policy in aging societies.

RECEIPT OF FAMILIAL CAPITALS AND PRODUCTIVE INVOLVEMENT AMONG PEOPLE AGED 50 AND OLDER IN ISRAEL

1. Youssim, H. Litwin, Hebrew University, Jerusalem, Israel

Aim: This study addresses the question whether capitals inherited from family of origin influence the scope of productive involvement among people aged 50 and older in Israel. Method: To examine the hypothesis, we used Israeli data from the first wave of Survey of Health, Aging and Retirement in Europe (SHARE). Number of productive activities a person is involved in was regressed on three blocks of variables: human capital (e.g. education), social capital (e.g. number of children) and capital originating in family (e.g. parental occupational status). We also controlled for demographic background. Results: After controlling for a wide range of variables, receipt of better resources from family — in terms of housing, financial support or expecting inheritance of wealth — is positively correlated with being highly productive. Discussion: The findings support the hypothesis that familial social characteristics should be taken into account to explain productive involvement among older people.

EARLY-LIFE CIRCUMSTANCES AND LATE-LIFE INCOMES

C.L. Garrouste, O. Paccagnella, 1. Department of Statistical Sciences, University of Padua, Padova, Italy, 2. European Commission - Joint Research Centre (EC - JRC), Ispra (Varese), Italy

Aim: This paper aims at evaluating and comparing across selected European countries the influence of early-life circumstances on incomes in later life. Method: Using life-history data from SHARELIFE, country-specific structural relationships among childhood SES, education attainments and incomes at the first and the last job are investigated through the estimation of recursive models, controlling for individual, labour market conditions and contextual covariates. Results: Poorer socio-economic conditions during childhood are associated with higher differentials in years of full-time education and higher income inequalities. Early-life circumstances affect directly the entry wage and indirectly further wages. The extent of these results however varies across countries. Discussion: Findings suggest that education policies may play a role in explaining the observed differences across countries. The introduction of support systems fostering access to education of students from disadvantaged households can weaken their financial dependence from parents and loosen the persistence in socio-economic conditions across generations.

EARLY-LIFE CIRCUMSTANCES AND REGULAR HEALTH CARE UTILIZATION IN EUROPE

N. Sirven, Z. Or, IRDES, Paris, France

Aim: To investigate the influence of early-life circumstances on variations in health care utilization habits of different cohorts in 13 European countries. Method: Using life-history data from SHARELIFE and multilevel logistic models over countries and cohorts, we tested whether a measure of health status at age 10 and an index of childhood comfort at age 10 are associated with five variables of regular and preventive care utilization. Results: Individuals with higher levels of childhood health and childhood socio-economic status have a higher propensity to make regular use of blood pressure tests, blood tests, vision tests, gynecological visits, and mammograms throughout their life. Discussion: These results suggest that there is significant room for public health policies for reducing disparities in regular use of health services over the life-cycle. Health promotion at early ages can play an essential role for assuring equal and timely treatment of diseases within and across countries.
CROSS-NATIONAL DIFFERENCES IN OLDER ADULT LONELINESS
P.A. Dykstra1, T. Fokkema2, J. Gierveld2, 1. EUR, Rotterdam, Netherlands, 2. NIDI, The Hague, Netherlands

Aim: To examine the variation in late-life loneliness across Europe and its determinants. Method: Using data from SHARE-wave2 and (multilevel) logistic models, three types of explanations for country differences were tested: differences in population composition, cross-national variations in the “loneliness-threshold” (perceived social contacts needed to avoid loneliness), and the role of certain country specificities. With regard to the first explanation type, special attention was given to the effects of early-life events (marital and parenthood history), collected in the SHARELIFE project. Results: Despite more favourable social conditions, older adults in the “familialistic” southern European countries were generally more lonely than their peers in the “individualistic” northern European countries. Moreover, the prevalence of late-life loneliness in Eastern Europe was found to be relatively high and largely attributable to economic deprivation and poor health. Discussion: The findings stress the importance of different, country-tailored approaches to prevent or combat loneliness among older adults.

TRACING THE ORIGINS OF SUCCESSFUL AGING: THE ROLE OF CHILDHOOD CONDITIONS AND SOCIETAL CONTEXT
M. Brandt1, C. Deindl1, K. Hank1, 1. MEA SHARE University of Mannheim, Mannheim, Germany, 2. Research Institute for Sociology, University of Cologne, Cologne, Germany

Aim: To investigate the role of childhood conditions and societal context in older Europeans’ propensity to age successfully. Method: Successful aging was assessed following Rowe and Kahn’s initial conceptualization, using baseline interviews from the first two waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), which we merged with participants’ retrospective life-histories, collected in 2008-09 as part of the SHARELIFE project. We estimated (multilevel) logistic models including demographics, childhood conditions, later life risk factors and country characteristics. Results: Better housing conditions, math and reading skills, as well as self-reported health during childhood were associated with successful aging. Moreover, higher levels of public social expenditures and lower levels of income inequality were positively associated with aging well. Discussion: Unfavorable childhood conditions exhibit a harmful influence on individuals’ chances to age well. Policy interventions should thus aim at improving the conditions for successful aging throughout the entire life-course.

SESSION 1835 (SYMPOSIUM)

EMOTION REGULATION PROCESSES IN DAILY LIFE ACROSS THE LIFESPAN: WHAT CAN WE LEARN FROM TIME-AND EXPERIENCE-SAMPLING APPROACHES?
Chair: S. Scott, Georgia Tech, Atlanta, Georgia
Co-Chair: C.A. Hoppmann, University of British Columbia, Vancouver, British Columbia, Canada
Discussant: D. Isaacowitz, Brandeis University, Waltham, Massachusetts

A key ingredient of emotion-regulation is responding to shifts in situational demands to maintain emotional experiences in a contextually appropriate and manageable range. Time-sampling studies can capture the respective dynamic processes in an ecologically valid setting. This symposium examines emotion regulation processes across the adult lifespan as they occur in individuals’ own environments using time-sampling methods. Wrucz et al. find that age differences in affective and physiological responses to negative events depend on event complexity, suggesting that complex as opposed to circumscribed events demand more resources for successful emotion regulation. Slade and colleagues examine the link between goal-regulation and emotional experiences, differentiating between anger and sadness. Specifically, anger was related to persistence in goal pursuits, whereas sadness was associated with thinking about alternative goals. Scott and colleagues examined negative emotion prevention strategies as an important mediator of age differences in positive and negative affect. Findings suggest that negative emotion prevention strategies mediate age-positive affect associations but not age-negative affect associations. Sliwinski, et al. report differential associations of positive and negative mood with reports of subjective health and health constraints. Negative emotional states strongly predict subsequent momentary reports of worse subjective health and health constraints; whereas positive emotional states show little relationship with subsequent momentary reports of subjective health and health constraints. Together, the studies highlight the role of events, goals, strategies, and health in emotion regulation in day-to-day life. Laura Carstensen’s discussion focuses on the potential and the challenges of time-sampling studies of emotion regulation.

ON THE ADAPTIVE ROLE OF NEGATIVE EMOTIONS: POTENTIAL BENEFITS OF ANGER AND SADNESS FOR GOAL REGULATION
L. Slade1, C.A. Hoppmann1, F. Blanchard-Fields2, 1. University of British Columbia, Vancouver, British Columbia, Canada, 2. Georgia Institute of Technology, Atlanta, Georgia

While feeling good is desirable, sometimes we feel blue. Importantly, negative emotional experiences may be adaptive because they contribute to goal regulation (Wrosch & Miller, 2009). We used 10 day time-sampling information from 185 participants aged 20-81 years to investigate negative emotion-goal regulation linkages in a daily-life context. Preliminary analyses suggest that individuals differentiate between anger and sadness and that these two negative emotions serve different functions. Specifically, anger is negatively associated with goal disengagement, suggesting that individuals are more persistent in pursuit of their goals when reporting elevated anger. Sadness, in contrast, is positively associated with thinking about alternative goals and seems to give rise to thoughts about different behavioral options and goal pursuits. Follow up analyses address age-group and goal type differences in relation to negative emotion-goal associations and subsequent well-being. Participants will learn of the functionality of specific negative emotions and their potential influences throughout the lifespan.

NEGATIVE EMOTION PREVENTION STRATEGY USE AS AN EXPLANATION OF AGE DIFFERENCES IN EMOTIONAL EXPERIENCE
S. Scott1, C.A. Hoppmann1, F. Blanchard-Fields1, 1. Gerogia Tech, Atlanta, Georgia, 2. University of British Columbia, Vancouver, British Columbia, Canada

Research on age differences in emotional experiences suggest that emotional experiences become more positive across the adult lifespan. However, the mechanisms underlying these differences in emotional experience are not as well understood. In this study, we used data from a 10 day time-sampling study of adults aged 18-70 years old. Participants completed PDA surveys 5 times each day about their current mood and strategies used to prevent the experience of negative emotions. Using mediational models, we found that although the use of negative emotion strategies does not appear to explain age differences in negative affect, the use of these strategies may be one of the ways in which older adults boost their positive affect compared to young and middle-aged. Results contribute to the literature on whether older adults seek to maximize positive experiences or minimize negative ones in order to maintain higher levels of emotional functioning.
AFFECTIVE AND CARDIOVASCULAR RESPONSES TO DAILY HASSLES: COMPLEXITY OF EVENT MATTERS FOR AGE EFFECTS
C. Wirz1, V. Müller1, G.G. Wagner1,2, U. Lindenberger1, M. Riediger1, I. Max Planck Institute of Human Development, Berlin, Germany, 2. German Institute for Economic Research, Berlin, Germany

Two studies investigated the hypothesis that age differences in affective responding to unpleasant events are particularly evident in complex, highly resource-demanding situations that overtax older adults’ capacities. In Study 1, we used a mobile phone-based experience-sampling technology in 378 participants ranging in age from 14 to 86 years. Over three weeks, participants reported, on average 54 times, their momentary negative affect and occurrences of unpleasant events. In Study 2, a subsample of 92 participants wore an ambulatory psychological and cardiovascular monitoring system for 24 hours in addition to the experience-sampling procedure while pursuing their daily routines. Result showed more pronounced psychological and cardiovascular responding with higher age when dealing with complex unpleasant events, but less pronounced cardiovascular responding when dealing with circumstance unpleasant events. We conclude that taking the nature of affective events into account helps clarifying the currently inconclusive literature on adult age differences in affective responding.

MOMENTARY AND DAILY RELATIONSHIPS BETWEEN SUBJECTIVE HEALTH AND AFFECT
M. Sliwinski, D. Almeida, L. Martire, J. Mogle, E. Munoz, S. Wilson, Penn State University, University Park, Pennsylvania

Decades of research have linked emotional dispositions and states to numerous disease and health outcomes. Other lines of research have shown that health conditions constrain emotional well-being, particularly in older adults. The present study used ecological assessments to examine the temporal associations between subjective health reports and mood across momentary and daily timescales in a sample of adults, ages 20 to 80 years. Our preliminary results reveal differential associations of positive and negative moods with reports of subjective health and health constraints in daily activities. Negative emotional states strongly predict subsequent momentary reports of worse subjective health and health constraints; whereas positive emotional states show a weak or no relationship with subsequent momentary reports of subjective health and health constraints, respectively. Prior reports of subjective health and functional constraints predict subsequently lower levels of positive but not negative affect. We discuss the implications of these disassociations between positive and negative mood with momentary health reports for developmental health and aging.

SESSION 1840 (SYMPOSIUM)

LIFESTYLE EFFECTS ON HEALTH AND LIFESPAN: EPIDEMIOLOGICAL EVIDENCE
Chair: L.C. Barry, Internal Medicine, Yale University School of Medicine, New Haven, Connecticut
Co-Chair: D.K. Miller, Indiana University, Indianapolis, Indiana
Discussant: C. Mendes De Leon, University of Michigan, Ann Arbor, Michigan

Evaluating the effect of modifiable lifestyle factors on health outcomes in older persons is essential to developing interventions to promote independent living and reduce mortality risk. Using longitudinal epidemiologic studies, we can determine the association between lifestyle-related factors and subsequent functional status and mortality. Furthermore, repeated assessments, which are characteristic of longitudinal studies, provide a unique opportunity to evaluate the association between lifestyle factors and changes in and trajectories of health outcomes. Dr. Shaw will discuss the use of two longitudinal studies of Swedes to evaluate the association between lifestyle factors in mid-life (e.g., smoking, drinking, diet) and their effect on mortality and health outcomes in old age. Dr. Koster will present data from the National Health and Nutrition Examination Survey describing the association between objectively measured sedentariness and mortality in older persons. Dr. Byers will then describe how repeated assessments of depressive symptoms collected in the Study of Osteoporotic Fractures were used to determine depressive symptom trajectories and how lifestyle factors are associated with these trajectories. Using data from the Taiwan Longitudinal Study on Aging, Dr. Chiu will describe lifestyle factors as mediators and moderators of the relationship between diabetes and change in cognitive function. In the final presentation, Dr. Shea will describe how findings from lifestyle intervention trials were used to evaluate the effect of intentional weight loss on mortality in older persons. The discussion will focus on the value of evaluating the relationship between lifestyle factors and health outcomes and future research directions.

HEALTH BEHAVIOR PROFILES DURING MIDLIFE AS PREDICTORS OF MORTALITY AND MORBIDITY IN LATER LIFE
B. Shaw1, N. Agah1,2, 1. University at Albany, School of Public Health, Rensselaer, New York, 2. Karolinska Institute, Stockholm, Sweden, 3. Stockholm University, Stockholm, Sweden

Background: We examined whether midlife health behavior profiles (“lifestyles”), including smoking, diet, alcohol use and physical activity, are associated with health and mortality in the ensuing decades. Methods: Data came from a national sample of Swedish adults (n=3,022), interviewed in 1968 (at ages 33-63), 1981, 1991, and 2002. Twelve lifestyle groups, identified in 1968, were used to predict mortality, health trajectories between midlife and late life, and health outcomes in old age. Results: Only the lifestyles involving smoking were associated with increased mortality risk, but risk was significantly lower for lifestyles that combined smoking with other healthy behaviors. Among survivors, some of the same lifestyles that mitigated mortality risk were associated with increased health problems throughout midlife and into old age. Conclusions: Examining the joint effects of multiple risk behaviors at midlife reveals that some lifestyles are associated with shortened lives, and others with expanded morbidity during later life.

ASSOCIATION OF SEDENTARY BEHAVIOR WITH MORTALITY INDEPENDENT OF PHYSICAL ACTIVITY
A. Koster1,2, P. Caserotti1, K. Patel1, D.R. Van Domelen1, T. Harris1, 1. National Institute on Aging, Bethesda, Maryland, 2. Maastricht University, Maastricht, Netherlands

Physical inactivity is a well-known risk factor for mortality. It is, however, unclear whether the increased mortality risk is due to lack of exercise or a more sedentary lifestyle. This study examined the association between objectively measured sedentary time and all-cause mortality. Data on 1906 men and women, aged ≥50 years from the 2003-2004 National Health and Nutrition Examination Survey were analyzed. Sedentary time was measured using an ActiGraph accelerometer and defined as <100 counts/minute. Over on average 2.8 years of follow-up, 145 people died. Participants in the highest quartile of percent sedentary time had a 5.9 times greater risk of death compared to those in the lowest quartile (95%CI:2.33-15.00) independent of physical activity, demographics, morbidities and physical function. These results suggest that sedentariness is a risk factor for mortality independent of physical activity. Further investigation, including studies with longer follow-up, is needed on the health consequences of sedentary behavior.
CHARACTERIZATION OF LONG-TERM DEPRESSIVE TRAJECTORIES AMONG ELDERLY WOMEN

Diabetes is associated with increased dementia risk and lower levels of cognitive function. Few studies have evaluated the association between diabetes and change in cognitive function over time and how lifestyle and psychological well-being may impact that relationship in older Taiwanese. This study drew data from 4,658 adults aged 51 and older from the 1996-2003 Taiwan Longitudinal Study on Aging and employed cohort sequential multilevel modeling to explore sociodemographic, comorbidity, lifestyle, and psychosocial factors as mediators and moderators of the association between diabetes and cognitive function. Our results show that adults living with diabetes in Taiwan have lower levels of cognitive function and faster rates of deterioration in this outcome. Lower levels of cognitive function in adults with diabetes may be explained by gender, educational, and racial/ethnic differences. However, steeper cognitive decline related to diabetes may be buffered by increased leisure time activities, more protective diet behaviors, and fewer depressive symptoms.

THE EFFECT OF INTENTIONAL WEIGHT LOSS ON TOTAL MORTALITY IN OLDER ADULTS: A POOLED ANALYSIS OF TWO RANDOMIZED-CONTROLLED TRIALS
K. Shef1, D.K. Houston1, B. Nicklas1, M.E. Miller1, S.P. Messier1, M.A. Espeland1, S.B. Kritchevsky1, 1. Internal Medicine/Gerontology, Wake Forest University, Winston-Salem, North Carolina, 2. Wake Forest University-Public Health Sciences, Winston Salem, North Dakota

Although weight loss can improve physical function and age-related morbidity in overweight/obese adults, there is reluctance to recommend weight-loss to older adults because some observational studies have associated it with higher mortality. Differentiating intentional from unintentional weight loss is difficult to do in observational studies. We examined the effect of an 18-month behavior-based weight loss intervention on total mortality using pooled data from two randomized-controlled trials comprised of 901 older adults (mean(SD) age=67(5) years, BMI=32(3) kg/m2). At the end of the trials weight losses (mean(SD)) were 4.6(5.8)kg and 1.0(4.2)kg in the weight loss and non-weight loss groups, respectively. Eight years after enrollment, the mortality rate was 38% lower among those randomized to weight loss (n=452; 63 vs. 81 deaths, HR(95%CI)=0.62(0.40-0.98), adjusted for age, gender, race, history of CVD, and trial). Randomization to behavioral interventions for weight loss does not increase total mortality risk in older overweight/obese adults.

SESSION 1845 (SYMPOSIUM)

CONDUCTING MIXED METHODS RESEARCH ON LIFE COURSE TRAUMA AND STRESS WITH ETHNICALLY DIVERSE OLDER ADULT PRISONERS
Chair: T.M. Maschi, Fordham University, New York, New York

This mixed methods study explored older prisoners (aged 55+) cumulative trauma and stress, coping resources, and physical-mental well-being. It used a correlational mixed methods design and a sample of older prisoners (N=320) housed in the NJ Department of Corrections in 2010. Quantitative and qualitative data was gathered using an anonymous mailed questionnaire consisting of closed and open ended questions. Qualitative data was analyzed using Tuttty and colleagues (1996) qualitative data analysis scheme. Older prisoners reported prison stress related to oppressive/abusive environment, unfair treatment from staff and younger prisoners, family separation, and situations of uncertainty, such as fear of death and reentry. Older prisoner reported coping resources that involved spiritual practices, physical exercise, reading, and the arts. Methodological challenges overcome include using mixed methods to understand sensitive topics, such as trauma, maximizing response rate using mail methods, reaching Spanish-speakers, and qualitative data management for large samples.

QUALITATIVE RESEARCH ON RISK AND RESILIENCE WITH OLDER LATEXNA WOMEN DIAGNOSED WITH CANCER
I.V. Carrion, Social Work, University of South Florida, Tampa, Florida

Disparities in end of life health decision-making are important health care concerns particularly among older Latinos diagnosed with cancer who experience social inequalities, including discrimination, cultural and language barriers (Kramer, & Auer, 2005) due to limited English language proficiency. This research explored the obstacles to accessing knowledge and information regarding treatment options, advanced care planning and decision making when confronted with an end stage cancer diagnosis. The qualitative design facilitated the understanding of the social and cultural contexts of participants. Forty-five females were recruited to participate in the semi-structured interviews, 15 from each group of Colombian, Mexican and Puerto Rican women. Participants were recruited from community based organizations, clinics, and churches. Late diagnosis, personal losses, physical debilitation, communication barriers and caregiver stress directly impact Latinas with cancer. Methodological challenges that were effectively confronted included recruiting Latina participants with cancer, transportation constraints, immigration issues, and language barriers.

EXPLORING “HOME” AT AN ASSISTED LIVING FACILITY WITH PHOTOVOICE: LOOKING THROUGH RESIDENTS’ LENSES
T. Levinson1, V. Robinson-Dooley1, 1. School of Social Work, Georgia State University, Atlanta, Georgia, 2. Kennesaw State University, Kennesaw, Georgia

This study explored descriptions of “home” among 10 African American older adults at an assisted living facility. In this qualitative design, we recruited and engaged residents in Photovoice, a participatory research method (Valera, Gallin, Schuk, & Davis, 2009; Wang, 1999) that allows individuals to critically evaluate shared concerns through qualitative data analysis.
the use of photography and focus groups. The process of transitioning to a new residential context can be difficult. Therefore, this methodology helped “give voice” to residents who are often in the position of having decisions about their home environments decided by relatives or facility administrators. After data collection, analysis included constant comparative and content analysis techniques. Findings include key photographic images that depict “home” inside the assisted living facility, suggested strategies for improving resident transitions to an assisted living hotel. Additionally, in this symposium, solutions for implementing Photovoice methodology with aging adults in a residential care environment will be discussed.

THE LIVED EXPERIENCES OF OLDER LESBIAN ADULTS WITH ALCOHOLISM

N. Rowan, Kent School of Social Work, University of Louisville, Louisville, Kentucky

Little is known about the health and mental health challenges and strengths of older lesbian adults in recovery from alcoholism. This presentation will discuss issues with accessing this often hidden and understudied population. The Seidman (2006) approach of a three part semi-structured interview was utilized in a sample of 20 participants for a total of 60 interviews. In accordance with guidelines on phenomenological research, it is vital for immersion in the data to become more fully aware of the experiences of the respondent (Padgett, 2008; Patton, 2002; Wertz, 2005) and repeatedly listen to the interviews and read and reread the transcripts numerous times (Seidman, 2006; Wertz, 2005). A case study will be described to illuminate the lived experience with emphasis on resiliency and quality of life.

SESSION 1850 (SYMPOSIUM)

PERSONALITY TRAITS AND PROCESSES: ASSOCIATIONS WITH LIFESTYLES, HEATH, AND MORTALITY

Chair: G.W. Edmonds, Oregon Research Institute, Eugene, Oregon
Discussant: M. Lachman, Brandeis University, Waltham, Massachusetts

Personality traits are established predictors of health and longevity. Personality is also related to a host of lifestyle factors that affect health. These include both modifiable lifestyle factors such as health behaviors, and social environmental factors. The variety of ways that personality can influence both lifestyles and health outcomes suggest many different processes that have yet to be illustrated and have potential value for public health. The four talks in this symposium each provide different perspectives on the larger picture of how personality is related to lifestyle factors essential to health. We present research employing methods that are maintained through many of the same pathways as physical health.

THE HEALTHY LIFESTYLE AS A MEDIATOR OF THE PERSONALITY HEALTH ASSOCIATION

G.W. Edmonds1, S.E. Hampson, B.W. Roberts, 1. Oregon Research Institute, Eugene, Oregon, 2. The University of Illinois at Urbana-Champaign, Champaign, Illinois

Components of the Healthy Lifestyle (HLS) are often invoked as ad hoc explanations for inconsistent effects in health research. Modifiable HLS components are also advocated as a panacea for the most common threats to public health. Biases resulting from the HLS are theorized to result from covariance among its parts. This covariance has not yet been formally modeled. Furthermore, no mechanism has been proposed to explain this covariance among these factors. Using data from the Hawaii Longitudinal Study, we constructed a latent HLS variable. We evaluated the degree to which the shared variance of HLS components is accounted for by personality traits. We then tested the HLS as a mediator of the personality health relationship. The HLS fits well as a latent variable, is partially accounted for by personality traits, and partially mediates the effects of personality traits on health. In all cases personality traits have direct effects on health independent of the HLS. Modeling the HLS as a latent variable provides a novel way to evaluate its potential effects both as a source of bias, and as a public health intervention. Additionally, these results suggest that personality traits have predictive validity with respect to health exceeding that provided by commonly used lifestyle predictors. Implications for health and epidemiological research will be discussed.

SELF-CONCEPT CLARITY ACROSS THE LIFESPAN

J. Lodi-Smith1, B.W. Roberts2, 1. Canisius College, Buffalo, New York, 2. University of Illinois, Urbana-Champaign, Champaign, Illinois

Self-concept clarity captures individual differences in the coherence, consistency, and confidence of cognitive evaluations of identity. The current research examines self-concept clarity in two large samples of adults ages 18 to 94. First, we show that self-concept clarity has a curvilinear relationship with age. Next, we address how socioeconomic and lifestyle factors moderate and mediate this curvilinear relationship. Finally, we present preliminary data on the longitudinal trajectory of self-concept clarity in these two samples and potential socioeconomic, lifestyle, and trait mechanisms for individual differences in self-concept clarity change. We discuss the implications of these findings for modern conceptualizations of psychological health in older adulthood, positing that self-concept clarity is an important component of psychological health across the life-span that is maintained through many of the same pathways as physical health.

SMOKING MEDIATES THE ASSOCIATION BETWEEN CONSCIENTIOUSNESS AND MORTALITY


The current investigation examined whether tobacco use mediated the relationship between conscientiousness and mortality. We utilized data from the Veterans Affairs Normative Aging Study. In 1990-91, 1349 men completed the Goldberg (1992) adjectival markers of the Big Five and as of 2008, 547 (41%) had died. We employed proportional hazards modeling through an SEM framework to examine whether smoking mediated the relationship between conscientiousness and 18-year all-cause mortality. Higher levels of conscientiousness significantly predicted longevity (lower mortality risk) and smoking fully attenuated this effect. This study showed that, at least in this sample of older men, conscientiousness affected mortality through the mediator of tobacco use. More generally, we demonstrate the effectiveness of using an SEM...
framework to document mediation when using a censured outcome such as mortality. This method is the most parsimonious approach to uncover the mechanisms explaining why personality predicts health over the life course.

NEUROTICISM AND DAILY HEALTH BEHAVIORS
H. King, N. Dmitrieva, D. Almeida, Human Development and Family Studies, The Pennsylvania State University; University Park, Pennsylvania

Health behaviors play an important role in clarifying the neuroticism-health link, and there is growing interest in examining how personality is manifested in everyday behaviors. Linear and logistic regression models were used to investigate associations between neuroticism and several daily health behaviors (i.e., sleep duration, smoking, alcohol use, physical activity) among 2,022 participants (mean age = 56, range = 33-84; 57% female) of the second wave of the National Study of Daily Experiences (part of MIDUS). Respondents completed 8 consecutive daily telephone interviews. Analyses indicated that higher neuroticism was associated with shorter sleep length and greater within-person day-to-day fluctuations in sleep duration. In addition, higher neuroticism was associated with consuming more alcoholic beverages (among drinkers), but not time spent on physical activity. Participants higher in neuroticism were also more likely to smoke. The contribution of the results to the study of neuroticism and daily health will be explored and discussed.

SESSION 1855 (SYMPOSIUM)
RESULTS FROM THE INTERNATIONAL TRANSGERDER METLIFE INTERNATIONAL SURVEY ON END OF LIFE PREPARATION IN TRANS-IDENTIFIED POPULATIONS
Chair: T.M. Witten, Virginia Commonwealth University; Richmond, Virginia

While the LGBT population is gaining a place at the gerontological and geriatric research tables, typically research in this area focuses on capturing the GLBT population as a whole rather than focusing on one sub-population. This can lead to survey questions that do not capture the required particulars for a given sub-component of the GLBT population. In order to address this challenge, Witten altered the former MetLife GLBT survey questionnaire to focus solely upon transgender-identified populations and released this version as an online survey. As of this writing, there are currently n = 1,068 respondents to the survey (currently 18 countries), which contains both qualitative and quantitative questions. In this symposium Witten will introduce the audience to the basics of the Trans-MetLife survey including the basic demographics and some of the responses to end of life questions. McFadden will present an analysis of the qualitative responses to some of the written end of life comments. De Vries will offer a comparison of some of the Trans-MetLife responses with the prior MetLife responses as well as the MetLife control population.

DEMOGRAPHIC AND QUANTITATIVE END OF LIFE RESULTS FROM THE INTERNATIONAL TRANS-METLIFE SURVEY
T.M. Witten, Center for the Study of Biological Complexity, Virginia Commonwealth University; Richmond, Virginia

The International Trans-MetLife survey instrument attempts to capture information on the late life needs and challenges of the transgender-identified population. In order to address this challenge, we altered the former MetLife Phase 2 GLBT survey questionnaire to focus solely upon transgender-identified populations and released this version as an online survey. As of this writing, there are currently n = 1,068 respondents to the survey (currently 18 countries from ages 18 to over 70), which contains both qualitative and quantitative questions. In this presentation we briefly review the presenter’s previous survey work (TLARS) leading to the new Trans-MetLife survey. We then present the basic structure of the Trans-MetLife survey and review the demographic results of the respondents. Finally, we examine some of the challenges the trans-respondents face as identified through their responses to some of the questions in the survey.

END OF LIFE PREPARATIONS AMONG LGBT BOOMERS
B. de Vries, San Francisco State University, San Francisco, California

There is growing interest in the experience of both the “boomer” and LGBT populations; this presentation looks at their intersection through a focus on end of life preparations drawing from the MetLife nationally representative samples of 1201 LGBT persons ages 45 to 64 and a comparably aged sample of 1206 from the general population, as well as a previous sample of 1000 LGBT persons ages of 40 and 61. Analyses reveal that less than half of LGBT boomers had prepared a will or other end-of-life document; most respondents feared being unable to care for themselves. Almost half (45%) of the LGBT sample want hospice care at home, compared to 35% of the comparison sample. LGBT Boomers are far less likely to want to spend their last days at home without hospice care: 24% versus 37%. These results may be interpreted through the lens of minority stress and fear of discrimination.

“HAPPY JUST TO BE MYSELF”: TRANSGENDER/INTERSEX PERSONS REFLECT ON AGING
S. McFadden, S. Frankowski, S. Hahn, Psychology, University of Wisconsin Oshkosh; Oshkosh, Wisconsin

This paper reports on 141 participants age 61 and older in an online survey. They mostly noted their sexual orientation as heterosexual (n = 35), lesbian (n = 26), and bisexual (n = 23), and described themselves to others as transgender (n = 42), transsexual (n = 29), and heterosexual (n = 21). NVIVO 8 software along with Interpretive Phenomenological Analysis were employed to analyze responses to questions about fears and concerns about aging, needing and giving care, as well as how being GLBTIQ-identified prepared participants for aging, factors contributing to successful aging, and wisdom they wish to pass on to others. Fears and concerns centered on interactions with judgmental healthcare providers and finding an accepting long-term care residences; 40 persons claimed to have no fears about aging. Successful aging was described in terms of self-acceptance, exercise, financial well-being, positive attitudes, religious and spiritual beliefs, and doing good for others.

SESSION 1860 (SYMPOSIUM)
THE ADAPTIVE VALUE OF REMINISCENCE IN LATER LIFE
Chair: P. Cappeliez, Psychology, University of Ottawa, Ottawa, Ontario, Canada
Discussant: T.W. Pierce, Radford University, Radford, Virginia

Older adults face several challenges associated with aging, like cognitive decline, deteriorated physical health, and loss of psychological and social resources, situations which can lead to psychological distress. Empirical research has now established that certain forms of reminiscing can help to ward off psychological distress and enhance psychological well-being while others can accelerate the spiral of mental suffering. Still our understanding of how these particular reminiscences are linked with these outcomes is very limited. The first part of the symposium attempts to shed light on this issue, targeting on coping and psychological resources. The first communication examines the activation of assimilative and accommodative coping as key processes explaining how reminiscence relates with psychological well-being in a large of older adults. The second presentation
investigates to which extent psychological resources (sense of mastery and life meaning) mediate the relation between reminiscence and psychological distress, in the case of older adults reporting moderate depressive symptomatology. Although there is now substantial evidence for the efficacy of reminiscence interventions as a treatment of depression in later life, little is known about the modalities of intervention delivery that are best suited for older adults with different needs. The third and last presentation of the symposium describes and discusses two randomized controlled trials of a life-review therapy, the first in a group format and the second as a guided self-help intervention. The symposium concludes with a discussion about the work in progress in research on the functions of reminiscence and on reminiscence interventions.

**COPING MEDIATES THE RELATIONSHIPS BETWEEN REMINISCENCE AND PSYCHOLOGICAL WELL-BEING AMONG OLDER ADULTS**
P. Cappeliez, A. Robitaille, Psychology, University of Ottawa, Ottawa, Ontario, Canada

Cross-sectional and longitudinal studies have demonstrated an association between various functions of reminiscence and well-being in later adulthood. This study investigates to what extent the links between reminiscence (self-positive and self-negative functions) and psychological well-being (depressive symptoms, anxiety level, life satisfaction) are mediated by assimilative and accommodative coping. This mediational model was tested using structural equation modeling. The results support the hypothesis that coping completely mediates the links between reminiscence and psychological well-being. Specifically, self-positive reminiscences are related to improved psychological well-being via assimilative and accommodative coping, while, in contrast, self-negative reminiscences are associated to reduced psychological well-being through their negative relationships with both coping modes. These findings suggest that reminiscence contributes to psychological well-being in part because it promotes assimilative and accommodative coping, which are protective mechanisms through which the self system constructs continuity and meaning over the life course.

**MEANING IN LIFE AND MASTERY MEDIATE THE RELATIONSHIP OF NEGATIVE REMINISCENCE WITH PSYCHOLOGICAL DISTRESS AMONG DEPRESSED OLDER ADULTS**
J. Korte1, P. Cappeliez2, E.T. Bohlmeijer1, G. Westerhof1, J. University of Twente, Enschede, Overijssel, Netherlands, 2. University of Ottawa, Ottawa, Ontario, Canada

To understand the adaptive value of reminiscence, a mediational structural equation model of reminiscence was tested in a sample of older adults with mild to moderate depressive symptoms. It was investigated if psychological resources (mastery, presence of meaning in life and search for meaning in life) mediated the relation between reminiscence (self-positive: identity and problem solving, and self-negative: reminiscence: bitterness revival and boredom reduction) and psychological distress. Results showed that psychological resources fully mediated the relation between self-negative reminiscence and psychological distress. Specifically, self-negative reminiscencing was related to decreased psychological distress through meaning in life and sense of mastery. This study contributes to current knowledge on the relation between reminiscence and mental health. It helps to understand better how reminiscence is related to psychological distress, especially in depressed older adults. Furthermore, the findings suggest the usefulness of focusing on strengthening psychological resources in therapeutic reminiscence-based strategies.

**THE EFFECTIVENESS OF A GROUP AND A SELF-HELP LIFE-REVIEW THERAPY INTERVENTION FOR OLDER ADULTS WITH MODERATE DEPRESSIVE SYMPTOMATOLOGY**
S. Lammers1, J. Korte2, P. Cappeliez2, F. Smit3, G. Westerhof1, E.T. Bohlmeijer1, J. Psychology, Health & Technology, University of Twente, Enschede, Netherlands, 2. University of Ottawa, Ottawa, Ontario, Canada, 3. Netherlands Institute of Mental Health and Addiction, Utrecht, Netherlands

Although there is substantial evidence for the efficacy of life-review as an early treatment of depression in later life, the effectiveness in its natural setting has not been studied and most trials evaluated group interventions. Therefore, this presentation focuses on two large randomized controlled trials; one that evaluated a group life-review therapy intervention in its natural setting (n=202) and one that evaluated life-review therapy as a guided self-help intervention (n=174). The group intervention was compared with care-as-usual, whereas the guided self-help intervention was compared with care-as-usual and a minimal intervention (expressive writing). Results of the first trial showed that, although the group intervention primarily alleviates depressive symptoms, it is also effective in reducing anxiety symptoms and strengthening positive mental health. Besides, moderator analyses showed that the intervention is broadly applicable. Results of the second trial will demonstrate if life-review therapy can also be successfully implemented as a guided self-help intervention.

**WORKING MEMORY CAPACITY AND OVERGENERAL AUTOBIOGRAPHICAL MEMORY IN YOUNG AND OLDER ADULTS**
L. Ros Segura1,2, J.M. Latorre1,2, J.P. Serrano1,2, J. Psychology, School of Medicine, Albacete, Albacete, Spain, 2. Facultad de Medicina, Albacete, Albacete, Spain

**ABSTRACT** The objectives of this study are to compare the Autobiographical Memory Test (AMT) performance of two healthy samples of younger and older adults and to analyse the relationship between overgeneral memory (OGM) and working memory executive processes (WMEP) using a structural equation modelling with latent variables. The AMT and sustained attention, short-term memory and working memory tasks were administered to a group of young adults (N = 50) and a group of older adults (N = 46). On the AMT, the older adults recalled a greater number of categorical memories (p = .000) and fewer specific memories (p = .000) than the young adults, confirming that OGM occurs in the normal population and increases with age. WMEP was measured by reading span and a working memory with sustained attention load task. Structural equation modelling reflects that WMEP shows a strong relationship with OGM: lower scores on WMEP reflect an OGM phenomenon characterized by higher categorical and lower specific memories. Keywords: Autobiographical memory; Overgenerality; Aging; Executive processes; Working memory.

**SESSION 1865 (SYMPOSIUM)**

**THE IMPACT OF ENVIRONMENTAL CHANGE ON THE LIFESTYLE AND LIFESPAN OF OLDER ADULTS: AN INTERDISCIPLINARY PERSPECTIVE**
Chair: C.A. Mingo, Institute on Aging, University of North Carolina - Chapel Hill, Chapel Hill, North Carolina

When taking an ecological approach to aging, it is imperative to explore the impact of environmental change (i.e., natural, physical, built, social) on the lifestyles and lifespan of a rapidly aging population. Recent scholarship as well as the Environmental Protection Agency (EPA) Aging...
initiative has started to emphasize the impact, both negative and positive, of environmental change in the health and quality of life in an aging population. Older adults are often considered to be vulnerable due to the increased risk of chronic conditions, low income, functional impairment, and social isolation. However, little is known about the vulnerability risk of environmental change on the aging population. Utilizing an interdisciplinary perspective, emerging scholars, representing various sections within GSA (e.g., Health Sciences), will present research examining the relationship between environments and aging. Topics to be highlighted include the relationship between neighborhood characteristics and health, the impact of hurricanes on both evacuated and non-evacuated nursing home residents, how environmental and behavioral factors affect genetics, the impact of environmental change on the role of health care providers, and the life course, home, and the negotiation of environmental change. The discussion centers on the importance of public health, policy, and future research implications so that fewer older adults find themselves at risk for poor health outcomes. This symposium is the Presidential Symposium sponsored by the Emerging Scholars and Professional Organization.

THE IMPACT OF HURRICANE GUSTAV AND NURSING HOMES’ DECISIONS TO EVACUATE ON THE MOST VULNERABLE NURSING HOME RESIDENTS

K.S. Thomas, University of South Florida, Tampa, Florida

Evacuation can have detrimental effects to morbidity and mortality rates for NH residents. Merging MDS and Medicare data, we describe and compare outcomes for the most functionally impaired residents in NHs exposed to Hurricane Gustav in 2008 compared to similar residents residing at the same facilities during non-exposure years (2006-2007). We compare outcomes of residents that evacuated versus those that sheltered in place. The 30 and 90 day mortality and hospitalization rates of the most functionally impaired residents residing in exposed NHs were considerably higher than residents residing at the same facilities over the same period of time during non-exposure years. Among survivors, there was a significant increase (63%) in functional decline. There was also a notable increase in morbidity and mortality for those residents who evacuated compared to those that sheltered in place. These findings call for further examination of evacuating the frailest residents and appropriateness of evacuation.

NEIGHBORHOOD EXPOSURES, WALKING SPEED, AND WALKING AMONG OLDER ADULTS: THE CARDIOVASCULAR HEALTH STUDY


To investigate effects of neighborhood on walking speed (seconds to walk 15 feet) and amount of walking (number of city blocks walked in the prior week), we construct race-stratified linear regression and negative binomial regression models using data from the Cardiovascular Health Study, a longitudinal population-based cohort study of older adults (≥65 years). Neighborhood exposures were measured by neighborhood socioeconomic status (NSES), street connectivity, and block length. Residing in the lowest NSES quartile compared to in the highest NSES quartile was associated with slower walking speed for African Americans (n=856) and less amount of walking for whites (n=4050). NSES was not associated with walking speed for whites and amount of walking for African Americans. Street connectivity and block length were not associated with walking speed and amount of walking. Further study is needed to understand mechanisms through which neighborhood influence walking speed and amount of walking among older adults.

NEIGHBORHOOD BUILT ENVIRONMENT AND LOWER EXTREMITY FUNCTION AMONG OLDER WOMEN

C.L. Nagel, Y.L. Michael, J. Newsom, 1. Oregon Health & Science University, School of Nursing, Portland, Oregon, 2. Drexel University, School of Public Health, Philadelphia, Pennsylvania, 3. Portland State University, School of Community Health, Portland, Oregon

Among older adults, declines in lower extremity function are associated with increased risk of subsequent disability, institutionalization, and death. Understanding the modifiable determinants of lower extremity function is a critical step in promoting healthy aging in the community. While the individual-level determinants of lower extremity functional decline have been well identified in previous studies, little is known about the neighborhood-level factors associated with lower extremity function. We conducted a retrospective longitudinal study of the relationship between objective measures of neighborhood built environment and trajectory of gait speed over a sixteen-year period among a sample of 2010 community-dwelling older women enrolled in the Study for Osteoporotic Fractures during the time period 1986-2002. Though longitudinal analyses are currently in progress, cross-sectional analyses of baseline data support an independent association between neighborhood built environment and lower extremity function. Results from the completed longitudinal analyses will be presented during this symposium.

HEALTH AND LIFESTYLE FACTORS MODERATE GENETIC INFLUENCES UNDERLYING COGNITIVE AND PHYSICAL FUNCTION


There is growing recognition that environmental and behavioral factors can affect gene action and gene expression. Twin studies can identify factors that might modify the importance of genetic factors. This presentation reviews recent studies from the Vietnam-Era Twin Study of Aging that have examined how health and lifestyle factors modify the heritability (i.e., the proportion of variance explained by genes) of aging phenotypes in men. For example, we found lower heritability in unmedicated hypertensives, as compared to non-hypertensives and medicated hypertensives, for certain aspects of cognitive function. This decrease in heritability was driven by a decrease in genetic variance. In a separate study, decreased heritability in pulmonary function resulted from heavier smoking. However, this effect was driven by an increase in environmental variance among smokers, rather than a change in genetic variance. These studies highlight that differences in heritabilities of aging phenotypes can arise via both genetic and environmental mechanisms.

INFLUENCE OF THE ENVIRONMENT ON THE ROLE OF HEALTH PRACTITIONERS IN DISASTERS


Research suggests that recent disasters are a result of environmental change and may have a profound effect on older adults. If disasters continue to increase in severity and scope, the aging population may be significantly affected. This presentation addresses how disasters can affect older adults and how health practitioners of older adults can play
an important role if they are required to respond to older adults during disasters. Using data collected through a literature review, key expert interviews and a case study review, resources, tools, and best practices that provide emergency management information for practitioners were identified. Overall findings suggest that a significant amount of information is available for facility practitioners; however, further work needs to be done to increase the limited amount of resources for community practitioners. In order for older adults to remain living independently in the community, access to health services is imperative, especially during natural disasters.

LIFE COURSE, HOME, AND THE (RE)NEGOTIATION OF ENVIRONMENTAL CHANGE
A.S. McIlwain, Graduate Center for Gerontology, University of Kentucky, Lexington, Kentucky

The process of developing a sense of home involves the (re)negotiation of a series of environmental changes, both physical and sociopolitical. This presentation offers a critical examination of the process, using a life course perspective and the case of older Irish immigrants. Changes resulting from major disruptions in residential history, such as transnational migration as a young adult, are shown to influence the ways in which these older immigrants develop, maintain, and communicate their conceptions of home over the life course and across generations. Study participants were recruited from the greater Boston metro area. Most emigrated from economically depressed rural areas in the West of Ireland to Boston in the late 1940s and 1950s, a period in Ireland’s history marked by mass emigration and population decline. Data were collected from deep narrative interviews and analyzed using a grounded theory approach. Findings have implications for home and mobility scholarship.

SESSION 1870 (SYMPOSIUM)

THE POSITIVE AND NEGATIVE SIDE OF SOCIAL RELATIONSHIPS: INFLUENCES ON WELL-BEING
Chair: G. Luong, University of California, Irvine, Irvine, California
Co-Chair: S.T. Charles, University of California, Irvine, Irvine, California

Discussant: K.S. Birditt, University of Michigan, Ann Arbor, Michigan

Social relationships have been linked to health and well-being in both positive and negative ways. This symposium presents research examining how emotional perceptions and experiences are embedded in various social contexts, from interactions with close family ties and strangers to appraisals about broader social networks and social isolation. The first two presentations cover the influences of social interactions on emotional experiences. The opening presentation reviews research on dynamic family interactions and the transfer of emotional experiences between parents and their adolescent children. These findings suggest that parents’ emotional experiences may have an important influence on their child’s emotion regulatory efforts and vice versa. The second presentation will focus on age differences in affective reactivity in response to negative social interactions with a stranger. These age differences are partially explained by age differences in goals to maintain social harmony and change the partner’s behaviors. The last two presentations will review research on perceptions of the broader social network and of social embeddedness in the community and their associations with well-being. The third presentation covers research on the quality of social networks and their association with feelings and acts of forgiveness in their relationships. The final presentation focuses on the effects of loneliness on age differences in cardiovascular reactivity to a social stressor. Loneliness exacerbates age differences in stress reactivity and recovery. Altogether, these findings suggest that various social contexts have important implications on emotional experiences and well-being across the adult lifespan.

THE ROLE OF GOALS: AGE DIFFERENCES IN AFFECTIVE REACTIVITY TO NEGATIVE SOCIAL INTERACTIONS
G. Luong, S.T. Charles, University of California, Irvine, Irvine, California

According to socioemotional selectivity theory, older adults are motivated to regulate their emotions by maintaining harmony with their social partners. Past studies have confounded the length of time that older adults have known their partners and the avoidance of conflict. For example, older adults may avoid conflict because they have known their partners longer. To control for this possibility, the current study had participants interact with a confederate, who they believed was another research participant matched on age-group, gender, and cultural group (European American or Chinese American). Confederates were scripted to be uncooperative and direct with the participants. Older adults reported less negative affective reactivity in response to the interaction than younger adults. These findings were partially explained by age differences in goals to maintain social harmony with the confederate. Older adults were also less likely to try to change the confederate’s behaviors, which was associated with greater affective reactivity.

LONELINESS ACCENTUATES AGE DIFFERENCES IN CARDIOVASCULAR RESPONSES TO SOCIAL EVALUATIVE THREAT
C.A. Riffin1, A.D. Ong1, J. Rothstein2, B. Uchino1, 1. Cornell University, Ithaca, New York, 2. University of Utah, Salt Lake City, Utah, 3. Yale University School of Medicine, New Haven, Connecticut

The effects of aging and loneliness on cardiovascular responses to the Trier Social Stress Test (TSST) were examined in 91 young (18-30 years) and 91 older (65-80 years) normotensive adults. Piecewise linear growth curve analysis was used to model group differences in resting, reactivity, and recovery levels of systolic blood pressure (SBP) and diastolic blood pressure (DBP). Replicating and extending prior research, analyses revealed age-related increases in resting SBP and DBP. Adjusting for demographics and health covariates, interactions were found for SBP in which loneliness differences in stress reactivity and recovery were greater in older than in younger adults. Findings provide further evidence that loneliness interacts with age to augment cardiovascular risk to social evaluative threat.

SOCIAL RELATIONS AND FORGIVENESS
T.C. Antonucci1, K. Ajrouch2, K.S. Birditt3, 1. Institute for Social Research, University of Michigan, Ann Arbor, Michigan, 2. Eastern Michigan University, Ypsilanti, Michigan

This study examines social relations and forgiveness. We examine the factors that predict forgiveness with a particular focus on social relations. Two hundred eleven telephone interviews have thus far been conducted with respondents from the Detroit metropolitan area. People were asked to identify their close personal relationships; i.e. who they felt close to and about the quality of their relationships. They were also asked a series of questions about forgiveness. Preliminary analysis indicates that network size was not related to feelings about forgiveness but that positive quality social relations was associated with more forgiving (r = .37; p < .001) and negative quality relationships with the expressed need for more forgiveness needed in the world (r = .17, p < .05). These preliminary data suggest that quality of social relations influence feelings of forgiveness. Additional analyses will further explore these associations and how they vary for three racial/ethnic groups.

SOCIAL RELATIONS AND FORGIVENESS
T. Antonucci, K. Ajrouch, K.S. Birditt, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

This study examines social relations and forgiveness. We examine the factors that predict forgiveness with a particular focus on social relations. Two hundred eleven telephone interviews have thus far been conducted with respondents from the Detroit metropolitan area. People were
asked to identify their close personal relationships; i.e. who they felt close to and about the quality of their relationships. They were also asked a series of questions about forgiveness. Preliminary analysis indicate that network size was not related to feelings about forgiveness but that positive quality social relations was associated with more forgiving (r = .37; p < .001) and negative quality relationships with the expressed need for more forgiveness needed in the world (r = .17, p < .05). These preliminary data suggest that quality of social relations influence feelings of forgiveness. Additional analyses will further explore these associations and how they vary for three racial/ethnic groups.

COREGULATION OF DAILY AFFECT IN PARENTS AND ADOLESCENTS WITH TYPE 1 DIABETES
C.A. Berg1, D.J. Wiebe1, P.S. King1, J. Butner1, J. Butler2, 1. Psychology, University of Utah, Salt Lake City, Utah, 2. University of Texas Southwestern Medical Center, Dallas, Texas

Families are regulating systems (Repetti et al., 2009), whereby the daily emotional experience of one member of the family is affected by another family member. We examined the co-regulation of daily negative (NA) and positive affect (PA) between mothers and fathers and their adolescent, who was dealing with type 1 diabetes. Two-hundred and seven adolescents (10.5 to 14.5 years old) with diabetes and their mothers and 162 fathers completed a diary for 14 days. Results indicated significant negative affect covariation between mothers and adolescents (b= .17, p < .01) and fathers (b = .07, p < .01) and adolescents, such that on days when adolescents experienced greater NA, mothers and fathers also experienced greater NA. Significant PA covariation was only found between mothers and their adolescents (b = .07, p < .01). Results are discussed within the literature on coregulation among families of healthy adolescents (Repetti et al., 2009) and moderators of these effects are explored.

SESSION 1875 (PAPER)

PHYSICAL FUNCTION

FUNCTIONALITY IN THE ELDERLY REDUCES THE FEAR OF FALLING AND ITS HARMFUL CONSEQUENCES
M. Machado, F. Carnide, V. Moniz-Pereira, H. André, F. Ramalho, A. Veloso, Biomechanics and Functional Morphology Laboratory, Faculty of Human Kinetics, Technical University of Lisbon, Cruz Quebrada, Portugal

PURPOSE: Fear of falling (FoF) is a common and potentially disabling problem among elderly. The purpose of this study was to determine FoF and its impact on the impediment of performing the activities of daily living (ADLs). METHODS: A cross-sectional study was designed to determine the effect of FoF and its consequences regarding perception of health (PH), falls prevalence (FP), physical activity (PA) and functional fitness (FF) among 211 Portuguese older adults (72.6 ± 6.6 yrs; 74.9% women). FoF, PH, PA and FP were assessed by questionnaires. FF was evaluated by field tests. Mann-Whitney and Chi-Square test were used to identify differences among PH, PA, FF, and FP according to FoF and how it affects the ADLs. Logistic regression analyzes (forward conditional) was performed. RESULTS: FoF was reported by 52.1% while associated activity impediment was observed only in 23.1%. Gender, PH, visual and hear health perception (VHP, HHP), chronic diseases, FP, medications and walking time are associated with both variables. For the outcome FoF, women, medications and VHP are risk factors, while balance score is a protective one. For the impediment outcome, medications and HHP also appears as risk factors, and balance score assumes again a protective role. CONCLUSION: Functionality seems to protect the elderly from FoF and its harmful impact in ADLs. Preventive efforts to engage older persons in an active lifestyle, especially by increasing walking and achieve good balance could have a positive effect on autonomy of the elderly and in quality of life in later years.

DO SEX, RACE AND PHYSICAL ACTIVITY MODIFY THE RELATIONSHIP BETWEEN OBESITY AND PHYSICAL FUNCTION IN OLDER ADULTS?
A. Fowler-Brown1, E. Marcanntonio2, C. Wee1, E. Newton2, L. Lipsitz1,2, S.G. Leveille3,1, Medicine, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2. Hebrew SeniorLife, Boston, Massachusetts, 3. University of Massachusetts, Boston, Massachusetts

With the rising burden of obesity in the aging population, differences based on sex, race and physical activity could distinguish groups most at risk for obesity-related disability in old age. In the population-based MOBILIZE Boston study, 744 adults aged ≥ 70 years attended baseline assessments to measure height and weight, SF-12 Physical Component Subscale (PCS), ADL disability and the Short Physical Performance Battery score (SPPB). Physical activity was assessed using the Physical Activity Scale for the Elderly (PASE). All measures were repeated at the 18-month assessment. We performed multivariable GEE modeling adding interaction terms to models to determine whether sex, race or physical activity modified the obesity-disability relationship. Both men and women with NHLBI class 2/3 obesity had lower SPPB scores compared with their non-obese counterparts (sex/obesity interaction p-value, 0.63). However, obesity was associated with PCS and ADL disability only in women (sex/obesity interaction p-values, 0.094 and 0.014, respectively). There were no racial differences in the relationship between obesity and any disability outcomes. Although obese persons who were physically active had better function than their sedentary counterparts, the relationship between obesity and ADL disability was strongest in physically active persons (PASE/obesity interaction p-value, 0.003). The inverse association between obesity and SPPB was similar across PASE levels. Older women were more susceptible to obesity-related disability than older men. Physical activity did not mitigate the detrimental impact of obesity on disability, suggesting that exercise interventions may need to include weight loss strategies to effectively reduce risk for disability in obese older adults.

BIRTH WEIGHT AS A DETERMINANT OF PHYSICAL FUNCTIONING IN OLDER AGE: FINDINGS FROM THE HELSINKI BIRTH COHORT STUDY
M. von Bonsdorff1, T. Rantanen1, J. Eriksson1,2, A. Fowler-Brown2, E. Marcantonio1, C. Wee1, E. Newton2, L. Lipsitz1,2, 1. Health Sciences, Gerontology Research Centre, University of Jyväskylä, University of Jyväskylä, Finland, 2. University of Helsinki, Helsinki, Finland, 3. National Institute for Health and Welfare, Helsinki, Finland, 4. Vasa Central Hospital, Vasa, Finland

Objective. We investigated the association between birth weight and physical functioning in 57- to 70-year-old persons. Methods. The longitudinal data include 2003 participants (46.3% men) who belong to the Helsinki Birth Cohort Study born between 1934 and 1944 and who participated in a clinical study at the mean age of 61 years. Physical functioning was assessed with 10 items from the Short Form-36 questionnaire. The summary scores were dichotomized into lowest tertile vs. the two highest tertiles. Birth weight and weight at 1 year were retrieved from the hospital birth records and child welfare clinic records. Results. Among men, compared to those who weighed 3.0-3.5 kilograms (kg) at birth, the age-adjusted risk for low physical functioning in older age was 3.01 (95% CI 1.48-6.12) times higher among those weighing less than 2.5 kg, 1.79 (95% CI 1.22-2.97) for those weighing 2.5-3.0 kg and 1.90 (95% CI 1.13-3.82) for those weighing over 4 kg at birth. Adjustment for later life height, weight, occupation, smoking, physical activity and alcohol use increased the risk of lower physical functioning for those with low birth weight but attenuated the risk for those weighing more than 4 kg compared to those weighing 3.0-3.5 kg at birth. Among women, low birth weight did not correlate with physical functioning at
the mean age of 61 years. Conclusions. Physical functioning seems to be programmed during prenatal life. Low and high birth weight increase the risk of lower physical functioning in old age but the underlying mechanisms might differ.

DETERMINANTS OF SIT TO STAND PERFORMANCE IN OLDER PERSONS
N. Desphande1, F. Zang2, E. Metter2, J.M. Guralnik3, L. Ferrucci1, 1. School of Rehabilitation Therapy, Queen’s University, Kingston, Ontario, Canada, 2. National Institute on Aging, Baltimore, Maryland, 3. National Institute on Aging, Bethesda, Maryland

Inability to rise quickly from a sitting position is associated with institutionalization and an increased risk of falling in community-living older persons. We examined the sensorimotor and psychosocial determinants of sit-to-stand (STS) performance in older persons. 1,004 community-living elderly (age 73.8±7.0, 556 females) participated. They were asked to stand up from a sitting position 5 times as quickly as possible (5STS), without using hand support. Participants’ Cumulative Somatosensory Impairment Index (CSII), Visual acuity and contrast sensitivity, quadriceps strength, lower limb coordination (heel-shin test), cognition, depressive symptoms, personal mastery, social support, years of education and demographics (age, sex, BMI) were recorded. Fifty-seven participants could not stand up without hand support. For those who completed 5STS (n=927), multiple linear regression revealed that, in the order of weighting, lower limb coordination, quadriceps strength, personal mastery and BMI were significant independent predictors of time for 5STS. The odds ratios from binary logistic regression showed that lower limb coordination measured using the clinical heel-shin test is a much stronger determinant of the time required for 5STS. Poor limb somatosensory function, and not lower limb strength, is the strongest predictor of the inability to stand up without hand support. BMI and personal mastery are, possibly, strong modulator of STS performance. Further studies should investigate causal relationships.

PHYSICAL PERFORMANCE AND CARDIOVASCULAR DEATH IN A GENERAL POPULATION OF OLDER JAPANESE
S. Shinkai1, Y. Fujiwara1, H. Yoshida1, M. Nishi1, H. Murayama1, Y. Taniguchi1, H. Yoshida1, T. Suzuki1, 1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. National Center for Geriatrics and Gerontology, Obu, Japan

Physical performance, especially walking speed, is a good predictor of total mortality in the elderly. However, little is known about the relationship between physical performance and causes of death. 1,048 initially non-disabled older adults aged 65-89 who lived in two communities in Japan undertook three performance tests (usual walking speed, grip strength and one-leg standing with eyes open). They were followed for 8 years. Mortality was categorized into three major causes of death (cancer, cardiovascular disease and others). The Cox proportional hazard model was applied for determining independent associations between respective physical performance and causes of death, controlling for demographics, conventional mortality risk factors (medical history, alcohol drinking and smoking status, BMI, Hb, Alb, HbAlc, total and HDL-cholesterol, systolic BP), and renal function (proteinuria, eGFR, cystatin C) and inflammation measures (WBC, CRP, TNF-α, IL-6). During a median follow-up of 7.7±5.9 years, cancer, 83 cardiovascular and 73 other causes mortality occurred. All three performances were strongly associated with cardiovascular mortality and other causes mortality. As compared with individuals having the highest tertile of usual walking speed, grip strength or one-leg standing, those having the lowest tertile of respective performance showed adjusted hazard ratios of 1.46-5.82) for cardiovascular mortality, respectively. Physical performance is a strong predictor for cardiovascular death in a general population of older Japanese, independent of conventional mortality risks, renal function and inflammation measures. The investigation of potential mechanisms is warranted for future study.

SESSION 1880 (PAPER)

TECHNOLOGY AND HEALTH

ENHANCING GERIATRIC FALL RISK ASSESSMENT WITH WEARABLE MOTION SENSOR DATA
M. Marschollek1, M.D. Schulze1, M. Gietzelt2, K. Wolf2, G. Nemitz3, H. Meyer zu Schwabedissen1, 1. Peter L. Reichertz Institute for Medical Informatics, Hannover Medical School, Hannover, Germany, 2. University of Braunschweig - Institute of Technology, Braunschweig, Germany, 3. Braunschweig Medical Center, Braunschweig, Germany

Falls and their consequences constitute a significant factor in morbidity and mortality. Accurate fall risk assessment plays a significant role in targeting preventive measures in order to reduce the number of falls. The aim of our research work is to examine whether self-reported activity and objective motion data obtained with a wearable triaxial accelerometer during a Timed Up&Go test (TUG) and a 10m walk can enhance the predictive accuracy of conventional fall risk assessment. A sample of 46 geriatric inpatients was followed up for one year after performing the above-mentioned tests and undergoing conventional geriatric assessment using the STRATIFY score, Barthel index and TUG. Based on these data and employing a ten-times tenfold cross-validation procedure, predictive accuracy was computed for two classification tree models, one based on conventional tests alone and one using additional motion parameters derived from sensor data and the overall activity level. The results show that the model based on all data performs better than the one based on conventional assessments tests: sensitivity 87%/83%, specificity 95%/79%, PPV 78%/79%, NPV 96%/85%, Cohen’s kappa 0.74/0.59. While the generalizability of our results is limited due to the small sample size, we may conclude that triaxial accelerometry data and self-reported activity can be used to enhance the predictive accuracy of conventional fall risk assessment data.

REMOOTELY DETECTED ACTIVITY CHANGES IN OLDER ADULTS DURING A NOROVIRUS EPIDEMIC
J. Kaye1,2, N.C. Mattek1,2, I. Campbell1,2, S. Maxwell1,2, T. Hayes1,2, D. Austin1,2, W. Hart1,2, M. Pavel1,2, 1. Oregon Health & Science University, Portland, Oregon, 2. Oregon Center for Aging & Technology, Portland, Oregon

To identify how pervasive computing environments may detect changes in activity patterns due to acute illnesses. The Intelligent Systems for Assessing Aging Changes (ISAAC) study is a longitudinal community cohort study that has deployed an unobtrusive home-based remote health and activity assessment platform in the homes of 225 older adults in Portland, OR. In March 2010 residents of an ISAAC participating retirement community were quarantined for a norovirus outbreak. This circumstance provided a naturally occurring opportunity to prospectively determine individual differences in patterns of activity during the viral outbreak. We compared within-subject computer usage (mean time on computer/day and # of days on computer), time out of the house and room-to-room transitions for a pre-quarantine period of 18 days to the 18-day period during quarantine for 40 participants. Subjects were mean age 84 years; 75% women. Five of the 40 reported being ill with the virus. We detected within-subject changes in all four activity measures using unobtrusive in-home activity monitoring. Subjects spent more time on the computer/day during the quarantine as compared to prior (p<0.001). Subjects spent more time at home during the quarantine and the median number of room-to-room transitions was higher except in those who became ill. Using this community epidemic
as a case study, we were able to detect significant within-subject differences in several measures of in-home activity using this assessment platform. Refinement of prediction algorithms may allow for early detection or close surveillance of illness or epidemics at the small community level using this approach.

**USING GPS TO ENHANCE OUR UNDERSTANDING OF MOBILITY IN OLDER ADULTS**

D.E. Rosenberg, B. Belza, University of Washington, Seattle, Washington

Purpose: 1) describe the use and acceptance of the Global Positioning System (GPS) in a study of built environment impacts on aging adults’ mobility; and 2) describe opportunities for applying GPS methodology to other aging populations. Methods: We used a mixed methods approach. Participants over 50 years old with mobility disabilities (i.e. use an assistive device to ambulate) carried GPS (Q-Starz BT-Q1000XT) devices for 2 week days and 1 weekend day. The maps generated from the GPS devices were used to prompt recall during home-based in-depth interviews about destinations, transportation modes, and built environment barriers and facilitators. Data from the GPS will be uploaded to the Physical Activity Location Measurement System (PALMS) in order to derive quantitative data. Results: To date, 24 older adults with mobility disabilities have been recruited; 8 have worn GPS devices in their neighborhood and been interviewed. All participants have found the GPS units acceptable to use. No technical problems have been reported. The generated maps are successfully being used to better understand mobility patterns in this population. One theme from the interviews is the importance of access to transportation to obtain services and participate in community activities. By July 2011 we will have enrolled 40 participants and have data uploaded to the PALMS. Conclusions: The GPS has the potential to expand our understanding of mobility patterns, choices, frequency, barriers and facilitators of mobility in aging populations including those with mobility disabilities.

**FIELD MEASUREMENTS OF CIRCADIAN LIGHT EXPOSURES, ACTIVITY LEVELS, MELATONIN CONCENTRATIONS, AND DEGREES OF CIRCADIAN ENTRAINMENT IN OLDER ADULTS**

M. Figueiro, P. Higgins, T.R. Homick, M.S. Rea, 1. Lighting Research Center, RPI, Troy, New York. 2. Case Western Reserve University, Cleveland, Ohio

Aims: Failure to entrain to a regular 24-hour cycle of light and dark may contribute to poor sleep efficiency and consolidation in older adults. Circadian-effective light and circadian entrainment have not been widely measured in the field, so clinicians may have limited confidence in prescribing light treatments to improve sleep quality. The goal of this study was to measure circadian light, activity and circadian entrainment in older adults. Methods: 18 healthy adults 65 and older with no reported sleep problems wore 4 calibrated light and activity measurement devices, one located near the plane of the cornea to measure light entering the eye (the Daysimeter) and three others (Dimesimeters) worn as a pin, a pendant, an attachment to speculate, or a wrist-watch. Saliva samples were collected every 4 hrs for melatonin assays. Analyses: The Daysimeter and Dimesimeter measured the patterns of circadian light exposure and activity, which together with melatonin levels, provided a measure of circadian entrainment using phasor analysis. Results: In sharp contrast to persons with Alzheimer’s disease, this population received sufficient, regular circadian light exposures to maintain good circadian entrainment as shown by the phasor analysis. Despite differences in the amount of activity and circadian light exposure, all devices provided similar phasor magnitudes and angles. Conclusions: The field-deployable devices and methods used here can be used to quantify circadian entrainment. The next step will be to determine if field-measured circadian disruption is related to sleep disturbances in older adults. Support: U01DA023822, R01AG034157.

**FEASIBILITY OF INTEGRATING THE USE OF REGIONAL HEALTH INFORMATION ORGANIZATION FOR A VA-BASED CARE TRANSITION INTERVENTION**

W.W. Hung, B. Morano, K. Boockvar, I. Health Services Research and Development Research Enhancement Award Program and the Geriatrics Research, Education, and Clinical Center, James J. Peters Veterans Affairs Medical Center, Bronx, New York. 2. Department of Geriatrics and Palliative Medicine, Mount Sinai School of Medicine, New York, New York

Older veterans often use both VA and non-VA care, which may lead to care fragmentation and increase risk for adverse outcomes, particularly during hospitalizations. Regional Health Information Organizations (RHIO), which are regional electronic medical record systems, have the potential to bridge information gap between health systems. Objectives: This is a pilot study to determine the feasibility and effectiveness of using RHIO to support a care transition intervention (CTI) for older veterans discharged from non-VA hospitals. Methods: Patients aged 65 and over who utilized both VA and non-VA health systems in the previous 2 years were enrolled. Bronx RHIO alerted the VA care transitions team when patients were admitted to non-VA hospitals; CTIs, which contained components of patient education and empowerment, were delivered after discharge. Goals of CTIs were to reduce rehospitalizations and improve satisfaction during transitions. Process outcomes of RHIO utilization, including accuracy of notification and retrieval of clinical information, were measured. Results: 60 male patients, with mean age of 80.3 (SD 7.1), 47% white, 80% with ≥3 chronic diseases, were tracked on RHIO for a mean duration of 167 days (SD 81 days). Patients had a total of 25 hospitalizations (0.9 events per patient-year), 14 (56%) were non-VA events (0.5 per patient-year); 7 CTIs were delivered. RHIO delivered timely notification of all non-VA events, except one delay due to mismatch on birth-date. Conclusion: Early experience suggests that RHIO can provide real-time notification to VA providers of non-VA hospitalizations, and can be used to improve care transitions across health systems.

**SESSION 1890 (SYMPOSIUM)**

**IN-DEPTH INVESTIGATION OF HEALTHY AND UNHEALTHY LIFESTYLES AND DETERMINANTS IN OLDER ADULTS**

Chair: M. Visser, Health Sciences, VU University Amsterdam, Amsterdam, Netherlands. VU Medical Center, Amsterdam, Netherlands

Discussant: S.B. Kritchevsky, Wake Forest School of Medicine, Winston-Salem, North Carolina

A healthy lifestyle includes a diet rich in fruits and vegetables, moderate – and only moderate- alcohol consumption, regular exercise and no smoking, and contributes to good health and functioning in old age. Unfortunately, many older people do not adhere to these criteria. In this symposium we zero in on the prevalence, trajectories and determinants of lifestyle behavior. Empirical data from the Longitudinal Aging Study Amsterdam will be presented. This study has established a follow-up of over 16 years, with broad information about lifestyles and social, emotional, cognitive and physical determinants of lifestyle behavior. After a short introduction by the chair, C. Dijkstra will focus on the adherence to the fruit, vegetable and fish consumption guidelines. Which older persons do adhere to these guidelines and what are the characteristics of persons who overestimate their intake? The second presentation by M. Huisman will discuss smoking behavior in older persons and how this changes over time (within persons). Characteristics of smokers will be presented as well as information about the intention to quit. In a third presentation H. Comjs will focus on alcohol consumption, the prevalence and determinants of excessive drinking and its change over time. The final presentation by M. Visser will discuss sedentary and physical activities of older persons and their interplay. The deter-
DETERMINANTS OF SEDENTARY AND PHYSICAL ACTIVITY IN OLDER PERSONS

M. Visser, 1. Health Sciences, VU University Amsterdam, Amsterdam, Netherlands. 2. VU Medical Center, Amsterdam, Netherlands

Our aim was to investigate the association between self-reported sedentary and physical activity in older persons and their determinants. We included 1421 persons aged 60-100 years, participants of the 2008/09 wave of the Longitudinal Aging Study Amsterdam. Sedentary (SA) and physical activity (PA) were measured using validated questionnaires. Mean SA time was 10.8 (SD 5.6) and PA time 2.4 (1.6) h/d. SA was not correlated with PA (Spearman’s rho -0.01, p=0.78). Obesity and older age were associated with more SA and less PA. Higher education, male gender and underweight were associated with less SA and PA. Current smoking and excessive alcohol use were associated with more SA only, while mobility limitations and poor mobility performance were associated with less PA. An unhealthy lifestyle correlated more strongly with SA than PA. Poor functional status negatively affected PA only. These results support that high SA and low PA are two different concepts.

ADHERENCE TO DIETARY GUIDELINES AND MISPERCEPTION IN DUTCH OLDER ADULTS

S. Dijkstra, M. Visser, VU University, Amsterdam, Netherlands

This study investigated the adherence to the dietary guidelines for fruit, vegetables and fish and the degree of misperception in older Dutch adults. Cross-sectional data of the Longitudinal Aging Study Amsterdam of 1058 older adults (65-80 year, independently living, good cognitive function) are presented. Dietary intake was assessed by a food frequency questionnaire in 2007. Guidelines for fruit, vegetable and fish were met by respectively 82.5%, 65.1% and 31.7% of the older adults and less often in men and lower educated older adults. Misperception (=overestimation) was most common with regards to the vegetable guideline (24.1%) and occurred more frequently in men and the lower educated. This study indicates that adherence to the dietary guidelines can be improved and misperception is present among older Dutch adults. Attention towards education level and gender in nutrition promotion programs for older adults may potentially increase their effectiveness.

LONG-TERM PATTERNS AND DETERMINANTS OF SMOKING BEHAVIOUR IN DUTCH OLDER ADULTS

M. Huismans, M. Visser, D.J. Deeg, VU University Medical Center, Amsterdam, Netherlands. 2. VU University, Amsterdam, Netherlands

Background. Current older adults in the Netherlands and many western countries have been highly exposed to lifetimes of smoking behaviour. Do these older adults still quit smoking once they reach old age? What are their attitudes with regards to smoking? And what are the determinants of their smoking behaviour? Methods. We investigated these questions in data from the Longitudinal Aging Study Amsterdam (LASA), a longitudinal study of Dutch men and women aged 55-85 years in 1992. A follow-up on smoking behaviour was obtained of 16 years. Results. More than half of older men and women aged 75+ years in 2008 had quit smoking at some point during 16 years of follow-up. Unfavourable smoking behaviour was associated with psychological disadvantage (more depressive symptoms, more loneliness) and having no partner. Conclusion. Older adults still often succeed at quitting smoking. There may be a disadvantaged group of smokers needing more help with quitting.

ALCOHOL USE IN OLDER PERSONS

H.C. Comijs, D.J. Deeg, 1. Psychiatry, GGZinGeest/VUMC, Amsterdam, Netherlands. 2. VU University Medical Center, Amsterdam, Netherlands

The aim of the present study was to investigate the prevalence and changes in alcohol use among older persons within a time frame of 12 years. Data was used from the Longitudinal Aging Study Amsterdam, an ongoing population-based prospective cohort study among persons initially aged 55 to 85 in the Netherlands. Mild alcohol use was defined as 1-2 glasses per day for women and 2-3 glasses per day for men. The results showed that about 72% of the elderly were mild alcohol users, whereas 13.4% were severe drinkers. Severe alcohol use was more common among the younger age group (< 75 yrs) and among women (22.2%). With increasing age and increasing mental and physical health problems, alcohol use decreases or is completely stopped. The results showed an increase in mild and severe alcohol use over a period of twelve years. This increase seems to be related to social behavior.

SESSION 1895 (SYMPOSIUM)

LOW VISION REHABILITATION FOR OLDER ADULTS: REVIEW AND RECOMMENDATION

Chair: S. Berger, Occupational Therapy, Boston University, Boston, Massachusetts

There are 2.4 million Americans suffering from low vision. Age-related vision loss is the main cause of low vision which has a profound impact on older adults’ lifestyle and quality of life. To help researchers and health care professionals face the challenge of vision loss in older adults, this symposium will present the results of four systematic reviews of the literature that examine effects of various rehabilitation interventions. The systematic reviews focus on four areas critical to daily performance and participation of older adults with low vision: 1) reading ability, 2) activities of daily living and instrumental activities of daily living, 3) social and leisure participation and 4) driving and community mobility. This symposium is a partnership between the American Occupational Therapy Association and three academic institutes. Specific findings from each review project will be presented along with implications for practice, education and research.

EVIDENCE REVIEW OF THE EFFECT OF LOW VISION REHABILITATION ON IMPROVING INDEPENDENCE IN DAILY ACTIVITIES FOR OLDER ADULTS

C. Liu, M. Brost, V. Horton, K. Mears, S. Kenyon, Indiana University at Indianapolis, Indianapolis, Indiana

Age-related vision loss is associated with limitations in daily activities and high rates of depression. The condition is irreversible so that rehabilitation often focuses on using remained vision and learning compensation strategies to increase independence. The purpose of this review is to examine effects of low vision rehabilitation on daily activities in order to provide impetus for translating research findings into practice, and to draw implications for future studies and education. Studies were searched and screened from multiple electronic databases. Studies published between 1990 to 2010 and rated at the evidence level III or above were included. The review yielded 18 trials (Level I evidence = 9, Level II evidence = 5, level III evidence = 4). A strong effect was found in studies that applied: a multi-component education program, a multi-disciplinary team service, or multiple intervention sessions.

LEISURE AND SOCIAL PARTICIPATION: INTERVENTIONS FOR OLDER ADULTS WITH VISUAL IMPAIRMENT

J. Kaldenberg, S. Berger, K. Scheier, J. McAteer, 1. New England Eye Institute, Boston, Massachusetts. 2. Boston University, Boston, Massachusetts

Leisure and social participation is not just fun and games it is essential for health and well-being. A limitation in participation can lead to
social isolation and loneliness, depression, and decreased life satisfaction. This presentation will present results from a systematic review of the literature related to interventions that address leisure and social participation for older adults living with vision loss. Results show providing interventions aimed at improving lighting, problem solving strategies, and a combination of low vision services is helpful in maintaining leisure and social participation. In addition, more research is needed to develop specific leisure and social participation outcome measures as well as increased research focusing on leisure and social participation outcomes which have clear definitions. As our population ages we will need geriatric practitioners who understand the unique needs of older adults living with vision loss and its impact on leisure and social participation.

IMPROVING THE READING ABILITY OF OLDER ADULTS WITH LOW VISION: A SYSTEMATIC LITERATURE REVIEW

S. Smallfield, K. Schaefer, A. Myers, Occupational Therapy, The University of South Dakota, Vermillion, South Dakota

Low vision is recognized as a significant, growing health concern in the older adult population. It can be detrimental to health because it impairs the reading necessary for the performance of numerous daily activities. Older adults with low vision are commonly prescribed optical, non-optical, and electronic magnifying devices and are trained to use those devices to aid in reading performance. The purpose of this presentation is to discuss the findings of a systematic literature review designed to evaluate the available evidence regarding the effectiveness of interventions for improving the reading ability of older adults with low vision. The findings of this review suggest that there is scientific evidence to support several types of intervention for improving the reading performance of adults with low vision and it solidifies the role of occupational therapy as a part of a multidisciplinary approach to low vision rehabilitation.

DRIVING AND COMMUNITY MOBILITY: A SYSTEMATIC LITERATURE REVIEW OF EFFECTIVE LOW VISION INTERVENTIONS FOR OLDER ADULTS


OBJECTIVE: To review the evidence for the effectiveness of interventions within the scope of occupational therapy practice to improve the driving performance and community mobility of older adults with low vision. METHODS: A systematic review of the literature was conducted to evaluate the evidence pertaining to low vision interventions for driving and community mobility for older adults. RESULTS: Initial database search yielded 973 abstracts. Ninety-six abstracts were identified for full text retrieval. Thirty articles met the inclusion criteria and summarized for evidence. CONCLUSION: Variability of interventions (remediation, compensation) and driving/community mobility outcomes (crash risk, performance) specific to older adults with low vision resulted in limited evidence. Further research is needed with this population utilizing reliable and valid outcomes for driving and community mobility.

SESSION 1900 (SYMPOSIUM)

NEW FINDINGS OF FEAR OF FALLING PROGRAMS: INPUT FOR AN IMPROVED LIFESPAN?

Chair: G.L. Kempen, Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands
Co-Chair: G. Zijlstra, Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands
Discussant: A. Jette, Boston University, School of Public Health, Boston, Massachusetts

Several reviews of the literature have shown that a variety of programs reduce fear of falling or related concepts, such as concerns about falling, balance confidence, and fall-related efficacy. In this symposium we focus on prevention programs that are either explicitly or implicitly aimed to manage fear of falling, i.e. measuring fear of falling as primary or secondary outcome. However, in view of this year’s theme ‘Lifestyle → Lifespan’ we broaden our perspective and will also report on other program outcomes, such as activity engagement, disability and program benefits reported by participants. Knowledge about a program’s effects on multiple outcomes is important for future decisions regarding the implementation of programs. During this symposium researchers from the US, Switzerland and the Netherlands will present new data on the multiple effects of different programs, i.e. outcomes of a meta-analyses on fall-related efficacy and activity engagement, outcomes of a fear of falling and health coaching program on fear of falling and mobility, the role of control beliefs and concerns about falling in disability outcomes after a fear of falling program, perceived benefits of participants and facilitators of a fear of falling program, and the effects of gait training with high tech shoes on fear of falling and gait performance. Our discussant from the US will reflect on the presentations and will facilitate a discussion with the audience on-site.

THE RELATIONSHIP BETWEEN FALL-RELATED EFFICACY AND ACTIVITY ENGAGEMENT IN COMMUNITY-DWELLING OLDER ADULTS: RESULTS FROM A META-ANALYSIS

S. Schepens¹, A. Sen², J. Painter³, S.L. Murphy¹, ¹. University of Michigan, Department of Physical Medicine & Rehabilitation, Ann Arbor, Michigan, 2. Geriatric Research Education and Clinical Center, Veterans Affairs Ann Arbor Health Care System, Ann Arbor, Michigan, 3. University of Michigan, Department of Family Medicine, Ann Arbor, Michigan, 4. University of Michigan, Department of Biostatistics, Ann Arbor, Michigan, 5. East Carolina University, College of Allied Health Sciences, Occupational Therapy Department, Ann Arbor, Michigan

OBJECTIVE: Fear of falling can lead to restricted activity, but little is known about how fear affects different aspects of community-dwelling older adult’s lives. The study’s aim was to examine the relationship between fall-related efficacy (confidence or belief in performing activities without losing balance or falling) and activity and participation. METHOD: Meta-analysis of studies comparing community-dwelling older adults’ fall-related efficacy to measures of activity or participation. RESULTS: From 20 cross-sectional and prospective studies, a strong positive relationship between fall-related efficacy and activity was found (r=0.528). An insufficient number of studies examining fall-related efficacy and participation were available for analysis. CONCLUSION: Low fall-related efficacy may be an important barrier to activity engagement for many older adults which warrants careful consideration by rehabilitation practitioners. Future research should explore interventions that target fall-related efficacy and examine such interventions’ effects on activity performance and participation.

ACTIVITY OUTCOMES AFTER A FEAR OF FALLING INTERVENTION

H. Lach, Saint Louis University, St. Louis, Missouri

This pilot study tested an intervention to help older adults develop realistic appraisals of falls, and maintain/increase appropriate activity levels. The intervention group (n=40) participated in the Matter of Balance class compared to a control (n=20) who participated in an alternate health class. The groups were similar at baseline for age (mean 79.34±6.1), chronic conditions (5.7±2.9) and falls efficacy international scores (28±7.8) and activity measures except the control group had more demand-leisure activities and the intervention group had faster TUG scores (13.28±7.1 vs 10.38±3.1). At the completion of the class, the intervention group showed greater improvements on the SF-12 physical/mental health scores and exercise minutes than the control group, although both groups improved. There were no significant differences, or changes
DISABILITY AFTER A SELF-MANAGEMENT PROGRAM: THE ROLE OF CONTROL BELIEFS AND CONCERNS ABOUT FALLING

G. Zijlstra1, J.C. van Haastregt1, T. Amgerden3, G.I. Kempen1, Maastricht University, School for Public Health and Primary Care, Maastricht, Netherlands.

Results of an RCT showed the effectiveness of a multifaceted cognitive behavioral program on concerns about falling, daily activity, and recurrent falls in community-living older people. The present study explored the program effects on disability and the contributions of changes in control beliefs and concerns about falling herein. The sample comprised 540 community-living older people randomly allocated to the intervention (n=280) or control (n=260) group. Mixed-effects regression analyses showed that participants in the intervention group reported reduced disability at 2, 8 and 14 months (adjusted mean differences: -0.52 (p<.05), -0.78 (p<.05), and -0.60 (p=.07), respectively). Small to moderate significant intervention effects were shown on control beliefs and concerns about falling. These variables, including other psychosocial variables, contributed largely (i.e., 70 to 97%) to the intervention effects on disability. This indicates that positive changes in control beliefs and concerns about falling may be important to reduce disability in older people.

COMPARING PARTICIPANTS’ AND TRAINERS’ PERCEPTIONS ON BENEFITS OF A CONCERNS ABOUT FALLING PROGRAM

T. Dorrestijn1, G. Zijlstra1, J.C. van Haastregt1, J. Vlaeyen2,3, G.I. Kempen1, 1. Maastricht University, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands, 2. University of Leuven, Research Group Health Psychology, Leuven, Belgium, 3. Maastricht University, Department of Clinical Psychological Science, Maastricht, Netherlands.

This study compares the perceptions of participants and facilitators regarding participant’s benefits from a multicomponent cognitive-behavioral in-home program to manage concerns about falling. Data on perceived benefits regarding 11 program goals (during an RCT) were collected from 113 intervention participants. Additionally, nine program facilitators reported their opinion on the program’s benefits for each participant they supervised. Participants perceived more program benefits when compared to the opinion of the facilitators. To illustrate, more participants indicated that they were less concerned to fall (62% of the participants vs. 48% of the facilitators, that they had increased self-confidence (72% of the participants vs. 61% of the facilitators, and that they became more physically active (69% of the participants vs. 65.4% of the facilitators). Perceived program benefits were similar between participants and facilitators regarding avoiding fewer activities, i.e. 40%. To conclude, participants were slightly more positive about perceived benefits of the program than facilitators.

SMILING RANDOMIZED TRIAL: GAIT PERFORMANCE AND FALLS-EFFICACY AFTER TRAINING WITH CHAOTIC PERTURBATIONS

C. Bula1, I. Melzer2, F. Marcellini3, V. Gabor6, R. Papa1, C. Hoskovc4, M. Belokopytov6, S. Bar Haim1, 1. University of Lausanne Medical Center, Lausanne, Switzerland, 2. Ben-Gurion University of the Negev, Beer-Sheva, Israel, 3. Italian National Research Institute on Aging (INRCA), Ancona, Italy, 4. Geriatric center of St. Luke’s Kosice, Slovakia, 5. Assad Harofeh Medical Center, Tel Aviv, Israel, 6. Step Of Mind, Ltd, Tel Aviv, Israel.

Objective: To determine whether a training program with high tech (“SMILING”) shoes inducing chaotic perturbations enhance gait performance and falls-efficacy in older persons. Methods: Participants (N=97, aged ≥65 y at risk for falls) were initially randomised to active (“SMILING”) or inactive (“dummy”) shoes for 4 weeks of training (biweekly 30-minutes sessions with walking tasks of increasing difficulties). After a 1-week wash-out period, subjects exchanged shoes and completed 4 additional weeks of training. Assessments were performed at baseline, weeks 4, and 8, and included measures of gait performance and falls-efficacy. Results: Sixty-six participants (mean age 72.5±6.2, 80.3% women, 23.6% multiple fallers) completed the training program. Although participants improved in several gait parameters and falls-efficacy after completing the training program, there was no significant difference between periods of training with and without chaotic perturbations. Conclusions: Training with chaotic perturbations might require more intensive programs to achieve improvement in gait performance and falls-efficacy.

SESSION 1905 (SYMPOSIUM)

REP SYMPOSIUM - OPTIMIZING HEALTHY BEHAVIORS TO MAXIMIZE LIFESPAN: INTERSECTIONS OF RESEARCH, EDUCATION, AND PRACTICE

Chair: D. Bakerjian, School of Nursing, University of CA, Davis, Sacramento, California
Co-Chair: T. Monroe, Vanderbilt University, Nashville, Tennessee
Discussant: D. Bakerjian, School of Nursing, University of CA, Davis, Sacramento, California.

Historically, much of the research on older adults has focused on illness and pathophysiology. Recently, there has been a greater focus on health and aging. Symposium speakers will present information on exercise, alcohol use, and mild cognitive impairment in aging from the research, education and practice perspectives. Dr. Moore will discuss the epidemiology of alcohol use in older adults, recommended drinking limits, age-related factors that affect alcohol risks, data on alcohol’s benefits and risks, elder-specific issues in alcohol risk and methods for identifying unhealthy drinking in older adults are discussed in this seminar. Healthcare professionals often fail to ask older adults about their alcohol intake. Improved knowledge of these factors will facilitate their ability to properly educate their aging patients in the risks and benefits of alcohol intake. Alcohol has benefits and risks for older adults depending on amount of alcohol use, co-morbidity and medication use. The most effective way to ascertain risks and benefits is to ask about alcohol use.

BENEFITS AND RISKS OF ALCOHOL USE IN HEALTHY AGING

A.A. Moore, University of CA, Los Angeles, Los Angeles, California

Alcohol has long been a controversial issue and the risk factors, benefits and prevalence of alcohol intake in older adults is poorly understood. The epidemiology of alcohol use in older adults, recommended drinking limits, age-related factors that affect alcohol risks, data on alcohol’s benefits and risks, elder-specific issues in alcohol risk and methods for identifying unhealthy drinking in older adults are discussed in this seminar. Healthcare professionals often fail to ask older adults about their alcohol intake. Improved knowledge of these factors will facilitate their ability to properly educate their aging patients in the risks and benefits of alcohol intake. Alcohol has benefits and risks for older adults depending on amount of alcohol use, co-morbidity and medication use. The most effective way to ascertain risks and benefits is to ask about alcohol use.

ENGGING OLDER INSTITUTIONALIZED RESIDENTS IN EXERCISE ACTIVITIES

B. Resnick, University of Maryland, Baltimore, Maryland

It has been well established that older adults in residential settings engage in insufficient amounts of exercise. Further we have established that factors influencing exercise are comprehensive and best delineated using a social ecological model (SEM). Our Function Focused Care Intervention (FFC), guided by a SEM, has been used across a variety of settings to demonstrate that this approach helps to increase time in
exercise among those living in the sites. FFC is a philosophy of care in which all residents are encouraged and helped during routine care interactions to increase time spent in function and exercise. The intervention is implemented by a Function Focused Care Nursing and incorporates four components: (I) Environment and Policy/Procedure Assessments; (II) Education; (III) Developing Function Focused Goals; and (IV) Mentoring and Motivating. This session will provide findings from our multiple studies implementing FFC Interventions in nursing homes and assisted living facilities.

SUPPORTING OPTIMAL COGNITIVE AGING INDIVIDUAL SYMPOSIUM ABSTRACT

J. Ellison, McLean Hospital, Belmont, Maine

Changes in cognition that predictably accompany normal aging differ both quantitatively and qualitatively from the cognitive changes associated with the diagnosable cognitive disorders of Mild Cognitive Impairment or Dementia. No medication has been shown to improve the course of Mild Cognitive Impairment, and the cognitive benefits of pharmaceutical agents used to treat dementia have been regarded as modest. Nonetheless, while we await more effective medication approaches, physicians can encourage management of age-associated chronic medical conditions and promote healthy lifestyle choices in middle age and beyond that have been associated with decreased risk of subsequent cognitive decline. This presentation will describe the cognitive changes associated with normal aging, differentiate these from Mild Cognitive Impairment and Dementia, and review the evidence supporting beneficial effects of medical disease management, physical activity and exercise, nutritional management, cognitive stimulation, and stress reduction.

SESSION 1910 (SYMPOSIUM)

WALKING IN LATER LIFE: CURRENT “BEST EVIDENCE” FOR CLINICAL PRACTICE

Chair: M. Lusardi, Physical Therapy & Human Movement Science, Sacred Heart University, Middletown, Connecticut

The ability to walk is much more than a key functional task in later life. Tracking an older adult’s usual self selected and fast walking speeds (SSWS, FWS) provides important predictive information about overall health as well as functional status. Many health professionals do not regularly measure walking speed, however, missing the opportunity to use this powerful and meaningful measure in their clinical decision making. We propose that walking speed is indeed a vital sign that can be quickly and accurately measured. As a vital sign, SSWS should be part of physical therapy and medical examination. Speakers will synthesize evidence from epidemiological and clinical research to present a practical model for clinical examination and outcome measurement in geriatric wellness and rehabilitation programs.

DO WE RECOGNIZE THAT WALKING SPEED IS A VITAL SIGN?

S. Studenski, School of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania

A good “vital sign” serves as a key indicator of health and disease, can evaluate efficacy of interventions, and is simple to use, understand, and interpret. Self selected walking speed (SSWS) certainly meets these criteria. This presentation reviews converging evidence that SSWS not only predicts important health outcomes (i.e., overall survival, risk of hospitalization, discharge destination following hospitalization, risk of functional decline among others), but also burden of comorbidity and impact of medical and rehabilitation intervention. A SSWS of less than 1.0 m/sec should trigger further examination and differential diagnosis to identify modifiable contributors to slow walking should be undertaken. Those walking less than .6 m/sec are particularly vulnerable to adverse health outcomes. We challenge physical therapists and other health professionals to routinely measure SSWS for all older adults in their care.

USING WALKING SPEED IN CLINICAL PRACTICE: WHAT DO THE NUMBERS MEAN?

M. Lusardi, Physical Therapy & Human Movement Science, Sacred Heart University, Middletown, Connecticut

Measuring self-selected walking speed (SSWS) is clinically feasible, requiring only a stopwatch and a 6m area to walk. SSWS can be measured in all practice settings: inpatient, outpatient, wellness clinics, subacute and long term care, assisted living, and in the home. SSWS is more informative than use of assistive device, need for physical assistance, or distance walked as an evaluation tool and outcome measure for physical therapy interventions. Once SSWS is measured, the challenge is to interpret what an individual’s SSWS indicates. In this portion of the symposium, we review available information on “norms” for SSWS and fast walking speed (FWS) for community living older adults, as well as the clinometric characteristics of walking speed (e.g., minimal detectable difference and minimal clinically important differences), and apply this information to the development of a plan of care and documentation of intervention efficacy.

WHAT CAN WALKING SPEED TELL US ABOUT FUNCTIONAL RESERVE?

K.K. Chui, Physical Therapy and Human Movement Science, Sacred Heart University, Fairfield, Connecticut

An older individual’s self-selected walking speed (SSWS) emerges from the interaction of the neuromuscular, musculoskeletal, and cardiopulmonary systems as the most energy efficient pattern of locomotion, minimizing the person’s metabolic cost per unit distance walked. The ability to increase walking speed is influenced by the multisystem resources available to the individual and allows the individual to better meet demands of their daily activities and challenges encountered in the environment. As such, measuring fast walking speed (FWS) may provide an index of an older individual’s “functional reserve”. In this portion of the symposium, we review the evidence that the difference between SSWS and FWS is an indicator of functional reserve and may help to identify those older adults at the cusp of functional decline.

WALKING WHILE TALKING AND OTHER DUAL TASK PARADIGMS: ADDING COMPLEXITY TO THE MIX

P. Pohl, Doctor of Physical Therapy Program, The Sage Colleges, School of Health Sciences, Troy, New York

The ability to divide attention (do two or more things at once) becomes more challenging in the later years of life. Another important and ecologically valid strategy to evaluate an older individual’s functional competence is by imposing an additional cognitive or motor task while they are walking, and determining how this impacts on walking speed. This portion of the symposium will describe the various dual task strategies that have been tested in clinical research that may be useful in clinical practice. We will present information about how change in SSWS or FWS may change with dual task conditions in healthy older adults, and discuss implications of change in SSWS for determining risk of falling, risk of functional decline, and early recognition of cognitive impairment.

WALKING SPEED AS PREDICTOR AND OUTCOME MEASURE: APPLICATION TO HIP FRACTURE

S. Fritz, University of South Carolina, Columbia, South Carolina

Hip fracture is frequently a monumental and detrimental health event for older adults. In this portion of the symposium, we will provide an example of how walking speed can be interpreted and guide practice in rehabilitation following hip fracture. We start with a review of incidence and risk factors for hip fracture as a major public health problem. Next, we present evidence from the research literature about how SSWS can...
be used as a predictor of hip fracture. We then examine SSWS after hip fracture, specifically evidence about reliability and meaningful change of post-fracture SSWS, contributors to SSWS in acute and subacute phases of recover, the influence of exercise on post-fracture walking speed, and potential modifiers (e.g., positive affect) as an effector of walking speed.

SESSION 1915 (PAPER)

THE DRIVING DECISION: PROFESSIONAL ASSESSMENT & FAMILY AND SELF SCREENING

FITNESS TO DRIVE APPRAISALS: HOW DOES THE DRIVING REHABILITATION SPECIALIST EVALUATE OLDER ADULTS WITH DEMENTIA

A. Dickerson, Occupational Therapy, East Carolina University, Greenville, North Carolina

Agreeing to participate in a research project, a group of 45 driving rehabilitation specialists at a specialists (ADED) conference, completed a case study of a individual with dementia who was referred for a driving evaluation from a geriatric physician. The driving rehabilitation specialists were asked to identify information that they would requested from the referral source, list the assessments that would be completed in approximate order, justify their choices, and estimate the time required for the in-clinic and behind the wheel assessment. This presentation will describe the results of this research study. This will include the time of assessments (ranged from 1-3 hours for the in-clinic) and on-road (at least 60 minutes), most requested information (medications and diagnosis) as well as the specific assessment. Although there was very diverse lists of assessments and order of presentation, all the assessments were under the major categories of vision, cognition, and motor. This presentation will identify the most frequently used assessments, and explore the implications for the differences. After the specialists completed the cases individually, they were divided up into small groups to discuss and describe best practice with a dementia client. Comparisons will be illustrated between individual case results and the best practice case discussion.

SELF-REPORTED REASONS FOR DRIVING CESSATION IN A PROSPECTIVE COHORT OF OLDER DRIVERS

R.A. Marottoli, K. Araujo, P. Peduzzi, I. Internal Medicine, Yale Univ., New Haven, Connecticut, 2. VA Cooperative Studies Program Clinical Epidemiology Research Center, West Haven, Connecticut

Background: A number of factors have been associated with driving cessation, but what influences drivers to decide to stop driving is less clear. Methods: Participants were active drivers age 70 years and older recruited from clinics and community sources who were followed prospectively for two years. Phone contacts every six months included questions on driving status. Participants who reported stopping driving were asked their reasons for doing so. Results: Of the 615 drivers had a mean age of 78.8 (SD=4.9) years, 12% were women, mean MMSE of 27.4 (±2.1) points, drove an average of 129 ± 109 miles per week, and 72% drove daily. Of these, 68 drivers (11%) stopped driving during the two year follow-up. Common reasons (participants could report >1) for stopping driving included: health issues, n=58 (85%); functional impairments, n=23 (34%); personal reasons (e.g. anxiety, adverse events, advised to stop), n=38 (56%); and practical reasons (e.g. lack of need or vehicle, increased cost), n=24 (35%). Conclusion: Older individuals who stop driving report a range of reasons for doing so, including health, function, personal, and practical factors. A better understanding of the factors influencing this decision can allow clinicians, families, and friends to help drivers plan for this transition and identify other sources of transportation to maintain their mobility and social interaction once they stop driving.

DO FATHER/DAUGHTER QUALITATIVE INTERVIEWS ABOUT DRIVING CESSATION PROMPT CHANGES IN DRIVING, COMMUNICATION, AND PLANNING AT 6-MONTH FOLLOW-UP?


Because many older adults dread the end of their driving career, few plan for future transportation needs. This lack of preparation can place a particular burden on adult daughters, who often provide care for aging relatives. In 2010, 10 adult daughters (9 Caucasian, 1 Asian; mean age 55.5, range 50-63) and their fathers (mean age 83.1, range 70-90) completed separate in-depth qualitative interviews about expectations and plans for the fathers’ driving future and caregiving needs. At the time of the interview, all fathers were active drivers; none had specific plans to stop. Daughters were invited 6 months later to complete a brief survey (online or by telephone) to assess the impact of the interview on discussions and plans with their fathers. The survey encouraged daughters to reflect critically on the impact of the interview and changes it effected via open-ended questions. Response rate was 100%. Eight daughters reported that the interview prompted discussions about their father’s driving future on a range of topics (e.g., shared increased awareness of driving limitations, how routines could be altered to improve safety, openness to discuss future changes and responses as a family). 2 fathers had ceased driving completely, 1 having moved to a senior community that provided transportation after family discussions, the other without family input after serious health declines. Findings suggest that discussion-based interviews about driving cessation with parent/adult child dyads may prompt continued family discussion about driving-related topics and planning for the future.

BENEFITS OF VOLUNTEERING TO DRIVE FOR A SENIOR TRANSPORTATION PROGRAM


Background: Previous research documents positive health effects of volunteering. We surveyed volunteer drivers for Independent Transportation Network® (ITN), an automobile-based service for mobility-restricted adults, to learn how volunteering impacts quality of life (QOL). Methods: Between September-November 2009, ITN volunteer drivers from eight communities (n=256) were asked to complete self-administered questionnaires. To investigate benefits, we asked: 1) Since you began volunteering for ITN, how much thought have you given to your own future transportation needs when you may no longer be able to drive? 2) What do you do with your ride credits that accumulate when you volunteer to drive for ITN? 3) Explain how volunteering for ITN has affected your quality of life (we conducted theme analysis of responses). Results: 141 subjects (59.6% female; mean age=62.5±12.7 years; 98.5% White) completed surveys (55% response). Most common QOL responses: felt good to help/give back to community (59.0%); social aspects/rewarding relationships (42.9%); expanded knowledge of aging issues (12.4%); more active lifestyle (9.5%). Most respondents (85.6%) gave at least some thought to their own future transportation needs as a consequence of volunteer driving; and 39.2% stored ITN ride credits to help finance future transportation needs. Volunteers 65+ were more likely than younger volunteers to think “quite a lot” about future transportation needs, and to store credits for future rides (both p<0.05). Conclusions: Volunteer drivers for an automobile-based transportation service derive numerous personal and social benefits, and this role enables them to consider and plan for their future transportation needs, especially if they are 65+.
SESSION 1920 (SYMPOSIUM)

CAREGIVING IN ASIAN COUNTRIES AND THE PACIFIC RIM
Chair: F. Ejaz, Benjamin Rose Institute, Cleveland, Ohio
Co-Chair: K. Chee, Texas State University, San Marcos, Texas

This symposium addresses issues and challenges related to caregiving in Asian countries including India, China, Japan, Korea, Taiwan as well as in New Zealand in the Pacific Rim. Findings from these studies point to a number of issues including: a) with the rapidly aging population in developing countries, examining the role of caregivers is becoming increasingly important; b) traditional roles of caregiving are changing with the increase in women working outside the home; c) caregivers, like their Western counterparts, are likely to experience a variety of conflicting emotions such as stress/burden and joy during the process of caregiving; and d) caregiving can occur long-distance through correspondence between family members living in different countries. Findings will be presented from four different research projects. Dr. Gupta will discuss qualitative findings from a survey of 259 randomly selected households in India. Dr. Lou Vivian and her colleagues will discuss quantitative findings related to a study of 716 dyads (older adults and caregivers) in Shanghai province, China. Dr. Katagiri will present findings from a secondary data analysis of 8,120 older adults and their children in four East-Asian countries. Dr. Bradley will present findings from a historical analysis of correspondence records between families in New Zealand and their relatives who migrated to four countries. The chair and co-chair will discuss the importance of the findings in relation to general differences and similarities between caregiving in the U.S. and these countries. Discussion will also center on the implications for changing practice and public policy in these countries.

TRANSNATIONAL CAREGIVING IN THE PACIFIC RIM
D.B. Bradley, Center for Gerontology, Western Kentucky University, Bowling Green, Kentucky

This research presents the analysis of family communications undertaken in a transnational context within a perspective that account for multiple exchanges between migrants and non-migrants, and between historical generations. Data for this presentation are drawn from the correspondence records (1852 – 2000) of the Heath, McBride and Houghton families held in the Hocken Collection Archives, University of Otago, New Zealand. Qualitative methods focused on the ‘actors point of view’ was used to analyze these historical records between relatives who lived in New Zealand and their relatives who migrated to four countries. Families were challenged by the financial, practical, and emotional support aspects of caregiving and employed diverse strategies to manage caregiving over great geographic distances. The most common strategy, present in 65% of the correspondence, was to pay another individual to provide care. Others either moved their older relative in closer proximity (15%) or provided emotional support through correspondence exchange.

CAREGIVERS’ NEEDS AND PSYCHOLOGICAL WELL-BEING IN SHANGHAI, CHINA
V. Lou1, S. Gui2, C. Kwan3, K. Ting4, 1 Social Work & Social Administration, The University of Hong Kong, Hong Kong, Hong Kong, 2 Population Research Institute, East China Normal University, Shanghai, China, 3 Department of Statistics & Actuarial Science, The University of Hong Kong, Hong Kong, Hong Kong, 4 Department of Sociology, The Chinese University of Hong Kong, Hong Kong, Hong Kong

Objective: This study investigates the needs of caregivers in Shanghai, China, and their psychological well-being. Method: Using a multi-stage sampling strategy, a total of 716 dyads (i.e., older adults and their family caregivers) were interviewed in-person by trained interviewers. Results: About 60% of the caregivers were female; more than 50% were 60 years and older; about 20% provided care for more than 10 hours per day; about 30% had provided care continuously for more than six years. About 20% of the caregivers showed depressive symptoms, which were associated with care receivers’ degree of dependency, and caregivers’ perceived burden, and coping avoidance. About 10% of caregivers were dissatisfied with life. Higher caregiver life satisfaction was associated with lower caregiving burden, greater social support, active coping and higher income. Conclusion: Providing support for the psychological well-being of Shanghai’s caregivers will be discussed in light of its implications for service provision and policy.

COMPARISON OF TRADITIONAL FAMILY NORMS AND INTERGENERATIONAL SUPPORT IN FOUR EAST-ASIAN COUNTRIES
K. Katagiri, Institute for Social Gerontology, Nipponkia Welfare Foundation, Tokyo, Japan

This study examined differences in traditional family norms and intergenerational support provided by family caregivers and older adults in four East Asian countries. These countries, Japan, Korea, China and Taiwan all share Confucian values and culture. A secondary analysis of EASS (East Asian Social Survey) family data (2006), was conducted. The subsample was comprised of 20–60-year-olds (N = 8,120). Multiple regression analyses by country were conducted. The dependent variables were support from children to parents and vice versa. The independent variables were traditional family norms, sex-role norms, and demographics. Results differed among countries, but overall findings suggested a deviance from Confucian values of children being expected to provide greater support to parents as they age. It is suggested that East Asian countries are experiencing rapid change in family norms and in intergenerational support exchanges. Findings suggest that a public support system is needed in light of diminishing traditional values.

JOY AND BURDEN OF CARE GIVING IN INDIA: IMPLICATIONS FOR SERVICE PROVIDERS
R. Gupta, San Francisco State University School of Social Work, San Francisco, California

With modernization and an increase in women working, home-based eldercare in India has seen many changes. As a result, researchers have begun to study the impact of caregiver burden on urban households in India. This presentation focuses on results from a cross-sectional survey of 259 randomly selected households in Allahabad city in India. Data are drawn from interviews with primary caregivers on four, open-ended questions that focused on the joys, burden, transitions and strategies for eldercare. Qualitative data analysis yielded subthemes related to the ‘joy’ of caregiving, i.e., receiving recognition and praise from extended family; feeling able to fulfill the ‘dharma’ (duty) of filial caregiving responsibilities; and reciprocating caregiving responsibilities between generations. Themes related to ‘burden’ included: lack of assistance from siblings; not having time and energy to provide care; and poor physical and mental health of the elder. Implications for social work practice will be discussed in a cultural context.

SESSION 1925 (SYMPOSIUM)

GLOBAL INITIATIVE FOR NONPHARMACOLOGICAL DEMENTIA TREATMENT
Chair: J. Zeisel, Hearthstone, Woburn, Massachusetts
Co-Chair: C. Camp, Linda-and-Cameron, Inc., Solon, Ohio

For several decades family caregivers and professionals in Alzheimer’s and dementia care have employed nonpharmacological interventions to reduce many symptoms associated with dementia, among these the 4 “A’s”: Anxiety, Agitation, Aggression and Apathy. During the same period, research on the effectiveness (or not) of these interventions and approaches has been carried out in underfunded case studies and small pilot trials, in addition to infrequent RCTs. A global initiative started in Europe (Spain and Portugal) has brought together...
world-wide experts in small groups to better identify the components of the “nonpharmacological paradigm” including ways to resolve the methodological challenges this new field faces. This symposium reports on this effort, including announcement of a global nonpharmacological web based network. The components of the field so far identified and which will be addressed by participants in the global process include the common nature of such interventions, design as a nonpharmacological intervention, the role of technology in dementia care, ethical questions that arise, and requirements for a new methodological approach necessary to prove or disprove the effects of such interventions. The goal of this symposium is to share the developed model of nonpharmacological approaches and to generate a broader professional discussion of its basic tenets. One of these is that nonpharmacological interventions are not merely a way of organizing “activities” but rather are based on a basic belief in the human nature and rooted in a commitment to supporting the human rights of all those living with dementia.

ETHICS, DEMENTIA AND NONPHARMACOLOGICAL INTERVENTIONS

P. Whitehouse, Case Western Reserve University, Cleveland, Ohio

Ethical deliberations have likely been a part of the human scene for the entire time we have been a verbal species and in other forms before we even came into our current form. Yet homosapiens are not always wise and some would say values and ethics define us more that thoughts and cognition. Ethics have taken many forms emphasizing differently duty, virtue, discourse and narrative. Bioethics as a field was invented in 1970 by Van Potter to be a blend of humanities and science focusing on sustainability. It is now misguided by its cooptation by medicine manifest by focused on genetics, technologies and research, primarily using empirical means. Dementia raises many ethical issues including genetic testing, diagnostic disclosure, informed consent, and end of life care. A new ethical framework focusing of mutual caring and responsibility for the future will have us look at dementia and other forms of medicalization of life very differently.

BETTER OUTCOMES FOR PEOPLE WITH DEMENTIA: OPPORTUNITIES AND CHALLENGES IN THE ADOPTION OF ASSISTIVE TECHNOLOGY

M.S. Parsons, Oxford Ageing Research Associates, Oxford, United Kingdom

Assistive technology has emerged as a key component in the transformation of services for people with dementia and their carers in Western society. Increasing prevalence of age related disability and costs associated with rising demand for health and social care have brought assistive technology (AT) to the fore with a plethora of products, devices and equipment offering opportunities to improve the quality of life of many people with dementia and their carers. This potential has yet to be fully realised however as industry, researchers and governmental bodies face challenges in mainstreaming AT. On the challenge agenda are: enhancing the evidence base especially in respect of cost effectiveness of AT, ensuring design is sensitive to the intentions, capabilities, and values of end users who require advice and information, comprehensive assessment of need and ongoing support alongside ongoing issues in commercial development, getting products into market and supply side constraints.

THE DESIGNED ENVIRONMENT AS A NONPHARMACOLOGIC TREATMENT FOR DEMENTIA

M. Calkins, IDEAS Consulting, Inc., Kirtland, Ohio

The past five years has seen significant growth in the evidence that the built environment impacts the psycho-social-emotional well-being and probably physical health of individuals with dementia. Yet effective dissemination and widespread application of this evidence remains weak. A gathering of nine internationally renown experts was held to identify where the design-based evidence is relatively incontrovertible, and where different approaches to design may be equally supported by the research. While there is solid evidence of the positive outcomes associated with smaller and more residential households, especially those with a higher percentage of private rooms, too often outcomes are limited to “reducing challenging behaviors” or maximizing safety. A deeper understanding of meaning and quality of life for individuals living with dementia needs to drive future research and design activities.

NONPHARMACOLOGICAL INTERVENTIONS: AN OVERVIEW

3. Zeisel, Hearthstone Alzheimer Care, Woburn, Massachusetts

Nonpharmacological interventions broadly include all the arts, the designed environment, communication, external memory cues, community programs, physical exercise, and training. What ties them together, however, is not that they do not include drugs as treatment, but rather that they all aim to engage the person, to raise the person’s confidence, and to improve their quality of daily life. Successful nonpharmacological interventions offer choice, respect the person’s decisions, have a purpose and add to that person’s sense of self. Ultimately, all these interventions focus on the person’s right to dignity, independence, self-fulfillment, care, and participation. The global website supporting this effort will help the global dementia community share experiences and research efforts, collaborate where appropriate, learn from each other, find out about best practices and generally raise awareness and legitimacy if the nonpharmacological approach to dementia.

METHODOLOGICAL ISSUES IN DEVELOPMENT OF NONPHARMACOLOGIC TREATMENTS FOR DEMENTIA

C. Camp, Linda-and-Cameron Inc., Cleveland, Ohio

While conducting a Randomized Control Trial (RCT) is one important and meaningful means of determining if a treatment for dementia produces an effect, adherence to this methodology as the only or highest form of evidence-based knowing remains a cultural and potentially political reference and convention. This presentation will focus on methodological issues involved in the development of nonpharmacologic treatment of dementia, emphasizing the need to balance internal and external validity in evidence-based action research, and including discussion of these topics: 1) The most appropriate study methodology to investigate a phenomenon must be the one that has the best ‘fit’ with the phenomenon; 2) When single subject case studies and other methods provide a high level of evidence-based knowledge; 3) The need to report and assess both effect size / clinical significance and statistical significance for treatments for dementia; and 4) The need to use clinically meaningful outcome measures.

SESSION 1930 (SYMPOSIUM)

LONG TERM CARE RESEARCH POLICY: THE FUTURE OF NOT-FOR-PROFIT PROVIDERS

Chair: L. Polivka, Claude Pepper Center, Florida State University, Tallahassee, Florida

Discussant: F.G. Caro, University of Massachusetts-Boston, Boston, Massachusetts

Managed care organizations, mainly for-profit HMOs, have gradually become the dominant providers of publicly supported community-based long-term care services in Florida since 2000. Recent legislation will place the entire long-term care system, including Medicaid nursing home program, under managed care organizations, which is likely to accelerate the marginalization of the 40 year old non-profit aging network of area agencies on aging and service providers. The steady spread of for-profit managed long-term care has not been slowed by the findings from three comprehensive evaluations showing that the community long-term care programs administered by aging network organizations are more cost-effective than those run by HMOs in the managed long-term care program. This presentation will include a description of
“DO SOMETHING, EVEN IF IT’S WRONG”, AND OTHER WORDS OF WISDOM THAT CAN GET YOU IN TROUBLE: STATE MEDICAID LONG-TERM CARE REFORM EFFORTS

R. Applebaum, S. Mehdizadeh, Miami University, Oxford, Ohio

Today’s Medicaid challenges, coupled with the baby boom demographics, have every state in the nation recognizing the need to do something different in Medicaid. Although achieving a better balance between institutional and home and community-based services has been an important reform, Medicaid managed long-term care is also a growing option. Designed to both control the acute and long term care costs of older people and individuals with disability, the approach also is directed at linking the two disparate systems. It is not clear however, whether the managed care solution is the correct one. Based on data from Ohio’s Medicaid system, collected over the past 10 years, the financial impact of moving Medicaid recipients in need of long-term services into managed care appear quite limited for older people. The paper will examine Ohio’s efforts for action in these turbulent times, to “do something, even if it is wrong.”

STATE DUAL-ELIGIBLE DEMONSTRATIONS: EVOLUTION OF FULLY INTEGRATED ACUTE AND LONG-TERM CARE MODELS

W. Leutz, Heller School, Brandeis University, Waltham, Massachusetts

This paper describes and presents evaluative data on the three states operating fully integrated acute and long-term care programs - Minnesota, Wisconsin, and Massachusetts. These states contract with both for-profit and non-profit managed care organizations (MCOs) to provide the full range of Medicaid and Medicare funded services. The paper draws on the author’s 2007 evaluation of these programs conducted for CMS, other published research and evaluations, as well as updated reports from federal, state and provider personnel about successes and shortcomings in the areas of enrollment, service integration, payment models, cost-effectiveness, and beneficiary outcomes. Aids and barriers to operations and effectiveness in Medicare and Medicaid regulations will also be covered, including impacts of the 2003 Medicare Modernization Act, which the 2007 report found led to “disintegration” and “cost-ineffectiveness,” the 2008 The Medicare Improvements for Long-term Careers to Operations and Effectiveness in Medicare and Medicaid regulations shortcomings in the areas of enrollment, service integration, payment models, cost-effectiveness, and beneficiary outcomes. Aids and barriers to operations and effectiveness in Medicare and Medicaid regulations will also be covered, including impacts of the 2003 Medicare Modernization Act, which the 2007 report found led to “disintegration” and “cost-ineffectiveness,” the 2008 The Medicare Improvements for Patients and Providers Act, and the 2010 Affordable Care Act.

SESSION 1935 (SYMPOSIUM)

RELATIONSHIP OF LIFESTYLES IN LONG-TERM CARE SETTINGS WITH QUALITY OF LIFE AND QUALITY OF CARE

Chair: N. Castle, University of Pittsburgh, Pittsburgh, Pennsylvania

This symposium will examine the relationship of lifestyles in long-term care settings with quality of life (QOL) and quality of care (QOC). Presentations will examine QOL/QOC across different settings and include what can be learned by longitudinal and cross-sectional research, and promising and proven interventions. This symposium will include: (1) an evaluation of a state Money Follows the Person Demonstration program, which transitions people from nursing homes into home and community based settings. QOL interview data from 4 time points pre- and post-transition will be presented; (2) 10 states initiatives in QOC and QOL for all long-term supports and services through the National Balancing Indicator Project will be presented; (3) adjustment to assisted living (AL) focusing on individual and AL community characteristics associated with QOL; and (4) the development and testing of a technology-enhanced observational procedure for assessing the QOL of people with dementia in adult day care, AL, and skilled care settings.

USING TECHNOLOGY TO MAXIMIZE THE QUALITY OF LIFE OF PEOPLE WITH DEMENTIA IN ADCS, ALFs AND NHS


Methods to reliably and validly assess the quality of life (QOL) of people with dementia are needed to ensure programs maximize the well-being of people with dementia. QOOLD (Observing Quality of Life in Dementia) is an observational procedure which enables researchers/practitioners to make reliable and valid assessments of dementia-specific QOL based on verbal/non-verbal cues, and indicators of engagement/affection. The study reports findings from 13 NHs, ALFs and ADCs regarding the use of QOOLD which has been enhanced with technological improvements including: data entry via an iPod Touch, wireless transmission of data to a laptop/desktop computer and user-friendly software designed to enable practitioners to produce reports that can enhance dementia care practice and the well-being of participants. Key findings: the recording device was given high ratings for functionality, efficiency, cognitive load, and user satisfaction; staff strongly believed that the QOL information has great potential for improving their dementia care practices.

QUALITY OF LIFE OUTCOMES AND THE MONEY FOLLOWS THE PERSON DEMONSTRATION: RESULTS FROM A MAJOR POLICY INITIATIVE


Almost 500 people moved from nursing homes and other long term care institutions into home and community-based settings (HCBS) during the first two years of Connecticut’s Money Follows the Person (MFP) Rebalancing Demonstration. All participants complete Quality of Life (QOL) interviews before they transition (baseline) and at 6, 12, and 24 months after transition. Fifteen key indicators from this survey are compiled in a Quality of Life Dashboard on a quarterly basis which is shared with MFP program staff, state agency and legislative members, and community stakeholders. Participants report significant improvements (p<.05) in multiple factors after transition such as choice and control, community integration, symptoms of depression, living arrangements, and satisfaction with paid supports. A small percentage of participants report unmet healthcare needs at each time point. The QOL Dashboard is an effective tool for broad dissemination of regular data updates and also facilitates ongoing program analysis for quality improvement.

QUALITY OF CARE EFFORTS IN TEN STATES THROUGH THE NATIONAL BALANCING INDICATOR PROJECT


The purpose of this study is to explore ten state efforts in quality of care through the National Balancing Indicator Project. Through an exploration of indicators used to capture quality of care, there are ten areas of interest that will be compared across ten state grantees, including: 1) high quality care across the life span; 2) measurements and publication of quality information (quality standards); 3) performance monitoring; 4) use of information technology; 5) measurement and publication of price information (Price Standards); 6) promotion of quality and efficiency of care (incentives); 7) assistance with activities of daily living (ADLs); 8) treatment with respect and dignity; 9) freedom from emotional and physical abuse; 10) access to emotional supports and satisfying social relationships; and 11) satisfaction with participation in public life, work and school, and in home life. There presentation will conclude with a discussion of the relevance and feasibility of quality...
of care efforts in ten states amidst new health care reform reporting requirements.

LEADERSHIP PRACTICES OF NURSING FACILITY ADMINISTRATORS AND QUALITY OF CARE
D.G. Wolf, Eastern University, Delray Beach, Florida

Globalization, increased consumer demand, new market technologies and prevalent human resource issues have created an opportunity for leaders to develop from traditional, vertical top-down authoritative leadership behaviors to a more transformative style of management. Effective leadership, at both individual and system levels, has been evidenced to have an effect on quality improvement. Using the Kouzes & Posner (1995, 2007) five practices of exemplary leadership framework along with an existing multivariate conceptual quality of care model, this research identifies key leadership behaviors that have a significant effect on quality of care. By raising awareness of the benefits of exemplary leadership practices and their attributes, administrators can learn to transform themselves and their followers to increase the overall quality of care within their organizations. This quantitative study examines the relationship between the exemplary leadership practices of nursing home administrators (as self-reported and by their direct reports) and the overall quality of care.

PERSONALITY AS A PREDICTOR OF ADJUSTMENT TO ASSISTED LIVING
W.L. Mills1, V. Molinari2, C. McEvoy3, J.D. Edwards1, L. Hyer1, D. Gammonley1, L.M. Brown1, 1. Houston Health Services Research & Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas, 2. Department of Medicine, Baylor College of Medicine, Houston, Texas, 3. Department of Aging and Mental Health Disparities, University of South Florida, Tampa, Florida, 4. School of Aging Studies, University of South Florida, Tampa, Florida, 5. Georgia Neurosurgical Institute, Macon, Georgia, 6. School of Social Work, University of Central Florida, Orlando, Florida

Adjustment to assisted living (AL) does not always proceed smoothly, making it imperative to identify predictors of transition difficulties, such as personality factors. The sample for this cross sectional study included 64 older adults from ten AL communities. The sample was primarily white, well-educated, and female with an average age of 86 years. Correlation and regression were used to examine relationships between personality factors (neuroticism, extraversion, openness, agreeableness, and conscientiousness) and adjustment (relative quality of life, depression, and feeling of home). The regression analysis revealed that participation in community activities, satisfaction with food quality, and the ability to set one’s own daily schedule were important predictors of adjustment. Above and beyond these predictors, neuroticism was found to predict adjustment, indicating that personality does play a role in determining adjustment to assisted living. Responses to an open-ended question echoed these results and revealed additional issues related to resident perceptions of adjustment.

SEASON 1940 (SYMPOSIUM)

SEXUALITY AND AGING: QUALITATIVE RESEARCH PERSPECTIVES
Chair: R.S. Goldberg-Glen, Center for Social Work Education, Widener University, Chester Pennsylvania
Discussant: K.M. Hicks, Lehigh University, Bethlehem, Pennsylvania

Little attention has been paid to research on sexuality and aging yet, we know from a life span perspective that individuals are sexual throughout their lives. Perhaps this avoidance is due to the fact that associating intimacy, sexuality and aging is often seen as an “unthinkable” subject. Regardless of this misconception the purpose of this symposium is to introduce the audience to issues related to perspectives on sexuality and older adults. Levaro, Walker and Hooker, focus on women and men over the age of 70 who are pursuing intimate partnerships. Thematic analysis of the in-depth semi-structured interviews reveal the importance of physical attributes, perceived sexual ability, qualities sought and avoided, medication use and pleasure found in late life intimate relationships. Gallogly’s study examines the experience of sexuality and intimacy in relationships where one partner has dementia. Results suggest that sexual expression and intimacy were compromised by the dementia of a partner, couples became more symbiotically bound to each other and physical touching was more likely to be utilitarian in nature rather than physically stimulating or emotionally satisfying. Goldberg-Glen’s research focuses on three life stories of older gay males ranging in age from 65-81. Narrative analysis focused on developing an understanding of how these men made sense of and experienced their life trajectories. Results provide insight regarding how one came out, family challenges, fitting in, the impact of the “boy code”, the importance of social networks, the advantages of being gay and feelings of difference in comparison to younger gay men.

UNDERSTANDING THE LIFE TRAJECTORIES OF OLDER GAY MALES
R.S. Goldberg-Glen, Widener University, Chester, Pennsylvania

By the year 2030 there will be 2 to 6 million GLB adults over the age of 65. Yet, there continues to be a paucity of research designed to help us understand the needs of these seniors. This presentation will focus on the life stories of three gay males ranging in age from 65-81. Narrative analysis focused on developing an understanding of how these individuals made sense of and experienced their lives. Results also provided insights regarding when and how one came out, family challenges, fitting in, the impact of the “boy code” and social construction of males, social networks, privacy, the advantages of being gay and their feelings of difference in regard to younger gay men. Findings suggest that while older gay men may experience life similarly to heterosexual males there are also difference in their life trajectories that need to be considered by practitioners and policy makers alike.

IDENTITY AND INTIMACY IN DEMENTIA: “ALONE TOGETHER”
C.M. Gallogly, Community Health and Human Services, St. Joseph’s College, Patchogue, New York

This descriptive study focused on the unique experience of sexuality and intimacy in relationships where one of the partners has a form of dementia. As part of a larger qualitative study of spousal dementia caregiving, the sample included 40 spousal caregivers, the majority of whom were white females (although 11 were male, and 3 were non-white). Interviews averaged 1.5 hours and included questions about feelings, closeness, gestures, and intimacy as the disease progressed. With one striking exception, most of the caregivers expressed that sexual expression and intimacy were seriously compromised by the dementia of the partner. At the same time as the couples became more symbiotically bound to each other, physical touching was more likely to be practical in nature, rather than physically stimulating or emotionally satisfying. These insights suggest practice applications for health care providers.

“‘I'M OLD, I'M NOT DEAD”: SEXUALITY, AGE, AND GENDER RELATIONS IN LATE-LIFE DATING
E.B. Levaro1, A.J. Walker2, K. Hooker2, 1. University of Wisconsin-Stout, Menomonie, Wisconsin, 2. University Development and Family Sciences, Oregon State University, Corvallis, Oregon

Continued (or regained) sexual drive, functioning, and activity are a definitional component of “successful aging,” yet their expression remains traditionally gendered and ageist. We report findings on the sexual experiences, attitudes, and preferences of 24 heterosexual women and men between the ages of 70 and 92 who were actively pursuing new
intimate partnerships, primarily via Internet ads on Match.com. Transcribed data from in-depth semistructured interviews were analyzed utilizing thematic analysis and perspectives provided by the intersection of age relations and gender relations. We discuss potential partners’ physical attributes and qualities sought and avoided; the salience of perceived sexual ability and desirability to positive gender and age identities; and the impact on both women and men of men’s widespread use of medications for erectile dysfunction on their considerations of younger women as potential dating partners. Particularly those respondents widowed after long caregiving responsibilities reported discovering newly found pleasure in intimate relationships.

SESSION 1945 (SYMPOSIUM)

THE GREAT AMERICAN DEBATE ON THE FUTURE OF SOCIAL SECURITY
Chair: F. Cook, The Institute for Policy Research, Northwestern University, Evanston, Illinois
Discussant: R. Hudson, Boston University, Boston, Massachusetts

In the last thirty years, Social Security has risen on the policy agenda as a topic of national debate at least four times – during the Reagan presidential administration in 1981-83, the Clinton administration in 1998-99, the Bush administration in 2005, and now again in 2010-11. The purpose of this symposium is to analyze this fourth moment of debate. Some members of Congress and political commentators claim that Social Security is substantially adding to the national deficit and dramatic changes must be made to address this problem, while others say this claim is not true and that fairly small incremental changes can make Social Security financially secure for the rest of the century. President Obama’s Deficit Commission has recommended a number of policy changes. In response, Atlantic Philanthropies has funded a massive advocacy campaign on the left entitled “Social Security Works,” while on the right the Peter Peterson Foundation has funded initiatives to push for cuts in Social Security. Speakers will address three sets of questions: What claims are being made about the status of Social Security by various members of Congress, the president, and political commentators, and to what extent are these claims accurate? What exactly is the nature of the advocacy campaigns funded by Atlantic Philanthropies and the Peter Peterson Foundation? Finally, what does the public think? What changes, if any, do members of the public want to see in Social Security, and in which political party do they have most confidence to deal with Social Security?

SUPPORT FOR SOCIAL SECURITY: WHAT THE PUBLIC THINKS
F. Cook, R. Moskowitz, The Institute for Policy Research, Northwestern University, Evanston, Illinois

At a time when political polarization in the U.S. Congress is the highest in 120 years and addressing the U.S. deficit has become extremely politicized, Social Security has again become a topic of debate. It is clear that little consensus can be found between Republicans and Democrats in the U.S. Congress about Social Security. This paper asks how much consensus there is among the public. Results of analyzing hundreds of survey questions from the early 1980s to 2011 show that support for Social Security remains high across age, party, and ideology. Since 1997, Americans have rated Social Security as a priority for the President and Congress to address (66% in 2011). However, Americans continue to be very concerned about Social Security’s future. They have clear preferences about what changes they would like to see but are not enthusiastic about the ability of either political party to deal with Social Security.

MYTH AND REALITY IN THE DEBATE ON SOCIAL SECURITY
T.R. Marmor, Yale University, New Haven, Connecticut

From 1973 until today, the American public has experienced a periodic diet of public handwringing about Social Security. For the past year, there has been a resurgence of concern, launched in part by the recommendations on Social Security of President Obama’s deficit commission. Claims are made that Social Security is a major contributor to the U.S. deficit and that it is going bankrupt. In response, the Atlantic Philanthropy’s Strengthen Social Security Campaign on the left and Peter Peterson Foundation’s advocacy efforts on the right have presented alternative definitions of “problems” of Social Security and “solutions.” When occupational pension protections and other private retirement savings are shrinking, why is the discussion about the future of Social Security framed almost entirely in terms of deficit reduction and/or solvency? This paper attempts to separate the claims made about Social Security from the reality and in so doing to correct some popular misconceptions.

ORGANIZING TO PRESERVE SOCIAL SECURITY: AN ANALYSIS OF THE CAMPAIGN OF 2011-12
E. Kingson, Syracuse University, Syracuse, New York

Responding to a threat to the future of Social Security, 270 national and state organizations — unions, and aging, disability, women’s and human rights organizations — coalesced around the proposition that Social Security did not cause the federal deficit; benefits should not be cut, means-tested or privatized; benefits should be increased for those at greatest risk; and Social Security’s modest funding gap should be closed with progressive revenues. Beginning in mid-2010, the campaign established a lobbying, field and communications presence in Washington, DC and in key states. The campaign challenged the view widely held among elites — that it is “only sensible” for Social Security benefit reductions to be an important part of any effort to reduce federal deficits. This presentation discusses Campaign origins, goals and strategies, and the extent to which changes in the policy frame, positions of policy elites and the policy agenda are a function of the Campaign.

SESSION 1950 (SYMPOSIUM)

CONTRIBUTIONS OF INFLAMMATION AND MUSCLE-RELATED GENE VARIANTS TO FRAILTY AND LATE-LIFE DECLINE
Chair: J.D. Walston, Medicine/Geriatrics, Johns Hopkins University, Baltimore, Maryland
Co-Chair: R. Varadhan, Medicine/Geriatrics, Johns Hopkins University, Baltimore, Maryland
Discussant: J.M. Murabito, Harvard School of Public Health, Boston, Massachusetts

Although lifestyle is a critical factor in the development of aging phenotypes such as frailty, age-related biological changes and genetics contribute substantially. To better understand the biological and genetic underpinnings of frailty and late-life decline, and how lifestyle factors might influence these, we studied the relationship of inflammatory, muscle, and frailty phenotypes to genes that influence aging biology, inflammation, and muscle biology in the Cardiovascular Health Study (CHS), a population of 5600 adults age 65-100. In this symposium, we will first report on the development of an aggregate inflammatory phenotype that includes measurement of TNF alpha receptor-1 and IL-6 and predicts 10 year mortality better than any single inflammatory measure, followed by data that demonstrate a significant relationship between variants in GADPH and DNMT3b genes and this aggregate phenotype. Next we highlight candidate gene variants in the WNT gene family, HIF1AN and DNMTa and their relationship to skeletal muscle and walking speed. Finally, a significant association between the phenotype of frailty itself and variants in the PAX 3 and DNMT3a genes will be presented. Pre-
THE DEVELOPMENT OF AN AGGREGATE INFLAMMATORY PHENOTYPE

R. Varadhan¹, W. Yao², K. Bandeen-Roche³, A. Matteini¹, A. Reiner⁴,
D. Fallin¹, J.D. Walston⁴, 1. Geriatric Medicine, Johns Hopkins Center on Aging and Health, Baltimore, Maryland, 2. University of Washington, Seattle, Washington

Although elevations in serum markers of inflammatory mediators are highly associated with numerous adverse outcomes in older adults, no one measure is known to be the most robust predictor of these outcomes. In order to identify the best predictors of mortality, and in order to have a robust phenotypic measure for genetic studies, we measured several inflammatory mediators previously implicated in association studies in the Cardiovascular Health Study population and developed analytical models that included a weighted summary score, a principal components score and a mortality risk score. In age-adjusted analyses, the mortality risk score that included IL-6 and TNF-a R1 was most predictive of mortality, (hazard ratio 1.65, 95% CI 1.57-1.72). It performed better than any single or other aggregate measure, and almost as well as age in this population. These results and the potential impact of lifestyle on activation of inflammatory pathways in older adults will be discussed.

CANDIDATE GENES AND INDICATORS OF PHYSICAL FUNCTION IN OLDER ADULTS

A.Z. Moore¹, P.H. Chaves², D.E. Arking³, D. Fallin¹, A. Matteini¹, Q. Xue⁴,
J.D. Walston⁴, 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. Johns Hopkins University School of Medicine, Baltimore, Maryland

It is hypothesized that genetic variation may contribute, through alterations of skeletal muscle, to heterogeneity in late life physical function. This project explores the influence of markers in genes related to inflammation, apoptosis, and mitochondrial function on trajectories of grip strength and walking speed in older adults. The study participants came from the Cardiovascular Health Study. 1360 SNPs (MAF>0.01, HWE p>0.001) were analyzed. Genetic effects on trajectories of physical function were assessed through likelihood ratio tests comparing mixed effects models with and without terms for individual SNPs and interactions between SNPs and trajectory parameters (e.g. time slope). Genes in the WNT family were associated with grip strength in both groups (lowest p<0.001 in white strata). In participants identifying as white, HIF1AN also influenced the trajectory of strength and DNMT3A was associated with walking speed. Validation of these observations in other populations and exploration of related skeletal muscle pathways is warranted.

CANDIDATE GENES OF FRAILTY IN OLDER ADULTS

A. Matteini¹, W. Yao¹, R. Varadhan¹, B. Psaty², A. Reiner³, A.B. Newman⁴,
J.D. Walston⁴, 1. Geriatric Medicine, Johns Hopkins Medical Institute, Baltimore, Maryland, 2. University of Pittsburgh, Pittsburgh, Pennsylvania

Frailty is a syndrome of physiologic decline that associates with increased inflammatory markers and adverse health outcomes. In order to better understand biological underpinnings of frailty, we performed a candidate gene study using previously collected and validated frailty definition in Cardiovascular Health Study. Genes related to inflammation, mitochondria function and apoptosis were selected and common single nucleotide polymorphisms (SNPs) were genotyped. Discrete time-to-event Cox models were built to evaluate the association between these SNPs and incident frailty, stratified by race and adjusted for age, gender. Measures of physical activity were used to test for gene by environment effects. Common significant results across races were observed in SNPs within PAX3 (p-value = 0.006) and DNMT3A (p-value = 0.00014) genes, although significant SNPs per gene varied by race. PAX 3 and DNMT3A are involved in mitochondrial function and transcription regulation, respectively and may influence one’s risk of frailty, possibly via increased inflammation.

GENETIC ASSOCIATION OF INFLAMMATORY ENDOPHENOTYPE IN CHS OLDER ADULTS

W. Yao¹, R. Varadhan¹, A. Matteini¹, A. Reiner³, Q. Xue⁴, J.D. Walston⁴, 1. Johns Hopkins Medical Institutions, Baltimore, Maryland, 2. University of Washington, Seattle, Washington

Serum markers of inflammation are highly associated with the development of adverse health outcomes in older adults. Inflammatory pathway activation is a heritable trait, and therefore these measures can be used to study genetic predictors of inflammation. Using a candidate gene approach and a validated aggregate inflammatory phenotype developed in CHS that best predicts mortality, we analyzed the association between 1536 SNPs in 100 candidate genes. A general linear model was utilized to assess the genetic association of inflammatory endophenotype with candidate SNPs coded in additive model, and stratified by race. SNPs in the DNMT3B and GAPDH genes were found to be significantly associated with increased mortality risk score in both races. A common significant SNP in DNMT3B was observed in both races, with lowest P = 0.0017 in African American. DNMT3B is thought to play a role in DNA methylation, which can be a trigger of the inflammatory process.

SESSION 1955 (SYMPOSIUM)

FUNCTIONAL NEUROIMAGING OF AUTOBIOGRAPHICAL MEMORY

Chair: P.L. St. Jacques, Psychology, Harvard University, Cambridge, Massachusetts
Co-Chair: R. Spreng, Psychology, Harvard University, Cambridge, Massachusetts
Discussant: M. Moscovitch, University of Toronto, Toronto, Ontario, Canada

Functional neuroimaging studies of autobiographical memory and their changes with advancing age have rapidly increased in the last year. This work expands our understanding of age-related changes to memory by examining the integration of episodic and semantic memory, the rich recollection memory, and memory’s link to theory of mind and planning for future events. These components make personal memories meaningful but are difficult to study in the context of learning lists of items, as is typical in laboratory based studies of memory. The current symposium will showcase recent functional MRI (fMRI) studies examining age-related changes in autobiographical memory. The first talk (St-Laurent) uses a multivariate approach to highlight the converging and differential effects of aging on autobiographical, episodic and semantic memory retrieval. The second talk (St. Jacques) employs a novel camera technology to examine the impact of photographs for retrieval support in the recollection of autobiographical memories in young and older adults. The third talk (Rosenbaum) examines the relationship between autobiographical memory retrieval and other mental states by comparing both patient and neuroimaging data. Finally, the fourth talk (Spreng) investigates the domain of autobiographical planning, and the functional brain networks involved, in both young and older adults.
AGING AND THE NEURAL CORRELATES OF AUTOBIOGRAPHICAL, EPISODIC AND SEMANTIC MEMORY RETRIEVAL

M. St-Laurent¹, H. Abdí², H. Burianová³, C. Grady¹,⁴, 1. Psychology, University of Toronto, Toronto, Ontario, Canada, 2. Rotman Research Institute, Toronto, Ontario, Canada, 3. Macquarie University, Sydney, New South Wales, Australia, 4. The University of Texas at Dallas, Dallas, Texas

We tested healthy young and older adults on a functional magnetic resonance imaging paradigm that allowed a direct comparison between the neural correlates of autobiographical, semantic, and episodic memory. A multivariate analysis was conducted to identify patterns of activity characterizing the groups across conditions. We identified brain regions activated by all three memory conditions, relative to a control condition, which were activated equally in the age groups, suggesting that the activation of a common memory retrieval network is maintained with age. We also identified regions whose activity differentiated between the memory conditions. These patterns of differentiation were expressed less strongly in the older adults, relative to the young adults. Further analysis showed that this age-related differentiation was significant in the autobiographical and episodic memory tasks, but not in the semantic memory task. These results may be linked to aging-related changes in episodic autobiographical memory, and relative preservation of semantic memory.

AGE-RELATED EFFECTS ON THE NEURAL CORRELATES OF AUTOBIOGRAPHICAL MEMORY RETRIEVAL UNDER VARYING LEVELS OF RETRIEVAL SUPPORT

P.L. St. Jacques¹, M.A. Conway², R. Cabezà³, 1. Harvard University, Cambridge, Massachusetts, 2. University of Leeds, Leeds, United Kingdom, 3. Duke University, Durham, North Carolina

Age-related changes in recollection of autobiographical memory (AM) are linked to decreased recruitment of the hippocampus and PFC, and these behavioral effects are attenuated under conditions of retrieval support. The current fMRI study examined age-related effects on the neural correlates of AM while varying retrieval support. We used a novel camera technology to prospectively collect personal photographs (high support) to elicit AM during functional scanning compared to verbal descriptions (low support). The fMRI results revealed age-invariant recruitment of the right hippocampus for photographs versus verbal cues. Functional connectivity analysis indicated a posterior-anterior shift in aging pattern of co-activation with the right hippocampus, with older adults showing greater functional connectivity with the PFC and less with the visual cortex. In sum, providing more effective retrieval cues in the form of personal photographs attenuates age-related differences in recollection related activation in the right hippocampus and increases compensatory functional connectivity with the PFC.

UNDERSTANDING AUTOBIOGRAPHICAL MEMORY IMPAIRMENT: LESSONS FROM PATIENT AND NEUROIMAGING STUDIES

R. Rosenbaum¹,², J. Rabin³, 1. Department of Psychology, York University, Toronto, Ontario, Canada, 2. Rotman Research Institute, Baycrest, Toronto, Ontario, Canada

Researchers have long studied memory for past autobiographical episodes, which help make up the fabric of everyday life and are vulnerable to age-related changes in brain function. Recently, scientists have turned to representations of other kinds of events, such as future events and the mental experiences of other people during theory of mind, partly in an effort to understand the root of autobiographical memory impairment. In this talk, I will describe recent patient and neuroimaging studies that we have conducted to examine how, and to what extent autobiographical memory is related to other forms of thinking and reasoning about current and future mental states belonging to the self and to other people. This work suggests that familiarity with people and events, and the vividness associated with constructing such events, play a crucial role, independent of past or future orientation or whether directed to the self or to others.

AUTOBIOGRAPHICAL AND VISUOSPATIAL PLANNING IN YOUNGER AND OLDER ADULTS: AN FMRI STUDY

R. Spreng, D.L. Schacter, Harvard University, Cambridge, Massachusetts

There is a growing body of evidence to suggest a shared functional neuroanatomy between autobiographical memory and future-oriented thinking in young adults. The current study extends this work to examine autobiographical planning in younger and older adults. Participants formulated personally relevant plans in response to goals, such as managing finances, scheduling health care visits, and volunteering. Brain activity underlying planning in younger and older adults was compared with a traditional laboratory measure of planning, the Tower of London. Analyses determined large-scale network integrity and interactivity within and between the default (e.g. posterior cingulate, medial prefrontal cortex, posterior inferior parietal lobule, hippocampus) attention (e.g. superior parietal lobule, frontal eye fields) and control (e.g. rostral prefrontal cortex, anterior inferior parietal lobule) networks of the brain, with differential patterns of activity between the age groups.

SESSION 1960 (PAPER)

ENHANCING KNOWLEDGE AND SKILLS OF HEALTH AND LTC PROFESSIONALS

INTERDISCIPLINARY CAREPLANS: TEACHING HEALTH PROFESSIONAL STUDENTS THE STRENGTHS OF WORKING IN TEAMS

A.G. Rothrock¹, C. Ford¹, P. Sawyer¹, P. Bosworth¹, C. Ritchie¹,², 1. University of Alabama at Birmingham, Birmingham, Alabama, 2. Birmingham/Atlanta VA GRECC, Birmingham, Alabama

Optimal care of patients requires inclusion of multiple health professionals. Health systems are encouraging providers to participate in interdisciplinary team meetings to gain a full perspective on patient care and to provide their insights and recommendations that allow for the most comprehensive, collaborative care. The University of Alabama at Birmingham Geriatric Education Center’s Interdisciplinary Team Training (IDT) experience has been held four times over the past three years for students from 9 health professions (dentistry, medicine, nursing, nutrition, occupational therapy, optometry, pharmacy, physical therapy, social work). The goal is for students to experience participating on interdisciplinary teams and developing a plan of care in collaboration with other health care professionals, based on information learned through the interviewing of an older adult. Participation in the first two pilot IDTs was voluntary. Due to their success from both student and faculty perspectives, the program is now held twice per year and is mandatory for students in 6 of the 9 disciplines, including 180 second year medical students. Evaluations show (range = 1 to 5) that as a result of participating in the activity, students are more aware of multiple perspectives to consider when caring for older adults (M=4.4), have a greater understanding of how their disciplines contribute to the interdisciplinary perspective (M=4.3) and are more confident in participating on interdisciplinary teams (M=4.3). After attending this presentation, participants will be able to discuss lessons learned regarding curriculum development, unique challenges with interdisciplinary training of large numbers of students, program implementation and evaluation.
EXBELT: THE IMPACT OF A RESTRAINT REDUCTION PROGRAM ON NURSING HOME STAFF ATTITUDES
M. Gulpers,1 M. Bleiejevens, E. van Rossum1,2, E. Capezuti,1 J. Hamers1,3,1 Department of Health Care and Nursing Science, Maastricht University / school CAPHRI, Maastricht, Netherlands, 2. Zuyd University of Applied Sciences, Research Centre on Autonomy and Participation, Heerlen, Netherlands, 3. New York University, Hartford Institute for Geriatric Nursing, New York, New York

Background: Educational interventions to reduce restraint use have shown mixed results in changing staff attitudes and practice. A multi-component intervention program, ‘EXBELT,’ that includes an educational intervention for staff, a policy change (belt use is prohibited by the nursing home management), availability of a nurse specialist consultant, and availability of alternative interventions, has demonstrated a major reduction of restraints in 13 Dutch nursing homes. This paper will examine the effect of EXBELT on staff attitudes and opinions regarding physical restraints and their decision to use restraints. Methods: The Maastricht Attitude Questionnaire (MAQ) on attitudes regarding restraints (sub-scales: reasons, consequences and appropriateness of restraint use) and opinions regarding the restrictiveness of restraint measures and discomfort in using them, was administered prior and at 2 weeks and 8 months following the educational part of the intervention. Results: A total of 95 (40.2 years (sd=10.97); 76% women) of 161 nursing home staff members completed the MAQ at all three time points. Staff attitudes towards the use of physical restraints changed from 2.88 (SD=0.51) to 2.62 (SD=0.49) over the 8 months period, indicating more negative attitudes regarding restraint use (p<0.001). In addition, nursing home staff reported physical restraint usage as more restrictive (p<0.05) and experienced more discomfort in using these measures (p<0.001). Conclusion: Implementation of the EXBELT intervention resulted in a desired and meaningful change of nursing home staff attitudes and opinions. These results underline the importance of changing staff perceptions towards physical restraint that can contribute to the reduced usage of these measures.

64th Annual Scientific Meeting
research databases (PsychARTICLES, socioINDEX, and MEDLINE). Keyword search terms were used in various combinations, which included ‘childhood trauma,’ ‘child abuse,’ ‘earlier life trauma’ and ‘older adults.’ A data extraction tool was created by the research team to organize information related to the methods and major findings of the research studies. Two coders were trained to extract relevant information and 100% agreement was achieved for interrater reliability checks. These collective findings suggest that earlier life trauma is associated with later life mental health (including substance abuse), physical health, and re-victimization or elder abuse (e.g., Shmotkin & Litwin, 2009). The types of lifetime traumatic and stressful life experiences linked to the physical and mental health of older adults range from a single event to the accumulation of multiple traumatic and stressful life events that have occurred in childhood or adulthood. Drawing firm conclusions must be tempered by common methodological limitations in research design, data collection procedures, sampling strategies, and measurement used across studies. These results have implications for social work practice with older adults. Potential avenues for assessment, prevention, and intervention with older adults with past and present histories of traumatic and stressful life experiences. Accurate assessment for trauma and PTSD assessment and multidisciplinary practice with older adults are reviewed.

RELIABILITY AND VALIDITY OF THE LIFE EVENTS ASSESSMENT PROFILE: A NEW TOOL FOR STRESS RESEARCH
E. Wethington1, B.P. Anderson2, T. Kamarck1, J. Human Development, Cornell University, Ithaca, New York, 2. University of Pittsburgh, Pittsburgh, Pennsylvania

Life course research on stressor exposure has been hampered by the lack of reliable and valid assessments. Personal interview measures assessing exposure to stressors (e.g. Life Events and Difficulties Schedule (LEDS): Brown & Harris, 1972), are believed to be more reliable and valid than typical self-report measures because they more precisely estimate severity and duration of stressor exposure. Yet the LEDS is also extremely time-consuming to use (> 16 hours per interview). We developed a new instrument, the Life Events Assessment Profile (LEAP), which reproduces important LEDS features but reduces the time required to administer. We field-tested the LEAP with 55 men and women, ages 30-50 years, literate in English and not currently receiving treatment for psychiatric disorder. Thirty subjects were randomly administered either the LEDS or LEAP, followed by the other interview one week later; 25 were interviewed with the LEAP twice, six weeks apart. There were no age or gender differences in reported stressor exposure over a one year retrospective period. The LEAP and the LEDS did not differ in the number of severe and non-severe events assessed. Correspondence between LEDS and LEAP was good (r=.84 for severe events, r =.75 for total number of severe chronic stressors). Test-retest reliability of the LEAP was excellent for total events (r=92), and severe events (.90). LEAP recall falloff was not significant over a 12 month period. Severe chronic stressors measured by the LEAP were significantly associated with higher scores on the CES-D (p<.02) and the Cohen Perceived Stress Scale (p<.01).

DOES CHILDHOOD REALLY HAVE A “LONG ARM?” ACCUMULATIVE LIFE COURSE PROCESSES IN LATE-LIFE FUNCTIONAL DISPARITIES
J. Kelley-Moore, J. Lin, D. Dannefer, T. Bhatta, Sociology, Case Western Reserve University, Cleveland, Ohio

Studies examining the “long arm” of inequality have found that childhood socioeconomic conditions influence late-life health net of adult conditions. However, this work treats early-life and mid-life characteristics as independent and exogenous predictors, rather than accounting for the accumulative character of life course processes. Guided by cumulative disadvantage theory, we used 8 waves (1994-2008) of the Health and Retirement Study to re-examine the “long arm” hypothesis. Utilizing a novel statistical methodology that incorporates endogenous variables in latent growth curve models, we examined whether childhood conditions actually have an independent effect on late-life functional limitations once the mid-life pathways (instrumented endogenous variables) are incorporated. We find that while childhood health and educational attainment originally had a direct effect on late-life functional limitations, they actually only influence mid-life morbidity and mortality risk, which in turn influence late-life function. Alternatively, the influence of childhood SES on late-life functional limitations is significantly attenuated after accounting for its influence on mid-life health and mortality risk. Our findings demonstrate that late-life health disparities are the product of accumulative but modifiable life course processes. We discuss the theoretical and statistical consequences of considering indicators of early-, mid-, and late-life circumstances as independent influences on health in older adulthood.

THE GENDERED LIFE COURSE AND HEALTH IN LATER LIFE: MODELING WORK AND FAMILY LIFE COURSE EXPERIENCES
L. Corno, University of Toronto, Toronto, Ontario, Canada

There is a well-established relationship between socioeconomic position (SEP) and health among older adults, but a short-coming of existing research is its failure to link the SEP-health relationship in later life to the gendered histories of work and family life or the social contexts in which these histories unfold. Drawing on life course and welfare state theory, this research investigates the dominant patterns of labor market and family experiences over the life course (19-64 years) for current cohorts of older adults in Britain using a two-stage latent class analysis. The data come from the British Household Panel Survey and respondents born between 1927 and 1940 were included in this sample (N=1552). Detailed retrospective histories of labor market attachment, occupational class, marriage(s), and dependent children were used to model life course experiences. Four latent life paths characterize the experiences of the older adults in this sample. Consistent with the social policy context in Britain in the post-World War II years, there was evidence of distinct gender patterns in role configurations at various points across the life course and in the life paths that link these experiences over time. The two-stage latent class model provides an innovative way of summarizing detailed and complex life course experiences. The relationship of these gendered life paths to SEP and health dynamics in later life is discussed in the context of our current understanding of health inequalities among older adults.

THE CONTINUED ECLIPSE OF DIVERSITY IN GERONTOLOGICAL AND DEVELOPMENTAL RESEARCH
M. Stone, J. Lin, P. Zhang, D. Dannefer, Case Western Reserve University, Cleveland, Ohio

Do age peers become increasingly diverse, dissimilar or homogeneous as they grow older? This paper extends and updates the analysis of Nelson & Dannefer’s widely cited article containing that (1) questions of age-based variability are infrequently reported or discussed in studies of aging and human development, and 2) when reported, they tend to show an increase in variability. This paper updates and extends their analysis by examining articles published in leading gerontological and developmental journals. Articles (N = 185) from Journals of Gerontology, Psychology & Aging, Research on Aging, Developmental Psychology, Developmental Review and Human Development (1995-2005) were examined to determine whether with-in age variability was reported and/or discussed. We also classified the trajectories of intra-age variability (increasing, decreasing, fluctuating or stable). Our findings indicate that although a large proportion of gerontological and developmental studies report with-in age variability, few discuss it. This finding is considered in the context of the growing attention in gerontology to this issue and related topics such as age-based
inequality and cumulative dis/advantage. An analysis of variability trajectories constructed for those studies who reported it revealed a somewhat more complex pattern than the earlier analysis, although a linear increase in variability remained the modal pattern. We will provide potential reasons for this apparent neglect of age-based variability, as well as stimulate a discussion about the possible solutions surrounding the lack of attention given to the problem.

SESSION 1970 (PAPER)

LONGEVITY

FORECASTING THE FUTURE OF HEALTH AND LONGEVITY


Commonly used metrics such as age-specific death rates and life expectancy may be accurate predictors of the future if they are sensitized to the health conditions of those still alive. However, because current reporting metrics do not take the latent effects of the health of the living into account, they can (and have) led to inappropriate public policies linked to improving health. Using the looming impact of the obesity epidemic as an example, we suggest that the health and mortality prospects of younger generations are considerably worse than indicated by recent trends in national vital statistics. Moreover, because recent birth cohorts are susceptible to obesity early in the life course, it is critical to use a forecasting method capable of accounting for cohort variability in lifestyle and obesity-related health complications. To illustrate, we show that recent reversals in heart disease mortality among younger generations are missed by a widely-used projection technique, but are accurately predicted by a methodology accounting for variability among birth cohorts. Both the extant literature and our empirical findings suggest that predicting future health and longevity will require the utilization of projection techniques sensitized to high rates of obesity among young Americans.

ESTIMATING AND EMPLOYING SURVIVAL WEIGHTS FOR LIFE COURSE ANALYSES OF REPEATED CROSS-SECTIONAL DATA

S.M. Lynch, D. Alwin, S. Brown, Sociology, Princeton University, Princeton, New Jersey

Sample weighting has become increasingly common in analyses of repeated cross-sectional data. Yet, most weighting schemes re-weight data to represent the population of those who have survived to particular ages. For life course analyses of cross-sectional data, such weights are not necessarily desirable. Instead, for analyses that model life course processes, we should, perhaps, be weighting individuals at given ages by their propensity to survive to the ages at which they are observed. In this paper, we develop and discuss the benefits of “survival weights,” that is, weights for individuals based on their probability of surviving to the ages at which they are observed in cross-sections. Using data from the General Social Survey (GSS), we show (1) that survival probabilities can be estimated from cross-sectional data based on fixed covariates, and (2) that life course analyses based on data weighted using these survival probabilities yield different results than analyses based on usual weights. The particular focus in our work is on the life course pattern in the relationship between education and health. Extant research has found an inverted-u-shaped pattern, such that education’s maximum effect is observed just beyond midlife. However, we argue that this pattern is due to selective survival. With data properly reweighted to compensate for differential survival by education level, we find a different pattern. Specifically, the effect of education on health appears to increase well beyond the age found in previous research. Implications and extensions of our “survival weighting” approach are discussed.

NEW ESTIMATES OF MORTALITY TRAJECTORIES AT EXTREME OLD AGES

N.S. Gavrilova, L.A. Gavrilov, NORC and the University of Chicago, Chicago, Illinois

A growing number of persons living beyond age 100 emphasizes the need for accurate measurement and modeling of mortality at advanced ages. Earlier studies indicate that exponential growth of mortality with age (Gompertz law) is followed by a period of mortality deceleration with slower rate of growth. This study challenges earlier conclusions with new data and methods. In contrast to many earlier reports based on analysis of mixed cross-sectional data for people belonging to different generations, we studied real cohort survival data for people with the same year of birth. For this purpose we obtained data from the U.S. Social Security Administration Death Master File to measure mortality in single-year 1881-1895 extinct birth cohorts. We found that mortality deceleration is far less pronounced when it is measured for shorter monthly age intervals rather than for traditional annual intervals. This indicates that traditional measures of mortality (like the Nelson-Aalen hazard rate estimate) underestimate mortality force at extreme old ages. We also found that mortality deceleration is far less pronounced when datasets with higher data accuracy (age reporting) are analyzed. Mortality modeling found that the Gompertz model demonstrates better goodness-of-fit in age interval 88-106 years compared to mortality deceleration (logistic) model for data of good quality studied in monthly age intervals. Earlier reports of mortality deceleration for ages below 106 years appear to be a result of age exaggeration and use of improper estimates of hazard rate. This study was supported by the National Institute on Aging (R01 AG028620 grant).

SESSION 1975 (PAPER)

TECHNOLOGY USE FOR INDEPENDENCE AND WELL-BEING

I AM OLD BUT A NEW SELF: POST-CANCER SELF-REAPPRAISAL AMONG OLDER ADULTS SURFING THE CYBER WORLD OF SOCIAL SUPPORT

G. Seckin, UMBC, Baltimore, Maryland

The Internet is a fascinating social context to study coping and health support for seniors. Adults aged fifty five and older are the fastest growing Internet users since early 2000s. The present study investigates perceived impact of online support on alternative appraisals of cancer and interaction of these variables on post-diagnosis self-reappraisal among older survivors. Sample of the present study (N = 157) represent a subsample of a larger study of adults living with cancer. The average age of the respondents was 57.0 years, with a range from 50 to 79. Respondents completed the survey in a web-based format. Ordinary least-squares (OLS) regressions entered the variables in five hierarchical blocks: (a) demographic and medical variables; (b) psychosocial variables; (c) online support; (d) appraisal variables; (e) interaction terms between online support and appraisal variables. Within each block, the simultaneous entry procedure was used. This hierarchical approach tested the independent and cumulative effects of blocks of variables on post-diagnosis self-transformation. The results showed that there is a significant interaction between online support and trauma appraisal of cancer. Perceived benefits of online support increased in proportion to the degree to which cancer experiences were appraised traumatic. Findings of the study point out potentially modifiable variances associated with cognitive appraisals of cancer and underscore the significance of online support communities on positive reappraisal of illness experiences in old age.
AN INNOVATIVE APPROACH THAT SUPPORTS INDEPENDENCE AND SAFETY IN DRESSING
M. Calkins, IDEAS, Kirtland, Ohio

Roughly 72% of nursing home residents need some assistance with dressing. Most dressing research focuses on the ability to don clothing. However, accessing clothing from the wardrobe/closet/dresser is a necessary precursor to independence in the full act of dressing. This research evaluated the impact on safety and autonomy of nursing home and AL residents of an innovatively designed wardrobe system. Based on Universal Design principles and other design characteristics to specifically address dressing deficits in this population, this multi-phased pre-post design examined the impact of “wardrobe” and “wardrobe with training” conditions. Dressing was digitally recorded (audio-visual) for 6 weeks. IRB issues will be discussed. Dressing performance was assessed using the WISS: Wardrobe Independence and Safety Scale. Safety, ease, and use of supportive features increased significantly (p<0.000 for all three), and safety and ease further improved with training (p<0.019 and p<0.021 respectively). Differences by cognition and functional ability were also examined. Overall, it made less of a difference for individuals with more severe physical impairments, who seldom accessed anything in their wardrobes either with their original wardrobe or with the assistive wardrobes. The wardrobe, however, was effective for individuals with lower cognitive abilities, and individuals with little to no cognitive impairment, but greater physical disability.

COMPUTER SKILLS FOR HEALTHY AGING: STUDENTS MENTORING OLDER ADULTS ONLINE
S.S. Wexler1, L. Drury1, J. Coppola1, B. Appelbohm Thomas2, J. Lienhard School of Nursing, Pace University, New York, New York, 2. Westchester Community College, Valhalla, New York, 3. Seidenberg School of Computer Science and Information Systems, Pace University, New York, New York

Online communication is increasingly necessary for full participation in modern life. Older adults who lack computer skills or equipment are at risk for social isolation and resulting cognitive decline. Our research program equips clients aged 65+ with a refurbished computer and Internet access. Each client is matched with one nursing and one computer science student who work together coaching the older adult into online networking. Nursing students evaluate the physical and psychosocial needs of each client while computer students adapt the hardware and software accordingly. Students make weekly home visits to provide one-to-one assistance in using email, Skype, and web searches. “Virtual visits” continue online allowing students to monitor their client’s progress and to determine when further home visits or referrals for additional services are needed. Outcomes for participating clients and controls are measured in a pretest/posttest design using the Montreal Cognitive Assessment (MOCA), Experiences and Attitudes to Aging Questionnaire, Older Adult Survey of Computer Anxiety and Assistive Technology, and demographic data instruments. The mean age of participants is 77.76 years, with a range of 55-100 years of age. Analysis of Paired t-tests reveals significant improvement (p<.001) in MOCA scores. Qualitative data suggest improvement in clients’ functional status and increased engagement in activity outside the home. The next phase of the study will use standardized instruments to measure these dimensions.

A WEB-BASED INTERVENTION FOR IMPROVING THE PSYCHOLOGICAL WELL-BEING OF MALE STROKE SURVIVORS AND THEIR SPOUSAL CAREGIVERS
G.C. Smith, N. Egbert, M. Delmann-Jenkins, K.M. Nanna, LifeSpan Development, Kent State University, Kent, Ohio

The efficacy a web-based intervention for improving the psychological well-being of male stroke survivors (SS) and their caregiver (CG) wives was examined in a randomized clinical trial study. In the treatment condition (n = 15 dyads), CGs received twice weekly group sessions lead by a nurse that alternated between (a) introducing (via brief online videos of enacted support groups) and discussing major topics related to informal stroke care; and (b) processing homework assignments. Topics addressed the emotional burden of both CG and SS, along with training for meeting the emotional care needs of the SS. Individualized e-contact with the nurse leader; a message board; and an online resource room with stroke information were additional treatment components. In a comparison condition (n = 17 dyads), CG received access to the resource room only. Pretest, posttest, and one month follow-up measures of depression, mastery, self-esteem, and social support were obtained from GC and SS. Data were analyzed (intent-to-treat and full compliance modes) by 2 (condition) X 2 (time) repeated measures ANCOVAs with pretest scores as covariates. Depression for CGs was the only outcome on which statistically significant differences were found between experimental conditions. Although no significant differences occurred for SS, depression in the treatment condition was lower at one month follow-up than in the comparison condition. As hypothesized from the Stress Process Model, lower depression was related significantly to increased mastery, self esteem, and social support in SS and CG. Implications for interventions addressing caregiver-care receiver reciprocity will be discussed. [Funded by R21NR01089-02]

SESSION 1980 (PAPER)

TRAJECTORIES OF COGNITIVE FUNCTIONING

PROGNOSTIC SIGNIFICANCE OF CLOX COGNITIVE PHENOTYPES ON MORTALITY AND FUNCTION
R.M. Allman1,2, P. Sawyer2, M. Crowe2, D.R. Royall2, D.L. Roth1, J. Birmingham/Atlanta VA GRECC, Birmingham, Alabama, 2. University of Alabama at Birmingham, Birmingham, Alabama, 3. University of Texas Health Science Center at San Antonio, San Antonio, Texas

Purpose: To examine the prognostic implications of CLOX phenotypes for mortality and function over 8.5 years. Methods: Community-dwelling Medicare beneficiaries aged 65 years and older completed baseline in-home assessments including socio-demographics, medical conditions, depressive symptoms, and everyday function (ADLs, IADLs, and life-space). The CLOX test was used to determine clock drawing phenotypes (no impairment, type 1 and type 2). Follow-up telephone interviews were used to assess function and vital status every six months over 8.5 years. Deaths were confirmed by the National Death Index. Survival analysis and longitudinal mixed models were used to examine mortality and functional trajectories, respectively. Models were adjusted for age, race, gender, marital status, rural residence, education, income, depressive symptoms, and baseline co-morbidity. Results: Participants (N=863) had mean age of 74.8 (SD=6.5); 50% were male and 47% African American. 15% demonstrated Type 2 (executive dysfunction) impairment while 32% had Type 1 (global dysfunction). Type 1 had significantly higher mortality than the referent (49.8% vs 30.3%, HR=1.43, p =0.01); Type 2 did not (38.9%). The main effect of the Type 1 phenotype was significant on life-space, with Type 1 participants having a lower life-space than those with no impairment or the Type 2 Phenotype. Type 1 phenotype had accelerated rates of new ADL and IADL difficulty over time in comparison to participants with no impairment or Type 2. Conclusions: Compared with the non-impaired CLOX phenotype, older adults with Type 1 are at increased risk for mortality and functional decline. Type 2 phenotype was not.
INTRAINDIVIDUAL VARIABILITY AND AGING: SELF-INCONSISTENCY AND COGNITIVE DECLINE

D. Finkel, N. Ram, School of Social Sciences, Indiana University Southeast, New Albany, Indiana

Intraindividual variability is often associated with lower levels of emotional and physical well-being, as well as cognitive functioning (Baird et al., 2006; Chow et al., 2007; Ong & Allaire, 2005; Ram, et al. in press). Collection of burst (repeated) measurements during on-going longitudinal studies is now allowing us to investigate the extent to which long-term developmental processes may influence and/or be influenced by short-term variability in function. During the fifth wave of the ongoing 19-year Swedish Adoption/Twin Study of Aging, 42 participants (aged 54 to 67) completed up to 10 days of repeated assessments of neuropsychological, extraversion, depression, life satisfaction, and locus of control. Integrating quantifications of intraindividual variability and multivariate growth curve models, we used this data to elaborate the antecedent, correlate, and consequent associations between day-to-day variability and decade-to-decade change. Specifically, we examined how measures of short-term self-inconsistency in personality were associated with concurrent levels of cognitive function and both prior and later cognitive decline in verbal, spatial, memory, and speed domains. Results indicate that greater inconsistency in extraversion is generally associated with lower overall levels of cognitive performance and that higher levels of intraindividual variability were associated with steeper rates of decline for the verbal and speed factors, particularly as a potential indicator of forthcoming declines. Our study expands the methodological frameworks for layering short-term and long-term processes and how they may contribute to our understanding and identification of early markers of development and senescence.

EARLY IDENTIFICATION OF NEUROPSYCHOLOGICALLY-DEFINED MILD COGNITIVE IMPAIRMENT (MCI): A STUDY OF MIDLIFE TWINS

W.S. Kremen1, A. Jak1,2, M.S. Panizzon1, C.E. Franz1, A. Dale1, C. Fennema-Notestein1, L. Eyler1,2, M. Lyons1, J. University of California, San Diego, La Jolla, California, 2. VA San Diego Healthcare System, La Jolla, California, 3. Boston University, Boston, Massachusetts

Early identification of MCI is important. Most studies focus on age 65+, and include clinically-referred patients without actual premorbid cognitive ability data. Furthermore, the heritability of MCI (proportion of phenotypic variance due to genes) is unknown. We assessed 1168 community-dwelling male twins in the Vietnam Era Twin Study of Aging (VETSA). All but 4 were in their 50s. Neuropsychological assessment covered multiple tests in 5 domains. Adapted Petersen-Morris Criteria=impairment based on ≥1 measure in a domain >1.5 SDs below normative expectations. Comprehensive Criteria=impairment based on ≥2 measures in a domain >1.0 SD below normative expectations. Conservative Criteria=impairment based on ≥2 measures in a domain >1.5 SDs below normative expectations. Premorbid general cognitive ability was based on testing at age 20. 44.18% met Adapted Petersen-Morris Criteria; 20.18% met Comprehensive Criteria; and 11.3% met Conservative Criteria. Heritability was 0.32 for the Adapted Petersen-Morris, 0.28 for the Comprehensive, and 0.46 for the Conservative Criteria. In analyses based on Conservative Criteria, participants classified as having multiple-domain MCI had the lowest premorbid cognitive ability, followed by single-domain, and then cognitively normal participants. Hippocampal volume was smallest in multiple-domain MCI, and remained so after adjusting for premorbid cognitive ability. Findings suggest that: 1) neuropsychologically-defined MCI can be identified even among non-clinically referred adults in their 50s; 2) being heritable, neuropsychologically-defined MCI is an appropriate phenotype for genetic association studies; 3) premorbid cognitive ability is a risk/protective factor, but analyses controlling for premorbid ability suggest additional processes. Ongoing follow-ups will determine the utility of different MCI definitions.

AGE DIFFERENSES IN ADAPTIVE DECISION MAKING: GAINS VS. LOSSES

Y. Chen, R. Kirk, O.L. Pethtel, J. Wang, A.E. Kiefer, Psychology Department, Bowling Green State University, Bowling Green, Ohio

Throughout human development, the ability to make adaptive decisions is crucial for survival and well-being. However, decisions may become increasingly difficult when there is uncertainty of the outcome. Risky decision making refers to decisions in which the outcome is unknown. Past research has found that people make different risky decisions when the decision involves gains vs. losses. It is well-known that losses loom larger than gains (Kahneman & Tversky, 1979): individuals are more likely to take a risk to avoid potential losses than to achieve potential gains. This tendency is not necessarily maladaptive as the traditional framing effects typically represent equal probability of gains vs. losses. The present study used the Cups task (Levin, Weller, Pederson, & Harshman, 2007) to manipulate probabilities of gains and losses so sometimes it was advantage to take the risk and sometimes it was disadvantage to take the risk. Levin and colleagues (2007) found that children were more likely to make risky choices than their parents especially when risky choices were disadvantage. But little is known about adult age differences in the ability to make advantageous decisions. Thus, the major objective of the current study was to investigate young and older adults’ abilities to make adaptive decisions in gain vs. loss domains. Forty young (18-25 years old) and 40 older adults (over 65 years old) completed the risky decision making task on a computer (i.e., the Cups task). The Cups task consisted of 54 trials representing 3 trials each of all combinations of two domains (gain vs. loss), 3 levels of probability (20/33/50) and 3 levels of outcome magnitude for risky options (2/3/5 dollars) compared to 1 dollar for sure. In addition, participants completed a cognitive battery including measures of crystallized intelligence (e.g., Wechsler Adult Intelligence Scale) and fluid intelligence (e.g., processing speed). It was found that overall young adults were more likely than older adults to make risky choices in the gain domain whereas the two age groups did not differ in risk-taking in the loss domain. In addition, both young and older adults were sensitive to probability change across the two domains and made adaptive decisions. The current study made important contributions to our understanding of adult age differences in risky decision making. The findings also have practical implications. Older adults may benefit more from increasing their advantageous risky taking in order to achieve potential gains.

AGE-INVARIANT MEMORY FOR GENERAL, BUT NOT SPECIFIC, SOCIAL INFORMATION

A.H. Gutchess, J. Coleman, M. Limbert, Brandeis University, Waltham, Massachusetts

While some evidence indicates that memory for socioemotional information can be preserved with age (e.g., Rahhal, May, & Hasher, 2002), a large body of literature investigating nonsocial information suggests age-related declines in memory, particularly in memory for specific details. We investigated the possibility that memory for general social information (e.g., whether someone had a good or bad character) could be intact with age, while memory for behavioral details would be impaired with age. Sixteen young and 16 older adults encoded faces paired with sentences containing character information, and then completed tests assessing general and specific aspects of memory. Results indicate that young and older adults are well-equated on general memory but young perform better than older adults on specific memory trials. These results indicate that while memory for socioemotional information can be preserved under some circumstances with
The world population is aging, as are the workforces in many nations. In response to this trend, researchers have begun investigating how the experience of work for older workers differs from that of younger workers. This research has largely been US based and has not focused on multi-national organizations operating in different countries around the world (Brazil, China, India, Japan, Mexico, Netherlands, South Africa, Botswana, Spain, the United Kingdom, the United States) to conduct the Generations of Talent Study (GOT). This study collected data from over 11,000 employees on several dimensions of quality of employment as experienced by today’s multigenerational workforces. The papers presented in this symposium are based on the data collected for this study. The first presentation in this symposium provides an overview of the study aims, design, and methods. The second through fourth presentations focus on analytical papers based on the GOT data. The primary aim of these papers is to explore cross-national variation in work outcomes—specifically job satisfaction, work engagement, and work embracement—amongst older adults. Findings reveal interesting differences and similarities within and across employees, organizational and national contexts. A discussant will reflect on the contribution of this work to knowledge building around the work experiences of older adults in various national contexts.

VARIATIONS ACROSS WORKSITES IN RELATIONSHIPS WITH JOB SATISFACTION FOR MULTI-NATIONAL ORGANIZATIONS
E. Besen, C. Matz-Costa, R. Bhate, boston college, Chestnut Hill, Massachusetts

The world population is aging, as are the workforces in many nations. In response to this trend, researchers have begun investigating how the experience of work for older workers differs from that of younger workers. This research has largely been US based and has not focused on multi-national organizations with worksites around the world. As economic globalization continues and workforces become more globally diverse, it is becoming increasingly important to understand how the impact of age on work experiences may vary cross-nationally. One important work experience that has been found to differ across the lifespan is job satisfaction. We examine how relationships with job satisfaction vary between older and younger workers. Analyses reveal that job satisfaction is greater for older than younger workers and this does not vary across worksites/countries. Findings will be discussed regarding implications for multi-national organizations with diverse workforces regarding age.

THE EMBRACEMENT OF WORK IN OLDER ADULTHOOD: THE IMPACT OF JOBS, ORGANIZATIONS, AND CULTURAL CONTEXTS
C. Matz-Costa1, S. Sweet, M. Pitt-Catsouphes1, 1. Graduate School of Social Work, Boston College, Sloan Center on Aging & Work, Chestnut Hill, Massachusetts, 2. Ithaca College- Department of Sociology, Ithaca, New York

Prior studies show that expectations to work and participation in work vary remarkably over the life course, between organizations, and between societies. In this paper we seek to extend understandings of work attachment amongst older adults by considering the psychological embracement of work—meaning the extent that one perceives work as meaningful, interesting, and as an important part of their identity. We will share findings that explore the impact of personal attributes, employment characteristics, care responsibilities, household work commitments, work-family balance, and retirement expectations on the work embracement of adults age 50 and older. By considering the contexts in which work is embraced (or conversely those that correspond with detachment from work) our study contributes to understanding how values are nested within systems that give shape not only to the opportunity to work in older adulthood, but also aspirations that intersect with job, career, and family role performance.

THE GENERATIONS OF TALENT STUDY: STUDY DESIGN AND METHODS
R. Carapinha1,2, N. Sarkisian1, M. Pitt-Catsouphes1,2, 1. Boston College, Chestnut Hill, Massachusetts, 2. Sloan Center on Aging and Work, Boston College, Chestnut Hill, Massachusetts

The Generations of Talent Study (GOT) was conducted from May 2009 through November 2010. Seven multinational companies participated in the study through their operations in 11 different countries including Brazil, China, India, Japan, Mexico, Netherlands, South Africa, Botswana, Spain, the United Kingdom, and the United States. Data were collected using a 30-minute web-based survey that was translated from English to four other languages that focused on employees’ perceptions of their work experiences, workplace-based resources, demographic information, and their assessments of their health and well-being (at work and in their lives, in general). In total, 11,297 individual employees of these multinational companies responded to the survey, 1,325 of whom were over age 50. This presentation will provide an overview of the overall study design, data collection mechanisms, and sampling procedures employed in the GOT study. General analytic strategies relevant to the papers in this session will also be discussed.

CRITICAL JOB RESOURCES TO PROMOTE WORK ENGAGEMENT AMONG OLDER EMPLOYEES
J. Lee, R. Carapinha, M. Pitt-Catsouphes, Boston College, Chestnut hill, Massachusetts

The dramatic shifts of age demographics in the workforce and the global economic crises present opportunities and challenges for global employers who are managing multi-generational and multi-national talent. Promoting employee work engagement as a global talent management strategy is related to positive benefits for both employers and employees. However, in order to address the global aging of the workforce in tough economic times, employers need to specifically identify the critical predictors of work engagement among older employees (50 years and older). In this paper, we examine the relationship between older employee’s satisfaction with job resources (such as training and development) and work engagement to identify the resources that has the greatest impact among older employees cross-nationally. Analyses reveal that some job resources are more important than others to promote work engagement among older employees. Best strategies to promote work engagement among older employees cross-nationally will be presented.
SESSION 1990 (SYMPOSIUM)

GRANDPARENT CAREGIVERS: UTILIZATION AND EFFECTIVENESS OF SERVICES AND SUPPORT PROGRAMS
Chair: C.A. Fruhauf, Human Development & Family Studies, Colorado State University, Fort Collins, Colorado
Discussant: T.A. LaPierre, University of Kansas, Lawrence, Kansas

Understanding the effectiveness of services and support programs utilized by grandparent caregivers is increasingly important as the number of grandparents raising grandchildren continue to grow. Despite the recognition of the vital role programs and services play in the lives of grandparents raising grandchildren, questions remain to be answered. In this symposium, empirical investigations addressing the impact services have on grandparents, service providers’ reports of program needs, and grandparents’ views of working with social workers will be discussed. In particular, the first paper by Whitley, Kelley, and Campos focuses on the varying coping behaviors of custodial grandmothers as a response to a multi-disciplinary service program. Using focus groups and surveys, the second paper by Kolomer and colleagues will address results from a supplemental food program that has been added to the Healthy Grandparents program in Northeast Georgia. In the third paper, Rhyes, Hayslip, and Ingman will discuss benefits custodial grandparents report from activities and services based on senior center attendance. The final two papers will address service providers’ needs and their engagement with grandparent caregivers. Fruhauf and Bundy-Fazioli will report data gathered from telephone interviews with service providers on their needs in order to better assist grandparent caregivers. Additionally, Gladstone will end the symposium addressing grandparents, involved in the child welfare system, relationships with social workers. The discussant, LaPierre, will integrate the findings from these papers, address future research needs, and provide implications for professional practice with grandparent caregivers.

ADDRESSING FOOD INSECURITY IN GRANDPARENT HEADED-HOUSEHOLDS
S. Kolomer1, S. Himmelheber1, S. McKinney2, C.J. Elward1, J. University of Georgia School of Social Work, Athens, GA, 2. Athens Community Council on Aging, Athens, Georgia

Background: A major challenge for grandparent headed-households is confronting how to provide for the food needs of an instant family of dependents. One response to the needs of grandparent caregivers in the Northeast Georgia area has been Healthy Grandparents. Recently, supplemental food assistance has been added to the services provided through the Healthy Grandparents Program. Method: Through multiple focus groups and surveys, food insecurity levels among grandparent caregivers in the Northeast Georgia area were explored to identify what sources of food assistance are being utilized, what obstacles exist to accessing services, and to assess the effectiveness in the provision of supplemental food through the Healthy Grandparents Program. Results: Grandparent headed-households have several external and personal strategies for coping with food insecurity. Discussion: Grandparent headed-households are greatly impacted by the weak state of the economy. Participants will be able to identify program and policy initiatives regarding food insecurity.

HOW TO BETTER SERVE GRANDFAMILIES:
RECOMMENDATIONS FROM SERVICE PROVIDERS
C.A. Fruhauf1, K. Bundy-Fazioli2, J. Human Development & Family Studies, Colorado State University, Fort Collins, Colorado, 1. School of Social Work, Colorado State University, Fort Collins, Colorado

Grandparent caregivers often need support services. Yet, little is known about what service providers need in order to better serve grandfamilies. As a result, we conducted telephone interviews with professional service providers (N = 16) from agencies serving grandfamilies. Participants answered questions such as: (1) when you come in contact with grandparent caregivers what services do you provide, and (2) what do you need to better serve grandfamilies? Data were transcribed verbatim and transcripts were analyzed using an inductive, constant comparison approach. Findings revealed service providers’ desire to better understand the available resources in the community for grandfamilies. Participants fully supported continual funding for the kinship navigator position, and discussed the importance of community providers sharing a common voice and working together. It is important that professionals who serve grandparent caregivers are knowledgeable and willing to collaborate with other providers to meet the needs of grandfamilies.

ENGAGING GRANDPARENTS IN THE HELPING PROCESS: A VIEW FROM CHILD WELFARE
J. Gladstone, McMaster University, Hamilton, Ontario, Canada

Custodial grandparent caregivers are often involved with child welfare agencies who offer services intended to support the family. The question addressed in this paper is: What do service providers need to consider in order to engage grandparents in the helping process? Data were gathered through in-depth qualitative interviews with 33 grandparents who were raising their grandchildren and involved with the child welfare system. Findings show that grandparent engagement is related to 4 factors: (1) relationships between grandparent and social workers attached to these agencies; (2) workers’ relationships with grandparents; (3) grandparent relationships with the middle generation; and (4) workers’ relationships with the middle generation. Findings are discussed in relation to Yatchmenoff’s (2002) conceptualization of engagement which includes 4 dimensions: receptivity, buy-in, working relationship, and mistrust. Our conclusion is that engaging grandparents in child welfare services is a multidimensional process that needs to look beyond dyadic relationships.

SENIOR CENTER ATTENDANCE BENEFITS GRANDPARENTS RAISING GRANDCHILDREN
B. Hayslip, L. Rhyes, S. Ingman, Psychology, University of North Texas, Denton, Texas

While senior centers provide many benefits for those who partake of its services, such effects have not been examined among custodial grandparents. One-hundred thirty such persons completed measures of quality of life, well being, loneliness, caregiver burden, and role satisfaction. A MANOVA (F = 2.72, p < .01) wherein senior center attendance impacted the above measures as a set, and ANOVAs suggested that quality of life, caregiver burden, well being, and role satisfaction were impacted positively by senior center attendance. Grandparent caregivers who were currently attending were also twice as likely to report doing so relative to when they were not raising grandchildren, while among those not currently attending, this pattern was reversed (X21 = 13.1, p < .05). These findings substantiate the unique benefits for grandparent caregivers of becoming involved in the activities and services senior centers provide, key to such persons’ well-being and satisfaction with life.

FAMILY COPING PATTERNS AMONG CUSTODIAL GRANDMOTHERS RAISING GRANDCHILDREN: A PRELIMINARY ANALYSIS
D. Whitley, S.J. Kelley, P.E. Campos, Georgia State University, Atlanta, Georgia

Many custodial grandmothers have difficulty in maintaining a cohesive home setting because of challenging parental responsibilities. Stabilizing the home environment requires family members to develop appropriate coping behaviors. This presentation reports on the preliminary findings of the coping behaviors of 191 grandmothers who participated in a 12-month program designed to strengthen their social, physical and emotional states. All participants are African American...
grandmothers or great-grandmothers, raising an average of 2.3 grandchildren. The Family Crisis Oriented Personal Evaluation (FCOPES) and the Family Adaptability and Cohesion Evaluation Scales (FACES) measured multiple dimensions of family coping, cohesion and adaptability. Pre/Post comparative analysis suggest participants experienced improved perceptions of coping over time. However, younger, more educated, employed grandmothers, with fewer grandchildren, had higher cohesion and adaptability scores than their counterparts, but their scores appear to decline over time. This presentation highlights these findings and the implications for community-based service interventions.

**SESSION 1995 (SYMPOSIUM)**

**LATINO FAMILY CAREGIVING: LIFE COURSE, LIFE STYLES, AND LIFESPAN**

Chair: D.W. Coon, College of Nursing & Health Innovation, Arizona State University, Phoenix, Arizona

Discussant: J. Montoro Rodriguez, California State University, San Bernardino, San Bernardino, California

Latinos are the fastest growing segment of our aging population, and substantive numbers of these older adults are expected to need ongoing care as a result of debilitating chronic health conditions. These changes already translate into burgeoning numbers of Latino family members accepting the additional role of family caregiver. Such rapid growth is spurring the need to explore not only existing and emerging configurations of Latino family care, but also the demand for sustainable, culturally responsive caregiver interventions for effective delivery across the caregiving trajectory. Consonant with this year’s theme of Lifestyle → Lifespan, this symposium and its individual presentations use complementary qualitative and quantitative approaches to enrich our understanding of cultural and contextual factors (e.g., familismo, SES, gender, coping styles) that influence Latino family caregiving as framed within life course perspective. An NIH funded longitudinal mixed methods study of 110 Latino caregiving families provides the backdrop for two presentations, with one focusing on multiple caregiving experiences in Latino families (compound caregiving, serial caregiving and the domino effect), and the other describing the unique emerging role of Latino sons breaking cultural proscriptions to provide personal care for aging mothers. The third presentation describes a project funded by the Alzheimer’s Association that evaluates the impact of a fotonovela designed to help Latino families manage caregiver stress. The fotonovela was developed through a series of focus groups with caregivers and professionals by uncovering cultural and contextual factors to carefully guide content development and delivery.

**AN EMERGING LIFESPAN PHENOMENON: MEXICAN-AMERICAN SONS CARING FOR THEIR MOTHERS**

B.C. Evans, M. Belyea, E. Ume, D.W. Coon, F. Castro, Arizona State University, Phoenix, Arizona

Despite robust cultural taboos, the emerging phenomenon of personal care by Mexican-American sons for their aging mothers represents a newly identified caregiving approach in such families. Of the 110 enrolled caregivers in our NIH funded, descriptive, longitudinal, mixed methods study, 10% are sons who cope with personal care in this way. This presentation describes one such case of personal caregiving by a son and traces the evolution of his coping skills, rooted in childhood, over time. The study, Momento Crucial, uses life course perspective to integrate disparate explanations for differences in caregiver stressors, gain, and cultural expectations, and facilitate derivation of testable propositions. Completed at 10-week intervals over 15 months, standardized instruments and semi-structured interviews provide insight into how this son came to be a personal caregiver, pinpoint adaptive strategies for reconciling his activities with cultural expectations, and consider the impact of socioeconomic status and acculturation on his experience. This study was funded by NINR, National Institutes of Health (5R01NR0101541).

**EMERGING LIFESTYLES OF MEXICAN AMERICAN FAMILIES: MULTIPLE CAREGIVERS AND MULTIPLE CARE RECIPIENTS**

D.W. Coon, B.C. Evans, E. Ume, M. Belyea, F. Castro, College of Nursing & Health Innovation, Arizona State University, Phoenix, Arizona

An understudied phenomenon in caregiver research with Mexican American families is that of multiple caregiving: multiple caregivers caring for one or more care recipients at a time (compound caregiving), caring for one family member after another (serial caregiving), or receiving care from others while themselves providing care (domino effect). Most multiple caregivers participating in our federally funded descriptive, longitudinal, mixed methods study are low-income, married, and have little more than a high school education. The purpose of this presentation is to describe the emerging lifestyles of families whose cumulative disadvantage, collective ethos, socioeconomic status, or familismo lead them to provide care for older family members in groups. Multiple caregivers viewing caregiving as normative and affirming to familial bonds are committed to intensive, long term, reciprocal involvement; take pleasure in providing care with family members and friends; experience mutuality in the caregiver-care recipient relationship, and articulate caregiver gain from these activities.

**DEVELOPMENT OF A NEW FOTONOVELA FOR LATINO DEMENTIA FAMILY CAREGIVERS TO HELP MANAGE STRESS**


Latino family caregivers are a fast-growing segment of the US caregiving population. Prior research found that there is a general lack of accurate information about dementia and caregiving stress and high rates of depressive symptoms, pointing to a need for a culturally sensitive method to deliver accurate information. Our research team developed a new Fotonovela to address this need. Ten focus groups were held (4 with Latino caregivers, 6 with Latino health care professionals, with 32 and 34 participants, respectively) to obtain content input grounded in cultural and contextual factors including values such as familismo. Involving everyone in a whole family in the Fotonovela was primary, as was an emphasis on developing skills to manage care recipient behavior problems and caregiver stress and depression. Preliminary results indicate the Fotonovela is highly valued, highly rated for relevance, and frequently shared with family members.

**SESSION 2000 (SYMPOSIUM)**

**RELATEDNESS, FRIENDSHIPS AND SOCIAL INTERACTIONS: EXPLORING WHAT’S POSSIBLE IN THE MILIEU OF DEMENTIA LONG-TERM CARE**

Chair: K. de Medeiros, Miami University, Oxford, Ohio

Long-term care settings for people with dementia are viewed as a transitional places, a temporary residence somewhere in between what was once “home” and ultimate death. Although “friendships” among residents are something family and loved ones continually stress as important for people with dementia, there have been few investigations to explore what this notion really means. For example, are staff members “friends” simply because they know a resident’s name? Is it possible to form new friendships even in advanced stages of dementia? How do conversational markers help us better stand how friendship is constructed and understood linguistically? The purpose of this symposium is to present research specifically related to the notion of friendship and social interactions among people with dementia. Topics covered
include exploring the possibility of friendships among residents with dementia, navigating relationships in the social world of dementia long-term care, exploring the notion of relatedness and social cognition relative to friendships, and taking a close look at social interactions. Overall, research presented in this symposium addresses an important gap in the literature on dementia: the importance of friendship.

FRIENDSHIP BETWEEN DEMENTIA RESIDENTS IN LTC: IS IT POSSIBLE?

P. Saunders,1. K. de Medeiros2. 1. Georgetown University School of Medicine, Washington, DC, District of Columbia, 2. Miami University, Oxford, Ohio  

Researchers have shown that the communicative function of persons with dementia influences interactions with other people. For example, persons with dementia (PWD) may take longer to respond than non-impaired persons. Also PWD may be outpaced when others speak too quickly. This paper examines how conversational attempts at friendship are impacted by communicative practices of staff members in the long-term care setting. Ethnographic observations were conducted. Conversations were among PWD and staff members were recorded and transcribed. Findings show that PWD use language in conversational interactions including pronominal reference and alignment to manage relationships. Findings also reveal practices by staff members that may hinder and/or support PWDs’ attempts at conversational interactions. In summary, PWD in long-term care settings may suffer from isolation and loneliness due to the nature and communicative practices of institutional facilities. Understanding how people construct social relationships and how staff impact this process is important to PWDs’ quality of life.

RELATEDNESS AMONG PEOPLE DIAGNOSED WITH DEMENTIA: SOCIAL COGNITION AND THE POSSIBILITY OF FRIENDSHIP

S. Sabat, J.M. Lee, Georgetown University, Washington, DC, District of Columbia  

In this study, we examined the social relatedness of people in the moderate stage of dementia as defined by their performance on standard tests and clinical examination. The individuals herein were observed in the natural social environment of an adult day center that they attended on weekdays. A number of important aspects of mutually desired, independently initiated, supportive social relationships were observed to exist, through which the principals revealed semantic, or meaning-driven, behavior that would not be predicted by their meeting the criteria that contributed to their diagnosis. Losses in social functioning described in the DSM and the clinical diagnosis of dementia appear not to be directly caused by the losses that lead to the diagnosis, but by social dynamics involving healthy others. Implications for the non-pharmaceutical treatment of people with dementia are explored and discussed within the context of Kitwood’s idea of positive person work.

NAVIGATING RELATIONSHIPS WITHIN THE SOCIAL WORLD OF A DEMENTIA CARE SETTING: THE CASE OF A PARTICULARLY ‘FRIENDLY’ RESIDENT

P.J. Doyle1, K. de Medeiros2, P. Saunders,1. 1. Center for Aging Studies, Department of Sociology and Anthropology, University of Maryland, Baltimore County, Baltimore, Maryland, 2. Miami University, Oxford, Ohio, 3. Department of Neurology, Georgetown University, Washington, District of Columbia  

There is a great deal of complexity that exists in the social environments of long-term care settings especially those that focus on people with dementia. In these settings, social networks form and over time the members change and new dynamics and relationships arise. However, previous research has demonstrated that friendship, as traditionally defined, is difficult to identify between people with dementia. Cognitive and physical impairments that can occur in this group limit the researchers’ ability to identify “friendships.” This paper will focus on one male resident, Dr. Mitchell. Ethnographic fieldwork over two years documented this resident having multiple intimate relationships with female residents, regularly sitting with a group of male residents, and being friendly with the staff. Dr. Mitchell was an outlier in regard to his social engagement. Understanding the factors that may have contributed to this will give insight into how social engagement could be improved in these settings.

THE SOCIAL DYNAMICS OF DEMENTIA CARE UNITS: EXPLORING THE NATURE OF INFORMAL SOCIAL INTERACTION

M. Campo, H. Chaudhury, Department of Gerontology, Simon Fraser University, Vancouver, British Columbia, Canada  

Despite recognizing the importance of socialization as contributing to well-being and quality of life for institutionalized seniors with dementia, little research has been conducted that comprehensively examines the social dynamics within dementia care settings. The purpose of this study was to explore the nature of informal social interactions that occur in special care units. An ethnographic approach using in-depth interviews with staff and resident observations was employed. Findings from this investigation revealed that despite spending a majority of time not interacting with anyone, when residents did engage with others, the behaviors expressed were varied and included several types of informal social interactions: active and brief verbal communications; touching; gesturing; glancing; attention seeking; and other non-verbal communications. The findings discussed highlight the diversity and complexity in social patterns expressed by people with dementia and underscores the importance of developing policies within special care units that recognize and promote informal social interaction.

SESSION 2005 (SYMPOSIUM)

REPRESENTATIONS OF OLDER ADULTS AND AGING IN POPULAR AND PUBLIC MEDIA

Chair: B. Carpenter, Psychology, Washington University, St. Louis, Missouri  

Older adults and the issues important to them appear in a wide variety of media. These representations can have a powerful effect on both personal and public opinion about what the experience of aging is like. This symposium includes five presentations that explore representations of older adults and their potential impact in a range of media. The first presentation (Sakai) describes how older adults with Alzheimer’s disease are portrayed in children’s picture books, focusing on primary characters, plot features, and the depiction of Alzheimer’s disease. The second presentation (Jarrott) uses a contact theory framework to examine attributes of intergenerational relationships among characters in adolescent fiction. The third presentation (Mason, Kuntz, & McGill) explores characterizations of older adults and aging in texts published between 1800 and 2000, using state-of-the-art text analysis software. The fourth presentation (Roberto, McCann, & Brossote) presents results from an analysis of media reports on intimate partner violence among older adults, highlighting common types of violence and contributing factors. And the final presentation (Goldstein & Miller) documents the media’s influence on state health policy agenda, with a focus on how media presentations altered the balance of long-term care services in four states. As a set, these presentations demonstrate the multiple ways
OLDSTERS AND NGRAMS: REPRESENTATIONS OF OLDER ADULTS IN 19TH AND 20TH CENTURY ENGLISH LITERATURE
S. Mason, C. Kuntz, C. McGill, Niagara University, Niagara University, New York

Older adults tend to be underrepresented, or represented negatively, in the media. The while images and words presented in the media can shape our attitudes and contribute to stereotyping and ageism, media portrayals can also reflect views that are prevalent at the time. To better understand how attitudes have changed over time, we used Google Books Ngram Viewer and studied changes in the words used to describe older adults and aging. Ngram Viewer searches over five million books published between 1800 and 2000 and plots trends in word usage. With this tool, we demonstrated that older adults, particularly older women, have been underrepresented in the literature for the past 200 years. We compared the usage of such terms as “oldster”, “senior citizen”, and “elder”, and found when these terms were introduced and when they were most popular. Finally, we examined stereotypes by plotting the use of different adjectives to describe young and old adults.

MEDIA REPORTS OF INTIMATE PARTNER VIOLENCE IN LATE LIFE
K.A. Roberto1, B. McCann2, N. Brossoie1, 1. Ctr for Gerontology, Virginia Tech, Blacksburg, Virginia, 2. University of Louisiana - Monroe, Monroe, Louisiana

The media is influential in shaping public perceptions and policies as it often prints items that mirror the cultural values and interests of its readership. When relatively “invisible” and less palatable topics such as intimate partner violence (IPV) are brought to light, the social biases and assumptions embedded in the reporting style influence the public’s response and future consideration of the issue. Using a feminist intersectional frame, we analyzed 100 articles published nationally to understand how the media conceptualized IPV among older adults. Most stories involved violence against women, with murder and murder-suicide being the types most commonly reported. Caregiver stress, alcohol use, and the poor health of the victim were frequently named as factors contributing to the violence. Findings raise awareness about the types and outcomes of IPV in late life and suggest the need for community prevention and intervention programs tailored especially to older adult victims and perpetrators.

WHAT’S WRONG WITH GRANDMA?: THE PORTRAYAL OF ALZHEIMER’S DISEASE IN CHILDREN’S PICTURE BOOKS
E.Y. Sakai, Psychology, Washington University, St. Louis, Missouri

While Alzheimer’s disease (AD) affects older adults most directly, other family members, including young children, can be indirectly affected by the disease. Yet, there has been limited information about the disease for young children who encounter AD in their lives. Picture books are one accessible way to educate children about AD. In this study, we evaluated 33 children’s picture books that addressed AD. Analyses focused on character profiles, plot features, and the depiction of AD symptoms. Common features of the books include children as main characters, interacting with an older adult with AD, usually a grandparent. Children are portrayed as trying to make sense of AD symptoms, turning to parents for information. A narrow range of AD symptoms is depicted, focusing on cognitive symptoms (e.g., memory impairment) and, less frequently, emotional symptoms (e.g., anger). Picture books may help children learn about AD, although they offer circumscribed portrayals of the disease.

THE ROLE OF THE MEDIA IN LONG-TERM CARE REBALANCING: A COMPARATIVE STATE ANALYSIS
R.H. Goldstein1, E.A. Miller2, 1. Massachusetts General Hospital, Boston, Massachusetts, 2. McCormack Graduate School of Policy and Global Studies, University of Massachusetts, Boston, Massachusetts

Few studies examine role of the media in long-term care (LTC). This study analyzes the media’s role in state efforts to rebalance LTC away from institutions toward home- and community-based services (HCBS). Changes in media reporting on rebalancing in four case study states—Connecticut, Minnesota, Oregon, and Utah—were examined using data drawn from content analysis of all nursing home-related articles reported in each state’s capital newspaper from 1999 to 2008. Changes in state policy agendas toward rebalancing were examined using Medicaid HCBS spending and legislative bills proposed. Ordinary least squares regression was used to assess the relationship between the media and policy agendas, controlling for other potentially confounding variables. Findings reveal a relationship between states’ rebalancing policy agendas and states’ economic, political, and programmatic characteristics.

SESSION 2010 (SYMPOSIUM)

THE AGING SELF IN CONTEXT: LIFE-SPAN CHALLENGES AND POTENTIALS
Chair: J. Wagner, Humboldt-University of Berlin, Berlin, Germany Co-Chair: M.K. Rohr, Friedrich-Alexander-University of Erlangen-Nuremberg, Erlangen, Germany
Discussant: K. Fingerman, Purdue University, West Lafayette, Indiana

Irrespective of numerous challenging physical, psychological, and social role changes in late life, the majority of old adults illustrate patterns of successful aging. Flexibility and adaptive competencies of the self may play a pivotal role in maintaining well-being and functionality in everyday life. The major objective of this symposium is to bring together a collection of empirical papers that examine specific challenges of diverse aging-related contexts highlighting the important role of flexible self-regulation. J. Wagner, F.R. Lang et al. deal with life-long dynamics and challenges in the context of self-esteem as well as their age-specific constraints and risks, M.K. Rohr & F.R. Lang address the role of personality and relationship risks within the transition to care, F. Infurna, D. Gerstorf, and S. Zarit examine key components of caregiving change in relation to placement of care recipient in a nursing home, and L. Pitzer & C. Bergeman present data on positivity and resilience after traumatic events, especially looking at the role of the social network. The discussion by K.L. Fingerman will integrate the four empirical papers, emphasize the importance of considering self-related dynamics across the entire life span, and discuss possible future directions that research should take.

SELF-ESTEEM ACROSS ADULTHOOD: THE ROLE OF AGE-SPECIFIC CONTEXTS

Research on self-esteem has often focused on the second and third decades of life. More recent studies, using age-heterogeneous samples, point to a possible destabilization and decrease in later adulthood and old age. Extending such findings, we explored mean-level differences in self-esteem from ages 17 to 90 in two cross-sectional studies. In addi-
tion, we examined intraindividual changes in self-esteem in two longitudinal studies with young and old adults. The findings of Studies 1 and 2 supported the previously reported inverted U-shaped trajectory only in the context of the online assessment, which was based on a selective sample, but not in representative face-to-face interviews. The stability indices of Studies 3 and 4 also indicated high consistency of self-esteem across 4 and 8 years. Thus, findings point to a general robustness of self-esteem across the life span, but also suggest that challenges to self-esteem are reflective of age-specific constraints and risks.

THE ROLE OF PERSONALITY IN THE TRANSITION TO CARE
M.K. Rohr, F.R. Lang. Institut of Psychogerontology, University Erlangen-Nürnberg, Erlangen, Germany

Current research on caregiving discloses great individual variations in the experience of stress and burden as well as the acknowledgment of positive aspects. However, findings regarding the topic are still limited and it remains unclear how individual differences impact the entrance into the caregiving role: Who does become a caregiver? How does personality shape the care experience within the first years? And when do we observe growth? Combining longitudinal data from the Socio-Economic Panel (SOEP, N = 14579) with a complementary web based approach (N = 485) we monitor the role of personality within the transition to care. Preliminary results point to the impact of neuroticism on care decisions and mirror the importance of gain-loss-dynamics in the care experience. Based on an action-theoretical background we discuss the interplay between stable personality traits and individual resources on the mastery of care transitions.

CHANGES IN ROLE OVERLOAD AND MASTERY OF CAREGIVERS WITH THE PLACEMENT OF A CARE RECIPIENT: THE ROLE OF PERSONALITY AND CARE RECIPIENT CHARACTERISTICS

Major life events and transitions often trigger psychological change processes. Using prospective longitudinal data from the Caregiving Stress and Coping Study (N=271; M age=63; 70% women), we target how role overload and mastery change in caregivers with the placement of the care recipient into an institution and examine whether caregiver and care recipient characteristics serve as risk and protective factors. Results revealed that caregivers experienced increasing role overload preceding placement, followed by a substantial decline at placement. Likewise, caregivers experienced declines in mastery preceding placement, followed by significant increases around placement and further increases thereafter. More caregiver depressive symptoms and care recipient ADL/IADL dependencies were each associated with larger declines in role overload and increases in mastery at placement. Our findings suggest that key variables involved in caregiving processes show substantial changes leading up to and after placement and illustrate the importance of examining change across salient life transitions.

A LONGITUDINAL EXPLORATION OF POSTTRAUMATIC GROWTH: RESULTS FROM A SAMPLE OF OLDER ADULTS
L. Pittner, C.S. Bergeman. Univ Notre Dame, Notre Dame, Indiana

Some adults experience positive psychological change after a highly stressful event. This posttraumatic growth is often characterized by enhanced perceived quality of life (e.g., appreciation of life, closer relationships), yet this phenomenon has not been examined over time. Using 450 older adults from the Notre Dame Study of Health and Well Being, this study investigates trajectories of positive growth after different stressful events (e.g., death or major deterioration in the quality of life) across five waves of data. Multilevel growth curve models revealed significant quadratic change in the association between stressful events and posttraumatic growth. This study also considered effects of the social network and personality traits. For people who experienced the death of a loved one, rate of change and curvature in posttraumatic growth differed by level of neuroticism, agreeableness, openness, and optimism. Discussion focuses on the developmental implications of growth over time after stressful events.

SESSION 2015 (SYMPOSIUM)

THE MANY FACETS OF AGE-RELATED EMOTION REGULATION
Chair: H. Fung, Department of Psychology, Chinese University of Hong Kong. Hong Kong, China
Discussant: F.R. Lang, Friedrich-Alexander-University Erlangen-Nuremberg. Erlangen, Germany

This symposium summarizes the many facets of emotion regulation and discusses how they differ by age and culture. According to Gross’s Model of Emotion Regulation, the process of emotion regulation can be divided into (1) situation selection, (2) situation modification, (3) attention deployment, (4) cognitive change and (5) emotion response. The first paper by You and colleagues is about situation selection and situation modification. In contrast to Western findings that daughters shoulder the bulk of care-giving responsibilities, You and colleagues found from a large-scale, representative sample of Chinese that older Chinese mainly sought support from their spouse and sons; rarely from their daughters. The implications of this finding for providing “culturally competent and sensitive support” to older adults will be discussed. The second paper by Isaacowitz and Choi is on attention deployment and cognitive change. Addressing the mood – health behavior tradeoff, Isaacowitz and Choi tested whether paying less attention to negatively-valenced but important health information might have negative behavioral consequences for older adults. The third to fifth papers are all about emotion responses. Sit and Fung examined whether, compared with younger adults, older adults showed stronger physiological reactions towards images of aging of different valence. Sims and colleagues tested whether the co-occurrence of positive and negative emotions were differentially related to well-being among European Americans and Chinese Americans across the adult life span. Yeung and colleagues examined whether the use of suppression correlated positively with the subjective well-being of younger and older workers. Finally, Frieder Lang will discuss the implications of these findings for socio-emotional aging.

THE PATTERN OF SOCIOEMOTIONAL SUPPORT SEEKING AMONG ELDERLY CHINESE
J. You1, H. Fung2, J. Li3. 1. Department of Psychology, University of Houston, Houston, Texas, 2. Chinese University of Hong Kong, Hong Kong, Hong Kong, Hong Kong, 3. Institute of Psychology, Chinese Academy of Science, Beijing, China

Support seeking, as an important coping strategy, has been greatly disvalued by Chinese. This study aims to investigate whether and how elderly Chinese adopt support seeking to satisfy daily socioemotional needs. Data was derived from the 2005 nationwide survey on health status. The sample includes 15,638 elderly Chinese aged from 63 to 120 years (M = 86.16, 42.8% male). Participants were asked to report the first person to whom “they talk frequently”, “they talk first when wanting to share thoughts”, “they ask for help when having problem/difficulties”. More than half of elderly Chinese tended to seek socioemotional support from their spouse and sons, and 10% of them relied on their daughters. However, males and married individuals tended to seek support from their spouse; females, windowed individuals, and those from rural areas mainly relied on their sons. Findings have implications for providing culturally competent care-giving for elderly Chinese.
You take the good, you take the bad: Cultural differences and age-related change in mixed emotions

T. Sims¹, H. Ersern-Hershfield², S. Scheibe¹, L. Carstensen¹, J.L. Tsai¹, 1. Stanford University, Stanford, California, 2. Northwestern University, Evanston, Illinois, 3. University of Groningen, TS Groningen, Netherlands

Researchers have become increasingly interested in “mixed emotions” (i.e., the co-occurrence of positive and negative affect). One body of research suggests that the experience of mixed emotions increases with age. Another body of research suggests that East Asian contexts promote mixed emotional experience more than European American contexts. No studies, however, have examined whether culture and age exert independent effects or interact to produce mixed emotional experience. Using experience sampling methodology, we measured the co-occurrence of positive and negative affect among European Americans and Chinese Americans across the adult life span. Analyses revealed that mixed emotions increased with age and were higher for Chinese Americans than European Americans, suggesting that culture and age independently influence mixed emotional experience. We explore possible mediators of these differences and their consequences for well-being.

Emotional suppression and work performance: An experience sampling study in younger and older workers

D. Yeung¹, H. Fung², 1. City University of Hong Kong, Hong Kong, Hong Kong, 2. Chinese University of Hong Kong, Hong Kong, Hong Kong

Past studies have revealed that increasing age is associated with different preferences for emotion regulation strategies; but the psychosocial consequences of these age differences remain largely unclear. The present study adopted an experience sampling methodology to examine whether momentary emotional suppression and its impacts on emotions and work performance would differ by age. Eight-seventy Chinese insurance workers (18-61 years) participated in a five-day sampling study. Their affective responses at work and momentary task performance were recorded. Results showed that unlike their younger counterparts, older workers’ use of suppression at work was not associated with higher intensity of negative emotions. Moreover, greater use of suppression over the sampling period was significantly predictive of post-sampling sales productivity of older workers, but such a positive association was not shown in younger workers. These findings reveal that the use of suppression at work may be more effective for older workers than for younger workers.

Session 2020 (Symposium)

Tracking physical activity: using GPS & other technologies to collect data and design interventions

Chair: I. Yen, Medicine, University of California, San Francisco, San Francisco, California
Co-Chair: O. Duru, University of California, Los Angeles, Los Angeles, California
Discussant: Y.L. Michael, Drexel University, Philadelphia, Pennsylvania

Literature on neighborhood influences on health among older people has generally not include more distant locations where people spend time in addition to their immediate neighborhood. For example, older adults may work or volunteer outside of their residential neighborhood. Knowing where older adults spend time and how they get to these destinations could be useful for both policy makers and practitioners. City and transportation planners would learn which design features attract older people. Practitioners could use the travel pattern information to design targeted interventions, for example to increase physical activity. For researchers, the first task is ascertaining where people spend time and what features of these locations support their activities. This session features the development and use of GPS and other GIS technologies that bring together information on travel patterns, the use of the GPS-collected data to design physical activity interventions, and the connections between physical and social features of the environment and walking behavior. The presentations are: 1) report of the a pilot project using GPS devices to collect travel pattern data from 40 older adults in San Francisco and Los Angeles; 2) the development of a device integrating a GPS, an accelerometer, and ANT (a proprietary wireless sensor network) functionality to collect data from adults and children in Montreal; 3) the application of GPS to design individualized physical activity interventions for older adults in San Francisco and Los Angeles; and 4) the association of community resources, green spaces, and walking behavior in the Montreal VoisInuAge study.

Using GPS and survey data to individualize a physical activity intervention

O. Duru¹, K.C. Kayekjian¹, S. Movahedi¹, 1. Van³, 1. UCLA, Los Angeles, California, 2. UCSF, San Francisco, California

Evidence shows that individualized physical activity interventions are more effective than group interventions. However, existing pro-
programs are generally tailored to differing physical abilities without accounting for other individual and neighborhood characteristics. The current project incorporates individual daily schedules and resources of the built environment into the intervention design. Within a pilot study of participants 50 years and older living in Los Angeles and San Francisco, GPS and survey data were collected over 7 days from 8 sedentary individuals, in order to design individualized physical activity interventions. Interventions were delivered to participants after baseline data collection. Preliminary analysis of 6-month follow-up data suggests that participants increased their physical activity levels. Individualized exercise interventions using GPS data may effectively improve physical activity in older adults. After this session, attendees will be able to understand how GPS data, community-resource information, and survey data can be incorporated to design an individualized physical activity intervention.

PEOPLE-PLACE INTERACTIONS AND HEALTHY AGING: CONTRIBUTIONS OF A NOVEL MULTISENSOR DEVICE

Y. Kestens1, L. Gauvin1, M. Thériault1, T. Barnett3, M. Daniel1, A. Chevallier2, M. Sawan2, J. Montreal University, Montreal, Quebec, Canada, 2. École Polytechnique, Montreal, Quebec, Canada, 3. Laval University, Quebec City, Quebec, Canada, 4. University of South Australia, Adelaide, South Australia, Australia

A better understanding of mobility patterns, corresponding exposure to multiple environments, and their impact on the health of seniors has eluded researchers at least partially because of the absence of an appropriate measurement and data collection technology. Ubiquitous wearable sensors allow for collecting relevant data on mobility and health behavior. Combined with complementary environmental data sources within a geographic information system, such tools offer new opportunities to tackle novel research questions and support community-based interventions for healthy aging. We introduce a novel wearable device designed for continuous data collection in situ. The device combines a GPS, an accelerometer, an ANT module allowing for integration of supplementary sensors, and a GPRS cellphone module for over-the-air, real-time data transmission. Data collected with the device and applicability for research among older adults are illustrated through presentation of ongoing research projects. Implications for use in the crafting of interventions are also outlined.

ASSOCIATION OF COMMUNITY RESOURCES AND GREEN SPACES TO TRANSPORTATION AND RECREATIONAL WALKING IN THE MONTREAL VOISINAGE STUDY

L. Gauvin1, L. Richard2, Y. Kestens1, M. Daniel1, H. Payette1, 1. Research Center of the University of Montreal Hospital Center, Montreal, Quebec, Canada, 2. Université de Montréal, Montreal, Quebec, Canada, 3. Institut de recherche en santé publique de l’Université de Montréal, Montréal, Quebec, Canada, 4. University of South Australia, Adelaide, South Australia, Australia, 5. Institut Universitaire de Gériatrie de Montréal, Montreal, Quebec, Canada, 6. Institut universitaire de gériatrie de Sherbrooke, Sherbrooke, Quebec, Canada

We examined how walking for transportation and recreational motives is associated with accessibility to local services and density of green spaces. A sample of 423 adults (49.9% female) from the VoisInU AGE study (M=78.6 years, SD=4.1) completed a modified version of the International Physical Activity Questionnaire and other interviewer-administered instruments. Information about the distance between their home and 16 services and the density of green spaces were derived from a geographic-information system. Overall 9.0% and 21.7% of the sample walked at least 30-minutes, 5 times per week for transportation and recreational purposes respectively. Logistic regression analyses adjusted for age, sex, health, and socio-demographic characteristics showed that likelihood of recreational walking was associated with living in an area with greater green space density and that transportation walking was most strongly associated with greater proximity to services. Using combined data sources, we conclude that different types of walking are associated with unique environments.

USING GPS DEVICES TO TRACK OLDER ADULTS’ TRAVEL PATTERNS: PILOT STUDY RESULTS

I. Yen1, K.C. Kayekjian1, S. Movahed2, O. Duru2, 1. Medicine, University of California, San Francisco, San Francisco, California, 2. University of California, Los Angeles, Los Angeles, California

We conducted a pilot study in Los Angeles and San Francisco to test the use of GPS devices to track travel patterns of older adults and to compare the GPS data to survey data. A multi-ethnic group of 40 volunteers (ages 50 to 99; 23 women) had a GPS device for 7 days. 26 (65%) of the 40 were able to collect 7 days of data (some days, people forgot to wear or turn on their devices); at least 5 days of data were collected for everyone. After the 7 days, we asked them about their regular travel. GPS data showed a mean of 4 trips/day, mean trip distance = 7.6 km. Survey data indicated that people commonly made trips for 4 activities (e.g. volunteering, work, visiting friends or family) at least once each week. Women and men did not differ in the number of trips for activities.

SESSION 2025 (SYMPOSIUM)

UNDERSTANDING AGE-RELATED CHANGES IN AVIATION PERFORMANCE: THE ROLES OF EXPERTISE, COGNITION, BRAIN MECHANISMS, AND GENETICS

Chair: Q. Kennedy, Stanford University/ Department of Veterans Affairs Palo Alto Health Care System, Palo Alto, California
Discussant: J. Becker, Dept. of Psychiatry, School of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania

Consistent findings indicate that age-related decrements in aviator performance and decision making do occur. In this symposium, we describe some of these age-related differences, then present findings that demonstrate that flight expertise, cognitive ability, brain mechanisms, and genetics play a role in aviator performance and decision making and how they moderate or mediate these age-related differences. Dr. Tsang’s presentation will examine the interactive effects of age and time-sharing expertise on performance on tasks that pose cognitive demands similar to those of piloting among middle-aged (40-59 years) and older (60–70 years) pilots and nonpilots. Dr. Morrow will describe results showing that expert pilots make better decisions when collaborating than when alone, while novice pilots make worse decisions (collaborative inhibition), and how these results suggest the potential of collaboration for moderating age effects in pilot performance. Dr. Taylor’s overview of the longitudinal Stanford/VA Aviation Study will highlight findings on the influence of APOE e4 on age-related brain changes observed in this healthy cohort, the extent to which APOE e4 impacts skilled real-world performance as measured in flight simulation, and how fluid abilities can predict age-related decline in longitudinal flight simulator performance. Dr. Kennedy’s presentation will describe the roles of age, flight expertise, cognitive ability, and COMT status on simulated tasks of flight control and decision making. Dr. Adamson will review findings on the extent to which brain regions impact flight simulator performance in relation to aviation expertise, and age-related brain changes in aviator decision-making during a land/no land decision task.

AGE, EXPERTISE, AND SPEEDED DECISIONS IN MULTIPLE-TASK PERFORMANCE

P.S. Tsang, Psychology, Wright State University, Dayton, Ohio

The study examines the interactive effects of age and time-sharing expertise on multiple-task performance. A group of middle-aged subjects (ages 40-59 years of age) and an older group (60–70 years of age) are
EXPERTISE AND AGE DIFFERENCES IN PILOT DECISION MAKING
D. Morrow, University of Illinois at Champaign-Urbana, Champaign, Illinois

Decision making in complex domains such as aviation involves identifying problems and determining appropriate responses in the face of often ill-defined and dynamic conditions. While age-related changes in fluid mental abilities (e.g., working memory capacity) may impair decision making processes, experience-related gains in knowledge and skill may offset these declines to maintain performance in older pilots. In a previous study, older and younger expert and novice pilots read at their own pace scenarios describing flight situations, and then discussed the scenario problem and how they would respond. Experts in this study made better decisions than novices about the flight-related problems, in part by developing more accurate representations of the problem situation. There was some evidence that age differences in identifying problems were reduced for the experts. Because pilots often work together as a crew when flying, collaboration may be an important component of expertise. Therefore, we followed up this study by examining collaborative processes involved in pilot decision making. In this study, young expert pilots, novice pilots, and nonpilots read the scenarios from the first study and then performed the decision making task either alone or in pairs. The expert pilots made better decisions when collaborating than when performing alone, while novices and non-pilots made worse decisions when collaborating (collaborative inhibition). Collaborative benefits for expert pilots appeared to reflect better problem representations. We conclude by considering the potential of collaboration for mitigating the effects of age on decision making processes such as developing and using problem representations.

OVERVIEW OF LONGITUDINAL RESULTS FROM THE STANFORD/VA AVIATION STUDY
J.L. Taylor1, Q. Kennedy2, M.M. Adamson1,2, G. Murphy1, M.W. Weiner1, J. Yesavage1, 1. Stanford University, Stanford, California, 2. VA Palo Alto Health Care System, Palo Alto, California

Although APOE ε4 is a risk factor for dementia, lifestyle factors may moderate the impact of APOE ε4. In this overview of longitudinal results from the Stanford/VA Aviation Study, we will first summarize APOE ε4-related effects on measures of brain and neuropsychological function. Although APOE ε4 effects are evident in this cohort of healthy 40-70 year-old pilots, pilots with advanced training (expertise) did not show indications of an APOE ε4 effect on flight simulator performance. These results suggest that relevant training and activity may help sustain real-world performance. In addition to expertise, longitudinal simulator performance was predicted by cognitive ability measures. Faster processing speed (at baseline) predicted less decline in flight performance. However, faster speed was not advantageous unless executive function was also adequate (Speed × Executive Function interaction). In conclusion, these longitudinal data have implications for assessment and training interventions in other arenas of mobility such as driving.

INDIVIDUAL DIFFERENCE FACTORS IN FLIGHT CONTROL AND DECISION MAKING PERFORMANCE
Q. Kennedy1, J.L. Taylor1, J. Yesavage1, A. Noda1, M.M. Adamson1, G. Murphy1, J.M. Zeitzer1, 1. Stanford University/ Palo Alto VA, Palo Alto, California, 2. Stanford University School of Medicine, Stanford, California

In two studies, we explored the roles of age, flight expertise (measured by FAA ratings), cognitive ability, and genetic factors on simulated tasks of flight control and decision making. In one study (n = 172), we investigated whether findings regarding COMT, a gene associated with executive performance, processing speed, and attention, extend to flight control. A COMT x expertise interaction was found for traffic avoidance, in which met/met carriers benefited from flight expertise to a greater extent than other participants. In a second study (n = 72), we explored aviators’ decision to land or not under weather conditions that varied in levels of fog. Regardless of flight expertise level, older pilots and those with faster processing speed were more likely to land when visibility was inadequate. Future directions include using eye-tracking to determine if visual scan patterns at key points in the simulated flight provide greater insight into these results.

THE IMPACT OF AGE-RELATED BRAIN CHANGES ON FLIGHT SIMULATOR PERFORMANCE AND DECISION-MAKING
M.M. Adamson1,2, D. Heraldez2, Q. Kennedy1, J.L. Taylor1, J. Yesavage1, 1. Stanford University, Stanford, California, 2. VA Palo Alto Health Care System, Palo Alto, California

Age-related decline in cognitive abilities and brain structures, crucial for aircraft navigation and decision making, may lead older pilots to perform poorly in a flight simulator task and can also influence their decision-making abilities. Studies also report the compensatory role of expertise in cognitive decline. We previously reported an interaction of brain size with aviation expertise in predicting flight simulator performance. We also reported that older pilots were more likely than younger pilots to take risks during landing in bad weather. These findings led to our current study that evaluates the role of age-related changes in the decision-making network during performance of a real-world skilled task: a pilot’s crucial decision to land or not under difficult weather conditions. Understanding how older adults make crucial time-pressured real-world decisions, in relation to acquired expertise and age-related brain changes, has implications for their assessment of risk and safety in every-day life.

SESSION 2030 (PAPER)
CAREGIVING

DOES HAVING A SPOUSE WITH COGNITIVE IMPAIRMENT INCREASE YOUR OWN RISK OF DEATH? : THE HEALTH AND RETIREMENT STUDY
T. Okura1, K. Langa1, 1.BJHkjen Clinic, Tokyo, Japan, 2. University of Michigan, Ann Arbor, Michigan

(Objectives) We hypothesized that, among older adults, having a spouse with cognitive impairment might increase one’s own risk of death due to chronic psychological stress and difficulty maintaining a healthy lifestyle associated with a high level of caregiving burden. (Methods) We identified 1,957 older married couples (both aged 65 or older) living in the community in the 2002 wave of the Health and Retirement Study (HRS). Level of cognitive impairment was characterized according to quartile of scores on the 35-point HRS cognitive scale (HRS: cog). We ascertainment date of death from the follow-up surveys of the HRS. (Results) Older adults in the highest cognitive quartile (best cognitive function) whose spouses were in the lowest cognitive quartile were more likely to die, compared to individuals whose spouses were in the highest cognitive quartile during the 7-year study period, even
after controlling for demographics, cognitive function, and medical comorbidities (hazard ratio (HR), 1.73; 95% CI, 1.01-2.95). This association was not significant for individuals whose own cognitive function was not in the highest cognitive quartile (a lower level of cognitive function). (Conclusions) Among community-dwelling older adults with the highest level of cognition, having a spouse with significant cognitive impairment may increase the risk of death. Cognitive assessment of both partners in an older couple may be important to identify those at especially high risk for death and to better target interventions to prevent negative health outcomes.

**EFFECTS OF CAREGIVING ON CAREGIVERS’ SELF-RATED CHANGE IN HEALTH: FINDINGS FROM THE REACHII STUDY**


Background Caregiving for a person with dementia is stressful and can strongly impact caregivers’ (CGs) overall health status. This study investigated the impact of the Resources for Enhancing Alzheimer’s Caregiver Health II (REACH II) intervention on CG’s self-rated change in health, controlling for both negative and positive caregiving experiences using the REACH II randomized clinical trial data. Method The study included caregivers randomly assigned to intervention and control groups who had complete data at both Baseline and 6-month follow-up for the variables of interest (N=461). CG self-rated change in general health from baseline to 6-month follow-up, rated on a scale from 0 (“much better now”) to 4 (“much worse now”), was the outcome variable. Primary independent covariates in addition to demographic variables, included Zarit Burden, Memory and Behavior Problem Checklist (RMBPC), CES-D, and Positive Aspect of Caregiving (PAC). To measure the impact of the intervention, we included a treatment dummy variable (coded 1 for intervention group, and 0 for control group), a time dummy variable (0 for baseline, and 1 for follow-up), and an interaction term between treatment and time variables. Generalized linear model was used for the data analysis. Results Compared with the control group, caregivers in the intervention group were more likely to report an improvement in their self-rated health at follow-up (Odds Ratio OR = 20.69 with 95% CI: 1.35 to 276.44). Change in the two burden variables, CES-D, and PAC scores were not associated with improvements in CG’s self-rated change in health. The intervention’s significant impact on CG’s self-rated change in health was associated with greater than high school education. Conclusion Although the multisite REACH II intervention did improve caregiver’s self-rated change health, this improvement was not impacted by changes in positive or negative experiences reported by the caregivers. Rather, education seems to play a significant role in CG’s self-rated change in health.

**CORTISOL, ESTROGEN, AND COGNITION IN ELDERLY FEMALE CAREGIVERS AND NON-CAREGIVERS**

B.B. Sherwin, S. Jitter, Psychology, McGill University, Montreal, Quebec, Canada

This cross-sectional study examined the cortisol awakening response (CAR), acute cortisol levels, estrogen use, and cognitive function in healthy, 69 year old female caregivers (n=15) and in a group of non-caregivers (n=15) matched for age, education, socioeconomic status, and exposure to estrogen therapy (ET). It was hypothesized that (1) caregivers would have an elevated CAR and poorer performance on cognitive tests compared to the matched non-caregivers and (2) that the current estrogen-users (E-users) and women who had ever taken ET (Ever-users) would perform better on tests of verbal and working memory than women who had never taken ET after their menopause (Never-users). There were no significant differences in the CAR between groups. However, caregivers’ scores were significantly higher than those of the non-caregivers on tests of verbal and working memory [Digit Span Backwards (p<.034), Digit Span total standard score (p<.035)] and on spatial memory [Spatial Span Forwards test (p<.018), Spatial Span total standard score (p<.010), and Block Design test (p<.034)]. When the groups were collapsed, the E-users and Never-users performed significantly better on tests of working memory compared to the Never-users (p<.02). In this sample therefore, physiological stress responses were not different for the high-functioning, well-educated group of caregivers. However, our hypothesis that women who had ever taken ET after their menopause would perform better on tests of verbal and working memory was supported.

**ENHANCING RESOURCEFUL SKILLS ON CAREGIVER’S RESOURCEFULNESS, ANXIETY, DEPRESSION AND PREPAREDNESS**


Purpose: This study examined the effects of enhancing resourceful skills on caregiver resourcefulness, anxiety, depression, and preparedness while caring for people with dementia. Theoretical rationale: Enhancing resourceful skill in family caregivers is postulated to enable caregivers to achieve goals by self-regulation of negative emotions, apply problem-solving skills, cognitively reframe the caregiving issues and maintain confidence to function at an optimal level. Methodology: A stratified randomized clinical trial (ethnicity and resourcefulness level) was used to compare the effectiveness of enhancing resourceful skills versus the standard care in 105 family caregivers. Outcomes were measured at baseline, 6 weeks and 3 months post intervention. Resourcefulness was measured using Rosenbaum’s (1982) Self-Control Scale. Depression was measured using Radloff’s (1977) CESD. Anxiety was measured using the State-Trait Anxiety Inventory –State subscale (Spielberger et al, 1982). Caregiver preparedness was measured using Preparedness for Caregiving Scale (Archbold et al., 1990) Results: The ANCOVA analysis showed that after controlling for baseline resourcefulness, family caregivers who received the intervention demonstrated higher resourcefulness immediately post intervention (6 weeks) F(1,99) =15.74, p<.001 compared to those in the control group. Additionally, after controlling for baseline anxiety, depression, and preparedness there was a significant difference between the groups immediately after the intervention (6 weeks) for anxiety F(1,99)=6.86, p<.01, but not for depression F(1,99)=21.85, p<.01, or preparedness F(1,99)=3, p=.032. At 3 months follow-up, no significant differences were noted between groups in resourcefulness, anxiety, depression, and preparedness. However, anxiety in the intervention group decreased (mean= 35; SD=11.5) while those in the control (mean= 40.4; SD=11.7) group increased.

**COGNITIVE REFRAMING FOR CARERS OF PEOPLE WITH DEMENTIA**

M. Vernooij1, M. Downs2, J. McCleery1, J. Draskovic1, 1. IQ healthcare, Radboud University Medical Centre, Nijmegen, Netherlands, 2. Bradford Dementia Group, Bradford, United Kingdom, 3. Fiennes Centre, Oxford, United Kingdom

Background Multi-component tailor made interventions appear to be the most effective psychosocial interventions for carers of people with dementia. These interventions involve multiple working mechanisms. In order to narrow down the number of possible working mechanisms the aim of this study was to evaluate the effectiveness of cognitive reframing interventions with carers of people with dementia. Cognitive reframing refers to reframing of self-defeating or distressing cognitions into those that reduce stress and support adaptive behaviours. Methods The trials were identified by searching the Specialized Register of the Cochrane Dementia and Cognitive Improvement Group on
REGIONAL ANESTHESIA IS ASSOCIATED WITH DECREASED INPATIENT MORTALITY AFTER HIP FRACTURE SURGERY IN OLDER ADULTS


Background: Hip fracture is a common, morbid, and costly event among older adults, occurring 340,000 times each year in the U.S. Available data are inconclusive regarding the potential for epidural or spinal (regional) anesthesia to improve outcomes after hip fracture. Methods: We examined data on discharges from general acute-care hospitals in New York between January 1 and December 31, 2007. Patients undergoing hip fracture surgery were identified by ICD-9-CM diagnosis and procedure codes. Use of regional anesthesia was determined by variables indicating anesthesia type included in the study database. We used logistic regression to test the association of anesthesia type with mortality, controlling for age, sex, fracture characteristics, surgery type, race, and comorbidities, and carried out separate conditional logistic models to control for individual hospital effects. Results: Of 9,982 patients undergoing treatment for hip fracture, 70.7% received general anesthesia. Compared to patients receiving general anesthesia, those receiving regional anesthesia were older, more often had chronic obstructive pulmonary disease or dementia, and less frequently had diabetes, pathological fracture, or a history of malignancy. Unadjusted analyses showed no mortality differences according to anesthesia type (1.9% (regional) vs. 2.5% (general), p=0.069). However, regional anesthesia was associated with a lower odds of inpatient mortality after adjustment for patient-level confounders (OR 0.724, 95% CI 0.527, 0.996, p=0.047) and hospital effects (OR 0.602, 95% CI 0.407, 0.892, p=0.011). Conclusions: Regional anesthesia was associated with a 28% lower adjusted odds of inpatient mortality after hip fracture relative to general anesthesia.

WHERE DO HIP FRACTURE PATIENTS GO FOR POST-ACUTE CARE?

T.J. Christian, P.L. Gozalo, N. Leland, J.M. Teno, V. Mor, Center for Gerontology and Health Care Research, Brown University, Providence, Rhode Island

Skilled Nursing Facilities with higher volume of hip fracture rehabilitation admissions are associated with faster transitions back to the community and lower risk of re-hospitalization or institutionalization. The objective of this study was to determine whether patients potentially had the option to be discharged to facility with higher volume. Community-dwelling fee-for-service Medicare beneficiaries 75 and older experiencing their first hip fracture between 1999-2007 and discharged to a skilled nursing facility (SNF) within 50 miles of their home. Straight-line distances were calculated between patients’ zip code of residence and the addresses of all SNF sites within fifty miles. Patient hip fracture volumes were calculated for each facility and the highest volume quintile among patients were designated as high volume (HV-SNF) discharges. Among the 409,161 not discharged to a HV-SNF, 19.2% [78,678] of patients had a HV facility nearer to their residence than the NH to which they were discharged. An additional 26.5% could have been discharged to a HV-SNF had they travelled an additional 5 miles, rising to 41.4% if the patient traveled an additional 10 miles. Older patients (AOR 1.17; 95% CI 1.16–1.18) and black (AOR 1.58; 95% CI 1.51–1.65) were more likely to be discharged to a NH with a lower volume of hip fracture admissions. One-fifth of all hip fracture rehabilitation patients could have received care at a higher volume facility closer to home. If persons were willing to travel 10 additional miles, 60.6% of discharges patients could have received care at a high volume facility.
attention to post-discharge rehabilitation, although this hypothesis has not been formally tested.

**THE ASSOCIATION BETWEEN BODY MASS INDEX, WEIGHT LOSS AND PHYSICAL FUNCTION FOLLOWING HIP FRACTURE**

L. Reider 1, W. Hawkes 1, J.R. Hebel 1, C. D’Adamo 1, R.R. Miller 1, D. Orwig 1, J. Magaziner 1, D. Alley 1, I. University of Maryland, Baltimore and Baltimore County, Doctoral Program in Gerontology, Baltimore, Maryland, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 3. University of Maryland School of Medicine, Department of Epidemiology and Public Health, Baltimore, Maryland, 4. University of Maryland School of Medicine, Department of Family and Community Medicine, Baltimore, Maryland

Little is known about the relationship between body mass index (BMI) and physical function after hospitalization for an acute event. The purpose of this study was to determine whether BMI at the time of hospitalization for hip fracture or weight change in the period immediately following hospitalization (3-10 days) predict physical function in the year after fracture in older women (n=136). Mixed effects models were used to examine the associations between BMI, weight change, and physical function, measured using the lower extremity gain scale (LEGS), walking speed and grip strength at 2, 6 and 12 months following fracture. LEGS score and walking speed trajectories did not differ across BMI tertiles. However, grip strength trajectories were significantly different (p<0.029), with underweight women having lower grip strength than normal weight women at all three time points. Women experiencing severe weight loss (>4.8%) had significantly lower LEGS score at all time points, slower walking speed at 2 and 6 months, and weaker grip strength at 12 months post-fracture relative to women with more modest weight loss. After controlling for potential confounders, overall differences in functional trajectories were not significant, but differences at 12 months post-fracture remained significant. Underweight women were weaker than normal weight women (-2.8 kg, p<0.049), and women with severe weight loss had an average grip strength 9.8 kg lower than in women with modest weight loss (p=0.003). Results suggest that weight loss after fracture is associated with weakness during hip fracture recovery and is a stronger predictor of strength than BMI.

**PROGNOSTIC VALUE OF HANDGRIP STRENGTH IN OLDER PATIENTS HOSPITALIZED FOR HIP FRACTURE SURGERY**

E. Savino 1, S. Volpato 1, I. Pedriali 2, A. Zagatti 2, G. Zuliani 3, A. Zarco 4, I. University of Ferrara, Ferrara, Italy, 2. S. Anna Hospital, Ferrara, Italy

Background: Handgrip strength, an objective measure of physical function, can be assessed in a supine position, representing a potential prognostic tool for bedridden older patients. Objectives: We investigated the value of grip strength as predictor of length of hospital stay (LOS) and risk of death in the year following hospitalization for hip fracture surgery. Methods: Prospective cohort study of 209 patients aged 70 years and older admitted to the hospital for hip fracture. Multidimensional geriatric evaluation and handgrip strength were assessed at hospital admission, before surgical intervention, and patients were evaluated after surgical treatment every 3 months for 1 year by telephone interviews to assess vital and functional status. Results: The mean age was 85.4 years, 82% were women; before hospital admission 46% had BADL difficulty, mean handgrip strength was greater in men (β = 6.8x1.20, p<0.001). There was a direct relationship of grip strength with cognitive function (SPMSQ p<0.001) and ADL difficulty (p<0.001), whereas we found an inverse correlation with age (p<0.001), depressive symptoms (GDS score, p=0.004), Charlson Index (p=0.060), and C-reactive protein (p=0.022). In multiple regression analysis, after adjustment for confounders including age, gender, comorbidity, functional and cognitive status and APACHE II severity of illness score, higher grip strength was associated with shorter LOS (β = -0.46; p=0.008) and reduced risk of death over the follow-up (HR 0.93; 95% CI 0.88-0.98). Conclusions: Grip strength evaluation before hip fracture surgery might provide important information for patients risk stratification and long term prognosis.

**SESSION 2040 (PAPER)**

**RESEARCH METHODS**

**BAYESIAN JOINT MODELING OF LONGITUDINAL, ORDINAL DATA AND INTERVAL-CENSORED SURVIVAL TIMES**

T.E. Murphy, L. Han, H. Allore, P. Peduzzi, T.M. Gill, H. Lin, Yale University School of Medicine, New Haven, Connecticut

Analyses of longitudinal studies of gerontological outcomes must account for dependence with death as well as the changing nature of the cohort. Most joint modeling work involves the use of linked random effects between the longitudinal and survival models, i.e., the sub-models, and is recommended to reduce bias. While the literature has recently expanded to include investigations employing binary and count outcomes, there is little history of joint modeling based on ordinal outcomes. In this article Bayesian joint modeling of a longitudinal, ordinal outcome and interval-censored survival times is explored. The estimated regression coefficients of important covariates yielded by sub-models based on both fixed and random effects will be compared to those yielded by a joint model formulation with a common set of random effects. Results show the relative contributions of the random effects, both with and without the joint modeling paradigm. All modeling is demonstrated using longitudinal and survival data from the Precipitating Events Project using OpenBUGS software.

**MODELING LONGITUDINAL FUNCTIONAL DISABILITY IN PRESENCE OF DEATH**

Y. Li, H. Allore, H. Lin, Yale University, New Haven, Connecticut

Longitudinal aging research typically has both missing data and death. Previous research has shown that it is important to distinguish whether data truncated by non-ignorable reason, such as death, in the analysis because this informative truncation may be highly correlated with the longitudinal response. To address this we modeled the joint probability of longitudinal functional disability (as measured by Activities of Daily Living, ADL), and survival. Disability was a multinomial response with levels Non-disabled, Mild (1-2 disabled ADLs), Severe [3-6 disabled ADLs]. This differs from modeling the probability having a disability level based on surviving subjects in partly conditional model (such as in Kurland and Heagerty, 2005). Our method allows inferences using all subjects and estimates the probability of being alive at one disability level on given covariates. This inference translates to estimating the probability that an older can survive beyond age 80 and be non-disabled rather than the probability that an older is non-disabled if they survive beyond age 80. An extended marginalized random effect model with estimating equations is presented that uses the longitudinal multinomial response in presence of death. We apply this new method using 9 years of the Precipitating Event Project data with fixed covariates, sex, and time-dependent covariates age, physical frailty, depressive symptoms, cognitive impairment, number of chronic conditions. We present the results of scenarios of stable non-disability, worsening disability and recovery of functional disability for age, physical frailty, depressive symptoms, cognitive impairment, number of chronic conditions. Simulation models results are presented as a validation.
IMPACT OF MISSING DATA ON ANALYSIS OF POSTOPERATIVE COGNITIVE DECLINE (POCD)
S. DeCrane, L.P. Sands, K.M. Young, Purdue University, West Lafayette, Indiana

Background: Missing data can lead to biased results when the ‘reasons for missingness’ are associated with the outcome of interest. Missing data are common when assessing patients for early POCD, but prior research has not described the extent to which missing data bias estimates of POCD. Method: Missing data from neurocognitive tests (Word List, Verbal Fluency, and Digit Symbol) of 439 postoperative patients were coded for ‘reason for missingness’ using adjectives including ‘confused,’ ‘incapable,’ ‘stuporous,’ ‘comatose,’. Those adjectives that indicated the patient was incapable were used to rescoring patients’ neurocognitive test performance from ‘missing’ to ‘zero’. Determination of significant change from pre-operative to post-operative test performance the first and second day after surgery was determined for each test. Results: Using imputed data, the change in diagnosis of patients with POCD from Preoperative to Day 1 of the study increased using Word List (38% to 51%), Verbal Fluency (34% to 51%), and Digit Symbol (58% to 79%). The change in diagnosis of patients with POCD from Preoperative to Day 2 also increased using Word List (31% to 46%), Verbal Fluency (27% to 44%), and Digit Symbol (55% to 75%). Conclusion: Imputing scores of zero for incapable patients in neurocognitive testing may provide a reasonable solution for reducing bias in estimates of POCD.

BIAS FROM PROXY RESPONDENTS IN AGING RESEARCH: EPIDEMIOLOGICAL AND ANALYTICAL SOLUTIONS
M. Shardell1, R.R. Miller1, G. Hicks2, D. Alley1, J. Magaziner1, 1. University of Maryland School of Medicine, Baltimore, Maryland, 2. University of Delaware, Newark, Delaware

Epidemiological studies of older adults often include participant self-assessment on subjective constructs such as perceived disability. In some studies, when participants are unable or unwilling to provide self-reports, proxies (e.g. relatives or other care givers) are recruited to provide reports in place of the study participant. Proxies are usually not approached to provide reports for study participants who respond for themselves; thus, for each study participant, data from only one of the study participant or proxy are collected. Typically, proxy reports are simply substituted for missing study participant self-reports, and standard complete-data statistical analyses are performed. However, this approach may introduce bias and produce incorrect results. Although the purpose of including proxies is to solve the problem of missing participant data by improving generalizability, statistical methods for incomplete data have not been used with proxy data. Also, some studies recruit validation proxies (proxies for study participants who do provide self reports) to quantify proxy-participant agreement, but validation proxies have not been leveraged in statistical analyses as a bias reduction tool. The objectives of this talk are to show session participants how to correct for bias from proxy responses by 1) adapting multiple imputation (a method originally designed to address missing data) to handle proxy data and 2) using data from validation proxies in statistical analyses. A cohort study of elderly hip-fracture patients is used to motivate and exemplify the methods.

RECOGNIZING DIVERSITY IN PATIENT POPULATIONS: A K-MEANS CLUSTER ANALYSIS OF REHABILITATION SERVICE USERS WITHIN THE HOMECARE SECTOR OF ONTARIO
J.J. Armstrong, M. Zhu, J. Hirdes, P. Stolee. Health Studies and Gerontology, University of Waterloo, Waterloo, Ontario, Canada

BACKGROUND: The home health care system in Ontario provides rehabilitation therapies (physical therapy and occupational therapy) to a large number of older adults, yet little is known about the existing patterns of individual differences that can be found within this patient population. Researchers and policy makers have long recognized that home care populations are heterogeneous, yet little research has focused on this diversity. As the number of older home care clients receiving rehabilitation services is steadily increasing, it is important that we develop an improved understanding of these elderly patients in order to effectively and efficiently deliver home health care services to them. The development of such knowledge is possible through the use of data mining techniques in the available health assessment data. METHODS: Clinical assessment data was collected on 150,253 homecare clients in Ontario using the provincially mandated RAI-HC data system. A K-means cluster analysis was performed using 37 variables (i.e. disease diagnoses, functional abilities) from their initial home care assessment. RESULTS: The K-means cluster analysis resulted in identifying seven homogeneous subgroups that differed significantly in a variety of ways. Patient profiles were created to illustrate the diversity of this population. Results from predictive analyses on 1 year post-assessment outcomes further emphasize the importance of recognizing heterogeneity within this patient population. CONCLUSION: Our findings support the view that rehabilitation users in home care are a heterogeneous population that can be broken down into homogeneous subgroups based upon baseline assessment data. These findings are exploratory and require further validation.

SESSION 2045 (SYMPOSIUM)

DIMENSIONS OF HEALTH AND AGING IN ASIA
Chair: S. Vasunilashorn, Population Studies, Princeton University, Princeton, New Jersey
Co-Chair: E. Crimmins, University of Southern California, Los Angeles, California
Discussant: J. Lee. RAND Corporation, Santa Monica, California

Population aging is quickly becoming a global phenomenon. Nowhere in the world is this demographic transition more pronounced than as exemplified in Asia. By historical standards, an unprecedented increase in the number of older adults is projected to occur over the next fifty years, with an expectation that Asia will become the oldest region worldwide. This rapid demographic transition is met with a dramatic economic transformation in several parts of Asia. These rapid demographic, economic, and social changes will undoubtedly influence the health and well-being of the older adult population. This underscores the importance of evaluating the determinants and correlates of health and the aging process in Asia. Since health is influenced by a multitude of factors ranging from social, psychological, physical, and environmental circumstances, this symposium will address some of these influences in determining the state of health among older adults residing in several rapidly aging countries across Asia. Cross-sectional and longitudinal methods will be employed to examine trends, transitions, and determinants of health in China, Singapore, and Taiwan. At the end of the session, participants will be able to describe the state of health and define the trends in functioning among older adult populations of Asian descent.

PERCEIVED STRESS AND MORTALITY IN A TAIWANESE OLDER ADULT POPULATION

Perceived stress has been documented as being associated with a number of outcomes, including negative affect, increased susceptibility to the common cold, and cardiovascular disease; however, the consequences of perceived stress on mortality have received much less attention. This study characterizes the relationship between a summary measure of perceived stress and 8-year mortality in a population of Taiwanese adults age 54+. We calculated a composite measure based...
on 8 items pertaining to the health, financial situation, and occupational stress of the respondents and their families. Proportional hazards models are used to determine whether the perceived stress summary measure predicts mortality. Preliminary results suggest that perceptions of stress contribute to differences in survival among older adults: the perceived stress score is positively associated with the probability of dying during the 8-year follow-up period, even when the score excludes questions pertaining to the respondent’s own health.

DIVERSITY IN AGING: WHAT WE CAN LEARN FROM THE CHINESE HEALTH AND RETIREMENT STUDY (CHARLS) ABOUT CHANGING PATHS TO AGING
E. Crimmins, L. Zhang, J. Kim, University of Southern California, Los Angeles, California

CHARLS is a new nationally representative study of aging in China. It allows us to gain insight into variability in aging in a country undergoing dramatic social, economic, and demographic change. We examine how lifestyle and health differ across persons in rural and urban divisions of richer and poorer states to suggest how modernization changes behavior, physiology and mental well-being for older persons. Overall we find very high levels of hypertension and raised cholesterol in the sample; with urban dwellers and women having more hypertension and raised cholesterol. Obesity is related to higher levels of both hypertension and cholesterol. On the other hand, higher education appears to be related to somewhat lower levels of these markers. Life style changes related to modernization, change the path of aging.

TRENDS IN DISABILITY RATES AMONG OLDER ADULTS IN BEIJING CHINA OVER A SEVENTEEN YEAR PERIOD
Z. Zimmer1, X. Fang2, Z. Tang2, 1. University of Utah, Salt Lake City, Utah, 2. Beijing Xuanwu Hospital, Beijing, China

While studies in the United States point to a decline in long-term disability rates among elders, evidence in Asia is weaker and contradictory. Recent examples from Indonesia, Japan, Philippines, Korea and Taiwan indicate everything from increases to decreases plus little change in disability, and most of these studies include few data points and span a short time period. This study uses a unique dataset from Beijing (the BMLSA) with eight observation points over seventeen years (1992 to 2009). The study design includes a panel follow-up survey plus an add-on sample at four points in time. Measures of disability were collected at each data point, allowing for one of the longest term analyses of disability rates among older adults yet undertaken. The current study will monitor population trends in disability over the BMLSA’s seventeen years and determine whether changes have been a function of transformation in individual socio-economic characteristics.

ASSOCIATION BETWEEN HANDGRIp STRENGTH AND MORTALITY AMONG ELDERLY IN SINGAPORE
Y. Saito1, V. Yong1, A. Chan3,1, 1. Nihon University, Tokyo, Japan, 2. National University of Singapore, Singapore, Singapore, 3. Duke-NUS Graduate Medical School, Singapore, Singapore

Handgrip strength, a proxy measure of overall muscular strength, has been found to be a good predictor of all-cause mortality among the elderly in several countries. In this study, we used longitudinal data from the Social Isolation, Health and Lifestyles Survey (SIHLS) in Singapore (2009-2011) to examine the association between handgrip strength and mortality of Singaporeans aged 60+ (N=5,000). Measurements of handgrip strength at baseline were taken twice alternatively from the subjects’ right and left hand. Almost 90% of the sample provided measurements. Mortality data were collected at follow-up (data pending). The majority of the subjects (85%) normally use their right hand.

SESSION 2050 (SYMPOSIUM)

GETTING OUT AND STAYING OUT: VA DEMONSTRATION PROJECTS TO PREVENT HOSPITAL READMITION
Chair: J.L. Rudolph, Geriatric Research, Education, and Clinical Center, VA Boston Healthcare System, Boston, Massachusetts, Harvard Medical School, Boston, Massachusetts
Discussant: J.L. Rudolph, Geriatric Research, Education, and Clinical Center, VA Boston Healthcare System, Boston, Massachusetts

Discharge from the hospital is a critical time in the function of older patients, because the burden of illness, decreased function, and increased care requirements transition to the patient and caregiver. As a result, this transition is critical to prevent readmission and ultimately, preserve independent function. Because the process of transition has many steps, there are multiple targets for improvement in the process of transition from the hospital can reduce the readmission rate, allowing the healing process to occur in a patient’s environment. This symposium will describe five VA clinical quality improvement projects that are targeting different aspects of the transition process. The first project targets patients with cognitive impairment who are discharged home and intervenes with pharmacist telephone medication reconciliation and clinic assessment. The second project uses at-home educational coaches for patients and caregivers to improve outcomes. The third presentation describes a caregiver assessment and education project for patients with cognitive impairment who are discharged home. The fourth project intervenes with home-based transitional care visits by a kinesiotherapist and nurse team to reinforce discharge plan and home safety to prevent readmission. The fifth project targets older patients discharged from a rehabilitation unit with a post discharge clinic model to improve adherence and prevent readmission. Each of these programs reduces readmissions and represents different models that learners might develop at their own institutions. As payment reform places more emphasis on readmission as a negative health event, the financial value of these programs could become viable for more healthcare systems.

PILL CLINIC: A POST-DISCHARGE MEDICATION SERVICE FOR OLDER VETERANS
A.M. Paquin1, 2, J.L. Rudolph1, N. Quinlan1, M. Salow1, 2, 1. Geriatric Research Education and Clinical Center (GRECC), VA Boston Healthcare System, Boston, Massachusetts, 2. Department of Pharmacy, VA Boston Healthcare System, Boston, Massachusetts

The Pharmacological Intervention in Late Life (PILL) clinic is a quality improvement project developed to address medication complexity, inappropriate prescribing, and patient education in cognitively impaired elders upon discharge from the hospital. This transition is a critical time complicated by numerous medicines, toxicities, regimen changes, and discrepancies. The goal of PILL is to keep patients functioning longer at home after a hospitalization by use of telephone follow-up and expansion of our collaborative physician-pharmacist medication clinic. Patients ≥65 years old with evidence of cognitive impairment who were discharged home were called by a pharmacist who performed medication review and reconciliation. In cases of severe difficulty, an in-person PILL clinic visit was scheduled. The primary outcome for this project is acute care visits (i.e. urgent care, admissions) during 60 days post-hospitalization. Additionally, information about medication adherence, discrepancies, and adverse drug effects was collected. The PILL clinic appears to reduce acute care visits.
WASHINGTON DC VAMC TRANSITIONAL COACHING
Hospitalization represents a critical time for older patients with serious, chronic illnesses. The objective of this program was to improve utilization outcomes in these chronically ill patients. Two nurse practitioners, titled “Transitional Coaches” (TC), joined the Geriatrics Clinical Team to provide short-term, home-based, intensive case management, comprehensive assessment, education, collaborative care planning, and identification of resources for care. In addition to improving patient satisfaction, the TC program sought to improve medication adherence and cost, reduce utilization of emergency department and readmission, and improve advanced care planning. The impact of the TC program on utilization is pending. Person-centered education about how to access existing resources may be among the most important aspects of this intervention. Thus, TC has the promise of improving the ability of patients and their families to more successfully cope with serious chronic illness.

COMING HOME FROM THE HOSPITAL: SUPPORT FOR VETERANS WITH COGNITIVE IMPAIRMENT
E. Archambault, J. Hill, K. Lawrence, B. Kelly, J.L. Rudolph, Geriatric Research, Education, and Clinical Center, VA Boston Healthcare System, Boston, Massachusetts
When veterans return home from the hospital, they and their caregiver face challenges to remain independent while recovering from the acute illness leading to hospitalization. Because of cognitive impairment, these veterans and their caregivers may need alternate education to preserve independence. The “Coming Home Project” provides support to veterans with cognitive impairment and their caregivers after a hospitalization. The three step process includes: 1) Identification of impatient veterans with cognitive impairment; 2) Administration of a standardized brief social functioning assessment conducted with the patient and caregiver that is documented in the medical record prior to discharge; and 3) Distribution of caregiver educational materials. The goals of the project were to improve caregiving abilities as measured by reduced 60-day acute care and readmission rates. This presentation will detail the highly requested caregiving materials, the patient and caregiver disparity in social functioning, and the impact of the program on clinical outcomes.

HOME BASED TRANSITIONAL CARE PROGRAM: THE TAMPA VA PATIENT CENTERED SOLUTION FOR FRAIL ELDERLY READMISSIONS
D.M. Davis, K. Keys, S. Arondel De Hayes, E.I. Sanchez, A. Black, Geriatrics and Extended Care, James A. Haley VA, Tampa, Florida
Hospital readmissions in this population may be reduced by home visits. The Home-Based Transitional Care Program (HBTCP) was developed to support frail elders during the first 28 days after a hospitalization. Upon referral, HBTCP provides an in-home visit by a nurse and kinesiotherapist within 4 days of discharge from an inpatient setting. At the home visit, the nurse assesses medication adherence, reinforces the discharge plan, and identifies clinical needs. The kinesiotherapist provides a home safety evaluation assessing the environment, fall risk, and functional status. They work in coordination with the hospital and primary care teams to ensure the patient’s medical care needs are met. HBTCP found a high need for equipment (100%), supplies (22%), new services (17%), and medications (25%). HBTCP reduced 14-day readmissions by 57% and 30-day readmissions by 38%. HBTCP with a nurse and kinesiotherapist team, focused on care coordination and safety may reduce hospital readmissions.

BRIDGING THE GAP THROUGH POST-DISCHARGE CLINIC
H.C. Park1, James A. Haley Tampa VA Hospital, Tampa, Florida, 2. University of South Florida, Dept. of Internal Medicine, Division of Geriatric Medicine, Tampa, Florida
To provide comprehensive care coordination for veterans transitioning from skilled nursing facilities (SNF) to VA primary care, a post discharge clinic (PDC) was developed. Prior to implementation of PDC, care coordination was fragmented with urgent care clinic, social work, home care, and primary care each coordinating a piece. The PDC targets veterans discharged from post-hospitalization SNF care to independent living settings such as home or assisted living facilities. This clinic seeks to bridge the gap between the SNF and VA primary care. The program has 4 key components a) medication reconciliation, including timely provision of medications, medical supplies, and durable medical equipment, b) care coordination for home health services, c) patient education, and d) coordination of follow-up appointments. The outcomes are measured with 30-day emergency/urgent care utilization and VA readmission. The outcomes are compared to data from SNF discharges prior to implementation of PDC.

SESSION 2055 (SYMPOSIUM)

PHYSICAL ACTIVITY AS A BUFFER AGAINST ADVERSE OUTCOMES IN OLDER ADULTS: ANALYTIC SOLUTIONS
Chair: B. Bandeen-Roche, Biostatistics, Johns Hopkins University, Baltimore, Maryland
Discussant: M. Glymour, Harvard University, Boston, Massachusetts
Physical activity is a basic and modifiable behavior that evidences salutary effects on multiple aspects of the human organism. As such, it may be a potent buffer against frailty and disability in older adults. Learning whether it is, and identifying factors that promote it, are challenged by considerable methodological challenges including measurement, time-dependent confounding, and feedback relations. This session addresses these. A first presentation proposes a latent-class based method for defining trajectories of persons’ self-reported physical activity engagement over time and evaluates its utility for predicting mortality. The method envisages subpopulations of older adults with similar longitudinal activity patterns. A second presentation employs marginal structural models (MSM) to evaluate the effect of pain on self-reported levels of physical activity. MSMs aim to acknowledge that restricted physical activity may affect pain as well as account for time-dependent confounders and so approximate a causal inference comparing physical activity engagement for potentials of being pain-free, versus in pain, throughout the time period. A third presentation evaluates a potential feed-forward relationship in which physical activity and energy are hypothesized to be mutually enhancing (or antagonizing). The session concludes with discussion. It advances discovery as to the relationship of physical activity to pain and energy. More broadly it highlights methodologies available to address complexities of studying effects of elective behaviors on health outcomes thus aims to improve the associated science.

FEED-FORWARD LOOP BETWEEN ENERGY LEVEL AND PHYSICAL ACTIVITY
A. RoyChoudhury1, Q. Xue2, L.P. Fried, R. Varadhan2, 1. Biostatistics, Columbia University, New York, New York, 2. Johns Hopkins University, Baltimore, Maryland
A feed-forward relation may exist between energy level and physical activity in older adults. Physical activity is known to increase muscle mass, muscle strength and efficiency in biological systems, which boost energy level and makes it possible to heighten physical activity. Here we present statistical evidence for feed-forward relation between energy level and physical activity measures in older women. As the energy level measure, we used self reported energy level (1-10) by the subjects. As the physical activity measures, we used observations such
as hours of physical activity per week, energy (kcal) spent per week, and also some standard measures such as HABC, CDC/ACSM criteria. We categorized the feed-forward relations as strong and weak. We found evidence for strong relation with HABC exercise and lifestyle measures, and evidence for week relation with Kcal/Wk, Frailty, Mins. of activity/Wk, Kcal/Day-Kg, CDC/ACSM and NHIS tertile measures.

TRAJECTORIES OF CHANGE IN PHYSICAL ACTIVITY AND ALL-CAUSE MORTALITY: THE WOMEN’S HEALTH AND AGING STUDY (WHAS) II

Q. Xue1, K. Bandeen-Roche2, T. Mielcz2, W. Yao3, R. Varadhan3, P.H. Chaves1, L.P. Fried2, 1. Medicine, Johns Hopkins University, Baltimore, Maryland, 2. Columbia University, New York, New York.

The benefits of physical activity (PA) for older adults are evident. However, interventions designed to achieve the recommended levels of PA have met limited success. We hypothesize that the ability to maintain some level of moderate PA over time, even if below the recommended levels, is associated with lower risk of adverse outcomes. Using 10-year follow-up data from WHAS II, we identified four distinct PA trajectories based on latent class analysis: (1) always active (16.5%), (2) always moderately active (32.8%), (3) fast declining (19.7%), (4) always sedentary (31.0%). While there was a step-wise increase in mortality risk from the always active to the always sedentary with the fast decliners having immediate risk (p<0.05), there was no meaningful survival advantage for being always active compared to being moderately active (p=0.56). These findings suggest that suboptimal but persistent moderate level of activities may be a realistic target for older women to adopt.

DO PAIN LEVELS HAVE A DIRECT CAUSAL EFFECT ON PHYSICAL INACTIVITY WITHOUT MEDIATION BY FUNCTION?


Literature suggests widespread pain is independent of the pathway to disability via physical impairments. We assessed whether levels of pain have a direct causal effect on physical inactivity in WHAS II participants in pathways not mediated by time-dependent confounding. Over a 7.5-year period, we applied weighted analysis of pooled multinomial logistic regression of three physical activity categories (sedentary, moderately active and very active) from the National Health Interview Survey on four levels of pain (widespread, moderate lower extremity, moderately active and very active) from the National Health Interview Survey. The study found evidence for strong and weak feed-forward relations as well as strong and weak mediating effects.

ONE SIZE DOES NOT EVEN FIT MOST: COMPARING TYPES OF REPEATERS

L.R. Phillips1, M. Cadogan2, J. Mentes1, D.L. Woods2, S. Takayanagi1, H. Aronow2, N. Salem1, J. UCLA School of Nursing, Los Angeles, California, 1. Cedars Sinai Medical Center, Los Angeles, California.

Clearly understanding what brings older adults to the ED is the first step in tailoring services to meet their needs. While information is available about the medical diagnoses associated with their visits, less is known about the influence of geriatric syndromes on elders’ decisions to seek care. Little is known about patterns of use, particularly with regard to the frequency of visits and time between visits. This paper focuses on comparing three patterns of ED use including: clustered repeaters, those who visited more than 8 times and had at least 3 visits within a two month period; non-clustered repeat users, those who visited more than 3 times in the two years but with no clustered visits; and single users, those who used the ED only once. Statistical tests were applied to determine differences in variables such as age, gender, ethnicity, presence of geriatric syndromes, and discharge disposition.

SESSION 2060 (SYMPOSIUM)

SOLVING MYSTERIES ABOUT REPEATED ED USE IN OLDER ADULTS

Chair: J. Mentes, University of California Los Angeles, Center for the Advancement of Gerontological Nursing, Los Angeles, California

Discussant: E.R. Beattie, Queensland University of Technology, Brisbane, Queensland, Australia.

Older adults are more frequent users of emergency department (ED) services, with oldest adults, those 75 years and older, accounting for the greatest number of visits (62 vs 39 per 100 persons over-all) according to the 2007 Emergency Room Summary of the National Hospital Ambulatory Medical Care Survey. Additionally, studies show that when compared with younger adults, older adults are more likely to be misdiagnosed, discharged to home with untreated conditions resulting in adverse events and multiple repeat visits to the ED. This symposium focuses on “demystifying” some of the difficulties with ED transitions to home that may account for this repeated ED use. The first paper describes those older adults who have clustered repeat visits, 8 or more ED visits during a two year period with at least 3 visits clustered within a two month period. The second paper, using a group-based trajectory method of analysis (GBTM), describes the probability of older adults who visit the ED belonging to a group and the characteristics of the older adults in those groups with a view to predicting who is most likely to have frequent ED visits. The third paper characterizes the most prevalent diseases or conditions co-occurring with a diagnosis of dehydration in older adults with repeated ED visits. The last paper compares different patterns of repeated ED use: clustered repeaters, non-clustered repeaters and single users. Our goal is to develop ED-based interventions that address the distinct needs of older adults, ultimately decreasing repeated ED use in this population.

HOW DRY I AM! REPEATED ED USE AMONG OLDER ADULTS WITH DEHYDRATION

J. Mentes1, M. Cadogan1, L.R. Phillips1, D.L. Woods2, H. Aronow2, S. Takayanagi1, K. Skrine Jeffers1, 1. University of California Los Angeles, Center for the Advancement of Gerontological Nursing Science, Los Angeles, California, 1. Cedars Sinai Medical Center, Los Angeles, California.

Dehydration is often a precursor to other systemic conditions such as urinary tract and other infections, adverse drug reactions, falls and delirium that precipitate visits to the ED for older adults. Because preventing the precursor event, dehydration, is not addressed during these ED visits, older adults are likely to be repeat users of the ED. We used ED data over a two-year period from a large urban hospital that included 6455 adults over 65 years who had repeat visits to the ED. This data serve as the basis for characterizing older adults who had a primary or secondary diagnosis of dehydration and are clustered (59/143, 41%) and non-clustered (129/6312, 20%) repeat users of ED services with special attention to co-occurring conditions and with a goal to inform interventions to prevent repeated ED use for this ambulatory care sensitive outcome indicator.
UNEXPLORER ENCOUNTERS: CLUSTERED ED VISITS AMONG OLDER ADULTS

Emergency Department (ED) use among older adults is increasing, however little is known about patterns of ED use within this population. Using data from a larger study of 31,664 ED visits among adults age 65 and older to an urban Level 1 trauma center, this presentation will focus on 143 patients whose 1,454 ED encounters represent 8 or more ED visits during a two year period, of which at least 3 visits clustered within a two month period. The relationships among age, gender, symptoms and diagnoses, discharge disposition from ED, and intervals between clustered visits will be presented. Identification of factors associated with clustered ED visits will be highlighted with recommendations for potential areas of intervention to decrease ED use among this population.

PROBING POSSIBILITIES OF OLDER ADULT ED USE: AN INNOVATIVE ANALYSIS
D.L. Woods, L.R. Phillips, J. Mentes, M. Cadogan, S. Takayanagi, A. Ing, University of California, Los Angeles, Los Angeles, California

Analyzing the patterns of Emergency Department (ED) use among older adults to predict who may be more at risk for repeated use is challenging. Using group-based trajectory modeling trajectory (GBTM), this paper focuses on identifying and describing the distinct trajectories or patterns of change that exist using 31,664 ED visits among adults age 65 and older over a 2-year period, those who have only one ED visit, those who have repeat visits (N = 1,454), and those who have clustered visits (N = 143). GBTM has an advantage for investigators trying to identify patterns in heterogeneous groups, such as vulnerable older adults. Factors associated with each group membership will be highlighted, possible predictors of ED use identified and interventions suggested.

SESSION 2065 (SYMPOSIUM)

THE USE OF ACCELEROMETRY TO ASSESS PHYSICAL ACTIVITY IN OLD AGE: METHODOLOGICAL CONSIDERATIONS
Chair: A. Koster, National Institute on Aging, Bethesda, Maryland, Maastricht University, Maastricht, Netherlands
Co-Chair: P. Caserotti, National Institute on Aging, Bethesda, Maryland
Discussant: T.B. Harris, National Institute on Aging, Bethesda, Maryland

Accelerometry is widely used to objectively measure physical activity across the full range of activity intensities. This symposium will explore some of the methodological challenges around the use and interpretation of accelerometry data in older individuals. Due to a reduction in maximal physiologic capacity with aging, the amount of high-intensity activity may concomitantly decrease. It may therefore not be appropriate to classify high-intensity activity based on accelerometer cutpoints derived from younger populations. Dr. Caserotti will present a new method on how individual cutpoints for moderate to vigorous physical activity could be derived and applied to accelerometry data. While high-intensity activity decreases with age, sedentary time increases. There is growing interest in the effect of sedentary time as an independent health risk factor. Dr. Visser compared sedentary questionnaire to assess total sedentary time with accelerometry-derived sedentary time. Accelerometry data are also used to estimate total net energy expenditure and validation studies in older adults are necessary. Dr. Manini will show how an artificial neural network approach could be used to estimate physical activity energy expenditure and activity type from a hip-worn accelerometer. Dr. Mackey will show the results of a study where energy expenditure estimated from the Sensewear armband is validated against doubly labeled water. Dr. Glynn has used the Sensewear armband data to show the impact of fatigability and function on physical activity levels in older adults. This symposium provides a better understanding of the use of accelerometry to assess physical activity in older adults and some methodological challenges involved.

ABSOLUTE VERSUS INDIVIDUAL CUT-POINTS FOR MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY
P. Caserotti, A. Koster, D.R. Van Domen, K. Chen, R.J. Brychta, N.Y. Amardottir, T.B. Harris, National Institute on Aging, Bethesda, Maryland, 2. Maastricht University, Maastricht, Netherlands, 3. National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Maryland, 4. Research Centre of Movement Science, University of Iceland, Reykjavík, Iceland

The age-associated decrease in highly physically active behaviors may be partially due to voluntary disengagement but may also reflect reduced capacity for physiologic work. We compared the amount of moderate/vigorous physical activity (MVPA) when two MVPA definitions are applied to 7-days of objective free-living physical activity (PA) data in 301 adults ages 73-91. The first definition was based on accepted accelerometry-based absolute cutpoints (MVPA >2020). The second definition was derived from individual cutpoints (MVPAIndcp) obtained from maximum accelerometer counts (Actigraph GT3X, 1-min epoch) during a 6- min maximal walking test. This was chosen to reflect individual workload generated during a functional performance under maximal stress. Using MVPAIndcp, participants had 9.45±0.67 min/day of free-living MVPA. This increased to 32.4±0.69 min/day when MVPAIndcp was applied. Absolute cut-points, especially in subjects with reduced working tolerance, may mask the intensity and duration of MVPA when considered relative to the individual’s capacity to perform PA.

SEDENTARY ACTIVITY IN OLDER PERSONS – COMPARING QUESTIONNAIRE AND ACCELEROMETRY DATA
M. Visser, A. Koster, 1. Health Sciences, VU University Amsterdam, Amsterdam, Netherlands, 2. VU Medical Center, Amsterdam, Netherlands, 3. National Institute on Aging, Bethesda, Maryland, 4. Maastricht University Medical Centre, Maastricht, Netherlands

Sedentary activity has been associated with health outcomes independent of physical activity. Our aim was to investigate multiple, self-reported sedentary activities in older persons and how they related to accelerometry-derived sedentary time. The sample included 83 persons aged 65-92 years, a random sample of Longitudinal Aging Study Amsterdam participants, who completed a questionnaire with 10 sedentary activities and wore an Actigraph GT3X for 8 days. Mean total subjective and objective sedentary time was 10.4 (SD3.5) and 10.2 (1.2) h/d (p=0.63) and was higher during weekend days than weekdays. Most sedentary time was spent on watching TV (3.3 h/d). Total subjective time (sum of 10 activities) correlated 0.35 (p=0.01) with objective time. The correlation improved when using the sum of six activities (r=0.46, p<0.01) and was much higher compared to using TV watching only (r=0.22, p=0.05). A questionnaire including six different sedentary activities should be used to optimally assess sedentary time.

AN ARTIFICIAL NEURAL NETWORK APPROACH TO ESTIMATE PHYSICAL ACTIVITY ENERGY EXPENDITURE AND PHYSICAL ACTIVITY TYPE FROM AN ACCELEROMETER IN OLDER ADULTS

The goal of this research was to validate a statistical approach for processing data from a single hip-worn accelerometer. Participants (N = 45, 76.3 ± 5.1 years) completed 17 daily activities that were catego-
rized into exercise (EX: walking), non-exercise (NEA: washing dishes, etc) and sedentary activities (SED: sitting). Oxygen consumption was collected and an Actigraph GT1M (Actigraph Inc. Pensacola FL) was worn on the right hip during all tasks. An artificial neural network (ANN) statistical approach was used to process accelerometer data with performance estimates cross-validated. ANN estimated oxygen costs with a bias of 0.07 METs and correctly classified over 90% of the minutes categorized as NEA (Sensitivity: 96.4%, Specificity: 95.7%), EA (Sensitivity: 98.7%, Specificity: 99.3%) and SED (Sensitivity = 96%, Specificity = 90.5%). An artificial neural network approach to processing data from hip-worn accelerometers has the potential to classify the intensity and types of physical activities in older adults.

VALIDATION OF AN ARMBAND TO MEASURE DAILY ENERGY EXPENDITURE IN OLDER ADULTS
D.C. Mackey\textsuperscript{1}, T. Manini\textsuperscript{2}, D. Schoeller\textsuperscript{3}, A. Koster\textsuperscript{4}, N.W. Glynn\textsuperscript{4}, S. Satterfield\textsuperscript{5}, T. Harris\textsuperscript{6}, S.R. Cummings\textsuperscript{1}, 1. San Francisco Coordinating Center, California Pacific Medical Center, San Francisco, California, 2. University of Florida, Gainesville, Florida, 3. University of Wisconsin, Madison, Wisconsin, 4. National Institute on Aging, Bethesda, Maryland, 5. University of Pittsburgh, Pittsburgh, Pennsylvania, 6. University of Tennessee Health Science Center, Memphis, Tennessee

Valid methods to measure daily energy expenditure in older adults are needed. Participants from Health ABC (N=19, 82 ±3.3(SD) years) wore a SenseWear Pro armband (SWA, v6.1, BodyMedia, Pittsburgh, PA) for 12.5 ±1.1 days. Criterion values for total energy expenditure (TEE) were assessed with doubly labeled water (DLW), and for resting metabolic rate (RMR) with indirect calorimetry. Activity energy expenditure (AEE) was calculated as TEEx0.90–RMR. There was no difference in mean TEE values from DLW vs. SWA (2040±472 vs. 2012±497 kcal/day, p=0.59); however, individual values were highly correlated between methods (r=0.89, p<0.01) and demonstrated strong agreement (ICC=0.90). Mean AEE values from SWA were lower by 26.8% than criterion values (427±304 vs. 583±242 kcal/day, p<0.01); however, individual values were highly correlated between methods (r=0.76, p<0.01) and demonstrated moderate agreement (ICC=0.65). Bland-Altman plots identified no bias for TEE or AEE. Results demonstrated acceptable agreement between SWA and criterion measurements of TEE and AEE.

IMPACT OF FATIGABILITY AND FUNCTION ON ACTIVITY PATTERNS OF OLDER ADULTS
N.W. Glynn\textsuperscript{1}, A.J. Santanasto\textsuperscript{1}, D.C. Mackey\textsuperscript{2}, E.M. Simonsick\textsuperscript{1}, T. Manini\textsuperscript{1}, B. Goodpaster\textsuperscript{2}, A.B. Newman\textsuperscript{1}, 1. Epidemiology, University of Pittsburgh, Pittsburgh, Pennsylvania, 2. California Pacific Medical Center, San Francisco, California, 3. National Institute on Aging, Baltimore, Maryland, 4. University of Florida, Gainesville, Florida, 5. University of Pittsburgh, Pittsburgh, Pennsylvania

To guide the design of intervention studies, understanding fatigability and function in relation to physical activity (PA) is important. Study of Energy and Aging-Pilot participants (N=36, mean±SD age 78.3±4.9 yrs) wore a SenseWear armband for ≥5 days to measure sedentary time (SED), moderate/vigorous PA (MODVIG) and steps. High (N=15) vs. low (N=21) fatigability (Rating of Perceived Exertion ≤9 vs. ≥10 at end of 5 min treadmill walk at .67 m/s) had greater SED (mean±SE, 1364±16 vs. 1324±14 min/d, p=0.06), less MODVIG (42±11 vs. 81±9 min/d, p=0.01), and steps (4803±687 vs. 7045±590 steps/d, p=0.02). Gait speed ≤1.0 m/s (N=7) vs. >1.0 m/s (N=29) was associated with higher SED (1397±26 vs.1330±11 min/d, p=0.02) and lower MODVIG (28±19 vs. 71±8 min/d, p=0.04) and steps (2822±1078 vs. 6746±448 steps/d, p=0.002). Data were age and sex adjusted. Reducing fatigability by increasing PA may be a possible mechanism to improve function in older adults.

SESSION 2070 (PAPER)

CHALLENGES AND OPPORTUNITIES IN COMMUNITY LIVING FOR SPECIAL POPULATIONS
D. Morhardt\textsuperscript{1,2}, M. Spira\textsuperscript{1}, 1. Social Work, Loyola University, Chicago, Illinois, 2. Northwestern University Feinberg School of Medicine, Chicago, Illinois

As senior-housing providers experience the aging of their residents, they face the needs of an increasingly frail and cognitively impaired population. A national senior housing management firm providing affordable housing for seniors approached a university school of social work to review their protocol addressing residents with dementia in a local urban area. Following review of the protocol, a need for further dementia education was identified and a community/academic partnership was formed. School of social work faculty partnered with a National Institute on Aging Alzheimer’s disease center to provide education to housing administrators, social service coordinators and maintenance staff. Two 4-hour workshops were held for 80 staff. The lecture consisted of an introduction to dementia and communication strategies followed by discussion of barriers and next steps. After each lecture, social work faculty and graduate interns conducted 3 focus groups to explore questions concerning the perception of their role, challenges and needs. Field-notes were documented by interns. Participants were given the opportunity to discuss concerns and complete written evaluations. Overall, the educational intervention was well received.

FOCUS GROUP DATA ANALYSIS REVEALS INTERNAL ORGANIZATIONAL BARriers, MINIMAL INFORMAL AND FORMAL SUPPORT SERVICES, AND LITTLE KNOWLEDGE OF DEMENTIA CONTRIBUTED TO DIFFICULTY ADDRESSING THE CHALLENGES OF THE COGNITIVELY IMPAIRED IN SENIOR HOUSING. STRENGTHS INCLUDED FIRM’S COMMITMENT TO SAFETY AND OVERALL WELLFARE OF TENANTS, CONTINUED DEVELOPMENT OF APPROPRIATE METHODS TO MANAGE CHALLENGING SITUATIONS AND PROVISION OF ONGOING STAFF EDUCATION. THREE AND SIX MONTH POST FOLLOW-UP IS PLANNED.

INCLUSIVE DESIGN AND ENVIRONMENTAL DOCILITY: THE CASE OF THE KITCHEN
S.M. Peace\textsuperscript{1}, J. Percival\textsuperscript{1}, C. Nicolle\textsuperscript{2}, M. Maguire\textsuperscript{2}, R. Marshall\textsuperscript{3}, R.E. Sims\textsuperscript{2}, C. Lawton\textsuperscript{1}, 1. Faculty of Health & Social Care, The Open University, Milton Keynes, United Kingdom, 2. Loughborough Design School, Loughborough University, Loughborough, United Kingdom

Across the life course, the kitchen can be a central hub of activity. Long discussed as a gendered space, in ageing populations, the kitchen provides a perfect case study for re-considering press-competence, testing environmental docility and considering proactivity through inclusive design; central issues in environmental gerontology. The paper reports on research involving social gerontologists and ergonomists which studied people’s lives in relation to the kitchen. Following detailed pilot work, two interviews were conducted with 48 older participants (aged 61 to 91 years) in the UK. The first interview, using an oral history approach, recorded people’s experiences of kitchens throughout their lives. The second concerned their current kitchen and how well it met their needs. Other tools gathered housing histories, personal demographic details, routine activities, and photographs recorded aspects of the kitchen that were particularly liked or disliked. This approach for gathering data from and working with older people will be described, including discussion of Person-Environment fit (practical design issues and behavioural needs). It is concluded that a multi-disciplinary approach has been productive in producing a greater user understanding that will help promote more inclusive design while extending theoretical perspectives in environmental gerontology. It forms a useful case study.
for producing guidelines for the design of more inclusive kitchens that will be useful to people as they get older and their abilities change.

HOARDING, HYGIENE AND ENVIRONMENTAL HAZARDS IN A COMMUNITY-DWELLING POPULATION OF OLDER ADULTS

X. Dong1, M.A. Simon1, E. Chang1, D. Evan1, I. Rush University, Chicago, Illinois 2. Northwestern University, Chicago, Illinois

Background: Self-neglect is associated with increased morbidity and mortality. We examined the prevalence of self-neglect and its specific behaviors of hoarding, hygiene and other environmental hazards in a community-dwelling elderly population. Methods: Population-based cohort study conducted from 2007 to 2010 of a community-dwelling residents who were participating in the Chicago Healthy and Aging Project (CHAP), a population-based epidemiological study of residents over 65 years of age. Participant’s personal and home environment was rated on hoarding, personal hygiene, house in need of repair, unsanitary conditions, and inadequate utility. Prevalence estimates were presented across age, gender, health status, physical and cognitive function.

Results: There were 4,627 older adults (1,645 men and 2,982 women) in the cohort from 2007-2010. The prevalence of overall personal and environmental hazards did not significantly change across age groups (Men: 9.5% for 65-74, 9.2% for 75-84 and 10.1% for >85; Women: 8.5% for 65-74, 7.9% for 75-84 and 7.5% for >85). Prevalence of the personal and environmental hazards increased with lower levels of health status in both men (4.7% in very good/excellent, 7.9% in good and 14.9% in fair/poor) and women (4.5% in very good/excellent, 7.9% in good and 10.6% in fair/poor). For those with MMSE <20, the prevalence of personal and environmental hazards was 18.8% in men and 13.6% in women. For those with > 3 Katz impairments, the prevalence of personal and environmental hazards was 12.8% in men and 13.8% in women.

Conclusion: Hoarding, poor hygiene, and other environmental hazards are prevalent; especially among those with lower health status, physical and cognitive function.

PATHWAYS OUT OF ELDER HOMELESSNESS: PERCEIVED BARRIERS AND POTENTIAL SOLUTIONS

K. Mills-Dick1, J.G. Gonyea1. School of Social Work, Boston University, Boston, Massachusetts 2. University of Hawaii School of Social Work, Honolulu, Hawaii

Despite existing federal and state policies focused on promoting the well-being of older adults, many of the most vulnerable elders in our communities continue to struggle to meet basic needs. With over 75,000 homeless elders in the U.S. today, and an increase expected due to population aging, it is critical to better understand the facilitators and barriers to maintaining safe and secure housing for older adults.

This paper will present findings from a qualitative study that utilized a narrative approach to explore how older adults and outreach workers define and mitigate problems associated with urban elder homelessness. A series of in-depth interviews and field observations with 20 urban homeless elders and 6 outreach workers were utilized to illuminate the perspectives of those on the frontlines and understand not only causal factors, but also pathways out of homelessness.

Interpretive phenomenological analysis revealed themes of cumulative inequality manifested over the life course and the interplay between institutional arrangements and individual life trajectories. Excerpts from participant narratives illustrate the perceived role of social structures as both barriers to and resources for resolving the problem of elder homelessness, as well as their interaction with, and impact on, individual agency. Elder homelessness presents complex challenges given the range of contributing factors and multiple systems involved. This paper will present “street level” perspectives and their implications for the development and implementation of programs and policies to address elder homelessness.

THE STATE OF ADULT DAY SERVICES: FINDINGS FROM THE 2010 METLIFE NATIONAL ADULT DAY SERVICES STUDY

H. Dabelko-Schoeny, K.A. Anderson, College of Social Work, The Ohio State University, Columbus, Ohio

With roughly 4,600 programs serving over 260,000 persons each day, adult day services (ADS) continues to be an important and growing sector within the long-term care industry. While researchers have begun to shed light on the effectiveness of ADS, information on the national profile of the industry is largely based upon decade-old information (2002). In this national-level study, the researchers collected descriptive and programmatic data on a randomly selected sample (N = 557) of ADS facilities across the United States. Results indicated substantial changes in the following: facility characteristics (e.g., size, staffing); participant characteristics (e.g., age, care needs); service provision (e.g., psychosocial, nursing, and medical services); and financing and funding (e.g., rates, reimbursement). Data suggest that ADS is not only a growing source of long-term care services, but also has increased capacity to serve as a provider of comprehensive health care and as a platform for chronic disease management. Future challenges and concerns are also discussed in light of pending policy proposals.

SESSION 2075 (SYMPOSIUM)

CARING FOR FAMILY CAREGIVERS: FINDINGS FROM A MULTI-STATE INITIATIVE

Chair: D.J. Sheets, University of Victoria, Victoria, British Columbia, Canada
Co-Chair: M. Marcus, University of Victoria, Victoria, British Columbia, Canada
Discussant: P. Liebig, University of Victoria, Victoria, British Columbia, Canada

The Harry and Jeanette Weinberg Foundation is providing nearly $8 million in funding to develop the capacity of non-profit organizations to support family and informal caregivers. This symposium presents findings from non-profit organizations in 3 states in their second year of funding under this 3 year initiative. The projects highlight innovative approaches to addressing the needs of rural, urban and diverse caregiver populations.

One presenter evaluates the impact of using trained volunteers to provide respite care and other services to low income caregivers of medically frail or demented older adults in an ethnically diverse county in New York. Another presenter evaluates the impact of the coordination of caregiver resources in two rural counties in Maine. Findings from pre- and post-service evaluation data indicate that coordination of caregiver resources has: forestalled institutionalization; reduced caregiver burden; and increased self-efficacy.

The third presenter assesses the Caregiver Ombudsman Outreach Program (Co-Op), which supports ethically, racially and culturally diverse family caregivers in an underserved New York neighborhood through the training of community members as advocates and the offer of limited respite care. The Co-Op also developed Elderpedia, a comprehensive, WIKI database of caregiver resources that provides everyday solutions to real-life issues, such as finding a laundry with delivery service. Panelists will focus on key evaluation findings relevant to public policy and the development of family caregiver programs and services.

IMPACT OF A VOLUNTEER INTERVENTION IN REDUCING CAREGIVER BURDEN

M. Wolf, L. Breuer, NERKEN Center for Research, Parker Jewish Institute, New Hyde Park, New York

The Willing Hearts, Helpful Hands program is dedicated to easing the many burdens associated with being a caregiver of an older adult. Willing Hearts, Helpful Hands, is an innovative community program designed to meet the needs of overburdened caregivers by connecting them with a circle of trained volunteers who provide an array of respite...
services. Caregivers are experiencing high levels of stress: 60% had moderate depression; 78% reported high levels of strain and burden. 87% of caregivers care for a family member with dementia. Evaluation of the program revealed: (1) a reduction in caregiving burden (80% of caregivers reported a reduction in their caregiving burden at the 6 month follow up; (2) less than 10% sought nursing placement during enrollment in the program. There were no significant changes in depressive symptoms. Findings show that brief respite by a trained volunteer corps can help caregivers cope with the burden of caregiving.

ASSESSING THE Efficacy OF A NORTHERN NEW ENGLAND RURAL CAREGIVER SUPPORT SYSTEM
J. Crittenden1, L.W. Kaye1, N.L. Merrill1, D. Poulton2, 1. UMaine Center on Aging, Bangor, Maine, 2. Eastern Area Agency on Aging, Bangor, Maine

Maine’s Rural Caregiver Network Project, supported by the Weinberg Foundation, is a service collaborative targeting caregivers in two of Maine’s most rural counties. Pre- and post-service evaluation data indicate the coordination of caregiver resources has resulted in a system that: forestalls institutionalization (50% of caregivers have maintained relatives at home at the 4-month follow-up); reduces caregiver burden and risk (100% and 43% of caregivers experienced a decline in burden and risk scores respectively); and increases in self-efficacy. One-quarter of caregivers report increased use of partnering agency services (hospice, adult day care, care management) and 91% report learning about at least one new community resource they can turn to (63% used those resources at one month post-training). All caregivers who received training learned at least one new practical skill and used those skills within one month. Findings speak to the importance of rural community provider collaboration in responding to caregiver needs.

LEVERAGING COMMUNITY RESOURCES TO SUPPORT CAREGIVERS: THE CAREGIVER OMBUDSMAN OUTREACH PROGRAM
C. Gelman1, T.A. Sokoloff2, 1. Hunter College School of Social Work, New York, New York, 2. Isabella Geriatric Center, New York, New York

Seeking to provide support to ethnically, racially, and culturally diverse caregivers in an underserved New York City neighborhood, 8 agencies and a School of Social Work collaborated to develop The Caregiver Ombudsman Outreach Program (Co-Op). The Co-Op trained community members as advocates to provide information and referrals to existing resources to maximize utilization, and offered limited respite in the form of home health aide hours and vouchers for social day care in an effort to bridge need while helping families plan for more permanent solutions. The Co-Op has also developed Elderpedia, a comprehensive, new knowledgebase of caregiver resources created using a wiki format – both by and for professionals, caregivers, seniors, their families and friends – containing not just health and social service programs, but everyday solutions to real-life issues, such as laundries with deliver y service. Evaluations at 6-month intervals of participating caregivers indicate a statistically significant reduction in caregiver burden.

SESSION 2080 (SYMPOSIUM)

EXAMINING THE SOURCE OF SOCIAL DISPARITIES IN MOBILITY IN LATER LIFE
Chair: M. Choi, Department of Epidemiology and Community Health, Virginia Commonwealth University, Richmond, Virginia
Co-Chair: B. Mezuk, Department of Epidemiology and Community Health, Virginia Commonwealth University, Richmond, Virginia
Discussant: K.B. Adams, Case Western Reserve University, Cleveland, Ohio

Mobility is a critical component of wellbeing over the lifespan, and recent research has drawn attention to the role of transportation for quality of life for older adults. However relatively few studies have examined mobility issues from a health disparities framework. This symposium examines the source of social disparities in mobility in later life with a focus on driving behaviors. The first two papers address gender differences in driving behaviors. Molnar and colleagues discuss the mechanisms underlying gender differences in self-regulatory driving. Mezuk and colleagues examine gender differences in traffic violations and driving errors using administrative data from Florida Traffic Crash Records Database. The final two papers examine gender and racial disparities in driving behaviors and mobility. Mezuk and colleagues examine whether gender and racial disparities in driving cessation widen over the lifespan. Finally, Choi discusses the health trajectories and health disparities among older adults who have never driven an automobile using data from the Health and Retirement Study. The health disparities framework embraces an interdisciplinary approach to studying transportation issues, and this symposium will examine factors that contribute to social disparities in mobility in order to remedy these differences.

TRAFFIC VIOLATIONS VS. DRIVING ERRORS: IMPLICATIONS FOR OLDER FEMALE DRIVERS
S. Classen, University of Florida, Gainesville, Florida

We examined violations from a Crash Database (CD) (N= 5,345 older drivers). From a standardized road course we selected driving errors underlying failing a road course. Three expert raters classified violations from the CD into six types of driving errors. Using SAS version 9.1 we calculated the probability (p<0.05) of the rater experts’ endorsement to classify a violation as a specific type of error; and computed descriptive information, chi-square relationships among the main predictors (age, gender, error type) of injury (p<0.05), and with Fisher’s exact test the effects of gender in traffic violations and driving errors. Female drivers (2,445, 45.7%) had significantly more failed to yield, failed to obey traffic control and speed related violations predictive of crash-related injuries. Injured female drivers made more yielding (p<0.001) speed regulation and gap acceptance errors (p<0.05) and emerge as a high risk group for sustaining injuries from crashes and driving errors.

A STUDY OF GENDER IN SELF-REGULATION OF DRIVING AMONG OLDER ADULTS
L.J. Molnar1,2, D.W. Eby1,2, J. Langford1, J. Charlton1, S. Roberts1, J. University of Michigan Transportation Research Institute, Ann Arbor, Michigan, 2. Michigan Center for Advancing Safe Transportation throughout the Lifespan, Ann Arbor, Michigan, 3. Monash University Accident Research Centre, Melbourne, Victoria, Australia, 4. University of Michigan School of Public Health, Ann Arbor, Michigan

Self-regulation of driving by older adults (i.e., reducing overall driving exposure or avoiding specific driving situations) shows promise for extending safe driving. Previous studies have generally found greater self-regulation of driving among women than men. However, findings are mixed on other factors that may influence self-regulation and/or explain gender differences. This study examined gender differences in self-regulation, using a sample of older drivers with clinically-determined impairments in functional abilities, as well older adults from the general population (n=137). While few gender differences were found in self-regulation, this was not the case for self-perceived driving comfort, a construct thought to influence avoidance of certain driving situations. Women reported lower comfort than men for driving on high-traffic roads, in unfamiliar areas, at night in bad weather, in rush hour traffic, on the expressway, and backing up. Reasons why this did not translate into reporting more avoidance of these circumstances are discussed.
SESSION 2085 (SYMPOSIUM)

NURSING HOME CAPACITY TO DELIVER QUALITY CARE: A CLOSER LOOK AT TOP MANAGEMENT
Chair: E.O. Siegel, Betty Irene Moore School of Nursing, UC Davis Health System, Sacramento, California
Co-Chair: N. Castle, University of Pittsburgh, Pittsburgh, Pennsylvania
Discussant: J. Calkin, University of Calgary, Calgary, Alberta, Canada

Nursing home administrators and directors of nursing, as the top management team in nursing homes, are in key positions to influence an organization’s capacity to deliver quality nursing home care. With overarching responsibilities for administrative, operational, and clinical activities, top management teams are critical to ensuring effective and efficient care delivery practices. With ongoing concern for quality nursing home care, this symposium highlights a growing body of research focused on the top management team in these settings, examining issues of job tenure and past experience, turnover, job satisfaction, leadership, and education, training, and experience. Collectively, the insights gained from this symposium will provide a foundation for better understanding characteristics of management teams that support quality care and quality work environments in nursing homes. Our first paper describes associations between director of nursing tenure and past experience and nursing homed quality measures. The second paper examines factors associated with turnover among long-term care administrators and directors of care in Ontario Canada nursing homes. The third paper examines administrator transitions to other positions and related characteristics associated with job satisfaction. The next paper describes various education, training, and experiences that prepare administrators for their first position and their ongoing professional development. The final paper examines the relationship between exemplary leadership practices of nursing home administrators (as self-reported and by their direct reports) and the overall quality of care. The presentations will be followed by a facilitated discussion of the implications of the research findings and directions for future research.

DIRECTOR OF NURSING CURRENT JOB TENURE AND PAST EXPERIENCE AND QUALITY OF CARE IN NURSING HOMES

M.R. Krause, School of Nursing, UW-Madison, Madison, Wisconsin

Using a nationally representative sample of 1,174 NHs, this study examined the association between DON current job tenure and past experience and (1) the quality measure (QM) domain of the Five-Star Quality Rating (QM rating) and (2) the individual QMs that comprise this rating. Multinomial logistic and Poisson regression analyses were used to examine the association between current job tenure and past experience and QM ratings and QM scores, respectively. Longer DON job tenure was associated with higher QM ratings and lower scores for several QMs, suggesting higher quality. DON past experience was neither associated with QM ratings nor QM scores. These findings provide support for efforts to reduce DON turnover, since DONs with longer tenure may be better able to positively influence quality.

FACTORS ASSOCIATED WITH TURNOVER AMONG ONTARIO LONG TERM CARE ADMINISTRATORS AND DIRECTORS OF CARE


The purpose of the study was to identify factors associated with turnover of administrators and Directors of Care (DoCs). The research aims included to: 1) Identify administrator and DoC turnover levels, and 2) Explore whether facility and staff characteristics, human resource (HR) and quality improvement (QI) practices were associated with turnover. Turnover was measured as the number of administrators and DoCs who left the home in the prior 3 years. Separate logistic analyses were used to examine the association of turnover with the factors identified above. Near 14% of the 225 homes had 2 or more administrators leave and 25% had 2 or more DoCs leave. High administrator turnover was associated with presence of a management firm, not-for-profit ownership, and DoC turnover. High DoC turnover was positively associated with administrator turnover but negatively associated with larger home size, government and not-for-profit ownership, and staff allocated to QI practices.

A LONGITUDINAL VIEW OF NURSING HOME ADMINISTRATOR JOB SATISFACTION

N. Castle, University of Pittsburgh, Pittsburgh, Pennsylvania

In this research, job satisfaction of Nursing Home Administrators (NHAs) over a two year period is examined. Data come from a cohort of NHAs (n=1,200) in 10 states. A previously developed job satisfaction instrument was administered every 6 months. First, the transitions of NHAs will be presented (including moving to another facility and
moving to another industry). For example, approximately 3% of NHAs quit the industry every 6-months. Second, job satisfaction characteristics will be presented. For example, NHAs working in the same facility were most satisfied with rewards and work skills and least satisfied with work demands; those moving to another nursing home were most satisfied with rewards and work skills and least satisfied with coworkers; those leaving the industry were most satisfied with rewards and least satisfied with work demands, coworkers and work load.

NURSING HOME ADMINISTRATORS: EDUCATION, TRAINING, AND EXPERIENCE TO SUPPORT ROLE PERFORMANCE
E.O. Siegel1, H.M. Young1, M.C. Leo1, 1. Betty Irene Moore School of Nursing, UC Davis Health System, Sacramento, California, 2. Oregon Health & Science University, Portland, Oregon
Licensed nursing home administrators (NHA) are responsible for care delivered in nursing homes, with roles and responsibilities centered around five job domains: human resources, finance, leadership/management, resident-centered care, and environment. This study explored education, training, and experiences that support NHAs’ development of competencies in these five job domains. NHAs (N=175) were randomly recruited from nursing homes in five states, with data collected using a mailed self-report questionnaire. Data analysis included descriptive statistics, correlations, and ANOVA. Overall, respondents ranked on-the-job training and previous work experience as most important to their actual development of competencies needed for the NHA position. Respondent rankings for ‘ideal’ ways to develop role competencies suggested NHA preferences for more formalized opportunities (e.g. education, administrator-in-training programs, mentoring) and less reliance on previous work experience and on-the-job training. The findings provide a basis for further exploration into optimal learning opportunities to support effective and efficient role performance of NHAs.

LEADERSHIP PRACTICES OF NURSING FACILITY ADMINISTRATORS AND QUALITY OF CARE
D.G. Wolf, Eastern University, Delray Beach, Florida
Globalization, increased consumer demand, new market technologies and prevalent human resource issues have created an opportunity for leaders to develop from traditional, vertical top-down authoritative leadership behaviors to a more transformative style of management. Effective leadership, at both individual and system levels, has been evidenced to have an effect on quality improvement. Using the Kouzes & Posner (1995, 2007) five practices of exemplary leadership framework along with an existing multivariate conceptual quality of care model, this research identifies key leadership behaviors that have a significant effect on quality of care. By raising awareness of the benefits of exemplary leadership practices and their attributes, administrators can learn to transform themselves and their followers to increase the overall quality of care within their organizations. This quantitative study examines the relationship between the exemplary leadership practices of nursing home administrators (as self-reported and by their direct reports) and the overall quality of care.

SESSION 2090 (SYMPOSIUM)

POLICY SERIES: CONGRESSIONAL AGING ISSUES UPDATE
Chair: B. Lindberg, Consumer Coalition for Quality Health Care, Washington, DC, District of Columbia
Capitol Hill staff, including the Senate Special Committee on Aging, will discuss this year’s legislative developments and plans for aging and health policy for 2012. Topics will include the Older Americans Act reauthorization, income security, and health care reform implementation. Brian Lindberg, a Washington, DC, policy consultant, will moderate this session.

SESSION 2095 (SYMPOSIUM)

THE MEDICARE MEDICAL ADULT DAY CARE DEMONSTRATION: EVALUATION FINDINGS
Chair: W. Leutz, Heller School, Brandeis University, Waltham, Massachusetts
Discussant: W.D. Clark, Centers for Medicare and Medicaid Services, Baltimore, Maryland
This Symposium presents the findings of an independent evaluation of the Centers for Medicare & Medicaid Services’ (CMS) Medical Adult Day Services Demonstration, which was conducted by five home health agencies in five states from 2006-2009. It examined the effects of allowing Medicare home-health services to be delivered in medical adult day-care (MADC) centers rather than only in a beneficiary’s home, as is required under current law. The Demonstration showed that it is possible to provide Medicare home health services in MADC centers and that a significant minority of new home health patients may be interested in this model. Those who chose the Demonstration reported high rates of satisfaction with both attending MADC and receiving their home health in the MADC center. However, in relation to matched comparison groups at the three sites with enough enrollees for quantitative analysis, overall Medicare expenditures were increased at one site, and home health quality was lower at another. These expenditure and quality findings should be interpreted with caution due to small study groups; and they should also be weighed against the positive satisfaction reported by beneficiaries, family members, and home health and day care staff members.

THE IMPLEMENTATION OF THE MEDICAL ADULT DAY SERVICES DEMONSTRATION
W. Leutz, Heller School, Brandeis University, Waltham, Massachusetts
This presentation evaluates the implementation of the CMS Medical Adult Day Services Demonstration, which allowed Medicare home health (HH) services to be delivered in medical adult day-care (MADC) centers rather than only in a beneficiary’s home, as is required under current law. Implementation was assessed through reviews of site records, interviews with site staff and beneficiaries, and analyses of enrollment and claims data. Results: The demonstration did not increase HH referrals to sponsors, and most sites fell short of enrollment goals. Sites generally used existing HH staff to deliver HH services in MADCs, and half of HH were delivered in participants’ homes. None of the changes in service delivery was difficult for HH agencies or MADC centers to address, but the changes did involve new and extra work. A significant minority of new HH patients may be interested in this model, particularly for socialization and caregiver respite provided by MADC.

BENEFICIARY SATISFACTION AND EXPERIENCE
D. Gurewich, W. Leutz, Brandeis University, Waltham, Massachusetts
This presentation covers the results of a survey administered to individuals who participated in (n=197) and who declined participation in (n=253) the Medicare Medical Adult Day Services demonstration. The survey assessed the experiences and satisfaction of participants and decliners with home health (HH) services delivered in the home. Separate survey questions asked only of participants covered satisfaction with HH services delivered in the MADC, as well as satisfaction and experiences with MADC services. Results indicate that HH patients that were older and in poorer health were more likely to decline participation in the demonstration. Participants were highly satisfied with the MADC demonstration services, and their satisfaction with HH services was similar to beneficiaries who declined to participate in the demonstration. Participants overwhelmingly expressed a desire to continue at the MADC center after their episode of care.
COST AND QUALITY OUTCOMES OF THE MEDICARE MEDICAL ADULT DAY SERVICES DEMONSTRATION
C.E. Bishop, G. Ritter, W. Leutz, Heller School for Social Policy and Management, Brandeis University, Waltham, Massachusetts

Statistical analyses of beneficiary data assessed cost and quality outcomes for the Demonstration. Data were drawn from the Outcome and Assessment Information Set (OASIS), home health (HH) agency Medicare claims and HH agency patient data. For three sites with sufficient participants, use and cost of HH services were measured for participants and matched comparison subjects residing in the same market areas but served by other agencies. There was no difference in expenditures at two sites and substantial increases in expenditures at the third, associated with large increases in HH utilization. Analyses did not discern greater improvement or less decline in Demonstration beneficiary functional status or selected health conditions. There was no evidence that the Demonstration had a positive financial effect on HH agencies or MADC centers. Findings should be interpreted with caution due to small sample sizes at two sites and unusually high episodes per patient at one site.

SESSION 2100 (SYMPOSIUM)

THE NEXUS OF AGING AND DIVERSITY IN THE U.S. AND MEXICO: A BILATERAL DEMOGRAPHIC DESTINY
Chair: F. Torres-Gil, University of California, Los Angeles, Los Angeles, California, University of Southern California, Los Angeles, California
Co-Chair: J.L. Angel, University of Texas, Austin, Austin, Texas
Discussant: K. Markides, University of Texas, Medical Branch, Galveston, Texas

Latinos in the United States will become the largest minority while they are experiencing increased longevity and while Mexico undergoes a demographic reversal. Research has focused on the status of “elderly” Latinos and their social, health, and economic conditions. What has not been explored is the multifaceted nature of demographic trends facing the emerging Latino population and bilateral-relationships with their host countries, primarily Mexico. This symposium examines the methodological, research, and policy dynamics of a more robust process of Hispanic aging and presents a more nuanced set of questions and implications facing the U.S. and Latin America. The symposium builds on a seminal set of U.S-Mexico bi-national meetings. Presenters will examine crucial issues that present a more robust research and policy agenda on health and retirement security. This includes the methodological and data requirements for obtaining a more analytical understanding of Hispanic demographics, the aging of the Latino Baby Boomers, the nature of US-Mexico gerontological relationships, the demographic imperatives of a Mexico growing older with declining fertility rates, and the implications for moving toward a broader research framework for addressing an array of policy issues such as immigration and entitlement reform in the U.S. and social change in Mexico. Taken together, these papers advance research on both the complex dynamics of a population having major influence on the demographic transformation of the United States and Mexico. Information about Individual Papers to Date: The Economic Security of Latino Boomers & Beyond: The Role of Citizenship among Generational Cohorts by Kate Wilber, Ph.D., Zachary Gassoumis, Fernando Torres-Gil, Ph.D. (USC); Implementing Effective and Sustainable Health Care Programs for Latino Aging by William Vega, Ph.D. (USC); Mapping the Future: Aging, Migration, and the Widening of Ethnic Inequalities by Ruben G. Rumbaut, Ph.D. (UC Irvine); Mexico’s Aging Population: Establishing a Paradigm for a Youthful Nation Growing Older by Maria Elena Aguilar Aldrete, Ph.D. (University de Guadalajara, Mexico); Caring for an Aging Mexican-American Population: The Institutional Challenges by Jacqueline L. Angel, Ph.D. (UT Austin), Angelica P. Herrera, Dr.PH. (UCLA), Fernando Torres-Gil, Ph.D. (UCLA), Kyriakos Markides, Ph.D. (UT Medical Branch)

THE ECONOMIC SECURITY OF LATINO BOOMERS & BEYOND: THE ROLE OF CITIZENSHIP AMONG GENERATIONAL COHORTS
Z.D. Gassoumis1, K. Wilber1, F. Torres-Gil2, 1. Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. University of California, Los Angeles, Los Angeles, California

The foundation for economic security in retirement is laid during one’s working life; yet, many Latino workers are falling considerably behind their non-Latino counterparts. Marked distinctions also exist within the Latino population, with non-citizen Latinos showing wealth and income far below Latinos who were born citizens or have naturalized. This presentation uses Census data to reveal trends in immigrant naturalization among various generational cohorts. In 1990, 26% of Latino baby boomer immigrants had naturalized; in 2009, when Generation X was of a comparable age, 37% of Latino GenX immigrants had naturalized. Using data from the Census and the Health and Retirement Study, we highlight income and wealth disparities of these cohorts based on citizenship status and identify the direct effect of naturalization on the change in income over the worklife. Our findings emphasize the importance of naturalization in bolstering economic security in adulthood and helping to provide a financially secure retirement.

MAPPING THE FUTURE: AGING, MIGRATION, AND THE WIDENING OF ETHNIC INEQUALITIES
R.G. Rumbaut, University of California, Irvine, Irvine, California

With widening inequalities, population dynamics are rapidly transforming both sides of the U.S.-Mexico border, the world’s largest migration corridor. Labor migration increasingly flows from poorer-younger to richer-older countries with declining fertility, aging work forces, and economies that generate a large demand for immigrant workers. In the U.S. the process has produced a large and disadvantaged Hispanic population. This paper examines the potential for a renegotiated social contract, as white native retirees are replaced by non-white ethnic youth, immigration from Mexico begins to subside and both Mexico and the U.S. cope with aging populations.

IMPLEMENTING EFFECTIVE AND SUSTAINABLE HEALTH CARE PROGRAMS FOR LATINO AGING
W. Vega, University of Southern California, Los Angeles, California

Aging Latinos contend with chronic physical conditions and diseases that increase as they grow older. Using a disablement framework, this presentation addresses the need for provision of an adequate health care support system for Latino aging. The goal is to examine the service and organizational elements needed to minimize progression into disablement and promote quality “aging in place”. This presentation examines the physical decline of Latino elders over 65 and focuses on the 50% of elder Latino social security recipients living near poverty status. The presentation addresses the service mix that can sustain them through provision of cost-effective and community-focused services. Recommendations for federal and state policies will be discussed.

MEXICO’S AGING POPULATION: ESTABLISHING A PARADIGM FOR A YOUTHFUL NATION GROWING OLDER
M. Aguilar Aldrete, University de Guadalajara, Mexico, Guadalajara, Mexico

With a total of 112 million, Mexico is eleventh in the world in terms of population size, and it has been widely viewed as a young nation. Yet it is experiencing a dramatic demographic transition. Fertility rates have declined from 7.0% to 2.05% between 1960 and 2010. In 2011 the population over 60 years of age reached 8.7%, and it will be 17% by 2030. Thus, Mexico is becoming an older nation and its youth population
will stabilize. This aging process presents a “demographic bonus” for responding to the needs of its young. Mexico, however, is not prepared for an elderly population with limited services for its elderly and minimal pension coverage. This paper examines these dilemmas, presents recommendations, and suggests a bilateral gerontological partnership between the U.S. and Mexico.

**SESSION 2105 (SYMPOSIUM)**

**THEORETICAL APPROACH OF LONGEVITY: FONDATION IPSEN PRIZE AWARDING CEREMONY**

Chair: Y. Christen, Fondation Ipsen, Boulogne-Billancourt, France
Co-Chair: G. Martin, Fondation Ipsen, Boulogne-Billancourt, France

Yves Christen (Paris) & George Martin (Seattle): Introduction

Caleb Finch (Los Angeles): Presentation of Tom Kirkwood, laureate of the Fondation Ipsen Prize 2011

Tom Kirkwood (Newcastle): Longevity - what do we really know, and what do we really want? The Fondation Ipsen Prize is awarded to a researcher -biologist, geneticist, gerontologist, psychologist, anthropologist, demographer, statistician, etc.- in recognition of an outstanding contribution in the field of longevity. This year, Tom Kirkwood (Institute for Ageing and Health) has been selected for his theoretical approach of longevity.

**SESSION 2110 (SYMPOSIUM)**

**VA GRECC SYMPOSIUM: OXIDATIVE STRESS AND INFLAMMATION: ROLE IN THE PATHOPHYSIOLOGY OF AGE-RELATED DISEASES (MUSI)**

Chair: N. Musi, GRECC, San Antonio, Texas

The free radical and mitochondrial theories of aging suggest that aging and age-related diseases are caused by accumulated oxidative damage to macromolecules (DNA, proteins, lipids) and by associated decreases in mitochondrial function. Also, it has been proposed that oxidative stress and mitochondrial dysfunction lead to a pro-inflammatory state. This symposium will begin by presenting data from a study that utilizes a unique model in which the antioxidant enzyme superoxide dismutase has been overexpressed in transgenic rats, and the impact that this genetic intervention has on lifespan, glucose tolerance, and insulin sensitivity. The following presentation will discuss the role that oxidative stress and protein aggregation play on the pathogenesis of amyotrophic lateral sclerosis. Next, a presentation will be given which will describe how impaired aldehyde detoxification contributes to the aging process and Parkinson’s disease. Lastly, a new model for the temporal evolution of Alzheimer’s disease pathology will be proposed based on combined autopsy data with latent growth curve models of cognitive performance. Overall, this session will highlight the importance of oxidative stress and inflammation on the pathogenesis of several age-related diseases and provide evidence that modulating oxidative damage can alter the course of some of these pathologies.

**IS THE LIFE-EXTENDING ACTION OF Cu/ZnSOD OVEREXPRESSION IN MAMMALS OBESITY DEPENDENT?**

Y. Ikeno1,2, A. Salmon1,2, N. Musi1,2, L. Cortez3, S. Lee3, G.B. Hubbard4, H. VanRemmen1,2, A. Richardson1,2, J. GRECC, Audie Murphy VA Hospital, San Antonio, Texas, 2. UTHSCSA, San Antonio, Texas

Recently, our laboratory made the surprising observation that overexpressing Cu/ZnSOD [Tg(hSOD1)+/0] in Sprague Dawley (SD) rats resulted in a significant increase in lifespan and a reduction in age-related pathologies. The purpose of this study is to determine why overexpressing Cu/ZnSOD increases lifespan in SD rats. The Tg(hSOD1)+/0 rats showed lower levels of oxidative damage to DNA and lipids in vivo, and higher resistance to oxidative stress in vitro. Both Tg(hSOD1)+/0and wild-type rats showed an age-related increase in body fat, and the Cu/ZnSOD overexpression did not attenuate adiposity. Interestingly, Tg(hSOD1)+/0 rats showed a significant increase in insulin sensitivity at a young age, and lower plasma glucose levels at an old age. We propose that the increase in longevity in SD rats is due to obesity, which characterizes this strain of rats. Therefore, the overexpression of Cu/ZnSOD could be more protective against oxidative stress under obese conditions in mammals. (Supported by grant from the VA Merit Review, American Federation for Aging Research, and Glenn Foundation)

**MODELING THE TEMPORAL EVOLUTION OF ALZHEIMER'S DISEASE PATHOLOGY WITH AUTOPSY DATA: IMPLICATIONS FOR AD'S PATHOGENESIS**


Background: The temporo-spatial evolution of Alzheimer’s disease (AD) pathology cannot be easily determined. We’ve combined autopsy data with latent growth curve (LGC) models of cognitive performance to estimate the temporal development of AD lesions. Methods: Autopsy data from the Honolulu-Asia Aging Study (HAAS) were combined into latent factor measures of neuritic plaque (NP) and neurofibrillary tangle (NFT) counts. These were associated with latent intercept and slope parameters from a LGC model of 10-year change in cognitive performance. Results: Change in cognition fully mediated the association between baseline performance and NFT counts. In contrast, change in cognition was not a mediator of the association between baseline cognition and NP counts. Conclusion: This analysis effectively dates tangle formation to the period of HAAS’ cognitive surveillance. It also suggests that NP were deposited before HAAS had begun. However, since NFT and NP are not spatially co-localized, this defies the “amyloid cascade” hypothesis.

**MISFOLDED GAPDH: A COMMON TARGET PROTEINS DETECTED IN TWO DISTINCT F-ALS MOUSE MODELS**

A. Chaudhuri, 1. San Antonio Geriatric Research, Education and Clinical Center (GRECC), San Antonio, Texas, 2. University of Texas Health Science Center in San Antonio, Dept of Biochemistry and Barshop Institute, San Antonio, Texas

Change in protein surface hydrophobicity can lead to loss of activity or induce protein aggregation. Because protein misfolding/aggregation have been considered as causative factor in neurodegeneration including amyotrophic lateral sclerosis (ALS), we monitored protein...
conformation in skeletal muscle proteins in two distinct SOD1 mutant f-ALS mouse models (G93A and H46R/H48Q). We find two major proteins, creatine kinase (CK) and glyceraldehyde-3-phosphate dehydrogenase (GAPDH), are conformationally and functionally affected in the G93A mouse model. Interestingly, only GAPDH, not CK, is conformationally and functionally affected in H46R/H48Q. We further identified the common and discrete regions on GAPDH affected conformationally in ALS using LC-MS/MS analysis. Our mass spectrometry data clearly demonstrate for the first time that GAPDH is a common target protein affected differently in accordance with the degree of oxidative stress associated with these two models of f-ALS.

ROLE OF IMPAIRED ALDEHYDE DETOXIFICATION IN AGING AND PARKINSON’S DISEASE
E. Fernandez1,2,3, M. Wey1,2, P.A. Martinez1,2, X. Bai1,2, R. Strong1,2,3, I. Geriatric Research, Education and Clinical Center (GRECC), VA hospital, San Antonio, Texas, 2. Barshop Institute for Longevity and Aging Studies, San Antonio, Texas, 3. Department of Pharmacology, University of Texas Health Science Center, San Antonio, Texas

Parkinson’s disease (PD) is a progressive, age-related, neurodegenerative disorder manifested by motor dysfunction and loss of nigrostriatal dopamine neurons. Elevation of biogenic aldehydes has been consistently observed post-mortem in brains from PD patients. Aldehyde dehydrogenases (ALDH) play a major role in detoxifying biogenic aldehydes in the brain. Therefore, we tested the hypothesis that deficiency in ALDH results in behavioral deficits, and neuropathological manifestations characteristic of PD. To test this hypothesis, we developed a line of Aldh1a1-/-Aldh2-/- double knockout mice. Age-associated deficits in Aldh1a1-/-xAldh2-/- mice were observed in rotarod performance and gait analysis. L-DOPA treatment temporarily ameliorated the motor deficits in Aldh1a1-/-xAldh2-/- mice, consistent with the impaired motor function. These data provide evidence that impaired aldehyde detoxification may play a role in age-related motor dysfunction and support further evaluation of Aldh1a1XAldh2-null mice as a model of Parkinson’s disease.

SESSION 2115 (PAPER)

DEMENTIA AND DEMENTIA CAREGIVING

AD CAREGIVERS: HEALTH CARE UTILIZATION AND COST OVER 18 MONTHS
R. Schul1, T. Cook1, G. Hunt1, 1. University of Pittsburgh, Pittsburgh, Pennsylvania, 2. Cleveland Clinic, Cleveland, Ohio, 3. National Alliance for Caregiving, Bethesda, Maryland

Self-report caregiver health service utilization data were collected at four measurement points at six month intervals over 18 months from 583 caregivers providing care in their home to individuals with moderate to severe impairment due to Alzheimer’s disease (mean MMSE = 13.5). At each measurement point caregivers were asked to report the number of hospital stays, emergency department visits and physician office visits the caregiver experienced during the prior month. Caregivers were on average 60.8 years old, predominantly female (82%), and had been providing care on average for 4.5 years. We compared utilization rates for caregivers with rates for US females of similar age. Utilization rates for hospital stays, emergency department visits and physician visits among caregivers were 2 to 3 times higher than they were for US females of similar age. For example, utilization rates for emergency department visits were 5.5 per month per 100 AD caregivers compared to 2.6 per month per 100 US females aged 45-64. Repeated measures analysis showed significant increases over 18 months for hospital use (p = .017), and physician office visits (p = .018), and marginally significant increases in emergency department visits (p = .069). Multivariate regression models showed that the strongest baseline predictor of physician office use at the 18 month follow up was self-rated health. Interaction analysis showed that caregivers who rated their health as poor or fair and whose care recipient experience significant declines in ADL functioning were more likely to have high levels of physician visits. Converting utilization rates to costs shows significantly higher costs for AD caregivers by a factor of 2.

PREDICTIVE VALUE OF EMOTIONS IN THE POSITIVE ASPECTS OF CARE GIVING AMONG DEMENTIA CAREGIVERS
N. Galdona, J. Yanguas, I. Etxeberria, E. Barbero, E. Aldaz, R+D, Fundación Ingema, San Sebastian, Spain

Recent studies have focused their attention on the Positive Aspects of the Caregiving Process. Some scientific literature has addressed the relevance of socio-demographic characteristics as predictors of Caregiving Satisfaction, but there is a lack of research investigating other possible predictors. The aim of this study was to analyse the predictive value of Positive and Negative Emotions on the Positive Aspects of Caregiving. Method: The sample was composed of 117 Family Caregivers of Elderly people with Dementia. Socio-demographic data were collected and participants were evaluated using the following measures: the Positive and Negative Affect Schedule (PANAS) (Watson et al., 1988), and Caregiving Satisfaction Scale (Lawton et al., 1989). Results: Pearson Correlation Coefficient was used to analyze the relationship between the independent and dependent variables. Emotions that showed significant correlations (p<0.05) were introduced in a post step-wise regression analysis in order to determine the weight and relationship among variables. Results show a significant regression equation (F (3, 113) = 8.576, p<0.001) with R2 Adjusted= 0.164. The emotions that predicted the Positive Aspects of Caregiving were: Pride (β = -0.23, p=0.01), Excitement (β = -0.25, p=0.00) and Embarrassment (β =0.17, p=0.04). Those emotions explained 16 per cent of the caregivers’ Care giving Satisfaction variance. Conclusions: These results show that emotions, as caregivers’ resources to cope with the caregiving process, should be taken into account as they can predict satisfaction with care.

THE DIFFERENTIAL IMPACT OF UNIQUE PATIENT BEHAVIORAL SYMPTOMS FOR THE DEMENTIA CAREGIVER

The behavioral and psychological symptoms associated with dementia (BPSD) are highly burdensome to caregivers. Although BPSD consist of a wide variety of behaviors including depression, aggression and delusions, it remains unclear whether specific symptoms have a differential impact on caregivers. The aims of this study were to assess how BPSD symptom clusters impact depressive symptoms for dementia caregivers and to test the pathways by which BPSD symptom clusters impact depressive symptoms. We examined four symptom clusters derived from the Columbia University Scale for Psychopathology in Alzheimer’s Disease (CUSP-A) based on their likely impact on the caregiver: patient depressive symptoms, accusatory/aggressive behaviors, non-threatening psychotic symptoms, and difficult to manage behaviors. Using data from a longitudinal study of dementia patients and their caregivers, we analyzed the relationship between BPSD symptom clusters and caregiver depressive symptoms among 160 patient-caregiver dyads in up to six years of follow-up. Using multivariate GEE logistic models, we found mild associations between all four symptom clusters tested and caregiver depression (OR range: 1.03-1.55). Only the presence of patient depressive symptoms was sig-
MUSIC THERAPY TO ADD LIFE QUALITY TO EXPANDED LIFE SPANS: A MODEL PROGRAM FOR DEMENTIA CARE
A. Clair, T. Turner, J. MEMT, University of Kansas, Lawrence, Kansas, 2. Central Plains Geriatric Education Center Landon Center on Aging University of Kansas Medical Center, Kansas City, Kansas

The health care system offers much to extend life in those with dementia far beyond their abilities to typically engage in daily activities. Life quality becomes an important and controversial issue as cognitive, social, and emotional life functions erode. With good physical health persons in moderate and late stage dementia are locked into lengthy life spans while intractable disease processes erode social, cognitive, and emotional life functions vital for a fully human experience. Pharmacological interventions show some promise but cannot fully stave off deterioration. Music therapy is the application of music designed to have desirable and measurable non musical outcomes that contribute to life quality. Music therapy can lead to increased social engagement that reduces isolation through carefully structured group participation, enhanced attention to interactions through instrumental rhythm playing, and mood shifts that promote engagement through responses to gently stimulating music. This paper describes the experience of a music therapy intervention nested within small group living memory care environments in an established suburban neighborhood. Engagement, the appropriateness of ongoing contextual behaviors, and social outcomes prior to, during, and following music therapy sessions will be noted and the comfort afforded family members to join sessions will be discussed. The potential exists for training care providers to integrate music sessions into existing structured routines while building their musical confidence. This session will introduce a model program for dementia care design that evolved from the applied clinical experience of the presenters.

FOREVER: FEASIBILITY OF LIFE REVIEW IN EARLY DEMENTIA: VETERANS’ EXPERIENCES REMEMBERED
B.R. Williams, L.L. Woody, P.S. Goode, T. Blizard, K.L. Burgio, 1. VA Medical Center, Birmingham, Alabama, 2. University of Alabama at Birmingham, Birmingham, Alabama

PURPOSE: Loss of self is a salient concern for early dementia patients as they experience declines in short-term memory and become increasingly dependent on recall of past accomplishments for sustaining a sense of mastery and meaning. The FOREVER Project engages veterans with early dementia in a life review process to enhance self-understanding and promote a sense of personal continuity. METHODS: Veterans, age 65 and older, with early dementia are recruited from the Birmingham Veterans Affairs Medical Center geriatric clinics. A Hospice Foundation of America life-review workbook is used to facilitate 2-3 face-to-face sessions with each veteran and to assist veterans with recalling memorable accomplishments and other experiences from the past. Sessions are tape-recorded and transcribed into workbooks which are given to participants at the end of their participation in the life review process. RESULTS: Life review is well-received by veterans with early dementia, with veterans and caregivers showing an appreciation for the worthwhileness of the activity. Older veterans are thoughtful and purposeful about the need for transmitting life lessons and values. The life review process evokes a range of emotional responses among veterans related to life experiences in general, and military service, in particular. As such, it is providing a window into the affective world of early dementia patients. Potential barriers to veteran participation include patient multimorbidity and caregiver resistance. CONCLUSIONS: Life review is feasible with early-dementia patients and offers an opportunity for veterans to create legacies for loved ones, preserving long-term memories before they are lost to advancing illness.

CULTIVATING KNOWING AND RELATIONSHIPS: A GROUNDED THEORY OF QUALITY OF DEATH IN THE NURSING HOME
R. Trotta, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania

Understanding quality of death in the nursing home is mandated both by demographics and morality in an aging society. Nursing home residents are among the oldest and most physically and mentally frail members of our society. Today, approximately 40% of people die in nursing homes in the United States. Despite being a relatively commonplace event, death in the nursing home, and the quality of it, are understood in limited terms. My recent dimensional analysis on palliative care in the nursing home poses “quality of death” as an outcome that could improve the experience of death in the nursing home for all involved. Quality of death assumes explicit acknowledgement of death as the event of interest, and embraces dying as an imperceptible time period that precedes it. This emergent mode grounded theory study applied qualitative event analysis techniques to prospectively verify and refine this emergent concept by delineating dimensions embedded in quality of death. Through observations, interviews, and document review, events in the lives of residents receiving palliative care were analyzed using grounded theory methods. By focusing on events of residents’ deaths, the Grounded Theory “Cultivating Knowing and Relationships” emerged from the
data. This theory describes a process whereby certified nursing assistants come to know and understand their residents and develop personal relationships with them. These findings provide critical insight into what constitutes quality in death and can guide future inquiry aimed at improving current care processes for those who die in nursing homes.

PERSON-CENTERED ATTITUDE, JOB DEMANDS AND RESOURCES OF STAFF: THE RELATION WITH STAFF WELLBEING

B.M. Willemsen1, Q. Visser1, D. Smit1, J.D. Lange1, A. Pol1,2, 1. Program on aging, Netherlands institute of mental health and addiction, Utrecht, Netherlands, 2. VU University, Amsterdam, Netherlands

Objective: Person-Centered Care Is Not Only Assumed to Increase the Quality of Life of Residents with Dementia, but also the Well-Being of Healthcare Staff. It Is Assumed That a More Person-Centered Attitude Has a Positive Effect on Job Satisfaction. On the Other Hand, Organizational Barriers Can Cause Strain When Staff Cannot Do What They Think Is Best for the Residents. We Studied the Relationship of the Person-Centeredness of Healthcare Staff Providing Nursing Home Care for People with Dementia and their Perceived Demands and Resources, on Staff’s Wellbeing (Job Satisfaction, Intention to Leave, Emotional Exhaustion and Personal Accomplishment). Methods: This Study Uses Data from a Study of a Wide Range of Arrangements (N=136) Providing Nursing Home Care for People with Dementia. A Total of 1147 Healthcare Staff (59%) Participated. Results: Multilevel Regression Analysis Showed that a More Person-Centred Attitude of Healthcare Staff is Related to More Job Satisfaction and More Personal Accomplishment. On the other hand, Results Showed That Staff with a More Person-Centred Attitude Experience More Exhaustion at High Levels of Demands and Are More Likely to Leave the Job When They Experience Low Levels of Social Support From Their Supervisor than Staff with a Less Person-Centred Attitude. Conclusion: This Indicates the Importance of Creating a Work Environment in Which Healthcare Staff Feels Supported by Their Supervisor and Do Not Experience too much Pressure to Maintain Healthy Staff with a Person-Centered Attitude in order to Successfully Provide Person-Centered Care for People with Dementia.

SAFETY CULTURE OF ASSISTED LIVING FACILITIES


Further understanding of patient safety in healthcare is still needed. This is especially evident in long-term care settings, where relatively little information exists. In this research, patient safety issues in assisted living (AL) will be examined. The Patient Safety Culture (PSC) of a large sample of AL facilities is examined. The Nursing Home Survey on Patient Safety Culture (NHSPSC) was modified and used to examine PSC. Respondents for the modified survey were AL administrators and Direct Care Workers (DCWs). A random sample of AL settings were selected to participate from all 50 states. The applied properties of the instrument were examined. A summary score for administrators and DCWs for each NHSPSC item is presented. These summary scores have a range from 0 to 100. The modifications to the survey were minor, and comprised of small wording changes. Information was received from 572 administrators (response rate = 57%) and 3,620 DCWs (response rate = 51%). The scores (using a 0-100 scale) fell into the 48-72 range for administrators and the 40-68 range for DCWs. Overall, the scores are similar to those found in nursing homes. AL is recognized as one of the fastest-growing institutional components of the long-term care industry. This study provides us with important information that some areas of PSC could be higher (i.e., more favorable). This study provides a first step towards examining patient safety in this under-examined setting.

LET’S GET ENGAGED! DIRECT CARE WORKERS AND ORGANIZATIONS: HOW ENGAGEMENT OPTIMIZES OUTCOMES

D. McCaughey1, G. McGhan2, E. Walsh1, 1. HPA, Penn State University, State College, Pennsylvania, 2. Penn State University, School of Nursing, State College, Pennsylvania

Purpose: The direct care workforce (DCW) is among the fastest growing occupations in America. Fueled by an aging population, the need for nursing assistants in the long term care setting is expected to outpace the supply of workers, resulting in high levels of burnout and disengagement. Employee engagement, the opposite of employee burnout, is linked to lower turnover, improved safety, and higher productivity and efficiency. Currently, the healthcare sector lacks a publicly available scale to evaluate DCW engagement. To address this gap, this study proposes a tool to measure employee engagement among the DCW workforce. Methods: Using two nationally representative databases, items from the National Health Care Surveys were examined to determine if an employee engagement scale could be derived from the existing workplace environment items. Results: Factor analysis identified 5 items that loaded as one scale (34% of variance) representing employee engagement. Correlation analysis found the engagement scale is correlated with supervisor support (r= .60) and job satisfaction (r .53). Using regression analysis employee engagement was positively related to lower levels of DCW injury rates (β= .203, p-value <.001), negatively related to turnover intention (β= -.311, p-value <.001), and positively related to DCW’s willingness to recommend the organization (β= .460, p-value <.001). Conclusions: Study results identified a reliable and valid scale to measure employee engagement. Employment engagement is related to positive DCW outcomes (lower turnover intent, lower injury rates and better perceptions of offered care). The validation of this scale offers healthcare organizations access to a public instrument for measuring engagement.

SESSION 2125 (PAPER)

METHODOLOGICAL ISSUES IN AGING RESEARCH

YOUNGER AND OLDER AMERICANS’ SOCIOPOLITICAL ATTITUDES: APC COMPONENTS OF SOCIAL CHANGE

N. Danigelis1, S. Cutler1, M. Hardy1, 1. Sociology, Univ Vermont, Burlington, Vermont, 2. Pennsylvania State University, University Park, Pennsylvania

Recent evidence (Danigelis, Hardy & Cutler, 2007) has shown surprising intracohort aging differences between older and younger individuals regarding a wide range of sociopolitical attitudes. Most noteworthy are significantly greater liberal intracohort trends for the older group for a number of attitudes. Left unanswered is whether such trends are due simply to aging (A) itself or whether they are attributable to period (P) or cohort (C) or some combination. Following Littell et al. (2006; see also Yang, 2008), we employ a generalized linear mixed models approach to disentangle fixed aging and random period and cohort effects for two separate age groups in the 1972 – 2008 General Social Surveys: ages 25 – 39 (minimum N = 5,440) and ages 60+ (minimum N = 4,036). With composition effects controlled, in the younger group aging had a significant liberal effect 25% of the time, with no significant conservative effects. Fifteen percent of period effects were significant, mostly from conservative 1970s effects; and 17% of cohort effects were significant, showing different patterns of both liberal and conservative effects depending on the particular attitude. By contrast, the older group showed no significant aging effects, while cohort was significant only 8 percent of the time. Period effects were significant 25 percent of the time, reflecting conservative period effects for the 1970s for 10 out of 16 attitudes, and liberal 2000s effects for six out of 16 attitudes. Results illustrate the importance of placing age group differences in proper historical context and are discussed accordingly.
CIRCADIAN CORTISOL RHYTHMS: METHODOLOGICAL APPROACHES TO IDENTIFY ASSOCIATIONS WITH SOCIAL FACTORS

C.J. Donoho1, E. Crimmins1, E.M. Friedman2, T. Seeman3, 1. University of Southern California, Los Angeles, CA, California, 2. University of California Los Angeles, Los Angeles, California

Disruptions in the hypothalamic-pituitary-adrenal axis (HPA) have been associated with many psychosocial factors such as chronic stress and childhood adversity, as well as psychological factors such as depression and post-traumatic stress disorder. This study examines how psychosocial and psychological factors contribute to differences in diurnal cortisol production, an indicator of HPA function, and contrasts the results of two statistical approaches to modeling these associations: growth curve modeling and group-based trajectory modeling. Growth curve modeling relies on the assumption that individuals follow a similar pattern of change over time, and is predictor focused, examining pre-defined groups for variation around the mean. Group-based trajectory modeling is outcome focused and identifies clusters of individuals (i.e., latent groups) following the same trajectories of an outcome, followed by identifying risk factors that alter the probability of membership in a trajectory. We analyze data from the Survey of Midlife in the US (MIDUS), a cohort of US adults aged 35-86. Using growth curve modeling, we found marital conflict and depression to be associated with flatter diurnal rhythms, and chronic stress to be associated with a steeper nighttime rise. Using group-based trajectory modeling, four distinct trajectories of cortisol were observed. One unexpected trajectory was found and was characterized by high values that increased throughout the day. Members of the four trajectories differed considerably in depressive symptoms, chronic stress, and marital satisfaction and conflict. We highlight the advantages of using multiple methods to characterize and identify diurnal patterns of change, and understand how social factors influence these changes.

ISSUES OF TREATMENT FIDELITY IN A LARGE, MULTISITE CLINICAL TRIAL: THE MTRAIN STUDY

M. Stolder1, K. Lane1, A. Bosson1, J. Specht1, P. Mobily1, J. Russell1, D.A. Reed2, 1. Nursing, University of Iowa, Iowa City, Iowa, 2. University of North Carolina, Chapel Hill, North Carolina

Treatment fidelity refers to several components that improve the reliability and validity of behavioral interventions. Though often not addressed and evaluated sufficiently, a lack of treatment fidelity will affect both internal and external validity, effect size and statistical power of a clinical trial and can result in non-significant findings that are not due to the research design itself. This presentation will focus on challenges to treatment fidelity encountered in the Multilevel Translation Research Application in Nursing Homes (MTRAIN) project, a four-year large-scale translational research study testing the effects of an intervention to promote the use of evidence-based practice (EBP) for the management of pain and urinary incontinence (UI) in nursing homes (NHs). With respect to treatment fidelity, strategies built in the study design included the use of an expert nurse consultant, an intervention component based on the conceptual framework guiding the study design; the use of a detailed intervention manual and standardized protocols; training classes delivered in small group sessions at convenient locations; and adherence monitoring per nurse consultant through direct observation. Despite efforts to ensure treatment fidelity and advance the aims of the study, there were multiple challenges that needed to be addressed. These included the dosing of the expert nurse consultant, competing demands of leaders in NHs, the availability of NH staff to participate in training sessions, and subject selection. There continues to be a need to find ways to maintain treatment fidelity in a feasible and cost-effective manner when carrying out translation research in NHs.

VALIDATION OF AN INSTRUMENT TO MEASURE UNDERSTANDING OF CURATIVE, PALLIATIVE AND HOSPICE CARE

D.J. Schulman-Green1, K. Fennie1, R. McCorkle4,5, E. Bradley1, H. Priegeren1, T. Knobf1, M. DiGiavanna1, J. Dixon1, 1. Yale School of Nursing, New Haven, Connecticut, 2. Harvard University, Cambridge, Massachusetts, 3. Dana Farber Cancer Institute, Boston, Massachusetts, 4. Yale School of Medicine, New Haven, Connecticut, 5. Yale School of Public Health, New Haven, Connecticut

Treatment decision-making may be hindered by lack of knowledge about curative, palliative and hospice care. The purpose of this study was to develop and validate the Knowledge of Care Options (KOCO) instrument to measure understanding of these care options. KOCO was developed in 4 steps. In Step 1, we identified 3 knowledge domains—curative, palliative and hospice care—and generated 22 true-false items based on their common definitions. Editing for redundancy and clarity resulted in 13 items. In Step 2, experts evaluated items for relevance and suggested edits. We calculated Content Validity Indexes (CVI) for each item and for the total scale (S-CVI). Eliminations left 11 items. In Step 3, a convenience sample completed KOCO and cognitive interviews. In Step 4, a purposive sample of women with metastatic breast cancer completed KOCO as part of a feasibility study that tested educational materials on self-management, including content on care options. Frequencies, correlations and Wilcoxon signed rank tests were calculated. Thirty-one experts reviewed KOCO. Content validity testing yielded an S-CVI of 83.3% (CVIs >80% = valid). Interviews with 4 men and 6 women aged 51-80 with various types and stages of cancer indicated KOCO to be clear and acceptable. Twenty-three women aged 40-81 years participated in the feasibility study. KOCO was correlated with chronic disease management self-efficacy and captured change in knowledge of care options (signed rank test = -3.26, p<.005, SD=1.19). The KOCO is able to detect changes in knowledge of care options and should be tested in a larger sample.

QUALITY MEASURES FOR ALZHEIMER'S/DEMENTIA RESIDENTS LEAD TO IMPROVED OUTCOMES AND QUALITY OF LIFE

C. Teigland, Z. Pulungan, Foundation for Long Term Care, Latham, New York

This session presents findings from a study funded by the Alzheimer’s Association that addressed the lack of sensitive measures to identify quality of care problems in residents with Alzheimer’s/Dementia (AD). Analysis of Minimum Data Set (MDS) data for 670+ NH’s revealed serious problems using CMS Quality Measures (QMs) to identify quality of care/quality of life issues for AD residents. Aggregate QMs mask underreported pain (they are 2.5x less likely to have reported pain even after risk adjustment for conditions causing pain), 4-5x more likely to have adverse outcomes such as functional decline and depression. We evaluated the impact of making available dementia specific QMs to 55 NH’s using a “difference in difference” method to compare the change in outcome rates in the intervention group before and after access to the AD-centered QMs to the change in a control group. This approach controls for changes in outcomes in similar residents and NHs over the same time period due to other effects, such as state and federal quality improvement initiatives. The model also adjusts for characteristics such as facility size and staffing levels. The results showed a significant impact on reported rates of pain, a 4.2 percentage point reduction in undetected pain, a 6 percentage point reduction in use of restraints compared to the control group, and a 5.5 percentage point lower rate of functional decline in AD residents.
PARENT-CHILD RELATIONSHIPS

“SHE’S ALWAYS BEEN MY CLOSEST”: STABILITY AND CHANGE IN MOTHERS’ FAVORITISM TOWARD ADULT CHILDREN

J. Suitor, Institute of Developmental Psychology, School of Psychology, Beijing, China

The purpose of this study was to examine to what extent young and middle-aged adults hold traditional belief of filial piety (TBFP), and the relationship between TBFP and coping strategies of filial dilemmas. The sample included 215 white-collar employees (147 female, 92 middle-aged) ranged in age from 22 to 59 years (mean=38). The Scale of Filial Piety Belief (Yang et al, 1989) was used to test TBFP with four dimensions, namely Suppress one’s own desire and obey to parents (SO), Protect and honor parents (PH), Take care parents and worship them after their death (TW), and Respect and love parents (RL). The Questionnaire of Dilemmas of Filial Piety Decision was developed to examine participants’ coping strategy when confronting filial piety dilemmas. Six typical parent-child conflicts were presented one by one to the participants and each was followed with questions as “what do you think Xiao Zhan will do in this situation?” and “why do you think so?” The results indicated that male participants held stronger belief of PH than female, and young adults had stronger belief of TW than the middle-aged. In light of their responses of open-end questions, the participants’ coping strategies were grouped into three types, i.e. Self-sacrifice, Comprising or Reframing, and Ego-centered. However, no unifying pattern of coping strategy across 6 dilemmas was found, which implied that the decision making of filial piety might be specific to situations.

Nonetheless, those identified more with TBFP preferred self-sacrifice to other strategies.

CHILDREN’S MARITAL QUALITY AND PSYCHOLOGICAL WELL-BEING: MODERATING EFFECTS OF MOTHER-CHILD RELATIONS


The relationship between mothers and children is one of the most consequential and enduring bonds in individuals’ lives. Research on intergenerational relations has demonstrated that mothers continue to serve as an important source of expressive and instrumental support to their children even after offspring enter adulthood and establish their own households. Given the role of mothers’ in their adult children’s lives, it is remarkable how little attention has been given to the way mothers shape their children’s adjustment following negative events. In the present paper, we ask: Can the relationship between mothers and their adult children moderate the association between children’s marital distress and psychological well-being? To examine these questions, we used data collected from 423 adult children nested within 229 families collected as part of the Within-Family Differences Study. Multivariate analyses revealed that expressive support from mothers did not buffer the effects of marital distress on depressive symptoms or positive affect for either sons or daughters. In contrast, strain in the mother-child relationship had a direct effect on positive affect. Separate examination by child’s gender indicated that strain exacerbated the effects of marital distress on depressive symptoms for both daughters and sons; however, the effect on daughters was much stronger. These findings suggest that strain in adult children’s relationships with mothers decreases children’s positive affect, particularly when experiencing marital problems.

DRIFTING APART OR BONDING TOGETHER? CHANGES IN PARENT-ADULT CHILD RELATIONSHIPS OVER TIME

M.J. Hogerbrugge, 1. M. Silverstein, 1. Faculty of Social and Behavioral Sciences, Utrecht University, Utrecht, Netherlands, 2. USC Davis School of Gerontology, Los Angeles, California

In the past years, research on intergenerational relations has seen a number of methodological and conceptual advances. First, utilizing the model of intergenerational solidarity and latent class analysis, recent studies have started to simultaneously include multiple characteristics of intergenerational relations, such as contact, affection, patterns of help exchange and conflict, allowing for the development of typologies in which different relationship types are distinguished. Second, research has increasingly employed longitudinal data to study changes in characteristics of intergenerational relations over time. These two advances have thus far not been combined; Typologies that were based on multiple characteristics of the relationship were developed employing cross-sectional data, while research employing longitudinal data focused merely on one, or maybe two, characteristics of intergenerational relations. Fortunately, latent transition analysis (LTA) offers a methodological solution for handling the complexity of inter-generational relations, while allowing the researcher to model transitions into different family types between time points. In this study, we conduct a LTA on panel data from the Longitudinal Study of Generations (LSOG), spanning a total of 17 years. Using a variety of theories and theoretical frameworks from gerontology and the social sciences, we elaborate on which transitions between types of intergenerational relations are most likely to occur and explore these expectations with our longitudinal panel data. We end with a discussion on possible directions for future research.
A QUALITATIVE STUDY OF FILIAL PIETY AND WELL-BEING AMONG COMMUNITY-DWELLING CHINESE OLDER ADULTS IN CHICAGO CHINATOWN


Background: As a core value of Chinese culture, filial piety (Xiào) strictly dictates children’s obligatory roles and caregiving responsibilities to aging parents. Despite its significance, changes are taking place in the context of immigration which may disrupt traditional filial piety practices. However, few studies have examined the impact of its modification on the well-being of U.S. Chinese older adults. Methods: This NIH-funded community-based participatory research (CBPR) study explores the perception of filial piety practice and its relationship to the health and well-being of U.S Chinese older adults. Qualitative data were collected from semi-structured interviews with 78 community-dwelling Chinese older immigrants residing in Chicago Chinatown. Results: Qualitative data analysis demonstrates existing filial piety discrepancy between expectations and actual care receipt from the standpoint of older adults. The lack of desired filial support was associated with feelings of distress and helplessness. In addition to worsening psychological well-being, participants expressed concerns in social well-being, including social isolation, loneliness and feelings of getting bored. Quality of life may be jeopardized in the forms of worsening health conditions, exacerbation of chronic conditions, and cognitive function impairment. Consequences that fall into the category of elder mistreatment were also reported. Last, the lack of filial support may deepen older adults’ barriers to health care services. Discussions: Adult children’s improved understanding of older parents’ healthy aging needs in relation to filial piety is needed. This study has elder care programs and policy implications for communities, social service deliveries as well as public policy makers.

SESSION 2135 (PAPER)

PHYSICAL ACTIVITY AND HEALTH STATUS

TRAJECTORIES OF REGULAR EXERCISE AND ITS RISK FACTORS AMONG TAIWANESE ELDERLY

L. Pan1, H. Hsu2, W. Chang3, 1. Bureau of Health Promotion, Department of Health, Taiwan, Taipei City, Taiwan, 2. Department of Health Care Administration, Asia University, Ta-Chung City, Taiwan, 3. Institute of Health Policy and Management, National Taiwan University, Taipei City, Taiwan

Purpose: Physical activity plays a protective role on health of elderly and on keeping them to live independently. Little is known relative to the patterns of physical activity and which factors influence the change over time. This study aimed to: (1) identify the patterns of regular exercise among Taiwanese elderly, and (2) investigate the risk factors related to the patterns. Methods: Data of 5,333 elder people followed from year 1996 to 2007 (four waves) by a national-representative longitudinal study, TLSA, were used. The definition of regular exercise is doing exercise at least 3 days per week and lasting for at least 30 minutes each time. Trajectory groups of regular exercise and their risk factors were identified by using group-based trajectory analysis. Results: Four trajectory groups of regular exercise have been identified: Sedentary (44.97%), decreasing (15.91%), increasing (19.53%), active (19.59%). Gender, years of education, age at baseline year and self-rated health at baseline year were found to be related to the trajectory groups. For those who were male, younger or with better self-related health, were less likely to be classified into “inactive” trajectory group significantly. Compared to the inactive group, having longer years of education were more likely to be in active group. Marital status, satisfaction of economic status and numbers of chronic diseases at baseline were not associated with the trajectory groups. Conclusion: Still around 40% of subjects remained active or increasing the probability of regular exercise. Gender, age and self-rated health were significantly related to these patterns.

IMPACT OF TELEPHONE REINFORCEMENT ON PREDICTORS OF PHYSICAL ACTIVITY MAINTENANCE IN OLDER ADULTS WITH OSTEOARTHRITIS

P. Desai, S.L. Hughes, University of Illinois at Chicago, Chicago, Illinois

Currently, little is known about the impact of telephone reinforcement (TR) on maintenance of physical activity among older adults. This study examined the impact of TR provided as a follow up maintenance intervention to the Fit and Strong! program on factors believed to mediate exercise maintenance out to 18 months. Participants were older adults with lower extremity osteoarthritis (n=486) who were randomly assigned to one of four follow up treatments. Participants assigned to negotiated follow up, worked with their instructor to develop a maintenance plan of their choice before the program ended. Persons assigned to the meanstreamed arm were referred to an ongoing physical activity program at the same site that offered Fit and Strong!. Within the two study arms participants were assigned randomly to TR or no TR. TR calls were provided bi-weekly during months 3-6 and tapered to once a month during months 7-18. Total sample and group differences were examined. Random effects modeling found that participants in the Mainstreamed with TR arm showed the most improvement in decisional balance (b=-.06, p=.02) and physical activity barriers (b=-.05, p=.04) over time whereas participants in the Negotiated no TR arm showed the most improvement in stage of change (b=-.27, p=.01) over time. Main findings and interactions with covariates will be reported. These findings will contribute to tailoring TR strategies that target physical activity maintenance among diverse older adults with OA in the future.

COMPARING THE HEALTH STATUS OF US TAIJIQUAN AND QIGONG PRACTITIONERS TO A NATIONAL SURVEY SAMPLE ACROSS AGES

M. Komelski, R. Blieszner, Y. Miyazaki, Virginia Tech, Blacksburg, Virginia

Purpose: To examine and compare health status across ages using a volunteer sample of US Taijiquan and Qigong (TQG) practitioners (N=120; age range = 24-83, M = 54.77) and a nationally representative sample (N = 414,629; age range = 18-99, M = 54.86) collected by the Centers for Disease Control and Prevention (CDC). Design: Cross-sectional; between-group comparisons. Methods: An online survey designed to collect data on health-related quality of life (HRQoL), lifestyle variables, and TQG practice regimens was administered to a volunteer sample of Taiji practitioners. A link to the survey was emailed to registrants of the International Tai Chi Symposium who further forwarded (snowballed) the link to other practitioners across the country and around the world. The HRQoL and demographic sections of the survey were adapted from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS). Taiji practitioner data and BRFSS data were then merged and 3 groups, No Exercise, Some Exercise, and TQG Exercise were created for the analysis. Health status was regressed on age, exercise group membership, and the interaction between age and group membership while controlling for income and education. Findings: After controlling for the effects of income and education, a significant interaction effect (p < 0.001) was detected between age and group membership. Group membership was not a substantial predictor of health among younger individuals, but among older adults, substantive and significant between-group differences appeared, with the TQG group evincing the best average health trajectory across ages. Conclusions: Although cohort effects cannot be ruled out in this cross-sectional sample, the extraordinary trajectory of health status among TQG practitioners shows...
they have significantly better health in middle and old age than average Americans, controlling for income and education levels. We utilize lifespan developmental theory to consider several factors beyond the physical exercise value of TQG that may be responsible for the exercise group differences.

PERCEIVED HEALTH, PHYSICAL ACTIVITY PARTICIPATION AND THE STAGES OF EXERCISE BEHAVIOR CHANGE IN OLDER ADULTS

M. Soo, R.M. Lyle, 1. SUNY Oswego, Oswego, New York, 2. Purdue University, West Lafayette, Indiana

This study examined differences in perceived physical and mental health status across five stages of exercise behavior change as well as relationships between physical activity participation and stages of exercise behavior change. Older adults (N=188: mean age = 71.1, SD = 8.5) living in a Midwestern community completed a questionnaire that included demographic information, Stages of Exercise Behavior Change (SEBC), 12-Item Short Form Health Survey Instrument (SF-12), and the Physical Activity Scale for the Elderly (PASE). Data were analyzed using descriptive statistics, Pearson’s r, one-way ANOVA and the Tukey HSD test. Results showed that perceived physical and mental health status differed across SEBC (F = 9.3, p < .00, F = 10.1, p < .000, respectively). Older adults in the preparation, action and maintenance stages had higher scores on perceived physical health than those in the precontemplation and contemplation stages, while perceived mental was higher in the maintenance stage compared to other stages. Overall PASE scores [F (4, 182) = 6.67, p < .00] and mean scores of strenuous sport and recreational activity [F (4, 184) = 7.43, p < .000] also differed across SEBC. Older adults in the maintenance stage were more engaged in strenuous sport, recreational activities, muscle strength and endurance activities than those in the precontemplation, contemplation, and preparation stages. These findings should be considered when developing effective stage-based intervention strategies in order to increase the probability that older adults will move from a lower to a higher stage and maintain the stage shift.

PERCEIVED HEALTH STATUS AND PHYSICAL ACTIVITY IN OLDER ADULTS

A.N. Szabo, E.A. Olson, R.W. Motl, E. McAuley, Department of Kinesiology and Community Health, University of Illinois, Urbana, Illinois

Self-report health status (HS) is composed of several physical factors as well as mental or psychosocial factors. Psychosocial factors that may influence HS include fatigue, sleep quality, stress and cognitive ability. Although physical activity (PA) level has also been shown to be associated with HS, it is unclear as to whether this association varies by PA intensity. Older adults (N=242; Mage=71.2, SD=5.1) were screened for cognitive ability (Telephone Interview of Cognitive Status-Memory; TICS-M) and HS by telephone and completed measures of fatigue, sleep quality, and perceived stress via questionnaire. Participants wore an accelerometer for 7 days to assess PA. A total PA score was calculated by summing the counts from the valid days (≥10 h of wear time). We conducted a series of hierarchical linear regression analyses to determine the independent contributions of the psychosocial factors and PA to HS. Sex and age were analyzed as covariates. Results showed that total PA (β=2.85, p=0.00) was an independent predictor of HS above fatigue, sleep interference, stress, cognitive ability, and demographics, F(2, 236)=5.145, R2=.14. In subsequent analysis, the independent contributions of sedentary, light, and moderate to vigorous PA were examined. In this analysis, moderated to vigorous PA (β =-2.56, p=.002) and sex (β =1.32, p=.047) were the best predictors of HS. Although total PA is related to HS in older adults, it appears that moderate to vigorous PA may play a more influential role in this relationship. This has implications for current public health recommendations for older adults.

SESSION 2140 (PAPER)

SAFETY AT THE WHEEL

OLDER DRIVERS’ DRIVING PATTERNS AND SATISFACTION

N.W. Mullen, G. Kafka, M. Bedard, 1. Lakehead University, Thunder Bay, Ontario, Canada, 2. St. Joseph’s Care Group, Thunder Bay, Ontario, Canada

Background/Objective. The objective was to examine older drivers’ driving patterns, their satisfaction with these patterns, and whether these patterns were affected by health. It was hypothesized that driving patterns would be associated with satisfaction, and that health would affect both driving patterns and satisfaction. Method. 139 (64 male, 75 female) licensed older drivers (mean age = 71.5 years) living in an urban area of >100,000 people completed a questionnaire package that included measures of demographic variables, driving frequency, distance driven per week, satisfaction with their amount of driving, and health (SF-12). Results. Driving satisfaction was not associated with driving frequency or distance driven per week. Three regression models examined whether health measures predicted driving patterns and driving satisfaction, after controlling for gender and age. Health measures predicted neither driving frequency nor driving distance. However, the Mental Component Score (MCS) of the SF-12 was a significant predictor of driving satisfaction, such that healthier older drivers had greater odds of being satisfied with the amount of driving they did (OR for a 10-point increase in MCS = 1.80, 95% CI = 1.06-3.07). Conclusion. Although older drivers’ physical and mental health did not affect their driving frequency or driving distance, their mental health was associated with their satisfaction with the amount of driving they did. Future research should investigate this discord between driving patterns and driving satisfaction, with the goal of developing interventions to prevent the decline in driving satisfaction in older drivers with poorer mental health.

PREPARING FOR DRIVING CESSION: DOES HEALTH OR PERSONALITY MAKE A DIFFERENCE?

N.W. Mullen, G. Kafka, M. Bedard, 1. Lakehead University, Thunder Bay, Ontario, Canada, 2. St. Joseph’s Care Group, Thunder Bay, Ontario, Canada

Background/Objective. Preparing in advance for driving cessation may help older drivers with the transition to nondriver status. This project was conducted to determine whether health or personality affect older drivers’ preparedness or intentions to retire from driving. Method. 180 (84 male, 96 female) older drivers (mean age = 71.2 years) completed a questionnaire package that included measures of demographics, health (SF-12), personality (NEO-FFI Neuroticism and Extraversion), intentions to cease driving in the next 2 or 5 years, and whether drivers had thought about how they would get around after they stopped driving (OR for a 5-point increase in the SF-12 Physical Component Score: 0.50, 95% CI: 0.29-0.85). Age was similarly associated with the intention to cease driving within 5 years (OR: 2.70, 95% CI: 1.60-4.56). Personality measures were significant predictors of who had prepared for driving cessation; drivers who scored higher in neuroticism and extraversion had increased odds of having thought about how they would get around after they stopped driving (OR for a 5-point increase in neuroticism: 1.49, 95% CI: 1.11-2.02; OR for a 5-point increase in extraversion: 1.46, 95% CI: 1.01-2.10). Conclusion. Some drivers are less likely to have thought about the effects of driving cessation on...
their mobility. Identifying these individuals will assist with developing and targeting interventions to encourage such drivers to prepare for driving cessation.

CONSTRUCT VALIDITY OF THE SAFE DRIVING BEHAVIOR MEASURE
Y. Wang, S. Classen, C.A. Velozo, B. Brumback, M. Bedard, S. Winter, D.N. Lanford, I. University of Florida, Gainesville, Florida, 2. Lakehead University, Thunder Bay, Ontario, Canada

Objective: To test the construct validity of the self- and proxy report Safe Driving Behavior Measure (SDBM), a tool developed to quantify older adults’ driving behaviors based on item response theory. Methods: We report on a convenience sample of 107 older drivers (mean age = 73.0, standard deviation [SD] = ±5.3, range = 65-85; male participants = 51.4%) and 107 family members/caregivers (mean age = 65.4, SD = ±13.4, range = 25-85; male participants = 27.1%) recruited from Florida, United States and Ontario, Canada. Two evaluators collected data. We examined the rating scale, item/person-level psychometrics, item hierarchy, and match between person and item calibrations of the SDBM ratings for three rater groups (driver, family member/caregiver and evaluator) using Rasch analysis. Results: Across the three rater groups, the analyses show good item separation (≥3.88), person separation (≥3.14), item reliability (≥0.94), person reliability (≥0.91), person strata (≥0.52), and Cronbach’s alpha (≥0.97); few infit misfitting items (≤15.9%); and mild ceiling effects (12.1% family member/caregiver). The average person measure (≥3.74 logits) is higher than the mean item calibration (anchored at 0) indicating a high functioning group of older drivers. Conclusions: The SDBM’s item hierarchy generally matches the conceptually hypothesized order of item difficulty (easiest to hardest items). The SDBM shows promise across raters to reliably matches the conceptually hypothesized order of item difficulty. The SDBM shows a high functioning group of older drivers.

NATURALISTIC DRIVING EXPOSURE AND PATTERNS IN OLDER DRIVERS WITH PARKINSON’S DISEASE COMPARED TO AGE-MATCHED CONTROLS
A. Crizzle, A. Myers, Health Studies and Gerontology, University of Waterloo, Waterloo, Ontario, Canada

Symptoms of Parkinson’s disease (PD) can impair the ability to drive safely as has been shown in multiple studies examining performance via simulators and road tests. Survey studies have also shown higher crash rates (adjusted for mileage) in drivers with PD versus controls. However, exposure (km driven) has been based on self-report. Although a few studies have suggested that drivers with PD may self-regulate (e.g., by reducing exposure or avoiding challenging situations), all have been based on self-report. The primary goal of this study was to objectively examine driving practices in older drivers with PD compared to an age-matched group of healthy drivers by monitoring their driving over a two-week period using in-vehicle devices. The sample consisted of 27 drivers with PD (mean age 71.6 ±6.6, 78% men) and 20 controls (mean age 70.6±7.9; 80% men). Compared to objective measures, self-estimated km were inaccurate for both groups. According to the electronic vehicle data, the PD group drove significantly less overall (distance, duration and trips), at night, on week-ends and in bad weather. The PD group also had significantly slower response times on a brake test, higher depression scores, lower driving comfort scores and poorer perceptions of their driving abilities. Almost three-quarters of the PD group had mild cognitive impairment according to the Montreal Cognitive Assessment (MoCA), as did 45% of the controls. This finding is particularly noteworthy as many of the prior studies on PD and healthy older drivers have not assessed cognitive impairment.

SESSION 2145 (SYMPOSIUM)

AGEING, THE BODY AND SOCIETY: EMBODIED THEMES; CRITICAL PERSPECTIVES
Chair: W. Martin, School Of Health Sciences and Social Care, Brunel University, Uxbridge, United Kingdom
Co-Chair: J. Twigg, University of Kent, Canterbury, United Kingdom
Discussant: S. Katz, Trent University, Ontario, Ontario, Canada

There has been a wealth of work recently on the subject of the body across the humanities and social sciences. Most has, however, focused on younger, implicitly ‘sexier’ bodies. Social gerontology has, moreover, tended to avoid the subject of the body, in its struggle to assert the social and cultural determinants of ageing, as against the reductionist bio-medical accounts that dominate professional and popular discourses of age. This means, however, that the body in old age has remained largely untheorised and unexplored. The aim of this symposium is to bring together academics and researchers (members of the active and internationally recognised British Sociological Association (BSA) Ageing, Body and Society study group) whose work focuses on ageing and embodiment to explore and debate different theoretical perspectives and empirical findings on the social, cultural and biological dimensions of our bodies as we grow older. Higgs and Gillette aim to move the debate regarding the ageing body forward by more clearly connecting ageing embodiment to discourses of distinction. Through an exploration of empirical research, Martin highlights the idea of an increasing sense of embodied vulnerability as people grow older. Dickinson examines how the older body is maintained in hospital through the provision of food and mealtimes. Twigg highlights the significance of fashion, consumption and the body by exploring how the UK High Street conceptualises older women. The symposium will conclude by highlighting and debating interconnections between the corporeality of ageing bodies and the socio-cultural context in which we live.

THE AGEING BODY AND THE CORPOREAL DISCOURSES OF IDENTITY
P. Higgs, C.J. Gillette, Research Strategy, UCL, London, United Kingdom

Our concern in this paper is to move the debate regarding the ageing body forward through more clearly connecting ageing embodiment to discourses of distinction. By interrogating sociological approaches to the body and their relevance to the embodied identities of age, disability, gender and race we will argue that the corporeal features that typically define these important sources of social difference are mostly passed over in favour of textual readings of power relations which rarely connect with their bodily referents. Paradoxically, people of all sorts engage in body work as sources of gendered, racialised or age related identity. Much of this work done to skin, hair, size, shape and musculature has corporeal significance. To regard these practices as epiphenomena of cultural discourses is a mistake. Developing this theme allows us to move the debate regarding the ageing body forward by more clearly connecting ageing embodiment to discourses of distinction. Through an exploration of empirical research, Martin highlights the idea of an increasing sense of embodied vulnerability as people grow older. Dickinson examines how the older body is maintained in hospital through the provision of food and mealtimes. Twigg highlights the significance of fashion, consumption and the body by exploring how the UK High Street conceptualises older women. The symposium will conclude by highlighting and debating interconnections between the corporeality of ageing bodies and the socio-cultural context in which we live.

EMBODYING VULNERABILITY: AGEING, BODIES, GENDER AND EVERYDAY LIFE
W. Martin, School Of Health Sciences and Social Care, Brunel University, Uxbridge, United Kingdom

The aim of this paper is to explore the complexities of an increasing sense of embodied vulnerability as people grow older. Whilst embodied vulnerabilities, ‘ontological security’, can be predominately dealt with by developing and sustaining daily routines, the ability to manage daily norms and practices can become increasingly problematic as people grow older as everyday routines are more frequently and, at times, unpredictably disrupted. Disruptions to daily routines and biographical identities include bodily changes; ill-health, bereavement and divorce; and increased perceptions and experiences of risks, such as, falls, safety

64th Annual Scientific Meeting 575
and security and mobility difficulties. The integrity and logic of the ageing body and everyday practices are questioned; the taken for granted nature of embodiment challenged. Through illustrations from empirical research the paper will show how perceptions and experiences of embodied vulnerabilities are related to chronological age, gender, social networks, living arrangements, and time and space.

PATIENT EXPERIENCES OF HOSPITAL FOOD PROVISION: MAINTAINING THE OLDER BODY IN HOSPITAL
A. Dickinson, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, Hertfordshire, United Kingdom
Food is vital to the maintenance of the physical body, but also has social and psychological roles important for health and well-being. Malnutrition and poor nutritional care of older patients in Westernised hospital settings have long been a concern. However, less well understood is how patients’ experience eating in this setting. This paper draws on interviews conducted with patients (n=81) during an action research study to explore their mealtime experiences. Patients undertake work in order to make the best of the hospital situation and ‘survive’ often through engaging in ‘self-sufficiency’ behaviour. Adaptations are made to adjust to the alien environment and foods, fit in with institutional constraints, and avoid asking for assistance. Patients also experience weight loss, varying impacts of disease and altered appetite. Despite these difficulties, mealtimes are important to patients, maintaining a sense of normality and providing temporal signals as well as providing nutrients essential for recovery.

FASHION, CONSUMPTION AND AGE: HOW DOES THE HIGH STREET CONCEPTUALISE OLDER WOMEN?
J. Twig, Sociology and Social Policy, University of Kent, Canterbury, United Kingdom
With changing demography and - for some at least - rising levels of disposable income, older people represent an increasingly significant segment of the market for consumer goods. Retailers and manufacturers are keen to address this silver market, but they face problems in doing so, partly as a result of their own preconceptions, but also as result of the values and prejudices held more widely in society, including by older customers themselves. The paper takes the area of fashion and dress to explore how the High Street conceptualises the older market. Drawing on interviews with a range of UK clothing retailers, it explores their responses to older customers. In doing so it addresses arguments about the interplay between cultural and bodily ageing, and role of consumption in the potentially changing character of later years.

SESSION 2150 (SYMPOSIUM)
ATTACHMENT DYNAMICS IN LATER LIFE
Chair: S. Nelis, Psychology, Bangor University, Bangor, United Kingdom
Discussant: J.R. Oyebode, University of Birmingham, Birmingham, United Kingdom
Attachment theory recognises that seeking and maintaining attachment bonds occurs across the lifespan. There is growing recognition of the importance of attachment in the lives of older adults, including the suggestion that attachment may affect adjustment to ageing and well-being in old age. Two papers will examine the importance of attachment for older adults. Cicirelli will discuss the importance of attachment figures and the strength of attachment in older adults. Nelis, Clare, Whittaker & Quinn will examine the sequelae of secure and insecure attachment in older people and the relationship between different attachment styles and social and emotional well-being. Attachment theory offers a framework for understanding issues relating to care receiving and caregiving. Two papers will discuss the importance of attachment representations for people with dementia and their caregivers. Clare, Nelis & Whitaker will examine the relationship between attachment and the subjective emotional experiences of people with dementia and their primary caregiver. Dr. Jan Oyebode, with research interests in attachment and relationship continuity in carers of people with dementia, will act as discussant for the symposium.

ATTACHMENT STYLES OF OLDER ADULTS AND THE SPOUSE AS AN ATTACHMENT FIGURE
V. Cicirelli, Purdue University, West Lafayette, Indiana
Recent studies reported that a majority of elders have dismissing attachment styles (desiring independence and avoiding close relationships). This study examined spousal relationships of those with a dismissing style. Participants were 86 elders, aged 60-92 (half married, half widowed). Attachment styles were derived from the RSQ. Participants named individuals who were attachment figures for the functions of proximity seeking, safe haven, secure base, and separation protest; strength of attachment to the spouse was obtained from the spouse’s position as an attachment figure. In chi-square analyses, married and widowed participants did not differ in the four attachment styles. Secure and dismissing married participants did not differ in the strength of attachment to a spouse; however, in ANOVAs secure participants had greater self ratings of energy level and mental health and less depressive symptomatology compared to dismissing participants (p < .05). Results are interpreted in relation to Carstensen’s socioemotional selectivity theory.

ATTACHMENT ORGANIZATION AND THE SOCIAL AND EMOTIONAL WELL-BEING OF OLDER ADULTS
S. Nelis, L. Clare, C.J. Whitaker, C. Quinn, Psychology, Bangor University, Bangor, United Kingdom
Attachment theorists have viewed old age as a period of reorganization of the attachment system to meet the changes occurring with age, and there is a growing recognition of the importance of attachment in the lives of older people. Five hundred older adults were surveyed on their attachment behaviour and feelings using the Relationship Questionnaire. They also completed measures of social support, well-being, and adjustment to ageing. The dominant attachment style reported was dismissing. Securely attached older adults reported more frequent social interactions and greater satisfaction with their current social relationships than insecurely attached respondents. Attachment security was also related to lower levels of anxiety and depression, and with a more positive attitude to ageing. Individuals with different attachment styles may be differentially prone to certain interpersonal problems such as depression, anxiety, and social isolation in later life.

ATTACHMENT REPRESENTATIONS IN PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS: IMPLICATIONS FOR WELL-BEING
L. Clare, S. Nelis, C.J. Whitaker, Psychology, Bangor University, Bangor, United Kingdom
Attachment may have implications for the experience of giving and receiving care in dementia. This study examines the relationship between attachment and the subjective emotional experiences of people with dementia (PwD) and their primary caregivers. One hundred PwD chose their best fitting attachment style and rated their mood, sense of identity and quality of life. Caregivers rated their attachment style and completed measures of stress and well-being. Secure and dismissing attachment styles were the most prevalent for both PwD and carers. There was little concordance in attachment styles within the dyads. Attachment security was related to anxiety, quality of life and a stronger sense of identity in PwD. Carers of PwD with insecure attachment were more stressed and reported poorer relationship quality. The attachment styles of both partners may be particularly salient and attachment security may have implications not only for the PwD but also for care givers.
SESSION 2155 (SYMPOSIUM)

HEALTH TECHNOLOGY DESIGN FOR OLDER ADULTS: FINDINGS FROM CREATE

Chair: T.L. Mitzner, Georgia Institute of Technology, Atlanta, Georgia
Discussant: K. Insel, University of Arizona, Tucson, Arizona

The Center for Research and Education on Aging and Technology Enhancement (CREATE) is a consortium of three universities: The University of Miami, Florida State University and Georgia Institute of Technology. CREATE is a collaborative center that brings together multidisciplinary researchers dedicated to improving technology design for older adults. This symposium will highlight several CREATE projects that address design issues relevant to older adults’ use of health technologies. Health technologies have the potential to facilitate older adults in performing health-related tasks, such as finding health information and disease monitoring. However, older adults must adopt and be able to use these technologies to maximize their potential benefits. Participants in this symposium will discuss usability and needs assessment research regarding health technologies for older adults. Czaja and colleagues will examine the perceived utility of Ehealth information, and the factors influencing website choices and trust of information contained on websites. Charness and colleagues will present findings concerning several aspects of reliability related to the use of a home health monitoring system that continuously captures and transmits physiological and environmental data (e.g., heart rate, blood pressure, weight). Boron and colleagues will explore older adults’ likes and dislikes related to their use of health technologies and health technology training. Mitzner and colleagues will examine the challenges that professional caregivers encounter when working with older adults and the potential of technology to alleviate these challenges. After this symposium, attendees will be able to discuss implications regarding health technology design and training for older adults.

ASSESSING THE RELIABILITY OF A HOME HEALTH MONITORING SYSTEM

N. Charness1, M. Fox2, C.A. Crump3, A. Papadopolous2, 1. Psychology, Florida State University, Tallahassee, Florida, 2. AFrame Digital, Reston, Virginia

We present reliability analyses for data from a mobile monitoring study. AFrame Digital’s home monitoring system was deployed for 2 weeks in 9 Tallahassee households headed by seniors aged 75+. The system consisted of a wearable watch-like device collecting physiological and environmental data continuously, a wireless mesh connection system in the home that transmitted data through an ISP’s modem to secure remote servers, and standardized Bluetooth wireless peripherals including pulse-oximetry/heart rate, blood pressure, weight, and a touchscreen questionnaire device. Participants performed daily data collection tasks, kept information in journals, and completed aesthetics and comfort questionnaires. We discuss 4 measures of reliability: system reliability, data concurrence, study effectiveness, and system usability. Aside from pulse-oximetry values and fall detection (false alarms), reliability scores typically exceeded 80%. We discuss lessons learned.

CHALLENGES EXPERIENCED BY HOME HEALTH CARE PROVIDERS AND THE POTENTIAL FOR TECHNOLOGY SUPPORTS

T.L. Mitzner, S.E. McBride, J.M. Beer, W.A. Rogers, Georgia Institute of Technology, Atlanta, Georgia

Home health care supports aging in place and offers many benefits over institutionalized care, including reduced costs and reduced exposure to nosocomial infections. However, home health care providers may experience challenges because most homes are not designed as settings to administer health care. Furthermore, home health providers may need to use medical equipment and devices that were not designed for home use. The goal of this study was to investigate the difficulties encountered by home health care providers. We conducted structured interviews with eight registered nurses and eight certified nursing assistants to gain an understanding of the challenges they encounter when performing health care tasks for older adults. The tasks caregivers discussed included bathing, toileting, transfer, device use, medication management, and wound care. Our results will be discussed within the framework of human factors interventions, including the potential for technology supports.

OLDER ADULTS AND THE USE OF E-HEALTH INFORMATION

S.J. Czaja1, S.N. Nair2, J. Sharit3, H. Profita4, 1. Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, Florida, 2. University of Miami Miller School of Medicine, Miami, Florida, 3. University of Miami Miller School of Medicine, Miami, Florida, 4. Georgia Institute of Technology, Atlanta, Georgia

There has been an enormous growth in consumer-oriented health information technology applications to support health self-management tasks. However, the usability of many of these applications, such as health websites, is uneven across user groups such as older adults. One concern is the ability of consumers to identify reliable health information given the enormity and variety of health websites available. This paper will present data from a diverse sample of 60 adults (18 to 82 yrs.), who completed Internet based health information seeking tasks, regarding their use of health websites, trust in information found on these websites and factors influencing website choice and trust. Data on Internet self-efficacy and ratings of importance of website features and design factors will also be provided. In addition, age group differences on these issues will be presented. We will also discuss the implications of the findings for training and website design.

TECHNOLOGY USE FOR HEALTH CARE: OLDER ADULTS’ LIKES, DISLIKES, AND TRAINING PREFERENCES

J. Blaskevitz Boron1, T.L. Mitzner2, C.B. Fausset3, A.E. Adams2, W.A. Rogers2, 1. Psychology, Youngstown State University, Youngstown, Ohio, 2. Georgia Institute of Technology, Atlanta, Georgia

Many older adults manage chronic diseases and take an active role in preventative health monitoring. Incorporating health-related technologies into daily life has become increasingly common. The ability to manage one’s health at home is advantageous. However, this does not suggest that use of health care related technologies is without difficulty. We conducted 12 focus groups with older adults aged 65-85 years to determine likes, dislikes, and training preferences for health care related technologies. On average, each focus group discussed seven different technologies (Range=3-16). The most frequently discussed technologies were blood glucose monitors, blood pressure monitors, telephones, computers, and the internet. Although the majority of comments were favorable regarding technology use (60%), there were also dislikes mentioned (35% of comments). Discussion will focus on likes and dislikes of specific health care technologies, as well as training preferences. These data have implications for improved design of and training for health care technology.

SESSION 2160 (SYMPOSIUM)

LIFESTYLE, HAPPINESS, AND WELL-BEING: DO GLOBAL EVALUATIONS AND DAILY EXPERIENCE DIFFER?

Chair: J. Smith, Institute for Social Research, University of Michigan, Ann Arbor, Michigan
Discussant: S.T. Charles, University of California, Irvine, California

Evidence about mind-body interactions, especially associations between positive affect and longevity, have contributed to a search for new methods to assess individual well-being. Traditional self reports...
of satisfaction with specific domains and life-as-a-whole provide global information about subjective well-being but may not reflect daily life experiences associated with health outcomes. For example, whereas most older adults report high life satisfaction, they may be less positive about their actual daily experiences. Speakers in this session address gaps in our knowledge about the relationships between global evaluations, day-to-day affective experiences, and the time spent each day in activities that afford pleasure and misery. They describe findings from studies that examine experienced well-being (EWB) in the context of daily life using methods designed for use in large surveys. Smith and colleagues compare findings from two new short measures of yesterday’s activities, time use, and affective experiences (ROBUST project). Ryan and Gonzalez discuss sources of variability in these measures (e.g., activity participation, response bias) and the implications for theories that distinguish global and experienced well-being. Whereas the ROBUST project examines experienced well-being in the context of activities, Stawski and colleagues employ an end-of-day diary to assess the affective experiences associated with daily stressors (NSDE project). The methods described by all presenters complement momentary assessment techniques and detailed 24-hour day reconstruction diaries that are costly to use in large surveys and burdensome for older adults. Charles concludes with an integrative discussion of the processes underlying global and experienced well-being in midlife and old age.

THE ROBUST STUDY: FINDING WAYS TO SURVEY EXPERIENCED WELL-BEING

J. Smith, L.H. Ryan, S. Becker, R. Gonzalez, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Kalnman and colleagues (2004) devised the Day Reconstruction Method which adapts detailed time use diaries to assess experienced well-being. They found interesting discrepancies between this measure of yesterday’s experiences and evaluations of well-being over longer time periods. We present findings from the ROBUST project in which we tested new survey measures of experienced well-being. Following a brief reconstruction of “yesterday,” we assess experienced well-being with an activity-linked measure and multiple Yes/No items about overall experiences yesterday. Data come from two studies, a computer-assisted in-person interview with a local sample (N = 320) and a computer-assisted telephone interview with participants recruited nationally using random digit dialing (N = 640). Samples are stratified by age decade (50s, 60s, 70s, 80s) and gender. We present results for age and subgroup differences in experienced well-being (activities, affect, and the time spent on these activities) and associations with global well-being and health.

DO ACTIVITIES MATTER FOR WELL-BEING YESTERDAY?: FINDINGS FROM THE ROBUST STUDY

L.H. Ryan, J. Smith, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Recent developments in the theory and evaluation of daily experienced well-being (EWB) are providing new insight into individuals’ overall subjective well-being. The current study investigates the extent to which positive and negative EWB are associated with interindividual versus intrindividual variability, as well as associations with specific daily activities in a newly collected sample of older adults using a modified version of the DRM (N=960; age range = 50 - 94). Participants reported on up to 10 activities yesterday and feelings of well-being associated with each activity. Analyses were run using SAS PROC MIXED with activities nested within individuals. Intraclass correlations indicate that 51% of the variance in positive EWB is associated with between-person differences, whereas only 37% of the variance in negative WB was attributed to between-person differences. Finally, significant differences in the magnitude and direction of associations among daily activities with positive and negative EWB are identified.

DAILY EXPERIENCE, WELL-BEING AND LIFE SATISFACTION ACROSS THE LIFESPAN: METHODOLOGICAL IMPLICATIONS

R. Gonzalez, L.H. Ryan, J. Smith, University of Michigan, Ann Arbor, Michigan

We consider models accounting for age differences in life satisfaction and activity-based well-being in the ROBUST sample (ages 50-94). We generate several models, including one where age differences are due to differential scale responding versus differences in contextual effects on global and activity-based well-being. The analyses suggest activity-based well-being follows a different trajectory than global assessments, such that the age differences in life satisfaction may be due to discrepancies in scale use rather than an actual change in one’s evaluated life satisfaction. The activity-based measures suggest a different judgment mechanism that is not tied to age differences in response scale. These analyses allow us to test well-being processes, such as whether it is driven by positively evaluated activities, by the absence of negatively evaluated activities, a combination of the two, and mechanistic differences by age. We discuss implications for well-being measurement and for theory development in this fledgling field.

EXPERIENCED NEGATIVE AFFECT AND DAILY STRESSORS THROUGHOUT ADULTHOOD AND OLD AGE

R.S. Stawski1, K.E. Cichy2, D. Almeida1, 1. University of Michigan, Ann Arbor, Michigan, 2. Kent State University, Kent, Ohio, 3. Pennsylvania State University, University Park, Pennsylvania

Recent research on well-being has emphasized the need to complement traditional assessments of global subjective well-being (SWB) with measures of experienced well-being (EWB). However, much research on EWB has relied on anchoring experienced emotions to respondent’s time use and activities. We seek to complement the existing EWB research by examining the negative emotions experienced as a result of daily stressors. Respondents included 2,022 adults (Mean Age = 57, SD = 12, Range = 33-84, 56% Female) from the second wave of the National Study of Daily Experiences. Participants completed eight consecutive nightly telephone interviews and reported on their daily stressors (i.e., interpersonal tensions, overloads, and network stressors) and four negative emotions (angry, anxious, sad, and shameful) they experienced as a result of these stressors. Preliminary analyses reveal considerable variability in the negative emotions experienced across different types of stressors, suggesting daily stressors may have unique emotional signatures.

SESSION 2165 (SYMPOSIUM)

PROMOTING AND MAINTAINING HEALTHY LIFESTYLE CHOICES: THE RHODE ISLAND SENIOR PROJECT

Chair: P. Clark, Gerontology, University of Rhode Island, Kingston, Rhode Island

Discussant: P. Clark, Gerontology, University of Rhode Island, Kingston, Rhode Island

The SENIOR (Study of Exercise and Nutrition in Older Rhode Islanders) Project, funded by the National Institutes of Health, is a large-scale, two-phase community-based multibehavioral health promotion intervention study of older adults, focusing on increasing and maintaining regular physical activity and fruit and vegetable consumption. The original study (N=1276), based on the Transtheoretical Model of Health Behavior Change and developed by an interdisciplinary research team, designed stage-tailored manuals, newsletters, expert system assessments, and telephone coaching protocols. Outcome data using a comprehensive set of measures were collected at baseline, 12, and 24 months. A follow-up study (N=470), focusing on the active maintenance of healthful behaviors, uses a similar intervention but is based on the concept of resilience in the face of potential setbacks associated with aging. The first paper in this symposium reports findings on the negative
impa...ke healthy lifestyles. The third paper summarizes results related to characteristics of study participants who were able to maintain high levels of fruit and vegetable intake over several years. The final paper examines patterns of physical activity and dietary goal maintenance and resilience in older adults, based on a telephone coaching intervention. Implications of the importance of healthy lifestyle for positive health outcomes for further research and interventions will be explored.

**PHYSICAL ACTIVITY AND OBESITY ARE RELATED TO FUNCTIONAL STATUS IN OLDER ADULTS**

D. Riebe, B. Blissmer, G.W. Greene, K. Stamm, F. Lees, P. Clark, Kinesiology, University of Rhode Island, Kingston, Rhode Island

Older adults are the least physically active of all age groups with 22% of people >65 years engaging in regular physical activity (PA). Further, 31% of older adults are classified as obese. This study investigated the effects of physical activity and obesity on functional status in 402 older adults (age =79.8±5.5 yr). After controlling for age and gender, subjects who participated in regular PA had lower timed Up & Go (TUG) scores and higher levels of flexibility, strength, and cardiorespiratory fitness compared to sedentary individuals. Sedentary individuals were nearly four times as likely to have abnormal TUG scores (>14 sec) compared to those who were physically active (25.9% vs. 6.5%). Individuals who were obese had higher TUG scores and lower levels of cardiorespiratory fitness compared to individuals who were normal weight and overweight and were nearly twice as likely to have abnormal TUG scores (27.1% vs 12.0% and 13.9%, respectively).

**IMPACT OF AGE, OBESITY, AND PHYSICAL ACTIVITY ON QUALITY OF LIFE IN OLDER ADULTS**

B. Blissmer, P. Burbank, D. Riebe, G.W. Greene, F. Lees, K. Stamm, P. Clark, Kinesiology, University of Rhode Island, Kingston, Rhode Island

Improving health-related quality of life (HRQOL) for older adults is the ultimate goal of many lifestyle interventions. This study analyzed the unique and joint impact of age, obesity status, and physical activity behavior on components of HRQOL using data from 818 older adults (M age = 77.3) participating in a healthy lifestyle intervention. Multivariate analyses controlling for gender, marital status, and intervention condition found main effects for age, activity, and obesity status on the SF-36 composite scores and subscales. Generally, being older and obese negatively impacted physical health, being active improved physical health, and being obese was linked to improved mental composite scores. A three-way interaction suggests that younger, obese, inactive individuals suffered significant decrements in mental composite scores relative to other groups. Similar patterns were found in the SF-36 subscales. Discussion includes implications for understanding the unique and combined effects of aging, staying active, and avoiding obesity on HRQOL.

**CHARACTERISTICS OF LONG-TERM MAINTAINERS OF FRUIT AND VEGETABLE INTAKE IN OLDER ADULTS**

G.W. Greene, D. Riebe, B. Blissmer, K. Stamm, F. Lees, P. Clark, Nutrition and Food Sciences, University of Rhode Island, Kingston, Rhode Island

Maintaining a high intake of fruits and vegetables (FV) has been associated with improved health outcomes. This study compared older adults (mean age 81±5.6 yrs, BMI 29.2±6.8 kg/m2, 76% female) who had maintained consumption ≥ 5 servings FV/day for 6.5 years (n=156) to those who failed to maintain this intake over the time period but had reached the target at 24 months (n=233). Those who increased intake to target over the initial 24 months were less likely to be maintainers (29%) than those who maintained target intake (53%). At 6.5 years, maintainers had higher self-efficacy, social support, FV intake, years of education, and were more likely to live with others and be married than non-maintainers. There was no difference by age, BMI, depressive symptoms, gender, race, or history of falls. Future qualitative and quantitative research is needed to learn how older adults can maintain a high FV intake.

**LONGITUDINAL PATTERNS OF GOAL MAINTENANCE AND RESILIENCE IN OLDER ADULTS**

M. Milinae1,2, K. Stamm1, F. Lees1, J. Saint1, J. Mulligan1, 1. VA Boston Healthcare System, Boston, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. University of Rhode Island, Kingston, Rhode Island

Adherence to dietary and exercise goals was examined in 234 older adults across 19 months. Participants received biannual phone coaching calls designed to assist them in maintaining healthy behaviors in the face of age-related stressors. Latent class growth analysis was utilized to identify trajectories of goal maintenance over time. As predicted, four classes emerged: (1) maintainers, those meeting goals and having few stressors (30.3%), (2) resilient, those meeting goals despite stressors (25.2%), (3) stuck, those who are having more difficulty meeting goals as stressors emerge (23.5%), and (4) low motivation, those who have been unable to maintain their goals whether or not stressors were present (20.9%). Results suggest that most older adults are able to maintain goals over time, but additional intervention may help a subgroup navigate life stressors in order to improve their resilience.

**SESSION 2170 (SYMPOSIUM)**

**PSYCHOSOCIAL PREDICTORS OF COGNITIVE DECLINE AND END-OF-LIFE PLANNING FROM THE WISCONSIN LONGITUDINAL STUDY (WLS)**

Chair: S.A. Beaudreau, Palo Alto VA Health Care System/ Sierra Pacific Mental Illness Research Education and Clinical Centers (MIRECC), Palo Alto, California, Stanford University School of Medicine, Stanford, California
Co-Chair: J. Fairchild, Palo Alto VA Health Care System/ Sierra Pacific Mental Illness Research Education and Clinical Centers (MIRECC), Palo Alto, California
Discussant: C. Roan, University of Wisconsin, Madison, Wisconsin

This symposium presents three complementary investigations on the impact of psychosocial variables on late-life behavioral outcomes from the Wisconsin Longitudinal Study (WLS). Two presentations focus on predictors of cognitive decline from mid- to late-life, one on the role of the Big 5 personality traits on delayed memory, verbal fluency, and abstract reasoning, the other on exercise frequency and intensity as predictors of decline on these three cognitive measures. The third presentation examines the role of caregiving on end-of-life choices, and the impact of personality on these end-of-life decisions. The Discussant, a scientist on the WLS project since 2005, will provide her insights regarding use of this large longitudinal study to disentangle critical issues of aging. She will also discuss how these three studies using the data from the Wisconsin class of 1957 inform the larger gerontological literature.

**IMPACT OF CARE-RECEIVING ON END-OF-LIFE PREPARATIONS**

J. Ha1, M. Pai2. 1. University of Chicago, Chicago, IL, 2. Kent State University, Kent, Ohio

This study examines: (1) the association between being a care recipient and end-of-life care planning, and (2) the extent to which personality traits moderate the relationship between receiving care and engagement in end-of-life treatment preparations. Findings based on data from Wisconsin Longitudinal Study (WLS), a study of Wisconsin High school graduates from 1957 to 2004, reveal that care receivers are more likely to plan for end-of-life medical treatment, appoint a durable power of...
attorney, and have informal discussions with family members about medical treatment preferences compared to their peers who are not receiving personal care. However, the relationship between being a care recipient and planning for end-of-life care is conditioned by care receivers' personality traits. Specifically, we find that care receivers who are highly neurotic (or emotionally unstable) are less likely to plan for end-of-life care compared to their peers who score low on this trait.

**IMPACT OF PERSONALITY ON COGNITIVE IMPAIRMENT AND DECLINE IN MID- TO LATE-LIFE**

S.A. Beaudreaud, J. Fairchild, K. Rashid, 1. Palo Alto VA Health Care System/ Stanford University School of Medicine, Palo Alto, California, 2. Pacific Graduate School of Psychology/Palo Alto University, Palo Alto, California

This study examines the impact of personality on cognitive impairment and decline from mid- to late-life. Participants were 9,031 Wisconsin high school graduates (class of ’57) enrolled in the Wisconsin Longitudinal Study (WLS). Based on prior research, neuroticism was predicted to be detrimental to cognitive functioning. Conscientiousness, openness, extraversion, and agreeableness were predicted to protect against decline in cognitive functioning. Openness to new experiences predicted less decline in memory recall, verbal fluency, and attention. Extraversion or sociability, and conscientiousness also predicted less decline in memory recall and attention. Agreeableness was associated with less decline in memory recall, but greater decline in verbal fluency and attention. Counter to prediction, neuroticism was not associated with cognitive decline on any of the cognitive measures. Findings suggest that interventions aimed at strengthening specific behaviors associated with personality, such as openness, are a potential avenue for improving late-life cognitive functioning.

**EXERCISE AT MIDLIFE: WHAT ROLE DOES IT PLAY IN COGNITIVE AGING?**

J. Fairchild, S.A. Beaudreaud, K. Rashid. 1. VA Palo Alto Health Care System / MIRECC, Palo Alto, California, 2. Stanford University, Stanford, California, 3. Palo Alto University, Palo Alto, California

Using data from the Wisconsin Longitudinal Study (WLS), the authors examined the impact of exercise at midlife on cognitive outcomes at a ten-year follow-up. Participants were grouped based on intensity (light and vigorous) and frequency (3 or more times a week; 1-2 times a week; 1-2 times a month, < 1 a month) of self-reported exercise. Verbal fluency, there was not a significant difference for the frequency of light exercise; however, those who did more frequent vigorous exercise performed better than those who did less frequent vigorous exercise. Persons who did more frequent light exercise performed better on measures of delayed verbal recall, though this was not replicated for vigorous exercise. Finally, those who reported more frequent light exercise and more frequent vigorous exercise performed better on measures of abstract reasoning. These findings support the benefit of exercise at midlife for cognition.

**SESSION 2175 (SYMPOSIUM)**

**THE IOWA HEALTHY AND ACTIVE MINDS STUDY (IHAMS): A RANDOMIZED CONTROLLED TRIAL TO IMPROVE COGNITIVE FUNCTIONING IN OLDER ADULTS**

Chair: F. Wolinsky, Health Management and Policy, University of Iowa, Iowa City, Iowa

Discussant: M. Merzenich, Post Science Inc., San Francisco, California

Gradual cognitive decline across several domains including information processing speed, memory, orientation, attention, abstract thinking, and perception is a normal part of the aging process. IHAMS is a second-generation RCT building on the multi-site ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly) findings that speed of processing training led not only to improved cognitive function, but also to statistically significant reductions in predicted medical expenses, the risk of global decline in the SF-36, the risk of worsening depressive symptoms, the risk of the onset of suspected clinical depression, and improvements in self-rated health over 1-5 years post-training. ACTIVE, however, had two serious design flaws (a no-contact vs. attention control group, and booster training conditioned on adherence) which were corrected in IHAMS. Moreover, IHAMS used a commercially available, user-friendly, second-generation of the speed of processing training software (Road Tour) used in ACTIVE, which has considerable promise for widespread implementation. Furthermore, IHAMS includes six different cognitive outcomes assessed at baseline and one-year follow-up (Useful Field of View [UFOV]) also repeated post training, Symbol Digit Modalities Test, Trail Making Tests A & B, Controlled Oral Word Association Test, Digit Vigilance Test, and the Stroop Color and Word Test), rather than just the UFOV as in ACTIVE. IHAMS enrolled and randomized 681 participants into four arms: on-site Road Tour training without booster (154), on-site Road Tour training with booster (148), on-site Crossword-Puzzle training (188), and take-home Road Tour training (191). This symposium presents the IHAMS design, and the post-training and one-year follow-up results.

**FACTOR ANALYSIS OF THE COGNITIVE OUTCOMES IN THE IOWA HEALTHY AND ACTIVE MINDS STUDY (IHAMS)**


IHAMS assessed six cognitive outcomes: the Useful Field of View (UFOV; 3-task PC version), the Symbol Digit Modalities Test (SDMT), the Trail Making Tests A and B (TMT), the Controlled Oral Word Association Test (COWAT), the Digit Vigilance Test (DVT), and the Stroop Color and Word Test (Stroop). Exploratory factor analysis (EFA) using principal components and oblique rotation revealed a simple structure (no factorial complexity) consisting of three factors at baseline that explained 66% of the variance in the six tests with all communalities > 0.50. The first factor reflected divided attention, and had principal (> 0.50) factor loadings for the UFOV, SDMT, and TMT A and B. The second factor reflected sustained attention, with the DVT total time and DVT error components loading on it. The third factor reflected processing speed, with the Stroop (word, color, and color-word components) and the COWAT loading on it.

**POST-TRAINING AND ONE-YEAR FOLLOW-UP RESULTS IN THE IOWA HEALTHY AND ACTIVE MINDS STUDY (IHAMS)**


On-site training involved 10 hours delivered in five 2-hour sessions over five-weeks. Take-home participants were asked to train for at least 10 hours over five-weeks, although the delivery of that training was left to their discretion, and they were allowed to train for more hours, and to train beyond five-weeks. Post-training UFOV testing occurred, on average, at 6-8 weeks post-baseline, with scores available for 616 participants. Logistic regression was used to model UFOV composite improvements > 100 ms, adjusting for the baseline UFOV composite score. Compared to the on-site crossword puzzle (attention-control) group, the on-site Road Tour training without booster, on-site Road Tour training with booster, and take-home Road Tour training groups had statistically significant (p < 0.001) adjusted odds ratios of 4.01, 5.52, and 5.15, respectively, with substantially greater improvement rates observed in the younger age strata. One-year follow-up results for all outcomes will be presented at the GSA meeting.
THE DESIGN OF THE IOWA HEALTHY AND ACTIVE MINDS STUDY (IHAMS)
M.W. Vander Weg1, M.B. Howren1, M.M. Dotson1, R. Martin1, M. Jones1, K. Duff1, F. Wolinsky2, 1. Health Management and Policy, University of Iowa, Iowa City, Iowa, 2. University of Utah, Salt Lake City, Utah
IHAMS is a second-generation, four-arm RCT building on the multi-site ACTIVE findings using the commercially available Road Tour software for speed of processing training, and the commercially available word-puzzle program (Boatload of Crosswords) for attention-control. We consented, enrolled, and randomized 681 patients from UI’s GIM and FP clinics, stratifying on ages 50-60 vs. 61-87. The four IHAMS arms were on-site Road Tour training without booster (154), on-site Road Tour training with booster (148), on-site Crossword-Puzzle training (188), and take-home Road Tour training (191). On-site training consisted of 10 hours in five sessions, and booster training at 11 months was 4 hours in two settings. Six different cognitive outcomes were assessed at baseline and one-year follow-up (Useful Field of View [also repeated post training], Symbol Digit Modalities Test, Trail Making Tests A & B, Controlled Oral Word Association Test, Digit Vigilance Test, and the Stroop Color and Word Test).

SESSION 2180 (SYMPOSIUM)
THE MANY FACES OF OLD AGE: IMAGES OF AGING ACROSS CONTEXTS, DOMAINS AND TARGETS
Chair: C. Bowen, Jacobs Center on Lifelong Learning and Institutional Development, Bremen, Germany
Discussant: M.L. Hummert, University of Kansas, Lawrence, Kansas
This symposium showcases recent work concerning psychological images of aging. Psychological images of aging are associated with aging adults’ attitudes, behavior and cognitive performance, interpersonal interactions, as well as developmental patterns over time. In recent years great strides have been made to further distinguish and specify the rich, multi-faceted nature of images of old age and aging. For instance, images of aging are known to vary across cultures and racial/ethnic groups. Furthermore, people have perceptions of their own aging that are distinct from their general perceptions of aging and older people which may differentially affect immediate and long-term outcomes. Finally, both images of one’s own aging as well as general images of aging and older people are known to vary considerably across domains (e.g., cognition, health, personality). Chasteen and Kang as well as Bowen present their results on how images of older people vary depending on context (across racial groups and across countries, respectively). Diehl and colleagues present results revealing the multi-dimensional nature of how people view their own aging, specifically, their perceptions of age-related change. Finally, Konradt and Rothermund present results which illustrate the differential relationships that images of one’s own aging and images of aging in general can have, in this case, on preparations for old age. Together the presentations in this symposium demonstrate how images of aging vary by context, domain, and target.

HOW IMAGES OF AGING INFLUENCE REACTIONS TO MULTIPLY-CATEGORIZABLE INDIVIDUALS
A. Chasteen1, S. Kang2, 1. Psychology, University of Toronto, Toronto, Ontario, Canada, 2. University of Toronto Mississauga, Mississauga, Ontario, Canada
How do images and stereotypes of aging influence reactions to older individuals who belong to more than one stigmatized group? In two studies, we explored whether stereotypes of older adults interact with racial stereotypes. In Study 1, we examined young and older adults’ perceptions of anger and happiness on the faces of young and old Black and White men. In Study 2, we investigated current and projected trait-related perceptions of young and old Black and White men at various points across the lifespan. Across these studies, we found that age-based stereotypes combined with race-based stereotypes. Specifically, older Black and White men were characterized according to the old age stereotypes which most strikingly contrast them against their younger counterparts. Compared to the corresponding young targets, this results in relatively positive evaluations of older Black men, but relatively negative evaluations of older White men.

THINKING ABOUT THE FUTURE: HOW AGE STEREOTYPES AND PERSONAL AGING EXPECTATIONS AFFECT PREPARATIONS FOR OLD AGE
A.E. Konradt, K. Rothermund, Department of Psychology, Friedrich-Schiller-University Jena, Jena, Germany
Preparing oneself for old age is a task that already starts in younger years, and that has a positive effect on well-being and adjustment in later life. In our study, we wanted to examine the role of stereotypic and personal views on aging for preparation across the life span. Therefore, preparations for “third age” (e.g., social relations, activities) and “fourth age” (e.g., care needs, living arrangements) were assessed in a large age-heterogeneous sample of German participants (N = 769; aged 30-80). The amount of preparations increased with age, but this age dependency was much stronger for “third age” preparations. Furthermore, negative personal views of one’s own aging negatively affected preparations for an active “third” age, whereas no such effects emerged for “fourth age” preparations. Our results thus speak in favor of a multidimensional conceptualization of preparation for old age and highlight the role of personalized views on aging.

INDICATORS OF OLDER ADULTS’ PRODUCTIVITY AND PERCEPTIONS OF OLDER PEOPLE
C. Bowen, Jacobs Center on Lifelong Learning and Institutional Development, Bremen, Germany
There are many ways in which older people can be “productive”, for instance, by doing paid or volunteer work, participating in political life, and as friends and grandparents to the younger generation. In the current research we investigated whether indicators of older people’s productivity (in this wider sense) were associated with the perceived status of older adults. We used the European Social Survey, a survey including over 50,000 participants across 28 countries, to investigate predictors of status perceptions on the individual-, regional- and country-level. Results indicate that approximately 15% of the variance between status perceptions of older people was on the country-level. Differences between countries could not be completely accounted for by differences in GDP or average life expectancy. First results suggest
that certain indicators of older adults’ productivity are indeed related to the perceived status of older people.

**SESSION 2185 (SYMPOSIUM)**

**WITNESS TO SIGNIFICANT OTHERS’ SUFFERING: CONSEQUENCES FOR ADULTS’ BELIEFS, BEHAVIORS, AND EMOTIONS**

Chair: D. Carr, Institute for Health, Health Care Policy, and Aging Research, Rutgers University, New Brunswick, New Jersey

Discussant: W.E. Haley, University of South Florida, Tampa, Florida

In the past decade, social scientists have become increasingly interested in the concept of “suffering.” This symposium explores how significant others’ suffering affects the well-being and behaviors of older adults. We conceptualize both caregiving and participation in end of life decision making as processes that entail both witnessing a significant other’s suffering, and efforts to ameliorate that suffering. However, both of these processes may compromise the well-being of the caregiver. Boerner and Mock examined the impact of amyotrophic lateral sclerosis (ALS) patients’ suffering on their caregivers. Results showed that caregiver outcomes were differentially affected by psychological and physical components of suffering; the impact of suffering was also moderated by how supportive the patient was of the caregiver. Carr finds that older adults who witnessed the painful or prolonged death of a significant other are significantly more likely to engage in formal and informal advance care planning, although these effects do not differ significantly by age, gender or race. Macdonald and colleagues find that emotional adjustment to a significant other’s death is shaped by the extent to which the survivor feels responsible for the patient’s suffering due to errors in administering complex at-home medications and treatment. Monin, Schulz and Cook examined caregiving spouses’ verbal accounts of partner suffering and its association with stress reactivity. They found that caregivers who tried to understand and were more emotionally positive about their partners’ suffering experienced less cardiovascular stress. We discuss the implications of our results for health care policy and practice, including the use of hospice service and the “off-loading” of professional caregiving to family caregivers.

**LINGUISTIC MARKERS OF EMOTION REGULATION AND CARDIOVASCULAR REACTIVITY IN OLDER CAREGIVING SPOUSES**


This study examined the word content of caregiving spouses’ verbal accounts of partner suffering and its association with stress reactivity. Fifty-three individuals were audio-taped while they privately disclosed an instance of their partner’s suffering and a typical interaction (i.e., a meal with the partner). Cardiovascular reactivity (systolic and diastolic blood pressure, SBP and DBP, and heart rate, HR) and self-reported distress were measured during each account. Linguistic analyses determined emotion and cognitive processing word use. Results revealed that using more positive words was associated with lower DBP, HR, and distress in general. Using more cognitive processing words (e.g., because, think, realize) in the suffering account, but not in the typical interaction account, was associated with lower HR. Results of this study have important implications for identifying caregivers who have difficulty regulating their emotions in both stressful and typical partner interactions, placing them at greater risk for negative health consequences.

**I DON’T WANT TO DIE LIKE THAT... IMPACT OF SIGNIFICANT OTHERS’ SUFFERING ON ADVANCE CARE PLANNING**

D. Carr, Institute for Health, Health Care Policy, and Aging Research, Rutgers University, New Brunswick, New Jersey

Dying patients often receive treatments that are futile, costly, and unwanted. Through the use of formal (i.e., living wills and health care proxies) and informal (i.e., discussions) advance care planning (ACP), patients can control the treatments they accept or reject. However, only half of older Americans engage in ACP, and scholars continue to identify psychological and structural obstacles to ACP. I hypothesize that persons who witnessed the painful or prolonged deaths of significant others will be more likely to do ACP. Using qualitative and quantitative data from the New Jersey End of Life study (N=305), I find that persons who witnessed others’ painful and prolonged deaths are 1.5-2.2 times more likely to do any of the three types of ACP. Patterns do not differ significantly by race, although women who witnessed suffering are more likely than men to engage in planning. Qualitative data provide explanations for the motivations behind ACP.

**THE IMPACT OF PATIENT SUFFERING ON CAREGIVER WELLBEING**

K. Boerner1, S.E. Mock2, 1. Jewish Home Lifecare/Mount Sinai School of Medicine, New York, New York, 2. University of Waterloo, Waterloo, Ontario, Canada

This study of 352 patients with Amyotrophic Lateral Sclerosis (ALS) and their caregivers examined the impact of two suffering components, physical symptoms and distress (patient ratings), as well as patient support (caregiver rating of support from patient), on caregiver outcomes (i.e., negative/positive affect, and benefit finding). Regression analyses were conducted with significant main effects found for patient distress in predicting caregiver negative affect, patient support in predicting caregiver positive affect, and patient symptoms and support in predicting caregiver benefit finding. We also found a significant two-way interaction of patient symptoms by support: Benefit finding was not only more likely with greater physical suffering and patient support, but it was also the case that caregivers who perceived the care recipient as unsupportive could only find benefit when this person experienced intense physical suffering. Findings have important implications for optimizing the design of caregiver support services.

**SELF-BLAME AND TRAUMA IN BEREAVEMENT: THE IMPACT OF HEALTHCARE OFFLOADING ON BEREAVED CAREGIVERS**

C. Macdonald, Sociology, University of Wisconsin, Madison, Wisconsin

We use data from a two-year, ethnographic longitudinal study of adult cancer patients and their family members providing complex medical care at home. Caregivers were required to perform complex nursing tasks, including running IV medications, flushing catheter lines, administering multiple daily medications, monitoring side effects and complications, and deciding when to call the doctor. One-third of the patients died during the study, enabling us to explore caregivers’ bereavement outcomes. All of the care-giving family members (n=17) who experienced bereavement expressed self-blame and responsibility for the death, even when the death was unrelated to the quality of their care. However, only those who witnessed suffering during death exhibited post-traumatic stress disorder (PTSD) symptoms post-loss. We conclude that shifting care from professional facilities to private homes, and from trained nurses to untrained family members has profound implications for caregiver bereavement, including self-blame. We discuss implications for health care policy and practice.
BODY COMPOSITION AND BMI

IS PRENATAL GROWTH ASSOCIATED WITH BODY COMPOSITION IN LATER LIFE? FINDINGS FROM A BRITISH COHORT

D. Bann1, R. Cooper1, A.K. Wills1, J. Adams2, D. Kuh1, T. and Muscle Ageing Group1, 2. MRC Unit for Lifelong Health and Ageing; Division of Population Health, University College London, London, United Kingdom, 2. Clinical Radiology, Manchester Royal Infirmary, Manchester, United Kingdom, 3. MRC Human Nutrition Research, Cambridge, United Kingdom

The composition of the body has important implications for health and physical functioning and may be influenced by factors in early life. We examined whether prenatal growth, indicated by birthweight, influences fat and lean mass in later life. Included were 531 participants aged 60–64 from the MRC National Survey of Health and Development who attended two out of the six regional clinics where data collection and body composition measurement (dual x-ray absorptiometry) were completed 2006-11. Findings on this subsample show that birthweight was positively associated with lean mass in both men (β per kg increase in birth weight: 1.71kg; 95% CI: 0.24 to 3.17) and women (β: 2.42kg; 95% CI: 1.07 to 3.76). These associations remained after adjustment for childhood socioeconomic circumstances, but were largely attenuated after adjustment for adult height in men (β: 0.35kg; 95% CI: -0.98 to 1.68), but not women (β: 1.29kg; 95% CI: 0.12 to 2.45). Birthweight was not associated with fat mass in either sex, before or after adjustments. These findings, if confirmed in the full dataset (n=1700, available June), suggest that pre-natal growth affects lean but not fat mass, in later adulthood. A high birthweight may reflect a greater number of muscle fibres attained at birth, which then track into adulthood. Attenuation of effect after adjustment for height suggests that this association is largely driven by increased body size in men, and additional factors in women. Optimal growth before birth may protect against the detrimental impacts of low muscle mass in later life.

THE JOINT EFFECT OF PHYSICAL ACTIVITY AND BODY MASS INDEX AT MID-LIFE ON COGNITIVE FUNCTION IN LATE LIFE: AGE GENE/ENVIRONMENT SUSCEPTIBILITY - REYKJAVIK STUDY

M. Chang1, J. Snaedal1, J. Șuczyński2, T. Aspelund2,3, V. Gudnason2,3, T.B. Harris2, L.J. Launer4, P.V. Jonsson4,1. Landspitali University Hospital, Reykjavik, Iceland, 2. University of Manchester, Manchester, United Kingdom, 3. University of Iceland, Reykjavik, Iceland, 4. Icelandic Heart Association, Kopavogur, Iceland, 5. National Institute on Aging, Bethesda, Maryland

Background: Physical activity (PA) and body mass index (BMI) are associated with cognitive function, however the long-term joint effect of mid-life PA and BMI on cognition has not been extensively examined among older population. We examined the joint effect of midlife PA and BMI on late-life cognition. Methods: A population based cohort (born in 1907–1935) of men and women who participated in the Age, Gene/Environment Susceptibility - Reykjavik Study with an average 25 years interval between midlife and late-life examinations. The four PA/BMI joint groups were defined as 1) No PA/normal BMI (NPA, 16%), Composite z-scores of speed of processing (BMI

REDUCED QCT ATTENUATION INDICATES INCREASED TRUNK INTRAMUSCULAR FAT IN WOMEN AND OLDER ADULTS

D.E. Anderson1,2, J. D’Agostino1, A. Bruno1,3, M.L. Bouxsein1,2, D.P. Kiel2,4, 1. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. Harvard-MIT Health Sciences and Technology Program, Cambridge, Massachusetts, 4. Institute for Aging Research, Hebrew SeniorLife, Boston, Massachusetts

Multiple factors contribute to age-related sarcopenia, including loss of muscle mass, decreased innervation of motor units, and decreased activity levels. Another possible factor is increased fat infiltration into muscle, which is indicated by reduced attenuation of muscles in quantitative computed tomography (QCT) scans. In the lower extremity, reduced muscle attenuation is associated with reduced knee extensor strength and poorer lower extremity performance independent of muscle size, as well as increased risk of hip fracture independent of bone mineral density. The purpose of this study was to examine trunk muscle attenuation for age and sex differences in QCT scans from the Framingham Heart Study Offspring and Third Generation Multidetector CT Study. A sample of 100 men and women was taken from the cohort, representing younger (ages 35-50) and older (ages 75+) age groups. Muscle attenuation was determined for 11 muscle groups at the T8 and L3 vertebral levels and multiple regression analysis was performed. Muscle attenuation was 15-75% lower in older adults (p < 0.001), and reduced in women for most muscles (p <0.02), but not psosas major (p =0.06) or external oblique (p =0.94). Furthermore, age × sex interactions were not significant. These data suggest that intramuscular fat increases with age throughout the trunk, and that while intramuscular fat is higher in women than men, age-related changes are not sex-dependent. The increased fat infiltration of trunk muscles with age may contribute to postural instability and/or alter the loads applied to the spine during activities of daily living.

WAIST CIRCUMFERENCE AND DISABILITY AMONG OLDER ADULTS IN LATIN AMERICAN AND THE CARIBBEAN

S. Nam, K. Markides, S. Al Snih, University of Texas Medical Branch, Galveston, Texas

Objective: To examine the relationship between waist circumference (WC) and disability among older adults living in Latin America and the Caribbean. Methods: Data are from the Health, Well-Being and Aging in Latin America and the Caribbean Study (SABE). This study included 5,796 subjects aged 65 and older from the capital cities of six Latin America and Caribbean countries (Bridgetown, Sao Paolo, Santiago, Havana, Mexico City, and Montevideo) during 1999-2000. Sociodemographic variables, smoking status, medical conditions (arthritis, diabetes, heart attack, hypertension, stroke, or cancer), body mass index (BMI), WC, and activities of daily living (ADL) were obtained. Logistic regression analysis was used to estimate the odds of disability. Results: Mean of WC ranged from 89.4 cm in Havana to 96.2 cm in Santiago. Prevalence of high WC (> 102 cm in men and > 88 cm in women) ranged from 35.7% in Havana to 53.8% in Mexico City. Prevalence of ADL disability among those with high WC ranged from 15.2% in Bridgetown to 28.1% in Santiago. Logistic regression analysis using WC as a continuous variable showed that each one cm increase in WC was significantly associated with increased ADL disability after adjusting by age, gender, BMI, marital status, education, and smoking status.
across all cities except in Bridgetown and Santiago. When medical conditions were added in the equation, the relationship between WC and ADL disability was not longer significant in Sao Paolo and in Havana. Conclusion: Obesity measured by waist circumference was associated with ADL disability among older adults living in Latin America and the Caribbean. KEY WORDS: Obesity, BMI, WC, Disability, Older adults, Latin America, and the Caribbean

ADIPOSITIVITY AND ISOLATED SYSTOLIC HYPERTENSION IN OLDER ADULTS: DIFFERENTIAL ASSOCIATIONS BY SEX AND TREATMENT STATUS


Background: Obesity is associated with increased aortic stiffness with aging. However, it is unclear if isolated systolic hypertension (ISH), largely a consequence of aortic stiffness, is related to adiposity. Methods: We determined the association between adiposity and ISH in 2,067 participants (mean±SD age: 74±3 yrs, 53.1% female, 38.3% Black, 52.8% on anti-hypertensive medications) from the Health, Aging and Body Composition study who had ISH (systolic blood pressure [BP] ≥140 mmHg and diastolic BP <90 mmHg) or were normotensive/controlled (BP <140/90 mmHg). Participants with diastolic BP ≥90 mmHg were excluded. Adiposity was measured using anthropometry, dual energy x-ray absorptiometry, and computed tomography. Carotid femoral pulse wave velocity was used to assess aortic stiffness. All analyses were stratified by sex and treatment status. Results: We identified 329 men (56.8% treated) and 388 women (67.8% treated) with ISH. Among treated men only, those with ISH had greater total and abdominal adiposity than men with controlled BP (p’s<0.05). In logistic regression models adjusted for age, race, education, site, smoking, alcohol, and physical activity, 1-SD increments in BMI (OR:1.25, 95%CI: 1.03-1.52); total body fat (OR:1.27, 95%CI: 1.04-1.55), abdominal subcutaneous fat (OR:1.25, 95%CI: 1.03-1.52), and abdominal visceral fat (OR:1.34, 95%CI: 1.10-1.64) were associated with ISH among treated men. Further adjustment for aortic stiffness only slightly attenuated these associations (p’s<0.05). No significant associations were found in women or untreated men. Conclusions: In older men on anti-hypertensive medications, adiposity was positively associated with ISH, independent of aortic stiffness. The differential associations by sex and treatment status warrant further investigation.

SESSION 2195 (PAPER)

DIABETES

GLUCOSE TRANSPORTER-4 EXPRESSION IN MONOCYTES IS CORRELATED TO INDICES OF INSULIN RESISTANCE IN OLDER ADULTS WITH TYPE 2 DIABETES

M.A. Fiatarone Singh, Y. Mavros, D. Simar, K.A. Anderberg, M. Kay, Y. Wang, N.A. Singh, M.A. Fiatarone Singh, J. The University of Sydney, Sydney, New South Wales, Australia, 2. University of New South Wales, Sydney, New South Wales, Australia, 3. Tufts University, Boston, Massachusetts

Background Insulin resistance (IR) in skeletal muscle accounts for most metabolic disturbances in type 2 diabetes (T2D). c-Jun N-termina-inal kinase (JNK) is a stress-related factor which impairs insulin sensitivity. It is necessary to better understand how JNK is related to health status indicators related to insulin resistance in T2D cohort, so as to identify potential ways to beneficially modify JNK activity. Methods The Graded Resistance Exercise And Type 2 Diabetes in Older Adults (GREAT2DO) study was a randomized double-blind, sham-exercise controlled trial designed to assess the efficacy of power training in the GREAT2DO study cohort. Potential relations between baseline health status indicators and skeletal muscle JNK were assessed, including age, burden of chronic disease and habitual physical activity level, by validated questionnaires. Skeletal muscle JNK was measured by Western Blots in biopsy after an acute bout of resistive exercise, a stimulant for JNK in some prior studies. Results Results were available for 35 subjects (67.8±6.2 years, 46% female). Total number of medica-tions/day was 5.1±2.9. The Physical Activity Scale for the Elderly (PASE) score, an indicator of habitual activity level, was 125.3±60.5. The average JNK protein level was 0.5±0.4 arbitrary units. Total JNK tended to be associated with poorer health status: higher numbers of medications/day (r=0.304, p<0.080) and lower physical activity level (r= -0.333, p=0.055). No significant relationship was found between JNK and age. Conclusion This was the first study to analyze relationships between skeletal muscle JNK and health status indicators in an older T2D cohort. As hypothesized, higher JNK tended to be related to worse health status, but larger studies are needed to confirm this. JNK-dependent insulin resistance may be a modifiable pathway by which exercise can influence glucose uptake and metabolism, but remains to be tested.

RELATIONSHIPS BETWEEN SKELETAL MUSCLE C-JUN N-TERMINAL KINASE (JNK) AND HEALTH STATUS INDICATORS IN OLDER ADULTS WITH TYPE 2 DIABETES

G. Guo, Y. Wang, K.A. Anderberg, Y. Mavros, M. Kay, D. Simar, N.A. Singh, M.A. Fiatarone Singh, J. The University of Sydney, Sydney, New South Wales, Australia, 2. University of New South Wales, Sydney, New South Wales, Australia, 3. Tufts University, Boston, Massachusetts

Background Hyperinsulinemia is associated with increased monocyte JNK and age. Meth-ods: We determined the association between adiposity and ISH in 2,067 participants (mean±SD age: 74±3 yrs, 53.1% female, 38.3% Black, 52.8% on anti-hypertensive medications) from the Health, Aging and Body Composition study who had ISH (systolic blood pressure [BP] ≥140 mmHg and diastolic BP <90 mmHg) or were normotensive/controlled (BP <140/90 mmHg). Participants with diastolic BP ≥90 mmHg were excluded. Adiposity was measured using anthropometry, dual energy x-ray absorptiometry, and computed tomography. Carotid femoral pulse wave velocity was used to assess aortic stiffness. All analyses were stratified by sex and treatment status. Results: We identified 329 men (56.8% treated) and 388 women (67.8% treated) with ISH. Among treated men only, those with ISH had greater total and abdominal adiposity than men with controlled BP (p’s<0.05). In logistic regression models adjusted for age, race, education, site, smoking, alcohol, and physical activity, 1-SD increments in BMI (OR:1.25, 95%CI: 1.03-1.52); total body fat (OR:1.27, 95%CI: 1.04-1.55), abdominal subcutaneous fat (OR:1.25, 95%CI: 1.03-1.52), and abdominal visceral fat (OR:1.34, 95%CI: 1.10-1.64) were associated with ISH among treated men. Further adjustment for aortic stiffness only slightly attenuated these associations (p’s<0.05). No significant associations were found in women or untreated men. Conclusions: In older men on anti-hypertensive medications, adiposity was positively associated with ISH, independent of aortic stiffness. The differential associations by sex and treatment status warrant further investigation.

GLUCOSE TRANSPORTER-4 EXPRESSION IN MONOCYTES IS CORRELATED TO INDICES OF INSULIN RESISTANCE IN OLDER ADULTS WITH TYPE 2 DIABETES

M.A. Fiatarone Singh, Y. Mavros, D. Simar, K.A. Anderberg, M. Kay, Y. Wang, N.A. Singh, A. O’Sullivan, 1. Department of Medicine, Harvard Medical School, Boston, Massachusetts, 2. University of Sydney, Lidcombe, New South Wales, Australia, 3. Balmain Hospital, Sydney, New South Wales, Australia, 4. Hebrew Senior Life, Boston, Massachusetts, 5. Jean Mayer USDA Human Nutrition Research Center on Aging, Tufts University, Boston, Massachusetts, 6. St George Hospital, Sydney, New South Wales, Australia

Objective: Monocytes may be a clinically relevant model to inves-tigate the relationships between insulin signalling and glucose trans-
SKELETAL MUSCLE AND SUBCUTANEOUS ADIPOSE TISSUE ADAPTATIONS TO POWER TRAINING IN OLDER ADULTS WITH TYPE 2 DIABETES: A DOUBLE BLIND, RANDOMIZED SHAM-EXERCISE CONTROLLED TRIAL

Y. Wang1, D. Simar2, K.A. Anderberg1, Y. Mavros1, M. Kay1, B. Baune1, N.A. Singh1,4,5, M.A. Fiatarone Singh1,4, J. The University of Sydney, Sydney, New South Wales, Australia, 2. The University of New South Wales, Sydney, New South Wales, Australia, 3. The University of Adelaide, Adelaide, South Australia, Australia, 4. Balmain Hospital, Sydney, New South Wales, Australia, 5. Royal Prince Alfred Hospital, Sydney, New South Wales, Australia, 6. Tufts University, Boston, Massachusetts

Objective: Exercise has been shown to improve insulin resistance, but the mechanisms are not completely understood. We hypothesized that high intensity power training would improve insulin signaling pathway components and anti-inflammatory state in thighb skeletal muscle and subcutaneous adipose tissues in older adults with type 2 diabetes.

Method: We conducted a double-blind, randomized, sham-exercise controlled trial of high velocity, high intensity resistive training 3 times/week for 12 months vs. sham exercise. Fifty of the 103 participants enrolled in this trial had muscle and adipose tissue biopsies performed with blinded measurements of components of the insulin signaling cascade and inflammatory markers via protein studies. Results: Participants [67.8±6.2 years old, 47.9% female, and BMI 30.6 (22.8-54.6)] were similar at baseline between groups. There were no significant effects of time or group assignment on any of the insulin signaling pathway components, inflammatory or growth factors in skeletal muscle and subcutaneous adipose tissue, nor on glucose homeostasis, insulin resistance, systemic inflammation, or whole body composition. Expectedly, Interleukin 6 in adipose tissue decreased significantly in both groups over time. Unexpectedly, heat shock protein 72 in skeletal muscle and adiponectin in adipose tissue decreased significantly in both groups over time. Insulin resistance improved in direct proportion to decreases in percent body fat and thigh skeletal muscle tumor necrosis factor-α. Conclusions: Insulin resistance improves related to improvements in body fat and inflammation in adipose tissue. Future studies need to identify ways to augment this adaptation to exercise in this cohort.

CLINICALLY COMPLEX ADULTS WITH DIABETES - FOUR-YEAR MORTALITY IN THE HEALTH AND RETIREMENT STUDY

P. Lee, C. Cigolle, C. Blaum, Internal Medicine, University of Michigan, Ann Arbor, Michigan

It is often recommended that management of complex patients with diabetes be based on life expectancy. Our previous research classified adults ≥51 years of age with diabetes into clinical groups: relatively healthy (RH), diabetes self-management difficult (DSMD), and limited benefit from diabetes management (LB). We hypothesized that those in the DSMD and LB groups would have higher 4-year mortality than RH adults. We analyzed data from waves 2004-2008 of the Health and Retirement Study, a longitudinal, nationally representative survey of adults aged ≥51 years. Respondents with diabetes (n = 3,506) were classified as RH (few comorbidities), DSMD (≥3 comorbidities, mild cognitive and/or visual impairment, IADL difficulty), or LB (multiple comorbidities and/or severe cognitive and/or visual impairment, ADL dependency, and/or in long term care facilities). Cox proportional hazard regression models were used; death was obtained from the National Death Index. At four years, 641 respondents (18%) died: 11%, 23%, and 49% from RH, DSMD, and LB groups, respectively. Among respondents aged ≥76 years old, the mortality rates were 21%, 37%, and 69% for the RH, DSMD, and LB groups, respectively. Adjusting for demographics, the hazard ratios (95% confidence interval) for death were 1.88 (1.46 - 2.42) and 4.57 (3.75 - 5.56) for the DSMD and LB groups respectively, compared to the RH group. We conclude that many people with complex health status, either poor self-management ability or potential limited benefit, survived after 4 years. Targeted diabetes management interventions for these complex patients are needed to improve diabetes care and functional status.

METABOLIC SYNDROME, INCIDENCE OF DIABETES AND MORTALITY AMONG ELDERLY

M. Noale, S. Maggi, F. Limongi, G. Romanato, G. Crepaldi, CNR, Institute of Neuroscience, Padova, Padova, Italy

The aim of the present work is to investigate if Metabolic Syndrome (MetS) can predict incidence of diabetes and all-cause mortality among elderly subjects. The analyses were based on data from the Italian Longitudinal Study on Aging which enrolled 5,632 subjects aged 65-84 years, between 1992 and 1996. The prevalence of MetS according to NCEP ATP III, was calculated among subjects without diabetes at baseline. Logistic regression models were defined to study the influence of MetS on incidence of diabetes, adjusting for MetS components and confounders. Cox Proportional Hazard Models were defined to determine the death risk attributable to the synergic association of MetS and diabetes, classifying subjects into four groups: (1) those without MetS and diabetes (reference group), (2) those with diabetes but without MetS; (3) those with MetS but without diabetes; (4) those with both MetS and diabetes. MetS was strongly associated with risk of incident diabetes (OR = 3.00, 95% CI 1.14-7.85). Adjusting for possible confounders, MetS maintain an important role (OR = 3.93, 95% CI 0.97-16.03), together with fasting glucose component. During the follow-up, subjects with diabetes but without MetS had a borderline risk of all-cause mortality (HR = 2.26; 95% CI 0.95-5.41); subjects with MetS but without diabetes did not have a significant risk of death. Elderly participants with co-presence of MetS and diabetes had an almost threefold risk of death than the reference group (HR = 2.68; 95% CI 1.10-6.55). MetS is associated with incidence of diabetes, and the synergic association MetS-diabetes is an important risk factor for all-cause mortality among elderly subjects.

SESSION 2200 (SYMPOSIUM)

ASHES! ASHES! WE ALL FALL DOWN!—BUT WHO GETS HURT?

Chair: G.A. Pepper, College of Nursing, University of Utah, Salt Lake City, Utah
Discussant: J.F. Wyman, University of Minnesota, Minneapolis, Minnesota

Although up to one-third of adults over 65 years fall each year, this rate is not necessarily higher than for younger adults. What makes falls by older adults a continuing priority of Healthy People 2020 is the greater rate and severity of injury resulting from falls. Over 1.6 million U.S. elders per year suffer serious injuries requiring emergency room admission following a fall. Falls account for 25% of hospital admissions of older adults, 40% of nursing home admissions, and 40% of those hospitalized for a fall do not return to independent living, with up to 25% dying within a year of the fall. Yet the majority of descriptive research on falls by elders has focused on risk for all falls, rather than specifically on injurious falls which make up a minority of the total falls. Greater emphasis on description of injurious falls could increase the effectiveness of interventions to prevent injuries. This symposium features three descriptive studies of risks for injurious falls. While previous meta-analytic studies support the association of psychotropic drugs and falls, the first study is unique in focus on the association of hip fracture and psychotropics, differentiating newer antipsychotic and antidepressant drug groups that are reputed by some to be less prone to cause falling. The second study analyzes characteristics of falls by older adults treated in a trauma service. Finally, using a mixed methods design, risk factors for falls by subjects in an exercise intervention study resulting in no-injury, minor injury, and major injury were compared.
PSYCHOTROPIC-RELATED HIP FRACTURES AROUND THE WORLD: A META-ANALYSIS
L.H. Oderda1, C.V. Asche1, J. Young1, G.A. Pepper2, 1. Dept of Pharmacotherapy, University of Utah College of Pharmacy, Salt Lake City, Utah, 2. University of Utah College of Nursing, Salt Lake City, Utah, 3. University of Utah College of Health, Salt Lake City, Utah

Objective: To evaluate the association of psychotropic agents and risk of hip fracture in older adults. Methods: A Pubmed search (1966-2010) was conducted with key words including [antipsychotic agents; psychotropic drugs; or antidepressive agents] and [hip fracture; fractures]. Studies included those with mean age ≥ 65 years and statistical adjustment by age/gender. Those excluded were studies where hip fractures were not distinguished from other fracture types. A random effects model was used to calculate summary odds ratios. Results/Conclusions: Of 166 studies identified, 8 antipsychotic-related studies and 15 antidepressant-related studies met the inclusion criteria representing over 85,000 hip fracture cases from four continents. Preliminary summary odds ratios include (95% confidence interval): conventional antipsychotics 1.66 (1.39, 1.98), atypical antipsychotics 1.29 (1.12, 1.48), tricyclic anti-depressants 1.53 (1.28, 1.82), and selective serotonin re-uptake inhibitors 1.94 (1.37, 2.76). All classes considered are associated with an increased risk of hip fracture in older adults.

DISCERNING RISKS FOR FALL INJURY: A MIXED METHODS STUDY
G.A. Pepper1, B. Wong1, J. Macintosh1, L. Dibble2, R. Marcus2, S. Latimer1, P. LaStayo1, 1. University of Utah College of Nursing, Salt Lake City, Utah, 2. University of Utah College of Health, Salt Lake City, Utah

Background/Objective: Most fall risk screening tools predict non-injury falls. The purpose of this exploratory mixed methods study was to identify factors associated with injury falls. Methods: A sample of 81 older adults (mean age = 81, male=29.6%) with fall history and multiple co-morbidities sampled from an exercise intervention comparison study were divided into groups of non-fallers (n=29), non-injury fallers (n=19), minor-injury fallers (n=20), and serious-injury fallers (n=11) based on up to one year follow-up. Groups were compared quantitatively on baseline functional balance, timed-up-and-go, and timed walk. Themes emerging from qualitative analysis including prodromal symptoms, environmental hazards, pre-fall activity, location, and sensory impairment were compared by category. Results/Conclusions: Exploratory analysis suggests trends toward prodromal dizziness as a protective factor and visual impairment and poor functional balance (p=.16) as contributors to serious injury requiring medical intervention. Current typologies do not distinguish injury falls. Additional research with larger samples is warranted.

TRAUMATIC FALLS IN OLDER ADULTS
S. Holt, J.F. Cortez, B.A. Winters, L.S. Edelman, College of Nursing, University of Utah, Salt Lake City, Utah

Introduction: Falls are a leading cause of injury and death for older adults. Falls are the predominant mechanism of injury of older adult trauma patients. Method: Records of adults aged 50+ years admitted to a Level 1 Trauma Service during 2007-2010 with injuries resulting from falls were reviewed. Falls were categorized as ground level (GL) or from a different level. Results: Sixty percent of falls treated by the trauma service were GL and the proportion increased with age. Women accounted for 52% of falls patients and were more likely to experience a GL fall than men. The mortality for GL falls was 3% compared to 9% for falls from a different level. Conclusion: The majority of falls treated by the trauma service are GL. Development of treatment and discharge protocols that facilitate older fall patients returning to pre-injury level of independence and quality of life is warranted.

SESSION 2205 (SYMPOSIUM)
CURRENT AND FUTURE APPROACHES TO MAINTAINING INTELLECTUAL VITALITY AND BRAIN HEALTH
Chair: G.J. McDougall, School of Nursing, University of Texas at Austin, Austin, Texas

Researchers and clinicians are facing a growing demand for information on cognitive aging and ways in which both patients and family can stay intellectually vital throughout their lifetimes. This symposium will provide an update on the current science of cognitive aging and brain health. We will review what steps can be taken to manage and perhaps reduce the effects of aging on intellectual function. Data from three unique studies of cognitive engagement will be presented as evidence for the trends. The presentation will conclude with future treatments to promote brain health. This symposium has five specific objectives and their relevant studies. First, we will evaluate the relationship between lifestyle components and cognitive function from twenty years of evidence. Next we will illustrate the differential benefits of memory training among Caucasian, Hispanic, and African-American older adults from the SeniorWISE study. Third, we present the findings from a randomized trial of a community-based, lay health educator delivered cognitive intervention. Fourth, we present the findings from one study testing Socioemotional Selectivity Theory and how this effects time and language use among older and younger adults. Finally, evidence from outreach programs teaching brain health are evaluated. An opportunity exists to bring research outcomes to community members for their quality of life and intellectual vitality. Program feedback reflects the relevance and novelty of this information, as expressions like “Use it or Lose It” and “Brain Fitness” have an increased presence in the media and commercial product marketing.

AN EVIDENCE-BASED INTEGRATED FRAMEWORK FOR BRAIN HEALTH
C.R. Green, Mt. Sinai School of Medicine, New York, New York

Clinicians face a growing demand to be knowledgeable and serve as a resource for information on cognitive aging and scientifically sound clinical approaches to maintaining intellectual vitality and dementia prevention. We conducted a comprehensive review of the scientific literature across multiple health science disciplines from 1990-2010 to determine what lifestyle behaviors, such as physical activity, mental activity, intellectual engagement, medical co-morbidities, social engagement, etc. have been significantly associated with maintained or improved intellectual performance across multiple neuropsychological abilities and reducing dementia risk. We will present the results of this literature review, and the resultant scientifically grounded, best practices model which clinicians can use to effectively evaluate programs and services for memory wellness and brain health promotion in seniors. The session will also provide discussion of the limitations of the current scientific literature on intellectual vitality, as well as consideration of future clinical approaches to prevention and treatment.

TIME FLIES WHEN IT’S RUNNING OUT: TIME HORIZONS AND EVENT AGENCY IN TEMPORAL LANGUAGE USE AMONG OLDER ADULTS
M.S. McGlone, Department of Communication Studies, The University of Texas at Austin, Austin, Texas

Socioemotional selectivity theory (SST; Carstensen, 1998) maintains that perceiving lifetime as limited has important implications for seniors’ motivation. Although the theory accounts for numerous motivational phenomena, researchers have not persuasively demonstrated that they are mediated by perception of shrinking time horizons. The reported study investigated this issue by exploring differences in senior and younger adults’ use of temporal language. In structured online interviews about future plans (N = 106), we observed that senior adults assigned grammatical agency to events (e.g., Thanksgiving is approach-
Cognitive training improves mental abilities in older adults, but the benefit to minority elders is unclear. In this secondary analysis we examined this issue. SeniorWISE was a Phase III randomized trial that enrolled 265 non-demented, community-dwelling older adults 65 years of age and older between 2001-2006. Participants were randomly assigned to 12 hours of either memory or health training. The sample was 79% female, 17% Hispanic and 12% African-American. Memory performance on the Rivermead Behavioural Test changed differently over time depending on the demographic characteristics of participants. Both Hispanics and Blacks performed better than whites on visual memory; and Blacks performed better over time on instrumental activities of daily living (IADLs). On all performance measures, lower pretest scores were associated with relatively greater improvements over time. Our analyses suggested that minority participants received differential benefits from the memory training and needs further exploration. Trial Registration ClinicalTrials.gov NCT00094731
http://www.clinicaltrials.gov/ct/show/NCT00094731

A RANDOMIZED TRIAL OF A COMMUNITY-BASED, LAY HEALTH EDUCATOR DELIVERED COGNITIVE INTERVENTION
C. Beck1, J. Kleiner-Faussett2, R. Krukowski1, C. Cornell1, T. Prewitt3, H. Felix1, D. West1, G.J. McDougal1, 1. College of Medicine, University of AR for Medical Sciences, Little Rock, Arkansas, 2. University of Texas at Austin, Austin, Texas

This cluster randomized trial of a cognitive intervention was conducted in 16 senior centers in which lay health educators delivered the 12-week intervention. Two-hundred and twenty-eight senior adults were recruited from senior centers randomized to either the cognitive or control weight loss intervention. Three Repeated Measures for the Assessment of Neuropsychological Status (RBANS) indices were examined (immediate memory, delayed memory and attention) as the primary outcome; a difference of 1.1 points (95% CI, 1.6-3.7) between arms was not significant. However, after adjusting for baseline delayed memory, gender, and baseline BMI, seniors in the cognitive arm had a 2.7 times higher odds of a 0.7 SD improvement (clinically significant) in delayed memory from baseline compared to the control arm (95% CI, 1.3-5.6, p=.011). Improvement on cognitive measures is comparable to other community based cognitive interventions, demonstrating that cognitive interventions can be effectively delivered in the community by lay health educators.

EVIDENCE FROM OUTREACH PROGRAMS: IMPROVING QUALITY OF LIFE THROUGH COMMUNITY BRAIN HEALTH INITIATIVES
D.A. Raybold, A.J. Estrada, R. Cox, Memorial Hospital of South Bend, South Bend, Indiana

Hospitals and community based programs are translating cognitive neuroscience into actionable, engaging daily lifestyle activities as part of general health prevention strategies. Memorial BrainWorks, a Midwestern hospital based community outreach program offers these types of programs. Program evaluation feedback was solicited from 4467 program participants in 2010. On completed surveys, 88% of individuals reported that “most or all” of the information was new, and 89% indicated that they will “do something different” in their life because of the information they learned. Another 50% of individuals gave consent to contact them in six months for follow-up on personal goals. An opportunity exists to bring research outcomes to community members for their quality of life and intellectual vitality. Program feedback reflects the relevance and novelty of this information, as expressions like “Use it or Lose It” and “Brain Fitness” have an increased presence in the media and commercial product marketing.

SESSION 2210 (SYMPOSIUM)

FATIGUE - AN INDICATOR OF ACCELERATED AGING?
Chair: K. Avlund, Public Health, University of Copenhagen, Copenhagen, Denmark
Discussant: S. Studenski, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

Fatigue is a common complaint in older adults and is strongly related to functional decline and mortality. It is thus increasingly thought to be a self-reported indicator of early frailty. However, the underlying mechanisms are poorly understood. This symposium addresses different aspects trying to bring the evidence on the underlying mechanisms for the associations a step further. Minna Mänty will delineate the role of muscle strength for the strong association between fatigue and maximum walking speed, based on Nordic data on older adults. Knowledge on biological mechanisms underlying fatigue is scarce. Ivan Bautmans will describe the associations between inflammation and muscle fatigue in older surgery patients. Laila Bendix will introduce results on telomere length and fatigue using data from a large Danish twin study. If fatigue reflects an underlying biological mechanism it may be predictive of incidence of disease in healthy individuals. Anette Ekmann will outline analyses on whether fatigue in men in their fifties is predictive of incidence of non-fatal ischemic heart disease. Finally it is possible that different qualities of fatigue may represent disparate manifestations of underlying pathophysiologies. Susan Hardy will thus analyse whether different qualities of fatigue are associated with distinct chronic conditions.

MUSCLE FATIGUE IN THE AGED: RELATIONSHIPS WITH INFLAMMATION AND CLINICAL CONTEXT
1. Bautmans, 1. Frailty in Ageing research department (FRIA), Vrije Universiteit Brussel (VUB), Brussels, Belgium, 2. Universitair Ziekenhuis Brussel (UZBrussel), Brussels, Belgium

Fatigue has been recognized as an important symptom of frailty in geriatric patients. In the clinical context, muscle endurance can be evaluated using a simple test based on the time during which grip strength decreases to 50% of the maximum value during a sustained contraction. In our recent studies we have explored the contributing factors for muscle weakness, muscle endurance and self-perceived fatigue in community-dwelling elderly persons, elderly nursing home residents, hospitalized geriatric patients, and in elective abdominal surgery patients of different age-categories. We have shown that muscle endurance, self-perceived fatigue, mobility and inflammation are significantly interrelated in elderly persons. Also, we found evidence that inflammation-induced muscle weakness and muscle fatigue is due to local processes, acting at the level of the muscle itself. This lecture will focus on the role of inflammation on muscle weakness and fatigue in elderly patients.
DOES FATIGUE PREDICT NON-FATAL ISCHAEMIC HEART DISEASE IN MIDDLE AGED DANISH MEN?
A. Ekman1,2, M. Osler1,2, K. Avlund3,4. 1. University of Copenhagen, Copenhagen, Denmark, 2. Danish Aging Research Centre (DARC), University of Aarhus, Odense and Copenhagen, Denmark, Aarhus, Odense, Copenhagen, Denmark, 3. Centre for Healthy Aging (CESA), Faculty of Health Science, University of Copenhagen, Copenhagen, Denmark, 4. Research Centre for Prevention and Health, Glostrup University Hospital, Glostrup, Denmark
Midlife chronic disease may affect the risk of old-age disability. Early signs of chronic disease might serve as screening factors. An early sign may be fatigue. This study aimed at investigating the association between fatigue and ischaemic heart disease (IHD) in mid-aged men. Questionnaire-data were collected in 2004 within a cohort of Danish men born in 1953 (n=5266). Hospitalization with IHD was registered by the Danish National Registry of Patients between 2005 and 2008 (n=133). Fatigue was measured by questions on feeling worn out and energy level during the past four weeks. Analyses were stratified on blood pressure (BP). Among participants with normal BP, men who felt fatigued had HR 2.64 (CI95%:1.30-5.34) compared to those not fatigued. Among participants with high BP, we found no association between fatigue and IHD. In conclusion, fatigue among healthy mid-aged men might be a first sign of progressing pathological processes and might serve as a subjective screening factor.

MOBILITY RELATED FATIGUE, WALKING SPEED AND MUSCLE STRENGTH IN OLDER PEOPLE
M. Manty1,2,3, C. Mendes De Leon1, A.N. Pedersen1, A. Ekman1,2, M. Schroll1, T. Rantanen1, P. Era1, K. Avlund2,4. 1. Department of Public Health, University of Copenhagen, Copenhagen, Denmark, 2. Center for Healthy Aging, University of Copenhagen, Copenhagen, Denmark, 3. Gerontology Research Centre, University of Jyvaskyla, Jyvaskyla, Finland, 4. Department of Epidemiology, University of Michigan School of Public Health, Ann Arbor, Michigan, 5. Technical University of Denmark, Copenhagen, Denmark, 6. Research Centre for Prevention and Health, Glostrup University Hospital, Glostrup, Denmark, 7. Danish Aging Research Center, Universities of Odense, Aarhus and Copenhagen, Copenhagen, Denmark
The purpose of the present study was to examine the association between mobility related fatigue and walking speed, and to test the degree to which muscle strength accounts for this association. The study is based on baseline (n=647) and five-year follow-up data (n=351) from a cohort of 75-year-old persons. Standardized assessments include measures of muscle related fatigue, medical history, walking speed and muscle strength. One unit increase in fatigue scores was associated with 0.05 m/s (β = -0.05, p<0.001) and 0.02 m/s (β = -0.02, p=0.016) lower walking speed in the cross-sectional and prospective analysis, respectively, while adjusting for important covariates. Muscle strength accounted up to 30% for the cross sectional and up to 11% for the prospective association between fatigue and maximum walking speed. Mobility related fatigue is associated with lower walking speed in older adults. The results suggest that muscle strength is one of the underlying factors explaining this association.

LEUKOCYTE TELOMERE LENGTH A BIOLOGICAL MARKER FOR FATIGUE IN AGING DANISH TWINS
L. Bendix1,2,3, M. Thinggaard1,2, M. Kimura1, A. Avi1, M. Osler1,2, K. Avlund1,2, K. Christensen1. 1. Danish Aging Research Center, Odense, Denmark, 2. Copenhagen University, Copenhagen K, Denmark, 3. University of Southern Denmark, Odense, Denmark, 4. New Jersey Medical School, Newark, New Jersey
Fatigue is a common complaint among elderly. While it is often a symptom of underlying psychiatric or medical illness, for many older persons it is not possible to identify an underlying cause. It has been suggested that oxidative stress (e.g. caused by mitochondrial dysfunction or chronic sub-inflammation) could be an underlying factor. Oxidative stress, as well as inflammation, is known to result in accelerated shortening of leukocyte telomere length. Telomeres are the specialized DNA structures located at the end of chromosomes, believed to work as the cells biological clock. We hypothesized that leukocyte telomere length (LTl) is a biomarker of fatigue. We present data showing a significant association between LTL and fatigue in 274 same-sex twins. We find that within twin-pairs the twin with the shortest telomeres is also significantly more often the twin that is most fatigued. Covariates such as smoking, BMI and depression did not explain the association.

QUALITIES OF FATIGUE AND ASSOCIATED CHRONIC CONDITIONS IN OLDER ADULTS
S.E. Hardy1, S. Studenski1,2. 1. Geriatrics, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, 2. Pittsburgh VA GRECC, Pittsburgh, Pennsylvania
Different qualities of fatigue may represent different underlying diseases or pathophysiologies. To elucidate the relationship between fatigue quality and disease, we examine their associations with mortality. Among 495 community-dwelling primary care patients aged 65+ years, we identified six different fatigue qualities: general, emotional, cognitive, lack of energy, sleepiness, and weakness. When controlling for age, race, and gender, each individual quality except emotional fatigue was significantly associated with mortality. When controlling for other fatigue qualities, lack of energy remained a significant predictor of mortality (HR 1.91; 95% CI 1.41-2.59). This association remained highly significant after adjusting for the presence of chronic disease (cardiac, neurological, pulmonary, and diabetes). Fatigue qualities accounted for little of the association of these diseases with mortality. Different qualities of fatigue do not have independent effects on mortality. Fatigue’s effect on mortality is almost completely independent of chronic disease, suggesting differing pathophysiologies of fatigue and chronic disease.

SESSION 2215 (SYMPOSIUM)
INFUSING GERIATRIC BEST PRACTICES IN HOSPITALS: IMPROVING THE WORK ENVIRONMENT AND FOSTERING QUALITY CARE
Chair: M. Bolz, College of Nursing, New York University, New York
Co-Chair: E. Capezuti, College of Nursing, New York University, New York
Hospitalization is inevitable for the majority of older adults; thus the hospital setting will continue to play an essential role in the North American health care delivery system. Older adults are at increased risk for complications, unplanned readmissions, and costly rehabilitation consumption. Given that the hospital event has profound implications for the older adults’ post-acute longevity, functioning, and utilization of services, efforts to improve the quality of care and services during hospitalization are warranted. NICHE (Nurses Improving Care of Healthysystm Elders) is a national geriatric program that supports organizational capacity to provide age-sensitive care. Using the NICHE geriatric acute care framework, member organizations utilize guiding principles, clinical protocols, staff training programs, and benchmarking tools to improve the geriatric care environment. Using this framework, this session will address the urgent need to infuse geriatric best practices from the point of initial contact in the emergency department through post-acute care and in various settings, including rural sites. Presentations describe the geriatric care environment in multiple settings and the pressing issues demonstrated though benchmarked Geriatric Institutional Assessment Profile data, clinical outcomes, staff interviews, and field observations. The findings underscore the importance of geriatric-specific, system-level interventions to promote high quality care.
The significant role of patients and families in guiding implementation is emphasized.

**NURSES’ VIEW ON THE CARE ENVIRONMENT FOR OLDER ADULTS IN THE EMERGENCY ROOM**

Older adults’ experiences and outcomes in the emergency department (ED) are much less positive than those of younger patients. This secondary analysis utilized mixed methods to examine, in a national sample of ED nurses (N=1,382) from 73 NICHE hospitals, their perception of the geriatric care environment. Linear mixed models demonstrated that, controlling for other nurse and institutional characteristics, older ED nurses (> age 42) find working with older adults more rewarding than younger nurses (F= 13.4, p <.001). Additionally, ED nurses find academic medical centers less elder friendly than non-teaching hospitals (F= 7.22, p < 0.001). Nurses identified common pressing issues to be addressed to improve the quality of care provided to older adults: improving staff knowledge of the evaluation and treatment of cognitive impairment, identification of the appropriate decision-maker, and prevention of complications in the ED, including skin breakdown, medication adverse events, and catheter-associated urinary tract infections.

**A COMPARISON OF THE US AND CANADIAN NICHE GERIATRIC ACUTE CARE ENVIRONMENT**

Significant positive relationships between Canadian nurses’ perceptions of their general nursing practice environment (NPE) and their perceived quality of patient care have been found comparable to American hospital nurses; lower care quality is associated with unfavorable quality of nurse-physician collaboration, managerial leadership, resources and staffing. Prior research has not described their views of work environment specific to caring to older adults. This secondary analysis examines perceptions of the geriatric NPE to their perceived quality of older patient care in a sample of 2,022 nurses from 8 Canadian hospitals who completed the Geriatric Assessment Institutional Profile, compared to 22,404 nurses from 209 US hospitals between 2005 and 2009. Canadian nurses perceived less legal vulnerability in their practice; however, their perceptions of their GNPE (55.6 ± 24.6 v. 68.1 ± 21.04) as well as perceived quality of care (22.1 ± 10 v. 25.5 ± 9.25) were less positive compared to US nurses.

**RURAL HOSPITAL NURSES PERCEPTIONS OF CARE FOR OLDER ADULTS**
M. Boltz, E. Capezuti, V. Vaughan Dickson, D. Cline, College of Nursing, New York University, New York, New York

Rural hospitals face a variety of challenges when providing care to hospitalized older adults. This qualitative study analyzes nurses’ responses to the following open-ended question: What are the most pressing issues you face when caring for older adults? Responses were gathered from 290 nurses working in 8 small (150 or less beds) rural hospitals participating in the Nurses Improving Care for Health System Elders (NICHE) program. Emerging themes include: the importance of family involvement, focusing on pre and post acute care needs, polypharmacy, lack of geriatric education for staff, and insufficient staff to provide high-quality care. This sample of rural nurses recognizes the importance of family when caring for older adults and the continuum of care from home to hospital, and back to home. Study findings may inform organizations to develop more effective quality improvement initiatives aimed at improving care for older adults residing in rural settings.

**IMPROVING CARE FOR OLDER ADULTS IN RURAL ACUTE SETTINGS**
J. Shuluk, E. Capezuti, M. Boltz, V. Vaughan Dickson, C. Nigolian, College of Nursing, New York University, New York, New York

NICHE is a national leader in improving geriatric hospital care. NYS has the third largest population of older adults in the US with a higher proportion of elders in rural counties than the national average and yet there are no current NICHE sites serving rural areas. A barrier for hospitals in rural areas to join NICHE is that their size and location makes it difficult to employ a Geriatric Nurse Specialist (GNS) to facilitate NICHE implementation. We are utilizing a GNS to facilitate an on-line rural hospital learning community and a rural-urban collaborative via long-distance communication strategies. Findings from NYS logs of NICHE implementation in six hospitals in rural northern New York State indicates strong interest in learning and sharing best practices to meet their current and growing older patient population. Facilitated by recognition of their consumer needs, administrative support is essential for building and sustaining staff enthusiasm.

**NICHE BOOST: IMPROVING NURSE AND HOSPITALIST CAPACITY TO DELIVER HIGH QUALITY TRANSITIONAL CARE**

Hospitalization in older adults is associated with increased complications, post-acute services, and readmissions. This pilot study examined the feasibility of implementing a blended model of NICHE and BOOST in one large urban teaching hospital to modify hospital operations to support interdisciplinary, elder-friendly care, with systematic carryover of that care to the post-acute home setting. The blended model emphasizes hospitalist and nurse co-management of the discharge process, as well as post-acute evaluation and counseling. The treatment fidelity model guided the feasibility evaluation of study design, training of interventionists, delivery of the intervention, in two medical units. Key elements integral to successful program implementation were identified through the Geriatric Institutional Assessment Profile (GIAP) administered to 45 staff: inclusion of family in decision-making and care delivery, a multi-component delirium protocol, and a discharge planning protocol implemented upon admission that combines seamless integration into the electronic medical record with patient-friendly educational tools.

**SESSION 2220 (SYMPOSIUM)**

**METHODOLOGICAL INNOVATIONS IN THE STUDY OF MEDICAL AND PSYCHIATRIC COMORBIDITY OVER THE LIFESPAN**
Chair: B. Mezuk, Epidemiology and Community Health, Virginia Commonwealth University, Richmond, Virginia
Co-Chair: M. Cerda, Columbia University, New York, New York
Discussant: J.J. Gallo, University of Pennsylvania, Philadelphia, Pennsylvania

There is increasing recognition of the need to shift beyond looking at medical and psychiatric health problems in isolation, and to instead, consider the interconnections between physical and psychiatric health problems. However, the bulk of current research on medical-psychiatric disorder comorbidity is limited by the use cross-sectional studies, retrospective measures, and a focus on static pairs, rather than dynamic clusters, of disorders. Additionally, the conceptualization of comorbidity is generally not informed by, nor does it reflect, the underlying behavioral and biological processes that the co-occurrence of psychiatric and medical conditions may indicate. In this symposium, we will present research approaches to the study of comorbidity between medical and psychiatric problems that highlight key methodological innovations to...
advances in the study of comorbidity across key life stages. The symposium will present novel methodological approaches to assessing comorbidity with examples from across the lifespan, from childhood to later adulthood. Some of the topics covered will include: (1) conceptualization of comorbidity and how it can help inform about etiology (overlapping syndromes, phenotypic causation, common causes); (2) using multivariate latent transition models to examine longitudinal comorbidity between multiple psychiatric problems; (3) approaches to investigating bidirectional relations between physical and psychiatric health problems; and (4) methodological and measurement issues in studying depression and geriatric syndromes in late life.

EXPLORE THE INTERRELATIONSHIPS BETWEEN DEPRESSION AND FRAILTY
B. Mezuk, K. Lapane, Epidemiology and Community Health, Virginia Commonwealth University, Richmond, Virginia

Depression often co-occurs with physical health conditions in later life, including osteoporosis and fracture. Frailty, a geriatric syndrome characterized by weakness, slowness, fatigue, and weight loss, is associated with heightened risk of falling, disability and mortality. It has been suggested that depression and frailty may be overlapping syndromes, however few studies have explicitly investigated this interrelationship. Data come from the Baltimore Epidemiologic Catchment Area Study, a prospective community-based sample and analysis is limited to participants age 50 and older (n=600). Latent class analysis (LCA) was used to examine the relationship between indicators of depression and frailty. The prevalence of depression was 12.9%, and 9% of those with depression had 3+ indicators of frailty, as compared to 3.9% of those without depression (p<0.024). Depression was most strongly associated with the exhaustion and weakness components of frailty. LCA results were consistent with the hypothesis that late-life depression and frailty are overlapping syndromes.

OBESITY AND DEPRESSION ACROSS THE LIFE COURSE
B.L. Needham, UAB, Birmingham, Alabama

Although the correlation between obesity and depression is well-established, there is little longitudinal research in this area. Using latent growth curve modeling, a recent study examined bi-directionality in the association between obesity and depression in a sample of young adults. Over a fifteen-year period, initial symptoms of depression were associated with a faster rate of change in waist circumference; but initial body mass index (BMI) and waist circumference were not associated with the rate of change in symptoms of depression. The purpose of this session is to present new evidence on the association between trajectories of obesity and depression for a population of adolescents as they make the transition to adulthood. We will discuss similarities and differences in the obesity-depression relationship during different periods of the life course.

A LATENT CLUSTER ANALYSIS APPROACH TO INVESTIGATE PATTERNS OF POSTTRAUMATIC STRESS SYMPTOMS AND FUNCTIONAL IMPAIRMENT AFTER A MASSIVE DISASTER
M. Cerda, F. Norris, M. Tracy, S. Galea, I. Epidemiology, Columbia University, New York, New York. 2. National Center for Disaster Mental Health Research, White River Junction, Vermont. 3. Dartmouth Medical School, Hanover, New Hampshire

Despite evidence that posttraumatic stress symptoms (PTSS) lead to considerable impairment of social and occupational functioning, few studies have examined the links between PTSS and functional impairment. Using repeated measures latent class analysis, we examined co-occurring patterns of adult PTSS and functional impairment after a natural disaster, and investigated how traumatic events and stressors shaped this relationship. We found three long-term patterns: (1) no functional impairment/no PTSS; (2) low functional impairment/moderate PTSS; and (3) high functional impairment/high PTSS. While disaster- and post-disaster traumatic events predicted membership in the high impairment/high PTSS group, exposure to post-disaster and daily stressors were common predictors of membership in both the low impairment/moderate PTSS and the high impairment/high PTSS groups. After this session, participants will understand how to use latent class analysis to examine the nosology of posttraumatic stress disorder, and the role that mass trauma plays in shaping PTSS and impairment.
factors, a rich set of covariates were specified as controls to isolate the effects of both incident and prevalent sentinel injuries on these transition rates. Findings suggest that among functionally independent beneficiaries, the odds of functional decline not only increase after an incident sentinel injury, but also remain higher during post-injury time periods over a year later. Moreover, beneficiaries who sustained a sentinel injury were much less likely than their non-injured counterparts to experience improvements in functioning in the years that followed an injury-related disability. The results suggest that the risk of permanent disability remains elevated over the long run.

THE EFFECTS OF CHRONIC ILLNESS ON COSTS OF CARE FOR OLDER PERSONS RECEIVING LONG-TERM CARE
T.Y. Lunn1, S. Parashuram1, R. Kane1, P. Homyak1, A. Wysocki1, J.F. Sergeant1, L. Hasche1, T. Koenig1, University of Minnesota, Minneapolis, Minnesota, 2. University of Hong Kong, Hong Kong, Hong Kong

Background: Using Medicaid and Medicare claims data in 2005, we examined the effects of chronic diseases on the Medicaid and Medicare expenditures associated with persons receiving long-term care (LTC) in seven states. Methods: Participants were elderly beneficiaries in seven states receiving Medicaid paid long term care services. We created our chronic disease variables from the ICD9 codes in the Medicare and Medicaid claims data using on algorithms similar to the CMS Chronic Condition Data Warehouse - Chronic Condition Categories. We classified beneficiaries into community or institution group using state provided enrollment data. We calculated per-person month health care expenditures based on actual Medicare and Medicaid claims for 2005. Results: Medicaid medical care expenditures were low across all chronic illnesses in both community and institution groups and were higher for the community group. The Medicare medical care expenditures were also higher for community care recipients, but were substantial for both groups. Prescription drug expenditures were higher for beneficiaries in institutions. The Medicare medical care, LTC, and Medicaid medical care and prescription drug expenditures increased substantially as the number of chronic illnesses increased, while there was a very small increase in Medicare LTC expenditures. Conclusion: Medicare expenditures for both medical care, LTC, and prescription drug were more sensitive to chronic disease than were Medicaid expenditures. The level and extent of Medicaid paid LTC services were more sensitive to functional needs than to medical ones. Once chronic disease was controlled for, older age and being White were associated with lower expenditures.

EVALUATION OF STATEWIDE IMPLEMENTATION OF THE RECLAIMING JOY PEER SUPPORT PROGRAM FOR MEDICAID HCBS/FE WAIVER RECIPIENTS: BARRIERS & SUCCESSFUL STRATEGIES FOR SUSTAINABILITY

The Reclaiming Joy Peer Support Program (PSP) is an innovative, strengths-based program for addressing mental health concerns among older adults. PSP pairs older adult “participants” experiencing mild to moderate depression with trained older adult peer “volunteers.” Over 10 weeks, volunteers help participants identify personal strengths, resources, and goals. We successfully piloted the program in three Area Agencies on Aging (AAAs) in Kansas. Participants had significantly lower levels of depression, improved health/functioning, and lower health care service utilization after the intervention (Chapin et al., 2010). We also identified replication strategies for sustainability to ensure pilot sites and additional AAAs could cost-effectively maintain or implement an AAA-based model. Methods: In 2010, seven AAAs across the state implemented PSP. We worked with AAAs to individualize replication strategies appropriate for their communities. Through regular interviews with staff, we evaluated progress and identified barriers and successful strategies. Results: Maintaining fidelity to PSP’s key components, all AAAs successfully implemented the program, using a variety of strategies for coordination, recruitment/referral, volunteer training, screening/intake, matching/providing support, and documenting outcomes. Barriers included difficulty in discussing the program with potential participants and having sufficient volunteers ready when referrals were made. Successful strategies AAAs used included developing tools for case manager coaching on starting the conversation and partnering with other agencies to recruit volunteers. Implications: The PSP is viable and can be implemented across various settings. This evaluation provides evidence on the sustainability of PSP and the ways agencies are tailoring this peer support program based on their resources and communities.

SESSION 2230 (SYMPOSIUM)

BEFORE AND AFTER: HUMANISTIC INSIGHTS ON MOVING INTO A CONTINUOUS CARE COMMUNITY
Chair: H.Q. Kivnick, School of Social Work, University of Minnesota, St. Paul, Minnesota

What is the experience of a “young-old” wife as a new resident in a CCRC? This woman is a retired gerontologist; how is her current experience related to a lifetime of professional familiarity with concepts of aging, transition, deterioration, adaptation, and wisdom? While social scientists might address these questions in terms of causality and intervention strategies, scholars in humanities and arts disciplines are more likely to delve into meaning, excite thinking, and promote deepening understanding of this particular experience associated with aging. This symposium constitutes a kind of humanities’ grand rounds — focusing on an autobiographical account of a common life transition in aging and drawing on existing scholarship. Four scholars will consider this experience through different domains within the arts and humanities of aging.

Wyatt-Brown, retired literature scholar and former editor of the Journal of Aging, Humanities, and the Arts, will reflect on her own recent relocation to a CCRC. de Medeiros will explore the transition in terms of narratives of aging, expressions of selfhood, and social context. Ray will reflect through lenses of feminist gerontology and ethics of care. Kivnick’s contribution will consider themes of vital involvement and the life cycle. What can the humanities offer real people encountering the challenges of aging? In this symposium, scholars with different perspectives will shine multiple lights on a particular personal experience, such that: 1) observers can learn from these diverse insights; 2) the focal person gains new perspective; and 3) ideas sparked by the interaction can push the field forward.

FROM OBSERVER TO PARTICIPANT: A HUMANIST’S JOURNEY
A.M. Wyatt-Brown, Linguistics, University of Florida, Baltimore, Maryland

When my husband and I moved into a continuing care community on May 20, 2010, I discovered that being a humanistically-inclined gerontologist did not eliminate initial negative feelings. Many of the residents are much older than I, and some use walkers or wheelchairs. Fortunately, I have learned to respect the vitality of many of them. Taking part in organized activities, athletics, and a weekly vigil for peace also introduced me to interesting people. The kindness of many residents, who cheerfully eat with those who are in wheelchairs or have spotty memories, has impressed me. It didn’t take too long before I could put a human face on problems that I had read about in novels, memoirs, and gerontological texts. Perhaps over time I will find a way to combine my professional knowledge and insider status to help my friends and me survive some of life’s inevitable losses.
TRANSITIONS INTO RETIREMENT COMMUNITIES:
NEGOTIATING TIME, SELF AND IDENTITY
K. de Medeiros, Miami University, Oxford, Ohio

People living in retirement communities often describe their experiences in terms of two concepts of time: free time and the managed time. Free time describes new learning and social opportunities that become available through decreased domestic obligations (upkeep of a home, meal preparation.) Managed time describes the acute awareness of living within a restricted place, where, despite the promise of autonomy, staff ultimately develop and oversee activities within the community. In this paper I draw upon narratives by older adults who have lived in a CCRC for five or more years to inform and guide my reading of Anne Wyatt Brown’s narrative of transition as a new CCRC resident. Overall, I will consider some of the challenges in negotiating identity and self within the context of time.

FROM OUTSIDE TO INSIDE THE EXPERIENCE OF OLD AGE
R.E. Ray, English, Wayne State University, Detroit, Michigan

In “From Observer to Participant,” Wyatt-Brown acknowledges her initial difficulty in letting go of an outsider status within the retirement community. She hopes to one day combine her knowledge as a gerontologist with her growing insider experience as a resident. Her narrative raises two major issues of our time: how to embrace old age without fear and how to live well in communities that respect people of all ages and abilities. I will respond from the perspective of a feminist ethic of care that is based on acceptance, rather than avoidance, of human dependence and that argues the importance of interdependence, rather than dependence, in our relations with others. This ethic can release us from the unequal social relations that create “insiders” and “outsiders” to human experience of any kind and prompt us to imagine more creative, interesting and socially just ways of living together.

RENEWING LIFELONG THEMES IN ADAPTING TO A TRANSITION OF AGING
H.Q. Kivnick, School of Social Work, University of Minnesota, St. Paul, Minnesota

Erikson, Erikson, and Kivnick (1986) clarified that developing old-age wisdom requires surviving life’s inevitable tragedies, fully experiencing life’s richest satisfactions, and carrying on with daily life - balancing emergent integrity with inescapable despair. Wyatt-Brown has spent a lifetime vitally involved with the scholarly worlds of English literature, women’s writing, and writers’ insights about aging. Following generational norms, she has spent that same lifetime nurturing intimacy and family relationships, and locating her scholarship around them. About moving into a CCRC, she acknowledges embarrassment that her professional knowledge did little to mitigate her own initial ageist feelings at moving into a building where hallways were dominated by wheelchairs and walkers, and she was a decade and a half younger than the average resident. Nonetheless, the themes of her adaptation draw heavily on both psychosocial themes from her lifelong vital involvement, and also nuggets of content from her scholarly work.

SESSION 2235 (SYMPOSIUM)
BUILDING A COMMUNITY OF AGE FOCUSED RESEARCHERS
Chair: J.W. Marshall, Institute on Aging University of North Carolina, Charlotte, North Carolina

Governments, funders and universities are increasingly undertaking programmes to develop the ageing research community in terms of size, focus and quality. However, there has been little opportunity to share the accumulated knowledge from such initiatives. This symposium, involving speakers from Canada, England, Wales and Ireland, will provide delegates the opportunity to consider different models for successfully building a community of age focused researchers in priority areas. The symposium will cover programmes led by those within academia, government and the non-government sector and will include both small scale targeted actions and large scale substantial initiatives. Presenters will draw lessons from: Canada’s Institute of Aging of the Canadian Institutes of Health Research, established in 2000; The UK’s Strategic Promotion of Ageing Research Capacity (SPARC) developed in response to a traditionally dispersed approach by government research funding; The Older People and Ageing Research and Development Network setup to raise the profile and capacity of ageing research in Wales; The Centre for Ageing Research and Development in Ireland, established to build greater cooperation and influence the direction of ageing research across Ireland – north and south. This symposium will provide delegates with an opportunity to consider various techniques such as 'pump-priming' newcomers to ageing research, capacity building, promoting collaboration and cooperation across disciplines, sectors and geographies, encouraging researchers to engage with end users, prompting usability and ultimately enhancing the quality and volume of research.

OPAN: BUILDING RESEARCH CAPACITY IN WALES, UK
J.E. Phillips, 1. Centre for Innovative Ageing, Swansea, Wales, United Kingdom, 2. Older People and Ageing Research and Development Network (OPAN Wales), Swansea, Wales, United Kingdom

The presentation outlines the development of an interdisciplinary thematic research network on ageing (The Older People and Ageing Research and Development Network, OPAN) in Wales, funded by the Welsh Assembly Government. The objectives of the network are to: enhance the quality and volume of research on ageing; improve the integration of policy, practice and research; strengthen research collaborations across and within sectors; improve the coordination of research both across and within health, social care and clinical specialisms; increase the participation of older people in the research process and promote a broader vision of ageing. Following six years of funding the presentation will reflect on the challenges and successes of the network in meeting its objectives in building capacity and raising the profile of ageing research in Wales.

SPARC: DEVELOPING UK AGEING RESEARCH FROM THE “BOTTOM UP”
P. Lansley, 1. University of Reading, Reading, United Kingdom, 2. KT-EQUAL – Knowledge Transfer for Extending Quality Life, Reading, United Kingdom

The UK Research Councils have promoted ageing research through two contrasting approaches: conventionally administered research programmes devised from the “top down”; and, programmes in which the definition of priorities and programme management have been devolved to the academic community advised by non-academic stakeholders. The latter approach has been more successful. An example is SPARC. This set out to accelerate the development of newcomers to ageing research through providing modest funding coupled with a wealth of other support mechanisms, some especially concerned with ensuring that researchers could work comfortably with the wide range of stakeholders and funding agencies in the field of ageing. Although a modest initiative, the impact of SPARC on the careers of those it supported, relationships between academic and non-academic stakeholders, and expectations of what constitutes an effective programme has been considerable. At a time when research funding is limited, the community-led SPARC model has much to offer.

PROMOTING COLLABORATION AND COOPERATION IN AGEING RESEARCH ACROSS IRELAND – NORTH AND SOUTH
R. O’Sullivan, Centre for Ageing Research and Development in Ireland (CARDI), Belfast/Dublin, Ireland

The Centre for Ageing Research and Development in Ireland (CARDI) was established in 2007 with the backdrop that a variety of
research on ageing and older people was taking place across the island of Ireland, but there was little or no connection and co-ordination of this work, limiting its potential. Operating at a strategic level and in an advisory capacity, CARDI has focused on promoting research co-operation across sectors, disciplines and the island of Ireland. It has concentrated on influencing the strategic direction of research into older people and ageing in Ireland – north and south. This presentation, using the CARDI grant programme, will case study a model which has used a modest funding budget, in a focused manner, to support the development of 25 research partnerships, raise the profile of ageing research and helped build a greater sense of community within ageing research across Ireland.

CANADA’S ‘SUMMER PROGRAM IN AGING’: TRAINING FOR EXCELLENCE IN RESEARCH ON AGING, ACROSS DISCIPLINES, BEYOND BOUNDARIES
A. Martin Matthews, Professor of Sociology, University of British Columbia and former Scientific Director, Institute of Aging, Canadian Institutes of Health Research, Vancouver, British Columbia, Canada

Since 2001, the Institute of Aging of the Canadian Institutes of Health Research has promoted the building of research capacity across all areas of biomedical, clinical, health services and population health research in aging. This has included initiatives targeted toward trainees, as well as researchers in cognate fields who work is of relevance to aging. In this presentation we discuss the outcomes of a variety of capacity development initiatives, including summer institutes (with six held to date, involving over 300 trainees at Masters, Doctoral and post-doctoral levels); and recognition awards and prizes, and publication awards, based on follow-up evaluation of trainee outcomes and perspectives. In addition, capacity-development mechanisms at later career stages, particularly through catalyst funding support to test innovative and high-risk ideas, validate new tools and methods, and test new collaborations, is discussed.

SESSION 2240 (SYMPOSIUM)

CONCEPTUALIZING OLDER PEOPLE’S ‘CONNECTIVITY’ AND CONTRIBUTIONS TO COMMUNITY LIFE
Chair: C. Hennessy, Faculty of Health, University of Plymouth, Plymouth, United Kingdom
Discussant: G.D. Rowles, University of Kentucky, Lexington, Kentucky

Older people’s connections to the life of their communities have been considered from a number of vantage points; their social networks, physical propinquity and access, use of technology, and shared cultural practices and understandings. Until recently, however, most research on these connections has been conducted from a problem-based focus to the comparative neglect of their contributions, skills and participation in relation to wider aspects of community life. This symposium highlights two interrelated research projects on older people’s ‘connectivity’ in their communities. The ‘Grey and Pleasant Land?’ project is a three-year program of interdisciplinary research, investigating the circumstances, experiences, and quality of life impact of older people’s inclusion in rural civic society in England and Wales. A linked Canadian project provides an international comparative dimension, and focuses on older people’s connectivity and well-being in these settings. The objective of this symposium is to provide a perspective on older people as community capital through an examination of the empirical findings and shared conceptual framework on their connectivity developed from these projects. The symposium features four presentations that interrogate existing concepts around the basis for older people’s community connections and portray the diversity of their types of involvement in civic activities across a typology of rural environments. A critical human ecology perspective frames findings on older rural residents’ engagement with and contributions to their communities, and identification of the principal barriers and facilitators to their civic inclusion.

RETHINKING CONNECTIVITIES OF OLDER RURAL ADULTS
N. Keating1, J. Eales1, J.E. Phillips2, 1. Human Ecology, University of Alberta, Edmonton, Alberta, Canada, 2. Swansea University, Swansea, United Kingdom

Despite longstanding interest in interpersonal, community and place connections of older adults, there remains an epistemological tension around their conceptualization. The ‘beneficiary lens’ views connections as essential in compensating for late-life losses; while the ‘contributor lens’ focuses on enhanced well-being of families and communities of older adults resulting from their engagement. We clarify the construct of connectivities, examining the relative importance of types of connectivities from the perspective of older rural adults. Qualitative data are drawn from linked programs of research in rural Canada and the UK. Results indicate systematic differences in connections of community active, marginalized and stoic older adults. The diversity and complexity of connectivity is also highlighted in comparing older responders modes of connectivity such as driving or walking. A critical human ecology lens incorporating constructs of personal agency and person-environment fit is proposed as the basis for a new conceptualization of connectivities in context.

EXPLORING THE ROLE OF PLACE AND INTEREST IN FACILITATING THE DEVELOPMENT OF OLDER PEOPLE’S COMMUNITY CAPITAL AND CONNECTIVITY
S. Evans, R. Means, N. Curly, University of the West of England, Bristol, Bristol, United Kingdom

Traditional views of ‘place’ as a key factor in a sense of community are undermined by emerging evidence for the engagement of older people in communities based on shared interests. This paper explores the meaning of ‘place’ for older people in the context of the ‘Third Age’, globalization, social mobility and communications technology. A large majority of survey respondents reported living in a close knit community and took part in a wide range of community activities. They also used the internet for a range of participative activities, including online social interaction, pursuing hobbies and finding information. This session offers delegates a grounding in theories of community and an appreciation of the need for a view of ‘place’ and ‘interest’ that avoids false dichotomies between the two and acknowledges the impact of social, economic and cultural change upon the connectivity of older people.

THE VIRTUOUS CIRCLE OF MOBILITY CAPITAL AND SOCIAL CAPITAL IN OLDER PEOPLE’S CONNECTIVITY
G.P. Parkhurst, I. Shergold, C. Musselwhite, Centre for Transport & Society, University of the West of England, Bristol, Bristol, United Kingdom

Community activity is an enabler for the accumulation of social capital, whilst mobility is central to its facilitation; therefore a conceptual link is proposed between ‘mobility capital’ and community connectivity. In developed nations older people are of increasing importance to community activity, but their mobility is problematical in a context of rising car dependence in which the car is not, or ceases to be, an option for some older people. The community interactions of a sample of rural elders living in Southwest England and Wales are examined, drawing on a survey and semi-structured interviews. Key findings were the localised nature of most community activities and the wide range of transport modes used. It is concluded that car availability is important, but that to enhance connectivity there needs to be greater emphasis on facilitating walking, cycling, community transport schemes and the use of mobility scooters for short-range travel for social purposes.
CULTURAL CONNECTIVITY AND LEISURE LIVES
C. Hennessy1, Y. Staelens2, G. Lankshear3, 1. Faculty of Health, University of Plymouth, Plymouth, United Kingdom, 2. University of Bournemouth, Bournemouth, United Kingdom

At a time when the importance of leisure activities to social capital formation is increasingly acknowledged in leisure research, gerontological studies on leisure have been criticized for their lack of attention to diversity among older people, especially marginalised populations. Ethnic minorities and rural elders are among those groups comparatively neglected by gerontologists interested in leisure. This paper explores older people’s connections with the cultural life of their communities in rural settings in the south west of England through an exploration of their leisure participation. Data are presented from oral histories of leisure conducted with 70 older rural people, including Gypsy-Travellers, who are members of the area’s largest ethnic minority group. These findings indicate the significance of leisure activities for the maintenance of social capital both within and across cultural groups, and the connection with the rural landscape through leisure as a source of memory and identity for older individuals.

SESSION 2245 (SYMPOSIUM)

HEALTH DISPARITIES AND RESILIENCE AMONG LGBT OLDER ADULTS: FINDINGS FROM A NATIONAL STUDY
Chair: K.I. Fredriksen-Goldsen, University of Washington, Seattle, Washington

As older adults become increasingly diverse in American society, new challenges emerge in gerontological research, services and policies. This symposium provides important new information on aging and health in historically disadvantaged communities. The presentations highlight findings from the first national project addressing the health of lesbian, gay, bisexual and transgender (LGBT) older adults, with the research funded by the National Institute of Health and the National Institute of Aging. Utilizing population-based data, Fredriksen-Goldsen and Kim examine health disparities by sexual orientation among older adults. Based on a separate survey of 2,560 LGBT older adults, both risk and protective factors and subgroup differences are investigated as they relate to physical and mental health. Emlet and colleagues investigate HIV-risk among older sexual minorities and the relationship between stigma, efficacy, social support and HIV risk behaviors. Addressing the well-being of LGBT older adults, Petry and colleagues explore the role of leisure and physical activities as they predict quality of life and positive health outcomes. Williams and colleagues present on the use of respondent driven sampling (RDS) as an innovative sampling methodology to increase capacity to reach hidden populations. Worthington and Krimsky discuss key policy and service implications to address the aging and health needs of LGBT older adults and their families. This symposium provides critical insights on health disparities in marginalized communities, innovative sampling methodologies for conducting research in hard-to-reach communities, and service and policy implications to promote healthy aging in our increasingly diverse society.

HEALTH DISPARITIES AMONG LGBT OLDER ADULTS: PREVALENCE AND RISK
K.I. Fredriksen-Goldsen, H. Kim, University of Washington, Seattle, Washington

The identification of health disparities by sexual orientation among older adults is a major gap in aging research. This is one of the first studies to comprehensively examine health disparities among sexual minority older adults. By utilizing population-based data from the Washington State Behavioral Risk Factor Surveillance System (N=83,913), findings indicate the prevalence rates of disability, poor physical health and mental distress are higher among specific groups of sexual minority older adults as compared to heterosexual counterparts. Risk and protective factors impacting health are further investigated by analyzing data from a national survey of LGBT older adults (N=2,560). Results indicate that risk factors such as victimization and discrimination significantly predict physical and mental health outcomes as well as risky health behaviors. Health disparities among LGBT older adults are of major concern. Future prevention and interventions efforts need to address the unique health and aging needs of LGBT older adults.

CORRELATES OF HIV RISK BEHAVIOR AMONG OLDER LGBT ADULTS: RESULTS FROM A NATIONAL SURVEY
C.A. Emlet, K.I. Fredriksen-Goldsen, H. Kim, University of Washington, Seattle, Washington

The number of older adults infected with HIV is increasing significantly (CDC, 2011). Utilizing data from a cross-sectional survey of 1,386 sexually active LGBT older adults, this study examines the relationship between self-stigma, self-efficacy, social support and HIV risk behavior. Bivariate analyses show significant correlations between the degree of HIV risk behavior, self-stigma, self-efficacy and social support. Self-efficacy (b=0.04; p<.05) and social support (b=-0.07; p<.01) significantly predict HIV risk behavior. When self-stigma is added to the models, both self-efficacy and social support no longer significantly predict HIV risk behavior, but self-stigma remains significant for both models (b=0.10; p<.01; b=0.09; p<.01). These results indicate that self-stigma fully mediates the relationship between self-efficacy and HIV risk behavior and between social support and HIV risk. This research yields important information to facilitate the development to age-appropriate stigma reduction prevention interventions to reduce HIV-risk behaviors among older adults.

LEISURE ACTIVITIES: EFFECTS ON HEALTH AND QUALITY OF LIFE IN OLDER LGBT ADULTS

Existing research on LGBT aging provides evidence of the positive effect of social support on health and quality of life. Little is known about the effect of non-physical leisure activities on these outcomes among older LGBT adults. Based on a national survey of 2,560 LGBT older adults, this paper examines the relationship between leisure activities and moderate and vigorous physical activities and health outcomes. Older LGBT adults reporting higher degrees of leisure activities and physical activities showed significantly better quality of life and more positive mental health. As interventions are developed to improve the health of older LGBT adults it is imperative to recognize the positive effect of leisure activities on health and quality of life and integrate this knowledge into health promotion efforts.

RESPONDENT-DRIVEN SAMPLING WITH LGBT OLDER ADULTS
M. Williams, K.I. Fredriksen-Goldsen, E. Eroshova, H. Kim, School of Social Work, University of Washington, Seattle, Washington

Respondent-driven sampling has been used increasingly over the past decade to research “hard-to-reach” populations. Relying on peer-to-peer recruitment chains, RDS aims to make population-level inferences from social network data. A sampling feasibility study of RDS with lesbian, gay, bisexual and transgender adults, age 50 and older, was conducted to examine whether this population would participate in peer-to-peer recruitment and whether their recruitment behavior would meet the assumptions on which RDS analysis rests. Sixteen LGBT adults in total were recruited using RDS that started from four diverse seeds. Participants recruited primarily within their own race, age-cohort, and socioeconomic status but across gender and sexual orientation sub-groups.
Improving Quality of Life for LGBT Older Adults: Policy and Service Implications
S. Worthington, L. Krinsky, K. I. Fredriksen-Goldsen

Public policies and services must be responsive to the changing context of aging in this country and the increasing diversity in our society. To date, there are over 3 million LGBT older adults. Based on a census of LGBT aging agencies, two-thirds of LGBT elders report the need for aging-related programs and services. Markedly, 13% were denied or provided inferior health care because they are LGBT and 15% of LGBT older adults fear receiving health services in the general community while 8% fear receiving health services within the LGBT community. Yet, many federal and state laws and institutional policies that benefit older adults are biased against LGBT elders and their families, such as Medicaid spend-downs, social security benefits, family leave policies and bereavement leave. To meet the needs of LGBT older adults, public policies and programs need to insure responsiveness to differences by sexual orientation, gender identity and cultural diversity.

Innovative Life Review and Reminiscence Groups in Taiwan: Hybrids Between Eastern and Western Cultures
Chair: T. Kuo, Central Taiwan University of Science and Technology, Taichung, Taiwan
Discussant: C. M. Svensson, University of Southern California, Los Angeles, California

The life review and reminiscence groups are frequently used interventions to improve the quality of life and self-integrity of older adults in home- and community-based services or at nursing homes. The older adults participating in such groups are subjected to reflecting past life events, sharing feelings, and expressing thoughts about the meanings associated with their lives. In Taiwan where the aging rate is at the fastest world-wide and an effective psychosocial program is urgently needed, this symposium introduces four innovative models that integrate computer technology, western ideology, horticulture, and self-observed techniques to create culturally and socio-structurally appropriate life review and reminiscence programs. The first symposium examined how a popular American-based Guided Autobiographic model was modified and affected Taiwanese elderly on quality of life and self-esteem. The second symposium combined both audio-visual and computer technology to create a prototyping “Information Recording Management System” that allowed for instant analysis of older adults’ outcomes in reminiscence groups. The third symposium validated the use of horticulture and life review as an effective way for better intergenerational communications. The last symposium used a self-observation technique to find meaningful topics for people when first conversing with an older person. The results showed significant qualitative and quantitative changes on quality of life and self-efficacy and generated implications for practice, research and future disseminating strategies. In conclusion, this symposium documents steps and cultural issues on how life review and reminiscence can be applied as effective interventions for the elderly in diverse Asian communities or Asian countries like Taiwan.

East Meets West: An Evaluation of a Modified Life Review Program in Taiwan
T. Kuo, A. Lai, Central Taiwan University of Science and Technology, Taichung, Taiwan

This paper examined the applicability and effectiveness of a Guided Auto-Biographic (GAB) Program in Taiwan by modeling after a popular life review program in the U.S. The GAB program was a 10-week professionally led program with the purpose to assist older adults in writing their own life stories. Cultural and structural modifications were made to better suite the spiritual and social dimensions of the elderly in Taiwan. A total of 71 older adults completed the GAB program in 6 groups. The results showed significant improvement in quality of life, self efficacy, family relations as well as self actualization in planning for their lives. This paper concluded by discussing important cultural and socio-structural issues when designing life review programs for increasingly ethnically diverse societies in Asia. Future plans for program disseminations, with educational and organizational collaborations, will demonstrate important research and practice contributions in conducting life reviews.

Development of an Information Recording System for Reminiscence Groups
S. D. Hsu, Hung Kuang University Affiliated Aging Care Hospital, Taichung City, Taiwan

Based on literature reviews, user’s requirement, expectations from residents’ families, and Information system designer, this study evaluated a prototype model of “activity recording information management system” for recording participants in reminiscence groups at a long-term care facility. The reason for developing the system was that manual method was complicated and not easy to manage. Thus, 8 program leaders were asked to evaluate the system. Results showed in 5 dimensions that: (1) system value: users and families held positive feedback on the system. (2) system interface: users were satisfied with the content, (3) service platform: the recorded information facilitated better understanding of clients by new staff members or students; (4) organizational model: the system helped collect information not only meeting the needs of the service providers but also assisting transitions among group leaders; (5) revenue/cost: users were confident on the saving of labor cost and would recommend the system to other institutions.

Revalidating Reminiscence-Based Horticultural Programme for the Elderly in an Urban Community
L. Luhuang, Y. Lio, 1. Department of Geriatric Health Promotion, Kainan University, Taoyuan County, Taiwan, 2. Department of Geriatric Habitation, Kainan University, Taoyuan, Taiwan

The literature indicated positive impacts of horticultural therapy for the improvement of elderly health as they provide sensory effects. However, less research concern about how the horticulture and plants make sense in the aged informants’ past life and how they are (can be) integrated in their life activities. The aim of this article explores the effects of horticulture or plants (horticultural activities) used as stimulus in reminiscence groups by means of quantitative and qualitative methods. To achieve the above-mentioned goal and to know how they can be used to enrich the reminiscence group programme, a ten-week reminiscence group activity centered on horticulture and plants is conducted in this research. The result shows that applying horticulture and plants in reminiscence group is not only a creative ageing program but also an intergenerational program. Based on quantitative analysis, the functions of intimacy maintenance and bitterness revival are significantly revealed.
CULTURAL AND STRUCTURAL CONCERNS IN SELECTING LIFE REVIEW AND CONVERSATIONAL TOPICS
S. Tsay1, M. Liu1, 1. Department of Health, Bureau of Nursing and Health Services Development, Nantou County, Taiwan, 2. Central Taiwan University of Science and Technology, Taichung, Taiwan

The paper examines the cultural and structural concerns in selecting life review and conversational topics with the elderly. A detailed daily life observation and a structural interview were performed based on the principle of life review for one-on-one chatting with 30 Taiwan’s older adults. Data were analyzed using content analysis and the results showed that productivity of grandchildren, family care and political discussions were among the most frequently mentioned topics. Depending on gender, socio-economic status, and family status, the elderly also exhibited differences on topics of concerns. These findings not only provided a guideline for people to have better talks with the elderly, when starting a conversation can be difficult, but also form important elements for older adults to reach successful aging. In a society where nuclear families are the norm, the implications allow working professionals and family members to have more meaningful interaction or inter-generational relationships with the elderly.

SESSION 2255 (PAPER)

CARE SUPPORTS, PROGRAMS AND SERVICES

THE SAVVY CAREGIVER PROGRAM: WHAT’S NEXT?
L. Samia, K. Hepburn, L. Nichols, 1. University of Southern Maine, Portland, Maine, 2. Emory University, Atlanta, Georgia

Study Aims The Savvy Caregiver Program (SCP) is a six-week psychoeducational program shown to improve dementia family caregiver knowledge, skills, and attitudes. Caregivers (n=238) from one New England state demonstrated improved confidence in their role following completion of an Administration on Aging-supported provision of the SCP. Seventy-eight percent of these caregivers also expressed the need for additional training to plan and respond to future challenges; enhance problem-solving and decision-making capacity; and manage progressive self-care needs. This IRB-approved qualitative study sought to develop the curriculum content for the SCP-Part 2. Sample A purposive sample of 37 caregivers was drawn from previous SCP participants representing the five Area Agency regions of the state. Twenty-six caregivers participated in one of five 90-minute focus groups. Methods A semi-structured focus group interview reflected draft curriculum content derived from a qualitative analysis of open-ended comments submitted at five months post-program by 250 SCP participants. Focus groups were audio-taped. Data were managed using NVivo 8. Data analysis was guided by open and axial coding methods. Constant comparison was used throughout. Data collection and analysis occurred concurrently. Results Key themes that will serve as the foundation of a four session SCP-Part 2 include: re-establishment of calm; concentrated behavior in ADLs and other daily activities, and personal safety; managing life review and conversational topics with the elderly. A pilot of the SCP-Part 2 is planned for summer, 2011.

PREPAREDNESS, APPRAISAL OF BEHAVIORS AND ROLE STRAIN IN FAMILY CAREGIVERS
D. Zwicker, E.W. Gonzalez, Drexel University, Philadelphia, Pennsylvania

Little attention has been given to preparedness for the caregiver role in dementia research even though prior research has indicated that it is a necessary component of dementia family caregiving. The frameworks used to guide this study were Interactional Role Theory and Lawton’s Appraisal Model. The aim of this study was to examine the relationship between caregiver preparedness, appraisal of behavioral problems and caregiver role strain. Data was collected from a study on enhancing resourceful skills in family caregivers of persons with Alzheimer’s disease. Data were analyzed using descriptive statistics and a multivariate linear regression analysis. The results showed that there was a significant positive relationship, F(2, 74)16.07, p = .001, between the appraisal of behavior problems and role strain and a negative relationship between caregiver preparedness and role strain, F(2, 74), 16.07, p = .001. The total variance accounted for by preparedness and appraisal of behavior problems was 30%. Although limited in power, there was no observed interaction effect between the two predictors in relation to the outcome variable; thus the final model showed the main effects of the two dependent variables on the outcome variable were significant without the interaction term. This study provides an empirical base for further research to examine interventions to enhance preparedness in family caregivers of persons with Alzheimer’s Dementia.

TELEPHONE-BASED PROBLEM SOLVING THERAPY FOR FAMILY CAREGIVERS OF STROKE SURVIVORS – RESULTS OF A RANDOMIZED CONTROLLED TRIAL
K. Pfeiffer1, D. Beische1, C. Becker1, M. Hautzinger2, I. Robert-Bosch-Krankenhaus, Stuttgart, Germany, 2. University of Tuebingen, Tuebingen, Germany

Background: Each year more than 150,000 Germans experience a stroke. Approximately 25% of them have residual deficits that require assistance with activities of daily living. Approximately 70% of the care receivers in Germany are cared at home. Family members are the predominant providers of long-term care and may have difficulty adapting to the caregiving role. So far there is some evidence that problem-solving therapy (PST) based interventions may be effective for this target group. Methods: The impact of a telephone-based PST for caregivers of at least 60 year old stroke survivors was evaluated in a randomized, controlled study. The intervention consisted of two home-visits and regular telephone calls by a clinical psychologist. The intervention comprised a 3 month lasting main phase and a follow-up period over 9 months. Intervention and control group received monthly letters with stroke-specific topics. Results: The data refer to 101 caregivers (mean age: 66.0 years) who had provided care for their spouses (N=90) or (grand-)parents (N=11) for 6 months to 5 years before inclusion. Depressive symptoms were common in this group (Mean CES-D=21.6). Repeated-measures analyses of variance showed statistically significant changes of the primary outcomes depressive symptoms and burden over time for all participants and group x time interactions in favour of the intervention group for depressive symptoms and subjective physical complaints (secondary outcome). Discussion: The outcomes will be discussed in regard to specific effects on older versus younger caregivers as well as on domains of caregiver burden that were addressed during PST sessions.

CULTURALLY APPROPRIATE ONLINE INTERVENTIONS FOR SPANISH AND CHINESE SPEAKING ALZHEIMER’S FAMILY CAREGIVERS
X. Lu1, H. Chen2, M. Pagan-Ortiz3, D. Cortes4, S. Levkoff5, 1. Environment and Health Group, Inc., Cambridge, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. University of South Carolina, Columbia, South Carolina, 4. Northeastern University, Boston, Massachusetts, 5. Cambridge Health Alliance, Cambridge, Massachusetts

Despite numerous interventions being developed in the past decades for dementia caregivers, ethnic minority family caregivers do not benefit from this progress, mainly because these interventions are not culturally appropriate, cannot reach the users, and are too costly to be available and sustainable. To overcome these “implementation gaps”, two culturally-sensitive education and support online intervention programs were developed for Spanish or Chinese speaking family caregivers respectively. Analysis of the implementation process provided insight...
on strategies for developing culturally appropriate online interventions. Preliminary findings from randomized controlled trials confirmed the wide-spread global needs in these two under-served populations for such services. Beneficial effects on the web-based interventions participants include: 1. That the sites were available in their languages was said to be its most useful features by both ethical groups. Among the Spanish participants, 71% found the website easy to use and 71% would like to keep using it. Among the Chinese participants, 89% could find the information they needed and 72% thought it was easy to use. 2. Comparing the post-evaluation to the pre-evaluation, the majority of participants in the experimental group for both populations showed significant improvement in the knowledge of Alzheimer’s disease, the care-giving skills for Alzheimer’s patients, and the awareness of available resources and services. 3. Participants in the experimental groups also showed increased level of self-care and emotional management. Further efforts should focus on developing more detailed information in various formats and providing customized care-giving guide for ethnic minority groups.

CLINICIAN AND CAREGIVER CONCORDANCE FOR DYADIC PERFORMANCE IN ACTIVITIES OF DAILY LIVING TASKS
P.C. Griffiths1,2, J.A. Sanford1,2, 1. Rehab R&D, Atlanta VAMC, Decatur, Georgia, 2. Emory University Division of Geriatrics & Gerontology, Atlanta, Georgia, 3. Birmingham/Atlanta GRECC, Decatur, Georgia, 4. GA Tech Center for Assistive Technology & Environmental Access, Atlanta, Georgia

Challenges in providing assistance with activities of daily living (ADLs) is one common and potentially modifiable problem identified by family caregivers (CGs) that is also a direct and indirect risk factor for falls, injury and institutionalization. Unfortunately, without appropriate assistive technology and training many CGs must strategize the most expedient solutions for helping with these fundamental activities each day. The resulting improvisations derived from utilization of personal and environmental resources at hand, while admittedly quite creative and resourceful, can lead to intraindividually and interpersonally disabling in the care receiver and injuries for one or both members of the dyad. We compared caregivers’ subjective self-reports of dyadic performance during ADL task execution with objective, observation-based ratings made by clinical experts (CE) as part of the comprehensive assessments in the CG ASSIST pilot study (N=19). Ratings of ADL performance in 4 domains were examined using percent agreement (P+), Cohen’s Kappa and the intra-class correlation coefficient (ICC). Concordance varied by task and domain for: level of assistance (ICC=.36, NS -.84, p<.005), safety (P+=.11 – .53; Kappa = .07 – .11, NS), satisfaction with skills (P+=.42 – .75 Kappa = .11 – .23, NS), reports of environmental features present (ICC = .01, NS -.60, p<.005) and environmental features used (ICC = -.06, NS -.53, p<.05). Results are discussed in terms of dyadic characteristics influencing concordance and AT use and the implications of these findings for the selection or prescription of AT devices and the need for CG dyad training.

SESSION 2260 (PAPER)

DYNAMICS OF SOCIAL TIES IN LATER LIFE

POSITIVE AND NEGATIVE SOCIAL TIES IN LATER LIFE
R. Ward, Sociology, SUNY-Albany, Albany, New York

Social relationships are important sources of well-being, but their contributions are not straightforward. Social networks include various types of social ties, and may entail both positive and negative dimensions. Data from Wave 2 of the national Midlife in the United States (MIDUS) survey (N = 1,599) are used to address two questions: 1) Are positive or negative aspects of social relationships more influential on well-being (life satisfaction and affect)?; 2) Do these implications vary across different types of social relationships? Parallel measures of relationship quality (positive and negative) with spouse/partner, family, and friends are analyzed, as well as frequency of contact and problems experienced by network members. Positive experiences are more frequent for spouse/partner, whereas negative experiences are less frequent with friends; positive and negative interactions tend to be correlated across relationship types. Patterns of positive and negative experiences within types of social ties vary by gender and age. Problems experienced by network members are associated with fewer positive and more negative interactions. Contact frequency is related generally to more positive interactions, but also to more negative interactions with friends. Both positive and negative relationship dimensions are related to measures of well-being, but positive experiences exhibit generally stronger associations. Quality of relationship with spouse/partner generally appears to be more influential for well-being than relationships with other family or friends. Overall, these patterns show the complexity of social networks and of their influences on well-being.

INTERACTIONS BETWEEN OPTIMISM AND SOCIAL SUPPORT ON WOMEN’S WELL-BEING
A.M. Sherman, Psychology, Oregon State University, Corvallis, Oregon

The impact of social relations on psychosocial functioning across the lifespan is well documented. However, personality may influence both perceptions of social environments and well-being. For example, optimists report more social support and less social strain than pessimists and are often in better psychological health. Thus, testing for interactive effects between optimism and social relations variables is important. We assessed social support, strain, optimism, and well being (depressive symptoms, life satisfaction and self-esteem) for 250 mid-life and older women (Mean age = 57.56, range 41-89, 42% Native American, 34% African American and 24% White) from a rural region of North Carolina. Caucasian women were more likely to be married than African American or Native American women, but no other significant race differences in demographic variables emerged. Hierarchical multiple regression analyses showed that social support, social strain and optimism all significantly contributed to the variance in well-being (depressive symptoms: F(12, 209) = 21.44, p < .000, adj. R2 = .54; Life Satisfaction: F(12, 208) = 10.84, p < .000, adj. R2 = .36; self-esteem: F(12, 209) = 15.14, p < .001, adj. R2 = .45). Further, there were significant interactions between optimism and support for all three outcomes. These interactions indicate that the combination of low support and low optimism is distinctly negative for well-being in this sample. Implications for the well-being of women at mid-life and older ages are discussed.

THE DAILY SOCIAL CONTEXT OF GOAL PROGRESS: PROCESSES OF SUPPORT, HINDRANCE AND SATISFACTION
S. Mejia1, S. Choun1, T. Pham2, R. Metoyer2, K. Hooker2, 1. Oregon State University - Department of Human Development and Family Sciences, Corvallis, Oregon, 2. Oregon State University - School of Electrical Engineering and Computer Science, Corvallis, Oregon

Older adults are known to be particularly effective at regulating their social environments to maximize satisfaction, by adjusting their social goal hierarchy. Across the lifespan individuals construct supportive convos, which after a lifetime of social exchanges, may create distinct patterns of social support, hindrance, and satisfaction later in life. Although social goals are embedded within daily social experiences, little is known about older adults’ daily goal progress within the social environment. This paper examines the social context of older adult’s social goals, with attention to between-person differences in goals and social environment, and intraindividual daily goal processes. Specifically, we examined social predictors of goal trajectories, and daily processes of social support, hindrance, and satisfaction over 100 consecutive days. We used data from the Personal Understanding of Life and Social Experiences
The Gerontological Society of America

SESSION 2265 (PAPER)

HEALTH LITERACY AND DECISION-MAKING

ELDERS’ SELF CARE ATTITUDE IN RELATION TO HEALTH BEHAVIORS

V. Cicirelli, Psychological Sciences, Purdue University, West Lafayette, Indiana

Elders’ self health care behaviors are important, yet factors contributing to their use are not well understood. Using structural equation modeling, this study examined factors related to the self care behavior of seeking health information, theorizing that older’s attitude toward self care would predict this health behavior. In the path model, attitude toward self care was hypothesized to be directly related to health behavior, with self-efficacy, internal health locus of control, and self-rated health directly related to self care attitude and indirectly related to seeking health information. Age and SES were exogenous variables. Participants were 86 Midwestern elders (71% women, 49% married) aged 60-92 (M = 75.4). Measures included seeking health information, self care attitude, self-efficacy, internality, self-rated health, SES, and age. Lisrel 8 estimated the path coefficients in the hypothesized model with satisfactory goodness of fit (chi square test for independence = 93.63, p < .05, RMS = .07; GFI = .93). Path coefficients directly related to seeking health information were .35 for self care attitude and .32 for self-efficacy; while coefficients directly related to self care attitude were .14 for internality and .29 for health; these variables explained 28% of the variance in seeking health information. In secondary analysis, seeking health information was correlated with other health behaviors: exercise (r = .26, p = .02), adhering to a diet (r = .18, p = .10). Results confirmed the importance of self care attitude and self-efficacy for seeking health information and its relevance to other health behaviors.

MEASURING THE RELATIONSHIP BETWEEN AGE AND PREFERENCES FOR HEALTH INFORMATION AND DECISION-MAKING

B. Xie, M. Wang, R. Feldman, L. Zhou, University of Maryland, College Park, Maryland

Existing measurements of patient preferences cover only a limited range of information and an even more limited range of decision-making. This study aimed to explore the breadth and variances in patient preferences for information and decision-making, and to understand the relationship between age and each type of preference. The Health Information Wants Questionnaire was administered during May–December 2010 to collect data about desire for seven types of information and corresponding decision-making: diagnosis, treatment, laboratory test, self-care, complementary and alternative medicine, psychosocial factors, and health care providers. A convenience sample of 438 individuals participated in the study. This included 226 undergraduates (mean age=20; SD=2.15) and 212 community-dwelling older adults (mean age=72; SD=9.00). Results: Participants expressed higher levels of preference for information than for decision-making in six of seven areas. However, for psychosocial factors, they expressed stronger desire for decision-making than for information. Age had no predictive effect on the overall preferences or specific preferences for information and decision-making.
OUTCOMES ASSOCIATED WITH E-HEALTH LITERACY AMONG OLDER ADULTS

Despite having the highest incidence of health related problems, older adults have the lowest level of health literacy of any age group. The proliferation of health information online along with increasing access to technology among older adults provides a new opportunity to improve the knowledge and health behaviors among this population. Because electronic (“e-“) health literacy requires a skill set and knowledge base distinct from health literacy, it is unclear as to whether improvements in e-health literacy confer the same benefits as do improvements in health literacy. In this study, we used a cross-sectional survey design to examine whether e-health literacy is correlated with three outcomes associated with health literacy: self-efficacy in doctor/patient interactions, self-reported health, and preventive health behaviors. The survey was distributed to a diverse sample of 84 older adults recruited from two Café’s serving older adults and three senior centers. We conducted correlation and regression analysis on the data, controlling for a variety of demographic characteristics and personal traits. We found that E-health had small to moderate correlations with self-efficacy in doctor/patient interactions (.402, p=.001), self-reported health (.339, p=.008), and preventive health behaviors (.288, p=.022). Our study provides preliminary evidence that increases in e-health literacy yield some of the same benefits as increases in health literacy, and suggests that programming to improve e-health literacy may represent a promising strategy to improve the health of older adults.

A COMPARISON OF AFRICAN AMERICAN AND CAUCASIAN KNOWLEDGE AND CONCERNS ABOUT AUTOPSY
E. Souder, L. Mitchell, U Arkansas Medical Sciences, Little Rock, Arkansas

Purpose: To explore and compare factors that influence African Americans (AAs) and Caucasians in their decision whether to consent to a brain autopsy upon death as part of their participation in an NIH-funded Alzheimer’s disease (AD) study. Background: The prevalence of AD has been reported as higher in AAs than in Caucasians, leading the Alzheimer’s Association to declare AD a “silent epidemic” among AAs. Yet, AAs are underrepresented in AD research, and have a lower autopsy consent rate. Besides confirming the diagnosis, an autopsy can identify co-morbid conditions in the body and brain. This knowledge promotes understanding of AD and its presentation and expression in varied cultural groups. Methods: Researchers gathered both quantitative and qualitative data from 39 AA and Caucasian participants who served as controls in the Memory Research Center (MRC), and had either consented or remained undecided about an autopsy. Qualitative data were collected through a series of recorded individual and focus group interviews and entered into Ethnograph. We used content analysis and constant comparison techniques to analyze the data. Questionnaires queried demographic factors, knowledge about autopsy, and perceptions of factors influencing autopsy decisions. These data were summarized using descriptive statistics. Findings: AAs verbalized much more concern about how the body would be treated after death, appearance of the deceased, funeral delays caused by autopsy, and exhibited avoidance in making a decision. There was no difference between groups in autopsy knowledge. There were questions about autopsy, and many reported confusion about how to be an organ donor and arrange for an autopsy. Conclusions: Differences in willingness to discuss autopsy, and barriers to autopsy consent were found between AAs and Caucasian. This knowledge can be used to tailor information to cultural groups.

HEALTH LITERACY, EDUCATION AND HEALTH OUTCOMES IN OLDER POPULATIONS
T. Yamashita, J. Brown, S. Kunkel, Miami University, Oxford, Ohio

The relationship between education and health has been well established over the last several decades. However, traditional education measures such as years of formal education or highest degree earned may not sufficiently capture the knowledge and skills of the older population due to the elapsed time since completion of formal education. Health literacy (HL)—abilities necessary to acquire and use information to make health decisions—reflects current health-related practical skills. HL therefore, is a theoretically sound mediator of the association between education and health. HL, therefore, is a potential mediator of the association between education and health. HL may reduce health disparities associated with educational attainment since, unlike formal education, it can be more easily altered at the population-level. In this study, data are derived from the Canadian component of International Adult Literacy and Life Skills Survey (IALSS). The IALSS is the only dataset including detailed characteristics about older adults and a measure of HL. Binary logistic regression is used to model self-rated health (good vs. poor health) as a function of total years of education, HL and other covariates. Results show that education is no longer a significant predictor of health after adjusting for HL. Given the fact that older adults are more likely to have limited HL despite their increasing needs for health compared to younger populations, improving older adults’ HL is an important public health concern. Implications for health care professionals and health policy makers, and specific strategies for promoting older adults’ HL are discussed.

SESSION 2270 (PAPER)

INTERGENERATIONAL ATTITUDES AND RELATIONSHIPS

USE OF MEXICAN AMERICAN FAMILY LOYALTY SCALE TOWARD ELDERLY RELATIVES
H.S. Kao1, M.L. Lynn2, 1. School of Nursing, The University of Texas at El Paso, El Paso, Texas, 2. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Purpose of the Study: Hispanics/Latinos (H/Ls) will be the largest aged minority population in the U.S. by 2050. This, together with the key role the Mexican American (MA) families play in giving care to their elders, makes the advancement of MA family eldercare instruments particularly important to both consumers and providers of healthcare. The 16-item Expectations of Family Loyalty Scale- Spanish version (EFLtracer) was derived from the Expectations of Filial Piety Scale- Spanish version (EFPSS) and reanalyzed with a small MA sample. The applicability of EFLOCTR was so refined as to improve the psychometric properties of EFPS and make it suitable to the cultural inclination of the largest homogeneous H/L subgroup-MA. Design and Method. A methodological, descriptive, and correlational design was used. A convenience sample of 193 MA family caregivers of elders was interviewed by promotoras in El Paso, Texas in 2007-2008. Results. Principal Axis Factoring with Direct
AGE AND INTERGENERATIONAL ATTITUDES IN THE FAMILY AND THE WELFARE STATE
S. Daatland, M. Veenstra, K. Herlofson, Norwegian Social Research, Oslo, Norway

Often overlooked in the debate on generational equity is that older and younger age groups in the society at large, interact as generations in the family setting. These personal, micro-level experiences may reduce or prevent conflict on the societal level, but only few have explored these issues empirically. This paper fills in some of the gap by investigating if people tend to hold family and welfare state attitudes that serve their own or other age-groups. More specifically, the article investigates if family and welfare state attitudes are characterised by generational altruism or self-interest, and additionally – to what extent family attitudes and experiences are reflected in attitudes to welfare state priorities. Data from a large-scale Norwegian study (N=9,591, aged 18-79) on life-course, ageing, and generations are used to address the questions empirically. The findings suggest that attitudes are mixed in both areas, but balanced towards altruism in the family, and towards self-interest in the welfare state. Age remains one of the most important determinants for intergenerational attitudes also after controlling for age-related variables such as health and family position. A potential explanation may be that age and life-cycle position function as sources of social identity and as a position from where one perceives the world. The lower support for family obligations and the higher support for the welfare state among women, may be motivated by personal experiences in family care, and an awareness of the need for family support from the welfare state.
LEISURE AND WELL-BEING

DOES PARTICIPATION IN LEISURE ACTIVITIES PROTECT AGAINST COGNITIVE DECLINE?
G. Hagger-Johnson1, S. Sabal1,2, M. Hamer1, M. Jokela1, M. Marmot1, M. Kivimaki1, A. Singh-Manoux1, 1. Epidemiology and Public Health, University College London, London, United Kingdom, 2. INSERM, U1018, VILLEJUIF CEDEX, France.

OBJECTIVE: Leisure activities, particularly those thought to be cognitively stimulating, may protect against cognitive decline and dementia. In order to assess this hypothesis we examined the association between 13 leisure activities and cognitive decline over 10 years in a middle-aged cohort. METHODS: Data are drawn from the Whitehall II study (N=5187, 70% men), aged 45-70 at baseline. Leisure activities were first classified as requiring high cognitive or low cognitive effort, then classified as being principally social or individual. The cognitive test battery, administered 3 times over a 10-year follow-up, consisted of tests of reasoning, memory, semantic/phonemic fluency and vocabulary summarized as a global cognitive score. Latent growth curve models were used to examine the association of participation in leisure activities with global cognition at baseline and cognitive decline over 10 years. RESULTS: Strong associations were observed between cognitive function at baseline and greater engagement in cognitive, social, individual or total activity (B range: .05 -.15, p <.01). Participation in activities requiring high cognitive effort was associated with cognitive decline (B=-.03, 95% CI -0.04 -.01), although this effect size was small. The association remained after controlling for socio-demographic variables, health behaviors, health status and non-ignorable drop-out. CONCLUSION: There was no evidence for a robust association between participation in leisure activities and cognitive decline. Our data suggest that associations arise primarily from the high correlation between cognitive function and engagement in leisure activity in midlife, providing those with better cognitive function at baseline with a higher starting point.

CREATIVE HOBBIES AS A PATH TO GENERATIVITY AND WELL-BEING IN MIDDLE AND LATE ADULTHOOD
C. Adams-Price1, L. Morse1, 1. Psychology, Mississippi State University, Mississippi State, Mississippi, 2. Mississippi State University, Mississippi State, Mississippi

Participation in creative activities is often recommended as a path to wellness for individuals suffering from mental or physical diseases (e.g., Evans, 2007; Goff & Torrance, 1991). However, less is known about the benefits of creative activities for healthy middle-aged and older adults. Adams-Price and Steinman (2007) suggested that creative activities provide feelings of mastery and spirituality for middle-aged adults, which in turn increase feelings of generativity. The purpose of this study is to examine the link between active participation in a creative hobby and generativity for middle-aged and older adults. Approximately 150 adults between the ages of 38 and 90 (70% female) answered questions about participation in one or more creative hobbies, using the Creative Meaning Questionnaire (CMQ, Adams-Price & Morse, 2010). The CMQ contains three factors: Spiritual Benefits, Mastery, and Recognition from Others/Identity. Participants also completed the Loyola Generativity Scale, and the Satisfaction with Life Scale. Long-term and frequent participation in a creative hobby were associated with feelings of mastery, and with identity/appreciation from others, and to a lesser extent, with spiritual benefits. In turn, mastery and appreciation of others/identity correlated with generativity scores, and generativity correlated with life satisfaction. The link between generativity and the creative meaning factors of mastery and identity/appreciation was somewhat stronger in middle-aged adults than in older adults. A structural model of creative activities as a path to wellbeing in middle- and later life will be examined. Creative activities as one route to positive development in middle and later life will be discussed.

THE ROLE OF LEISURE SATISFACTION IN DETERMINING OVERALL LIFE SATISFACTION IN NORTHEAST ASIA
J.J. Liang, T. Yamashita, J. Brown, Sociology and Gerontology, Miami University, Oxford, Ohio

Literature suggests that leisure satisfaction is positively correlated with overall life satisfaction. However, cross-cultural research on life satisfaction has been confined to the industrial countries in America and Europe. Given the rapid population aging in Asia, understanding how leisure satisfaction influences life satisfaction over the life course could have significant implications not only for individuals' quality of life but also for health and aging policies. Considering the diversity across Asia, this study examines the role of leisure satisfaction focusing on Japan, Mainland China and South Korea because of their shared cultural values (e.g., Confucianism) and practices. Data are derived from the 2006 AsiaBarometer, which includes nationally representative information regarding demographic/socio-economic characteristics, satisfaction measures and attitudes toward society among 20 to 69 year-old individuals in seven Asian nations. Ordinal logistic regression is used to model overall life satisfaction as a function of leisure satisfaction and other covariates. Results show that leisure satisfaction has a significantly positive role in predicting overall life satisfaction in these three countries after adjusting for the covariates. However, the associations between leisure satisfaction, demographic characteristics, socio-economic status and other satisfaction measures (e.g., family satisfaction) vary across Northeast Asia. For example, the effects of leisure satisfaction on overall life satisfaction are appreciably larger in South Korea than China or Japan after adjusting for socio-economic status. Possible explanations about cross-national differences and practical implications are discussed.

“I’M FLOATING THROUGH SCHOOL”: IDENTITY CONSTRUCTION IN A LIFELONG LEARNING INSTITUTE
S. McWilliams, Sociology, Florida State University, Tallahassee, Florida

Lifelong learning programs have become widespread among university communities and popular activities for older adults with growing emphasis on successful aging in our society. This paper examines data from ethnographic research in a southeastern lifelong learning institute associated with a state university, including observations over three semesters in various courses and interviews with students, teachers, and administrators. The results reveal three main strategies through which older adults construct a lifelong learner identity. First, they highlight self-direction in coursework as lifelong learners are committed to education without need for constant concern over tests and homework. Secondly, they display self-relevance of subject matter in that particular classes reflect their personal interests and relate to both lifetime and current experiences. Finally, they work together to develop a community characterized by connectedness and involvement of lifelong learners in social and educational aspects of the program outside of the classroom. These strategies simultaneously emphasize lifelong learners’ age and experience in contrasting their program with educational practices of early life and reduce the salience of age in their identities by focusing on the lifelong process of learning. Both actions and talk employed by students, teachers, and administrators construct a lifelong learner identity that highlights the positive value associated with later life learning, while distinguishing the institute from other educational programs and activities for older adults.
RESILIENT ELDER TRAVELERS: EXPERIENCE AND THEORY
E. Kahana, B. Kahana, J. Brown, L. Lovegreen. Case Western Reserve University, Cleveland, Ohio. Cleveland State University, Cleveland, Ohio

This paper seeks to unpack challenges faced by older travelers who venture outside the familiarity of language, customs and comforts of their homeland. These circumstances are of theoretical interest to gerontologists and health care professionals as they challenge stereotypes of aging and coping in late life. They also help further our understanding of resourcefulness and successful aging to expand life space of disabled elders. In this paper we present a conceptual framework, anchored in the stress paradigm and our prior work on cancer survivors, for understanding targeted adaptations of elders traveling abroad, while facing challenges of frailty (Kahana & Kahana, 2009). The “Resilient Elder Traveler” model presented here differs from prior formulations, as it is focused on dealing with potential stressors framed as challenges, and on meeting those challenges through anticipating them. Successful coping in this framework combines elements of anticipation and careful planning, with flexibility in reframing goals to meet environmental pressures (Kahana, Lovegreen, Kahana, 2010). Stress appraisal, resourcefulness, and marshalling support are discussed in an ecological framework, as they illuminate older adults’ ability to adapt to of environmental stressors. The authors reflect on model components based on participant observations by the senior authors regarding wheelchair assisted travel through four European countries during a month long trip. Distinct differences were observed in policies, practices, and expectations related to disabled travelers in different regions, adding further challenges to adaptation. Informal orientations to assisting wheelchair-bound travelers, were associated with greater responsiveness, while bureaucratized approaches were unresponsive to travelers’ needs.

SESSION 2280 (PAPER)

MORTALITY AND MORTALITY RISK

A MORTALITY INDEX FOR PERSONS IN HOME AND COMMUNITY BASE WAIVER PROGRAMS

Information on characteristics of describing the life span of persons residing at home and served by Home and Community Based Waiver (HCBW) programs can be used to prepare clients and families, and to guide services. Using a population of 9849 clients enrolled between 01/01/02 and 12/31/07 in a HCBW program a mortality risk index was identified based on variables from the Minimum Data Set-Home Care version. The population was split into a development and confirmation sample. Logistics and proportional Cox models were used to define factors that included: four comorbidities, ADL’s, hospitalizations, age, gender, and falls all significantly related to mortality. Among them, renal disease had the highest hazard ratio. A mortality index was developed based on beta weights in Cox model. Logistic model (death vs. survival) as outcome and risk index as predictor such that 1 unit increase in the index will cause a 2.7 higher risk of death (CI 95% 2.5-30). The index was classified into tertiles. Survival curves were generated; each tertile had a significant difference in rate of survival. Data were confirmed on the validation sample. A summary table revealed that patients in the highest tertile mean age of 83 have the greatest number of comorbid conditions, ADL losses, falls, hospitalizations, and more were male. Agencies could address fall prevention and improving ADL’s. Recognizing that the presence of COPD, renal disease, CHF, and cancer each raise the risk of death by 10%, may precipitate the opportunity to discuss transition to hospice care.

SOCIAL SUPPORT AND DISTANCE TO DEATH: A LOOK AT COMMUNITY-DWELLING OLDER ADULTS

Literature regarding predictors of distance to death, or mortality, frequently point to demographic variables and indicators of physical and mental health. Few studies look at the effects of social support variables in addition to indicators of physical and mental health, especially over an extended period of time (25 years). The data for this study came from a sample of 278 community-dwelling adults 65 years of age and older in Iowa. Initial interviews were conducted in 1985 and public records were used to confirm survival status and dates of death up to December 2010. The average age at time of interview was 72 years, while the average age at death was 88 years; 32 individuals were still living. Cox and hierarchical regression analyses determined the significance of social support factors and survival, in addition to indicators of mental and physical health status. Perceived support was measured using the Social Provisions Scale (Cutrona & Russell, 1987), which assesses six relational provision categories (Weiss, 1974). Results indicate that perceived social support is a significant predictor for survival, even after controlling for physical and mental health variables. Additionally, perceived social support is shown to become increasingly important as a predictor of mortality over time. Additional analyses examining subtypes of social support indicated that attachment, opportunity for nurturance, reassurance of worth, and guidance were important for long-term survival. Results from this study are important in understanding the importance of perceived social support in long-term survival for older adults.

POSITIVE AND NEGATIVE MENTAL HEALTH DIMENSIONS REPORT DIFFERENTIAL NON-LINEAR EFFECTS ON MORTALITY
R.A. Burns, K. Anstey, Centre for Mental Health Research, Australian National University, Canberra, Australian Capital Territory, Australia

The well-being literature discriminates between positive and negative dimensions of mental functioning. Using the vitality and mental health scales from the Short Form-36, this presentation will describe the relationship between positive and negative dimensions of mental health with mortality and their association with mortality risk. Participants (n = 35,083) were from the Dynamic Analyses to Optimise Ageing (DYNOPTA) project and aged between 45-98 years at baseline (M = 59.90; SD = 12.10). Cox regression indicated only increased vitality as associated with reduced risk of death (HRR = .896; SE = .023; p < .001) though this effect disappeared when controlling for demographics and physical health. Latent Growth Modelling then modelled model well-being change over a distance to death metric of 10 years for those participants (n = 3,501) that reached mortality. A quadratic trend reported best fit to the data in comparison to a linear or piecewise trend with a 3 or 5 year inflection slope. For both vitality and mental health, increased distance to death was associated with higher intercepts, lower linear decline, but higher quadratic decline. Decline in well-being was not associated with the control variables. Whilst decline in well-being is associated with mortality, baseline vitality and mental health were not significant predictors of hazard risk for mortality when adjusting for other covariates. That vitality was indicated as a significant predictor of mortality risk in unadjusted models, confirms an emerging literature that positive and negative mental health dimensions are independent oblique factors.

OBESITY & MORTALITY IN OLDER ADULTS
M. Stomncl, Michigan State University, East Lansing, Michigan

This study focuses on the associations among BMI levels and mortality risks among persons who already survived at least to age 65. Using linked data files from the National Health Interview Survey (NHIS) from 1987-1994 and the National Death Index (NDI) from 1987-2006, the mortality risks of more than 120,000 U.S. residents older than 64
years of age will be examined. While standard recommendations for physical activity and weight loss assume that the benefits of physical activity and weight loss are similar across all adult age groups, this study specifically focuses on three age cohorts of older adults: U.S. residents aged 65-74, 75-84, and 85 and older (the “oldest old”). The analysis relies on Cox-proportional hazard models, with days to mortality as the main outcome (from 2 years after the interview—to avoid reverse causation problems—up to 21 years follow-up) and numerous control variables, including sex, age (within the age categories), race/ethnicity, poverty status, rural/urban, region of the country, residency location, health status at the interview, etc. Using detailed BMI categories, the results show that the BMI range at which mortality risk are lowest tends to increase with age: among U.S. residents older than 74 years, mortality risks are lowest at a BMI range of 26.0-31.5 and highest at BMI values < 20. In addition, the association between variations in BMI and mortality risks weakens with age. Reasons include the differential survival of relatively healthy obese persons at older ages, as well as changes in the onset of obesity in different generational cohorts.

SMOKING TRAJECTORIES ACROSS THE LIFE COURSE AND PROSPECTS FOR HEALTHY AGING

N. Agahi¹, B. Shaw², M.G. Parker¹, 1. Aging Research Center, KI/SU, Stockholm, Sweden, 2. University of Albany, School of Public Health, Rensselaer, New York

Background: We examined how trajectories of smoking observed during a 34-year period were associated with subsequent mortality as well as trajectories of a variety of aging-related health problems, including circulatory problems, mobility problems, musculoskeletal pain and psychological distress, during the same time period. Methods: Data came from the Swedish Level of Living Survey (LNU) and the Swedish Panel Study of the Oldest Old (SWEOLD). When merged, a nationally representative sample of Swedish adults (aged 15-63 at baseline), could be followed across four observation periods, from 1968 through 2002. Mortality status was tracked until 2007. Trajectories of smoking were identified through cluster analysis, and then used as predictors of health trajectories in multilevel regression models. Results: Five smoking-related trajectories were identified: continuous nonsmokers (n=1505); early quitters (n=289); late quitters (n=333); intermittent smokers (n=307); and continuous smokers (n=517). All health problems increased significantly over time for the continuous nonsmokers; a pattern that was no different for the early quitters. For the more persistent smokers (e.g., late quitters and continuous smokers), higher rates of increasing health problems were evident, particularly with respect to mobility problems. Trajectories of psychological distress, however, were mostly unrelated to smoking trajectories. Mortality risk was higher among persistent smokers, while the risk for early quitters was similar to the continuous nonsmokers. Conclusions: Studying the linkages between smoking trajectories and health trajectories as people enter old age allows us to examine how the persistence of smoking, and the timing of cessation, may influence one’s health prospects during the aging process.

SESSION 2285 (PAPER)

PSYCHOLOGICAL ISSUES IN AGING: MEASUREMENT ISSUES

SELF-EFFICACY, FUNCTIONAL CAPACITY, AND REAL-WORLD FUNCTIONING IN MIDDLE AND LATE-LIFE SCHIZOPHRENIA

S. Abel1, 2, V. Cardenas2, D. Tiznado2, 2, A. Harrell2, T.L. Patterson2, D. Jeste2, B. Mausbach2, 1. Alliant International University (CSPP), San Diego, California, 2. Psychiatry, University of California, San Diego, La Jolla, California, 3. San Diego State University, San Diego, California

Background: Individuals with schizophrenia often suffer functional impairments. Measures of functional capacity have been shown to predict real-world functioning in this population, yet capacity does not always translate to actual functioning. We examined the moderating effect of self-efficacy on the relations between functional capacity and real-world functioning and hypothesized that functional capacity would be more strongly related to real-world functioning when self-efficacy was high vs low. Methods: Ninety seven community-dwelling individuals with schizophrenia were administered three measures of functioning: the Specific Level of Functioning (SLOF) scale and both the Work and Social Impairment Subscales of the Behavior Activation Scale for Depression (BASD). Participants also completed the Revised Scale for Self-Efficacy in Schizophrenia and the Brief UCSD Performance Based Skills Assessment (UPSA-B), a measure of functional capacity. The moderating effect of self-efficacy on the relations between functional capacity (UPSA-B) and functional outcomes was assessed via linear regression analyses, with emphasis on the UPSA-B-by-Self-Efficacy interaction terms. Results: Functional capacity (UPSA-B) scores were significantly related to proxy ratings of real-world functioning (SLOF scores) when self-efficacy was high (p=.02) but not low (p=.73). Higher UPSA-B scores were also significantly related to lower self-reported work impairment when self-efficacy was high (p=.02) but not low (p=.29). Similarly, higher UPSA-B scores were associated with lower social impairment when self-efficacy was high (p=.001) but not low (p=.80). Discussion: Individuals with high functional capacity may still have real-world functional impairments. Clinicians tasked with predicting/enhancing real-world functioning should consider both functional capacity and self-efficacy as determinants.

DEVELOPMENT AND VALIDATION OF THE BODY IMAGE SCALE FOR OLDER ADULTS

L. Baker, E. Gringart, Psychology and Social Science, Edith Cowan University, Joondalup, Western Australia, Australia

Whilst body image satisfaction is significant to well being across the life span, there is no specific measure with which to assess this in older adulthood. A multidimensional model of body image in older adulthood and a quantitative scale for its assessment were developed. The development of the scale involved five stages. Stage 1 comprised three focus groups involving 15 older adults and provided support for the validity of the multidimensional model. In Stage 2, an initial pool of 77 items was developed and scrutinised by 422 older adults in Stage 3. Nineteen items making four sub-scales remained after statistical processing. In Stage 4, the revised measure was piloted along with a social desirability scale with 123 older adults. The 19 item scale was then tested, in Stage 5, for convergent and divergent validities with 243 older adults. Preliminary findings show that, congruent with the model, body image in older adulthood is affected by various factors, including socio-cultural, health, actual physical abilities, and personal characteristics. The conceptual model as well as potential applications of the scale will be discussed.

NATURALISTIC AND OBJECTIVE MEASURES OF SOCIAL ENGAGEMENT VIA AUTOMATED SPOKEN LANGUAGE PROCESSING

I. Shafran, A. Stark, N. Larimer, M. Lehr, N.C. Mattek, J. Yeagers, K. Wild, J. Kaye, Oregon Health & Science University, Portland, Oregon

Many studies suggest social engagement (SE) is associated with health. Current self-report assessments of SE are limited in their ability to probe this association further. Augmentation of self-reports of social activities with more nuanced and objective measures of social networks, e.g., their dynamics such as quantifying level of participation in networks can improve assessment. This may be achieved by taking advantage of current advances in automated recording and analysis of spoken language derived from a number of sources (telephone, in-person contact, Internet chat). Within this framework, algorithms not only quantify the social network, but parse the quality of relationships using statistics of language usage and paralinguistic markers such as speaker

64th Annual Scientific Meeting 603
states (affect) and vocal behaviors (laughter, hesitations). This framework was tested in a 12-month feasibility study of 10 volunteers (mean age = 82.7 yrs). Telephone calls representing samples of social interactions were recorded securely with encryption and analyzed automatically. Automatic analysis was adapted to capture individual voice and affective speech characteristics using subjects' spontaneous verbal descriptions of standard probe pictures/videos at baseline. Over 10000 calls were analyzed (mean 5.1 calls/day/participant; 389.1-3711.9 words/day/participant). Markers related to SE were extracted including the type, number and regularity of telephone contacts and characterization of language use within conversations. Participants showed high variability in frequency, type and duration of calls. Objective measures were not always congruent with self-perception of activity. These results suggest that automated assessment of SE through analysis of everyday speech is feasible and may provide novel measures of engagement in older people.

ACCELEROMETER DATA REDUCTION: IS THERE AN OPTIMAL INTERRUPTION PERIOD FOR OLDER ADULTS?
E.L. Mailey, N. Gothe, R. W. Motl, E. McAuley, Kinesiology & Community Health, University of Illinois at Urbana-Champaign, Urbana, Illinois

The criteria one uses to reduce accelerometer-measured physical activity (PA) data can profoundly influence the interpretation of research outcomes. One criterion is the allowable interruption in wear time based on the number of consecutive zeros recorded within a given hour. In older adults, an important concern is that a short interruption period would incorrectly classify sedentary time as non-wearing time, and thus eliminate useful data. The purpose of the present study was to compare 20, 30 and 60-minute interruption periods in a sample of community dwelling older adults. Participants [N=242, M age=71.20] were instructed to wear an accelerometer for 7 days. Following this period, the data were downloaded and scored using 20, 30, and 60-minute interruption periods. A total PA score was calculated by summing the counts from the valid days (>10h of wear time) for each data file. Results showed the percentage of participants with at least 5 valid days of data increased from 85.6% to 89.3% to 97.2% for 20, 30, and 60 zeros, respectively. Accelerometer-measured PA was significantly correlated with self-reported PA with 20 (r=.27) and 30-minute (r=.27) interruption periods, but not 60 minutes (r=.09). A similar pattern of associations emerged for functional limitations and exercise self-efficacy. To our knowledge, this is the first study to assess the suitability of various interruption periods in objectively-measured PA among older adults. Our findings suggest using a 30-minute interruption period is optimal, as this allows a majority of the data to be retained without compromising the validity of the data.

EXAMINING THE USE OF THE CORNELL SCALE FOR DEPRESSION IN DEMENTIA AS A PROXY MEASURE OF DEPRESSION

Depression is a common problem in nursing homes and often goes unrecognized in residents with dementia. This study evaluated the utility of the Cornell Scale for Depression in Dementia (CSDD) as a proxy report by examining factors associated with the difference between resident self-report and nurse-proxy ratings of the CSDD. Data for this cross-sectional, descriptive study were collected as part of a larger clinical trial in 28 Washington State nursing homes. The CSDD, a widely used, validated, 19-item scale, was administered in a semi-structured interview format to residents and the nurse who managed their care. We calculated a CSDD discrepancy score (nurse-proxy – resident self-report rating) for each resident and nurse-proxy pair (n =395); negative discrepancy scores indicated that nurse-proxies rated residents as less depressed than residents rated themselves. Descriptive statistics and regression models were evaluated to identify factors associated with discrepancies in resident and nurse-proxy ratings. Of the group of residents (n=140) who rated themselves as having at least mild depressive symptoms, 78% went undetected by nurse-proxies. Discrepant scores did not vary based on resident cognitive impairment, but pain reliability, pain summary score, and age were associated with discrepant scores, R2 =.05 F(3,373) = 6.86, p<.001. Residents with reliable pain reports had negative discrepancy scores and rated themselves as more depressed compared to nurse proxies. These findings underscore the importance of obtaining resident input when assessing depression in persons with dementia, and suggest that a simple response reliability assessment can aid in interpreting self-reports from such persons.

SESSION 2290 (SYMPOSIUM)

EFFECTS OF COGNITIVE TRAINING: RESULTS FROM THE ACTIVE STUDY AT 5 YEARS
Chair: S.L. Tennstedt, New England Research Institutes, Watertown, Massachusetts
Discussant: J. King, National Institute on Aging, Bethesda, Maryland

Methods to enhance cognitive abilities and maintain daily function are of great public interest. ACTIVE was a multi-site, randomized, controlled clinical trial (n=2,802) of 3 cognitive training programs - reasoning, memory, and processing speed - hypothesized to improve the targeted cognitive ability and transfer to daily function over time. At 5 years, results support the effectiveness of cognitive intervention in maintaining cognitive abilities over the long-term and indicate modest but detectable far transfer to IADL function. This symposium presents data regarding: 1) amount of training and booster training needed to maintain cognitive performance gains and transfer to functional outcomes; and 2) effect of training on incident dementia. Latent growth models for each intervention show that compliance with initial and booster training resulted in greater training effects for reasoning and speed but did not attenuate rates of normal age-related memory decline. Magnitude of booster effects for reasoning and speed were approximately one-half of initial training effect. Predictors of size and maintenance of training gain differed by group but indicated overall that these training interventions were highly effective for many older persons with intact cognitive function. 186 participants met criteria for incident dementia, defined using a combination of interview- and performance-based methods. A multivariable model showed that training was not associated with a lower rate of incident dementia over 5 years of follow-up. Implications of these findings for the value of cognitive training will be discussed.

ACTIVE COGNITIVE TRAINING AND RATES OF INCIDENT DEMENTIA

Systematic cognitive training produces long-term improvement in cognitive function and less difficulty in performing instrumental activities of daily living. We examined whether cognitive training was associated with a reduced rate of incident dementia in ACTIVE study participants (n = 2,802) after 5 years of follow-up. Incident dementia was defined using a combination of interview- and performance-based methods. A total of 186 participants met criteria for incident dementia. A multivariable model with significant predictors of incident dementia and training group revealed that cognitive training was not associated with a lower rate of incident dementia. Cognitive training did not affect rates of incident dementia after 5 years of follow-up. Longer follow-up
MEMORY TRAINING IN THE ACTIVE STUDY: WHO BENEFITS?
G. Rebe
d1, J. Langbaum2, R. Jones3, A. Gross3, J.M. Parisi1, A.P. Spira1,
A.M. Kueider1, J. Brandt4, J. Johns Hopkins University, Baltimore,
Maryland, 2. Banner Alzheimer’s Institute, Phoenix, Arizona, 3.
Hebrew SeniorLife, Boston, Massachusetts, 4. Johns Hopkins
University, Baltimore, Maryland

Data from the memory training arm (n = 629) of the Advanced Cognitive
Training for Independent and Vital Elderly (ACTIVE) trial were
examined to characterize change in memory performance through five
years of follow-up as a function of memory training, booster training,
adherence to training, normal aging, and demographic and other per-
sonal characteristics. Latent growth model analyses revealed that mem-
ory training was associated with improved memory performance through
five years, and that neither booster training nor adherence to training sig-
nificantly influenced this effect. Only age was associated with change
in memory performance attributable to the passage of time alone (i.e.,
to aging), and only education and self-rated health were associated with
change in memory performance attributable to training. These findings
confirm that memory training can aid in maintaining long-term improve-
ments in memory performance. Adherence to training and booster train-
ing do not appear to attenuate rates of normal age-related memory
decline.

REASONING TRAINING IN ACTIVE TRIAL: FINDINGS AT
FIVE-YEAR FOLLOW-UP
S.L. Willis1, G.I. Caskie2, 3, 1. Psychiatry and Behavioral Sciences,
University of Washington, Seattle, Washington, 2. Lehigh University,
Bethlehem, Pennsylvania

Reasoning training effects (N = 699) from the ACTIVE trial were
examined for trajectories of four reasoning measures, using piecewise
growth models. Significant training effects for all outcomes were main-
tained at 5-year follow-up. Initial training gain was comparable in mag-
nitude to age-related decline expected to occur over 5 years with no
training. All outcomes showed a significant 3rd annual booster effect.
Magnitude of the booster effect was approximately one-half the size of
the initial effect. Training compliance (initial and booster training)
resulted in greater training effects. Significant baseline covariates
included: higher education, MMSE, better health, and younger age.
Higher MMSE (Baseline) was related to larger training effects, larger
linear slopes and smaller Booster effects. For primary functional out-
comes, a significant training effect occurred for the Complex Reaction
Time test (CRT). A significant 1st annual booster effect occurred for the
CRT and the Observed Tasks of Daily Living.

SPEED OF PROCESSING TRAINING: IMPACT ACROSS
FIVE YEARS ON PROCESSING SPEED AND EVERYDAY
FUNCTIONING
K. Ball1, L.A. Ross1, J.D. Edwards2, D.L. Roth1, 1. University of Alabama
at Birmingham, Birmingham, Alabama, 2. University of South
Florida, Tampa, Florida

Targeted training can improve speed of processing(SOP), an impor-
tant mechanism of cognitive slowing, and can translate to everyday
functioning. However, the amount of training and the effect of booster
training needed to maintain SOP and transfer effects are unknown. The
present analyses focused 702 older adults randomized to SOP training
to address the impact of training and booster training sessions on main-
taining SOP (via the Useful Field of View, UFOV) and functional abili-
ties. Latent growth curve models indicated that initial training effects
were maintained over five years and further increased by booster ses-
sions. Booster session effects on UFOV performance were large, and a
single booster session counteracted 4.92 months of age-related SOP
decline. UFOV performance improved by 2.5 standard deviations for
compliant participants. Implications and significant training effects on
the Road Sign Test and the Timed-Instrumental Activities of Daily Liv-
ing test will also be discussed.

SESSION 2295 (SYMPOSIUM)
WIDOWHOOD AND LONELINESS: THE INFLUENCE OF
LIFESTYLE
Chair: K.M. Bennett, Psychology, University of Liverpool, Liverpool,
United Kingdom
Discussant: C. Victor, Brunel University, London, United Kingdom

Many widowed people experience loneliness following their bereave-
ment. However, the experience of loneliness is not universal. Further,
the nature of that experience varies from individual to individual, and
varies within an individual’s daily life. The papers illustrate the vari-
ance within the loneliness experience, and explore the role which lifestyle
plays. Utz et al., present data from a longitudinal study of bereave-
ment, exploring differences in social engagement and support. Excit-
ing results demonstrate that whilst loneliness declines with the passage
of time, so does social support. However, social support does not pre-
dict loneliness. This finding can be explained by the paper by Bennett
et al., which explores qualitatively the experiences of widowed women.
Their results highlight the finding that it is not the presence of social
support that determines loneliness; rather it is the way in which widows
interpret their situations, and in particular the loss of their spouse.
Richardson et al., examine the role that religion has in buffering the
effects of loneliness. They conclude that the nature of this effect is deter-
mined by the duration and circumstances of the bereavement. Bringing
these findings together will be Victor, an expert on loneliness research.
She will highlight the common features of the research and the values
of both quantitative and qualitative research in understanding the expe-
rience of loneliness for widowed people. In conclusion, this symposium
demonstrates that loneliness is more complex than the absence of social
support. Intrapersonal, lifestyle and situational factors all influence
whether and how a widowed person experiences loneliness.

HOW OLDER WIDOWED PEOPLE EXPERIENCE
LONELINESS: THE ROLE OF COGNITION
K.M. Bennett, E.L. Smith, E. Clark, Psychology, University of Liverpool,
Liverpool, United Kingdom

Relatively little work has focused on how older widowed people
describe their experiences of loneliness and how they make sense of
them. In this interview study with 19 older widowed women explored
experiences of loneliness. The role of cognition, was one of the most
interesting themes to emerge. Participants experienced tension between
their own needs and perceptions of their situation, and the expectations
of their family and friends, and wider society. These tensions led to feel-
ings of loneliness. The degree of loneliness was influenced by whether
their thoughts were more negative or positive. But it is important to note
that these thought patterns very not only between individuals but within
individuals. Time, both in the context of daily life and in the context of
the longer passage of time, had an impact on the relationship between
cognition and loneliness. The implications of these intrapersonal expe-
riences for intervention are discussed.

FEELING LONELY VS. BEING ALONE: SOCIAL SUPPORT
AND LONELINESS AMONG RECENTLY BEREAVED
PERSONS
R. Utz1, K. Bearseon1, M. Casserta1, D. Lund1, B. De Vries2, 1. University
of Utah, Salt Lake City, Utah, 2. San Francisco State University, San
Francisco, California, 3. California State University, San
Bernardino, California

Widowed persons often report that loneliness is among the most chal-
lenging aspects of bereavement, yet they also commonly report, at least
Initially, an outpouring of support from friends and relatives following the death. Using data from the Living After Loss study (n=328), this presentation will explore differences between loneliness and social support during the early months of bereavement. We used structural equation modeling to predict both the level (intercept) and change (slope) in loneliness and social support over time. We found that widowed persons have elevated levels of loneliness (compared to estimates from non-widowed samples), but that loneliness declined over the first year and a half of bereavement. Similarly, social support from friends and family also declined. However, the amount or quality of social support one has did not modify loneliness over time, suggesting that loneliness is not easily impacted by interventions aimed at increasing social support or engagement. NIA-R01-AG023090.

LONELINESS AND DEPRESSION DURING WIDOWHOOD: CAN RELIGION HELP?
V.E. Richardson, J. Han, J.H. Kim, Virginia Richardson, The Ohio State University, Columbus, Ohio
The moderating effect of religious involvement on the association between loneliness and depression was examined among 250 and 195 older widowed persons at 6 and 18 months after bereavement, respectively. Using data from the Changing Lives of Older Couples, we conducted hierarchical regression analyses while controlling for age, gender, income and ethnicity at both times. Social and emotional loneliness were significantly related to depression at the 6- and 18-month periods. While religious involvement moderated the association between depression and social loneliness at six months, this moderating effect was not significant at 18 months. Income was related to depression only at 6 months. The results suggest that widowed adults alternate how they manage loneliness during bereavement, and they underscore why coping strategies should be assessed at different times throughout bereavement. The potential buffering effect of religion on loneliness and depression evidently varies depending on the duration and circumstances of bereavement.

SESSION 2297 (SYMPOSIUM)

COMPLEXITY SCIENCE AND AGING RESEARCH: EARLY FINDINGS AND A PROMISING FUTURE
Chair: H.E. Whitson, Duke University Medical Center, Durham, North Carolina
Discussant: A.L. Goldberger, Harvard Medical School, Beth Israel Deaconess, Boston, Massachusetts

Complex systems typically involve multiple components and their interconnected networks, which are governed by nonlinear and dynamic relationships, feedback loops, and feedforward mechanisms. Although such systems are difficult to model or simulate, they exhibit characteristic patterns and features of organization. Complex systems are abundant in human biology, and in recent years several investigators have applied complexity science, in various ways, to understanding the aging process. In this symposium, we present an overview of complexity science and explore how it relates to developing ideas and promising avenues for future study in aging research. The first presentation will introduce complexity and its computation in biological systems. The second presentation will detail loss of complexity with age across a number of physiologic systems with attention to the clinical implications of these findings. The third presentation will explore new research which conceptualizes frailty as an emergent property of an impaired complex system. The final presentation will highlight a direct application of complexity science in medicine by discussing the use of stochastic resonance devices to enhance balance control in diabetes and stroke patients. In the discussion that follows, participants will be encouraged to consider other potential applications of complexity science within the field of aging.

LOSS OF COMPLEXITY WITH AGING: EXAMPLES AND CLINICAL IMPLICATIONS
L. Lipsitz, 1. Institute for Aging Research, Hebrew SeniorLife, Roslindale, Massachusetts, 2. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 3. Harvard Medical School, Boston, Massachusetts

Under “steady-state” conditions, healthy physiologic systems demonstrate complex dynamics that represent interacting regulatory processes operating over multiple time scales. Aging and disease are associated with loss of complexity in the dynamics of physiologic systems (e.g., heart rate, respirations, gait variability), leading to impaired adaptive capacity and the onset of functional disability and frailty. For example, the loss of visual and sensory inputs to the balance control system is associated with decreased complexity of center-of-pressure displacement during quiet standing and increased postural sway during a dual task. Further, subjects with falls or frailty have reduced complexity of their postural sway dynamics. By recognizing the complex dynamics that characterize healthy physiologic function, nonlinear mathematical approaches can be used to predict the onset of frailty or other adverse outcomes, and dynamic interventions can be developed to prevent functional decline.

NETWORK MODELS FOR STUDYING FRAILTY AS A DYNAMICAL SYSTEM
R. Varadhan1, H. Zhu2. 1. Geriatric Medicine, Johns Hopkins Center on Aging and Health, Baltimore, Maryland, 2. Ohio State University, Columbus, Ohio

Frailty is a state of health signified by vulnerability to adverse health outcomes in the face of stressors. We propose Boolean network models for studying frailty as a dynamical system and characterizing the “resilience” of the system, based on stimulus-response experiments. We demonstrate that resilience of a complex system can be quantified and modeled in different ways: (a) the time it takes to achieve equilibrium following stimulus, (b) the structure of correlations in system response at different time scales, and (c) sensitivity (large response to small, but “good” stimuli) and specificity (small response to large, but “bad” stimuli). The properties of regular networks, random networks, and scale-free networks are compared in terms of different measures of resilience, emphasizing the relationship between network entropy and the dynamics of stimulus response. Our work attempts to provide a deeper understanding of multisystem, complex interactions in the physiologic underpinnings and manifestation of frailty.

ENHANCING BALANCE CONTROL USING STOCHASTIC RESONANCE DEVICES
J. Niemi, Wyss Institute at Harvard University, Boston, Massachusetts

Previous work has demonstrated that physiologic complexity can be lost through aging, injury, and disease. This loss may diminish sensorimotor performance, leading to a loss of balance control as well as instability in gait. One potential solution is through the application of a vibratory stochastic resonance (SR) stimulation. Stochastic resonance is the counterintuitive notion that you can enhance the sensitivity of certain types of systems through the proper application of external noise. Experiments have demonstrated that the application of subsensory vibratory noise to the feet of subjects increases complexity which results in improvements in balance and gait. This effect occurs in young and elderly patients, as well as patients with diabetes and stroke. Although it remains to be seen whether such technology will prevent falls, which are multifactorial events, the results point toward an exciting frontier in the application of complexity science to clinical care.

OVERVIEW OF COMPLEXITY AND ITS COMPUTATION
M. Costa, 1. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2. Wyss Institute for Biologically Inspired Engineering at Harvard University, Boston, Massachusetts

Physiologic signals are largely analyzed using traditional time and frequency domain measures. However, such measures fail to account...
for important properties related to multiscale organization and non-equilibrium dynamics. The complementary role of conventional signal analysis methods and emerging multiscale techniques is, therefore, an important frontier area of investigation, with particular relevance to assessing aging and the frailty syndrome. This presentation will focus on two recently developed multiscale computational tools— multiscale entropy and multiscale time irreversibility—which are able to extract information from signals, such as heart rate dynamics, not contained in traditional methods based on mean, variance or Fourier spectrum (two-point correlation) techniques. These new “dynamical assays,” with careful attention to their limitations, may be useful in a variety of areas related to quantifying the loss of complexity with aging, in monitoring countermeasures to frailty, and in drug safety testing.

SESSION 2300 (PAPER)

GAIT AND BALANCE

THE DISCREPANCY BETWEEN ACTUAL & PERCEIVED GAIT ABILITIES AMONG NON-DEMNETED OLDER ADULTS

M. Brozgol1, M. Dorfman1, T. Herman1, A. Mirelman1, G. Yoge-Seligmann1, E. Sprecher1, N. Giladi1, J. Hausdorff2, 1. Dept of Neurology, Sackler Faculty of Medicine, Tel-Aviv University, Tel Aviv, Israel, 2. Department of Medicine, Harvard Medical School, Boston, USA, Massachusetts, 3. Laboratory for Gait and Neurodynamics, Movement Disorders Unit, Department of Neurology, Tel-Aviv Sourasky Medical Center. Tel Aviv, Israel, 4. Technion-Israel Institute of Technology, Faculty of Medicine, Haifa, Israel, 5. Department of Neurology, Tel-Aviv Sourasky Medical Center, Tel Aviv, Israel

Objective: A mismatch between perceived and actual abilities may increase the risk of falls. We examined: a) the factors that contribute to self-perceptions about gait quality and b) the divergence between actual and perceived performance among non-demented older adults. Methods: 221 community-living healthy older adults (age: 76.3±4.2 yrs; 62% women; MMSE: 28.7±1.5, range: 25-30) were studied. Self-perception of gait quality was determined using a visual analog scale (VAS-gait: 0-worst and 10-best). Other measures included gait speed during usual-walking and dual-tasking, performance-based measures of mobility, cognitive function (e.g., Trails Making Test A and B), and affect (Geriatric Depression Scale, Spielberg anxiety state and trait). The mis-match between perceptions and ability was determined by calculating differences between z-scored VAS-gait and usual-walking gait speed. Results: VAS-gait was 8.2±1.8 and usual-walking gait speed was 1.27±0.2 cm/sec. 51% of the subjects reported very good gait (VAS-gait>9). In multivariante analyses, those with VAS-gait>9 had higher dual-tasking gait speed, better DGI scores, and less anxiety (state). Those whose gait speed and VAS-gait scores matched (n=112; abs(delta Z-scores)<0.77) were generally similar to those who under-estimated their gait quality (n=55), except that over-estimators took longer to complete the TMT B (170±66 sec vs 141±60 sec; p=0.005). Conclusions: Among non-demented community-living older adults, self-perception of walking quality is related to performance-based measures of mobility and anxiety. Most subjects (75%) did not over-estimate their gait quality. However, in the subset that did, deficits in executive function apparently contributed to inappropriate over-estimation, even among these relatively healthy older adults.

EFFECT OF A VOCAL CHOICE REACTION TIME TASK ON STEP KINEMATICS FOLLOWING A SUDDEN UNDERFOOT PERTURBATION DURING GAIT

J.O. Nnodim, H. Kim, J. Ashton-Miller, University of Michigan, Ann Arbor, Michigan

The cognitive processing required during walking is proportional to the level of complexity of the gait task. Non-gait cognitive tasks performed while walking can also place demands on attentional resources. Since central processing capacity is finite, concurrent gait and non-gait tasks could conceivably interfere with each other. The purpose of this study was to explore the nature of that interference. Twenty-one healthy adults (mean±SD age: 23.1±3.3 years) were tested using a dual-task paradigm. Randomly, in one-third of the 24 gait trials, a rigid protuberance concealed in the outer sole of their specially-designed footwear; was deployed late in swing phase to unexpectedly invert or evert the mid-foot 16 degrees during one single-support phase. Step kinematics were recorded using a Optotrak Certus system. In the dual-task trials, subjects used headphones to listen to a randomized sequence of high and low tones, answering “yes” immediately a high tone sounded. The simultaneous administration of the auditory stimulus and underfoot perturbation resulted in a significantly decreased step length (74.6±/−5.1 cm vs 71.2±/−4.2 cm; p=0.01) and increased step time (0.55+/−0.04 s vs 0.57+/−0.03 s; p=0.03) relative to the gait-only task. Dual-tasking did not affect step width or gait variability. Vocal recognition reaction time increased significantly by 27.9% during perturbed gait, compared with stance (480 ms vs 375 ms; p<0.01). We conclude that, in young adults, a concurrent cognitive task interferes with gait by significantly altering step kinematics in response to an unpredictable gait perturbation.

THE ROLE OF MUSCLE MASS AND MUSCLE QUALITY IN THE ASSOCIATION BETWEEN DIABETES AND GAIT SPEED

S. Volpato1, L. Bianchi2, C. Maraldi3, F. Laurenti3, F. Laurenti3, G. Zuliani3, J.M. Guralnik1, L. Ferrucci2, 1. University of Ferrara, Ferrara, Italy, 2. Department of Internal Medicine, Hospital of Ferrara, Ferrara, Italy, 3. Department of Geriatric-Rehabilitation, University Hospital of Parma, Parma, Italy, 4. Tuscany Health Regional Agency, Firenze, Italy, 5. Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland, 6. Longitudinal Studies Section, Clinical Research Branch, National Institute on Aging, Baltimore, Maryland

To investigate the association of diabetes mellitus with lower-limb muscle mass and muscle quality and to verify whether diabetes-related muscle impairments mediate the association between diabetes and low walking speed. Cross-sectional analysis of 852 participants (65 years and older) enrolled in the InCHIANTI population-based study. Total, muscular, and fat cross-sectional areas of the calf and relative muscle density were measured using peripheral quantitative computerized tomography. Indicators of muscle performance included knee extension torque, ankle plantar flexion and dorsiflexion strength, lower extremity muscle power, and ankle muscle quality (ankle strength/calf muscle area). Gait performance was assessed using 4-m and 400-m walking speed. Diabetes was ascertained by standard criteria. Prevalence of diabetes was 11.7%. After adjustment for age and gender, participants with diabetes, despite having greater calf muscle area (β:2.27±1.07 cm2, p<0.05), had lower muscle density, knee and ankle strength, muscle power and worse muscle quality (all p values<0.05). Diabetics were also slower on both 4-meter (β:0.12±0.024 m/s, p<0.001) and 400-meter (β:0.053±0.023 m/s, p<0.05) walking task. In multivariable linear regression models, lower-limb muscle characteristics accounted for 27.5% (95% Confidence Interval: 20.5-33.8) and 15.1% (95% C.I. 13.4-28.9) of walking speed difference comparing diabetics and nondiabetics in the 4-meter and 400-meter walks, respectively. After full adjustment for potential confounders and mediators, diabetic participants remained significantly slower in the 4-meter (β:-0.073±0.021, p<0.01), but not in the 400-meter walking test (β:-0.027±0.019, p=0.165). In older persons,
diabetes is associated with reduced muscle strength and worse muscle quality. These impairments are important contributors to the walking limitations related to diabetes.

24/7 ACTIVITY RECORDINGS FROM >1,000 PEOPLE: QUANTITATIVE AND QUALITATIVE GAIT PARAMETERS
R. Feichtinger¹, T. Brauner², T. Hortmann²,³, M. Götze², E. Steinheiser⁴, M. Gietzelt⁵, M.D. Schulte⁶, M. Marscholke⁷, 1. Humotion, Tübingen/Münster, Germany, 2. TUM Technische Universität München, Munich, Germany, 3. Medical Park St. Hubertus Bad Wiessee, Bad Wiessee, Germany, 4. Research Group Geriatrics, Charité, Berlin, Germany, 5. Peter L. Reichertz Institute for Medical Informatics, Braunschweig/Hannover, Germany

Accelerometers for activity monitoring have often been used in recent years. We built a sensor system adding gyroscopes in 3 dimensions. We measured with accelerometers and gyroscopes at the lower lumbar (L3-L5) back. A study on 29 rehabilitation patients who recently received a hip-TEP implant to 30 age- and BMI-matched controls revealed that, while walking speed almost reached control levels at the third week of rehabilitation, gait symmetry was still highly significantly impaired. A striking gender difference was found during the progression of rehabilitation therapy. With the same recording system we measured over a thousand people in Berlin, aged (65+ years) as well as a young (20-35years) controls for 2/4 during their normal life. We present quantitative data on activity patterns comparing this aged versus young urban population as well as qualitative gait symmetry parameters from the same study group.

THE SHORT- AND LONG-TERM EFFECTS OF PHYSICAL THERAPY ON THE BALANCE OF OLDER ADULTS AS MEASURED BY THE ACTIVITIES-SPECIFIC BALANCE CONFIDENCE SCALE AND TINETTI’S PERFORMANCE ORIENTED MOBILITY ASSESSMENT
E. Hood¹, K.K. Chui², M. Lusardi¹, 1. Warren Hospital Balance Center, Phillipsburg, New Jersey, 2. Physical Therapy and Human Movement Science, Sacred Heart University, Fairfield, Connecticut

Introduction: Physical therapists often administer a battery of outcome measures to quantify the short-term effects of interventions for older adults with impaired balance. Unfortunately, the long-term effects of physical therapy on balance have not been adequately studied. This study evaluated the short- and long-term effects of physical therapy on balance as measured by the (self-reported) Activities-specific Balance Confidence Scale (ABC) and the (performance-based) Tinetti’s Performance Oriented Mobility Assessment (POMA). Methods: Fifty-three consecutive community dwelling older adults (mean age = 78.1 ±6.7 years) referred to physical therapy (PT) participated in this longitudinal study. All participants had diagnoses that impaired their balance (mean duration 8.5 ±9.1 months). PT interventions included balance exercises, gait training, and strength training among others (mean visits: 9.5 ±4.0). Balance was measured at evaluation, discharge, and 6-month follow-up. Results: Sixty-two percent of participants returned for 6-month follow-up testing. There were no significant differences between those that did and did not return for follow-up testing for age, gender, fall history, symptom duration, visits, or measures of balance at evaluation or discharge. For those that did return, there were significant (p < .001) improvements in ABC and POMA subscales and total scores between evaluation and discharge. There was no significant difference in POMA scores between discharge and 6-month follow-up. There was, however, a significant (p < .001) decline in ABC scores between discharge and 6-month follow-up. Conclusion: Physical therapy improved self-reported and performance-based measures of balance in the short-term. The long-term effects on balance were maintained for performance-based but not self-reported measures.

SESSION 2305 (PAPER)

FEASIBILITY OF IMPLEMENTING THE SUPPORTIVE SUPERVISION INTERVENTION IN LONG TERM CARE
K.S. McGilton¹,², J. Proffet-McGrath², A. Robinson¹, 1. Research, Toronto Rehabilitation Institute, Toronto, Ontario, Canada, 2. Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

Providing quality care in nursing homes is dependent on having clinically and interpersonally competent RNs in supervisory roles. The primary purpose of this study was to determine the feasibility of implementing an intervention focused on enhancing the supportive capacity of RNs in nursing homes. The objectives of the study were that supervisors would perceive increased job satisfaction following the intervention. Further, supervised staff whose supervisors were trained in the intervention would perceive (a) increased supportive supervision; (b) enhanced job satisfaction; and (c) increased knowledge utilization. A repeated measures group design was used to address the objectives. The study was conducted in one conveniently selected nursing home in urban location in Canada. 15 RNs, 8 LPNs, and 17 HCAs participated in the study. Following the supervisory intervention which included a workshop, weekly reflections, and on-unit coaching, there was an increasing trend in the supervisors’ work satisfaction scores; however there were no changes perceived by the supervised staff according to their job satisfaction or level of supportive supervision. There were significantly higher scores for supervised staffs’ instrumental knowledge use (t = 2.68, df = 1,13, p = .018), overall knowledge use (t = 2.1, df = 1,13, p = .047), and conceptual knowledge utilization (t = 2.58, df = 1,13 p = .014). The results of the feasibility data study suggests that the intervention requires modification prior to proceeding to a controlled trial but does provide some preliminary evidence that supportive supervisors may enhance knowledge use of their supervised staff.

POSITIONING YOUR TELEHEALTH PROGRAM FOR SUCCESS: BE PREPARED TO MEET THE CHALLENGES
M. O’Connor¹,², M. Adelsberger¹, K.H. Bowles¹, 1. School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, 2. Penn Care at Home, Bala Cynwyd, Pennsylvania

Many skilled home health providers are seeking new ways of caring for an increasingly complex and costly geriatric patient population, many of whom are suffering from multiple co-morbid conditions. Telehealth is an emerging technological tool where wireless biometric devices and video technology are placed in patient homes, transmitting health data to community based clinicians via the patient’s telephone line, internet or wirelessly through 3G communications. Telehealth is believed to improve patient outcomes by frequent monitoring and timely intervention when patient deterioration is detected, but implementation presents many challenges. With over 10 years of experience in telehealth research and practice, presenters explore common challenges and offer practical advice critical to a successful telehealth implementation. Challenges to successful telehealth implementation include field staff and physician acceptance, leadership support, agency culture, staffing shortages, equipment installation and maintenance, financial resources, patient resistance, generating and maintaining staff enthusiasm and the technological readiness of the individual agency. Practical advice is discussed related to choosing and financing equipment, staffing and logistics of the program, targeting the ideal patient population to service, preparing agency leadership and staff for implementation, physician collaboration and community outreach, and defining and maintaining success.
CLINICAL AND BUSINESS IMPLICATIONS OF A FALL SCREENING AND EXERCISE PROGRAM IN ASSISTED LIVING

G. Sloves, A. Gomez, Fox Rehabilitation, Cherry Hill, New Jersey

Falls are a major health problem in the elderly community, increasing the risk of mortality, morbidity, disability and frailty as well as increasing medical costs. The purpose of this novel evidence-based program is to: provide comprehensive fall risk assessments and progressive group exercise classes to reduce the incidence of falls in assisted living residents; provide independent seniors residing in the community with no-cost progressive exercise classes; provide assisted living corporations with showcase programming to promote facility as community resource center. All residents of 10 assisted living communities (1,000+ residents, ages 55-100 years) participated in a fall risk assessment, upon move into community, quarterly, at functional decline or post fall. Assessment includes fall history, strength testing (30 Sec Chair Stand), gait testing (Timed Up & Go Test) and balance testing (Functional Reach). 900 high fall risk residents received an interdisciplinary improvement plan including physician/nurse systems review, medication review, occupational, physical, or speech therapy, environmental hazards assessment, caregiver education, change in toileting routine, or use of DME. 100 low to moderate fall risk residents participated in customized 12 week therapeutic exercise classes, designed by physical therapists and lead by exercise physiologists, 2x/wk for 60 minutes per session. This innovative collaborative project resulted in fall reductions up to 43% in one year. Resident impairments and function also significantly improved: Sit-Stand by 2.9 repetitions, TUG by 1.2 seconds, and Functional Reach by 1.8 inches. Independent community seniors also attended exercise classes increasing the viability of the facility as a community resource center for seniors.

SMALL-SCALE LIVING FACILITIES IN DEMENTIA CARE: EXPERIENCES OF FAMILY CAREGIVERS AND NURSING STAFF

H. Verbeek, S.M. Zwakhalen, E. van Rossum, G.I. Kempen, J. Hamers, Health Care and Nursing Science, Maastricht University, Maastricht, Netherlands

Long-term Dementia Care Is Increasingly organized in small-scale and homelike care facilities, reflecting a cultural change movement. In these facilities, residents are encouraged to participate in household activities, emphasizing normalization of daily life with person-centered care. Despite the large increase of such facilities, research into experiences is scarce. This study therefore investigated experiences of family caregiver and nursing staff. The study was part of the process evaluation of a large effect study into small-scale living facilities (SSLFs) in the Netherlands. Questionnaires were sent to family caregivers in SSLFs and traditional nursing homes (TNHs) (n=130) and nursing staff in SSLFs (n=101). In addition, semi-structured interviews (n=20) were held with family caregivers and nursing staff in SSLFs. Family caregivers of older people in SSLFs experienced the facility as significantly more homelike than family caregivers of older people in TNHs. The largest difference was found for the domain ‘having an ordinary household’ (p<.001); the smallest difference was reported for the domain ‘physical resemblance of an archetypical home’ (p<.05). Interviews showed that almost all participants reported positive experiences with SSLFs regarding personal contact, a home for life principle and homelike atmosphere. Nursing staff welcomed the broadening of their tasks, although some experienced working often alone as a disadvantage. They were most positive about the personal contact with residents and the working environment. Experiences with SSLFs for people with dementia are mainly positive. With the changing role of family and nursing staff, more insight is needed into caregiver burden and nursing staff’s skills.

ACCESS: SATISFACTION WITH TELEHEALTH CANCER CARE RESOURCES BY MATURE ADULTS

V.F. Rempusheski1, P. Klemm2, J.F. Teixeira2, J.R. Perry2, C. Jurkovitz3, M. Merson4, A. Exner5, 1. University of Delaware, Newark, Delaware, 2. Cancer Care Connection, Newark, Delaware, 3. Christiana Care Center for Outcomes Research, Newark, Delaware

Cancer is primarily a disease of older adults. By 2050 the cohort of Americans age ≥65 will double and herald a surge in the number of older Americans needing cancer-related information. An aim of the Academic-Community-Clinical Engagement for Support and Successful Outcomes (ACCESS) study is to evaluate outreach to older adults affected by cancer and their family caregivers. To partially address this aim, we assessed satisfaction of callers to Cancer Care Connection (CCC), a non-profit telehealth service offering free professional cancer coaching and personal care resources. Between 1/22/2010 and 2/15/2011, CCC received calls from 462 persons in 33 US states, District of Columbia and Canada. One hundred-twenty callers agreed to be contacted to evaluate the CCC telephone service. A 7-item, 5-step Likert scale (1=not at all, 5=exactly) and comment section were completed by 63 callers (51% response rate): 65% were mature adults age 46-64 y/o, 19% were ≥65 y/o, 84% were female, and represented 17 states across the USA. Those who answered the survey did not differ significantly from those who did not by gender, age group, age of older adults, or location. Most reported that they completely understood the information (83%); that coaches listened attentively (95%), completely answered their immediate questions (91%), provided useful information or resources (86%), and helped them make decisions (64%). Four themes about coaches emerged from caller comments: time spent, someone to talk to, compassion, and follow-up. Financial assistance was expressed as a need of most callers. These findings raise further questions about cancer care resource needs. Funded by NIH/NCRR.

SESSION 2310 (PAPER)

OLDER ADULTS IN THE COMMUNITY

CONJOINT TRAJECTORIES OF DEPRESSION AND SELF-RATED HEALTH IN COMMUNITY DWELLING ELDERLY

M. Kuchibhatla1, K. Hayden1, G. Fillenbaum2, 1. Duke University Medical Center, Department Of Biostatistics and Bioinformatics, Durham, North Carolina, 2. Duke University Medical Center, Department Of Psychiatry, Durham, North Carolina

Correlated trajectories and the reciprocal effects of depressive symptomology and self-rated health were modeled simultaneously using latent growth curve models. The sample comprised 3976 White and African American participants aged 65 years and older (mean 73 years) from the Duke Established Populations for Epidemiologic Studies for the Elderly (EPESE). Participants were evaluated by trained interviewers with a structured questionnaire at baseline, three, six, and ten years later. On each occasion, depressive symptoms were measured using the modified Center for Epidemiologic Studies-Depression (CESD) scale (range 0-20) and self-rated health was obtained (excellent = 1, poor = 4). A latent linear growth curve fit both CESD depressive symptomology and self-rated health measured at the four time points. The estimated mean (standard error) CESD scale intercept (at time zero) and slope were 8.50 (0.41) and −0.10 (0.02) respectively. A latent quadratic growth curve fit both CESD depressive symptomology and self-rated health measured at the four time points. The estimated mean (standard error) CESD scale intercept (at time zero) and slope and quadratic term were 8.50 (0.41), −0.10 (0.02) and 0.00 (0.00) respectively. Regression of the latent intercepts of self-rated health on the latent slopes of depression symptomology were significant and positively associated (coefficient = 0.05, p-value = 0.005). That is, poor self-rated health status (larger values of self-rated health) at baseline was associated with increase in depression symptomology over the next 10 years. Effects of other covariates on the trajectories, and association of the resulting parameters will be examined. CTSA grant 5UL1 RR024128-04 from

64th Annual Scientific Meeting 609
chronic pain, depressive symptoms, and falls in older community-dwelling adults: the mobilize boston study

L. Eggernst1, B. Penninx3, R. Jones3, S.G. Leveille3, 1. Department of Clinical Neuropsychology, VU University, Amsterdam, Netherlands, 2. Department of Psychiatry, VU University Medical Center, Amsterdam, Netherlands, 3. Department of Medicine, Harvard Medical School, Boston, Massachusetts, 4. College of Nursing and Health Professional, University of Massachusetts, Boston, Massachusetts

Depression and chronic pain are related conditions that may share a common pathway leading to falls in older persons. In the population-based MOBILIZE Boston Study, 722 older adults (mean age 78.3y, 63.6% female) completed baseline assessments about chronic pain and depressive symptoms. Chronic pain was measured by number of pain sites (none, single site, or multisite), pain severity, and pain interference with daily activities. Depressive symptomatology was assessed by the CES-D total score and within 2 domains, cognitive or somatic symptom scores. Participants recorded falls on monthly calendar postcards over an 18-month period. Fall rate ratios were derived from negative binomial models adjusted for sociodemographics, chronic conditions, cognitive function and multiple fall risk factors. Older adults with more depressive symptoms had higher fall rates compared to those with fewer/no symptoms for each of the 3 depression measures. Average fall rates from the lowest to the highest total CESRD quartiles were: 0.71, 0.89, 0.89, 1.40 per year, respectively. Adjusted fall rate ratios comparing quartiles 2, 3 and 4 of the total depression score to the lowest quartile were 1.11(0.82–1.49), 1.26(0.92–1.73), 1.91(1.39–2.61), respectively. Similar graded associations were observed according to cognitive and somatic CESDR domains. Although pain location and pain interference were mediators (≥10% change in estimate) of the depression-falls relationship, the association between depression and falls remained significant after adjustment for chronic pain. Chronic pain was also independently associated with increased fall risk. Both pain and depression are treatable conditions, offering opportunities to reduce falls risk in aging.

Parenting Grandparents: Pilot Testing of the GP-PRAISED INTERVENTION TO IMPROVE HEALTH

R.D. Satyshur, B. Resnick, Family and Community Health, Baltimore, Maryland

Aims: The purpose of this study was to utilize a socio-ecological model approach to test the feasibility and effectiveness of a community-based intervention with parenting grandparents (PRAISED-GP). Methods: A single group pre and post test design was used to evaluate the feasibility and preliminary efficacy of this six month intervention. Pilot subjects consisted of 9 grandmothers, 40 years or older who had full time responsibility for raising grandchild(ren) in parent absent households. Participants were exposed to (6) monthly, 1 hour classes/discussion groups conducted by a registered nurse. Topics included: Stress Management, Exercise and Barriers, Medication Compliance, Diet, Positive Discipline, and Children’s Emotional and Educational Needs. Measures were completed prior intervention and then 4 weeks post intervention. Stress Measure: Brief Symptom Inventory(BSI); Social Support: Family Support Scale (FSS); Health Behavior: Yale Physical Activity Survey (YPAS); Food Intake measure: Brief Block Questionnaire (BBQ). T-test for paired samples were used to compare pre and post mean scores. Results: The PRAISED-GP intervention resulted in decreased psychological distress scores and increased social support scores. Class discussions facilitated sharing information among grandparents related to diet, exercise, health, well being, childrearing and reducing stress and isolation. Grandparents reported awareness of healthier dietary choices and cooking habits. One subject reported engaging in regular exercise activity. Conclusions: Educational interventions (PRAISED-GP) are a critical first step maybe in changing behavior. Ongoing work, however, is needed to move beyond education and teach and engage parenting grandparents in activities such as exercise, buying, and cooking heart healthy diets. Few policies or programs exist to improve the health outcomes of parenting grandparents.

A Health Needs Assessment of Older Adults To Guide a Community-Based Translational Genomics Project


The Community-based Cooperative for Studies Across Generations (CoSAGE) consists of an academic-community research partnership between Michigan State University and a German Catholic community in rural mid-Michigan, where evidence for high kinship has been established. CoSAGE aims to interdisciplinarily examine genetic and environmental factors involved in common age-related chronic conditions, using community-based participatory research methods. The long-term goal is to develop innovative community and individual-level interventions to promote community health and well-being. In order to build a strong base for future studies in this translational genomics project, key informant interviews (n=31) were conducted with community leaders representing schools, businesses, churches, health care professionals, and government officials in the partner community. A semi-structured interview guide was developed in collaboration with the community Research Advisory Committee to solicit stakeholder perceptions of quality of life, health resources available to older adults, and high impact health problems. All informants reported overall quality of life as good or excellent. Hearing impairment and Alzheimer disease were perceived as the highest impact age-related health conditions, ranking among the top ten conditions along with cardiovascular disease, arthritis and cancer. Few health resources specific to older adults were described, though limited physical activity and social resources were identified by community members. Descriptive content analysis methods revealed, ‘Church as community resource’ and ‘Intergenerational’ as important aspects of elder care. Results from this analysis will be used to guide the development of disease-specific genetic association studies in the partner community.

Detection of Delirium in Community-Dwelling Persons With Dementia


This pilot study was a collaboration of industrial engineers and nursing scientists from two universities. Objective: To explore the feasibility of engaging family caregivers to electronically report observations of delirium symptoms in community-dwelling older adults with dementia by assessing the ability to recruit and retain participants, satisfaction with computerized communication and measuring agreement between family observations of delirium (Confusion Assessment Method–Family (CAM-FAM)) and researcher assessments (Confusion Assessment Method (CAM)). Methods: Family caregivers accessed an electronic CAM-FAM via their personal computer or a study supplied smart phone. Findings: Compliance with daily data transmission was 77%. The family caregivers were satisfied with the technology and the task of answering assessment questions. There were 7 confirmed episodes of delirium in 3 study participants. Pearson Product Moment
Correlation Coefficient of the CAM and CAM-FAM was 0.856 (p=0.01). Conclusion: We have confidence in the CAM-FAM utility in research and potentially in care partnerships.

SESSION 2315 (SYMPOSIUM)

EVALUATING GERONTOLOGICAL OUTCOMES IN THE PRESENCE OF COMPETING RISK OF DEATH
Chair: Q. Xue, Medicine, Johns Hopkins University, Baltimore, Maryland
Discussant: R. Varadhan, Medicine, Johns Hopkins University, Baltimore, Maryland

The symposium introduces novel analytic methods to account for competing risk of death. Many longitudinal and time-to-event studies of non-fatal health outcomes in the geriatric population face challenges of non-ignorable missing data and informative censoring resulting from competing risk of death. Standard methods such as Cox models and random effects models (REM) may lead to biased inference because of their unlikely assumption of independence between death and the outcome of interest. The first talk gives an overview of statistical approaches for modeling trajectories of longitudinal data truncated by death, and illustrates how standard techniques such as REM and Generalized Estimating Equations (GEE) may be applied or extended to address different research aims in this setting. The second talk introduces a competing risk model for survival analysis. Instead of treating death as a censored event, the model estimates the cumulative incidence of the event conditional on event-free survival. The third talk discusses joint modeling of both event and event-free death through a mixed likelihood approach, the mixing parameter being the proportion of subjects who experienced the event (vs. died before event onset). This model aims to assess how interventions modify the mixture in terms of both the mixing parameter and the survival time distributions of the event and death. Real data examples are used to illustrate the methods, with the goal of improving our understanding of competing risk and its implications in the prediction and prevention of poor health outcomes among older adults.

LONGITUDINAL DATA WITH FOLLOW-UP TRUNCATED BY DEATH: MATCHING ANALYSIS METHODS TO RESEARCH AIMS

Diverse analysis approaches for longitudinal data truncated by death are illustrated using cognitive functioning data (MMSE) from the Cardiovascular Health Study. Unconditional models, such as random effects models, average longitudinal responses over the survival distribution and may implicitly impute data beyond the time of death. Fully conditional models stratify by time of death and describe individual trajectories in terms of either aging (age, or years from baseline) or dying (years from death). Modern causal models (principal stratification) describe group differences at one timepoint for a cohort that will survive past a later timepoint. Partly conditional models reflect the average response in survivors at a given timepoint, rather than individual trajectories. Joint models of survival and longitudinal response describe the evolving health status of the entire cohort. Researchers should consider which method of accommodating deaths is consistent with study aims, and analyze data accordingly.

SESSION 2320 (SYMPOSIUM)

MATCHING NEEDS TO SERVICES PROVIDED TO ELDERLY PEOPLE
Chair: B. Vrijhoef, TRANZO, Tilburg University, Tilburg, Netherlands
Discussant: B. Vrijhoef, TRANZO, Tilburg University, Tilburg, Netherlands

Given the heightened pressures for careful use of scarce resources, it is imperative that healthcare providers ensure that services are appropriate to the needs of elderly people. In so doing, it is believed that one needs to assess the needs of elderly people and relate these to existing services. In this symposium 4 different examples of such assessments are presented. First, an approach based on aspects of social marketing in which the analysis of the situation of the customer is point of departure and evaluation of the intervention is an essential part will be presented. The second example is a project about assessing the effectiveness of early detection of health problems among community-dwelling older people and their subsequent referral to appropriate care and/or well-being facilities by general practices. The third example presents a novel methodology which involved linking over 300 million care records at the person level, and using risk adjustment to understand where tele-health and telecare technologies might best be targeted. The fourth example discusses to what extent obligatory measurement of clients' experiences result in improved quality of long term care. Based on these
examples we will discuss the feasibility and challenges of how to best match needs to services provided to elderly people.

DEMAND-BASED INTERVENTIONS FOR LONELY PEOPLE
K. Luijx, Tranzo, Tilburg University, Tilburg, Netherlands

Due to the negative impact of loneliness to both the physical and the mental health of elder people, it is important to intervene in order to reduce these feelings. It seems possible to reduce feelings of loneliness with interventions, of which an overwhelming variety exists. However, the scarce research in this area shows that many interventions are not effective. It is supposed that there is too little attention for the individual situation of lonely elders to provide suitable effective interventions. In a cooperation of science and practice (welfare organizations) a systematic approach has been designed to develop, implement and evaluate interventions aimed to diminish loneliness. This approach was based on aspects of social marketing in which the analysis of the situation of the customer is point of departure and evaluation of the intervention is an essential part.

HOME VISITATION PROGRAM FOR THE EARLY DETECTION OF HEALTH PROBLEMS AMONG OLDER PEOPLE
M.M. Stijnen1, I.G. Duimel-Peeters2, M.W. Jansen1, B. Vrijhoef2,1, J. Maastricht University, Department of General Practice, Maastricht, Netherlands, 2. Maastricht University Medical Centre, Department of Integrated Care, Maastricht, Netherlands, 3. Public Health Service South-Limburg, Geleen, Netherlands, 4. University of Tilburg, TRANZO, Tilburg, Netherlands

In the Netherlands, general practices are increasingly held responsible for organizing preventive care for older people. There has been an increased focus on the timely identification of health risks among older people that may ultimately be detrimental for maintaining independent living. For this purpose, a home visitation program has been developed for the early detection of health problems and risk situations among community-dwelling older people (aged ≥ 75 years) by general practices. Practice nurses perform a comprehensive multidimensional assessment of the health and well-being of older people and, if necessary, older people are subsequently referred to additional diagnosis, preventive care or treatment based on their own needs and wishes. A quasi-experimental study is being conducted to examine whether this approach leads to sustained or improved health-related quality of life and reduced disability. Furthermore, the feasibility of the program for general practices is assessed by means of an extensive process evaluation.

IMPACT OF ASSISTIVE TECHNOLOGIES ON SERVICE USE: FINDINGS FROM A LARGE RANDOMISED TRIAL
A. Steventon1, M. Bardsley1, J. Billings2,1, J. Dixon1, I. The Nuffield Trust, London, United Kingdom, 2. NYU Wagner, New York, New York

There has been significant interest in the potential of technology to reduce financial pressures on health care systems and improve the quality of care. In England, the Department of Health sponsored a large randomised control trial of a system of multidisciplinary working, supported by telehealth and telecare technology in the home. This Whole System Demonstrator is believed to be one of the largest randomised trials of these technologies ever conducted, with almost 6,000 participants. We will present findings related to impacts on the use of primary and secondary health care and long-term domiciliary and residential care. Assessing the effects of community-based interventions is challenging. We employed a novel methodology which involved linking over 300 million care records at the person level, and using risk adjustment to understand where these technologies might best be targeted. Objectives: Participants will be describe findings relating and discuss the role of risk adjustment.

USING CLIENT FEEDBACK FOR QUALITY IMPROVEMENT IN LONG-TERM CARE ORGANIZATIONS
M. Zuildegeest1, K. Luijx1, G. Westert1,2,3, D. Delnoij1, I. Tranzo, Tilburg University, Tilburg, Brabant, Netherlands, 2. IQ Healthcare, Scientific Institute for Quality of Healthcare, Nijmegen, Netherlands, 3. Dutch Centre for Consumer Experience in Health Care, Utrecht, Netherlands

In the Netherlands, measuring biannually clients’ experiences in long-term care for the elderly (residential and home care) is obligatory. These results are published on websites to support consumer choice and are used by health plans to contract these homes. This presentation focuses on a third usage of the results, where the question is: Is client feedback used by homes to improve the quality of care? We used information from 47 interviews in 12 homes with both managers and professionals. Based on the vision and structure of homes, they profoundly differ in how they actually use information: sometimes client feedback is an integral part of the quality system, but often usage is limited to quality managers, solely. Homes have initiated a variety of improvement projects as a result of measuring client experiences, of which the effectiveness is still unclear. There is a need for guidance on effective improvement of client feedback.

SESSION 2325 (SYMPOSIUM)

THE NEW REGULATORY MODEL TO PREPARE ADULT-GERONTOLOGY ADVANCED PRACTICE NURSES: FACULTY RESOURCES TO FACILITATE MODEL IMPLEMENTATION
Chair: J. Stanley, American Association of Colleges of Nursing, Washington, District of Columbia
Co-Chair: C. Auerhahn, Hartford Institute for Geriatric Nursing New York University College of Nursing, New York, New York
Discussant: D.L. Thompkins, American Nurses Credentialing Center, Silver Spring, Maryland

The 2011 IOM report on nursing emphasizes the importance of nurses working to their full scope of practice. Advanced Practice Registered Nurses (APRNs) provide high quality and cost effective care to adults including long-term care. Older adults comprise a large proportion of the patients cared for by APRNs. Yet only a small number of APRNs are prepared specifically in geriatrics. Currently, there are approximately 4,500 geriatric nurse practitioners (NPs) and clinical nurse specialists (CNSs) as compared with over 30,000 adult NPs and CNSs. The proposed Consensus Model for APRN regulation (the LACE model), endorsed by 47 national nursing organizations, will markedly expand the APRN workforce prepared in geriatrics by combining geriatric and adult APRN preparation into Primary Care Adult-Gerontology NP, Adult-Gerontology CNS, and Acute Care Adult-Gerontology NP programs. In 2007, the John A. Hartford Foundation funded the American Association of Colleges of Nursing (AACN) and the Hartford Institute for Geriatric Nursing at the NYU College of Nursing to prepare resources to help APRN faculty implement these changes, due to be in place by 2012. This Symposium describes resource development for APRN faculty (e.g. competencies, model curricula, evolving case studies, a slide library, teaching strategies) and faculty evaluation from dissemination activities. Specific, measurable outcomes for this symposium are: After attending this Symposium, participants will be able to: 1) describe faculty resources developed to facilitate the transition to the Adult-Gerontology APRN role(s) and 2) discuss strategies for dissemination of these resources.
COMPETENCIES FOR THE NEW ADULT-GERONTOLOGY APRN REGULATORY MODEL

This session describes the newly-developed competencies for Primary Care Adult-Gerontology NP, Adult-Gerontology CNS, and Acute Care Adult-Gerontology NP programs. The consensus-building process used to develop them will be discussed and the competencies will be reviewed. Also discussed will be the findings from a needs assessment conducted by AACN and the Hartford Institute in preparation for the development of faculty resources. Key faculty in existing NP and CNS Adult and Gerontology programs were surveyed and subsequent focus groups were hold to determine resources that APRN faculty would view as relevant to implementing the new model.

FACULTY RESOURCES TO HELP IMPLEMENT THE NEW ADULT-GERONTOLOGY APRN REGULATORY MODEL

This session describes the resources that have been developed to assist APRN faculty in the transition to adult-gerontology programs. These resources were developed based on the recommendations of the faculty needs assessment discussed earlier. They include: 1) web-based interactive evolving case studies, for use by students in preparation for classroom and clinical discussions; 2) three learning modules focused on teaching strategies and available print and eLearning resources to help faculty re-direct classroom presentations and clinical seminars to fully integrate both adult and gerontology content, model curricula which allow faculty to explore how APRN nursing programs that have already integrated their adult and gerontology programs have allocated content and clinical experiences, and essential gerontological/geriatric content and its integration into adult-gerontology APRN programs; and 3) a slide library with state of the art content in four areas of geriatric care.

PRE-CONFERENCE WORKSHOPS AS A MEANS OF DISSEMINATION OF FACULTY RESOURCES

This session describes the pre-conference workshops conducted at four APRN professional organization meetings: AACN Masters Conference, National Organization of Nurse Practitioner Faculties, American Association of Critical Care Nurses, and American Academy of Nurse Practitioners. Content presented at the workshops included: an overview of the New Regulatory Model; the new adult-gerontology competencies for NPs and CNSs; faculty resources including web-based interactive case studies and the slide library. Presentations derived from the three learning modules described earlier were also included. Presenters were all expert APRNs and were chosen from a variety of institutions. There was also an opportunity for participants to apply the content of the workshop in small group discussions facilitated by the presenters.

RESOURCE EVALUATION AND FUTURE PLANS FOR DISSEMINATION

This session describes the evaluation of the APRN resources garnered from attendees from pre-conference workshops, summary of web statistics as to people accessing the on-line materials, and an on-line survey of web users. Future plans for dissemination include an ongoing electronic resource to assist faculty who have not attended pre-conference workshops in person to utilize the online resources, and development of an ongoing electronic resource and platform for faculty exchange of ideas and questions. This platform will allow for posting of new curricula models and resources as they are developed, and for exchange of best practices, questions, and solutions as faculty redesign and implement the new curricula.

SESSION 2330 (PAPER)

FAMILY CAREGIVING

POLICY INTERSECTIONS, RECOMMENDATIONS, AND ACTION STEPS FOR SUPPORTING FAMILY CAREGIVERS AND THE DIRECT SERVICE WORKFORCE
A. Hewitt¹, S. Edelstein², C. Blakeway¹, 1. University of Minnesota, Minneapolis, Minnesota, 2. PHI, New York, New York, 3. The Lewin Group, Falls Church, Virginia

Although family and professional caregivers experience similar rewards and challenges, public policies and programs affecting these two groups are typically uncoordinated. In September 2010, CMS convened an invitational summit of leaders in the caregiving field to identify policy intersections, recommendations, and action steps to work together to build capacity and support for all caregivers. Twelve common policy goals emerged, addressing specific goal for family caregivers and direct service workers, coupled with broad systems change goals. Summit participants identified five immediate next steps to follow up on the discussions: 1) continue and expand stakeholder discussions to share information and build consensus, 2) reach out to CMS Center for Innovation and other Affordable Care Act implementation workgroups, 3) support ongoing compilation and dissemination of information, 4) develop a roadmap of currently available caregiver competencies, and 5) reach consensus among stakeholders on a common set of core competencies to guide the development of training materials. This session will discuss the recommendations and progress on action steps. We will also present additional resources providing background on family caregivers and the direct service workforce. Finally, we will provide example programs and initiatives related to caregiver training, stakeholder partnerships, long-term care financing, community based supports models, peer support, and recruitment/selection/retention.

A TEST OF RIVAL THEORIES FOR REDUCING HARDSHIPS IN SANDWICH GENERATION HOUSEHOLDS
G.A. Rainville¹, M. Nguyen², 1. AARP, Washington, District of Columbia, 2. University of Massachusetts, Boston, Massachusetts

The jobless recovery provides an opportunity to assess rival theories about the resiliency of sandwich generation households. Implications from two theoretical orientations are tested with household-level data from AARP gathered during 2010. The economies of scale literature suggests that sandwich generation households may reduce hardships by pooling housing resources within its large network of available kin. Another view of households is that each successive co-residing working-age adult (including spouses) fails to offer sufficient income or informal assistance to offset the costs they impose. Relative support for these theories is garnered by whether reduced or increased hardships are reported in households with greater than one working-age adult. Household compositions are divided into exhaustive categories and regressed on a SIPP-like (i.e. Survey of Income and Program Participation) hardship index with demographic and income-related controls. Single-stage OLS models found that sole householders reported significantly lower scores on the hardship index than those with any other household configuration. Heckman models show consistent, but attenuated, results for the measures of chief theoretical interest. Empirical
support for a theory that suggests limited pooling and exchanges within sandwich generation households implies that family-based solutions for reducing household hardships—such as seeking economies and setting up a system of intra-household exchanges—appear insufficient to offset scarcities imposed by the business cycle. The degree to which older adults may negotiate the configurations of their households is discussed in a consideration of whether such findings could lead to actionable policy or lifestyle choices.

I COULDN’T MAKE IT WITHOUT THEM: PATIENT AND CAREGIVER PERSPECTIVE OF HOME BASED PRIMARY CARE


The Centers for Medicare and Medicaid (CMS) Independence at Home demonstration project will test a home based primary care (HBPC) model within the Medicare economic structure. The project targets the 5%-25% of beneficiaries who account for 43% to 85% of Medicare costs. This model is based on success of the Department of Veterans Affairs HBPC program, which decreases health care costs and improves patient outcomes. The increasing interest in HBPC highlights the need to understand the perspective of patient and caregiver about the benefits and most useful services of this intensive model. In-depth interviews were conducted with 15 Veterans and their caregivers at three VA HBPC sites across the country. Analysis of transcripts identified key themes regarding patient and caregiver experiences and value of specific services. Frail elders and caregivers described how not having to go to the clinic reduced physical strain and stress for both. Relying on the HBPC nurse to order medications and fill pill boxes improved compliance and eased caregiver burden. Patients and caregivers identified the visits from the care team as the most important part of the program, and valued their interactions with HBPC clinicians. These data indicate that services provided by HBPC not only improve chronic disease management, but provide social engagement and develop coping skills for both patient and caregiver, contributing to mutual well-being. For VA and CMS, these findings provide a basis for targeting services and evaluating outcomes from a patient-centered perspective as well as from a system perspective.

SESSION 2335 (SYMPOSIUM)

IMPACT OF ORGANIZATION OF NURSING HOME MEDICAL STAFF ON RESIDENTS’ HOSPITALIZATIONS

Chair: O. Intrator, Center for Gerontology and Health Care Research, Brown University, Providence, Rhode Island, Providence VAMC, Providence, Rhode Island
Co-Chair: T. Wette, Center for Gerontology and Health Care Research, Brown University, Providence, Rhode Island
Discussant: A. Bonner, Centers for Medicare and Medicaid Services (CMS), Baltimore, Maryland

As the severity of illness in nursing home (NH) residents continues to increase, the physician’s (MD) role in their care grows in importance. Yet little is known about how NHs structure or organize the work of medical staff (physicians, nurse practitioners, and physician assistants) who provide medical care to residents. Our previous research has shown that NH staff and resident family members often describe frustration with the availability of MDs and their limited presence in the NH. The limited involvement of physicians in NHs may impede interdisciplinary communication and effective treatment, which could lead to harmful resident outcomes. Many hospitalizations and rehospitalizations, in particular, have been found to be potentially preventable, and thus harmful to residents. We have termed the limited presence of MDs in NHs as “MDs MIA” (missing in action) and have undertaken several studies to examine how NH medical staff organization (MSO) affects MD MIA and outcomes for NH residents. In this symposium, we will examine medical staff organization and its impact on nursing home processes and performance with a focus on reduced potentially preventable hospitalizations. We will first describe how, through a series of related studies, we have developed measures of NH MSO and MD MIA. Next, we report findings related to differences in NH MSO and MD MIA between hospital-based and free-standing NHs and their impact on resident hospitalizations. Finally, we report the impact of NH MSO on resident thirty-day re-hospitalizations.

HOW DO WE THINK ABOUT PHYSICIANS IN NURSING HOMES? DEVELOPING MEASURES OF MEDICAL STAFF ORGANIZATION

R. Shield1, M. Rosenthal2, D. Tyler1, T. Wette1, M. Clark1, O. Intrator1, 1. Brown University, Providence, Rhode Island, 2. Rutgers University, New Brunswick, New Jersey

Practices of nursing home (NH) medical staff—physicians, nurse practitioners and physician assistants—are often limited by NH characteristics of administrative control. Limits in medical staff involvement may affect their knowledge of residents, their oversight of residents’ changing conditions and care transitions such as hospitalizations. Nursing staff, residents and families are then subject to disappointments. Using findings from mixed methods studies from 4 qualitative and quantitative surveys, our interdisciplinary team created measures to conceptualize NH medical staff practices and the responses of staff and families when medical staff are not involved. Surveys were completed by NH administrators and directors of nursing (N=3422) in 2256 unique NHs during 2010. Results highlight the need to explore medical staff organization and its effects by methodically creating appropriate measures. As one DON related, “If physicians were more in tune with the resident, it would affect whether [residents]…go out [to the hospital] or not.”

IS NURSING HOME MEDICAL STAFF ORGANIZATION ASSOCIATED WITH REHOSPITALIZATIONS AMONG RESIDENTS?


Little is known about NH medical staff organization (MSO) and its relationship to quality of care (e.g., rehospitalizations). We merged primary data describing MSO collected from NH medical directors to resident assessment data (MDS), Medicare claims, and the Online Survey Certification and Reporting (OSCAR) database to examine the association between MSO and thirty-day rehospitalizations among NH residents. Having a more formal appointment process for physicians was associated with fewer rehospitalizations. A higher proportion of residents seen by a single physician was associated with more rehospitalizations, as was a medical director reporting that he/she was likely to be the primary contact with family. Tighter control of NHs on their medical staff (through more formalized and dedicated medical practice with a sense of ownership and accountability) may be related to better quality of resident care. Additional analyses examining the relationship between MSO as described by NH administrators and rehospitalizations will be presented.
Reducing hospitalizations is one method of improving quality and minimizing costs. Certain hospitalizations may be avoidable through attentive management of specific patient types and discharge planning. This is one of the only studies that calculates provider level trends for rates of (1) hospital stays with readmission and (2) nursing home stays with hospitalizations. We analyze Medicare claim files starting in 2007 to construct provider hospitalization rates and measure the stability (between quarters and between years) of those rates. We measure the association of those rates (and their stability) with provider characteristics like ownership, size, and location. Identifying trends and drivers of rehospitalizations and nursing home stays with hospitalizations will help policy makers better understand this growing problem and aid in developing programs for reducing hospitalizations. Also, identifying providers with high rates of hospitalization may be of interest to agencies that regulate these providers.

NURSING HOME COMPARE FIVE-STAR QUALITY RATING SYSTEM: THE SECOND YEAR

In December 2008, the Centers for Medicare & Medicaid Services enhanced its Nursing Home Compare website to include “star” ratings for each US nursing home, measuring multiple dimensions of quality including performance on selected quality measures, outcomes of health inspections, and staffing levels. The five-star rating system has been in place for two years. After the first year of the rating system, we examined stability and longitudinal changes in the underlying components of the ratings. After the second year of ratings, we again examined rating stability and longitudinal changes among US nursing homes, and compared the results to Year 1 findings, noting significant changes from Year 1 to Year 2. We also noted new and different trends from the second year of the rating system. Finally, we used qualitative information from the five-star Helpline to aid in understanding the quantitative trend data from the second year of the rating system.
WHAT DOES SELF-REPORTED COGNITION REALLY MEASURE, AND DOES ITS MEANING VARY BY AGE?

M.L. O’Connor, T. Salthouse, Psychology, University of Virginia, Charlottesville, Virginia

Prior research has suggested that among older adults, self-reports of cognitive abilities may exhibit stronger relationships with psychological characteristics than objective cognitive performance (Salthouse, 2010). The present study examined predictors of self-reported cognition at different ages. Data were from 3,782 participants in the Virginia Cognitive Aging Project (age range=18-97 years; median age=52). Our measure of self-reported cognition was based on items from the Memory Functioning Questionnaire and the Views on Thinking and Reasoning Questionnaire that exhibited invariant factor loadings across two participant age groups split by median age. These items were interpreted as representing three factors: general memory function, seriousness of memory failures, and perceived changes in cognition. Structural equation models revealed that each factor was positively associated with the Big Five personality dimensions and memory test performance; each factor was negatively associated with depressive symptoms, anxiety, and negative affect. The change factor was negatively associated with age, and the general factor was positively associated with performance on tests of processing speed, reasoning, vocabulary, and spatial cognition (p<0.05 for all). After controlling for mood and personality, all measures of objective cognition except reasoning remained significant predictors of the self-report factors. Associations between predictors and factors were similar in magnitude across individuals older and younger than the median age, as Cohen’s d values were ≤0.1 for differences between predictor regression coefficients. These results suggest that self-reported cognition demonstrates convergent validity with objective cognitive performance, and has a similar meaning, among adults of different ages.

THE BCAT: A NEW COGNITIVE TEST EMPIRASING CONTEXTUAL MEMORY AND EXECUTIVE FUNCTIONS

W. Mansbach1, E.E. MacDougal2, A. Rosenzweig1, 1. MedOptions, Towson, Maryland, 2. Loyola University Maryland, Baltimore, Maryland, 3. Brown University, Providence, Rhode Island

Geriatric health care professionals generally agree that early identification of dementia is critical. However, most screening measures are relatively weak in assessing verbal memory and executive functions, two defining characteristics of this syndrome and predictors of functional decline. We contend that the ideal cognitive screening tool: (1) can be administered by both paraprofessionals and clinicians; (2) can be completed in approximately 15 minutes; (3) can differentiate among MCI, mild dementia, and moderate dementia; (4) contains strong verbal recall components; (5) has a complex executive function component, and (6) correlates with IADL performance. The primary objective of this study was to develop and validate a new cognitive screening test that meets these standards. The Brief Cognitive Assessment Tool (BCAT) is a multi-domain cognitive measure emphasizing verbal memory and executive functions. 103 participants referred for neuropsychological evaluation were recruited from assisted-living facilities (32% with mild cognitive impairment (MCI); 37% with mild dementia; 31% with moderate dementia). The psychometric quality of the BCAT was confirmed with strong evidence for reliability, construct validity, and predictive validity. A cut-score was set to maximize sensitivity (99%), with corresponding specificity (79), positive predictive value (.90) and negative predictive value (.96). The accuracy of the BCAT total score, as measured by the area under the ROC curve (AUC = .951), was excellent. Executive control items and contextual memory items (i.e., orientation and story memory) were the best predictors of diagnostic category. The strengths and weaknesses of the BCAT in comparison to existing cognitive screening tools are discussed.

THE EFFECT OF DEPRESSION ON MEMORY AND MEMORY TRAINING INTERVENTION IN OLDER ADULTS: RESULTS FROM THE ADVANCED COGNITIVE TRAINING FOR INDEPENDENT AND VITAL ELDERLY (ACTIVE) STUDY


Background: Cognitive training improves cognitive abilities among older adults and has the potential to delay age-related cognitive decline; however, the differential effects of training programs on older adults with and without depressive symptoms has not been examined. Methods: We evaluated the effect of depressive symptomatology on verbal episodic memory scores in older (age>65) adults trained in mnemonic strategies as a subset of the ACTIVE study. In the memory-trained group, 146 of 703 participants and in the control group, 164 of 698 participants had elevated depressive symptoms at baseline, as measured by a total score of 9 or higher on a 12-item version the Center for Epidemiological Studies-Depression Scale (CES-D). Longitudinal analysis of memory scores over baseline and five follow-up measurements compared average memory trajectories in the two training conditions. Results: Participants with elevated depressive symptoms scored significantly lower than less depressed participants at baseline on both recall and recognition tasks, and their scores declined faster than those of less depressed participants. Memory score differences among depressive symptom categories did not differ between training conditions. Discussion: Results of the present study suggest depression is associated with lower baseline memory ability in elderly adults. Data also suggest elevated depressive symptoms may predict declining memory ability over time, but...
does not significantly attenuate gains due to memory training. The relationship between depressive symptoms and memory is an important consideration in studies aimed at improving memory ability in older adults, and by extension, in preventing functional difficulties caused by declining memory.

**DOES MEMORY TRAINING WORK? A SYSTEMATIC REVIEW AND META-ANALYSIS**


Maintaining memory and preventing memory decline are important to the preservation of daily functioning and well-being among older adults. A systematic review and meta-analysis of memory training research was conducted to characterize the effect of memory training strategies on memory performance, and to identify characteristics of programs and of individuals associated with improved memory among cognitively intact, community-dwelling older adults. An initial review of memory training studies identified 402 publications between 1967 and 2010. Of these, 35 studies with a treated and control group met criteria for inclusion. These studies provided information about 10 distinct memory strategies (association, categorization, visual imagery, rehearsal, concentration, method of loci, face-name recognition, number mnemonics, story mnemonics, external memory aids). The overall effect size estimate, representing the mean standardized difference in pre-post change between memory-trained and control groups, was 0.31 standard deviations (SD; 95% confidence interval (CI): 0.22, 0.39). The post-training effect was 0.43 SD (95% CI: 0.29, 0.57) and the practice, or retest, effect for control groups was 0.06 SD (95% CI: -0.05, 0.16). Meta-analytic methods revealed that training in categorization, rehearsal, and external memory aids improved memory in older adults. The overall number of strategies taught during training also was associated with larger training gains. Treatment gains among memory-trained individuals were not affected by the average age of participants, session length, or type of control condition (active or no-contact). These findings can be used to inform the design of future memory training programs for older adults.

**SESSION 2350 (PAPER)**

**ENVIRONMENTAL AND PERSONAL FACTORS FOR PHYSICAL HEALTH OUTCOMES IN OLD AGE**

**REGION OF ORIGIN AND MEXICAN AMERICAN CVD RISK ALONG TEXAS MEXICO BORDER**

J.J. Salinas, B. Abdelbary, A.R. Rentfro, S.P. Fisher-Hoch, J.B. McCormick, I. Epidemiology and Disease Control, UT School of Public Health, Brownsville, Texas. 2. University of Texas at Brownsville, Brownsville, Texas

Objective: To determine whether place of origin has an effect on Mexican American CVD risk on the south Texas border. While many studies have investigated the effect of immigration on Mexican American health, few have considered how region of origin may impact CVD risk. Methods: The Cameron County Hispanic Cohort (CCCH) study is a cohort of community-residing Mexican origin adults 18 years or older. Subjects were divided into 3 groups according to place of origin: Non-border Mexico, Border Mexico, Border US. Descriptive statistics were conducted adjusting for age and sex. Logistic regression was conducted for select CVD biomarkers and self-reported diabetes, disability and elevated blood pressure and adjusting for age, sex, income, and education level. Results: Logistic regression revealed that subjects born in US Border States and Mexico Border States were significantly less likely to have high cholesterol and high triglycerides (P < .05) than those born in Non-border Mexico. Subjects born in Mexico Border states were less likely to be diabetic (p < .05) and to report disability (p < .1). After adjusting for number of years in the US, outcomes for Border Mexico were similar to the first model. However those born in the US Border were less likely to be diabetic (p < .001), report disability (p < .1) or high cholesterol (p < .01) than those born in Non-border Mexico. Discussion: This study illustrates the importance of considering region of origin in studying the effect of immigration on Mexican American health beyond the standard: number of years in the US.

**NEIGHBORHOOD EFFECTS ON 10-YEAR CARDIOVASCULAR DISEASE RISK AMONG OLDER ADULTS ATTENDING SENIOR CENTERS IN NEW YORK**

H. Shen, W. Gallo, M.C. Fabs, Hunter College, School of Public Health, New York, New York

Cardiovascular disease (CVD) is the leading cause of death in America, claiming more lives each year than the next four causes of death combined. Neighborhood attributes (e.g. presence of recreation services) play an important role in shaping people’s health behaviors (e.g. physical activity), which are important risk factors for CVD. Little is known, however, about the relationship between neighborhood environment and CVD risk among urban older populations. Using data from the 2008 Health Indicators Project (HIP), a survey of 1870 senior center participants in New York City (NYC), we applied Finite Mixture Model methodology to elucidate factors that mediated the relationships between the presence of recreation services and 10-year CVD risk. The 10-year CVD risk was calculated from the Framingham Heart Study sex-specific simple office-based non-laboratory algorithms. Mediators of primary interest were affordability, accessibility, perceived age acceptability, and participation in recreation services. Health status, limitations of activities of daily livings, depression scores, living in public housing, NYC boroughs, gender, marital status, race and education were controlled in the final model. Findings from a 2-component model suggested that the presence of recreation services was associated with a 1.8% decreased risk in 10-year CVD risk among members of a latent class that was predominantly characterized by utilization of recreation services. We conclude that existence of recreation services plays an important role of reducing CVD risk only when older people use such services. Implications of policies and ways to intervention will be discussed.

**CHRONIC ILLNESS AND FUNCTIONAL ROLE IMPAIRMENT IN OLDER ADULTS: EXAMINING RACIAL/ETHNIC DIFFERENCES**


Background/Significance: Risk of chronic illness increases with age. The public health implications of chronic illness in the aged are substantial. This study was undertaken to better understand differences in role impairment among racially and ethnically diverse older adults with chronic illness. Methods: Secondary data analysis of the Collaborative Psychiatric Epidemiology Surveys (CPES), a compilation of three nationally representative surveys. Hierarchical multiple regression analysis looked at the impact of cardiovascular disease, arthritis, cancer, and diabetes on role impairment and loss of time in role (as measured by the WHODAS) and how this varied with age, sex, race, ethnicity, income, and education. Results: Sample (N=2626) was diverse (54.4% non Hispanic White, 22% African American, 11.4% Hispanic, 6.6% Asian, and 5.4% Black Caribbean) and 57.6% female. Multivariate analysis showed that cardiovascular disease, arthritis, and diabetes predict time out of role and role impairment. Cancer was not associated with either role impairment or time out of role. When demographic variables are entered into the model, time out of role for cardiovascular
disease, arthritis, and diabetes are still significantly associated. However, for role impairment, only the association with cardiovascular disease and arthritis remain significant. Controlling for income and education, we found similar results. African Americans, Black Caribbeans, and Asians experienced less time out of role than Whites, and African Americans and Black Caribbeans had significantly less role impairment than Whites. Race and ethnicity appear to be important co-variates when examining chronic illnesses and their impact on time out of role and role impairment.

**INDIVIDUAL AND ENVIRONMENTAL BARRIERS TO EYE CARE IN AN URBAN NEIGHBORHOOD**


Vision represents a health priority that needs to be addressed to safely live independently. It has been estimated that 61 million individuals are at serious risk for vision loss due to a vision problem, diabetes, and older age. Further, Latino and African American seniors are at higher risk of developing vision impairment from diabetic retinopathy and glaucoma. Disparities in access to quality health care remain pervasive, particularly in the area of eye care. Within New York City, the neighborhood of East Harlem represents an area with the highest rates of diabetes morbidity and mortality. Among its residents, little is known about eye care utilization. In partnering with the Communities IMPACT Diabetes Center, an environmental assessment revealed that within a two census tract area of East Harlem, there were no eye care facilities; multiple environmental hazards were also present, such as sidewalks that were in disrepair or obstructed. Of 609 seniors screened, two-thirds needed primary or low vision eye care. Through a survey of these seniors, we identified individual barriers to care, including financial or insurance issues (28%), lack of motivation or education about needing an exam (10%), difficulty finding a doctor that they liked (21%), language barriers (32%), and transportation issues (27%). Given the large number of individuals in need of eye care within East Harlem, the presence of multiple environmental and individual risk factors may preclude an individual from presenting for an eye exam. This may lead to or exacerbate social isolation, falls, health problems, anxiety, and depression.

**EFFECTS OF NEIGHBORHOOD ENVIRONMENT ON CARDIOVASCULAR DISEASE RISK: EVIDENCE FROM OLDER ADULTS ATTENDING SENIOR CENTERS IN NEW YORK**

H. Shen, W. Gallo, M.C. Fahs, Hunter College, School of Public Health, New York, New York

Recent research has identified the neighborhood’s physical and social environment be relevant to improving health and preventing disease. Cardiovascular disease (CVD) is the leading cause of death in Americans, however, little is known about the relationship between neighborhood environment and CVD risks among urban older populations. We used data from the 2008 Health Indicators Project (HIP), a survey of 1870 participants (age 60+) of New York City (NYC) senior centers, to examine the cross-sectional association between perceptions of neighborhood social environment (social cohesion and social safety), physical environment (walkability) and 10-year CVD risk. Ten-year CVD risk was calculated from the Framingham Heart Study sex-specific simple office-based non-laboratory algorithms. Neighborhood measures were scale variables that were constructed by summing responses to individual Likert-scaled items. Control variables included health status, limitations of activities of daily living (ADLs), depressive symptoms, living in public housing, NYC boroughs, gender, marital status, race and education. Results from Ordinary Least Squares regression models suggested that 10-year CVD risk reduced by 0.78% for a 1-standard deviation increase in social cohesion; a 1-standard deviation increase in walkability increased the 10-year CVD risk by 0.70%. No effect on CVD risk was found for perceived neighborhood safety. We conclude that perceptions of neighborhood environment may influence urban older adults’ CVD risk. Policy implication and suggestions to future research will be discussed.

**SESSION 2355 (PAPER)**

**HEALTH CARE ASSESSMENT AND PRACTICE**

**TRANSLATION OF RESEARCH EVIDENCE TO NURSING HOME CARE PRACTICES: RESEARCH FINDINGS**

J. Specht, A. Bossen, P. Mobily, M. Stolder, K. Lane, J. Russell, D.A. Reed, 1. Nursing, University of Iowa, Iowa City, Iowa, 2. University of North Carolina, Chapel Hill, North Carolina

Although ample research evidence exists for the successful treatment of pain and urinary incontinence (UI) in nursing home (NH) residents, evidence-based practice (EBP) interventions are rarely used on a routine basis. A conceptual model that combined the theories of adoption and diffusion and staff empowerment provided the theoretical framework and explicated the proposed relationship between the interventions, organizational processes and structures, individual characteristics, and nursing home and resident outcomes. The innovative MTRAIN intervention addressed the lack of knowledge about EBP by providing education for staff teams, leadership training for RNs, and the use of an “insider” nurse consultant to facilitate practice change. Identified NH and staff barriers to change were also addressed in the study design. A cluster randomized trial with repeated measures was employed in 48 (25 intervention and 23 control) Iowa nursing homes to test the effect and sustainability of an intervention to implement EBPs on resident and NH outcomes. Two measures of EBP adoption were used to rate the adoption of EBPs in each NH. An investigator-developed, criterion-based instrument used data obtained from direct observations of staff; extraction from study facility and resident records; and interviews with staff, residents, and families. Another measure of EBP adoption assessed staff perception of use of evidence before, during and after introduction of EBP into the system. The processes and extent of EBP adoption, the effect on NH quality measures and resident outcomes, and the relationship of facility characteristics to high and low adoption of EBPs will be discussed.

**OPTIMIZING DISCHARGE PLANNING WITH EVIDENCE BASED TOOLS**


Our previously funded studies resulted in two evidence based discharge planning (DP) decision support tools - the Early Screen for Discharge Planning (ESDP) and the Discharge Decision Support System (D2S2). The ESDP engages discharge planners early in the hospital stay, allowing more time to identify and plan how to meet continuing care needs. The D2S2 guides decision making regarding the need for post acute care. The purpose of this study was to examine the relationship of the tools’ scores and the rates of referrals to post acute services and reported problems and unmet needs after discharge. The tools were administered within 24 hours of admission for 292 medical patients 55 years or older. Patients receiving dialysis or living in a skilled nursing or rehabilitation facility were excluded. Patients were interviewed one week after discharge using the Problems After Discharge Questionnaire. Referrals to post acute care were collected from the hospital administrative database. High ESDP and D2S2 scores were associated with referrals to post acute services (ESDP and D2S2 p<.0001) and more problems after discharge (ESDP p<.0021; D2S2 p<.0001). The D2S2 did a better job at differentiating patients with unmet needs after discharge (p=.0057) than the ESDP (p=.0567). Although hospital DP is a
CASE STUDY EXAMINATION OF SUCCESSFUL IMPLEMENTATION OF EVIDENCE BASED PRACTICE GUIDELINES IN LONG TERM CARE


The focus of the Multilevel Translation Research Application in Nursing Homes (MTRAIN) research study was to test the effect of evidence based practice guidelines (EBP) for pain and urinary incontinence for elderly nursing home residents. Of the 48 nursing homes (NH) in rural Iowa enrolled, one NH stood out as an exemplar for successful adoption. A case study method described by Rosenfield & Yates (2007) was used to describe the structure, process and outcomes of implementation at this facility. Leadership was key in policy development, staff empowerment, the provision of a supportive environment and the fostering of communication. Resident outcomes included improvements in minimum data set (MDS) mean scores related to frequency and intensity of resident pain and intensity, toileting assistance, and bladder continence. Quality indicators (QIs) demonstrated a decline in: 1) risk for urinary tract infections; 2) low risk residents with a loss of bowel and bladder control; 3) the prevalence of residents with bowel and bladder control without a toileting plan; and 4) the prevalence of residents with moderate to severe pain. Additional successful components were identified by staff focusing groups which included frequent recognition and acknowledgement of the nursing assistants as instrumental in changing care practices. The incorporation of a portion of the guidelines into policy and procedures helped the facility to attain sustainability beyond the study timeframe and was confirmed in an 18 month data collection. This exemplar demonstrates that it is possible to change and sustain practice for pain and UI in nursing homes.

BARRIERS AND FACILITATORS TO HEART FAILURE CARE: THE ROLE OF HEALTH CARE SOCIAL WORKERS

F.P. Hopp, J.K. Camp, Social Work, Wayne State University, Detroit, Michigan

Social workers have important and unique competencies that are critical for addressing the needs of older adults with heart failure. However, few existing studies have examined the role of health care social workers in providing services for the growing number of older adults with this condition. The purpose of this study was to obtain an in-depth understanding of the experiences of social workers providing heart failure care. This study is based on data collected from surveys and interviews with eight social workers from the Detroit Metropolitan area who reported working with heart failure patients. The mean age for social workers was 48.57 years of age (SD= 12.92) with a range between 29 and 64 years. Seven participants noted that they were Caucasian American and one participant identified as African American. Respondents had an average of 12.14 years working with heart failure patients (SD= 10.12), with a range of three to 32 years. Thematic analysis of tape recorded sessions suggests that existing conditions can be as either competing content that makes prevention discussions more challenging to fit in, or can serve as triggers for the relevance or value of prevention. Physicians discussed strategies for motivating their patients to engage in preventive health behaviors, including education, personalizing risks and benefits, and developing relationships of trust. Indicating that the existing healthcare system creates challenges for efforts to promote preventive health among complex patients, physicians recommended the development of alternate care delivery and reimbursement models to meet the needs of complex patients. The role of socioeconomic and environmental resources in preventive health behaviors was also recognized. Implications for maximizing the health and quality of life of older adults with multiple health conditions are explored.

SESSION 2360 (PAPER)

HEALTH CARE DELIVERY: EMERGING ISSUES, INNOVATIONS, AND PROGRAM EVALUATION

PRIMARY CARE PROVIDERS’ PERSPECTIVES ON COUNSELING FOR PREVENTION WITH COMPLEX PATIENTS

S.H. Bardach, N.E. Schoenberg, Gerontology, University of KY, Lexington, Kentucky

As medicine advances, individuals are living longer with chronic conditions; the majority of older adults have multiple health conditions. Providing medical care for older adults with multiple health conditions presents a number of challenges, including balancing health promotion and disease prevention efforts with multiple morbidity management. Primary care physicians play a pivotal role in the management and prevention of health conditions. We conducted in-depth semi-structured interviews with 12 primary care physicians about how they care for their complex patients, with a particular emphasis on prevention. Thematic analysis of tape recorded sessions suggests that existing conditions can serve as either competing content that makes prevention discussions more challenging to fit in, or can serve as triggers for the relevance or value of prevention. Physicians discussed strategies for motivating their patients to engage in preventive health behaviors, including education, personalizing risks and benefits, and developing relationships of trust. Indicating that the existing healthcare system creates challenges for efforts to promote preventive health among complex patients, physicians recommended the development of alternate care delivery and reimbursement models to meet the needs of complex patients. The role of socioeconomic and environmental resources in preventive health behaviors was also recognized. Implications for maximizing the health and quality of life of older adults with multiple health conditions are explored.

EXPLORING THE ADDED BURDEN OF PTSD ON HEALTH AND WELL-BEING IN OLDER ADULTS WITH CHRONIC CONDITIONS

K. Hall, J.C. Beckham, H. Bosworth, M.C. Morey, 1. Geriatric Research, Education, and Clinical Center, Veterans Affairs Medical Center, Durham, North Carolina, 2. Duke University, Durham, North Carolina

Although posttraumatic stress disorder (PTSD) is a highly prevalent and often chronic condition found in both military and civilian populations, the impact of PTSD on physical activity (PA) and indices of functional and psychological well-being, particularly among individuals with concomitant physical comorbidities, remains unclear. Methods: Analyses were conducted in a random sub-sample of older adults with impaired glucose tolerance participating in an ongoing PA counseling trial. 25 study participants with a PTSD diagnosis (M age=63 years) and 25 participants with no PTSD diagnosis (M age=71 years) were identified at baseline. Self-report PA, health-related quality of life, and functional performance were assessed. Results: Participants with PTSD reported dramatically lower scores (indicative of worse functioning) across all subscales of the SF-36 (between-group difference ranges=6.6-57.4). The greatest between-group differences were observed on those subscales that assessed the impact of both physical and mental health problems on interpersonal functioning and daily activities. Participants with PTSD also reported far fewer minutes of moderate-intensity PA (M=64.0 minutes/week) than participants without PTSD (M=169.1 minutes/week). Although participants with PTSD were younger, the two groups had comparable scores on tests of physical performance: usual gait speeds (1.05 v. 1.13 m/sec), rapid gait speeds (1.70 v. 1.66 m/sec), and scores on the short physical performance battery (10.3 v. 10.3). Conclusions: The differences observed here are highly clinically meaningful and highlight the importance of intervening in this at-risk group,
whose functional performance scores indicate are functionally much older than their chronological age.

**INFLUENCE OF ADHERENCE TO A SYSTEMATIC CARE PROGRAM FOR CAREGIVERS OF DEMENTIA PATIENTS**

A. Spijkert, S. Teerenstra, H. Woltersheim, E. Adang, F. Verhey, M. Vernooy, J. Alzheimer Centre Nijmegen, Nijmegen, Netherlands, 2. Kalaruma Foundation, Beek-Ubbergen, Netherlands, 3. Department of Psychiatry/Alzheimer Centre Maastricht, University Hospital of Maastricht, Maastricht, Netherlands, 4. Scientific Institute for Quality of Healthcare (IQ Healthcare), Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands, 5. Department of Epidemiology, Biostatistics and HTA, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands

Objective: To evaluate the influence of adherence to the intervention protocol for patient and caregiver outcomes on the Systematic Care Program for Dementia (SCPd) study. Design: Data were drawn from the SCPd study - a single-blind, multicentre, cluster-randomized, controlled trial. We used multivariate regression analyses to assess the influence of adherence. Setting: Six community mental health services (CMHSS) across the Netherlands. Participants: Forty-eight mental health professionals treating 125 patient-caregiver dyads who were referred to the CMHS because of suspected patient dementia. Intervention: Training of professionals in the SCPd and its subsequent use. The SCPd consists of a systematic assessment of caregiver problems and consequent interventions. The intensity of the interventions is left to the discretion of the professionals. Measurements: The dependent variables were the sense of competence, caregiver’s depressive symptoms, caregiver’s distress due to patient’s problem behavior and its severity. The main independent variables were adherence to the SCPd intervention protocol and the intensity of the SCPd interventions. The follow-up lasted 12 months. Results: Caregivers treated by professionals who adhered to the SCPd intervention protocol had a better sense of competence than caregivers treated by nonadhering professionals at follow-up. The program was not intense enough, even for dyads treated by professionals who adhered to the intervention protocol. Conclusions: Future controlled trials of daily clinical practice should not overlook the influence of adherence to the intervention protocol on outcomes. Furthermore, the intensity of a program is crucial and should not be left to the discretion of health professionals.

**AN EVIDENCE-BASED ADOPTION OF TECHNOLOGY MODEL FOR REMOTE MONITORING OF ELDER’S DAILY ACTIVITIES**

D.F. Mahoney, School of Nursing, MGH Institute of Health Professions, Boston, Massachusetts

The purpose of this study was to develop a model to inform technology outcome studies. Gerontechnology research has focused on technical operations using laboratory based studies. Research critics highlight the need to advance theoretical development. Needed are studies conducted with a variety of real endusers that apply theoretical models to increase understanding about the multiple influences on older adults’ and their caregivers’ technology adoption. A secondary data analysis was conducted on four gerontechnology field intervention studies. Each study offered innovative telephone and/or Internet based wireless remote monitoring technologies to community dwelling older adults and their informal and/or formal caregivers. Original de-identified qualitative transcripts and statistically significant quantitative outcomes were reanalyzed in a metasynthesis approach. Factors affecting the acceptance and use of the monitoring technologies by older adults and their caregivers were the focus of this analysis. Model components came from the complex interplay of family-resident-staff dynamics found in real world residential settings that arise as significant factors in two or more of the contributing studies. Findings resulted in the development of an evidence based theoretical model for remote monitoring of elders’ daily activities. The model portrays pre-disposing and mediating variables that lead to a key nexus point and results in adoption or non-adoption with related proximal and distal outcomes. Empirical testing of the model’s predictive capacity is now recommended. As monitoring technologies increase, providers as well as technology developers can benefit from greater understanding of the factors influencing technology adoption and usage by older adults and their caregivers.

**SESSION 2365 (PAPER)**

**HEALTH, LONGEVITY AND WELL-BEING: THE INFLUENCE OF RELIGION, EMOTIONS, AND PSYCHOSOCIAL FACTORS**

C. Park, T. Koriakin, M. Christiansen, H. Singh, University of Connecticut, Storrs, Connecticut

Religiousness has generally been shown to be both important to many people living with congestive heart failure (CHF), and related to better psychological well-being and quality of life. However, although the broader literature has identified multiple distinct aspects of religiousness that may have very different relations with well-being, few studies have examined links between these multiple dimensions and well-being in CHF patients. We assessed multiple dimensions of religion with the BMMR/S and, three months later, physical, mental, and existential well-being in 101 patients with severe CHF (61% men, Mage 69.7, Mlngth/dx = 6.5 years). Results revealed different patterns for different aspects of well-being. For example, no aspects of religiousness predicted physical well-being, but religious identity and forgiveness were inversely related to mental health (depressive symptoms), and religious identity, religious social support and daily spiritual experiences predicted subsequent existential well-being (life satisfaction). These findings suggest promising clinical implications and research directions.

**SECTS AND THE CITY: AGING IN PLACE, PLACE IN AGING, AND RELIGIOUS ENGAGEMENT OF OLDER URBAN ADULTS**

J. Garoon, L.N. Gitlin, S.L. Szanto, Johns Hopkins School of Public Health, Baltimore, Maryland

Research on how lower-income urban adults age in place highlights religious engagement as a key determinant of their health and quality of life. Religious belief is typically described as working through two psychosocial pathways: (1) it has direct positive effects on older people’s mental health and well-being; (2) it leads to greater participation in social activities – e.g., through church programs – which in turn, leads to increased social capital and social inclusion, and thus to better mental and physical status. Drawing on extensive qualitative research with 12 Protestant, Catholic, and Jewish low-income older adults aging in place in Baltimore City, this paper argues that these two pathways overlook a critical mediator: how place itself affects religious engagement. Analysis of more than 50 in-depth interviews, as well as direct observations of neighborhood environments and field notes, revealed that participants’ residential contexts – including patterns of racial and economic segregation, prevalent modes of transportation, and building plans – played major roles in their decisions about whether and how to participate in religious activities, and influenced the benefits of such participation. Challenging built environments, for example, made it difficult for participants to reach the location of religious activities – and, just as importantly, often made more mobile participants reluctant to continuing attending their accustomed places of worship. Similarly, neighborhood and congregation demographics hindered participants’ abilities to form and maintain social networks, and limited their social
capital and inclusion. These empirical findings inform a more theoretically robust understanding of how vulnerable urban populations can successfully age in place.

LIFE SATISFACTION IN OLDER AGE: THE ASSOCIATION OF RACE AND SPIRITUALITY
K.A. Skarupski¹, G. Fitchett, D.A. Evans², C. Mendes De Leon², 1. Rush Institute for Healthy Aging, Rush University Medical Center, Chicago, Illinois, 2. The University of Michigan, Ann Arbor, Michigan

Purpose: Social gerontologists have examined a range of factors associated with life satisfaction. Among them is religiosity, which has been shown to be associated with life satisfaction among older African Americans. However, there has been very little examination of race differences in the factors associated with life satisfaction in older age. Design & Methods: The participants were 6,864 community-dwelling persons aged 65+ (66% Black) who participated in the Chicago Health and Aging Project. Life satisfaction was measured using a 5 question composite (range = 1–4) and we used a 5-item version of the Daily Spiritual Experiences scale. Results: Blacks reported slightly lower average life satisfaction scores compared with Whites (2.8 [SD=0.5] vs. 2.9 [SD=0.5]). In a core model adjusting for age, sex, marital status, education, and income, we found that Black race was associated with lower life satisfaction (estimate = -0.07, SE = 0.02; p-values <0.001). When we added spirituality (estimate = 0.10, SE = 0.01) to the core model, the estimate for race increased (estimate = -0.10). In an additional model, there was a significant race x spirituality interaction term (estimate = 0.04, SE = 0.01, p-value < 0.01), indicating that spirituality is more positively associated with life satisfaction among Blacks. Based on this model, racial differences in life satisfaction are reduced at higher levels of spirituality. Implications: Although older Blacks report lower life satisfaction than their White counterparts, the data suggest that spirituality enables older Blacks to overcome a substantial part of the disadvantage in life satisfaction.

ASSOCIATIONS OF SUBJECTIVE WELL-BEING AND HEALTH OVER TIME: LIFE SATISFACTION AND POSITIVE EMOTIONS PRESERVE PHYSICAL FUNCTIONING AND SELF-RATED HEALTH
M. Wiest, B. Schiz, O. Huxhold, German Centre of Gerontology, Berlin, Germany

This study investigates the effect of well-being on changes in individual health. Benefits of well-being on health outcomes are well-documented, but underlying mechanisms are poorly understood. Therefore, this study aims at exploring how differences in baseline levels and changes in well-being affect changes in health. Furthermore, this study examines potential differential relations of different facets of well-being (life satisfaction, positive affect, negative affect) and health aspects (physical health, functional health, subjective health). Longitudinal data of community-dwelling participants aged 65 years and older from the German Aging Survey were used (N = 2031). A latent change score model was employed to analyze effects of levels and changes in well-being on changes in health adjusting for age, gender and education. Level and change in life satisfaction (LS) and positive affect (PA) predicted changes in functional health and self-rated health. Higher LS and PA at baseline and less change over time in LS and PA were associated with less declines in functional health and self-rated health. Level and change in negative affect (NA) predicted change in physical health. High NA at baseline and increase in NA over time were related to stronger decline in physical health. NA was not related to functional health or self-rated health. This study underlines that different facets of well-being and health are associated differentially. In order to understand the beneficial effects of well-being on health, a focus on unique mechanisms linking facets of well-being to special health aspects is indispensable.

PSYCHOSOCIAL FACTORS ASSOCIATED WITH LONGEVITY IN THE UNITED STATES: AGE DIFFERENCES BETWEEN THE OLD AND OLDEST-OLD IN THE HEALTH AND RETIREMENT STUDY
J.A. Allshire, E. Crimmins, Andrus Gerontolgoy Center, USC-Earth Sciences, Los Angeles, California

Recent growth in the number of very old adults raises questions about the quality of life associated with increased longevity. Psychosocial factors have received relatively little attention in research on quality of life among the oldest-old. This study uses nationally representative data on older U.S. adults to examine how social relationships, feelings of loneliness, and satisfaction with life and the aging experience differs for the oldest-old, those who have survived to age 90 or older, and older adults in their 70s. We find that the oldest-old are able to maintain social relationships with family and friends and receive more social support than younger elderly adults. Yet the oldest-old are more likely to feel lonely. Satisfaction with life was similar for both age groups, but the oldest-old had more negative perceptions of the aging experience. Psychosocial dimensions of longevity should be considered in research on quality of life among the oldest-old.

SESSION 2370 (PAPER)

PATTERNS AND EXPERIENCES OF FAMILY CAREGIVING
CARINGSCAPES, CARING ROUTES AND THE CARE CONTEXT OF COUPLES GROWING OLD TOGETHER WITH DISABILITIES
C. Torgé, National Institute for the Study of Ageing and Later Life, Linköping University, Norrköping, Sweden

This article presents findings from a qualitative interview study of older couples aging with disabilities (55 years and over) that aims to explore mutual care and the care context in an intimate relationship where both partners have had disabilities since youth or middle age. Nine couples with different kinds and levels of physical disabilities were interviewed. The study uses a life course approach and considers the effects of both individuals’ impairments and changing functional abilities over time, as well as the significance of disability reforms, formal care and technical aids in shaping the older disabled couple’s care context. Not all of couples needed extensive help in their daily routines; rather they helped each other as much as they could to live independently. But for those couples who received formal help in the form of escorts or personal assistance, this assistance was indispensable for the possibility of living and aging together as a couple with disabilities. Inspired by the theory of Caringscapes, the author discusses how partners’ care contexts change over time with partners’ changing functional abilities, health status, and availability of other sources of help. Care is defined both as specific activities – how the disabled partners help each other in everyday activities – and as part of a process of assessing, planning and anticipating help, especially when one’s own possibility for helping is becomes limited. Many of the interviewed couples, already having lived with disabilities for a long time, anticipated increased impairments and illness complications as they grow older.

A JAPANESE NARRATIVE 1992 - 2011: APPLYING A LIFE COURSE PERSPECTIVE ON AGEING, LIFE AND CARE
E. Anbacken, School of Human Welfare Studies, Kwansei Gakuin University, Nishinomiya, Japan

A qualitative longitudinal study evolved as I followed the Suzuki couple for nearly two decades through life turning points and crises, such as the 1995 Hanshin Earthquake which destroyed their house. We discussed the subsequent steps on where and how the parents should live. Would the traditions of filial duty guide the choices of them and their adult children, or would the Suzuki couples’ clearly voiced wish...
more likely to experience lower levels of stress and relationship burden, whereas effective strategies and appraisals of the effectiveness of their own communication strategies significantly predicted objectiveness of community support, knowledge of community resources, social interaction, and the involvement of community-based providers are elements of social capital that are essential components of the NORC model.

FAMILIES, NEIGHBORHOODS AND THE SOCIAL NETWORK OF OLDER ADULTS: EVIDENCE FROM SOCIAL HOUSING IN SINGAPORE
T.S. Wu1, A. Chan2, 1. National University of Singapore, Singapore. Singapore, 2. HSSR, Duke - NUS, Singapore, Singapore

This empirical paper investigates the role of the family and neighbors in the social networks of older adults aged 60 and above in Singapore. In older age, an individual experiences profound changes to family such as losing companionship from grown children moving out and the loss of a spouse; but these changes are ameliorated if the older adult has a strong social network. The conceptual framework used is the Interactive Biopsychosocial Model (IBM) by Lindau et al (2003) from biology and medicine. The method used is ordinary least squares (OLS) and instrumental variable (IV) estimation. The individual perceptions of loneliness and the social network suffer from an endogeneity problem. This is circumvented by using state social housing policy as a source of exogenous variation where families are allocated to different neighborhood apartment blocks in the city-state. Families, regardless of social and income class, build their social networks and grow old within the assigned neighborhood. Being married and co-residence with grown children and grandchildren matter more for an older adult’s sense of companionship; and neighbors have a negligible effect on the need for companionship. However a strong social network of neighbors

The purpose of this study was to investigate the impact of caregivers’ appraisals of the effectiveness of their own communication strategies on caregiver burden when caring for family members with Alzheimer’s disease (AD). Family caregivers (N = 84) of participants with AD completed questionnaires appraising communication strategies, problem behaviors, and levels of three types of burden. Hierarchical linear regression models revealed that effective strategies and kinship status were significantly linked with stress burden, whereas effective strategies and problem behaviors were significantly related to relationship burden. Cognitive status of participants with AD significantly predicted objective burden. Caregivers who rated effective strategies as helpful were more likely to experience lower levels of stress and relationship burden. Findings provide preliminary support for understanding mechanisms by which the appraisals of communication strategies influence caregiver burden and justify testing empirically derived communication interventions.

SESSION 2375 (PAPER)
SOCIAL SUPPORT, SOCIAL CAPITAL AND WELL-BEING IN LATER LIFE

NATURALLY OCCURRING RETIREMENT COMMUNITIES (NORC) SUPPORTIVE SERVICES MODEL: THE ROLE OF SOCIAL CAPITAL
1. Ivery, School of Social Work, Georgia State University, Atlanta, Georgia

The shift toward developing policies and supportive programs to facilitate aging in place has expanded in response to increased recognition about the role of the home environment on the well-being and independence of people as they age (Tanner, Tilse, & de Jonge, 2008). When exploring options that promote aging in place, existing and potential social capital, must be considered. Social capital is defined as the “features of social organization, such as networks, norms, and trust that facilitate coordination, and cooperation for mutual benefit” (Putnam, 1995, p. 67). In addition to emphasizing the relationships and interactions between individuals, organizations, and institutions, social capital also highlights the importance of availability of and access to network-based resources (Bourdieu, 1986; Carpiano, 2008). People who “successfully” age in place tend to have larger networks, high levels of social contact with family and friends, and access to needed resources (Chippendale & Bear-Lehman, 2010). The NORC supportive services model uses strategic collaborative partnerships to develop programs that are tailored to the unique characteristics and needs of the local community. This model also promotes aging in place by actively involving older adults in decision-making, and using community-based services to deliver services (Ivery, Akstein-Kahan, & Murphy, 2010). Quantitative and qualitative data were collected as part of an ongoing assessment of a statewide NORC initiative. The findings revealed that positive perceptions of community support, knowledge of community resources, social interaction, and the involvement of community-based providers are elements of social capital that are essential components of the NORC model.
within the apartment building blocks substantially decreases an individual sense of feeling left out or isolated; marriage and the household structure do not cause the same effect. These results are found for the young old, particularly women of Chinese ethnicity but to a lesser extent for the oldest old.

SOCIAL CAPITAL AS A PREDICTOR FOR DECLINE IN PSYCHOLOGICAL HEALTH AND FUNCTIONAL CAPACITY AMONG COMMUNITY-DWELLING OLDER ADULTS

Y. Fujiwara1, E. Kobayashi1, T. Fukaya1, M. Nishi1, M. Saito2, K. Nonaka1, F. Fukushima1, S. Shinaki1, 1. Research Team for Social Participation and Community Health, Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. Nihon Fukushi University, Research promotion center for community care, Ohbu, Japan, 3. National Institute of Public Health, Wako, Japan

Background & purpose: Recently a number of studies have accumulated suggesting that social capital (SC) independently predicts health outcome in older populations. However, few studies thus far have been conducted in Asian countries, including Japan. The purpose of this study is to provide new evidence for the relationship between social capital and subsequent psychological health and functional capacity. Methods: We examined a prospective cohort of 2,275 community-dwelling persons, aged 65 years and older who responded to the baseline mail survey in Wako City, a suburb of Tokyo, in 2008. Participants were asked about six-item SC index: your neighborhood is safe; your neighbors help one another; your neighbors are willing to take care of one another; you are relieved due to neighboring medical facilities; your neighbors cheerfully exchange greetings; you want to live in your neighborhood in the future (scored 1-30), age, gender, years of schooling, annual income, mobility, functional capacity (Tokyo Metropolitan Institute of Gerontology Index of Competence, TMIG-IC), and psychological variables such as 15-item Geriatric Depression Scale (GDS15), index of anxiety about the future, and self-rated health. Multiple logistic regression models were used to examine independent association between SC and subsequent decline in psychological variables and functional capacity, controlling for important confounders. Results: Of 2,275 subjects who participated in the baseline survey, 1,782 persons (78.3%) responded to the follow-up survey in 2010. Poor SC score had increased risks of ‘depressive mood (GDS≥6)’ [Odds ratio (OR): 1.22, 95% CI: 1.10-1.36], more anxiety about the future [OR: 1.25, 95% CI: 1.12-1.40], and poor functional capacity (TMIG-IC<13) [OR: 1.14, 95% CI: 1.01-1.29]. Conclusion: Poor SC might predict decline in psychological health and functional capacity among community-dwelling older adults.

THE MODERATING EFFECTS OF SELF-EFFICACY, SOCIAL SUPPORT, AND NEIGHBORHOOD CHARACTERISTICS ON THE RELATIONSHIP BETWEEN POVERTY AND DEPRESSION IN LATE LIFE

J. Kim1, J. Han1, V.E. Richardson1, 1. Social Work, The Ohio State University, Columbus, Ohio, 2. The Ohio State University, Columbus, Ohio, 3. The Ohio State University, Columbus, Ohio

Although the relationships between depression, poverty, and poor health are well documented, we lack adequate evidence on whether social and community supports, including neighborhood characteristics, buffer the effects of poverty on older persons’ well-being. We tested the potentially moderating effects of multiple levels of social support on the association between poverty and depression among 2,615 older persons 65-years of age and older using data from the Health and Retirement Survey. We focused on possible interaction effects of support influences - ranging from support from friends, spouse, and children to physical and social characteristics of the community - that might mitigate the effects of poverty on depression. We controlled for background factors as well as selected psychological influences. Hierarchical regression analyses were used to systematically identify the best fitting model. The findings confirmed previous research showing that poverty, health, gender, and education are significantly related to depression. We uncovered important interaction effects indicating that selected support variables moderate the impact of poverty on older persons’ depression. Impoverished older persons who reported support from a spouse evidenced less depression than those who lacked this support. Ethnic variations emerged, but became nonsignificant when possible interaction effects were taken into account. In addition, although neighborhood characteristics had no influence on depression, support from children and higher levels of self-efficacy were related to less depression. The results have important implications for practitioners and policy-makers committed to improving the well-being of our most impoverished older persons.

SOCIAL SUPPORT AND PHYSICAL ACTIVITY: THE MODERATING ROLE OF LIFE SATISFACTION

B.J. Ayotte1, Y. Aviv1, J. Margrett2, J.H. Patrick1, 1. Psychology, University of Massachusetts Dartmouth, North Dartmouth, Massachusetts, 2. Iowa State University, Ames, Iowa, 3. West Virginia University, Morgantown, West Virginia

Social support is consistently related to physical activity. However, research has not extensively investigated potential moderators of the associations of positive and negative social support with physical activity. We investigated whether life satisfaction moderated the associations of positive and negative social support with physical activity in middle aged and older adults. Participants included 232 middle aged and older adults between the ages of 50 and 75. Information regarding demographics (age, education, sex, and number of health conditions), perceived positive and negative family support for physical activity, and physical activity were collected. Data were analyzed using hierarchical multiple regression with three steps: (1) demographics, (2) social support and life satisfaction, (3) interaction terms of life satisfaction by positive social support and life satisfaction by negative social support. Demographics accounted for 4% (p<.05) of the variance, with life satisfaction and positive and negative social support accounting for an additional 29% (p<.05) of the variance. The interaction terms accounted for an additional 4% (p<.05) of the variance. Overall, the model accounted for 37% of the variance (p<.05). Follow-up analyses indicated that positive social support was more positively related to physical activity in people with high life satisfaction compared to low life satisfaction, and that negative social support was more negatively related to physical activity in those with low life satisfaction compared to those with high life satisfaction. These results suggest that efforts to increase physical activity by focusing on social support should consider both positive and negative support, as well as life satisfaction.

SESSION 2380 (SYMPOSIUM)

ADVANCES IN THE CONCEPTUALIZATION AND MEASUREMENT OF NEIGHBORHOODS

Chair: J. Norstrand, Social Work, Boston College, Newton, Massachusetts
Co-Chair: G. Luhr, Portland State University, Portland, Oregon
Discussant: I. Yen, University of California, San Francisco, California

This year’s Annual Scientific Meeting of the Gerontological Society of America focuses on lifestyles across the lifespan. An important aspect of lifestyle for older adults is the neighborhood, that is, places were adults live and conduct their daily lives. How neighborhoods are perceived may impact our physical and emotional health. However, in order to fully understand this relationship, we must first better understand how older adults define neighborhoods. While much research has focused on the geographical constructs of place, it is important to acknowledge that neighborhoods capture many dimensions including cognitive, behavioral, cultural and temporal. The study by Katagiri provides an understanding of the how length and type of experience of
neighborhood shapes the definition of neighborhood. Weinstein and colleagues’ study provides a qualitative analysis of the meaning of neighborhood through use of interviews, Photovoice and GIS mapping. Ryvicker and colleagues’ study provides insight into how barriers in neighborhoods may determine accessibility of neighborhood in terms of physician care. Finally, the study by Gallagher and colleagues examines the impact of neighborhood environment along with mobility limitations, self-efficacy and outcome expectations on neighborhood walking. These studies may foster opportunity to further the conversation on different ways of conceptualizing neighborhoods among older adults. Further important questions that may be explored in this symposium include what measurement technologies are best suited to capturing the multi-dimensional aspects of neighborhoods as seen through the eyes of older adults? And how can multi-disciplinary research, focused on conceptualization and measurement of neighborhoods, best contribute to this topic?

FACTORs RELATED TO NEIGHBORHOOD WALKING FOR TRANSPORTATION AND RECREATION IN OLDER, URBAN ADULTS

J. Heckhausen, Psychology, UC Irvine, Irvine, California

Factors influencing walking in older adults (OA) may differ by reason for walking. This cross-sectional study examined the association of mobility limitations, self-efficacy, outcome expectations and neighborhood environment (density, design and destinations) on neighborhood walking in OA for recreation or transportation (n=326, age 60-99 years, M=76.1, SD=8.34). Measures included the Neighborhood Physical Activity Questionnaire, Pepper Assessment Tool for Disability, Multidimensional Outcome Expectations for Exercise Scale, Neighborhood Environment Walkability Scale, and self-efficacy scales. Multiple regression revealed that the variables explained 22.4% (p<.05) of the variance in neighborhood recreational walking; only gender (β=.15, p=.01) and self-efficacy (β=.49, p<.001) were significant. In contrast, for neighborhood transportation walking, the variables explained 19.8% of the variance (p<.001); only neighborhood density (β=.17, p<.01) and destinations (β=.31, p<.001) were significant. Although walking interventions are unlikely to impact density, they should incorporate local destinations popular with older adults to increase transportation walking, and target self-efficacy to increase recreational walking in OA.

THE EFFECTS OF PHYSICIAN SUPPLY AND NEIGHBORHOOD FACTORS ON PRIMARY CARE USE AMONG URBAN ELDERs


This study examined the relationships between local primary care physician (PCP) supply, perceived neighborhood characteristics, and primary care use among older adults in New York City. Using geographic data on PCP supply and survey data from 1,260 senior center attendees, we analyzed factors that facilitate and hinder primary care access for individuals living in service areas with different supply levels. Supply quartiles varied significantly in their racial and socio-economic composition, perceived neighborhood social cohesion and safety, and PCP use. Stratified multivariate models showed that, within the lowest and second-lowest quartiles, individuals who used public transit were 81% and 85% more likely than those who did not to have seen a PCP in the past 12 months (p<0.01). This suggests that elder-friendliness of public transit may facilitate primary care access in low-supply areas. This work highlights the role of environmental barriers in disparities in health care access among urban older adults.

CAPTURING “NEIGHBORHOOD” THROUGH A NEW LENS: USING PHOTOVOICE AND GIS TO UNDERSTAND HOW OLDER ADULTS PERCEIVE THEIR URBAN SURROUNDINGS

J. Weinstein, P. Carder, J. Kohon, Institute on Aging, Portland State University, Portland, Oregon

Researchers who study the relationship between older persons and neighborhoods have to confront the imprecise nature of neighborhood boundaries. While some researchers rely on U.S. Census tracts or other arbitrarily imposed boundaries, others attempt to categorize neighborhoods based on local and subjective understandings. This study took a more personalized look at the meaning of neighborhood for 43 older adults (55+) who live in subsidized housing in Portland, Oregon. Through qualitative interviews and the use of Photovoice, study participants provided vivid descriptions and shared rich stories about the geographic constructs, social relationships and daily uses that shaped their unique perceptions, positive and negative, of their neighborhoods. Combining individual case studies with Geographic Information Systems (GIS) mapping, we portray both fluid and fixed neighborhood boundaries as defined through the lived experience of older adults in urban areas.

DIRECT EXPERIENCE SHAPES THE NOTION OF “THE AREA OF RESIDENCE” IN JAPANESE SENIORS

K. Katagiri, 1, Sugawara, 2, Institute for Social Gerontology, Nipponkoa Welfare Foundation, Tokyo, Japan, 2, Institute of Gerontology, the University of Tokyo, Tokyo, Japan

“Aging in place” is an important subject in aging societies. However, how do people define the “place”? A random-sampling survey on 50–60-year-old Japanese was conducted in urban and local cities in 2008. The question “How large is the area you imagine when you hear the phrase ‘your area of residence’?” was asked. Seven choices were provided, from “1. around your home” to “7: larger than your prefecture,” with the areas stretching farther as the number increased. 33.2% answered “around your home” and 36.4%, “in your town.” The main results of ANOVAs showed that people who lived in the area in their younger days, participated in social activities, or lived in small cities chose a wider range for their areas of residence. This suggested that people with more knowledge and direct experiences in the areas broaden their notions of “areas of residence.”

SESSION 2385 (SYMPOSIUM)

ENGAGEMENT AND DISSOCIATION AMONG OLDER ADULTS FACING ADAPTATION CHALLENGES

Chair: J. Heckhausen, Psychology, UC Irvine, Irvine, California
Co-Chair: C. Wrosch, Psychology, UC Irvine, Irvine, California
Discussant: J. Heckhausen, Psychology, UC Irvine, Irvine, California

This symposium will introduce the topic of motivation and self-regulation in older adults. The Motivational Theory of Life-Span Development proposes that engagement with goals and disengagement from goals should match with available opportunities for control and goal attainment. When confronted with controllable challenges such as in temporary and reversible health problems, goal engagement and primary control striving are adaptive. In contrast, when facing irreversible loss and disability, goal adjustments and goal disengagement lead to better outcomes. This set of presentations shows that it is not a particular strategy of motivational self-regulation, but instead the matching of motivational behavior with contextual opportunities and constraints, that makes or brakes successful aging. Wrosch and Rueggeberg examine the effectiveness of health-related control striving among older adults over a span of 6 years, and show that among those who are lonely self-
PURSUING HEALTH GOALS: STRATEGIES AND THEIR RELATION TO DEPRESSIVE SYMPTOMS
1. Q. Morse, Western Psychiatric Institute & Clinic, University of Pittsburgh, Pittsburgh, Pennsylvania

The downward spiral resulting from a combination of depressive symptoms and functional impairment impedes intervention, especially for older adults. First-line interventions for depression and medical illnesses associated with impairment are hampered by loss of motivation and poor treatment adherence. Primary and secondary control strategies may help us conceptualize these motivational issues. The goal was to develop a scale assessing control strategies while attending to the literacy demands of new items. Qualitative interviews were conducted and coded to write new items and a pilot scale has been tested in a large national sample (n=500) of community adults aged 40 to 80+, half reporting difficulties with an ADL and half not. The psychometric properties of the new scale will be examined in this community sample and in a small sample of older adults reporting some symptoms of depression. The relations between the new scale, physical functioning, and depression will be examined.

HEALTH-RELATED CONTROL STRATEGIES PREDICT PSYCHOLOGICAL AND BIOLOGICAL BENEFITS AMONG LONELY OLDER ADULTS
C. Wrosch, R. Rueggeberg, Concordia University, Montreal, Quebec, Canada

This 6-yr longitudinal study (N = 122) examined the effects of loneliness and health-related self-protection (i.e., compensatory secondary control, CSC) on older adults’ psychological stress, cortisol volume, and systemic inflammation (C-RP). We reasoned that with the onset of physical decline in older adulthood lonely older adults would be particularly likely to exhibit stress-related psychological and biological problems, unless they use CSC in response to emerging health threats. The results showed that baseline CSC was association with a 2-yr reduction of psychological stress and cortisol volume, and predicted lower C-RP after 6 years, but only among lonely participants. In addition, mediation analyses showed that the buffering effect of CSC on 6-year levels of C-RP among lonely older adults was mediated by 2-yr changes in cortisol volume. These findings suggest that lonely older adults can avoid stress-related psychological and biological problems if they engage in CSC to manage their health threats.

ADAPTATION TO UNAVOIDABLE LOSS ACROSS ADULTHOOD: A THINKING-ALOUD STUDY WITH VIDEO VIGNETTES
D. John, F.R. Lang, Institute of Psychogerontology, Erlangen, Germany

Confrontation with unavoidable loss across adulthood enforces adaptation that may either be resource-neutral (e.g., reorientation of goals) or involve investment of resources (e.g., striving for maintenance, improvement). We examined whether age-differential effects of resource investments on affect can be found in a mere simulation task of unavoidable loss-management. In an experimental study, we confronted 83 healthy young, middle-aged, and old adults with fictitious video vignettes of a person suffering from Multiple Sclerosis. Participants engaged in a thinking-aloud task on managing life changes of the fictitious person after learning about the diagnosis. Consistent with expectations, the video-vignette task led to greater salience of loss among older adults than among young adults. Only the older participants’ striving for improvement was associated with an increase of negative affect after the thinking-aloud task, whereas their resource-neutral reorientation strategies led to enhanced affective well-being. Findings show age-differential effects of simulating adaptational resource-allocation across adulthood.

GOAL ENGAGEMENT AND DISENGAGEMENT AND GENERAL WELL-BEING IN ADVANCED OLD AGE: DOES SENSORY IMPAIRMENT MATTER?
V. Heyl1, H. Wahl2, 1. Institute of Special Needs Education, University of Education, Heidelberg, Germany, 2. University of Heidelberg, Heidelberg, Germany

This study investigates the role of goal engagement and disengagement in general well-being, comparing visually impaired, hearing impaired, and sensory unimpaired older adults. According to arguments that flexible goal adjustment increases in importance with age and disability, we hypothesized differential relationships between modes of self-regulation and general well-being when comparing sensory impaired and sensory unimpaired older adults. Structural equation modeling based findings rely on samples of 121 visually impaired, 116 hearing impaired, and 150 sensory unimpaired adults in advanced old age (M = 82 years). While flexible goal adjustment seems to be of great importance for general well-being in all samples, presumably due to the advanced old age of participants, sensory unimpaired older adults benefit more from tenacious goal pursuit than sensory impaired individuals. It is concluded that the ability to adjust goals to reduced capacities is crucial when it comes to a constraining condition such as sensory impairment.

SESSION 2390 (SYMPOSIUM)
HEALTH AND AGING IN ASIA: LIVED EXPERIENCES OF OLDER ADULTS IN CHINA, TAIWAN, AND JAPAN
Chair: K. Chee, Department of Sociology, Texas State University-San Marcos, San Marcos, Texas
Co-Chair: F. Ejaz, Benjamin Rose Institute on Aging, Cleveland, Ohio
Discussant: F. Ejaz, Benjamin Rose Institute on Aging, Cleveland, Ohio

This symposium addresses the diverse experiences of older adults in Asia who live in different environments. Findings from three research projects conducted in China, Taiwan, and Japan reveal several themes: a) the lifestyles of older adults in Asian countries vary greatly, depending on the environment in which they live or receive care; b) older adults’ experiences with formal or informal care vary by the region within which they live, the level of their health or disability status, and the level of their socioeconomic status; and c) older adults may negotiate how they meet their care needs through social relations that they maintain with their adult children or care providers. Lydia Li will first discuss her qualitative study of older adults with chronic illness in Shandong, China. Her findings include differences between rural and urban residents in terms of how they deal with barriers to health care access. Next, Liou and Jarrott will report on their ethnographic research in two adult day care environments in Taiwan. Their findings reveal how staff members and elders interacted in these environments. Finally, Lum will explain findings from qualitative research on healthy middle-class older adults in Japan, centering on gender and age group differences in their adaptation to aging. The chair and co-chair will discuss how findings from these studies contribute to an understanding of environment-based differences in the lifestyles of older adults and diverse paths to healthy aging. Discussion will also include suggestions for future research in the Asian context.
ADULTS IN THE GREATER TOKYO AREA
L. Li1, Y. Sui1, L. Gao1, Y. Long1, 1. School of Social Work, University of Michigan, Ann Arbor, Michigan, 2. Renmin University of China, Beijing, China, 3. University of Jinan of China, Jinan, Shandong, China
This qualitative study, based on semi-structured interviews with 24 elders with chronic illness from Shandong, China, examines and compares the health care experience of older adults in rural and urban China. The results indicate that rural elderly Chinese received lower quality of primary care, experienced more barriers to access secondary and tertiary care than their urban counterparts, and relied on children for medical care payment. To reduce medical spending, rural elders ignored symptoms, delayed treatment, rationed health care and self-medicated. Both rural and urban elders found hospital in-patient care to be too costly and unaffordable. The findings provide a contextual understanding of the disparity between rural and urban elders in health care access and quality, and have implications for health reforms in China and other emerging economies experiencing population aging and variance in rural vs. urban health delivery systems.

EXPERIENCES OF TAIWANESE ELDERS IN TWO DIFFERENT ADULT DAY CARE ENVIRONMENTS
C. Liou, S.E. Jarrott, Virginia Tech, Blacksburg, Virginia
Adult day services (ADS) have demonstrated benefits to elders’ and caregivers’ well-being but also reveal infantilization and disrespect for elders. Many ADS environments are socially constructed as places for cognitively impaired elders: here, ADS clients are labeled as child-like dependents. We utilized environmental theory to examine two ADS environments in Taiwan. We collected ethnographic data with 270 hours of observations; and also conducted qualitative interviews with fifteen staff members and eight elders. Findings revealed that treatment of elders took on a teacher-to-student orientation. Elders referred to staff as “teachers” as they were directed to their “classrooms.” Elders with more limited cognitive and physical abilities face more teacher-to-student interaction. However, more independent elders expressed a sense of powerlessness to exert change with this orientation. Findings suggest that changing such practices may result in generating greater respect for impaired elderly, while acknowledging the feelings of those with enhanced cognitive abilities.

LIFESTYLES OF MIDDLE-CLASS JAPANESE OLDER ADULTS IN THE GREATER TOKYO AREA
S. Lum, Waseda University, Tokyo, Japan
In-depth, qualitative studies on the lifestyles of older adults in Japan are scarce. The purpose of this research was to gain an in-depth understanding of the daily lives of healthy, retired older adults who did not need formal care. The sample consisted of 35 older adults, living in the Greater Tokyo area in Japan and whose age ranged from 60 to 85 years. The in-depth interviews explored areas in the older adults’ lives, including daily activities, and family and social contacts. Data were analyzed from two perspectives – gender and age group. Results: Significant gender differences were observed, where continuity featured in the female older adults’ lives, while most male older adults tended to make new social contacts after retirement. Differences were also observed across age groups. The sixties were observed to be a time of upheaval, the seventies, a time of adjustment and the eighties as a time of acceptance.

SESSION 2395 (PAPER)

COMPLEMENTARY THERAPIES

USE OF COMPLEMENTARY/ALTERNATIVE THERAPIES FOR ARTHRITIS AMONG OLDER WOMEN OF URBAN, SUBURBAN AND RURAL COMMUNITIES
C. Cheung, C. Geisler, Nursing, St. Catherine University, St. Paul, Minnesota
Arthritis is a chronic and painful disease that affects primarily older women. Many arthritis sufferers use complementary/alternative therapies (C/AT) to help manage arthritis symptoms. The purposes of this study were to explore the: 1) prevalence and types of C/AT use for arthritis management by older women residing in urban, suburban, and rural geographical settings; 2) factors that influence community-dwelling older women’s decisions to use C/AT, 3) sources of C/AT information used for arthritis management; and 4) extent to which older women disclose their C/AT use to their health care providers. A qualitative research design using focus groups was used. Fifty community-dwelling women (ages 66 – 101) who manage arthritis with C/AT participated in eight focus groups. A semi-structured interview guide was based on the Health Belief Model. Thematic approach using codes and links were employed for data analysis. The majority of study participants were Caucasian (90%), widowed (42%) and educated (mean level of educational level was 14, range 8-22 years). Nutritional supplements were the most commonly reported type of C/AT across all locations. Rural participants reported the greatest variety of C/AT use. Dissatisfaction with conventional medicine and perceived safety and convenience of C/AT motivated C/AT use. Most participants obtained information on C/AT from friends, family, and media advertisements, and did not fully disclose their C/AT use to their primary health care provider. Findings suggest the need for health care professionals to better communicate with and understand the health care needs of this client group when designing, organizing and delivering appropriate arthritis care.

ADAPTED TANGO: FEASIBILITY AND EFFICACY IN OLDEST-OLD ADULTS WITH VISUAL IMPAIRMENT
M.E. Hackney1,2, C. Hall1,2, K. Echt1,2, S. Wolf3, 1. Rehab R&D, Atlanta VAMC, Decatur, Georgia, 2. Emory University School of Medicine, Atlanta, Georgia
Fall risk increases with age and visual impairment; yet, the oldest-old (> 85 years) are rarely studied. Because partnered dance improves mobility, balance and quality of life in older individuals with movement disorders and balance impairment, the present investigation was designed to determine the feasibility and efficacy of an adapted tango program targeting balance, gait, and participant satisfaction amongst these old-
DAILY BLUEBERRY CONSUMPTION CAN IMPROVE DECISION-SPEED AND SELF-REPORTED HEALTH INDICATORS

BACKGROUND: In laboratory experiments blueberry extracts have been reported to increase hippocampal neurogenesis and plasticity, improve survival of transplanted nerve cells, improve rotarod and maze performance, reduce Alzheimer’s-like changes, and decrease tumorogenesis. A critical question is whether blueberries provide similar benefits to humans. METHODS: To help answer this question, we conducted a sixteen-week randomized, non-blinded, multi-center, crossover trial involving 97 participants aged 60 plus were recruited at the New Fairfield and Mansfield Senior Centers in Connecticut. The protocol included four 4-week phases: baseline measurement, treatment periods 1 and 2, and post-treatment follow-up. Treatment 1 was either one cup daily of wild Maine blueberries or an antioxidant supplement selected by participants from coenzyme Q10 (30 mg/day), alpha lipoic acid (25 mg/d) or vitamin E (500 IU/day) in consultation with their physicians. Participants crossed over to the other treatment after four weeks. Single-choice decision speed measurements were conducted each week from the study web site at Blueberrystudy.com. Errors and decision speed predictions were obtained during and after each measurement session to quantify participant expectations and motivation. Results: Among those receiving blueberries, significant improvement occurred in all measured indicators including decision speed (t-test p = 0.024), self-reported aches and pains (p = 0.017), energy level (p = 0.002), sharpness (p = 0.001), sleep quality (p = 0.017), mood (p = 0.010), peacefulness (p = 0.005) and overall health (p = 0.001). Blueberry group response times improved by 4.2% compared to baseline, more than twice the improvement in the antioxidant control group. Conclusions: This study indicates that regular blueberry consumption may improve decision speed and a number of self-reported health indicators.

EFFECTS OF TAI CHI ON PHYSICAL AND COGNITIVE FUNCTIONING IN ELDERS WITH MILD COGNITIVE IMPAIRMENT AND OSTEOARTHRITIC KNEE
P. Tsai, J.Y. Chang, C. Beck, Y. Kuo. 1. University of Arkansas for Medical Sciences, Little Rock, Arkansas, 2. The University of Texas Medical Branch, Galveston, Texas

This study was a cluster-randomized clinical trial with two arms to test the efficacy of a 20-week Sun-style Tai Chi (TC) program in improving physical and cognitive functioning in community-dwelling elders with knee osteoarthritis (OA) and mild cognitive impairment (CI). Eight sites (55 participants) were randomly assigned to a TC group (4 sites, 28 participants) or an attention control group (4 sites, 27 participants). Outcome measures included the Western Ontario and McMaster (WOMAC) OA pain, physical functions and stiffness subscales, the “Get up and Go” test, the “Sit and Stand” test and the Mini Mental State Exam measuring at baseline and at the end of the 4th, 8th, 12th, 16th and 20th week. The intent to treat principle was used to analyze the results. The main effect showed improvement in every outcome in the TC group (p = 0.0455-0.0000) while there were no significant changes in the attention control group (p = 0.0596-0.4171). The interaction effect showed the trajectory of the WOMAC pain score (p = 0.033) and WOMAC stiffness score (p = 0.000) over the 5-month study period was significantly different between the two groups. The study results indicate that practicing Tai Chi can significantly reduce elders’ pain and stiffness in a time-dependent manner.

SESSION 2400 (PAPER)

FALLS ARE A POWERFUL DETERMINANT OF ER USE BY NURSING HOME RESIDENTS
C. Stephens, K. Covinsky, M.A. Blegen, S. Lee, 1. University of California, San Francisco, San Francisco, California, 2. San Francisco VA Medical Center, San Francisco, California

Background: Falls in nursing home (NH) residents lead to disability, reduced quality of life, higher healthcare costs & increased morbidity. Almost 25% of falls in this population result in fracture, laceration or need for hospital care, however the relationship between falls and transfer to the ER has not been well described. Methods: We examined the association between falls and ER use in a 5% random sample of Medicare beneficiaries residing in NHs in the US (n = 132,753) in 2006. Federally-mandated Minimum Data Set (MDS) data were linked to CMS inpatient claims, outpatient claims, and Beneficiary Summary File data to determine the presence of a fall in the past 30 days and associated ER use with and without hospitalization. Multinomial logistic regression was used, controlling for case-mix severity, sociodemographic/health-related factors. Results: Of the 35, 735 residents with a fall in the past 30 days, 76% (n=28,403) went to the ER and were more likely to be hospitalized (62.8% vs. 44.1%, p<0.001) or seen in the ED without hospitalization (42.0% vs. 31.8%, p<0.001). After adjusting for other factors, residents with a fall in the past 30 days had a 2.5 times greater odds of any ER visit (95% CI, 2.4-2.5) than those without a fall in the past 30 days. Conclusions/Implications: Falls are common & identify a subgroup of NH residents at high risk for decline and high acute care utilization. Although it is not possible to prevent all falls in the NH, further interdisciplinary interventions to prevent/decrease falls may improve patient outcomes & decrease costs.

DOES KYPHOSIS CONTRIBUTE TO FALLS?

Background: Hyperkyphosis is common among older adults; its association with falls is controversial. Objective: We aim to determine the association between hyperkyphosis, falls and injurious falls in a population or need for hospital care, however the relationship between falls and transfer to the ER has not been well described. Methods: We examined the association between falls and ER use in a 5% random sample of Medicare beneficiaries residing in NHs in the US (n = 132,753) in 2006. Federally-mandated Minimum Data Set (MDS) data were linked to CMS inpatient claims, outpatient claims, and Beneficiary Summary File data to determine the presence of a fall in the past 30 days and associated ER use with and without hospitalization. Multinomial logistic regression was used, controlling for case-mix severity, sociodemographic/health-related factors. Results: Of the 35, 735 residents with a fall in the past 30 days, 76% (n=28,403) went to the ER and were more likely to be hospitalized (62.8% vs. 44.1%, p<0.001) or seen in the ED without hospitalization (42.0% vs. 31.8%, p<0.001). After adjusting for other factors, residents with a fall in the past 30 days had a 2.5 times greater odds of any ER visit (95% CI, 2.4-2.5) than those without a fall in the past 30 days. Conclusions/Implications: Falls are common & identify a subgroup of NH residents at high risk for decline and high acute care utilization. Although it is not possible to prevent all falls in the NH, further interdisciplinary interventions to prevent/decrease falls may improve patient outcomes & decrease costs.

64th Annual Scientific Meeting 627
ORTHOSTATIC HYPOTENSION IN ELDERLY NURSING HOME FALLERS: WERE THEY DIZZY?


Orthostatic hypotension (OH) is a common cause of older adult falls. It is well known across many age-groups that OH is often heralded by symptom experiences of lightheadedness and/or dizziness, serving as a marker for its occurrence and management. However, little is known if elderly nursing home fallers who meet the standard diagnostic criteria of OH are indeed symptomatic [with dizziness] at the time of their fall. A secondary analysis was conducted on data from a prospective, quasi-experimental 3-year study using the 30-item validated Post-Fall Index as an intervention to comprehensively assess older adults post-fall. Of the 77 fallers with 195 explained falls by nurses, 46% (n=89) failed to meet the diagnostic criteria of OH whereas only 13.3% of the sample (n=26) clearly met, or nearly met the OH criteria. For another 39% of the sample (n=76) we could not confirm the presence or absence of OH due to omission of data. Of the 26 fallers with OH only one experienced dizziness. An empirically derived explanatory model is presented along with clinical implications relevant to practice in order for health care professionals to detect and manage OH in the absence of premonitory or antecedent symptoms.

STEADI—A FALL PREVENTION TOOLKIT FOR PRIMARY CARE PROVIDERS

J. Stevens, E. Phelan, 1. Centers for Disease Control & Prevention, Atlanta, Georgia, 2. University of Washington, Seattle, Washington

Falls and their associated injuries are a growing public health concern, responsible for nearly 20,000 deaths nationwide and costing over $26 billion (in 2008 dollars) annually. In 2009 alone, 2.2 million older adults were treated in emergency departments for fall injuries and nearly 600,000 of these patients were hospitalized. Clinical assessment and individualized risk factor reduction is effective in reducing falls and fall injuries, and the American Geriatrics Society (AGS) has published practice guidelines to promote fall risk assessment and management. However, guideline awareness among health care providers is low; primary care providers report they do not know how to assess fall risk or do not have adequate knowledge about fall prevention. To address these concerns and fill this identified knowledge gap, the Injury Center at the CDC is developing STEADI (Stopping Elderly Accidents, Deaths, and Injuries), a comprehensive fall prevention toolkit. This toolkit incorporates findings from formative research with physicians. It follows a simplified version of the AGS guidelines and includes a pocket guide, fact sheets, “how-to” pages on focused falls physical exams, and other training materials designed to help primary care providers incorporate fall risk assessment and individualized fall interventions into their clinical practice. This presentation will provide background information about fall risk screening and management, describe the developmental process of the STEADI toolkit, and share current versions of toolkit materials.

MEDIATING EFFECT OF PHYSICAL ACTIVITY IN KNEE OSTEOARTHRITIS (OA) AND RISK OF FALLS IN OLDER ADULTS

U.D. Nguyen, Y. Zhang, J. Niu, D.P. Kiel, S.G. Leveille, R.H. Shiner, C.A. Oatis, M.T. Hamer, J. Medicine, Boston University School of Medicine, Boston, Massachusetts. 2. Hebrew SeniorLife Institute for Aging Research, Boston, Massachusetts, 3. Harvard Medical School, Boston, Massachusetts. 4. University of Massachusetts, Boston, Boston, Massachusetts. 5. Beth Israel Deaconess Medical Center, Boston, Massachusetts. 6. Arcadia University, Glenside, Pennsylvania

Physical activity may mediate the effect of knee OA on the risk of indoor and outdoor falls differently for men and women. In the MOBILIZE Boston Study, a population-based cohort of community-dwelling older adults, we used ACR criteria to assess knee OA. Falls were assessed using monthly calendars and phone interviews. Physical activity was assessed using PASE. Separate negative binomial regressions were performed for men and women, to estimate the mediating effect of physical activity on the risk ratio (RR) of knee OA with risk of indoor and outdoor falls separately, adjusting for confounders. Of 764 people (mean age: 78 years; mean BMI: 27.3), 25% had knee OA. Over 2.3 years of follow-up, 318(42%) had ≥ 1 indoor fall, and 300(39%) had ≥ 1 outdoor fall. In 276 men, mean PASE scores were 97(SD 67) and 118(SD 83) among those with and without knee OA, and in 488 women, 111(SD 64) and 102(SD 66), respectively. The adjusted RR for knee OA compared with no knee OA on risk of indoor falls was 1.19(95% CI:0.81,1.5) for women, and 1.6(95% CI:1.02,2.5) for men. The corresponding RR for outdoor falls was 1.7(95% CI:1.22,2.4) for women, and 0.9(95% CI: 0.61,1.4) for men. Further controlling for PASE, the RR for indoor falls was 1.1(95% CI:0.81,1.5) for women, and 1.5(95% CI:0.92,2.4) for men. The RR for outdoor falls was 1.6(95% CI:1.22,2.3) for women and 0.9(95% CI:0.6,1.4) for men. Knee OA was associated with increased risk of indoor falls in men, and outdoor falls in women. Such associations were not explained by differences in physical activity levels in either men or women.

SESSION 2405 (PAPER)

ANTIPSYCHOTIC (APM) INITIATION AND LONG-TERM USE FOLLOWING LIFESTYLE CHANGE WITH LONG-TERM CARE (LTC) ADMISSION


Background: Dementia-related neuropsychiatric symptoms are distressing to patients and caregivers, often triggering major lifestyle changes with NH placement. APM is widely used to manage behavioral disturbances despite safety concerns and only moderate effectiveness. There is limited information on APM initiation, duration, and on whether these follow CMS guidelines. Objectives: Identify resident and facility characteristics associated with APM initiation; examine by class, agent, dosage, and time to discontinuation. Methods: Retrospective analysis using 2001- 2004 Medicaid, MDS and OSCAR data for 6 states. From 89,528 dual eligible 65+ LTC residents without prior use (6 mos.) and without conditions considered appropriate for APM under CMS guide-
lines, we identified 8,724 residents who initiated APM after LTC admission. Cox proportional hazards models estimated adjusted hazards ratios of resident and facility characteristics for APM initiation. Results: APM was initiated by 20% within 30 days and 48% within 90 days of LTC admission. Those at higher risk of initiation were: male, African American, with dementia, wandering and resisting care behaviors; residing in facilities that were large, for-profit, highly reliant on Medicaid funding, and with high numbers of deficiencies. Staffing (nursing, mental health and physician-extender teams) was not significant. 90% initiated on atypicals; doses were above CMS thresholds for 23% of conventional and 2% atypical. Median time to discontinuation was 95 days; 34% discontinued after 180 days. Conclusions: Initiation occurs early in LTC stays among residents without CMS-approved indications; over half continue long-term. For-profit status, size, Medicaid reliance, and deficiencies increased risk of initiation; racial disparities were noted. Initiation provides an important opportunity for monitoring APM use.

ANTIEPILEPTIC DRUG USE IN COMMUNITY-DWELLING AND INSTITUTIONALIZED ELDERLY: A NATIONWIDE STUDY OF OVER 1 300 000 OLDER PEOPLE
K. Johnell, J. Fastbom, Aging Research Center, Karolinska Institutet, Stockholm, Sweden

Objective: To investigate whether institutionalization was associated with use of antiepileptic drugs (AEDs) and to compare the association between use of AEDs and psychotropics in community-dwelling and institutionalized elderly, after adjustment for age, sex and co-morbidity (i.e. number of other drugs). Methods: We analyzed data on age, sex and dispensed drugs for individuals aged >65 years registered in the Swedish Prescribed Drug Register from July to September 2008, record-linked to the Swedish Social Services Register (n=1 345 273; 1 258 565 community-dwelling and 86 708 institutionalized elderly). Multivariate logistic regression analysis was used to analyze whether institutionalization and use of psychotropics (i.e. antipsychotics, anxiolytics, hypnotics/sedatives and antidepressants) were associated with use of AEDs. Results: AEDs were used by 2% of the community-dwelling and 9% of the institutionalized elderly. The most commonly used AEDs were carbamazepine, gabapentin, pregabalin, valproic acid and lamotrigine. Institutionalization was strongly associated with AED use (OR [95%CI] 3.98 [3.86-4.10]). In community-dwelling elderly, AED use was associated with an increased probability of use of all of the types of psychotropics. However, among institutionalized elderly, the associations between use of AEDs and psychotropics showed a mixed pattern. Conclusions: AED use seems common in institutionalized elderly and institutionalization is a strong determinant of AED use. Moreover, our results might indicate an off-label prescribing of AEDs as an alternative to psychotropics in the institutional setting. This finding needs to be confirmed by others and evaluated with respect to outcomes of this treatment in institutionalized elderly.

CYTOMEGALOVIRUS INFECTION AND RESPONSIVENESS TO INFLUENZA VACCINATION IN ELDERLY RESIDENTS OF LONG-TERM CARE FACILITIES
W. den Elzen1, A. Vossen1, H. Cools1, R. Westendorp1,2, A. Kroes3, J. Gussekloo3, 1. Public Health and Primary Care, Leiden University Medical Center, Leiden, Netherlands, 2. Netherlands Consortium for Health Ageing, Leiden, Netherlands

Ample evidence suggests that infection with cytomegalovirus (CMV) leads to accelerated aging of the immune system and may contribute to poor responsiveness to influenza vaccination in older persons. The objective of this study was to investigate whether CMV infection, acquired earlier in life, affects the response to influenza vaccination in a randomized controlled trial (RCT) among older persons in long-term care facilities. During the 1997-1998 influenza season, 731 residents (median age 83 [interquartile range 78-88], 75.4% female) in 14 long-term care facilities in the Netherlands were randomly assigned to receive 15 or 30 μg of inactivated influenza vaccine, followed by a 15 μg booster vaccine or a placebo vaccine at day 84. Blood samples were collected at day 0, day 25, day 84 and day 109. Seroresponses to influenza vaccination were measured by hemagglutination-inhibition tests to the A/H3N2 strain at all time points. Subsequently, baseline levels of IgG anti-CMV antibodies were measured using an automated chemiluminescent microparticle immunoassay. Participants with CMV antibody level ≥6 AU/mL were considered to harbor CMV infection. At baseline, no differences in pre-vaccination geometric mean antibody titers (GMT) were observed between participants with (n=571, 78.1%) or without CMV infection (n=160, 21.9%). During follow-up, participants with and without CMV infection had similar responses to influenza vaccination as measured with changes in GMT (linear mixed model, adjusted for gender, age, pre-vaccination GMT and vaccination strategy, p<0.46). Analogously, no association was found between CMV infection and a more than 4-fold increase in antibody titer (Generalized Estimating Equations, adjusted OR 1.14 [95% CI 0.80;1.64]) or an antibody titer ≥40 (adjusted OR 1.24 [95% CI 0.86;1.80]). In conclusion, CMV infection did not explain poor responsiveness to influenza vaccination in residents of long-term care facilities.

PREDICTORS OF NON-PHARMACOLOGICAL AND PHARMACOLOGICAL TREATMENTS STOPPED AND NEW TREATMENTS STARTED AMONG NURSING HOME RESIDENTS WITH DEMENTIA
M.R. Simpson, C.R. Kovach, College of Nursing, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin

The purpose of this study was to: a) describe the pharmacological and non-pharmacological treatments stopped and new treatments started over 6 weeks among a sample of nursing home residents with moderate-to-severe dementia and b) identify the nurse and resident factors associated with starting new and stopping ineffective/unnecessary non-pharmacological and pharmacological treatments. One hundred and thirty-four nursing home residents with dementia and 39 nurses from 12 nursing homes in the Midwest participated in this study. Resident and nursing process data were collected on daily tracking forms completed by the primary nurse over a six week period. Of the 134 study participants, 56 (41.8%) had non-pharmacological and pharmacological treatments stopped and 93 (69.4%) residents had between 1 and 12 treatments started. More pharmacological treatments were stopped (n=50) than non-pharmacological treatments (n=37). Of the new treatments started/added to the care of these residents, 172 were non-pharmacological and 129 were pharmacological. Among the individual resident characteristics of age, Mini-Mental Status Examination score, length of stay, and total comorbid conditions, the only significant association was between resident total comorbid conditions and new treatments started (r = -0.176, p<0.05). After accounting for the random effect of nurse and exposure effect for days of resident study participation, two nursing processes (assessment-driven treatment and evaluation-driven follow through) were significantly associated with both treatments stopped and new treatments started. The nurse serves an essential role in maintaining resident physiological and psychological homeostasis by vigilantly responding to residents’ physical problems and behaviors with assessment-driven treatment and evaluation-driven follow through.

ACCELEROMETER-BASED PHYSICAL ACTIVITY IN A LARGE OBSERVATIONAL COHORT (ACTIFE-ULM) – ASSOCIATIONS WITH POLYPHARMACY
M.D. Denkinger1, K. Rapp3, R. Peter2, T. Nikolaus1, J. Agaplesion1, Bethesda Hospital, Ulm, Germany, 2. Institute of Epidemiology, Ulm University, Ulm, Germany, 3. Robert Bosch Krankenhaus, Stuttgart, Germany

Background: Physical activity (PA) is an important predictor of healthy ageing, while polypharmacy may be a problem in older people.
The association of PA with certain medication groups and polypharmacy has rarely been studied. Methods: We have set up a population-based observational study in 1502 community dwelling older persons (65 to 90 years) stratified for age and sex. The study has a cross-sectional part (1) which focuses on PA and disability and two longitudinal parts (2) and (3). The primary information for part (2) is a prospective 1 year falls calendar including the assessment of medication change. Primary variables of interest include disability, PA, falls and others. All major geriatric domains have been considered at baseline including a detailed assessment of medication and novel measures such as accelerometer-based PA sensors, carried continuously over a one week period and accompanied by a prospective activity diary (Denkinger et al. 2010, BMC Geriatrics, 10(1), 50) Results: Preliminary analyses of n=995 participants show a well functioning population. Mean age was 75.5 years (SD 6.7), 46% were female, mean MMSE was 28.1 points (SD 1.91; 5.2% below 24 points), mean handgrip strength was 34.1 kg (SD 11.9), mean gait speed was 0.97 m/s (SD 0.28). Active time walking was 107 minutes (females 106 min., males 108 min), active time standing was 278 min. (females 307 min., males 255 min.). As the study is ongoing, analyses of certain medication patterns and association with PA are currently conducted and will be available at the conference. Discussion: The assessment of PA using a high standard accelerometer-based device is feasible in a large population-based study. Preliminary analyses show differences in physical activity according to gender. The design of the study and above mentioned associations will be demonstrated at the conference.

SESSION 2410 (PAPER)

DEALING WITH DIFFICULT DECISIONS

ATTITUDES AND BELIEFS THAT AFFECT ASSENT TO BRAIN DONATION AMONG FOUR ETHNIC GROUPS


If we could prevent Alzheimer’s disease, we would dramatically enhance the quality of life for many older adults. In many Alzheimer’s disease longitudinal studies, brain autopsy provides critical clinical and neuropathological comparisons. People from minority ethnic groups have been under-represented in this research, especially in their agreement to donate their brain. This presentation will report on a study of attitudes and beliefs about brain donation of research subjects from four NIH-funded Alzheimer’s Research Centers. Focus groups were conducted with Caucasian, African American, Hispanic and Chinese subjects who have assented and those who have not assented to donate their brain. We also interviewed their family members. The interviews were tape-recorded, translated (as necessary), transcribed, and entered into NVIVO qualitative software for analysis. The focus groups explored perspectives about brain donation, including their reasons for agreeing and reasons for not agreeing to donate their brain. Factors included participants’ experiences in being asked to donate their brain; religious beliefs; concerns about how the body is treated during the autopsy process; and how people feel about health providers, researchers and healthcare institutions. The results of the focus groups will be used to construct a survey instrument to compare differences among ethnic groups in assent to brain donation. Ideas about effective ways to approach potential study volunteers from different ethnic groups will be discussed.

ALZHEIMERS ORGANISATIONS AND PREVENTING SOCIAL DEATH

A. Kirkman, Social and Cultural Studies, Victoria University of Wellington, Wellington, New Zealand

This paper examines the concept of social death as it is applied to people with dementia and examines the role of Alzheimers organisations in reducing this practice. Social death has been described by sociologists as the situation where people are treated as corpses while still alive. Characteristics that lead people to become socially dead as those such as a lengthy terminal illness, becoming very old and those suffering from loss of their essential personhood. The paper demonstrates that while examples of social death persist, the increased exposure to, and awareness of dementia, brought about through the work of advocacy organisations like Alzheimers New Zealand has helped reduce this conception of people with Alzheimers disease as bodies without selves. The paper draws on qualitative data gathered from a range of sources over a five year period including a survey of paid community workers for Alzheimers New Zealand, along with in-depth interviews with a number of the respondents to this survey; analysis of newsletters and websites from Alzheimers organisations; and media coverage of dementia. The paper illustrates the role that advocacy organisations have in enabling people with dementia through the ideal of person-centred care and the more recent ideal of full citizenship rights for people with dementia. Problems resulting from associating dementia with the ageing process are also identified.

THE INFLUENCE OF GENDER ON DECISION-MAKING BY COUPLES LIVING WITH DEMENTIA

L. Warren1, G.M. Boyle2, 1. Sociological Studies, University of Sheffield, Sheffield, United Kingdom, 2. University of Bradford, Bradford, United Kingdom

Recent changes in mental capacity policy and law in the UK and internationally have highlighted the importance of facilitating decision-making by people with dementia. However, whilst there is a better awareness of their decisional capacity, there has been little recognition of the role played by social factors - particularly gender - in influencing their involvement in, and control over, decision-making in their everyday lives. This paper will report initial findings from a 2-year qualitative study being undertaken in England which explores the extent to which decision-making by people with dementia (and their partners) is not simply a cognitive process, but is also a social process, influenced by social and economic factors. The study was funded by the UK Economic and Social Research Council. Ethnographic methods (participant observation and interviews) were used to examine in-depth the types of decisions that couples living with dementia make on a daily basis and the processes by which these decisions were made. The paper highlights the important influence of gender on their decision-making and the dynamic and interactive processes by which everyday decisions are negotiated or made, and the tensions and conflicts which can arise. The authors highlight how both partners (with or without dementia) seek to exercise agency within the relationship and the key role of gender in facilitating or constraining personal agency. The authors draw parallels between decision-making in couples living with dementia and decision-making in intimate relationships more generally.

ADDRESSING THE CONTINUUM OF CANCER CONTROL IN DIVERSE COMMUNITIES: TASKS OF LAY PATIENT NAVIGATORS


Cancer affects many older people, but the US cancer care system is complex and difficult to negotiate. Cancer Patient Navigation (PN) programs train and sponsor individuals to help cancer patients negotiate the cancer care system, and programs show good outcomes. Some PN programs use lay navigators (i.e. those without a clinical license); how-
ever, there is limited literature on the key tasks that lay navigators can be trained to perform. We employed two conceptual frameworks to guide data collection from five PN programs across the US. These served Native Hawaiians in Hawaii, Asian and Pacific Islander immigrants in Orange County, African Americans in North Carolina, Native Americans in the Western US, and Hispanics in 6 US sites. The frameworks helped us organize tasks by phases of the cancer care continuum (education and outreach, screening, diagnosis and staging, treatment, survivorship, and end-of-life) and intent to make cancer services understandable, available, accessible, affordable, appropriate, and accountable. We also gathered case studies. The similarities and differences of the five PN programs are described. Tasks are presented by phase of the cancer care continuum. Variation in approaches used for different ethnic groups are illustrated through case studies. Findings show that lay navigators performed similar tasks but that their specific approaches reflect differences in community context, program setting, and funding. Detailed task lists can inform the development of programs, job descriptions, training, and evaluation. They also may be useful in the move to certify navigators and establish mechanisms for the reimbursement of navigation services.

SESSION 2415 (SYMPOSIUM)

NEW PERSPECTIVES ON CARE WORKER-RESIDENT RELATIONSHIPS IN NURSING HOMES
Chair: T.J. Roberts, School of Nursing, University of Wisconsin - Madison, Madison, Wisconsin
Co-Chair: J. Meyer, City University, London, England, United Kingdom
Discussant: B. Mc Cormack, University of Ulster, Jordanstown, Northern Ireland, United Kingdom

Current culture change efforts in the nursing home industry are inspiring transformations in care philosophies to support and value the development of care worker-resident interpersonal relationships. Evidence indicates that these changes can improve quality of life and create person-centered cultures. Whilst resources are being devoted to these efforts, there is a dearth of literature about the strategies that are successful for care workers to develop relationships with residents. In addition, strategies for evaluating the effectiveness of relationships, as well as the outcomes of these relationships, are poorly articulated. The purpose of this symposium is to present international and interdisciplinary perspectives on relationships, presenting studies that will extend existing knowledge of care worker-resident relationships. The first will demonstrate the application of interdependence theory to explain relationship development. The second will illustrate strategies for successful relationship development, with the testing of a relationship skill-based intervention. The third, drawing from Humanistic theories, will describe the development of humanistic relationship instruments to measure care worker-resident relationships, presenting studies that will extend existing knowledge of care worker-resident relationships in these cultures.

NICE AIDES AND AIDES RESIDENTS REALLY CONNECT WITH: NURSING HOME RESIDENTS DEFINE RELATIONSHIPS
T.J. Roberts, B. Bowers, School of Nursing, University of Wisconsin - Madison, Madison, Wisconsin

Relationships between aides and residents in nursing homes are being given greater precedence in long-term care. However, what is meant by “relationship” is not often defined, nor is there a clear understanding of how relationships influence outcomes for residents. A grounded theory study was conducted to explore how residents define and benefit from relationships with aides. Residents were theoretically sampled from several nursing homes and data were analyzed using dimensional analysis. Residents described existence of several different types of relationships. Only in some relationships did they describe deep interpersonal connections with aides. However, deep connections were not always desired or necessary. Residents felt closest to aides who made them feel a part of their lives and did “little things” for them beyond that required by their jobs. Interpersonal connections were important to residents for improving their overall experience of care and quality of life in a nursing home.

MEASURING NURSE-PATIENT RELATIONSHIP SCALES IN CHRONIC CARE
V. Boscart, D. Pringle, K.S. McGilton, E. Peter, F. Wynn, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

Quality of life of residents in residential settings is determined largely by the relationships they have with nurses. Given the importance of these relationships, there is an absence of valid and reliable scales to evaluate the effectiveness of these relationships. The purpose of the research reported here was to understand how residents experienced their relationships with nurses and to develop measures to determine what qualities of relationships between residents and nurses were most important. Humanistic Nursing Theory served as a foundation to develop the ‘Humanistic Relationship Importance Scale’ and the ‘Humanistic Relationship Experience Scale’. Relational availability was rated as the most important factor in the nurse-resident relationship although all factors were important to residents. Mean scores indicated that residents’ experience a moderate level of humanistic connection in terms of nurses who generally care for them. Findings from this study contribute to a better understanding of the nurse-patient relationship, and the development of knowledge about relationships in these environments.

APPLYING INTERDEPENDENCE THEORY TO GERIATRIC NURSE ASSISTANT/RESIDENT RELATIONSHIPS
L.J. Medvene, C.K. Coleman, Psychology, Wichita State University, Wichita, Kansas

The present study was concerned with the applicability of interdependence theory for understanding the quality of certified nursing assistant (CNA)/resident relationships in long term care facilities. Interdependence theory, a social psychological theory, has been applied to a variety of relationships. It provides an account of how trust, commitment, closeness and cognitive interdependence (feelings of “we” and “family”) develop in relationships. Seventeen socially skilled CNAs from nine facilities participated in structured interviews. All of the CNAs said they had developed close relationships with some residents. Structured content analysis indicated that CNAs’ thought “relationally” about their interactions with residents. CNAs made reference to commitment and helping behaviors which promoted relationships, and their responses supported the applicability of interdependence theory. Future research should explore CNAs’ experiences of boundary issues – e.g. being both friends and caregivers. Implications for training are that CNAs should be encouraged to think relationally, as well as dispositionally.

AN INTERPERSONAL PERSON-CENTERED CARE INTERVENTION FOR GERIATRIC NURSE AIDES
C.K. Coleman1, L.J. Medvene2. 1. University of Kansas School of Nursing, Kansas City, Kansas. 2. Wichita State University Department of Psychology, Wichita, Kansas

The goal of this study was to further define interpersonal person-centered care by developing and pilot testing a training intervention for geriatric nurse aides. The training was developed to incorporate content regarding person-centered behaviors, knowing the residents, and understanding relationships. The pilot testing of this intervention was implemented by using a quasi-experimental, waitlist control design in two
nursing homes. The outcome measures included two behavioral observation measures, dyadic measures of relational closeness and relationship satisfaction, nurse aide job satisfaction, and resident satisfaction with care. The findings indicate that the training intervention was successful in increasing both the nurse aides’ and residents’ sense of relationship closeness, as well as their relationship satisfaction. Relationship closeness may have increased as a result of the training and encouraging the nurse aides and residents to think of themselves as being in a relationship.

SESSION 2420 (SYMPOSIUM)

SOCIAL RELATIONSHIPS AND RESIDENT HEALTH IN ASSISTED LIVING

Chair: C.L. Kemp, The Gerontology Institute, Georgia State University, Atlanta, Georgia
Co-Chair: M.M. Perkins, The Gerontology Institute, Georgia State University, Atlanta, Georgia
Discussant: T. Antonucci, University of Michigan, Ann Arbor, Michigan

Assisted living (AL) is an increasingly popular long-term care setting for the growing population of frail elders in the United States, and available research indicates that residents’ social ties, especially coresident ties, are important to their overall well-being. Yet, few studies have examined social relationships in AL in depth, and none has focused specifically on how these relationships impact residents’ health. This symposium presents key findings from two NIA-funded projects that investigate the impact that social relationships have on residents’ health. We define health broadly to include physical, mental, and sexual health, as well as social well-being. One project (IR01 AG030486-01) is a 3-year study that incorporates both qualitative and quantitative methods, and includes social network mapping. Data includes 3,600 hours of observation and interviews with 244 residents and 32 providers from 9 facilities in metro Atlanta. A second project (R21 AG03017-01), also conducted in metro Atlanta, involves 6 homes and focuses on sexual relationships. Data from this 2-year study include 173 hours of observation and 67 interviews with residents, providers, and family members. The symposium consists of four papers in addition to an overview of study methods and a discussion by a leading scholar in the area of social relations and health. Papers address: (1) how coupleship shapes residents’ social lives and well-being; (2) challenges of intergenerational communication about sex; (3) the impact of death and decline on residents and the AL social environment; and (4) a test of Antonucci’s (1985) Convoy of Social Support model.

“MY DAY REVOLVES AROUND WHAT SHE’S GOING TO DO”: COUPLEHOOD AND SOCIAL LIFE IN ASSISTED LIVING

C.L. Kemp, M. Ball, M.M. Perkins, N.K. Sandhu, A. Meadows, The Gerontology Institute, Georgia State University, Atlanta, Georgia

Although a minority, married and unmarried couples frequently reside in assisted living (AL) communities. Yet little is known about how couplehood influences social experiences in these settings where most residents are uncoupled. This paper presents an analysis of ethnographic data from our study on social relationships involving eight AL communities. We consider how couplehood affects residents’ social lives and coresident relationships. Findings suggest that being coupled sets residents apart from others in terms of daily routines, social behaviors, and relationships. Couples have “built-in-partners”, but interdependence or one partner’s dependence on or concern for the other typically limits coresident relationships, especially in the context of health decline. Marriage and dating often meet with different social receptions. While marriage is admired, certain residents, particularly widows, tend to express disapproval and gossip about unmarried couples. Based on our findings, we discuss strategies for promoting positive relationships for coupled and uncoupled AL residents alike.

“THIS IS OUR LAST STOP”: DEATH AND DYING IN ASSISTED LIVING

M. Ball, M.M. Perkins, C.L. Kemp, C. Hollingsworth, V. Stanley, Y. Paye, GEORONTOLOGY, GEORGIA STATE UNIVERSITY, Atlanta, Georgia

Increasingly residents with greater physical and cognitive impairments are being admitted to assisted living (AL), and recent estimates show that from 14-22% of residents die in AL each year. This paper investigates the experience of residents who are dying and the impact that the changing landscape of AL and the death experience is having on other residents, staff, and family members in eight diverse AL settings where from 0%-25% of residents died over a one-year period. Although acknowledgement of death varied across sites and responses of residents and staff typically depended on prior relationships, the presence of decline and death was a pervasive influence on residents’ social networks and the social milieu. Hospice care, available in all facilities and used by the majority of residents who died, enhanced residents’ quality of care and life and ability to die in AL and relieved the burden of families and AL staff.

“NOT MY MOTHER”: CHALLENGES OF INTERGENERATIONAL COMMUNICATION ABOUT SEX AND INTIMACY IN ASSISTED LIVING

E.O. Burgess1, A.A. Bender1, C.E. Barmon1, M. Xavier-Brier1, 1. Gerontology Institute, Georgia State University, Atlanta, Georgia, 2. Georgia State University - Sociology, Atlanta, Georgia

In assisted living facilities (ALFs) administrators, staff, and family members are often significantly younger than the older residents. This age gap leads to different approaches to care, health and well-being. Using observational and interview data from six ALFs, this grounded theory project analyzes how generational norms and values about sexuality, intimacy and aging influence how families and providers communicate with and about older adult residents’ sexuality. We found that younger generations had more difficulty with intergenerational dialogue about sex than older residents and the majority of communication about older adult sexuality relies on stereotypes. As a result of the discomfort and ageism in intergenerational communication about sex, older residents are infantilized and patronized. This can reinforce residents’ loss of independence and reduce well-being. Intergenerational communication about sex is further constrained by racial, ethnic, religious, and class differences. We conclude by discussing the importance of education and training about sexuality.

AN EXAMINATION OF THE CONVOY MODEL OF SOCIAL RELATIONS IN ASSISTED LIVING

M.M. Perkins1, M. Sweatman1, M.M. Ball1, C.L. Kemp1, 1. Gerontology Institute, Georgia State Univ, Atlanta, Georgia, 2. Emory University, Atlanta, Georgia

We use a modified version of Antonucci’s (1985, 2001) Convo Model of Social Relations to analyze the relationship between AL residents’ overall life satisfaction and five types of predictors: (1) personal characteristics, (2) situational characteristics, (3) network structure, (4) network function, and (5) network adequacy. Data for this study come from an NIA-funded project (IR01 AG030486-01) that investigates social relationships in AL and is the first study in this setting to use Antonucci’s (1986) social network mapping tool. The study sample includes 193 residents from 9 AL facilities in metro Atlanta. Results of hierarchical multiple regression analysis largely support the relationships proposed in our conceptual model. Findings show that age, perceived health, network size, and perceived availability and adequacy of emotional support are important determinants of overall life satisfaction. The final model predicts 29% of the variance in this outcome. Findings have important implications for resident health and well-being.
SESSION 2425 (SYMPOSIUM)

THE SUM OF THEIR PARTS: SURVEYING ELDER JUSTICE SUMMITS AND COALITIONS
Chair: I.C. Freeman, William Mitchell College of Law, Minneapolis, Minnesota
Discussant: K. Quinn, National Adult Protective Services Association, Springfield, Illinois

The symposium opens with a global view of elder justice summits and coalitions. The lead investigator in the first national study of these collaboratives will summarize data on their origins, accomplishments and predictors of success. The next presentation will describe the California Elder Justice Work Group start-up year, with a lens on organizing, mobilizing, focusing, and funding. Following that, the Coordinator of Minnesota’s Vulnerable Adult Justice Project will describe issues confronted in a maturing coalition, such as maintaining purpose and focus, committing to inclusion and compromise. New York State’s sustained elder justice work has reached its second summit. The following presentation by its Coordinator will examine the similarities and differences over time. To conclude, the discussant will offer perspectives on the implications of the Elder Justice Act and the Reauthorization of the Older Americans Act for the future of elder justice summits and coalitions.

STATE-LEVEL ELDER ABUSE SUMMITS OR TASK FORCES: A NATIONAL OVERVIEW
G. Anetzberger, Health Care Administration Program, Cleveland State University, South Euclid, Ohio

Using results from a national survey, this presentation will describe the formation, structure, and impact of state-level elder abuse summits and task forces. Forty percent of states have convened summits, with an addition 13% holding regional or local events to address elder abuse issues. Typical summit activities will be discussed, including tasks undertaken to implement recommendations. Ohio will be used to illustrate such efforts.

FORGING THE CALIFORNIA ELDER JUSTICE WORKGROUP
A.E. Navarro, University of Southern California, Los Angeles, California

The California Elder Justice Workgroup (CEJW) was launched in October 2009 to protect the rights, independence, security, and well being of vulnerable elders in California by improving the response of legal, long-term care, and protective service systems. Efforts escalated with an Elder Abuse Summit April 2010, which convened delegates from across the elder abuse and aging and adult services spectrum to discuss and collaborate on California’s Elder Abuse Blueprint. The finalized blueprint informs local, state, and national program developers, policy makers, foundations, and other stakeholders in planning future policy, program, and research initiatives. February 2011 marked the launch of the blueprint at the hearing of the Aging & Long-Term Care and Public Safety Committee; addressing Assembly members and stakeholders from law enforcement, District Attorneys, APS, Ombudsman, Bureau of Medi-Cal Fraud and Elder Abuse, and Advocacy Organizations. Selection of a home agency for the work of CEJW is now underway.

MINNESOTA’S VULNERABLE ADULT JUSTICE PROJECT
I.C. Freeman, William Mitchell College of Law, Minneapolis, Minnesota

The Vulnerable Adult Justice Project (VAJP) began in late 2007 as a diverse stakeholder group organized to revise the state’s Vulnerable Adult Act and related laws. Its initial legislative effort, the product of months of consensus building, resulted in Chapter 119, Laws of Minnesota, 2009. The legislation tackled the growing problem of financial exploitation, expanded community notification when vulnerable adults are missing, and established the model for a streamlined reporting and response system. The VAJP has since become a regular forum where diverse professionals meet to identify service gaps in the protection of vulnerable adults, identify flaws in the underlying public policies, and actively promote policy changes. This presentation addresses elder justice coalition issues in the process of taking root: maintaining purpose and focus, the stresses of inclusion and the work of compromise.

THE SUM OF THEIR PARTS (NY, SECOND SUMMIT)
A. Mason, Elder Abuse Prevention Program (EAPP), Lifespan, Rochester, New York

New York State’s second Elder Abuse Summit in November 2010 was a follow up and update of the 2004 Summit. The 2004 Summit set 10 priorities, including creating a state Prevalence & Incidence Study and and forming a statewide Coalition. The 2010 event updated and reviewed those priorities and created new areas of focus, based on the results of the Prevalence and Incidence Studies.