SESSION 5 (SYMPOSIUM)

“I WANT TO CONTINUE TO CARE FOR HER AS LONG AS I CAN”: LESSONS LEARNED FROM AFRICAN AMERICAN AND WHITE CAREGIVERS IN THE SOUTH CAROLINA ALZHEIMER’S DISEASE REGISTRY

Chair: S. Spencer, University of South Carolina, Columbia, South Carolina
Discussant: T. McCallum, Case Western Reserve University, Cleveland, Ohio

In 2012, the Alzheimer’s Association estimated that caring for the 5.4 million people in the U.S. who are living with Alzheimer’s disease (AD) totaled $200 billion in direct costs alone. It is unclear how the long-term care system is going to cope in 2050 when the number of individuals with AD is expected to increase to 16 million. What is certain is that there is a critical need to support family caregivers who provide supervision and personal care to their loved ones at home, and research is needed to better understand the factors which can delay or prevent the transition of persons with AD from the community into long-term care facilities. The purpose of this symposium is to explore the factors which contribute to caregiver distress and affect the long-term care decisions of African American and White caregivers. The South Carolina Alzheimer’s Disease Registry is a population-based, statewide registry of residents diagnosed with AD or related disorders. Each of the presentations in this symposium used data from this registry, which is the most comprehensive registry of its kind in the U.S. These data presented the unique opportunity to explore issues of caregiver health and decision-making using a sample of African American and White caregivers who either placed their family members with AD in a long-term care facility or continued providing care at home. Understanding the factors which play into long-term care transitions can be used to support caregivers and the vital role that they play in the long-term care system.

CAREGIVERS’ PERSPECTIVES ON THE ROLE OF BEHAVIOR DISTURBANCES ON NURSING HOME ADMISSION OF PERSONS WITH ALZHEIMER’S DISEASE

C.N. Porter, M.C. Miller, S. Spencer, University of South Carolina, Columbia, South Carolina

Objective: To evaluate use of the Neuropsychiatric Inventory (NPI) to identify behavioral disturbances associated with nursing home (NH) admissions of persons with Alzheimer’s disease (AD), while accounting for caregiver factors. Methods: Study participants included 705 older adults from the SC AD Registry who were eligible for NH care and had a caregiver. Cases entered a NH within 6 months of study initiation; controls resided in the community. Registry data combined with prospective data collected via survey of caregivers was analyzed using conditional logistic regression. Results: A 10% increase in NPI score implied a 30% increase in odds of NH admission. Key individual behavior disturbances were predictive of NH admission, along with having married and male caregivers. Discussion: Few studies have characterized and quantified symptom severity in relation to actual NH admission for persons with AD. Results indicate behavioral disturbances are predictive of NH admission, but key caregiver factors are influential.

THE INFLUENCE OF SUBJECTIVE U.S. AND COMMUNITY SOCIAL STATUS ON DEPRESSIVE SYMPTOMATOLOGY AMONG AFRICAN AMERICAN AND WHITE CAREGIVERS

S. Spencer*, C.N. Porter*, M.C. Miller*, 1. University of South Carolina, Columbia, South Carolina, 2. Office for the Study of Aging, Columbia, South Carolina

Subjective social status (SSS) has been associated with psychological functioning and health-related outcomes, yet little is known about how different measures of SSS might operate in the caregiving context. Data from 271 African American and 283 White caregivers (M age = 59.5 years) were analyzed to determine whether racial variations exist in the association between SSS and depressive symptomatology. SSS was measured using both the U.S. and Community SSS ladders, and depressive symptomatology was measured using the Center for Epidemiologic Studies Depression Scale (CES-D). Results of a linear regression indicated that racial differences emerged for specific caregiver-related factors. Higher caregiver competency and higher Community-SSS were significantly associated with depressive symptomatology among African American caregivers, while among White caregivers, higher U.S.-SSS was associated with depressive symptomatology. These findings suggest that different measures of SSS might be more relevant to the psychological health of African American compared with White caregivers.

CARING FOR INDIVIDUALS WITH ALZHEIMER’S DISEASE AT HOME: A MIXED METHODS STUDY OF CAREGIVERS AND CARE RECIPIENTS

M.C. Miller, C.N. Porter, S. Spencer, Epidemiology and Biostatistics, University of South Carolina, Columbia, South Carolina

A mixed methods study was conducted to examine reasons why caregivers of individuals with Alzheimer’s disease (AD), enrolled in the South Carolina AD Registry, decide to care for their loved one at home (n=316) rather than place them in a nursing home (n=389). A quantitative analysis using logistic regression indicated that the strongest predictors of providing care at home were: caregiver education (odds ratio [OR] = 1.84; 95% confidence interval [CI], 1.14–2.95), employment (OR = 0.56; CI, 0.36–0.87), spousal relationship (OR = 2.29; CI, 1.45–3.63), care recipient’s bowel continence (OR = 2.89; CI, 1.77–4.69) and household size (OR = 1.36; CI, 1.10–1.69). The main qualitative themes identified were: sense of obligation (n=161), belief of better care at home (n=53), and opportunity to provide care (n=27). These results provide both quantitative and qualitative insight into the decision-making process of caregivers of persons with AD.
SESSION 10 (SYMPOSIUM)

A PRIMER ON THE WISCONSIN LONGITUDINAL STUDY: OVER 50 YEARS OF SOCIAL DATA COMBINED WITH GENETIC DATA

Chair: C. Roan, Sociology, University of Wisconsin, Madison, Wisconsin
Co-Chair: P. Herd, Sociology, University of Wisconsin, Madison, Wisconsin

The Wisconsin Longitudinal Study is an important data source for understanding optimal aging. 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. We recently released the latest round of data collected between March of 2010 and December of 2012. The new data include anthropometric and functioning measures which add yet a new dimension to the many types of WLS data. 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. Additionally, the DNA data can be merged with fifty-five years of social data. 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 will be provided with a USB containing documentation and the data.

AN OVERVIEW OF THE WISCONSIN LONGITUDINAL STUDY

P. Herd, UW-Madison, Madison, Connecticut

The WLS provides a unique and central source of data for scholars of aging, across multiple disciplines. WLS is based on a 1/3 sample of all 1957 Wisconsin high school graduates (N=10,317) and a sibling of these graduates. The graduate respondents were originally empaneled with an in-person questionnaire at age 18 (1957), which was followed with data collection at ages 25, 54, and 65, as well as a spouse telephone survey at age 65. An in-person survey exited the field in late 2012. A central advantage to these data is their 55 year (1957-2012) longitudinal nature, the breadth of measures, and subsamples focused on special populations. The content of WLS surveys has changed to reflect the life course of participants: education provided the impetus for the initial data collection (1957), familial and career outcomes received greater attention from respondents in young adulthood (1975/1977) and midlife (1993), and later rounds have given increased attention to respondent’s health, cognitive status, psychological well-being, non-work activities, caregiving, bereavement, social support, and end-of-life preparations (2003, 2011). The study also now includes genetic data.

HOW TO ACCESS AND USE DATA FROM THE WISCONSIN LONGITUDINAL STUDY

C. Roan, H.V. Chang, Sociology, University of Wisconsin, Madison, Wisconsin

With over 27,000 analysis variables covering more than 55 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. We 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 instrument online, and how to download the public data. We 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 we will explain how to apply to use the genetic data and other non-public data.

SESSION 15 (SYMPOSIUM)

ACTIVITY ENGAGEMENT IN MIDLIFE AND OLD AGE: TOWARD NEW CONCEPTS, MEASURES, AND INTERPRETATIONS

Chair: J. Smith, Institute for Social Research, University of Michigan, Ann Arbor, Michigan
Discussant: E. Stine-Morrow, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Research highlights the importance of activity engagement for the maintenance of cognitive functioning, physical health, and successful aging. However, there is little consensus about definition and measurement of this concept. Typically, engagement is operationalized as frequency, intensity, or duration but because most studies are cross-sectional these indicators often reflect memory biases. Popular methods for quantifying activities in large-scale studies include diaries and multiple-item checklists but the representation of activities in these methods is not uniform. Efforts to form generic activity categories such as physical, cognitive, social, productive, or leisure highlight the inherent multi-dimensionality of most activities. Attempts to specify mechanisms for activity-related effects point to dynamic associations with social-environmental contexts and outcomes. Speakers in this session describe innovative approaches. Three presenters analyze longitudinal data from the Health and Retirement Study. Queen and colleagues focus on the associations of arthritis with time-related changes in the composition of leisure activities. Kim and colleagues point to the joint effects of life circumstances, economic background, schooling, family and work to health, social participation, civic engagement, well-being, and cognition. The study also now includes genetic data.
THE IMPACT OF ARTHRITIS ON LONGITUDINAL CHANGES IN ACTIVITY ENGAGEMENT IN OLDER ADULTHOOD
T. Queen, R. Gonzalez, K. Langa, *Institute for Social Research, University of Michigan, Ann Arbor, Michigan*

Maintaining an actively engaged lifestyle is considered an important component of successful aging. Changes in health that are common in older adulthood may constrain the activities in which older adults can participate. Using six waves of time-use data collected in the Health and Retirement Study, a nationally representative sample of adults 51 and older, we compare longitudinal trajectories of activity engagement in response to arthritis. We compare change in participation in different domains of activities including physical, social, and sedentary leisure activities and cognitive activities varying in demand. Over time, the proportion of physical leisure activities declines for those with arthritis whereas the proportion of sedentary leisure activities increases over time. Interestingly, having arthritis also influences long-term participation in cognitively demanding activities, suggesting that those with arthritis reallocate time from less physically demanding to more cognitively enriching activities. The influence of severity of symptoms will also be discussed.

INTERACTIONS BETWEEN LIFE SATISFACTION AND HEALTH BEHAVIORS ON THE FREQUENCY OF DOCTOR VISITS
E.S. Kim, N. Park, J.K. Sun, C. Peterson, *Psychology, University of Michigan, Ann Arbor, Michigan*

Concerns about sustainable, high-quality healthcare have led to a search for new ways of alleviating our burdened healthcare system. Life satisfaction has been linked with good health, but its association with healthcare use has not been investigated. Using data from the Health and Retirement Study, we examined whether higher life satisfaction was associated with fewer doctor visits over a four-year follow-up period (n=6,379). Analyses adjusted for a large array of covariates. We also examined potential interactions between life satisfaction and health behaviors. After adjusting for age, gender, race/ethnicity, marital status, education level, and total wealth, respondents reporting the highest life satisfaction made 43% fewer doctor visits than those reporting the lowest life satisfaction. Furthermore, an interesting interaction emerged among adults who did not exercise and drank the most. Life satisfaction may reduce the frequency of doctors visits, and consequently play an important role in alleviating our burdened healthcare system.

TRAJECTORIES OF PHYSICAL ACTIVITY AND MEMORY: THE ROLE OF PAIN
L.H. Ryan, J. Smith, *Institute for Social Research, University of Michigan, Ann Arbor, Michigan*

The experience of pain is highly prevalent from midlife to old age, and has been associated with lower levels of physical activity. However, its associations with cognitive performance are mixed. The current study extends prior work by simultaneously examining associations of pain with trajectories of memory and frequency of physical activity over 6 years. Data from the Health and Retirement Study were used, selected if respondents were aged 50+ in 2004 and included data from 4 waves (2004 to 2010). The sample (N=12431) was 61% women with an average age of 65.4 (SD=9.4; Range=50–102). Multivariate multilevel models found that individuals aged 70+ had lower levels of both memory and physical activity. Overtime, both memory and physical engagement declined. Over and above age, time-in-study, gender, education, and self-rated health, pain severity was associated with less physical activity, but higher levels of memory in the 70+

ACTIVITY IN COMMUNITY SPACES IS ASSOCIATED WITH BETTER COGNITIVE HEALTH THAN ACTIVITY IN HOME AND IN TRANSIT
M. Carlson, V.R. Varma, A. Adam, *Center on Aging and Health, Johns Hopkins University, Baltimore, Maryland*

We report on the results of a pilot study of daily activity conducted in 18 neurocognitively and functionally well-characterized older, community-dwelling adults using small, wearable accelerometer and GPS devices to continuously collect up to 5 days of activity. After data collection, ArcGIS was used to identify community locations visited (e.g. church, mall, grocery store) in order to develop mobility provides for participants by daily amount of time and activity spent 1) in home; 2) transit outside home; 3) in well defined community spaces outside the home. We correlated these metrics with measures of neurocognitive health and observed the strongest positive correlations for activity in community spaces vs in home as well as community spaces vs total daily activity independent of location. Our results indicate that obtaining real-time information about where and when daily activity occurs in one’s social environment will provide vital information to help promote activities that are beneficial to cognitive and functional health.

SESSION 20 (SYMPOSIUM)

AGE AND CUMULATIVE DIS/ADVANTAGE: NEW ISSUES, NEW QUESTIONS, NEW FINDINGS
Chair: D. Dannefer, Department of Sociology, Case Western Reserve University, Cleveland, Ohio
Co-Chair: S. Crystal, Rutgers University, New Brunswick, New Jersey
Discussant: P. Uhlenberg, University of North Carolina, Chapel Hill, North Carolina

The past several years have seen a rapid increase in interest in the cumulative dis/advantage perspective developed in gerontology in the 1980s and 1990s. This perspective is based on research demonstrating how the effects of initial advantages can cumulate over the life course, producing increased levels of economic inequality in the retirement years, and the role of specific social policies and practices in producing such cumulative effects. Research has also shown that health inequality increases in the later years; and that the effects of early educational advantages increase into the retirement years. While the general idea of cumulative dis/advantage as a cohort-based, life-course process is now quite well established, many important empirical and theoretical questions remain unresolved. Papers in this symposium respond to calls from leading gerontological scholars studying cumulative dis/advantage by presenting work that extends understanding in several significant new directions. These include 1) providing analyses of recent changes and current trends, which in the USA is especially relevant given recent dramatic societal increases in inequality which have occurred despite the somewhat leveling effect of Social Security policies; 2) examining recent data and trends in the relation of health and resources, 3) providing cross-national comparisons using HRS and ELSA (English Longitudinal Study of Ageing) data; 3) examining broader methodological developments with implications for the analysis and interpretation of data related to cumulative dis/advantage.

THE AGE PATTERNING OF INTRAINDIVIDUAL VARIABILITY IN LATE-LIFE HEALTH AND ITS RELEVANCE TO CUMULATIVE DIS/ADVANTAGE THEORY
J. Lin, J. Kelley-Moore, *Case Western Reserve University, Cleveland, Ohio*

Cumulative dis/advantage (CDA) theory predicts systematic interindividual divergence in a given characteristic over time as a result of accumulative mechanisms. In contrast, increasing intraindividual variability (IV) with age may also result in greater heterogeneity in later life in absence of CDA processes (Baltes 1979). IV and its potential age patterning have been obscured by standard modeling procedures.
that tend to smooth wave-specific responses into an average trajectory, indicating a missed opportunity to test Baltes’s counter argument to CDA theory. Using panel data from the Health and Retirement Study, we examine if age is associated with IIV over time in functional limitations, depressive symptoms and cognition. Results indicate that IIV increases with age for functional limitations and for cognition whereas decrease with age for depressive symptoms. Our findings contribute to our knowledge regarding the source of heterogeneity in late-life health and highlight the limitations imposed by comparing average trajectories between subgroups.

CUMULATIVE DIS/ADVANTAGE IN WEALTH TRAJECTORIES: COMPARATIVE DATA FROM THE UNITED STATES AND ENGLAND
J. Kelley-Moore1, J. Nazroo2, D. Dannerf2, T. Bhatta1, J. Sociology, Case Western Reserve University, Cleveland, Ohio, 2. University of Manchester, Manchester, United Kingdom

Cumulative dis/advantage perspective refers to the systematic tendency for inequality to increase as a cohort ages. Since the circumstances that allow for such inequality to accumulate are embedded in the social structure, rather than in properties of individuals, it compels us to consider how differing social structures may lead to differential patterning of inequality. To date, much of the empirical work testing cumulative dis/advantage has been country-centric, precluding comparison across nations. In this study, we undertake a cross-national comparison between the United States and England to document how and to what degree socioeconomic inequality increases among adults ages 50 and older. Using data from the Health and Retirement Study and English Longitudinal Study of Ageing, we calculate intra-cohort differentiation in wealth trajectories. In both nations, wealth inequality increases with age but the predictors of within-cohort patterns of wealth concentration differ across nations.

CUMULATIVE ADVANTAGE IN AN AGE OF INCREASED INEQUALITY: IMPLICATIONS FOR ENTITLEMENT REFORM
S. Crystal1, D. Shea2, J. Sociology, Case Western Reserve University, New Brunswick, New Jersey, 2. The Pennsylvania State University, University Park, Pennsylvania

Studies in the cumulative advantage tradition have shown that effects of initial advantages cumulate over the life course, producing increased economic and health inequality in the retirement years. During the last decade, fundamental economic shifts in the United States have led to an overall increase in income inequality of considerable magnitude. While this trend has received considerable attention in policy debates, there has been little attention to its specific implications for economic well-being for the current and future elderly population. Understanding this phenomenon is critically important at a time when cutbacks to old-age “entitlements” are being proposed. To address this issue, this presentation will review evidence from multiple U.S. and cross-national sources to trends in income inequality and health disparity. Results suggest that disparities are likely to increase in the coming years. We will discuss implications of proposed changes in Medicare, Medicaid and Social Security in light of these trends.

S. Crystal, A. Akincigil, E. Kalay, K.A. Zurlo, Rutgers University, New Brunswick, New Jersey

This paper examines trends in income inequality and the association of income and health disadvantage using data on U.S. elderly from the Medicare Current Beneficiary Survey, a large, nationally representative continuous rotating panel survey. Results indicate an increasing association of income and health disadvantage over this period, with the ratio of median income for individuals with good/excellent versus fair/poor health status increasing from 142% to 146%. The association between educational and income disadvantage also increased over this period, with the income ratio for those with some college education versus high school graduates increasing from 212% to 240%. The Gini coefficient of overall income inequality increased over this period from .43 to .45. Previous research in the cumulative advantage tradition has highlighted the high level of income inequality and strong associations among health, educational, and income disadvantage among the U.S. elderly; this study suggests exacerbation of these patterns in recent years.

SESSION 25 (SYMPOSIUM)

AGING IN MULTIPLE ENVIRONMENTAL SETTINGS: WHAT FACTORS CONTRIBUTE TO OPTIMAL AGING?
Chair: J. Norstr, Boston College, Chestnut Hill, Massachusetts
Co-Chair: M.L. Kaup, Kansas State University, Manhattan, Kansas
Discussant: S. Golant, University of Florida, Gainsville, Florida

The symposium, hosted by the Environmental Gerontology Interest Group, examines factors within diverse environmental settings important for optimal health and well-being of older adults. The diverse settings include elder co-housing communities, urban and suburban neighborhoods, Village Movement settlements, and transportation systems. Four papers addressing research projects which investigated various aspects of well-being will present a holistic picture of aging and various environmental contexts encountered by older adults. First, a study of elderly co-housing communities in the US which promote social contact to enhance optimal aging will discuss models that enhance quality of life. Next, the role of transportation services will be explored from findings associated with optimizing out-of-home mobility and differential effects of race/ethnicity and residency site. A study on physical structures within neighborhoods associated with BMI will present findings and provide an ecological model whereby neighborhoods may be advantageous environments for interventions to maximize health and well-being. And finally, features of Village Movement settlements which encourages walking and shopping, and promote aging-in-place will highlight the testing of an environmental checklist administered by occupational therapists to encourage environmental improvements that support well-being for older citizens. These studies will provide a forum to discuss those factors critical to optimal aging across settings and diverse aging populations, with the goal of developing a more comprehensive environmental framework for promoting optimal aging.

DEVELOPING A WALKING AND SHOPPING CHECKLIST FOR OLDER ADULTS
M.H. Teaford, The Ohio State University, Columbus, Ohio

Safe and pleasant walking areas are important for promoting not only physical activity and fitness, but such areas also can assist older shoppers and shopping is key to maintaining independence. Few environmental scans of urban areas have focused on the needs of older adults who are walking for exercise, shopping, visiting, or to reach mass transit. An environmental checklist is being developed and tested by occupational therapy and other health sciences students with residents in an older historic neighborhood. This neighborhood is part of the Village Movement to encourage aging in place. The purpose of the project is to identify retail hubs where city and private improvements need to be made to support older shoppers and visitors. Items include ability to cross streets safely, traffic and parking, adequate lighting, condition of sidewalks, places to rest, and signage. Presentation of case study will be included.
ROLE OF TRANSPORTATION IN OPTIMAL AGING: EFFECTS OF RACE/ETHNICITY AND SITE OF RESIDENCE
R. Marottoli1, A.P. Herrera2, 1. Internal Medicine, Yale University School of Medicine, New Haven, Connecticut, 2. VA Connecticut Healthcare System, West Haven, Connecticut, 3. University of Maryland, Baltimore, Maryland

Objective/Methods: Data from the fifth National Survey of the Older Americans Act (OAA) transportation module (N=824) were used to explore the effects of race/ethnicity and residence site on transportation service use and perceived benefit to independent living. Results: Hispanic and African American seniors using OAA transportation services were more disabled, less educated, and had fewer financial resources than their White counterparts. Whites used transportation services primarily for medical reasons, whereas Hispanics and African Americans used them more for social and recreational purposes. Suburban residents and individuals with positive interactions with transportation personnel attributed their ability to live independently to transportation availability. Conclusions: Perceived benefits of transportation differed by race/ethnicity and residence site. To best meet all older residents’ needs, metropolitan planners and transportation service providers should incorporate staff training, account for difficulties in non-urban areas, and consider the needs/preferences of culturally diverse elder populations.

ELDER COHOUSING: AN ENVIRONMENT THAT FACILITATES OPTIMAL AGING THROUGH AGING TOGETHER
A.P. Glass, University of Georgia Institute of Gerontology, Athens, Georgia

The first elder cohousing communities in the United States have recently emerged, using a design to promote social contact. A longitudinal mixed-methods study with one of the first of these self-managed intentional communities indicates that, despite challenges, the residents report many benefits. This study demonstrates how this process can occur. Identified from the interviews, better communication about aging-related issues, learning from role models, and mutual support were among the specific ways in which living in an interdependent community helps elders have a better experience with aging. A new model will be shared that illuminates the necessary foundation, as well as the process and the outcomes that can be gained through experiencing aging “in solidarity.” This model could serve as a basis for interventions that could be applied to other settings to provide a supportive new way for people to age together with an enhanced quality of life.

AREA FOOD SOURCES AND OBESITY IN COMMUNITY DWELLING OLDER ADULTS INDIVIDUAL AND NEIGHBORHOOD EFFECTS
M. Wilson Genderson1, R.A. Pruchno2, A. Gupta2, 1. VCU, Henrico, Virginia, 2. UMDNJ, Stratford, New Jersey

Obesity in older adults has been linked to the areas in which they live. Nesting of individual and neighborhood characteristics has limited understanding of the influence attributable to neighborhood. We tested hypotheses about the relationship between neighborhood-level food sources and obesity, controlling for individual level characteristics. Data derived from a random-digit-dial sample of 5,688 community-dwelling adults aged 50-74 residing in 1,644 census tracts in New Jersey. Multilevel structural equation models included latent constructs representing density of fast food establishments and storefronts and an observed indicator for supermarkets (neighborhood) while simultaneously modeling obesity and demographic characteristics (individual). Density of fast food and storefronts were both positively associated with obesity after controlling for individual characteristics; the association of obesity and supermarkets was not significant. Because people living in neighborhoods with a higher density of fast food and storefronts are more likely to be obese, these neighborhoods may be advantageous environments for interventions.

SESSION 30 (SYMPOSIUM)

EMOTIONAL UPS AND DOWNS: AFFECTIVE, PHYSIOLOGICAL, AND BEHAVIORAL RESPONSES TO UPLIFTS AND STRESSORS
Chair: G. Luong, Affect Across the Life Span Research Group, Max Planck Institute for Human Development, Berlin, Germany
Co-Chair: A. Rauers, Affect Across the Life Span Research Group, Max Planck Institute for Human Development, Berlin, Germany

Previous research suggests that responses to emotional events differ with age. This symposium will illustrate the multidimensionality of emotional responses across the life-span. The presented studies will address subjective, physiological, and behavioral responses to emotional events, using a broad variety of methodological approaches such as experimental paradigms, daily diaries, experience-sampling longitudinal measurement bursts, and dyadic experience-sampling. Using various time scales ranging from minutes to years, the presented studies will highlight qualifying factors for responses to emotional events and explore short- and long-term developmental implications of different facets of emotional responding. Cannon and Isaacowitz will present experimental data investigating adult-age differences in physiological reactivity to emotional and informational videos about skin cancer. Bergeman and colleagues will present associations of stress-regulation with primary (e.g., inflammatory markers), secondary (e.g., glucose tolerance, circulating cholesterol) and tertiary health outcomes (e.g., diabetes, cardiovascular disease) in a daily diary study. Schilling and Diel will highlight the differential role of beliefs of control and self-concept incoherence for emotional reactivity to acute and accumulated daily stress in a daily-dairy study. Luong and colleagues will discuss age differences in emotional reactivity to everyday positive events (i.e., uplifts) and longitudinal changes in these associations. Rauers and Riediger will present data from a dyadic experience-sampling study showing that younger and older couples’ communication about daily uplifts and hassles prospectively predicts partnership development.

PHYSIOLOGY-ATTENTION LINKS IN YOUNGER AND OLDER ADULTS VIEWING NEGATIVE HEALTH INFORMATION
M.S. Cannon1, J. Harris1, Y. Cho1, D. Isaacowitz1, 1. Northeastern University, Boston, Massachusetts, 2. Brandeis University, Waltham, Massachusetts

Skin cancer is a particularly relevant health concern for both older and younger adults, with the highest rate of death from this preventable disease occurring in people over the age of 65 and the most risky behavior taking place in individuals 18-29 years of age. In the present study we examined the physiological responses of younger (N=78) and older (N=77) adults to emotional and informational videos about skin cancer. In response to both videos we found greater increases in heart rate reactivity in older adults than younger adults. In addition we assessed fixation patterns, skin cancer related knowledge and a variety of behavioral measures. Increased visual attention to negative portions of the videos was positively correlated with heart rate reactivity for older adults, but unrelated in their younger counterparts. This suggests an important age difference in the relationship between physiological arousal and attention in response to relevant health information.

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THE ABILITY TO DISSIPATE DAILY STRESS ON HEALTH OUTCOMES IN LATER LIFE
C. Bergeman1, P.R. Deboeck2, 1. Psychology, University of Notre Dame, Notre Dame, Indiana, 2. University of Kansas, Lawrence, Kansas

One’s level of perceived stress depends on how many stressors are experienced (input) and the ability to dissipate the emotional arousal associated with them. Daily burst data from the Notre Dame Study of Health & Well-being, analyzed using the Reservoir Model, indicated that there were significant input and dissipation parameters. Dissipation (β = .50), dispositional resilience (β = -.07) and the interaction (β = -.012) were significantly related to immune functioning and inflammatory markers assessed five years later. The ability to dissipate stress and resilience were most strongly associated with Interleukin-6, accounting for 25% of the variance beyond the base model. In contrast, the input variable from the model was not a significant predictor of primary health outcomes. This provides support for the theory that it is not just the amount of stress that one has that is important, but rather the ability to manage it.

DO RISK AND RESILIENCE FACTORS HAVE THE SAME EFFECTS FOR ACUTE STRESSORS VS. STRESSOR ACCUMULATION?
O.K. Schilling1, M.K. Diehl1, 1. Department of Psychological Ageing Research, University of Heidelberg, Heidelberg, Germany, 2. Colorado State University, Fort Collins, Colorado

In our previous work on individuals’ reactivity to daily stress we showed that beliefs of control (BOC) are a resilience factor, whereas self-concept incoherence (SCI) is a risk factor of negative affect (NA) reactivity to daily stress. Using data from a 30-day study with 289 adults, the present study examined the role of these risk and resilience factors in the context of stressor accumulation. We hypothesized that BOC would be associated with decreased, and SCI with increased NA-reactivity to stress accumulated across a 7-day period. Generalized Linear Mixed Models revealed a significant interaction effect of SCI with stressor accumulation, but not with acute daily stress. BOC interacted weakly with stressor accumulation, but stronger with concurrent daily stress. The findings suggest that SCI is particularly important with respect to reactivity to stressor accumulation. Conversely, BOC dampen the NA-reactivity to acute stress, but are less important for coping with stressor accumulations.

CROSS-SECTIONAL AGE DIFFERENCES AND LONGITUDINAL CHANGE IN EMOTIONAL REACTIVITY TO UPLIFTS
G. Luong1, M. Riediger2, C. Wrzus1, G.G. Wagner1,2,3, 1. Affect Across the Life Span Research Group, Max Planck Institute for Human Development, Berlin, Germany, 2. Berlin University of Technology, Berlin, Germany, 3. German Institute for Economic Research, Berlin, Germany

Life-span research on emotional reactivity has focused primarily on negative events (e.g., stressors). Fewer studies have examined age differences and longitudinal change in emotional responses to positive events, such as uplifts. In the current study, participants (12-88 years old) completed two experience sampling assessments approximately two years apart (Wave 1 N = 378; Wave 2 N = 400). Higher ratings of uplift importance were associated with positive affect, and this effect grew stronger over the two years for older, relative to younger, individuals. Additionally, following the occurrence of an uplift, older age was related to greater positive affect at the subsequent assessment, and this effect became more pronounced across the two years. These findings show that for older adults, uplifts are more strongly associated with positive affect, and these effects may persist for hours. The study suggests that uplift reactivity may contribute to changes in emotional well-being across the life-span.

SESSION 35 (SYMPOSIUM)
RURAL AGING AND DIVERSITY: HEALTH AND WELL-BEING ACROSS CULTURAL CONTEXTS
Chair: C. Adams-Price, Psychology, Mississippi State University, Mississippi State, Mississippi
Discussant: C. Adams-Price, Psychology, Mississippi State University, Mississippi State, Mississippi

With high poverty rates and low access to medical care, optimal aging may be difficult to achieve for older adults living in rural and remote areas. Designing interventions to improve the health and well-being of rural older people can be difficult without understanding of diverse cultural contexts. This symposium will address the physical and mental health of rural older adults in different cultural contexts, and how those contexts provide different obstacles and opportunities for physical and mental well-being. Phil St. John will be presenting research on heterogeneity of the elderly in Manitoba, and factors that increase the risk of depression. Bette Ide will speak on health self-efficacy, stress, and social support as moderators of self-perceived health among Native Americans from the Standing Rock Reservation. She will also discuss possible health interventions for older Native Americans living on reservations. Keiko Kitagawa will discuss planning for natural disasters in rural sections of Japan where older adults make up more than 50% of the populations. Carolyn Adams-Price will be the discussant, and will discuss the similarities and differences associated with rural aging in the disparate cultures included in this symposium.

RESEARCH WITH RURAL ELDERS IN ALASKA: BENEFITS AND CHALLENGES OF CONDUCTING TRIBAL PARTICIPATORY RESEARCH
J.P. Lewis, Psychiatry& Behavioral Sciences, University of Washington, Seattle, Washington

Many of the rural villages in Alaska have little to no access to routine health care services let alone a long-term care facility. This presentation will highlight an Elder Needs Assessment that was conducted in the spirit of tribal participatory research (TPR), enabling the communities and elders to drive the project. The results provides support for a much needed paradigm shift in the way services are delivered, from the medical model to more home-based, culturally responsive services that allow Elders to live their remaining years in the community they call home. This presentation will discuss methodological challenges of conducting culturally relevant research with tribal communities. The author discusses the benefits and challenges associated with conducting research with tribal communities in rural Alaska. Recommendations for future researchers on how to work effectively with tribal communities, from entry into the community through dissemination and publication of information will be discussed.

SELF-EFFICACY AS A MODERATOR FOR SELF-PERCEIVED HEALTH OF AMERICAN INDIAN ELDERS
B.A. Ide, B.K. Dahlen, Walden University, Minneapolis, Minnesota

This paper addresses the issue of self-efficacy as a moderator for self-perceived health of American Indian elders. The importance of the relationship between self-efficacy and health or health behaviors for American Indians has recently emerged in the literature. A secondary analysis of needs assessment data from interviews with 178 elders on the Standing Rock Reservation was conducted. A 5-step hierarchical linear regression addressed the following predictors of self-perceived health: demographics, measures of stress, measures of social support, general perceived self-efficacy, and functional health as measured by the Iowa Functional Inventory. In the final step, the remaining significant predictors of self-perceived health were education level, distance to emergency care, and general perceived self-efficacy, which moderated the relationship between functional health and self-perceived health.
Objective: To describe heterogeneity in communities and individuals in rural areas. Setting: the Canadian province of Manitoba. Design: A population-based cohort study conducted in 1991-1997. Individual-level data were gathered and linked to community-level data (census subdivision) from the census of the same year. Results: 690 individuals residing in 141 rural communities were included. Population density varied from 0.06 to 1056 persons/km2. The percent of the population aged 65+ varied from 4% to 42%. The mean household income varied from $17,452 to $65,111CN, and the percent of the population with less than grade 9 education varied from 0.7% to 49.0%. There was also variation in the health of older adults. Conclusions: Even within one province, there is substantial diversity in rural communities and people. This diversity may be even more marked within and between countries and should be considered in the design and interpretation of epidemiologic studies.

**BEHAVIORAL INDICATORS OF QUALITY OF LIFE OF THE ELDERLY**

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The quality of life of 292 elderly respondents was explored through behavioral indicators of mental health using a Mental Health Status Checklist (Delacruz, 2006), objective and subjective indicators of life satisfaction (Seligman, 2002; Diener, 2007) and their relationship to selected demographic factors. The group responses did not indicate serious psychological disturbance. The responses on objective and subjective indicators of life satisfaction showed a favorable regard of life. None of the demographic factors relate significantly to either mental health or life satisfaction. The over-all quality of life of the elderly respondents is favorable.

**SESSION 40 (PAPER)**

**COGNITION**

(CNS) PREVALENCE AND PREDICTORS OF DRIVING AMONG COGNITIVELY IMPAIRED OLDER ADULTS: THE WOMEN’S HEALTH INITIATIVE MEMORY STUDY-Epidemiology of Cognitive Health Outcomes (WHIMS-ECHO)

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Driving safely requires the rapid processing of stimuli and good decision-making. Cognitively impaired drivers are at increased risk of driving accidents. We examined driving among participants in WHIMS-ECHO (N=2901) who completed at least one annual phone-based cognitive assessment and were adjudicated as having mild cognitive impairment (MCI) or dementia (N=305). Among ever drivers with cognitive impairment, 52% are current drivers. Compared to current drivers, those who have stopped driving (N=147) are older (mean 84.8 vs 83.1 years; p<0.001), more likely to be Caucasian (p=0.04), and have lower performance on most cognitive tests administered. Mean(SD) Telephone Interview for Cognitive Status (TICS) score (0-50) was 26.6(3.0) vs 24.5(4.6) for current vs former drivers; p<0.001. Among current drivers (N=158), proxies reported problems with driving in 23% (compared with 99% of former drivers). Getting lost and bad coordination were the most commonly reported problems in those still driving. In addition, proxies reported that among current drivers: 21% had trouble finding their way on familiar streets, 38% had difficulty handling money, and 41% had difficulty grasping situations or explanations. Factors associated with continued driving among those with dementia specifically (63 of 156) are: non-white race; ability to find way on familiar streets and recognize faces; and better performance on TICS (all p<0.05; adjusted for age, race, education and TICS score using logistic regression). Despite proxy reports of problems, cognitive impairment does not lead to immediate driving cessation in this cohort. Greater understanding of the process of navigating driving transitions is needed.

DEPRESSIVE SYMPTOMS PRECEDE MEMORY DECLINE, BUT NOT VICE VERSA, IN NON-DEMENTED OLDER ADULTS

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Objective. Numerous studies support an association between depression and increased risk of dementia. Because few studies have directly examined the temporal ordering of depression and memory decline in late life, it is not clear whether depressive symptoms typically precede and/or follow memory declines. Method. The present study used the autoregressive latent trajectory framework to examine the direction of the relationship between depressive symptoms and memory decline. The sample included 2,425 initially non-demented older adults followed up to 12 years by the Washington/Hamilton Heights Inwood Columbia Aging Project, a community-based longitudinal study of aging and dementia in Northern Manhattan. Memory composite scores were computed from three subscores of the Selective Reminding Test. Depressive symptoms were assessed with a 10-item version of the Center for Epidemiological Studies Depression Scale. Analyses controlled for age, sex, recruitment wave, education, Black race and Hispanic ethnicity measured at baseline, and chronic disease burden measured at each study visit. Results. Initial depressive symptoms predicted worse memory scores at the second study visit as well as accelerated memory decline over the entire study period. Memory scores did not predict subsequent depressive symptoms. Conclusion. These findings suggest that depressive symptoms precede memory decline, but not vice versa, in late life. This pattern of results is in line with hypotheses that depression is a prodrome of dementia and/or a causal contributor to cognitive decline. Clinicians should be aware that depressive symptoms may represent an early indicator not only of dementia, as reported previously, but also of memory decline more generally.

EXECUTIVE FUNCTION PROCESSES PREDICT MOBILITY IN OLDER ADULTS


Background. There is growing evidence suggesting an association between cognitive function and physical performance in late life. This study examines the relationship between performance on executive function measures and subsequent mobility outcomes across community dwelling older adults across a 12-month randomized controlled exercise trial. Methods. Community dwelling older adults (N = 179; Mage=66.4) completed measures of executive function including the flanker task, task switching and dual task paradigm, and the Wisconsin card sort test at baseline of the trial. Mobility was assessed using the times to climb up and down a flight of stairs and timed 8-foot up and go test. Participants completed the mobility measures at baseline and after 12 months. Multiple regression analyses were conducted to determine whether baseline executive function predicted post-intervention functional performance after controlling for age, sex, education, cardiorespiratory fitness and baseline mobility levels. Results. Multiple

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MEMORY SELF-EFFICACY IN COGNITIVELY NORMAL OLDER ADULTS AND ADULTS WITH MILD COGNITIVE IMPAIRMENT

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Although there are ample studies confirming that memory self-efficacy (MSE) declines with age, less is known about what factors account for the variation in MSE among older adults. The purpose of this study was to examine the relationship between MSE, diagnostic and clinical characteristics, and subsequent episodic memory performance in older adults. A nonprobability sample of 200 cognitively normal and older adults with mild cognitive impairment (MCI) participating in a longitudinal population-based study investigating the incidence, prevalence and risk factors for MCI completed a questionnaire about self-referent beliefs of MSE. Bandura’s (1989) self-efficacy theory informed the descriptive study. Pearson product-moment correlations, a general linear model and a multiple linear regression analysis were conducted. The difference in MSE ratings between the cognitively normal group and the MCI group tested as a whole was significant when adjusting for age, gender and educational attainment (p < .001; ES = 0.585). The overall regression model explained 17% of the variance of MSE (p < .001) and included age, gender, educational attainment, APOE 4 genotype, family history of dementia, cognitive diagnosis and depressive symptoms. After controlling for age and the other variables of interest, adjudicated consensus cognitive classification and depressive symptoms were significant predictors of MSE. Higher MSE ratings were correlated with better episodic memory performance for both groups (r = .273, p < .001). Memory training that capitalizes on the benefits accruing from higher MSE is needed for cognitively normal older adults and older adults with MCI.

AGE, COGNITION, FUNCTIONAL ASSESSMENT AND RESPONSE TO REACTIVE OXYGEN SPECIES

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Age, Cognition, Functional Assessment and Response to Reactive Oxygen Species. Assessing the physiological effects of reactive oxygen species (ROS) is often targeted as a means to better understand disease processes and age-related decline. Few such studies have tied enzymatic and serum measures of oxidative stress to such common cognitive variables as memory and reaction time, or measures of functional aging such as peg board dexterity, hand grip strength, and chair stands. Data from a University of Nevada Reno cognition/nutrition study are presented here to show that for 61 adults (23 males) across the age range of young (19-31) and older adults (58-86) serum and enzyme responses to antioxidants (total antioxidant power (TAP), 8-OH-2-deoxyguanosine (DEOX), glutathione oxidase (GPOX), and super oxide dismutase (SOD)) correlate with the age-related measures of memory, reaction time, and functional aging. TAP was the most consistent correlate with memory (r range = -.34 to .42 pegboard, grip, chair stands), and simple reaction time (RT r = -.35). DEOXY correlated r = .29 with delayed list memory, SOD correlated r = .26 with RT. The behavioral measures correlated with age (r range = -.29 to .62), TAP and DEOXY correlated with age r = -.47 and r = -.37 respectively). With age or TAP partialled from the correlations the values were significantly reduced. However, age and TAP were also shown to be suppressing oxidative correlations with GPOX and DEOX.

SESSION 45 (PAPER)

DEMENTIA: PREDICTORS AND OUTCOMES

QUALITY OF LIFE IN EARLY-STAGE DEMENTIA: LONGITUDINAL TRAJECTORIES AND PREDICTORS OF CHANGE

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Background. Little evidence is available about how quality of life (QoL) may change as dementia progresses or what factors influence such changes. This study aimed to explore QoL trajectories over a 20-month period and identify which baseline factors predicted changes in QoL. Method. Fifty-one individuals with a diagnosis of Alzheimer’s, vascular or mixed dementia participating in the MIDAS study rated their QoL using the QoL-AD scale at baseline and at 12- and 20-month follow-up assessments. PwD also rated their own mood and quality of relationship with the carer. In each case the carer rated his/her level of stress and perceived quality of relationship with the PwD. Results: There was no change in mean QoL score but nearly one-third of PwD rated QoL more positively at 20-month follow up and nearly one-third rated QoL more negatively. There were no significant differences between those whose scores increased, decreased or stayed the same on any demographic or disease-related variables, or in mood or perceived quality of relationship with the carer. However, regression analysis indicated that while baseline QoL score was the strongest predictor of QoL at 20 months, the PwD rating of perceived quality of relationship with the carer was also independently a significant predictor. Conclusions: Among people with early-stage dementia, more positive ratings of perceived quality of relationship with the carer are predictive of more positive self-ratings of QoL 20 months later. Relationship factors play an important role in maintaining QoL in early-stage dementia.

FALLS AMONG COGNITIVELY IMPAIRED RESIDENTS IN ASSISTED LIVING AND SIMILAR RESIDENTIAL CARE COMMUNITIES: FINDINGS FROM THE 2010 NATIONAL SURVEY OF RESIDENTIAL CARE FACILITIES

E. Park-Lee, M. Sengupta, CDC/NCHS, Hyattsville, Maryland

Cognitive impairment (CI) is a well-recognized risk factor for falls. Assisted living and similar residential care communities (RCCs) provide alternatives to nursing homes for individuals with CI. RCC residents with CI may live in communities where all or some of the units are dementia-specific, or in settings where they cohabit with other residents without CI. Using data from the 2010 National Survey of Residential Care Facilities (n=4,992), we examined if residents with CI in a dementia-specific unit or community (DSU) were more or less likely to have a fall that caused an injury than those in non-DSUs. Of residents in RCCs, 59% were cognitively impaired. About 24% of residents with CI resided in DSUs. A higher proportion of residents with CI in DSUs (22%) had falls that caused injuries than those in non-DSUs (17%). Compared to residents with CI in non-DSUs, more residents with CI in DSUs were older, received assistance with more activities of daily liv-

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ing (ADLs), wandered, were visually impaired, and had been prescribed medications to control behavior/agitation. Preliminary multivariate analyses showed that the risk of having a fall that caused an injury for residents with CI did not differ significantly by DSU status after controlling for resident demographics and health status. Being older, female, in poor health, having been prescribed medications to control behavior/agitation, and having higher ADL increased risks for injury-causing falls. Implications of findings and study limitations will be discussed.

**CUMULATIVE PSYCHOSOCIAL STRESSORS PREDICT ALZHEIMER’S DISEASE IN CHILDREN OF THE GREAT DEPRESSION**

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Individual psychosocial stressors (PSS; e.g. early parental death) are associated with cognitive impairment and higher risk for Alzheimer’s disease (AD). However, the lifespan cumulative effect of PSS on AD risk has not been assessed. Most studies of PSS rely on retrospective self-reports, introducing recall bias. In a Utah population-based dementia study, a subsample of 3,785 initially non-demented participants (57% female; age M=74.9/SD=6.9 years) was linked to the Utah Population Database to objectively ascertain total number of PSS spanning birth to baseline interview, including: hospitalization(s) or death(s) of mother, father, sibling(s), spouse(s), offspring; never marrying, divorce(s), remarriage; nulliparity, 8+ offspring, stillborn/premature offspring, out-of-wedlock birth; high school or less education, low SES, and “blue collar” career. Code was aged: 65-69, 70-74, 75-79, and 80+ years. APOE genotype was coded: 0 vs. 1+ e4 alleles. Cox regression modeled survival time from baseline to AD onset, as a function of PSS, age group, gender, and e4 allele. The PSS*agegroup interaction was significant (p=0.007), prompting separate models by agegroup. Among 65-69 year-olds, each additional PSS was associated with a 20% higher risk (p=0.002) for AD, however, PSS was not significantly associated with AD in the second (p=0.98), third (p=0.702) or fourth (p=0.836) age strata suggesting mortality selection. Further, each additional PSS was associated with 36% higher AD risk (p<0.001) among e4 positives, but non-significant among e4 negatives (p=0.707). Cumulative psychosocial stress burden is significantly associated with higher AD risk among individuals who were children during the Great Depression, an effect moderated by APOE.

**ACTIVITY INVOLVEMENT AMONG RESIDENTIAL CARE RESIDENTS WITH DEMENTIA AND OTHER COGNITIVE IMPAIRMENTS**

M. Sengupta, E. Park-Lee, S. Zimmerman, CDC/NCHS, Hyattsville, Maryland

Residential care is becoming an important source of long-term care for elders with dementia. According to the 2010 National Survey of Residential Care Facilities (NSRPF), 42% of residents in residential care communities (RCCs) had dementia. Involvement in meaningful activities may help residents with dementia maintain their functional abilities, improve self-esteem, and enhance their quality of life. While there is evidence that RCC staff and residents’ families may promote activity engagement, little is known regarding activity involvement among residents with dementia in RCCs. Using data from the NSRPF, the first nationally representative survey of RCCs with four or more beds, this study aims to: (a) describe and compare activity involvement between residents with (n=4,992) and those without (n=3,903) dementia and other cognitive impairment; and (b) for residents with dementia and other cognitive impairment, examine which resident and RCC characteristics are related to involvement in a variety of activities. Bivariate analyses show that fewer residents with dementia and other cognitive impairment than other residents participate in selected activities, including reading (42% versus 57%), going out (34% versus 47%), and taking trips (32% versus 52%). There were no differences by dementia status in prevalence of participation in religious activities, craft, and listening to music. Multivariate results will be presented on characteristics that are associated with participation in activities among residents with dementia and other cognitive impairment. These findings may be due to resident physical limitations or facility practices.

**BODY MASS INDEX, BLOOD GLUCOSE, AND RISK OF DEMENTIA**

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Background: Higher midlife body mass index (BMI) has been associated with a greater risk of dementia, but the causal pathways are poorly understood. In the current study we examined if higher BMI is associated with a greater risk of dementia when blood glucose is taken into account. Methods: BMI (kg/m2) and blood glucose were available from 769 individuals free of dementia (mean age 62.8 years) at baseline of the longitudinal Swedish Adoption/Twin Study of Aging (SATSA). Dementia was continually screened for and diagnosed adhering to DSM criteria across the study spanning over 21 years. Results: In Cox proportional hazard regression models adjusted for dependency within twin pairs as well as age, sex, and education, BMI (Hazard Ratio [HR]=1.52, p=0.015) and blood glucose (HR=3.12, p=0.006) were independently associated with greater risk of dementia. The risks were attenuated when controlling for prevalence of diabetes at baseline, but still significant (BMI, HR=1.22, p=0.034, and blood glucose HR=2.93, p=0.019). There was also an interaction between BMI or blood glucose and age, whereby higher BMI and higher blood glucose levels were more highly associated at younger ages, with the risk becoming significantly attenuated with increasing age (HR=0.99, p=0.045, and HR=0.99, p=0.028, respectively). Conclusions: Higher BMI and blood glucose measured at midlife were independently associated with higher dementia risk, which suggest that they partly tap different aspects of risk. The associations between high BMI or blood glucose and dementia weaken with age. Preventive actions need to address these risk factors in midlife.

**SESSION 50 (PAPER)**

**FAMILY AND INTERGENERATIONAL RELATIONS: GRANDPARENTING AND PARENTING**

**PROVIDING SUPPORT TO MIDDLE-AGED OFFSPRING: IMPLICATIONS FOR OLDER PARENTS’ WELL-BEING**

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BACKGROUND: Family support directly benefits those receiving help, but the ability for older adults to make contributions to their children’s lives may also have implications for their well-being. The current study examines the relationship between older adults’ well-being and the support they give to one of their middle-aged offspring and whether older adults view giving support as rewarding or stressful.

METHODS: The sample was drawn from the Family Exchanges Study and consisted of 337 aging adults (mean age 76) who had at least one living adult offspring. Participants reported tangible or non-tangible forms of support given to one of their adult children and their perceptions of support given as being stressful and/or rewarding. Well-being was assessed by two measures, depressive symptoms and life satisfaction. Regressions were examined for these well-being measures.

RESULTS: For depressive symptoms, significant interactions were found between tangible support and reward as well as between non-tangible support and stress. People who found giving highly rewarding had
lower depression when giving high tangible support. Conversely, people who found giving highly stressful had lower depression when giving more non-tangible support. Similar effects were found for life satisfaction. People who saw giving as highly rewarding had greater life satisfaction when giving high amounts of tangible support, and people who perceived giving as highly stressful had greater life satisfaction when they gave high amounts of tangible support. DISCUSSION: These findings indicate how older people perceive support to offspring conditions how giving affects their well-being.

HOW COPING RESOURCES IMPACT THE PSYCHOLOGICAL WELL-BEING OF CUSTODIAL GRANDMOTHERS AND GRANDCHILDREN IN BLACK AND WHITE FAMILIES

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Although past studies reveal that the coping mechanisms used by custodial grandmothers are related to their psychological well-being, the impact of their coping resources on custodial grandchildren’s well-being is unknown. Using SEM, we tested an adaptation of the Family Stress Model (FSM) whereby coping mechanisms (active strategies; passive strategies; and social support) were hypothesized to affect custodial grandmothers’ (n = 733) psychological well-being directly. We further hypothesized that grandmother coping mechanisms would impact grandchildren’s well-being indirectly given the FSM postulate that a caregiver’s psychological state influences parenting practices which, in turn, affects children’s behavioral outcomes (internalizing and externalizing symptoms). The data fit the baseline model well (CFI = .955; RMSEA = .040) revealing that active coping and social support enhanced both grandmother and grandchild well-being; whereas passive coping had the opposite effects. We also tested the model separately for Black (n = 366) and White (n = 367) grandmothers. Although the measurement model was invariant by race, the following structural differences were found (X2 dif = 8.7): For Blacks, education level was negatively associated with passive coping (β = -.19, p < .05), whereas this effect was not significant for Whites. The effect of active coping on dysfunctional parenting was not significant for Blacks, but was significant for Whites (β = -.26, p < .05). Based on the FSM, we conclude that grandmothers’ coping resources affect the psychological well-being of both them and their grandchildren. The implications of observed racial differences will be discussed. [ Funded by NIH R01 066851-02 ]

GRANDMOTHER CAREGIVERS, INTRA-FAMILY STRAIN AND APPRAISALS OF STRESS OVER TIME

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Grandmothers raising grandchildren typically face greater strains associated with family problems than grandmothers who are not living with grandchildren. These external strains affect grandmothers’ appraisals of their own stress, but little is known about the relationship between such strains and appraised stress, either concurrently or over time. This analysis examines the contemporaneous and longitudinal relationships between intra-family strain and appraised stress in 238 grandmothers (mean age 60) who participated in a study on caregiving to grandchildren. Grandmothers were classified as primary/custodial caregivers to grandchildren, grandmothers living in multigenerational homes, or non-caregivers to grandchildren; all maintained stable caregiving status across waves. Participants completed the Intra-family Strain Subscale of the FILE (McCubbin et al.) and a visual analog stress measure, using mailed questionnaires every 2.5 years over 3 waves. Data were analyzed using a cross-lagged, longitudinal structural equation model in AMOS. Grandmother caregiving group was included using two dichotomous variables. Our final model, with all paths significant at p<.05, yielded fit indices of χ2=24.13, df=12, p = .02, CFI = .98, TLI=.96, and RMSEA =.065, indicating good model fit. Intra-family strain and appraised stress showed high autocorrelations across waves. Intra-family strain had a direct effect on appraised stress, with higher strain contributing to greater appraised stress at each wave. There were significant cross-lagged effects between stress and strain at all waves, with higher stress associated with greater subsequent wave strain. The model suggests that interventions focused on modulating the interpretation of family strains as stressful could potentially reduce the negative effects of stress over time.

PERCEIVED BURDEN OF CARING FOR GRANDCHILDREN: FINDINGS FROM A CROSS-SECTIONAL STUDY OF OLDER CHINESE IMMIGRANTS IN CHICAGO

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Background: Grandparenting in Chinese families is perceived as a continuity of cultural practice. Interaction with grandchildren is associated with general life satisfaction. However, the care burdens resulting from grandparenthood could also pose negative influences on older adults’ well-being. Little is known regarding the experience of grandparenting in the Chinese immigrant community. Methods: The cross-sectional study sampled a population of 3,018 Chinese older adults over 60 years in great Chicago area. Questions regarding older adults’ grandparenting experiences were asked in a in-home interview survey format. Community-based participatory research approach was utilized to partner with Chinese Chicago community. Results: Among surveyed participants (N=3,018), the mean age was 73. Sixty percent was women. The average number of grandchildren was 4.6. Our findings show 10% of the participants reported that taking care of grandchildren in the U.S. was a primary reason for immigration. On a weekly basis, 33% of the participants spent time caring for their grandchildren. Among this subset, 19% of participants considered caregiving as a burden, 10% felt that their health is negatively affected as a result of taking care of grandchildren, and 10% felt pressured by their son/daughters to take care of their grandchildren. Conclusion: Our findings suggest that support to Chinese immigrant grandparents is needed at both family and community levels to ensure their health and well-being. Rigorous research is needed to further examine the effect of caring for grandchildren on health among Chinese older immigrants.

DEVELOPING SERVICES FOR GRANDFAMILIES: ENHANCING STRENGTHS

A.L. Smith, College of Education and Human Development, Western Michigan University, Grand Rapids, Michigan

The session will emphasize the importance of capitalizing on the inherent strengths common in grandparent-headed homes. Lessons learned from the Grandparent-Resource Site project, a 10 state initiative focusing on assisting local agencies to develop programming sensitive to grandfamilies’ strengths, community needs, and existing resources will be shared. Recognition that there is no one “best” way to provide effective services will be emphasized. Strategies for evaluating and adapting programs to increase long-term sustainability will be shared. Participants will increase awareness about kinship care families in the U.S., enhance knowledge related to developing and evaluating services for kinship care family members and community-based professionals, develop understanding about current and future trends in programming for kinship care families and enlarge knowledge about existing resources for professionals working with kinship care family members.
ADAPTIVE LEADERSHIP TO IMPROVE GERIATRIC NURSING CARE: APPLICATION OF MIXED METHODS

Chair: R.A. Anderson, School of Nursing, Duke University, Durham, North Carolina
Co-Chair: K. Corazzini, School of Nursing, Duke University, Durham, North Carolina
Discussant: M. Toles, School of Nursing, Duke University, Durham, North Carolina

Many care issues of older adults are complex and have no readily identifiable solution. The Adaptive Leadership (AL) framework (Bailey et al. 2012) is ideally suited to addressing difficult problems by differentiating between ‘technical challenges’ (i.e., problems with known solutions using technical expertise, e.g., what medication to prescribe) and ‘adaptive challenges’, (i.e., problems with no known solution, requiring shifting norms and belief sets, e.g., how an older adult will self-manage a complex medication regimen or how to create culture change to meet patient preferences). Such differentiation will facilitate nurses in any healthcare setting to recognize when it is necessary to move beyond known technical approaches and employ adaptive approaches. Mixed methods research designs comprise an ideal research method for conducting studies that will advance our understanding, and application, of this theoretical framework, generating knowledge of why and how adaptive approaches are necessary in geriatric nursing care. Mixed method studies have a qualitative “strand,” (for example, description of the patients’ challenges from their own perspective) that is ‘mixed’ with a quantitative ‘strand’ (for example measures of patient symptoms such as pain, fatigue, depression, or cognitive impairment) and may be explored in relation to nursing care interventions. Mixed method designs facilitate understanding of how patient or provider perceptions of challenges correspond with symptoms or care delivery informing development and evaluation of nursing care. This symposium describes the application of mixed methods research in residential, outpatient, and community-based geriatric nursing care settings to advance nursing care designed to address complex geriatric care problems.

OVERVIEW OF ADAPTIVE LEADERSHIP AND MIXED METHOD RESEARCH APPROACHES

R.A. Anderson, K. Corazzini, School of Nursing, Duke University, Durham, North Carolina

About 80 percent of older adults have chronic illnesses that contribute to cognitive and affective changes and disability, which create challenges. The Adaptive Leadership (AL) framework classifies challenges as those that the provider can address (i.e., technical) and those that only the patient/family caregiver can address (i.e., adaptive), thus an understanding of these challenges is needed to provide effective care. Evidence is available for assessing and intervening for technical challenges (e.g., medications for anxiety) but it is sparse for assessing and intervening for adaptive challenges. Understanding geriatric chronic conditions requires measurements (amenable to quantitative methods) as well as describing challenges (amenable to qualitative methods). Thus deliberately “mixing” both types of data using mixed methods research to understand how these two domains inter-relate is essential. This overview describes how mixed methods will advance science for developing adaptive interventions for older adults with challenges of chronic illness and functional decline.

AN ADAPTIVE LEADERSHIP ORAL HEALTH INTERVENTION FOR CAREGIVERS AND INDIVIDUALS WITH MILD DEMENTIA

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Maintaining oral hygiene is critical for individuals with mild dementia (IMD), but is often neglected. Using Adaptive Leadership, our intervention protocol uses a mixed method, embedded-design, to improve the IMD’s ability to engage in effective oral care. In the qualitative strand, we will interview IMDs and caregivers monthly during a 6-month implementation to identify unmet technical challenges (e.g., skill, technique, and equipment) and adaptive challenges (e.g., forgetting, poor concentration, misplacing supplies, and uncooperativeness) in oral care; we will incorporate tailored interventions to address these. In the quantitative strand, we will measure monthly, the frequency, duration, and adequacy of toothbrushing using a special electronic toothbrush and measure variables such as oral-health knowledge and self-efficacy. Standard approaches to oral care in this population are primarily technical interventions. By addressing the adaptive challenges we expect to improve IMDs’ ability to engage in effective oral hygiene that will have long term health benefits.

ADAPTIVE APPROACHES AND SELF-MANAGEMENT: THE IMPORTANCE OF PATIENT/PROVIDER INTERACTIONS

D. Bailey, R.A. Anderson, Duke University School of Nursing, Durham, North Carolina

New protease inhibitors and a new genetic blood-test have dramatically improved cure rates for specific patient groups with Chronic Hepatitis C but these new treatments worsen symptoms requiring adaptive work from patients. We used a sequential parallel mixed method design in this longitudinal (9 data-collection points) case study of 4 older adults. In the qualitative strand, patients and providers were interviewed after the index encounter followed by patient telephone-interviews and medical-record review over 24-weeks of treatment. In the quantitative strand, we measured illness perceptions, symptoms, viral load, and self-management. We “mixed” the data using trajectory lines showing changes in scores, challenges, and patient-provider approaches. Adaptive challenges (e.g., fatigue, irritability, and GL problems) were overwhelming. Providers relied heavily on technical approaches, using few adaptive leadership strategies such as raising awareness of potential challenges and supporting patients’ adaptive work. We identified areas where adaptive interventions would facilitate self-management by these patients.

ADAPTIVE CHALLENGES FOR MANAGING DEMENTIA RELATED TO MEALTIME DIFFICULTIES IN THE NURSING HOME

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Persons with dementia (PWD) are likely to experience difficulty with mealtimes and lose weight. In the nursing home (NH), PWD weight loss triggers technical interventions (e.g., high density protein supplement, appetite stimulants, modifying meal textures) to maintain weight. When a PWD exhibits aversive feeding behaviors (e.g., pushing away, turning away), caregivers may interpret these as “resistive” and cease feeding attempts; however, these behaviors may signal adaptive challenges that would be amenable to adaptive interventions. We will present an intervention study protocol using a longitudinal, embedded, mixed method design that aims to explore the adaptive and technical challenges due to dementia related symptoms PWD exhibit during mealtimes through focus groups. This data will be used to refine and pilot test an adaptive-focused dementia feeding skills training program for NH staff.

DIRECTORS OF NURSING ADAPTIVE LEADERSHIP THROUGH ASSESSMENT AND CARE PLANNING: A MIXED METHODS STUDY

K. Corazzini1, R.A. Anderson1, C. Mueller2, L. Day2, K.A. Porter1, 1. Duke University School of Nursing. Durham, North Carolina, 2. University of Minnesota School of Nursing. Minneapolis, Minnesota

In nursing homes, licensed practical nurses (LPNs) and nursing assistants (NAs) provide the majority of direct resident care, facing multiple adaptive challenges to provide resident-directed care. Registered nurses have a unique leadership role to ensure quality care. However, the sheer diversity of responses to challenges in person-directed care can make academic preparation or quantitative data collection challenging. An adaptive leadership framework can provide a practical approach to assess and address these nursing home challenges. This paper will discuss the use of mixed methods to describe and measure nurses’ perceptions of adaptive and technical challenges and how these perceptions interact with care.
Nurse Directors of Nursing (DONs) are the professional nurse managers in nursing homes, and are therefore in the position to ensure that assessment and care planning facilitates LPN and NA adaptive work, through adaptive leadership (AL). The purpose of this study was to describe DON AL strategies in assessment and care planning in nursing homes, using an exploratory, mixed methods study (Creswell and Plano Clark 2011). Qualitative case study data of nursing practice (N=10 homes) was followed by a quantitative survey (N=101 DONs) of AL strategies identified through the qualitative strand. Results indicate multiple strategies DONs use to ensure that the assessment and care planning process facilitates LPN and NA adaptive work; however, this differs by staffing ratios (p<.01).

SESSION 60 (SYMPOSIUM)

DISSEMINATION OF INNOVATION IN NURSING HOME ORAL HYGIENE CARE: IS FEASIBLE?
Chair: P.D. Sloane, Family Medicine, Univ North Carolina Chapel Hill, Chapel Hill, NC, North Carolina
Discussant: L. Teri, University of Washington, Seattle, Washington

Recent research has identified strong connections between the poor oral hygiene and pneumonia, chronic inflammation, problems controlling diabetes, chronic pain, and reduced quality of life. However, other research has demonstrated that the quality of mouth care provided to cognitively and physically impaired nursing home residents continues to be far less than would be desired. Furthermore, recent advances in products, techniques, and staff allocation methods have not been disseminated into long-term care practice. This symposium, led by investigators from three of the most prominent research programs on improving mouth care for nursing home residents, will explore the issues and challenges related to making real, sustained improvement in this difficult area of personal care practice. The initial presentation by Sheryl Zimmerman, PhD will briefly review the evidence behind the move to improve mouth care in nursing homes. Next, Philip Sloane, MD, MPH will discuss some of the challenges to implementing and sustaining improved mouth care by nursing assistants, based on research and dissemination efforts at the University of North Carolina at Chapel Hill. Subsequently, Rita Jablonski, PhD, CRNP, will discuss her NINR-funded work to develop and disseminate person-centered approaches to successfully provide mouth care to persons with dementia. Next, Pamela Stein, DMD, MPH will discuss a statewide program in Kentucky aimed at improving oral hygiene care by developing effective partnerships between dental professionals and nursing homes. Finally, discussant Linda Teri, PhD will provide a perspective on the policy implications and research opportunities offered by this work.

WHY MOUTH CARE IN NURSING HOMES NEEDS IMPROVEMENT
S. Zimmerman, P. Sloane, L.W. Cohen, Univ North Carolina Chapel Hill, Chapel Hill, North Carolina

Scientific evidence is mounting that oral hygiene is associated with a variety of adverse health outcomes, including aspiration pneumonia, poor diabetes control, heart disease, pain, and reduced nutritional intake. In addition, numerous studies have documented that nursing home care of persons with dementia and/or physical impairments rarely includes adequate oral hygiene care. This overview will review the scientific evidence underlying the need for improvement in oral hygiene care, thereby setting the stage for the remainder of this symposium.

CHALLENGES TO IMPROVING MOUTH CARE OF PERSONS WITH DEMENTIA WHO REFUSE OR RESIST CARE

Care-resistant behavior is one of the primary reasons why person with dementia resist mouth care. We are currently testing interventions to address care-resistant behavior during oral hygiene procedures. These interventions are based on the neurobiology of threat perception: that is, persons with dementia experience alterations in their ability to assess threat level, and as a result, see mouth care as an invasive assault. We were able to provide mouth care to 93% of residents in the experimental group with moderate to severe dementia (n=37, 81% female, mean age 83). The techniques that we use have been disseminated passively via publications, presentations, and internet postings. We are now exploring more active approaches to dissemination and implementation. Barriers to implementation include time constraints by direct care staff and perceived costs by administration. This intervention may have applicability to the current CMS initiative to reduce antipsychotic medication use in the nursing home population.

CHALLENGES TO CHANGING NURSING HOME ROUTINES TO MEANINGFULLY IMPROVE ORAL HYGIENE CARE

A variety of innovations have resulted in best practice for oral hygiene care being far different that what is traditionally taught and practiced in long-term care settings. Among the innovations in products and techniques incorporated into UNC’s Mouth Care Without a Battle program are antimicrobial rinses (to reduce gingivitis and aspiration risk), end-tuft and interdental brushes (to improve plaque removal), and fluoride pastes (to reduce tooth decay). In addition, person-centered techniques minimize pain and anxiety, thereby reducing resistant behaviors and improving quality of life. However, a variety of barriers exist to changing nursing home practice; these include lack of training, lack of supervision, lack of inclusion in quality assurance and nursing home surveys, lack of administrative support, and inadequate funding to support specialized services for mouth care. This presentation will discuss these barriers and suggest solutions by which individual care settings and health policy makers.

DISSEMINATION OF INNOVATION IN NURSING HOME ORAL HYGIENE CARE: IS FEASIBLE?
P. Stein, J. Aalboe, Oral Health Science, University of Kentucky College of Dentistry, Lexington, Kentucky

The oral health of long term care residents is very poor. Provision of oral care was mandated in 1987 by the Omnibus Reconciliation Act but is still woefully inadequate. A new program in Kentucky was developed to improve the daily oral hygiene care provided for residents in nursing homes. The pilot for this program began in one facility with one nursing assistant designated as the facility’s “oral health specialist”. This nursing assistant was trained by a dental team using powerpoints, videos and ongoing bedside coaching. After training, the nursing assistant was responsible for providing the daily oral hygiene care for residents. The pilot program served as a template for Kentucky House Bill 510 which passed into law in April 2012 and approved funding for similar training programs in other regions of Kentucky. Training resources created through

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The Gerontological Society of America
SESSION 65 (SYMPOSIUM)

OPTIMIZING CARE OF THE COMMUNITY-DWELLING OLDER ADULT THROUGH TRANSLATIONAL RESEARCH
Chair: C. Plummer, School of Nursing, Vanderbilt University, Nashville, Tennessee
Discussant: R. Roiland, William S. Middleton Memorial Veterans Hospital GRECC, Madison, Wisconsin

For the community-dwelling older adult, maximizing health provides the opportunity to age in place. This often includes the management of multiple chronic diseases and the maintenance of functional status. Optimizing care for this individual necessitates a partnership between the older adult and his/her health care team. Sherry Goldberg, Perry Gee, and Korey Kennelty will present the results of their translational research studies and address how their findings can be incorporated into optimizing care of the community-dwelling older adult. Sherry Goldberg addresses the need to assess the community-dwelling older adult for “fear of falling”, its impact on his/her daily activities, and its influence on the adult’s interaction with the built environment. Perry Gee examines the question of how and why older adults use electronic personal health record for self-management of chronic illnesses and communication with their health care provider. Finally, Korey Kennelty provides insight into the barriers and facilitators of community pharmacists’ work on medication reconciliation for the older adult transitioning from the hospital back to the home environment.

FEAR OF FALLING AMONG HIGH-RISK, URBAN, COMMUNITY-DWELLING OLDER ADULTS
S.A. Greenberg, School of Nursing, University of Pennsylvania, Scotch Plains, New Jersey

Many older adults develop fear of falling in response to a fall leading to functional decline, curtailment of activities, and immobility, thereby increasing risk of future falls. The cyclical pattern of fear of falling is addressed as a major health issue because it affects older adults’ decisions about which activities to engage in and their level of activity, as well as the significant negative sequelae. Clinically, there is a lack of understanding of how fear of falling translates to older adults’ participation in activities and its relationship to the neighborhood built environment. Even less is known about urban, community-dwelling, nursing-home and dually eligible older adults, who are known to experience transitional care issues and higher health care costs. This presentation will focus on fear of falling and its relationship to the neighborhood built environment and participation in activities using Bronfenbrenner’s Social Ecology Model in a dually eligible population.

USING PERSONAL HEALTH RECORDS FOR SELF-MANAGEMENT SUPPORT: PERCEPTIONS OF THE CRONICALLY ILL ADULT
P.M. Gee, University of California, Davis, Davis, California

Having a diagnosis of chronic illness is costly to older adults and society. One tool that has been promoted to facilitate self-management support of chronic illness by policy makers, health advocates, providers, and consumers is the electronic personal health record (PHR). While adoption and use is strongly encouraged, little is known about the PHR’s efficacy and utilization in self-management support. Chronically ill patients are already using PHR’s at a higher rate than the general population. The question whether patients and providers know the most effective way to use PHR’s for self-management support and productive patient-provider interactions, has led to this descriptive study. Using a grounded theory approach this study analyzes the perceptions of chronically adults and their use of PHR’s for self-management support and effective patient-provider communication. Findings of this study will demonstrate how and why the chronically ill adults are currently using PHR’s and set direction for future research.

COMMUNITY PHARMACISTS PERSPECTIVES ON MEDICATION RECONCILIATION PROCESSES FOR RECENTLY DISCHARGED PATIENTS

Objective: To examine the barriers and facilitators community pharmacists face when reconciling medications for recently discharged patients. Methods: Community pharmacists were interviewed face-to-face, and transcriptions from audio-recordings were analyzed using thematic analysis. The Theory of Planned Behavior guided the development of questions for the semi-structured interviews. Results: All community pharmacists (N=8) described the medication reconciliation process to be difficult and time-consuming for recently discharged patients. Major system-level themes included: prescriber availability for prescription clarification, the time availability for medication reconciliation with pharmacy’s business model focus on prescription volume, hospital formulary changes, and timely accessibility of patient labs and discharge medications list. Major patient-level themes included: caregiver familiarity with patient’s medications and complexity of patient medication regimen. Conclusions: System and patient-level factors influence the medication reconciliation process for community pharmacists. By addressing these factors, community pharmacists may be able to enhance their contributions to care transitions by ensuring medication continuity.

SESSION 70 (PAPER)

ACUTE CARE

EFFECTS OF THE HOSPITAL ELDER LIFE PROGRAM WHEN INTEGRATED IN DUTCH HOSPITAL CARE
F.C. Bakker, A. Persoon, Y. Schoon, M. Olde Rikkert, Geriatrics, Radboud University Nijmegen Medical Center, Nijmegen, Netherlands

Background: In order to improve quality of Dutch hospital care for older persons, an adapted Hospital Elder Life Program is implemented (the CareWell in Hospital program (CWH)). Main goal is to prevent delirium and functional decline among patients aged ≥70 years. Methods: CWH was evaluated in a before–after study (1 January 2011–1 May 2011 and 1 March 2012–1 July 2012). CWH was implemented since April 2011 and comprises screening, a care plan, medication review, follow-up, updated care plan at discharge, medical history by proxy, comprehensive geriatric assessment, trained volunteers, and multidisciplinary meeting. Primary outcome measures are incidence of delirium (CAM), cognitive decline (≥2 points MMSE) and physical decline (≥3 points GARS–ADL) during hospital stay. Secondary outcome measures include physical functioning three months after discharge, readmissions and burden of care among informal caregivers (VAS 0–10). Results: 191 patients pre–CWH and 195 post–CWH were included. Mean age was 77.3 vs 76.7 years. Mean LOS was 8.5 vs 8.7 days. Delirium incidence was 10.5% vs 10.3%, p=0.945; MMSE decline 10.4% vs 7.2%, p=0.329; ADL decline was 37.3% vs 47.3%, p=0.088. Mean ADL change between discharge and three months after discharge was 3.2 vs 5.7, p=0.058. Readmission rate was 11.2% vs 15.3%, p=0.240. Caregivers rated their burden of care lower at three months after discharge: 0.5 vs −0.6, p=0.049. Conclusion: CWH is implemented successfully. This study found no reduction of delirium incidence, and three months
THE EFFECT OF POLICY CHANGE AND EDUCATION ON PHYSICAL RESTRAINT USE IN A GENERAL COMMUNITY HOSPITAL

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Introduction: A 500-bed general community hospital instituted a new ‘“Least Restraints” policy and education initiative to decrease use of physical restraints. Objectives: To evaluate the impact of the implementation of a “Least Restraining” policy and education on physical restraint use in a general community hospital. Method: Two general medical, 4 rehabilitation, and two mental health units were audited for physical restraint use (lap belts, trunk and limb restraints, full bed rails, and geri chairs) pre and 3-months post policy implementation and education using the Restraint Prevalence Tool (Edwards et al., 2006). The audit consisted of observations of patients and reviewing documentation practices. Results: A total of 420 patients were observed (225 pre and 195 post). Patients had a variety of primary diagnoses including stroke (4.3%), fracture (3.8%), cognitive impairment (2.9%), and mental health disorders (11.0%), were primarily female (57.3%) and ranged in age from 20 – 97 years (mean 73.8 ± 14.3). Post implementation restraint use decreased significantly (p < 0.001) from 28% of observed patients to 5.1%. Documentation requirements improved with a significant increase in documentation of reason for restraint (p <0.001) and presence of a physician’s order for the restraint (p <0.001). Conclusions: Policy change and education decreased restraint use and improved documentation practices. Further research is needed to determine if the change has been sustained.

PREDICTORS OF INPATIENT HOSPITALIZATION AMONG OLDER VETERANS WITH DEMENTIA

K.M. Godwin1,2, R.O. Morgan1, A. Walder2, D.M. Bass4, K. Judge4,5, N.L. Wilson1,2, A. Snow3, M.E. Kunik1,2. 1. Baylor College of Medicine, Houston, Texas; 2. Houston VA Health Services Research and Development Center of Excellence, Houston, Texas, 3. University of Texas Health Science Center at Houston School of Public Health, Houston, Texas, 4. Margaret Blenken Research Institute of Benjamint Rose, Cleveland, Ohio, 5. Cleveland State University, Cleveland, Ohio. 6. The University of Alabama, Tuscaloosa, Alabama

Despite the prevalence of and high costs associated with dementia, few studies have examined the predictors of inpatient utilization among persons with dementia (PWD). This study sought to determine the predictors of inpatient hospitalization, based on the Behavioral Model of Health Service Utilization, by examining a population of veterans with dementia recruited from 5 Veterans Affairs hospitals throughout the United States. Logistic and negative binomial regressions were used to assess whether individual predisposing, enabling, and need factors predicted inpatient hospital utilization and the frequency of inpatient hospital utilization, respectively. Variables significant at the p<0.15 level in the logistic and negative binomial regressions were then analyzed in a multivariate regression. This study of 296 veterans with a diagnosis of dementia and their caregivers (average age 78.6 and 68.8 years, respectively) found marital status (a predisposing variable) to be significant in both the logistic and negative binomial models (B=0.493, p=0.029) and personal care dependency (a need variable) to be significant in both models (B=1.048, p=0.007 and B=0.040, p=0.035, respectively). Thus, being married and having increased personal care dependency predicted having an inpatient hospital admission. Personal care dependency was also predictive of readmission to inpatient care. The findings that personal care dependency leads to initial admission and readmission and that PWD with spousal caregivers have more inpatient admissions are encompassed in the theory of Person-Environment fit. As such, special care should be given to the appropriate envi...
SESSION 75 (PAPER)

BODY COMPOSITION

PHYSICAL PERFORMANCE DECLINE IN A MOUSE MODEL OF CHRONIC VITAMIN D INSUFFICIENCY

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Vitamin D insufficiency (serum 25-OH vitamin D < 30 ng/ml) affects 70-80% of the general population, yet little is known of the long-term impacts on health. Clinical studies suggest linkage between vitamin D insufficiency and declining physical performance in elderly individuals. To elucidate mechanisms underlying the impacts of vitamin D insufficiency, where genetic and environmental factors are controlled, we undertook a longitudinal study of vitamin D insufficiency in mice. For one year, beginning at the age of 6 months, we fed male C57BL/6J mice diets containing either 1000 IU (sufficient) or 125 IU (insufficient) vitamin D3 / kg chow and assessed performance through various physical challenges. After two weeks 25-OH-D levels were 35.1 ± 2.5 ng/ml (1000IU) and 16.6 ± 0.6 ng/ml (125IU), revealing an unexpectedly swift decline. In chronically insufficient mice (9.9 ± 0.2 ng/ml), repletion also occurred rapidly after only two weeks (32.0 ± 2.8 ng/ml). We observed no differences in rotarod, grip strength, and treadmill performance between groups. However, after 12 months of vitamin D insufficiency, mice exhibited worse grip wire endurance (18.6 ± 6.7 versus 65.8 ± 31.8 seconds, p=0.0103), uphill sprint speed (16.0 ± 1.0 versus 21.8 ± 2.4 meters/min, p=0.0007), and stride length (8.2 ± 0.3 versus 8.6 ± 0.2 cm, p=0.0318). Insufficient mice also exhibited greater body fat percentage at 8 months (42.5 ± 5.2 versus 35.4 ± 4.0 %, p=0.0243) but not at 12 months. Therefore chronic vitamin D insufficiency may diminish anaerobic endurance and contribute ultimately to sarcopenia in aging mice.

THE IMPACT OF DIETARY FACTORS AND INFLAMMATION ON COGNITIVE FUNCTION AMONG OLDER ADULTS

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Evidence is growing that the foods we consume may have an impact on cognitive performance and brain functioning among older adults. Several aspects of diet have been studied previously including antioxidant intake, wine consumption, and fruit and vegetable intake. Inflammatory processes, measured by elevated levels of C-Reactive protein (CRP), fibrinogen, and ferritin, have been linked to cognitive impairment; however few studies have analyzed the association between these inflammatory markers, cognitive function, and dietary factors. This study examines the influence of macronutrients (fat, protein, carbohydrates), and select micronutrients, on the association between inflammatory biomarkers and cognitive performance in adults 60 and older. Subjects included 1,055 adults from the National Health and Nutrition Examination Survey (2001-2002 wave). Using hierarchical regression models, our findings indicated that levels of serum homocysteine, serum folate, and fat intake were significantly associated with better Digit Symbol performance, while carbohydrate intake and protein intake were not associated with cognitive performance on a digit symbol task. High CRP was significantly associated with poorer cognitive function, but did not remain statistically significant after controlling for dietary factors. This study provides evidence that cognitive performance among older adults is impacted by nutritional factors and biological inflammation, therefore diet and nutrition can be a beneficial approach to promote healthy aging.

THE IMPACT OF DISTRIBUTION OF PROTEIN AND ENERGY INTAKE ON THE MUSCLE MASS OF ELDERLY PEOPLE. AN INVESTIGATION WITHIN THE BERLIN AGING STUDY II (BASE-II)

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Introduction: Equal distribution of energy and protein intake has been suggested as a preventive measure to preserve appendicular muscle mass (ASM) in elderly people. (25-30 g of high quality protein per meal) (Paddon-Jones 2009). Objective: To determine the distribution of energy and protein intake of independently living elderly aged between 60-80. Furthermore the relation between distribution and appendicular muscle mass was investigated. Methods: The appendicular muscle mass was determined by dual-energy X-ray absorptiometry. A 5-day dietary protocol was used to investigate the intake of energy and protein. Results: A sample of 133 subjects (96m; 37w; 60-80y) was included in the analysis. The mean daily energy and protein intake was 24.5 kcal/kg or 0.97g/kg in men and 28.2 kcal/kg or 1.08g/kg in women. The average BMI of all subjects was 27 kg/m2 (SD4.4). 1.5% was overweight, 35.3% normal, 44.4% overweight and 18.8% obese. The energy and protein uptake was distributed as follows: breakfast (6.2 kcal/kg; 0.24g/kg), lunch (11 kcal/kg; 0.44g/kg), and dinner (14 kcal/kg; 0.5g/kg). The energy and protein intake differed significantly between main meals (p<0.001). The total amount of protein of the single meals was 20g (SD13) (breakfast), 33g (SD11) (lunch), and 39g (SD15) (dinner). There were no significant differences between the sexes. The average appendicular muscle mass was 23.7kg (SMI=7.6kg/m2) in males and 15.8kg (SMI=6kg/m2) in females. There were no significant difference in regard of ASM, for subjects (male and female) whose protein intake was less than 30g per meal (breakfast 22 vs. 21, lunch 20 vs. 21, dinner 20 vs. 22 kg). Conclusion: Energy and protein intake was unevenly distributed between the main meals which indicates that an equal distribution might not be necessary to preserve the muscle mass of elderly people, provided that sufficient protein intake is available.

ALLOSTATIC LOAD AND BONE STRENGTH: FINDINGS FROM THE MIDLIFE IN THE U.S. STUDY

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Accumulated dysregulation across multiple physiological systems, or allostatic load (AL), has been proposed as a biological pathway from psychosocial adversity to poor health. The goal of this study was to examine whether higher levels of AL are associated with lower bone strength in a national sample. Data came from 734 participants in the Biomarker Substudy of the Midlife in the U.S. Study. An AL score (range, 0 to 7) was constructed using biomarkers from 7 different physiological systems (sympathetic and parasympathetic nervous systems, hypothalamic-pituitary-adrenal axis, cardiovascular regulation, lipid metabolism, glucose metabolism, inflammatory system). Bone mineral density (BMD) in the femoral neck, and femoral neck width and length (FNW and FNAL, respectively) were combined with body size to create composite indices of femoral neck strength relative to load in different failure modes: BMD*FNW/weight for compression, BMD*FNW/FNAL*height*weight for bending, and BMD*FNW*FNAL/(height*weight) for impact. These indices are
Inversely associated with incident fracture risk. In mixed effects linear regression controlling for clustering within families, and adjusted for race, gender, age, menopause transition stage, body mass index, education, childhood socioeconomic status, adult finances, and study site, each standard deviation (SD) increment in AL score was associated with between 0.07 and 0.08 SD decrements in each of the three indices (all \( p < 0.05 \)). There was no interaction between AL and gender. Accumulation of dysregulation across multiple physiological systems is modestly associated with lower bone strength relative to load. Future research will determine if AL mediates associations between life course psychosocial adversity and bone strength.

COMBINED EFFECT OF ADIPOSETY MEASURES ON PHYSICAL PERFORMANCE IN OLDER ADULTS

N. de Rekeneire, A. Botoseneanu, H. Allore, T.M. Gill, Section of Geriatrics, Yale University School of Medicine, New Haven, Connecticut

Measures of adiposity, such as body-mass index (BMI) and waist circumference (WC), have shown both independent and additive associations with self-reported disability. However, the combined effect of BMI and WC on objectively-measured physical performance has not been studied. We analyzed baseline data from 5,698 participants in the National Health and Aging Trends Study (NHATS), a nationally representative sample of Medicare beneficiaries aged 65 or older, to evaluate the combined effect of BMI and WC on upper- and lower-extremity performance. Lower-extremity performance was measured using the Short-Physical Performance Battery (SPPB) and upper-extremity performance by grip strength. BMI was calculated using self-reported weight and height, while WC was objectively measured. A 4-level variable combining BMI (normal: 18.5 \( \leq \) BMI < 25, high \( \geq \) 25) and WC (normal: NWC \( \leq \) 88cm in women, \( \leq \) 102 cm in men; high: HWC > 88cm in women, > 102cm in men) was created. The distribution of the adiposity indicators was: 23.2% normal BMI-NWC, 55.5% high BMI-HWC, 11.2% normal-BMI/HWC, and 10.1% high-BMI/NWC. In multivariable linear regression stratified by gender, participants in the normal-BMI/HWC and high-BMI/HWC groups had significantly lower SPPB score—respectively, 8.0 and 8.5 in men, 7.6 and 7.5 in women (p<.001) compared with those in the normal-BMI/NWC group (9.1 in men, 8.4 in women). High-BMI/NWC participants had comparable SPPB score as those in the normal-BMI/NWC group. Abdominal obesity, with either normal or high BMI, is associated with decreased lower-extremity performance in older adults. WC may be a better indicator of obesity-related disability risk than BMI.

SESSION 80 (SYMPOSIUM)

CARE CONSULTATION IMPLEMENTATION, SERVICE DELIVERY, AND OUTCOMES: THE GEORGIA EXPERIENCE

Chair: B. Primetica, Benjamin Rose Institute on Aging, Cleveland, Ohio
Co-Chair: D.M. Bass, Benjamin Rose Institute on Aging, Cleveland, Ohio

This symposium will feature results of a major implementation of BRI Care Consultation, an evidence-based program for older adults with physical or mental health challenges and their family caregivers funded by the U.S. Administration on Aging. BRI Care Consultation is a telephone-based program that provides health- and care-related information, supports family and friend involvement in care, increases awareness and use of community services, and gives emotional support and coaching. It is guided by a comprehensive manual and computerized information system. This symposium will discuss results of the Georgia implementation in three Area Agencies on Aging: Atlanta Regional Commission, Legacy Link, and Heart of Altamaha. With leadership and oversight from the Rosalynn Carter Institute for Caregiving, three Care Consultants and one Care Consultant Assistant served nearly 700 families over two and a half years. Qualitative data from implementation experiences, quantitative data from the computerized information system that guides service delivery; and quantitative data from structured outcome interviews with caregivers are combined to assess program feasibility and effectiveness. Results showed improvement in a variety of outcomes (e.g., caregiver depression, strain, and unmet needs) from enrollment (baseline) to six months post-baseline. Additionally, BRI Care Consultation was found to be feasible for large-scale community implementation based on achieving several important process-outcomes. A number of implementation successes and challenges also were revealed including difficulties integrating this evidence-based program into existing service structures, marketing and recruitment, and sustainability.

DESCRIPTION AND OVERVIEW OF CARE CONSULTATION

C. Holloway, Rosalynn Carter Institute for Caregiving, Americus, Georgia

This presentation will provide an overview of the evidence-based program BRI Care Consultation, history of the program, key features and targeted population. The telephonic program provides four areas of service: Health and Care Related Information, Family and Friend Involvement in Care, Awareness and Use of Community Services, and Coaching and Support. This presentation will present a comparison of BRI Care Consultation service model to an Information & Referral service model, and a Case Management service model. The aim of Georgia Care Consultation is to implement the program in three Area Agencies on Aging in the state of Georgia to provide services for persons living with Alzheimer’s disease or a related dementia and their caregivers. The target population within the agencies includes clients on a growing waiting list for services, underserved clients and clients underutilizing the formal services available.

CARE CONSULTATION SUCCESS AND CHALLENGES: MARKETING, RECRUITMENT, SUSTAINABILITY

L. Eason, Rosalynn Carter Institute for Caregiving, Americus, Georgia

This presentation will discuss the successful translational activities utilized within the current infrastructure within each of the three existing service organizations in the implementation of an evidence-based program. Discussion will target recruitment and marketing challenges and the steps taken to address them. Other barriers overcome involved the dementia educational needs of staff, the written consent process, and the referral flow within the agencies. Brainstorming with each of the three agencies revealed new and creative strategies to sustain the program beyond the grant funding period. Lessons learned in this implementation and sustainability planning process will be shared.

CARE CONSULTATION INFORMATION SYSTEM (CCIS): GUIDED SERVICE DELIVERY AND OUTCOME REPORTS

B. Primetica, J.H. Rentsch, D.M. Bass, Benjamin Rose Institute on Aging, Cleveland, Ohio

This presentation will demonstrate key features of the Care Consultation Information System (CCIS) implemented and utilized by three Area Agencies on Aging in the state of Georgia. The population served included caregivers of older adults with Alzheimer’s Disease and related dementias. The CCIS guided Care Consultants in the delivery of BRI Care Consultation through an Initial Assessment, Action Plan, and Ongoing Maintenance and Support. In addition, the CCIS includes built-in reports to measure process outcomes, such as initial assessment and reassessment. Preliminary results indicate that the highest percentage of areas that were triggered for caregivers include Emotional and Physical Health Strain, Quality of Informal Support, and Arranging Services. For care receivers, the most commonly triggered areas include...
COMMON SENSE PRACTICES FOR NURSE AIDES IN
retention based on their findings. will discuss the implications for practice and policy for improving DSW
between nursing homes and HHAs will also be made. All presenters
HHAs including major themes emerging across agencies. Comparisons
forming NHs and will discuss the major themes across all facilities. Mr.
discuss findings related to DSW workforce best practices in 11 high per-
larities/differences in the rate and causes of turnover. Dr. Straker will
services provided by these workers differ from other settings, and sim-
ferences in services provided by DSWs across settings, rate of DSW
met hodologies used to collect data varied and include quantitative and
collected data from staff in various LTC settings across Ohio. The
services. This symposium presents findings from four researchers who
ishing and developing good staff, providing individualized treatment of
and being person-centered for both residents and staff. This presen-
tation describes each theme along with illustrative quotations and prac
tice “tips” from facility leaders. The discussion will focus on prac
tice and policy implications regarding implementing good practices with
frontline nursing home workers.

OUTCOMES OF BRI CARE CONSULTATION FOR
CAREGIVERS OF PERSONS WITH DEMENTIA IN
GEORGIA
D.M. Bass, B. Primetica, J.H. Rentsch, Benjamin Rose Institute,
Cleveland, Ohio

The impact of BRI Care Consultation on family caregivers was eval-
uated by examining changes in diverse self-reported outcomes over an12-
month enrollment period. Reliable and valid caregiver outcomes rep-
resented: four types of care-related strain; depression; unmet needs; and
care receivers’ use of healthcare services. Change in outcomes was tested
for over 300 caregivers from three communities who completed two
structured research interviews conducted at baseline and 12 months post
baseline. Results of t-tests and repeated measures ANOVAs showed sig-
nificant decreases in emotional strain, isolation, dyadic relationship
strain, and unmet needs. Significant decreases in depression were
observed for caregivers who initially reported more depressive symp-
toms. There were few changes in care receivers’ healthcare utilization.
Results suggested a large-scale community implementation of BRI Care
Consultation was related to improvements in several caregiver outcomes,
which was similar to conclusions from more controlled studies. Results
are being used to leverage sustained implementation after grant fund-
ing.

SESSION 85 (SYMPOSIUM)

DIRECT SERVICE STAFF IN LONG-TERM CARE
SETTINGS: ADDRESSING CHALLENGES AND
EMPLOYING BEST PRACTICES
Chair: F.K. Ejaz, Benjamin Rose Institute, Cleveland, Ohio

This symposium addresses challenges and best practices related to
employing direct service workers (DSWs) in various long-term care
(LTC) settings. DSWs are commonly referred to as nurse assistants,
home health aids and personal care assistants and generally provide
frontline/hands-on care to clients. In mental health agencies, the most
equivalent frontline worker is the Community Psychiatric Supportive
Treatment Worker (CPST) and generally they provide case management
services. This symposium presents findings from four researchers who
collected data from staff in various LTC settings across Ohio. The
methodologies used to collect data varied and include quantitative and
qualitative methods. Dr. Ejaz will present data from 97 nursing homes
(NHs), home health agencies (HHAs) and providers of services to the
developmentally disabled. She will focus on the similarities and dif-
f erences in services provided by DSWs across settings, rate of DSW
turnover and predictors of turnover. Ms. Bukach & Dawson will focus
on CPST workers in 42 mental health agencies. They will discuss how
services provided by these workers differ from other settings, and sim-
ilarities/differences in the rate and causes of turnover. Dr. Straker will
discuss findings related to DSW workforce best practices in 11 high per-
forming NHs and will discuss the major themes across all facilities. Mr.
Nelson will discuss findings related to workforce best practices in 10
HHAs including major themes emerging across agencies. Comparisons
between nursing homes and HHAs will also be made. All presenters
will discuss the implications for practice and policy for improving DSW
retention based on their findings.

COMMON SENSE PRACTICES FOR NURSE AIDES IN
HIGH-PERFORMING NURSING HOMES
J. Straker, Scripps Gerontology Center, Oxford, Ohio

This paper will share findings from a qualitative interview study in
11 high-performing Ohio nursing homes (NHs). The NHs were selected
based on high performance scores/data from NH Compare, Medicaid
Cost Report, and Ohio NH Resident and Family Satisfaction Surveys.
The NHs varied in size, ownership, and geographic location. Qualita-
tive interviews were conducted with 85 staff members, from adminis-
trators to nurse aides. All interviews were recorded, transcribed verba-
tim, and coded. Analyses found seven most prevalent themes— some
of which the staff referred to as “common sense”. These included choos-
ing and developing good staff, providing individualized treatment of
staff, and being person-centered for both residents and staff. This presen-
tation describes each theme along with illustrative quotations and prac
tice “tips” from facility leaders. The discussion will focus on prac
tice and policy implications regarding implementing good practices with
frontline nursing home workers.

TURNOVER AMONG COMMUNITY PSYCHIATRIC
SUPPORTIVE TREATMENT (CPST) WORKERS IN OHIO
A. Bukach1, F.K. Ejaz1, N. Dawson2. 1. Benjamin Rose Institute on
Aging, Cleveland, Ohio, 2. Cleveland State University, Cleveland,
Ohio

There is increasing need for community mental health services; how-
ever, there is high turnover among workers providing such services.
This study examined turnover among community psychiatric support-
tive treatment (CPST) workers at 42 mental health agencies in Ohio. The
sample was drawn using stratified random sampling by five Ohio regions
based on a list of agencies maintained by the Ohio Department of Men-
tal Health. Administrative staff members were surveyed as part of a
larger study on direct service worker turnover. Mental health agencies
employed a median of 12 CPST workers. The majority were Caucasian,
full-time workers who provided case management and positive behav-
ior support. The average hourly wage was $14.83. For 2011, the reported
CPST turnover percentage was 27% (median), ranging from 0-100%. No
significant regional differences in turnover were identified. Rec
commendations to improve CPST worker retention include offering bet-
ter wages, educational opportunities, and career ladders for advance-
ment within the agency.

EXAMINING DIRECT SERVICE WORKER TURNOVER IN
THREE LONG-TERM CARE (LTC) SETTINGS
F.K. Ejaz, A. Bukach, N.T. Dawson, K. Judge, Benjamin Rose Institute,
Cleveland, Ohio

This study examined turnover among direct service workers (DSWs)
in three LTC settings: nursing homes, home health agencies and
providers of services to developmentally disabled populations. The sites
were selected using stratified random sampling procedures by the three
types of LTC settings and five geographic regions across Ohio. A cross-
sectional study design was used to survey administrative staff in these
sites. A total of 97 provider organizations participated. Findings revealed
that DSWs in these settings primarily provided hands-on care like help-
ing clients with activities of daily living (ADLs) and instrumental ADLs,
although tasks varied by setting type. Turnover was around 33% in 2011
and did not differ significantly by LTC type. However, geographic/regional differences were evident with metropolitan regions
having significantly higher turnover (57%) compared to other regions.
Predictors of turnover included negative social interactions at work and
job burnout. Recommendations for practice and policy will focus on
these findings.

PRACTICE STRATEGIES FOR HIGH-PERFORMING HOME
HEALTH AGENCIES
I.M. Nelson1, B.G. Sarah2. 1. Scripps Gerontology Center, Oxford,
Ohio, 2. Department of Sociology and Gerontology, Miami
University, Oxford, Ohio

This paper will provide results from 50 interviews conducted with 10 high-performing Home Health Agencies (HHAs) in Ohio. The high-
performing HHAs were selected by provider relations staff at each of

Memory Problems and Difficult Behaviors and Arranging Services. A
number of other outcomes will be discussed during this presentation,
including action step assignment and status, contact types, indirect and
direct time.

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Ohio’s 13 Area Agencies on Aging, HHAAs were chosen based on responsiveness to problems, well-trained staff, and usage of consistent assignment. Staff members such as owners, coordinators, and direct care workers provided details on organizational best practices. Administrators focused on ensuring that direct care workers knew the mission of the organization. Administrators also emphasized the importance of knowing and being responsive to the needs of direct care workers. Home health workers highlighted respect, flexibility, and autonomy as key themes. A good match between home health workers and clients was important. The presentation will discuss implications for practice and policy as well as provide comparisons in practice between nursing home and home health care organizations.

SESSION 90 (SYMPOSIUM)

INTERGENERATIONAL RELATIONS AND THE WELL-BEING OF OLDER ADULTS IN CHINESE IMMIGRANT FAMILIES: A COMPARISON OF IMMIGRANT Sending AND RECEIVING AREAS

Chair: M. Guo, School of Social Work, University of Iowa, Iowa City, Iowa
Co-Chair: I. Chi, University of Southern California, Los Angeles, California

Increasing global population mobility greatly affects the family system and older adults in both immigrant sending and receiving areas. Using data from two recent research projects conducted in Beijing and Los Angeles (LA), this symposium examines the implications of immigration on aging families and late-life well-being in various perspectives. Using the Beijing sample, Guo and Chi found that elders in immigrant families (i.e., at least one child moved abroad) had significantly more monetary support and less instrumental support from children, had more worries about lack of care in sickness but less worries about insufficient financial resources than elders in families without immigrant children. Liu, Guo, and Chi found that elders in immigrant families in LA had a significantly higher level of depression than elders in immigrant families in Beijing. Positive family relations and better functional ability were associated with lower level of depression in both groups. Having more friends was related to lower level of depression in the LA sample only. Xu and Chi examined factors that drive Chinese elders to immigrate. They found that lack of pension, more active social participations, and driving abroad were the major determinants of being immigrants among Chinese elders. Mao and Chi focused on the LA immigrant sample and found that living alone was correlated with poor functional health whereas support from children was positively associated with functional health. Together, the four papers illustrate how individual resources and family contexts shape the family relations and aging experience of elders in immigrant families.

INTERGENERATIONAL RELATIONS AND THE WELL-BEING OF OLDER ADULTS IN CHINESE IMMIGRANT FAMILIES: A COMPARISON OF IMMIGRANT SENDING AND RECEIVING AREAS

M. Guo1, I. Chi2, 1. School of Social Work, University of Iowa, Iowa City, Iowa, 2. University of Southern California, Los Angeles, California

Comparing 293 elders in immigrant families (at least one child moved abroad) and 257 elders in nonimmigrant families (all children remained in China) in Beijing, this study examined the influence of children’s immigration on family relations and well-being of older parents. Regression analyses showed that older adults in immigrant families received significantly more monetary support from children, but were less likely to receive instrumental support from children than elders in nonimmigrant families. The two groups did not differ in levels of depression and life satisfaction, but elders in immigrant families had more worries about lack of care in sickness and elders in nonimmigrant families worried more about insufficient financial resources in later life. Such differences disappeared when health status, number of children remaining in China, and parent-child relationships were taken into account. The findings illustrate how individual resource and family contexts shape the aging experience of elders in immigrant families.

OLDER ADULTS AS IMMIGRANTS VERSUS FAMILY MEMBERS AS IMMIGRANTS: IMPLICATIONS FOR THE MENTAL HEALTH OF OLDER PERSONS

J. Liu1, M. Guo1, I. Chi2, 1. School of Social Work, University of Iowa, Iowa City, Iowa, 2. University of Southern California, Los Angeles, California

Global immigration greatly affects social support and well-being of older persons, but in different ways. This study compares levels of depression among Chinese older adults who are immigrants themselves (n = 237, living in Los Angeles (LA)) and who live in Beijing but have immigrant children (n = 293). Regression analyses showed that even after controlling for demographic, functional health, family and social interaction factors, older immigrants in LA still had a significantly higher level of depression than elders in immigrant families in Beijing. In both groups, positive relationship with immigrant children and better functional ability are associated with lower level of depression. Having more friends was related to lower level of depression in the LA sample only. The finding suggests being an immigrant seems to be a more stressful event for older adults than having immigrant children. Developing supportive networks in the receiving community seems to benefit older immigrants.

WHO STAYS? WHO GOES? SELECTIVE EMIGRATION AMONG THE CHINESE OLDER ADULTS

L. Xu1,2, I. Chi1, 1. School of Social Work, USC, Monterey Park, California, 2. School of Social Work, UT-Arlington, Arlington, Texas

Few studies compared the characteristics of Chinese older adults who stay in China or immigrate to another country when one or more of their children have already migrated abroad. Using a sample of 293 elders that stayed in Beijing who has at least one child migrated abroad and 237 elders that immigrated to Los Angeles, this study examined the differences between these two groups and factors that drives Chinese elders to immigrate. Study found that compared to elders stayed in Beijing, immigrant elders had lower education or less health condition, were less likely being married or have pension, but had more local friends and social participation as well as higher level of English proficiency and higher percentage of driving abroad. Logistic regression indicated that not having pension, more social participation, and driving abroad were the major determinants of being immigrants. The findings illustrated how social contexts drove elders’ immigration choices.

CORESIDENCE WITH OFFSPRING AND FUNCTIONAL HEALTH AMONG OLDER CHINESE IMMIGRANTS

W. Mao, I. Chi, Univ Southern California, Los Angeles, California

Functional health, that is, the ability to fulfill basic physiological functions, has been shown to be a key indicator of health and well-being among older adults. Few studies were conducted explicitly to examine the relationship between living arrangements and functional health among older immigrants with diverse cultural backgrounds. This paper aimed to explore how coresidence with offspring influence functional health among older Chinese immigrants in Los Angeles, accounting for sociodemographic factors. Multiple regression was conducted using SPSS 19. Coresidence with children and/or grandchildren was significantly correlated with poor functional health. Being older, female, having more chronic conditions, poor self-rated health was shown to be significantly associated with poor functional health. Having depressive symptoms and providing tangible support (e.g., money, food, gifts) to children was marginally related with poor functional health while receiv-
ing household chore help and personal care from children was not significantly correlated with functional health.

SESSION 95 (SYMPOSIUM)

NARRATIVITY, AGING AND MEANING
Chair: J. Dohmen, University for Humanistics, Utrecht, Netherlands
Discussant: T.R. Cole, University of Texas, Houston, Texas

The narrative turn in philosophy as well as gerontology is deeply concerned with how identities are constituted in and through narratives.Narrativity is a basic concept which defines aging as a development through time, negotiating between personal aspirations and the expectations of the cultural narratives our lives are embedded in. Our concern in this symposium is with the value of the narrative discourse for thinking about aging and meaning. A common assumption shared by all presenters reads that narrative engagement with our existence potentially generates important conditions for experiencing later life as meaningful. Moral and existential questions focusing on issues of meaning tend to be undervalued in societal, cultural and scientific discourses about aging. Our aim is to present a framework enabling critical reflection on issues of meaning in later life, with the help of the narrative paradigm as developed in philosophical, psychological and gerontological debates in recent decades. Gerben Westerhof and Ernst Bohlmeijer focus on the relation between narrative interventions and the experience of meaning and aging in a care context. They discuss the promising and problematic elements of the narrative approach in this respect. Next, Joseph Dohmen provides a philosophical reflection on the value of metaphor, an important narrative instrument, in the search for meaning and motivation in later life. He focuses on the metaphor of life as a journey, and illustrates his argument with examples from classical and modern literature. Finally, Hanne Laceulle explores the value of a narrative perspective in the critical rethinking of self-realization as a moral ideal that can contribute to meaning. The aim of her paper is to assess the possible contribution of the philosophical concept of self-realization to the creation of inspirational cultural narratives about later life.

NARRATIVITY IN CARE FOR OLDER PERSONS
G.J. Westerhof, E. Bohlmeijer, University of Twente, Enschede, Netherlands

Several demographic, medical, and societal changes ask for an approach that considers the question of what makes a good life, ever and beyond the quality of care. Although longevity increases, people grow older with more chronic diseases. Given improvements in medical technologies, end-of-life care issues become ever more virulent. Last, care for older persons is under economic strain, e.g., concerning lives in nursing homes. Since stories provide a means to provide life with purpose and meaning, we argue that narrativity plays an important role in understanding what makes a good life to older individuals. Using examples from everyday care interactions as well as from narrative interventions we demonstrate how listening to and supporting older people in telling their stories can meaningfully contribute to care. We discuss the promises and pitfalls of narrative approaches.

NARRATIVITY, AGING AND THE METAPHOR OF THE JOURNEY
J. Dohmen, University for Humanistics, Utrecht, Netherlands

Metaphors allow a powerful, linguistic representation of human life. They steer our observation, thought and actions (Lakoff & Johnson 2003). They sketch a certain image of the nature of human activities, elucidate some aspects of our life and hide others. They enable certain orientations and bring coherence in what, without them, would remain a meaningless chaos. The journey is a famous, classical metaphor. The power of this metaphor is tempting and treacherous at the same time. In his book The journey of life. A cultural history of aging in America (1992), the historian Tom Cole has shown how in early modern times under the influence of Protestantism a certain kind of individualization of the human course of life developed. Coles used the metaphor of the journey to write a complete history of aging. In my paper I take the journey in a more philosophical systematic way as a metaphor for the late modern human condition (McIntyre (1981), Taylor (1989)). I start with a short discussion of what is known as a classical story, Homer’s Ulysses. Next I address the rich analogy between life and traveling. My contention is that this analogy offers valuable insights on aging and motivation, which I will explore in my paper. From here I go on to a critical view on the journey-metaphor of the feminist philosopher Margaret Walker. She attacks what she calls ‘whole life ethics’, and considers life as a journey a misleading metaphor of aging. To conclude I will evaluate the power and the weakness of the travel metaphor in classic and modern narratives.

SESSION 105 (SYMPOSIUM)

SELF-REALIZATION AND CULTURAL NARRATIVES ABOUT LATER LIFE
H. Laceulle, University for Humanistics, Utrecht, Netherlands

Several authors have addressed the problematic absence of inspirational cultural narratives that can help us in our search for meaning in later life. Dominant constellations of stories and images about aging are often problematically one-sided, de-individualizing and stereotypical. The absence of individuating, meaning-generating and inspirational cultural narratives about later life will have a profound influence upon the individual existential experience of aging and the individual quest for moral and spiritual meaning in later life. Challenging existing problematic cultural narratives and suggesting alternatives requires the development of a vital identity as aging individuals in late modern culture. The realization of such an identity can be seen as one of the main goals of self-realization, or the moral ideal to shape one’s life according to one’s own appropriate goals and values, applied to the context of late modern aging. My research explores the possibilities of the philosophical concept of self-realization for rethinking existing narratives about aging and contributing to a new moral culture of aging. Narrative discourses offer a fruitful approach for the necessary substantiation of the principles underlying the concept of self-realization. In this paper, I will offer a philosophical exploration on the relation between the premises underlying discourses on narrative and the concept of self-realization, and reflect on the possible value of these combined discourses for the stimulation of new meaningful cultural narratives on aging and later life.

A Glimmer of Home: Transitions in Continuing Care Settings in Nova Scotia, Canada
Chair: E. Roberts, Human Environmental Sciences, University of Missouri-Columbia, Columbia, Missouri
Discussant: B. Schwarz, Human Environmental Sciences, University of Missouri-Columbia, Columbia, Missouri

This symposium explores the outcomes of a government funded expansion of the continuing care sector in the province of Nova Scotia, Canada. In 2009, the Nova Scotia Department of Health and Wellness implemented a 10 year Continuing Care Strategy, one element of which is the funding of 11 new long term care facilities in the small house model. Changes include innovative physical designs, an emphasis on resident-centered care and an emphasis on staff scope of practice. There are few other international opportunities to study the impact of such a large government expenditure on new models of long term care and this symposium is a reminder of the universality of struggle in organizational change, serving as a reference point for any provider, designer, or government entity contemplating wide-spread transitional change in the way that care is provided for vulnerable older populations. The

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on 30 April 2018
THE ROAD (AND ROADBLOCKS) TO CHANGE: ASSESSING PROVIDER OUTCOMES IN ORGANIZATIONAL TRANSFORMATION IN LONG TERM CARE IN NOVA SCOTIA, CANADA
E. Roberts, Human Environmental Sciences, University of Missouri-Columbia, Columbia, Missouri

Working within the framework of Environmental Psychology, this study chronologically assesses one provider’s pathways in the Long Term Care transitions brought forth by the Continuing Care Strategy in Nova Scotia, Canada. Concurrently studying the impact of the new regulations on staff, residents, family members, the research focuses on the organizational transitions that the provider went through in adopting the new model based on the government guidelines. Detailed observations and interviews took place with multiple stakeholders in the two facilities owned by this provider. The voices of care staff tell of empowerment in the new settings, while family members speak of caregiver burden, loss and guilt as they relinquish care for their loved one. Most importantly the residents in both the older as well as new facility spoke candidly of their need for and the meaning of care and the significance of remembrances of their life prior to their move into LTC.

CARE AND CONSTRUCTION: WHAT IS THE EFFECT ON RESIDENT’S QUALITY OF LIFE
J. Keefe, Family Studies and Gerontology, Mount Saint Vincent University, Halifax, Nova Scotia, Canada

Nova Scotia legislation requires all nursing home that deliver care to three or more residents to be licensed and admission is contingent upon meeting assessment criteria. The perspectives of residents, family member, and staff of resident quality of life (QoL) were measured using an interRAI assessment tool. Nursing homes (N=23) were recruited to represent different staffing approaches and physical design. Results identify key considerations in the use of this tool to understand resident’s QoL from multiple perspectives. In particular, analysis of the family survey (N=397) revealed traditional homes generally received lower scores on perceptions of resident’s QoL compared to recently built neighborhood designs where staff perform multiple tasks. Significant factors contributing to resident’s QoL are analyzed by characteristics of the family and the resident, philosophy of care, the physical design and home characteristics to ascertain which factors governments may want to include in future request for proposals.

SESSION 110 (SYMPOSIUM)

ALIGNING THE CONCEPT OF SUCCESSFUL AGING WITH CHANGING REALITIES AND MODELS OF DISABILITY AND HEALTH
Chair: M. Campbell, U.S. Department of Education, National Institute on Disability and Rehabilitation Research, Washington, District of Columbia

This symposium will feature three presentations on aging with and aging into disability from both disability and gerontology perspectives. The purpose is to expand our thinking of “successful aging” to integrate the changing demographic realities of disability and new, more inclusive, models of health and participation that focus more on social and environmental factors that support quality of life than on individual attributes. Presenters will argue that restrictive concepts of successful aging based on the avoidance of disability and chronic health conditions have long divided the fields of disability and aging; thus limiting understanding of the needs of these overlapping populations and contributing to silos of empirical knowledge, policy and practice. The first presenter will document the changing demographics of individuals aging with and into disability in the U.S., and discuss the need for bridging concepts of “successful” and “healthy” across disciplines to improve understanding of these overlapping populations. The second presenter will provide a critique of the “successful aging” concept from the social model of disability perspective and summarize alternative views of healthy aging with disability, focused on environmental supports and prevention. The third presenter will summarize recent policy efforts in the U.S that illustrate the role environmental supports and health promotion/disease prevention strategies play in promoting successful aging for middle-aged and older individuals. The discussant will place these findings within a larger context of global policy initiatives that cut across aging and disability lines, and identify high priority opportunities for collaboration to reduce silos and advance knowledge.

THE CHANGING DEMOGRAPHICS OF AGING AND DISABILITY AND IMPLICATIONS FOR THE “SUCCESSFUL AGING” CONCEPT
M. Putnam, School of Social Work, Simmons College, Boston, Massachusetts

This presentation will provide an overview of what is known about demographic trends related to growing older with long-term impairment and disability first incurred before later life and compare it to trends of aging into disability, or experiencing disability for the first time in later life. The concepts of successful and healthy aging will be defined and examples of individual, social, and institutional factors that have potential to differently influence the experience of aging with and aging into disability will be presented. A rationale for expanding the concept of successful aging will be provided. Pathways for bridging knowledge between the fields of gerontology and disability research, policy, and practice will be discussed as a means of improving understanding of how to increase the potential for successful aging for persons growing older with long-term impairment and disability. Specific challenges and opportunities for bridging will be outlined.

NEW MODELS TO ENHANCE OUR UNDERSTANDING OF THE SOCIAL AND ENVIRONMENTAL FACTORS THAT CONTRIBUTE TO SUCCESSFUL AGING WITH AND AGING INTO DISABILITY
M. Campbell, U.S. Department of Education, National Institute on Disability and Rehabilitation Research, Washington, District of Columbia

This presentation critiques the concept of “successful aging” from the perspectives of the social model of disability and the World Health Organization’s International Classification of Health, Disability and Functioning (ICF), Social Determinants of Health and Active Aging Frameworks. Viewed from the social perspective, disability is a complex interaction of bodily functions and structures, personal factors, and social environmental factors, rather than an individual attribute. Informed by this view, the ICF ’mainstreams’ disability by acknowledging that every human being can experience a decrement in health and thereby experience some degree of disability. Similarly, the social determinants and active aging frameworks emphasize ‘good health’ as a ‘successful response to aging’ rather than as the absence of disease or disability. Together, these models shift our focus to the factors than enable successful aging, and better prepare us to meet the challenges of a growing population of people aging with and aging into disability.

The Gerontological Society of America
FEDERAL RESEARCH, PRACTICE, AND POLICY INITIATIVES: DRIVERS FOR NEW MODELS OF SUCCESSFUL AGING AND DISABILITY
M. Washko, US Department of Health and Human Services, Washington, District of Columbia

Increased longevity and a rapidly changing federal policy landscape are helping increasing numbers of individuals with disabilities to remain at home in their communities, with the supports they need. There are several recent initiatives at the federal level which are focused on and will impact the role environmental supports and health promotion/disease prevention activities play in encouraging successful aging for individuals who are aging with or into disabilities. These activities run along the entire spectrum of research to practice and policy; efforts range from investments in data collection (e.g. The National Health and Aging Trends Study) to federal government strategic plans (e.g. the US Department of Health and Human Services’ Multiple Chronic Conditions Strategic Framework; the National Prevention Strategy) to policy & awareness campaigns (e.g. Million Hearts) and new governmental entities (e.g. the Administration for Community Living). These investments encourage an expansion of thinking and new dialogue around “successful aging.”

SESSION 115 (SYMPOSIUM)

ARE SOCIOECONOMIC DIFFERENCES IN HEALTH-RELATED OUTCOMES STILL IMPORTANT IN THE OLDEST OLD?
Chair: M. Jylhä, University of Tampere, Tampere, Finland
Co-Chair: E. Crimmins, University of Southern California, Los Angeles, California

Socioeconomic factors are strong determinants of health and mortality at middle and younger old ages but less is known about their role among the oldest old, the fastest growing population group in many countries. At advanced old age, selection through mortality is high and age-related health problems may seem inevitable. Yet cumulating evidence shows that the role of social status is important even at advanced old ages. In this symposium we will present findings from four population-based studies in the oldest-old in three European countries and the US. The presentations analyze the role of social status from different perspectives, (1) health and functioning, (2) biomarkers and biological risk factors such as telomeres and inflammation, (3) emotional well-being, and (4) utilization of care services. Data come from three representative population studies, the Newcastle 85+ Study in the UK, the Vitality 90+ Study in Finland, and the Health and Retirement Study in the US, and a community-based trial among Alzheimer patients, the Up-Tech Study in Italy.

DOES SOCIOECONOMIC STATUS STILL MATTER AT VERY OLD AGES? EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY
E. Crimmins, J.A. Ailshire, University of Southern California, Los Angeles, California

The U.S. population is experiencing unprecedented growth in the number of adults reaching advanced old age. Although age-related declines in health and functional ability may seem inevitable in oldest-old, research suggests that the aging process is not uniform and that some individuals are able to remain in good physical, mental, and emotional health even as they advance through very old age. There is strong evidence that the likelihood of becoming old is linked to socioeconomic status (SES) in the U.S. This paper examines whether the likelihood of retaining good health at the oldest ages differs by SES in a national sample of older Americans over the age of 80. We find that at these oldest ages those with the highest levels of education, i.e., those with a college education, have better physical functioning, biological risk, and emotional well-being. Differences in the effect of SES within gender and race/ethnic groups are noted.

SOCIOECONOMIC DIFFERENCES IN TELOMERE LENGTH IN THE VERY OLD: RESULTS FROM THE NEWCASTLE 85+ STUDY
C. Jagger1, C. Chiatti2, A. Kingston1, J. Collerton1, K. Davies1, C. Martin-Ruiz1, T. von Zglinicki1, T. Kirkwood1, 1. Newcastle University, Newcastle-upon-Tyne, United Kingdom, 2. INRCA - National Institute of Health & Science on Ageing, Ancona, Italy

A recent review suggests that the relationship between measures of socioeconomic status (SES) and telomere length (TL) is present only for education and weakest after adjustment for confounders. However, this evidence base is lacking in three key areas: multiple SES measures over the lifecourse; variation of TL over time; numbers of the very old. We explore the association between multiple SES measures (education, occupation-based, area-level deprivation) and TL in an unselected cohort of 845 85-year olds (1921 birth cohort) assessed at baseline, 18 and 36 months. First we explore SES differences in the availability of TL data (83.6% had baseline TL). Then we investigate whether those with greater disadvantage in SES had shorter TL at baseline and whether this persisted after adjustment for potential confounders (derived from review of previously published literature). Finally we explore whether change in TL over time differed between various defined SES groups.

SOCIOECONOMIC DIFFERENCES IN HEALTHINESS, BIOMARKERS AND MORTALITY AMONG NONAGENARIANS: RESULTS FROM THE VITALITY 90+ STUDY
L. Enroth1, J. Raitanen1,2, A. Hervonen1, M. Hurme3, M. Jylhä1, J. School of Health Sciences and Gerontology Research Center, University of Tampere, Tampere, Finland, 2. The UKK Institute for Health Promotion Research, Tampere, Finland, 3. Medical School and Gerontology Research Center, University of Tampere, Tampere, Finland

Socioeconomic status (SES) is associated with health and mortality in middle-aged and older people but the situation of the oldest old is poorly known. We utilized a data from a mailed survey in the Vitality 90+ Study, wave 2010, to investigate SES-related health and mortality differences in a cohort of 1283 nonagenarians, including both community-dwelling and institutionalized individuals. In cross-sectional analyses, a social gradient according to education and former occupation was found in health and functioning for both genders. In a three-year follow-up, mortality was lower in upper non-manuals and high-educated compared with manual workers and low-educated, respectively. An analysis in a subsample of 90-year-old individuals suggests that SES is also associated with several biomarkers, and we will analyze the possible role of these indicators as mediators between SES and mortality.

SOCIOECONOMIC DIFFERENCES IN CARE SERVICES UTILIZATION IN THE OLDEST OLD WITH DEMENTIA: THE INFLUENCE OF FAMILY AND CAREGIVING FACTORS IN THE UP-TECH STUDY

Published evidence suggests that, in addition to individual characteristics, families play an important role in determining the level of care utilization of older people. It is especially when older individuals become dependent, e.g., as consequences of dementia, that the factors influencing the access to care may be subject to changes. The presentation draws on baseline data of the Up-Tech study, an Italian community-based trial evaluating the effectiveness of a multi-component intervention for Alzheimer patients, which enrolled 450 dyads of patients and their caregivers, of which about 50% aged over 80 years. We will test whether
individual and/or family-level socioeconomic variables determine the amount of support services usage, and the degree of interaction between these two groups of factors. Finally, we will evaluate whether the effect of socioeconomic variables is stable across the different cohort groups or whether it changes among the oldest old patients.

SESSION 120 (SYMPOSIUM)

COMPUTER USE AND LONELINESS AMONG OLDER PERSONS ACROSS SETTINGS
Chair: L.J. Medvene, Psychology, Wichita State University, Wichita, Kansas
Discussant: J. Smith, University of Michigan, Ann Arbor, Michigan

As we age we are at increased risk for social isolation – whether we age in community settings, or in congregate care settings. Computers are a tool which can enable us to maintain communication with family members and friends at a time in our lives when we have the greatest need for close relationships. The present symposium contributes to the growing body of research on older persons’ use of computers. Noah Webster will present data from a nationally representative sample of older adults (aged ≥ 70, N=629) reporting that half used a computer and that computer users were less lonely across all contexts. Distance from place of worship and stores influenced impact of use. Lindsay Ryan will present data from the 2010 wave of the Health and Retirement Study selected from those aged 50+ (N=6,181), which averaged 70 years-of-age. Results show that daily computer use was associated with lower levels of loneliness, controlling for demographic variables. Samuel Ofie-Dodoo will present findings from a pilot study (N=40) of HCBS customers from a mid-western city. Twenty-five percent of customers were using computers and users had larger social networks and were less lonely. Katy Abbott will present findings from focus groups of 13 residents from an AL facility. Residents talked about barriers to computer use including preferences for traditional communication channels. Jacqui Smith, as discussant, will review these findings and their implications. The potential of computers as a tool for relationship maintenance will be reviewed, along with contextual factors which influence usability and impact.

THE ROLE OF SOCIAL CONTEXT IN THE LINK BETWEEN COMPUTER USE AND WELL-BEING AMONG OLDER ADULTS
N.J. Webster, T.C. Antonucci, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Previous research has been inconsistent in identifying a link between computer use and well-being among older adults. We explore how the availability (or lack of) social and community resources enhances or diminishes the effect of computer use on older adult well-being. Data are from a nationally representative sample of older adults (aged >70) from the monthly Reuters/Michigan Surveys of Consumers collected over the course of 10 months in 2010 and 2011 (N=629). Just over half (52%) of the sample reported using a computer. Computer use was related to less loneliness in all contexts and to better self-rated health when one’s home was less conveniently located to their place of worship. It was also related to less worry about lack of independence when home was less conveniently located to stores. Results highlight vulnerable populations and unique contexts in which computer use can be most effective in helping to optimize aging.

COMPUTER USE IN ADULTHOOD: IMPLICATIONS FOR LONELINESS
L.H. Ryan, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Research finds that loneliness is a prevalent experience in old age and that loneliness is linked with greater risk for depression and poor physical health. Given increased access to social contact via technology, the current project examined whether frequency of computer use for email and the Internet was associated with solitude. A subsample from the 2010 wave of the Health and Retirement Study was selected from those aged 50+ who completed a questionnaire on daily activities and wellbeing. The sample (N = 6,181) had a mean age of 70.4 (SD = 9.6), was 58% women, and 63% were currently married. The results indicate that over and above age, gender, education, marital status, extra-version, and physical functional limitations, individuals who used the computer daily had significantly lower levels of loneliness compared to all others. However, daily computer use was associated with greater loneliness in those with poor physical functioning.

ELDERLY HOME AND COMMUNITY-BASED SERVICE CUSTOMERS: COMPUTERS, SOCIAL NETWORKS AND QUALITY OF LIFE
S. Ofie-Dodoo, R. Smith, K. Nilsen, L.J. Medvene, Wichita State University, Wichita, Kansas

The paradigm of providing care for “frail” older persons in nursing homes is shifting and increasing numbers of persons are receiving care in home and community-based (HCBS) settings. Social isolation is a risk for this population and computer mediated communication (CMC) is a technology which could reduce this risk. The present study involved 90-minute interviews with 40 elderly HCBS customers in a moderate sized mid-western city. The interview included questions about customers’ social convoys, loneliness, quality of life, subjective health status, and their interest in and use of computers. At the time of the study 25% of customers were using computers and these customers had significantly larger social networks and were significantly less lonely than non-users (p’s < .05). After seeing a 3-minute video illustrating a CMC system which accommodated visual and manual disabilities, 85% of customers said they would use such a system if it were available to them.

“IF YOU’VE NEVER HAD IT, YOU DON’T MISS IT”: COMPUTER USE AMONG ASSISTED LIVING RESIDENTS
K. Abbott1, 2, J.S. Sefcik1, 1. Polisher Research Institute, North Wales, Pennsylvania, 2. School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

It has become the norm for many people to use technology, such as email and Skype to stay connected with friends and family. However, there is a lack of knowledge regarding how older adults use technology to maintain their social connections. The purpose of this study is to describe the use of technology to communicate with friends and family and for looking up health information among cognitively capable AL residents. Four focus groups with 13 participants were held with residents from one AL. Directed content analysis was used to determine facilitators and barriers to technology use. While access is provided by the AL, visual deficits and a lack of knowledge currently deters residents from using computers. Residents prefer to communicate in traditional ways, such as talking in person/phone and seek assistance from younger family members (children and grandchildren) with looking up health information. Implications of these findings will be discussed.

SESSION 125 (SYMPOSIUM)

EMBODIING AGE AND AGEING
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: C. Phillips, University of Manchester, Manchester, United Kingdom

In recent years there has been an increasing interest in the social, biological and cultural dimensions of our bodies as we grow older. Despite a concern within social gerontology that a focus on the bodies of older people could be seen as a return to biological determinism and an overly medical approach, research on ageing bodies has instead pro-
vided a novel lens to examine a range of existing sociological and theoretical concerns, including, the nature of the body, self and ageing; social identities and inequalities; lived experiences and everyday life; health and illness; and ageing across the lifecourse from midlife to deep old age. An analysis of ageing bodies further engages with both biological (medical) and social constructionist (cultural) approaches. The aim of this symposium is to bring together social gerontologists whose work focuses on ageing, bodies and embodiment to explore different theoretical perspectives, methodological approaches and empirical findings. The papers will include perspectives on personhood, clothes and the body (Twigg and Buse); the conflation of ageing, health and appearance concerns in relation to the body (Calasanti and King); embodied identities and ageing (Gilleard and Higgs); the body in everyday life (Martin and Pilcher); and masculinity, ageism and the body (Hurd Clarke). In particular, this symposium aims to: (a) highlight and debate interconnections between the corporeality of ageing bodies and the sociocultural context in which we live; and (b) promote collaborations and networks between members of the GSA and the British Sociological Association (BSA) Ageing, Body and Society study group.

EMBODIED IDENTITIES AND AGEING

P. Higgs, C.J. Gilleard, University College London, London, United Kingdom

The notion of ‘embodied identities’ refers to the selective use of corporeal aspects of the body, or certain corporeal functions, to define an individual’s distinct social position. The rise of identity politics in the 1960s gave added impetus to social identities that privileged key distinctions concerning abled-bodiedness, gender, race or sexuality. This paper explores how the corporeal processes of ageing have been affected by, as well as affecting the construction of later life identities in what has been termed ‘second’ modernity. Drawing upon critical race and queer theory, we suggest that just as the binary categories of male/female, able bodied/disabled, black/white or straight/gay have been challenged, queer theory, we suggest that just as the binary categories of male/female, able bodied/disabled, black/white or straight/gay have been challenged, so the binary of youth/age can also be made problematic, leading increasingly to positions of contingency in individual narratives and performances of age and ageing.

RATIONALES FOR ENGAGING IN ANTI-AGING ACTIVITIES: WHAT MIDDLE-AGED ADULTS SAY

T. Calasanti, N. King, Virginia Tech, Blacksburg, Virginia

Who uses anti-aging products and services? Overt use requires admitting concern about ageing, which also means acknowledging movement toward membership in a stigmatized group. It could also signify concern about how one looks to others, especially when products and services are geared at transforming outward appearance. By contrast, some have treated health as a more acceptable reason for bodily concern (e.g., Hurd Clarke, 2002). And gender might also shape the expression of each of these motivations. Recognizing the possible conflation of reasons given for using anti-aging products and services, this presentation analyzes interviews conducted among middle-aged respondents, to examine the extent to which they cite age, health, and appearance. Results suggest that respondents may engage in a fair amount of anti-aging activities, but are unlikely to label them as such.

VISUALLY REPRESENTING THE BODY IN EVERYDAY LIFE

W. Martin, K. Pilcher, School Of Health Sciences and Social Care, Brunel University, Uxbridge, United Kingdom

Drawing on findings from an ESRC empirical study ‘Photographing Everyday Life: Ageing, Bodies, Time and Space’, this paper explores the significance of the body in the daily lives of 62 women and men aged 50 years and over in the UK. Participants photographed their different daily routines to create a weekly visual diary, which was explored through in-depth interviews, to make visible the rhythms, patterns and meanings that underlie their everyday worlds. This paper focuses on how participants represented their bodies through the visual, including representing the healthy/‘active’ body; the gendered body; and how visual representations indicate that the body is a process of becoming, a continual bodily ‘project’ (Gill et al., 2005), both socially and physically constructed through participants’ bodily maintenance, discipline, and work on and with their bodies. We conclude by exploring the significance of these bodily representations and practices to the ways that age and ageing are understood and represented.

MASCULINITY AND AGING: MEDIA DEPICATIONS IN MAGAZINE ADVERTISEMENTS

L.C. Hurd Clarke, E.V. Bennett, University of British Columbia, Vancouver, British Columbia, Canada

This paper considers how aging masculinity and older men’s bodies are portrayed in men’s magazines. Examining the texts and images of advertisements in six widely read North American, male-oriented magazines (namely, Esquire, GQ, Maxim, Men’s Health, Men’s Journal, and Zoomer), we used critical discourse analysis methods (Fairclough, 2010). Our findings reveal that media depictions of older men are underscored by dominant cultural norms of masculinity and ageist stereotypes. Older men while present are largely invisible and those who are portrayed adhere to the masculine ideal of the distinguished, rich, sexually dominant older individual. The majority of the advertisements market clothing, accessories, vacations, cars, supplements, and alcohol with White, young male models. We consider our findings in relation to West and Zimmerman’s (1987) concept of doing gender and Connell’s (1995; 2005) multiple masculinities, as well as with respect to the existing literature concerning ageism, the body, and masculinity in later life.

DRESS AND THE CONSTITUTION OF AGE

J. Twigg, C.E. Buse, Sociology and Social Policy, University of Kent, Canterbury, United Kingdom

Dress and the Constitution of Age Clothes lie at the interface of the body and its social presentation. They thus play a central part in how identities – including aged identities - are expressed and performed. The paper explores these connections through two qualitative studies, both conducted in the UK. The first addresses the role of dress in the lives and experiences of older women, placing this in the wider cultural and commercial context of the media and the fashion industry. The second examines dress in the lives of people with dementia, exploring how clothes are interwoven with their life-narratives, and how their materiality can both facilitate the retelling of broader life-histories, and support personhood at an embodied level. The implications of these findings for conceptualising ageing, embodiment and identity - as well as for practice and policy – will be discussed.

SESSION 130 (SYMPOSIUM)

LIVING WELL WITH CHRONIC ILLNESS: COMPARING RESEARCH AND POLICY DEVELOPMENTS IN AUSTRALIA, CANADA, UNITED STATES AND CHINA

Chair: A.V. Wister, Gerontology, Simon Fraser University, Vancouver, British Columbia, Canada
Co-Chair: H. Kendig, Australian National University, Canberra, Australian Capital Territory, Australia
Discussant: M.G. Ory, Texas A&M, College Station, Texas

Chronic diseases are a major contributor to disability, deaths, and health care costs in more developed countries undergoing population aging. Indeed, most persons aged 65 and over have at least one chronic illness, and the majority have multiple chronic illnesses. The National Academy of Sciences has identified ‘living well with chronic disease’ as an urgent public and community health goal. However, experiences of diverse societies have not been investigated to better understand how
LIVING WELL WITH CHRONIC DISEASE IN AUSTRALIA: TRAJECTORIES TO DEATH

H. Kendig1, C. Browning2, R.A. Burns2, 1. Centre for Ageing, Health and Wellbeing, Monash University, Melbourne, Australia.

The natural history of chronic diseases and impacts on quality of life need to be better understood as a basis for evidence-based policies. Findings from the Melbourne Longitudinal Surveys of Healthy Ageing (MELSHA) are reported on 1000 people aged 65 years or older in 1994 to their death through 2012. At baseline 72% reported having at least one chronic disease: heart conditions (11%), stroke (6%) cancer (14%), diabetes (6%), arthritis (56%), or chronic obstructive pulmonary disease (COPD) (14%); Yet fully 89% at baseline were ageing well in terms of IADL independence, self-rated health and psychological wellbeing. Those with more chronic diseases at baseline were more likely to have depression and subsequently to not be ageing well and to die earlier. After attending this session participants will better understand the influence of resilience and other predictors on trajectories and wellbeing consequences of chronic disease and implications for Australian policies.

A DEMOGRAPHIC, SOCIAL, PSYCHOLOGICAL AND HEALTH PROFILE OF CANADIAN BOOMERS AND OLDER ADULTS WITH MULTIPLE CHRONIC ILLNESSES, CCHS 2009

A.V. Wister, B.A. Mitchell, Simon Fraser University, Vancouver, British Columbia, Canada

Research examining causes and consequences of multiple chronic illnesses has proliferated in recent years, especially among older populations. Drawing from a resilience model of living well with chronic illness, this paper uses the 2009 Canadian Community Health, Health Aging Survey (n=30,865) to profile demographic, social, psychological and health domains for baby boomer and older Australians living with multiple chronic illnesses. This will provide a basis for comparison with the Canadian profile presented in this symposium. The findings will be discussed within the context of a resources and resilience model of living well with chronic illness.

THE HAPPY LIFE CLUB: CHRONIC DISEASE SELF-MANAGEMENT IN CHINA

C. Browning1, H. Yang3, T. Zhang2, S. Thomas2, Z. Zhao4, A. Chapman1, S. Liu1, 1. Monash University, Notting Hill, Victoria, Australia, 2. Peking University, Beijing, China

China is undergoing rapid health system reforms in response to an ageing population and rapid increases in the numbers of people with chronic diseases. Reforms include establishing a stronger primary health care system that incorporates patient centred care and chronic disease self-management (CDSM) principles. This presentation will provide an evaluation of a CDSM RCT conducted in Beijing, China. The presentation will discuss the primary health care context in China, the translation of Western CDSM principles into the Chinese context, and 6 and 12-month quantiative and qualitative outcomes from the trial. An analysis of the challenges of implementing CDSM in an ageing population in China and the implications for practice and the training of health care practitioners will be discussed.
SESSION 135 (SYMPOSIUM)
TOWARD A CLEARER CONCEPTUALIZATION OF THE RELATIONS OF WISDOM TO OTHER CONSTRUCTS: DISTINGUISHING RESOURCES, CORRELATES, AND OUTCOMES

Chair: J. Glueck, Alpen-Adria-Universität Klagenfurt, Klagenfurt, Austria
Discussant: C.M. Aldwin, Oregon State University, Corvallis, Oregon

As wisdom is generally considered an ideal outcome of psychological development, we tend to expect it to be related to any other positive construct. Indeed, wisdom is correlated to well-being, openness, maturity, gratitude, spirituality, and many others. However, these correlations do not necessarily contribute much to our understanding of wisdom. Is a construct a predecessor, outcome, or byproduct of wisdom? Are there positive constructs that wisdom is not, or not linearly, related to? To study such questions, we need stronger theoretical frameworks – especially as measurement issues are crucial and complex. This symposium presents theoretical ideas and empirical findings on relationships that go beyond correlations. The symposium covers a broad range of measures of wisdom and of related constructs, ranging from intelligence to affect. Igor Grossmann discusses the relationship between wise reasoning and different forms of intelligence. Ursula Staudinger shows that first-order correlations of wisdom-related performance to positive constructs can be explained by one underlying relation. Ute Kunzmann discusses the relationship of emotional reactivity to wisdom-related knowledge. Monika Ardelt shows that relations between wisdom and well-being may be particularly strong in special situations, and that mediation analyses can explain such relationships. Judith Glück uses the simple example of age to illustrate the complexity and measurement-specificity of relationships when it comes to wisdom.

SMART, BUT NOT WISE? RELATIONSHIP BETWEEN WISE REASONING AND INTELLIGENCE
I. Grossmann, University of Waterloo, Waterloo, Ontario, Canada

Scholars since at least the time of Aristotle have speculated that superior reasoning contributes to well-being. However, recent evidence indicated that only wise reasoning, and not intelligence, is positively related to well-being and predicts longevity. What is the relationship between wisdom and intelligence at large, and how does this relationship differ across age groups? In the present talk I review evidence from a series of experimental and cross-sectional probability samples suggesting that fluid cognitive abilities and executive functioning are largely unrelated to wise reasoning, whereas crystallized abilities are weakly positively related to wise reasoning. Implications of this work for the theoretical construct of wisdom are discussed.

THE BERLIN WISDOM PARADIGM IN THE U.S.: RELATIONS WITH PERSONALITY ADJUSTMENT, GROWTH, AND GENERATIVITY
U.M. Staudinger1, P.M. Wink2, I. Jacobs Center on Lifelong Learning, Jacobs University Bremen, Bremen, Germany, 2. Wellesley College, Boston, Massachusetts

In this study the Berlin Wisdom Paradigm was used with an American sample for the first time. Our aims were to (a) test the basic applicability of the BWP in a non-German context, and (b) confirm cross-culturally and further extend the understanding of its convergent validity. We were interested to locate wisdom in the nexus of personality adjustment and growth as well as generativity. Our sample consisted of 163 men and women participants (65-75 yrs.). The zero-order level associations between wisdom-related performance (WRP) and indicators of personality growth as well as adjustment confirmed the hypotheses. Latent path analysis indicated that the bivariate associations between adjustment and wisdom and between generativity and wisdom were both accounted for by the respective relationships between adjustment and generativity with growth. The implications for a broader understanding of the association between WRP and different indicators of positive psychosocial functioning are discussed.

WISDOM AND EMOTIONAL REACTIVITY
U. Kunzmann, S. Thomas, University of Leipzig, Leipzig, Germany

This laboratory study (N = 240 adults between age 20 and 70) investigated the effects of wisdom, defined as expert knowledge about the meaning and conduct of life, on emotional reactivity (i.e., the intensity of emotional reactions to existential life-problems). Participants came into the laboratory for two individual sessions. In the first, wisdom-related knowledge was assessed via the Berlin Wisdom Paradigm. In the second session, emotional reactions to film clips of death and dying and personal growth were assessed via an emotional adjective list that was completed shortly after each film clip. Our analyses suggest that individuals with high wisdom-related knowledge spontaneously experienced greater sadness in reaction to films about loss and greater joy in reaction to films about personal growth than individuals with low wisdom-related knowledge. This evidence corroborates the theoretical notion that wisdom involves emotional sensitivity rather than affective distance and modulation.

WISDOM AT THE END OF LIFE: AN ANALYSIS OF MEDIATING AND MODERATING EFFECTS ON SUBJECTIVE WELL-BEING
M. Ardelt. Sociology and Criminology & Law, University of Florida, Gainesville, Florida

Several studies have shown that wisdom, measured as an integration of cognitive, reflective, and compassionate dimensions, is a positive related to subjective well-being in old age. Yet, we only have begun to study the underlying mechanisms of this relation. Using samples of 156 older community residents (M = 71 years) and 41 older hospice patients and nursing home residents (M = 77 years), this study investigated whether wisdom might be particularly beneficial for people at the end of life, when hedonistic means to increase well-being largely disappear, and whether the association between wisdom and well-being is mediated by mastery and purpose in life. Results of structural equation models showed that, as expected, (1) wisdom had a significantly stronger effect on well-being in the nursing home and hospice sample than in the community sample and (2) those relations were partially mediated by purpose in life, both directly and via a sense of mastery.

THE COMPLEX RELATION OF WISDOM TO AGE
J. Glueck, Alpen-Adria-Universität Klagenfurt, Klagenfurt, Austria

Neither laypeople nor wisdom researchers believe that wisdom comes automatically with age – in fact, age is probably neither a necessary nor a sufficient condition for wisdom (e.g., Staudinger, 1999). While most wisdom researchers seem to agree with this assumption, we are still pleased with positive correlations of our measures to age and disappointed with negative ones. In this talk, I use data from 170 adults, including 47 wisdom nominees, who filled out three different wisdom scales, to analyze linear and nonlinear relations between facets of wisdom and age. Three facets that seem to regularly increase with age are non-wisdom (alienation and simple-mindedness), perspective-taking, and concern for others. Other facets, such as self-reflection, tend to decrease with age but are maintained in a small group of older adults. Wisdom may be a composite of facets with different typical developmental trajectories.
DEPRESSION AND ANXIETY

LIVING WITH DEPRESSION: A CROSS-ETHNIC COMPARISON OF MEANING MAKING AMONG DEPRESSED OLDER WOMEN
E. Apeso-Varano, Betty Irene Moore School of Nursing, UC Davis, Sacramento, California

Background: It is estimated that depression will be the second leading cause of disability worldwide by 2020 and disparities prevail in depression care. Women are twice more likely than men to suffer from depression and improving depression care is of public health significance. With the unprecedented aging of the US population and its increasing ethnic diversity, questions emerge regarding how older women from diverse backgrounds experience depression. Objective: To explain the relation of socio-cultural factors and depression experience to older women’s help-seeking behaviors. Methods: This is a cross-sectional, qualitative study of older women (65+) with clinical depression identified in primary care (15 white, 15 Latinas, 15 Black) in central California. Women meeting criteria completed an in-depth, semi-structured interview covering topics such as their background, health, depression, family, aging, and access to health services. In-depth interviews ranging from 2 to 3 hours in duration were fully transcribed verbatim and thematic analyses in the qualitative tradition were conducted. Results: Women across groups express their depression in similar idioms of distress (i.e. feeling down) and provide similar causal explanations of their depression (i.e., aging, family, economic hardship). Important cross-ethnic/racial differences have emerged, particularly with respect to how Latinas and African American women cope with their symptoms (i.e., African American rely on religion while Latinas draw on family support; whites ask for medical help and medication treatment). Analyses indicate that women across groups embed their depression in a narrative of lifelong suffering due to adverse social conditions such as chronic poverty, discrimination, and abuse.

RECOVERY FROM DEPRESSION AMONG OLDER ADULTS: FINDINGS FROM A 12-YEAR PANEL STUDY OF A REPRESENTATIVE COMMUNITY SAMPLE
E. Fuller-Thomson, M. Battiston, T. Gadalla, S. Brennenstuhl, University of Toronto, Toronto, Ontario, Canada

Depression is a disabling mental disorder common among older adults. Most studies of remission from depression have used clinical samples and relatively short follow-up periods. To investigate time to remission, and the factors associated with it, we followed a representative sample of 188 community-dwelling depressed Canadian women (n=134) and men (n=54), aged 55 and over, from the National Population Health Survey. Individuals were interviewed every two years over a 12-year period. Depression was assessed each wave using the Composite International Diagnostic Interview Short Form (CIDI-SF). Mean time until remission was established using the Kaplan–Meier procedure. Remission rates were very high, with 84% of the sample in remission by 2 years and 91% in remission by 4 years. Several baseline characteristics were associated with significantly lower time to remission, including being physically active (p=.048) and having a confidant (p=.006). Growing up with parents who were addicted to drugs or alcohol was associated with a longer time to remission (p=.02). In contrast to previous research, neither education level nor presence of chronic pain nor chronic health conditions, such as arthritis or migraines, were associated with time to remission. This study suggests that the vast majority of those 55 years or older living in the community recover from depression (at least temporarily), and they do so within a relatively short period of time.

THE IMPACT OF ADULT CHILDREN’S OUT-MIGRATION ON THE ELDERS’ PSYCHOLOGICAL WELL-BEING IN RURAL CHINA
L. Song1, M. Silverstein2, S. Li3, 1. Soochow University, Suzhou, Jiangsu Province, China, 2. Syracuse University, Syracuse, New York, 3. Xi’an Jiaotong University, Xi’an, Shanxi Province, China

This study examined the impact of adult children’s out-migration on the psychological well-being of older Chinese parents left behind in their rural villages. Using data from two waves of the “Longitudinal Study of Older Adults in Anhui Province, China”, analyses showed that, controlling for personal characteristics and resources, the out-migration of children reduced the psychological well-being of their parents, particularly among older fathers. However, the transition to coresidence with an adult child buffered the negative impact of daughters’ out-migration on the psychological well-being of older mothers. These results suggest ambivalent feelings on the part of older parents when their adult children migrate out of their home villages for work or marriage. We also found that there is an important gender division in the adaptation to the out-migration of children. Mothers benefited from entering into a traditional multi-generational living arrangement when their daughters migrated; comparable fathers suffered from worse psychological well-being following entry into such an arrangement, presumably because living with children increased their dependence. It is concluded that a complex gender interaction needs to be considered when examining the consequences of dynamic intergenerational family processes in China.

ASSESSING THE PSYCHOMETRIC PROPERTIES OF THE GERIATRIC ANXIETY INVENTORY (GAI) AMONG COMMUNITY-RESIDING OLDER ADULTS

Anxiety symptoms are prevalent among mood-disordered older adults and may confer risk for suicide (Waern et al., 2002). Pachana and colleagues (2007) developed the Geriatric Anxiety Inventory (GAI), a 20-item dichotomously-scored (Agree/Disagree) measure of anxiety symptoms among older adults to overcome the limitations of existing scales. The purpose of the present study was to investigate the psychometric properties of the GAI among 173 community-residing older adults recruited into a 2-year longitudinal study of risk and resiliency to later-life suicide ideation. Findings supported the internal consistency (KR20=.90) and 2-4 week test-retest reliability (r=.88, ICC=.88; p<.0001) of the GAI. Positive associations between the GAI and the Beck Anxiety Inventory (r=.62, p<.0001) and measures of depression (r=.75; p<.0001), social hopelessness (r=.43; p<.0001), and suicide ideation (r=.37; p<.0001) and negative associations with psychological well-being (r=−.46; p<.0001) and life satisfaction (r=−.35; p<.0001) attested to its construct validity, and non-association with cognitive functioning (r=−.08; p=.29) and social desirability (r=−.12; p=.11) supported its discriminant validity. GAI scores further differentiated between older adults with or without a history of suicidal behavior (t(134)=−4.00, p<.0001). Study findings thus indicate strong psychometric properties for the GAI among community-residing older adults and further suggest value in assessing anxiety symptoms in the context of late-life suicide risk assessment.
MAJOR LIFE EVENTS AND TWO-YEAR CHANGES IN DAILY STRESS, ANXIETY, AND DEPRESSIVE SYMPTOMS IN THE AFRICAN AMERICAN HEALTH COHORT

E.M. Andresen1, D.K. Miller1,2, T.K. Malmstrom2, M. Schootman6, P. Miller6, F.D. Wolinsky1, 1. College of Public Health, University of Iowa, Iowa City, Iowa, 2. Saint Louis University, St. Louis, Missouri, 3. Oregon Health and Science University, Portland, Oregon, 4. Indiana University, Indianapolis, Indiana, 5. Regenstrief Institute for Health Care, Indianapolis, Indiana, 6. Washington University in St. Louis, St. Louis, Missouri

Objective: Major life events are stressful and affect changes in a variety of psychosocial outcomes. In this study we examined the effect of experiencing a major life event on two-year changes in daily stress, anxiety, and depressive symptoms among participants in the African American Health (AAH) cohort. Method: Data on 542 older AAH men and women were used to estimate the crude and adjusted effects of experiencing a major life event (yes vs. no) between 2008 and 2010 on changes in daily stress, anxiety, and depressive symptoms during the same period. Daily stress and anxiety were each measured in 2008 and 2010 by reliable and valid two-item scales. Depressive symptoms were measured in 2008 and 2010 by the reliable and valid 11-item version of the Center for Epidemiologic Studies Depression (CES-D-11) scale. Covariates included age, gender, marital status, education, income, employment status, and self-rated health. Multiple linear regression analysis with propensity score re-weighting to adjust for potential attrition bias was used to predict each psychosocial outcome by its value in 2008, whether a major life event was experienced, and the covariates. Results: Half (49.7%) of the participants experienced a major life event between 2008 and 2010 and that experience increased their everyday stress (Cohen’s d = 0.407, p < 0.001), anxiety (Cohen’s d = 0.437, p < 0.001), and depressive symptoms (Cohen’s d = 0.209, p = 0.002), even after adjustment for all covariates. Conclusion: Major life events increased everyday stress, anxiety, and depressive symptoms among AAH cohort participants.

SESSION 145 (PAPER)

LIFE COURSE AND DEVELOPMENTAL CHANGE

INTERRELATED TRAJECTORIES OF DIFFERENT HEALTH DIMENSIONS IN LATER LIFE ACCORDING TO EDUCATION

S.M. Spuling, M. Wiest, O. Huxhold, S. Wurm, German Centre of Gerontology, Berlin, Germany

It is well known that age and education by themselves but especially in combination have strong effects on health up to and in old age. But previous research rarely considered the multidimensionality of health when examining the age-related health gap between individuals with different educational backgrounds. Thus, the aim of the present study was to examine trajectories of different health dimensions in later life and their interrelation as a function of education. Longitudinal data of community-dwelling adults aged 65 years and older from four measurement occasions of the German Aging Survey was used (N=3,111). A dual change score model was employed to analyze age-related trajectories (linear and non-linear) of physical, functional and self-rated health and their interrelation according to different educational backgrounds. All health dimensions worsened with advancing age: Self-rated health showed the least decline and functional health declined the most. Furthermore, in all health dimensions educational differences were observed. Individuals with higher education consistently reported better physical, functional and self-rated health at age 65. However, educational differences decreased in physical and self-rated health while they increased in functional health with advancing age. Interestingly, trajectories of physical and functional and those of physical and self-rated health were only coupled in individuals with lower educational backgrounds. These findings suggest that individuals with higher educational background are better able to prevent the adverse effects of age-relate decline in physical health on other health dimensions. We discuss possible underlying mechanisms, for instance how higher education is related to psychosocial resources and healthier lifestyle.

GENDER DIFFERENCES IN THE LIFE COURSE ORIGINS OF PHYSICAL FUNCTIONING AMONG U.S. ADULTS

J.K. Montez, Center for Population & Development Studies, Harvard University, Cambridge, Massachusetts

Mounting evidence finds that adult physical functioning reflects socioeconomic circumstances from across the life course. However, it is unclear how the health effects of these circumstances accumulate—for example, additively or synergistically. This study tests four hypotheses about how the health effects of early-life conditions (measured by parents’ education levels) and adult conditions (measured by own education level) accumulate to shape functional limitations, whether the accumulation differs between men and women, and the extent to which key social, behavioral, and biological mechanisms explain the accumulation. It uses data from the 1994-2010 Health and Retirement Study on adults 50-100 years of age (N=24,026). Among men, the benefits of parents’ and own education accumulated additively to shape functional limitations. Among women, the benefits of parents’ and own education generally accumulated, but they tapered-off among women with low-educated mothers. The tapering partly reflected a strong tie between mother’s education level and women’s obesity risk. Taken together, the study reveals subtle differences between men and women in the life course origins of physical functioning. It also sheds light on potential mechanisms underlying a growing number of studies finding that early-life conditions are especially important for women’s health.

FACILITATING SELF-TRANSCENDENCE: DEVELOPING AN INTERVENTION TO ENHANCE OPTIMAL AGING

V.L. McCarthy1, S. Bowland1, G.D. Rowles2, K.J. Linfield2, J.M. Thibault1, J. Wilson1, A. Bockweg1, A. Hoogland1, 1. University of Louisville, Louisville, Kentucky, 2. University of Kentucky, Lexington, Kentucky, 3. Spalding University, Louisville, Kentucky

Self-transcendence, an inherent developmental process, shows promise as a mechanism to increase optimal aging by helping older adults envision, prepare for, and cope with the challenges and the opportunities of late life. In prior research self-transcendence has consistently been associated with well-being, life satisfaction, mood, coping, and acceptance of life situation; however, no intervention has yet been developed to increase self-transcendence and these related factors. Self-transcendence is a dynamic process that expands personal boundaries beyond everyday realities and limitations, changing how older adults view themselves, relationships with others, and their experience of aging. This presentation will describe the development of an intervention rooted in life span development theory that is designed to increase self-transcendence. The concept is informed by Reed (1989, 2003) and McCarthy & Bockweg, (2012). These theories underpin the structure and contents of the intervention. The intervention consists of a series of eight weekly group sessions that increase activity in the five domains of self-transcendence: 1) relationships, 2) creativity, 3) introspection, 4) contemplation, and 5) spirituality. Sessions include training in mindfulness techniques such as meditation, guided imagery and journaling to be practiced independently during – and potentially after – the intervention. The intervention is being pilot tested and revised based on participant feedback. Further testing and revision of the intervention may lead to its dissemination as a comprehensive module which can be implemented by trained staff or volunteers at retirement communities, nursing homes, senior centers, church groups, and other settings where older adults gather.
VULNERABILITY TO FALL AND TRAJECTORIES OF SOCIAL PARTICIPATION AND SOCIAL SUPPORT IN THE ELDERLY

S. Pin1,2, D. Spini2, C. Cogordan1, P. Arwidson1, I. INPES, Saint-Denis, Ile-de-France, France, 2. University of Lausanne, Lausanne, Vaud, Switzerland

According to the theory of the proliferation of stress, consequences resulting from events or chronic strains can spread to other dimensions of life than health. This paper aims to identify the impact of the fall on the trajectories of social participation and social support of older people in Europe. Our sample consists of 13 328 people aged 50 and over from 11 European countries who responded to the first three waves of the Survey of Health, Ageing and Retirement in Europe. A logistic regression was performed to characterize the people who fell at the beginning of the survey. The impact of the fall on the trajectories of participation and social support was examined using GEE models. In wave 1, 3.6% reported having fallen during the last 6 months and 4.0% in wave 2. In the beginning of the survey, being a female, chronic diseases, symptoms, frailty, fracture, hospitalization, fear of falling, and subjective health are associated with a higher likelihood of having fallen. The fall was moreover negatively associated with social participation (OR = 0.83, p < 0.05) and positively with social support (OR = 1.70, p < 0.001). In both cases, the effect was indirect and disappeared with frailty. The link between the fall and social participation is often discussed in terms of activity restrictions. The life course perspective allows understanding the fall as a stressful event with implications beyond the health sphere. Avenues for analysis to examine how psychosocial variables moderate the negative impact of the fall will be discussed.

SOCIOECONOMIC STATUS, MARITAL DURATION, AND MARITAL QUALITY

H. Choi, Penn State Altoona, Altoona, Pennsylvania

Research has suggested that individuals of higher socioeconomic status (SES) may be happier in their marital relationships compared to their lower SES counterparts. However, existing studies tend to be based on cross-sectional data, providing us with only a limited understanding of their associations over time. The present study extended the literature by examining whether the socioeconomic disparities in marital quality might be exacerbated or attenuated by marital duration. Data came from the last 4 waves of the Health and Retirement Study (2004 - 2010), a biennial survey of a U.S. representative sample of men and women aged 50+ and their spouses. The analytic sample consisted of individuals or couples who stayed married to the same spouse over the 6-year period. With regard to study variables, both positive and negative marital quality were examined in relation to education and income. For statistical analyses, a series of multi-level models were estimated using SAS PROC MIXED. Results indicated that SES differentials in marital quality might become exacerbated or attenuated by marital duration. Individuals with higher levels of education reported greater declines in negative marital quality the longer they stayed married. No such trend was found among persons with lower education. Higher levels of income also were linked to better marital quality; however, marital duration did not moderate the income-marital quality linkage. Given that the sample consisted of midlife and older adults who stayed married for an average of 30+ years, the findings suggest that long-term marriages may work in favor of the socioeconomically advantaged.

SESSION 150 (SYMPOSIUM)

ACCESS TO AND UTILIZATION OF PALLIATIVE CARE SERVICES

Chair: E. Kozlov, Psychology, Washington Univ, St. Louis, Missouri

Palliative care can improve quality of life for people with life-limiting illness, but only if this multidisciplinary specialty service is accessible and utilized effectively. Within many settings, palliative care is relatively new, and little evidence exists about its utilization and effectiveness. This symposium presents 1) research that documents how palliative care is currently used and 2) practice initiatives designed to enhance access to palliative care and hospice services. In the first paper, Kozlov and Carpenter describe results from a VA chart review study of the trajectory of palliative care consultation recommendations. In the second paper, Waters and Google identify patient factors that predict access to specialist palliative care services in a community hospital. Next, Sorocco presents research on the mental health needs of palliative care patients and describes levels of interventions that interdisciplinary palliative care teams could provide. Finally, Chung and Burke discuss the results of a study aimed to improve hospice use among Latino elders through an educational video. Together, these presentations summarize data on palliative care utilization patterns in a variety of settings and discuss strategies to improve access to palliative care for patients who could benefit from this multidisciplinary approach to end-of-life care.

CHARTING THE TRAJECTORY OF PALLIATIVE CARE RECOMMENDATIONS

E. Kozlov, Psychology, Washington Univ, St. Louis, Missouri

Since 2008, Veterans Affairs hospitals have used palliative care consultation teams (PCCTs) to provide services to veterans with life-limiting illness. PCCTs within the VA are new, so little is known about their utilization. This study documents types and rates of PCCT consultation recommendations, determined implementation rates, and identified factors related to whether recommendations are made and implemented. This medical records review examined 198 palliative care consultations in one VA hospital between 2009 and 2010. The PCCT made recommendations for 111 patients (55.5%). The mean number of recommendations per patient was 1.44 (SD = 1.81). Fifty-seven percent of recommendations were implemented. Discharge and goals of care recommendations were more likely to be implemented than recommendations for pain and symptom management. χ² (5, N = 287) = 19.681 p < .001. In this medical center, the PCCT offers a range of recommendations to patients, though these recommendations are implemented at differential rates.

PREDICTORS OF ACCESS TO A PALLIATIVE CARE CONSULT AND ADMISSION TO A PALLIATIVE CARE UNIT

L. Waters, C.L. Google, Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia

The diffusion of specialist hospital-based palliative care services requires an understanding of utilization patterns. This study examined the population characteristics of decedents (n = 9037) over an eleven-year period (May 2000 – April 2011) in a large public urban teaching hospital. Direct logistic regression was performed to investigate predicting factors that influence whether decedents would receive a palliative care consult or be admitted to a palliative care unit. Although age (85+) was a significant predictor in both instances (OR = 2.0; p = .001), the strongest predictors were secondary diagnosis of a solid cancer for both consult (OR = 2.2; p = .001) and admission (OR = 4.9; p = .001). Solid cancer as a primary diagnosis is not a predictor of a consult and hematologic malignancy as a primary diagnosis is not a predictor for either. Conclusions drawn from these and other comparisons provide insights into improved transitions at end-of-life.

PREVALENCE AND TREATMENT OF MENTAL HEALTH ISSUES AMONG VETERANS RECEIVING END-OF-LIFE CARE

K.H. Sorocco1,2, J. Nelson3, K. Bratkovich1,2, J. University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, 2. OKC VAMC, Oklahoma City, Oklahoma

Research indicates higher prevalence rates of psychiatric symptoms at the end of life, but less is known about the mental health needs.
of veterans receiving palliative care. Original data on the prevalence of mental health needs of Veterans who received a palliative care consult will be presented. Prevalence data suggested a high rate of previous mental health issues (58%), highlighting the importance of mental health treatment in end of life care. Depression, substance use disorders, and post traumatic stress disorder were identified to be the most prevalent diagnoses. Different levels of mental health interventions at end of life from an interdisciplinary perspective will be outlined. Attendees will be able to discuss the prevalence of mental health issues among veterans receiving palliative care and levels of mental health interventions at end of life.

IMPROVING THE HOSPICE USE AMONG LATINOS: USE OF A VIDEO
K. Chung, S.C. Burke, J. Jahng, Health Sciences, California State University, Northridge, Northridge, California

Empowering patients/family caregivers to initiate end-of-life care discussions is important, particularly for Latino elders who may have language barriers and be less informed than the general population. The researchers produced a video featuring a Mexican American patient in the end stage of Alzheimer’s. The film highlights the patient by showing how an Alzheimer’s patient who is very close to the end of life suffers not only mentally but also physically. Furthermore, the film contains interviews in Spanish with the patient’s husband, clinical caregivers (RN and LVN), a volunteer, and an expert from American Alzheimer’s Association. Interviewers emphasize the benefits of early hospice enrollment, particularly for caregivers of Alzheimer’s patients. The authors will share preliminary findings in the effectiveness of the film in enhancing the awareness of hospice benefits and increasing the rates of self-referral to hospice in Mexican communities in Southern California.

SESSION 155 (SYMPOSIUM)

ALCOHOL AND DRUG MISUSE IN OLDER ADULTS: AN INTERDISCIPLINARY PERSPECTIVE
Chair: J. Culberson, Baylor College of Medicine, Houston, Texas
Discussant: J. Culberson, Baylor College of Medicine, Houston, Texas

The use and misuse of alcohol and substances in older adults is an emerging public health problem. Heterogeneous medical, psychological and social characteristics of this population provide a unique challenge to researchers and clinicians. This symposium will include presentations from a diverse group of interdisciplinary researchers representing the Health Sciences, Behavioral and Social Sciences, and the Social Research, Policy, and Practice Research Sections. The first presentation will highlight the results of an online prescription drug safety survey distributed to 85 pharmacists in the Kentucky Pharmacy Registry indicating that stigmatization is a major barrier to programs designed to reduce the risk of alcohol and medication interactions (AMI). A second presentation will review the results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), demonstrating that a clinical diagnosis of bipolar disorder predicts alcohol or drug use disorders in older adults. A third presenter will use differential item functioning (DIF) to analyze data derived from the Pathways Study (Scott & Dennis, 2011) comparing measures of substance use disorders across younger and older subjects to demonstrate that all but two measures function commonly. Finally, a fourth presentation will review data collected from a large sample of older adults enrolled in 22 outpatient addiction treatment programs in New York State Office of Alcoholism and Substance Abuse Services to show that programs providing age-tailored services have significantly improved odds of discontinued use. Alcohol and substance use disorders in older adults will be summarized from a clinical and health services perspective.

PREVENTING ALCOHOL AND MEDICATION INTERACTIONS: PHARMACIST VIEWPOINT
F. Zanjani¹, R. Smith⁵, R. Clayton⁷, C. Martin⁷, N.E. Schoenberg¹, 1. Gerontology, University of Kentucky, Lexington, Kentucky, 2. University of Kentucky, Lexington, Kentucky

Prescription overdoses in older adults are commonly associated with alcohol. In combination, alcohol and prescription medication use can seriously undermine and exacerbate health problems, lead to serious alcohol/medication interactions, increase substance misuse risk, and increase health costs. This research aims to reduce alcohol and medication interactions (AMI) among rural older adults. An online prescription drug safety survey was created and distributed through the Kentucky Pharmacist Association and the Kentucky Pharmacy Registry. Preliminary results from 85 pharmacists indicate that 77% of the sample considers that the most important AMI messages are that AMI can be potentially dangerous and even life threatening and 75% indicated the importance of visiting emergency care immediately if experiencing an AMI. Pharmacists also reported that a major barrier to programs preventing AMI is stigmatization, while “financial incentive” is a major motivator. These data will be used to create, test, and implement effective intervention(s) to prevent AMI.

EXAMINING THE TEMPORAL ASSOCIATION BETWEEN SUBSTANCE ABUSE/DEPENDENCE AND MANIA IN OLDER ADULTS
S. Canham¹, C. Kaufmann¹, C. Ramsey¹, A.P. Spira¹, N. O’Rourke². 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. Simon Fraser University, Vancouver, British Columbia, Canada

Comorbid mania and substance abuse/dependence is an increasing public health concern among older adults, though the temporal relationship between them is unclear. We studied 13,489 participants aged ≥50 years at Wave 1 (W1: 2001-2002) and Wave 2 (W2: 2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions. We examined whether lifetime mania at W1 predicted incident alcohol or drug abuse/dependence by W2; and whether lifetime alcohol or drug abuse/dependence at W1 predicted incident manic episode by W2. At W1, 276 adults had mania; at W2, 132 adults had an incident manic episode. Older adults with lifetime alcohol abuse/dependence at W1 had an elevated risk of incident manic episodes (adjusted odds ratio=2.11, 95% confidence interval=1.19-3.75, p=0.011); there was no association between lifetime mania at W1 and incident substance abuse/dependence at W2. Because substance abuse complicates remission from mania, attention to older adults with substance abuse/dependence histories is needed.

AGE AND SUBSTANCE DIFFERENCES IN SUBSTANCE USE DISORDERS (SUD) ITEMS: FOR AN OLDER ADULT SUD SCALE
K.J. Conrad¹, K.M. Conrad², C. Scott¹, R. Funk¹, M.L. Dennis¹, 1. Chestnut Health Systems, Normal, Illinois, 2. Program Metrics, Oak Park, Illinois

The number of older adults in need of substance abuse treatment is estimated to increase greatly. However, the field lacks measures of older adult SUD across the substances of abuse. From the literature, we crosswalked a list of items from the Pathways Study (Scott & Dennis, 2011) with a sample of 1043 persons ranging from 32 to 77 years. Rasch item response theory criteria tested the Pathways items focusing on differential item functioning (DIF) by age and primary substance of abuse. For age DIF, the sample was split into thirds: 32-44, 45-50 and 51-77 as comparison groups. All items were also tested for primary substance. The resulting 28 items formed a unidimensional measure with Rasch reliability .82 and alpha .92. Regarding age DIF, all but two items functioned commonly across the younger and older thirds. The substance
DIF analysis resulted in much more DIF principally from amphetamines and cannabis users.

OUTPATIENT TREATMENT APPROACHES, SERVICES AND OUTCOMES FOR OLDER ADDICTED ADULTS
N.S. MacFarland, University at Albany, SUNY, Albany, New York

In order to determine the effectiveness of age-tailored substance abuse services, this study incorporated a secondary examination of data testing the effectiveness of various treatment approaches for the addicted senior population. Utilizing a sample of 1,415 adults ages 50 and over within 22 outpatient programs licensed by the New York State Office of Alcoholism and Substance Abuse Services, program survey data was matched to client level data, and accounting for pertinent control and interaction variables, a binary logistic regression analysis was conducted. The main findings were that programs that provided age-tailored services had better odds of discontinued use by a factor of 3 (p<.001), and for each increase in the number of age-tailored services provided, programs improved their odds of discontinued use by 15% (p<.01). In addition, programs that provided age-tailored services improved overall odds of goal achievement by 2.1 times (p<.01).

SESSION 160 (SYMPOSIUM)

ANSWERING CAUSAL QUESTIONS IN AGING: CAUSAL INFERENCE IN PRACTICE
Chair: M. Shardell, University of Maryland School of Medicine, Baltimore, Maryland
Discussant: H. Allore, Yale University, New Haven, Connecticut

Researchers in gerontology often want to answer causal questions, but may be limited by research design or analytic conventions. For example, most conventional statistical methods for observational studies estimate associations, and many researchers, cautioned by the saying “association does not imply causation,” abandon the notion of cause altogether in their investigations. A critical mass of accessible modern statistical methods now exists that target causal effects. These methods are beneficial for aging research because they emphasize the crucial role of scientific background knowledge in analysis; explicitly encode necessary assumptions to infer causality; and can be performed using standard statistical software. In this symposium, we exemplify the use of modern causal inference methods in aging research, and we discuss the strengths, limitations, and barriers of using such methods. Presentations include an application of marginal structural models to address time-dependent confounding in an observational study relating sleep quality to frailty and a contrast of intention-to-treat estimates with complier average causal effects in the Resources for Enhancing Alzheimer’s Caregiver Health (REACH II) project, a randomized trial with some intervention non-compliance. We will also address methodological challenges to performing causal inference such as selective attrition due to participant dropout or death, as exemplified by an observational study of vitamin D and gait speed, and measurement error of important confounders in propensity-score analysis.

CAUSAL INFERENCE IN OBSERVATIONAL STUDIES: IS IT A FAKE?
Q. Xue1,2, J. Tian1, I. Johns Hopkins Center on Aging and Health, Baltimore, Maryland, 2. Johns Hopkins School of Medicine, Baltimore, Maryland

RCTs have been the gold standard for making causal inference. However, not all scientific questions can be translated into randomized experiments for ethical and logistical reasons. Inferring causal effects from observational data is complicated by time-independent and time-dependent confounding. To address this, Marginal Structural Model (MSM) was developed to approximate randomization to exposure groups using inverse probability weighting such that factors potentially related to sample selection are “balanced” across the groups. We illustrate this methodology by studying the causal effect of poor sleep quality by self-report on the development of frailty in 252 community-dwelling older women. We found that poor sleep quality was associated with almost three-fold increase in the risk of pre-frailty or frailty onset (hazard ratio=2.70, p<0.001) after adjusting for demographics and time-dependent confounders including pain, depressive symptoms, body mass index, and physical activity. We will conclude this talk with a discussion of strengths and limitations of MSM.

IMPLEMENTING COMPLIER-AVERAGE CAUSAL EFFECT (CACE) MODELS IN ANALYSES OF INTERVENTIONS FOR CAREGIVERS
D.L. Roth, L.N. Gitlin, Johns Hopkins University, Baltimore, Maryland

Analyses of interventions for caregivers and other older adult groups rarely consider the impact of non-compliance on outcomes. The CACE model offers an alternative to the intention-to-treat (ITT) approach for analyzing data from randomized trials. It allows a direct comparison of observed compliers from an intervention condition with a latent class of presumed compliers from the control condition. Data from the Resources for Enhancing Alzheimer’s Caregiver Health (REACH II) project will be used to illustrate its application. An ITT analysis indicated an intervention effect on caregiver depressive symptoms that only approached statistical significance (p = .07). Although compliance was high, 11% of intervention caregivers failed to complete at least ½ of the home-based sessions. The CACE model that took this non-compliance into account revealed a significant intervention effect on depressive symptoms (p = .039). CACE is a useful but underutilized method for testing intervention effects when some non-compliance is evident.

CAUSAL INFERENCE IN STUDIES OF OLDER ADULTS WITH DROPOUT AND DEATH: VITAMIN D AND GAIT SPEED IN INCHIANTI
M. Shardell1, G. Hicks2, L. Ferrucci3, 1. University of Maryland School of Medicine, Baltimore, Maryland, 2. University of Delaware, Newark, Delaware, 3. National Institute on Aging, Baltimore, Maryland

Dropouts and deaths are perpetual complications of causal inference in aging research. Although death and dropout both lead to missing data, death has proven to be the more vexing problem, because dropout renders endpoints unobserved whereas death renders them undefined. To address this problem, we propose inverse-probability weighted estimation using three weights: one to adjust for confounding, another to account for selection bias from missing data, and a third to account for selection bias from death. We also compare the proposed approach to principal stratification and other techniques for handling truncation by death. We apply the method to an observational study to assess the effect of 25-hydroxyvitamin D [25(OH)D] concentrations on four-meter gait speed. Analysis included N=905 participants, among whom 454 completed the study (163 died, 288 dropped out). We estimated a difference in gait speed of 0.07 (SE=0.03) meters/second comparing 25(OH)D >= 20 ng/mL to 25(OH)D < 20 ng/mL.

CROSS-PAYER EFFECTS OF MEDICAID LTSS ON MEDICARE RESOURCE USE USING PROPENSITY SCORE RISK PROFILING
Y. Huang, Dept. of Mathematics and Statistics, Joint Doctoral Program in Gerontology at UMB and UMBC, University of Maryland, Baltimore County (UMBC) and UMB, Baltimore, Maryland

Medicaid administrators look to establish a better balance between long-term services and supports (LTSS) provided in the community and in institutions, and to better integrate acute and long-
term care for recipients who are dually eligible for Medicare. Programs of integrated care will require the solid understanding on the interactive effects that are masked in the separation of Medicare and Medicaid. This paper aims to evaluate the causal effect of Maryland’s Older Adult Waiver (OAW) program on the outcomes of Medicare spending using propensity score based health risk profiling technique. Specifically, dually eligible recipients enrolled for Maryland’s OAW program were identified as the treatment group and matched “control” groups were drawn from comparable population who did not receive those services. The broader impact for this study is that statistical approaches can be developed by any state to facilitate the improvement of quality and cost effectiveness of LTSS for dually eligible recipients who are dually eligible for Medicare.

SESSION 165 (SYMPOSIUM)

CARING FOR PERSONS WITH DEMENTIA IN THE COMMUNITY - AN INTERNATIONAL PERSPECTIVE

Chair: K. Wolf-Ostermann, Alice Salomon University, Berlin, Germany
Co-Chair: M. Boltz, New York University College of Nursing, New York, New York
Discussant: E. Capezuti, New York University College of Nursing, New York, New York

The number of older care-dependent adults with dementia is increasing rapidly all over the world. A high proportion of people with dementia (PwD) are living at home in the community, which places a great demand on developing and evaluating effective and high quality care strategies providing formal as well as informal care. Meeting the demands of PwD and their relatives requires multifaceted networks incorporating different stakeholders (medical doctors, nursing personnel, therapists, hospital facilities, community care services, self-help organizations, local authorities, etc.) for care and support to provide best practice person-centered care. Bringing together academic researchers from multiple disciplines in the US, the Netherlands and Germany, this symposium will examine example of tailored care for PwD in the community.

POST-ACUTE NEEDS OF THE PERSON WITH DEMENTIA AND THEIR FAMILY CAREGIVERS

M. Boltz, J. Galvin, College of Nursing, New York University, New York, New York

The purpose of this study was to consider the post-acute outcomes of dyads of acutely ill older adults and their family caregivers who consented to participate in a study that examined a nurse-family partnership to improve functional outcomes in hospitalized older adults. Using a stepwise multiple regression and controlling for physical function (Barthel Index), and dementia occurrence and severity at discharge, persistent delirium two weeks after discharge was associated with caregiver depression (t= 2.40, p=0.002). Interviews with family caregivers described the following factors as issues influencing their coping: 1) their own health; 2) someone to confide in; 3) opportunities for recreation; and 4) interventions that support physical and cognitive recovery for the person with cognitive impairment. Future research should focus on interventions to improve both the quality of life of both the person with dementia as well as the family caregiver.

LOCAL DEMENTIA CARE NETWORKS IN GERMANY - TYPES AND GOVERNANCE STRUCTURES

S. Schäfer-Walkmann1, A. Peitz1, F. Traub2, W. Hoffmann2, B. Holle1, J. Thyrian3, K. Wolf-Ostermann1, 1. Alice Salomon University, Berlin, Germany, 2. Baden-Wuerttemberg Cooperative State University Stuttgart, Stuttgart, Germany, 3. DZNE Rostock/ Greifswald - German Center for Neurodegenerative Diseases, Greifswald, Germany, 4. DZNE Witten - German Center for Neurodegenerative Diseases, Witten, Germany

The constitution of local networks is an effective policy to reduce complexity and getting over the traditional borders of the segmented and fragmented German health care system. For such complex care arrangements, a welfare-mix is characteristically: you’ll find market elements and players of the Third Sector as well as public organisations and private engagement (e.g. private caregivers, self-help). Like any other organisation, dementia care networks (DCN) operate in a multiple stress field of needs of PwD, their caregivers, legal and economic frame conditions and the civil society. Responsible persons must have creative solutions for positioning the DCN in the local field and ensuring a long life cycle. Successful DCN are responsive to this pressure with hybridizing respectively with special organisational governance. In this case, they are able to claim their position in welfare-mix arrangements as well as they can serve as an intermediate authority and emancipated stakeholder.

WHO ARE USERS OF LOCAL DEMENTIA CARE NETWORKS? – FIRST RESULTS FROM THE GERMAN DEMNET-D STUDY

K. Wolf-Ostermann1, J. Gräske1, S. Meyer1, W. Hoffmann2, B. Holle1, S. Schäfer-Walkmann1, J. Thyrian3, 1. Alice Salomon University, Berlin, Germany, 2. DZNE Rostock/ Greifswald - German Center for Neurodegenerative Diseases, Greifswald, Germany, 3. DZNE Witten - German Center for Neurodegenerative Diseases, Witten, Germany

In our study we evaluate characteristics and health outcomes of people with dementia (PwD) and their relatives being served by 13 local dementia care networks (DCN) in Germany. The DCN differ regionally and include different stakeholders, covering urban as well as rural areas in Germany. Using a sample of up to 750 PwD and family caregivers we assess health-related outcomes, e.g. quality of life, depression, social participation, use and costs of health care supply and burden of care. Results of the assessments will be presented in order to raise knowledge about users of DCN and to improve individually tailored support for PwD. Our results will shed some light on the question which is reached by DCN already implemented in the community. It will deliver hints who they serve as local solutions to improve care and support of PwD.

CASE-MANAGEMENT IN DEMENTIA: AN EVALUATION IN THE NETHERLANDS

A. Pol1, J.M. Peeters2, J. de Lange3, A. Francke2, 1. Trimbos Institute, Utrecht, Netherlands, 2. NIVEL - Netherlands institute for health services research, Utrecht, Netherlands

In the Netherlands, case-management for people with dementia (PwD) and informal caregivers has been set up. Case-managers are assigned to PWD to provide support to the caregivers and to address their needs. In a national survey carried out by Trimbos-institute and NIVEL, >500 caregivers from thirteen regions completed questionnaires just after a case-manager was assigned and one year later. In addition, face-to-face focus groups with 74 caregivers and online focus groups with 99 professionals (case-managers, GP’s, nurses and elderly care physicians) have been organized. 59% of the respondents had to 6 personal contacts with the case-manager in the first year after the start of case-management. Caregivers were satisfied with their case-managers (M=8 on scale 1-10). They showed several positive results as compared...
to caregivers without a case-manager, including feeling less lonely, being better informed and able to deal with problem behavior. They went less often acute to the GP.

**SESSION 170 (SYMPOSIUM)**

**OPTIMIZING EXERCISE FOR NEUROPLASTICITY IN PARKINSON’S DISEASE: NOVEL INSIGHTS FROM STUDIES ON TAI CHI, ADAPTED TANGO, A SPLIT BELT TREADMILL, AND FORCED-EXERCISE**

Chair: J. Nocera, Emory University, Atlanta, Georgia, Department of Veterans Affairs, Atlanta, Georgia
Discussant: C.J. Hass, University of Florida, Gainesville, Florida

Parkinson’s disease (PD), which currently afflicts approximately 1.5 million Americans, is a chronic progressive disease of the central nervous system. The cardinal features of PD include rigidity, tremor, bradykinesia and impaired postural control. As the disease progresses motor function as well as muscular and cardiovascular fitness decline due to both central degeneration and reduced physical activity. Further, additional adverse outcomes related to the non-motor symptomology are increasingly prominent during the disease progression. Importantly, exercise plays an important role in improving physical outcomes as well as non-motor complications. For example, recent work in humans indicates that aerobic, resistive and motor skill training can improve cardiovascular and muscular function as well as limit cognitive decline. While indeed these “traditional” forms of exercise have resulted in improved outcomes, herein we present data on more skilled/demanding paradigms aimed at optimizing functional outcomes in PD. Thus, we will present data on Tai Chi exercise (Nocera), Adapted Tango (Hackney), Split-Belt Treadmill exercise (Hass), and Forced-exercise (Alberts). This symposium will provide clinicians, scientists, and exercise specialists the evidence supporting the neuroplastic role of exercise in Parkinson’s disease as well as provide evidence based exercise recommendations. Moreover, this knowledge may promote interdisciplinary research leading to a better understanding of the vast potential of movement and exercise effects in special populations.

**TAI CHI EXERCISE TO IMPROVE THE NON-MOTOR COMPLICATIONS IN PARKINSON’S DISEASE**

J. Nocera, Emory University, Decatur, Georgia, 2. Department of Veterans Affairs, Atlanta, Georgia

Tai Chi training has been shown to provide physical health benefits in multiple older populations with and without disease. Unfortunately, in addition to the demonstrated physical decline, a substantial number of individuals with Parkinson’s disease (PD) also exhibit debilitating non-motor symptoms that decrease quality of life. Non-motor symptoms such as progressive cognitive decline also contribute to the hallmark of worsening physical function. Because Tai Chi is a form of physical activity that demands high cognitive involvement it may serve as an effective modality for non-motor consequences of PD beyond the proven physical outcomes. In this context, we will present results from a recently completed study as well as review and discuss Tai Chi as a mode for improving the non-motor symptomology in PD. Importantly, this presentation will also serve to provide evidence based Tai Chi exercise recommendations aimed at alleviating the non-motor burden of PD.

**ASYMMETRIC LOCOMOTOR TRAINING ENHANCES REHABILITATION OUTCOMES IN PARKINSON’S DISEASE**

C.J. Hass, University of Florida, Gainesville, Florida

Mobility impairment and cognitive decline are of significant concern in older adults and patients with Parkinson’s disease (PD) as they are found to strongly predict dependence, falls, morbidity, and mortality. Despite growing fiscal resources aimed at ameliorating these age-related complications, locomotor disability and cognitive decline persists. Thus, there is a significant need for interventions that effectively target these vital aspects of health and independence. Innovative advances in physical rehabilitation technology have created a split-belt treadmill capable of providing this much needed intervention. When desynchronized, the split-belt treadmill imposes propulsive and stability demands independently on each leg such that the central nervous system must solve/ adapt to the challenge using both frontally-mediated locomotor and cognitive resources. Herein, we will lay out the basic science rationale supporting the application of split belt treadmill walking in persons with PD and will present exciting new results from a case series of patients undergoing this therapy.

**ADAPTED TANGO: A NOVEL PARTNER-DANCE APPROACH TO IMPROVING MOBILITY IN PARKINSON DISEASE**

M.E. Hackney, 1. Rehab R&D, Atlanta VAMC, Decatur, Georgia, 2. Emory University School of Medicine, Atlanta, Georgia

Recently, a series of studies have demonstrated that a program of partnered dance, adapted tango, has improved mobility, balance and quality of life in persons with Parkinson disease (PD). Adapted tango is specifically designed to target PD-specific motor impairments, including bradykinesia, rigidity, freezing of gait, backward walking, turning, and motor multi-tasking. We will present evidence to support adapted tango’s beneficial effects upon mobility, and the efficacy of various doses of adapted tango, i.e., long duration/short volume, vs. short duration/high volume programming. Importantly, we will present findings from a recent study involving dissemination and implementation of the adapted tango program for community settings, and delivered by non-clinically trained instructors. Finally, we will discuss evidence to support adapted tango’s utilization in comparison to other dances, and will examine the mechanistic bases, (e.g., externally cued and internally guided movement) for adapted tango’s beneficial effects.

**THE UTILIZATION OF FORCED-EXERCISE IN THE TREATMENT OF PARKINSON’S: EVIDENCE FOR ALTERING BRAIN STRUCTURE AND FUNCTION**

J. Alberts, 1. Cleveland Clinic, Cleveland, Ohio, 2. Louis Stokes VAMC, Cleveland, Ohio

Forced-exercise has resulted in neuroprotective effects and improved motor function in animal studies. These promising results have not yet been fully translated to humans with Parkinson’s disease (PD), as traditional exercise interventions have not typically yielded global improvements in motor or non-motor function. Forced-exercise in humans is operationally defined as a mode of exercise in which the voluntary efforts of the patient or participant are augmented which allows the patient to exercise at a rate faster than they could under voluntary conditions. It is important to note that forced exercise still requires active participation from the participant. The results from a novel forced-exercise intervention in PD patients participating in a clinical trial will be reviewed and discussed in the context of improving global motor, upper and lower extremity function, and non-motor function, olfaction, and the alteration of patterns of brain activation following acute and extended forced-exercise and voluntary exercise interventions. Collectively, the results of these studies indicate that forced-exercise is an effective means of reducing symptoms and may be a candidate to mitigate disease progression.

**SESSION 175 (PAPER)**

**CARE TRANSITIONS**

**TRANSITIONAL CARE OF MORBIDLY OBESE PATIENTS: WHAT ARE THE CHALLENGES?**

H. Felix, C. Bradway, 1. University of Arkansas for Medical Sciences, Little Rock, Arkansas, 2. School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

Care challenges have been described for hospitalized morbidly obese (MO) patients and it is likely that these persist post-discharge. As a
result, nursing homes (NHs) may be reluctant to admit these patients, potentially leaving them “stranded in hospital” with subsequent deterioration and increased cost. This study sought to identify challenges NHs encounter when MO patients are transitioning from hospitals. We hypothesized that 6 factors would affect NHs’ willingness to admit MO patients: number of beds, occupancy rates, for-profit status, chain status, staffing levels, and equipment concerns. IRB-approved surveys were mailed to nursing directors of federally-certified NHs in Arkansas (AR; n=233) and Pennsylvania (PA; n=703) to collect NH experience in the admission of MO patients. Data were analyzed using descriptive and inferential statistics. In total, 360 surveys were returned (39% response rate; n=92 AR; n=268 PA). Two-thirds reported MO patients size acts as an admission barrier; although only 6% reported MO patients were always refused admission. A multivariate model with the 6 variables of interest found NHs with adequate staff were significantly (p=0.04) less likely to report obesity as a barrier; whereas, NHs reporting bariatric equipment concerns were significantly (p<0.001) more likely to report obesity as a barrier. Availability of bariatric equipment in NHs appears to negatively affect the care transition of MO patients. Additional research, including examination of current regulations and reimbursement policies, should be undertaken to understand NH equipment acquisition decisions. Such research will likely have important implications for research and optimal care of obese individuals during times of transition.

**AN EMERGENCY ROOM DECISION SUPPORT PROGRAM THAT INCREASED PHYSICIAN OFFICE VISITS, DECREASED EMERGENCY ROOM VISITS AND REDUCED COSTS**

J. Navratil-Strawn¹, K. Hawkins², T.S. Wells³, S.K. Hartley¹, R.J. Ozminkowski¹, H. Chan¹, R.J. Migliori¹, C.S. Yeh¹, 1. OptumHealth, Golden Valley, Minnesota, 2. OptumInsight, Ann Arbor, Michigan, 3. UnitedHealth Group, Minnetonka, Minnesota, 4. AARP Services Inc., Washington, District of Columbia

Methods: Adults with an AARP® Medicare Supplement Insurance plan insured by UnitedHealthcare Insurance Company (for New York residents, UnitedHealthcare Insurance Company of New York) were eligible to participate in the program. These included 7,499 individuals who elected to enroll in the ERDS program and an equal number of non-participants, who were eligible but either declined or were unreachable. Program-related benefits were estimated by comparing the difference in downstream healthcare utilization and expenditures between participants and non-participants after using propensity score matching to adjust for case mix differences between these groups. Results: Compared with non-participants, participants experienced greater quality of care, evidenced by an increase in physician office visits (p<0.001) and a greater reduction in emergency room visits (p<0.001). The program was cost effective, with a return on investment (ROI) of 3.65:1, which was calculated by dividing the total program savings ($5.95 million) by the total program costs ($1.63 million), implying that for every dollar invested in this program, $3.65 was saved, most of which was attributable to Medicare. Conclusions: This study focused on the quality and cost benefits associated with an ERDS program. The increase in physician office visits and decrease in emergency room visits may indicate the program helped participants establish relations with a primary care provider, which in turn may have led to reduced emergency room visits. The program resulted in significant cost savings for Medicare.

**DECREASED 30-DAY HOSPITAL READMISSION RATE AMONG DELIRIUM PREVENTION PROGRAM PARTICIPANTS**

M. Supiano, K. Anderson, M. Beattie, C. Clift, N. Joyce, E.W. Young, University of Utah, Salt Lake City, Utah

The Hospital Elder Life delirium prevention Program (HELP) has been shown to decrease delirium incidence, fall rates, and hospital costs. Its impact on 30-day hospital readmission rates has not been reported. HELP enrolled 558 University of Utah Hospital (UUH) inpatients (2011 through 2012) who were age ≥ 70 years, with an anticipated length of stay (LOS) > 2 days, and ≥ one delirium risk factor. The delirium incidence rate among HELP enrollees was 2.6%. 86 HELP patients (15.4%) were readmitted to UUH within 30 days of discharge. During the same time period, 3,021 patients age ≥ 70 years were admitted, but not enrolled in HELP. 614 of these patients (20.3%); P=0.02 compared to HELP group) were readmitted within 30 days. There was no difference in age in HELP vs. non-Help patients; mean ± SD; 79 ± 6 vs. 79 ± 6 years), however, average LOS in the entire HELP group was significantly less (4.5 ± 4.2 vs. 5.3 ± 3.9 days; P=0.001). In both groups LOS was significantly longer among patients who were subsequently readmitted – LOS for HELP enrollees was 7.6 ± 5.5 vs. 4.4 ± 4.1 days and for non-HELP 8.3 ± 7.7 vs. 5.2 ± 3.9 days; both P<0.001. These results suggest that enrollment in HELP is associated with a shorter LOS and a 25% reduction in readmission rate. In addition to transitional care programs to prevent hospital readmission, improving inpatient care quality through a multicomponent delirium prevention program may be another important intervention.

**ASSOCIATION OF LIVING ALONE AND HOSPITALIZATION FOR AMBULATORY CARE SENSITIVE CONDITIONS AMONG COMMUNITY-DWELLING ELDERS WITH AND WITHOUT DEMENTIA**


Background: Ambulatory care sensitive condition (ACSC) hospitalizations might be avoided with timely primary care yet occur frequently among older persons. Identifying associated risk factors may suggest opportunities to improve primary care. Certain factors—for example, living alone—may increase the risk of ACSC hospitalization, and their effect may be greater among persons with dementia. Methods: A retrospective analysis was conducted among 2636 participants in Adult Changes in Thought, a longitudinal cohort study of dementia incidence. Participants were aged 65+ enrolled in an integrated healthcare system who completed biennial follow-up visits to assess for dementia and living status. ACSC hospitalizations were identified using automated data. Logistic regression was used to examine the association of living alone with ACSC hospitalization; we fit models with and without an interaction term for dementia and adjusting for key covariates. Results: The mean age of participants was 79 years, 59% were female, 36% lived alone at baseline, and 18% developed dementia. Living alone was positively associated with being aged 85+, female, depressed, and having difficulty with 1+ activity of daily living, and negatively associated with being nonwhite and having dementia, heart disease, cancer, or diabetes. In a regression model adjusted for age, gender, comorbidity burden, and length of follow-up period, living alone was not associated with ACSC hospitalization (adjusted OR=0.90, 95%CI 0.75, 1.08). Dementia did not modify this association. Conclusion: In this research cohort of older adults with a routine source of healthcare, living alone was not associated with ACSC hospitalizations for persons with or without dementia.

**SIX-MONTH HEALTHCARE UTILIZATION COST AVOIDANCE ASSOCIATED WITH THE CARE TRANSITIONS INTERVENTION (CTI) FOLLOWING HOSPITALIZATION IN RHODE ISLAND**

S. Gravenstein¹²¹, R. Baier¹²¹, Q. Li², R. Gardner¹²¹, K. Butterfield³, E. Coleman⁴, 1. Medicine, Case Western Reserve University, Cleveland, Ohio, 2. Brown University, Providence, Rhode Island, 3. Healthcnetric Advisors, Providence, Rhode Island. 4. University of Colorado Denver Anschutz Medical Campus, Denver, Colorado

BACKGROUND: The cost-benefit for the Care Transitions Intervention (CTI), a post-hospital coaching intervention that aims to reduce...
SESSION 180 (SYMPOSIUM)

CAREGIVING AND CULTURE: RICHNESS IN VARIATIONS AND VALUES
Chair: C. Corley, Human and Organizational Development, Fielding Graduate University, San Gabriel, California
Co-Chair: R. Gupta, San Francisco State University, San Francisco, California
Discussant: H. Moody, AARP, Washington, District of Columbia

The discourse on family caregiving has been rich and this symposium addresses cultural dimensions and diverse perspectives. Traditional values such as filial piety will be examined, social exchange and the dance of independence/interdependence pondered, and expressions of care in diverse populations illuminated. New approaches to family caregiving such as conscious caregiving will be introduced. Following an overview setting the context of the symposium by Connie Corley and Rashmi Gupta, Mary McCall will discuss a values-based approach to decision-making and communication across values, David Willis will reflect on family caregiving in Asian cultures, Keiko Katagiri presents data on Japanese and Korean men and women and relationships with parents/in-laws, and Brian de Vries shares insights and data on informal caregiving and receipt of care among LGBT Baby Boomers in the U.S. As a discussant, Harry “Rick” Moody will highlight controversies in the family caregiving discourse, including family roles and ethical dynamics in addressing autonomy and dignity. As caregiving needs increase in the U.S. and other aging countries, understanding the similarities and differences that exist in these relationships, including a critical analysis of underserved populations (i.e., low-income, single and LGBT groups), may help create meaningful and appropriate social policies and support systems that allow care-receivers to maintain a sense of dignity.

DECISION-MAKING FOR ADULT CHILDREN: THE USE OF VALUES- AND EMPOWERMENT-BASED APPROACHES
M. McCall, 1. Psychology, Saint Mary’s College of California, Moraga, California, 2. Fielding Graduate University, Santa Barbara, California

As people live longer, the challenges for adult children grow, as they seek to support their older family members, while balancing their own personal and family needs. To deal with these pressures in a healthy manner, an understanding of one’s values is critical so that decisions can be made in an appropriate way. Good communication is a key component of healthy relationships. Adult children may also face the dilemma of how to empower their parents to the limit of their desires and abilities, while dealing with their own concerns and fears about something “going wrong.” This paper will discuss using a values-based approach to decision-making, utilizing the Hall-Tonna Values Inventory as a tool for both practitioners and researchers. How to successfully communicate across different values (based on the Inventory) will be discussed. The two-edged sword of empowerment for older persons is analyzed in the context of personal and societal values.

FAMILY CAREGIVING IN INDIA AND JAPAN: COMPARATIVE PERSPECTIVES
D.B. Willis, Fielding Graduate University, Santa Barbara, California

This paper will bring to our session together two examples of family caregiving, first, in a progressive Gandhian Ashram community in South India, especially around the end of life issues and approaches for Sri S. Jagannathan, the leader, who, along with his wife Krishnammal were recipients of the Right Livelihood Award, the Alternative Nobel Peace Prize. Sri Jagannathan passed away on February 12 while the author was doing research in India on their organization. The focus of the report will be on caring for the elderly and end of life issues as they are handled in traditional rural India. As a comparative stance, the paper will secondly also address end of life issues in a family in a working class community of Osaka, Japan, where the author lived for more than 30 years. It is hoped that this paper will shed light on two traditional Asian societies and their approaches as both similar to and different from mainstream North American society.

TRADITIONAL FAMILY NORMS AND ATTITUDE TOWARD FINANCIALLY SUPPORTING ELDERLY PARENTS IN TWO CONFUCIAN SOCIETIES
K. Katagiri, Institute for Social Gerontology, Nipponkoa Welfare Foundation, Tokyo, Japan

This study examines differences in traditional family norms and attitudes toward financially supporting elderly parents among 2,283 individuals (20–69 years old) in Japan and Korea. Data were obtained from the EASS 2006. Strongest support for traditional family norms, sex role norms, and four attitude types was found among Korean men, followed by Korean women, Japanese men, and Japanese women. Multiple regression analyses by country and gender were conducted. Overall results suggested that the stronger the traditional family norm, the more positive the attitude toward financial support. Positive attitudes were endorsed by higher social classes of Japanese men but lower classes of Korean men. Quadratic age effects were negative for the latter. Both countries are experiencing rapid changes in family norms and intergenerational support exchanges. A public support system may be needed owing to the decline in traditional values, especially for underprivileged older adults, to sustain an optimal aging society.

EXPECTATIONS OF CARE-RECEIPT: A FOCUS ON LGBT PERSONS
B. de Vries, SFSU, San Francisco, California

The study of caregiving has typically focused on the provision of care—less is known about care-receiving. Drawing from two studies of older LGBT adults, expectations of care-receipt and conversations...
about such care are studied. Comparing 1201 LGBT with 1206 persons ages 45-64 from the general population (MetLife, 2010), LGBT persons (especially women and transgender persons) were both more likely to have received recent care and to rely on friends for actual and anticipated needs. In qualitative analyses with 20 LGBT persons ages 50 to 75, it was the minority of persons who had had conversations with potential caregivers, often—and precariously—assuming they would be available. These data suggest avenues for further empirical and pro-grammatic pursuits, such as the design of materials to assist in the initiation and support of conversations about care.

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SESSION 185 (SYMPOSIUM)

ENVIRONMENTAL CONTEXTS FOR OPTIMAL AGING: CONCEPTUAL AND EMPIRICAL ADVANCES
Chair: A.E. Scharlach, Social Welfare, University of California, Berkeley, California
Discussant: L. Carstensen, Stanford University, Stanford, California
More than 20 years ago, Paul and Margret Baltes asserted that “Optimal aging refers to… aging under development-enhancing and age-friendly environmental conditions” (Baltes & Baltes, 1990, p. 8). Yet, despite substantial interest in age-friendly communities and other environmental characteristics in recent years, the potential connections between environmental contexts and optimal aging are under-theorized and under-researched. Simply put, we do not yet have an adequate conceptual or empirical basis for defining or creating “optimal environments for optimal aging.” This symposium offers new ways to understand how physical and social environments influence human functioning and development in later life, using evidence drawn from a variety of relevant conceptual frameworks (e.g., environmental gerontology, geographical gerontology, lifespan developmental psychology, disablement theory), contexts (e.g., urban, rural), and modalities (e.g., individual coping, social support, environmental modifications). In the first paper, Scharlach proposes a conceptual framework for assessing the aging-friendliness of communities and other environmental contexts, drawing upon recent evidence regarding physiological, psychological, and social aspects of optimal aging. In the second paper, Golant examines the concept of resilient environments, drawing upon his earlier theorizing regarding residential normalcy; just as individuals adapt, so places may initiate adaptive efforts to respond to residents’ age-related needs. In the third paper, Walsh and colleagues examine the crucial role played by informal supports in rural communities, with important implications for conceptualizing community age-friendliness. Finally, Ekstam and colleagues report preliminary results from a controlled trial evaluating a conceptually and empirically-based model of housing adaptations for optimal aging.

66th Annual Scientific Meeting
DESIGNING AGING-FRIENDLY ENVIRONMENTS
BEYOND P-E FIT: LESSONS FROM LIFESPAN PRACTICES
K. Walsh1, E. O'Shea1, T. Scharf1, M. Shucksmith2
A.E. Scharlach
S. Golant
A. E. Scharlach

OLDER PEOPLE: THE ROLE OF INFORMAL COMMUNITY ENHANCEMENTS
In conceptualizing/designing environments for optimal aging, rural communities have often been a challenging if not a neglected context. In service delivery, home and community-based services have expanded greatly, but nursing home use has stayed remarkably flat despite an increase in the number of older people. Moreover, a new paradigm of consumer empowerment and choice has taken hold in many states and dominates the policy discussion, even though few states have fully implemented this new approach. Finally, implementation of the Omnibus Budget Reconciliation Act of 1987 has transformed the quality assurance process in nursing homes with new stringent standards and processes for inspection and enforcement. The Minimum Data Set provides an extraordinary wealth of information on the status of residents, which is being used to set payment rates and to establish quality measures. Although quality assurance systems for home and community-based services lag behind nursing homes, the large increase in Medicaid expenditures for these services is increasing pressure on states to assess the quality of the services they are financing.

ENHANCING PERSON-ENVIRONMENT FIT FOR RURAL OLDER PEOPLE: THE ROLE OF INFORMAL COMMUNITY PRACTICES
K. Walsh1, E. O'Shea1, T. Scharf1, M. Shucksmith2. 1. Irish Centre for Social Gerontology, National University of Ireland Galway, Galway, Ireland. 2. Newcastle University, Newcastle, United Kingdom

In conceptualizing/designing environments for optimal aging, rural communities have often been a challenging if not a neglected context. Set amidst information gaps in rural environmental gerontology, this paper explores the role of informal practices across the state, private, voluntary and family/friend systems, in enhancing the potential for optimal aging. In doing so, we examine the relevance of concepts like 'age-friendly', and 'livable communities' to rural settings. Using focus group data, involving 62 community-stakeholders from ten communities across Ireland and Northern Ireland, we analyze: the four systems and their limitations; and the informal practices that underlie system interactions and older adult supports. Informal practices underpin many community responses to supporting older people and arose from collective interdependencies, multiple actor-roles, and positions of need. Participants will gain an understanding of deficiencies in environmental conceptualizations when applied to rural settings, and the potential of rural communities to be sites of optimal aging.

SESSION 190 (SYMPOSIUM)
LONG-TERM CARE IN 1988 AND 2013: SAME OR DIFFERENT?
Chair: J. Wiener, RTI International, Washington, District of Columbia
Discussant: D. Grabowski, Harvard University, Cambridge, Massachusetts

This symposium examines what has changed and what is the same in long-term care financing, delivery, and quality assurance over the last 25 years, and what the implications are for the future. For long-term care financing, funding remains dominated by Medicaid, but Medicare and private insurance are playing much greater roles. Major proposals to change long-term care financing by establishing new public long-term care programs in 1989, 1993, and 2009 were not enacted or were not implemented. In service delivery, home and community-based services have expanded greatly, but nursing home use has stayed remarkably flat despite an increase in the number of older people. Moreover, a new paradigm of consumer empowerment and choice has taken hold in many states and dominates the policy discussion, even though few states have fully implemented this new approach. Finally, implementation of the Omnibus Budget Reconciliation Act of 1987 has transformed the quality assurance process in nursing homes with new more stringent standards and processes for inspection and enforcement. The Minimum Data Set provides an extraordinary wealth of information on the status of residents, which is being used to set payment rates and to establish quality measures. Although quality assurance systems for home and community-based services lag behind nursing homes, the large increase in Medicaid expenditures for these services is increasing pressure on states to assess the quality of the services they are financing.

A QUARTER CENTURY OF CHANGE: IMPLICATIONS FOR QUALITY
V. Mos, Brown University, Providence, Rhode Island

Since the Institute of Medicine’s landmark report on Nursing Home (NH) care in 1986, quality assurance was transformed by federal legislation and efforts to improve NH quality have proceeded on multiple tracks with the introduction of mandatory resident assessment (the MDS), new inspection processes, quality measurement and public report-
ing. These federal changes occurred while states increased investment in home and community services, the private sector built almost a million assisted living beds and Medicare prospective payment for SNFs radically changed the composition of short- and long-stay residents in NHs around the country. This session will review the evidence for how these major changes have affected the quality of care provided in NH’s and patients’ experiences.

FOLLOWING THE MONEY IN 1988 AND 2013
J. Wiener, RTI International, Washington, District of Columbia

Since 1988, long-term care financing policy has remained largely unchanged, but has undergone considerable ferment. Medicaid remains the main source of financing for long-term care, providing funding for almost two thirds of nursing home residents. Financing for home and community-based services, especially Medicaid waivers, has skyrocketed. Changes in the Medicare definition of skilled care resulted in large increases in Medicare spending for skilled nursing facilities and home health, which were ramped down only partly by the Balanced Budget Act of 1997. Private long-term care insurance has grown substantially, and now covers about 12 percent of older people, but faces huge challenges in increasing market share. Proposals to expand public programs for long-term care were debated in the late 1980s and as part of the Clinton health reforms, but were not enacted. The Community Living Services and Supports (CLASS) Act was enacted, but not implemented because of potential financial instability.

EVOLUTION OF THE SERVICE SYSTEM: ALTERNATIVES TO NURSING HOME CARE

In the 1980s, older Americans in need of functional assistance or supervision due to physical disabilities or cognitive impairment still had few formal care options other than nursing home care. Assisted living now accounts for about one third of all facility-based long-term care. Nationally, over twenty percent of disabled elderly residing in the community are enrolled in Medicaid but only about one in four of them report receiving Medicaid-funded home and community-based services. We describe state variations in the percentage of Medicaid funding for long-term care for the elderly that goes to home and community-based services. We discuss the features of state’s long-term care systems (e.g., participant directed services) that quantitative analyses suggest have made some states more successful than others in re-orienting Medicaid funding for eldercare away from nursing homes toward home and community-based services.

SESSION 195 (SYMPOSIUM)

NO PLACE LIKE HOME: THE CHALLENGES OF HOMELESSNESS, INADEQUATE AND UNSTABLE HOUSING IN LATER LIFE
Chair: D. Waldrop, School of Social Work, Buffalo, New York
Discussant: D. Waldrop, School of Social Work, Buffalo, New York

Homelessness, inadequate and unstable housing are problems for growing numbers of older adults, who are often an invisible group with unrecognized needs and who remain “under the radar” of health and social service providers. This symposium illuminates the compelling issues of older adults who are homeless or near-homeless, have little choice but to live in inadequate or unstable housing and deal with cumulative disadvantage, trauma, adversity, health and mental health issues. The first paper reports findings from life history interviews with 32 older adults who were homeless and demonstrates how the cumulative experiences of trauma and adversity both precede and accompany homelessness. Focusing on the pathways that lead to unstable housing, the second paper presents findings from interviews with 20 homeless elders and identifies a series of events that contribute to “collective weakening” that results in homelessness. The third paper characterizes the challenges of older adults who receive federal housing vouchers and live with the “forced choice” of housing in poor neighborhoods and deteriorated conditions. The fourth paper addresses the use of budget hotels as a housing solution for older adults who live on the fringe of poverty and presents the narratives of older women who have been unstably housed. Addressing the use of healthcare among homeless adults, the fifth paper presents the results of a prospective cohort study which characterized the patterns and predictors of emergency department visits and hospitalization among 250 homeless adults. Understanding the causes and effects of poor housing can optimize aging through research.

AGING IN POOR PLACES: THE DIMINISHED RESIDENTIAL “CHOICE” OF SENIORS WITH HOUSING CHOICE VOUCHERS
K.L. Patterson, School of Social Work, University at Buffalo, Buffalo, New York

Older adults are increasingly vulnerable to their neighborhood environment. For the aging poor who live in federally subsidized housing, this problem is magnified because a growing proportion of these older adults are exposed to adverse environmental conditions which may impact their physical and mental health. Examining the intersection of aging and neighborhood effects is critical to understanding the various needs of this population as they age in place. The objective of this paper is to first determine where low-income seniors who participate in the federally subsidized Housing Choice Voucher Program reside in the Buffalo Niagara region of Western NY, and then to highlight both their demographics and the characteristics of the neighborhoods where they live. Based on previous research, it is hypothesized that these seniors will concentrate in poor neighborhoods with deteriorated conditions more than the general population and that this will especially hold true for minority voucher holders. Since mobility tends to diminish with age, low-income seniors will likely have no choice but to age in place. Therefore, it is incumbent on policy makers to advocate for subsidized housing which couples affordable housing with access to additional social services for this vulnerable population.

USE OF ACUTE CARE SERVICES AMONG OLDER HOMELESS ADULTS

Although the US homeless population is aging, little is known about the use of acute care services among older homeless adults. We conducted a 12-month prospective cohort study to characterize the patterns and predictors of frequent emergency department (ED) visits and hospitalization among 250 homeless adults aged 50 and older recruited from homeless shelters in Boston, Massachusetts. We found that over 12 months, 28.4% of participants had frequent (≥4) ED visits, and 33.6% were hospitalized. Several modifiable baseline characteristics were independently associated with frequent ED visits, including alcohol use problems, one or more falls during the prior year, and sensory impairment; hospitalization was similarly associated with baseline sensory impairment. These findings suggest that targeting modifiable factors associated with greater acute care utilization, such as alcohol use problems, falls, and sensory impairment, may help reduce costly and burdensome use of acute care services in older homeless patients.
PATHWAYS TO ELDER HOMELESSNESS: THE ROLE OF CUMULATIVE DISADVANTAGE AND DISADVANTAGE SATURATION
K. Melkis1, J.G. Gonyea2, 1. University of Vermont, Burlington, Vermont, 2. Boston University, Boston, Massachusetts

It is now widely accepted that the causes of elder homelessness are multifaceted, involving both structural problems and behavioral choices. Yet, the research remains sparse about the specific pathways that put at risk older adults’ ability to maintain stable housing. Using a constructivist, phenomenological approach, the authors explore these pathways through in-depth interviews with 20 homeless elders and 6 outreach workers conducted over one year. Findings suggest that it is not typically a single event (i.e., illness, unemployment, unaffordable housing, relationship strain) that leads to homelessness, but rather it is a collective weakening of arrangements or fraying of the safety net. The data also underscore that for some older adults this path is characterized by a process of cumulative disadvantage across the life course while for others it is about disadvantage saturation later in life. The implications of these divergent pathways for prevention and intervention strategies will be discussed.

AGING WITHOUT PLACE: TRAJECTORIES OF CUMULATIVE TRAUMA AND ADVERSITY AMONG OLDER ADULTS EXPERIENCING HOMELESSNESS
L. Thomas, Social Work, University of North Carolina at Charlotte, Charlotte, North Carolina

Older adults experiencing homelessness face vulnerabilities and disparities associated with age, race, socioeconomic health, mental health, and residential status, yet, the specific needs of these aging adults are rarely considered in research or practice. This paper reports findings from a project examining the life histories of 32 older adults, ages 50 – 69, experiencing homelessness in Charlotte, North Carolina. The life histories reveal cumulative experiences of trauma and adversity that precede and accompany homelessness, including patterns of housing instability over the lifespan, limited access to formal and informal social support, and homeless service experiences that exacerbate the negative effects of trauma and adversity. Life histories also detail internal and external resources that facilitate resiliency in the face of homelessness and multiple experiences of trauma and adversity as well as service practices considered effective by the research participants. The paper will conclude with implications for policy, practice, and research.

TRAUMATIC TRANSITIONS TO EXTENDED STAY HOTELS: HOMELESS WOMEN DESCRIPTIONS OF ABUSE, LOSS, AND FEAR
T. Lewinson, School of Social Work, Georgia State University, Atlanta, Georgia

Budget hotels are housing solutions for some who are on the fringe of street homelessness. Knowledge about hotel homelessness is still emerging, but associations between psychological trauma, depressive symptoms, and losing a home are well-established in the trauma literature. Adult trauma is both a precipitating event and a result of homelessness, which was compounded by loss and fear during housing transitions. Implications for practice include creating programs to improve housing status and psychological trauma for women in marginal housing situations.

SESSION 200 (SYMPOSIUM)

TURNING POLICY INTO SCIENCE: APPLYING THE AGE-FRIENDLY CITIES MODEL TO STUDYING ENVIRONMENT AND AGING
Chair: K. Fitzgerald, Center for Gerontology, Western Kentucky University, Affoltern am Albis, Switzerland
Co-Chair: A. Glicksman, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania
Discussant: D.B. Bradley, Center for Gerontology, Western Kentucky University, Affoltern am Albis, Switzerland

Age-friendly models, including the Age-friendly Cities and Communities effort of the World Health Organization (WHO), are designed to influence policy and planning efforts across the globe. While researchers have contributed to the development, implementation and evaluation of this and other models less attention has been paid to how using these models can help us better understand the impact of environment on aging. This session offers four presentations on how using aspects of the WHO model can enhance our understanding of the interaction of health and environment for older adults. Fitzgerald and Beech will discuss the relation of age-friendly models to research on disaster planning. Ferris and her co-authors take elements from an age-friendly model and using structural equation modeling links those elements to need for services. Finally Ring and colleagues look at the impact of similar environmental elements on the mental health of older adults. Bradley will discuss how the results from these four papers demonstrate how scientists can use the WHO and other age-friendly models to advance our understanding of the interaction of environment, health and aging.

BELGIAN AGEING STUDIES: SUPPORTING THE PROCESS OF DEVELOPING AGE-FRIENDLY COMMUNITIES
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Policies and programmes directed at achieving ‘age-friendly’ communities are considered to require a wide range of interventions, including actions at the level of the social and physical environment. This paper aims to provide an overview of such approaches in Brussels, a city that has been recognised as ‘age-friendly’ by the World Health Organization (WHO) because of the development of policies encouraging the participation of older people within their respective communities. In particular, the paper will focus on the role of the Belgian Ageing Studies project in promoting age-friendly interventions. This project uses a participatory method involving older people to assess the age-friendliness of the city and develop a senior action plan based on an assessment of the findings. The paper concludes by discussing the key opportunities and barriers to the implementation of age-friendly policies.

THE POTENTIAL IMPACT OF THE PRESENCE OF AN AGE-FRIENDLY COMMUNITY EFFORT ON DISASTER PLANNING
K. Fitzgerald1, C. Beech2, 1. Center for Gerontology, Western Kentucky University, Affoltern am Albis, Switzerland, 2. Swansea University, Swansea, United Kingdom

While the concept of age-friendly cities and communities has built momentum on a global level, evidenced by the growing membership of the WHO Global Network of Age-friendly Cities and Communities, virtually nothing is known as to whether this concept has had an influence on disaster preparedness for older adults within those communities. Disaster preparedness is an essential feature of an age-friendly community, yet it seems to receive limited attention compared to features...
such as transportation and housing. A meta analysis was conducted to identify ways in which age-friendly efforts might contribute towards disaster planning for older adults. Through a review of published reports and other scientific materials, hypotheses regarding the relation between disaster planning and age-friendly community efforts were developed. Findings from these analyses support the need for a larger study to determine what extent disaster preparedness should be a key element in age-friendly community efforts.

PREDICTING UNMET SERVICE NEED: THE IMPORTANCE OF AN AGE-FRIENDLY CITY

R. Ferris, A. Glicksman, M.H. Kleban, Planning Department, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania

Home and Community-Based Services for many older adults are an essential component of aging-in-place. Anderson developed the contemporary model used to predict service use, containing three sets of predictors: predisposing enabling and need. Researchers have modified the model to examine need. Studies that attempt to predict need have explained only 10-15% of the variance. This study is based on the supposition that lack of accounting for environmental factors has resulted in the small explanatory power. Through the use of survey data this study modeled predictors of unmet service need. Findings indicate access to healthy foods, housing quality and neighborhood safety, all targets of urban age-friendly efforts, have the most significant relationship to unmet service need. This model predicted 49% of the variance. Results of urban age-friendly efforts, have the most significant relationship to healthy foods, housing quality and neighborhood safety, all targets in the small explanatory power. Through the use of survey data this study modeled predictors of unmet service need. Findings indicate access to healthy foods, housing quality and neighborhood safety, all targets of urban age-friendly efforts, have the most significant relationship to unmet service need. This model predicted 49% of the variance. Results reveal environmental questions to ask in assessing unmet service need.

AGE-FRIENDLY EFFORTS AND THEIR IMPACT ON THE MENTAL HEALTH OF OLDER ADULTS

L.N. Ring, A. Glicksman, M.H. Kleban, Planning, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania

Much of the research on the impact of Age-friendly efforts focuses on physical health and health related behaviors. Less attention has been paid to the potential impact of these efforts on the mental health of older adults. In 2009 Philadelphia Corporation for Aging initiated an “Age-friendly Philadelphia” policy effort. From its inception one concern was whether environmental factors are related to mental health. We conducted a series of analyses designed to determine if three key elements in that initiative: housing quality, food access, and transportation services, were associated with depression. Data came from a bi-annual omnibus health survey. All three were significantly related to depression. In 2012 the study was repeated. Confirmatory analysis discovered that the relations between the three environmental measures and depression score remained significant. By confirming the relation among these variables we are including mental health along with physical health improvements as goals of our Age-friendly effort.

SESSION 205 (POSTER)

DEMENTIA: RESEARCH, CARE, AND TREATMENT

PHYSICAL ACTIVITY AND ENERGY EXPENDITURE DURING LEISURE TIME FOR PATIENTS WITH COGNITIVE IMPAIRMENT IN TAIWAN: A PILOT STUDY

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Background: The prevalence rate of dementia was estimated to be 5% to 7%, with about 65.7 million people worldwide to be living with dementia in 2030. Western guidelines have recommended increasing structured activities as a non-pharmacological approach to manage behavioral problems of patients with cognitive impairment (PWCIs). However, the basic indicators of leisure-time physical activities and their relationships with behavioral problems were not intensively examined in PWCIs living in communities. Purpose: The purpose of this study was to describe frequency, duration (time), type, and energy expenditure (FTTE) of leisure-time physical activities in PWCIs and to explore the effects of FTTE on their neuropsychiatric symptoms. Method: It was a cross-sectional study of 58 dyads of patients (M ± SD age 79.2 ± 7.4 yr, 67.2% women, MMSE 17.8 ± 4.3) and their family caregivers (FCGs) living in northern Taiwan. FCGs completed 7-day physical activity recalls and Chinese Neuropsychiatric Inventory (CNI) for PWCIs. Results: Patients’ most frequent activities were strolling (70.7%), qigong (10.34%) and gardening (8.62%). The mean weekly activity frequency was 4.52 (SD = 4.27), the duration was 3.7 (SD = 4.38) hours, and the energy expenditure was 771.47 (SD = 886.38) kcal. FTTE were significantly correlated with patients’ neuropsychiatric symptoms, while the type of physical activity significantly predicted their mood and psychosis. Conclusion: Health professionals and park/recreation agents can apply the information of FTTE when designing various activities for PWCIS.

FAMILY MEMBER DEATHS IN CHILDHOOD AND ADULTHOOD INDEPENDENTLY PREDICT ALZHEIMER’S DISEASE RISK

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Psychological stress associated with deaths of close family members has been a significant predictor of depression, medical morbidity and earlier mortality. Early parental death has also been associated with higher risk for Alzheimer’s disease (AD). However, the cumulative effect of multiple family deaths on AD risk has not been studied. Research of such stressors has mostly relied on retrospective self-reports. This dementia study used a Utah population-based sample of 3,785 initially non-demented participants (57% female; age M=74.9/SD=6.9 years) linked to the Utah Population Database to objectively ascertain a cumulative total of family deaths including death(s) of mother, father, sibling(s), spouse(s) and offspring, experienced during childhood (age birth-18) or adulthood (age 18-baseline interview). Cox regression modeled survival time from baseline interview to AD onset or right-censoring as a function of family deaths, baseline age group, gender, and presence of at least one copy of e4 allele at APOE. Age group was a significant moderator (p=.041) so models were then stratified by age (neither gender nor APOE were moderators, all p>.50). We report here results for persons aged 65-69 years at baseline (n=983). In separate models for childhood and adulthood deaths for this group, persons with 2+ deaths during childhood (HR=2.68, p=.021), or 2-3 (HR=2.23, p=.025) or 4+ deaths during adulthood (HR=2.71, p=.029) had significantly higher AD risk. In a combined model with both risk factors, these findings persisted. Results indicate that family member deaths during childhood and adulthood may each generate sufficient psychological stress to uniquely affect eventual AD risk.

THE RELATIONSHIP OF PET IMAGING TO CLINICAL SYMPTOMS AND DIAGNOSIS OF DEMENTIA IN A VA OUTPATIENT GERIATRIC CLINIC

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The prevalence of Alzheimer’s Dementia (AD) is expected to increase to 13.2 million by 2050. Many individuals exhibit mild signs of CI (cognitive impairment or MCI) which progress to AD. Early diagnosis is crucial since early intervention offers the most benefit of slowing disease progression. Currently the diagnosis of AD is dependent on
Clinical measurement which has limited sensitivity or extensive neuropsychological testing that is not routinely feasible. Positive Emission Tomography (PET) imaging which measures changes in metabolism provides an adjunct measure for early detection of AD. This retrospective chart review study evaluated the temporal relationship between PET imaging, standardized cognitive tests and clinical notes used to confirm a diagnosis of AD. A sample of 179 charts of veterans with a mean age of 84 years, referred for evaluation of CI were reviewed and N=35 had complete data. While initial mini mental status exam (MMSE) scores did not support a diagnosis of AD, (range 24 to 30 with a mean of 27), 100% of pet scans revealed changes in metabolism suggestive of AD at that time. Charts were reviewed retrospectively by a panel of experts and included: Gerontologist, Psychologist, Neuropsychologist and Geropsychiatrist, and Radiologist to confirm the diagnosis of AD. The clinical diagnosis of AD was made on the average 2 years following the initial evaluation and PET scan. Time 2 MMSE mean of 25 was correlated with PET(r−=.58). A larger multisite study is needed to evaluate the efficacy of pet imaging for the early diagnosis of AD.

THE TYPE A BEHAVIOR PATTERN AND CARDIOVASCULAR DISEASE AS PREDICTORS OF DEMENTIA

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Objective: Research has suggested that greater psychophysiological reactivity to stress increases risk of dementia and that those with the Type A behavior pattern (TABP) are predisposed to elevated stress reactivity and cardiovascular disease (CVD), but no study has previously evaluated the association between TABP, CVD and dementia prospectively. Hence, the aim of the present study was to investigate dementia risk in relation to TABP and CVD. Methods: A population-based cohort of 1,066 persons aged 50-93 years at baseline from the Swedish Twin Registry was followed consecutively for 23 years. Based on self-reported items, TABP was measured using 6 scales: Ambition, Stress, Hard-driving, Neuroticism, Cynicism and Para-noia. CVD and education were self-reported and dementia was diagnosed adhering to DSM-III-R or DSM-IV criteria. Results: Significant interaction effects of stress with CVD and cynicism with CVD on dementia risk were observed (p=0.045 and 0.035, respectively). That is, those who had high scorers on stress and cynicism and had CVD had an increased risk for dementia, whereas those who did not have CVD, higher scores on stress and cynicism were associated with reduced dementia risk (HR=0.80, 95% CI=0.53-1.21; HR=0.52, 95% CI=0.31-0.89, respectively). Higher scores on ambition were associated with reduced dementia risk (HR=0.93, 95% CI=0.88-0.98). Conclusion: While CVD remains a risk factor for dementia, some features of TABP confer a protective effect for dementia, although more so for those without CVD than for those with CVD. When evaluating the risk of dementia, CVD and personality traits should be taken into consideration.

TOOLBOX FOR IMPROVING BEHAVIORAL HEALTH IN THE NURSING HOME: EDUCATION & LEADERSHIP


The goal of the education and leadership sub-group was to conduct a search to identify nursing education sources on existing non-pharmacological approaches to behavioral management in dementia care. We conducted a search of the websites of relevant long-term care, health care professional organizations, and leadership programs in LTC to identify education sources for review and incorporation in the toolkit for long-term care (LTC). A total of thirty-six different organizations’ websites were searched for educational materials for nursing staff on non-pharmacological interventions, the reduction of antipsychotic medication use in NHs, and general dementia care education when it included either of the above. Included in the review were the abstract, resource type or format, intended audience, educational objectives, competencies, time associated with modules, associated documents, CEU availability and type, date of most recent update and sponsoring agency. From these sites, a total of thirty-five educational products were found, reviewed and if appropriate, were included on the products list. In order to develop an inventory of programs that could enhance leadership skills in long term care, we did an initial search that primarily focused on nursing leadership development in a broader sense. We then applied the parameter of accessibility to external audiences beyond the offering institution and also highlighted geriatric specific programs relevant to long term care. In this presentation we will discuss the available products, the varying resource types with highlights or barriers to use of specific programs, and challenges encountered in the process.

CULTURALLY-BASED EXPLANATIONS OF DEMENTIA IN ASIAN COMMUNITIES: A SYSTEMATIC REVIEW


This poster will present findings from a systematic review of culturally-based explanations of dementia in the Asian community. It is estimated that the age-specific prevalence of dementia among Asian Americans is comparable to that of the general U.S. population. As the number of older Asian immigrants grows rapidly, so does the number of those affected by dementia. Examining Asian cultural beliefs that influence the understanding of dementia is fundamental to developing culturally appropriate interventions to reduce health disparities and improve clinical outcomes. Diverged from Western biomedical perspectives which construct dementia as biomedical diseases, Asian populations tend to view dementia as a consequence of normal aging, psychosocial distress, and traumatizing life experiences. This culturally-based explanation of dementia hinders medical and social service utilization in the Asian community, including clinical diagnosis and treatment, and supportive and respite care for family caregivers. Additionally, in the Asian community, dementia brings stigma, shame, and embarrassment to the persons with dementia and their family caregivers. Such cultural values in the Asian community further prevent the affected families from reaching out for necessary medical and social interventions until behavioral symptoms become unmanageable, leading to premature institutionalization of older Asian immigrants. A few studies have examined perceptions of dementia among older Asian immigrants and their family caregivers. However, little is known about ethnic Asian health providers’ perceptions of the disease, which may influence the quality of care received by the older persons with dementia. Future research and practice implications of these findings will also be discussed.

CARING FOR OLDER ADULTS WITH DEMENTIA IN A CHRONIC CARE HOSPITAL: STAFF KNOWLEDGE AND UNMET NEEDS


As the number of older adults with dementia increases there is a need for a health care work force skilled in caring for these individuals. The
purpose of this study was to examine knowledge level about dementia and education needs of staff on a chronic care hospital floor. The unit specializes in geropsychiatric disorders, the most prevalent being dementia-related neuropsychiatric behaviors. As nonpharmacologic management of behaviors is the recommended first-line treatment, knowledge of and skills in use of approaches is critical. Of 62 staff, 39 (62.9%), completed an anonymous survey. Most were female (n=37, 94.9%), 35 years or older (65.7%), 15 (38.5%) were nursing staff, 22 (56.4%) were therapy staff, and 2 (5.1%) were other (unit secretary & MD). The overall mean score for the Alzheimer’s disease Knowledge Test was 24.08 (sd = 2.61, range 15-27) out of 27 (89.2%) reflecting a high level of knowledge. Staff indicated wanting more information in managing behaviors non-pharmacologically (92.3%), enhancing patient safety (89.7%, n = 35), coping with care challenges (84.2%, n = 32), and involving patients in activities (81.6%, n = 31). Overall, most staff, nursing (80.0%) and therapy (86.4%) indicated they believed the care they provided contributed “a great deal” to patient well-being. Yet, frustration and being overwhelmed was indicated by almost 75% of staff. Understanding staff knowledge level and needs can be used to target and plan for work force preparation for working with dementia patients. Findings suggest that staff need better preparation to use nonpharmacologic strategies in everyday care.

EFFECTS OF ALZHEIMER’S DISEASE STORYBOOKS ON YOUNG CHILDREN AND PARENTS
E. Sakai, B.D. Carpenter, Washington University, St. Louis, Missouri

Health education about Alzheimer’s disease (AD) is important for the entire family unit. Storybooks are one method of introducing AD to young children. This study examined the effects of reading an AD storybook on children and parents. Utilizing a within-subjects design, fifty-five dyads, including a 7- or 8-year-old child and one parent, read and discussed a storybook about AD. Assessments at three time points targeted child and parent AD knowledge, attitudes about AD, willingness to approach people with AD, and emotional response, as well as parent self-confidence in discussing AD. Outcomes generally improved after reading, and in some cases, there were additional gains following the discussion. Child (p < .001) and parent (p < .001) AD knowledge were higher after reading the storybook. Child (p < .001) and parent (p < .001) attitudes about AD were more positive after reading the book. Both children (p = .002) and parents (p < .001) indicated greater willingness to interact with individuals with AD. Parent positive affect after discussion was lower than after reading the book (p = .002), but not different from baseline; there were no significant changes in child positive affect or child and parent negative affect. Parent self-confidence about discussing AD increased both after reading (p < .001) and discussing the book. Storybooks can provide information about AD, model adaptive behaviors, and improve attitudes about the disease, all without increasing distress in children and their parents. Further, storybooks may increase parent self-confidence in discussing a difficult health topic like AD.

COMPARING FORMAL AND INFORMAL CAREGIVERS’ PERCEPTIONS OF DELUSIONS AND HALLUCINATIONS IN DEMENTIA
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This study compares formal and informal caregivers’ perceptions of delusions and hallucinations in older persons with dementia. Participants were 151 community dwelling persons from Israel aged 65 and over with dementia. Assessments included the Behavioral Pathology in Alzheimer’s Disease Rating Scale (BEHAVE-AD), Neuropsychiatric Inventory (NPI), Etiological Assessment of Psychotic Symptoms in Dementia (EAPSID), Activities of Daily Living, and Mini Mental State Examination (MMSE). Informal caregivers reported higher rates and a higher level of severity of delusions and hallucinations in comparison to formal caregivers. Different caregivers showed varying degrees of empathy and of efforts to find the meaning of the delusion for the person experiencing it. Family members and staff members may see different parts of the total picture. Hearing both formal and informal accounts is important in order to enhance the understanding of the reality of the person with dementia and the different caregivers and thereby to clarify the options for intervention.

“THEY’RE REALLY KIND OF THE ‘FORGET ABOUT’ PEOPLE”: STAFF PERCEPTIONS OF A DEMENTIA CARE UNIT
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Dementia care units (DCUs) provide specialized care for residents with dementia and are usually situated within a larger long-term care setting. Often, residents of a DCU are subject to stigma from residents and staff members of other levels within the larger setting. This stigma becomes especially apparent when it is perceived that resources are limited, in that there may not be an equal allocation of funding or other material resources across levels. The experiences of more independent and vocal residents, who are most capable of advocating for themselves, may come to be viewed as a higher priority than the experiences of those who are less vocal, such as DCU residents. This presentation examines the ways in which staff members of a DCU perceive how the DCU fits into a larger long-term care setting including assisted living suites and independent living apartments. The discrepancy between the ideal and the reality of the treatment of DCU residents is discussed. Differences in food, décor, activities and other aspects of life in the DCU are described, as are the actions that DCU staff members take in an attempt to address these differences. Data for this presentation were drawn from two multi-year, NIA-funded qualitative studies, “Stigma and the Cultural Context of Residential Settings for the Elderly” and “Autonomy in Assisted Living: A Cultural Analysis,” and from an independent project on stigma. Data consisted of over 80 sets of observational field notes and more than 20 ethnographic interviews with staff, family, and residents of a DCU.

CLINICAL COURSE AND DRIVING RECOMMENDATIONS FOR VETERANS SEEN IN VA GERIATRIC EVALUATION AND MANAGEMENT (GEM) AND MEMORY CLINICS
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As cognitive functions decline, the capacity to safely operate a vehicle does as well. Persons with cognitive impairment, most notably dementia, are at increased risk for driving hazards such as traffic accidents, travelling at unsafe speeds, and becoming lost. Despite increased risk of accidents, as many as 30% of patients with cognitive impairment continue to operate motor vehicles (Kennedy, 2009). Although best clinical practices incorporate assessment and intervention for impaired drivers, management of driving risk remains a notable challenge for clinicians. Additionally, there are important gaps in knowledge regarding the clinical trajectories of patients after intervention. As part of an investigation into the clinical course of Veterans with cognitive impairment assessed in specialty geriatric settings within the Department of Veterans Affairs, the present study sought to explore documented feedback practices and referral outcomes for patients advised to modify or discontinue their driving practices. Using a retrospective review of electronic medical records, 349 Veterans with cognitive impairment (age M
M.M. Hilgeman1,2, R.S. Allen2

RESEARCHERS

MEMORY LOSS AS A TOOL FOR INTERVENTION

EXAMINATION OF THE INDEX FOR MANAGING

Concerns will also be addressed.

cerns will also be addressed. Preliminary findings suggest that Veterans with cognitive impairment who reported driving at the time of intake were unlikely to follow-through with clinician-recommended driving evaluations. Additional results that describe follow-up visits to VA clinics, outcomes from visits, and healthcare utilization will be discussed. Clinical implications for safety recommendations and documentation of driving safety concerns will also be addressed.

ASSESSING COPING IN EARLY DEMENTIA:

EXAMINATION OF THE INDEX FOR MANAGING MEMORY LOSS AS A TOOL FOR INTERVENTION

RESEARCHERS

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Qualitative research examining the lived experience of individuals in the early to mild stages of dementia has offered insight into numerous coping strategies employed by individuals as they navigate diagnoses, declines in independence, and shifting social roles. Despite this work and increasing emphasis on including individuals with dementia in interventions to reduce distress—a well-validated scale quantifying coping strategies is not yet available. The current study presents preliminary psychometric data on the Index for Managing Memory Loss scale (IMMEL; a clinical tool developed by Keady & Nolan, 1995) using baseline assessment data from a small intervention pilot study. Eighteen individuals with mild dementia (M = 82.79 yrs old; 68.4% female; 53% African American) rated their use of 42 coping strategies. Endorsed items were also rated for helpfulness on a 3-point scale (very helpful to not really helpful). Scores were calculated using a count of coping strategies and a mean helpfulness rating. Results revealed good variability in scores (Range: 20-32, M = 25.72, SD = 3.77) and acceptable internal consistency (Chronbach’s alpha = .733). Item-level analyses were examined for frequencies as well as potential item deletions to improve reliability statistics and reduce participant burden. Bivariate correlations explored convergent validity with quality of life (-.52, p = .03), depressive symptoms (.54, p = .02), and related constructs. Examination of the IMMEL at post-intervention assessment revealed that it is sensitive to change over time following an intervention (Cohen’s d = 0.89). This scale shows promise for use in intervention research in the future.

PERCEIVED STIGMA IN PERSONS WITH EARLY-STAGE DEMENTIA: FINDINGS FROM A LONGITUDINAL STUDY

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Experienced stigma related to dementia has been increasingly recognized as a factor impacting on outcomes with this growing older adult population. This longitudinal study examined perceived stigma in persons with dementia (PwD), with 50 PwD subjects and 47 (N = 97) corresponding family caregivers. Data were collected at baseline and at 6, 12, and 18 months regarding perceived stigma, measured by the Stigma Impact Scale (SIS) and quality of life (QoL) outcomes, including depression, anxiety, behavioral symptoms, personal control, physical health, self-esteem, social support, and activity participation. Findings included stability in perceived stigma which did not show a downward trend until 18 months. Significant differences at baseline were found only for geographic location (rural vs. urban) with persons living in urban areas having higher levels of SIS internalized shame compared to rural counterparts. Cognitive functioning was significantly, positively related to the SIS social rejection and social isolation subscales. Linear mixed model (LMM) or generalized LMM (for depression) analyses revealed some aspect of perceived stigma (SIS) was associated with each QoL outcome. Social rejection explained anxiety, behavioral symptoms, health, and activity participation. Internalized shame explained anxiety, personal control, health, self-esteem, social support understanding and assistance, and activity participation. Finally, social isolation explained depression, anxiety, personal control, health, self-esteem, social support understanding and activity participation. The complexity and relevance of perceived stigma in impacting QoL outcomes was evident from these findings.

THE ROLE OF POSITRON EMISSION TOMOGRAPHY IN DETECTION OF HIV-ASSOCIATED NEUROCognitive DISORDER: A PILOT STUDY

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Milder forms of HIV-associated Neurocognitive Disorder (HAND) are increasingly being recognized. Positron Emission Tomography (PET) has been used in detection of AIDS-dementia complex and may have utility with milder forms of HAND. The present study examined use of PET in detection of HAND via correlation with neuropsychological (NP) testing. A convenience sample of 15 HIV patients with suspected cognitive impairment was assessed via NP testing. Neurocognitive measures targeted vulnerable domains of processing speed, attention/working memory, executive functions, learning/memory and fine motor speed using established/standardized measures including the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV) Digit-Symbol Coding and Digit Span subtests, Wisconsin Card Sorting Test (WCST), California Verbal Learning Test – 2nd Edition (CVLT-II) and Grooved Pegboard. Seven patients had neurocognitive impairment based on NP testing. Eighty-six percent of these had abnormal PET scans. Hypometabolism within the anterior brain network was related to attention/working memory impairment based on WAIS-IV Digit Span (r = .75) and CVLT II Trials 1-5 (r = .100) scores. Additionally, hypermetabolism within the posterior cingulate region was associated with less fine-motor impairment based on Grooved Pegboard Dominant (r = .94) and Non-dominant (r = .83) performance. These preliminary results suggest PET could be useful in detection of HAND and the characterization of its underlying neuropathological substrates.

GENOME-WIDE ASSOCIATION STUDY OF RATE OF COGNITIVE DECLINE IN FOUR ALZHEIMER’S DISEASE SAMPLES

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Background: Variability in cognitive decline in Alzheimer’s disease (AD) cannot be entirely explained by demographic, health, or clinical features, so genetics are likely partially responsible. Determining genetic underpinnings of the variability in the rate of cognitive decline in AD might help reveal previously unidentified biological pathways responsible for disease progression. Methods: We combined measures of global cognition across 4 large studies of persons with AD using psychometric methods. Studies included the Alzheimer’s Disease Neuroimaging Initiative (N = 301), National Alzheimer’s Coordinating Centers (N = 865), Religious Orders Study/Rush Memory and Aging Project (N = 323), and AddNeuroMed study (N = 123). We estimated genome-wide associations (GWA) using generalized estimating equations with an interaction between AD duration and SNP. Results: Rate of decline over a median 3.1 years in our pooled sample was heritable (h2 = 0.38).
GWA identified several variants strongly associated with rate of decline, including SNPs in MANB4A (P=8.28E-10), KCNJ14 (P=3.17E-09), MAP3K1 (P=1.36E-08), and HIBADH (P=1.36E-08). Conclusions: Genes influence rate of decline. These genes are distinct from those that influence AD risk. These findings have important implications for determining the genetic architecture of the rate of cognitive decline in AD. This new knowledge may contribute to clinical-physiological studies designed to reveal biological mechanisms to help researchers determine the etiology behind rates of clinical progression of AD.

IMPROVING SPECIALIZED DEMENTIA CARE ACCESS TO RURAL VETERANS: A DEMONSTRATION PROJECT

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The University of Utah in conjunction with the Office of Rural Health at the Veterans Affairs Medical Center in Salt Lake City, Utah, and the Institute for Cognitive Health at St. Johns Hospital in Jackson, Wyoming, designed a demonstration project in rural Idaho and Wyoming to improve access to specialized dementia care services to rural Veterans. This project has been running since 2011 and has served 210 rural Veterans. In a collaborative effort, neurologists, neuropsychologists, health educators and social workers developed a multi-step process to identify, contact and assess rural Veterans for memory complaints. Through mass mailings and other media outlets the details of the program were publicized throughout Western Wyoming and South East Idaho. Once identified, a social worker or health educator conducts a brief telephone memory screen and if the screen is positive, a follow-up visit is scheduled at closest VA community based outpatient clinic (CBOC). At this visit a more formal cognitive assessment occurs with mental status testing. If screened positive, a referral is made for a comprehensive neurological evaluation and neuropsychological testing. In order to complete this testing, a neuropsychologist from the University of Utah conducts an interview via telehealth, with a psychometrist assisting at the Jackson site. This comprehensive evaluation also included the proactive use of social work and health education services to assist the patient and family with unified care planning. Details of the program will be discussed and results from the outcome measures of the project will be presented.

RACIAL DIFFERENCES IN DEMOGRAPHIC, HEALTH, AND COGNITIVE FACTORS OF BEHAVIORAL SYMPTOMS OF DEMENTIA

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The Need Driven Dementia Compromised Behavior model explores the interaction between structural background factors and dynamic proximal factors that influence care recipient behavioral symptoms of dementia. The purpose of the study was to compare the influence of background factors of Black and White care recipients on behavioral symptoms of dementia. Secondary data analysis of caregiver/care recipient dyads from the Aging Dемographics and Memory Study was conducted. Subjects were n=148 Black and n=594 White dyads. Background factors included demographics (marital status, education), health status (dementia type, Blessed score), and cognitive factors (CDR, DSRS, and MMSE scores). Caregiver reports of care recipient behavioral symptoms of dementia (i.e., delusions, hallucinations, agitation, and depression) were also assessed. Background factors of Black and White dyads were compared with independent t tests or chi-square tests. Logistic regression was utilized to test associations between background factors and care recipient behavioral symptoms. Compared to White care recipients, Black care recipients had lower education, were less likely to be married, and had lower MMSE scores. Logistic regression indicated that higher Blessed, CDR, and DSRS scores were associated with increased odds of all dementia related behaviors in both black and white care recipients. Black care recipients had decreased odds of depression, female care recipients had more delusions and hallucinations than men, and older age was associated with increased odds of hallucinations and agitation. Results suggest that background factors may play a role in the report/recognition of behavioral symptoms of dementia and should be considered when working with families of persons with dementia.

SESSION 210 (POSTER)

DISABILITY, FALLS, AND MOBILITY

TRENDS OF DISABILITY IN THE OLDER ADULTS MAY VARY UNDER DIFFERENT MEASUREMENTS: AN ILLUSTRATION IN THE CHINESE ELDERLY POPULATION FROM 2002 TO 2008

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Activities of daily living (ADL) and Instrumental ADL indexes as the routine measures in disability trend studies, are both self-reported dependency/difficulty on the daily activities, and thus are limited to differentiate the contextual activity barriers and intrinsic body impairment in the elderly population. This study examines four types of disability measurements in the Chinese elderly disability trend analysis: 1) the self-reported difficulty in IADL, 2) the self-reported dependency in ADL, 3) the self-evaluated function performance, and 4) the objective performance in function tests. The data are from three waves of the Chinese Longitudinal Healthy Longevity Survey (CLHLS) in 2002, 2005 and 2008. The results showed contrasting trends co-existed under four different measurements in the same period. The fact that the negative trends based on objective performance was opposite to observed improvements in ADL and IADL among the Chinese older adults suggests that the ADL and IADL improvement could be largely due to the changes in the living environment of the elderly instead of the intrinsic improvement of body function. To better understand the source of disability in the elderly population is extremely important for medical interventions, elderly care and public policy development and we call for more attentions to such a measurement problem in the current disability trend studies.

AGE-RELATED IMPAIRMENT OF STEP-OVER ABILITY AND ITS SELF-ESTIMATION IN OLDER ADULTS WITH HIGH AND LOW FREQUENCY OF GOING OUTDOORS

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Although an inactive lifestyle in older adults has been shown to cause a deterioration in daily physical function, this inactive lifestyle might have a greater role in the impairment of self-awareness/self-estimation of deteriorating physical function, which could result in action-related risks such as falls. We studied 202 older adults with high- and low-frequency-outing lifestyles who participated in both self-estimation and physical performing tasks of a stepping-over test (SOT). The high frequency of going outdoors group (HG) included older adults who tended to go out daily, whereas the low frequency of going outdoors group (LG) included those who went out every few days or with a lesser frequency. Both groups first performed the self-estimation task of the SOT, in which they predicted/estimated a maximum height (EH) that could be reached when stepping over a horizontal bar placed at a distance of 7 m. They then performed the physical performing task of the SOT, in which the maximum height (AH) of the bar was measured after the successful
IMPACT OF FALLS AND RECURRENT FALLS ON FUNCTIONAL DECLINE IN COMMUNITY-DWELLING OLDER JAPANESE ADULTS

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Background: Low functional status is both the cause and the result of incident falls but few have investigated the latter. The objective of the present study was to investigate the impact of falls and recurrent falls on the functional decline in community-dwelling older adults. Methods: This was a 1-year prospective study in 319 older adults (119 men and 200 women) aged 65-87 years (72.9 ± 5.4 yr). Trained testers performed baseline assessment of falls (>= 1) and recurrent falls (>= 2) and 1-year reassessment of the following outcome measures: gait speed, one-leg balance, Tokyo Metropolitan Institute of Gerontology index of competence (TMIG-IC). At 1 year of follow-up, participants who had declined by >= 1 standard deviation (SD) below the baseline mean value of each outcome measure were classified as “decliners”. Multiple logistic regression analysis was used to assess the impact of falls on functional decline in each outcome measure. Results: At baseline, prevalence of fallers and recurrent fallers were 16.9% and 4.7%. At 1-year follow-up, incidence of functional decline in gait speed, single-leg balance, and TMIG-IC were 6.2%, 8.8%, and 2.7%, respectively. Only fallers experienced significantly greater declines in gait speed and TMIG-IC. Multiple logistic regression analyses showed that previous fall was a significant independent predictor for decline in gait speed (adjusted odds ratio: 4.11, 95% confidence interval: 1.52-11.12, P < 0.01) but not significant for TMIG-IC. Conclusion: Falls including one time fall have a significant negative impact on gait in community-dwelling older Japanese adults.

THE TEMPORAL RELATIONSHIP OF LIFE-SPACE MOBILITY, COGNITIVE FUNCTION, AND DEPRESSIVE SYMPTOMS IN OLDER ADULTS

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Background: Lower cognitive function in older adults is known to be associated with reduced spatial mobility measured by life-space, but the temporal association between the two is unclear and the potential longitudinal interrelationship with depressive symptoms is not known. Methods: Participants from the UAB Study of Aging (N=589) completed baseline and four-year in-home assessments, which included the Life-Space Assessment (LSA) as well as measures of cognitive function (composite index of the Mini-Mental State Exam [MMSE] and spontaneous clock-drawing test [CLOX1]) and depressive symptoms (15-item Geriatric Depression Scale [GDS]). Structural equation modeling with cross-lagged pathways was used to simultaneously examine the effects of these three baseline measures on each other at follow-up, adjusting for demographics, medical comorbidity, and transportation difficulty. Results: Life-space at four-year follow-up was positively associated with baseline cognitive function (p=0.043) and negatively associated with depressive symptoms (p=0.002). Cognitive function at year four was predicted by baseline life-space (p=0.024) but not depressive symptoms. Depressive symptoms at follow-up were predicted by baseline cognition (p=0.043) but not life-space. The effects of cognition and depressive symptoms on subsequent life-space were greater than the effects of life-space on cognitive and mental health. Conclusions: Life-space, cognitive function, and depressive symptoms show complex interrelationships over time. The primary effect was cognition and depressive symptoms predicting later life-space, although significant bidirectional effects were observed.

TRAJECTORIES OF PHYSICAL FUNCTIONING IN OLDER ADULTS WITH LATE-ONSET DIABETES: GENDER AND RACE/ETHNIC VARIATIONS

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Objectives: To describe the trajectories of physical functioning upon diabetes diagnosis at age 50 and older, and explore race/ethnic, and gender variations in these trajectories. Methods: Hierarchical Linear Models of Health and Retirement Study data quantify the 14-year change in ADL/IADL and mobility disability upon diabetes diagnosis. Results: Over the course of late-onset diabetes, after controlling for age and cohort differences, both ADL/IADL and mobility disability accelerate according to a quadratic function. Compared to Caucasian men, minority women (specifically African American women), and Hispanic men, had the highest disability levels at diagnosis. Hispanic men experienced faster functional decline in ADL/IADL and mobility disability, and Hispanic women had faster decline in functional disability. Education significantly reduced racial/ethnic and gender differences at diagnosis and over the course of illness; but it did not account for the faster progression in Hispanic men. Conclusion: Even in old age, incident diabetes is characterized by accelerated disability. Minority women and Hispanic men are the groups at greatest risk of poor functioning upon diabetes diagnosis.

BALANCE EFFICACY IS MORE RELATED TO FITNESS THAN POSTURAL CONTROL IN OLDER ADULTS

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One in three older adults falls each year. Self-report measures are commonly used to assess an individual’s perception of their own balance ability. The purpose of this study was to determine how well a self-report measure (Balance Efficacy Scale [BES]) related to postural control, and to examine the effect of lower confidence on physical outcomes such as dynamic balance and fitness. One hundred and eleven community-dwelling older adults (71 females, 40 males) aged 61 to 91 (M=75.10, SD=6.12) completed the Sensory Organization Test (SOT; a measure of postural control), the BES, and the Senior Fitness Test (SFT). Results indicated a medium but significant relationship between BES scores and the SOT (r=.33, p<.001). However, the strongest relationships were between the BES and aspects of the SFT, specifically dynamic balance (8 ft up-and-go; r=.48, p<.001) and fitness (2-minute step test and 6-minute walk; both r>.50, p<.001). These findings suggest that some individuals with low balance efficacy may have adequate use of their sensory systems to maintain postural control. However, they may limit their activity and adopt a more sedentary lifestyle due to their lack of confidence. As a result, a decline in physical fitness and dynamic balance may occur. Therefore, individuals with low balance efficacy should have their postural control tested and have feedback provided so that they do not unnecessarily reduce...
physical activity. This work suggests the need for consideration of the psychological impact of confidence, or lack of confidence, on physiological outcomes.

PSYCHOMETRIC PROPERTIES OF THE FALLING QUESTIONNAIRE IN OLDER ADULTS
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Hip fractures are one of the most serious injuries related to falls in older adults, often leading to permanent disability and death. Many older adults develop a fear of falling after suffering a hip fracture. Fear of falling predicts future falls and is associated with restriction in activity, decreased life satisfaction, and frailty. Therefore, developing reliable and valid methods for assessing fear of falling in this high-risk group can help researchers identify factors that may aid recovery and treatment. The Falling Questionnaire (FQ) is a new, shortened form of the Fear of Falling Questionnaire designed to assess fear of falling in older adults. The FQ was adapted for use with physically impaired older adults, and thus may be a valid alternative to the current gold standard when assessing older adults with activity restrictions. To this aim, the psychometric properties of the FQ were assessed in a large sample (N = 353; 76% female) of older adults (M = 78 years) undergoing rehabilitation after hip fracture as well as a comparison sample of healthy adults (N = 81; 67% female; M = 77 years). The FQ demonstrated strong internal reliability and test-retest reliability at 4 and 12 weeks following hip fracture. As expected, the FQ was positively correlated with the Falls Efficacy Scale International, offering support for convergent validity. Factor analyses were conducted and will be discussed. The results suggest that the FQ is a valid and reliable measure for assessing fear of falling in older adults after hip fracture.

SLEEP WELL: THE EFFECT OF SLEEP QUALITY ON FALLS IN OLDER ADULTS
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Falls are the leading cause of injurious death in older adults. Sleep problems are a common disorder among older adults, and poor sleep, which can reduce cognitive and motor performance and decrease proprioception, may increase fall risk. We use data from the 2002 and 2004 waves of the Health and Retirement Study to determine if older adults who report sleep problems in 2002 have increased risk of falling between 2002 to 2004. We focus on three dimensions of poor sleep: frequent nighttime awakenings, frequency of waking too early, and feeling rested upon waking. We use logistic regression to examine associations between multiple indicators of sleep quality and risk of experiencing a fall, and experiencing an injurious fall. Frequent trouble sleeping through the night (OR: 1.17, 95% CI: 1.04–1.32) and waking up too early (OR: 1.17, 95% CI: 1.01–1.35) increased likelihood of having experienced a fall since the previous wave, suggesting that poor sleep quality increases the future risk of falls. Education (OR: 1.15, 95% CI: 0.99–1.33), being Hispanic (OR: 0.88, 95% CI: 0.72–1.05) or Asian/Other (OR: 0.82, 95% CI: 0.57–1.16), or having trouble falling asleep (OR: 1.14, 95% CI: 0.99–1.33), did not increase risk of falling. Chronic conditions (OR: 0.99, 95% CI: 0.93–1.06), trouble falling asleep (OR: 1.04, 95% CI: 0.82–1.31), education (OR: 1.06, 95% CI: 0.95–1.18), being Hispanic (OR: 1.24, 95% CI: 0.89–1.71) or Asian/Other (OR: 1.01, 95% CI: 0.48–2.15), did not influence risk of fall injury. Sleep quality appears to impact risk of falling among older adults.
Support (OR 1.671; 95% CI 1.08-2.58) and incontinence of the person cared (OR 1.671; 95% CI 1.08-2.58). After adjusting for age, gender, education, depression, leisure time activities and vacations having social support was the most important protective factor for burden of caregiver (OR=5.43; 95% CI 2.89-10.2) Conclusion. Initiatives aimed to enhance social support of family caregivers are crucial to ensure quality of care and QoL of both the carer and the recipient of care.


Caring is time-consuming for informal caregivers and balancing with their social life is one of their main concerns. Female caregivers will value social engagement more than men, and this will be especially true in the United States, where women are more likely to work outside the home and to value outside social activities, relative to Japanese women. Care duration is also an important factor in terms of developing coping strategies and in cumulative fatigue, especially in Japan where more caregivers are co-resident. In this study, we examine the relationship between caregiving and social activity restriction for informal caregivers in the US and Japan. Data are from the US National Study of Caregiving (NSOC) of the National Health and Aging Trends Study (NIATS) (n=2007), and the first wave of the Fukui Longitudinal Caregiver Survey in Japan (n=2510). Outcomes were the restriction of having time for themselves, visiting friends, and social groups. Most caregivers were female (67% in the US and 76% in Japan.) About half of US caregivers and one third in Japan had provided care for more than 5 years. Multivariate logistic regression models showed female caregivers in both countries were more likely than men to report that caregiving interfered with social activities with somewhat larger magnitude in the US. Longer care duration appears to be associated with worse social participation for Japanese caregivers, in particular, when they provide care more than 5 years. Features of gender roles and caregiving experience in both countries will be discussed.

THE INFLUENCE OF MOTHER’S HEALTH ON DAUGHTER’S DISTRESS: CAREGIVING AMONG MEXICAN AMERICAN ADULTS

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Caring and its related stressors have been shown to influence mental well-being. These associations tend to vary by the medical conditions of the person receiving care with mental health problems being more salient for caregivers’ well-being than physical health issues. In the current paper, we examine whether mental and physical health status of older mothers is associated with depressive symptoms in their caregiving daughters. We use data from the Hispanic Established Populations for the Epidemiologic Studies of the Elderly (Hispanic EPESE) a population-based sample of older Mexican American adults living in the southwestern U.S. Data collection first took place in 1993/1994 and follow-up data collection has been conducted every two to three years. In Wave 7 (2010/2011) when respondents were 80 years and older, they were asked to provide contact information for a child or person who gives them the most advice or help or knows them the best. Overall, 925 informants completed a survey on their own health, the caregiving experience, and the health and functioning of the respondent. In the current paper, we limit the sample to female caregivers and their mothers (N=298). We find that physical health conditions and disability are not significantly related to daughter’s depressive symptoms. However, having a mother with more depressive symptoms or a higher score on the Neuropsychiatric Inventory (NPI), a measure of psychopathology of dementia, was associated with more depressive symptoms among daughters. Findings highlight the evidence of concordant mental health problems among mothers and their caregiving daughters and the distress resulting from problematic behaviors associated with cognitive decline.

EMOTIONAL WELL-BEING AND SELF-PERCEIVED PHYSICAL HEALTH OVER TIME AMONG AFRICAN AMERICAN AND WHITE MALE CAREGIVERS OF OLDER ADULTS


This study is a longitudinal, secondary data analysis of the Family Relations in Late Life (FRILL) 2 study. Using the Pearlin stress process model (SPM) as a guide, the purpose of this study was to examine emotional well-being and self-reported physical health over 36 months among African American and White male caregivers of older adults living in the community. A two-level Hierarchical Linear Model (HLM) was used to predict changes over time for anger, anxiety, depressed affect, resentment, and self-reported physical health and examined the influence of race and constructs suggested by the Pearlin SPM. Race was not a significant predictor of any of the outcome variables, suggesting that African American and White male caregivers are similar in their responses to the demands of caregiving and that these responses remain relatively stable over time. Mutual communal behavior, activity restriction, and perceived social support were significant predictors of outcomes over time. Caregivers who reported higher mutually communal behavior reported less anxiety and resentment and better health over time. Greater activity restriction was linked to more anger, anxiety, depressed affect, and resentment over time, and more perceived social support was linked to less depressed affect and resentment over time. These findings are consistent with previous research showing that increased social isolation and lack of support from family and friends contributes to negative emotional well-being. Further, these deficits may have a cumulative effect over time for both African American and White male caregivers.

THE INFLUENCE OF ACCULTURATION ON KNOWLEDGE OF ALZHEIMER’S DISEASE AMONG LATINO CAREGIVERS

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The present study examined the relationship between acculturation and knowledge of Alzheimer’s disease (AD). It is hypothesized that: (a) the response patterns of highly acculturated Latina caregivers will resemble that of their non-Latino White counterparts; and (b) high acculturated Latinas will have more accurate knowledge of AD than those with low acculturation. Latina and non-Latino White dementia caregivers were recruited (N = 183; 96 non-Latino White; 87 Latina). The Knowledge of Alzheimer’s Disease Questionnaire was used to assess attitudes and beliefs regarding AD. Finally, the Acculturation Rating Scale for Mexican Americans was used to assess for level of acculturation only in the Latina caregivers. Significant ethnic group differences in total number of correctly endorsed responses were found: non-Latino White caregivers were significantly more knowledgeable about AD than even the highly acculturated Latinas. No significant differences were found between high and low acculturated Latinas in total number of correctly endorsed responses. Item analyses indicate that the response pat-
terms of the less acculturated Latinas reflected more culturally bound beliefs regarding AD. Given the dearth of research on acculturation and its impact on health beliefs, these results may be used as a means of developing programs and tailoring educational materials. The current study builds a foundation for future research on acculturation and its impact on knowledge of beliefs concerning other chronic illnesses.

MEASURING CULTURAL JUSTIFICATIONS FOR CAREGIVING IN AFRICAN AMERICAN AND WHITE CAREGIVERS OF PERSONS WITH DEMENTIA
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Familial roles, responsibilities, and perceptions about illness and aging are a few of the concepts that, together with race and ethnicity, help form attitudes or beliefs about caregiving. This paper will describe the psychometric properties of the Cultural Justifications for Caregiving Scale (CICS, Dilworth-Anderson, Goodwin, & Williams, 2004) for a group of African American and White caregivers. The CICS measures the cultural reasons for and expectations about providing care to an older relative. CICS data were collected from 202 adults caring for an older relative with memory impairment. Data were analyzed for reliability, factor structure, and correlations with other measures pertaining to the caregiving experience. High levels of reliability were found for the CICS, and exploratory factor analyses suggested two underlying factors relating to Duty and Reciprocity. However, when the 10-item measure was examined for each subsample, differential factor loadings appeared for African American and White caregivers. More specifically, when the full sample was broken down by race, two items (i.e., provide care because of religious beliefs and provide care because my family expects me to) appropriately loaded onto differential factors (e.g., loaded at a .50 or above), resulting in the emergence of different subscales by race and supporting the improvement of reliability estimates. Findings suggest the CICS is a reliable measure for use with African American and White caregivers. Moreover, cultural motivations to provide care may differ for ethnically diverse CGs based on religious backgrounds and beliefs about family expectations.

LESSONS LEARNED FROM EXPOSING OLDER AFRICAN AMERICAN CAREGIVERS TO DANCE AND MOVEMENT THERAPY
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With the increasing older adult population, increasing medical and formal care costs, and decreases in family size, optimal health of the caregiving population is essential to provide care to loved ones. Dance and movement therapy (D/MT) is a certified, clinical program that uses expressive and therapeutic techniques to improve physical, emotional, and cognitive health. D/MT is used primarily in clinical settings, therefore research investigating its use and acceptance by older community-dwelling African Americans is limited. However, African American caregivers may be responsive to a D/MT program since there is evidence that dance interventions have increased the functional capacity of African American women (Murrock and Gary, 2008). The primary goal of the current study is to examine the acceptability of a D/MT program for older African American caregivers by focusing on participant interest and belief in their ability to perform program techniques. Twenty African American caregivers, aged 65 and older, were recruited from Birmingham, Alabama to participate in a focus group and a telephone assessment. Caregivers viewed a brief video presentation demonstrating techniques tailored to older adults who may have a limited range of motion and no prior dance experience, which was created by a certified dance and movement therapist. During the focus groups, open-ended questioning obtained participant expectations about performing D/MT techniques and barriers to participating in a movement program. Additional data was collected over the telephone with standardized measures of quality of life, social support, and caregiver burden. Analyses of both the qualitative and quantitative data will be presented.

TRAJECTORY OF SELF-MANAGEMENT ACTIVITIES AMONG DIABETIC AFRICAN-AMERICAN PRIMARY CAREGIVING GRANDMOTHERS

Background: Because of their caregiving role, diabetic African-American caregiving grandmothers may face challenges in engaging in self-care necessary to manage their diabetes. However, no studies have longitudinally explored the trajectory of these activities in this population. Purpose: To explore the trajectory of self-management activities among diabetic African-American primary caregiving grandmothers. Methods: Using a convergent parallel mixed-methods design, six diabetic African-American caregiving grandmothers in North Carolina were interviewed in-depth 5 times over 18 months and completed a survey about frequency of diabetes self-care activities. The survey questions were repeated during the interview. During analysis, codes were developed and defined in a code book. Interviews were coded with data organized in a matrix facilitating deep understanding of each case and cross-case analysis. Qualitative and quantitative data were merged to compare results using side-by-side comparison. Results: Decreases in self-care activities were noted during “stressful” times such as graduation activities and illness of other family members. Conversely, increases in self-care activities were noted before appointments with healthcare providers. During the interviews, the participants provided more detail regarding their health behaviors. Multiple discrepancies were found between survey data and interview data. Conclusions: Caregiving stressors may impede diabetes self-care activities among diabetic African-American caregiving grandmothers. Results call into question whether surveys alone are an adequate method for collecting health behavior data. Future directions for research include developing interventions assisting this population in consistently engage in self-care activities. Additionally, exploration is necessary to find the most effective methods for collecting data on health behaviors.

SOURCES OF CAREGIVER STRESS AMONG AFRICAN-AMERICANS
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Purpose: This study identified sources of stress among African Americans caregivers. Method: A convenience sample of caregivers (N=110) who provided at least 5 hours of care per week to a relative 55 years old or older, was recruited from community settings in metropolitan areas in northeastern United States. They completed a self-administered questionnaire concerning caregiver stress and its potential determinants. Results: The average age of the caregivers was 42.5 (SD=15.3) years; 41.8% were employed full-time; 81.8% were females and 34.3% were sole caregivers; primary caregivers (65.1%) provided an average of 36.8 (SD=46.5) hrs. of care per week. The care recipient, on average, was 75.1 (SD=9.7) years old, had moderate functional status (ADL: 4.37 (SD=2.2) and IADL: 4.1 (SD=3.1)) mostly lived (51.8%) lived with a caregiver. The sample experienced low burden/stress (Zarit Caregiver Burden Interview (ZCBI), M=22, SD=13.58); positive perceptions of caregiving (Positive Aspects of Caregiving (PAC): 9.2 (SD=3.6)); moderate religiosity: 4.78 (SD=1.55) and moderate family disagreements: 2.28 (SD=1.13). High scores on CES-D scale (β=0.36**), lower scores on PAC (β=0.21**), more family disagreements (β=0.37**), and higher religiosity (β=0.27**), were significant predictors of ZCBI in regression analysis. They accounted for 50% of the variance in the ZCBI (Adj R2 .50**). IADLs, ADLs, weekly hours of care, and living with caregiver were not significant predictors. Conclusion: African American caregivers tend to experience low to moderate caregiver burden. The
HEALTH SERVICES IN INTEGRATED CARE SETTINGS: A PILOT STUDY

Introduction: Integrated behavioral health services increase service utilization and treatment success with older adults and high risk populations. This study assessed medical personnel’s attitudes and perceptions of behavioral health clinicians (BHC) using a new, brief self-report measure. Method: A 6-item survey was developed and given to medical providers from two healthcare systems (total N = 49) which include integrated behavioral health services designed for low-income individuals across the lifespan, including a specialty primary care clinic serving older adults. Survey items assessed providers’ attitudes and perceptions toward BHCs and included the following: Using BHCs improves my efficiency as a provider; Using BHCs improves overall patient care; BHCs help patients effectively address mental health concerns; BHCs help patients effectively address physical health concerns; BHCs help providers discuss mental health issues; BHCs are an important part of my practice. Providers rated each item from 1 (Strongly Agree) to 5 (Strongly Disagree). Results: In both health care systems, attitudes toward behavioral health were largely favorable. For all items, 73.3 to 100% of participants endorsed “Strongly Agree” or “Agree,” and no participant endorsed “Disagree” or “Strongly Disagree” on any item. Chi-square analyses in one sample revealed that those who interacted more frequently with behavioral health were more comfortable discussing mental health issues with their patients, x² (6, N = 49) = 13.43, p < .05. Discussion: Medical providers were found to hold favorable attitudes about BHCs in their integrated care settings. Some evidence suggests that increased exposure resulted in increased comfort using the services. Future studies should address medical providers’ opinions of BHCs in a variety of settings with larger samples to extend these pilot results.

EXPLANATORY FRAMEWORKS: OLDER WOMEN DISCUSS PLANNING FOR FUTURE HEALTH CARE NEEDS
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Given population aging, it is critical to expand our understanding of how aging individuals consider and make decisions about implementing planning for potential future health care needs. This study expands the limited narrative data concerning health care preparation by identifying explanatory frameworks for future health needs among older women. This study utilized a phenomenological approach to examine older women’s narratives regarding experiences and perceptions of planning for anticipated health needs. Using data from “Lifestyles and Generativity of Childless Older Women,” a content analysis was conducted on 194 interviews with Caucasian and African-American women age 64-98. Answers to five relevant questions were open-coded and condensed into six main themes representing actions taken to date or reactions to the prospect of needing care. Examination of narrative data revealed that women describe and contend with potential care needs across a continuum of six categories including: (a) Planners for Autonomous Care, concrete steps towards future care needs; (b) End of Life Planners, only plans for death or funerals; (c) Externally Reliant, reliance on family, God, or institutions to provide potential care; (d) Aware of Preferences, expression of a preferred method or location for health care delivery; (e) Wishful Thinking, hope that future care would not be needed; and (f) Avoidant, refusal to think about potential care needs. Exemplars of the six themes will be presented.

OLDER ADULTS’ PERCEPTIONS OF THE CLOSURE OF A COUNTY HOSPITAL IN RURAL SOUTH CAROLINA
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As they age, many older adults face chronic conditions, which can necessitate frequent medical care and/or lead to increased concerns about medical care. Additionally, living in a rural community poses its own unique barriers to older adults’ access to care, transportation, and community services. In the last year, the Bamberg County Hospital closed in Bamberg County, South Carolina leaving residents without a nearby source for urgent care. According to the U.S. Census Bureau (2010), 28.3% of adults age 65 years old and over in Bamberg County live below the poverty level, compared with 9.4% of same-aged adults in the general U.S. population. The purpose of this study was to examine how the closure of a county hospital affected the lives of older adults in a rural, medically underserved area. A purposive convenience sampling technique was used to recruit older adults in Bamberg County through the county Office on Aging, local doctors’ offices, and senior centers. Utilizing qualitative in-depth interviewing techniques, participants were asked about their access to health care, transportation barriers, and perceptions on how the hospital’s closure has impacted their own personal health and the well being of the larger community. The themes that emerged about barriers to care can be used to inform policy makers and service providers about challenges facing rural older adults as they age in place. After attending this session, participants will be able to identify the challenges and needs faced by older adults within rural communities when their access to medical care is compromised.

SEASONAL INFLUENZA VACCINATION RATES OF NURSING HOME STAFF ACROSS RURALITY
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Vaccination of healthcare workers is a key component to reducing rates of seasonal influenza in nursing homes. The purpose of this study was to examine variations in vaccination rates of staff across rurality. Data from the 2004 facility file of National Nursing Home Study were used to examine variations in rates of vaccinations among employees working in nursing homes (N=1,111). All analyses implemented the use of sample weights to correct for unequal probabilities in complex sampling strategies. Weighted bivariate analyses suggested significant differences in vaccinations rates of employees by geography (chi-square = 29.04, df=12, p < .001). Specifically, 4.13% of rural nursing homes had vaccination rates of 100%, compared to 2.56% in micropolitan and less than 1% in metropolitan areas. Nursing homes were more likely to have vaccination rates of greater than 80% if they were in rural areas (23.95%), as compared to their micropolitan (13.98%) and metropolitan (11.96%) counterparts. Next, multinomial logistic regressions were used to model the relationship between geography and vaccination rates after controlling for covariates that included facility characteristics, primary pay sources of residents, and staffing characteristics. Results are complex, but they generally reinforce the bivariate analyses suggesting a small advantage for rural nursing homes in regard to vaccination rates of employees. Variations in nursing home quality across rurality have been an active area of research, with most studies focusing on rural disadvantages. This study contradicts that general trend finding slight advantages in vaccinations rates of employees in rural nursing homes.

USING TAI CHI TO FOSTER MOTOR AND BALANCE SKILLS IN RESIDENTIAL SENIORS
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Twenty randomly selected adults in assisted living completed a Simple Tai Chi Exercise Program (STEP), with results compared to 20
matched controls in the same residential unit. All participants were evaluated using the Falls Efficacy Scale, Timed Up and Go Test, Tinetti Balance Scale, Functional Reach, Berg Balance Scale and day-to-day living activities requiring reach, balance, and ambulation, at baseline and after completing 10, 20, and 30 STEP sessions. Multivariate analyses indicated that STEP participants demonstrated significant a) declines in the likelihood of falling and in time needed to stand and ambulate, and b) increases in functional reach, balance, and performance of day-to-day activities (all $F > 8.94$, all $p < .0001$); no changes were observed for controls. Upon completion of the 30 sessions, controls were offered STEP participation after which comparable improvements were observed in 17 of 20 former controls. Participants who independently continued STEP activities were judged by staff and medical attendants to require the lowest level of physical support during ambulation, to incur the fewest falls, and to evidence the greatest balance and reach during the completion of day-to-day living activities.

**FUTURE TIME PERSPECTIVE AND HEALTH IN OLDER PEOPLE: IS THERE A RELATION AND IS IT INFLUENCED BY SOCIODEMOGRAPHIC VARIABLES?**

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Socioemotional Selectivity Theory (Lang & Carstensen, 2002) holds that as people grow older, perceived time left in life (Future Time Perspective-FTP) decreases, older people prefer emotional objectives and changes in social network are observed, promoting emotion regulation. Health has been described as influencing FTP. The aim of this study is to understand the relation between FTP and health in older people. Future Time Perspective Scale (FTP5), was administered to 207 Portuguese, 65+ years (Mean=77.17, $sd=7.53$; female=63.3%), living in the community or attending gerontological facilities. Psychometric properties of the scale and relations between FTP, sociodemographic variables, and health were tested. Factorial analyses of FTPs showed a unifactorial solution, good reliability ($\alpha=0.798$) and total variance explained of 37.2%. According to analyses of Cronbach’s Alpha if item deleted, no item was rejected. Subjects had a mean of 3.13 ($sd=1.26$) in FTPS and 2.55 ($sd=1.69$) diagnosis, average. FTP is related with age and gender (older people and women with more limited FTP), but no significant differences between education or occupation. Subjects with very good/good subjective health (24.6%) presented a significantly different ($p<.001$) higher mean than subjects with very bad/bad subjective health (35.7%). Number of diagnosis was negatively correlated with FTP. Considering the adjusted model for sex and age, the same associations were observed. Age and health (subjective/objective) seems to be independently explicative of FTP. Subjective health is a possible area to intervene with older people in order to make FTP more adaptive, possibly contributing to better wellbeing and satisfaction, diminishing negativity towards life.

**DEVELOPING AN ONLINE TRAINING FOR EVIDENCE-BASED FALL PREVENTION: PHYSICAL THERAPISTS AND THE OTAGO EXERCISE PROGRAM**

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Widespread dissemination of evidence-based fall prevention programs has posed several challenges for healthcare, community providers, and older adults. In an effort to address this challenge, the Carolina Geriatric Education Consortium developed an interactive online training program to train physical therapists (PTs) in the Otago Exercise Program (OEP). PTs typically are not familiar with evidence-based fall prevention programs nor the concept of delivering the program with fidelity. We believed developing an easily accessible training program for PTs could help to close the dissemination gap, but it was not known if this format would be acceptable to physical therapists or facilitate learning. The curriculum for the program was developed and reviewed by subject matter experts and then piloted with 8 physical therapists, 3 who were knowledgeable about OEP, 3 who did not know about OEP but were clinicians with over 10 years of experience, and 2 with 5 years of experience. Results indicated the online format was acceptable and engaging, the content was clearly explained, by the end of the course the participants understood the concept of program fidelity and participants were likely to implement the program with fidelity in the clinical setting. Pilot testers on average scored 85% on the final exam, indicating acceptable knowledge competency. Recommendations for improvement included providing a better linkage between performance of physical assessments and exercise prescription and to include ability to view assessment protocols throughout the online training. The curriculum was modified based on feedback and launched in early March 2013.

**RISKY BUSINESS: HOW THE DEFINITION OF HEALTH LITERACY MAY AFFECT WHO GETS TARGETED FOR INTERVENTIONS**

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Health literacy has become an increasingly popular construct in explaining racial and education-related health disparities. Past studies have not consistently found gender differences, but this may have been due to the operational definitions and measures used. In a sample of adults recruited from Amazon’s Mechanical Turk ($N = 374, M_{age} = 54.49$), a MANCOVA was used to analyze gender and racial differences in health literacy, controlling for education. Gender ($p < .001$, $η^2 = 11$) and race effects ($p < .001$, $η^2 = .05$) were qualified by a significant interaction effect ($p = .03$, $η^2 = .02$) on the combination of health literacy measures, though inspection at the level of the individual measures revealed only significant main effects of gender and race. Specifically, men had significantly lower subjective health literacy ($p = .01$), lower conceptual knowledge ($p < .001$), and lower scores on a health performance task ($p = .01$). Numeracy scores did not differ by gender. Significant main effects of race were found for all four health literacy measures (all $p < .02$). Post-hoc tests revealed Latinos had significantly lower means than Whites on all measures of health literacy. Blacks differed significantly from Whites on two of the four measures, conceptual knowledge and a health performance task. Blacks and Latinos only significantly differed on subjective health literacy. These findings suggest that men and minorities could benefit from interventions to improve health understanding, but the particular aspects of health literacy that should be targeted need to be considered based on the measurements used.

**AGING AND THE QUANTIFIED SELF: TECHNOLOGY AND ADHERENCE TO PHYSICAL ACTIVITY PROTOCOLS**

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The ‘Quantified Self’ approach refers to the trend among adults to monitor and share their behaviors, thoughts and moods using a variety of technologies. An increasing number of middle-aged and older adults are actively engaged in such monitoring, and the numbers are increasing. Distinct from tele-medicine, adults engage in self-monitoring for a variety of reasons, including: to establish a baseline against which to assess future behavior change, to monitor progress toward a specific goal, and to satisfy curiosity and maintain self-awareness (Wolf, 2011). One broad class of methods which enables people to monitor themselves is known as Experience Sampling Methods / Ecological Momentary Analysis. Using empirical data from projects in the Healthy Aging Lab at WVU, this paper illustrates middle-aged and older adults’ recording of physical activity behaviors using experience sampling approaches.
These studies share a similar protocol in which adults monitored behaviors up to five times a day for 6 to 10 days using palmtop computers. Among two samples of older adults (Steele, N = 42, M age = 71 yrs; Stahl & Patrick, N = 10, M age = 64 yrs), issues of accuracy and adherence to an activity regimen are examined. In a sample of middle-aged adults (Goedereis, N = 35, M age = 49 yrs), progress toward weight-loss goals are examined. All three studies contribute to our understanding of how self-monitoring may lead to behavior changes.

ALCOHOL, HEALTH AND IDENTITIES AMONG UK ADULTS IN LATER LIFE
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Increasing alcohol consumption among older individuals is a public health concern. Lay understandings of health risks and stigma around alcohol problems may explain this increase. A qualitative study explored older people’s reasoning about drinking in later life and how this interacted with health concerns. In 2010 a diverse sample (ages 51-90) in North East England participated in interviews (n=24, 12m, 12f) and three focus groups (participants n=27). Data were analysed following grounded theory and discursive psychology methods. Experiencing impaired health was identified as a reason to reduce alcohol consumption while continued heavy drinking was positioned as normal if well-being was experienced, or if ill health was construed as unrelated to drinking. When talking about alcohol use older people oriented strongly towards distinct, polarised identities of normal or problematic drinker, defined by propriety rather than health considerations. Older people could display skepticism about health advice on alcohol when avoiding stigmatised identity as a drinker. Preventive interventions for older populations should consider and support associated identity change and encourage at community level the identification of heavy drinking as neither healthy nor synonymous with dependence. Future research should assess such approaches.

ILLNESS PERCEPTIONS AND HYPERTENSION SELF-CARE BEHAVIORS IN OLDER KOREAN PATIENTS WITH HYPERTENSION
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As a set of beliefs about health threats, illness perceptions of individuals guide behaviors to cope with illnesses. The purposes of this study were to investigate illness perceptions of older Korean patients with hypertension and to investigate their impacts on hypertension self-care behaviors. A cross-sectional descriptive study was conducted. A convenience sample of 108 older patients with hypertension (M=76.2 yrs) completed self-administered questionnaires including demographic and health-related information, Illness Perception Questionnaire-Hypertension scale, and hypertension self-care behaviors. Data was analyzed using multiple regression analysis. Participants lived an average of 7.8 years after hypertension diagnosis. Mean scores of illness perceptions were timeline-acute/chronic(3.03), timeline-cyclic(2.19), consequence(1.93), control – personal(3.10), control – treatment(3.81), coherence(3.18) and emotion(2.40). After controlling for the covariates, significant factors affecting hypertension self-care behaviors were timeline-cyclic(β = -0.31, p = .042) and coherence(β = -0.83, p = .050). The results indicate that older Korean patients with hypertension tended to believe their hypertension were chronic, predictable, and less serious. They also had stronger sense to control hypertension and coherence, and more negative emotion regarding hypertension. Regression analyses showed that patients who believed that their hypertension was more predictable or who had stronger sense of coherence were more likely to conduct self-care behaviors. This study highlights significant influence of illness perceptions related to predictability and coherence on self-care behaviors in older Korean patients with hypertension. The findings emphasize the importance of examining illness perceptions and the development of psycho-cognitive interventions based on individuals’ illness perceptions to improve self-care behaviors of older hypertensive patients.

INTERGENERATIONAL SOLIDARITY AND MEDICATION ADHERENCE IN COMMUNITY DWELLING ELDERS

Medication non-adherence, estimated at 50%, impairs optimal aging in part by leading to 70% of hospital readmissions (Cutler & Everett, 2010; New England Health Institute, 2009). There is a deficit of literature addressing adherence in older adults and the possible influence that family members and adult children in particular may have on adherence in CDEs. This non-experimental, correlational survey of a convenience sample (N = 121) of attendees (age 60 and older) at two senior centers in the mid-Atlantic region used the intergenerational solidarity (IGS) framework (Bengtson & Roberts, 1991) to explore the relationship between affectual, functional and associational solidarity and medication adherence. After controlling for cognitive impairment (Mini-Cog, Borson, Scanlan, Brush, Vetallano, & Dokmak, 2000), a logistic regression was run to predict adherence. Findings indicated adherence (64.5%), as measured by the CMMAS-8 (Morisky et al., 2008), was predicted by pill burden (OR = 0.62, p < .05), but not depression symptoms or IGS measures. Further analysis indicated functional solidarity, as measured by the ISS (Fingerman et al., 2010), had a small ability to predict adherence (OR = 1.04, p < .05) in participants with low levels of depression symptoms. For women, affectual solidarity, as measured by the positive subscale of the PARQ (Pitzer et al., 2011), increased the odds (OR = 1.2, p < .05) of adhering to medication. These results suggest that measures of IGS may have a small and complex relationship with adherence behaviors in older adults.

ASSOCIATIONS OF TRUNK EXTENSION STRENGTH WITH QCT-BASED TRUNK MUSCLE DENSITY IN OLDER ADULTS
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Reduced trunk muscle density measured in quantitative computed tomography (QCT) scans is associated with low back pain, impaired physical function, and hyperkyphosis in older adults. However, there has not yet been a direct comparison of trunk muscle density with trunk extension strength (TES). We performed QCT scans of the lumbar spine in a sample of subjects (34 women, 12 men, age 78±7 years) from Boston RISE, a cohort study of older adult primary care patients. TES was evaluated as the 1 repetition maximum performed on a seated trunk extension machine. Muscle density was evaluated as the average attenuation, in Hounsfield Units (HU), of muscles in the QCT scan at the mid-L4 level of the spine. Multivariable linear regression models were created predicting TES with independent variables of height, weight, and muscle HU. Overall HU of all trunk muscles combined was positively associated with TES (β = 0.30, p = 0.011). In separate models, HU of the external obliques (β = 0.29, p = 0.009) and the internal obliques (β = 0.35, p = 0.002) showed similar associations. HU of the multifidus (β = 0.23, p = 0.053) approached significance, but HU of the rectus abdominis (β = 0.20, p = 0.091) and the erector spinae (β = 0.15, p = 0.223) was not significant. These results suggest that, among older adults, muscle density contributes to overall TES independent of body size, but may be of greater importance in spine-stabilizing muscles (obliques and multifidus) than in the primary extensors (erector spinae).
ASSOCIATION BETWEEN SARCOPENIA, OBESITY, AND FRAILITY STATUS IN COMMUNITY-DWELLING OLDER WOMEN
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BACKGROUND: Age-related muscle mass loss (sarcopenia) and fat mass increase (obesity) are reportedly associated with frailty. However, little is known about this association, the purpose was to examine the relationship between body composition phenotypes (sarcopenia, obesity, and sarcopenic obesity) and frailty in community-dwelling older adults. METHODS: This cross-sectional analysis included 558 women aged 79–89 years old who participated in a comprehensive health examination in October 2012 at Tokyo, Japan. Body composition phenotypes, assessed by dual-energy X-ray absorptiometry, were classified into 4 groups by appendicular skeletal mass divided by height squared cut-off point, ≤6.08kg/m2 and percentage body fat cut-off point, ≥32%. According to Fried’s phenotype, frailty and prefrailty were defined as the presence of ≥3 components, and 1–2 of the 5 components, respectively. Logistic regression analysis was used to calculate odds ratios (ORs) and 95% confidence intervals (CIs) for frailty, after adjusting for covariates. RESULTS: Mean subject age was 82.2 (±2.6) years. The overall prevalence of frailty, prefrailty, and sarcopenic obesity was 17.4%, 58.6%, and 5.9%, respectively. The distribution of frailty in body composition phenotypes were: 13.5%, normal; 22.8%, sarcopenia; 22.5%, obesity; and 12.1%, sarcopenic obesity. In an adjusted logistic regression model, sarcopenia (OR=2.14, 95% CI=1.16–3.94) and obesity (OR=2.07, 95% CI=1.18–3.63) were individually associated with frailty. Conversely, sarcopenic obesity (OR=1.25, 95% CI=0.47–3.33) showed no significant association with frailty. CONCLUSIONS: Sarcopenia and obesity are independently associated with frailty. However, sarcopenic obesity is not closely associated with frailty among community-dwelling elderly Japanese women.

DYADIC NUTRITIONAL STATUS OF COMMUNITY-DWELLING PEOPLE WITH DEMENTIA AND FAMILY CAREGIVERS
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Poor nutritional status in the elderly is a predictor of morbidity and mortality, particularly in people with dementia. This dyad-focused cross sectional study (N=26 pairs of people with dementia and caregivers eating at least 10 meals/week together) investigated nutritional status using a comprehensive battery of measures, including body weight, anthropometrics and a 3-day food record. Mean dyad energy intake per day (7458 kJ ± 1068) and mean dyad protein intake (60g ± 8.6) was not statistically different between dyad members. Mini Nutritional Assessment (MNA) results showed an expected high risk of malnutrition in those with dementia (62%, n=16) and one malnourished individual. While no caregivers were malnourished, almost a quarter (23%, n=6) were at risk of malnutrition. Dyad nutritional status analysis indicated that approximately 15% (n=4) of the dyads were at risk of malnutrition and 27% (n=7) dyads were well nourished. Of the remaining 15 dyads 8% two included only the carer at risk of malnutrition and only the person with dementia was at risk in 50% (n=13) of dyads. Of the carer sample, 9 (36%) did not meet their Estimated Energy Requirements (EER) and 6 (24%) did not meet their Estimated Protein Requirements (EPR). Alarmingly, 60% (n=15) of those with dementia did not meet their EER and 36% (n=9) did not meet their EPR. Between group differences were not statistically significant ($\chi^2 = 2.89, p = .089$). Results suggest further research is warranted to understand dyadic nutritional risk in this vulnerable group.

DOES THE SETTING MAKE A DIFFERENCE? NUTRITIONAL STATUS OF RESIDENTS IN SHARED-HOUSING ARRANGEMENTS AND NURSING HOMES
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Objectives: In Germany, shared-housing arrangements (SHA) for older care-dependent people and for people with dementia (PwD) evolved in the last years. SHA are small-scale living alternatives to traditional nursing homes. It is considered, that in SHA more attention is paid to including residents and their relatives in household chores like cooking and baking than in traditional nursing homes. Therefore, the study examines if different settings result in different risks of malnutrition. Methods: Data were collected in SHA and one nursing home in Germany, using standardized face-to-face interviews with caregivers. In addition to socio-demographic data the nutritional status using the BMI and the Mini Nutritional Assessment (MNA) and the cognitive abilities using the Mini Mental State Examination (MMSE) of residents were examined. Results: The residents (129 residents, 60 from 29 SHA and 69 from a nursing home) were predominantly female (76.7%) on average 80.4 years old and showing a moderate to severe cognitive decline (MMSE: 13.2). The average MNA-score (19.7) of all residents indicates a risk for malnutrition. Taking confounding factors in to account residents of SHA have a significantly higher MNA-score (21.2) and BMI-score (26.4) on average than residents in the nursing home (18.3 vs. 25.4) indicating a better nutritional status. Conclusion: The traditional diet concept in nursing homes does not seem to be as beneficial to the nutritional status of residents as the alternative concept in SHA. This indicates that more attention should be paid to individually tailored concepts for nutrition. Especially in nursing homes.

WAIST CIRCUMFERENCE, PHYSICAL ACTIVITY AND FUNCTIONAL OUTCOMES: DATA FROM 2006-2010 HEALTH AND RETIREMENT STUDY (HRS)
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Background: Obesity has been associated with decreases in physical functioning and increases in self-care needs. Additionally, physical fitness is known to positively influence physical functioning and the ability to engage in daily tasks. It is unknown however, whether obese individuals who engage in physical activity have lower degrees of physical impairment or disability. Methods: Adults aged ≥60 with measures of waist circumference (WC) and physical activity (PA) were included from three waves of the Health and Retirement Study (HRS) (2006-2010). Functional limitations (FL) were defined in HRS as inability or difficulty in performing the following tasks: walking several blocks, walking 1 block, sitting 2 hours, getting up from chair, climbing stairs climbing one flight of stairs, stooping, reaching arms, pulling/pushing large objects, lifting weights and picking up a dime. Participants with 2 or more limitations were categorized as having FL. Measures of Activities of Daily Living (ADL/IADL) included difficulty or inability with bed transfers, eating, dressing, meal preparation, managing money or house and yard work. We defined PA as self-reported engagement in moderate/vigorous activity at least 1/week. High WC was classified as >88cm (females) and >102cm (males). We examined rates of functional limitation and impairment of ADLs. We also examined risk of FL and ADL impairment using multivariate logistic regression. Additional models adjusted for age, gender, education, ethnicity and cardiovascular comorbidities and grip strength. Results: The final sample included 9,831 subjects, mean age was 69±5.6, 5,341(54%) were female. Prevalence of FL was high in both groups 87% and 90% in adults with low vs. high WC. ADL and IADL impairment rates were 87% and 61%
among individuals with low WC and 85% and 62% in individuals with high WC. Participation in PA was reported at 38% and 39% in low vs. high. After adjusting for PA, risk of IADL limitations were OR 0.85 [CI: 0.75-0.96] and OR 0.82 [CI:0.75-0.92] for high and low WC; OR 0.80 [CI:0.63-1.20] and OR 0.76 [CI:0.59-0.98] for ADLs. There were no significant associations with physical limitations. Conclusions: Physical activity was significantly associated with functional impairment in older adults irrespective of degree of adiposity. Additional studies are needed in different populations to examine the impact of physical activity on functional limitations in older adults.

SESSION 225 (POSTER)

MINORITY AND DIVERSITY ISSUES

USE OF PROFESSIONAL HELPERS AMONG OLDER AFRICAN AMERICANS, BLACK CARIBBEANS, AND NON-HISPANIC WHITES


Aims: The purpose of this study is to examine racial/ethnic differences in professional help-seeking for a serious personal problem among older adults. Methods: This study uses the older subsample (n=1,439) of the National Survey of American Life, which is a nationally representative survey of African Americans, black Caribbeans, and non-Hispanic whites. Types of problems include physical (e.g., poor health), emotional (e.g., depression), interpersonal (e.g., divorce), economic (e.g., loss of assets) and bereavement. Logistic regression analysis was used to examine racial and ethnic differences of professional help utilization. Control variables include age, gender, income, education, health insurance, marital status, and type of problem. Odds ratios and 95% confidence intervals are presented. Findings: Respondents sought help from family doctors (34.4%), clergy (31.0%), other mental health professionals (16.5%), psychiatrists (12.8%), any other doctor (11.2%) and any other health professional (9.2%). 37% of respondents did not seek any professional help for their serious problem. Non-Hispanic whites are twice as likely than African Americans to utilize a mental health professional (OR=2.32; CI=1.25-4.31) and to utilize clergy (OR=1.96; CI=1.29-2.99) for assistance. Black Caribbean blacks are two times less likely to utilize a family doctor (OR=0.44; CI=0.23-0.85) for assistance in comparison to African Americans. Implications: This analysis has demonstrated a difference in professional service utilization between whites, black Caribbeans, and African Americans. Further research is needed to determine which specific variables mediate the relationship between race/ethnicity and service utilization among older adults. Interventions are needed to address the under-utilization of services for elderly black Caribbeans and African Americans.

LIFE SATISFACTION AMONG LATINA/O OLDER ADULTS: AGE-COHORT DIFFERENCES IN PSYCHOSOCIAL CORRELATES


Life satisfaction has long been studied among the general older adult population, but less is known about specific cultural subgroups. Familismo, the prioritization of supporting nuclear and extended family, is identified as an important cultural value within the Latina/o population, but it has not been linked to life satisfaction. Generational differences in familismo can contribute to high expectations of support in older cohorts of Latina/o, which in turn may influence quality of support and life satisfaction. This study examines how generational and social support differences impact life satisfaction. A Latina/o sample (N = 552; M age = 66; 59% women) was drawn from the Health and Retirement Study. Descriptive age-cohort differences (50-64; 65-74; 75-104) in social support and life satisfaction were initially examined using ANOVA. We subsequently conducted hierarchical multiple regressions controlling for gender, education, social network size, and functional limitations, to examine the unique effects of age-cohort, perceived positive and negative social support as indicators of familismo, and their interactions. Life satisfaction differed significantly among the three age-cohorts, with the 75+ cohort reporting highest levels. Perceived positive support uniquely predicted higher life satisfaction, whereas negative support was associated with lower life satisfaction. Furthermore, the effect of social support interacted with age-cohort: specifically negative support was more influential in reducing life satisfaction for the oldest cohort while positive support was more influential in enhancing life satisfaction for the two younger cohorts. These findings highlight the importance of considering psychosocial determinants of life satisfaction within the context of age-cohort and culture.

RACE/ETHNICITY AND MEASUREMENT EQUIVALENT OF THE EVERYDAY DISCRIMINATION SCALE

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The present study examines measurement equivalence of the Everyday Discrimination Scale (EDS) across diverse racial and ethnic groups in the United States. Drawn from the Collaborative Psychiatric Epidemiology Surveys (2001-2003), adults aged 18 and older from four racial/ethnic groups were included in analyses: 884 non-Hispanic Whites, 4,950 Blacks, 2,733 Hispanics/Latinos, and 2,089 Asians. Multiple-group confirmatory factor analyses (CFA) were conducted to test measurement equivalence of the nine-item EDS. Results show that after adjusting for age and gender, the underlying construct of the EDS was invariant across the four racial/ethnic groups, with Item 7 (“People act as if they’re better than you are”) associated with lower intercepts for the Hispanic/Latino and Asian groups relative to the non-Hispanic White and Black groups. In terms of latent factor differences across racial/ethnic groups, Blacks tended to score higher on the latent construct compared to other racial/ethnic groups, whereas Asians tended to score lower on the latent construct compared to Whites and Hispanics/Latinos. Findings suggest that the EDS assesses the underlying construct of perceived discrimination equivalently across diverse racial/ethnic groups. At the same time, researchers should understand the risk that the construct of perceived discrimination over-predicts responses to the EDS Item 7 among Hispanic/Latino individuals. Implications are discussed in cultural and methodological contexts.

TRANSNATIONAL CARE: THE EXPERIENCE OF CAREGIVING FOR OLDER PARENTS FROM A FOREIGN LAND

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With increase of international migration and global aging, an emerging issue in caregiving literature is transnational eldercare. Little is known about how immigrants care for their older parents across the national border. Drawing on in-depth qualitative interviews with twenty-one Bangladeshi immigrants living in the United States, this exploratory study illuminates the nature and challenges of transnational caregiving. Participants were recruited through personal networks and snowball sampling technique where the inclusion criteria consisted of immigrants having at least one parent living in Bangladesh aged over 60 years. This study found that despite enormous geographical distance, immigrants are very much involved in emotional care for their parents. Technology has transformed the transnational caregiving experiences. Specially, Skype has made free visual communication in real time possible. This has greatly reduced the worries of not knowing what is exactly happening, and guilt of not being available to help. This study suggests...
that although migrant children are likely to spend less time in caregiving and only provide financial or emotional care, they are not free of caregiver cost and stress. Transnational caregivers’ stress, and particularly feelings of guilt is partially due to the unavailability or lack of available caregivers, such as siblings and kins in homeland. Closely connected with guilt is the feeling of worries for older parents’ well-being since formal support system for elders is practically non-existent in the home land. No gender difference was found in transnational caregiving practices. This study contributes to the limited but growing body of literature on transnational care.

MEASUREMENT EQUIVALENCE OF THE KESSLER-6 SCALE: THE EFFECTS OF RACE/ETHNICITY AND LANGUAGE
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Despite the general utility of the Kessler-6 scale (K6) to screen for serious mental illness, measurement equivalence of the K6 has not been explored in racially/ethnically and linguistically diverse populations. The present study aims to test measurement equivalence of the K6 across different racial/ethnic and linguistic groups in the U.S. Data were drawn from the 2009 California Health Interview Survey (CHIS). Five racial/ethnic groups (non-Hispanic whites, Blacks/African Americans, Hispanics/Latinos, Asians, and American Indian/Alaska Natives [AIAN]) and six languages (Cantonese, English, Korean, Mandarin, Spanish, and Vietnamese) were compared. Item response theory (IRT) was conducted to examine measurement equivalence. Results from differential item functioning (DIF) analyses show that four items (Items #1, #3, #4, #5) were biased by both race/ethnicity and four items (Items #1, #2, #3, #4) were biased by language. Three items (Items #1, #3, #4) were biased by both race/ethnicity and language. The findings suggest clear evidence of measurement bias in the K6 among racially/ethnically and linguistically diverse adults. Clinical implications are discussed.

CHALLENGES RECRUITING AND ENROLLING DIVERSE OLDER ADULTS IN RESEARCH: BALTIMORE EXPERIENCE CORPS® TRIAL OUTCOMES
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Older adults, racial/ethnic minorities, and medically underserved populations bear the burden of increased morbidity and mortality, yet are underrepresented in health-related research. This includes research ranging from clinical trials to longitudinal studies and community-based participatory research. Rationale for disparities in inclusion and enrollment of older minorities in research is varied, and explanations for lack of participation and retention are often unknown. The need to understand factors that impact participation and retention in research is imperative to enhance the generalizability and translation of research in order to implement effective interventions for improving health for minority older adults. A 5-step recruitment process with targeted strategies, including mass media, written and verbal targeted strategies, as well as word of mouth, was utilized to recruit older adults (N=2675) for the Baltimore Experience Corps® Trial (BECT), a health promotion program comprised of volunteering 15 hours per week for 2 academic years. 702 diverse older adults with a mean age of 67 were enrolled and randomized in the trial; 89% were African American and 85% were female, and 41% reported less than 12 years of education. After controlling for other factors, education (>12th grade versus ≤12th grade) (p<.0003) and the motive of “desire for better use of free time” (p<.0002) predicted enrollment (versus non-enrollment) in this RCT of volunteering as a health promotion program. Efficacy of strategies and implications of participants enrolled, reflecting the demographic characteristics and motivations for volunteering in this intervention for promoting health, will be discussed.

DOING THE HULA: SECOND GENERATION OLDER ASIAN AMERICAN PACIFIC ISLANDER WOMEN AND THE MEANING OF CULTURE
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With the rapid growth of first generation Asian American Pacific Islander (AAPI) communities, scant attention has been paid to the aging of earlier generations of AAPIs. California, in addition to more recent AAPI immigrant groups, is home to Asian immigrant communities that date to the 19th century and early part of the 20th century. The descendants of this “first wave” of Asian immigration, many who are now older adults, serve as a unique population to examine the meaning of culture and identity for individuals who are second and third generation immigrants. In particular, this study focuses on how one group of Japanese American women who grew up in Hawai‘i have become involved in hula dancing as older adults. In-depth interviews and participant observations were conducted over one year with twelve Japanese American older adult women who were involved in a hula troupe. Information was gathered about how involvement in hula impacted the composition and quality of their health and social networks. Additionally, this study examined the meaning and relevance of ethnic culture for second and third generation AAPI older adult women. Data were transcribed and independently coded to identify key patterns and themes. It was discovered that for Japanese American older adult women, an embracing of cultural identity later in life had numerous positive outcomes including denser social networks and improved health outcomes. This is particularly significant since these women grew up in an era where complete assimilation into mainstream American life was the expectation.

OPTIMAL AGING FOR COMMUNITY-DWELLING ASIAN OLDER ADULTS: UNDERSTANDING SERVICE AND SUPPORT NEEDS

Linguistic and cultural barriers among older Asian immigrants result in health disparities and the diverse challenges these older adults experience at the different stages of aging. This paper will present the results of a qualitative study of the expressed and perceived needs of Korean and Chinese American older adults to enhance their ability to remain in their preferred community residences. Focus group interviews were conducted with staff from an agency in South East Pennsylvania providing in-home personal care support, including direct care and administrative staff, Asian American older adults, and Asian American family caregivers. Focus group data were analyzed via NVivo software using grounded theory. The main themes identified through the focus groups included: challenges in accessing adequate care, barriers to aging in place, challenges for informal caregivers, challenges for personal care staff, and service gaps. Divergent perspectives among staff, clients and families will also be presented. Transportation concerns were important for both clients and direct care staff. Differences in expectations between direct care staff and clients, e.g. in some cases clients view staff as servants rather than professional service providers. Language barriers were identified as the biggest challenge faced by older Asian adults. Other representative themes include: lack of knowledge regarding aging issues among family caregivers, lack of ethnic food in mainstream service agencies, and challenges in medication management. Implications of
these findings for supporting racially and linguistically diverse populations to age in place in community will be discussed.

SESSION 230 (POSTER)

PRIMARY CARE AND SERVICES

DOCTOR-PATIENT RACE CONCORDANCE AND ITS ASSOCIATION WITH PERCEIVED HEALTH OUTCOMES AMONG OLDER ADULTS
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Objective: A growing body of research suggests a correlation between doctor-patient race concordance and patient satisfaction and patient health outcomes. Few studies however have focused on older adults. In this analysis, we examine the relationship between doctor-patient race concordance and self-reported health (SRH) in a sample of African American (n=181) and White (n=274) adults age 65 and older, who received care in a primary-care setting. Method: Data came from the Commonwealth Fund 2006 Health Care Quality Survey (n=455), a nationally representative telephone survey of adults living in the U.S. that measures healthcare utilization and quality of care among a racially diverse sample of physicians and patients. Bivariate analysis was used to examine the relationship between patient race and doctor-patient race concordance and hierarchical logistic regression models predicting good/excellent SRH by race concordance were estimated controlling for socio-demographics, perceived discrimination, and comorbidities. Results: White respondents were significantly more likely than Black respondents to experience doctor-patient race concordance (79% vs 24%, p<0.001). In unadjusted models, race concordance was statistically associated with good or better SRH (OR=1.646, CI 1.07-2.53). However, in fully adjusted models, the association between race concordance and SRH was only marginally significant (OR=1.494, CI 0.98-2.75). Conclusions: There is some evidence to support that doctor-patient race concordance may be a factor in perceived health outcomes among older adults. Increasing the racial/ethnic diversity among healthcare providers may contribute to health outcomes and experiences for older adults in the primary care setting.

INTEGRATED CARE TRAINING: AN INTERPROFESSIONAL EXPOSURE MODEL EMPHASIZING GERONTOLOGY
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Integrated care has emerged as a prominent model of optimal care for individuals with chronic disease and comorbidities, making it especially well-suited for gerontology. This flexible and effective model of care depends on interprofessional collaboration and service delivery; therefore, healthcare professionals need training in core competencies of integrated care. This training often occurs in medical school curricula through interprofessional education (IPE); however, psychology, nutrition, and health promotions are increasingly included within interprofessional teams despite frequently being left out of interprofessional training and collaboration. This poster describes an innovative integrated care student training model that extends traditional IPE programs to a university-based health center with emphasis placed on geriatrics and geropsychology training. This model aims to expose health professions students (including geropsychology, nursing, nutrition, medicine, and health promotions) to the competencies necessary for working and practicing on teams within an integrated care facility. The model developed through iterative consultation with practicing professionals and is based on the pedagogy of blended learning and a review of the literature. The proposed model consists of three levels of training: Level 1 emphasizes the foundations of integrated care; Level 2 extends this to the expansion and application of knowledge and attitudes; and Level 3 provides specialized training through experiential learning activities and student-led didactics. Traditional didactics are supplemented by simulations and case learning in group, individual, and online formats with special attention to accommodating various training trajectories and timelines, with each level designed to build upon one another or to stand alone.

NOT JUST ANOTHER JOB: MOTIVATORS AND CHARACTERISTICS OF EXEMPLARY CNAS IN NURSING HOMES
S. Snellgrove, Arkansas State University, Jonesboro, Arkansas

As frontline workers in nursing homes, certified nurses’ assistants (CNAs) have an enormous impact on resident care and quality of life. High CNA turnover has been identified as a threat to quality resident care. During the course of a qualitative study focused on resident-to-resident violence in nursing homes, data emerged regarding CNAs who choose to remain employed in nursing homes on a long-term basis even after being presented with more lucrative and influential career choices. Using a semi-structured interview guide, eleven CNAs were asked to share their resident care experiences in nursing homes. Data were analyzed using content analysis and constant comparison. Themes that emerged from the data included “it’s not just a job,” “I can’t leave them,” “doing what is right,” and “what if it was me?” These findings potentially assist nursing home administrators and directors of nursing in identifying, hiring and retaining exemplary CNAs. Additional findings also support previous investigations focused on the importance of personhood in maintaining quality resident care.

IMPACT OF FRONTLOADING OF SKILLED NURSING VISITS ON THE INCIDENCE OF 30-DAY HOSPITAL READMISSION
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Aim: To evaluate the impact frontloading of skilled home health (HH) nursing visits has on the incidence of 30-day hospital readmission among Medicare-reimbursed HH recipients. Methods: Frontloading was defined as providing five or more skilled nursing visits within the first 14 days of skilled HH. A retrospective analysis of five Centers for Medicare and Medicaid-owned national data sets from 2009 was conducted (Outcomes Assessment Information Set, Home Health Agency Standard Analytic File, Medicare Provider and Analysis Review File, Beneficiary Summary and Provider of Services file). A hospital admission no more than 30 days prior to HH admission was an eligibility requirement. Patients who were readmitted to the hospital within 1 to 14 days of HH were excluded as frontloading was not possible. Propensity score analysis was applied prior to logistic regression analysis. An independent, randomized sample of Medicare-reimbursed HH recipients (n=4,500) was employed. Results: Despite the Home Health Quality Improvement National Campaign, only 40% of the sample was frontloaded. Overall, 3.89% of the sample experienced a hospital readmission 15 to 30 days following hospital discharge. Of those who had a 30-day readmission, 53% were not frontloaded, 47% were frontloaded. Frontloading skilled nursing visits was not predictive of 30-day hospital readmissions (p>0.741). Conclusions: Frontloading could be an effective tool in reducing the need for hospital readmission within 30 days of hospital discharge but additional research is required to further refine the frontloading definition, and to develop decision-support to determine the most appropriate patients who will benefit from frontloading.
UNDERSTANDING THE BEREAVEMENT SERVICE USE PREFERENCES AND MOTIVATIONS OF FAMILY CAREGIVERS

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Bereavement services are an important part of end-of-life care with potential to ameliorate distress among bereaved caregivers. However, little is known about individuals’ preferences regarding structure, content, and delivery of services. This poster will present survey outcomes from 60 bereaved hospice caregivers who reported on bereavement service use and preferences regarding current and potential bereavement services. Respondents (31.7% male, 68.3% female) ranged in age from 38 to 91. Most were the spouse (53.3%) or adult child (25%) of the deceased. 55% utilized at least one hospice bereavement service, including individual counseling (18.3%), bereavement newsletter (18.3%) or library (15%), service of remembrance (8.3%), and educational presentations (8.3%). 40% utilized a service outside of hospice, including talking with clergy (23.3%), counselor/social worker (11.7%), physician/nurse (10%), or psychologist/psychiatrist (5%). 12.5% of respondents reported they needed or would have liked a service they did not receive. Participants read five descriptions of potential services and were asked to indicate level of appeal, likelihood of use, and expected helpfulness of each. The most favorable ratings were given to a service designed to occur before the loss and give participants an opportunity to learn about/discuss the anticipated loss. The least favorable ratings were given to a book club for recently bereaved individuals. Ratings of the other services (small group meetings focused on stress management/relaxation, individual counseling focusing on meaning in the context of religious/spiritual beliefs, informational sessions focused on grief education/resources) will be presented, along with an exploration of qualitative responses pertaining to all five services.

PREDICTORS OF SERVICES USE AMONG OLDER ADULTS WITH GENERALIZED ANXIETY DISORDER

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Generalized Anxiety Disorder (GAD) is the most common anxiety disorder (Bryant, Jackson, Ames, 2008; Kessler & Wittchen, 2002) and it is associated with multiple negative consequences (Bourland, et al., 2000; Jones, Ames, Jeffries, Scarinci & Branfley, 2001). Emergency and outpatient service use among individuals with anxiety disorders is high (Wetherell et al. 2007). Trends of high medical service use also exist among older adults with generalized anxiety disorder (Calleo et al., 2009; Porensky et al., 2009). The poster will examine predictors of service use among older adults with GAD. Data were drawn from baseline assessments in two primary-care-based studies. A behavioral model of health services use proposed by Andersen (1973) was used to identify pre-disposing, enabling and needs factors that can uniquely predict service use. Univariate analyses, first, identified, predictor variables with a p-value of .25 or higher to be included in subsequent stepwise multiple linear regression analyses for each of the two service use domains. A study variable was added to the model to control for differences between the two studies. Univariate analyses indicated that income level, physical status and worry severity were associated with outpatient medical visits; and age, gender, race and mental health status were associated with mental health visits. Stepwise multiple regression indicated that physical health status uniquely predicted outpatient medical visits such that lower physical health scores predicted higher medical service usage. Age and race uniquely predicted mental health visits; individuals with advanced age and non-White study participants had significantly fewer mental health visits.

A DESCRIPTION OF A COMMUNITY-BASED PROGRAM’S PROCEDURE TO SELECT AN EVIDENCE-BASED TREATMENT FOR DEPRESSION

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Background: Community-based organizations infrequently implement evidence-based services for older adults. Referral Education Assistance & Prevention (REAP) is a statewide program throughout New Hampshire that has provided community-based outreach, preventative and education services to older adults. The program was tasked with adding an evidence-based treatment (EBT) for depression. Objective: To describe the procedure used to determine the EBT for depression that would optimize existing program strengths to increase likelihood of successful implementation and sustainability for a community-based program. Procedure: The workgroup used an iterative process to select an EBT and to develop and refine an implementation plan. Key features of this process included (a) a multidisciplinary workgroup of stakeholders comprised of state department representatives, REAP staff, and academic researchers; (b) identifying existing REAP strengths; (c) identifying logistic considerations; (d) identifying EBTs and an implementation plan that would capitalize on strengths and were compatible with logistics. Results: The group held 8 meetings: 4 focused on selecting an EBT and 5-8 focused on implementation planning. The group began with a breadth of options that were narrowed to those which seemed most likely to be implemented successfully and be sustainable. Members shared commitment to this initiative and experience working with older adults; however, different stakeholders performed unique roles. For example, researchers focused on evidence whereas REAP staff focused on service workflow. Conclusions: A multi-stakeholder workgroup using an iterative decision process is an efficient way to develop an implementation plan within a community-based outreach program. Other community-based programs could benefit from replicating this process.

ALZHEIMER’S DISEASE AND THE PATIENT-CAREGIVER-PHYSICIAN RELATIONSHIP

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Among minorities, Alzheimer’s disease is under-diagnosed or diagnosed at later stages of development when medications are not as effective. Minorities are more likely to attribute memory loss to the aging process, be less likely to ask for information from physicians, and are more likely to have lower education levels which affect communication with physicians. Educational levels and disease information, both mediate patient satisfaction and health outcomes. Accordingly, further research is needed to identify facilitating or hindering factors related to patients and physicians that aid in disease diagnosis and treatment across populations. The aims of this study are: 1) To conduct focus groups with Alzheimer’s disease caregivers in order to identify factors that they perceive as facilitating and or hindering disease diagnosis, care, and management, and assess how these factors facilitate communication and negotiation with physicians, and 2) To conduct interviews with primary care physicians to identify factors they perceive as facilitating or hindering disease diagnosis, care, and management for their patients. Data for this study will be collected by conducting: 1) Focus groups with adults acquainted with someone diagnosed with the disease, 2) Intensive interviews with primary care physicians experienced in diagnosing and managing Alzheimer’s disease, and 3) Audio recordings of the patient-caregiver-physician triad interaction. The intensive interviews,
focus groups, and triad interactions, will be audio recorded and transcribed verbatim. Data will be analyzed using grounded theory and thematic analysis techniques to: 1) Identify and compare factors that have facilitated or hindered diseases diagnosis and management for older patients, their caregivers, and physicians, and 2) Evaluate how these factors may be used to improve Alzheimer’s disease diagnosis across diverse populations.

DISCREPANCIES BETWEEN CLINICIANS’ DECISIONS AND PATIENTS’ ACCEPTANCE OF POST-ACUTE CARE REFERRALS

Introduction: Recent evidence shows that providing post-acute care (PAC) after a hospitalization is an effective strategy to reduce readmissions. Discharge planners consider these services for over 13 million hospitalized older adults per year. This study revealed surprising rates of patient refusals of services and examined the reasons behind them. Methods: Data was collected from 758 older adults discharged from four medical units in an academic medical center. Information included clinical and socio-demographic information, whether or not the discharge planner offered a referral to the patient for post-acute services, and whether or not the patient was discharged with a referral for those services in place. From the discharge planners’ notes, the reasons for refusal were summarized and categorized. Findings: The patients’ mean age was 70 (SD 9.8), 47% female, 62% white and 35% black. 74% of patients were offered a referral for post-acute care; 22% refused. Almost half of the refusers (46%) gave no explanation, 34% said they did not perceive the need for PAC services, and 8% said they would rely on their caregivers. Discussion: There is a significant discrepancy between clinicians’ referral decisions and patients’ acceptance regarding their need for PAC. With nearly half the patients giving no reason for refusing, we have very little understanding about why what is offered does not match their needs. Further research is needed to understand patients’ perceptions of their PAC needs, and to develop strategies that increase acceptance of these important and effective services.

GENDER DIFFERENCES IN LONELINESS AMONG COMMUNITY-DWELLING OLDER USERS OF FORMAL HOME CARE SERVICES
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Many studies have examined the cost-effectiveness and utilization patterns of home care services by older adults; however, few have examined their social benefits. Formal home care services are commonly used to fill gaps in care provision when informal home care is limited or unavailable. Given that female spouses are the most common providers of informal home care services, the use of formal home care services by males often follows the loss of a spouse (Carrière, 2006). It is hypothesized that formal home care will buffer the effects of loneliness for older males more than females when controlling for other predictors. This study uses the 2008–2009 Canadian Community Health Survey (CCHS) to explore the relationship between types of informal and formal home care services and feelings of loneliness across gender among community-dwelling older adults 65 years of age and older (n=16,369). OLS regression analyses showed that males receiving formal home care services experienced lower feelings of loneliness than those who received informal or no home care services. This association remained robust after statistically controlling for living arrangement, health status and measures of social support. The results suggest the receipt of formal home care services can serve as a source of social support among community-dwelling older males and can protect against feelings of loneliness. Further research is needed in order to expand our understanding of the social benefits of formal home care services. Incorporation of this knowledge into policies addressing service organization serves to increase efficacy of care for older adults aging-in-place.

PILOTING A COMMUNITY-BASED PARTICIPATORY APPROACH TO SUSTAINING INTERGENERATIONAL PROGRAMS
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Project TRIP (Transforming Relationships through Intergenerational Programs) targets at-risk preschoolers and elders by training staff to implement best intergenerational practices at co-located child and elder programs. We incorporated a community-based participatory research (CBPR) approach with the goal to extend the life of TRIP beyond five years of grant funding; most intergenerational programs last less than two years. Sustainability of intergenerational programs is challenged by lack of stakeholder support, lack of evidence-based practices, and absent or underutilized outcome documentation. Sustainable programs demonstrate collaboration, responsiveness, staff involvement, and program results. We launched the TRIP Sustainable Community Project at three sites. Data collected during Year 1 at Site 1 via monthly “booster” training sessions, field notes, and individual interviews revealed an absence of CBPR practices and essential sustainability indicators. Feedback indicated that staff responsible for programming lacked administrative support (e.g., time for planning and collaboration) and material resources (e.g., staffing levels to support best intergenerational practices). Staff felt unheard and disconnected from the project. In response, investigators and administrators worked together to incorporate: (a) staff input, (b) a volunteer program to enhance staffing levels, (c) trial periods for new initiatives, (d) incentives for achieving project milestones, (e) enhanced accessibility of training materials, (f) standardized core training materials, and (g) individualized training that reflects staff and participant interests and needs. An annually administered index of connection among site staff revealed higher ratings on indicators of sustainability after participating in Project TRIP. Attention to CBPR best practices enhanced the quality and sustainability of the program.

SESSION 235 (POSTER)

RETIREMENT

KNOWLEDGE-BASED DIFFERENCES IN EXPECTED RETIREMENT SATISFACTION WITH LIFE
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A number of theoretical models have examined dimensions that lead to effective retirement planning and satisfaction with life. Few studies, however, have linked these models to real-world intervention applications. The present study had two goals. The first was to test a theoretically-grounded model of retirement satisfaction, while at the same time, probing for differences as a function of one’s retirement planning knowledge. Image Theory (Beach, 1998) was used as a theoretical touchstone in constructing and analyzing the models. The second goal was to present a conceptual model of how the empirical findings could be applied to real-world intervention efforts. Participants were 722 college students from a large, Midwestern university. Ages ranged from 17-52 years, and the data were collected using an online survey approach. Two four-stage path models were constructed that were designed to predict expected retirement satisfaction with life (one model for low-knowledge individuals and a second for high-knowledge participants). Both models accounted for appreciable amounts of variability in expected satisfaction with life, with the high financial knowledge model explaining 47% of the variance, and the low knowledge model capturing a 16% share. Slope comparisons revealed differences between models for all but one path, with high financial knowledge individuals showing stronger relationships overall among predictors. Results are discussed in terms...
of ways intervention specialists can help individuals start and maintain a pattern of effective financial planning and saving, with an eye toward improving future satisfaction with life.

**INDIVIDUAL RETIREMENT PLANNING – AN INTERNATIONAL COMPARISON**

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Due to an Increasing Life Expectancy in Most Western Countries, Individuals Live Longer than Their Parents and Their Grandparents Did. At the Same Time, Traditional Support Mechanisms, e.g. Pension Schemes are Challenged Because of the Demographic Changes and the Financial Crisis. All These Have Become Important Structural Features of Contemporary Life Courses, with New Challenges for Society but also for Individual's Experiences and Strategies for Successful and Optimal Aging (Havighurst, 1963). But How Do People in Third Age Plan Their Own Retirement for Optimal Aging? And Which Role Plays the Current Job Situation and Attitudes to the Future (see also Atchley, 1976; Ekerdt, 1986; Feldmann & Beehr, 2011; Malty, 2004)? The Goal of the Present Study Was to Examine these Questions using the U.S., Germany and Japan as an Example. Hence, the Analyses Refers to the Question of Retirement Planning and Differences between Employees and Self-Employed. To Illustrate Age Planning, this Study Comprises the Results of the Multivariate Data-Analyses of the Health and Retirement Study/HRS, the Survey of Health, Ageing and Retirement in Europe/SHARE and the Japanese Study of Aging and Retirement/JSTAR (Mean Age 59, Range: 48-74). The Findings Indicate that Self-Employed Stay Significantly Longer Active in the Labor Market, Especially Comparing to the Group of Civil Servants. This Is Also the Case in All Three Countries, as no Significant Differences Are Obvious in Job-Satisfaction or Satisfaction With Salary/Earnings. Thus, These Results May Indicate Variations in Planning the Individual Retirement as Self-Employed Have More Abilities to Adapt the Work Situation for a Longer Career. However, More Analyses Are Necessary to Get a Deeper Insight in the Cultural Distinctions of Attitudes, Strategies or Motivations of Older Employees and Self-Employed in Their Retirement Plans.

**RETRIEVAL FOR PARENTS WITH INTELECTUALLY CHALLENGED ADULT CHILDREN- A PRODUCTIVE AGEING PERSPECTIVE**

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As life expectancy continues to increase in Taiwan, more and more parents with intellectually challenged adult children are reaching or have reached retirement age. Many are concerned about the so-called 'problem of double ageing' as these parents and their children both age and may require care. However, the author believes that these parents have stored a good reservoir of social capitals to face their children's and their own old age after retirement. Thus, this study takes the perspective of Productive Ageing while exploring these parents' retirement related thoughts and experiences. A qualitative approach was applied, including two focus groups of 8 sessions each (one in a care institution and the other in a community-based NGO) and in-depth interviews with key informants. Preliminary results show that: (1) Parents continue to learn through their past and present advocacy actions; (2) their experiences as care-givers have sensitized them with the importance of retirement planning, especially in the areas of financial planning and barrier-free housing; (3) many are active volunteers in rehabilitation units and Non-profit organizations, and (4) there is a strong solidarity among parents to face the multiple age-related challenges. In sum, this study found that many parents with intellectually challenged adult children demonstrate great potentials in all the four domains of productive ageing, i.e., paid work, life-long learning, volunteering, and care. Their decades of rich experiences caring and fighting for their children have unexpectedly prepared themselves for retirement and old age.
argued, however, that traditional models of retirement – based on men’s experiences - are inadequate in defining the retirement experiences of women, given the distinct work histories and social barriers that women have experienced in the labor force. This study sought to understand the complex experience of retirement and the meaning of identity for women who have recently retired from a professional career. The primary research question for the study was, “How does the experience of retirement impact the identities of older professional women?” A phenomenological lens was used to gather in-depth data from six information-rich cases. Through the use of qualitative methods, including 12 in-depth interviews, photo elicitation, and personal journaling, a fluid description of the meaning of identity among a sample of six retired professional women (age range 65-71) was constructed. Findings revealed five primary and five secondary themes related to retirement and identity for these women. As the primary themes have already been explored in previous work, the focus of this presentation is the collection of secondary themes. Secondary themes included a) sense of bravery, b) awareness of being a woman in the work world, c) enjoyment of retirement, d) beliefs about the process of identity in retirement, e) views on the distinctiveness of women’s retirement. Critical feminist, age stratification and continuity theories were used to interpret the findings.

IN VOLUNTARY LABOUR MARKET EXIT AND THE RISK OF DEPRESSION AND USE OF PRESCRIPTION ANTI-DEPRESSANTS
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Background: Involuntary labour market exit (ILME) in later life has been shown to impact general health, health behaviours and depression. However, studies have been limited to self-reported measures. This presentation will investigate the impact of ILME on subjective and objective measures of depression. Methods: The data are drawn from 4 waves of the Swedish Longitudinal Occupational Study of Health, 2006-2012. Analyses were restricted to respondents aged 50+ who had left work since 2006 (N = 1438). Respondents were asked whether they had chosen to leave work or not. Depression was measured using the SCL-6. Data on the use of prescription anti-depressants were taken from Prescription Drug Registers. Logistic regression analyses were used to examine the likelihood of reporting major depression or having been prescribed anti-depressants for those who left work involuntarily compared to those who left voluntarily. All analyses were controlled for age at labour market exit, sex, marital status, income, health, prior depression and anti-depressant use. Results: The results indicate that older workers who experienced ILME were at a higher risk of becoming depressed (OR, 3.32; CI 1.39-7.99) and being newly prescribed antidepressants (OR, 2.12, CI 1.03-4.49) than those who left work of their own volition. Conclusion: The analysis shows that ILME in later life is a risk factor for depression in Sweden. These results are in line with earlier studies in the USA and suggest programs need to be developed to help people who feel that they have been forced out of work in later life.

SOCIAL CONNECTEDNESS AND RETIREMENT STATUS AMONG OLDER AUSTRALIANS: RESULTS FROM SNAP
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The importance of social connectedness for older adult’s health and well-being has been widely recognized (e.g., Berkman et al. 2000). Studies have also linked health and well-being to retirement, which is one of the most important transitions of later life. However, the effect of social connectedness on retirement has not been examined in detail. This paper aims to explore the relationship between social connectedness and retirement status. Using data from the first wave of the Social Activity and Well-being of Older Australians survey, logistic regression is used to identify significant associations between social connectedness indicators and retirement status – retired/not-retired –, controlling for socio-demographic characteristics. Results indicate that males with high negative social exchanges with friends, moderate social interaction with family, fewer friends retired and keeping in touch with fewer family members, are less likely to be retired. Results for females show that those with fewer friends retired, and moderate or large support networks of family members are less likely to be retired. In addition, females with large support networks of friends and those who participate in group activities and voluntary work (p=0.051) are more likely to be retired. These results show that the differences in social connectedness – networks, engagement and support – between retirees and non- retirees are complex and non-linear. Implications for theories of social relations in older ages and research on retirement are discussed. This study is part of the Social Networks and Ageing Project (SNAP), based at the Australian National University.

CROSS-CULTURAL DIFFERENCES IN GOALS FOR RETIREMENT: THE CASE OF INDIA AND THE UNITED STATES
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India is a developing country with a rapidly aging population and a lack of a formal retirement system (Kaye, 2000). That being the case, it has become increasingly important to understand the retirement goals of working Indian adults. It has been suggested that the types of goals individuals hold for retirement reflect not only the values and beliefs of a given society, but that they can also provide a view into the well-being and life-satisfaction of its members (Lapierre et al., 1997). In the present investigation, we compare the retirement goals of Indian adults to published data on goals held by American adults. Participants were 158 Indian adults, 21-60 years of age. Respondents completed a questionnaire in which they reported the nature of the goals they held for retirement. The coding scheme used to categorize the goal set was based on the framework developed by Hershey, et al. (2002). For the most part, the types of goals enumerated by Indian workers were similar to those of Americans. However, Indians were found to place more on financial stability and “self” related goals, whereas Americans focused more on leisure and exploration activities. Moreover, Indian workers reported fewer retirement goals overall, and their goals were less concrete than those reported by Americans (on a continuum from abstract to concrete). Findings are discussed in terms of the way culturally-based differences in retirement systems can impact some aspects of future goals (e.g., frequency, concreteness), but not other aspects of goal structures (such as goal content).

WILLINGNESS TO ENGAGE A RETIREMENT PLANNING PROFESSIONAL: PREVALENCE RATES AND PRECURSORS
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Engaging a financial advisor can be a critical part of the retirement planning process, especially for individuals with a limited understanding of long-range planning and investing. However, little in the way of research has been carried out to examine the psychological variables predictive of the willingness to hire a financial advisor. In the present study, 1,273 Australian working adults were asked about the future likelihood of engaging a financial professional. We found that of those surveyed, 42% indicated that they would be likely to (or would certainly) engage a planning professional. A hierarchical regression analysis was then computed to explore the factors predictive of hiring a retirement planner. A set of demographic indicators were entered in the first hierarchical level of the model, which were designed to serve as control
GETTING USED TO A LIFE WITHOUT WORK: THE ROLE OF LIFE HISTORIES IN THE RETIREMENT ADJUSTMENT PROCESS

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Retirement is a major transition in the lives of older adults. Individuals differ considerably, however, in their ease of adjusting to retirement. The main theoretical frameworks that have been used to study retirement adjustment – role theory, continuity theory, and the life course perspective – suggest that retirement processes are related to experiences in the past. Empirical insights regarding the relationships between life history experiences and retirement adjustment are limited though. This study aims to improve our understanding of retirement adjustment, by studying the impact of earlier life experiences in different life spheres on both general retirement adjustment and adjustment to the loss of specific work-related resources (finances, contacts, status). Analyses are based on panel data collected in 2001, 2006-2007, and 2011 among Dutch older persons, who were employed at the first wave of data collection and retired within the ten years after that (N=953). The results show that family histories are important for understanding differences in retirement adjustment. Retirees who are divorced and did not repartner are more likely to experience adjustment problems, compared to the continuously married, repartnered, and never married groups. Although work history experiences are associated with missing money/income after retirement, for explaining general retirement adjustment earlier work and health experiences seem to be of little importance. A lack of control over the retirement transition is strongly related to all studied dimensions of retirement adjustment. Paying attention to the multidimensional nature of adjustment appears to improve our insights into the retirement adjustment process.

SELF-EMPLOYED OLDER WORKERS: HEALTH, WEALTH, AND RETIREMENT DECISIONS

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Using data from the 2008 Rand Health and Retirement Study (HRS), the objectives of this study were to examine the effects of health and wealth on the retirement decision and to identify socio-demographic factors influencing the retirement/work decision among self-employed older workers. The sample for this study included self-employed workers between the ages of 51 and 62 (N=428). The HRS asked respondents about the probability that they would work full-time after age 65 on a 0-100 scale. As a dependent variable in the empirical model, self-reported probability of working full-time after age 65 was included. The average probability of working full-time after age 65 was 47.8% (0-100% scale). The descriptive results also show that 18.7% of the respondents reported zero probability of working full-time after age 65, while 81.3% of them reported they would work full-time after age 65 between 1 and 100. This study focused on the effects of health and wealth on the probability of working full-time after age 65 among self-employed workers ages 51-62. The OLS results indicate that perceived health status, chronic disease, mental health were not significantly associated with the probability of working full-time after age 65, while net worth was a significant predictor of the probability of working full-time after age 65 among self-employed older workers. This study concludes that wealth was an important determinant of the retirement/work decision among self-employed workers. The OLS results also suggest that level of education, family size, and being males positively affected the probability of working full-time after age 65 among self-employed workers.

SESSION 240 (POSTER)

SPIRITUALITY AND RELIGION

DEVELOPING A MODEL OF SPIRITUAL CARE FOR ADDRESSING THE SPIRITUAL NEEDS OF OLDER HOSPITALIZED ASIANS

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Purpose: Hospitalization typically engenders a variety of spiritual needs. In light of the growing size of the elderly Asian population (US Census Bureau, 2011), and the lack of research on this cultural group, this study examined the relationship between addressing the spiritual needs of hospitalized older Asians and their overall satisfaction with service provision. Methods: The study was conducted with a national sample of Asians (N=805), age 50 and above, who were consecutively discharged from hospitals over a 12 month period. The sample was 50.8% female with 24.1% from the Northeast, 30.2% from the South, 14.2% from the Midwest, and 31.6% from the West. Former inpatients were surveyed regarding their spiritual needs, overall satisfaction, and eight potential mediating variables. Structural equation modeling (SEM) was used to test direct and indirect relationships. Results: As hypothesized, addressing spiritual needs was directly and positively associated with overall satisfaction (CFI = .992, RMSEA = .049, & SRMR = .011). Subsequent hypothesized mediation models were also confirmed. In the final model, the relationship between spiritual needs and overall satisfaction was partially mediated by four variables: satisfaction with nurses, physicians, the discharge process, and visitors (CFI = .955, RMSEA = .051, & SRMR = .034). Implications: As the first study to develop and test a model of spiritual care for older hospitalized Asians, the findings help practitioners target their service provision efforts. Suggestions are offered to assist nurses, physicians, and social workers address the spiritual needs of this population in a culturally relevant manner.

THE EXPERIENCE OF RELIGION AND SPIRITUALITY: HOW DO BABY BOOMERS COMPARE WITH OTHER GENERATIONAL COHORTS?

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Many scholars have described the pivotal impact of Baby Boomers on religious experience in the US. But how do Boomers’ experiences compare and contrast to other generational cohorts? Here we examine aging and cohort differences in religion and spirituality with data from the Longitudinal Study of Generations (LSOG). Using a mixed-methods approach, we draw from quantitative survey data collected over 35 years from some 2,000 members of 358 four-generation families, and in-depth interviews with 156 members of 25 multigenerational families of diverse religious backgrounds selected from the original longitudinal panel. Qualitative analyses suggest several emergent trends in religion and spirituality across generational cohorts. First, younger groups are more likely to describe God in immanent, personal, and individualistic terms. Second, “religion” is increasingly distinguished from “spirituality,” conceptually and in terms of the site of each practice. Finally, spirituality is increasing central to the experience of the faithful with each successive generational cohort. Quantitative analyses suggest cohort differences in self-rated religiosity, with members of the oldest
generation (the “G1s”) having the highest cohort trajectory. Our findings suggest that Boomers (“G3s” in the LSOG) show many characteristics that are contiguous with, rather than significant departures from, the religiosity patterns of other age groups, although Boomers introduce some trends that characterize younger generational cohorts. We discuss implications of these findings for future research and the importance of recognizing time-related effects on religiosity, including individual maturation and aging, as well as the shared experiences of members of generational cohorts.

RELIGIOUS SERVICE ATTENDANCE INCREASES DAILY POSITIVE AFFECT FOR CARE PARTNERS OF PERSONS WITH MCI

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Everyday stressors associated with providing care to a spouse with mild cognitive impairment (MCI) can interfere with care partner positive affect. Care partners may turn to spiritual and religious activities as a way of coping with these care giving stressors. To assess the protective effects of attending religious services, we examined 30 spousal care partners’ responses to behavior problems exhibited by their spouses with MCI and to other non-care-related stressors on same-day and next-day positive affect. Participants recorded daily activities and completed telephone interviews on 7 consecutive evenings. Multilevel models reveal that care partners reported higher positive affect on days they attended a religious service, particularly on a low stressor day. The benefits of attending a religious service persisted even on the following day (B=-1.33, p=0.03). However, attending a religious service on a high stressor day was associated with lower positive affect that day (B=-7.26, p=0.05). Results suggest that religious service attendance may provide solace on low stressor days but may not be as helpful on high stressor days. Findings are reviewed in the light of qualitative interviews. Implications of the findings for interventions are discussed.

CENTENARIANS OWN PERCEPTIONS ABOUT THEIR EXTREME LONGEVITY


Centenarians exhibit extreme longevity and a remarkable compression of morbidity and investigations about their special ability to avoid and/or overcome major constrains of life are being conducted all over the world. A special emphasis has been paid on the influence of biological and genetic factors (Poon & Cheung, 2012), but little attention has been given to life as a centenarian (Serra et al., 2011). With the main purpose of identifying how centenarians perceive their longevity and justify having reached 100 years old, a selected sample of 50 persons with 100 and more years old from the Oporto Centenarian Study (PT100) was selected considering their ability to provide extended in-depth face-to-face interviews. Main aspects pointed out as reasons to have reached extreme longevity include the value of hard work, good lifestyle choices (internal locus of control), God will (external locus of control), and even in a more transcendent justification, centenarians highlight their own responsibility in engaging in religious beliefs and practices, such as praying and celebrating masses. These results are analyzed according to the Portuguese cultural context, major assumptions of spirituality and self-transcendence theories and the relation between internal and external locus of control and longevity. Gerotranscendence may provide a theoretical basis for the development of interventions that can foster a sense of meaning in life, well-being and life satisfaction as nearly as possible to the end of life.

RELIGIOUS COMMITMENT AND ATTENDANCE AMONG COMMUNITY-DWELLING OLDER CHINESE IMMIGRANTS IN CHICAGO METROPOLITAN AREA

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Background: Religiosity is associated with one’s health and well-being. Positive effects of religion have been show in the aging population. Research suggests that religious commitment, attendance, and practices may help increase immigrant older adults’ resilience to cope with acculturation stress, illness and disability. However, religiosity among Chinese elderly immigrants remains relatively unexplored. Methods: We conducted a cross-sectional study with 3,018 Chinese older adults in Chicago metropolitan area. In the survey interview, we administered a 3-question religious scale to explore the importance of religion in their lives, attendance to organized religious service and attendance to home religious service. Results: Among surveyed participants (N=3,018), the mean age was 73 and 60% were women. 93% were born in mainland China. In total, 36% of Chinese older adults perceived religion as important or very important. As for attendance at religious services, 76% have never attended organized religious services. However, participants were more likely to perform religious services at home. 54% of the participants held home services at least once a year, and 10% did daily. Conclusion: Religion remains an important part of life for Chinese older adults. In addition, ancestor worship and religious services performed at home were common in this population. The findings should be interpreted within the unique cultural and historical contexts of Chinese older adults. Further research is needed to examine the association of religiosity and immigrant older adults’ physical and psychologi-cal well-being.

IMPACT OF NEGATIVE INTERACTIONS ON MARITAL SATISFACTION: A COMPARISON OF YOUNGER AND OLDER ADULTS

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Four negative interaction patterns—escalation, invalidation, negative interpretation, and avoidance/withdrawal—have been shown to predict marital distress or dissolution (e.g., Gottman, 1993; Halfford, Hahlweg, & Dunne, 1990; Markman, Stanley, & Blumberg, 1994). However, to our knowledge, no published research has investigated how negative interactions may vary across age. The purpose of this study is to determine whether there are differences in negative interactions between age groups, explore whether these differences are associated with variance in marital satisfaction, and determine whether religiosity affects this association. Method: Data were collected from participants of the national Family Needs Survey (N = 45,387). Predictor variables included the Negative Interaction Scale (Stanley, Markman, & Whitton, 2002), age (older or younger than 60), and a 4-item religiosity scale measuring self-rated level of spiritual development, church attendance, Bible reading, and prayer. The dependent variable for this study was marital satisfaction (Kansas Marital Satisfaction Scale; 1986). To examine the association of negative interactions in explaining marital satisfaction across age, an ANCOVA was performed, with religiosity entered as a covariant. Results revealed significant main effects of religiosity, F(1,24356) = 23.56, p < .001, and negative interactions, F(10, 24356) = 236.47, p < .001. There also was a significant interaction effect between age and negative interaction, F(10, 24356) = 3.414, p < .001.
SESSION 245 (POSTER)

SUCCESSFUL AGING

CHILDHOOD SCHOOL SEGREGATION AND CHANGES IN ADULT SENSE OF CONTROL IN THE AFRICAN AMERICAN HEALTH COHORT


Objective: Cross-sectional associations between childhood school segregation and adult sense of control and physical performance have been established in the African American Health (AAH) cohort. Here we extend that work by estimating the effect of childhood school segregation on two-year changes in adult sense of control. Method: Data on 542 older AAH men and women were used to estimate the crude and adjusted effects of childhood school segregation on changes in the sense of control. Exposure to segregation during primary and secondary schooling was self-reported in 2004. Sense of control was measured in 2008 and 2010 using Blom rank transformations of Mirowsky and Ross’ eight-item scale. Covariates included demographic factors, socioeconomic status, self-rated health, racial attitudes and beliefs, and religiosity. Multiple linear regression analysis with propensity score re-weighting was used. Results: The unadjusted effect (Cohen’s d) of having received the majority of one’s primary and secondary education in segregated schools on two-year changes in adult sense of control was 0.21 (p = 0.008). Adjustment for demographic factors, socioeconomic status, self-rated health, racial attitudes and beliefs, and religiosity did not appreciably change that effect, (Cohen’s d = 0.19, p = 0.020). Exposure to less segregated primary and secondary schooling did not have a significant effect in either model. Conclusion: While AAH cohort participants who received the majority of their primary and secondary educations in segregated schools improved their sense of control during the economic downturn, their counterparts did not.

EXPLORE THE MEDIATING EFFECT OF FAMILY SUPPORT ON THE ASSOCIATION BETWEEN LIVING ARRANGEMENTS AND SUBJECTIVE HEALTH IN CHINESE OLDER ADULTS: EVIDENCE FOR RURAL-URBAN DIFFERENCES

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A popular assumption in gerontology states that environmental influence increases throughout the life-span with non-normative environmental influences. Social support and living arrangements are both important environmental factors that have been indicated to predict health outcomes in old age. However, the mechanisms underlying the association between living arrangements and health have not been well explored, particularly for a non-Western population. To better understand the possible mechanism behind the association between living arrangements and health, we examined the mediating effect of family support upon this association. Using the 2002 and 2005 waves of the Chinese Longitudinal Healthy Longevity Survey (CLHLS), we examined the time-lag effects of family support and living arrangements at T1 on the self-rate health at T2 (3 years later) among 16,064 Chinese older adults aged 61 to 120 years. Using multiple linear regression models and the Sobel test for mediation, we found the effects of living arrangements on subjective health were partially mediated by family support for urban older adults, but not for their rural counterparts. For urban older adults, frequent contact with their adult children was associated with better health trajectories. For rural older adults, adopting an extended-family style (co-residing with more children) at T1 strongly predicted better subjective health at T2; this effect was not mediated by levels of family support. Our findings underscore the need to explore further the mechanisms underlying the link between living arrangements and health in rural Chinese older adults.

SELF-REGULATION STRATEGIES AND SUBJECTIVE WELL-BEING AMONG OLDER COUPLES IN JAPAN

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While self-regulation strategies are known to enhance subjective well-being in older adults, it is unclear whether these strategies, if adopted by only one partner in a couple, can influence the other partner’s well-being. This study examines relationships between self-regulation strategies and subjective well-being among older couples in Japan. Methods: 498 couples’ responses were collected through a mail survey to 1500 randomly selected community-dwelling older couples in a suburban area of Tokyo. The four components of the Selective Optimization with Compensation construct (SOC), Tenacious Goal Pursuit (TGP), Flexible Goal Adjustment (FGA), Life Satisfaction, and Depression were measured. Results: After controlling for demographic and social network variables among husbands and wives, we estimated effects of SOC, FGA, and TGP on subjective well-being using Hierarchical Linear Modeling. While FGA of husbands and wives was positively related to their own life satisfaction, FGA of husbands was also positively related to life satisfaction of wives. And while FGA of husbands and wives was negatively related to their own depression, one of the SOC components (“Compensation”) of husbands was negatively related to depression in their wives. Conclusions: These results suggest that a flexible attitude toward accepting avoidable negative life events was important for both husbands and wives among older couples in Japan. Even more striking were the crossover effects from husbands to wives, where we found that husbands’ flexible attitudes toward accepting unavoidable negative life events or in adopting compensating strategies for losses associated with aging are important for the well-being of their wives.

THE IMPACT OF NEW INTIMATE RELATIONSHIPS IN LATER LIFE ON LIFE SATISFACTION

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Studies about intimacy in old age have mostly focused on institutionalized life-long marriages. Little research has focused on re-partnering in later life and the impact these relationships have on life satisfaction. Framed by Giddens’ Transformation of intimacy and Laslett’s Third age, as well as changing social and geographical conditions, this paper focuses on how different forms of new intimate relationships impact on life satisfaction in later life. Qualitative interviews were conducted with a strategic sample of 28 Swedes, 63–91 years, who were married, cohabiting and living apart together in new intimate heterosexual relationships initiated after the age of 60 or who were currently dating. The results showed the significance of new intimate relationships the experience of life satisfaction in later life: The importance of being needed and confirmed by one’s partner, for intimacy and sexuality, for unloading children’s care responsibility, for sharing experiences in everyday life and for safety. The results also showed the importance of the partner as a resource for new experiences and a healthier life style. In conclusion, the results will be theorized in a time frame: First, in the light of new post (re)productive free time in the third age. Second, in the light of the finite remaining life-time. The results from the qualitative study will be contextualized by results from a representative survey on intimate relations among 3,000 60–90 year old Swedes (data collection has just finished).
Emotional well-being and social support among older adults may contribute to everyday life decision-making (DM) and overall health. This study examined the relation of social support and indicators of well-being on capacity for independent living among older adults receiving assistance in the community or living in retirement communities (N = 33; M age = 67.36; SD = 7.29). Sixty-four percent of the sample was white, 33% African American and 3% Asian. Sixty-four percent were classified as having mild cognitive impairment (MCI) according to the SLUMs. Social support was associated with cognitive status (r = -.37, p < .05). In an analysis of racial differences with positive affect (r = -.38, p < .05) and negatively correlated with (MCI) according to the SLUMs. Social support was associated with cognitive status (r = .48, p < .01). DM capacity was correlated with self-reported health status (r = .38, p < .05) and income adequacy (r = .40, p < .05), such that those with higher scoring DM capacity had better self-reported health and higher income adequacy. Scores on a functional health questionnaire (VES) were correlated negatively with positive affect (r = -.38, p < .05) and negatively correlated with cognitive status (r = -.37, p < .05). In an analysis of racial differences between white and African American participants, white participants scored significantly higher on measures of health literacy (t = 2.51(10.71), p < .05) and DM capacity (t = 2.37(14.42), p < .05). Notably, no relation was found between capacity and social support; however, individuals frequently mentioned members of their support network as resources in dealing with everyday problems (e.g., if locked out of the house, I could call my husband). Given the high proportion of the sample with MCI and the racial differences found in health literacy and DM, additional validation of the DM measure is necessary.

ACTIVE AND PASSIVE SOCIAL ENGAGEMENT THROUGH SHOPPING ACTIVITY
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Social engagement has been linked to better physical and mental health outcomes and may alleviate social isolation. For those in later life, shopping can be an opportunity to engage in social interaction and to socialise with others; however, relatively few papers have looked at how these two phenomena interact. This paper represents one of the first attempts to identify the social activities associated with shopping behaviours in an older British cohort. Adopting a qualitative approach, semi-structured interviews were conducted with at least 30 community-dwelling participants and transcripts were analysed using grounded theory. Interview questions included shopping frequency, motivation and decision making. In the current sample there is evidence that shopping provides an opportunity for social stimulation. The data reveal that male and female participants experience shopping both actively and passively as a socially stimulating activity. Examples of active social engagement are shopping with friends or family members as a social occasion or day out. In addition, people may go shopping to get out of the house and to be around others, particularly if they live alone. Passive forms of social engagement when shopping include unplanned social interaction such as bumping into people they know and talking to shop workers or other customers. Both active and passive forms of social interaction are expressed as positive experiences. The findings presented here show that shopping activity may promote wellbeing and is a valuable area in which to study social engagement in later life.

DEVELOPMENT AND PSYCHOMETRIC PROPERTIES OF THE MAASTRICHT PERSONAL AUTONOMY QUESTIONNAIRE (MPAQ) IN OLDER ADULTS WITH A CHRONIC PHYSICAL ILLNESS
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Methods: Achievement of personal autonomy is conceptualized as correspondence between the way people’s lives are actually arranged and the way people want their lives to be arranged. A field test was conducted in three waves (n = 412, n = 125 and n = 244) among a random sample of people older than 59 years with either Chronic Obstructive Pulmonary Disease or Diabetes Mellitus. Construct validity, internal consistency, reproducibility and responsiveness were evaluated. Results: The MPAQ consists of three scales: degree of autonomy, working on present and prospective goals and cognitive status. Spearman’s rho for responsiveness was 0.28 and mean change was larger (0.54) than was SRDgroup (0.11) in patients who had deteriorated, but smaller in patients who had improved (0.07). Conclusions: The MPAQ has good validity and internal consistency and moderate reproducibility. Responsiveness is weak, although better for deterioration than for improvement.

DYNAMIC PROCESSES OF DAILY HEALTH-GOAL PROGRESS AND DAILY AFFECT
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Optimal aging is strongly related to personality factors along with health behavior habits. While many studies found links between traits and health (Lahey, 2009; Siegler, Hooker, Bosworth, Elias, & Spiro, 2010), less is known about more process-oriented personality constructs, such as goals and self-regulatory strategies. In the process of self-regulating goals, it is important to explore the associations between what people are trying to do and what people are feeling. The successful or unsuccessful pursuit of desired outcomes arouses emotions such as happiness or dejection (Lockwood, Jordan, & Kunda, 2002). We examined the within-person coupling of personality processes over time as well as the cross-lagged associations of personality processes by tracking daily within-person variations and between-person differences in the associations between affect and health-goal progress. The analyses utilized data from the Personal Understanding of Life and Social Experiences (PULSE) Project, a 100 day internet-based, microlongitudinal daily study (N = 99). Multilevel models revealed that daily health-goal progress was positively coupled with daily positive affect and negatively coupled with daily negative affect within persons. The associations between daily health-goal progress and daily positive affect and between daily health-goal progress and daily negative affect varied between individuals. The cross-lagged associations between variables demonstrated that health-goal progress on the previous day was positively related to concurrent positive affect and negatively related to concurrent negative affect. Positive affect on the previous day was positively related to concurrent health-goal progress. The study was funded by the Center for Healthy Aging Research at Oregon State University.

THE BEST PREPARATION FOR BETTER MEMORY TOMORROW IS BETTER COPING TODAY: EFFECTS OF ANTICIPATORY COPING ON MEMORY FAILURES AND REACTIVITY TO INTERPERSONAL STRESSORS
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Previous research has established that daily stressors, and especially arguments, are associated with increases in memory failures (e.g., Neu-
pert, Almeida, Mroczek, & Spiro, 2006) and poorer performance on cognitive tasks (e.g., Sliwinski, Smyth, Hofer, & Stawski, 2006) in older adults. The current study implemented an 8-day daily diary to examine the within-person relationships among daily anticipatory coping (e.g., coping that takes place before a stressor occurs) and memory failures on a subsequent day in a sample of 43 older adults (M age = 74.3, SD = 7.5, range = 60-93). Participants completed questionnaires on anticipatory coping, daily stressors, and memory failures for eight consecutive days. Results from a multilevel model revealed increased reactivity to daily arguments (i.e., increases in memory failures associated with increases in arguments) when the previous day’s anticipatory coping was low. Comparatively, there was no increase in memory failures associated with arguments when the previous day’s anticipatory coping was high. These results suggest that engaging in anticipatory coping behaviors on the day before a stressor occurs provides an important adaptive advantage for reactivity to daily arguments in older adults.

**EXPLORING PREDICTORS FOR COGNITIVE FUNCTION USING KOREAN NATIONAL LONGITUDINAL DATA: FROM THE MID AGED TO THE LATE ELDERLY**

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This study focused on cognitive function, a critical element of dementia and in the model of successful aging suggested by Rowe and Kahn. We aimed to explore predictors of cross-sectional cognitive status and longitudinal change in cognitive function in the mid and late life. The mid and late-life was divided into 3 stages; 45-64 as mid, 65-79 as old and over 80 as the oldest. We examined whether predictors of cognitive function differ according to these stages. Data from the Korean Longitudinal Study of Aging (N=8,688) was utilized for the analysis. The model was tested with Latent Growth Modeling using Mplus 6.12. Results indicated that the three age groups tended to share more similar predictors of cognitive function during the same period, while differences were more prevalent among predictors of the longitudinal change of cognitive function. Variables including physical health, physical function, positive health behavior, depression, age, gender, education, and the interaction between gender and education all had significant effects on cognitive function in terms of the cross sectional analysis. However, with regard to the longitudinal rate of change in cognitive function, with the exception of physical function and the interaction between gender and education, each group showed different relationships with various predictors. These results imply that mid, old, and the oldest groups are not homogeneous. Therefore, different strategies need to be applied for each group, for them to cognitively function well for successful aging. This provides base line data in preventing cognitive deficits and when developing cognitive intervention programs.

**THE SENIOR STRUCTURED LIVING PROGRAM (TRUE GRIT): A THERAPEUTIC MODEL PROMOTING HEALTHY AGING BEHIND BARS**

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Increased sensitivity to graying of our prisons and soaring medical expenses are stimulating discussion about how best to respond to special needs of geriatric offenders. Since health statuses are closely interconnected with prison adjustment, policymakers are seeking “best practice” solutions that enhance older incarcerated adults’ mental, physical and functional health status. This research examines important linkages between successful aging and inmate participation in the Senior Structured Living Program (True Grit) at a Nevada prison. One hundred thirty-six True Grit (TG) participants (mean age – 68 years) were surveyed using both open and closed ended questions examining inmate’s physical and mental health concerns and coping strategies. Major dependent variables included prison adjustment, life satisfaction, depression, and activities of daily living. The importance of religion as a coping mechanism was included as a secondary variable. Pearson correlations indicated significant relationships between the number of TG activities participated in and prison adjustment. Inmates who were most satisfied with TG participation reported higher scores on prison adjustment and life satisfaction. Findings from a Linear Regression Model support TG participation as an important predictor of prison adjustment. In response to open-ended questions, inmate narratives reinforce the positive impact of the TG structured program in creating self-efficacy strategies for successful aging. Over 80% of respondents reported their prison life was much better as TG participants compared to living in the general prison population. Policy implications and the need for replication are addressed.

**SUCCESSFUL AGING AND BEHAVIORAL CHANGE: EFFECTS OF THE “I AM ACTIVE” PROGRAM**

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Introduction: I AM ACTIVE is a program designed to encourage successful aging in people 60 years and over, through behavioral change and improved physical activity, healthy nutritional habits and cognitive functioning, that promotes better quality of life. The objective of this study is to assess the effectiveness of this program. Methods: Longitudinal Design (RCT). 64 healthy elderly (experimental n=31, control n=33) participated in a program based on the Precaution Adoption Process Model (PAPM), consisted in theoretical-practical sessions of physical exercise, nutrition habits and cognitive training. A pre-post and 6 month follow-up assessment was conducted. Mean differences and effect size was calculated. Results: Groups were similar at baseline. Most of the experimental group progressed of stage in the behavioral change from PAPM between pre-post test, and maintained at follow-up, while the control group remained without significant changes. After the program the experimental group improved significantly in the different areas compared with the control group: Physical activity: risk of falls(p<.05,d-Cohen=.34), balance(p<.05,d-Cohen=.40), range of motion(p<.05,d-Cohen=.65), self-efficacy for physical activity(p<.001,Cohen-d=.76). Nutrition: nutrition self-efficacy(p<.01,d-Cohen=.61), nutritional status(or<.05), water consumption(p<.05). Cognitive performance: processing speed(p<.001,d-Cohen=.50), working memory(p<.05), self-efficacy to improve memory(p<.001,d-Cohen=.89). QOL: general(p<.01,d-Cohen=.63), health-functionality(p<.01,d-Cohen=.54), psychological and spiritual(p<.05,d-Cohen=.44), and family(p<.05,d-Cohen=.36). In the follow-up, improvements remained at risk of falls, self-efficacy for physical activity, self-efficacy for nutrition, processing speed, QOL general and its spiritual and psychological component. Conclusion: Findings show that the program promotes a behavioral change for the enhancement in domains of successful aging as well as in quality of life in healthy elders.

**WORKING WITH EXTENSION TO UNDERSTAND OPTIMAL AGING IN IOWA: MID LIFE AND BEYOND INITIATIVE**


As one of the oldest states Iowa faces great challenges and opportunities. The aim of this research and Extension Outreach project was to explore how younger and older adults can work together to make changes within their communities. Study Circles were utilized to begin community discourse and discussion guides for these sessions were designed based on the Everyday Democracy (Everyday Democracy:
HOW DID YOU BECOME 100?: FINDINGS FROM THE FORDHAM CENTENARIAN STUDY


Is there anything we can do to reach our 100th birthday? We asked this question to individuals 95 and older within the Fordham Centenarian Study, which investigated 119 individuals living in New York City (mean age 99, range 95-107, 78% females). Open-ended questions were used to assess whether centenarians felt that they had a specific recipe that allowed them to reach their very advanced age, or whether they had lived according to a specific life motto. Answers were later coded with a theme-based qualitative approach, using a coding schema developed for this study. The higher-order categories found were: health, lifestyle, work, social aspects, psychological aspects, well-being, spirituality, leisure, specifics about aging (e.g., feeling much younger), and luck. The categories most often mentioned by participants at least once were psychological factors (62.5%), lifestyle (44.6%), social resources and behaviors (42.9%), as well as religious beliefs (30.4%). The specific categories mentioned most often were coping strategies (53.6%), having faith (30.4%), prosocial behavior (25%), virtues (25%), and genes (18%). Among coping strategies, focusing on one day at a time was the strategy most often mentioned (20%). It is also noteworthy that about one-third of the sample said at one point during the interview they had no idea how they became that old, and 9% was attributed their age to pure luck. In sum, although discussions on longevity mostly focus on health and lifestyle, centenarians offer mostly psychological aspects as reasons for their very advanced age.

LAY PERSPECTIVES OF SUCCESSFUL AGING IN A LIFE-SPAN SAMPLE

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To what extent the perception of lay people match scientific definitions of successful aging has received increasing attention in recent years. The present study examined a sample of 133 individuals aged 18 to 96 years (females 59%) living in the wider New York area with respect to how they define successful aging and what contributes to successful aging in their view. The answers to the open-ended questions were later coded with a theme-based qualitative approach, using a coding schema developed for this study. Overall, individuals mentioned 14 central theme categories. The category most often mentioned at least once was health (72%), followed by social aspects (58%), activities (49%), beliefs (47%) and coping strategies (46%). About one fifth of the sample mentioned independence, meaning in life, and specific aging issues. The importance of knowledge/education was mentioned by 17%, finances by 16%, and success/respect by 10%. Additional themes mentioned by only a few individuals included macro and micro environment, and need for stability. It is of note that the answers for definitions and determinants did not differ in terms of themes mentioned. We also found only limited evidence for gender or age differences. In sum, the findings suggest that lay persons have a multifaceted understanding of successful aging, and consider a much larger number of factors as important than most theoretical models and empirical studies on successful aging.

TOWARD A BRIEF PRODUCT AND PROCESS MEASURE OF SUCCESSFUL AGING

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This research reports on the development of a brief multifaceted measure of successful aging that incorporates conceptual content from 4 well-known models of successful aging. The 14-item, 7-point Successful Aging Scale (SAS) and other measures were completed by 336 older adults. Studies 1, 2 and 3 report on item analysis, factor analysis, reliability and validity. In Study 1, all 14 SAS items were found to contribute significantly to the total score. Factor analysis identified three underlying dimensions: Healthy Lifestyle, Adaptive Coping, and Engagement with Life. The alpha coefficient for the SAS was 84 and ranged from .72 to .75 for the three dimensions. Test-retest stability (12-weeks) for the SAS was found to be .71. Research has shown that successful agers are very resilient, high in emotional intelligence, and enjoy good physical and mental health. The results of Study 2 supported these validity predictions and also demonstrated that the SAS is free of socially desirable responding. Moreover, successful agers have been found to be optimistic, to be high on personal meaning, to be open-minded, and to embrace spirituality. Study 3 also supported these validity predictions. In conclusion, the SAS is a useful measure of successful aging developed from well-known product and process models. Future studies will need to examine the correlation of the SAS with other measures of successful aging. The SAS is recommended as a brief research and clinical screening tool to access successful aging in the later years.

HEALTHY AGING IN MASSACHUSETTS: REPORTING INDICATORS, IDENTIFYING RESOURCES & ACTIVATING ALLIES


We report on an initiative supported by the Tufts Health Plan Foundation to determine indicators of healthy aging (HA) and current resources. HA is multidimensional including: physical health (self rated health, recent fall w injury, tooth loss, disability), mental health (depression, life satisfaction, poor mental health days), nutrition/diet (obesity, access to healthy foods, daily fruits/vegetables, smoking, alcohol use), safety/security (violent crime rate, elder abuse rates), proactivity in health behaviors (physical activity, cancer screening, flu-pneumonia-shingles vaccines, dental exams, cholesterol screening), social engagement and having meaningful roles, and health care utilization/access variables. Sociodemographic variables were also analyzed (age, gender, race, education, marital status, % Medicaid dually-eligible). First, we analyzed data from multiple existing sources (CMS 2009-2011 Master Beneficiary Summary files, 2006-2011 Behavioral Risk Factor Surveillance System for Massachusetts, 2010 Area Resource File, County Health Rankings and Roadmap, Food Environment Atlas County Data, 2005-2007, Dartmouth Atlas of Health Care Physician Supply, and MA state administrative data) to calculate rates on indicators. Next, we employed GIS analyses to map indicators of healthy aging representing the conceptual domains. Mapped indicators are reported at actionable geographic units to highlight successes/failures across the state. Concurrently we conducted an environmental scan of HA programs to...
provide a snapshot of available resources and gaps. Results of the environmental scan and indicator report disseminated to researchers, advocates, older adults, and interested parties in supporting healthy aging enable communities to customize strategies to address their unique challenges. This approach provides a model for other states to optimize healthy aging.

SUCCESSFUL AGING AND THE MIND-BODY CONNECTION IN LATER LIFE: PERCEPTIONS OF CONTROL AND ACTIVITIES OF DAILY LIVING IN THE MEN OF THE MANITOBA FOLLOW-UP STUDY

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When asked for their definitions of successful aging, many older men mention independence. Evidence exists in the psychology literature of a “mind-body connection”, suggesting that certain thoughts are positively linked to physical and psychological well-being. In light of this, we sought to examine whether and how perceptions of control related prospectively to functional ability in 1745 older men (mean age 76.6 ± 3 years) who were part of the Manitoba Follow-up Study, one of the longest-running studies of health and aging in the world. Our specific objectives were to test whether perceptions of primary and secondary control (i.e., different ways of feeling in control) in 1996 related to both basic and instrumental functional ability four years later. Even with age and functional ability in 1996 controlled, primary and secondary control/acceptance significantly predicted reporting fewer activity limitations in 2000. In particular, men whose lay definitions of successful aging included themes of primary control in 1996 were significantly less likely to report limitations in basic and instrumental activities of daily living in 2000 than were men whose successful aging definitions did not include themes of primary control: OR-BADL=.64, 95% CI (.42, .97); OR-IADL=.64, 95% CI (.44, .93). A similar pattern of findings emerged for the acceptance component of secondary control: OR-BADL=.64, 95% CI (.46, .90); OR-IADL=.71, 95% CI (.53, .93). These findings suggest that perceptions of control may indeed be part of the “mind-body connection” in older men, and that they could conceivably contribute to enhanced functional well-being in later life.

RISK OF PLACEMENT IN A CARE FACILITY: THE ROLES OF SOCIAL ACTIVITY, SLEEP, PAIN, AND DEPRESSION

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Placement in a long-term care facility is a costly and often undesirable outcome for many older adults. The purpose of this study was to determine whether several modifiable factors—social activity, sleep, pain, and depression—predicted placement in a care facility, over and above cognitive impairment, functional impairment, medical conditions, and age. The data were derived from the Intelligent Systems for Assessing Aging Changes study, a prospective cohort (n=229) of community-residing older adults (mean age 83.4±5.6), with a low rate of cognitive impairment (n=34.15%) at baseline. Within 5 years, a total of 44 (19%) of the 229 participants had moved to assisted living or nursing home care and 55 (24%) were cognitively impaired. Findings of a multivariate logistic regression analysis controlling for cognitive impairment, functional impairment, medical conditions, and age, indicated that each unit decrease on a 20-point social activity scale was associated with a 25% increase in the risk of placement in a care facility (p=0.002), and each unit decrease on a 5-point scale indicating the frequency of restful sleep was associated with a 60% increase in the risk of placement in a care facility (p=0.008). Although pain and depression significantly increased risk of placement in the unadjusted analysis, they were not significant individual predictors of placement in the multivariate model. Findings will be discussed with regard to minimizing risk of placement by improving restful sleep and increasing social activity outside of the home for community-dwelling older adults.

WELL-BEING: BENEFITS OF PARTICIPATION IN A SENIOR WOMEN’S SOCIAL GROUP

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This study examines the psychosocial benefits of senior women’s participation in social groups. The findings illustrate a relationship between social connectedness and well-being, with participants describing the importance of the group as an integral component of their support network and continued personal development. Group work established a venue to build relationships that provide relational empowerment, reciprocal support and caring, stimulation, and personal growth. Through their relationships, women find the emotional connections to support successful adaptations to life-altering changes. Collectively, these experiences suggest that group members engaged in a process of redefining themselves in the context of new social roles; they increased their sense of personal ability to adapt to change, culminating in an enhanced state of well-being.

RACIAL DIFFERENCES IN EXPERIENCES AND APPRAISALS OF STRESSFUL LIFE EVENTS AMONG URBAN ELDERS

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In this paper we consider racial differences in reported experiences and appraisals of recent life events, comparing African American (AA) and Caucasian older adults. The sample of 409 respondents (M=79, SD=5.74) were randomly selected urban community residents. Respondents included 79% women and 25% African Americans. Findings reveal that AA respondents generally reported more negative life events compared to Caucasians. Notably, AA elders reported more frequent loss of a close friend (p<.004) and greater financial difficulties compared to Caucasian elders (p=.001). Event appraisals on the life events, however, yielded a different pattern. Caucasian elders consistently appraised negative life events as more problematic than their AA counterparts. Our findings call attention to selective similarities and differences in racial patterns of late life stress exposure. These data offer support for the role of stress appraisal process (Lazarus & Folkman, 1984) in buffering the impact of stress on psychological well-being. Indeed, in spite of generally higher levels of stress exposure reported by AA elders, their domain specific satisfaction was similar to those of Caucasian elders in terms of both social life and standard of living. Only in the area of satisfaction with one’s neighborhood did AA elders express significantly lower satisfaction. These findings suggest the role of cognitive appraisals in contributing to greater psychological well-being among AA elders compared to Caucasian elders in the community.

PSYCHOSOCIAL DEVELOPMENTAL IMAGES IN LATER LIFE AMONG OLDER ADULTS IN JAPAN

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PURPOSES: This study explores psychosocial developmental images in later life among older adults in Japan and analyzes qualitative data that was evaluated by the Sentence Completion Test for Gero-transcendence (SCTG), which we developed. METHODS: The sample included 235 Japanese older adults (128 men, 107 women), whose mean age was 69.17 years old (SD=4.72). They answered a question-
The Gerontological Society of America

SESSION 250 (POSTER)

TECHNOLOGY

IN-HOME HEALTH MONITORING: REACTIONS AND PERCEPTIONS OF OLDER ADULTS IN SUBSIDIZED HOUSING
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Research in the area of in-home technology acceptance and use has established that the “digital divide” between older and younger adults has been shrinking in the last decade. What remains is a continuing disparity among older adults based on socioeconomic status. The health-related technology needs and preferences of low-income older adults have been largely neglected. This study used two approaches to begin to describe the attitudes toward in-home technology of a sample of older residents in subsidized housing. Surveys were distributed to residents of two urban subsidized apartment buildings to assess their access to daily technology applications. A subset of respondents was then invited to participate in focus groups to further discuss their attitudes and perceptions regarding in-home technologies. Ninety-three participants responded to survey questions regarding use of everyday technologies such as cell phones, medical alert systems, and computers. Twenty-eight percent reported owning a computer, 49% owned cell phones, and 17% of this medically vulnerable population had some kind of medical alert system. Analysis of focus group transcripts yielded themes related to the balance between privacy and maintaining independence, human contact vs. objectivity of technology-driven data, and sharing of information with health care providers vs. family members. It is becoming clear that low-income older adults have less access to technology than the general population. Yet their needs and preferences are remarkably similar to those expressed by their higher-income counterparts (Wild et al., 2008). Technologies that promote health as well as social connectedness are vital to successful aging in place for all older adults.

USING THE LANGUAGE ENVIRONMENT ANALYSIS (LENA) SYSTEM TO STUDY SOCIAL ENGAGEMENT AMONG OLDER ADULTS IN A RETIREMENT COMMUNITY
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Background: Social engagement is a strong determinant of health and morbidity in late-life. A current limitation in assessing social engagement in older adults is the lack of an objective and quantitative metric for measuring social behavior. This study investigated the feasibility of using the Language Environment Analysis (LENA) system as a novel method to objectively quantify social engagement in older adults within their natural environment. Methods: Thirty-seven participants aged 64-91 residing in a retirement community were asked to wear a digital language processor (DLP) to record their auditory environment during one waking day. Recordings were analyzed with the LENA software to derive quantitative estimates of the individual’s social environment (e.g. number of spoken words heard, percent of time spent around meaningful speech versus television/radio). Questionnaires on social engagement, lifestyle activities, and health-related quality of life were concurrently administered. Results: Adequate LENA recordings that began before 10 A.M. and lasted for ≥10 hours were collected from 24 participants. The mean duration of recording was 13 hours and 13 minutes, and individuals spent a mean of 26.7% (range=4%—58%) of their waking day near a television or other electronic sounds. The projected mean word count over a maximum of 16 hours was 33,141 with nearly a 14-fold range between the lowest and highest observed values (range=5120—77,882). Conclusion: High-quality objective data on the auditory and social environment of older adults can be feasibly measured with the LENA system. Findings from this pilot study may guide future studies investigating social engagement in older adults.

PREDICTORS OF OLDER ADULT TECHNOLOGY ADOPTION
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The technology acceptance model (Davis, 1989) has grown in notoriety among those researching technology use. However, little focus has been given to predicting older adult technology use. A modified version of the technology acceptance model is presented taking into account the influence of age, education, personality traits, perceptions of technology ease of use, perceptions of technology usefulness, and attitudes toward technology influencing general technology adoption. This modified model is titled the technology adoption model. It was tested with Mplus and indicated a good fit χ² (df = 28) = 38.67, p < .05, CFI = .98; TLI = .96; RMSEA = .05 and SRMR = .04. Specific findings indicated that attitudes of technology on technology use were positively related, indicating that individuals with more positive attitudes toward technology were more likely to use technology. Other interesting findings included significant direct effects between agreeableness and perceived usefulness of technology and conscientiousness and perceived usefulness of technology while controlling for age and education. These findings suggest that agreeableness and conscientiousness personality traits impact perceptions of technology that may ultimately impact technology adoption. The main finding shows that the technology adoption model is a good fit and significantly predicts older adult technology adoption.
IMPACT OF USING TELECONFERENCE COGNITIVE BEHAVIOR THERAPY ON WORKING ALLIANCE AND TREATMENT OUTCOMES FOR CO-OCcurring INSOMNIA AND DEPRESSION IN OLDER ADULTS


Objective: There is limited research investigating whether delivering cognitive behavioral therapy (CBT) through teleconferencing impacts working alliance and/or therapeutic outcomes. The present study aims to address this question by examining therapeutic alliance and treatment outcomes for a CBT intervention delivered to older adults via teleconferencing. Method: We are reporting data on five participants that were enrolled in a pilot study of CBT for co-occurring insomnia and depression in older adults. However, data on 46 older adults will be available at the meeting. Participants received 10 individual CBT teleconferencing sessions, as well as pre-, post- and 2-month follow-up assessments (including self-report measures of insomnia and depression). Therapeutic alliance was assessed using the Observer-rated 36-item Working Alliance Inventory (WAI), which yields overall and subscale (task, bond, and goal) scores. An audio-recorded session from early in treatment (Sessions 2-5) and from late in treatment (Sessions 6-9) were randomly chosen and rated by a trained independent rater. Results: The sample included predominately female (80%), Caucasian (100%) older adults (M = 65.8, SD = 10.4). The overall and subscale WAI scores were comparable to those obtained in other clinical trials with older adults (Early Session Composite = 182.0; Late Session Composite = 175.8). Participants demonstrated clinically significant improvements in sleep onset latency, wake time after sleep onset, insomnia severity, and depression at post-treatment and follow-up. Conclusions: This study demonstrates that teleconferencing CBT may be an effective mean of providing treatment to older adults, particularly in underserved populations. Acknowledgement: National Institute of Mental Health MH086643.

IMPACT OF COMMUNICATION TECHNOLOGY USE ON DEPRESSION AND HEALTH STATUS OF OLDER ADULTS DWELLING IN RETIREMENT COMMUNITIES

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Background: Older adults increasingly utilize the Internet or email for social connections and networks. However, there is no evidence how the communication technology use impacts on older adults’ health and mental health status. This study examined (1) the level of communication technology use among older adults residing in the retirement communities and (2) the impact of the communication technology use on older adults’ depression and self-rated health status. Methods: A sample of 594 older adults residing in the retirement communities was drawn from the 2011 National Health and Aging Trend Study. About half of the sample (43%) used communication technology which includes email, texting, and internet and about one third participated in routine exercises (37%) and vigorous physical activities (36%) such as swimming, running, or biking. Results: We separately performed logistic and multiple regression analyses to examine factors associated with depression and self-rated health status respectively. While controlling for other relevant variables, communication technology use showed a significant negative relationship with depression and a significant positive association with health status. Conclusion/Implications: A significant predictive role of communication technology use on health and mental health status implies that health care providers and health services researchers should understand the importance of communication technology in the provision of health promotion and mental health treatments. Communication technology may function as a prime medium to improve health and wellness of older adults in long-term care settings.

WEB-BASED STAFF TRAINING FOR ASSISTED LIVING RESIDENCES (WEB-STAR)

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Assisted living (AL) remains the fastest growing residential care option for older adults. Optimal aging in such settings can only be achieved with well trained staff, competent to address challenges presented by older residents with cognitive impairment. STAR (Staff Training in Assisted Living Residences) has been found, via randomized controlled clinical trials (RCTs) to effectively diminish behavioral problems in residents with dementia and increase staff skill and satisfaction in providing care. Thus far, STAR has only been conducted by highly trained professionals intimately involved in its development. It requires a commitment of 2 months, both from the professionals as well as the ALs for which they provide such training. Consequently, the dissemination of STAR to interested agencies is limited by the availability of professional trainers. To address this issue and enhance the uptake and spread of this evidence-based program, a web-based toolkit has been developed to enable in-house trainers to provide STAR and to sustain its implementation. Two core modules are presented that include a systematic blueprint to guide the novice trainer through the process of training preparation, implementation and maintenance. Using both online surveys and semi-structured telephone interviews, information was obtained from users about the feasibility of this medium for training; namely clarity of content, implementation barriers, staff response, and supports to adoption. These results suggest clear directions for future development and offer strategies that are of use, not only to STAR, but to other programs directed towards enhancing staff training in long term care.

WHAT HEALTH METRICS DO OLDER ADULTS WANT TO TRACK?

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Many smartphone app creators fail to do a valid needs assessment of their end-users. To rectify this issue, we involved older adults (aged 65+) in the beginning stages of designing a health and wellness application. We conducted a participatory design study, where 5 groups of older adults created 5 designs. Four groups had at least 1 health metric that is not currently offered in either the iPhone app store or the Google Play store. For example, one group proposed an app that not only tracked exercise routines, but also tracked restful activities such as meditation, naps, and hobbies. At the end of the sessions, we administered a questionnaire to determine what health metrics they would like to track via smartphone or tablet. Their designs included 13 health metrics that were not on the questionnaire. The majority (17 of 18) of participants expressed interest in tracking health metrics using a smartphone/tablet despite having little experience with those devices. This shows the research community in both human-computer interaction and gerontology, that older adults have unique ideas that are not being considered by current technology designers. Interestingly, we found that 93.75% of participants would like an app that would track health appointments, but no one included this in their own app designs. Therefore, we should not only involve older adults in participatory design sessions, but we should also do interviews/questiornaires to get a broader picture of their needs. This work was supported by the National Science Foundation under Grant No. DGE 0965820.

PATIENT-CENTERED CONTINUITY-OF-CARE WITH SIMPLIFIED, INNOVATIVE TECHNOLOGY

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Whether managing several chronic diseases with multiple providers or monitoring changes to quality-of-life and functional health indicators through case-management services, patient-centered continuity-of-care should be accomplished with the use of simple technology. In an
effort to leverage electronic medical records (EMR) and introduce patient-centered information with personal health records (PHR), we develop simple but innovative ways that informatics can create a single patient view. The goal is to reduce revolving door visits through the ER, hospital, clinic, residential and home care environments by focusing on shared patient information. While the direct correlation between specific patient activities, medications, procedures, and follow-up seem to reside with the actual patient care giving facility, sharing patient information (e.g., orders, prescriptions, and diagnoses) falls short of staying with the patient/caregivers who continue the care. Coordination-of-care within residential, assisted-living, skilled nursing, and home health should include simplified technology, thus providing a single patient view for patient-centered continuity-of-care. In this pilot study, we transform several paper-based continuity-of-care processes (handoffs) into a PHR for patients undergoing transfers from acute care to assisted-living to home care environments. We then demonstrate how this PHR is compatible with existing EMR systems. Lastly, we gather data on (1) the time health providers devote to obtaining and sharing personal health information and (2) the accuracy of this personal health information for both paper-based methods and via a PHR. We conclude by highlighting the advantages of a PHR for continuity-of-care processes.

**PSYCHOSOCIAL PREDICTORS OF WILLINGNESS TO WEAR AN EMERGENCY ASSISTIVE DEVICE IN ADULTS OVER 50**

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As the baby boomers age and chronic conditions become more prevalent, the healthcare needs of the older population are expected to surpass available healthcare resources. Consequently, older adults will need to be more reliant on themselves and informal care when it comes to their health. Social support and personality variables, such as health locus of control and self-efficacy, have been found to predict the extent to which individuals engage in self-care behaviors aimed at maintaining independence. Further, assistive technology (AT) helps older adults in place while simultaneously reducing the strain on the formal health care system. The emergency pendant is one popular AT device that serves to promote independent living, but little is known about what factors predict usage of these pendants. Using a sample of 166 tech-savvy adults over age 50 (M=70.8, SD=8.0; 61% female) the current study predicts usage of these pendants. We transform several paper-based continuity-of-care processes (handoffs) into a PHR for patients undergoing transfers from acute care to assisted-living to home care environments. We then demonstrate how this PHR is compatible with existing EMR systems. Lastly, we gather data on (1) the time health providers devote to obtaining and sharing personal health information and (2) the accuracy of this personal health information for both paper-based methods and via a PHR. We conclude by highlighting the advantages of a PHR for continuity-of-care processes.

**PREDICTORS FOR THE USE AND WILLINGNESS TO USE REMOTE TELECARE IN OLDER AMERICANS**

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E-Health technologies are a valuable tool for addressing the rising health care needs of the aging American population. Specifically, remote telecare technologies (RTC), such as videoconferencing systems used between doctors and patients, are useful for reducing time spent traveling to health centers while maintaining healthcare quality. Unfortunately, a lack of skills and knowledge related to RTC may present a barrier for adoption (Kort & Van Hoof, 2012). The purpose of the current study was to determine the identity of variables that are predictive of older adults’ use and willingness to use RTC technologies. An exploratory factor analysis was conducted on questionnaire data collected from older adult participants in the United States. The questionnaire, compiled by researchers from Florida State University and Hogeschool Utrecht addresses demographics, technology experience, and attitudes and concerns related to e-Health and RTC technologies. Data were fit to the Unified Theory of Acceptance and Use of Technology (UTAUT) model (Venkatesh et al., 2003) using a multiple regression analysis. The results are intended to inform the design of training courses developed to address concerns related to RTC and increase the likelihood of RTC adoption in the older adult population.

**SESSION 255 (POSTER)**

**TRANSPORTATION**

**DO OLDER ADULTS NOTE THE CREDIBILITY OF A HEALTH INFORMATION SOURCE?: A MIXED METHODS HUMAN COMPUTER INTERACTION STUDY**

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Previous studies of online health information-seeking have shown that seekers either do not pay attention to the source of health information encountered (Eysenbach & Köhler, 2002; Lugér, Suls, & Houston, in preparation), or perceive sources as equally credible (Eaustin, 2001). As a result, seekers may act upon erroneous health information (Cline & Haynes, 2001). This may particularly impact those searching to diagnosis a condition online; current estimates suggest that 35% of U.S. adults are “online diagnosticians,” and a third are aged 50 years or older (Fox & Duggan, 2013). Our objective was to examine variation in older adult attention to credible sources through a mixed methods human-computer interaction study. Participants (N=79; 50–84 years) were randomly assigned to use Google search engine or WebMD’s Symptom Checker to attempt to diagnose the symptoms of either mononucleosis or scarlet fever as depicted in a vignette. Participants engaged in a “think aloud” while searching, and general linear modeling was used to examine previously coded qualitative themes and quantitatively measured covariates. We found that participants discussed the credibility of information sources between 0 and 14 times in the search for symptom information. The multivariate model (F(56) = 19.73, p<001) showed that age and the perceived interactivity of the internet tool (Google vs. Symptom Checker) were significant predictors of discussions of credibility. Significant interactions between age, internet tool, and perceived interactivity were also predictive. Our findings may be used to inform web design to assist older adults to navigate the web and acquire accurate health information.

**DOES THE DREAM STEERING WHEEL OF OLDER AND YOUNGER DRIVERS DIFFER?**

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Historically, the steering wheel has been viewed as a stylistic or utility component of the vehicle; however, as in-vehicle technology increases, the steering wheel may provide a way to integrate technologies into the vehicle. In this study, participants from three age groups used a paper prototyping method to design their ideal steering wheel for a concept vehicle, by building the steering wheel out of cardboard parts. Fifty-five participants (20 older adults 47 to 65 years of age, 20 young adults 18 to 30 years of age, and 15 male automotive engineering graduate students 18 to 30 years of age) were given an outline of a steering
wheel and asked to choose their ideal steering wheel functions (e.g. volume up/down, engine tuning adjustments, cruise control, etc.) as well as the types of controls (e.g. button, rocker switch, knob, etc.) for those functions and stylistic features. Images of each steering wheel design and follow-up questions were analyzed. Results did not reveal a universally consistent design; however, there were trends among the groups. The three groups selected largely similar controls, but tended to locate them differently. They created unique steering wheel structures and express their desires differently when asked about their designs. Based on the trends observed in participant designs for each group, two prototype steering wheels were designed to satisfy the needs of aging drivers. Next, these designs will be shared with automotive engineers with long term goal of proving a steering wheel specifically designed for the aging driver.

COMPARISON OF STEERING WHEEL GRIPPING PREFERENCE BETWEEN GENERATION Y AND BABY BOOMER DRIVERS

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The drivers’ experience with the steering wheel as well as the other vehicle interior components is of great importance for both safety and comfort. This may be especially true with regard to aging drivers involved in complex driving scenarios. This study explored the driver interactions with production steering wheels in four vehicles by using anthropometric data, driver hand placement, and driver grip design preferences for Generation-Y (defined as born between 1977 and 1994) and Baby Boomer (defined as born between 1946 and 1964) participants. Thirty-two participants (sixteen in each age group) selected their preferred grip diameters, responded to a series of questions about the steering wheel grip as they sat in the four stationary vehicles, and ranked ordered their preferred grip design. Drivers exhibited different assessments of preferred grip location. More than half of the drivers prefer to grip the steering wheel symmetrically on the top part. The others (n=15) who exhibit atypical hand placements are significantly shorter. Those hand placements include gripping with only one hand in at least one vehicle (n=5), gripping with asymmetrical hand placement (n=5) and gripping on the lower half of the steering wheel in more than one vehicle (n=5). A significant positive correlation between body height and preferred gripping diameter was found. The results of this study provide insight into the characteristics of driver interactions with the steering wheel and provide design guidelines to address the needs of the aging population.

THE EFFECT OF INDIAN CULTURE, CUSTOMS AND DEMOGRAPHICS ON MOTORCYCLE DESIGN

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The motorized two-wheeler is vital in urban and rural areas of India due to its low cost and convenience. However, the side-saddle position of many older female passengers presents a challenge to manufacturers as the traditional Indian saree does not provide the freedom to sit cross-saddle. This may unbalance the motorcycle, and the long saree fabric may get sucked into the drivetrain, causing severe injuries or crashes. This project investigated seating behavior in a sample of Indian motorcycle riders and passengers in order to aid the design of a new seat and saree guard. A total of 35 male and 30 female Indian respondents with experience as either a motorcycle driver with a passenger or as a rider sitting side-saddle or cross-saddle were interviewed. In order to document diverse preferences and experience, participants were limited to ages 18-30 years or 40 years and above. Interviews revealed that driver behavior was affected by the age, weight and seating style of the passenger and that both the younger and older female riders desired a flatter, longer and wider seat. A larger saree guard, less protruding rear shocks, and a longer and wider foot rest were recommended for passenger comfort and safety. This session will describe how feedback about culture and customs from interaction with users of varying ages can inform product design to meet needs of older adults.

DRIVING AND OTHER MODES OF TRANSPORTATION USED BY RETIREMENT LIVING SENIORS

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To learn more about the transportation patterns of this growing segment of the older population, surveys were obtained from 399 residents (272 women and 127 men) from four retirement villages in southern Ontario ranging in age from 65 to 100 (mean age 86.8 ± 5.7). Twenty-one percent of residents were still driving, compared to 68% who had stopped driving and 11% who had never driven. While younger drivers were predominately women (p<.001) consistent with findings on community dwelling seniors, there was no gender difference for current or former drivers. Those still driving were significantly younger (F = 3.48; p <.03), more independent (p<.001), and less likely to receive rides from others (p<.001) or use other modes of transport (p<.001). A logistic regression (N=365 -Log Likelihood Ratio = 233.876; Nagelkerke R² = .478), showed that level of independence (based on service use), receiving rides from others and using other modes of transport were significant predictors (p<.001) of driving, while age, gender and how long they had lived in the village were not. Not surprisingly, those still driving were less likely to use other forms of transportation, including rides from others (p<.001). A large proportion of the residents (82%) however, did receive rides from others (on average 5 times a month), most often from their children (62%), followed by other relatives (29%) and friends (23%). About half used the shuttle service provided by their village, while 44% used other forms of transportation; most often taxis (73%). Only 19% used public buses.

IS DRIVING GOOD FOR MENTAL HEALTH? FINDINGS FROM THE HEALTH AND RETIREMENT STUDY

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Driving cessation may be associated with social isolation, depression, and mortality. This study investigates whether maintaining driving status over time is associated with psychological and emotional outcomes. Specifically, we examine the association over a 4-year period (2006-2010) between driving and alcohol consumption, depression, loneliness, social participation, and satisfaction with aging. Data were from participants in the Health and Retirement Study. Inclusion criteria for this study were: age 65 and older in 2006, a current driver in 2006, and complete data in 2010 (N=6,554). Alcohol use was coded heavy drinker and other (none, some), depression was measured by the CESD, social participation was the summed frequency of 7 items including: activities with grandchildren, volunteer with youth, charity or volunteer work, attend sports/social club, attend non-religious organizations, attend educational events, and play cards or games, loneliness was a 3-item scale (alpha 0.81, 3-9 range), and satisfaction with aging was determined by a single item. For the social participation, loneliness, and satisfaction with aging analyses subjects had to have completed the HRS Leave Behind Questionnaire in 2010 (N=7,378). Descriptive, bivariate, multiple and logistic regression analyses were conducted. Results showed that maintaining driving status was associated with being classified a heavy drinker (OR 2.53; CI 1.28-5.00, p=0.008), and higher social participation (B=1.45; CI 0.46-2.44, p=0.004). No statistically significant association was observed for loneliness, depression, or satisfaction with aging. The finding that heavy drinking was associated with continued driving is counterintuitive.
EQUALLY surprising was the lack of association between depression and driving cessation.

USING DRIVING SIMULATORS TO TRAIN DRIVERS FOR ADAPTIVE EQUIPMENT USE

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Training of aging drivers has become increasingly important over the past decade with the burgeoning aging population in the US. While on-road driver training provides realistic practice and preparation for on-road assessment, training using a driving simulator provides a safe and repeatable opportunity to supplement on-road training. This research details a process for training drivers to use adaptive equipment using a DriveSafety CDS-250 driving simulator. Such devices may be necessary after an injury or due to physical limitations associated with aging. This study was used to train the use of a left-foot accelerator (LFA). The training procedure was tested with young adults, and a subset of the tasks were piloted with older adults to ensure that they were able to complete the tasks effectively. Young adults completed a directed training procedure without and then with the LFA. The training exercises were designed to prepare the participants for common on-road driving maneuvers (braking, steering, etc.) by making directed control inputs (e.g. red light -> apply brake). After completing the exercises, participants completed more advanced simulated driving tasks. Participants then repeated the procedure using the LFA. Each task was repeated until they performed similarly to their non-LFA performance. Results suggest that LFA training using the CDS-250 simulator was successful and that the interactive exercises completed by both younger and older adults showed expected differences in performance across age groups (e.g., increased response time amongst older adults). Further research should utilize the full training procedure with older adults and compare to on-road training methods.

PERSONALITY AND LATE-LIFE DRIVING STATUS

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Given the importance of driving to personal mobility and late life independence, understanding factors that predict driving status is needed. Environmental, roadway, and biomedical risk factors for driving cessation have been examined, but older driver temperament has not. Previous research has found that personality is predictive of driving behavior in youth and middle-age, but this has not been fully explored in older drivers. This study investigates the relationship between driving status and personality — specifically the factors identified in the Big Five model (i.e., neuroticism, extroversion, agreeableness, conscientiousness, and openness). Data are from the 2008 wave of the Health and Retirement Study (n=4,208 after excluding respondents who didn’t complete the Leave Behind Questionnaire (n=9,540) and those who never drove (n=204)). Driving status (operationalized as “no longer drive”, “still drive but not currently”, “currently drive with limitations”, and “currently drive without limitations”) was the dependent variable, and the Big Five personality scales (neuroticism, extroversion, agreeableness, conscientiousness, and openness) were independent variables. Statistical analyses included descriptive, bivariate analyses, and multinomial logistic regression. Preliminary analyses confirmed our hypothesis that personality is associated with late-life driving status. Results showed that that being high in neuroticism (F(3,50)=26.19, p<.001), low in extroversion (F(3,50)=25.68, p<.001), high in conscientiousness (F(3,50)=15.13, p<.001), or high in openness (F(3,50)=43.17, p<.001) was associated with current driving status. However, these relationships were attenuated by the inclusion of control variables in the fully adjusted model. This study demonstrates that personality adds a unique contribution to the prediction of late-life driving status.

ARE OLDER PEDESTRIANS AT INCREASED RISK? AN EXAMINATION OF OLDER PEDESTRIAN CASUALTY COLLISIONS IN VICTORIA, AUSTRALIA

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Driving is the major and safest form of transport for the elderly, however, a substantial proportion use alternative transport options, including walking. While walking has obvious benefits for health and well-being of individuals and the environment, older people are at greater risk as unprotected road users than they are as car occupants. Given the potential for increased numbers of older adults to be walking and walking further distances, it is essential that we understand the risks associated with walking and crossing roads. An analysis of pedestrian casualty collisions amongst adults aged 18 years extracted from the Police-reported casualty crash data between 2006 and 2011 was undertaken to gain a better understanding of the contributing factors to older pedestrian collisions, compared with younger adults. The findings showed that overall, pedestrian collisions were an urban phenomenon, with clusters around high pedestrian activity environments. Older adults aged 65+ years comprised 26 percent of all adult casualty pedestrian collisions, and were over-represented in fatal outcomes. Older pedestrians also tended to be over-involved in collisions with near-side and far-side vehicles, and collisions at driveways. They were also over-involved in serious injury collisions on roads with lower speed zones. This study has enabled a detailed description of adult pedestrian collisions and crash types in Victoria. These findings have implications that extend to the development of engineering, behavioural and enforcement countermeasures in particular to the elderly, such as reducing vehicle speed, and provision of safer crossing environments, and training opportunities aimed at improving elderly pedestrian crossing decisions.

EXAMINING THE NEEDS OF YOUNGER AND OLDER MOTORCYCLISTS AND RECOMMENDATIONS FOR FUTURE RESEARCH

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Drivers aged 75 and older account on average for twice as many vehicle crashes as compared to drivers 45-54 years old (McGwin & Brown, 1999). In 2005, motorcyclists were 32 times more likely to be involved in a crash than a four-wheeled vehicle (NHTSA, 2005). As the Boomer Generation continues to retire, the number of older motorcyclists will continue to increase. Therefore, it is important to understand the unique issues of older motorcyclists. While the majority of the motorcycle research focuses on accident prevention, there is relatively little research examining the needs of older motorcyclists. In the present study, a sample of current motorcyclists between the ages of 55 – 71 were surveyed on several topics pertinent to safe riding. While many older motorcyclists reported few changes to riding due to the onset of normative aging declines, several reported changes to vision and reaction time as compared to younger riders. An additional theme identified by older motorcyclists was conspicuity of the motorcycle, which forced riders to become hyper-vigilant while on the road. Other common themes included further practice with safety maneuvers in motorcycle training courses, an increased need for customization (particularly in various weather conditions), and an increase in safety features (e.g., conspicuous lighting, anti-lock brakes). Anecdotally, a majority of older riders reported that the aging process did not hinder their riding ability. For some participants motorcycling has become a way of life, even therapy. Therefore, it is pertinent that the needs of older riders are further explored.
FACTOR ANALYSIS OF THE ASSESSMENT OF READINESS FOR MOBILITY TRANSITION QUESTIONNAIRE

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The Assessment of Readiness for Mobility Transition (ARMT) is a 24-item questionnaire (4 sub-scales) to measure emotional and attitudinal readiness to cope with mobility loss. In developing the ARMT, Meuser et al. (2011) used principle component analysis (PCA) followed by varimax rotation of components with eigenvalues >1. Recent guidelines suggest that: 1) factor analysis may be preferred to PCA when searching for underlying latent constructs, 2) the “eigenvalues >1” criterion may retain too many factors, and 3) oblique rotation may be preferred to orthogonal rotation. We conducted this study to determine if these guidelines would identify the same latent constructs as Meuser et al. reported. Data from 119 participants aged 72 to 92 were subjected to exploratory factor analysis (principal axis factoring, number of factors determined by scree-plot, oblimin rotation). This analysis identified 2 correlated factors (r = .389), which accounted for 39.9% of the variance. Twenty-two items had factor loadings ≥.3; 17 loaded on Factor 1, 5 on Factor 2, and 2 items on neither factor. Factor 1 concerned anxiety about mobility loss decreasing independence and becoming a burden; Factor 2 concerned resistance to address mobility loss, perceiving it as detrimental to quality of life. The total score and 4 subscales of the 24-item ARMT are intended to encourage discussion and planning in advance of mobility loss, and identify individuals who may benefit from mobility counseling. Further research will need to establish whether the 22-item ARMT and 2 sub-scales can help achieve these goals more effectively.

SURVEYING MOTORCYCLE RIDERS TO UNDERSTAND THEIR TECHNOLOGY USE

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Motorcycle fatalities among aging riders have dramatically increased in the last decade. The growing interest in motorcycle riding and shifting demographics of riders towards older rider present considerable challenges to reducing motorcycle crashes. For years, motorcycle crash safety has been of concern and has been focused primarily on safety elements like helmet use and engineering aspects such as Anti-Lock Braking Systems. Motorcycle safety involves many aspects of vehicle and equipment design as well as operator skill and training that are unique to motorcycles. However, little research has focused on riders’ use of technologies (i.e., cell phone, navigation system, etc.) or the types of riders who use them. This survey sought to create an overview of the types of riders who own Harley-Davidson motorcycles, the kinds of technologies they use while riding, issues or non-issues with these technologies, as well as rider demographics and riding behavior. Riders interviewed tended to be aging males (M = 50.81 years) with approximately 25 years riding experience who ride an average of 10,223 miles per year. The most common technologies reportedly used by participants included: smart phones (52%), standard radios (34%), mp3/iPods (27%), cell phones (24%), and navigation systems (21%). Overall, riders suggested that the technology they use is relatively easy to use. The mean rating of each technology ranged from 4.15 to 4.46 where 1 is very confusing and 5 is very easy. The prevalence of technology use in aging populations in vehicles as well as motorcycles.

SESSION 1410 (POSTER)

EDUCATIONAL EVALUATION

ACTIVE, MULTIMODAL TEACHING STRATEGIES EFFECTIVE FOR GERIATRIC EDUCATION IN GROUPS > 100!

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Family Medicine residents at the Medical College of Wisconsin attended a series of half-day educational sessions during 2011-12 designed to promote quality clinical care for elders. A multidisciplinary collaborative designed a 20-hour geriatrics curriculum utilizing multiple media formats and active learning strategies. Residents’ positive overall curriculum effectiveness ratings [5.6 where 7 = excellent] prompted the collaborative to extend and adapt this approach to practicing providers. The adapted residency sessions yielded a five-session geriatrics educational track as part of a continuing professional education accredited course for primary care providers [January 2013]. As with residency modules, didactic instruction was replaced with interactive teaching/learning strategies ranging from game playing (e.g., incontinence bingo), case based learning, hands-on exercises using adaptive devices (e.g., cane, walker) to simulations (e.g., a hearing test mimicking specific types of hearing loss common in older patients and glasses for specific vision loss), many supported by multimedia (e.g., videos, interactive websites including Cornell University’s Environmental Geriatrics http://www.environmentalgeriatrics.org/). 220 primary care providers (70% MDs) attended at least one session with the geriatrics sessions recording the highest number of attendees (30 to >100) despite running concurrently with other sessions. The overall geriatrics curriculum effectiveness rating = 6.11 (7= excellent). Caring for geriatric patients requires learners to actively engage with and apply evidence-based concepts and principles. Active participatory teaching strategies can be successfully accomplished for health care professional groups of >100 as demonstrated by attendance and participant ratings.

INTEGRATING TEAM-BASED LEARNING (TBL) WITH WORKSHOPS IN GERIATRICS CLERKSHIP: A PILOT TEACHING PROJECT TO ENHANCE THE 3RD YEAR MEDICAL STUDENTS’ ACTIVE LEARNING, CLINICAL PROBLEM SOLVING, AND DECISION MAKING IN TREATING OLDER ADULTS WITH FALLS

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Background: TBL was designed to enhance active learning and problem solving in health professions education. UVA has made a shift from giving lectures to training students’ ability to solve clinical problems by successfully implementing TBL during the pre-clerkship year in Next Generation Curriculum since 2010. However, TBL in clerkship was not reported in geriatrics clerkship in the literature and has not been disseminated to the clerkship year yet at UVA. Therefore, this pilot teaching project was designed to integrate TBL with an existing case-based fall prevention workshop and thus potentially to enhance students’ active learning, problem solving, and decision making for the 3rd year medical students. Methods: the fall prevention workshop was re-designed by integrating and applying TBL essential principles and components as following 1). Remove powerpoint slides; 2). Email learning objectives, TBL logistic, and required reading materials to each student via email 2-3 days before the class. Students were asked to read required reading materials before the class; 3). Two teams were formed by themselves (2-6 per team) in the class to complete Individual Readiness
Efficacy Scale, a valid 44-item survey. Data from these assessments
testing the development of this educational initiative.

One of the primary goals of our Hartford Center for Geriatric Nurs-

ing Excellence is to increase the number of nurse faculty able to pro-
vide effective teaching-learning experiences for nursing students that
improve their knowledge of geriatrics and nursing care of older adults
and that ultimately lead to better care and better health outcomes for
the geriatric population. The program targets nurse faculty at associate
and higher degree programs in the Upper Midwest, and in Tribal Colleges.
The program developed to achieve this goal is called Facilitated Learn-
ing to Advance Geriatrics (FLAG); the objectives of FLAG are to: 1)
develop nursing faculty knowledge of geriatrics and gero-informatics;
2) improve their teaching effectiveness; and, 3) develop leadership abili-
ties in implementing education change in their home institutions. Learn-
ers participate in a 4-5 day workshop, and engage in a year-long men-
tor relationship with FLAG faculty. Evaluation of effectiveness of the
program is based on participants’ assessment of their achievement of
the program’s objectives, and their self-evaluations of teaching effect-
iveness before and after the workshop, using the College Teaching Self
Efficacy Scale, a valid 44-item survey. Data from these assessments
have been collected from 2008-2013, the term of the funding. Matched
t-test analysis results comparing pretest to posttest ratings from 100 par-
ticipants demonstrates significant increase in CTSES scores each year.
Demographics on this sample show no significant differences with the
overall sample of 165. The FLAG program has facilitated participants’
increased teaching effectiveness and overall meeting of intended objec-
tives.

OUTCOMES FROM WEB-BASED INTER-PROFESSIONAL
LEARNING AND EVALUATION ON A LARGE SCALE

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Background: Logistical challenges hinder longitudinal in-person
small-group experiences for interprofessional education so we created
an interactive web-based system to foster and measure collaboration
between virtual patients. Methods: We created a case system that
annually engages more than 600 senior students from the schools of
medicine, nursing, social work and pharmacy in small teams for sev-
eral weeks. In a complex unfolding geriatric case, every student receives
discipline-specific patient information, shares data in an electronic chart,
and answers questions individually and then collaboratively, building
competency in geriatrics and teamwork. Each choice for 50 questions
may be selected, forcing 526 decisions, linked to core competencies.
Results: Team scores from the first 295 users on 40 teams varied from
2850 to 6530 (90% of maximum possible). Social work students’ scores
(Mean = 1480), were significantly lower (p<0.01) than mean scores
for students from medicine (3780), nursing (3540), and pharmacy (3220),
which were statistically similar. This reflects a “medical” focus of many
questions. Strongest univariate predictors of team score were individ-
ual scores, logins, and post views by the team. Preliminary regression
analyses show that number of team views of the dialogue box is the
strongest predictor. Competency-specific performance is also measured.
Conclusions: A virtual case system supports asynchronous inter-pro-
essional learning and discriminated between individual performance
and team performance, and created a means of evaluating the strengths
and weaknesses of the curriculum. This system represents a novel, effec-
tive way to teach and assess geriatric knowledge and inter-professional

SESSION 265 (POSTER)

END-OF-LIFE

UNDERSTANDING OLDER ADULTS’ DECISION MAKING
THROUGH AN EXTENDED MODEL USING PROSPECT

THEORY

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Purpose: Prospect theory is a decision-making theory that provides
a framework to understand how decisions are made and has been used
by researchers examining older adults’ decisions at the end-of-life. We
explored its use and propose an extended view of the theory. Method:
We searched online databases (PubMed, CINAHL, PsychInfo) and
reviewed existing literature on the use of prospect theory as a frame-
work for end-of-life decision making among older adults. Finding:
Prospect theory posits that decision makers’ value options based on how
“close” or “far” the options are relative to a neutral reference point. They
then choose between options accordingly. This view is limited because
that the reference point is based on a single attribute, such as health
status and may not capture the full complexity of decision making. This
limitation could also explain inconsistencies found in research. We
extend prospect theory to include a reference point based on multiple
factors, including prognostic awareness, disease/health experience, qual-
AN INTERPROFESSIONAL INSTRUMENT TO EVALUATE KNOWLEDGE OF END OF LIFE CARE: MODIFICATION OF THE ELNEC-KAT

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Purpose: As part of the ELDER (Expanded Learning and Dedication to Elders in the Region) Project, the aim of this study was to evaluate the psychometric properties of a modified tool measuring EOL care knowledge among interprofessional healthcare providers. Ninety-three nurses, aids, therapists, social workers and pastoral care providers from five home or long term care agencies completed the 50-item, multiple choice ELNEC-KAT-I. Model: The ELNEC-KAT is a condensed version of the original 106-item test (Ferrell et al., 2005) measuring nursing EOL care knowledge. Original items were derived from the literature in nine content domains. Strongest items from each domain were selected for the 50-item version, and psychometrics compared favorably with the original test (Lange et al., 2010). In this study, item wording was modified from the 50-item ELNEC-KAT to suit varied provider roles and education levels. Outcomes: Internal consistency estimates for the ELNEC-KAT-I exceeded those of the 50-item ELNEC-KAT in all but two domains. The total scale internal consistency estimate was .91, versus .84 on the 50-item ELNEC-KAT and .92 on the original version. Biserial correlations and item difficulty indices revealed that all but one item discriminated well between high and low performers, and all but two items were at appropriate difficulty levels. Implications: ELNEC-KAT-I is a useful tool to evaluate baseline knowledge and the effectiveness of EOL training among varied healthcare providers employed in home and long term care settings. Testing is needed to evaluate its utility in disciplines not included in this sample and in other care settings.

PROBLEM SOLVING THERAPY FOR HOSPICE CAREGIVERS: THE PISCES TRIAL


Stress and caregiver burden can negatively impact the health of informal caregivers of hospice patients, namely the spouses, family, friends or others who take care of a loved one at the end of life. Emotional needs of individuals caring for dying persons in their home are not well attended. We are examining a cognitive behavioral intervention based on principles of problem-solving therapy designed to foster adaptive situational coping and behavioral competence. This paper presents preliminary findings of this ongoing trial. The intervention is labeled Problem-solving Intervention to Support Caregivers in End of Life care Settings (PISCES). We are conducting a randomized clinical trial in which informal hospice caregivers are randomly assigned to a group receiving standard hospice care with the addition of “friendly visits” providing social support (attention control group) or a group receiving standard hospice care with the addition of PISCES delivered face to face (intervention group 1) or a group receiving standard hospice care with the addition of PISCES delivered over video (intervention group 2). We are using various video-conferencing tools to account for various residential infrastructures and degrees of experience with computer technology in the home. To date, we have assessed 695 subjects for eligibility. Of these, 495 subjects were excluded either because they did not meet inclusion criteria (n=55), declined to participate (n=256) or could not be contacted (n=184). Two hundred hospice caregivers have been enrolled in the study (65 in the attention control group, 68 in the face-to-face PISCES group, and 67 in the video- PISCES group). Findings indicate that hospice caregivers see value in the use of video for the delivery of a supportive intervention and appreciate the structure of an intervention that is designed specifically for the context of hospice care.

AUTONOMY AND SUPPORT IN DYING: A PHENOMENOLOGIC VIEW OF DEATH AT HOME

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Purpose/Aims: 1) Explore lived experiences of family members of a patient who died at home; and 2) Interpret how dying at home may influence patterns of bereavement. Rationale/Conceptual Basis/Background: Fifty to 94 percent of terminal patients express a desire to have a peaceful death at home, surrounded by family. Yet only 25 to 31 percent of Americans are able to accomplish this. Dying at home saves healthcare resources, extends survival, and is associated with improved mental health for patients and family. The widening gap between patient and family wishes for preferred place of death and actual place of death is of growing clinical and policy concern. Methods: This study followed family of a 78-year-old female diagnosed with Amyotrophic Lateral Sclerosis. In line with her wishes to die at home with self-determination, she voluntarily forewent food and drink. Qualitative interviews were conducted with the patient before death and bereaved family members after. Interviews were analyzed for paradigm cases, exemplars, and themes. Results: For family members, staying home with a dying patient evoked a sense of sanctity, dignity, peacefulness, grace, and life completion. Themes included patient autonomy (driving her own course), not being a burden via acceptance of end of life so family members could accept as well, and healthy bereavement due to open communication and sharing of emotions before death. Implications: With increasing numbers of hospital deaths, it is hoped this study will inform research promoting optimal end of life care.

INTER-PROFESSIONAL RELATIONSHIPS: AN OVERLOOKED INFLUENCE ON END-OF-LIFE TRANSITIONS FOR OLDER ADULTS: A QUALITATIVE STUDY IN ENGLAND

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Context: Transitions between care settings are vulnerable points in the care pathways of older adults at the end-of-life. This study focuses on inter-professional working around end-of-life care transitions. Objectives: 1) After attending this activity, participants will be able to understand patient, family caregiver and professionals’ perspectives on how inter-professional working influences end-of-life care transitions. 2) Attendees will be encouraged to discuss how a renewed focus on outcomes for patients and carers, rather than processes, may improve experiences of transitions. Methods: In-depth qualitative interviews were conducted with 30 end-of-life patients aged 75+: 118 family carers of elderly decedents; and 43 providers and commissioners of services in primary care, hospital, hospice, social care and ambulance services in England, UK. Results: A number of themes will be discussed, including: information transfer; organisational and cultural divides; professional responsibilities. Participants described how caregivers move within and between settings with incomplete or absent information. Resulting deficiencies in care were a concern for family carers, who felt obliged to fill any gaps, whereas staff identified implications for their own decision-making. Factors that detracted from good patient care ranged from organisational (e.g. IT systems) to cultural differences, such as an organisational focus on performance targets. Professionals tended to attribute deficiencies in care to their opposite numbers in health or social care,
though family physicians’ disregard for protocols was a shared source of frustration. Professionals rarely acknowledged responsibility for the impact of inter-professional tensions on patients and families. Conclusions: Inter-professional relationships are an important influence on patient and family experiences of end-of-life care, and may be an overlooked source of inequity.

CHANGE IN DYSPNEA SYMPTOMS OVER TIME AMONG TERMINALLY ILL HOME CARE CLIENTS IN ONTARIO, CANADA
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INTRODUCTION: Dyspnea is one of the most disturbing experiences for individuals and their caregivers towards the end of life. This study investigated dyspnea symptoms among community dwelling individuals receiving palliative home care services in Ontario, Canada. METHODS: Secondary data analysis, using the interRAI Palliative Care (interRAI PC) assessment at initial and follow-up assessment (N=6,756) examined changes in and predictors of dyspnea symptoms. The interRAI PC gathers comprehensive information as part of regular clinical practice and is now mandated for all palliative homecare and hospice clients residing in Ontario, Canada. RESULTS: Dyspnea was present in 56.8% of clients at initial assessment, decreasing to 47.2% at follow-up. Dyspnea symptoms improved for 20% yet worsened for 25%. Of those who did not exhibit dyspnea at initial assessment, 35% exhibited new signs of dyspnea at follow-up. In comparison, among those with dyspnea at initial assessment, 21% no longer exhibited dyspnea at follow-up. Changes in dyspnea symptoms are discussed in relation to estimated prognosis as well as clinical characteristics including functional, cognitive, psychosocial, and demographic variables. Regression models support the strength in predicting these changes. Results are discussed in the context of the interRAI PC Dyspnea clinical assessment protocol as a resource for care staff. CONCLUSION: Integrated approaches using information from the interRAI PC dyspnea clinical assessment protocol assist in recognition and treatment of clients at risk; inform decision making during care planning to address dyspnea at the person-level, and thereby improve quality of care and quality of life at the end of life.

SESSION 270 (POSTER)

FAMILY CAREGIVING

USING OASIS ITEMS TO PREDICT RE-HOSPITALIZATION FOR HOME HEALTHCARE ELDERLY PATIENTS
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Background: Research to date on the prediction of re-hospitalization has not been conclusive. Social environment factors such as living arrangement, primary informal caregiver, type of primary informal care, and frequency of informal care received have been examined, each with limitations or uncertainty. Objectives: to examine the high risk factors including social environmental factors to predict re-hospitalization among patients receiving home healthcare. Methods: This study is a retrospective study using Outcome and Assessment Information Set (OASIS) data. Results: Among 1268 elderly home health care patients who were 65 years or older, 212 (16.7%) were re-hospitalized within 30 days after discharge from acute care hospital. Being male, or had medium cognitive impairment increased the likelihood of re-hospitalization; Receiving informal assistance other than the ADL and IADL, or had a higher functional ability decreased the likelihood of re-hospitalization. Patients receiving more informal care, or had a high clinical status tend to have a higher functional ability, thus unlikely to be re-hospitalized; while those being older, obesity, or receiving ADL and/or IADL tend to have a lower functional ability, thus more likely to be re-hospitalized. Discussion: Among the predictors, social environmental factors influenced re-hospitalization directly or indirectly through impacting the functional ability. Considering type of social environmental supports influenced on re-hospitalization by both ways, more studies are needed to explore more fully the necessity of some types of assistance, such as environmental support, psychosocial support, facilitated medical care, health care agent and conservator of person, and the linkages between these and re-hospitalization outcomes.

RESOURCEFULNESS TRAINING FOR WOMEN DEMENTIA CAREGIVERS: FEASIBILITY OF TWO PRACTICE METHODS
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Almost 44 million women in the United States are caregivers for elders with dementia and experience extreme stress that compromises their health. Interventions to teach them resourcefulness skills for managing stress may promote their optimal health and facilitate continued caregiving. However, before testing the effectiveness of resourcefulness training (RT), evaluation of its feasibility is important. Aims. This pilot intervention trial examined the feasibility of two methods for practicing skills taught during resourcefulness training (RT) to 63 women dementia caregivers, including journaling (J) and digital voice recording (R). Methods. Data were collected from the caregivers after resourcefulness training (RT) with journaling (J) or digital recording (R). Caregivers were asked to describe challenges encountered during RT, including the training session when the skills are taught and its practice components. Number of journal entries and recordings and word counts for both practice methods were examined. Results. Caregivers in both groups described similar challenges: time management (n=11); collecting thoughts (n=9); managing feelings (n=7); and using RT skills (n=5). Caregivers in RT-J listed journaling (n=8) and privacy (n=1) while caregivers in RT-R noted recording (n=6) and honesty (n=1). Caregivers in RT-R used more words (M=5446) than those in RT-J (M=2792). However, those in RT-J journaled more frequently (M=27) than caregivers in RT-R recorded (M=17). Conclusion. The findings showed journaling was more frequent than recording, but more words were expressed during recordings. Because intervention feasibility is important for future RT effectiveness testing, alternatives to the journaling and recording methods for practicing RT skills should be considered.

NEED FOR RESOURCEFULNESS TRAINING FOR WOMEN CAREGIVERS OF ELDERS WITH DEMENTIA
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Nearly 44 million American women are caregivers of elders with dementia and may experience overwhelming stress that adversely affects their health. Interventions to teach them resourcefulness skills for managing stress may promote their optimal health and facilitate continued caregiving. However, the effectiveness of resourcefulness training (RT) cannot be examined until its need is established. Aims: This pilot intervention trial with 138 women dementia caregivers examined the need for RT in women dementia caregivers using subjective and objective data. Methods. Data on resourcefulness, stress, and depressive symptoms were collected before and after RT. Data analysis focused on baseline resourcefulness scores (higher scores = lower need), scores for caregivers who dropped from the study versus those who stayed in it, correlations among resourcefulness, stress, and depressive symptoms, and caregiver post-RT evaluation of need for self and others. Results: Baseline resourcefulness scores were normally distributed; only 4% (n=5) scored in the uppermost 15% of the possible scoring range. Reasons for ending participation were unrelated to need for intervention, however caregivers who dropped out scored two points higher on average on the resourcefulness scale than those who remained in the study. Lower resourcefulness was associated greater stress (r=-.37, p<.001)
and depressive symptoms ($r$=-.53, $p$<.001). Of the 63 caregivers who received RT, 82% (n=52) reported a felt need for RT; 93% (n=59) believed other caregivers need RT. Conclusions: The results suggest a substantial need for RT in women dementia caregivers and support moving forward with testing RT effectiveness for reducing caregiver stress and depressive symptoms.

**CAREGIVER STRESS AFTER A FAMILY MEMBER ENROLLS IN A DAY PROGRAM FOR MEMORY DISORDERS**

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When a family member is cognitively impaired, caregivers experience high levels of emotional stress with subsequent increased risk of negative health outcomes. Conflicting findings exist on effectiveness of day programs in reducing caregiver stress. The purpose of the study was to compare caregiver stress levels from enrollment of a family member in memory center day program to 1 month following enrollment. The sample consisted of 23 caregivers. Caregivers (CG) were spouses (64.5%) children (32.3%) or siblings (3.2%). Family member-enrollees had varying degrees of cognitive impairment (mean MMSE = 20.3, SD = 7.2). Sixteen subjects were mild, (MMSE =19-28), four moderate (10-18), and three severe (0-9). Subjects were middle to upper income and all spoke English as their primary language. CG stress was measured by self report using the Perceived Stress Scale (PSS) and the Depression, Anxiety, Stress Scales (DASS). Systolic blood pressure was used as a physiologic indicator of stress. Paired t-tests showed that stress measured by the DASS stress subscale ($t$ = 2.7, $p$ < 0.01) and blood pressure ($t$ = 2.24, $p$ < 0.03) decreased significantly over time. Mean scores on the PSS also decreased and t-test results approached significance ($t$ = 1.95, $p$ < 0.06). Although men and women’ BP did not differ at enrollment, women’s BP was significantly lower than men’s at one month after enrollment ($t$ = 2.4, $p$ < .02). Further study is needed to examine differential effects on men and women as well as spouses and other family members.

**INFLUENCE OF FILIAL OBLIGATIONS AMONG AFRICAN AMERICAN, HISPANIC AND NON-HISPANIC CAUCASIAN FAMILY CAREGIVERS**

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Filialism and filial piety influences a caregiver’s sense of obligation to provide care. This sense of obligation to care is often overlooked in exploring ethnic caregivers’ positive appraisal of caregiving for dependent, older adult family members. With the nation’s increasing diversity in older persons and their caregivers, it is important to better understand the impact of obligation on family caregiving. The purpose of this research was to examine the relationships between filial obligation and positive appraisal of caregiving in African American, Hispanic and non-Hispanic Caucasians residing in southeastern Louisiana. Data was retrieved from a larger study that explored cultural values, religiosity and the positive appraisal of caregiving among family caregivers of dependent elders. Sixty-nine African American, Hispanic and non-Hispanic Caucasian family caregivers participated in the study completing the Obligation and Positive Appraisal of Care Scales. Overall scores on the Obligation Scale for all family caregivers ranged from 14 to 35 (maximum score) with a mean score of 29.88. There was an overall significant correlation between filial obligation and positive appraisal of caregiving. African American and non-Hispanic Caucasian family caregivers revealed a significant correlation between filial obligation and positive appraisal of caregiving. African American family caregivers positive appraisal of caregiving scores were significantly higher than Hispanics and non-Hispanic Caucasians. Filial obligation is pertinent to the family caregiver’s positive appraisal and may influence ability to adapt positively to the caregiving experience. Further research is necessary to plan culturally responsive and sensitive interventions to meet the needs of family caregivers of diverse populations.

**HELP IS HERE: A PILOT STUDY OF A NOTEBOOK RESOURCE FOR FAMILIES OF PERSONS WITH DEMENTIA**

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Family caregiving for persons with Alzheimer’s disease or a related dementia (ADRD) is stressful, and caregivers are often ill-prepared for the responsibilities. The objective of this pilot study was to examine the effects of an educational resource for increasing family knowledge, self-efficacy and reducing stress. The notebook Help is Here was written to equip primary care physicians with a means to educate and support the family caregivers of patients with ADRD. The sample included 420 caregivers whose family members received care from five primary care clinics within the Providence Health & Services network in Portland, Oregon. Using a post-post comparative design, a treatment group received the notebook after completing a baseline survey (n=223), with a follow-up survey four months later to examine the notebook’s effects on caregiver self-efficacy and other outcomes. A control group (n=197) completed the surveys but received no notebook. Treatment group participants saw an increase in caregiver self-efficacy, from 7.51 at baseline to 7.83 at follow-up ($p$<.01). There was no comparable change among the control group. Likewise, treatment group participants saw a reduction in psychological distress, from 4.59 at baseline to 3.99 at follow-up ($p$<.01), with no comparable decline among controls. Effects were maintained through multiple regressions controlling for other differences between the two groups. Findings suggest the Help is Here notebook is a useful resource for family caregivers of persons with dementia in improving caregiver self-efficacy and other health outcomes, and that it may effectively encourage caregivers to seek more emotional support for buffering caregiver stress.

**PREDICTORS OF SLEEP IN FAMILY CAREGIVERS OF INDIVIDUALS WITH DEMENTIA**

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Introduction: Caregivers of individuals with dementia pose special challenges. The nature and severity of these difficulties vary according to illness and may differentially affect the well-being of family. This study was based on insomnia 3P model (predisposing, precipitating, and perpetuating factors) to identify significant predictors (depression, coping, caregiver burden, caregiver health status, sleep hygiene, and care-recipients’ sleep) of caregivers’ sleep. Methods: This study used a cross-sectional design. Participants were recruited from the Alzheimer’s Association Western New York Chapter at Buffalo. Caregivers’ sleep were measured by Actigraph (a wrist-watch measuring movement and light; wore for 7 days) and Pittsburg Sleep Quality Index (PSQI). Other measures included the Center for Epidemiologic Studies Depression Scale (CES-D), Caregiver Burden Inventory (CBI), the Cumulative Illness Rating Scale (CIRS), the Sleep Hygiene Index (SHI), and Brief Cope. Regression statistics were used for data analysis. Results: Forty-three caregivers participated in the study. Approximately 92% of caregivers experienced poor sleep quality. The mean sleep hours was 5.99 (± 1.56) with 37.2% of them sleeping less than 5 hours per night. Caregiver depression, caregiver sleep hygiene, and care-recipients’ sleep were significant predictors of caregiver subjective sleep quality, explaining 59.4% of the total variance. Caregivers’ coping and health status were significant predictors of caregiver objective total sleep hours as measured by Actigraph, explaining 19.4% of the total variance. Conclusion: Family caregivers often experience sleep problems that was influenced by several factors. The study findings provide evidence for
future research to identify effective interventions to improve caregivers’ sleep quality.

COMPASSION FATIGUE IN ADULT DAUGHTER CAREGIVERS FOR OLDER ADULTS WITH DEMENTIA
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Purpose: Family caregivers for a parent with dementia often experience negative emotional consequences. These caregivers may also be at risk for compassion fatigue, an adverse consequence of caring for individuals in need, resulting in avoidance and detachment. Compassion fatigue has not been fully studied in family caregivers and this research explored the concept to provide a detailed description of compassion fatigue in daughter caregivers for older adults with dementia.

Design and Methods: This qualitative descriptive study included in-depth interviews with 14 adult daughter caregivers for parents with dementia. The limited knowledge development on compassion fatigue lends itself well to a qualitative descriptive method. Interviews were analyzed using qualitative content analysis. Results: Daughter caregivers articulated contributing factors, particularly an exposure to suffering and an empathic response. Data also provided evidence for indications of compassion fatigue, including helplessness and a decreased relationship quality between caregiver and care recipient. Daughter caregivers remained emotionally attached to their parent and stated a moral obligation to continue caring, even in considerably difficult circumstances. Attachment may represent a protective factor against compassion fatigue. Implications: Findings from this study clarify the concept of compassion fatigue in adult daughter caregivers. Future research steps may include exploring trajectories of compassion fatigue, including its development and impact over time through a longitudinal study. Knowledge from this study facilitates the development of instruments to measure and screen for compassion fatigue and the development of nursing interventions to reduce compassion fatigue through improving relationship quality, decreasing perceived suffering, or other supportive measures.

MEDICATION MANAGEMENT AMONG MALE AND FEMALE CAREGIVERS OF PATIENTS WITH MEMORY LOSS
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Background Family caregivers are integral to enabling patients with memory loss to live at home. Fewer males than females take on this role, and may require different caregiving support. Research comparing differences between male and female caregivers is limited; findings are conflicting on utilization of resources and other support. This study examined differences in medication management between male and female family caregivers. Methods This secondary analysis included 54 caregivers participating in a randomized-clinical trial that sought to improve caregiver medication management. Female (n = 27) and male (n = 27) caregivers were matched on age, race and relationship to patient. We measured medication management errors, use of formal/informal support, co-morbidities, and patient symptom severity. Differences were examined using t-tests and Chi square. Results Both male and female caregivers made an average of 3 medication management errors, reported similar levels of social support (p = .56), and were caring for patients with an average of 8 co-morbidities. Patient behavioral and memory problem scores and cognitive status were equivalent between the two groups. Fewer males (26%) reported receiving help with medications than females (38%), a finding that was statistically significant (p < .001). Conclusions Despite making as many medication errors as female caregivers, male caregivers were less likely to receive help managing the patient’s medications. Further research is required to develop and test interventions that help male caregivers maximize available support for managing caregiving responsibilities including medication management.

CAREGIVER BURDEN AND HEALTH-RELATED QUALITY OF LIFE OF INFORMAL CAREGIVERS IN 8 EUROPEAN COUNTRIES
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The literature extensively reports on caregiver burden and health-related quality of life (HRQoL) of informal caregivers of persons with dementia (PwD). However, country differences are rarely taken into account. In addition, little is known about these outcome measures when PwD make the transition from home to institutional long-term care (ILTC) facilities. As part of the RightTimePlaceCare project, we investigated differences in caregiver burden and HRQoL of informal caregivers of PwD in 8 European countries and 2 changes after transition from home care to ILTC. This cohort study (using a 3 month FU) comprises two groups of participants: informal caregivers of PwD who 1) were recently admitted to an ILTC facility and 2) receive formal home care. Outcome measures included caregiver burden (Zarit Burden Interview) and HRQoL (EQ-5D). Statistical analyses focused on descriptive comparisons between groups and countries. Changes after transition of PwD were analysed with independent-sample t-tests or Chi2-tests. Overall, informal caregivers of PwD at home experienced more burden compared with informal caregivers of PwD in ILTC facilities (32.4 vs. 24.9; p < .001). HRQoL of informal caregivers was only slightly higher when PwD lived in ILTC facilities (0.78 vs. 0.76; p < .05). Large differences between countries on both outcome measures were found. Informal caregivers of PwD who made the transition to an ILTC facility experienced less burden (22.4 vs. 35.4; p < .001). Our results provides insight in the significant impact on informal caregivers of providing care for PwD and highlight the positive impact on caregiver burden after transition to an ILTC facility.

STRESSED OUT: FACTORS INFLUENCING BEHAVIORAL VARIANT FRONTOTEMPORAL DEMENTIA CAREGIVER STRESS
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Caregivers of individuals with bvFTD experience more stress than caregivers of individuals with AD and other forms of dementia. Only one previous study has examined factors related to caregiver stress in each stage of the disease. This study examines the associations between caregiver stress and factors affecting stress early and late in the duration of bvFTD disease progression as compared to AD. A cross-sectional design compared 23 bvFTD and 18 AD caregivers of subjects with early (< 5 years symptom duration) and late (≥ 5) stage disease. Zarit Burden Inventory (ZBI) was the dependent variable and measure for caregiver stress. Independent variables were: Philadelphia Brief Assessment of Cognition (PBAC), TRAILS, Digit Span Backwards, and Neuropsychiatric Inventory. Student’s t-tests were used to compare groups and Pearson’s correlations to assess independent variables asso- ciated with caregiver stress. Groups were demographically matched for sex and education, but not age (bvFTD = 61.7±10; AD = 72±9). Comparison showed early-bvFTD caregivers reported higher stress than early-AD caregivers (bvFTD = 47±18, AD = 34±14), although the dif- ferences were not significant (p = 0.07), while caregiver stress in late-bvFTD was statistically equivalent to late-AD. Early-bvFTD stress was associated with higher patient executive dysfunction and behavioral impairments, including depression and irritability, while late-bvFTD stress was associated with patient behavioral impairments, including anxiety, sleep disturbances, and agitation. Study findings are consistent with previous studies indicating that bvFTD caregivers report higher stress levels than those in AD.
SESSION 275 (POSTER)

LONG TERM CARE

ELICITING NURSING HOME (NH) RESIDENT FAMILY’ GOALS PRIORITY OF DRUG THERAPY VIA A GROUP FAMILY MEETING: A PILOT STUDY ON PATIENT-CENTERED OUTCOMES

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Background: NH residents are often unable to make decision on drug therapy due to their dementia. Drugs could achieve one or more of the following five goals: 1). Relieve symptoms; 2). Reduce complications; 3). Live longer; 4). Reduce hospitalization; 5). Improve independent function. However, one drug could achieve one goal while it could worsen other goals. This study was to explore how NH resident families to rate goal priority of drug therapy. Methodology: This study was done at a community NH in New York City. Families were invited to attend a family meeting to discuss medical care of their NH relatives. Each attendance was asked to rate goals priority of drug therapy from most important to very important, important, less important, and maybe important. Descriptive analysis was performed with SPSS. Results: Eleven of 20 NH resident families came to the group family meeting. 8/11 (73%) completed the form and rated goals priority of drug therapy. Mean age for family members was 62y/o (range of 22-89 years old). 9 of 11 (82%) were female. Improving independent function was rated as the most important goal and living longer rated as the least important goal of drug therapy. Conclusions: this small pilot study demonstrated that eliciting goals priority of drug therapy could be done via a group family meeting. Priority of drug therapy among NH residents’ families was not to prolong life. Providers need to re-think their prescribing life-prolonging drug therapy in NH setting. A large study is urgently needed to confirm this study.

AGE AND CLOSENESS OF DEATH AS DETERMINANTS OF LONG-TERM CARE USE IN FINLAND FROM 1998 TO 2006

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In Finland as in many other European countries, long-term care (LTC) of old people has moved from institutional care to supported housing. We analyzed, whether the recent changes have been similar among those who live their last years of life and among those, who live longer. The data were derived from national registers which cover the whole population and all long-term care. The study population consisted of 222 967 case-control pairs. Cases were living their last two years of life and controls (individually matched on age, gender and municipality of residence) lived at least two years longer. The cases died at the age of 70 years or over: we included all those who died in 1998 or 2002–2006 and a 40% random sample of those who died in 1999–2001. Use of LTC was studied for the last two years for cases and for the same calendar days for controls. Use of LTC in total increased slightly both among the cases (39.5, 42.9%) and among the controls (8.5, 12.9%). Use of public residential home decreased slightly among the decedents (20.3, 19.4%), but increased among the controls (4.5, 5.8%). Use of health center hospital stayed similar among the cases (16.2, 16.6) and decreased among the controls (3.9, 2.7). Use of sheltered housing increased in both groups (private: cases 4.4,.6,9, controls 1.7, 3.2, public: cases 2.9, 5.9, controls 0.9,.2,4). LTC in sheltered housing and health center hospital concentrates more than earlier on the care of old people in their last years of life. The users of LTC are more disabled than earlier, and in these care facilities skills to end-of-life care are needed.

FACTORS ASSOCIATED WITH DAYTIME SLEEPINESS IN LONG-TERM CARE RESIDENTS

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Background: About 50% to 70% long-term care (LTC) residents are experiencing excessive daytime sleepiness (DS). Excessive DS is referred as a characteristic of LTC residents’ everyday life and lead to increased risks for falling and elevated mortality. However, current literature does not provide sufficient evidence regarding factors associated with DS in LTC residents. Purpose: This study examined factors associated with DS in LTC residents using the Minimum Data Set (MDS) comprehensive assessment data. Method: This retrospective, cross-sectional study was conducted with residents in a LTC facility during January 2005 to March 2010. Measures included DS, illness burden, Cognitive Performance Scale (CPS), pain scale, time involved in activities, social involvement, and depression scale in MDS 2.0. Descriptive statistics, Spearman correlation, and logistic regression were utilized for data analysis. Results: MDS records from 300 residents were analyzed. Seventy-eight percent of the residents experienced DS. DS was significantly associated with illness burden (r = 0.15, p < 0.05), CPS (r =.17, p < 0.01), depression (r = 0.14, p < 0.05), and social involvement (r = -0.31, p < 0.01). CPS, illness burden, and social involvement significantly predicted the occurrence of DS. Social involvement was the strongest predictor (β~-.73, Wald χ2 (1) =11.34, p<.01). Conclusion: DS is a common problem in LTC residents. It is positively associated with residents’ cognitive performance and negatively associated with their social involvement. The findings suggest that engaging LTC residents in more social activities is essential for decreasing residents’ DS, especially for those with dementia.

PALLIATIVE CARE FOR PERSONS WITH DEMENTIA (PwD) - THE ROLE OF NURSES IN THE DECISION-MAKING PROCESS

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The transition for PwD towards a palliative care approach is discussed as being beneficial. Therefore, the role of health care professionals is pivotal, particularly in nursing homes, where PwD build up the largest group. Nurses can play a crucial role in guiding and performing palliative care for residents with dementia. Which factors are important and what role these factors play in the clinical decision-making towards palliative care for PwD requires more clarification. The aim of the study is to explore and describe the decision-making process in guiding and performing palliative care for residents with dementia from the nurses' perspectives. This study focuses on the subjective understanding of palliative care, the actions and interactions of nurses in decision-making towards palliative care for PwD. Grounded theory methods were used for data collection and analysis. Therefore 18 semi-structured interviews were collected from nurses in four nursing homes in urban areas in Palatinate/Germany from November 2011 up to February 2013. Most of the nurses were women (n =16) and experienced in long-term care (Mean 20 years, SD 9.30). Their age ranged from 24-61 years (Mean 47, SD 11.26). How nurses deal with uncertainty is important to provide appropriate palliative care due to the high and complex needs of PwD. The findings emphasize meaningful factors (e.g. perceptive attentiveness, nurse-resident-relationship, professional experiences, teamwork) and strategies which influenced decision-making and acting from nurses' perspectives.
EVERYDAY VS. REPORTABLE PAIN: HOW NURSING HOME CERTIFIED NURSING ASSISTANTS (CNAS) UNDERSTAND RESIDENT PAIN
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Background: Pain is often unrecognized and under-treated in nursing home residents yet is a frequent and serious problem that can result in loss of function and independence. CNAs are often well-placed to perceive and respond to residents’ pain. Purpose: The goal of this study was to explore how CNAs understood residents’ pain and how licensed nurses perceived the role of CNAs in pain management. Methods: Using Grounded Theory qualitative methods, interviews were conducted with 16 CNAs and 10 licensed nurses in 2 nursing homes in an urban environment. Findings: In data that related to CNAs’ perception of pain CNAs were found to differentiate between everyday pain (accepted by CNAs as a normal and predictable experience for residents); and reportable pain (a change from baseline). There were no differences in the ways CNAs perceived everyday and reportable pain. Thus, even if they did not report pain, they still responded to a resident’s pain using a range of strategies that they believed would relieve pain. However, non-reporting was a barrier to professional assessment and management of everyday pain. Implications: CNAs do not report all pain they perceive their residents to have and consequently everyday unreported pain remains untreated. To improve pain management for residents CNAs need to understand the importance of reporting all pain, and strategies that allow licensed nurses the time and capacity to deal with these additional reports need to be implemented.

TRENDS IN USE OF MEDICATIONS WITH ANTICHOLINERGIC PROPERTIES AMONG NURSING HOME RESIDENTS WITH DEMENTIA
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Objectives: Medications with anticholinergic properties (MAP) have potential to decrease cognitive and physical functioning in dementia patients. We examined trends in use of MAP among Medicare beneficiaries with dementia (MBD) residing in a nursing home (NH) during 2007-2008. We also identified trends in and factors contributing to concomitant use of MAP and anti-dementia medications (ADM) (acetylcholinesterase inhibitors/memantine). Methods: Monthly prevalence of MAP use was analyzed using linked data from the Minimum Data Set (MDS), and Medicare claims. Dementia diagnoses were determined from the Chronic Condition Data Warehouse algorithm and MDS assessments. MAP were classified, using the Boustanian anticholinergic cognitive burden scale, as Level 1-3 based on increasing anticholinergic activity. Analyses were conducted using the Cochrane Armitage trend test and generalized estimating equations. Results: 69,877 MBD had at least one NH-stay between 01/2007-12/2008. They were predominantly female (78.7%) with a mean age of 84 years. On average 77% of MBD residing in nursing homes used at least one MAP. Prevalence of Level-1 use was the highest at approximately 67% each month. A small yet significant decrease in Level-3 MAP monthly prevalence of use was observed from 1/2007(32.2%) to 12/2008(30.0%), p<0.001. Average monthly prevalence of concomitant Level-3 MAP and ADM was 12.2%. Younger age, lower physical and moderate cognitive functioning were associated with concomitant Level-3 MAP and ADM use. Conclusions: High prevalence of MAP use was observed in NH residents with dementia. The observed concomitant MAP and ADM use may impact the desired effects of either medication.

UNCOVERING HETEROGENEITY IN INTENT-TO-LEAVE AND INFLUENTIAL FACTORS IN TAIWAN NURSING HOMES
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Background: Taiwan is experiencing high turnover rates among nursing home (NH) nurses, leading to increases in the cost of health care and undermining care quality. Turnover research to date has looked at nurses in the aggregate, and has not distinguished inter-individual variance in intent-to-leave (ITL) within a group of nurses, making it difficult to efficiently target retention efforts. Further, job redesign is a way to improve nurse retention; however, little research guides what should be addressed in job redesign. Purpose: 1) investigate individual nurse differences in ITL; 2) examine job demand, job control, and social support related to subgroups of ITL. Methods: A cross-sectional survey using a sample of 186 NH nurses was conducted. Latent class analysis was used to classify nurses. Multinomial logistic regression was used to determine whether job demand, job control, or social support predicted group membership. Results: Three groups were found: Group 1: potential leavers with withdrawal plans (n=22); Group 2: potential leavers withdrawing suddenly (n=101); Group 3: low-risk potential leavers (n=63). Only job control predicted group membership. Specifically, nurses with higher job control were more likely to belong to Group 2 than Group 3. Conclusion: Results from this study indicate that some nurses are at higher risk of leaving than others. A large proportion of nurses intending to leave suddenly are influenced by giving too much control over the performance of their job. The contradictory result implies future research should be further investigated job control.
RECURRENT FALLS IN THE NURSING HOME SETTING: CRITICAL INFLUENCING FACTORS
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Purpose: This study identified the personal, medical, functional, and environmental factors related to nursing home facility residents identified as recurrent fallers and compared these to non-faller residents. This was collected to provide administrators information to improve overall quality of care at the facility. Methods: Participants included 10 faller and 8 matched control non-faller residents. Physical function tests, walking behavior, functional performance evaluations, cognitive/emotional assessments, environmental analyses, and medical histories were conducted to identify salient contributing factors. Results: Average age was 73.4 (+/- 7.1) years and 72% were female. Residents with a history of falls had significantly lower scores on the Barthel Index (p<0.01), Timed Up & Go (p<0.01), and Functional Reach (p=0.01) tests. Knee extensor (p<0.01) and hip flexor (p=0.02) strength was significantly lower in the residents who fell. Step monitoring through accelerometry indicated that fallers averaged 947 steps/day as compared to 4090 steps/day for non-fallers. All residents with a history of falls were unable to perform the 5X Sit-to-Stand Test for even one repetition, whereas all non-fallers performed the task successfully. Other environmental factors such as cluttered rooms and wheelchairs in disrepair may have contributed as well. Conclusions: Varied personal, functional, and environmental factors may contribute to recurrent falling in nursing home facilities. Identification of these issues is critical to optimize safety, reduce falls, and optimize residential quality of care.

PROMOTING WELL-BEING IN OLDER ADULTS. LIFE REVIEW THERAPY RECALLING SPECIFIC POSITIVE EVENTS (REVISEP)

The aim of this study is to evaluate the effectiveness of life review therapy based on specific positive events in non-depressed cognitive unimpaired older adults taking part in an active ageing programme. Older were randomly assigned into two groups: an experimental group and an active control group. A six-session individual training of life review therapy based on specific positive events was carried out with the experimental group. The active control group undertook a “media workshop” of six sessions in small groups of four or five focused on learning journalistic techniques. Pre-test and post-test measures included life satisfaction, depressive symptoms, experiencing the environment as rewarding, and autobiographical memory scales. We discuss the results. Life review therapy focusing on positive events can be an effective component of emotional wellbeing in active ageing programmes and also be useful to prevent symptoms of depression in older adults.

THE INTERSECTION OF RESIDENT-CENTERED CARE AND BEST PRACTICES FOR NUTRITION CARE IN LONG-TERM CARE
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The objective of this presentation is to describe the intersection of resident-centered or person-centered care in long-term care (LTC) with nutrition care best practices in order to understand where nutrition policy initiatives could enhance quality of care for LTC residents, especially those with dementia. Resident-centered philosophy of care was contrasted with current best practices in nutrition care with particular attention to points of convergence and dissonance. Formally recommended best practices and adopted standards of care for LTC nutrition were collected, examined, and compared with resident-centered care directives. Health care aides provide the majority of direct resident care within LTC, with relatively little training in nutrition care. Policies and standardized care procedures help to eliminate ‘guesswork’ in nutrition care provision by aides, but the philosophical bent of resident-centered care does not easily accommodate highly structured nutrition care protocols. Tension exists between the tenets of a healthcare system in providing quality care and the intention that LTC is, first and foremost, the resident’s home. This disconnect is highly visible with regard to nutrition care. Examination of the intersection of resident-centered care and best practice guidelines for nutrition care can help identify potential policy solutions to enhance resident care and quality of life within LTC. Policies that increase staff understanding of nutrition care goals, empowerment, and engagement in the nutrition-care decision-making process may be more successful at meeting both aims than structured or rigid nutrition care policies and protocols.

INTERVENTION IN LONG-TERM CARE: AN INTERDISCIPLINARY COLLABORATIVE MODEL
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Through this presentation, the team will introduce the audience to the occupation-based, cultural heritage intervention (OBCHI). The uniqueness of this research lies in the successful implementation of an interdisciplinary approach to research including the disciplines of nursing, occupational therapy, and health care administration from Texas Woman’s University, Houston Center. The three major objectives include: 1) report on current findings from a NIH funded OBCHI research study that was developed and implemented for elders relocated to long-term care (LTC) facilities; 2) describe the interdisciplinary approach used in developing and implementing the study; 3) explain a collaborative model that has been utilized in planning future studies. During the presentation the team will highlight the significant findings of improvement in quality of life and social connections from the quasi-experimental nonequivalent control group design demonstrated by pre- and post- tests scores; showcase the perspectives from each of the three disciplines of their contributions to this research; and offer projections for future research studies that describe the cost effectiveness of such interventions by incorporating the OBCHI into current residential staff patterns. This kind of evidence-based knowledge can assist long-term care practitioners in developing more meaningful interventions for elders that provide a person-centered approach during the transition of care.

CNA’S PERCEPTIONS OF POSITIVE AND STRESSFUL ASPECTS OF THEIR JOBS: IMPACT ON JOB SATISFACTION, STRESS, AND CONTROL
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CNAs provide the majority of care for residents of long term care (LTC) facilities. An extensive body of research documents factors influencing CNA job satisfaction and stress. In this study, questionnaires were developed and sent to all LTC facilities in the state of Arkansas. Each facility received five surveys, with 519 returned. The research question was: Does experience of a perceived stressor or positive aspects of the job (“best”) influence rating of job satisfaction, job stress, and sense of control in the job? CNAs were asked to indicate which stressors and “bests” they experienced, then rate job satisfaction, sense of control, and stress (5 point scales). In order of most to least often selected “best” variables were: helping residents (96%), making residents smile, getting to know residents, being part of a team, getting to know resident’s family, and feeling valued by coworkers (57%). From most to least often selected stressors were: pay (56%), understaffing, difficult families, difficult patients, not feeling respected, not feeling part of a team, too many residents, schedule, too many responsibilities, administration, and common disorders of residents (11%). Outcomes are described in terms of differential effects of each “best” and stressor on job satisfaction, stress, and sense of control and implications for change. For example, the top two “bests,” which are other-directed, had no impact.
on the dependent variables, whereas experience of being part of team and feeling valued was associated with significantly higher job satisfaction and sense of control, as well as lower overall stress.

SESSION 280 (POSTER)

NEUROSCIENCE AND NEURODEGENERATIVE

FALLS: AN EARLY BIOMARKER OF FUNCTIONAL BRAIN DISCONNECTIVITY AND SUBSEQUENT COGNITIVE DECLINE (CNS)

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Background: Falls are a common geriatric syndrome and are the third leading cause of chronic disability worldwide. Key fall risk factors include impaired physical function, such as impaired balance, and cognitive decline. It is now recognized that even subtle changes in neurocognitive function are associated with increased falls risk. Recent neuroimaging studies demonstrate that impaired cognitive function is associated with disruptions in functional connectivity of large-scale networks within the brain. However, we have little understanding of the relationship between functional connectivity and mobility. In a 12-month prospective study, we examined the relationship between functional connectivity, mobility, and cognitive function. We aimed to determine: 1) whether there were difference in between- and within-network connectivity between fallers and non-fallers; and 2) whether these differences are associated with changes in executive functions and mobility over a 12-month period. Methods: A 12-month prospective fMRI study with 44 seniors aged 70 to 80 years; 21 fallers (with history of ≥ 2 falls in last 12 months) and 23 non-fallers (≤ 1 fall in the last 12 months). Participants performed a finger tapping task during fMRI scanning. Clinical measures of mobility and executive functions were assessed at baseline and 12 months. Results: Fallers showed decreased connectivity between the fronto-parietal network (FPN) and the motor network (MotN); and increased connectivity between the default mode network (DMN) and FPN. No significant differences were found within the networks. Baseline disconnectivity between MotN-FPN was associated with poorer Short Physical Performance Battery score and Stroop Test score. Conclusion: Compared with non-fallers, older fallers demonstrated disrupted between-network functional connectivity. Critically, greater disruptions at baseline were significantly associated with greater decline in both mobility and executive functions over a 12-month period. Our results suggest that a history of falls may be an early biomarker of risk for cognitive decline and impaired mobility. Furthermore, as our study participants were community-dwelling and functionally independent, between-network connectivity disruption may precede within-network connectivity with aging and/or neurodegeneration.

IMPROVING THE TRANSLATION OF SCIENTIFIC EVIDENCE INTO PRIMARY PREVENTION OF ALZHEIMER’S DISEASE


In 2010, an NIH State-of-the-Science panel concluded that, despite extensive research for 20 years, no modifiable risk factor has been proven to decrease the risk of Alzheimer’s disease or age-related cognitive decline. In response, the Alzheimer’s Drug Discovery Foundation convened an advisory panel on April 22-23, 2013 with experts from epidemiology, clinical trial design, evidence-based medicine, and decision-making frameworks. Panelists included the authors of this abstract and Sandrine Andrieu, UMR1027 Inserm-University of Toulouse; Deborah Blacker, Harvard University & AlzRisk; Allan Green, MD, PhD, JD, LLC; Francine Grodstein, Harvard Public School of Health; Victor Henderson, Stanford University; Joseph Lau, Brown University; Pei-Jung Lin, Tufts Medical Center; James McNally, University of Michigan & National Archive of Computerized Data on Aging; Barnaby Reeves, University of Bristol & Cochrane Non-Randomised Studies Methods Group; Molly Wagster, NIA; Kristine Yaffe, UCSF; Raj Shah and Bryan James, Rush University; Laurie Ryan, NIA; and Bruno Vellas, European Alzheimer’s Disease Consortium. The panel had 3 primary goals. First, identify challenges in developing practical clinical recommendations for Alzheimer’s prevention. Second, define the strengths and limitations of available sources of data for Alzheimer’s prevention including randomized controlled trials, analytic epidemiology, administrative databases, and systematic reviews. Third, develop strategies and identify opportunities to improve the translation of available evidence into clinical or population-based guidelines. We will present the panel’s conclusions and recommendations including potential strategies to tailor RCT design, reduce selective reporting, improve meta-analysis of non-randomized studies with guidelines to recognize primary study bias, and encourage the use of decision-making frameworks.

SYNCHRONOUS ELECTROMYOGRAM ACTIVITY REVEALS THE CNS CONTRIBUTION TO MOBILITY TASKS IN OLDER ADULTS

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The corticospinal pathway is critical for control of walking in humans, particularly under challenging walking conditions such those involving obstacle avoidance or uneven terrain (e.g., community ambulation). Accumulating evidence suggests that the corticospinal contribution to movement can be gauged by the amount of synchronous electromyogram (EMG) activity contained within the 30-60Hz (Piper) frequency band. However, whether this approach is sufficiently sensitive to detect task-dependent differences in the corticospinal contribution to mobility tasks is not known. This capability is important for revealing the extent to which CNS integrity affects the performance of various mobility tasks in older adults. Seventeen healthy older adults and thirteen adults with chronic post-stroke hemiparesis participated in this study. Each individual performed four different walking tasks: normal walking, fast walking, cognitive dual-task walking, and walking plus taking an occasional longer step. EMG was recorded from soleus and gastrocnemius muscles, and EMG synchrony was assessed with cross-wavelet spectral analysis. Relative to Piper band EMG synchrony during normal walking, Piper band EMG synchrony was significantly reduced during dual-task walking, unchanged during fast walking and significantly increased during a long step in healthy older adults. These results are consistent with the known corticospinal demands of each walking task. In the paretic leg of post-stroke participants, there was an absence of significant task-dependent modulation of Piper band EMG synchrony. This result is consistent with stroke-induced damage to the corticospinal pathway. This study demonstrates the utility of EMG frequency analysis for non-invasively gauging the corticospinal contribution to mobility tasks in older adults.

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MICROALBUMINURIA IS LINKED TO BRAIN TISSUE ATROPHY IN OLDER ADULTS WITH TYPE 2 DIABETES MELLITUS

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Aging and diabetes both independently contribute to cognitive decline and dementia in elderly adults. Microalbuminuria (MA), a marker of renal microvascular disease, has also been associated with global brain atrophy and neurovascular changes in older adults. The aim of this study was to determine the effects of MA on regional brain structure in older adults with and without DM. We performed a secondary analysis of prospectively collected data from 255 participants aged 65±7yrs, which included 112 individuals with DM (62 males, 50 females); duration of DM=11±9yrs; HbA1c=(7.2±1.2) and 143 age and gender- matched controls. 3D magnetization prepared rapid acquisition with gradient echo MIs were acquired to quantify regional gray and white matter volumes. Least square models were used to determine relationships between MA, defined by urine albumin-creatinine ratio (30-300mg/g), and regional brain volumes. Models were adjusted for age, sex, hypertension and blood glucose levels. Groups did not differ in the prevalence or severity of MA. In the DM group, MA was associated with lower gray matter volume in the frontal lobe, occipital lobe, cerebellum and the orbitofrontal gyrus (p<0.01), and less white matter volume within the frontal lobe and orbitofrontal gyrus (p<0.03). Within the control groups, no significant associations were observed. Our results indicate that in DM patients, MA may be independently associated with brain tissue atrophy, particularly within multiple regions supporting cognitive function. Further studies are needed to determine the functional implications of these observations.

FROM GLOBAL METABOLOMICS TO CANIDATE METABOLITES: LINKING CNS AND NEUROCognitive PHENOTYPES IN AGING

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Metabolomics is a global approach to detecting perturbations in metabolic pathways that reflect diseases of the central nervous system, including Alzheimer’s (AD). The metabolome, the end product of gene-environment interactions, is clinically useful for characterizing metabolic signatures of specific diseases, identifying preclinical transition states, and predicting related phenotypes. We present two converging studies applying salivary metabolomics procedures to profiling mild cognitive impairment (MCI), a precursor condition to AD, distinguished from normal aging (NA). Biological and cognitive data were from the Victoria Longitudinal Study and included N=40 adults (64-75yrs) with validated classifications as NA or MCI (both groups n=20, 50% female). Study 1 developed a 13C/12C isotope dansylation labeling method in conjunction with liquid chromatography mass spectrometry to detect over 1000 metabolites from which the top 18 (e.g., taurine) discriminated NA from MCI (Zheng, Dixon, & Li, 2012). Study 2 applied the same procedures (Tran et al., unpublished data) but focused on complementary analyses of associations among 20 metabolite fingerprints (e.g., isoleucyl/proline) of MCI with neurocognitive phenotypes (executive functions, memory, speed), stratifying by clinical classification, gender, and serial rank (1-20 and quartiles). ANOVAs showed expected and uniform clinical group differences, but these were qualified by differential gender-related effects specific to aging MCI men. Using correlations and regressions, numerous substantial (r>-.5) metabolite-cognition effects (p<.05) were observed, including systematic patterns of magnitudes (memory) and variable patterns of direction (by classification). Using converging methods, global metabolomics identified the key discriminative metabolites of MCI and specific metabolite analyses identified differential effects across neurocognitive phenotypes.

IDENTIFYING AND EVALUATING NEW POTENTIAL THERAPIES TO DELAY COGNITIVE AGING AND DEMENTIA


A major challenge facing aging populations is how to make the best choices for cognitive health with available information that is limited, inconclusive, and often biased. The ADDF Aging and Alzheimer’s Prevention Program provides independent evaluations of the efficacy and safety of drugs, supplements and other approaches proposed to prevent cognitive aging and dementia, and accelerate the development of evidence-based recommendations for prevention. Here we highlight available evidence and research needs for four proposed approaches. Some data suggest both coffee and caffeine could potentially delay cognitive aging and incident dementia but randomized controlled trial (RCT) data is lacking and epidemiologic evidence is limited and needs more standardized, detailed methodologies. Non-steroidal anti-inflammatory drugs (NSAIDs) are associated with decreased risk of dementia in many epidemiologic studies but subsequent RCTs found either no cognitive benefits or increased risk. It remains unresolved whether this conflicting evidence is due to bias/selective reporting or to issues like timing, duration, and treatment population. Ashwagandha, an herbal supplement of growing popularity, is neuroprotective in some pre-clinical non-human research. However, it lacks sufficient safety and efficacy data from rigorous RCTs and epidemiology. These data for all four analyses illustrate significant gaps, yet patients and providers still have to make clinical decisions based on inadequate data. In conclusion, our evaluations highlight current problems with the translation of inadequate data to clinical care. By identifying research gaps and evaluating the quality of available evidence, we can accelerate translational research and give patients and providers improved information.

GENE-ENVIRONMENT INTERACTIONS ON COGNITIVE DECLINE: FINDINGS FROM THE CHICAGO HEALTH AND AGING PROJECT

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Genetic studies have identified APOE ε4 allele as a susceptibility allele for several neurodegenerative conditions including cognitive decline. However, little is known of the interaction of this risk allele with environmental factors with regards to race/ethnicity. Our objective is to present gene-environment interactions in an attempt to elucidate the underlying biological and molecular pathways underpinning cognitive decline for race-specific differences. We considered three environmental factors: alcohol consumption, physical activity, and body mass index. The standardized global cognitive score was derived from the mini-mental state exam, immediate and delayed recall tests, and the symbol digits test in a population-based cohort of 4160 subjects followed for an average of 9.6 years (maximum of 18.7 years), with triennial data collection cycles. Our analysis found that cognitive decline was significantly slower in black subjects, with one or more copies of APOE ε4 allele, who consumed moderate amounts of alcohol compared to their white counterparts who showed no association of cognitive decline and alcohol consumption. We also found that blacks with one or more copies of APOE ε4 allele with higher body mass index also had slower cognitive decline than their white counterparts. Finally, higher physical activity in white subjects with one or more copies of APOE ε4 allele was associated with slower cognitive decline compared to their black counterparts. The findings from this large population-based study suggest that the association of the APOE ε4 allele varies among ethnic
SESSION 285 (POSTER)

NUTRITION AND BODY COMPOSITION

IMPACT OF WAIST CIRCUMFERENCE ON FOUR YEAR QUALITY OF LIFE AND FUNCTION IN THE ELDERLY: THE OSTEOARTHRITIS INITIATIVE

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Background: Waist circumference (WC) is a marker of visceral adiposity that predicts mortality. Its association with function and quality of life in older adults is incompletely understood. We examined the impact of visceral adiposity, measured by WC, on four-year functional and health outcomes. Methods: We identified adults aged ≥60 years from the longitudinal Osteoarthritis Initiative and stratified the cohort into quartiles based on WC. Our primary outcome measures of function at 48 months included: self-reported quality of life [Short Form-12 (SF-12)], physical function [Physical Activity Scale for the Elderly (PASE)] and disability [Late-life Disability Index (LLDI)]. Linear regression analyses predicted 4-year outcomes based on WC quartile category (lowest=referent), adjusted for age, sex, race, education, knee pain, smoking status, Charlson co-morbidity index and baseline scores, where available. Results: Of 2,434 baseline participants, complete outcome data was available on 1,727 (71%). Mean age was 68.2±4.4 years, 60.5% were female and 83.3% were white. Subjects in the highest WC quartile compared to 50-75th, 25-50th or lowest quartile, were on a greater number of medications (4.2, 4.0, 3.6 and 3.2 [p<0.001]), had lower gait speeds (1.22, 1.28, 1.32, and 1.33m/s[p<0.001]), had higher rates of osteoarthritis (50.4, 61.3, 73.6%[p<0.001], higher Charlson co-morbidity scores and greater knee pain (WOMAC scores) (all p<0.001). At 48 month follow-up, adjusted SF-12 physical function subscale and PASE scores, as measures of quality of life and physical function respectively, were lowest in the highest WC quartile as compared to 50-75%, 25-50% and lowest quartile ([SF-12 scores: 31.3±3.8, 32.9±3.8, 33.7±3.8, and 34.1±3.3[p<0.001]], and [PASE scores: 212.5±36.1, 226.5±36, 226.1±36, and 234.4±31.7 [p<0.001]]. The LLDI limitation subscale for disability differed in the ≥70 age group as compared to the 60-70 year group with subjects in the highest WC quartile having lower scores (86.5±5.7, 88.3±5.6, 90.3±0.3, and 91.5±4.1[p<0.001]). Conclusions: In a cohort at risk for osteoarthritis, elevated visceral adiposity, as measured by WC was associated with lower quality of life, a decline in physical function, and a slightly higher risk of disability over time. Intervention studies are needed to prevent functional decline in this high risk population.

SARCOPENIC OBESITY, GAIT SPEED, AND BODY MASS INDEX IN ELDERLY JAPANESE INDIVIDUALS, AGED 65 - 74

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Objective To describe the prevalence of sarcopenic obesity among elderly Japanese individuals, and to clarify gait speeds and BMI in sarcopenic obesity. Methods Body composition and normal gait speed were measured in 259 Japanese subjects, aged 65-74 years, using bioelectrical impedance analysis (InBody720, Biospace Inc., Seoul, South Korea). Skeletal muscle index (males <6.87 kg/m2, females <5.46 kg/m2), defined as the quotient of appendicular muscle mass (kg) divided by height (m) squared, as well as percentage of body fat (males ≥25%, females ≥30%) were used to divide subjects into the categories of sarcopenic obesity, sarcopenic, normal, and obesity. Subsequently, multiple comparisons were conducted, using Tukey’s honestly significant difference test. Results The prevalence of sarcopenic obesity was 13.5% (n=35), with a notable gender-based disparity of 15.7% (n=20) in males and 11.4% (n=15) in females (P = .006, Cramer’s V = 0.22). Males in the sarcopenic obesity group had slower gait speeds than those of the normal group [1.16 (0.27) m/s versus 1.31 (0.21) m/s, P = .029, d = 0.66]. A large disparity was observed in the BMIs of males from the obesity group [23.22 (1.92) versus 25.7 (2.08), (P<.001, d = 1.21)] and in females from the sarcopenic group [22.7 (1.76) versus 18.7 (1.45) (P<0.001, d=2.52) and the obesity group [22.7 (1.76) versus 24.6 (2.59) (P<0.001, d=2.59)]. Conclusions The prevalence of sarcopenic obesity in males is higher than in females. Gait speed may be an indicator of sarcopenic obesity.

MUSCLE FUNCTION AND BODY COMPOSITION IN ACTIVE MEN AND WOMEN AGED 50 YEARS AND OVER

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Introduction: Supervised physical activity programs are known to improve muscle function and body composition. However, the relationship between these variables and voluntarily and autonomously practiced physical activity is unclear. The aim of this study was to investigate the relationship between muscle function, body composition and physical activity profiles. Methods: Five-hundred-and-five individuals (146 men, 359 women) aged 50 year and over were recruited in the YMCA’s of Montreal. Physical activity profile and general health perception (GHP) were estimated by questionnaire. Handgrip and knee extension strength, body composition (muscle mass and fat mass) and maximum oxygen consumption (VO2max) were evaluated. Individuals with less than 2hrs of physical activity per week were considered as a control group (CG; n=81). Individuals with more than 2hrs of physical activity per week were subdivided into three groups (resistance (RT; n=142), endurance (ET; n=215) and mind and body (MB; n=67)) depending on dominant type of activity. Results: In men, significant differences were observed between groups for BMI (p=0.037), muscle mass index (0.021), fat percentage (p=0.034), trunk fat (p=0.018) and VO2max. The RT group had the lowest BMI, fat percentage, trunk fat, and the highest VO2max. The ET group had the highest muscle mass index. In men, no significant differences were observed except for GHP (p=0.03); highest in the MB group. Conclusion: Our results revealed strong differences between men and women. Results also suggest that physical activity, when voluntarily and autonomously practiced, is not as effective and beneficial as when supervised.


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The presence of phytoestrogens from an individual’s diet has been associated with positive consequences in the overall health of older adults. However, much less is known about the role of phytoestrogens on the cognitive health, especially among older adults. In the current study, we examine urinary phytoestrogen concentrations in relation to speed of processing measured by the Digit Symbol Substitution Test. Participants were drawn from The National Health and Nutrition Examination Survey (NHANES 1999-2002) and consisted of 565 individuals who ranged in age between 65 and 85 years of age. This group constituted of a random sample of one third of the NHANES population was measured for phytoestrogens throughout the study. A stepwise regression was conducted that included covariates: age, gender, education, and race in the first model and the phytoestrogens in the second.
Higher values of O’desmethyldaidzein were associated with better performance in speed of processing. There was a curvilinear relationship with daidzein (DAZ). Results suggest that specific levels of phytoestrogens may have a positive impact on cognitive performance and suggest that these measures may be a potential intervention target to maintain cognitive health among older adults.

DETERMINANTS OF UNDERNUTRITION: AN IN-DEPTH STUDY IN OLDER ADULTS RECEIVING HOME CARE

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Background Undernutrition is highly prevalent among older persons receiving home care, difficult to treat, and associated with negative health outcomes. The purpose of this study was to identify factors that predict undernutrition in this vulnerable group. Methods In total, 308 older men and women living at home were screened by home care nurses for undernutrition with the SNAQ65+ screening tool and completed the questionnaire. Information on demographics, physical activity, nutritional intake, appetite, functional, cognitive and health status, depression, social network, oral health, sight and hearing difficulties and pain was asked. Multivariate backwards logistic regression analyses were used to identify the predictors of undernutrition. Results Of the participants, 29.3% was undernourished or ‘at risk’ and 60.7% was well nourished. Mean age was 81.9 years (SD: 7.0). The results suggest that increased physical activity, being married, having a good appetite, not needing help with grocery shopping, and eating more snacks lowers the risk for undernutrition. Furthermore, ADL problems, higher number of falls, intestinal problems, and low income increased this risk. Conclusions Undernutrition seems a multi-factorial problem with various predictors in different domains. Many factors are modifiable and could provide starting points to develop future prevention strategies aiming to reduce undernutrition in community dwelling older adults.

RELATIONSHIP BETWEEN BMI AND LIFESTYLE FACTORS OF ELDERLY JAPANESE PEOPLE IN MEDICAL HOME CARE

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Background Nutritional status is one of the most important indicators of health status in home care elderly people, which is closely related to quality of life. Body Mass Index (BMI) is an important measurement of basic nutritional status, however difficulties arise in measuring the elderly, especially bedridden elderly, in home care services. We assessed the relationship between BMI and lifestyle factors of elderly Japanese people in medical home care. Methods A cross-sectional study was conducted on 990 elderly people receiving home medical care in Japan, in October 2012. Eligible subjects were over 65 years, receiving medical care services at home, such as medical, dental, nursing, rehabilitation, nutritional guidance and medical guidance. We examined anthropometric measurements including height, weight, BMI, triceps measurement, nutritional status, ADL and lifestyle assessments. Trend tests were used to observe trends between BMI and other dependent variables. Results Mean age (± standard deviation) was 83.37 ± 8.31 years, and 61.2% female. The mean of BMI was 20.75 ± 4.10 (n=757). Prevalence of low (<18.5), normal (18.5-25) and high BMI (>25) was 30.6%, 55.9% and 13.9%, respectively. Trend tests for BMI showed that for age, there was an increasing trend with increasing BMI (P<0.001); a decreasing trend for ADL score with decreasing BMI (P<0.001); an increasing trend in aspiration was observed with decreasing BMI (P<0.001). Conclusion Interesting trends were observed between BMI and lifestyle factors. Therefore, developing ways to measure BMI in elderly people receiving at home care, particularly those bedridden, is very important.

IRON STATUS IS RELATED TO DEPRESSIVE SYMPTOMS IN THE INCHIANTI ELDERLY

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Limited data examines longitudinal relations between iron status and depressive symptoms. We did so in 1,000 individuals (440 males, 560 females) in InCHIANTI, a community-based mobility study of older Italians in two areas of Italy, Greve in Chianti and Bagno a Ripoli. Iron measures included a complete blood count, serum iron, transferrin receptor, and ferritin. Iron deficiency was defined by a minimum of two abnormal iron status indicators. The Center for Epidemiologic Studies Depression Scale (CES-D) measured depressive symptoms. Of the 1,000 individuals, 36 were classified as iron deficient anemic (IDA), 50 as iron deficient (ID), 317 as iron sufficient (IS), and 155 as having elevated ferritin (EF); 442 were not able to be clearly categorized, given the strict definitions used for ID and IDA. The mean CES-D score at baseline was high, at 12.83 (SD 8.75). Fully adjusted longitudinal Generalized Estimating Equation (GEE) models controlling for sex, site, age, education, widowed status, smoking, alcohol, vitamin B6, vitamin B12, folate, omega-3, Mini-Mental State Examination (MMSE) score, antidepressants, and medical conditions suggested that iron deficient individuals had, on average, a 1.93 point lower CES-D score compared to iron sufficient individuals (95% CI (-3.81, -0.05)). In contrast, for every 1 g/dL increase in hemoglobin, the odds of depressive symptoms (CES-D≥20 based on previously published InCHIANTI literature) were 14% lower in the fully adjusted model (Odds Ratio 95% CI (0.77, 0.97)). Results support a relation between iron and depressive symptoms relevant to clinical populations of iron deficient and depressed individuals.

SESSION 290 (POSTER)

RESEARCH METHODS POSTERS

VALIDITY AND RELIABILITY OF THE RURAL AND REMOTE MEMORY CLINIC TELEHEALTH SATISFACTION QUESTIONNAIRE

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This research is part of a larger study aimed at determining the acceptability of telehealth videoconferencing in the Rural and Remote Memory Clinic (RRMC) in Saskatchewan, Canada. We report on the psychometric properties of a satisfaction questionnaire that was adapted for use in the clinic. RRMC patients and their caregivers participate in a 30-minute pre-clinic assessment conducted by a nurse and neuropsychologist via telehealth. This study includes data from 223 patient-caregiver dyads seen between March 2004 and July 2011, who attended pre-clinic assessment and completed a Telehealth Satisfaction Questionnaire (TSQ) before April 2011. Principal components factor analysis was conducted to evaluate the 10-item TSQ, 5-item telehealth system satisfaction subscale, and 5-item team satisfaction subscale within the TSQ. The items within each of the three scales formed one construct per scale, as indicated by scale eigenvalues of 2.7 – 3.2 and item factor loadings of 0.54 - 0.84 across scales. The items within each scale also exhibited high internal consistency reliability, as demonstrated by Cronbach’s alpha scores for the 10-item telehealth satisfaction scale (0.90), telehealth system satisfaction subscale (0.78), and team satisfaction subscale (0.86). The results of the study support the construct validity and internal consistency reliability of a 10-item telehealth satisfaction scale.
to evaluate patient satisfaction with team-delivered telehealth services. Study findings also provide evidence that construct validity and reliability are maintained when the 10-item telehealth satisfaction scale is separated into a 5-item subscale to evaluate patient satisfaction with team-delivered care and a 5-item subscale to measure satisfaction with telehealth-based care.

COMPARING DISEASE BURDEN MEASURES AMONG OLDER ADULT CANCER SURVIVORS


Research Objective: Older adult cancer survivors live with multiple co-existing chronic conditions, which require valid disease burden measures to classify their risk for adverse events. This study, using prospectively collected data (n=359) from Health Related Quality of Life: Elders in Long Term Care (Mary D. Naylor, PI), compared Latent Variable Analysis (LVA) of co-existing chronic conditions with Charlson Comorbidity Index (CCI) as a disease burden measure in an analysis of the association between hospitalizations and cancer diagnosis. Study Design: The dependent variable, hospitalizations, was abstracted from medical records at study baseline, 3, 6, 9, and 12 months. Baseline chronic conditions, including cancer diagnosis, were also abstracted from medical records. LVA, a technique similar to cluster analysis, and CCI scores were generated to represent disease burden. Poisson regressions of number of hospitalization fit by GEE were used. Results: The LVA demonstrated three patterns of co-existing chronic conditions representing low, medium, and high disease burden, whereas the CCI generated continuous scores ranging from 0 (low burden) to 6 (high burden). Poisson GEE models using either LVA or CCI showed older adults with high disease burden had significantly greater number of hospitalizations than those with low disease burden (both analyses p<.002). Cancer diagnosis was not associated with number of hospitalizations using either LVA or CCI as disease burden measure. Conclusions: The findings suggest that LVA may be comparable to CCI as a disease burden measure in studies of older adult cancer survivors. However, LVA provides added information on patterns of co-existing chronic conditions.

VALIDITY OF 16 AND 8 ITEM VERSIONS OF THE LATE-LIFE DISABILITY INSTRUMENT (LLDI) IN TWO LATIN AMERICAN OLDER POPULATIONS

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Background: LLDI is a sensitive comprehensive disability measurement tool and includes two sub-scales, measuring frequency and limitations in performing activities. The LLDI has been validated in Spanish, German, and North American populations, but not in Latin American populations. The main objective of this study is to evaluate if the LLDI provides similar factorial structure in two Latin American (Manizales, Colombia; Natal, Brazil) older adults populations. Approach: 300 subjects, 150 women and 150 men, aged 65-74 living in the community were sampled. The LLDI (16 and 8 item versions) was used to assess physical disability. Factor analyses were performed to assess the factor structural (the underlying components and their internal consistency) of the LLDI, in both frequency and limitation sub-scales. Results: Two factor solutions failed to separate underlying personal and social components of frequency items and instrumental and managerial components of the limitation items. One factor solution of the LLDI frequency (excluding three items) and limitation sub-scale (all 16 items included) was acceptable in both populations with relatively high internal consistency (Cronbach Alpha in Manizales 0.79 for frequency, 0.89 for limitation; in Natal 0.73 for frequency, 0.90 for limitation). In both populations and for both subscales factor loadings and internal consistency of the shorter version of the LLDI was lower. Conclusion: Despite failing to separate components of frequency and limitation sub-scales, the 16 item LLDI remains a valid measure of disability in Latin American older adults. The use of the short 8 item version seems to be not appropriate for similar populations.

EVALUATION OF RECRUITMENT AND RETENTION FOR A MULTI-YEAR INFLUENZA VACCINATION TRIAL IN HEALTHY AND HIGH-RISK OLDER ADULTS


Purpose: To evaluate the effectiveness of strategies to recruit and retain participants in a multi-year influenza vaccination trial. Methods: We analyzed recruitment methods, age, gender, race/ethnicity of individuals who were screened, eligible, and enrolled in five one-year studies. Recruitment targets (total=170) each year were: healthy older (HO) adults (n=75) and high-risk older (HR) adults with congestive heart failure (n=75), both aged ≥60; and healthy young (HY) (n=20), aged 20-40. Results: 940 individuals were screened, of which 820 were eligible, and 307 enrolled at least once in five one-year studies. Females comprised 63.4% and whites comprised 95.5% of the enrollees. The average ages were 75.3 for the older groups and 30.6 for the younger group. 56.7% of the 307 participants enrolled at least twice over the 5 years. On average, respondents re-enrolled 2.56 (SD=1.6) times. Older respondents compared to younger (p<.001); and whites compared to minority respondents (p=.004) were more likely to re-enroll. Each year enrollment was between 8 (2005) to 24 participants (2006) below target. Of those screened for eligibility over the 5 years, 50.2% were HO adults and 17.2% were HR that had been participants from previous study years or other institutional studies, 4.4% were HR that were patients of a congestive heart failure clinic recruited by their physician, 12.4% were HY that were research institution staff recruited by email. The HY group had the largest enrollment deficits. Conclusions: Enrollment/re-enrollment was facilitated by a database of past participants. Ways to increase recruitment effectiveness of high-risk older persons needs further research.

ACHIEVING A NATIONAL SAMPLE OF NURSING HOMES: BALANCING PROBABILITY TECHNIQUES AND PRACTICALITIES

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Most nursing home studies employ purposive or other non-probability sampling techniques. This poster will illustrate the challenges of achieving a diversified, national sample of nursing homes for a study of the quality of life of people with dementia in Australia. National samples are difficult and expensive to achieve, given the need to engage multiple data collection teams and to travel significant distances. In this study, we were successful in achieving diversity, while remaining within practical and budgetary limits, by balancing selective exclusion of homes with disproportionate stratified random sampling. In the end, the majority (89%) of nursing homes in Australia had a non-zero probability of being chosen for the study sample. Starting from a sampling frame of all Australian nursing homes (n=2774), very small (n=238) or geographically remote (n=22) homes were excluded. Those remaining were stratified by state, geographic type (large, medium, small), and organization type (government, charitable/religious, private). Each list was placed in a random order and recruitment proceeded from the top of
the list until the designated number of homes was reached. To ensure representation of less common types, the probability of selection varied by list, from 0.7% for charitable/religious homes in large cities in the highest population state to 14% for public or private homes in small towns in a low population state. Data collection has proceeded in 53 homes (1.9% of the total). The poster will conclude with a section on lessons learned and suggestions for other researchers wanting to employ probability sampling techniques.

QUICK, OBJECTIVE MEASURES OF BALANCE AND GAIT RELATED TO AGING WITH OR WITHOUT NEUROLOGICAL DISEASE
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We recently developed a novel, instrumented Stand and Walk test (ISAW) using body-worn inertial sensors to allow nonexperts to quickly obtain objective measures of standing balance, step initiation, gait and turning. The ISAW automatically provides over 100 measures of balance and gait. We hypothesized that these measures could be grouped into a small subset of mobility domains. We also hypothesized that measures of dynamic postural stability during turning would be related to both age as well as severity of Parkinson’s disease. Subjects included 104 people with Parkinson’s disease (53–80 years old), Hoehn-Yahr II-IV and 66 age-matched control subjects (53–77 years old). All subjects were community-dwelling and could stand and walk independently without an assistive device. Subjects wore 6 Opal sensors and performed the ISAW using APDM’s Mobility Lab System. The ISAW involved standing still for 30 seconds, followed by walking 7 meters, turning 180 degrees, and walking back and each subject performed 3 trials. Factor analysis showed that the ISAW consists of 5 independent mobility domains: static balance, dynamic balance, pace, upper body control, and asymmetry. Measures of dynamic balance such as turning duration separated behavior of PD from controls (p<0.01) and showed significant correlations with both age (Controls r=0.254, p=0.05; PD r=0.360, p<0.001; corrected for severity of PD r=0.368, p<0.001) and severity of PD (r=0.524; p<0.001). The portable ISAW test automatically provides quantitative measures of balance and gait in any setting that are sensitive to aging in people with and without neurological disease.

MIBBO: A TOOL TO ASSESS MEANINGFUL PHYSICAL ACTIVITIES FOR NURSING HOME RESIDENTS
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Inactivity is highly prevalent among nursing home residents. This has many disadvantages, both physically and mentally. Hence, it is very important to develop and offer a challenging span of meaningful physical activities, matching with the preferences and abilities of residents. Tools to assess preferred activities systematically are hardly available yet. We therefore developed and tested such a tool (“MIBBO”): Assessment of Meaningful Physical Activities for Elderly People. An interdisciplinary team of care professionals and researchers constructed the tool, specifically aimed at residents in longterm care facilities. Its feasibility was evaluated among 10 nursing home residents (both in somatic and psychogeriatric wards) and their caregivers. The approach consists of three steps and takes about 30 minutes to administer. It starts with a photo interview; residents assess and rank photo’s of 30 physical activities (e.g. walking, gardening; if needed family members are involved). These photo’s are sorted into two piles (“yes, I like to do that” versus “no, I’m not interested”). As a next step the resident is asked to select her/his top 5 of activities, including preferences regarding performing the activity (e.g. alone or in a group, preferred time of the day). Finally, an individual plan is made regarding the preferred activities. Both residents and care staff assessed the systematic approach as feasible and promising, especially the photo interview part. Further research is needed to determine the added value of this tool in reducing residents’ inactivity, and implementation of the activity plan in overall care plans.

INCORPORATING BRANCHING PATH SIMULATIONS INTO TREATMENT FIDELITY PLANS
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This presentation describes the incorporation of branching path simulations into a comprehensive strategy for monitoring and enhancing treatment fidelity in randomized controlled trial testing of a clinical decision support intervention based on analytical decision-making theory. Branching path simulations, which allow users to examine consequences of actions, are ideal for examining clinical decision making represented in terms of: a) a flow of action steps; and b) a “route” of critical thinking through a sequence which is designed to achieve a desired result. A brief demonstration of one branching path exercise will augment discussion of the ways in which interactive branching paths can reveal specific deficits in critical thinking and adherence to the required action steps. Sixty-seven nurses acting as interventionists in thirty-two nursing homes participated in fidelity testing. Results of branching path simulation fidelity testing revealed that 15 (22%) scored below the prior 85% criterion for full retraining and restesting. Of the remaining 52 interventionists, 30 (45%) needed partial retraining in specific areas. Deficits were most common for assessment (n = 26; 39%) followed by acting to mobilize necessary resources (n = 21; 31%), identification of change in condition (n = 19; 13%), and cue interpretation (n = 19; 13%). There were no statistically significant differences in errors between nurses employed at proprietary and not-for-profit nursing homes. Fidelity testing using branching path simulations provided critical information on competence and adherence of interventionists to the required action steps.

A METHOD TO PRESENT RESULTS OF PROCESS EVALUATIONS OF COMPLEX INTERVENTIONS
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Background: Process evaluations are highly important to understand the content, implementation, integration and effects of complex healthcare interventions, but there is no clear framework available which helps to uniformly report findings of process evaluations next to results of effect studies. Methods: A literature review of process evaluations of complex interventions was performed. Objectives, methods and value of results of process evaluations of the included articles were analyzed. Subsequently, key elements which are valuable for scientists and policy makers were deducted. Results: A graphical representation of the results of a process evaluation as an effect measure and as a tool for understanding results of effect outcome measures was created. Use of this figure for process evaluations was demonstrated in a complex intervention which aims to improve hospital care for frail older persons. Conclusion: A method for graphical representation of results of process evaluations of complex interventions was developed. Use of this method is needed in order to show the added value in understanding and comparing study results of complex interventions.

DEVELOPING ACTIVITY PROFILES OF CARE COORDINATION USING A NATURAL LANGUAGE PROCESSING METHOD
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Care coordination is a multidisciplinary mechanism for managing complex care that improves transitions, rehospitalization rates, medication management costs, and self-management skills. Building on prior research, this study used and compared electronic healthcare records (EHR) from 4,112 home healthcare patients (HHC) and a subset of 217 patients enrolled in an enhanced care coordination aging in...
place model. A total of 347,000 nursing care notes were extracted from a HHIC EHR that incorporated Omaha system standardized language. We retrieved 188,509 narrative notes, specific to the Omaha case management category describing activities performed during patient visits. Metamap, a Natural Language Processing package, was used to process, parse, and extract the concepts from every note, resulting in the extraction of 16,755 unique concepts. These concepts were further refined using an iterative approach of: (a) concept extraction, (b) refinement against previously hand-abstracted terms, (c) concept ordering by frequency, and (d) expert review. This process resulted in an ontology with 395 concepts organized in a hierarchy of 66 activities, 165 foci, 91 problems, 54 people, and 19 places. Concepts from the ontology were used to build activity profiles for 41 out of the possible 75 target interventions used by care coordinators in the Omaha system category case management. These care coordination activity profiles may be used to: (a) specify activities used in care coordination, (b) tailor the work of care coordination practice and research, and (c) describe care coordination for use in EHRs. This paper will present the extraction process model, and the care coordination activity profiles.

INCREASED RISK FOR HIP FRACTURE AMONG SPOUSES - EFFECT OF HOMOGAMY?
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Genetics is important for bone density and fracture risk. Lifestyle factors like physical activity, smoking and nutrition are also significant contributors to variation and risk. We analysed whether there is an increased risk for joint hip fracture in married couples. All patients with hip fracture (n=276,366) in the national inpatient register in Sweden from 1987 to 2002 included. This data was linked with the registers for multi-generation, causes of deaths, census register from 1970-1990 and the register of the entire population. All married couples (n=1,268,400) born 1902-1951 and married for at least 5 years were drawn for the analyses. The population was followed for 36 million person-years. The hip fracture risk was estimated using a Poisson regression model. In the period 1987-2002 hip fracture occurred in both spouses in 5049 couples. The HR for hip fracture among married women after a hip fracture in husbands was 1.16 (CI 1.11-1.21). The corresponding HR for the men was 1.18 (CI 1.12-1.25). The risk was elevated from age 55 to 90. The HR for hip fracture in married women aged 55-70 was 1.6 (CI 1.14-2.09) following a hip fracture in husbands. The increased risk for hip fracture among spouses remained after adjustments for age, calender yera, income, education, latitude and urbanisation. We show for the first time an increased risk for hip fracture among spouses. Likely reasons for the homogamy are shared life style and assortative mating.

DEVELOPMENT AND VALIDATION OF A RISK SCORING SYSTEM TO IDENTIFY OLDER ADULTS AT RISK FOR UNMET NEED FOR ADL DISABILITIES
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BACKGROUND: Disabled community-living older adults are rarely screened by primary-care providers for unmet need for activities of daily living (ADL) disability despite the costly health consequences of unmet ADL need. Busy clinic schedules make it unfeasible to screen all disabled older adults for unmet ADL need. An accurate risk scoring system is needed to efficiently identify which disabled older adults would benefit from screening. METHODS: ADL functioning, unmet ADL need, health, and demographic data from 2,977 community-living older adults with at least one ADL disability were retrieved from the 2011 National Health & Aging Trends Study. RESULTS: Thirty percent reported unmet need for one or more ADL disabilities. Ten-fold cross-validation of a logistic regression model revealed excellent accuracy (C-statistic=0.87, average correction rate=80%). Risk scores developed from the model included: four points for toileting disability, three points for disability in getting around inside, two points for bathing disability, and one point each for disability in dressing or transferring from a bed, female gender, Medicaid eligibility, hospital admission in the prior 12 months, diabetes, and heart disease. Risk scores were summed; the prevalence of unmet need for quartiles of risk scores was 4% for the first quartile, 16% for the second quartile, 41% for the third quartile, and 71% for the fourth quartile; P<0.001). CONCLUSION: Accurate identification of which patients should be screened for unmet ADL needs would promote referrals to community support providers whose services could alleviate unmet ADL need.

CONSTRUCT AND CONVERGENCE VALIDITY OF THE LATE-LIFE DISABILITY INSTRUMENT (LLDI) IN TWO LATIN AMERICAN OLDER ADULTS POPULATIONS
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Background: LLDI is a sensitive comprehensive disability measurement tool and includes two sub-scales, measuring frequency and limitations in performing activities. The LLDI has been validated in Spanish, German, and North American populations. We previously showed that the long version (16 item) of the LLDI is able to measure disability in two Latin American (Manizales, Colombia; Natal, Brazil) older adults populations. In this study we assessed the construct and convergent validity the LLDI in the same populations. Approach: The LLDI was used to assess physical disability of 300 older adults aged 65-74 living in the community. ANOVA and t-test were used to determine the construct validity of the LLDI by exploring associations with self-reported health, depression, cognitive function, as well as with sex, education, and income. Convergent validity of the LLDI was assessed by examining its associations with physical performance test (Short Physical Performance Battery), mobility limitations (Nagi scale), and activity of daily living (ADL) measures. Results: Participants with better physical function, less mobility limitations, better self reported health, and good cognitive function reported to have more frequent activities and less mobility limitations as measured by the LLDI, indicating good convergent and construct validity of our mobility measure (LLDI). Conclusion: Construct and convergent validity of the LLDI support the use of the LLDI sub-scales as a good measure of physical performance in Latin American and similar populations.

RELIABILITY OF FREE WEIGHT 1RM TESTING AMONG SENIOR ADULTS
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In order to initiate strength training programs that prevent the decrease in ability to perform activities of daily living, it is important to have effective tools set in place to be able to determine muscular strength. The purpose of this study was to examine differences in subsequent one repetition maximum (1RM) testing of bent over row (BOR), bicep curl (BC), lateral raise (LR), knee curl (KC), and chest press (CP) in older adults. The 1RM is considered to be the maximal amount of weight that can be lifted one time correctly through the full ROM.
Ten senior adults over the age of 78 completed 1RM testing for BOR, BC, LR, KC, and CP. Participants warmed-up by lifting one set of eight repetitions with no resistance, followed by a 60-second rest period. Participants then completed one set of three to five repetitions at 40-60% of their estimated 1RM, followed by another 60-second rest period. The weight was increased at assessor’s discretion until 1RM was achieved. 1RM testing was completed on two different days within a 10 day period. Dependent t-tests and correlations were conducted to determine the reliability of 1RM tests. A significant difference was found for KC (p=0.000). Non-significant differences were found for BOR (p=0.064), BC (p=0.648), LR (p=0.153), and CP (p=0.662). A strong, positive relationship was found between the two 1RM tests for each of the different exercises. The results indicate that 1RM testing may be a reliable test to determine maximal muscular strength in older adults.

HOW DO DEMENTIA BEHAVIORS CLUSTER?
IDENTIFYING BEHAVIORAL CLUSTERING RELATIONSHIP TO CORTISOL
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Behavioral symptoms in persons with dementia (BSD), such as yelling, wandering, and restlessness, are extremely challenging to elders, their clinicians and caregivers. Progress in developing and refining tailored interventions to address BSD has been hampered by the ability to detect and characterize complex recurrent clusters and the relationship to altered circadian rhythm. The purpose of this study was to develop a measurement method to more precisely characterize the relationships between BSD and circadian rhythm. Using the modified Agitated Behavior Rating Scale (mABRS) (low, moderate or high intensity), we coded the BSD of 60 participants over a 4-day period. Data were analyzed using pattern recognition software (THEME). We categorized THEME patterns of high intensity behaviors into clinically significant escalation/de-escalation categories. Factor analysis identified clusters of these behavior categories. We used correlation and chi-square tests to test the association between identified factors, age, gender and cortisol (an index for circadian rhythm). Cortisol was categorized as normal or abnormal. Factors 1 and 2 explained 12—16% of the variance. The remaining factors 3-16 explained 1-6% of the variance. Participants with normal cortisol rhythm exhibited higher vocalization when staff or residents were present (Factor 3) than those with abnormal cortisol (p <0.05). Older age was correlated with less pacing and screaming in the presence of staff (p<0.1). Men had increased moderate intensity pacing and searching (Factor 8) than women (p<0.05). Relating clusters of behavior to participants' characteristics using innovative analysis identifies those more likely to exhibit BSD. Interventions can be specifically refined and timed.

STUDYING MULTIPLE OUTCOMES AFTER AURAL REHABILITATIVE TREATMENT: STUDY DESIGN AND BASELINE RESULTS
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Context: Age-related hearing loss (ARHL) affects nearly two-thirds of older adults over 79, and the prevalence of hearing loss doubles with every decade of life. Recent research has demonstrated that hearing loss is independently associated with incident dementia, cognitive functioning, social isolation, and health-related quality of life (HRQL). Hearing aids and cochlear implants have been shown to improve HRQL; yet, whether these interventions could also affect cognitive functioning, physical functioning, stress, or social isolation is unclear. Methods: Patients aged 50 years and older receiving hearing aids or cochlear implants were recruited from the Johns Hopkins Department of Otolaryngology and prospectively followed at 6 and 12 months after intervention. At each visit, a standardized outcome battery was administered to assess: (1) cognition, (2) loneliness, (3) communication, (4) depression, (5) HRQL, (6) cortisol levels, (7) physical functioning, and (8) dual task performance. Results: Baseline data have been collected on 107 participants (49 CI; 58 HA). Cochlear implant participants are significantly more likely to have a higher Geriatric Depression Score (p < .001) and higher rating on the UCLA Loneliness Scale (p < .001) than hearing aid participants. Conclusion: A prospective study assessing the effects of aural rehabilitative therapies on social, cognitive, and physical functioning may provide additional insight into the potential impact of hearing loss treatment. These preliminary results will guide the planning of a definitive randomized clinical trial to investigate the role of aural rehabilitative treatments on reducing declines in cognitive and physical functioning.

STRATEGIES FOR STUDYING PROFESSIONAL NETWORKS USING A WEB-BASED TOOLS
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This poster will describe the development, pre-testing and use of an investigator-designed, web-based survey administered to all of the nursing home directors of nursing (DONs) employed by a national, for-profit nursing home corporation in order to study the DONs’ professional networks, professional support, and intentions to leave their roles. Web-based surveys are an increasingly popular data collection method despite prevalent concerns regarding data quality and response rates. Due to survey length and complexity, collecting network data via web-based surveys can be particularly challenging. Using Qualtrics software, we designed this survey to explore DONs’ demographic characteristics and their professional networks, professional support, perceptions of support quality, and intent to leave. These elements correspond to the major concepts of the Convery Model of Social Relations. We pre-tested the survey tool with DONs outside the sample population to mitigate data quality concerns and worked with a programming consultant to make the tool visually appealing and simple to use. To recruit participants, we used several techniques including an initial webinar presentation outlining the study’s purpose, risks, and benefits, email invitations and reminders to participate, and follow-up phone calls. These techniques effectively increased participation. 302 DONs were invited to participate and 216 (71.5%) enrolled. Encouraging DONs to complete the study was more challenging. Many DONs chose not to provide network data. Those who did, however, were able to complete the survey, including a network diagram, accurately. Ultimately, 133 (44%) DONs provided complete data and were included in the final sample.

RURAL PRIMARY HEALTH CARE FOR DEMENTIA: A COMMUNITY-BASED PARTICIPATORY RESEARCH APPROACH
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Community-based participatory research (CBPR) approaches focus on issues of importance to communities, involve stakeholders throughout the research, and emphasize capacity building, empowerment, and action. A CBPR approach is being used to develop an interdisciplinary, cross-jurisdictional (Canada-UK) Rural Dementia Action Research Program (RaDAR) in primary healthcare (PHC) for individuals with mild cognitive impairment (MCI) and dementia, in the Canadian prairie province of Saskatchewan. Following a systematic review of collaborative care models for dementia and interviews with 10 rural PHC directors, a 1-day Planning Session was held with 53 stakeholders (families, healthcare professionals, administrators, government, Alzheimer Society) and 13 academic partners to establish relationships, identify gaps
in rural dementia care, and design innovative service delivery models. These topics were further explored at a subsequent 1-day meeting with 15 stakeholders. Identified gaps included: symptoms of MCI and dementia may be attributed to normal aging and diagnosis may carry a stigma; families do not seek help until a crisis; post-diagnostic services are difficult to access; long-term care admission is often premature or crisis-driven. Recommendations included improving early detection, diagnosis, and post-diagnostic care; and supporting caregivers to reduce distress and delay long-term care. Stakeholders identified four research priorities addressed developing a research network to facilitate innovation at the health region level; a capacity-building/mentoring program in dementia care for PHC professionals; a public awareness program aimed at dementia risk factors and early detection; and chronic disease management strategies. These findings have informed the development of a 5-year collaborative research program.

THE SUPPORTED LIVING RESEARCH NETWORK (SLRN): A COMMUNITY/ACADEMIC PARTNERSHIP FOR ASSESSING AND MEETING THE NEEDS OF OLDER ADULTS

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Background/Objective: As access to resources change, health care systems must innovate to serve a growing older adult population. Our newly-developed Supported Living Research Network (SLRN) includes nurse research faculty and 20 agencies which support those who cannot live independently. We aim to conduct/communicate research meeting needs identified by the agencies. Method: Semi-structured interviews with agency stakeholders identified agencies which address supported living and determined their research needs. Online surveys measured the community’s needs, validated the direction of the SLRN, and assessed its capacity to conduct research. Findings: Content analyses identified four needs: Quality improvement and comparative effectiveness research developing ground-breaking programs; Screening and Characterizing Populations defining unmet needs using recognized methods/instruments; Transitional Care to reduce re-hospitalizations; translational research to Identify Best Clinical Practices. Our description of a quality improvement collaborative of nursing homes will demonstrate how a network accelerates the translation of system improvement knowledge in ways that are not possible for any single agency to accomplish alone. Conclusions: Community agencies serving those who bear a disproportionate burden of disability are eager to work with nurse investigators to assess and meet the needs of older persons in an era of changing healthcare environments. Availability of funding was not a motivation for SLRN participation. We are creating a sustainable infrastructure for the SLRN by developing a Research Toolbox to educate providers about evaluation programs and instruments, enabling members to mobilize their strengths and address their individual needs, and providing training programs, networking resources, and an internet structure to facilitate community-based research.

SESSION 295 (POSTER)

COGNITION AND MENTAL HEALTH

THE IMPACT OF INTERPROFESSIONAL TRAINING ON IMPLEMENTING THE CONFUSION ASSESSMENT METHOD IN AN ACUTE CARE SETTING

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Approximately 15-60% of older patients experience delirium during hospitalization, however the diagnosis is missed in up to 70% of cases. Delirium is associated with poor outcomes including prolonged hospitalization, functional decline, increased likelihood of nursing home admission and increased use of physical and chemical restraints. Individuals at risk for delirium should be assessed daily using a standardized tool to facilitate prompt identification. The Rhode Island Geriatric Education Center, funded by the Health Resources and Services Administration of the USDHHS, has implemented an interprofessional education program aimed to increase adoption of an evidence-based protocol (Confusion Assessment Method - CAM) to improve detection of delirium in the hospital setting. The CAM is a validated assessment method for delirium, can be administered in less than 5 minutes, and correlates with other measures of mental status. Training was implemented in two units of a local hospital and is being replicated at a second hospital. An outcome of the training was that the major risk factor for delirium—older age—now triggers CAM assessments of older patients on every shift during hospitalization. An analysis of the impact of training found that administration of the CAM on the units receiving the training increased from 36% prior to the training to 76% post-training in the six months afterward. By a year later, implementation was between 88-94%. For those positive for delirium, the interventions resulted in decreased delirium days as well. High levels of implementation at the units NOT trained warrant further study.

IT'S NOT THE RESIDENTS: DEMENTIA CARE STAFF'S PERCEPTIONS OF WORK-RELATED STRESSORS

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Caring for persons with dementia, especially those with dementia related behavioral issues can be extremely stressful (Brodaty et al., 2003) and lead to high levels of staff burnout and turnover (Castle & Engberg, 2006; Coole et al., 2007). Training, length of time on the job, and a person-centered care approach have been found to impact care providers' levels of stress (Zimmerman et al., 2005). The current study examines the types of stressors identified by care staff in a person-centered, specialized dementia care home. Care staff (n=42) were asked to identify work stress factors. Of 22 possible stress factors, none of the top 8 related to residents or their care. Rather, concerns regarding coworkers (n=28, 72%), pay (n=23, 60.5%), time (n=19, 50%); respect (n=14, 36.8%); agency policies (n=12, 31.6%), and residents’ family members (n=10, 26.3%) were at the forefront. Only 7 (18.4%) cited residents’ behaviors as a source of stress. Open-ended responses similarly found residents apt to the ‘What do you like best about your job?” list, while residents and/or resident behaviors were absent from the “What do you like least about your job?” response list. No differences were found in stressors with regard to length of employment, although respondents who indicated they were somewhat or extremely likely to leave their job within the year were more likely to cite pay and time as stressors. These findings are currently serving as the basis for a larger regional study examining dementia care staff perceptions regarding training, support, stress and factors of employment.

VISUAL EXIT BARRIERS: DETER EXIT-SEEKING IN HOME-DWELLING ELDERLY WITH DEMENTIA?

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Background: “Exit seeking (ES)” or repetitive exit door approaching is common among persons with dementia who wander (PDW). Multiple studies report “visual exit barriers (VEB)” efficacious to reduce ES selectively and subjectively, i.e., among PDW only based on impaired cognition. However studies were of poor quality and established VEB
efficacy in nursing home (NH) but not domestic home environments. Methods: Twenty-nine home-dwelling PDW/CG dyads were recruited from a VA hospital outpatient population. One main exit doorway in dyad homes was sequentially equipped with door and floor cover VEB. A one group cross-over repeated measures design with two intervention and two no-intervention periods was used. Exit-seeking, defined as PDW incursion into a 6-foot zone in front of exit doors, was continuously measured for eight weeks using ultra-wide radio frequency identification methods. Results: Of VEB tested, door but not floor covers reduced ES among PDW. Clinical Implications: The fact that fire codes now prohibit door cover VEB usage in NH as egress impediments suggests door VEB efficacy as physically not subjectively based. Door cover VEB should NOT be used within any care environment pending confirmation of the source of door VEB efficacy. Conclusion: Confirming door cover VEB efficacy to reduce ES as subjectively and selectively based requires: (1) tracking the exit door approaching as well as exit door transiting of PDW and all study site occupants; (2) differentiating sanctioned versus unsanctioned episodes of such PDW transiting and (3) monitoring the locomotive behavior of all residents at both VEB-equipped and non-equipped exit doors.

EVALUATION OF A KNOWLEDGE TRANSLATION AND EXCHANGE INITIATIVE IN RURAL AND REMOTE DEMENTIA CARE

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The objective of this research was to evaluate a knowledge translation and exchange (KTE) initiative aimed at rural and remote dementia care in order to gain a better understanding of the processes that best support KTE in this area. Formed in 2008, a yearly Summit meeting comprised of researchers, decision-makers, and knowledge users has been organized within the province of Saskatchewan, Canada to facilitate knowledge exchange and research efforts in the area of rural and remote dementia care. Decision-makers and knowledge users who participate in the Summit include frontline and administrative healthcare providers, clinicians, government officials, non-profit organization staff, consultants, physicians, researchers, students, and family members of persons with dementia. The Summit includes a research poster presentation evening followed by a full-day meeting including a keynote speaker, panel discussions, and working groups. The aims of the Summit are to further practice, research engagement, and KTE. In 2011, a formal evaluation was conducted to examine how the Summit functions as a KTE initiative. Semi-structured interviews were conducted with a sample of twelve Summit attendees representing all categories, followed by five focus group discussions with thirty-two attendees. Thematic analysis of the transcripts was conducted by two researchers and findings were compared. The thematic categories were ‘Connecting’, ‘Being in the Same Room’, ‘Contribution’, ‘Galvanizing’, ‘Commitment’. Implications of the findings include recommendations to better design KTE strategies, such as tailoring the focus, developing shared goals, balancing contribution and gain for participants, developing relationships among stakeholders, and supporting engagement.

THE FEELING TONE QUESTIONNAIRE (FTQ) AND AN UPDATE REGARDING ITS PSYCHOMETRIC PROPERTIES: ASSESSING DEPRESSIVE SYMPTOMS IN DEMENTED, COMMUNICATION-IMPAIRED OLDER PERSONS


This research aimed at developing a means of uncovering the subjective inner life of persons who are seriously limited in their ability to communicate feelings of distress associated with depression and other affective disorders. These analyses add to the existing published and previously presented reports of the reliability and validity of measuring affective disorder in communication-impaired elderly demented persons using the Feeling Tone Questionnaire. The FTQ builds upon the existing knowledge in the field of assessment of depression in dementia by combining a direct assessment focus and clinical observation method and adding behaviorally anchored ratings of affect, or feeling tone. It consists of 16 questions and 16 corresponding observation ratings of affect and was specifically designed for use with the communication-impaired demented patient. The FTQ uses standardized questions with simple wording. The total sample size was 764 respondents from four samples of respondents in New York City and upstate New York nursing homes and a psychiatric hospital. Additionally, 122 respondents participated at a New York City nursing home. The mean age of the combined sample was 84. Internal consistency reliability and interrater reliability were good across all samples, as was test-retest reliability. Concurrent convergent construct validity and discriminant validity coefficients were generally high. Criterion-related validity was provided in two samples using DSM ratings by geriatric psychiatrists. These findings provide support for the view that the FTQ works well as a method of facilitating the recognition of depressive signs in the more severely communication impaired group of demented older persons. Preliminary findings regarding the current application of the FTQ in an evaluation study of staff training being conducted by the Consortium of New York Education Centers (CNYGEC), will be discussed.

VETERAN CHARACTERISTICS, PERCEIVED SOCIAL SUPPORT, AND DEPRESSION AMONG OLDER VETERANS

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Projections indicate that by 2020 there will be more than eight million veterans age 65 and older in the U.S. This study examined the relationship between depression and military service characteristics among a nationally representative sample of older community-dwelling male veterans. Following the stress-health model, the study also examined whether social relationships mediated the association between depression and veteran’s military characteristics. Data from the 2008 Health and Retirement Study were used to estimate logistic regression models. The study sample included males veterans age 51 and over (N=2,956). Depression was assessed with the CES-D-8. Military characteristics included war service era (WWII, Korean, Vietnam), professional military rank, and combat exposure. Models were also adjusted for a rich array of sociodemographic and health status covariates. The results for the unadjusted models indicated that serving in combat, having enlisted rank, and being a war era veteran was related to the risk of being depressed in later life. After adjusting for the covariates, Korean war status and combat exposure remained associated with depression. The social relationship index was negatively related to the likelihood of being depressed. The analysis showed that social relationships did not mediate the association between military service characteristics and depression. These results suggested that years after military service had ended, some conditions of military service were still associated with health among this sample of older veterans. This study was unique in part because it is among the few studies to use nationally representative data to analyze depression among older veterans.

PATIENT AND FAMILY VIEWS ON CURRENT AND FUTURE APPROACHES TO DIAGNOSTIC ASSESSMENT IN MCI

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Background: Only a fraction of individuals affected by mild cognitive impairment (MCI) present for cognitive evaluations. Little is known of how such individuals view the neurocognitive assessment process.
Although the field is shifting toward the increased use of biomarker testing, perceptions of such testing remain unexplored. This study characterizes the subjective experience of the evaluation process for MCI and explores views on amyloid-based biomarker testing in MCI. Methods: Ten individuals with MCI and their caregivers received hypothetical brain amyloid status results and related Alzheimer’s disease risk in mock disclosure sessions, following protocols developed in a parent study. Eight participants joined in a subsequent focus group, provided their views on the disclosure sessions, and discussed their experience of completing a cognitive evaluation resulting in an MCI diagnosis. Qualitative content analysis was used to analyze transcripts. Results: The presence of a threat emerged as an overarching theme related to living with MCI symptoms and completing a cognitive evaluation. Threat of the unknown and threat of stigma were primary domains. Three approaches to minimizing threats were evident: legitimizing the experience, seeking control of information, and seeking social support. Participants provided recommendations for improving the diagnostic disclosure process, and viewed learning amyloid status as a valuable component of assessment. Conclusion: This study may inform guidelines for communicating evaluation results, including biomarker findings, to persons with MCI and caregivers. Understanding the significance of providing diagnostic information within the context of living with MCI helps future research and practice to be more attentive to those affected.

EXPLORING BELIEFS ABOUT ALZHEIMER’S DISEASE RISK AND PREVENTION IN A COMMUNITY SAMPLE OF URBAN AFRICAN AMERICAN ADULTS

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African Americans (AA) are at significantly higher risk of AD than whites. Diagnosis of AD in AA occurs later than in whites when treatment is less effective; care is costlier, and family burden heavier. Studies suggest lower AD awareness in the black community. Lower awareness combined with cultural attitudes and beliefs regarding AD risk, treatment and prevention affect willingness to seek diagnosis of AD, make lifestyle changes or participate in prevention programs. We assessed awareness of AD/MCI, perceived risk factors, willingness to seek diagnosis of AD or MCI and intent to participate in prevention activities in an urban black community sample (N=101) recruited from non-health related community events. Levels of awareness of AD and contact with persons with AD and other dementias were higher than those previously published: the majority (60%) reported spending time with someone with AD and 36% helped care for a person with AD (36%). Fifty nine percent reported they were worried about developing AD. Despite greater than expected contact with persons with AD and concerns about AD risk, only 17% were willing to have a memory evaluation by a doctor or to take medications that would delay the onset of AD (14%); only 6% indicated that AD/MCI could be prevented. Low endorsement of modifiable causes was observed including diet (8%), physical activity (22%), and stress (12%). Significant age and gender differences in risk ratings and willingness to engage in prevention activities were found. Our findings reinforce the importance of culturally tailored education, diagnosis and prevention programs.

EQUINE ANIMAL-ASSISTED INTERVENTION FOR PERSONS WITH DEMENTIA: NOT JUST “HORSING AROUND”

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The purpose of this pilot study was to determine the feasibility and effectiveness of using guided interactions with horses as a nonpharmacological intervention to improve the physiological and behavioral states of persons with dementia. A convenience sample of persons with dementia was recruited from an adult day health center (N=16). A multi-component intervention was implemented comprised of opportunities for grooming, painting and leading horses. Using a randomized pretest-posttest crossover design, researchers compared participants receiving the equine-assisted intervention with participants receiving treatment as usual. Older persons with Alzheimer’s disease and related dementias engaged positively in animal-assisted therapy with horses. A reduction in behavioral problems was found post intervention in contrast to the comparison group. Pre-intervention measures showed that participants exhibited lower levels of disruptive behaviors compared to the control group on the days they were scheduled to work with the horses. Interestingly, cortisol levels used as a physiological measure of coping with stress were elevated after the intervention in participants with higher Mini Mental State Examination score. Equine-assisted interventions are feasible and possibly beneficial for adults with Alzheimer’s disease or a related dementia disorder, such as those enrolled in adult day health programs. Future studies should utilize multiple methods of assessing impact and include process measures to delineate which specific activities seem to provide the most benefit.

TRAJECTORIES OF ELDERLY DEPRESSION: EFFECTS OF CHILDHOOD ADVERSITY ON MENTAL HEALTH AMONG KOREANS ELDERLY

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In the past, researchers emphasized socioeconomic circumstances in the adult years when examining the social inequality in health status. Recently, more social scientists have begun to consider childhood experience as one of the crucial predictors of adult health conditions. However, few researchers have examined the late-life trajectories of depression or the extent to which they are influenced by childhood adversity. In this study, we sought to examine how childhood adversity may affect depression of Korean elderly via using longitudinal data of South Korea Welfare Panel Study collected from 2007 to 2010. 3,779 subjects aged 65 in 2007 were analyzed for estimated latent growth curve models (LGM) of depression. Childhood poverty, school dropout, foster care experience, and parents’ level of education were included for childhood adversity items. Current SES (level of education, household income), health factors (health behaviors, hospital use rates, perceived physical health), and psycho-emotional factors (social relationship satisfaction, self-esteem, informal support size) were also asked. Depression was measured with Center for Epidemiology Studies-Depression Scale short form. The results suggest that adverse experiences of the early years are likely to influence depression in the later years. Socioeconomically disadvantaged background is associated with a higher level of depression at baseline even after considering current SES, health, and psycho-emotional factors. In other words, efforts to alleviate childhood adverse experience may have long-term benefits for mental health. These findings imply the need for policies and resources to provide appropriate environment for children in order to improve public health.

CONSUMER DEBT AND MENTAL HEALTH OUTCOMES AMONG MID-AGED AND OLDER AMERICANS


Objectives. This study examines the associations of unsecured debt and two distinct mental health outcomes: depressive symptomatology and psychological well-being. The associations of perceived control over one’s financial situation are tested independent of unsecured debt on both mental health outcomes. Methods. Using the 2006 Health and Retirement Study (HRS), we studied 5,817 adults aged 51 and older,
who responded to the core survey and a psychosocial leave-behind questionnaire (LBQ). Hierarchical regression analysis is used to estimate the relationships. Results. Thirty percent of the respondents have unsecured debt. Unsecured debt had a positive effect on depressive symptomatology (1.9%) and a negative effect on psychological well-being (1.3%). Perceived control over one’s financial circumstances influenced the size and magnitude of the linkages between unsecured debt and the mental health outcomes, boosting explained variance in psychological well-being and depressive symptomatology by 83 and 12 percent, respectively. Discussion. Perceived control over one’s financial circumstances strongly influences the psychological well-being of mid-aged and older Americans. Accordingly, interventions that influence control over one’s financial circumstances may enhance psychological well-being significantly. This study provides new evidence regarding perceived control over one’s financial situation as a factor that affects the relationship between unsecured debt and mental health outcomes.

ENVIRONMENTAL SCAN OF SELF-DIRECTION IN BEHAVIORAL HEALTH: FINDINGS AND RECOMMENDATIONS
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Approximately one in four persons age 55 and over experience behavioral health disorders. Experts project that this number, as well as demand for service, will increase significantly in the future. For example, they expect the need for substance abuse treatment to increase from 1.7 million elders in 2000 and 2001 to 4.4 million in 2020. By 2030, the number of elders with major psychiatric illnesses is expected to reach 15 million, more than double the current prevalence. With health care reform focusing on integration of behavioral health and primary care, and expanded Medicaid coverage, a greater need for services is likely. Self-direction (SD) is based on the premise that people with disabilities can and should make their own decisions about their services. Currently, SD programs help people of all ages and with all types of disabilities maintain independence. However, these programs have not focused on a model that allows participants to direct a budget and manage their services. An environmental scan aimed to understand barriers and facilitators to SD in behavioral health, and ascertain interest among stakeholders. It comprised four components: 1) a literature review examining current knowledge; 2) webinar, surveys, and interviews with state and county agency directors; 3) interviews and focus groups with key stakeholders (i.e. consumers and providers); and 4) recommendations. Results indicate that a majority of project participants are interested in a large-scale demonstration and evaluation of self-directed behavioral health services. The authors will discuss next steps for integrating self-direction into the behavioral health arena.

PERCEIVED STRESS IN A COMMUNITY-DWELLING U.S. CHINESE POPULATION: FINDINGS FROM A CROSS-SECTIONAL STUDY OF CHINESE OLDER ADULTS IN CHICAGO
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Background: Perceived stress is related to increased physical illnesses and decreased sense of life satisfaction in late life. Language and cultural barriers may compound stress facing minority immigrant older adults. This study was conducted to examine the prevalence of late-life perceived stress among Chinese immigrant older adults. Methods: Data are from a cross-sectional survey of 3,018 Chinese older adults living in great Chicago area. We administered Perceived Stress Scale-10 (Cronbach’s alpha = 0.86) in an-in-person interview. Community-based participatory research approach was utilized to partner with Chicago Chinese community. Results: Among surveyed participants (N=3,018), the mean age was 73(SD 8.3) and 59.3% were women. Data shows feeling that things were not going their way was present in 40% of the participants. In addition, 36% reported lack of confidence to handle personal problems, 30% felt they were unable to control irritations in life, 24% felt they were unable to control important things in life, and 23% felt that they were unable to cope with all things that they had to do. Conclusion: Study findings reveal that Chinese older adults perceived their lives as stressful. Further longitudinal research is needed to better understand the common life stressors and protective factors. Public health intervention strategies for better stress-management skills are urgently called for.

PSYCHOLOGICAL WELL-BEING AMONG OLDER AMERICANS: THE EFFECTS OF COMMUNITY VOLUNTEERING AND ABILITY TO USE THE INTERNET
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The secondary research is based on the WAVE I (2011) of the National Health and Aging Trends Study (n = 8245). The sample respondents were drawn from all Medicare enrollees in the U.S. who are age 65 or older. The sampling design is age-stratified and participants are randomly selected from 5-year age brackets between the ages of 65 and 90, and from among persons aged 90 and older. The purpose of this study is to explore the effects of community volunteering participation and the ability to use technology among older Americans’ psychological well-being in terms of depression. Sample characteristics for this study showed that there were more females than males; 68.6% White, 21.8% Black, 5.7% Hispanic, and 2.8% other racial groups. Results are consistent with aging mental health literature. The community volunteer service participation rate was 22.5% and the ability to use internet technology was 29.1%. Multiple regression results indicate that older adults who reported lower levels of depression tend to be males, married, educated, reported better perceived health, greater sense of life satisfaction, more involved in community volunteering services and were more likely to be engaged in regular internet activities. Data support that meaningful social engagement through community volunteering service and internet use may be important protective factors for older adults’ sense of depression.

THE CONTRIBUTIONS THAT SEXUAL PROBLEMS AND LIFE SATISFACTION MAKE TO DEPRESSION IN OLDER WOMEN
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The focus of much research in older women’s sexual health tends to be the biophysiological aspects of sexual function. However, sexual problems negatively impact older women’s lives in ways that exceed function alone. This study examined the relationship between sexual dysfunction, life satisfaction and depression in a non-clinical, community-based sample of older US women. A cross sectional survey was conducted with a random sample of women aged 60+. Women were asked about current sexual dysfunction, general health, days of decreased function, and demographics. Measures included the Satisfaction with Life Scale (SWLS), and the Brief Screen for Depression (BSD). Analysis included multiple regression to examine the relative strength of predictors of depression. N=956. Race/ethnicity: 71% Caucasian, 18.2% African- American, 10.8% other. 67.1% of women reported at least one type of sexual dysfunction. General health was good for a majority of the sample (69.5%). Mean depression scores indicated clinical depression. The regression model was significant (F = 30.46, p < .0001) and accounted for 18% (adjusted R squared = .174) of the variance in

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Attitude Toward Elderly Residents 

ACCULTURATIVE STRESS AMONG IMMIGRANT 
NURSING HOME AIDES: AS A PREDICTOR OF ABUSIVE ATTITUDE TOWARD ELDERLY RESIDENTS

Y. Kim, S. Hong, H. Kanno, K. Jeong

Background: With an increase of immigrant workforce in U.S. long-term care facilities, there is growing interest in the influence of immigrants’ cultural adaptation on their job performance. Adapting to a new culture generates emotional strain and heightened feeling, such as a state of alertness and anxiety, and this phenomenon is referred to as acculturative stress. Given that immigrants experience acculturative stress—which may influence their interpersonal relationship and job performance—it is imperative that researchers and practitioners examine whether immigrant workers’ acculturative stress is a predictor of work attitude and job performance. The aim of this study was to investigate the effect of acculturative stress on abusive attitude among immigrant front-line workers in long-term care. Methods: Participants were 154 female immigrant aides from nursing homes in California. A 7-item abusive attitude scale was developed and validated by factor analyses. Work-related stressors and experience were assessed using the Burnout Inventory and Nurse Aide Job Satisfaction questionnaire. Perceived discrimination and acculturative stress were measured by the Acculturative Stress Scale. Results: Regression results showed that abusive attitude was significantly predicted by burnout, job satisfaction, and acculturative stress after controlling for demographics, F(7,142)=12.41, p<.001, R2=.38, adjusted R2=.34. High levels of acculturative stress increased abusive attitude (β=.47, t(142)=5.52, p<.01, sr2 =.13), suggesting that immigrant aides with high acculturative stress are less likely to treat elderly residents patiently and respectfully. Conclusion: Immigrant aides who experience severe acculturative stress are at risk for engaging in abusive attitude. Guidelines for elder maltreatment prevention and counseling for acculturative stress are discussed in this study.

WORKING “DOUBLE-DUTY”: EMPLOYMENT OUTCOMES OF CRITICAL CARE REGISTERED NURSES CARING FOR OLDER FRIENDS AND FAMILY

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Despite a rich literature documenting effects of caregiving on work-related outcomes, little is known about how providing care to older persons impacts certain professions. For example, only a limited number of studies have explored the impact on registered nurses (RNs) providing “double-duty” informal caregiving alongside formal employment. This study examines relationships between informal caregiving and work outcomes important to nursing. A web-based survey was administered to 882 critical care RNs measuring burnout, intent-to-leave, and job changes. Respondents self-identified as informal caregivers via a single item; caregiving characteristics (e.g., burden and quality of support) were collected for self-identified caregivers. 41.2% (n=363) of RNs self-identified as informal caregivers. Linear regression models explored effects of caregiver status and caregiving characteristics on burnout and intent-to-leave. Logistic regression tested effects of caregiver status and characteristics on whether RNs had made a job change within the past year. All regressions included personal, professional, and family attribute controls. Caregiver status was not associated with burnout or intent-to-leave. Among the caregiving subsample, higher subjective (B=.101, p<.001) and objective (B=.205, p<.01) burden and lower quality of support (B=-.539, p<.01) predicted higher burnout; only subjective burnout predicted higher intent-to-leave (B=.086, p<.05). However, caregiver status had a small but significant association with having made a negative job change (OR=1.696, CI 1.256-2.290, p<.01). Within the caregiving subsample, more hours spent caregiving predicted slightly higher odds of past job change (OR=1.037, p<.01). Results demonstrate specific effects of caregiving on nurses’ employment and underscore the importance of certain caregiving characteristics for future studies.

AGING ADULTS WITH INTELLECTUAL DISABILITIES AND INTENDED STAFF TURNOVER: A COMPARATIVE STUDY

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Direct support professionals (DSPs) face a myriad of challenges on the job which are intensified by the complexities of supporting aging clients. Previous research indicates that high demand and low control contributes to voluntary staff turnover. The purpose of this study was to explore if DSPs who primarily support aging adults (over the age of 45) with intellectual disabilities differ significantly from DSPs who primarily support younger adults when the factors predicting voluntary turnover are compared. A cross-sectional survey was used to collect data from ninety-seven DSPs in Ohio on variables identified as antecedents to retention/turnover and turnover intent. The findings indicate that DSPs who primarily support aging adults with disabilities reported significantly lower levels of psychological empowerment and descriptive data suggest that they are at higher risk of attrition than those supporting younger adults. Lower scores on the meaningfulness of the work and a DSP’s confidence in her ability to do her job suggest that DSPs who support the aging feel that they have less skill discretion, feel less able to independently go about the tasks of their job, and have low control within their department. These findings are important as the occupational strain hypothesis maintains that a combination of the high job demands and low control leads to job strain such as exhaustion, health complaints, and job dissatisfaction. Recommendations for organizational practice include building staff knowledge related to aging as it affects adults with disabilities, empowering staff to work autonomously, and including staff in departmental decisions.

THE HOME HEALTH WORKFORCE: A DISTINCTION BETWEEN WORKER CATEGORIES

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Personal care and home health aides are the 1st and 2nd fastest growing occupations in the U.S., respectively. There are increasing concerns about the sustainability and capacity of this workforce. Home health workers receive low wages and little training and have high turnover. It is difficult to recruit and retain workers to improve clinical outcomes. This study uses data from the 2007 National Home Health Aide Survey to compare characteristics of the various subgroups of aides.
home health workers (home health aides, certified nursing assistants, home care aides, and hospice aides) and how they differ in terms of socio-demographic characteristics, compensation and benefits, as well as satisfaction and retention. Hospice aides fared better than other categories of home health workers in terms of wages, benefits and access to full time employment. All categories of home care workers were satisfied with their jobs. They reported higher levels of satisfaction with the intrinsic aspects of the job (e.g., learning new skills) compared to the extrinsic aspects of the job (e.g., compensation). One-fifth of respondents were “currently looking for another job” and one-third reported that they are “likely to leave the job in the next year.” Hospice aides were far less likely than their peers to express intention to leave their job. Given the increasing attention to hospice and palliative care by policymakers and consumers and the growth in this sector, more research is needed to understand why the hospice worker occupation is more competitive than other agency-based frontline home health jobs.

PERSONAL AND HOME CARE AIDE STATE TRAINING: COMPARISONS ACROSS THE DIRECT CARE WORKFORCE IN MASSACHUSETTS
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Funded through the Affordable Care Act (ACA), the Personal and Home Care Aide State Training (PHCAST) program provided three-year, federal grants to six states for development and implementation of a training program for the growing population of direct care workers who assist older adults and persons with disabilities. One of those grantee states, Massachusetts, sought to bridge an existing gap between agency-managed direct care workers, who received agency-based training prior to entering the workforce, and consumer-managed workers, who were not required to receive any formal training. The challenges in meeting the needs of both groups resulted in multi-organizational partnerships with key stakeholders throughout Massachusetts to develop a rigorous curriculum that supports an adult-learner-centered teaching approach and incorporates a total of 13 core competency modules. Evaluation results from written pre-/post-tests, hands-on skills assessments, satisfaction surveys, and focus groups allowed comparisons to be made between these two different types of workers. Additionally, comparisons were made with a separate control group of Massachusetts direct care workers who had not received the PHCAST training. These non-PHCAST trainees completed the same post-test and skills assessment used for PHCAST trainees. Some members of this comparison group were workers who received past training through an agency, and others had received only on-the-job training from the consumers for whom they provide care assistance. This comparison group, though not an ideal match to the PHCAST trainees, allowed the Massachusetts evaluation team to draw conclusions about the benefits of the PHCAST training over other, existing models in the state.

FACTOR STRUCTURE OF BURNOUT AND ITS SOCIO-DEMOGRAPHIC CHARACTERISTICS AMONG PROFESSIONAL STAFF IN COMPREHENSIVE COMMUNITY SUPPORT CENTERS IN JAPAN
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Purpose: Comprehensive Community Support Centers (CCSC) in Japan were established when LTCI Law was revised in 2006. The number of CCSC in Japan has been increasing since 2006 and it is necessary to improve the quality of professional staff in CCSC because they have to work with various and complicated cases. This study aims to clarify factor structures of burnout and describe its socio-demographic characteristics among professional staff in CCSC in Japan. Method: Subjects were selected randomly from the local authority list. The survey was conducted by mail in February, 2011. There were 1145 respondents from social workers, care managers, and nurses who were working in CCSC. The revised Japanese version of the Maslach Burnout Inventory (MBI), which consisted of 17 items, was used as a dependent variable. Organizational factors such as social support, locus of control and so forth, were independent variables. Results: As a result of principal factor analysis with promax rotation, three factors such as “emotional exhaustion”, “depersonalization”, and “personal accomplishment” were extracted with 15 items. The reliability (cronbach’s alpha) was 0.794 for EE, 0.810 for DP, and 0.811 for PA. The results of one-way ANOVA using burnout scores by socio-demographic variables showed that there was a significant difference of their ages and years of experience. Conclusion: The result indicated that three factors of burnout were extracted in this study and it was the same finding as other studies in Japan. There was no significant difference among three professions such as social workers, senior care managers, and nurses. There was a significant difference of ages and years of experience. This result suggested that it has been necessary for local authorities to put experienced professionals in position in CCSC.

GERONTOLOGY EDUCATION IN RUSSIAN: FROM THE INSIDE LOOKING OUT
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This presentation will examine the readiness of higher education in Russia to embrace the aging of the country’s population through an analysis of data collected in Russia describing types and state of development of gerontology education courses and programs. The current demographic crisis in the Russian Federation has led government officials to look to social policy changes to offset short- and long-term declines in overall population. Initiatives proposed and enacted by the current administration, however, can also be seen to primarily support young persons, recently characterized by Russian officials as collectively representing the future of the country. Missing in the policy initiatives now unfolding in Russia are comprehensive programs and services geared toward helping older adults, who, as it has turned out, were neither financially- nor psychologically-prepared to live in post-Soviet Russia. After the collapse of the Russian economy in the 1990s and the erosion of savings by inflation that has extended forward into the 2000s, most pensioners in Russia currently live on government payments insufficient to keep pace with the modernization of Russia. This presentation will show that the slow growth and development of gerontology in Russia has been affected by numerous factors, some related to Russia’s history and current economic status and some specifically related to gerontology. Highlighted through the presentation will be specific examples of gerontology education currently available in Russia and examples of types of programs most likely to be developed in the near future.

A STATEWIDE ANALYSIS OF RURAL AND URBAN REGISTERED NURSE WORKFORCE IN LONG TERM CARE
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Background: Understanding the differences between the rural and urban long-term care (LTC) registered nurse (RN) workforce is crucial to ensuring that rural aging populations receive quality health care. Current literature has indicated a shift in the distribution of nurses across the nation towards equity between rural and urban areas. There is limited data to reflect current differences in LTC RNs in rural versus urban settings, making it difficult to develop recruitment and retention efforts. Purpose: (1) Explore the distribution of RNs in rural and urban LTC settings; (2) identify factors influencing the future employment and career plans of LTC RNs. Methods: Data of 5,523 RN in LTCs from the Wisconsin 2012 Registered Nursing Survey was used. Results: Forty-five percent of the RNs in LTC are located in rural areas. Nurses with bachelor’s degrees are more likely to work in urban areas. Approximately 18% of both rural and urban nurses plan to leave either their positions...
or career within two years. However, the reasons differ. Urban nurses are more likely to report general dissatisfaction with their current position (21%) compared to rural nurses (16%), while rural nurses are more likely to report promotion/ career advancement (20%) to urban nurses (13%). Family/personal issues are the top concern for both rural and urban nurses in their career decisions. Implications: Given the differences between rural and urban work settings, policy for RN recruitment and retention strategies should consider geographic differences.

CERTIFIED NURSING ASSISTANT CHALLENGES AND NURSING HOME CULTURE: A CALL FOR TRAUMA INFORMED CARE

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Certified Nursing Assistants (CNAs) provide 80-90% of direct care in nursing homes. Life experiences shape their attitudes towards caregiving. Previous research has described demographics of this population as largely people of color with low incomes and who disproportionately experience exposure to potentially traumatic events. The purpose of this study was to describe CNA life circumstances and to understand how they relate to attitudes toward formal caregiving. Participants completed surveys including the Life Events Checklist, Nursing Home Survey on Patient Safety Culture, Caring Behaviors Inventory and MSHAKE. Trauma events were compared with a national sample using the Mann-Whitney U Test. The most frequently reported event was a “transportation accident,” (n=71 or 67%) experienced one or more. Physical assaults during one’s lifetime were experienced by n=49 (46.2%). Approximately one quarter of participants experienced an “assault with a weapon” (22.5%), “serious accident at home, work, or during recreational activity” (24.5%), “other unwanted or uncomfortable sexual experience” (23.6%), “sudden, unexpected death of someone close to you” (23.6%), and “sexual assault” (21.7%). These rates are significantly higher than those reported in the National Comorbidity Survey. The results suggest CNAs experience significantly higher levels of potentially traumatic events than the general population. Trauma informed care is person centered care that considers that all persons in an agency, staff and clients, may have past traumatic events and creates safe spaces for all. These results have implications for nursing home culture change in the setting of trauma informed care.

MEETING THE CHALLENGES OF WORKFORCE DEVELOPMENT IN DEMENTIA CARE

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With a CMS Innovation Challenge Award, we have expanded our collaborative care model serving 200 patients in primary care to more than 2000 Medicare and Medicaid beneficiaries with dementia or late-life depression. Key has been the recruitment and training of a new care worker, the Care Coordinator Assistant (CCA) to serve as liaison between patients and caregivers and the hospital-based collaborative team including an NP/RN, MSW, and Medical Director. This model employs “task shifting” to assign responsibilities requiring less training and expertise to less expensive CCAs operating under close supervision of the hospital-based team. This new work force offers a cost-effective way to improve care, increase patient and caregiver satisfaction, and reduce unnecessary hospitalizations and ER visits. We hired and trained 20 CCAs utilizing innovative interviewing and recruitment processes. Candidates participated in preliminary screens including assessments of quality of experience with and attitudes toward the elderly. Selected candidates participated in a six-station Multiple Mini Interview process simulating real life situations - emotional families, agitated patients, and 4 “urgent” telephone calls. This process, time consuming and initially costly, helped us identify candidates capable of demonstrating empathy and understanding while delivering calm responses in challenging situations. Successfully hired CCAs participated in an intensive 10-day training program designed to prepare them to work in multi-disciplinary teams. Content included AD and depression education, non-pharmacological interventions, team building, simulation sessions, role plays, application of knowledge, and home visits with team members followed by debriefing. The CCAs are currently providing high quality care to our patients.

PREPARING THE DIRECT CARE WORKFORCE: INCUMBENT WORKERS, THE UNEMPLOYED AND OLDER TRAINEES

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Population aging is driving an increase in the need for direct care workers (DCWs) across a variety of settings in long-term care. Most of this projected increase will be in the categories of Personal and Home Care Aides and Home Health Aides; key supports to older adults preferring to age in place. The purpose of this paper is to 1) compare demographics, work values, career self-efficacy and career intentions among incumbent workers, unemployed and older trainees and 2) understand persistence through training phases. This study uses baseline data from students enrolled in a Personal and Home Care Aide State Training (PHCAST) program, a federally sponsored initiative funded under the Affordable Care Act (N=383). Methods include descriptive statistics and logistic regression to predict persistence. Descriptive results indicate that older trainees had significantly lower career self-efficacy than younger trainees. Unemployed trainees were more likely than incumbent worker trainees to indicate a willingness to go back to college for job training. Although older trainees (50+) were willing to complete job training programs for specific skills at similar rates to younger trainees, they were less willing to enroll in college. Finally, 86% of trainees indicate that they will be working as a direct care worker within the next year. Selection models suggest that males are less likely to persist in direct care worker training after realistic job previewing. Implications for the development of training models for direct care workers in terms of both supports needed and trainee recruitment will be discussed.

FACTORS ASSOCIATED WITH SELF-EFFICACY IN ASSESSMENT AND INTERVENTION AMONG SOCIAL WORKERS IN AGING


According to the U.S. Bureau of Labor Statistics (2012), the need for social workers in health care is expected to rise by 34% during the present decade due to population aging. However, there is little knowledge of factors that enhance social workers’ self-efficacy and competencies for practice in aging beyond the classroom. To address this knowledge gap, this research sought to identify the extent to which social workers’ qualifications and the characteristics of their clients influenced their confidence for geriatric practice specifically related to assessment and intervention skills. As part of a broader workforce survey of gerontological social workers in Toronto, Canada, the Hartford Geriatric Social Work Competency Scale-II was completed online by a convenience sample of full-time social work practitioners (N = 100). A model of self-efficacy indicated that average years of social work and gerontological practice experience (β = .30, p < .01), degree of client acuity (β = .28, p < .01), and proportion of clients over 85 (β = .27, p < .05) were positive and significant predictors of confidence in geriatric assessment (R2 = .30, F = 5.44, p < .001). Client acuity (β = .32, p < .01) was found to be the only significant predictor of confidence in geri-
A NATURALISTIC EXAMINATION OF THE EVOLUTION OF THREE SPECIALTY GROUP HOMES FOR DEMENTIA-RELATED CARE OF ADULTS WITH INTELLIGENTIAL DISABILITIES


Agencies responsible for care of older adults with intellectual disabilities (ID) are developing small dementia-care group homes that can serve as community care alternatives. Such small group homes are designed to be ‘dementia-capable’ and provide for extended older age care. As dementia affects adults differentially, both with respect to symptoms and to the pathway of decline, it was hypothesized that given different timelines and patterns of decline such dementia care homes will eventually be defined by the nature of their residents in terms of residual functional skills and personal care needs. Given stage-specific changes that eventually occur, a longitudinal study was undertaken of three such dementia-care community-based group homes (which were opened simultaneously) to observe progression of decline and alterations in care practices. One aim was to see if home specialization would occur. It was found that dementia care was affected by differences in complexity of impairments and co-incident conditions found in adults with ID and dementia. Specifically, there were significant differences in the number of comorbidities, staff time devoted to specialized care, and frequency of occurrence of dementia-associated behaviors between dementia-care group home residents and controls. Also, residents with Down syndrome were younger and had significantly less comorbidities. With respect to specialization, some trends were evident of differentiation among the homes over the two years (with evident decline patterns), but it was not statistically significant. Results point to potential specialization over time if agency reassigns residents by level of care needs.

THE INFLUENCE OF DEMENTIA AND STROKE ON THE DEGREE OF CONSENSUS BETWEEN USERS AND CASE MANAGERS IN GRASPING USER’S SITUATION

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Dementia and stroke are known as the factors that make it difficult for case managers to assist the elderly. The aim of the present study was to explore the influence of dementia and stroke on the degree of consensus between users and case managers in grasping the user’s situation. We conducted a study of the grasping user’s situation by matching the case managers who have more than 5 years’ experience, and the elderly who require nursing care in 2012. Independent t-tests were performed to examine for the differences in the degree of consensus on both sides for physical (6 items), psychological (4 items) and social aspects (3 items) by dementia or stroke. As the results of t-tests, it was revealed that the degree of consensus for the physical conditions (t(110)=2.16, p<.05) was significantly lower in dementia group. T-tests also indicated that the degree of consensus for social situation (t(107)=2.38, p<.05) was significantly higher in dementia group. No statistically significant differences were noted in the degree of consensus for all aspects on stroke. According to these results, dementia is the factor which makes it more difficult for case managers to assess the elderly’s situation than stroke. It also showed that case managers tend to give high priority to assess the social aspects of the elderly with dementia. Therefore, it is necessary for case managers to assess the physical aspect of the elderly with dementia carefully.

SESSION 305 (POSTER)

FRIENDSHIP AND SOCIAL SUPPORT

MAKING SENSE OUT OF THE “SOCIAL” VARIABLES: ASSESSMENT OF MULTIPLE CONSTRUCTS OF SOCIAL INTEGRATION FOR OLDER ADULTS IN NURSING HOMES

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Objective: Various terms and measures have been used in the literature to denote being socially integrated, and many studies of older adults focus on only social networks or social support or aspects of either concept and often only include those living in the community. The purpose of this study was to assess multiple constructs of social integration (i.e., social networks, social capital, social support, and social engagement) for older adults in nursing homes using theoretical support and standardized measures. Methods: Data were collected from 140 older adults at 30 nursing homes in Kansas using random sampling techniques. We interviewed older adults’ in-person using a survey questionnaire and incorporating a planned missing data design. Multi-level confirmatory factor analysis was used to analyze the data, controlling for socioeconomic status, cognitive status, and activities of daily living. Results: The final model had acceptable fit based on the fit statistics, the significance of the factor loadings, and assessment of measurement error (χ²=156.68; df=103; p <.01; CFI =.94; RMSEA =.06; SRMR-W =.07; SRMR-B =.10). The results showed that the proposed model, which included all constructs, was supported at the individual-level. At the between-level, social networks and social support were supported. Implications: Study results have theoretical, methodological, and practice/policy implications for the study of older adults in long term care settings. In particular, this study contributes to understanding how to operationally define and differentiate social integration variables in studies of older adults, particularly when study data is hierarchical.

SCALE DEVELOPMENT OF SELF-EFFICACY SCALE FOR PREVENTING AND ALLEVIATING SOCIAL ISOLATION AMONG THE COMMUNITY-DWELLING ELDERLY PEOPLE (SES-PAS): COMMUNITY VOLUNTEERS

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The Competency for preventing and alleviating social isolation among older people by community volunteers is an important issue in geriatrics, but no valid instrument exists to measure such competency. Our aim was to develop the Self-Efficacy Scale for Preventing and Alleviating Social Isolation among Older People by Community Volunteers (SES-PAS). The SES-PAS was developed as a self-administered questionnaire based on the Self-efficacy theory by Bandura. Self-efficacy is the belief that one has the power to produce a particular effect by completing a given task related to that competency. Construct validity was determined by an exploratory factor analysis with varimax rotation on 1,297 community volunteers in Japan. Internal consistency was calculated by Cronbach’s α. The Generative Concern Scale (GCS-R) and the Community Commitment Scale (CCS) were also administered to assess the criterion-related validity of the SES-PAS. The number of responses was 859 (response rate: 66.2%). Item analysis and factor analysis identified 8 items from 12 item pools, which were classified under the domains “community networking” and “neighborhood watching” for the elderly people (cumulative contribution 0.54). Cronbach’s α of the SES-PAS was 0.87, and Cronbach’s α of the subscales of “community...
ELDER CARE NETWORKS: HISPANIC AND ANGLO COMPARATIVE CASE STUDY


From 2005-2050 the ethnic composition of the United States population age 65 and older will increase from 6% to 17% for Hispanic elders and decrease from 82% to 63% for non-Hispanic Caucasian elders. With increased resource constraints elder care is shifting toward more reliance on informal care provided by family, friends and neighbors and away from formal or “paid” care. This is particularly relevant in rural areas of the United States. The purpose of this presentation is to describe how elders in one rural Midwestern community acquired the things they needed to live. As part of a larger ethnographic community study, formal and informal interviews, participant observation and comparative case study network analysis of a representative non-Caucasian Hispanic and an Anglo elder provide beginning understandings of elder needs and the care exchange networks of these elders. The setting is a rural Midwestern farming community that had a rapid growth population of immigrants primarily from Mexico. Key health issues include diabetes, cardiovascular disease, depression, no public transportation, elder abuse and poor access to formal health care. Time in the community, language, elder and family reputation, and care needs influenced the number of care network ties/components and strength of these ties. Independence-Interdependence was the core theme of the network process. Recommendations for elder care programming and research include “elder” as a cultural construct, cultural understandings regarding the quality of the exchange content, accessibility, and immigration public policy.

SOCIAL CONTEXT AND VOLUNTEER PARTICIPATION: THE ROLE OF SOCIAL TIES AND RESOURCES OF OLDER ADULTS

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There is strong evidence that social ties of older adults are correlated with volunteer participation. However, the process to which the relation between social ties and volunteer participation may vary remains underexplored in aging research. Using a mixed-method approach consisting of two consecutive phases, this article aims to identify social contextual factors that either promote or impede older people’s volunteer participation. In the first phase, quantitative data from the Belgian Ageing Studies (N= 67,144 from 141 municipalities) were used to positively select six municipalities: low, mediocre, and high rates of volunteering. In the second, qualitative phase, three focus groups with local policy-makers, as well as with professionals working in local organizations and associations, and older people were conducted in each of the six case study areas in order to explain and build on the quantitative results. Research findings indicate that membership in an association and length of residence are key determinants for volunteering in later life. The article concludes by discussing practical and policy issues raised by the research.

THE MEDIATING EFFECTS OF SOCIAL SUPPORTS ON THE RELATIONSHIP BETWEEN OUTNESS AND LONELINESS AMONG LESBIAN, GAY, BISEXUAL AND TRANSGENDER OLDER ADULTS

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Social support networks are important resources for the well-being of older adults. Little is known about the support networks of lesbian, gay, bisexual and transgender (LGBT) American older adults and the ways in which their support networks contribute to their well-being. Available evidence suggests that LGBT networks may be different from the networks of heterosexual older adults: LGBT older adults are less likely to rely on biological family members and instead have social support systems that are comprised of close friends and chosen families. This study investigates relationships between LGBT social support networks, outness (the extent to which LGBT individuals are open about their sexual orientation or gender identity) and loneliness. The study sample consists of 130 LGBT older adults age 60 years old and older who attended congregate meal sites in the greater Boston area between 2011 and 2012. Ordinary least squares regression was used to test the relationship between level of outness and social support on loneliness among LGBT older adults. Social support was found to mediate the relationship between level of outness and loneliness among LGBT older adults. These findings have important implications for health and mental health care providers who work with LGBT older adults to consider how their patients’ level of outness may affect their social supports and influence their sense of loneliness.

FACTORS ASSOCIATED WITH THE AMOUNT OF TIME CLERGY COUNSEL OLDER ADULTS

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Background: Clergy provide substantial amounts of counseling services to older adults. This study used Mental Health Literacy as a framework to determine which factors are associated with the percentage of work time that clergy spend counseling older adults. Methods: This study used Dillman’s tailored design method for a mailed survey. Responding clergy (N=494) residing in St. Louis Metropolitan areas completed a parsimonious questionnaire that included information on the amount of counseling they do with older adults, training they’ve received that is specific to older adults and that is specific to mental illness, their attitudes towards older adults’ depression, their relationships with mental health professionals, their knowledge of resources for referring people for additional help, and demographic data. OLS regression was used to examine the factors associated with the percentage of work time that clergy spend counseling older adults. Results: Study participants who were African American (p<.00), who were Catholic/Roman Catholic (p=.02), and who had more training specific to mental illness (p<.00) spent significantly more time counseling older adults. Discussion: Public-private partnerships should be formed between mental health centers and clergy to provide education and training to increase clergy ability to identify mental illness in older people and make appropriate referrals. As they already provide more counseling to older people than their counterparts, specific outreach efforts should be made toward African American clergy and Catholic clergy.

HEALTH AND SOCIAL SERVICE AGENCIES RESPONSIBLE FOR DISASTER PREVENTION FOR OLDER ADULT IN MARGINAL VILLAGES

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Japan’s “marginal villages” are villages in which older adults that are 65 years old or older account for more than half of the residents, and where collective functions are on the decline. As of April 2012 they numbered 10,091 villages of the total number of villages to 15.5%. These villages are distributed throughout rural districts, with the older adult...
living in them receiving health and social services by long-term care insurance. We have conducted disaster prevention questionnaire survey for 4209 general support centers throughout the country. Most of the staffs had a disaster prevention awareness that was “Somewhat high (26.5%)”, which was followed by “Somewhat low (50.3%)”, with the fewest having a “High (6.2%)” awareness. The most common responses taken by the centers that have experienced disasters during emergencies were: “Confirming evacuation routes for afflicted elderly people (81.7%)”, “Health management for victims (74.4%)”, and “Visiting afflicted elderly people at home (64.4%)” in that order, with the average score for disaster prevention awareness being significantly high. In terms of support from the centers during disasters, a large percentage provided direct support to afflicted older adults, and a contact structure has also been set in place for center professional. On the other hand, it was revealed that preparations regarding management agencies for connecting disaster victims with support that are desired by older adults have been lacking. Examples of these include determining information on them who requiring long-term care in rural areas; fire prevention; and various facilities and agencies related to medical care, health, welfare, and so on.

ON MODELING THE RELATIONSHIP BETWEEN SOCIAL CAPITAL AND HEALTH OUTCOMES FOR CHINA’S OLDER ADULTS: A STRUCTURAL EQUATION MODELING APPROACH

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The relationship between social capital and physical and mental health has been established mainly through findings from Western countries. Despite its great share of the global population, the effect of social capital on health outcomes in the developing world remains ambiguous and inconclusive. Even fewer studies have been targeted on the aged population in developing countries. In this study, we use data collected from the China General Social Survey (CGSS) 2005 to unveil the relationship between social capital and older adults’ physical and mental health. In addition, we investigate the suitability of current measures of social capital in modern China. The bonding/bridging distinction is adopted to measure social capital. A structural equation modeling approach is used in analyzing the data by taking the measurement errors of social capital into account. The result shows a positive effect of both bonding and bridging social capital. However, only bonding social capital is found to affect older adults’ health significant in urban area while only bridging social capital is significant in rural area. The results also suggest that the commonly used measures for bridging social capital are not suitable for older adults in rural area.

DOES CAREGIVING LOWER INCOME? LATENT TRAJECTORY ANALYSIS OF INCOME PATTERNS AMONG PEOPLE CARING FOR AN AGING PARENT

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Informal caregivers are the backbone of the long-term care system in the United States, and reliance on informal care is growing. Unfortunately, not much is known about the financial impacts of the caregiving experience, although some evidence suggests that caregivers who are also employed may experience lost wages, forgone promotions, and other costs as a result of their caregiving responsibilities. To better understand the longitudinal impacts of the caregiving experience, this study uses latent trajectory analysis with data from six waves of the Health and Retirement Study (1998-2008) to examine how caregiving impacts the income trajectories of adults (aged 51-67 at baseline) who care for an aging parent. Findings suggest that while caregiving does not have a negative impact for everyone, it is associated with lower income trajectories for at least 15% of respondents, and has marginal significance for an even larger group. Among those impacted by caregiving, being single, widowed or divorced is negatively associated with income trajectories, and race and education are also significant predictors of membership in this affected group. As expected, intensity and duration of caregiving also negatively impact income. The results suggest that while not everyone who provides care for an aging parent experiences lost income, some do – and, importantly, caregiving may exacerbate financial insecurity among already vulnerable groups. Future policy reforms should prioritize supports for vulnerable caregivers, since they are most likely to suffer long-term, negative financial consequences from their caregiving experience.

GROWING OLDER IN ACADEMIA: FACULTY AND STUDENTS’ PERCEPTION OF AGEISM AND AGING

F.I. Schnell, J. Tahmaseb, Political Science, West Chester University, West Chester University, Pennsylvania

There is ample research demonstrating that prejudicial attitudes and discriminatory practices toward older adults are widespread (e.g., Palmore, 2001; Butler, 1963) and that gender biases can compound ageist treatment. Older women are subject to “double jeopardy” — they are victims of age as well as gender discrimination. The main purpose of this study is to examine attitudes about aging and ageism in an academic environment. It also assesses how respondents evaluate the institution’s responsiveness to ageism. Preliminary results from an on-line survey (N=120) of faculty at a public university suggest that older faculty, especially women, are more likely to feel patronized and excluded by their younger colleagues. This survey data is complemented by a student survey (N=160) assessing students’ attitudes about the value and contributions of older employees and public service personnel. These data suggest that many students perceive age as highly related to productivity, willingness to innovate, and general job performance. In addition to presenting a theoretical framework about ageism in the workplace and an analysis of faculty and students’ perceptions of ageism and attitudes toward older individuals, the study also recommends how institutions can build awareness and advocacy about issues of identity and age. Many academic institutions generally promote diversity; the data provided in this study lend support to the notion that awareness of aging and ageism has to be included in a diversity framework.

WHAT ONLINE INFORMATION THAT CONSUMERS CAN FIND ABOUT THE NURSING HOME COMPARE WEBSITE?

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Purpose: This study analyzes the state affiliated websites leading to the Medicare’s Nursing Home Compare (NHC) website in order to understand which sites are referring Internet users to NHC. This is significant because, in the Internet age, online resources can be popular when a consumer needs to find a good nursing home. Design and Methods: We performed systematic searches from August 2012 through November 2012 for NHC website using the inlink operator provided by Google supplemented with integrated search box within the studied sites. Searches were accomplished for each state in order to collect information about the inlink and websites that can be used by long-term care consumers. Website information were collected by state and evaluated by four independent coders. Results: Our findings show that all 50 states had a link directing to NHC. It took about 4 to 5 clicks when navigating from their front pages. Only a handful of states have an affiliated website for consumers’ use for finding nursing homes. However, while most sites used NHC as a data source, some either did not provide data source information or used data other than NHC. Implications: The design of the website for long-term care consumers needs to be more user-oriented to allow users searching for information easily.
HELP IN THE REAL WORLD: THE MANY USES OF THE HOSPITAL ELDER LIFE PROGRAM (HELP) WEBSITE

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1. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2. Hebrew SeniorLife, Boston, Massachusetts, 3. Harvard Medical School, Boston, Massachusetts

Delirium, a common condition in older hospitalized patients associated with substantial morbidity, mortality, and healthcare costs, can be successfully prevented by the Hospital Elder Life Program (HELP). In 2011, HELP transitioned to a new web-based model to provide HELP resources, including patient/family resources, resources for healthcare professionals, searchable reference database, and HELP implementation materials. While intended to establish HELP, we hypothesized the materials might have broader applications. We conducted an online survey of website registrants to explore the uses of the resources available on the website, and to evaluate knowledge diffusion related to these resources. Of 102 initial respondents, 72 (71%) completed the survey. Of the 72 sites, 39 (54%) had implemented HELP, 13 (18%) were in the process of implementing HELP, 11 (15%) used for non-HELP delirium prevention programs or guideline development, and 9 (13%) used for other purposes. A total of 54 (75%) HELP and non-HELP sites used the website materials for educational purposes, targeting healthcare professionals, volunteers, patients and families. Some examples of this knowledge diffusion included education of: hospital staff (e.g., new-hire orientation for nurses), community healthcare staff (e.g., home care agencies), pre-professional healthcare students (e.g., community college, summer internships), family caregivers (e.g., Alzheimer’s Support Center), and lay community (e.g., geriatric awareness conference). Our results demonstrate that HELP resources are being utilized for creation of HELP and other delirium prevention programs, as well as being diffused broadly in creative and innovative educational efforts across both professional and lay audiences.

LONELINESS, SOCIAL ISOLATION, AND HYPERTENSION IN LATER LIFE: GENDER DIFFERENCES

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Among older adults, loneliness and isolation have both been shown to predict a multitude of poor health outcomes including high blood pressure, cognition and even mortality. However, these two concepts are rarely studied simultaneously and much less is known about the role of gender differences in these associations. This presentation aims to (a) establish gender differences in the rates of loneliness and isolation; (b) to examine association between isolation, loneliness, and hypertension; and (c) discuss importance of these findings for designing promising intervention strategies. Data from the Leave Behind Questionnaire portion of the 2008 Health and Retirement Study (n=7,057) are used to explore the relationship between social isolation and loneliness, including gender and age differences. Loneliness is measured using the Hughes (2004) 3-item scale (α=.95) which asks about the frequency of which an individual feels ‘left out,’ ‘lacks companionship,’ or ‘feels lonely.’ Social isolation is measured using a 14-item scale (α=.70) which includes items such as the frequency of with friends, family and children, participation in group activities, and volunteering. Hypertension was measured using both a self-reported measure of high blood pressure and physical measure of blood pressure. Results establish the importance of gender in shaping loneliness, social isolation, and the relationship between them. For example, loneliness and isolation were significantly but weakly correlated with one another (r=0.19). Further, results from this study support the relationship between these two concepts, isolation and loneliness, and the risk for hypertension among older adults.

SOCIAL INTEGRATION INTO SENIOR HOUSING AND ASSOCIATED WELL-BEING

J. Carroll, S. Qualls, University of Colorado at Colorado Springs, Colorado Springs, Colorado

The present study assessed the social integration of residents of independent senior housing as predictors of social support and loneliness. The rate of incorporation of fellow residents into the network was of particular interest. Antonucci’s concentric circle task assessed social network membership during the first (Time 1) and second (Time2) years within senior housing. Consistent with previous literature (Kahn & Antonucci, 1980), the inner circle contained mostly family (71.67%) and the outer circle had a mixture of family (36.99%) and friends (55.02%) at Time1. Both circles remained stable in total size over time, but the inner circle was unexpectedly significantly larger than the outer circle at both Time1 (Mean Difference = 6.00, p < .001) and Time2 (Mean Difference = 6.71, p = .002). Over time, younger-old adults (ages 63 to 83) decreased the average size of their inner circle (12.18 to 9.65) while the oldest-old (ages 84+) increased the inner circle (8.59 to 14.06). Both the inner and outer circles evidenced the inclusion of fellow residents from Time1 to Time2, but the outer circle evidenced significantly steeper increases than the inner circle (interaction, F(1, 33) = 4.27, p = .047, wp2 = .12, MSE = .91). Perceived social support and loneliness were stable over time but were not predicted by social network changes. Results suggest well-being may be differently predicted between age groups. The young-old may be more receptive of new relationships, while the oldest-old may benefit more from building inner network relationships.

SESSION 310 (POSTER)

POLICY AND EVALUATION STUDIES

EXAMINING THE ROLE OF DEMAND FOR PRESCRIPTION DRUGS ON MEDICARE PART D TAKE-UP USING A DYNAMIC APPROACH

J. Kim, Northeastern Illinois University, Chicago, Illinois

This study examines participation in the Medicare Part D program, and specifically, the factors that influence take-up of Part D benefits among Medicare beneficiaries. Prior research on means-tested income maintenance programs identifies the expected benefit level along with informational reasons, difficulty in the application process, and stigma as the primary explanations for take-up (or lack thereof) in public assistance programs. Framed around this theoretical framework, this research hypothesizes that the take-up decision in Part D’s “managed competition” policy context is driven primarily by demand for prescription drugs, but that this driving force is tempered by various costs associated with participation in the program. The research relies on event history analysis of data from the Health and Retirement Study spanning the years 2006 through 2010 to estimate a six-year take-up rate and to investigate the dynamic effects of medication demand on the eventual take-up decision. The study incorporates contemporaneous demand, lagged demand, and twice-lagged demand variables to distinguish the dynamic effects of persistent demand from that of recent demand on the take-up decision. Life table analysis yields a cumulative, six-year take-up rate of 49.5% for standalone Part D. Meanwhile, hazard models reveal that the effects of contemporaneous demand and persistent demand work in opposite directions. Namely, contemporaneous demand for prescription drugs increases the likelihood of Part D take-up while persistent demand decreases the likelihood of Part D take-up. The results indicate that outreach efforts should be directed to promoting take-up among newly eligible individuals to facilitate access to prescription drugs.

INTERACTIVE PERSONAL EMERGENCY RESPONSE SYSTEM: ADOPTION IN A COLEMAN MODEL CARE TRANSITIONS PROGRAM

1. Hyde, 1. Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts, 2. Ivy Hall Senior Living, Boston, Massachusetts

Most Personal Emergency Response Systems (PERs) are, as their name suggests, designed to respond to the needs of an older or disabled person in an emergency. As such, when a user activates the system a
likely result is the dispatching of an emergency medical transport team and a visit to the emergency room. As part of a wider effort to discourage unnecessary emergency room use, a new type of PERS that has interactive capability has been developed. This study collected data on twenty consecutive older people who were enrolled in a Coleman model program offered by the VNA of South Eastern Connecticut, designed to prevent unnecessary rehospitalizations. These individuals were offered the use of a PERS device that also had a one-button call feature whereby they could access a nurse 24-hours a day who knew them or at minimum had access to their medical records and could answer questions and help coordinate medications, doctors visits and other health-related issues. The pilot study assessed the usability and acceptability of this new device among a population of seniors who had recently been discharged from a hospital. The study collected data on usage, consumer and staff satisfaction and rates of emergency room usage and rehospitalization.

PROCESSES THROUGH WHICH OLDER ADULTS BECOME INVOLVED WITH NORC SUPPORTIVE SERVICE PROGRAMS
J. Fedor, E.A. Greenfield, Rutgers University, New Brunswick, New Jersey

Natural Occurring Retirement Community Supportive Service Programs (NORC programs) are community-level initiatives that join older adults and diverse stakeholders within a residential area with a dense concentration of older adults to make localities more supportive of aging in place. When conceptualized as an intervention, NORC programs are complex, especially given the voluntary nature by which older adults do or do not become involved with them. Recognizing this complexity, this study aimed to describe processes leading to engagement as well as non-engagement in NORC programs. Qualitative interviews were conducted with approximately 40 older adults with diverse levels of involvement residing across multiple NORC communities around New York City. Results revealed that respondents’ initial involvement with NORC services and programs occurred (a) informally, through “word of mouth” of current NORC participants or staff; (b) reactively, through a critical event that necessitated the assistance of concrete services; (c) during a major life transition, such as widowhood or retirement, that increased the respondents’ need for socialization; and (d) through a relationship that already existed with a NORC staff person. Furthermore, categories of respondents’ non-involvement included (a) the personal disposition of the respondent as not interested in participation; (b) having a negative experience with NORC participants or staff; (c) receiving services and programs as only serving the frail or sick seniors; and (d) being unaware of what NORC is. Implications from this study can inform how NORC services are created and delivered, generate ideas encouraging engagement in later life, and guide future evaluation research.

THEY ARE NOT ALONE, THE STATE PROTECTS THEM: THE ROLE OF STATE POLICY IN MARGINALIZING ELDERS
S.K. Narayanan, School of Social Work, University of Michigan, Ann Arbor, Michigan

Purpose: Pension 65 is a social pension and social service delivery program that provides medical attention and economic support to Peru’s elderly population, with specific focus on indigenous populations. This paper asks how consistent is the State’s construction of old age with the realities of elder life in Peruvian indigenous communities. Research Design and Method: This case study triangulates analytic methods that combine textual and content analysis of all promotional materials from Pension 65, which include brochures, special spreads in the national newspaper, and promotional videos. Analysis of these documents is compared with ethnographic literature on indigenous life in the Andes that provide a comparison of different social and state constructions and meanings of elder life. Findings: My analysis provides three main find-

ings. First is the dichotomization of elderly life as being marginal, separate, and distinct from the rest of social life in Andean communities. Second, the state creates a different reality of old age that differs significantly from traditional views of old age. And third, the state through their promotional discourses marginalizes the indigenous elderly population. Utilizing a critical gerontological theoretical lens, the indigenous elder is semiotically erased as a member of larger social systems, and becomes a symbol of the marginalized individual alone in poverty with only the state for support. Implications: Analysis of the policies surrounding the creation of Pension 65 needs to impact practice where service providers should be cognizant of how these programs could disrupt traditional familial systems within the region.

THE IMPACT OF EMPLOYMENT AND ECONOMIC STATUS ON QUALITY OF LIFE AMONG OLDER KOREAN IMMIGRANTS

BACKGROUND: This study aims to investigate the determinants of quality of life and describe their association with employment and economic status among older Korean immigrants. METHODS: A cross-sectional study of 215 older Korean immigrants (aged 65 years and older) was conducted in Los Angeles County. A hierarchical regression model was employed with quality of life as a dependent variable. Independent variables included in the first step are demographic variables such as age, gender, marital status, and education, and in the second step are economic related variables including employment status and self-rated economic status. RESULTS: After controlling for the effects of demographic variables, a robust hierarchical regression model indicated that employment and self-rated economic status were positively associated with quality of life. Also, the interaction between employment and self-rated economic status was significantly associated with higher levels of quality of life: older Korean immigrants who were employed and had higher levels of self-rated economic status exhibited higher levels of quality of life compared to those with no jobs and lower levels of self-rated economic status. IMPLICATIONS: This population-based study provides an empirical evidence that age, education, employment and self-rated health status are directly associated with quality of life of older Korean immigrants.

MONEY Follows THE PERSON: LESSONS FROM ONE STATE’S STUDY OF CASES THAT CLOSE WITHOUT SUCCESSFUL TRANSITION
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The Money Follows the Person Rebalancing Demonstration (MFP), a multi-year, 47-grantee program, funded by the Centers for Medicare and Medicaid Services, helps states shift Medicaid long term support and services from a historically institutional orientation to greater use of home and community-based services. Participating states set benchmark goals for transitioning people out of institutions. Since 2009, Connecticut has successfully transitioned over 1400 people from nursing homes and other institutions to home and community-based settings, but as in all states, not every person who expresses a desire to return to the community successfully transitions. In an effort to understand and remove barriers to transition, Connecticut initiated a comprehensive study of cases that closed without transition during 2012. Findings indicate that common reasons coded for lack of transition were: person...
changed his/her mind (27%), withdrawal at the request of the conservator/guardian (16%), person declined assessment or did not agree with program requirements (12%), and excess physical or mental health needs (11%). Further in-depth review of case notes and care plans for individuals in those closure categories revealed common characteristics of persons who did not transition, and themes that may inform program managers of ways to improve program process and services to overcome barriers to transition. These include: effective communication with family members and conservator/guardians to allay fears of consumer safety, respite opportunities for those taking on informal care responsibilities, development of options for 24/7 care or supervision, and alternatives for management of formal caregivers when the person is unable to do so.

FROM RESEARCH TO POLICY: GETTING YOUR WORK IN THE HANDS OF DECISION-MAKERS IN THE AGE OF SOCIAL MEDIA

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As gerontology programs and researchers fight for funding and facilitated opportunities, a reliance on the need for advocacy, research, and evaluation becomes salient. One goal of gerontology research is to influence public policy and to aid the policymaker in the understanding of evidence-based research. However, academics are often at odds as to how to translate their research to the decision-maker. Differences in language, values, roles and responsibilities, use of social media, and communication may create rifts between academics and rule makers. The interface between the academic and the rule-maker may be messy and difficult to maneuver. Rule-making is a complex process, and at times, becoming an agenda item may seem hopeless. However, policy makers do want to hear about your research as these legislators rely on the most timely and effective research to help guide their decision-making. This qualitative study provided an opportunity to obtain insight from academics, scholars, and experts, exploring how decisions are made to determine the usefulness of aging-related research in policy decisions. Domains that provided guidance for our research included relevant research topics and identifying who decides what is relevant; how to become involved in the policy process; the usefulness of social media; and how aging issues can become a key agenda issue. This qualitative study also explored the perceptions of academics and policymakers as to how academics can become a more significant part of the policy process, in general. The interesting similarities and surprising differences between those involved in day-to-day policy decisions and academics are discussed.

FACTORS ASSOCIATED WITH FALLS RESULTING IN INJURY AMONG RESIDENTS IN RESIDENTIAL CARE FACILITIES IN THE US

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Objective: We conducted a cross-sectional analysis of a nationally representable sample of Residential Care Facilities (RCFs) to ascertain whether differences across race were present for having a fall that resulted in an injury (hip-fracture or other). Methods: We used the 2010 National Survey of Residential Care Facilities Resident public use file. Dependent Variable: In the past 12 months or time since the resident moved to the RCF, did they have a fall that resulted in any injury or not. Independent Variable: Race (Hispanic, White non-Hispanic (NH), NH Black, NH Asian, NH Other). The study population included 727,367 residents in RCFs. The adjusted analysis included residents general, age, education (high school/less versus some college/more), previous residential status (private residence, another RCF, retirement community, nursing home or other), and facility’s size (number of beds), ownership (for-profit/non-profit), and chain-affiliation. Chi Square was used in bivariate analysis & Logistic Regression in adjusted analysis. Results: Overall, 15% of residents in RCFs experienced a fall resulting in an injury. Rates of falls were different across race (p=.0005). Adjusted analysis: Factors associated with falls included facility size (large vs. extra-large, OR=1.4, 1.1-1.8), previous residence (retirement community vs. private residence, OR=1.5, 1.04-2.1). Factors associated with a lower likelihood in the odds of falls included race (NH Black vs. NH White residents, OR=.5, 0.2-0.9), facility size (small vs. extra-large, OR=.7, 0.5-0.95), gender (male, OR=.7, 0.6-0.8). Conclusions: Understanding factors related to falls in RCFs may prove useful in identifying successful falls prevention interventions for residents of RCFs.

OUTCOME OF AN IN-HOME INTEGRATED SUBSTANCE MISUSE AND MENTAL HEALTH TREATMENT FOR OLDER ADULTS: A PILOT STUDY

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The number of older adults experiencing alcohol abuse and related consequences is expected to double to five million by 2020 (Gfroerer, Penne, Pemberton, & Folsom, 2003). It is estimated that one in four older adults use psychotropic drugs with abuse potential and that non-medical use of such drugs will increase from the current 911,000 to 2.7 million by 2020 (Simoni-Wastila, & Yang 2006; Collier, Compton, Gfroerer & Condon, 2006). The number of older adults in need of alcohol and drug abuse treatment is expected to more than double from 1.7 million in 2001 to 4.4 million in 2020 (Bartles, Blow, Brockman & Van Citters, 2005). The Older Adult Healthy Living Program (HeLP) is an in-home/office screening, brief intervention, and referral intervention that increases service use, and reduces addiction and mental health symptoms through age-specific Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) program. Participants in this pilot study include 93 public housing residents, 65% were male, 70% were African American with the remainder Caucasian. Of the participants screened for the study 17 participants screened positive for alcohol problems, and 5 indicated prescription drug misuse. Reduction in the mean number of days drinking were significant (p = .02) and change in the Current Opioid Misuse Measure (COMM) was also significant (p =.04). Findings from this study indicate the HeLP intervention is promising in treating older adults with substance abuse with co-occurring mental illness. Future studies will seek to replicate HeLP on a larger scale with a control group condition.

EXAMINING RACIAL-ETHNIC AND GENDER DISPARITIES IN POVERTY AMONG THE ELDERLY USING A DYNAMIC APPROACH

J. Kim, Northeastern Illinois University, Chicago, Illinois

In recent years, absolute poverty among the general population in the U.S. has climbed steadily from 12.1% in 2002 to 15.0% in 2011 according to Current Population Survey estimates. Meanwhile, absolute poverty among those 65 years and over has fallen from 10.4% to 8.7% in the same time span. Part of the illusion of improving economic circumstances among the elderly stems from the public dissemination of statistics that rely on repeated cross-sections of poverty data. As such, this study draws a sample of individuals age 65 and older from the 2002 through the 2010 waves of the Health and Retirement Study and tracks their income trajectories over a ten-year observation window to examine the long-term risk of falling into poverty upon retirement and the extent to which these patterns vary along racial-ethnic and gender lines. Life table analysis reveals a cumulative, sample poverty rate of 22.2% among elderly individuals over the ten-year observation window, and also finds that the risk of poverty is higher among Hispanic elderly indi-
Prescription drugs are increasingly important in older adults' treatment regimen. However, costs associated with the Medicare Part D coverage gap can inhibit medication use. While the Affordable Care Act (ACA) gradually reduces beneficiary cost-sharing requirements in the gap through 2020, it is not clear how this provision will affect medication access and adherence. This exploratory study examined problems associated with the coverage gap and implications of the ACA provision. Data were collected from 22 enrollees over the age of 50 in Medicare Part D plans who experienced the gap. Qualitative, semi-structured interviews were utilized to examine problems faced by enrollees and how the ACA gap closure provision influences medication access. Data were analyzed using NVivo. Results indicate that access and adherence vary, and are affected by the coverage gap. The most common themes suggesting reasons for nonadherence are drug cost, number and type of prescribed medications, and the enrollee's gender, income, and health status. Medication samples and prescription assistance programs are frequently utilized to avoid or delay the coverage gap, and are critical factors in maintaining compliance. Though the ACA provision decreases out-of-pocket expenditures, premiums and cost sharing continue to be problematic and can subsequently impact adherence. Moreover, the increasing cost of medications acts as a barrier to access. These results extend previous research indicating that the coverage gap is problematic for older adults. Further, findings suggest that while the ACA reduces expenditures, the remaining costs can present economic burdens that lead to medication rationing for some Medicare beneficiaries.

THE IMPACT OF PRESCRIPTION DRUG COVERAGE ON MEDICATION USE FOR DEPRESSION AMONG THE ELDERLY: EVIDENCE FROM A NATIONALLY REPRESENTATIVE SURVEY

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Medicare provides health insurance for most of the elderly in the United States including coverage for prescription drugs. We investigated how variations in cost sharing policies in Medicare prescription drug plans impact the use of medications for depression among the elderly living with depression. Depression is a highly debilitating condition that reduces the quality of life and is associated with negative health outcomes. Antidepressants are often used as the first line of treatment for depression, yet many older Americans do not receive adequate treatment because of racial/ethnic disparities in access to treatment and care. Using data from the Medicare Current Beneficiary Survey from year 2007, we found that even after the implementation of the Medicare Part D prescription drug program in 2006, there continues to be a great variation in cost sharing for prescription drugs for elderly Medicare beneficiaries. The generosity of the prescription drug coverage had a positive and significant effect on the use of antidepressant among depressed elderly (marginal effect=0.35, p<0.001). These results provide a partial answer to the puzzling question of why many people with depression are undertreated and medication adherence is low for the antidepressants that are proven to be efficacious in treating depression.

CANADA’S COMPASSIONATE CARE BENEFIT: IS IT AN ADEQUATE PUBLIC HEALTH RESPONSE TO ADDRESSING THE ISSUE OF CAREGIVER BURDEN IN END-OF-LIFE CARE?

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An increasingly significant public health issue in Canada, and elsewhere throughout the developed world, pertains to the provision of adequate palliative/end-of-life (P/EOL) care. Informal caregivers who take on the responsibility of providing P/EOL care often experience negative physical, mental, emotional, social and economic consequences. In this paper, we specifically examine how Canada’s Compassionate Care Benefit (CCB) - a contributory benefits social program aimed at informal P/EOL caregivers - operates as a public health response in sustaining informal caregivers providing P/EOL care, and whether or not it adequately addresses known aspects of caregiver burden that are addressed within the population health promotion (PHP) model. As part of a national evaluation of Canada’s Compassionate Care Benefit, 57 telephone interviews were conducted with Canadian informal P/EOL caregivers in 5 different provinces, pertaining to the strengths and weaknesses of the CCB and the general caregiving experience. Informal caregivers spoke to several of the determinants of health outlined in the PHP model that are implicated in their burden experience: gender, income and social status, working conditions, health and social services, social support network, and personal health practices and coping strategies. They recognized the need for improving the CCB to better address these determinants.

SUSTAINABLE DEVELOPMENT FOR AN AGING SOCIETY: NEW GUIDING PRINCIPLES FOR RESEARCH, POLICY, AND PRACTICE

A. DeLaTorre, Institute on Aging, Portland State University, Portland, Oregon

This paper presents findings from a qualitative dissertation that examined the case of sustainable, affordable housing developed for low-income adults aged 55 and older. Interviews with 31 key informants were conducted to understand the meaning of sustainable development for an aging society, how and why sustainable, affordable housing for older adults has been developed, and policies that have affected the availability and appropriateness of such housing. Findings suggest that introducing the topic of aging into the discourse of sustainable development will lead to a more robust meaning of the concept, which can aid future research, policy, and practice. Additionally, the findings from the study identified a need for sustainable development practices to pay attention to social equity and the equitable distribution of affordable housing for older adults. This paper offers a new definition of sustainable development, along with 10 guiding principles of sustainable development for an aging society.
ranging from informal to formal. Using the 2008 wave of the Health and Retirement Study, this research analyzed data from respondents who were 65 years and older and who were enrolled in a Medicare Part D plan (N=3,040). The aim of this research was to examine whether the enrollment choice, time spent choosing a plan, and type of informational resource used had an effect on Medicare Part D beneficiaries’ plan satisfaction. Preliminary results using multinomial logistic regression revealed that Medicare Part D beneficiaries who were automatically enrolled in their Medicare Part D plan and those who spent little time with plan selection were significantly more satisfied than those who had some input in plan choice and spent some time with plan selection. However, there was no significant difference in the level of Part D plan satisfaction based upon the type of informational resource used. These preliminary results suggest that Medicare Part D beneficiaries are the most satisfied with their plan when the decision-making process is the simplest, especially when the choice of a plan is made for them automatically. There does not seem to be a benefit to using one informational resource over another in terms of ultimate Part D plan satisfaction.

SESSION 315 (SYMPOSIUM)

TRANSLATING RECENT, TRANSFORMATIONAL ADVANCES IN THE BASIC BIOLOGY OF AGING INTO CLINICAL APPLICATION: OPPORTUNITIES AND CHALLENGES

Chair: J.L. Kirkland, Robert and Arlene Kogod Center on Aging, Mayo Clinic, Rochester, Minnesota
Co-Chair: R.I. Shorr, University of Florida, Gainesville, Florida

Implications and approaches for translating interventions that extend healthspan and delay age-related chronic diseases and disabilities as a group in experimental animals, into clinical applications will be discussed. The resultant longevity dividend if achieved could have profound clinical, economic, and social implications.

USING BIOLOGY TO DESIGN NEW TREATMENTS FOR AGING RELATED CONDITIONS

J. Walston, John Hopkins, Baltimore, Maryland

Rapid advances in the understanding of aging-related changes in biology and physiology have paralleled the rapid growth in populations of older adults and aging-related conditions such as sarcopenia, frailty, and functional decline. Improved understanding in the biological pathways that activate inflammatory pathways and the renin angiotensin system and of age-related changes in autophagy and mitochondrial function have also helped to identify important links between these changes and the development of several aging-related chronic disease states. In this session, the speaker will first detail some of the most clinically relevant age-related biological changes identified to date in these biological and physiological systems, and then discuss the potential to target populations of older adults with short term interventions such as anti-inflammatory agents or angiotensin receptor blockers, among others in order to alter trajectory of aging related conditions such as frailty and sarcopenia and to alleviate symptoms such as fatigue and weakness.

TRANSLATING AGING BIOLOGY TO CLINICAL APPLICATIONS – THE NIA/NIH PERSPECTIVE

M. Bernard, National Institute on Aging, Bethesda, Maryland

There have been a number of recent discoveries, supported largely by NIA’s Division of Aging Biology (DAB), that demonstrate the potential to lengthen not only life but also health span. These findings can potentially be translated to the clinical arena through properly trained scientists and configured clinical trials. Our Intervention Testing Program and efforts in coordination with FDA and other agencies to develop acceptable markers for frailty, and universal outcomes for subjects with multiple co-morbidities should help with translation of basic findings to the bedside and beyond. Additionally, the trans-NIH Geroscience Interest Group and the National Center for Advancement of Translational Science (NCATS) are potential means of augmenting efforts that have heretofore been supported almost solely by NIA. Constrained resources, both in appropriately trained personnel and support for clinical studies, continue to be a challenge. However, there are opportunities as a result of collaborative efforts at leveraging initiatives.

DESIGNING CLINICAL TRIALS TO EVALUATE NEW TREATMENTS TO IMPROVE PHYSICAL FUNCTION: TWENTY-YEARS OF LESSONS LEARNED

S.B. Kritchevsky, M.E. Miller, Sticht Center on Aging, Wake Forest School of Medicine, Winston-Salem, North Carolina

Caloric restriction and exercise have been used in animal models to identify molecular targets that might affect aging. Testing new compounds in human clinical trials is the final translational step. While the optimal outcomes are unclear, mobility function (e.g. gait speed) is very likely to be included as it declines with age, predicts mortality and disability and is a determinant of quality of life in its own right. The Wake Forest Older Americans Independence Center has over twenty-years of experience with trials of caloric restriction and exercise interventions to improve mobility function in the setting of a variety of comorbidities including heart failure, COPD, diabetes, and osteoarthritis. This experience can be used to guide the design of trials of novel compounds with respect to: entry criteria, specific outcomes, and sample size requirements. The issue of whether to test new compounds together with exercise or caloric restriction will also be discussed.

CHALLENGES AND OPPORTUNITIES FOR DEVELOPING INTERVENTIONS

J.L. Kirkland, Robert and Arlene Kogod Center on Aging, Mayo Clinic, Rochester, Minnesota

Interventions that extend healthspan or delay age-related chronic diseases in animals are potentially translatable into humans. Translating these findings to humans will require a great deal of work beyond the usual steps in research and drug development. Options for developing a path from bench to bedside for interventions that target fundamental aging processes will be reviewed.

SESSION 320 (SYMPOSIUM)

AGING IN PRISON: QUALITATIVE AND MIXED-METHODS INVESTIGATIONS OF INCARCEERATED WOMEN

Chair: R.S. Hanks, Sociology, Anthropology and Social Work, University of South Alabama, Mobile, Alabama
Discussant: R. Aday, Middle Tennessee State University, Murfreesboro, Tennessee

The three papers included in this symposium present data from survey research and/or narrative interviews with women in jail or prison. The paper by Hanks & Carr draws on feminist and life course literature to explain how women in jail construct their own stories of entry into crime and personal histories of life in and out of jail. The Toomey, Aday & Cován paper explores depression among elderly female inmates, providing suggestions for policy. The Maschi paper uses mixed methods to examine stress and coping among women in the prison environment. Taken as a whole, the papers in this symposium present a picture of women from the point of first offense (not consistently during youth) into later life in prison. During Q&A, participants will have the chance to discuss in depth the age, gender, and methodological issues identified by each study.

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GENDER COMPARISONS IN CRIMINAL JUSTICE PATHWAYS, WELL-BEING AND COPING AMONG OLDER ADULTS IN PRISON: A MIXED METHODS EXPLORATION
T.M. Maschi, Graduate School of Social Service, Fordham University, New York, New Jersey

The intersection of gender, age, and criminal justice involvement has been minimally explored among older adults in prison. This mixed methods study explores how gender affects the pathways to prison, coping and health and well-being in prison among older adults. This cross-sectional mailed survey study of 677 older adults in prison uses a battery of standardized instruments and a series of open-ended questions. Results indicated that older women compared to their male counterparts in prison were more likely to report higher levels of histories of sexual abuse and adverse later life health and mental health outcomes, and lower levels of resilient coping. Results of a grounded theory analysis of qualitative findings found both older women and men reported common processes of life course trauma and stress, racial and gender discrimination prior to and during prison. These findings suggest that gender responsive strategies are needed to address the needs of older adults in the criminal justice system.

WHAT DO YOU WANT ME TO SAY? USING NARRATIVE INTERVIEWS AND VISUAL PROBES TO EMPOWER WOMEN IN JAIL TO TELL THEIR OWN STORIES OF CRIME OVER THE LIFE COURSE
R.S. Hanks, N.T. Carr, Sociology, Anthropology and Social Work, University of South Alabama, Mobile, Alabama

This paper reports results of a grounded theory analysis of data from 30 narrative interviews with women who were incarcerated in the city jail in a mid-sized southern city. Each interview was conducted by a team of two interviewers. Interviews began, “Tell us about yourself.” Most interviewees responded, “What do you want me to say?” or “What do you want to know?” Two visual probes were used to orient women toward presenting their life histories. The paper describes the use of these probes. Each interview ended with the question, “What do you think people should know about you?” Researchers observed that women were empowered by the interview and usually ended the narrative with some expression of self-affirmation. The analysis presented in this paper explores the narrative as a pathway that encourages women to tell their stories. The process and observations are situated in the context of age and gender.

DEPRESSION FACTORS AMONG FEMALE LIFERS AGE FIFTY AND ABOVE
B.M. Toomey¹, R. Aday², E. Covan¹, 1. University of North Carolina - Wilmington, Wilmington, North Carolina, 2. Middle Tennessee State University, Murfreesboro, Tennessee

While the general American population is aging many forget that the prison population is also growing older. The elderly, female inmate is especially disregarded. The current mixed-methods study, updates earlier research by Ronald Aday. Survey questions assess activity levels, mental health, and correctional policy. Individual interviews, loosely based on the short Geriatric Depression Scale with fifty elderly inmates from the Coastal State Women’s Prison, in Savannah, Georgia, supplement the survey data. The analysis of narrative interviews suggests that a history of trauma leads to greater depression within the correctional facility. Also, the lack of activities geared towards an older population may cause further boredom, thus leading to greater depression. The authors provide insight into the antecedents of depression among elderly female inmates as well as suggestions regarding administrative policies to benefit this population.

SESSION 325 (SYMPOSIUM)

ANXIETY TREATMENT INNOVATIONS TO ADVANCE OPTIMAL AGING OF UNDERSERVED POPULATIONS
Chair: M.A. Stanley, Baylor College of Medicine, Houston, Texas, Houston VA Health Services Research and Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas, VA South Central Mental Illness Research, Education and Clinical Center, Houston, Texas
Co-Chair: N.L. Wilson, Baylor College of Medicine, Houston, Texas
Discusser: M.E. Kunik, Baylor College of Medicine, Houston, Texas

Late-life anxiety is highly prevalent (3% to 38% depending on setting) with significant costs, including increased morbidity and mortality. Co-occurrence of anxiety and depression exacerbates personal and societal costs, including lower response to treatments and increased suicidal ideation. Research with older adults suggests they are susceptible to and fear side-effects of pharmacotherapy, and many prefer psychosocial treatment. Psychosocial interventions for late-life anxiety show positive outcomes; however, compared with younger adults, older adults have higher attrition rates and weaker effects. Furthermore, the reach of research has not extended beyond primary care settings or included diverse populations. Psychosocial interventions reported in this symposium represent promising new strategies to extend reach, facilitate engagement, and improve outcomes among underserved groups of older adults with anxiety. Four presentations will describe three clinical trials. The first highlights modifications of a cognitive behavioral therapy intervention to enhance sustainability (modular treatment, telephone delivery, use of nonexpert providers). Outcome data from 223 primary care patients with generalized anxiety disorder showed comparable outcomes achieved by PhD. experts and BA-level providers compared with usual care. The second highlights training for the BA-level providers, with several dimensions of integrity ratings reported. The third describes the community-academic partnership and recruitment activities of a person-centered intervention (Calmer Life) delivered by trained community counselors in four underserved minority neighborhoods. The fourth examines responses of 10 homebound veterans and their homecare medical team to a brief, modular, telephone-delivered intervention (VA-HELPS) with skills addressing anxiety and depression. Both Calmer Life and VA-HELPS allow use of religious/spiritual beliefs.

VA-HELPS: A BRIEF INTERVENTION FOR HOME-BOUND VETERANS WITH ANXIETY AND/OR DEPRESSIVE SYMPTOMS
M.A. Stanley¹, 2, J. Cummings², 2, M. Armento¹, 2, M.E. Kunik¹, 2, J. Cully¹, 2, N.L. Wilson¹, 2, S. Shrestha¹, 2, 1. Houston VA Health Services Research and Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas, 2. Baylor College of Medicine, Houston, Texas, 3. VA South Central Mental Illness Research, Education and Clinical Center, Houston, Texas, 4. Department of Psychology, University of St. Thomas, Houston, Texas

Cognitive-behavioral therapy (CBT) is effective for anxiety and depression among older adults, but barriers limit reach and engagement, particularly for older, medically compromised, home-bound adults. VA-HELPS is a brief, modular, skills-based intervention that accommodates the needs of older Veterans who are unable to travel to the medical facility due to distance or physical limitations. All sessions occur via telephone, and flexibility in treatment content allows attention to anxiety and/or depressive symptoms and the option to incorporate religious/spiritual beliefs and practices. An open trial of VA-HELPS is in progress. Twelve patients have been referred by VA providers, three have been included, and two are in treatment. We will present data on 10 participants with attention to changes in severity of worry, anxiety, and depressive symptoms, as well as insomnia and health-related quality of life.
Qualitative data from patients and providers regarding benefits, barriers, and facilitators of the intervention will be presented.

**ENHANCING OUTCOMES AND TRANSLATIONAL VALUE OF TREATMENT OF LATE LIFE GAD IN PRIMARY CARE**

J. Calleo, A. Bush, C. Kraus-Schuman, J. Culity, M.E. Kunik, N.L. Wilson, M.A. Stanley, I. Michael E. DeBakey VAMC, Houston, Texas. 2. Baylor College of Medicine, Houston, Texas. 3. Houston VA Health Service and Research Center, Houston, Texas.

Primary care providers often encounter older adults seeking help for anxiety. Although cognitive behavior therapy (CBT) is effective in older adults, effects are not as large as those among younger adults, and many elements of care (e.g., in-person sessions, expert providers) restrict sustainability. This study tested a modified version of CBT and implementation procedures to enhance sustainability in primary care. Telephone-based delivery was used to provide and review treatment skills. Additionally, treatment effectiveness was examined when care was delivered by Ph.D. or Bachelor (B.A. with no prior mental health experience)-level providers. Older primary care patients (n = 223) with principal or co-principal GAD were randomized to CBT (Ph.D. or B.A.) or usual care (UC). Participants who completed treatment delivered by either a Ph.D. or B.A. level provider had greater improvements in GAD symptoms (GADSS), anxiety (SIGH-A, STAI-Trail) and depression symptoms (PHQ-8) compared to participants who received UC.

**TRAINING NON-EXPERT PROVIDERS TO CONDUCT CBT FOR OLDER ADULTS WITH GENERALIZED ANXIETY DISORDER**

M.E. Dozier, C. Kraus-Schuman, N.L. Wilson, J. Calleo, A. Bush, M.A. Stanley, M.E. Kunik, I. Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, Texas. 2. Houston VA HSR&D Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas. 3. South Central MIRECC, Houston, Texas.

As the population of America continues to age, there is an increased need for cost-effective mental health care for older adults. One method of extending the current mental health care resources is to utilize non-expert or “paraprofessional” mental health care providers. The current study examined the validity of training procedures for BA-level providers conducting cognitive behavioral therapy for older adults with generalized anxiety disorder, relative to clinical psychology PhD-level providers. Independent treatment integrity raters (TIRs) evaluated BA-level providers to have high adherence and competence, and, in 50% of cases, TIRs guessed that BA-level providers were PhD-level providers. There were no significant differences in patient perceptions of their clinicians, measured by expectancy ratings following the initial treatment session and an exit interview following the treatment phase of the program which queried satisfaction with treatment and perceived clinician expertise. Various treatment characteristics of the different provider groups were also considered.

**CALMER LIFE: A CULTURALLY TAILORED ANXIETY TREATMENT TARGETED AT UNDERSERVED, MOSTLY AFRICAN AMERICAN COMMUNITIES**

S. Shrestha, P. Wagenet, J. Cummings, M. Armento, M.E. Kunik, G. Evans, M.A. Stanley, N.L. Wilson, I. Houston VA Health Services Research and Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas. 2. Baylor College of Medicine, Houston, Texas. 3. VA South Central Mental Illness Research, Education and Clinical Center, Houston, Texas. 4. University of St. Thomas, Houston, Texas.

New treatment models and additional research are needed to expand the reach of mental health care to underserved communities and minority elders. The Calmer Life program is a randomized controlled trial of a skills-based, person-centered intervention for late-life anxiety delivered by trained community counselors to older adults who live, work, worship or receive services in four underserved, mostly minority neighborhoods. Treatment is modular and culturally tailored with an option to integrate religion/spirituality. This presentation will outline the process of developing and working within a community-academic partnership. It will also report on recruitment efforts including community presentations to consumers and leaders at aging agencies, community centers, senior housing, and churches. Engagement of consumers and the use of audiovisual materials in outreach events will be highlighted. To date, 54 potential participants have completed a phone screen, 18 completed initial assessment, and 11 (8 African Americans) have been included in the study.

**SESSION 330 (SYMPOSIUM)**

**COGNITIVE PLASTICITY IN REAL-LIFE INTERVENTIONS**

Chair: J. Oltmanns, Jacobs Center on Lifelong Learning, Jacobs University Bremen, Bremen, Germany
Co-Chair: U.M. Staudinger, Jacobs Center on Lifelong Learning, Jacobs University Bremen, Bremen, Germany
Discussant: S.L. Willis, The Pennsylvania State University, Department of Human Development and Family Studies, University Park, 16802, Pennsylvania

Research on cognitive functioning has a long tradition in the aging literature. A tremendous number of laboratory studies has demonstrated impressive plasticity of cognitive functioning well into old age. However, it is still debated whether similar effects hold true for real-life settings such as an active lifestyle. Past research on the disuse hypothesis consistently provided optimistic but mainly correlational results. Therefore, the aim of this symposium is to bring together outstanding researchers that have studied the effect of cognitively stimulating activities in real-life settings by using an experimental or quasi-experimental approach and employing a variety of activity contexts. Elizabeth Stine-Morrow is going to present results from the “Senior Odyssey” study, an interesting field experiment that offered social opportunities for intellectual challenge in a team-based problem solving program. Sara Haber will talk about her work in the context of the “Synapse” project in which retirees learned a cognitively demanding, novel leisure activity for 15 hours per week over 14 weeks. Ross Andel will present findings from the “SWEOLD” study. He investigated the unique and cumulative effects of occupational complexity and leisure activities on cognitive functioning in old age. In a similar vein, Jan Oltmanns demonstrates that repeated job-task changes are positively related with various indicators of adult cognitive performance. In order to discuss and evaluate the findings from these four different real-life intervention studies, Sherry Willis, as a longstanding expert in the field of cognitive training, will be invited as special guest and discussant.

**EASYDAY ENGAGEMENT AS SOURCE OF COGNITIVE VITALITY? LESSONS LEARNED FROM THE SENIOR ODYSSEY PROJECT**


Senior Odyssey is a program of activity engagement that offers opportunities for intellectual challenge in a social context. Core elements include creativity in ill-defined problem solving, choice of activities, team-based collaboration, competition, and play. In a parametric experimental design, the effects of engaging in Senior Odyssey were contrasted with the effects of (a) a training program in reasoning that incrementally adapted in difficulty with increasing skill and (b) a waitlist control. Odyssey participants showed selective increases in divergent thinking, an ability exercised throughout the program in the absence of training, suggesting that engagement in everyday activities can support cognitive growth. Contrary to the substantive complexity hypothesis, however, we did not find broad transfer to core capacities. Rea-
soning training produced the expected robust effects in improved reasoning. Importantly, individual differences that predicted gain differed for the engagement and training interventions. We contrast engagement and training as distinctive paths to cognitive optimization.

LEARNING NOVEL AND DEMANDING LEISURE ACTIVITIES ENHANCE THE AGING BRAIN: EVIDENCE FROM THE SYNAPSE PROJECT
S. Haber, I. McDonough, G. Bischof, D. Park, Center for Vital Longevity, UT Dallas, Dallas, Texas

A lifestyle intervention was implemented in older adults. Participants learned a cognitively demanding, novel leisure activity for 15 hours/week over 14 weeks. Control groups experienced no new learning and had an equivalent time commitment. All participants completed a semantic classification task before and after the intervention while in an fMRI scanner. The novel-learning group evidenced increased neural recruitment in new brain regions (e.g., medial temporal lobes) that positively correlated with both improvement on a semantic memory retrieval task (verbal fluency) and time committed to the program. Importantly, for the novel-learning group only, the relationship between time committed to the program and cognitive improvement was mediated by changes in neural-recruitment. This study provides the first known evidence of the specific brain mechanisms that impact cognitive functioning as a result of implementing a lifestyle change and identifies learning new, demanding leisure activities as an effective way to enhance brain functioning.

THE ROLE OF MIDLIFE OCCUPATIONAL COMPLEXITY AND LEISURE TIME ACTIVITY IN COGNITIVE PERFORMANCE LATER IN LIFE
R. Andel1, I. Kåreholt2, 1. University of South Florida, Tampa, Florida, 2. Karolinska Institutet, Stockholm, Sweden

The goal was to examine the interplay of occupational and leisure time engagement at midlife and its relation to cognitive health in older adulthood in 805 members of the SWEOLD, a Swedish nationally representative sample, with information about occupation and midlife leisure activity participation from 1968, and cognitive assessment administered in-person in 1992 and 2002. The combination of high (above-median) leisure activity/high work complexity was consistently associated with better cognition in advanced old age controlling for age, sex, education, income and year of cognitive testing. High work engagement was not associated with better cognition when combined with low leisure activity, whereas high overall leisure activity was associated with better cognition when combined with high work engagement. The framework includes environmental features, individual factors, user tools and technology, and individual-environment interaction that facilitate community wayfinding. The presenters will introduce a cross-disciplinary conceptual framework on wayfinding building on established person-environmental models, summarize key findings from a review of literature on community wayfinding, share results from a project examining community wayfinding in older adults, explore the emerging role of technology, and then highlight next steps for research, practice and policy. This work underscores the need for increased attention to the distinctive challenges in older adult wayfinding, especially given our rapidly aging and functionally diverse population. Papers in order of presentation are: (1) A conceptual framework for community wayfinding (2) Cross-disciplinary research perspectives on community wayfinding, (3) Community wayfinding in older adults: Findings from the Chicago wayfinding assessment project, (4) Tools and technologies in facilitating community wayfinding: Opportunities and challenges, (5) Community wayfinding: Pathways for public health policy and practice.

JOBLINK-RELATED TASK CHANGES AS FACILITATORS OF COGNITIVE DEVELOPMENT
J. Ottmanns, B. Godde, A. Winneke, U.M. Staudinger, Jacobs Center on Lifelong Learning, Jacobs University Bremen, Bremen, Germany

Despite age-related decline in some facets, cognitive functioning retains the potential for enhancement throughout the lifespan. Characteristics of the work environment such as job complexity have been positively related to adult cognition (Schooler, 2006). The effect of repeated job-related task changes (→ task mobility), as another kind of cognitive stimulation, however, has not yet been studied. Out of 3,500 blue-collar workers from a production company in northern Germany who had been full-time employed with that company over the last 16 years, 170 persons returned a screening questionnaire. This allowed us to identify 20 pairs of participants who differed in task mobility (high/low) but were optimally matched for age, high school grades, adolescent leisure time activity and job complexity. Using a quasi-experimental design, these two groups completed various tests related to cognitive function-
CROSS-DISCIPLINARY RESEARCH PERSPECTIVES ON COMMUNITY WAYFINDING AND OLDER ADULTS

This presentation by the CDC Healthy Aging Research Network provides a review of the existing literature on community wayfinding from the relevant fields of cognitive psychology, architecture, urban planning, and engineering, ascertaining key lines of investigation, evidence and evidence gaps, and implications for public health gerontology. To date, community wayfinding has received little attention in public health gerontology, despite its relevance to neighborhood walkability, community engagement, pedestrian and motor vehicle safety, access to services such as healthcare, and other aspects of aging in place. The review covers environmental features (e.g., natural landmarks or distinctive design elements), individual factors (e.g., age, cognitive function, or travel purpose), user tools (e.g., mobility aids or mobile interactive devices), and individual-environment interactions that facilitate community wayfinding. Particular attention is directed to wayfinding in special needs populations including older adults with functional limitations.

COMMUNITY WAYFINDING IN OLDER ADULTS: FINDINGS FROM THE CHICAGO WAYFINDING ASSESSMENT PROJECT

Limited research about older adults’ community wayfinding suggests greater challenge with age and decreased cognitive functioning. Given the growth in the older adult population, we need to understand features that enhance or inhibit wayfinding, to enhance mobility and community engagement. This CDC Healthy Aging Research Network study of 35 short-term (n=14) and long-term (n=21) residents (5 and 6, respectively, cognitively limited) in an ethnically diverse Chicago neighborhood identified enhancing and inhibiting wayfinding factors. Data collection included a structured interview (e.g., demographics, function, wayfinding self-efficacy); responses to wayfinding strategies questions including map-drawing; and an origin-to-destination “task walk” with researchers along a prescribed path. Researchers had previously audited the path to identify wayfinding aids and cues. Results from descriptive and content analyses found older adults’ navigation primarily reliant on landmarks; street signs, addresses, and building numbers; and information from others. We will discuss differences in wayfinding strategies and implications for subsequent research.

TECHNOLOGY IN COMMUNITY WAYFINDING: OLDER ADULTS AND PEOPLE WITH DISABILITIES

Community wayfinding (CWF) is critical for maintaining mobility among older adults. Our purpose is to discuss the role of user tools and technologies (e.g., smartphones, compasses, maps, and written directions) in facilitating CWF in older adults and people with mobility disabilities. We report the results of a review and synthesis of the literature on user tools and technologies. We propose new research directions, including the need to better understand the use of tools in everyday settings among diverse populations. We summarize opportunities and challenges, such as barriers and the equitable distribution of these technologies in underserved populations. Without a consideration of these barriers, CWF innovations, no matter how efficacious and effective, may only serve to aggravate health and functional disparities by race, ethnicity, and region in aging populations.

COMMUNITY WAYFINDING: PATHWAYS FOR POLICY AND PRACTICE

Ease of wayfinding in the community facilitates walking and wheeling, promoting use of public transit, and reducing air pollution and risk of pedestrian and motor vehicle injury. While communities invest in wayfinding, their focus is most often on signage and branding, emphasizing commercial interests, entertainment, or tourism rather than broader public health goals. Standards and practice guidelines are limited, especially with regard to pedestrian wayfinding, and there is wide variation in community practices. In recent years, the concept of legible cities has prompted greater attention to the infrastructure and information systems that facilitate wayfinding. This presentation by the CDC-Healthy Aging Research Network and partners derives from a cross-sector survey and assessment of wayfinding practice and policy, highlighting best practices and exemplary initiatives, and sharing consensus recommendations of a multi-disciplinary panel regarding priorities to improve wayfinding in US communities.

SESSION 340 (SYMPOSIUM)
CONCEPTUALISATION, MEASUREMENT AND DETERMINANTS OF FRAILTY
Chair: J. Nazroo, University of Manchester, Manchester, United Kingdom

This symposium focuses on the conceptualisation of frailty, its operationalisation in empirical research, and understanding the genetic, psychological and social determinants of frailty. Proposed contributions in this symposium are: 1. Measuring frailty: A comparison of Fried’s frailty phenotype and Rockwood’s frailty index using the English Longitudinal Study of Ageing (ELSA) Prof. Dr. James Nazroo In this empirical contribution, the conceptual background of frailty is discussed in conjunction with the two main approaches to its measurement. 2. Genetic underpinning of frailty: An examination of candidate genes in relation to cortisol and apoptosis pathways Dr. Kris Mekli Key in uncovering the genetic determinants of frailty is discovering the biological pathways through which genes affect frailty, of which this paper will examine the two main hypothesized ones. 3. Socioeconomic and gender inequalities in trajectories of frailty: findings from a growth modelling approach Dr. Alan Marshall This paper examines the evolution of frailty in a cohort over a period of 10 years, and illustrates that multiple trajectories are possible, but depend strongly on social background and gender. 4. Can frail elderly people be happy? An investigation of the relation between frailty and subjective wellbeing using a structural equation model Dr. Bram Vanhoutte How does frailty, in large reflecting aspects of physical health, relate to mental health and subjective wellbeing?
CAN FRAIL ELDERLY PEOPLE BE HAPPY? AN INVESTIGATION OF THE RELATION BETWEEN FRAILTY AND SUBJECTIVE WELLBEING USING A STRUCTURAL EQUATION MODEL

B. Vanhoutte, ccsr - social sciences, university of manchester, Manchester, United Kingdom

Subjective wellbeing is strongly influenced by physical health, and high wellbeing sometimes is seen as factor of resilience. By examining the influence of frailty on several aspects of wellbeing, such as satisfaction with life, depressive symptoms and eudemonic wellbeing, while at the same time controlling for social background, both direct and indirect influences of frailty on subjective wellbeing can emerge. We will use information from the English Longitudinal Survey of Ageing (ELSA) in a structural equation modelling (SEM) framework, which allows us to draw both cross-sectional and longitudinal conclusions on the relation between physical and mental wellbeing.

GENETICS OF FRAILTY: EXAMINATION OF CANDIDATE GENES RELATED TO CORTISOL AND INFLAMMATION PATHWAYS

K. Mekli1, N. Pendleton2, J. Nazroo1, 1. CCSR University of Manchester, Manchester, United Kingdom, 2. IBBMH University of Manchester, Manchester, United Kingdom

Introduction The mechanistic pathophysiological pathways of frailty are not known but the cortisol pathway and heightened chronic systemic inflammation are thought to be major contributors. Method We chose 87 genes involved in cholesterol transport, cortisol metabolism and inflammation, analysed with linear regression against the Frailty Phenotype (Fried et al. J Gerontol 2001), using only age and sex as covariates in a population-based sample of 4000 individuals. Results The strongest signals were observed in the Protein Tyrosine Phosphatase, receptor type, J (PTPRJ) gene (rs2047812, uncorrected p value=0.00065, \[\beta=0.065\]) and in the promotoric region of the Tumor necrosis factor-\(\alpha\) (TNF\(\alpha\)) gene (rs1800629, uncorrected p value= 0.002, \[\beta=0.057\]). None of these associations were supported following correction for multiple testing. Conclusion Our results provide some evidence for the involvement of the inflammatory pathway in frailty, although using more informed analysis tools with more comprehensive coverage of this area of the genome may be warranted.

MEASURING FRAILTY: A COMPARISON OF FRIED’S FRAILTY PHENOTYPE AND ROCKWOOD’S FRAILTY INDEX USING THE ENGLISH LONGITUDINAL STUDY OF AGEING (ELSA)

J. Nazroo, A. Marshall, University of Manchester, Manchester, United Kingdom

This paper addresses the uncertainty around how frailty should be measured by comparing the Fried and Rockwood frailty assessment measures using data from the English Longitudinal study of Ageing (ELSA). The frailty index developed by Rockwood is based on the proportion of the ‘deficits’ that an individual has experienced. The Fried approach categories individuals into states of ‘robust’, ‘pre-frail’ and ‘frail’ based on the presence of three or more frailty indicators: unintentional weight loss, slow walking speed, subjective exhaustion, low grip strength and low levels of physical activity. We evaluate the success of each frailty measure in predicting death and moves to a care home, using Cox Hazard models and Receiver Operating Curves. Attendees will gain an understanding of how the Rockwood and Fried frailty assessment measures can be operationalized in ELSA and the relative success of each frailty measures in predicting important adverse outcomes.

Socioeconomic and gender inequalities in trajectories of frailty: findings from a growth modelling approach

A. Marshall, CCSR, University of Manchester, Manchester, United Kingdom

This paper considers how trajectories of frailty at the older ages differ according to wealth and gender. Growth curve models are used to capture trajectories of frailty (Rockwood frailty index) by single year of age over 5 waves (8 year period) of the English Longitudinal Study of Ageing. The analysis is stratified by gender and wealth. Levels of frailty are considerably higher for the poorest compared to the richest older people, especially for those under the age of 60. These inequalities are stark; a poor 70 year old has a very similar trajectory of frailty to a rich 80 year old. Women become increasingly frail compared to men with increasing age and there are very different patterns of wealth inequality in frailty trajectories by gender. The paper considers the drivers of these inequalities and the implications for policymakers and clinicians.

SESSION 345 (SYMPOSIUM)

CONTEXTUAL EFFECTS ON INDIVIDUAL DEVELOPMENT ACROSS ADULTHOOD AND OLD AGE

Chair: N. Vogel, Humboldt University, Berlin, Germany, German Institute for Economic Research, Berlin, Germany
Co-Chair: D. Gerstorf, Humboldt University, Berlin, Germany
Discussant: J. Jackson, University of Michigan, Ann Arbor, Michigan

Lifespan and life course perspectives highlight how individual development is embedded within context. Contextual factors can both support and constrain processes of adaptation and regulation, particularly when individual resources are scarce. This symposium brings together four papers that highlight how multiple levels of context, from the macro-system to meso-system, shape individual development in different phases of adult development. Vogel et al. use longitudinal reports of life satisfaction from the German Socio-Economic Panel Study to examine whether and how people living and dying in East Germany vs. West Germany experienced the last years of life differently. Mendes de Leon et al. examine with a large sample of older adults whether differences in neighborhood-level social status exist, how those differences can be measured, and how they relate to survival and changes in physical function. The discussion by James S. Jackson 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.

DIFFERENCES BETWEEN EAST AND WEST GERMANY IN LATE-LIFE TRAJECTORIES OF LIFE SATISFACTION

N. Vogel1 2, D. Gerstorf2 3, N. Ram1, J. Göbel2, J. Schupp3, G.G. Wagner1 2, 1. Humboldt University, Berlin, Germany, 2. German Institute for Economic Research, Berlin, Germany, 3. Pennsylvania State University, State College, Pennsylvania

Lifespan and life course perspectives highlight the contextual embedding of individual development. This paper examines whether and how people living and dying in East Germany vs. West Germany experienced the last years of life differently. Using annual reports of life satisfaction collected over more than 20 years after German Reunification in 1990 from 4,517 now deceased participants in the German Socio-Economic Panel Study (SOEP) (NW est= 3,471, NE ast= 1,046),

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single- and multi-phase analyses revealed that East Germans, on average, reported lower life satisfaction across the last 15 years of life than their West German peers, and entered the terminal phase of precipitous decline in life satisfaction almost a year earlier after controlling for key individual factors. The results support long-standing notions that macro-context shapes individual development.

SOCIO-ECONOMIC RESOURCES, RISK ASSESSMENTS AND SOCIAL CONTEXTS IN LATER LIFE – ON THE INTERACTION OF MICRO AND MESO LEVELS IN A DYNAMIC PERSPECTIVE
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Older people’s living standards in Europe are higher than ever before and poverty risks are lower than in other age groups. Nevertheless, data demonstrate increasing inequalities and a growth in concerns about future living standards. The presentation faces this development and takes into account individual and socio-environmental dynamics. It contributes to a wider perception of the interaction between resources, their assessment and social change. Analyses are driven by hypotheses regarding the effects of social structure, cohort change and regional differentiation, which are mainly supported. The examination applies structure equation modelling with longitudinal (autoregressive) cross-lagged models to understand the dynamics on the two levels. Data come from the German Ageing Survey (DEAS) (2008-2011). Analyses show that resources and concerns for living standards as well as their development over time are unevenly distributed and that there are strong context effects of regional economic structures on individual living situations and assessments.

LOCALIZED CLUSTERING OF OBESITY IN COMMUNITY DWELLING OLDER ADULTS: A SPATIAL ANALYSIS

Knowledge of the spatial distribution of obesity for the older population can inform research on neighborhood contextual factors associated with this public health problem. Hypotheses about the relationship between neighborhood-level characteristics and obesity were tested adjusting for individual-level characteristics. Data derived from a random-digit-dial sample of 5,688 community-dwelling adults aged 50-74 residing in 1,644 census tracts in New Jersey. Global and local spatial statistics explored patterns of geographic clustering of obesity (BMI >= 30). Geographically weighted regression modeled associations between obesity clusters and population density, walkability and percent impoverished cover along with individual exercise participation. Significant spatial clustering of obesity by census tract was detected. Differential associations with neighborhood and individual level characteristics are described. Understanding the spatial distribution of obesity in the older population illuminates the role of neighborhood contextual factors and may assist public health planners to address the rise in obesity.

NEIGHBORHOOD-LEVEL SOCIAL STATUS AND CHANGE IN PHYSICAL FUNCTION AND MORTALITY
C. Mendes de Leon1, J. Kelley-Moore2, K.B. Rajan3, D.A. Evans1, 1. University of Michigan School of Public Health, Ann Arbor, Michigan, 2. Case Western Reserve University, Cleveland, Ohio, 3. Rush University Medical Center, Chicago, Illinois

Much of what we know about the social gradients in health has focused on overall socio-economic status. Disadvantage in terms of educational attainment, income or wealth is consistently associated with worse health outcomes in many different populations. Much less is known about the degree to which status differences that operate in smaller-scale social environments such as school or neighborhood affect health and well-being. Using data from a study of older adults (N ~ 5,000), we examine survival and changes in physical function in relation to neighborhood-level social status, defined by rankings based on income and social reputation. After adjusting for relevant confounders, income-based higher neighborhood-level social status was significantly associated with smaller declines in physical function and lower mortality risk (p’s < .001). Similar results were obtained for the social reputation-based marker of social status. Status differences in the local social environment may have long-term health consequences for older adults.

THE ART OF DYING WELL
M. Carløe, 1. La Trobe University, Melbourne, Victoria, Australia, 2. Austin Health, Melbourne, Victoria, Australia

This presentation will use the contemporary literature on hospital environments and dying in institutional settings to explore ways the arts can create a safe and nurturing space for people to explore their fears and achieve a “good death” as defined by each individual patient. The presentation will suggest ways to bridge feelings of being isolated and frightened when facing imminent death and loss in a sterile hospital environment, and will discuss strategies to facilitate feelings of familiarity, trust and connectedness at a time when people are at their most vulnerable.

SESSION 350 (SYMPOSIUM)

DISASTERS AND LONG-TERM RECOVERY: PREDICTORS OF PSYCHOSOCIAL WELL-BEING IN LATE LIFE
Chair: K.E. Cherry, Louisiana State University, Baton Rouge, Louisiana

Natural disasters bring catastrophic destruction with loss of homes and property. For the survivors, interpersonal distress and threats to psychological well-being are common in the wake of a natural disaster. Resilience refers to one’s ability to “bounce back” or respond positively to adversity. Many studies have examined post-disaster threats to health and well-being for directly affected individuals during the immediate impact period. However, fewer studies have addressed long-term disaster resilience and recovery in the years after a destructive environmental event. In this symposium, post-disaster resilience and long-term recovery in younger, middle-aged, and older adults will be examined. Four papers will be presented that include behavioral data collected with samples of survivors who experienced three different environmental events, namely, the 2011 tornados in Joplin, MO, the 2007 wildfires in San Diego County, CA, and the 2005 Hurricanes Katrina and Rita in South Louisiana. Long-term threats to health and psychological well-being in younger, middle-aged and older survivors will be covered. Psychosocial predictors of resilience and mental health including depression, anxiety and post-traumatic stress disorder, will be explored. Qualitative analyses of narrative text on potential positive outcomes after disaster will be presented. Taken together, these papers will provide new behavioral evidence concerning psychological and social factors that may lessen vulnerability and promote resilience in the years that follow a natural disaster. Implications for long-term post-disaster recovery will be discussed.

RELIGIOSITY AND PSYCHOLOGICAL WELL-BEING SIX YEARS AFTER THE 2005 HURRICANES KATRINA AND RITA
K.E. Cherry1, L. Marks1, L.A. Sampson2, S. Gales3, P.F. Nezat3, K. Holland1, B. Lyon1, 1. Louisiana State University, Baton Rouge, Louisiana, 2. Columbia University, New York, New York, 3. Louisiana State University Health Sciences Center, New Orleans, Louisiana

Ample experimental evidence documents threats to psychological well-being for survivors of natural disasters in the immediate impact...
PERCEIVED POSITIVE OUTCOMES IN DISASTER SURVIVORS AFTER THE 2005 HURRICANES KATRINA AND RITA
T.G. Hatch, Y. Lu, L. Marks, K.E. Cherry, K.L. Kytola, T.J. Johnson, S.K. Ballard, B. Pinkston, Louisiana State University, Baton Rouge, Louisiana

Hurricanes Katrina and Rita caused a catastrophic amount of damage and destruction to neighborhoods, communities, and businesses along the U.S. Gulf Coast in 2005. This study is part of a larger research program on long-term post-disaster resilience in former and current residents of two coastal parishes in South Louisiana. All participants experienced significant property damage and lengthy displacement in 2005. Narrative data based on verbal responses to an open-ended question on perceived silver linings and positive outcomes associated with the storms were examined. Content analysis yielded three emergent themes: the importance of family and relationships; detachment from physical objects with a greater appreciation for non-material possessions; and a new lifestyle in a new community. These data indicate that traumatic life changing events may lead to positive outcomes for some people. Discussion will focus on post-disaster personal growth, which may help individuals cope with their losses after a destructive hurricane.

PREDICTORS OF MENTAL HEALTH AFTER A DISASTER: A STUDY OF OLDER ADULTS FOUR YEARS AFTER THE 2007 SAN DIEGO COUNTY WILDFIRES
J. Phillips, A. Cruz, S. Cuadra, D. Martinez, M. Perdomo, California State University San Marcos, San Marcos, California

Little research has explored the long-term impact of wildfires on the mental health of community-residing adults. In October 2007, wildfires engulfed northern San Diego County in California. These fires burned approximately 210,000 acres and destroyed over 1200 homes. This study was designed to explore psychosocial factors including age, severity of exposure to the wildfires, and different types of social support on the mental health of these wildfire survivors four years after this event. All participants were residents of this area in 2007. They were men and women, primarily white, married, aged 50-94. Analyses revealed that depressive symptomatology differed among age groups but no age group had high levels of depressive symptoms. Severity of exposure was related to received social support, but not high levels of depressive symptoms. These data imply that these wildfire survivors exhibited well-being. Discussion will focus on implications of the psychosocial factors for long-term recovery.

A LONGITUDINAL ASSESSMENT OF RESILIENCE: AN INVESTIGATION OF PHYSICAL AND PSYCHOSOCIAL PREDICTORS AMONG 2011 JOPLIN TORNADO SURVIVORS
J. Silva Brown, Drury, Springfield, Missouri

On May 22nd, 2011, an EF-5 tornado struck the town of Joplin, MO. This storm subsequently created a long-term mental stressor that challenged the resiliency of those who resided in the affected area. Therefore, the continued investigation of the characteristics that foster post-disaster resilience is essential for community recovery. Participants for this study resided within a 15-mile radius of Joplin, MO. All completed a battery of instruments designed to test physical and mental health, social support, and post-storm resilience. Participants were assessed three (N = 87) and twelve-months post-storm (N = 44). It was hypothesized that social support satisfaction, self-reported physical health, and mental health indicators would significantly predict self-reported resilience. Linear regression analyses support the aforementioned hypotheses. Discussion will focus on ways to reduce suffering amongst those who have been impacted by a natural disaster.
CONVERSATIONS ABOUT ADVANCE PLANNING TOWARDS END-OF-LIFE: EXPERIENCES OF JAPANESE FAMILIES
S. Izumi1, M. Tanimoto2, C. Sakurai3, 1. School of Nursing, Oregon Health & Science University, Portland, Oregon, 2. Chiba University, Chiba, Chiba, Japan

The purpose of this study was to explore experiences and perceptions about advance care planning of Japanese family members caring for older adults. Qualitative interviews were conducted in Japan with 24 family members (10 spouses, 14 adult children: age range 50-87). Although family members wanted the older adult to live long, they acknowledged that there would be a time when sustaining life could be impossible or burdensome and should then be let go. Many participants expressed that they had no idea how a decline in physical condition would occur; therefore, no concrete advance care planning about healthcare were made or discussed with the older adult. Family members thought asking direct questions to the older adult about his/her end of life was harsh. Instead, many family members try to grasp the older adult’s values and preferences from everyday conversation and observation to assume what end-of-life care they would wish for.

WHAT ARE THE ADVANCE CARE PLANNING EXPERIENCES OF PERSONS WITH MILD COGNITIVE IMPAIRMENT?

Persons diagnosed with mild cognitive impairment (MCI) face an increased possibility of developing dementia at some point in the future, but may retain decision making capability for a window of time, and thus the opportunity to participate in advance care planning (ACP). This study explored the ACP experiences of persons with MCI and their spouses’ understanding of ACP. A convenience sample of 10 individuals with MCI and their spouses (N=20) were interviewed. Using a grounded theory qualitative analysis, four themes were identified: 1) decreased awareness regarding ACP from individuals with MCI versus a heightened awareness for the spouse; 2) the preference for comfort care measures only; 3) preferences for future end of life healthcare decisions largely influenced by previous end of life experiences; and 4) lack of discussion of end of life healthcare decisions related to dementia and/or artificial nutrition and hydration by physicians or other healthcare providers.

THE IMPORTANCE OF FAMILY RELATIONSHIPS ON THE DECISION TO ENROLL IN HOSPICE CARE
C.L. Wallace, G. Adorno, School of Social Work, University of Texas at Arlington, Fort Worth, Texas

Patients and families coping with a terminal illness are faced with a number of decisions over the course of their disease. The decision for hospice care is often one of the most difficult. Understanding barriers to hospice care is an important consideration for helping families access care at the end-of-life. Through the use of qualitative interviews, this study explored the process of how and when patients and families decided to begin hospice care and how family relationships and communication play a role within that process. Researchers used grounded theory methods to analyze data from 25 semi-structured interviews. Findings suggest that families are more likely to engage in early use of hospice services when a family member or close friend introduces hospice as an option and serves as an advocate for it. Results also provide implications for health practitioners on the importance of early discussions and education about hospice care.

SESSION 360 (SYMPOSIUM)

FROM POPULATION BASED TO INTERVENTION RESEARCH: MAXIMIZING EVIDENCE FOR AGING IN PLACE INTERVENTIONS
Chair: S. Iwarsson, Health Sciences, Lund University, Lund, Sweden Co-Chair: L.N. Gillin, Johns Hopkins University School of Nursing Center for Innovative Care in Aging, Baltimore, Maryland
Discussant: L.N. Gillin, Johns Hopkins University School of Nursing Center for Innovative Care in Aging, Baltimore, Maryland

The aim of this symposium is to examine studies on home environments and their importance for healthy ageing from which to advance interventions that are grounded in the empirical literature and have potential for implementation in varied health systems and practices globally. The starting point for this symposium is the empirical knowledge gained from the ENABLE-AGE Project and the experiences from intervention studies accomplished in the U.S. context. A hallmark of ENABLE-AGE is the richness of variables covering objective and perceived aspects of housing, with a longitudinal design applying mixed-method approaches, including survey as well as in-depth studies. Similarly, in the U.S., progress has been made linking housing to daily function and understanding underlying neuropsychological mechanisms of aging in place interventions. Based on this empirical record, it should be possible to improve care and housing for older people through the introduction of evidence-based practices, services and products, but uptake and implementation of research findings in practice settings is challenging and slow. Many practice-based development projects have been initiated to improve care and housing for older people, but many have failed and the majority is not sustainable. During the latest decade, promising development has been seen regarding the development of models and frameworks for implementing evidence-based practices. This symposium examines the empirical evidence from population-based studies, emerging understandings from intervention research, and implementation models to derive recommendations for linking the research record to the next generation of aging in place interventions.

HOME AND HEALTHY AGING IN VERY OLD AGE: CORE FINDINGS OF THE ENABLE-AGE PROJECT
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Based on previous studies, accomplished by the investigators of the ENABLE-AGE consortium, this presentation is a synthesis of core findings on links between housing and healthy aging. Data were collected with 1,918 single-living community-dwelling individuals 75-89 years-old, in five European urban regions. The aim is to present a comprehensive compilation of quantitative and qualitative data from cross-sectional and follow-up analyses on relationships between processes of housing and healthy aging outcomes. Findings from quantitative survey analyses show strong links between housing and health indicators as well as predictive effects of objective and perceived housing processes on independence and well-being over time across national samples. Comprehensively, findings from qualitative in-depth analyses help to further deepen the insight into e.g., patterns of community participation in very old age as well as patterns of perceived quality of life. The findings could be used to inform intervention strategies in the field of aging in place.
THE POTENTIAL IMPACT ON HEALTH-RELATED OUTCOMES OF IMPLEMENTING HOUSING ACCESSIBILITY POLICY CHANGES

B. Slag1, C. Chiatto1, F. Oswald1, R. Kaspar1, S. Schmidt1, 1. Health Sciences, Lund University, Lund, Sweden, 2. National Institute of Health and Science on Aging, Ancona, Italy, 3. Goethe University, Frankfurt am Main, Germany

The physical housing environment is important to facilitate activities of daily living (ADL) for older people. An obstructing environment may lead to ADL dependence and thus increase the need of home services, which is individually restricting and a growing societal burden. We will present mathematical simulations of policy changes with regard to housing accessibility that estimate the potential impact on ADL, usage of home services and related costs. We adapted health impact assessment (HIA) methods that consider the best available empirical evidence, and utilized published results from the ENABLE-AGE and other scientific studies to generate the simulations. The simulations predicted that new policies that reduce potentially obstructing housing features would improve ADL performance among older people and reduce the need for home services. Our findings suggest that a policy change can contribute to positive effects with regard to ADL independence among older people and to a reduction of societal burden.

RESIDENTIAL CHOICES IN VERY OLD AGE: A SYNTHESIS OF QUANTITATIVE AND QUALITATIVE FINDINGS

M. Granbom1, C. Löfqvist1, I. Himmelsbach2, M. Haak1, F. Oswald2, S. Iwarsson1, 1. Dept of Health Sciences, CASE, Lund University, Lund, Sweden, 2. Goethe University, Frankfurt, Germany

Based on data from three studies on the Swedish and German subsamples of the ENABLE-AGE Project, the aim of this contribution is to present a synthesis of empirical findings regarding moves, predictors for relocation and the reasoning on where to grow old among very old people. The original studies were based on quantitative (N=384) and qualitative (N=80) longitudinal data. At baseline, the participants were 80-89 years old, living alone in ordinary housing. After four years 18% had moved. Cox regression models showed dependence in cleaning, perceived functional independence, and living in a one-family house to predict moves to ordinary housing. Qualitative analyses revealed that ambivalence between moving and aging in place arose along with increasing problems in everyday life. Over time, practicalities and trivialities of everyday life added up to a decision-base for residential choices. The findings have practical implications for relocation counseling and societal planning targeting very old people.

NEUROBIOLOGICAL PROCESSES IN THE DAILY HOME ENVIRONMENT: IMPLICATIONS FOR AGING IN PLACE INTERVENTIONS

N. Hodgson, L.N. Gitlin, Johns Hopkins University, Baltimore, Maryland

Moving ‘aging-in-place’ intervention development to the next stage requires novel ways of approaching role of biologic factors to inform the relationships among the brain, behavior, function and the environment in the context of everyday life. In this critical review we provide an update on how the daily profiles of neurobiological processes are predictive of individual risk for frailty and institutionalization. We next present an organizing framework of biological sensitivity to context. Within this framework daily life experiences are understood to shape the neurobiological regulatory response systems to meet daily environmental demands. We suggest pathways through which environmental factors affects stress physiology to motivate the development of future interventions. We propose new directions for intervention development that are informed by recent evidence regarding the circadian expression of neurobiological contributions to regulatory response systems that may establish the point in which delivering interventions are most highly effective.

SESSION 365 (SYMPOSIUM)

SECRETS OF LIVING LONG AND PROSPERING AMONG THE OLDEST-OLD

Chair: J. Cho, Scott & White Healthcare, Temple, Texas, Texas A&M Health Science Center, College Station, Texas
Discussant: C.M. Aldwin, Oregon State University, Corvallis, Oregon

The aspiration for longevity and healthy aging has been desired for all ages and in all counties. Developments in medicine have led to lower mortality rates and demographic changes such as increased life expectancy have stimulated growing proportions of extremely old adults (i.e., centenarians). The purpose of this symposium is to explore various aspects of well-being and functioning among centenarians with four studies. The four studies will discuss various comparisons such as cultural, regional, gender, and age differences in extreme late life. da Rosa and colleagues examine cross-national comparisons in mental health between U.S. and Japanese centenarians using the Georgia and Tokyo Centenarian Studies. They show differences in the role of demographic factors, personality, and life events on mental health between two culturally different groups. Heinz and colleagues compare lifestyle characteristics of centenarians from two regions, Georgia and Iowa. Their findings indicate centenarians from each state have unique engaged lifestyle characteristics. Cho and colleagues investigate differences of age, gender, and interaction between age and gender in multiple dimensions of functioning using the Georgia Centenarian Study. They address age and gender related investigations of functioning among oldest-old adults. The discussion by Bishop and colleagues focuses on the role of religiosity on life satisfaction among Oklahoma centenarians. They also draw attention to significant interaction effects between social support and religious beliefs on life satisfaction. After attending this symposium, participants will understand multi-dimensions of well-being among oldest-old adults and learn about unique and complex factors among the long-lived.

PERSONALITY AND LIFE EVENTS AS PREDICTORS OF MENTAL AND COGNITIVE HEALTH OF U.S. AND JAPANESE CENTENARIANS

G.D. da Rosa1, P. Martin1, Y. Gondo2, N. Hirose3, H. Inagaki4, L. Poon5, 1. Iowa State University, Ames, Iowa, 2. Osaka University, Osaka, Japan, 3. Keio University School of Medicine, Tokyo, Japan, 4. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 5. University of Georgia, Athens, Georgia

This study investigates the effect of personality and life events on mental and cognitive health. A population-based sample of 239 U.S. centenarians from the Georgia Centenarians Study and 304 Japanese centenarians from the Tokyo Centenarian Study were assessed. We assessed demographic mean differences between mental and cognitive health in U.S. and Japanese centenarians. Structural equation models were computed for each culture testing for effects of personality and life events (i.e., marriage and historical events) on mental and cognitive health. Results from structural equation modeling indicated that centenarians with a resilient personality had better mental health in both samples. No significant mediating and moderating effects of personality were found in either sample. Japanese centenarians who reported marriage as the most important event had better mental health and those reporting historical events had poor mental health. It’s important to further investigate the role that resilient personality has in affecting important life outcomes.
EXPLORATORY FINDINGS OF ENGAGED LIFE STYLES AMONG IOWA AND GEORGIA CENTENARIANS


Latent class analysis was used to classify groups of centenarians residing in Georgia and Iowa based on engaged lifestyle characteristics. Previous research has noted that engaged lifestyles can have protective effects against cognitive impairment in late life. This analysis included 101 centenarians from Georgia and 118 centenarians from Iowa. Six engaged lifestyle questions (e.g., volunteering) were used to classify individuals into groups. Two unique classes were identified in each state. A cross-tabulation analysis revealed regional profiles that were significantly different from one another ($\chi^2 = 36.02, p < .001$). There were two unique engaged lifestyle classes in both Iowa and Georgia that were different from one another. Some of the unique class characteristics indicate Georgia centenarians were more likely to have learned a foreign language, whereas Iowa centenarians appeared more likely to have given a public lecture. These findings may be due to regional differences in engagement for Iowa and Georgia centenarians.

AGE AND GENDER DIFFERENCES IN MULTIDIMENSIONAL FUNCTIONING: FINDINGS FROM THE GEORGIA CENTENARIAN STUDY

J. Cho, P. Martin, M.G. Ory, M. MacDonald, L. Poon, J. Scott & White Healthcare, Temple, Texas, 2. Texas A&M Health Science Center; College Station, Texas, 3. Iowa State University, Ames, Iowa, 4. Kansas State University, Manhattan, Kansas, 5. University of Georgia, Athens, Georgia

This study examined group differences (i.e., age, gender, and age*gender) in seven areas of functioning from the Duke Older Americans Resources and Services. Participants included 371 community-dwelling octogenarians and centenarians of Phase I and III of the Georgia Centenarian Study. Analysis of variance (ANOVA) was employed to compare seven measures: social resources, perceived economic status, life satisfaction, fatigue, self-rated health (SRH), instrumental activity of daily living (IADL), and activity of daily living (ADL). Results indicated that significant age differences in social resources, fatigue, SRH, IADL, and ADL; significant gender differences in life satisfaction, fatigue, SRH, IADL, and ADL; and significant interaction effects (age*gender) in social resources, life satisfaction, fatigue, SRH, IADL, and ADL. Although women are more likely to have achieved exceptional longevity than men, this study suggests that more complex associations between age and gender exist in various dimensions of functioning among oldest-old adults.

RELIGIOSITY AS A SOURCE OF WELL-BEING AMONG CENTENARIANS RESIDING IN OKLAHOMA

A. Bishop, K. Randall, J. Human Development and Family Science Department, Oklahoma State University, Stillwater, Oklahoma, 2. Bradley University, Peoria, Illinois

The purpose of this investigation was to examine the association between religious beliefs and life satisfaction among centenarians. Data originated from a pilot study of N = 154 community-dwelling centenarians (M=101; SD=1.71) residing in Oklahoma. Hierarchical regression analyses, controlling for age, sex, education, and race, was used. Depressive affect ($\beta = -.48$, $p < .001$) and social provisions ($\beta = .18$, $p = .017$) emerged as significant predictors of life satisfaction. Greater depressive affect appears to directly decrease life satisfaction among long-lived persons, whereas greater social support directly increases satisfaction in life. Overall, the complete model explained 41% of the variance ($F(9,140) = 10.91, p < .001$). Multiplicative effects were further examined. Only the interaction between social support and religious beliefs (SPXRB) was significant ($p = .043$). It appears centenarians use religious beliefs as a proxy relative to the associated influence of social support on life satisfaction.

SESSION 370 (SYMPOSIUM)

WALKING TOWARDS OPTIMAL AGING THROUGH RESEARCH: INTERDISCIPLINARY AND INTERNATIONAL PERSPECTIVES

Chair: N. Notthoff, Department of Psychology, Stanford, Stanford, California

A growing number of studies highlight the importance of physical activity for healthy aging. Walking is a particularly good form of physical activity. It can be performed at varying intensity levels, alone or in a group, and is inexpensive and convenient. Even those with physical or cognitive limitations can participate in walking programs. Reports document the effectiveness of walking as a way to maintain physical and cognitive health for relatively healthy older adults, as a preventative measure (e.g., cardiovascular disease, fall prevention), as a useful therapeutic measure (e.g., sleep disturbances), and for rehabilitation purposes (e.g., after a stroke). The objective of this symposium is to provide an overview of research on walking. We first introduce definitions of walking. Subsequently, we cover environmental and person-specific factors that influence mobility in older adults, review some health benefits older adults can obtain from walking immediately and in the long run, and learn how even older adults with dementia can participate in and benefit from walking. We conclude by discussing interventions to encourage walking in older adults that take into account age-related motivational changes. The symposium provides an interdisciplinary and international view on research on walking. Researchers in the fields of Exercise Science, Medicine, and Psychology from Europe and the United States will present a selection of findings. The goal of the symposium is to foster a discussion and encourage collaboration between researchers from different disciplines aimed at further understanding the benefits of walking for healthy aging and effective interventions targeting older adults.

DEFINING WALKING, GAIT, AND MOBILITY: STEPPING FORWARD IN EFFECTIVE INTERDISCIPLINARY IMPLEMENTATION

E. Freiberger, Institute for Biomedicine of Aging, University Erlangen-Nürnberg, Nurnberg, Germany

Maintaining the health and independence of older adults is an important issue. Physical activity, particularly walking, is a crucial component for achieving this goal, as documented by a vast body of research. The constructs or definitions of the terms pose a barrier for an interdisciplinary approach to implementing effective intervention programs. Physical activity is used as an umbrella term with the term exercise included under other constructs. Walking is among most recommendations for physical activity made with regards to positive effects on health outcomes. Walking can be viewed both as a leisure time physical activity as well as structured, planned exercise with progressive intensity levels targeting at-risk older adults. The presentation will deal with different constructs on walking, mobility, and gait. The presentation is enclosed in a symposium investigating walking in older adults.

OUT-OF-HOME BEHAVIOR, ENVIRONMENTAL MASTERY AND AFFECT: THE MODERATING ROLE OF COGNITIVE STATUS

M. Wettstein, H. Wahl, N. Shoval, G. Auslander, F. Oswald, J. Heinik, Department for Psychological Aging Research, Heidelberg University, Heidelberg, Germany, 2. Hebrew University, Jerusalem, Israel, 3. Goethe University, Frankfurt, Germany, 4. Margoletz Psychogeriatric Center, Ichilov Hospital and Sackler Faculty of Medicine, Tel Aviv, Israel

Relationships between out-of-home behavior, environmental mastery, and affect might depend on the fit between the complexity of the out-of-home behavior domain considered and an individual’s cogni-
PERFORMANCE IN PATIENTS WITH DEMENTIA

achieved changes or even improved further at follow-up measurements. Results: After 6-MTI, positive with controls, crossover-phase with intervention by control group and strength training. The design was a randomized-controlled crossover

Methods: The 6-MTI consisted of daily walking and twice-a-week month multimodal training intervention (6-MTI) on functional fitness

ity, functional dependence and use of healthcare resources. The purpose of this study was to assess the immediate and long-term effects of a 6-month multimodal training intervention (6-MTI) on functional fitness (FF), body composition (BC) and cardiac metabolic risk factors (CMRF).

Background: Training interventions, including walking, are of special interest for older individuals, because of their high rate of disability, functional dependence and use of healthcare resources. The purpose of this study was to assess the immediate and long-term effects of a 6-month multimodal training intervention (6-MTI) on functional fitness (FF), body composition (BC) and cardiac metabolic risk factors (CMRF).

The 6-MTI consisted of daily walking and twice-a-week strength training. The design was a randomized-controlled crossover with four 6-month phases: Baseline assessment, intervention compared with controls, crossover-phase with intervention by control group and an additional 6-month follow-up. Results: After 6-MTI, positive improvement was seen in FF, BC and CMRF. Males and females retained achieved changes or even improved further at follow-up measurements. Conclusions: 6-MTI is feasible and beneficial in older populations as an integral part of prevention and management chronic age related disorders.

EFFECT OF A STANDARDISED TRAINING ON GAIT PERFORMANCE IN PATIENTS WITH DEMENTIA

Walking represents the key motor performance for autonomy, quality of life and risk of falling. In this RCT we determined the effect of an intensive, dementia adjusted training program on gait performances in geriatric patients post ward rehabilitation with diagnostically confirmed mild to moderate dementia (n=49). Patients in the intervention Group (IG) were trained by a standardized progressive resistance and functional training 2 times a week for 3 month. The control group (CG) received a non specific physical training while seated 2 times a week for 3 month. The control group (CG) received a non specific physical training while seated 2 times a week for 3 month. Gait performance was objectively measured by an electronic gateway (GAIT RITE). We discuss significant overall training effects (max gait speed: p=0.001, cadence: p=0.002, stride length: 0.008, double support: p=0.001, single support: p=0.030) except for heel base support: p=n.s. and effects sizes (range: 0.098 to 0.292) with respect to gait performance as well as gait security and predictors of training success.

KEEP WALKING: FACTORS INFLUENCING THE ADHERENCE TO WALKING RECOMMENDATIONS

Walking promotes physical, cognitive, and psychological health. Many people, especially older adults, walk less than the recommended amounts. Findings from psychology (socioemotional selectivity theory) and behavioral economics suggest that perceived time horizons and temporal discounting influence goals and behavior. We examined how these concepts related to time influence walking and adherence to messages promoting it. Participants (n=113 younger adults 18-35 years (M=26.12) and n=112 older adults 65-89 years (M=74.42)) were informed about short-term or long-term benefits of walking or negative consequences of not walking. Walking was measured with pedometers. We discuss how time horizons and temporal discounting (assessed with questionnaires) influence walking and responses to messages promoting it. For example, higher value placed on immediate rewards was related to greater increases in walking in response to information emphasizing short-term benefits, r=0.42, p=0.003. Consideration of perceptions of the future and temporal discounting can inform intervention designs.

SESSION 375 (PAPER)

CROSS-CULTURAL STUDIES

PSYCHOSOCIAL DETERMINANTS OF SUCCESSFUL AGING IN ELDERLY COMMUNITY RESIDENTS: PERSPECTIVES FROM ISRAEL

BACKGROUND. Given advances in longevity, maintaining a high quality of life in old age is a major public health challenge in developed and aging nations. Declines in health and functioning and the dependency that follows are among the major concerns of elderly persons, their families and aging societies. METHODS. This presentation will discuss findings from an in-home questionnaire administered to an Israeli sample of 1,098 community-dwelling persons aged 75 and older, cognitively and functionally competent, living independently. Sample was randomly selected from the municipality records of three Israeli cities – Tel Aviv, Haifa, and Beer Sheva. RESULTS. Over a third of the participants reported health declines in the past year. Increased difficulty performing ADLs and IADLs was also noted, along with a greater reliance on assistance. Hierarchical regression documented that lifestyle characteristics, personal resources, coping and health/functioning history explained 60.8% of the variance in participants’ scores on the summary measure of morale. However, results of the same model run for the morale dimension subscales suggest both common and unique correlates of each dimension and variation with regard to overall explanatory power (ranging from 41.5% for Agitation to 52.9% for Attitude toward Aging). The analysis also indicated that some of the factors impacting one dimension of morale had little or no impact on other dimensions. CONCLUSION. The multidimensional nature of morale, as suggested by these analyses, has ramifications for the design of psychosocial interventions that would facilitate quality of life while living with declines in health and functioning in advanced age.

HAPPINESS IN MARRIED OLDER ADULTS: IS THERE A CULTURAL DIVIDE IN DEFINITION OR IMPORTANCE?

Happiness is a key variable in aging studies. However, the concept of happiness may not the same across cultural groups. This cross-sectional study of 8974 participants in the Health and Retirement Study examines whether health and spousal happiness predict self-reported happiness of married older adults. The results of a hierarchical logistic regression show that in the full model for the full sample, the variables that best predict happiness are spousal happiness, followed by self-reported health. However, when the sample is decomposed by race/ethnicity and gender, the picture changes. For white non-Hispanic respondents, these two variables remain the most important predictors. For
black non-Hispanic men, spousal happiness is a significant negative predictor of happiness; age is the only significant positive predictor for this subsample. The only significant predictor of happiness for black non-Hispanic women is self-reported health; spousal happiness is not a significant predictor of happiness for these women. Finally, spousal happiness does not predict happiness for either Hispanic men or women. The largest significant predictor of happiness for Hispanic men is self-reported health, and the largest significant predictor for Hispanic women is spousal health. For all Hispanics, the number of marriages is a significant negative predictor of happiness. Overall, Hispanic respondents were significantly least likely of any of the three cultural subsamples to report happiness. These results suggest that there may be substantial cultural differences in definitions of or value placed on happiness and should be examined in more depth.

ON CONTEXTUALIZING HEALTH APPRAISAL AMONG OLDER ADULTS IN INDIA: EXAMINATION OF GENDER AND EDUCATIONAL DIFFERENCES

T. Bhatta, N. Lekhak, E. Kahana, Sociology, Case Western Reserve University, Cleveland Heights, Ohio

Drawing from emerging evidence on within nation population group differences in health appraisals in later life, this study examines gender and educational differences in health appraisal among older adults in India. Women’s subordinate status in the Indian patriarchal social system exposes them to health experiences potentially different from men. Similarly, due to a lack of access to health care, individuals with more limited education are also likely to appraise health differently than their better educated counterparts. Such structural positioning could influence the way people conceptualize health, resulting in differential health appraisal. Based on the first wave (2007-2010) of Study on Global Ageing and Adult Health (SAGE), this study utilizes ordinal logistic regression modeling to investigate the influence of gender and educational status on health appraisal among adults aged 50 years and older in India. Vignettes administered to a randomly selected group of individuals provide a frame of reference for better understanding of health appraisals. Findings of this study reveal significant gender and education differences in assessment of functional limitations. Notably, both women and higher educated older adults provided similar appraisals on vignettes administered to assess health. Depending on the type of vignettes, both groups reported either a higher or lower functional limitation severity. Vignettes displaying limitations in vigorous activities generally elicited lower appraisal of functional limitation severity from both groups. The differential health appraisal indicates potential under or overestimation of group level health differences, which could be responsible for inconsistent findings in health disparities research observed in developing nations.

HOW HEALTH CONDITIONS TRANSLATE INTO SELF ASSESSMENTS: A COMPARATIVE STUDY OF OLDER ADULTS ACROSS EUROPE

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Self-assessed health measures are frequently available in large national surveys and provide one method of comparing health across time and place, since they consistently predict various health outcomes. Even so, group comparisons of these summary measures confound differences in underlying health status with how people scale their health relative to a limited number of response categories. We use data on those aged 50 and older living in Austria, Germany, Sweden, Netherlands, Spain, Italy, France, Denmark, and Greece from the Survey of Health, Aging, and Retirement in Europe (SHARE) to examine framing effects and country differences in self-reported health (SRH). We then assess the persistence of these differences as we control for population heterogeneity in SES, demographic characteristics, and three categories of health and cognition measures: performance-based; self-reports; and self-assessments. SHARE also includes a randomized design feature that allows us to evaluate how the heightened salience of specific health conditions frames SRH. We estimate a series of generalized logit models with partial proportionality, beginning with a baseline estimate of country differences in SRH. We find evidence that prefacing the request for self-assessed health with a rehearsal of specific conditions is associated with more positive SRH; that semantic skills related to language and numeracy also are associated with ‘better’ health assessments; that the full range of indicators for clinically diagnosed and experiential dimensions of health are uniquely reflected in SRH; and that country differences in SRH persist, but some of these differences are non-proportional.

SESSION 380 (PAPER)

FAMILY CAREGIVING: PSYCHOLOGICAL FACTORS

HOW DO CAREGIVER RELATIONSHIP CLOSERNESS AND COPING STRATEGIES AFFECT THE COSTS OF DEMENTIA CARE?


1. County Dementia Progression Study (DPS). Measures for dementia progression and the care environment were collected annually. Caregiver relationship-closeness and coping were assessed with the Noe...
importance of caregiver burden, depression, and uplifts among spouses and adult-children

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The caregiving career begins within the context of an established familial relationship identity between a caregiver and family member with a chronic illness. Caregiver identity theory suggests as the career progresses, individuals incorporate more of the caregiver role into their relationship identity. Using relationship identity to measure the phases of the caregiving career, this study investigated whether experiences of burden, depression, and uplifts differed across the caregiving career and between spouse (N = 264) and adult-child (N = 229) caregivers. Statistical tests using multivariate analyses of variance revealed interactions between relationship to care-recipient and caregiving phase for burden and depression, and main effects of caregiver relationship and caregiving phase for uplifts. Spouse caregivers experienced the greatest burden and depression when their relationship identity was comprised of the caregiver role primarily. Adult-child caregivers, however, experienced the most burden and depression when the familial and caregiver roles equally comprised their relationship identity. The largest differences in caregiver outcomes between spouses and adult-children occurred in the earliest phase of the caregiving career, where the relationship identity was comprised of familial role primarily. While adult-child experienced similar levels of uplifts across the caregiving career, spouses experienced lower levels of uplifts when their relationship identity incorporated more of the caregiver role. Findings are discussed in terms of the differential needs of spouses and adult-children across the caregiving career.

Caregiver quality of life: The differential importance of caregiver burden

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While much is known about burden among caregivers to those with dementia, less attention has focused on its relevance for quality of life, differentiating between spouses and adult children caregivers, men and women. This paper seeks to unpack for whom and under what circumstances burden within the caregiving relationship is related to quality of life. A sample of over 900 caregivers in British Columbia Canada were interviewed face-to-face for on average an hour and a half concerning many aspects of the relationship. Using multivariate path analyses, among the entire sample, whether the caregiver is a spouse or child, male or female is unrelated to the burden they experience. Rather, prior relationship, amount of caregiving and health of the caregiver are the significant predictors. However, prior relationship with and health of the care recipient are significant for spousal caregiver burden, but not child burden. Burden, furthermore, is not related to self-esteem but is the major predictor of satisfaction with self, among both spouse and child caregivers, men and women. Spouses though are distinctive in the salience of their prior relationship with the care recipient for their current quality of life. In terms of satisfaction, it matters for women whether they are the wife or daughter; for men, it does not matter whether they are the husband or son (relation matters for women but not men when it comes to their satisfaction).

Disruptive behaviors and anxiety in dementia caregiving: Multiple mediation of rumination, experiential avoidance and pleasant events

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Introduction Care-recipients’ disruptive behaviors are one of the main causes of distress (anxiety) for dementia family caregivers. However, the mechanisms through which this relationship occurs remain unclear. The purpose of this study was to analyze a model aimed to explain how caregiver’s stressors (frequency of behavioral problems) are related to anxiety, analyzing specifically if this link was mediated by three simultaneous coping variables: rumination, experiential avoidance, and frequency of pleasant events. Method and results The sample consisted of 202 family caregivers. Individual face-to-face assessments were done. In order to test the multiple mediators model, the bias corrected and accelerated bootstrapping method was used. Results showed that higher levels of stressors significantly predict anxiety (B = .37; p < .01). Greater stressors significantly predict higher levels of rumination (B = .16; p < .01) and experiential avoidance (B = .28; p < .01). The assessed coping variables significantly mediated the link between stressors and anxiety. The specific indirect effect through the use of experiential avoidance was significantly larger than the effect through frequency of pleasant events. The explained variance for the final model was 48.53%. Effect sizes (K2) of the mediator variables were 0.09 for rumination, 0.07 for the use of avoidance coping, and 0.031 for frequency of pleasant events. Discussion The results suggest that there are multiple pathways through which stressors may be related to increased anxiety. Training caregivers in strategies for increasing acceptance and behavioral activation may buffer the impact that stressors have on anxiety.

Attentional correlates of general and caregiving-related experiential avoidance in dementia caregivers

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Experiential avoidance has been found to be associated with dementia caregivers emotional distress. The attentional correlates of experiential avoidance have not yet been explored, even when their detection would contribute significantly to support the construct validity of this variable. This study analyzes the presence of attentional biases in dementia caregivers, using a dot-probe task with pictures varying in valence (threatening, positive and neutral), content (general vs. related to caregiving) and time of exposure (100 ms vs. 500 ms). 105 dementia family caregivers performed the dot-probe task and completed measures of generic experiential avoidance (EA) and caregiving-related experiential avoidance (CR-EA). Several bias scores were calculated from...
response times to probes, both globally (across time exposure conditions) and for the 100/500 ms conditions separately: General-Threat bias (GT), General-Positive bias (GP), Caregiving-Related-Threat Bias (CRT), Caregiving-Related-Positive bias (CRP). Also, general biases were calculated, independently from content, for each time exposure (T100/T500, P100/P500). Only CR-EA, but not EA, was significantly associated with attentional biases. Correlation analyses revealed that CREA was related with avoidant CRT biases (CRT global: r = -0.24; p<0.05; CR at 100 ms: r = -0.21; p<0.05), and with vigilant P100 biases (r = 0.33; p<0.01). Paired samples t-tests revealed that two of these biases (CRT100 bias (-24.5; t=-22.69; p<0.01) and P100 bias (9.39; t=2.36; p<0.05)) significantly differed from 0. The identification of a pattern of attentional avoidance of general and caregiving-related threat in high CR-EA caregivers represents a strong empirical argument supporting the construct validity of this variable.

SESSION 385 (PAPER)

LONG-TERM CARE: STAFF ISSUES

EXPLORING NURSING ASSISTANT PERCEPTIONS OF THE QUALITY IMPROVEMENT PROCESS IN NURSING HOMES


As a part of ongoing efforts to improve nursing home (NH) quality, policymakers increasingly promote quality improvement (QI) initiatives. Although nursing assistants (NA) provide the majority of care in NHs and are centrally involved in implementing QI interventions, little is known about their perceptions of the QI process. Within the evaluation of the Minnesota NH Performance-Based Incentive Payment Program (PIPP), semi-structured interviews were conducted with 43 NAs who participated in QI projects at 23 NHs. Projects focused on various clinical and quality of life domains and facilities differed in terms of size, geographic location, profit/nonprofit status, and stand-alone or chain/collaborative affiliation. Interviews explored staff perceptions of the QI process, including challenges, facilitators and positive outcomes. Interviews were transcribed and analyzed using inductive category development. NAs described their important role in engaging residents in potentially beneficial activities, communicating subtle changes in residents’ conditions to nurses, and contributing to a team environment. NAs indicated that training and their established relationships with residents facilitated success. Challenges included increased workload, communication across staff roles and shifts, and adjusting to changes in routines. When asked about positive outcomes, NAs focused on individual resident successes, having more time or more interaction with residents, experiencing improvements in the work environment, having increased awareness of resident conditions, and being listened to by other staff. Results of this study suggest that meaningful involvement of direct care staff in QI activities may provide an important way of not only strengthening QI interventions, but also improving resident outcomes and staff satisfaction.

FORMAL CAREGIVERS’ EXPOSURE TO DEMENTIA-RELATED AGGRESSIVE BEHAVIORS IN JAPAN

H. Hirata, T. Harvath, L. Miller, G. McKenzie, School of Nursing, Oregon Health & Science University, Portland, Oregon

Background: Aggressive behaviors (ABs) related to dementia among older adults have been associated with increased occupational stress among formal caregivers (FCs) in the US and other western countries and may contribute to staff turnover. However, few studies related to this issue have been done in Japan, where caregiver reaction to aggressive behaviors might be different because of cultural and customary differences in how care is provided for older adults. Purpose: The purpose of this research is to examine the relationship between FC exposure to dementia-related aggressive behavior and their occupational stress, job burnout, and intention to resign. Methods: This research is a descriptive, correlational study using cross-sectional design. Data were collected from care workers (n = 106) who were working in the special care units for residents with dementia in eight nursing homes in the western areas of Japan. Findings: There were significant relationships between the frequency of ABs and occupational stress caused by ABs (r = 0.45, p < 0.001) and job burnout (r = 0.25, p < 0.01), and occupational stress and job burnout (r = 0.34, p < 0.001). There were not significant relationships between intention to resign and the frequency of ABs, occupational stress by ABs, and job burnout. Discussion: Although FC exposure to dementia-related AB was not correlated with intention to resign, ABs were significantly correlated with occupational stress and job burnout. These findings illuminate the importance of interventions for FCs’ occupational stress of ABs.

DO YOU SEE ME? NURSING HOME SOCIAL WORKER KNOWLEDGE OF DEPRESSIVE SYMPTOMS AMONG RESIDENTS

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Depression is characterized by psychological conditions (such as feelings of worthlessness, recurrent thoughts of death, loss of pleasure in life, etc.) and it has been linked to increased rates of cognitive and functional declines, malnutrition, suicidal ideations, hospitalizations, falls, mortality and longer admissions. Yet misdiagnosis (both over and under diagnosis) of depression among the elderly in nursing homes appears to be pervasive according to recent research. Social workers in long-term care facilities are often responsible for completing biopsychosocial assessments of residents, including assessments of depressive symptoms. This exploratory study assessed social worker knowledge of depression among a sample of 152 nursing home social workers in a single southeastern state. Depressive knowledge was measured using the Late Life Depression Quiz. Findings suggest short-comings in social worker knowledge related to aging norms, elder suicide, the diagnostic complexity of depression and the autonomy of the severely depressed. Furthermore, those who earned more continuing education hours over the past 12 months were more likely to have higher levels of knowledge related to late life depression (r=.245, n=122, p=.006). With the introduction of new assessment instruments within the Minimum Data Set, we are making strides toward improving our recognition of depressive symptoms among residents, but this is no substitute for social worker knowledge of late life depression. These findings corroborate similar research and are cause for action by practitioners and researchers in order to create environments for optimal aging in long-term care facilities. Suggestions for practitioners and researchers will conclude this presentation.

PREDICTORS OF ROLE OVERLOAD AMONG DIRECT CARE WORKERS IN ASSISTED LIVING FACILITIES FOR OLDER ADULTS

R.J. Chao, Social Work, University of South Carolina, Columbia, South Carolina

Emerged in late 1980s, assisted living (AL) has experienced the fastest growth among residential long-term care models in the United States. Typically serving older adults who can no longer live independently, but do not need nursing home care, assisted living combines housing, personal supportive services, and health care. The bulk of care is shouldered by direct care workers (DCWs). These workers experience high levels of role overload in addition to low pay, low benefits, and lack of advancement opportunities. Defined as the extent to which role performance is affected by inadequate time and/or resources, role
overload of DCWs has been identified as a key predictor of their job turnover. Nevertheless, little is known about the factors contributing to DCWs’ role overload in the context of AL. Based on an integrated model of role overload, this study intends to bridge such gap. The study uses data from the pre-intervention survey (N = 984 DCWs in 108 AL facilities) of the Worker Education, Training, and Assistance (WETA) Program in Wisconsin. Multivariate regression analysis show that DCWs’ role overload is positively related to (a) staff shortage, (b) conflicting demands from job and personal life, and (c) length of working at current position; and negatively related to (d) knowing one’s duties before work and (e) receiving recognition for one’s work. Age, gender, ethnicnicity, education, facility proprietary status (for profit vs. non-profit), hourly pay, benefits, and having a second job have no effects in the same analysis. Theoretical, policy, and practice implications are discussed.

BEHAVIORAL ENGAGEMENT OF DIRECT CARE WORKERS: EXAMINING A KEY DETERMINANT TO IMPROVING EMPLOYEE OUTCOMES
D. McCaughey, K. Wu, G. McGahan, C. Baumgardner, HPA, Penn State University, State College, Pennsylvania

Background: Poor employee outcomes and high turnover have been shown to result in low levels of employee engagement at work. According to Macey and Schneider’s (2008) framework, behavioral engagement is a core factor of employee engagement. We posit behavioral engagement is reflective of both the individual and leadership in the workplace. This study seeks to determine how leadership contributes to direct care worker (DCW) engagement and the relationship between employee engagement and outcomes. Methods: Using data from the 2007 National Home Health Aide Survey and the 2004 National Nursing Assistant Survey, factor analysis and hierarchical linear regression was used to develop a behavioral engagement scale and to examine the relationships between employee engagement and outcomes for the DCW and organization. Findings: The findings support the validity of the proposed behavioral engagement scale in both datasets (α = .76). Behavioral engagement is positively associated with job satisfaction (Home Health Aide (HHA) β = .47; Nursing Assistant (NA) β = .38, p-value < .001) and negatively associated with turnover intentions (HHA, β = -.36; NA, β = -.29 p-value < .001). Behavioral engagement is positively associated with DCW willingness to recommend their organization as place to seek care (HHA, β = .34; NA, β = .45, p-value < .001) and as a place to work (HHA, β = .33; NA, β = .51, p-value < .001). Conclusions: Supervisors and senior management have a direct influence on engagement; positive managerial actions result in increased DCW behavioral engagement. The proposed behavioral engagement scale offers LTC organizations an innovative tool which can be used to measure and improve the working environment of DCWs.

SESSION 390 (SYMPOSIUM)

ASSESSING THE “PHYSICAL CLIFF” WITH OBJECTIVE ACTIVITY ASSESSMENT: FINDINGS FROM THE BLSA
J.A. Schrack1,2, V. Zipunnikov1, J. Goldsmith3, J. Bai1, E.M. Simonsick1, C. Crainicaneau1, L. Ferrucci1, Johns Hopkins School of Public Health, Baltimore, Maryland. 2. National Institute on Aging, Baltimore, Maryland. 3. Columbia University School of Public Health, New York, New York

In spite of strong evidence that physical activity has beneficial effects on health and can attenuate age-related functional decline, accurate information on free-living activity habits of older adults is scarce. We modeled the association between free-living activity counts and age using cumulative activity count methodology in 611 BLSA participants (50% male, mean age 67, range 32-93) adjusted for sex, BMI, employment, and comorbid conditions. Minute-by-minute analyses of the data demonstrated that daily physical activity is 1.3% lower for each one-year increase in age, with a different circadian pattern in older compared to younger individuals (p<0.01). Independent of age, poor lower extremity performance, non-working status, and higher BMI were independently associated with less physical activity (p<0.001). Use of accelerometers to characterize daily activity patterns provides accurate and detailed information, particularly at low levels of activity, which are essential for understanding activity patterns and their impact in older persons.

ACTIGRAPHY MEASURES OF FATIGUE: DURATION, INTENSITY, AND FREQUENCY ANALYSIS OF ACTIVITY IN THE BLSA
V. Zipunnikov, J.A. Schrack, C. Crainicaneau, L. Ferrucci, Biostatistics, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Increasing fatigue and activity reduction are common complaints among older adults. We conducted a comprehensive analysis of the relationship between age and free-living activity duration and intensity in 631 participants of the BLSA. Using empirical measures to summarize duration, intensity, and frequency of activity bouts as well as activity/inactivity fragmentation, we explored the most common patterns of activity in four data-driven age strata. We found that: 1) after peaking near 12pm, circadian activity rhythm rapidly declined in participants older than 68 years old; 2) although the number of activity bouts stayed approximately constant during a day the activity intensity declined rapidly in afternoon with increasing age; 3) older adults expended the majority of their energy during morning hours. These findings support a fatigue-related reduction in both activity amount and intensity with age, and indicate an intrinsic mechanism may contribute to the commonly observed age-related reduction in activity.
OBJECTIVELY MEASURE LIFE-SPACE IN OLDER ADULTS USING GLOBAL POSITIONING SYSTEMS (GPS) DATA TO
CHAIR, WALKING, STANDING, AND LAYING ON/STANDING UP FROM A BED USING
TIAL PROBLEMS. I WILL ALSO DISCUSS A SET OF OBJECTIVE AND DETAILED
SUCH PREDICTION ALGORITHMS IN THE APPLICATION TO OBSERVATIONAL STUDIES
ABILITY TO GATHER SPATIAL-TEMPORAL DATA. WE COLLECTED GPS DATA OVER 5
HOURS, 78 INTERVIEWS, AND DOCUMENT ANALYSIS. RESULTS: PRACTICAL ACCESS
THE INFLUENCE OF ORGANIZATIONAL SYSTEMS ON
INFORMATION EXCHANGE IN LONG-TERM CARE FACILITIES: AN INSTITUTIONAL ETHNOGRAPHY
S. Caspar1, P.A. Ratner1, A. Phinney1, K. MacKinnon2, D. O’Connor1, 1. University of British Columbia, Vancouver, British Columbia, Canada, 2. University of Victoria, Victoria, British Columbia, Canada
Purpose: Effective information exchange and collaboration among healthcare team members is essential for high quality of care in long-term care (LTC) settings. Methods: An institutional ethnography was conducted to derive data from three LTC facilities and included 83 participant observation hours, 78 interviews, and document analysis. Results: Practical access to institutional texts containing individualized care-related information (e.g., assessments, care plans, progress notes) was dependent on job classification. Regulated healthcare professionals (e.g., RNs) frequently accessed these texts to exchange information. Front-line care aides lacked practical access to these texts and primarily received and shared information orally. Consequently, microsystems of care, based on these distinct information exchange formats, emerged. The organizational systems in the facilities studied mandated the written exchange of information and did not formally support an oral exchange. Implications: Organizational initiatives aimed at building positive work-place relationships are needed to support information exchange within and between these microsystems of care.

ESTIMATING ENERGY EXPENDITURE FROM HEART RATE AND ACTIVITY COUNTS: A BAYESIAN APPROACH
J. Goldsmith1, J.A. Schrack1, V. Zipunnikov2, L. Ferrucci1, C. Crainiceanu1, 1. Columbia University, New York, New York, 2. Johns Hopkins University, Baltimore, Maryland, 3. NIA, Baltimore, Maryland
Wearable devices promise to revolutionize the estimation of energy expenditure at the subject level by providing continuous collection of movement and heart rate data. Several challenges currently prevent accurate estimation, including the effect of heterogeneity in relationship between heart rate and energy expenditure and the unclear relationship between activity and heart rate data. In this work we seek to combine in-lab calibration data with free-living activity and heart rate data collected as part of the Baltimore Longitudinal Study on Aging to flexibly derive subject-level energy expenditure relationships and estimates. Both data sources contribute to identifying the threshold between inactivity and activity, as well as to estimating the relationship between heart rate and energy. Crucially, this approach incorporates subject-specific features to generate personalized estimates of energy expenditure: preliminary results indicate that neglecting subject heterogeneity can lead to over- or under-estimation of total daily energy expenditure by more than 500 calories.

SESSION 395 (SYMPOSIUM)
BUILDING CAPACITY FOR HIGH QUALITY LONG-TERM CARE: USING SYSTEMS-LEVEL FRAMEWORKS
Chair: M.E. Dellefield, Research, VASDHS, San Diego, California
Co-Chair: K. Corazzini, Research, VASDHS, San Diego, California
Discussant: R.A. Anderson, Research, VASDHS, San Diego, California
The IOM (2002; 2013) has consistently called for attention to improving the microsystems of care that shape quality of care; DOD/AHRQ Initiatives such as TeamSTEPPS® long-term care suggest improving quality requires improving collaboration (2013) within and across microsystems. In nursing homes, microsystems may be made up of subgroups of nurse aides, nurses, and residents. In home health care, microsystems may include the elderly patient, home care aide, family member, and nurse. Such microsystems emerge within the context of a larger macrosystem, whether as a standalone nursing home or home health care agency or part of a multi-state corporate entity. These microsystems are complex adaptive systems (CAS), embedded within larger CAS; they may form and reform as they adapt to the demands of the elderly individual’s needs and the work environment. As a result, structured team processes with formal boundaries may oppose and impede the dynamics that allow effective microsystems to emerge. The purpose of this symposium is to describe key factors that facilitate or impede the capacity for high-quality long-term care within and between these microsystems. We examine how nursing home staff quality of interactions and licensure mix affect care outcomes of these microsystems, the microsystems of consumers of home health care who successfully remain at home, and how macro-system factors including support for nursing home administrators and overall staff education levels affect quality. This symposium highlights how building the capacity for high-quality long-term care requires advancing the empirical basis of a systems-level framework of how care emerges across an organization.

THE INFLUENCE OF ORGANIZATIONAL SYSTEMS ON INFORMATION EXCHANGE IN LONG-TERM CARE FACILITIES: AN INSTITUTIONAL ETHNOGRAPHY
S. Caspar1, P.A. Ratner1, A. Phinney1, K. MacKinnon2, D. O’Connor1, 1. University of British Columbia, Vancouver, British Columbia, Canada, 2. University of Victoria, Victoria, British Columbia, Canada
Purpose: Effective information exchange and collaboration among healthcare team members is essential for high quality of care in long-term care (LTC) settings. Methods: An institutional ethnography was conducted to derive data from three LTC facilities and included 83 participant observation hours, 78 interviews, and document analysis. Results: Practical access to institutional texts containing individualized care-related information (e.g., assessments, care plans, progress notes) was dependent on job classification. Regulated healthcare professionals (e.g., RNs) frequently accessed these texts to exchange information. Front-line care aides lacked practical access to these texts and primarily received and shared information orally. Consequently, microsystems of care, based on these distinct information exchange formats, emerged. The organizational systems in the facilities studied mandated the written exchange of information and did not formally support an oral exchange. Implications: Organizational initiatives aimed at building positive work-place relationships are needed to support information exchange within and between these microsystems of care.

NURSING HOME NURSES’ EDUCATION AND RESIDENT OUTCOMES
M.J. Dyck, M. Kim, K. Berliner, L.A. Bonney, Mennonite College of Nursing, Illinois State University, Normal, Illinois
The education of RNs in nursing homes is lower than in any other practice setting in the United States. The research question was: Does the educational level of nursing home nurses impact the capacity for high quality care in nursing home systems? The sample was a stratified random sample of free-standing nursing homes based on the CMS over-
A SYSTEMS ANALYSIS OF THE FACTORS THAT CONTRIBUTE TO THE NURSING HOME ADMINISTRATORS


Registered Nurse Directors of Nursing (DONs) serve in professional nursing management roles in nursing homes; as such, DON strategies to facilitate nursing staff care directly affect the capacity of clinical microsystems for high quality care. The purpose of this study was to describe strategies used by DONs to facilitate microsystem performance and the co-occurrence of such strategies with Centers for Medicare and Medicaid Services (CMS) quality measures. An embedded, mixed-methods study design (Creswell & Plano Clark 2011) of DONs (N=51) in two states was used to describe patterns of strategies used to facilitate nursing assessment, care planning, supervision and delegation, and the explanations and expected outcomes of those strategies. Qualitative data were mixed with quantitative data of CMS quality measures. Results indicate specific patterns of strategies co-occur with better quality in the context of DONs who explained their strategies as facilitating higher capacity clinical microsystems and who tracked microsystem outcomes.

MANAGING COMPLEX SYSTEMS TO MAINTAIN INDEPENDENCE: THE PERSPECTIVE OF HOME CARE CONSUMERS

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Accounting for the perspective of consumers is essential in efforts to improve quality and advance more person-centered systems of care.

The HOME study conducted in-depth interviews with more than three dozen older adult “dual-eligibles” in California (i.e., those insured by both Medicare and MediCal) to document how they manage a fragmented network of health and social care to continue to live independently at home. These data reveal that most consumers depend on the successful interaction of both formal (e.g., health care and social services) and informal (e.g., unpaid family) systems of care to effectively meet their basic needs. As California finalizes an initiative to transition “dual-eligibles” into managed care, the consumer perspective represented in the HOME study will be especially useful for gauging the early effects of this transition to a new system of care, and identifying both improvements and gaps that may still need to be addressed.

EVIDENCE-BASED FALL PREVENTION FOR PHYSICAL THERAPIST: THE REACH, IMPLEMENTATION AND EVALUATION OF AN ONLINE TRAINING PROGRAM ON PHYSICAL THERAPY PRACTICE

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The Otago Exercise Program is an evidence-based fall prevention program delivered by physical therapist in 6 visits over a one year...
period. Developed in New Zealand, few physical therapists in the United States have knowledge of the program. Through a partnership with the CDC and the Carolina Geriatric Education Center, an online training program was developed and deployed to have the greatest reach and implementation of the program. The CDC-funded Policies, Partners, and Programs for Fall Prevention evaluated the impact of the online training on implementation of the Otago program. This presentation will: 1) Present perceived and actual barriers and facilitators towards implementation; 2) Present preliminary outcome data of patients receiving Otago; 3) Discuss the complexities of implementing an evidence-based fall prevention program within the current healthcare system.

**FALL PREVENTION IN CLINICAL SETTINGS: THE IMPLEMENTATION AND EVALUATION OF THE STEADI TOOL KIT**

M.L. Smith1,2, R.J. Schuster1, C.O. Cherry1, M.G. Ory2, 1. College of Public Health, The University of Georgia, Athens, Georgia, 2. Texas A&M Health Science Center, College Station, Texas

This presentation will highlight the implementation and preliminary evaluation of the STopping Elderly Accidents, Deaths, and Injuries (STEADI) tool kit, a new resource developed by the Centers for Disease Control and Prevention (CDC) to improve fall risk screening, treatment, and referral practices in primary care settings. Specifically, this presentation will: (1) outline the overall rationale and components included in the STEADI tool kit; (2) describe the implementation of the Clinician Engagement and Education (CEE) Sessions used to prompt healthcare providers to make microsystem changes in their group practices; (3) describe the design, elements, and infrastructure being used to evaluate STEADI; and (4) discuss successes, challenges, and general lessons learned about implementation and evaluation during the pilot phase. This presentation will also identify resources healthcare professionals can use when implementing STEADI in primary care settings to reduce falls-risk among their at-risk geriatric patients.

**DEVELOPING, IMPLEMENTING, AND DISSEMINATING A FALLS PREVENTION CURRICULUM FOR COMMUNITY HEALTH WORKERS**

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The Policies, Programs, and Partners for Fall Prevention (PPPFP) study incorporates multi-level intervention approaches to address fall prevention using several dissemination research methodologies—including training Community Health Workers (CHWs)/Promotores to deliver fall prevention messages. The purpose of this presentation is to discuss the development, implementation, and dissemination of the falls prevention CHW curriculum. Utilizing best practice models for training CHWs, adult learning theory, and message tailoring, the PPPFP study team developed a CHW curriculum on fall prevention. CHWs receiving the training use the information to connect at-risk seniors to medical services and evidence-based community fall prevention programs. The curriculum was first offered online in Texas—providing CEUs as part of the state CHW recertification process. Then the curriculum was adapted and disseminated to North Carolina for in-person training. This CHW-tailored curriculum has vast implications to reach larger proportions of high-risk seniors outside of healthcare settings through message tailoring.

**STATE-BASED FALL PREVENTION COALITIONS: POLICIES IMPLEMENTED, BARRIERS ENCOUNTERED, SUCCESSFUL STRATEGIES**


The National Council on Aging released the State Policy Toolkit for Advancing Falls Prevention in late 2012. The toolkit provides evidence-based guidance and resources for state and local fall prevention coalitions to have the greatest impact on change. However, little is known about the current policy efforts being done by state-based fall prevention coalitions. As a component of a CDC-sponsored “Policies, Programs, and Partners for Fall Prevention” grant, 35 states with active fall prevention coalitions were surveyed concurrent with the toolkit release in 2012 to document fall prevention strategies, policies, and regulations implemented to advance fall prevention; identify facilitators and barriers; and document general coalition practices and procedures. This presentation will: (1) highlight results of the state falls prevention coalition policy survey; and (2) identify successful strategies employed to advance falls prevention policies.

**SESSION 405 (SYMPOSIUM)**

**DECREASING BEHAVIORAL SYMPTOMS WHILE OPTIMIZING FUNCTION IN LONG TERM CARE RESIDENTS WITH MODERATE TO SEVERE COGNITIVE IMPAIRMENT**

Chair: E. Galik, School of Nursing, University of Maryland, Baltimore, Maryland
Co-Chair: B. Resnick, School of Nursing, University of Maryland, Baltimore, Maryland
Discussant: M. Bolz, New York University, New York, New York

Half of all nursing home (NH) and assisted living (AL) residents in the United States have moderate to severe dementia and are functionally disabled. Unfortunately, these individuals have limited opportunities to engage in functional and physical activities due to custodial care practices that focus on task completion and policies that restrict mobility for fear of falls. In a vicious cycle, this restriction results in unintended functional decline and places residents at increased risk of pain, falls, hospitalizations and death. These residents may also have related behavioral symptoms, such as agitation and resistance to care. It is during care interactions that behavioral symptoms are most commonly exhibited. This resistance discourages staff from engaging residents in functional activities and adds to functional decline. While some non-pharmacological interventions successfully address behavioral symptoms, they tend to focus on sedentary and soothing activities, such as massage, reminiscence, and relaxing music. Unfortunately, these interventions ignore function and in some cases propagate deconditioning and disuse. Alternatively, Function Focused Care is a theoretically based way to provide care in which caregivers teach, cue, model, and assist residents to perform functional tasks and engage in physical activity. This symposium will discuss the functional and behavioral outcomes of the Function Focused Care study for NH residents with dementia; compare the use of antipsychotic medication in AL and NH settings; present an innovative approach to addressing behavioral symptoms while optimizing function in this population; and present a case study of a successful method to decrease antipsychotic use at the site level.
CASE EXAMPLE OF A SITE BASED APPROACH TO DECREASE INAPPROPRIATE ANTIPSYCHOTIC USE IN NURSING HOMES
K. Wolfe, E. Galik, B. Resnick, School of Nursing, University of Maryland, Baltimore, Maryland

Antipsychotic medications are widely used in long-term care settings to treat behavioral and psychiatric symptoms of dementia and there is limited support as to their effectiveness and safety. The purpose of this quality improvement project was to demonstrate an effective way to decrease inappropriate use of antipsychotics in nursing home settings. Inappropriate use was defined as prescribing practices that did not comply with Centers for Medicare and Medicaid Services guidelines. An initial assessment of antipsychotic drug use was done using the American Medical Director’s Association Checklist and the information was provided back to the staff and education provided relevant to findings. The baseline prescribing rate for antipsychotic medications was 20%. Non-pharmacologic interventions were documented by the activities personnel, but nursing staff did not document any behaviors or interventions attempted. Outcomes and a dissemination plan will be provided for how this approach can be used in any nursing home.

SESSION 410 (SYMPOSIUM)

SUCCESSFUL AGING: SUCCESSFUL FOR WHOM?
Chair: L.R. Phillips, Nursing, UCLA, Los Angeles, California
Discussant: L.R. Phillips, Nursing, UCLA, Los Angeles, California

Many of the current definitions of successful aging are derived from Rowe and Kahn whose criteria are most applicable to non-Latino White Americans. These criteria emphasize physical health and strength. The degree to which these criteria are well-suited to describing successful aging among individuals in ethnically and racially diverse groups is uncertain. It could even be argued that setting these criteria as the standard for successful aging, invalidates the aging experiences of individuals who belong to groups that experience the bulk of chronic disease burden such as those in ethnically and racially diverse groups. The purpose of this symposium is to explore alternate criteria of successful aging that might be more relevant to diverse groups of older adults, particularly those with chronic illnesses. The first paper will present a concept analysis and currently accepted criteria for successful aging. The second paper will consider factors that influence successful aging in older African Americans and will suggest criteria that may be more appropriate for the group. The third paper will focus specifically on socioeconomic factors that may influence successful aging through their impact on mental health. The fourth paper will consider successful aging among African American caregivers who are experiencing post-caregiving transitions following the death of their loved one. The final paper will explore parameters of successful aging among Latinos based on group perceptions. The goal is begin to define parameters of successful aging that may be more universally applicable.

UNSUCCESSFUL AGING IN MINORITY GROUPS AS A SELF-FULFILLING PROPHECY?
S. Cobb, UCLA, Los Angeles, California

In our aging society, having strong and positive mental health can help assure successful aging. However, minority populations are plagued with messages and adversities that may damage and influence their mental health. There is an emergent need for research on the social and behavioral factors that influence mental health and impede successful aging for minority elders. This presentation will survey the literature and expose challenges that may influence the mental health of diverse populations.
SUCCESSFUL AGING: AFRICAN AMERICAN POST-CAREGIVERS EXPERIENCING POST-CAREGIVING TRANSITIONS
E. Ume1,2, B.C. Evans2, 1. School of Nursing, Charles R. Drew University of Medicine and Science, Los Angeles, California, 2. Arizona State University, Phoenix, California

The period of post-caregiving is a critical, though often ignored phase of caregiving. Few caregiving studies specifically focus on the experiences of African American post-caregivers (AAPCGs) or ways the caregiving experience is related to successful aging. This study of 40 AAPCGs whose caregiving role terminated with the death of their loved ones explored post-caregiving experiences of AAPCGs. This paper will present findings about facilitators to healthy post-caregiving transitions (PCT) and their relationship to successful aging. In general, AAPCGs utilized spiritual and other coping strategies, engaging in life balance activities, enjoying family time through reminiscence, visiting the cemetery and adjusting personal beliefs about the loss of their loved one in their transitions. Other facilitators included: AAPCGs’ satisfaction with care provided, feeling appreciated; fulfilling the wishes and legacies of deceased loved ones. Consideration will be given how the PCT can be used to develop criteria for successful aging among AAPCGs.

SUCCESSFUL AGING—WHAT IS IT AND WHO DOES IT DEFINE? A CONCEPT ANALYSIS
M. Wargo-Sugleris, University of California Los Angeles, Los Angeles, California

The concept of successful aging is widely defined by Rowe and Kahn’s definition based on the MacArthur Study and includes three factors: optimal physical and cognitive functioning, absence of disability and disease, and engagement with life. These factors have been used primarily to describe adults between the ages of 65-95 in retirement and primarily “elderly males” (1; 2). Although the concept of successful aging is used in occupational and gerontological journals, there is no agreed common or standard definition for defining successful aging (1; 2; 3). This paper will be a concept analysis of the term “successful aging” as it applies to people as they enter “successful aging”, men and women. The paper will lay the foundation for an exploration of the concept of successful aging as it applied to ethnically and racially diverse groups. References 1. Rowe & Kahn, 1997 2. Tate, Lah, & Cuddy, 2003 3. Depp & Jeste, 2009

PHYSICAL FUNCTION: A PARAMETER OF SUCCESSFUL AGING FOR LATINOS?
G. Flores, Nursing, University of California, Los Angeles, Los Angeles, California

Current definitions to successful aging include physical function as a criterion, without considering to what extent physical function fits the perception of successful aging among Latino older adults. To promote successful aging among Latino older adults, understanding the perceptions of successful aging among this population and how physical function fits with their perceptions is essential. Understanding such perceptions will help validate the aging experience of Latino older adults, and stimulate new approaches to culturally-sensitive research focused on successful aging. The purpose of this presentation is to explore current literature that aims at understanding the perception of physical function as a criterion of successful aging among Latino older adults, in an effort to stimulate culturally-sensitive definitions of successful aging. Consideration will be given to how successful aging among Latino older adults is defined in the literature, and how cultural nuances of successful aging are conceptualized in the literature.

SESSION 415 (PAPER)

BIOLOGY AND GENETICS

AGING, LATENT VIRAL INFECTION, AND RADIATION EXPOSURE
J.L. Pugh, M. Smithey, J. Nikolich-Zugich, Genetics IDP, Immunobiology, University of Arizona, Tucson, Arizona

Susceptibility to infectious disease increases with age, making it one of the leading causes of death in people over 65. The immune aging process may be accelerated by the presence of life-long latent infections, such as cytomegalovirus, that put a constant burden on the immune system. Theories of biological aging also suggest that immune cells may have defective functions in old age because of a lifetime of self-renewal, and DNA damage related senescence, among other factors. Sub-lethal whole-body irradiation results in dose-dependent death of immune cells throughout the body, forcing some peripheral self-renewal of surviving immune cells. We exposed mice to various sub-lethal irradiation doses (0Gy – 4Gy) in youth, and followed them for life. Some mice were also given life-long murine cytomegalovirus (MCMV) to reflect the most common latent virus in human populations. At the end of life, mice were vaccinated against, and then infected with, West Nile Virus (WNV). Our results show that a single sub-lethal radiation exposure in youth, in the context of latent MCMV infection, results in a unique immune cell population distribution, and ultimately decreased vaccine efficacy.
Implications to the fields of radiobiology, immune aging, and vaccine development will be discussed.

ROLE OF CD4+ T CELLS IN AGE-RELATED DEFECTS IN IMMUNITY

Aging results in an incompletely understood state of immune deficiency called immunosenescence. T-cells are known to play a fundamental role in directing and regulating human immunity. Models utilizing West Nile Virus (WNV) and Listeria monocytogenes (Lm) have clearly defined defects in old CD8+ T cells that directly contribute to increased susceptibility in elderly. Specifically, aged CD8+ T cells have a reduced pathogen-specific precursor frequency, the magnitude of the response to an infection is reduced, and the resultant effector cells have reduced effector functions. However, the contribution of CD4+ T cells to immunosenescence is not well understood. We hypothesize that aging results in a reduced frequency of CD4+ T cells specific for, and capable of responding to, WNV. To enumerate CD4+ WNV-specific T-cells, we have engineered an I-Ab class II MHC tetramer presenting the immunodominant CD4 WNV epitope, E641-655. This technical advance has allowed us to perform the first studies aimed at carefully evaluating the frequency of precursor and responding antigen-specific CD4+ T cells in old and adult mice in responses to WNV. Interestingly, the precursor frequency of E641-1Ab specific CD4+ T cells was found to be higher in old mice as compared to adult mice. Also, as compared to adult, old mice have reduced number of E641-1Ab specific CD4+ T cells in the brain on day 10 post-WNV infection despite having equivalent numbers in the blood and spleen. These studies demonstrate that CD4+ T cells do not conform to the current understanding of immunosenescence measured in CD8+ T cells.

STRESS RESPONSIVE BIOCHEMICAL ANABOLIC/CATABOLIC IMBALANCE AND TELOMERE LENGTH IN OLDER ADULTS
S. Vasunilashorn1, A.A. Cohen2, 1. Population Studies, Princeton University, Princeton, New Jersey, 2. University of Sherbrooke, Sherbrooke, Quebec, Canada

A growing body of research has documented the relationship between chronic psychological stress and telomere length. The mechanisms that link stress and telomere length, however, are not well understood. Studies have reported that chronic stress shifts the balance of hormones to low levels of anabolic and high levels of catabolic hormones. This suggests one possible biochemical mechanism by which stress accelerates telomere shortening, which is considered an indicator of cellular senescence. To examine the interplay between biochemical factors related to stress arousal and cellular aging, we investigate the association between anabolic/catabolic (A/C) imbalance and telomere length in the Social Environment and Biomarkers of Aging Study (SEBAS) in Taiwan. SEBAS participants age 54 and older with values for two anabolic hormones (serum dehydroepiandrosterone sulfate [DHEAS] and insulin growth factor [IGF]-1), four catabolic hormones (cortisol, epinephrine, norepinephrine, and interleukin-6 [IL-6]), and leukocyte telomere length were examined. We found that IL-6 was the only individual biochemical associated with shortened telomere length (z0.88). Neither of the two A/C ratios (DHEAS/cortisol nor IGF-1/cortisol) was associated with telomere length; however, a high A/C imbalance summary score was associated with a greater odds of having a short relative to a long telomere length (odds ratio 1.19, 95% CI 1.05-1.35). These results indicate that A/C imbalance, defined by at-risk levels of several anabolic and catabolic biochemical factors, may be one mechanism through which psychological stress is associated with leukocyte telomere length and possibly to cellular senescence.

APOLIPOPROTEIN E ALLELE AND HEARING LOSS IN OLDER ADULTS
D.J. Mener1, J. Betz2,3, K. Yaffe4,5, T. Harris6, E. Helzner7, E.S. Strotmeyer8, E.M. Simonsick9, F.R. Lin1,2,3, 1. Department of Otolaryngology-Head & Neck Surgery, Johns Hopkins School of Medicine, Baltimore, Maryland, 2. Department of Epidemiology, Johns Hopkins School of Medicine and Bloomberg School of Public Health, Baltimore, Maryland, 3. Center on Aging and Health, Johns Hopkins Medical Institutions, Baltimore, Maryland, 4. Departments of Psychiatry and Neurology, University of California, San Francisco, San Francisco, California, 5. Departments of Epidemiology and Biostatistics, University of California, San Francisco, San Francisco, California, 6. Laboratory of Epidemiology, Demography, and Biometry, National Institute on Aging, Bethesda, Maryland, 7. Departments of Epidemiology and Biostatistics, State University of New York Downstate Medical Center, Brooklyn, New York, 8. Intramural Research Program, National Institute on Aging, Bethesda, Maryland, 9. University of Pittsburgh, Center for Aging & Population Health, Pittsburgh, Pennsylvania

Background: Prior studies have reported conflicting results of the association between apolipoprotein E4 (APOE4) allele status and hearing loss in older adults. Methods: We studied 1833 men and women (mean age 77.4) enrolled in the Health, Aging and Body Composition study, a prospective observational study begun in 1997-98. Participants were categorized by the number of APOE4 alleles in their genotype. Hearing was measured with an audiometer in a sound attenuating booth. Using multiple linear regression we assessed the association between APOE4 status and speech frequency pure tone average (PTA, 0.5 kHz-4 kHz) hearing in the better ear. Hearing thresholds were modeled using profile analysis with an unstructured covariance matrix in each pure tone frequency (0.5 kHz-8 kHz) by APOE4 status. Models were adjusted for demographic and cardiovascular risk factors. Results: Compared to participants with zero APOE4 alleles, participants with two (-4.26 dB, p=0.11) or one (-0.85 dB, p=0.22) allele did not differ in speech PTA. Participants with two alleles had better hearing thresholds at 1.0 kHz (-8.48 dB, p < 0.05) and 2.0 kHz and those with one allele had better thresholds at 4.0 kHz (-2.45 dB, p < 0.05) and 8.0 kHz (<2.98 kHz, p < 0.01) than participants with zero alleles. There was neither consistent nor overlapping frequency specific hearing threshold differences for participants with one or two compared to zero APOE4 alleles. Conclusion: After adjustment for multiple comparisons, APOE4 allele status was not independently associated with hearing loss in older adults.

IDE (RS6583817) AND PULSE PRESSURE AFFECT EXECUTIVE FUNCTION LEVEL AND CHANGE IN OLDER ADULTS
G. McFall, S.A. Wiebe, D. Vergote, J. Jhamandas, D. Westaway, R.A. Dixon, Univ of Alberta, Edmonton, Alberta, Canada

Introduction: Using new data from the Victoria Longitudinal Study we examine two modifiable (pulse pressure [PP], body mass index [BMI]) and one non-modifiable (Insulin Degrading Enzyme [IDE] polymorphism, rs6583817) factors associated with differential change in executive function performance over three waves (~8-9 years). Method: Baseline participants were n=613 women and men (M age=71 years) with genotype data. Analyses consisted of: (a) confirmatory factor analysis establishing a single latent EF factor consisting of two inhibition and two switching indicators, (b) latent growth curve modeling (Mplus 6.0) over a 40-year age band of aging (ages 53-95), and (c) path analysis investigating effects of IDE (G=protective factor), PP, and BMI. Initial results: First, results indicated significant differences in initial level of EF (1.19, p<.01), significant intravidual change (p<.01), and significant interindividal differences in intravidual change (0.002, p<.001). Second, PP was more comprehensively associated with EF.
than was BMI. Specifically, older adults with normal baseline PP performed better on EF at age 75 (centering age) and showed significantly lower rate of decline (slope=-.004) than those with higher PP (slope=-.008). The IDE G+ group had better EF at age 75 (intercept=-.210) and lower rate of EF decline (slope=-.009) than the G- group (intercept = -.113, slope = -.023). Third, initial interaction analyses (PPxIDE) showed that PP effects were diminished, but that the interaction affected both level of EF and change in EF. Conclusion: The protection effect associated with IDE (rs6583817) is moderated by PP, confirming the importance of blood pressure regulation in older adulthood.

SESSION 420 (PAPER)

NURSING

HOW NURSING ASSISTANTS' PERCEPTIONS OF BARRIERS TO WALKING OLDER HOSPITALIZED ADULTS DIFFER FROM OTHER STAFF

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The purpose of this study was to identify staff perceptions of professional, institutional, patient and family related barriers to walking hospitalized older adults. More than half of hospitalized older adults lose function by the second day of hospitalization as a result of decreased mobility. A survey for hospital staff providers (MDs, NPs, PAs), nursing staff (RNs/LPNs), therapists (PTs/OTs), and nursing assistants (NAs) was developed to identify perceived barriers that interfere with walking hospitalized older adults. Strong psychometrics were established for the survey. It was administered to staff in one acute care hospital via email. Responses were anonymous. A 30% response rate was obtained (n=175/580). Significant differences in staff beliefs about barriers related to patients and families and professional and institutional issues were found. Significantly more nursing assistants (NAs) - the staff providing the most direct care - believed patients want to walk (p=0.035) and families want them walked (p=0.006) in contrast to other staff. This finding suggests that reluctance of patients and their families to walking while hospitalized may not actually be a barrier to walking if NAs' perceptions are correct. Further, significantly more nurses (p=0.049) and NAs (p=0.010) believed walking is a priority for NAs where other staff did not. Thus failure of NAs to walk patients may not be due to NAs failure to recognize the importance of their role in walking patients but instead due to other institutional or professional barriers. These barriers might include inadequate NA staffing (73%) or lack of understanding of ambulation orders (p=0.009; p=0.001).

AWARENESS OF AND ATTITUDES TOWARD ADVANCE DIRECTIVE PLANNING AMONG GERONTOLOGICAL SOCIAL WORKERS IN SOUTH KOREA

S. Kwon, Georgia State University, Atlanta, Georgia

Ethical issues around the provision of life-sustaining treatment to terminally ill patients at the end of life have been the subject of sharp debate in Korean society. In response to this legally as well as morally complex subject, the importance of advance directives designed to ensure patients' wishes and preserve their autonomy in end-of-life (EOL) care decisions has been highlighted, and the utilization of such advance directives through discussion and documentation of individuals preferences with a legal statement has been encouraged. Designed for descriptive and explanatory purposes, this study explores their awareness and attitudes of gerontology social workers in regard to EOL care planning and advance directives, and their degree of willingness to deal with this issue in social work practice settings. Structured questionnaires using the Scale of End-of-Life Planning (SELP) were completed by gerontological/geriatric social workers (N=246) in a metropolitan area of South Korea. The results of the study indicate that 73.2% of the participants were not aware of advance directives, while 22.4% indicated they were moderately aware and 4.5% stated that they were highly knowledgeable. Regarding their awareness of the medical technologies used to assist patients in the final stages of life, 89.8%, 75.2%, 79.7%, and 74% of the respondents stated that they were knowledgeable about cardiopulmonary resuscitation, mechanical ventilation, dialysis, and tube feeding, respectively. Analysis of this study shows that participants emphasize individuals' rights to make their own decisions in respect of EOL care and generally have a positive attitude to EOL care planning to ensure patient wishes and preferences (M=49.89, SD=4.70). However, only half of the participants indicate that they are strongly willing to handle EOL care planning or advance directives in their practice settings, while 40 percent are unsure of them. These findings highlight the lack of awareness of advance directives and suggest the need to do a broad campaign to increase not only affiliated professional but also public awareness.

LISTENING TO THE NURSE PAYS OFF: AN INTEGRATED NURSE HEALTHLINE PROGRAM WAS ASSOCIATED WITH SIGNIFICANT COST SAVINGS


Objective: To estimate the relations between adherence with nurse recommendations about where to seek care and expenditures for health-care services received by callers to a Nurse HealthLine triage program designed for callers 65 years of age or older with Medicare supplement coverage. Methods: Healthcare utilization and claims data from 152,855 calls into the Nurse HealthLine for the three year period encompassing 2009 to 2011 were included. Callers who followed the nurse recommendations about where to seek care were classified as adherent, while those who did not were classified as non-adherent. Program-related savings were estimated by comparing the difference in downstream healthcare expenditures between adherent and non-adherent callers, after using multivariate modeling to adjust for case mix differences between these groups. Results: Forty-two percent of callers were redirected to a higher level of care (e.g. emergency room versus urgent care), 44% to same level of care, and 13% to a lower level of care, indicating the program focused on directing members to the appropriate level of care. Analyses showed that the program was associated with significant savings of $33.4 million over the three year period (p<0.05), with about 90% attributable to Medicare, 8% to the supplement plan, and 2% to callers. Conclusions: This is the first known Nurse HealthLine triage program designed solely for Medicare beneficiaries with supplemental coverage. The program generated statistically significant (p=0.05) savings, resulting in positive return on investment of $1.37, indicating that for every dollar spent on the program, $1.37 was saved over the three year period.

DEVELOPING ADVANCED PRACTICE NURSES INTERVENTIONS FOR THE POPULATION 80 YEARS AND OLDER

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Individually tailored Advanced Practice Nursing interventions have been shown to be highly beneficial for better health outcomes. In RCT's, requiring control and standardization of the intervention, tailoring poses a challenge. Tailoring the interventions for an RCT, required a decision about the comprehensive assessment of the life situation, alignment to principles of patient-centered interventions and categorizing of the nurses’ activities. Therefore, in order to develop a RCT testing a home visit program in people at age 80 years and older in Switzerland, a literature review and focus groups with experts have been conducted. The literature was analyzed for relevant topics to be assessed in the oldest
old. Additionally, underlying principles of effective interventions were investigated and activities of nurses were identified. A comprehensive geriatric assessment, intervention pathways and nursing activities’ categorization were developed and discussed with clinical and research experts as well as people over 80 years. The comprehensive geriatric assessment included a health status appraisal and was enlarged by social and environmental aspects. Patient- and family-centered care, self-care promotion, empowerment and partnership were defined as the leading principles. The Advanced Practice Nurses’ activities were categorized as targeting patients-education, training new skill in participants, providing hand-on-care, and reassessing and evaluating goal achievement. The intervention was tested in a RCT (n=461) with people 80 years and older. Within this RCT, the three elements allowed a individually tailored APN interventions and led to low attrition rates and significantly improved health outcomes.

UNDERSTANDING JOB SATISFACTION AMONG MEDICAID HOME CARE WORKERS
V. Phillips1, A. Hunsaker2, K. Zhang1, 1. Health Policy and Management, Rollins School of Public Health of Emory University, Atlanta, Georgia, 2. School of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania

Home care workers play a critical role in caring for frail elderly people. This workforce exhibits high rates of job turnover, which negatively affect client satisfaction, quality of care, and incentives for provider-sponsored training. Agencies currently report aide shortages across settings and concern about future labor supply. Increasing job satisfaction is one way to reduce turnover, increase quality, and promote workforce stability. Using the Job Diagnostic Survey (JDS), this paper assesses job satisfaction among aides working in the Georgia Medicaid home and community-based services program. The JDS provides an overall satisfaction score and scores on five subscales: job growth, job security, compensation, supervision, and co-workers. Aides in three regions completed survey rounds over a three year period to generate a panel dataset comprised of over 1700 aides. Select sample characteristics are: 64% African American; 95% female; and 37% completed high school only. Seventy-two percent were certified nursing assistants. The mean number of clients cared for weekly was 4.4. The aides worked an average of 27 hours per week per agency and 26% also held non-agency jobs. We used a generalized linear mixed model, accounting for clustered ordinal data, for analysis. Being older, working more weekly agency hours, and having only a high school education significantly increased overall satisfaction, while working in a personal care home/assisted living facility or being African American decreased it. Results for the subscales, comparisons with national JDS norms, and policy implications will be discussed.

SESSION 425 (SYMPOSIUM)

EVALUATING THE QUALITY OF NURSING HOME CARE: A REVIEW OF SOME RECENT CMS INITIATIVES

Evaluating the quality of nursing home care requires a range of methods, including a review of recent CMS initiatives. The Nursing Home Compare Five-Star Quality Rating System, the Nursing Home Value Based Purchasing Program (NHVBP), as assessment of the status of Quality Assurance and Performance Improvement (QAPI) programs in nursing homes, and the newly enhanced Nursing Home Compare Website.

EVALUATION OF THE NURSING HOME COMPARE WEBSITE: USER ASSESSMENT OF RECENT WEBSITE ENHANCEMENTS
A.S. Edwards1, E. Rosenzweig2, A. Muma1, 1. US Health, Abt Associates Inc., Durham, North Carolina, 2. Bentley University, Waltham, Massachusetts

Initially designed in 1998, the Nursing Home Compare (NHC) website underwent significant changes in 2011 to improve user experience. Through usability tests, focus groups, and a web-based survey, user satisfaction with NHC, usefulness of the information presented and usability of the tool were assessed. The web-based survey revealed a wide range of users from researchers and health care providers to consumers seeking nursing home care for themselves or on behalf of others. In three rounds of consumer testing, participants were consistently impressed with the breadth of information available for nursing homes. Most users were able to articulate the main purpose of NHC and the Five-Star Quality Rating System, and found the rating system to be helpful in searching for and comparing nursing homes. Health care providers found the website to be a motivation for quality improvement and a useful resource for comparing their performance to that of other nursing homes.

IMPLEMENTATION OF NURSING HOME VALUE BASED PURCHASING DEMONSTRATION – YEAR TWO EXPERIENCE

Under the Nursing Home Value Based Purchasing (NHVBP) Demonstration, the Centers for Medicare & Medicaid Services assesses the performance of nursing homes based on a set of performance measures and makes performance payments to those nursing homes that achieve a higher performance or improvement over time based on these measures. The demonstration includes 171 nursing homes from 3 States (Arizona, New York, Wisconsin). Comparison groups were selected based on random assignment (New York) or propensity score matching (Arizona and Wisconsin). In all three States, staffing levels were higher in Year 1 than in the baseline, with average nursing hours per resident day increasing from 3.5 to 3.58 in Arizona, from 3.62 to 3.7 in New York, and from 3.55 to 3.8 hours in Wisconsin. In Arizona and Wisconsin, the demonstration was associated with lower rates of potentially avoidable hospitalizations in Year 1 but not in Year 2.

NURSING HOME COMPARE: THE FIRST FOUR YEARS OF THE FIVE-STAR QUALITY RATING SYSTEM

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 outcomes of health inspection surveys, staffing levels, and performance on selected quality measures. The rating system has now been in place for over four years, and over this period, we have examined trends in the ratings each year and across years. Specifically, we examined stability and longitudinal changes in the underlying components of the rating system, and compared the results of each individual year, noting significant changes among the years. Trends show that since the inception of the rating system, there has been a significant increase in the number of 5-star nursing homes and a corresponding decrease in the number of 1-star nursing homes, with the most significant change being in the quality measure component of the rating system.
THE STATUS OF QAPI IN NURSING HOMES: RESULTS OF BASELINE DATA COLLECTION USING THE NURSING HOME QUALITY IMPROVEMENT QUESTIONNAIRE


The Nursing Home Quality Improvement Questionnaire was fielded to collect standardized information on (1) current quality assurance and performance improvement (QAPI) activities in nursing homes; (2) challenges providers face in conducting quality improvement activities; and (3) areas where technical assistance might be beneficial. Of the 2,990 respondents who completed the questionnaire, the majority indicated that their facility had a written QAPI plan, they use some form of data to evaluate their performance, and they use a systematic approach to determine when an in-depth analysis is needed to fully understand the underlying causes of a problem. Having adequate time to complete quality improvement activities was rated by respondents as the greatest barrier confronting them. The second largest barrier was finding staff with quality improvement skills. Respondents indicated that the most beneficial types of technical assistance would include training on critical thinking skills and training on quality improvement concepts and methods.

SESSION 430 (SYMPOSIUM)

EXPANDING SERVICES AND SUPPORTS TO CAREGIVERS OF INJURED VETERANS

Chair: C. Gruman, The Lewin Group, Falls Church, Virginia
Co-Chair: L. Alecxih, The Lewin Group, Falls Church, Virginia
Discussant: K. Greenlee, Administration for Community Living, Washington, District of Columbia

The Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163), marked a new era in the delivery of services for Caregivers of Veterans. The VA’s Caregiver Support Program (CSP) provides comprehensive assistance to qualified Caregivers including: a monthly stipend, health care benefits, enhanced respite care, mental health services, travel, lodging and per diem benefits, education and training, education and resources through a Caregiver website, and information and referral assistance through the Caregiver Support Line. Since inception in May 2011 through FY12, 6,606 Caregivers received a stipend and nearly 7,500 Caregivers received education and training; the Caregiver Support Line received over 50K calls and 1,690 Caregivers, without access to health insurance, were enrolled into The Civilian Health and Medical Program of the Department of Veterans Affairs, (CHAMPVA). This symposium examines how VA’s transformation through P.L. 111-163 empowers Caregivers of Veterans with severe physical and psychological injuries sustained since September 11, 2001. The first two sessions present the challenges, successes and policy implications since implementation of CSP. Preliminary evaluation results demonstrate Primary Family Caregivers experienced a significant drop in Caregiver burden while Veterans experienced a significant 30% drop in inpatient utilization and 4.6% increase in outpatient utilization. The second two sessions outline VA’s new respite care program, known as Veteran-Directed Respite (VDR). VDR offers Veterans a flexible budget, expands access and offers choice and control in respite care delivery. VDR offers a promising respite alternative to post 9/11 Veterans that do not fit the traditional model of respite care services.

SESSION 3: THE VETERAN-DIRECTED HCBS PROGRAM AND REBALANCING VA’S LONG-TERM CARE


In 2008, ACL and VA collaborated to develop Veteran-Directed Home and Community Based Services (VD-HCBS) that gives Veterans choice and control over their long term care. Veterans manage a capped budget and decide for themselves, or with their designated representative, what mix of goods and services will meet their needs. Veterans are also able to hire and supervise their own workers and purchase services needed to live independently in the community. Since 2008, 42 VAMCs and 100 ADRCs partnered to offer VD-HCBS in 25 states. 1,500 Veterans received VD-HCBS to date, allowing them to safely remain in their homes avoiding hospital admission or nursing home placement. Veterans report being highly satisfied with the program and that without VD-HCBS, they would be at risk for permanent placement in a nursing home. Presenters will discuss how VD-HCBS embraces VA’s philosophy of rebalancing long-term care and expanding alternative options for delivering HCBS to Veterans.

SESSION 4: EXPANDING VETERAN-DIRECTED RESPITE (VDR) TO CAREGIVERS ENROLLED IN VA’S CSP


Findings from an evaluation of VA’s CSP report that although Caregivers may require respite services, VA’s traditional delivery of respite care does not support their individual needs or the needs of the post 9/11 Veteran population served by the program. As a result, VA is looking to develop an innovative approach to providing respite care to the Caregiver population enrolled in CSP. The result is the Veteran Directed Respite Program (VDR). VDR provides Veterans with a flexible budget that can be used to hire their own workers to provide respite care. During this session, presenters from ACL and VA will discuss how they plan to capitalize on the success of the Veteran-Directed Home and Community Based Services Program to operationalize the Veteran Directed Respite Program and how this new program will fill an unmet need to Caregivers enrolled in VA’s Caregiver Support Program.

SESSION 1: IMPLEMENTATION OF VA’S CAREGIVER SUPPORT PROGRAM (CSP)

L. Taylor, J. Henius, M. Kabat, U.S. Department of Veterans Affairs, Washington, District of Columbia

During this session, presenters will discuss implementation from a policy perspective of CSP. As a result of fast-paced implementation to meet statutory requirements, VA had to within a year: develop the systems, tools and processes to systematically assess over 10,000 applications from Caregivers for eligibility and enrollment; hire and train over 150 Caregiver Support Coordinators; and, handle and track over 50,000 phone calls to the Caregiver Support Line. Presenters from VA will discuss how implementation was managed at the federal level as well as the challenges and successes that have arisen along the way. For example, presenters will detail how VA adapted from offering CSP through Veterans Health Administration as opposed to Veterans Benefits Administration, where most other VA compensation-type programs are organizationally aligned.

SESSION 2: RESULTS AND FINDINGS FROM AN EVALUATION OF VA’S CSP

L. Taylor, J. Henius, M. Kabat, U.S. Department of Veterans Affairs, Washington, District of Columbia

Presenters from VA will discuss findings from a comprehensive evaluation of CSP implementation. Part of this session will focus on findings that deal with how local Caregiver Support Coordinators and large health care systems integrated CSP into their operations as well as the challenges and opportunities that resulted. For example, how did VA develop an inter-disciplinary team that could effectively and efficiently assess the physical and mental needs of Veterans and abilities of the Caregiver? Additionally, the presenters will discuss findings that outline how Veterans and Caregivers are directly benefiting from participation in CSP. For example, initial results have indicated that in 6 months...
The clinical practice guideline issued by the American and British Geriatrics Societies was incorporated into a 24-hour interprofessional training curriculum to promote the adoption of evidence-based practice projects to reduce falls in a range of settings that include long term care, hospitals (including emergency department), and community clinics. GECs working in the area of Falls prevention were funded to better equip the health professions’ workforce (multiple disciplines included medicine, nursing, physical therapy, social work) to implement Falls risk assessments to reduce future falls occurrences. Participating GECs have adopted multi-factor screenings (evidence-based practice) as measurable outcomes occurring in partner clinical sites. As such, the practice itself has morphed to these unique organizations with varying stakeholder and political interests. The targeted practice has evolved since 2011 within situational parameters, which has led to systemic changes at both the educational and organizational levels. Methods and measures to collect practice data vary across the GECs based upon organizational constraints. In addition to planned outcomes (some of which are reported to funder), several unintended effects (educational, practice, and contextual) will illustrate the need for organizational (long term care, emergency room) adaptation to evidence-based practice over time and vice versa. Presentations will highlight evaluation perspectives (utilization-focused, change theory) conducive to such projects in that they prioritize stakeholder input, organizational change, or the need to measure unintended effects. The challenges in upholding stakeholder interests in similar projects as organizational changes occur are discussed as they may undergird the sustainability of practices (and related education) shown to improve health status and/or reduce costs in the research base.

INTERPROFESSIONAL TRAINING TO ADDRESS FALLS ASSESSMENT AND MANAGEMENT
C.L. Goode, J.H. Mathews, E.F. Ansello, Virginia Geriatric Education Center, Richmond, Virginia

The clinical practice guideline issued by the American and British Geriatrics Societies was incorporated into a 24-hour interprofessional training curriculum to promote the adoption of evidence-based practices and improve team care processes among health professionals at a Program of All-Inclusive Care for the Elderly. Medical chart audits (N = 133) to document practice change, indicated that physical therapists significantly increased documentation of post-fall risk assessments (34.6%, p < 0.005), as well as the causes (54.6%, p < 0.005) and circumstances of falls (46.23%, p < 0.0001). Unanticipated results related to improved falls reporting procedures, the development of a site-specific falls prevention program, and better coordinated team care through early, proactive actions. This presentation will outline how the Utilization-Focused Evaluation approach was used to ensure that stakeholder interests were an inherent aspect of the evaluation design. It will also detail the hypothetical structure, process, and outcome contextual considerations mapped during evaluation planning.

EVIDENCE-BASED FALLS TRAINING IN AN ACUTE CARE SETTING: RECIPROCAL INFLUENCE OF CONTEXT AND PROGRAM
C.P. Carrico, C. McKibbin, Wyoming GEC, Laramie, Wyoming

There are high costs involved with falls in health care settings. In addition to monetary costs, there is a burden of human suffering among patients and caregivers when falls occur. Evidence shows that an inter-disciplinary and multifaceted approach to falls prevention that targets multiple risk factors is more likely to reduce falls than a single-measure. To assist a falls-reduction initiative in a regional medical center, the Wyoming Geriatric Education Center implemented a two-phased, multifactorial falls assessment training. In phase one, over 600 nurses, technicians, physical therapists, and other disciplines were trained in the Greensboro Falls curriculum. Evaluation revealed a high level of training satisfaction, improvements in knowledge, intent to change practice, and actual practice change across disciplines. Contextual factors directed training focus changes for phase 2 that then targeted one unit. Outcomes assessed using chart audits will be reviewed as will the contextual factors that determined training direction and success.

ORGANIZATIONAL CHANGES FROM FALLS TRAINING IN AN EMERGENCY DEPARTMENT: FACILITATING EVIDENCE BASED PRACTICE AMONG HEALTH PROFESSIONALS
J.A. Metcalf, Maine GEC, Portland, Maine

The University of New England Maine Geriatric Education Center has developed a training program for rural emergency department health professionals and includes development, implementation and evaluation of an evidenced based practice for improving the quality of falls care for older adults utilizing 12 validated quality indicators. The updated quality indicators from those developed in the Assessing Care of Vulnerable Elders (ACOVE) have provided the direction for the project. (Chang JT, Ganz DA, Quality indicators for falls and mobility problems in vulnerable elders. J Am Geriatr Soc 2007; 55:327-334). This program provides an overview of planning, training and evaluation occurring in years 1-3 of this HRSA funded 5 year grant cycle. The presentation will also discuss how movement toward change requires attention to the need to adapt expectations to context as illustrated by lessons learned, successes and unintended effects.

FALLS IN LONG TERM CARE
J. Marks, Johns Hopkins University, Baltimore, Maryland

EBP related to falls in long term care continues to be a challenge to health care professionals working in this setting. Literature review addresses multi-factorial assessment for falls including: history of falls, vitamin D supplementation, medication review, gait and balance assessment, visual assessment, and orthostatic blood pressures. Strong recommendations for evidence based interventions seem to be limited for long term care settings, this session will address the importance of an educational component for staff addressing the multi-factorial assessment including technique for measurement of orthostatic blood pressures. The impact of adapting evidence based practice into this simple process and the implications to interventions will be discussed.

SESSION 440 (PAPER)

BEHAVIORS AND ATTITUDES AMONG OLDER WORKERS AND RETIREES FROM A CITIZENSHIP PERSPECTIVE
P.H. Jensen, Aalborg University, Aalborg, Denmark

This paper analyzes causes and effects of early exit/retirement. A distinction is made between older adults subject to voluntary and involuntary retirement, and focus is on how the experience of retirement...
affects the life conditions of retirees from a citizenship perspective. The analysis is based on a survey conducted among 1,700 Danish early retirees 60-64 years of age. All retirees are enrolled in a retirement scheme allowing older adults to retire +59 years of age. Citizenship is the key dependent variable and citizenship is about equality of status. Marshall (1950) has paraphrased citizenship as “equal social worth”, referring to that people have a sense of belonging to a collectivity or community so that citizens can meet as equals. A central dimension of citizenship deals with the manner in which citizens orient themselves towards the political system; whether citizens have access to a consumer life-style; how the individual citizen socially is related to other citizens, and citizens identity and own role perception. Loss of citizenship — epitomized as economic, social and political marginalization — is associated with low levels of self-esteem. The paper shows that the cause for early exit/retirement has a massive effect on the life conditions of the retirees. The paper shows that voluntary retirees are well integrated into consumer lifestyles as well as social and political communities, whereas involuntary retirees to a large extent are exposed to the risk of ending up in poverty, social and political isolation, as well as low levels of self-esteem.

THE ROLE OF DEBT IN BABY BOOMER’S RETIREMENT PROSPECTS

S. Neufeld, Wayne State University, Detroit, Michigan

Problem: American middleclass households face historic financial erosion due to depressed housing markets and incomes and continuing high unemployment rates. For the baby boomer cohort now nearing retirement age, these conditions have reduced the capacity to accumulate the wealth necessary to maintain standards of living in retirement. In addition, their debt levels remain at near historic highs, yet scant attention has been paid to whether this debt can be offset by existing assets or whether income generated by accumulated wealth can service this debt were baby boomers to retire on time lines expectable by previous generations. Methods: Data is drawn from the 1989 to 2010 Survey of Consumer Finances and the 2010 Health and Retirement Study. Measures included real estate, financial and pension assets including Social Security, consumer and housing-related debt. Findings: Analyses revealed: (1) Amount of debt carried into retirement has been steadily increasing since 1989. (2) Debt levels of baby boomer households are larger than other age groups, and they will carry more debt into retirement than any previous cohort. (3) Middle income (2nd to 4th quintiles) boomer households are most likely to face reduced standards of living in retirement and will have the most difficulty in servicing their debts. Discussion: The housing collapse and the Great Recession devastated the wealth of many baby boomer households, yet high levels of debt remain. This debt will reduce the retirement lifestyles of many boomer households, particularly middle income households, which highlights the erosion of the middle class in American society.

RACIAL/ETHNIC INEQUALITY AMONG OLDER WORKERS: FOCUSING ON WHITES, BLACKS, AND LATINOS WITH THE CUMULATIVE ADVANTAGE/DISADVANTAGE FRAMEWORK

E. Choi, F. Tang, V. Copeland, School of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania

Although minority workers may face retirement differently from Whites, our knowledge of older minority workers is fragmentary because of the limited theories and methodologies that are used in existing studies. This study aims to examine what contributes to older minorities’ labor market participation and whether these factors differ from those of older Whites. Cumulative advantage/disadvantage (CAD) theory provides the conceptual framework, emphasizing the process by which the social system generates inequality and how unfavorable positions in early life influence the accumulation of disadvantages in later age. Using the 2004 and 2008 Health and Retirement Study datasets, this study uses the work status (working or retired) of individuals age 65+ as the outcome. Based on the CAD framework, the variables of interest include financial status, health, education, and career patterns (employment stability and job types). Using a Probit approach, racially separate analyses are used to compare the factors across Whites, Blacks, and Latinos. The results show stark differences in the factors by race. While older Whites tend to stay in the labor market when they have better health, are relatively young, and value work more highly. However, Blacks are found to work even in poor health because of greater financial need. Also, older Latino workers seem to experience double barriers of age and race at work. Congruent with CAD theory, older people’s labor market participation does not simply result from individual preference per se but from social structures, which reflect underlying racial inequality within older workers. Policy implications are discussed.

FINANCIAL CAPACITY, ASSET OWNERSHIP, AND ACCESS TO CREDIT AMONG LOW-INCOME OLDER ASIAN IMMIGRANTS

Y. Nam, E. Lee, J. Huang, J. Kim, 1. University at Buffalo, Buffalo, New York, 2. National Asian Pacific Center on Aging, Seattle, Washington, 3. Saint Louis University, St. Louis, Missouri

Background: Older Asian immigrants are growing but vulnerable population, especially those who came to the U.S. at the late stages of their lives. Despite their economic vulnerability, we know little about long-term economic security issues among older Asian Immigrants, especially those related to financial capacity and asset ownership. This study examined financial conditions among low-income older Asian immigrants. Method: This study used new survey data collected from low-income older Asian immigrants in a supported employment program (N = 150). This study employed various indicators of financial conditions, including financial knowledge scale, saving regularly or not, and ownership of long-term savings. We compared old-age immigrants who came to the U.S. at the late stage of their lives with young-age immigrants to determine the roles of acculturation. This study uses logit, ordered-logit and negative binomial regressions. Results: Analysis results demonstrated that older Asian immigrants are financially vulnerable. Their level of financial knowledge is low: average number of correct answer to three basic financial knowledge questions is one. A small percentage of respondents regularly save (20%). A low proportion own long-term savings (about 30%) and homes (20%). Regression analyses indicated that old-age immigrants’ financial-management skills, knowledge of social programs, and ownership rates of bank accounts, long-term savings, and vehicles are significantly lower than those of young-age immigrants with comparable demographic and household characteristics. Findings suggest a positive role of acculturation Conclusions: The results indicate precarious financial situations among low-income Asian immigrants and call for active interventions for this population, especially old-age immigrants.

SESSION 445 (PAPER)

CIVIC ENGAGEMENT, ACTIVITY PROFILES AND USING TECHNOLOGY IN RESEARCH: FINDINGS AND ETHICAL ISSUES

VIRTUAL SOCIAL SPACES IN RURAL PLACES: LINKING OLDER PEOPLE TO COMMUNITY THROUGH NEW TECHNOLOGIES

H.R. Feist, K.L. McDougall, Australian Population and Migration Research Centre, University of Adelaide, Adelaide, South Australia, Australia

Older people choosing to age-in-place in rural areas want to remain connected to their social and support networks, no matter where those connections are located. Enabling and supporting older rural people to utilise new technologies can strengthen their connections to social net-
works, community information, and to services. This paper discusses the results of a three-year research project that explored connection to personal networks and the wider community for older Australians in rural locations through the use of new technologies. The ‘Linking Rural Older People to Community’ project involved a survey (n=858) and follow-up interviews (n=201) with people aged 55+ years living in the Murraylands region of South Australia. A 12 month pilot study followed with a subset of 47 study participants providing them with their choice of a laptop computer or Apple iPad®, 3G internet and self-directed tuition. Results suggest that new technologies combined with reliable internet connections and supportive tuition enhanced community connectedness, increased access to community information and improved social networks; in particular communication with dispersed family ties.

DEDUCTIVE DISCLOSURE AND CONFIDENTIALITY IN ACCESSIBLE DIGITAL MEDIA

R. Hrybyk, J.K. Eckert, M.C. Nemec, E.G. Roth, Center for Aging Studies, UMBC, Baltimore, Maryland

How can qualitative researchers use digital media and the internet to disseminate findings while preserving the confidentiality of respondents? The convention of confidentiality in qualitative research allows for modifications to raw data to describe findings without revealing the participants’ identities. However, unique elements of the narrative may inadvertently lead to the deductive discovery of the protected identity. Publishing research findings on the internet increases the possibility that a site or an individual will be recognized and this poses ethical questions relating to confidentiality. Digital stories link images to the spoken word in a compelling manner and increase the potential for practical application of research findings. The web offers opportunities to share knowledge gained in publicly funded research with a wider audience, but respondents must be protected from potential embarrassment – or worse – while the integrity of the research process is preserved. This paper will present and discuss a case study, a five minute digital story, to illustrate issues of research integrity, informed consent, and confidentiality in the digital context. Ethnographic data for this presentation are drawn from a five-year NIA-funded qualitative study, “Stigma and the Cultural Context of Residential Setting for the Elderly.” After attending this presentation, attendees will have a better understanding of ethical challenges qualitative researchers face in the information age.

“IT’S FUN DOING SOMETHING MEANINGFUL”: CIVIC ENGAGEMENT OF OLDER ADULTS THROUGH THE HEALTHY COMMUNITIES THROUGH HEALTHY FOOD PROGRAM IN NEW YORK CITY


INTRODUCTION – Healthy Communities through Healthy Food (HCF) was a multi-year multi-site program in New York City to increase the civic engagement of older adults. Older adults were encouraged to take leadership roles in community gardens, farmers markets, a produce buyers club, cooking demonstrations and educational activities. Prior to HCF, older community members were not often seen as leaders in food access. METHODS: An evaluation of HCF was conducted from 2010 to 2012. Surveys were completed by 148 participants; three focus groups were held (28 participants), and in-depth qualitative interviews were conducted with 12 participants and 11 stakeholders. RESULTS: Survey results suggest that main motivators for HCF involvement were improvement in health and wellbeing (50%), learning new skills (35%), and feeling connected to their community (34%). Qualitative findings regarding motivation were consistent: One participant noted: “This is my hobby. [I ask myself] what can I do to improve the quality of food to the people around me?” A second said: “It gave me an opportunity to express myself, to get close to people, to teach people how to eat.” Nearly half of those surveyed considered themselves to be a leader or have interest in leadership, however focus group participants indicated that they were more interested in being role models or mentors rather than “leaders,” and preferred decisions be made by consensus approach. DISCUSSION: The HCF program attracted participants to civic engagement activities, largely due to its focus (i.e. improved access to healthy food) for individuals involved and the broader community.

SESSION 450 (POSTER)

BIOMETRICS AND GENETICS

NONINVASIVE BRAIN STIMULATION ALTERS CNS ACTIVITY AND IMPROVES BALANCE IN OLDER ADULTS

B. Manor, Y. Zhou, Y. Hao, A. Pascual-Leone, J. Zhang, 1. Harvard Medical School, Boston, Massachusetts, 2. Beth Israel Deaconess Medical Center, Boston, Massachusetts, 3. Peking University, Beijing, China

Introduction: Balance is regulated by a complex system including numerous brain networks and cognitive functions. Noninvasive transcranial direct current stimulation (tDCS) modulates brain activity and induces acute improvements in cognitive and sensorimotor function. The purpose of this study was to determine the acute effects of tDCS on standing balance, as well as brain perfusion, in older adults. Methods: Ten healthy older adults were recruited. On Visits 1 and 2, subjects completed balance assessments immediately before and after 20min of either real or sham (i.e., control) tDCS targeting cognitive brain regions. Balance was assessed by measuring standing postural sway with eyes-open, eyes-closed, and while performing a cognitive task. On Visits 3 and 4, arterial spin labeling MRI was used to quantify resting-state brain perfusion, before and after real or sham tDCS as described.
Reduced gait velocity is associated with both physical disability and cognitive impairment. Vascular disease and vascular risk factors have been associated with reduced gait velocity. Small vessel cerebrovascular disease resulting from chronic ischemia has been hypothesized to underlie these associations. However, the mechanisms linking vascular disease to gait have not been clearly described. We assessed the relation of cerebral perfusion measured by Transcranial Doppler ultrasound (TCD) to gait velocity in the Einstein Aging Study (EAS) community-based cohort. Analyses include 98 non-demented EAS participants (mean age 80.6; 46 % female) who underwent TCD and quantitative gait assessments at their annual visit. TCD was used to assess mean flow velocity (MFV) (cm/sec) in the middle (MCA), anterior (ACA), and posterior (PCA) cerebral arteries. Gait velocity (cm/sec) was measured using a computerized walkway (GAITRite, CIR systems). Linear regression was used to assess the relation between gait velocity and MFV, adjusting for demographics and comorbidities. In linear regression analyses adjusted for age, sex and education, ACA and MCA MFV’s were positively associated with gait velocity (p < 0.01), while PCA MFV was not. The positive associations with ACA and MCA MFV persisted after additional adjustment for history of cardiovascular disease, diabetes and hypertension (p < 0.03). Blood flow velocities in the cerebral arteries that perfuse motor cortex (MCA and ACA) were positively associated with gait velocity. This supports the hypothesis that preserved cerebral perfusion is an important factor in gait. Whether impaired perfusion (as in chronic ischemia) predicts gait impairment requires longitudinal study.

EFFECTS OF ENDOCRINE DISRUPTORS ON AGING IN WISTAR RATS

T. Shinkai, K. Fukui, Shibaura Institute of Technology, Saitama, Japan

Tetrachlorodibenzodioxin (TCDD) and bisphenol A (BPA) represent a family of ubiquitous environmental pollutants and are well known as environmental endocrine disruptors and they change multiple endocrine systems in the living body. Moreover, it has been reported that exposure to the chemicals causes oxidative stress in a variety of animal models and there is a suggestive consideration that they may have influence on aging. In order to investigate the lifespan associated with the endocrine disruptors, we gave a single subcutaneous injection of TCDD (100μg/kg body weight) and BPA (100μg/kg body weight) to pregnant Wistar rats on gestational day 19 and studied effects of a relatively low dose of the chemicals on mortality, body weight and morphological changes in male and female offspring. The mean lifespan of the non-treated animals were 27.1±4.7 months in male and 30.8±5.2 months in female. The lifespan and the body weight decreased in TCDD treated rats. Furthermore, exposure of low dose of TCDD increased apoptotic cells in the rat brains. These results indicate that TCDD which was transferred into the offspring through the placenta and the mammary gland caused the lifespan-shortening. On the other hand the changes of lifespan were not recognized between BPA treated rats and controls. But hypothyroidism was observed in BPA treated animals. It indicates that BPA was also transferred from the mother into the offspring. Our finding suggests that the endocrine disruptors may induce modulation of homeostatic functions and cause a change in aging.

PROTEIN SYNTHESIS AND CELLULAR PROLIFERATION IN MODELS OF SLOWED AGING


The disposable soma theory of aging describes resource allocation between growth, somatic maintenance and reproduction. We hypothesized that in models of slowed aging, there would be more energetic resources allocated to somatic maintenance and less toward growth. We used nutritional (caloric restriction (CR)), pharmaceutical (rapamycin fed (Rap)), genetic (Snell Dwarf), and epigenetic (crowded litter (CL)) mouse models of slowed aging. In these animals we measured protein synthesis (mixed tissue and mitochondrial) and cellular proliferation in multiple tissues (liver, heart, and skeletal muscle) by the incorporation of deuterium oxide (D2O) into protein or DNA. In general, mixed protein synthesis rates were maintained or decreased, the rates of mitochondrial protein synthesis were preferentially maintained, and the rates of cellular proliferation were decreased. A notable exception was the CL model in which both protein synthesis and cellular proliferation were increased. Our data represent the first attempt to characterize aspects of growth and somatic maintenance in multiple models of slowed aging. In conclusion, there is an increased investment in somatic maintenance in most models of slowed aging indicated by maintained protein synthesis and decreased proliferation. CL animals are a notable exception and deserve further investigation.

CHANGES IN IGF-I AND ITS BINDING PROTEINS ARE ASSOCIATED WITH DIABETES IN OLDER ADULTS


IGF-I has structural homology with insulin and both promote glucose uptake. (Jacob, 1989). IGF-I is bound to six binding proteins in circulation. Little is known about long-term changes in IGF-I and IGF-BPs in normoglycemic subjects who later develop IGT, IFG, or diabetes. Participants were 897 adults aged ≥ 77 years (16% black, 62% women) enrolled in the CHS All Stars cohort study. Plasma levels of IGF-I, IGFBP-1, and IGFBP-3 were assessed and ADA criteria for IGT, IFG, and diabetes were used to classify participants using data from baseline (1996-1997) and 9-year follow-up visits (2005-2006). At baseline, mean age was 76.3 years (SD=3.6) and 166 (18.5%) had diabetes. During follow up, mean IGF-I and IGFBP-3 levels decreased while IGFBP-1 levels increased for all groups. The greatest change in protein levels occurred in those with diabetes at baseline (9-year changes: -9.3% for IGF-I, 59.7% for IGFBP-1, -13.4% for IGFBP-3); the smallestest in individuals who remained normoglycemic at follow-up visits (9-year changes, p-value for comparison to diabetes group: -3.7% for IGF-I, p<0.01, 25.6% for IGFBP-1, p<0.001, -6.4% for IGFBP-3, p<0.001); and intermediate changes, which were significantly different from the diabetes group, occurred in those who were normoglycemic at baseline but developed IFG at follow-up. Our results suggest that changes in IGF proteins vary with worsening glycaemia. Older adults with diabetes exhibit changes in IGF proteins that may put them at greater risk for diseases associated with the IGF-axis.
DURING AGING DIFFERENT AFFECTS ON IMMUNE PROTECTION

Support a role for glucagon in liver regeneration that is the diminishment

1.4. The binding kinetics differ between groups. Thus, our study may

operated animals. Following partial hepatectomy the binding increased

protein in the young controls with similar values in the aged and sham

animals and following partial hepatectomy. Iodinated glucagon binding

lated rat liver plasma membranes obtained from young and aged ani-

tors and cytokines plays an important role in hepatocyte regeneration.

Evidence suggests that a complex balance of peptide growth factors and cytokines plays an important role in hepatocyte regeneration. To evaluate a possible role for glucagon we studied its binding to isolated rat liver plasma membranes obtained from young and aged animals and following partial hepatectomy. Iodinated glucagon binding was measured after incubation of plasma membrane aliquots in 0.1M Tris-HCl buffer, pH 7.4, at 37 degrees C, and separation of bound from free by centrifugation of the aliquots in 20 fold excess of ice cold buffer at 12,600g. Glucagon binding was calculated at 7~ 0.5 fmol/100 mcg protein in the young controls with similar values in the aged and sham operated animals. Following partial hepatectomy the binding increased in the young to 10.2 ~ 1.2, 12.8 ~ 1.2 and 22 ~ 2.4 fmol/100 mcg protein at 4,8 and 24 hours, respectively. In the old the binding was similar at 4 and 8, but significantly lower at 24 hours, calculated at 14.2 ~ 1.4. The binding kinetics differ between groups. Thus, our study may support a role for glucagon in liver regeneration that is the diminishing with aging.

CALORIE RESTRICTION AND RAPAMYCIN HAVE DIFFERENT EFFECTS ON IMMUNE PROTECTION DURING AGING

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Despite advances in healthcare, infectious disease remains a leading cause of death in the elderly. This becomes especially important to consider when studying lifespan-extending interventions. Two natural interventions have been shown to extend lifespan in mammals: calorie restriction (CR) and prolonged rapamycin (rapa) treatment. Both of these interventions are proposed to function by decreasing mTOR signaling, thereby decreasing cellular metabolism. However, mounting an immune response against acute infection requires an enormous metabolic investment that is likely to be altered by CR or rapa, potentially exacerbating the age-related decline in functional immunity. Therefore, we tested the impact of CR and rapa treatments on survival and antigen-specific immune responses in 18 month old C57BL/6 mice infected with West Nile Virus. We found that CR and rapa have differing effects on immune response, although both groups exhibited decreased survival after acute infection. We conclude that metabolic interventions that extend lifespan may come at the cost of immune protection during aging. Careful consideration must be taken when evaluating lifespan extension, to take into the account the Healthspan.

AGING EXACERBATES OBESITY-INDUCED CEREBROMICROVASCULAR INJURY AND COGNITIVE DECLINE IN MICE

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Obesity in the elderly promotes the development of vascular cognitive impairment, which develops in the absence of Alzheimer-type senile plaques as a result of cerebromicrovascular alterations. To elucidate the mechanisms by which aging exacerbates the deleterious cerebrovascular effects of obesity, young (7 mo) and aged (24 mo) C57BL/6 mice were fed a high fat diet for 5 months. Compared to young obese mice, aged obese mice exhibited impaired pressure-induced myogenic constriction and flow-induced constrictive of middle cerebral arteries, disruption of the blood-brain barrier, hippocampal microvascular rarefaction, microglia activation, up-regulated hippocampal expression of pro-inflammatory cytokines and chemokines and impaired performance in tests relevant for hippocampally -dependent tasks of learning and memory. Taken together, aging exacerbates obesity-induced cerebromicrovascular injury and neuroinflammation, which likely promote the development of vascular cognitive impairment in aged obese individuals.

HEALTHSPAN TRAJECTORIES DIFFER FROM LIFESPAN TRAJECTORIES

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In the nematode C. elegans genetic mutations decrease mortality and extend lifespan, but their effect on functional decline has not been as widely studied. We have developed methods for assessing healthspan, which is the period of life with minimal functional loss. We have assessed three alterations in locomotion. We find that longevity mutations typically promote better healthspan outcomes. There is an overall correlation between longer lifespans and longer periods of health in the insulin/insulin-like-growth factor signaling pathway. However, not all longevity-promoting mutations show extended healthspans. Health declines differently depending on the assessment used. In addition to highlighting the genetic influence on health and life outcomes, these methods will contribute to identifying candidate genes and pathways that mediate healthspan extension in mammals. Supported by the Glenn Foundation and gifts from the Son2 Foundation.

A MULTI-ORGANISM APPROACH TO SELECTING STRONG CANDIDATES FOR MAMMALIAN LONGEVITY GENES

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The search for genetic factors involved in aging has identified hundreds of genes for which altered expression is capable of increasing life span in one or more model organisms. As the first pharmacological agents targeting these genes begin to be translated into clinical trials for treatment of age-associated disease, it will be useful to prioritize potential clinical targets from the growing list of candidate aging factors that are likely to influence longevity in mammals. We have devised a candidate-gene approach to combine recent genomic methods in mammals with the powerful genetic tools available in invertebrates to identify evolutionarily conserved longevity genes with a high likelihood of impacting mammalian aging. An initial list of longevity-associated genes was selected based on a meta-analysis of human and mouse genome-wide association studies. Orthologs of each gene were then selected in both Caenorhabditis elegans and Saccharomyces cerevisiae. A screen is currently underway to determine whether RNAi knockdown or deletion of each ortholog increases life span in worms or replicative life span in yeast. In cases where life span extension is observed, knockdown of the ortholog will be combined with knockdown of genes in commonly studied aging pathways to look for epistatic interaction. Interesting candidates will be carried forward for longevity studies in mice. Here we provide a detailed description of our screening strategy and report preliminary results.

SARCOPENIA AND AGED SKELETAL MUSCLE HYPERTROPHY ARE INDEPENDENT OF LIFELONG SATELLITE-CELL DEPLETION

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Aging is associated with the loss of muscle stem cells, satellite cells, a process assumed to contribute to sarcopenia. However, no definitive evidence exists showing that satellite cells are necessary for muscle
maintenance or adaptation with age. To directly address these issues, we developed the Pax7-DTA mouse that allows conditional and specific deletion of Pax7+ satellite cells with tamoxifen administration. Four month old mice were treated with tamoxifen or vehicle and allowed to recover for one (young) or 20 (old) months, followed by synergist ablation (SA; two weeks of overload) or sham surgery. Tamoxifen-treated muscles showed >90% satellite cell depletion after 1 month and no recovery after 20 months, such that the aged mice lived the majority of their lives with a significantly reduced satellite cell pool. With age, vehicle-treated muscles demonstrated an expected reduction (-52%) in Pax7+ satellite cells. Further, an age-associated loss of muscle mass and attenuated muscle hypertrophy in response to overload was observed in 24 month old mice; however, either was not affected by lifelong satellite cell depletion. During overload in old mice, tamoxifen prevented myonuclear accretion and the appearance of small, regenerating myofibers, but did not influence overall muscle hypertrophy. These data provide convincing evidence that loss of satellite cells does not exacerbate sarcopenia, nor are satellite cells required for myofiber hypertrophy even in old age. Thus, satellite cell loss does not play a causal role in sarcopenia or in diminished muscle adaptability observed with age.

LOSARTAN IMPROVES EXERCISE TOLERANCE IN A FRAIL MOUSE MODEL

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Frailty is an important geriatric syndrome. Interleukin-10 knockout (IL-10 k.o.) mice are utilized to study the biological basis of frailty. Losartan is known to improve skeletal muscle healing and decrease disuse atrophy in older mice. We hypothesized that blocking angiotensin II type I receptor with Losartan would improve exercise tolerance and strength in treated compared to untreated older frail mice. Twenty IL-10 k.o. mice aged 72 wks were equally divided into control group or treated with Losartan (0.9g/L) for 20 wks. Weight, physical activity, grip strength, and time to exhaustion on treadmill were measured monthly. Time on treadmill in treated IL-10 k.o. mice increased 29.2% and decreased 6.6% in the control group over the same period (p<0.059). Grip strength, weight, and physical activity showed no change over this 20 week period. Our study suggests that blocking renin-angiotensin system with losartan in frail older mice may improve activity tolerance. This result, along with prior studies showing protection against disuse atrophy and improved mitochondrial function in older mice, provides important rationale for further study of losartan in the treatment of frailty.

AGE-RELATED CHANGES TO THE INTRINSIC DEATH PATHWAY IN LIVERS OF FISCHER 344 RATS

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Aging is associated with increased hepatic apoptosis. Apoptosis is tightly regulated by the mitochondrial intrinsic death pathway. Following cell death stimulation, pro-apoptotic (BID, BAX) and anti-apoptotic (Bcl-2, Bcl-Xl) proteins translocate into the mitochondrial membrane where this pivotal balance determines apoptosis. We aimed to characterize age-related changes in hepatic expression of proteins involved in the intrinsic cell death pathway and apoptosis. Young adult (6x1 months) and old (26x2 months) male Fisher 344 rats were injected i.p. with saline (Young n=9, Old n=9) (control group of a larger study) 4 hours before euthanasia. Samples of perfused liver were snap frozen for subsequent immunoblot analysis of BAX, BID, Bel-XI and Bel-2 expression in the mitochondria and cytosol, VDAC- 1 in the mitochondria and Cytochrome C, Caspase-3 in cytosol. In the cytosol, expression of BID, truncated BID (tBID), BAX and Bel-Xl were decreased in old rats compared to young (p<0.05). No change with age was observed in cytosolic expression of Bel-2. Compared to young, in old age mitochondrial BID, tBID and VDAC-1 expression significantly decreased (p<0.05), while Bcl-2 trended to decrease and BAX and Bcl-XL did not change. Consistent with our finding of increased apoptosis via Caspase-3 activation, the ratio of mitochondrial BAX to Bcl2, an indicator of pro-apoptosis stimulation, trended to increase in old age (p<0.07). However surprisingly, the intermediate mitochondrial apoptotic signal, cytochrome C was similar in both ages in the cytosol. Preliminary results suggest dysregulation and less cytosolic reserve of apoptotic protein in the hepatic intrinsic death pathway in old age.

PROTEOMIC ANALYSIS OF CELLULAR SENESCENCE AND THE SENESCENCE-ASSOCIATED SECRETORY PHENOTYPE (SASP) IN HUMAN PREADIPOCYTES

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Advanced age is associated with fat tissue loss, chronic inflammation, and metabolic dysfunction. Senescent preadipocytes and endothelial cells accumulate in fat with aging and obesity and may affect tissue structure and function through factors they secrete. To study the fundamental mechanisms that drive cellular senescence and characterize the SASP, quiescent (early passage) and senescent (late passage) cells were analyzed using a label-free quantitative proteomics approach. Proteins were analyzed by nano-LC-MS/MS. Pathway analysis was conducted using Ingenuity. 130 proteins were found to be differentially secreted by pre-senescent vs. senescent preadipocytes. Among these proteins, pro-inflammatory proteins were highly secreted from senescent preadipocytes, including IL6, MCP-1, TGF-β, PAPP-A, and others, which likely contribute to the chronic inflammation associated with adipose tissue dysfunction. Furthermore, TGF-β signaling was highly activated and Wnt signaling was down-regulated. This suggests that the SASP inhibits preadipocyte differentiation into fat cells, contributing to fat loss with aging. Combining secretome and cell lysate data, protein translation was found to be the most activated process during cellular senescence. Phospho-mTOR and its downstream target, phospho-S6K1, were further analyzed by Western-blot, confirming that activated protein synthesis could contribute to the consequences of cellular senescence.

P49/STRAP REGULATES CELL MORPHOLOGY THROUGH BRIDGING SRF-RELATED AND BUD22-RELATED SIGNALING PATHWAYS

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Objective: SRF is a major transcription factor which plays a significant role during cardiac development, maturation and adult aging. P49/STRAP (SRFBP1) is a SRF-binding protein that forms a protein complex with SRF, myocardin and Nkx2.5 thereby modulating the transcriptional regulation of cardiac genes. P49/STRAP mRNA is increased with advancing age in both human and mouse, however, its role in gene expression and cell morphology remains to be determined. Methods: Results: We used H9C2 and C2C12 cell lines. We found that the endogenous p49/strap protein is concentrated in the nucleus, but also widely distributed within the cells and showed proximity to the actin fiber. After treatment with p49/strap adenovirus, the actin filaments appeared disorganized, stained weakly and the cells were also smaller in size vs. control cells. Microarray analysis revealed that 32 genes were differentially expressed with 1.4-fold change in p49/strap treated vs. control groups. 5 genes were upregulated: while 27 genes, including...
RAGE, were significantly down-regulated after p49/strap adenovirus treatment. Bioinformatic analysis indicated that p49/strap protein is a member of BUD22 family that regulates yeast budding and cell polarity during growth. Conclusion: p49/strap is a SRF binding protein and also a BUD22 family member. Therefore, p49/strap may serve as a bridge that links two signaling pathways: the SRF-related pathway in transcriptional regulation of cytoskeletal genes, and the BUD22-related pathway that regulates cell size, morphology and growth. The increased expression of p49/strap that is observed in aged hearts may mediate cell growth and morphology in cellular senescence and hence impact organismal aging.

SENEGENT CELLS COMPROMISE FAT TISSUE FUNCTIONS
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Introduction: Senescent cells with essentially irreversible loss of replicative potential accumulate in tissues with aging. Cellular senescence is associated with a pro-inflammatory senescence-associated secretory phenotype. We tested the hypotheses that senescent preadipocytes accumulate with aging, contribute to age-related inhibition of adipogenesis and fat tissue inflammation, and whether eliminating them restores fat tissue function. Methods: Senescent cell abundance was determined by senescence-associated beta-galactosidase assay and p16ink4A mRNA. Human preadipocytes were X-irradiated to induce senescence. Non-irradiated preadipocytes were stained with DiI and co-cultured with control or irradiated preadipocytes. Preadipocytes were also cultured in conditioned media (CM) from control or irradiated preadipocytes mixed 1:1 with differentiation medium. Fifteen days later, the percent of differentiated target cells was determined. Macrophage migration in response to CM was assayed. INK-ATTAC transgenic mice with a p16ink4A prokeratin fragment and FKBPs/caspase-8 (ATTAC) were bred with BubR1 hypomorphic mice, which have accelerated age-related subcutaneous fat loss. Senescent cells are specifically eliminated from these mice by administering AP20187. Results: Senescent cells increased in fat tissues with aging and obesity. The percent of differentiated Dil-labeled preadipocytes was lower following exposure to senescent than control cells. Differentiation was also impaired by CM from senescent preadipocytes. Macrophage migration was greater in response to senescent preadipocytes. Subcutaneous fat tissue loss was partially reversed by clearing senescent cells from INK-ATTAC;BubR1H/H mice with AP20187. Conclusion: We found senescence-mediated age-related subcutaneous fat tissue loss was partially reversed by clearing senescent cells from INK-ATTAC;BubR1H/H mice with AP20187. Conclusion: We found senescence-mediated age-related subcutaneous fat tissue loss was partially reversed by clearing senescent cells from INK-ATTAC;BubR1H/H mice with AP20187. Results:

DIFFERENTIAL AND SYNERGISTIC EFFECTS OF TNF-α AND IFN-γ ON HUMAN PREADIPOCYTE SENESCENCE
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Cellular senescence plays a dynamic role in stress response and aging processes of complex organisms by limiting the proliferative capacity of damaged cells. Continuous presence of low-grade circulating cytokines leads to chronic activation of the immune system and contributes to age-related pathologies and adipose tissue dysfunction. The role of inflammation and inflammatory mediators in adipose tissue senescence remains elusive. We investigated the chronic effects of the pro-inflammatory cytokines, TNF-α and IFN-γ, on preadipocytes isolated from human subcutaneous adipose tissue. Long term exposure to TNF-α, IFN-γ, or their combination had differential effects on preadipocyte proliferation. TNF-α treatment increased proliferation, while IFN-γ decreased the proliferation compared to control. In contrast to TNF-α alone, the combination of both TNF-α and IFN-γ drastically decreased proliferation and induced growth arrest. Unlike TNF-α alone, the combination significantly increased SA-β gal activity, p21, and p16, but decreased expression of novel genes that are required for cell cycle regulation. Interestingly, the combination of IFN-γ plus TNF-α synergistically induced prolonged activation of JAK/STAT and mTOR signaling pathways. Our results suggest that synergistic action of TNF-α and IFN-γ acts as a molecular switch and plays an important role in tightly regulating the senescence program.

GENETIC ANALYSIS OF BEHAVIOR AND COGNITIVE DECLINE IN AGING DIVERSITY OUTFBRED MICE
L.C. Anderson, C. Acklin, E.J. Chester, Chester Lab, The Jackson Laboratory, Bar Harbor, Maine

The Diversity Outbred (DO) mouse population is a new genetic population with high recombinational precision, genetic polymorphism and phenotypic diversity. In a cross-sectional study of these mice at three different age points we aim to correlate age related cognitive impairments to mechanistic neurological and affective measures. We will also map the genetic sources of variation in cognitive decline among individuals and relate them to general mechanisms of senescence. Using high-throughput healthspan phenotyping, mice are characterized for physiological and behavioral endpoints. The behavioral assay is conducted at three time points (6, 12, and 18 months of age) and consists of the Open Field Activity and Anxiety, Novel Object Exploration and Recognition, T-Maze Spontaneous Alternation, Tail Suspension Test (TST), and Rotarod acquisition and performance. Following completion of all physiological and behavioral testing, brains are dissected and hippocampal CA1 neurons are labeled for quantification of dendrite length and spine density. Results from these behavioral assays reflect measureable age related behavioral change in the DO population. The TST is a depression-related measure and quantifies affective changes. Males exhibit increased immobility with age on the TST. Social isolation may account for this effect. In the T-maze the total number of arm transition choices is higher for young mice even after accounting for...
anxiety (time in center zone) and activity level (total distance traveled). In this highly diverse population, measures of age related decline are consistent with previous findings and will be amenable to genetic dissection. Supported by AG038070-03

MITOCHONDRIAL DNA DELETION MUTATION ACCUMULATION IS DRIVEN BY A FEED FORWARD LOOP A. Herbst, D. McKenzie, J. Aiken, University Of Alberta, Edmonton, Alberta, Canada

Aged muscles contain intracellular expansions of somatically derived clonal mitochondrial DNA deletion mutations. At high abundance, these mutations disrupt the expression of mitochondrially-encoded protein subunits of the electron transport chain resulting in respiration deficient muscle fiber segments. These fiber segments atrophy and break contributing to the loss of muscle mass that occurs with age. To understand the nuclear response to these mitochondrial mutations, we combined the selectivity of micro-dissection with gene expression analysis and detected a program of mitochondrial biogenesis. We hypothesized that this program was promoting mtDNA deletion mutation accumulation, non-adaptively responding to the cellular insult in a feed forward loop. We tested this hypothesis by treating aged rats with compounds that stimulated mitochondrial biogenesis. This treatment increased muscle mitochondrial genome copy number and increased the abundance of muscle fibers containing mitochondrial DNA deletion mutations. We conclude that in electron transport system abnormal muscle fiber segments, a vicious cycle of metabolic insufficiency and non-compensatory mitochondrial biogenesis drive mtDNA deletion mutation accumulation.

APPEARANCE OF AXONAL DEGENERATION IN MOUSE HIPPOCAMPAL NEURONS CAUSED BY OXIDATIVE STRESS AND AGING K. Fukui, T. Shinkai, S. Urano, Shibaura-Institute of Technology, Saitama, Japan

Reactive oxygen species attack several living tissues and increase the risk of development and progression of serious disease. Our group is continuing to study about the relationship between age-related oxidative damage and neurodegenerative disorders. Previously, we found that treatment with low concentration of hydrogen peroxide induced axonal and dendrite degeneration, but not cell death, in granule cells. In this study, we found axonal degeneration in hippocampal CA1 region of normal old mice using immunohistochemical assay. Furthermore, the expression of collapsin response mediator protein (CRMP)-2, which plays a crucial role in the maintenance of axonal condition, were significantly decreased in hippocampus of normal old mice than that of normal ones. In addition, the appearance of microtubule associated protein (MAP)-light chain 3 (LC3), a major index of autophagy, was significantly changed. These results indicate that axonal degeneration is induced in living tissues, but not cultured cells, and that changes in CRMP-2 and MAP-LC3 may underlie oxidative stress-related axonal degeneration.

SESSION 455 (POSTER)

COGNITION: HEALTH AND INTERVENTIONS

INTERACTIVE VIDEO GAMING AND HEALTH EDUCATION IN OLDER ADULTS WITH MCI: A FEASIBILITY STUDY

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Study: The purpose of this study was to evaluate the feasibility and potential efficacy of interactive video gaming and health education to improve cognitive functioning in older adults with mild cognitive impairment (MCI). Methods: Twenty older adults with neuropsychologically defined MCI (mean age 77.4 [SD 5.8] years, 70% female, mean education 13.48 [SD 2.14] years) from the Monongahela-Youthigheney Health Aging Team (MYHAT) study were randomized to one of two group-based programs, interactive video gaming or health education, for 90 minutes each week for 24 weeks. Assessments were conducted before and after the intervention period and 6 months later. The primary outcomes were related to study feasibility. We also explored the effect of the interventions on neuropsychological performance using the computerized assessment of mild cognitive impairment (CAMCI). Results: All 20 participants completed the intervention, with 18 attending 21/24 sessions. Overall satisfaction with the programs was rated as “very good” by 80% of participants. Neither of the group-based programs had statistically significant improvements in cognitive functioning. However, gains in global cognitive function were observed in 7/9 participants, and maintained over time in 4 participants, in the interactive video game group. In the health education group, 4/10 participants had gains in global cognitive function that were maintained over time, and an additional 3 participants had delayed gains in performance. Conclusions: Our results suggest that both intervention programs were feasible for those with MCI. Significance: Gains in cognitive function in both programs provide preliminary support for a larger trial in individuals with MCI.

WHO ARE WE MISSING IN BEHAVIORAL INTERVENTION TRIALS? RECRUITMENT RESULTS FROM A PILOT STUDY

T. Hughes, M. Ganguli, University of Pittsburgh, Pittsburgh, Pennsylvania

Study: Better characterization of those recruited for randomized controlled trials may enhance their design and influence their interpretation. The objective of this study is to describe the characteristics of participants by their level of interest in a behavioral intervention program for cognitive health in late life. Methods: Participants were 1,240 (mean age 80.32 years) members of a population-based cohort study of mild cognitive impairment (aka MYHAT study). Participants were asked whether or not they would be interested in participating in a program to evaluate the potential health benefits of interactive video gaming and health education. Comparisons between those responding “no” vs. “maybe/yes” were made on a variety of demographic, health, and lifestyle measures assessed in the MYHAT study. Results: Among the participants surveyed, 835 (67.23%), 258 (20.77%), and 147 (11.84%) responded that they were not, maybe, or definitely interested in the program, respectively. Those who not interested were more likely to be older, male, White, retired/unemployed, cognitively impaired, less engaged in activities; and to live with others, rate their overall health and memory as poor/fair; and have an IADL impairment and an uncorrected hearing problem compared to those who responded “maybe/yes”. Common barriers to participation were time availability, lack of interest, and health concerns. Conclusions: Those not interested in participating in behavioral interventions differ on important characteristics compared to those who are interested. Considering these differences has implications for recruiting specific target groups as well as a representative sample for whom the results of intervention trials can be generalized.

COMPARISON OF IN-PERSON VERSUS TELEPHONE ADMINISTRATION OF MMSE IN THE UAB STUDY OF AGING

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Background: The Mini-Mental State Exam (MMSE) is a widely used, brief cognitive assessment, but items requiring in-person administration limit its use in epidemiological studies. Telephone versions of the MMSE (MMSET) have been developed but validation studies are lim-
CARDDIOVASCULAR AND CNS MEDICATIONS’ INFLUENCE ON MMSE TRAJECTORIES FOR MEXICAN-ORIGIN MEN AND WOMEN

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Although some cognitive decline in old age may be normative (Schie, 1996), usage of certain prescription medications by elders can also be related to cognitive changes. Given the linkages of cognitive decline to poorer functional outcomes (Sampel-Ternent et al., 2008), mental health outcomes (Reyes-Ortiz et al., 2008), and physical health (Insel et al., 2005), understanding how prescription medication use relates to cognitive change in older adults is vital; in this study, cardiovascular and central nervous system (CNS) medications are examined. Further, because Latino/a individuals may be at greater risk for development of dementia as compared to Whites (Rose, 2005), the current study examines trajectories of performance on the MMSE over 5 waves covering 11 years for a representative sample of older men (n=1243) and women (n=1708) of Mexican-origin. A multi-group latent growth model, covarying age, education, self-rated health, and use of CNS and cardiovascular medications, had good fit (CFI=0.977, TLI=0.944, RMSEA=0.028). Mean MMSE at baseline was estimated to be 24.29 for men and 24.17 for women, with a significant, average rate of decline for women (-0.47) and men (-0.54). MMSE declined more slowly between the first two waves, more quickly between the second and fifth waves, for women than men. Taking cardiovascular medications predicted higher baseline MMSE for both men and women; however, taking CNS medications predicted higher baseline MMSE only for men. Taking cardiovascular, but not CNS, medications predicted slower rate of MMSE decline for men; neither medication type was related to MMSE decline for women.

STRESSFUL EXPERIENCES, SOCIAL SUPPORT, AND GENETIC VULNERABILITY IN COGNITIVE FUNCTION: FINDINGS FROM THE WISCONSIN REGISTRY FOR ALZHEIMER’S PREVENTION (WRAP)

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Objective: Cognitive aging is influenced by a complex set of variables. We examined relationships between stressful events, social support, APOE ε4 status, and cognitive function in middle-aged adults with a family history of Alzheimer’s disease enrolled in the Wisconsin Registry for Alzheimer’s Prevention (WRAP). Method: Participants completed neuropsychological tests and psychosocial questionnaires. Outcomes included cognitive factor scores: speed and flexibility (SF), verbal learning and memory (VLM), and working memory (WM). Key predictors included standardized index scores for stressful events and social support. Multiple regression test were used for each predictor variable, adjusting for demographic factors and number of APOE ε4 alleles. In secondary analyses, measures of health and lifestyle were added to models and relationships were re-examined. Finally, interactions between psychosocial variables themselves and APOE ε4 status were assessed. Results: Mean (sd) age was 56.7 (6.5) years (n=623). Primary analyses showed relationships which were significant at the p<.05 level between SF and stress (beta=-.117) and between SF and social support (beta=.106) but not between VLM or WM and stress or support. Secondary analyses indicated that relationships remained significant after accounting for health and lifestyle factors. In interaction models, a significant, negative interaction between social support and number of APOE ε4 alleles was seen (beta=-.118). Conclusion: As the population ages, the need to identify modifiable risk factors for cognitive decline intensifies. Findings suggest that psychosocial factors may influence cognitive function, and that this influence varies according to cognitive domain as well as by presence of specific genetic risk factors.

DAYTIME SLEEP IS ASSOCIATED WITH 6-MONTH CHANGE IN COGNITIVE FUNCTIONING IN AT-RISK OLDER ADULTS

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Introduction: The longitudinal association between sleep and cognitive function was understudied and not well understood, especially in late-life. Examination of the association between potentially modifiable risk factors, like sleep, and cognitive change in at-risk older adults.
C-reactive protein (CRP), a biomarker of inflammation produced by the liver, has been established as an indicator of overall, and particularly cardiovascular, health. CRP may also be associated with an increased risk of dementia and cognitive dysfunction, but findings have been inconsistent. We examined CRP levels in relation to cognitive performance across six cognitive domains (executive function, verbal memory, non-verbal memory, language, working memory, and visuospatial skills) in adults with MMSE scores ≥ 24. Serum CRP levels were obtained from fasting blood samples collected during morning visits and analyzed using high-sensitivity turbidimetric immunoassay. Participants underwent a neuropsychological evaluation at the Memory Clinic at Charles University in Prague, Czech Republic (mean age=66.5, 43% female, and mean education=14.3 years, N=118). Linear regressions controlling for age, sex, and education were used to estimate the associations between each cognitive domain and CRP. Higher levels of CRP were associated with worse performance on executive function tests (Trail Making Test Part B and Controlled Oral Word Association; β=−0.171; p=0.048) and with worse language performance (Boston Naming Test; β=−0.209; p=0.039). Associations with other cognitive domains were not significant. High levels of CRP may be a marker of poor executive function and language performance in otherwise normally cognitively functioning adults. Particularly the association between high CRP levels and poor executive function may have implications for subsequent cognitive impairment. Research on the association between CRP levels and cognitive aging may help in uncovering the role of cardiovascular health in cognitive dysfunction.

The moderating effects of stress on the association between the apolipoprotein E ε4 allele and cognitive decline

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As the population ages, the prevalence of dementia is becoming an escalating health problem with rates even higher for African American’s than Whites. The APOE ε4 allele is the strongest known genetic predictors of dementia – though not all who have the gene develop dementia. Previous research has suggested that there may be environmental influences that effect the expression of the gene. This study investigated how stressful life events influence the relationship between the APOE ε4 allele and cognitive decline and how this relationship may differ by race in an epidemiological sample (EPSE; N = 1,847) of older adults. We predicted that stressful life events would have a greater influence on cognitive decline among those with the APOE ε4 allele than those without the allele, and that this effect would be greater for African Americans than Whites. Cognitive functioning and its covariates were assessed over three year period. Using hierarchical regression, and after controlling for the main effects the APOE ε4 allele, stress and race, we found that the interaction of the allele and stressful life events predicted cognitive decline by (F<sub>9,1841</sub> = 6.523, p=0.011). We also found that the interaction of race and stressful life events predicted cognitive decline (F<sub>9,1841</sub> = 6.785, p=0.009). Finding indicate that African Americans may be more susceptible to the negative effects of stress in late life. Additionally, individuals with at least one APOE ε4 allele have an increased risk of developing cognitive decline when exposed to stressful life events.

Are lipoproteins associated with cognitive performance?

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There is evidence indicating that lipid levels may be associated with cognitive function, particularly among women. We aimed to examine low density lipoprotein (LDL), triglycerides, high density lipoprotein (HDL), and HDL/LDL ratio in relation to cognitive performance, measured with six well-established domains (verbal memory, non-verbal...
As part of another study, 19 participants age 65 years and older completed a battery of measures that included memory (Auditory Verbal Learning Test, AVLRT), psychomotor speed (WAIS 4th ed. Coding subtest), and executive skills (Tower of London, TOL). Participants also completed assessments of memory complaints, self-efficacy, and use of mnemonic techniques as well as a depression scale (Center for Epidemiological Studies Depression scale, CES-D). We hypothesized that depression would have a direct effect on memory as well as an indirect effect via self-efficacy. A path analytic model investigated relations among variables with a bootstrapping procedure. Results showed that executive function (TOL) and psychomotor speed were directly related to memory (AVLRT; \(z = 2.90, p = 0.004\) and \(z = 3.47, p < 0.001\)) as were memory complaints and techniques. Depression was not directly related to memory (\(z = -0.45, p = 0.65\)) and its indirect effect via self-efficacy was also nonsignificant (standardized direct effect = 0.08, \(p = 0.27\)). Follow-up exploratory analyses took note of the impact of depression on executive function (TOL; \(z = 1.77, p = 0.08\)) and evaluated the indirect effect of depression on verbal memory via this path. Depression had a significant indirect effect on verbal memory via executive function (standardized direct effect = -0.17, \(p = 0.03\)). Results are thus not consistent with an impact of depression on memory self-efficacy but suggest that it may be related via decreased executive functions.

**COMBINED EFFECT OF EXERCISE AND COGNITIVE TRAINING ON DUAL-TASK PERFORMANCES**


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**Introduction:** Both computerized cognitive training and aerobic physical exercise lead to improvement on various cognitive measures (Lussier, Gagnon Bherer, 2012; Langlois, Minh Vu, Chassé, Dupuis, Kergoat & Bherer, 2012). However, few studies have examined the combined effect of both interventions. **Methods:** Eighty-one subjects completed 75% of both their respective physical and cognitive training programs (aerobic/dual-task training: \(n = 25\), aerobic/placebo stimulation: \(n = 20\), stretching/dual-task training: \(n = 21\), stretching/placebo stimulation: \(n = 14\)). Programs effectiveness was compared based on improvement on a transfer dual-tasks condition that was not used in the dual-task training. **Results:** While all programs induce similar benefits on
single-task and single-mixed trials, participants who received the dual-task training improved to a greater extent on the dual-mixed trials, F(1,79)=7.06, p=.010, η²=0.082. The type of physical training (aerobic or stretching) had no significant effect on this improvement. **Conclusion:** While stretching and aerobic physical training had similar impact on a measure of divided attention, dual-task training proved to be significantly more effective than placebo stimulation.

**FOUR-YEAR CHANGE IN COGNITIVE PERFORMANCE FOR INDIVIDUALS OVER 50 WITH AND WITHOUT CHRONIC PAIN**

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Several research studies document cognitive performance differences between older adults with and without chronic pain conditions, but few studies have investigated these changes over time. Seventy-three adults over the age of 50 (81% female) were tested four years apart on measures of executive function (Stroop, Digit Span Forward and Backward, Trails A and B), verbal fluency (naming animals), processing speed (Digit Symbol Substitution), and problem solving (Everyday Problems Test). Forty-four participants were healthy older adults (Mage = 71.7 years) and 29 were individuals with a diagnosis of fibromyalgia (FM) (Mage = 63.0 years), a chronic pain condition. Although the primary symptom of fibromyalgia is chronic pain, fatigue and cognitive complaints also are commonly reported. Paired samples t-tests revealed that most people saw a significant decline in scores between 2008 and 2012 on most variables. Using regression analyses and controlling for age, gender, and education, those with FM did not differ from those without FM in terms of cognitive changes over the 4 year period.

Although the FM individuals continued to perform at a lower level in some domains, they do not appear to be declining at a faster rate than the healthy controls. However, in the present study, the rate of decline for FM participants was similar to healthy older adults who were 8 to 10 years older, supporting previous studies that have concluded that patterns of cognitive performance in individuals with FM present like accelerated aging.

**ESTIMATING THE LIFE-EXPECTANCY WITH AND WITHOUT COGNITIVE DECLINE IN BRAZIL**

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Objectives: Estimate life expectancy with and without cognitive decline in a sample of older adults in São Paulo-Brazil. Methods: Data from two waves of SABE (Health, Well-being and Aging) study conducted in São Paulo-Brazil were used in the analyses. In 2000, 2,143 people aged ≥ 60 years-old were interviewed. In 2006, 1,115 of the participants from the first wave were re-interviewed, 649 have died and 379 were lost to follow up. A modified version of the mini-mental state examination (MMSE) was used to screen elderly with possible cognitive decline. Interpolation of Markov Chains method was used to estimate the life expectancy with and without cognitive decline. Results: In 2000, 13.2% of the older adults were classified as having cognitive decline. At age 60, men expect to live 14.6 years (s.d. 0.6) without cognitive decline and 2.0 years (s.d. 0.3) with cognitive decline; among women these numbers are 18.4 years (s.d. 0.6) and 3.2 years (sd. 0.3), respectively. At age 90, men expect to live 4.2 years (s.d. 0.4) without cognitive decline and 2.4 (s.d. 0.3) with cognitive decline; among women these numbers are 5.7 (s.d. 0.5) and 3.6 (s.d. 0.4), respectively. Women expect to spend a larger number and proportion of remaining years with cognitive decline than men Conclusions: With increases in life expectancy, cognitive decline has emerged as a major health problem threatening the wellbeing of older adults. In Brazil, women face a longer number of years with cognitive impairment, which is due to their longer life expectancy.

**THE EFFECT OF SENSORY IMPAIRMENT ON COGNITIVE AND FUNCTIONAL ABILITY IN CENTENARIANS**

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Two theories have been proposed to explain age-related covariation of cognitive and sensory functions: The Common Cause hypothesis and the Sensory Deprivation hypothesis. We hypothesized that the Common Cause hypothesis better accounted for this age-related covariation. We examined associations between sensory functioning, cognitive functioning, functional status, and motor functioning in a sample of centenarians (N = 244) from the Georgia Centenarian Study to test this hypothesis. Special attention was given to cross-sensory-modality associations. Hierarchical regressions were also utilized to determine whether inclusion of either objectively-measured or self-reported sensory functioning or motor functioning predictors accounted for additional variance in late-life outcomes, beyond demographic factors alone. Although age and education were important predictors of late-life cognitive and functional outcomes, sensory functions accounted for a significant proportion of variance in several late-life outcomes. In particular, objectively-measured hearing ability consistently predicted variance in cognitive and functional abilities. Furthermore, grip strength and hand-tapping ability were significant predictors of late-life outcomes. The results of the current study provide strong evidence for the Common Cause hypothesis of cognitive aging.

**PERCEIVED COGNITIVE IMPAIRMENT IN AFRICAN AMERICAN ELDERS: HEALTH AND IADL FUNCTIONAL IMPAIRMENTS**

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Although the CDC began to assess Perceived Cognitive Impairment in 2009, there has been no in-depth study of how a perceived decline in thinking or memory skills may be reflected in the health and lifestyle of an independent community-dwelling older person. Among urban-dwelling older African Americans, who are at elevated risk for cognitive impairment and dementia, we know even less regarding the interaction of these risk factors. Five hundred one African American elders (n = 501) between the ages of 55 and 95 with an average age of 70.73 years (SD = 8.6 years) participated in telephone interviews. Approximately one-third of the elders endorsed that their memory, thinking skills, or ability to reason was worse than a year ago (n = 150; 29.9%) and only 25% of this group (n = 38) reported that this cognitive impairment impacted IADL functioning in their daily lives and/or warranted a consultation with their doctor. Bivariate and logistic regression analyses indicated that perceived cognitive impairment was associated with increased health problems, mobility limitations, depressed mood, and lower social functioning. Elders who reported that cognitive problems impacted their daily functioning of IADLs (e.g., shopping, paying bills, driving) reported the greatest health and mental health challenges. Perceived Cognitive Impairment is an important health variable with implications for an older adults’ overall health, mental health, mobility, and social functioning.

**SESSION 460 (POSTER)**

**DEMOGRAPHIC AND CROSS-CULTURAL PERSPECTIVES**

AFRICAN AMERICAN UTILIZATION OF HEALTHCARE BY REGION SOCIALIZED: A LIFE COURSE PERSPECTIVE

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Previous literature suggests that Blacks utilize healthcare less than whites depending on the geographic region in which they currently
OLDER IMMIGRANTS AND VOLATILITY IN HEALTH INSURANCE TRAJECTORIES IN LATER LIFE
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Health disparities between immigrants and native-born occur at both older and younger ages. While having health insurance is often thought to improve access to better health care, the nature of insurance coverage may vary considerably across groups and may change for individuals over time. Although the 65-and-older age group is largely covered by Medicare, those aged 50-64 are more vulnerable to losing coverage, which may translate into less consistent care. We use the 2001, 2004, and 2008 cohorts from the Survey of Income and Program Participation (SIPP) to identify trajectories of health insurance transitions among the 50 and older. Health insurance is classified into seven categories: private, Medicare, Medicaid, none, private/Medicare, Medicaid/Medicare, and combinations of the three. Using latent class analysis, we stratify by age (50-59, 60-69, 70+) because of measurement invariance. We find considerable variability in HI trajectories, and preliminary results indicate that health care utilization varies significantly by childhood region when controlling for SES, age, and cohort. The post-1950 cohort is more likely to utilize health care than the pre-1950 cohort, and regional variation is significant only when measured at time of socialization—compared to present region.

ACTIVE LIFE EXPECTANCY OF OLDER ADULTS IN SINGAPORE BY SEX AND SOCIO-ECONOMIC STATUS
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While overall and sex-specific active life expectancy (ALE) estimates for older adults in Singapore, a rapidly ageing Asian nation, are available, they are based on cross-sectional data. Further, they are not socio-economic status (SES)-specific. Using data from two waves (2009 and 2011-12) of a nationally representative longitudinal survey (N, Wave 1=5000) we estimate disability and mortality transitions among community-dwelling Singaporeans aged >60 years and compute ALE by sex and SES. Disability (inactive state) was defined as a limitation in at least one of 6 ADLs and 7 IADLs. Education (Low [<Primary]/High [>Primary]) was considered a SES indicator. A multistate life table method was employed using an interpolated Markov chain approach. Sex and education affected the transition from an active to inactive state (disability incidence), being significantly higher for females (vs. males) at all ages and for those with low (vs. high) education till age 88. Other health transitions, including to mortality, were not associated with sex or education. While women, relative to men, had higher life expectancy at age 60 (25.7 [23.8,27.5] vs. 21.6 [20.1,23.1]), they spent a greater proportion of years (29.9% vs. 12.4%) in an inactive state. Those with low, vs. high, education not only had lower life expectancy at age 60 (22.5 [21.1,23.9] vs. 28.5 [25.0,32.0]) but also spent a greater proportion of years (24.1% versus 17.8%) in an inactive state. Differences in disability transitions and ALE by sex and SES among older adults in Singapore are mostly similar to those observed in Western societies.

THE IMPACT OF WORK HOURS ON HAPPINESS OVER THE LIFE SPAN IN JAPAN, SOUTH KOREA, TAIWAN, AND CHINA

Work is a critical part of the life course and most commonly examined in relation to income and retirement in previous research. Particularly, work hours have received growing attention as a significant predictor of subjective quality of life such as happiness. Although employed people are generally happier than those unemployed, the findings depend on geographic locations. For example, influenced by the “busy ethic,” Americans believe that working longer hours leads to greater happiness, unlike Europeans who tend to be more leisure-oriented. However, little is known about the association between work hours and happiness in East Asia as the majority of research has been done in North America and Europe. Given the rapidly aging societies in East Asia, the impact of work hours on happiness over the life span is a critical research area. Data come from the 2010 East Asian Social Survey, an internationally representative dataset of adults in Japan, South Korea, Taiwan, and others.
Mainland China. Partial proportional odds ordinal logistic regression was used to model happiness as a function of work hours, age, and other covariates. Results show that work hours were negatively associated with happiness only in Japan and Taiwan. At the same time, age was negatively associated with happiness in all four nations. Our follow-up analyses suggested that working longer hours may have increasingly negative effects on happiness in accordance with aging. Detailed discussions regarding identified between-nation differences (e.g. stage of economic development, socio-cultural norms, work ethics) and implications for possible policy change are provided.

**SATISFACTION WITH SOCIAL CARE: COMPARING THE VIEWS OF SOUTH ASIAN AND WHITE SERVICE USERS IN ENGLAND**

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In Britain, national surveys indicate that black and minority ethnic (BME) respondents report lower levels of satisfaction with social care services when compared with white respondents. Examining the reasons for such differences is a necessary step in improving the provision of services for BME users. As also found in the US population, double jeopardy makes this issue particularly important; there may be a greater need for social services among certain minority groups due to higher levels of ill health and disability. This paper reports on in-depth interviews with South Asian and white British users of social services, and with social care practitioners such as occupational therapists and social workers. The aim of the interviews was to compare the reasons for low or high satisfaction among the two ethnic groups. Shared sources of dissatisfaction among the Asian and white participants included interpersonal problems with staff members, and difficulties in accessing the services. A distinct concern identified among the Asian participants was personal problems with staff members, and difficulties in accessing the services.

**EXAMINATION OF IMPORTANT LIFE EXPERIENCES OF THE OLDEST-OLD: CROSS-CULTURAL COMPARISONS OF U.S. AND JAPANESE CENTENARIANS**


The purpose of this study was to compare the most important life events reported by U.S. and Japanese centenarians. This study included a population-based sample of 239 U.S. centenarians from the Georgia Centenarian Study and 304 Japanese centenarians from the Tokyo Centenarian Study. Two open-ended life events questions were categorized and grouped into different life event domains. Several cross-tabulations were computed to investigate culture and gender differences in most important life event domains. Next, four configurational frequency analyses were conducted using Neuroticism, Extraversion, and the first most important life event domain. Path model analyses for each group demonstrated adequate fit. Among Hispanics, IRFA had the strongest association with dementia severity ratings, measured by the Clinical Dementia Rating (CDR) scale, across a sample of 444 Hispanic and 11,081 NHW outpatients. Covariates included patients' psychiatric symptoms (IRNS) in clinicians' dementia severity ratings, measured by the Clinical Dementia Rating (CDR) scale, across a sample of 444 Hispanic and 11,081 NHW outpatients.

**THE GERONTOLOGICAL SOCIETY OF AMERICA**

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AGE HERE, BUT NOT THERE: WITHIN-CULTURE VARIABILITY IN WHY WE REMEMBER THE PERSONAL PAST

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Humans are embedded in culture as they draw on autobiographical memory to meet environmental demands (Bluck, Alea, & Demiray, 2010). The study examined cultural (American, Trinidadian) differences in the functions of autobiographical remembering by assessing person-level predictors, including age, education, health, and personality. Three autobiographical memory functions, self-continuity, social-bonding, and directing-behavior (Bluck & Alea, 2011), were examined in young and old American (n = 179; young M = 19.32, old M = 72.69) and Trinidadian adults (n = 150; young M = 25.99, old M = 63.24). No between-culture differences emerged in the functions of autobiographical memory, though within-culture variability was evident for both age and personality. For Americans, age was the strongest predictor of using memories to maintain self-continuity (β = .26) and to direct-behavior (β = .23); older Americans less often used memory to meet these needs than younger Americans. Age was not a predictor of memory function for Trinidadians. Personality traits (e.g., extraversion β = .21, agreeableness β = .16, conscientiousness β = .20) predicted using memories for social-bonding in Americans, but predicted using memories for self-continuity (e.g., neuroticism β = .23) and directing-behavior functions (e.g., neuroticism β = .20, openness β = .24) for Trinidadians.

The discussion focuses on how within-culture environmental demands interact with age and personality to shape people’s use of memory. After attending this session, participants will be able to identify person-level predictors of how memory is used to meet adaptive needs in daily life in two cultures.

IMPACT OF MORTALITY SELECTION ON AGING COHORTS


Background. Systematic gradual changes in composition of aging cohorts that occur as a result of selective mortality processes are important to all gerontological research. Objective. We demonstrate the extent of changes in the distribution of important cohort characteristics that arise purely as a result of selective mortality. Methods. We use data on health, wealth, education, and other covariates from two cohorts (the AHEAD cohort, born 1900-23 and the HRS cohort, born 1931-41) included in the Health and Retirement Survey, a nationally representative 20-year panel study of older Americans (N=14,466). We calculate sample statistics for the surviving cohort at each wave. Repeatedly using only baseline information for these calculations so that no changes occur at the individual level (what changes is the set of surviving respondents at each wave), we can observe the impact of mortality selection on the cohort characteristics. Results. We find substantial changes in the distribution of all examined characteristics across nine survey waves. For instance, the number of chronic conditions declines from 1.5 to 1 in the AHEAD cohort; the decline is steep enough that a crossover is observed between the older AHEAD and the younger HRS cohort. Discussion. The mortality selection process changes the composition of older cohorts substantially. We discuss and illustrate factors that impact the pace of changes over time. Researchers focusing on elderly need to be aware of the extent of the selection and interpret their conclusions accordingly.

CORRELATES OF SUBJECTIVE HEALTH IN OLDER HISPANIC AMERICANS AND ADULTS IN VIETNAM: A CROSS-NATIONAL STUDY

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Numerous studies have documented the predictive significance of SRH for a number of health outcomes, including social–psychological well-being, health care consumption, morbidity, and mortality. SRH is generally associated with three broad categories of physical illness burden, functional disability, and mental health. Though some knowledge is established, it is unclear whether there are different determinants in different racial/ethnic groups. The goal of this study was to delineate the determinants of SRH in older Hispanic Americans and Vietnamese adults. We investigated the association between sociodemographic factors (age, gender, marital status, education, employment, and material hardship), health indicators (comorbidity, depression, and cognitive function), functional limitation, and objective physical performance (grip strength and lower-extremity performance) and SRH. This study included 300 individuals from the Hispanic Aging Survey (HAS; mean age = 67.6) and 600 participants from the Vietnam Aging Survey (VAS; mean age = 70.3). SRH was measured with a single item that asked people to rate their health on a 5-point scale from “excellent” to “poor.” Separate multivariate regressions were run for HAS and VAS samples. SRH was not associated with age and education in older Vietnamese adults; it was associated with material hardship, comorbidity, depression, cognitive function, functional limitation, and lower-extremity performance. These results were different from findings in Hispanic adults, where SRH was only associated with age, education, comorbidity, and depression. For Vietnamese adults, self-reports of poor health become more closely related to current symptoms and functional problems. The area of how people view their own health warrants further examination.
DIFFERENTIAL EFFECTS OF LIVING ARRANGEMENTS ON OLDER ADULTS’ PSYCHOLOGICAL WELL-BEING BY GENDER
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Objectives: 1. How does gender affect the relationship between living arrangements and psychological well-being? 2. Are these relationships mediated by demographics, health status, or region? Methods: Data come from the Integrated Health Interview Series. The sample consists of non-institutionalized individuals age 65 and older (n=4,903). Psychological well-being is measured by self-rated quality of life (QOL) and the Kessler-6 measure of psychological distress. Living arrangements is a three-category variable: living alone, living with a spouse, or living with others. Nested multivariate models were calculated to predict QOL and psychological distress, with subgroup analyses performed separately by gender. Results: 36% of men lived alone, 46% lived with a spouse, and 17% lived with others (vs. 57%, 24%, and 19% of women, p<0.001). With gender as the only predictor, both women and men had lower odds of better QOL when living alone or with others (as compared to living with spouse). After including covariates, the effect of both types of living arrangements persisted for women (OR=.59 and .58, respectively, p<0.01). For men, living with others became non-significant but living alone remained a significant negative predictor of QOL (OR=.53, p<0.01). The relationship between living arrangements and psychological distress was mediated by demographic characteristics for both genders. Discussion: Programs and policies should pay particular attention to the differential effects of living arrangements by gender. Interventions to improve psychological well-being for older adults living alone or with others may include increasing the availability of home- and community-based services, financial support, and access to social support networks.

SESSION 465 (POSTER)

EDUCATIONAL ISSUES

TEACHING ABOUT OPTIMAL AGING IN THE ONLINE CLASSROOM: DEPLOYING FEMINIST PEDAGOGY
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With competition from online universities, and decreasing public funds at state institutions, more and more programs are turning to the virtual classroom, reflecting a major wave of change in gerontological education. As educators adapt to this new mode of instruction they may try to retain as much of their teaching philosophy as possible in what may seem like an inflexible environment. Teachers influenced by feminist methods, in particular, may feel that the online classroom is incompatible with a philosophy that focuses on students' embodied experience. This presentation will reveal concrete ways in which we have deployed feminist-inspired pedagogical practices in online gerontology and human development classrooms. Successful practices include a) building a collaborative environment through discussion board techniques, b) raising awareness about issues related to optimal aging via real and virtual “field trips,” c) sharing power via required drafts of major written assignments, and d) critical thinking assignments that ask students to critically reflect on current gerontological research. Finally we will discuss some common issues associated with feminist inspired course policies (such as a very flexible late policy), and tailoring courses to specific student populations. The presentation will be supplemented with initial findings from a larger study on feminist pedagogy and online education (N = 39). As a summary, we will discuss implications for feminist gerontology and the gerontological classroom.

GIVING LEARNING A HAND: ASSESSING EXPERIENTIAL ACTIVITIES FOR THE GERONTOLOGICAL CLASSROOM
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Considerable attention has been given in gerontology and geriatrics to experiential activities outside of the classroom (e.g., community-based research, field experiences, internships, service-learning, site visits, volunteering). Less attention has focused on hands on experiences that take place within the classroom setting. While the pedagogical approach of using hands on experiences to teach about human physiology has a long tradition in medical education, the adaptation of this practice to gerontology is relatively new (Alt-peter & Marshall, 2003). The use of simulations and other hands on tools has been shown to not only enhance students’ knowledge, but also their overall empathy for older adults (Eymard, Crawford & Keller, 2010; Henry, Ozier & Johnson, 2011). The following reports on the development and implementation of a series of in-class experiences in three areas: (a) simulation of normal and pathological processes of aging; (b) health prevention activities (e.g., screenings and exercise); and (c) assistive and adaptive technology using universal design. To assess their effectiveness, pre/post surveys (N=162) were gathered from undergraduate and graduate gerontology students regarding their learning styles and the impact of these hands on classroom activities. Initial findings revealed a strong preference for traditional modes of learning (e.g. lecture, video). A second trend, however, showed over half of the students (n = 92, 56.8%) also preferred hands on learning experiences. Student response to the hands on modules was overwhelmingly positive. These findings support the importance of incorporating a variety of teaching approaches, including hands on to enhance the gerontological classroom.

THE RHETORIC OF CLAIMS-MAKING: THE CASE OF CHOLINESTERASE INHIBITORS
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Cholinesterase inhibitors (ChEIs) are a first-line group of medications which are widely prescribed to treat the symptoms of mild to moderate Alzheimer disease (AD). ChEIs have been extensively promoted in pharmaceutical advertising since their introduction in the 1990s. This could explain, in part, the commercial success of these medications despite the modest effects demonstrated in clinical trials. Little is known about how pharmaceutical advertising in medical journals represents the symptoms of AD and the benefits of ChEIs. To address this gap in knowledge, we present findings based on a survey of 350 issues of the Canadian Medical Association Journal that resulted in the identification of 19 separate Aricept® ads printed 97 times. From the online pharmaceutical advertisement database AdPharm.net, we identified 11 more Aricept® ads appearing in medical journals from 2004-2011. Using semiotic analysis, we systematically coded the ads for visual elements and themes of medication benefit as reflected in the maintenance or enhancement of spousal, intergenerational and filial relationships. Specifically, the analysis revealed how the ads translated clinical trial results into dramatic everyday-life scenarios of benefit whereby the AD sufferer’s regained the ability to assume familiar roles and partake in valued social relationships. The ads deployed powerful emotional visual and linguistic imagery suggestive of exaggerated therapeutic efficacy and the promise of an improved future. This study critically articulates the discursive dimensions of pharmaceutical advertising and provides insights into the role of drug companies in the construction of AD as an imminently treatable disease.
ATTITUDES TOWARD OLDER ADULTS AND ATTITUDES VALIDATION OF A SCALE TO MEASURE STUDENTS’ locations. The Collaborative also successfully engaged faculty thousands of miles apart to develop, maintain, and expand a virtual learning program. Evaluations indicate that using multiple technologies allows frequent contact among Collaborative leaders and Scholars and troubleshoot the logistics of launching and maintaining a complex distance-learning program. The current research examines the educational needs of those currently working with older adults and explores the core competencies for Interprofessional Collaborative Practice and the Partnership for Health & Aging Geriatric Competencies. Scholars participate in 40 hours of mandatory core content delivered by webinar; engage in self-directed learning; participate in formal and informal mentoring sessions, and complete a capstone project on curriculum development or quality improvement. The benefits and challenges in developing, implementing, monitoring and evaluating a collaborative interprofessional faculty development program in geriatrics are discussed. Year 1 served as a pilot, allowing us to develop and test the competency-based, interprofessional curriculum designed for adult learners; experiment with varied technologies for delivering content, making it dynamic and interactive; collect data on learners’ perceptions of improvements needed in teaching and application to practice based on program content; and troubleshoot the logistics of launching and maintaining a complex distance-learning program. Evaluations indicate that using multiple technologies allows frequent contact among Collaborative leaders and Scholars and mentors, enabling faculty representing different disciplines and located thousands of miles apart to develop, maintain, and expand a virtual learning community. The Collaborative also successfully engaged faculty learners who are even more diverse in their disciplines and geographic locations.

VALIDATION OF A SCALE TO MEASURE STUDENTS’ ATTITUDES TOWARD OLDER ADULTS AND ATTITUDES TOWARD THE AGING PROCESS


Measuring learning outcomes has become standard procedure in most college classrooms. Gerontological educators often seek to address and challenge students’ attitudes toward older adults and the aging process using classroom activities; therefore simple and practical measures of attitude are needed to evaluate effectiveness of such activities. This study was designed to psychometrically test two visual analog scales (VASs) to assess 1) attitudes toward older adults and 2) attitudes toward the aging process. Content validity was established by a panel of six content experts and 30 undergraduate students. A sample of 190 undergraduate students was then recruited to assess test-retest reliability and concurrent validity. All participants completed the two VASs, the Anxiety about Aging Scale, and the Fraboni Scale of Ageism. The current study provided a foundation for informed debate on design, benefits, and costs of adopting an RFP model. The RFP literature highlighted seven archetypal RFP models, including within-organization rotation, client-based rotation, and time-sensitive rotation, e.g., term-based and summer rotations. Themes of benefits among RFP models included the following (compared with traditional placements): richer diversity of perceived learning and skills building; broader understanding of organizational systems; and enhanced, student self-confidence and self-efficacy. The review of literature also gleaned a number of themes relative to risks of RFP implementation, including learning fragmentation; increased demand of administrative and supervisory time and resources; and elevated student anxiety. The current study further offered strategies identified in literature for minimizing potential risks with RFP models, along with discussion of supplemental programmatic supports to maximize successful, rotation-based field placements in gerontological settings.

EDUCATIONAL NEEDS AND CORE COMPETENCIES FOR PROFESSIONALS IN GERONTOLOGY: WHAT SHOULD WE DO NEXT?

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According to the Institute of Medicine, significant shortages of workers educated in gerontology are expected over the next decades (2001). Subsequently, many current employees have little or no Gerontological education but do seek more (Van Dussen and Leson, 2010). The current research examines the educational needs of those currently working with older adults and explores the core competencies that will be needed including understanding of geographical diversity and policy and disease related topics as identified by respondents (n=766) of a statewide sample of professionals in Ohio. Of the 766 respondents, 57.9% had no formal training in gerontology/geriatrics. The most common respondents were dietetics professionals (41.4%), administrators (16.2%), private practice medical (13.3%), and a remaining mix of professionals in the health professions, social work, and public and private organizations. The respondents, from both urban and rural settings, indicated a variety of desired educational topics including mental health issues, nutrition, end of life, and medications. Professionals reported the most preferred educational delivery methods were web based and interactive distance learning leading to a certificate or degree. Addi...
OLD VS. YOUNG: UNDERSTANDING MEDIA PORTRAYALS OF ELDER FRAUD
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Although financial abuse of older adults or elder fraud has received national attention over the past decade, how these issues are portrayed has received little scholarly attention. Existing research finds that media framing of aging issues shapes peoples’ understanding of the topic, particularly when they have no personal experience. This study examines how elder fraud is defined in newspapers, how ages of participants (i.e., both victim and perpetrator) are framed, and what constructs are important in elder fraud reporting. Using a Lexis-Nexis search across 25 years of articles from the top 5 circulating US newspapers (New York Times, Washington Post, USA Today, Los Angeles Times, and the Wall Street Journal), 104 distinct news articles on elder fraud were identified. Content analysis coding via QDA Miner, combined with human coding, enabled accurate identification of the victims’ and offenders’ backgrounds (race, gender, age) and the language used to describe victims, crimes, and offenders. Types of elder fraud varied from stealing checks to granting titles to homes or cars to having other financial assets taken. On average, victims were older than perpetrators. In several cases, fraud was “the old against the older.” In general, “old” (victim) was tied to other conditions of vulnerability (e.g., widowhood and blindness); while “young” (perpetrator) was frequently associated with greed. Moreover, analysis revealed that the framing of familial relationships complicated by age stereotypes. This study has important implications for the future framing of research on societal perceptions of aging and elder fraud.

ENHANCING CARE OF SENIORS: IMPACT OF A LIVING CLASSROOM ON THE EDUCATION OF CARE AIDES
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Enhanced care and quality of life for seniors requires change in many areas, including gerontology education for health care professionals; practice development and skills enhancement for those working with seniors; and knowledge translation research that is relevant for seniors care. When these elements occur independently of each other, as they often do, there are serious disconnects between what is going on in practice, education, and research. To overcome this silo approach to practice development in Long-Term Care (LTC) and improve access for students, Conestoga College (Kitchener, Canada), the University of Waterloo-Schlegel Research Institute for Aging (Waterloo, Canada), and Schlegel Villages (Guelph, Canada) created a collaborative partnership model. This paper will present the integration and evaluation of “Living Classrooms” in nursing and care aides’ education to enhance knowledge solutions and training grounds for students while practicing learning in place and living learning. Findings of this 2-year descriptive evaluative study have significant implications for career attractiveness of LTC, recruitment and retention issues, interprofessional collaboration education and resident-centred learning; and the promotion of LTC as a professional learning and mentoring environment.

SESSION 470 (POSTER)
END-OF-LIFE STUDIES

PALLIATIVE CARE FOR OLDER ADULTS: A SYSTEMATIC REVIEW OF U.S. MEDICAL SCHOOLS
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Palliative care has been recognized as an important treatment option for patients with life-limiting illnesses. With its emphasis on pain management, symptom control, and psychosocial support, palliative care can improve the quality of life for patients and reduce the cost of medical services. Traditionally, palliative care has been oncology-based; however, with the aging population, the awareness that it should also address the needs of older people with advanced nonmalignant diseases is expanding. The manner in which medical schools incorporate such training into their programs has not been explored. This study systematically examined the extent to which palliative care (especially, geriatric palliative care) is included in medical school education in the United States. All 141 schools (as listed by AAMC) were selected. Web-based and manual searches of school catalogs and other relevant materials were conducted. Of these 141 schools, 25% had an academic or clinical unit devoted to teaching and providing consultations in palliative medicine, 36% offered ACGME accredited fellowships in hospice and palliative medicine, and very few offered training in geriatric palliative medicine. The contents of these programs were examined according to: 1) disease specific aspects of palliative medicine, 2) symptom control, and 3) psychosocial and ethical issues. Overall, this review suggests that a dearth of adequate training in palliative medicine exists, especially when it comes to the management of nonmalignant illnesses that cause death among older people (e.g., heart disease, stroke, and neurodegenerative diseases). Delivering high quality palliative care to the rapidly growing older population remains a major challenge.

MAINTAINING MOTIVATION OF HOSPICE WORKERS: BURNOUT, SECONDARY TRAUMA, AND JOB SATISFACTION
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Approximately 44.6% of U.S. deaths in 2011 occurred under hospice care. Workers delivering this care are expert guides through physical, emotional, and spiritual changes at life’s end. Research shows rewards and stresses in this work, with 30% turnover. Recent economic and regulatory pressures potentially threaten time spent in quality direct care, often the greatest source of fulfillment. Studies of coping strategies recommend teaching workers individualized self-care, but research in this area is in early stages. A longitudinal, interventional study of the effect of self-care planning on hospice workers’ burnout, secondary trauma, and job satisfaction was conducted with a convenience sample of 172 direct care workers in 16 hospices of varying sizes located in 14 states. Pretest data suggest that while most hospice workers were managing well, a segment of the sample was not. One third scored in the high range on the key indicator of burnout, and on a Likert scale measure of intent to leave the job (1-10, 1 = lowest), 20.4% reported a score of five or higher. Mean ratings on identical Likert scale measures of perceived support were 7.4 for team, 6.9 for supervisory, and 6.2 for organizational support. Secondary trauma scores were primarily low (55.8%) or average (43%). Quantitative results indicated that organizational factors, including hospice size and perceptions of team, supervisory, and organizational support, were significantly related to burnout, secondary trauma, and intent to leave. Qualitative data support these findings. Implications include suggestions for attending to factors that provide support to hospice workers.
PERCEIVED ILLNESS BURDEN AND ITS ASSOCIATED CORRELATES: A MEASURE OF OBJECTIVE AND SUBJECTIVE HEALTH CONSEQUENCE AT THE END OF LIFE
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Objective. I used data from the New Jersey End-of-Life (NJEOL) study (N=293) (2006-2008), an ethnically-diverse sample of non-institutionalized older adults (≥ age 55) to investigate perceived illness burden (PIB) and its correlates. PIB is a measure of patient appraisals that captures both functional limitations and perceived burden to the self and others. Two questions guide the analysis: Do the objective indicators of physical health align with subjective perceptions of being a burden? If there is no agreement between the objective and subjective, are there specific characteristics of individuals for whom there is not alignment? Methods. Post-hoc comparisons between PIB categories (high-disability/high-burden; high-disability/low-burden; low-disability/high-burden; low-disability/low-burden) were conducted using analysis of variance (ANOVA). Multinomial logistic regression was used to examine the correlates of PIB. Results. Of the sample, 28% of respondents were in the high-disability/high-burden category, 18% in the high-disability/low-burden category, 12% in the low-disability/high-burden category, and 41% in the low-disability/low-burden category. Race/ethnicity, age, number of children, income, number of health conditions, and level of depressive symptoms were all significant correlates of PIB category. Discussion. An understanding of how perceived illness burden works for patients may lead to end-of-life discussions and interventions that better meet the needs and goals of patients.

CURRENT TRENDS IN END OF LIFE CARE FOR OLDER ADULTS WITH ADVANCED DEMENTIA IN NURSING HOMES: A LITERATURE REVIEW
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Background: A large number of older adults with advanced dementia reside and die in nursing homes (NHs) with poor end-of-life (EOL) care. There is, however, little information that addresses the current trends in EOL-care research for NH residents with advanced dementia. Objective: The purpose of this literature review was to understand the current trends in research regarding EOL care for older adults with advanced dementia in NHs. Methods: A literature review was performed using electronic databases – PubMed, CINAHL, and Cochrane – from January 2000 to December 2012, and using MeSH terms – “end of life care”, “palliative care”, “dementia”, and “nursing homes”. Findings: Five common themes in research regarding EOL care for older adults with advanced dementia in NHs were found: (a) current situations of EOL care in NHs, (b) factors and barriers related to good EOL care, (c) outcome measures to evaluate EOL care, (d) single or multi-component palliative care programs, and (e) international collaborative works. Conclusions: Quality EOL care for this population has mainly been explored. Future intervention studies to improve EOL care in NH residents with advanced dementia, longitudinal studies to evaluate the effectiveness of palliative care interventions, disparities in EOL care, and studies focusing on cost-effectiveness and regulatory perspective to promote practice of EOL care in this population are required. Implications: This literature review gives an overall picture and future directions of EOL-care research in older adults with advanced dementia in NHs.

IT’S NOT A MATTER OF HOW MUCH TIME REMAINS: CENTENARIANS AND THEIR VIEWS ON LIFE’S END
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How individuals cope with the prospect of their own death is a very personal process that is also shaped by cultural traditions. The purpose of this study was to explore the views on lifes end of individuals who have lived an exceptionally long life and are per definition close to death. In the population-based Second Heidelberg Centenarian Study, 74 individuals who were exactly 100 years old and cognitively intact enough to participate in an in-depth interview, were asked a series of questions related to death, dying, preparations for life’s end, and life after death. In addition, mental and physical health outcomes were assessed. Findings revealed that only one participant perceived life’s end as threatening, and only 22% of participant expressed a longing for death. Although most participants were afflicted with a variety of physical ailments, neither frequency nor intensity of reported pain were related to longing for death. However, participants with higher levels of depression and poorer perceived health were significantly more likely to express a longing for death. Findings demonstrate that longing for death is not a common experience among very old individuals. Instead, the predominant picture appears to be a persistent strong will to live. Findings further suggest that among those who do wish to die, this desire emerges when a person’s psychological strengths are exhausted, rather than stemming from poor physical health.

OLDER AFRICAN AMERICANS’ PERCEPTIONS OF THE CONGRUENCE BETWEEN CULTURAL PREFERENCES FOR CARE AT THE END OF LIFE AND HOSPICE SERVICES RECEIVED
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The existence of racial disparities in the use of hospice care is widely recognized. Possible barriers to African Americans’ enrollment in hospice care include those that are cultural and value-based in nature. Though previous studies provide insight into what cultural preferences, if not accommodated by hospice care providers, might prevent this group from receiving such service, little has examined this from older terminally ill African Americans who were receiving hospice care at the time of the studies. To further explore what cultural and value-based preferences they have and how well these preferences were respected by hospice providers, in-depth, face-to-face, audiotaped interviews were conducted using a semi-structured survey with 28 older African American hospice patients. Data from the transcripts were analyzed using content analysis. Congruence between the patients’ preferences and values were seen in the themes of dying at home, independent decision-making, autonomy in daily life, unwillingness to be a burden, social support, and respectful and caring attitude from healthcare providers. Some respondents expressed dissatisfaction with the level of open communication with health care providers and dependability of hospice services provided. Interdisciplinary team meetings could serve as a forum for discussion of values important at the end of life and how to translate this into respectful care. A focus on respecting the preferences and values of older terminally ill African Americans may enhance the experience of dying with hospice services for these individuals and their family members.

THE ROLE OF RELIGIOSITY/SPIRITUALITY IN END-OF-LIFE CARE: PERSPECTIVES OF HOMELESS OLDER ADULTS
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This study explored the role of religiosity/spirituality on perceptions and choices about end-of-life care among homeless older adults as part of a larger study. Beliefs about and attachment to God (Cicirelli, 2004; Kirkpatrick, 1998, 2005) may correlate with ideas about dying and advance care planning. A qualitative study using in-depth individual interviews was conducted with 21 residents at the Transitional Housing Program (THP) in a large city in Southern California. Individual interviews were audio-taped and transcribed. The majority of the participants (n=18) were male and the mean age was 65 years old. About
71% of the participants (n=15) had ever lived on the street prior to moving to the transitional housing. Almost half (n=10; 47.6%) reported no family/relatives whom they could contact at least once a month. The four main themes included: 1) God will prevent a medical crisis during the end-of-life phase; 2) God sustains when social support is absent; 3) Trust in God protects against death anxiety; and 4) Religious teachings provide hope in an afterlife. Many participants viewed death as inevitable, but belief in God provided strength to endure. Religiosity offered guidance during the end-of-life stage. Faith in God may be an important coping mechanism for death-related fear in this homeless transient older population. Implications suggest that the role of religion be considered in developing end-of-life care plans with homeless older adults.

SESSION 475 (POSTER)

FAMILY & INTERGENERATIONAL RELATIONS

DUMELA MMA: NEEDS AND PERSPECTIVES OF SOUTH AFRICAN GRANNIES RAISING GRANDCHILDREN
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In South Africa, the HIV/AIDS epidemic, unemployment, and other sociocultural issues have resulted in a substantial portion of grandmothers or “grannies” assuming primary responsibility for raising multiple grandchildren and great-grandchildren. Despite the fact that the number of South African grandparents raising grandchildren is among the highest in the world, little is known about their experiences and about how they manage their caregiving responsibilities. Using qualitative interview data, which was gathered and analyzed in collaboration with South African faculty and students, this study examined 75 South African grannies’ needs and how their caregiving responsibilities had impacted their lives and those of their grandchildren. Results of a thematic analysis indicate that grannies have a variety of needs related to parenting and finances. Managing grandchild behavior problems and adolescence was a challenge, as was facilitating grandchildren’s education. Financial difficulties made it difficult for grannies to afford basic necessities and care for themselves. Grannies reported positive and negative impacts of raising their grandchildren. Positive impacts included the relationship with the grandchild and improved psychological well-being. Negative impacts included financial difficulties, health problems, relational problems within the extended family system, and psychological distress. Generally, grannies perceived that the caregiving arrangement had positively impacted their grandchildren via providing them with a better life and a supportive family environment—though grannies raised concerns about the negative impact of living with limited resources and the challenges associated with the changed grandparent-grandchild relationship. The findings provide valuable direction for future research and intervention with South African grannies raising grandchildren.

THE GOOD GRANDPARENT: PERSPECTIVES OF YOUNG ADULTS
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Approximately 80% of older adults are grandparents, many of whom proactively involve themselves in their grandchildren’s lives. While they may strive to be good grandparents, it is not entirely clear which of multiple common and changing grandparental roles, contribute to grandchildren’s perspectives of good grandparenthood. The current study is based on a survey of adult grandchildren (N = 470 undergraduates), who identified characteristics of the good grandmother and grandfather and evaluated their grandparent’s role performance. We examined grandparental roles to explain variances in grandchildren’s views of good grandparenthood. Regression analysis revealed that grandparents who were performing as disciplinarian, friend, advisor, and supporter explained 32.2% of the variance in grandchildren’s perspectives of their grandparents’ grandparenting quality. All of these roles but disciplinarian were positively associated with perceived grandparenting quality. Further, when controlling for gender, among granddaughters, the roles of disciplinarian, friend and supporter explained 34.6% of the variance. Among grandsons, the roles of advisor and supporter explained 25.2% of the variance in their ratings of grandparents’ grandparenting quality. These results indicate that grandchildren have gender-related differences in expectations for grandparental roles. Future research is needed to examine a) the extent to which grandparents adapt their role performance to the gender of their grandchildren; b) congruence between grandparents and grandchildren’s ideas of good grandparenting role performance; c) the match between grandchildren’s expectations and their evaluations of their grandparents’ role performance in relation to expectations for becoming a grandparent.

THE EFFECTS OF SPOUSAL ILLNESS ON SELF-RATED HEALTH IN OLDER PEOPLE: DO THEIR INFORMAL NETWORKS MAKE A DIFFERENCE?
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Older adults are more likely than younger people to experience serious illness, in either themselves or their partners. However, the effects of spousal illness or hospitalization on older people’s health are still unclear, particularly in non-Western countries. Thus, we examined the effect of spousal illness on self-rated health in older adults, focusing on informal networks as a moderator. Participants were selected from a two-year longitudinal survey conducted in Fukui Prefecture of Japan, who responded to both initial (T1) and follow-up (T2) surveys and lived with their spouse at T1. Self-rated health was assessed with a single 5-point item, while spousal illness was assessed by experiences of spousal illness or hospitalization in the previous year. Informal networks were assessed by whether they had children living within 30 minutes of them and whether they met friends every week. Of 1914 participants, 52.9% were men, the mean age was 73.1 years, and 15.2% had experienced recent spousal illness or hospitalization. Spousal illness had a marginal negative effect on self-rated health (p = .069), after adjusting for informal networks and other covariates. However, the interaction effect of spousal illness and having children close was significant (p = .035), indicating that the health of people not close to their children was more affected by spousal illness. The effect of spousal illness on physical health in older adults might not be very serious; however, it could be a greater risk for older people who have no children living close to them.

EXAMINING SIMILARITIES IN LIFE SATISFACTION WITHIN AND BETWEEN COUPLES OVER TIME
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Research based on between-couple perspectives indicates that spouses share similarities in a range of psychosocial characteristics. The present study adds to this literature by examining spousal similarities in life satisfaction and its time-related change from both between-couple and within-couple perspectives. To examine this, we applied latent growth models to longitudinal data (22 annual waves) from 3,257 adult couples in the German Socio-Economic Panel (SOEP; age at baseline: Mwives = 43 years, Mhusbands = 46 years). At the between-couple level, spouses showed considerable similarities in both levels of and rates of change in life satisfaction. For example, men reporting high life...
PATTERNS OF SUPPORT EXCHANGES BETWEEN MIDDLE-AGED ADULTS AND THEIR AGING PARENTS

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Research on intergenerational support has examined only one direction of support, focusing on support given to aging parents. However, given that help and assistance from aging parents can still be important for middle-aged children’s lives, it is necessary to consider both support given and received to describe fully the pattern of intergenerational exchanges in adult families. This study investigates how middle-aged adults (aged 40–60) exchange support with their aging parents (aged 57–96), and factors predicting the patterns of support exchanges (e.g., individual needs/resources and beliefs, family characteristics, and relationship quality). Using 862 parent–child dyads nested within 629 families, we applied a latent profile analysis to ten support indicators that adult offspring reported (five types of support given to and received from each parent). Four latent patterns were identified: (1) “high exchanges” (11.7%) (2) “high non-tangible support exchanges” (26.3%), (3) “moderate non-tangible support exchanges” (42.1%), and (4) “low exchanges” (19.9%). Multilevel logistic regressions revealed that after controlling for individual needs/resources and geographic distance, middle-aged adults who are in minority status are more likely to belong to a high exchange pattern with the highest levels of practical and financial support provided to parents (Pattern 1). Also, both dimensions of relationship quality with parents (i.e., positive and negative relationships) are positively associated with having high exchange patterns (Pattern 1 and Pattern 2), suggesting that extensive support exchanges with parents may entail ambivalence toward their parents.

AGING AND RESILIENCE: THE ROLE OF FAMILY AND INDIVIDUAL RESILIENCE IN SUCCESSFUL AGING

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Introduction: Due to the rapidly shifting distribution of older adults and the impact of aging on the family system it is imperative that increased attention is given to geriatric family research. Considering how family resilience relates to multidimensional constructs of aging provides a foundation for understanding the reciprocal effects of aging on the entire system. This research applied a family resilience lens to the study of successful aging across four domains; self-rated success, physical health, psychosocial health, and cognitive health. Methods: A total of 1,006 community-dwelling older adults from the SAGE (Successful Aging Evaluation) study were analyzed using structural equation modeling (SEM) to, first, understand the predictive power of family and individual resilience on outcomes of successful aging, and then, to test the causal effect of family and individual resilience on domains of aging. Resilience was measured with the Family and Individual Resilience Measure (FIRM). Results: Our results showed an indirect effect of individual resilience and direct effect of family resilience on all four domains of successful aging (γd=0.75 SD, df=283): NNI=−0.903, CFI=.915, RMSEA=.044 with a 90% CI between .040 and .048. Path coefficients suggested noteworthy relationships between family and individual resilience and outcome variables of successful aging. Conclusion: This study provides a framework for understanding optimal aging as closely related to both family and individual resilience. The application of family resilience to the study of aging offers valuable information to guide future research, practice, and policy by providing a framework to understand families as they age.

REMAINING SATISFIED WITH LIFE AT 100 AND BEYOND: THE SALIENT IMPACT OF DISTAL LIFE EXPERIENCE AND PROXIMAL PSYCHOSOCIAL RESOURCES

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Data for this study originated from 154 centenarians residing in Oklahoma. Mplus 7.0 was used to test a hybrid path model involving the influence of manifest distal variables (maternal closeness, paternal closeness, and family financial problems) on life satisfaction through three proximal manifest mediators (social provisions, economic security, and religious activities). The model fit the data well: Satorra-Bentler χ2 (N=149; df=56) = 64.91; p = .13; CFI=.96; RMSEA=.03; 90% CI [0, .06]; SRMR=.04 (using FIML). The association of distal variables on life satisfaction (R2=.37) was completely mediated. Controlling for age, sex, education, neuroticism, and self-reported physical and functional health, significant distal associations were evident relative to reported maternal closeness on social support (γ=.17, t = 2.21), paternal closeness on social support (γ=.14, t = 1.85), and economic security (γ=.21, t = 2.63), and family financial problems on religious activity (γ=.15, t = 1.79). In addition, significant proximal associations on life satisfaction existed for social support (β=.31, t = 3.66), economic security (β=.17, t = 1.93), and religious activity (β=.16, t = 1.96). The total indirect effect of maternal closeness on life satisfaction through the proximal mediators was .05, 95% CI [.04, .40]. Results indicate that maternal closeness has a salient association with social, economic, and religious resources vital to the development of life satisfaction in very old age. Implications of the reported effects are discussed.
HEALTH SHOCKS, WEALTH SHOCKS, AND MARRIAGE AMONG OLDER COHORTS
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I use longitudinal data from the U.S. Health and Retirement Study (HRS) to examine marital formation, dissolution and stability among older cohorts. In particular I address whether and how adverse health and wealth changes affect marital dissolution and marital duration among married couples. There may be causal effects in the opposite direction as well – i.e., marital dissolution may affect health and wealth. Careful use of longitudinal data allows isolation of the causal effects of health and wealth changes on marriage outcomes. Marriage is an important institution for helping to maintain well-being at older ages through risk sharing, mutual care-giving, and social and emotional support, among other mechanisms. If health or wealth shocks negatively impact marriage, then they may negatively impact both short- and long-term well-being through this pathway. If such an effect is significant, then policy measures aimed at preserving marriage in the face of adverse events may be useful.

GRANDMOTHERING AS A PROTECTIVE FACTOR FROM STRESS
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As the population ages exponentially, there is increasing interest in addressing the unmet needs of the elderly around the world. A unique subgroup of elders are custodial grandparents, those who are the primary caregivers of their grandchildren. In African countries, and in particular Uganda, elderly women face “off-time parenting” of their orphaned grandchildren whose parents have died of AIDS. In our pilot study, we explore the potential protective factor the role of a grandmother has on strengthening a sense of purpose in life and generativity, which lead to their demonstrated resilience. Ten Ugandan elders were recruited by a Non-Governmental Organization, AWOFS (AIDS Widows Orphans Family Support). With the help of an interpreter, the primary author conducted semi-structured interviews. Prompt questions directed conversation towards “appreciative inquiries” on positive aspects of their lives and wisdom to be passed on to future generations. Examples from the ten narratives will be discussed and analyzed. In the six interviews with elder women, the role of grandmothering contributes significantly to the meaning and purpose of their lives, which ultimately drives them to be resourceful and even entrepreneurial. While much research focuses on the added burden of caregiving, we bring attention to the possibility that the rewards of grandmothering may in fact be protective. The interviews were transcribed into first-person narratives, and photographic portraits were also taken. These stories and images have been displayed in public exhibits. In doing so, we aim to give marginalized elders a “voice” and to refute negative stereotypes of elders.

GRANDCHILDREN’S PERCEPTIONS OF THEIR FAMILIES: THE GOOD, THE BAD, AND THE WORRY
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There has been much attention to grandmothers as caregivers to grandchildren, but less consideration to how the grandchildren living in various family structures fare. In this content analysis of open-ended data obtained from grandchildren, we examine how grandchildren perceive their families and what worries them most. The sample included 156 grandchildren (age 8-19) whose grandmothers participated in a longitudinal study of grandchild caregiving and health. The 71 grandchildren raised by grandparents, 27 grandchildren in multi-generational homes, and 58 grandchildren living with parents completed a mailed questionnaire; they were asked to describe the best thing and the worst thing about their family, and what worries them most. Data were analyzed using content analysis, then thematic comparisons were made between grandchildren’s perceptions across the three family structures. There were few group differences between grandchildren’s reports of the best thing about their family, which focused on care and support, or in the worst thing about their family, which primarily focused on family conflicts, although the nature of the conflicts differed by family structure. Grandchildren’s worries showed greater variation between families. Grandchildren living with grandmothers reported concerns about the grandmother’s health and their ability to meet expectations for good behavior, whereas children living only with parents reported more concerns about school and activities. Children in all family structures reported worries about family members dying, although fears of abandonment were more frequent among children raised by grandmothers. These insights into grandchildren’s perceptions suggest a need for strengthening family communication and security, especially in grandparent headed households.

OLDER ADULTS CORESIDENCE WITH DAUGHTERS VERSUS SONS: THE ROLE OF ECONOMIC CONTEXT IN CHINA
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In China it is the norm for older adults to co-reside with adult children, traditionally the eldest son. Less commonly studied are those older adults who coreside with adult daughters, even when sons are available. This study examines determinants of coresidence with a daughter versus a son, specifically testing whether social context plays a role. Are older adults who reside in more economically developed communities more likely to live with daughters than those who live in less developed areas, net of individual characteristics? This study tests the modernization hypothesis that a decline in traditional behaviors (such as preferred coresidence with sons versus daughters) is associated with economic development. This is an important topic of study in China where number of children has declined dramatically and future older adults may not have an adult son available for coresidence. This paper utilizes multi-level models with older adults residing in communities defined at the level of prefecture-level city district, county, and county-level city. Individual-level data comes from the 2008 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS). The community development indicators come from Chinese Statistical Yearbooks. Community-level measures include average wages, percent of the population that is rural, total population size, GDP per capita, and percentage of people employed in the service industry. Preliminary analysis finds that among older adults with equal numbers of children, those in urban areas are more than twice as likely to coreside with an adult daughter as those in rural areas.

SOCIALIZATION PROCESSES AMONG AFRICAN AMERICAN GRANDPARENTS AND THEIR GRANDCHILDREN

The importance that socialization has for the future of children, and the future of African American communities, is seen as inseparable. This socialization can encompass beliefs of racial socialization, morals, cultural traditions, etc. Racial socialization beliefs of primarily southern African American grandparents raising grandchildren were examined with the expectation that grandparents would not report a high level of belief in the importance of racial socialization as a parenting tool. Ninety-four families with youth aged 10-17 years participated in the study. Ninety-five percent of the parents reported a moderate to high racial socialization belief level. Findings indicate parent racial socialization belief level was not significantly correlated with their age, household income, or level of education; neither parent age nor household income were predictors of parent racial socialization belief levels. Qualitative
findings indicated that African American youth were provided with race-specific messages involving the importance of education, religion/spirituality, and racism. Another sample of 171 midwestern African American grandparents and their young adult grandchildren were examined on the impact the grandparent belief system had on their grandchildren’s beliefs. Interestingly, the greatest impacts of the grandparent belief system on their grandchild’s were in the areas of religion, moral, education, and personal identity beliefs. Grandparents believed they purposefully targeted sharing cultural ways and practices with their grandchildren to foster pride and self-esteem in their grandchildren. Thus, these examples of intergenerational socialization processes may serve to foster resilience and personal pride in youth cared for by African American grandparents.

SESSION 480 (POSTER)

FAMILY CAREGIVING: IMPACT ON SPOUSES AND MARRIAGE

PHYSICAL ILLNESS AS A RISK FACTOR FOR DIVORCE AND SEPARATION AT OLDER AGES

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Physical illness and disability are increasingly common experiences as individuals age and may increase divorce or separation risk by operating as stressors on the marital relationship. Using data from the Health and Retirement Study (HRS) (1998-2008), this research explores whether a spouse experiencing onset of a life-threatening chronic disease (i.e., cancer, heart disease, lung disease, or stroke) or disability predicts divorce or separation among married US adults aged 50 and older. To assess risk of divorce/separation, a series of discrete-time event history models with multiple competing events were estimated using multinomial logistic regression. Widowhood and respondent death or attrition were modeled as competing events, as these may all also be related to disease or disability onset. Additionally, gendered interactions were examined to evaluate whether gender moderated the association between spousal onset of disability or chronic disease and divorce/separation. Net of sociodemographic characteristics, the odds of divorce/separation were greater for respondents whose spouse had experienced disability onset (OR=1.858, p=0.0006); however, spousal onset of chronic disease was not significantly associated with risk of divorce/separation. The risk of divorce/separation was moderated by gender for respondents whose spouse experienced chronic disease onset, but this was not the case for disability onset. Female respondents whose husbands had experienced onset of a life-threatening chronic disease were less likely to divorce/separate, relative to male respondents whose wives had experienced life-threatening chronic disease onset (OR=0.4102, p=0.0442). These results suggest that physical illness in the form of chronic disease or disability shape the risk of divorce/separation among older adults.

CROSS-EFFECTS OF DISABILITY AND CAREGIVING ON SPOUSES’ DISTRESS

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Guided by the stress process model and the notion of linked lives from the life course perspective, we examined the cross effects of disability and caregiving on depressive symptoms of spouses. Prior studies have documented that illness and disability of one spouse negatively influence this spouse’s psychological well-being as well as that of his or her partner. Building on these findings, we investigated the extent to which disability and caregiving increase distress of both members in a couple, that is, distress resulting from being ill, having an ill spouse, receiving spousal care, and providing spousal care. We also sought to distinguish these cross effects by gender, using gender-specific comparison groups. Our analyses rely on the 2010, 2008, and 2006 waves of the Health and Retirement Study (n=11,031). Using hierarchical linear modeling, we controlled for stable individual differences and couple differences in order to ascertain gender effects. Our results suggest that disability, chronic illness, and self-reported poor health of one spouse is associated with higher depressive symptoms of both the ill spouse and his/her partner, with wives experiencing a more pronounced depressive effect than husbands did. Our results also suggest that receiving care from a spouse may increase depressive symptoms of husbands, whereas wives experience higher depressive symptoms if they are the sole caregivers for their spouses. These results confirm cross-effects of spouses’ illness on each other. They also imply that caregiving and care receiving have divergent effects for husbands and wives.

SPOUSAL CAREGIVING AND ASSOCIATED HEALTH OUTCOMES: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY

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Numerous studies have identified negative health outcomes associated with spousal caregiving, however, little is known about how care-recipient cognitive status impacts caregiver health outcomes. The current study examines differences in health outcomes between spousal caregivers of persons with compared to those without cognitive impairment. Using Health and Retirement Study data, we examine health differences among surviving spouses of individuals who died between 2000 and 2010 (N=2,382) with and without cognitive impairment. Health is measured based on a change in aggregate health, including chronic diseases, mobility, functional status, depressive symptoms, and subjective health. Among spousal caregivers, who have a mean age of 74.2 years old (S.D.=10.1), and were predominately Caucasian and female (78.0% and 69.8%, respectively), approximately a third (31.9%) experienced a decline in health status in the two years leading up to and just following the death of his/her spouse. Among decedents, 16% had a cognitive impairment diagnosis prior to death. Preliminary results indicate that caring for a cognitively impaired individual has greater health consequences than caring for someone without such a diagnosis. Specifically, caregivers of spouses who were cognitively impaired have 39% higher odds (95% CI [1.08-1.78]) of experiencing a decline in their overall health status compared to caregivers of spouses who were cognitively intact. We discuss the public health implications of these findings in light of projected increases in dementia diagnoses.

GENDER DIFFERENCES IN THE HEALTHY CAREGIVER EFFECT: SPousAL CAREGIVING AND TWO HEALTH BEHAVIOURS

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This study aims to examine whether there are gender differences in a ‘healthy caregiver effect’ among spousal caregivers/non-givers by analyzing two health behaviours: physical activity (PASE) and skipping meals. Using data from the 2008-2009 Canadian Community Health Survey, Healthy Aging Module, hierarchical regression analyses were used to investigate the association between spousal caregiving and the two health behaviours among married persons 65+ (N=7,625). The hierarchical models for both dependent variables included: caregiving status, socio-demographic variables, health factors, and psycho-social factors. The analyses were conducted separate for each gender. The full models accounted for similar proportions of explained variance for females (R2 = 0.220, p < 0.001) and males (R2 = 0.21, p < 0.001). Findings supported a positive association between spousal caregiving and physical activity, which was slightly stronger among females (b = 0.22, p < 0.001) than males (b = 0.17, p < 0.001). Logistic regression was used to examine the same hierarchical factors on skipping meals, as one
measure of food insecurity. A statistically significant association emerged between spousal caregiving and skipping meals, but only for men (OR = 1.62, p < 0.01). Controlling for covariates, spousal caregivers regardless of gender have higher levels of physical activity than non-caregiving spouses, lending support to a healthy caregiver effect. However, spousal caregiving men only (versus married non-caregivers) were found to have an increased likelihood for skipping meals. Accordingly, multiple dimensions must be addressed when assessing the healthy caregiver effect.

UNEXPECTEDLY, AND INCONSISTENT WITH MOST PRIOR RESEARCH, THERE WAS NO GIVERS FOR PARENTS AND ADULT CHILDREN ARE ASSOCIATED WITH DEPRESSION.

Data are from the second wave (2004-2006) of the longitudinal National Health, and caregivers' declining physical function may play an essential role in IWDs' nursing home placement. The findings highlight the importance of early interventions on promoting caregivers' physical well-being.

DOES THE MARITAL RELATIONSHIP INFLUENCE THE ASSOCIATION BETWEEN CAREGIVING AND DEPRESSION?

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The connection between caregiving and negative mental health has been extensively researched; however, not all studies report that caregivers suffer the same consequences. Few studies assess the effect of a caregiver's marital quality on the negative outcomes of caregiving, despite research consistently finding that marriage provides a buffer to distress. To address this gap in research, this study utilizes the stress process model to understand how spousal strain influences depression. Logistic regression analyses were conducted to: 1) establish the caregiving and depression relationship; 2) determine if this relationship differs when looking at type of relationship (i.e., spouse vs. child) or weekly time spent in care; and 3) determine whether the presence of spousal strain influences the association between caregiving and depression. Data are from the second wave (2004-2006) of the longitudinal National Survey of Midlife Development in the United States (MIDUS II). Consistent with prior literature, I found that time spent in care and caregivers for parents and adult children are associated with depression. Unexpectedly, and inconsistent with most prior research, there was no association between spousal caregiving and depression. No evidence was found that spousal strain impacted the relationship between caregiving and depression. The lack of buffering effect of spousal strain on the caregiving-depression relationship suggests that marriage may not offer buffering impacts for all married individuals, particularly caregivers. These surprising findings suggest caregiving is not universally detrimental and further exploration should account for various conceptualizations of caregiving (i.e., time spent on care, relationship with care recipient).

SESSION 485 (POSTER)

LONG TERM CARE

RELATIONSHIPS BETWEEN PERCEIVED DECISIONAL CONTROL, RELOCATION TO ASSISTED LIVING, ADJUSTMENT, AND SOC: A MODERATED MEDIATION ANALYSIS

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The decision to transition to long-term care profoundly affects the lives of older adults, yet they often play a limited role in the decision-making process or are excluded altogether. This finding is alarming, as the adverse effects of low perceived control on adjustment to long-term care is well-documented. The present study examined the association of perceived decisional control with older adults' well-being and adjustment to an assisted living facility. These outcomes were then examined within the framework of the well-known and validated metamodel, Selective Optimization with Compensations (SOC; Baltes & Baltes, 1990). Specifically, the current study assessed whether or not the indirect effects (via perceived decisional control) of contributing factors to relocation on measures of adjustment and well-being were impacted when new assisted living residents focused their resources on whatever goals were deemed most important, realistic, and helpful in adapting to the environment. Grounded theory methodology was used to assess for the implementation of SOC-based strategies, and a categorical variable was created identifying the presence or absence of an SOC strategy in the participant's responses. In a sample of 91 newly-transitioned assisted living residents in Maryland and Alabama, results partially support the moderating role of SOC strategies on the strength of indirect effects of several predictor variables (moving for reasons related to safety, caregiver burden, health, and functional independence) on post-relocation outcomes (acceptance of the move, negative affect, depression, and socialization). Overall, SOC adaptations appear to promote adjustment and well-being to relocation at various levels of perceived decisional control.

ESTIMATING NURSING HOME RESIDENTS ELIGIBLE FOR TRANSITION TO HOME AND COMMUNITY-BASED SERVICES

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Purpose: We developed an algorithm to estimate the number of older adults receiving long-term care in a nursing home who were potentially eligible to transition to home and community-based services (HCBS). Methods: All Centers for Medicaid and Medicare Services (CMS) certified nursing facilities are required to perform assessments which are contained within the Minimum Data Set. Data from Alabama during the last quarter of 2008 contained 19,195 older adults determined, based on payer type, to be long-term nursing home residents. Each successive specification of potentially transferable residents was based on functional status, level of care, performance on activities for daily living (ADLs), incontinence, behavioral symptoms, and medical condi-
tions requiring skilled nursing care. Results: Common specific conditions requiring institutional care included being bed-ridden, the severity of incontinence and/or demonstrated significant disruptive behavior. Allowing the algorithm definition to vary, between 2,515 (13%) and 5,910 residents (31%) were identified as possibly eligible for HCBS. Conclusions: Most long-term nursing home residents require a level of care that may not be practical to provide in a community setting. However, a substantial number of those with more modest care requirements may be able to transition to the community. The algorithm we present may be adopted by other states and is easily modifiable to estimate different levels of care based on the individual state’s availability of services and preferences.

WHAT DO LONG-TERM CARE STAFF KNOW ABOUT THE DIFFERENCES BETWEEN DEPRESSION AND DEMENTIA? T. Gendron¹, A. Heck², 1. Virginia Commonwealth University, Richmond, Virginia, 2. Piedmont Geriatric Hospital, Burkeville, Virginia

A cross-sectional study of 159 long-term care staff completed a series of questionnaires on knowledge of dementia, knowledge of depression, a series of forced-choice questions on the differentiation between dementia and depression, as well as a demographics questionnaire. Relative to professional staff, paraprofessional staff had lower scores in depression knowledge and differentiation knowledge. Differences in knowledge between staff were based on job type rather than level of education. Dementia training has been a priority recent years, which has sparked a multitude of initiatives and programs geared towards training LTC staff. Our study results indicate that overall, LTC facilities are effective at training staff about dementia. Overall knowledge of dementia was high for both occupation groups and across all levels of education. However, there is a need for increased on the job training regarding depression in older adults; as another interesting finding of this study is the belief by all staff, but particularly paraprofessionals, that depression is a normal part of aging. This highlights the need for increased educational efforts on the importance of detection and treatment of depression. The view of depression as a normal and expected part of aging has major implications for the differentiation between depression and dementia. Misinformation regarding aging, from physical and psychological perspectives, can lead to underrecognition of depression and/or overrecognition of dementia.

IN THE EYES OF THE BEHOLDER: HOARDING IN ASSISTED LIVING

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Recognizing hoarding behavior and hoarding practices is critical to understanding overall health and well-being of residents in assisted living (AL). Clinical or diagnostic definitions of hoarding, however, may not align with residents’ experiences in AL. Policy and safety requirements for AL settings can dictate routine cleaning or removal of items from residents’ rooms, but for some ALs then run the risk of residents moving out thus decreasing the bottom line. Importantly, what is the role that autonomy plays in hoarding behavior? Do staff and family members may thereby disenable residents’ autonomy in AL by inhibiting hoarding behaviors and preventing accumulation of hoards at clinical or diagnostic levels? Is the resident’s quality of life affected? To understand the complexity of hoarding in AL, this poster examines: (1) clinical versus popular definitions of hoarding and how these are interpreted and expressed in AL settings; (2) views on hoarding from the perspectives of residents, their family members, managers, housekeepers, and care staff; and (3) related academic research and policy reports. Ethnographic data for this poster are drawn from two multi-year, multisite NIA-funded qualitative studies, “Autonomy in Assisted Living: A Cultural Analysis” and “Stakeholders’ Models of Quality in Assisted Living.” Fieldnotes and interview transcripts from eleven ALs, ranging in size from 16 to 80 residents, were coded and analyzed using Atlas.ti software. This poster concludes with recommendations on how best to address hoarding in AL from four stakeholder groups: AL residents, their family members, staff, and administrators.

PATHWAYS INTO LONG-TERM CARE ACCOMMODATION IN BRITAIN: COMMON ASPECTS, DIFFERENCES AND POLICY IMPLICATIONS

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Population ageing is a global challenge, and understanding the dynamics of living arrangements in later life and their implications for the design of appropriate housing and long-term care is a critical policy issue. This paper investigates the dynamics of living arrangements amongst people aged 65 years old and over between 1991 and 2008, focusing on two types of accommodation: sheltered accommodation and residential care. The empirical research examines the rates and determinants of moving into sheltered accommodation and institutional care, using all 18 waves of the British Household Panel Survey and a discrete-time logistic regression model in order to model the probability of entering each type of accommodation. The paper shows that the factors associated with each of the two transitions in later life are different; for example age, health and marital status are significant determinants of an older person’s move into residential care, while the move into sheltered accommodation is in addition associated with an older person’s housing tenure and highest educational qualification. Such results indicate that the two kinds of transition may be more prevalent in different stages of the latter part of the life course, and have crucial implications for the design of future social care provision.

RACIAL/ETHNIC DIFFERENCES IN QUALITY OF LIFE FOR NURSING HOME RESIDENTS

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Objective: This project investigates: 1. Are there racial/ethnic differences in nursing home (NH) residents’ quality of life (QOL)? 2. If so, do these differences exist at the resident and/or facility aggregate level? 3) Do these differences persist across domains of QOL? Methods: The setting for this study is Minnesota nursing homes (NHs). Data come from: 1) resident-reported QOL (n=10,929) collected in survey of residents in each NH; 2) Resident clinical data from the Minimum Data Set; and 3) facility-level characteristics from the Minnesota Department of Human Services (n=376). Bivariate and multivariate analyses were conducted to identify differences in QOL by racial/ethnic group, controlling for relevant predictors. Results: Minority NH residents reported lower QOL on seven out of eight QOL domains, compared to White NH residents. In multilevel models, these differences became non-significant after controlling for resident functional and mental health status (except for mealtime enjoyment). At the facility level, being in a facility with a higher percentage of white residents significantly predicted better QOL for all domains but environment, after controlling for other resident and facility covariates. Discussion: Racial/ethnic differences in QOL exist on both individual and aggregate levels. However, individual-level racial/ethnic differences may be mainly explained by health status, pointing to the cumulative disadvantages encountered by minority elders. Proportion of White residents in the facility level remained a significant predictor of QOL, suggesting the importance of
examine structural policies, community factors, and geographic inequality in understanding QOL.

RACE, IMMIGRATION STATUS AND JOB SATISFACTION OF CERTIFIED NURSING ASSISTANTS

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Certified Nursing Assistants (CNAs) offer up to 90% of direct care to long-term care residents. Unfortunately, CNAs have an extraordinarily high turnover rate that is accompanied by low levels of work satisfaction. Previous, largely qualitative literature has indicated that perceived lack of respect and perceived discrimination drive job satisfaction differently in CNA’s of different race/ethnicity. This present, quantitative study further examines CNA job satisfaction with an emphasis on race, immigration status, dementia training respect, and perceived discrimination. Secondary data analysis of the National Nursing Assistant Survey used information from 3,017 nursing assistants in 1,500 nursing facilities, including data on training, supervision, client relationships, and workplace environment. This study looks at a sample of 2,897 participants, 61.3% are Non-Hispanic Whites (NHWs) and 31.4% are African Americans (AAs); 89% are U.S.-born citizens, 4.2% immigrants, and 6.8% citizens through naturalization. Structural equations path analyses indicated that race predicts job satisfaction, and that both respect and discrimination partially mediate that association. This pattern of findings was consistent across all three citizenship groups. US-born citizens reported the highest levels of discrimination and lowest levels of respect; conversely immigrants reported lowest perceived discrimination and greatest respect. These effects varied with age. Dementia training, hypothesized to moderate these effects as a function of understanding of problem behavior, was not a significant factor. These results highlight the complex nature of CNA job satisfaction in long-term care.

CHANGE IN THE RESIDENT POPULATIONS SERVED BY CANADIAN PRIVATE AND PUBLIC LONG-TERM CARE FACILITIES OVER A FIFTEEN-YEAR PERIOD

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In Canada, there are few data on the residents served by the private and public long-term care (LTC) sectors, and none on whether their respective population has changed over time. Such knowledge would help plan services for older adults who can no longer live at home due to increased disabilities. Objectives: To compare 1) the resident populations currently served by private and public LTC facilities and 2) how each population has evolved over time. Methods: The data come from 2 cross-sectional studies conducted in 1995-2000 and 2010-2012. In both studies, we randomly selected care settings in which we randomly selected residents aged 65 and over. In total, 451 residents from 145 settings assessed in 1995-2000 were compared to 329 residents from 102 settings assessed in 2010-2012. Measurements included cognitive and functional disabilities assessed with the Modified Mini-Mental State Examination and Functional Autonomy Measurement System, respectively. Results: In both study periods, older adults housed in the private sector had less cognitive and functional disabilities than those in public facilities (p < 0.001). Between the 2 study periods, the proportion of residents with severe disabilities increased from 68.1% to 77.9% in public facilities while decreasing from 15.9% to 7.4% in their private counterparts. Conclusion: Findings suggest that private facilities care today for less-disabled older adults, leading to public facilities the heavy responsibility of caring for those with more demanding needs.

These trends may impact both LTC sectors’ ability to deliver proper care to their residents.

INNOVATION IN TREATMENT FIDELITY: MEASURING RECEIPT OF TREATMENT USING INDIVIDUALIZED MAPPING

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Measuring treatment fidelity in complex behavioral interventions is necessary to enhance reliability and internal validity. CONNECT is a multi-component intervention aimed at improving communication between nursing home staff to reduce fall rates. In the intervention, the participants learn local interaction strategies that address “connection,” working together; “information exchange,” the flow of new resident information between staff; and “two-eyed seeing,” examining problem situations from different points of view. We developed an innovative strategy for assessing “receipt of treatment” through a process, individualized mapping, facilitated by trained research interventionists to measure adherence and behavior change. To assess participants’ use of local interaction strategies, interventionists first use a facilitated process in which participants evaluate the staff who should be in their network regarding the residents in their care. Using this information, participants draw a relationship map depicting their individual network and the level of interaction needed for each network member (e.g., frequent, infrequent). Over a period of 6 weeks, participants use tear-off sheets to self-report use of local interaction strategies (e.g., connection, information exchange, two-eyed seeing) with the staff on their map. Based on these self-reports, researcher’s create visual feedback reports on the use of local interaction strategies and use this to explore barriers and facilitators to communication between participants and identified members of their network. The individualized mapping process: 1) reinforces participants’ use of new interaction skills, and 2) provides a measure of intervention content mastery and uptake. The individual mapping process may be an effective technique in other complex behavioral interventions.

FACTORS AFFECTING JOB SATISFACTION AMONG HOME HEALTH AIDES

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Background: Home health aides are front-line workers in delivering home health care. Job satisfaction among these important workers has been associated with patient health outcomes and quality of services. Methods: We conducted a cross-sectional study using the 2007 National Home Health Aides Survey, a nationally representative sample of home health aides (n = 3,274). Structural equation modeling was employed to examine the latent relationships between personal backgrounds, organizational factors, job related characteristics, and job satisfaction. Results: Most home health aides were positively satisfied with their jobs. At the personal level, increasing age, being separated/divorced versus other conditions, and personal health were positively associated with satisfaction. Structurally, health insurance and training were positively associated with job satisfaction. Being trusted, having confidence in one’s ability, and supervisor quality were significantly associated with satisfaction. SEM analysis suggested that personal factors were positively associated with satisfaction through latent variables. Conclusions: We emphasize the importance of providing health insurance as an option for workers and providing train-
OPPORTUNITIES FOR RECREATION AND LEISURE IN NURSING HOMES: VARIATIONS ACROSS RURALITY

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Older persons’ active engagement in recreation and leisure activities is positively related to well-being, even after they have made the transition to congregate living environments. Although many residents in nursing homes have significant physical and cognitive limitations, continued engagement in diverse occupational, cultural, and physical activities that are appropriate for levels of function is associated with increased well-being. In fact, CMS guidelines require facilities to provide those opportunities, but there are wide variations in the implementation of those guidelines. This study focused on how opportunities for leisure and recreation varied across rurality. Data from the 2004 National Nursing Home Study was used to examine variations in opportunities for recreation and leisure provided to residents. The dependent variables were seven types of opportunities: offsite, evening, weekend, outdoor, gardening, pet therapy, and intergenerational activities. Descriptive analyses found a large majority of nursing homes provided opportunities for residents to engage recreation and leisure. Weighted logistic regression models were then used to examine variations in opportunities across rurality after controlling for covariates that included facility characteristics (for-profit, accreditation, bedsize, and national chain), pay source of residents (percent using Medicare or Medicaid as primary payer source), and staffing (hours-per-patient days of RNs, LPNs, and CNAs). Findings suggested that rural nursing homes were more likely than others to offer activities, especially activities that were off-site or outdoor activities. Many studies have emphasized rural disadvantages in nursing home quality, but this study suggests that this may be an area of advantage for rural nursing homes.

ENHANCING DIRECT CARE WORKERS’ PERCEPTIONS OF CHALLENGING INTERACTIONS WITH RESIDENTS WITH DEMENTIA

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Purpose: Direct Care Workers (DCW) provide majority of care to residents in Assisted Living (AL), and therefore are ideal agents for improving care and reducing behavioral symptoms of dementia. This study used video vignettes to evaluate the effect of STAR (an evidence-based training program) on DCW perceptions of their interactions with residents with dementia. Methods: 73 AL DCWs completed the STAR training. Participants viewed 4 vignettes of interactions with residents and were asked a series of questions designed to evaluate key goals of the training following each scene at baseline and 6 weeks post intervention. Data was analyzed qualitatively via inductive framework analysis to identify major themes and patterns pre- and post-training. Results: Thus far, 33% of the participant data has been analyzed for key effect indicators. STAR increased recognition of the resident behavior; 66% of participants identified the behavior prior to intervention, and 85% after. Affective outcome recognition improved: initially, 70% recognized a negative outcome, whereas post-training 79% recognized a negative outcome associated to unresolved agitation. Self-efficacy and strategies to improve interactions demonstrated improvement: pre-intervention, 67% verbalized self-efficacy and correctly identified effective strategies; after STAR training 81% verbalized self-efficacy and cited specific strategies to use. Conclusion: STAR successfully targeted multiple key goals of DCW perceptions of interactions with residents with dementia. This method of inductive evaluation of training is a novel approach to intervention measurement and provides unique insights into training impact.

EXPLORING HOW NURSING HOME LEADERS DIFFERENTIATE WORKFORCE DIVERSITY FROM EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION PROGRAMS

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Workforce diversity (WD) is defined as the various demographic characteristics that influence workplace approval, performance, liking, and advancement. WD is a philosophical organizational behavior concept, an ideal for organizations to strive toward to improve their patient-centered outcomes. The federal and state workforce discrimination policies and laws, including Equal Employment Opportunity/Affirmative Action (EEO/AA) programs, have a different goal—the protection of vulnerable classes of individuals in the workplace. Previous research suggests employers associate WD with compliance-based strategies, such as EEO/AA. This study examined how nursing home leaders characterize WD. The data for this project came from a survey designed to explore WD management perceptions and practices among nursing home leaders in AL, GA, MS, and TN. When the leaders were asked whether WD was substantially different from EEO/AA programs, 25% indicated Yes, 46% indicated No, and 27% were Uncertain. There were no significant differences between the responses in the current sample compared with a previous study of U.S. employees, $\chi^2 (2, N = 28) = 7.94, p = .019$. Survey responses indicated that the presence of more diversity management practices may influence whether leaders differentiate WD from EEO/AA programs (approaching significance at the .057 level). This study reveals the importance of nursing home leader education to support a better understanding of the WD concept. As the demographics of the workforce continue to evolve, it will become imperative for nursing homes to distinguish between EEO/AA guidelines and WD if leaders wish their facilities to be employers of choice.

THE INFLUENCE OF SOCIAL ENGAGEMENT ON QUALITY OF LIFE FOR OLDER ADULTS LIVING IN SENIOR HOUSING

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Quality of life is a central issue for all older adults, as old age is often a time of increased vulnerability due to losses in health, functioning, and social relationships. Social engagement is a potential adaptation strategy older people may use to maintain or enhance quality of life, conceptualized as providing and receiving social support and participating in formal group activities. This secondary data analysis of the Erickson Life Study (Resnick et al., 2001; 2005), a 5-year study of the physical health and psychosocial functioning older adults from 4 continuing care retirement communities in Maryland and northern Virginia (N=300), examined longitudinal changes in quality of life and explored how the level of social engagement at one year influenced changes in quality of life over time. Measures included the Perceived Quality of Life Scale (Patrick et al., 2001) and the Inventory of Socially Supportive Behaviors (Krause & Markides, 1990). On average, quality of life decreased over time. Results from the latent growth curve model showed that providing social support to others and participating in group activities were associated with better quality of life. These predictors also slowed the rate of decline in quality of life over time. No relationship was found between receiving social support and quality of life. The findings emphasize the influence of social engagement on quality of life over time and demonstrate the importance of older adults providing social support to others and participating in formal group activities to support better quality of life over the long run.
Understanding Falls in Long-Term Care: A Video-Based Case Study Approach

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Falls are the leading cause of injury for residents living in long-term care facilities, representing a significant cost burden and having negative impacts on the independence and autonomy of the older person. Research into the causes of falls in long-term care is limited by inaccurate reporting procedures and a focus on specific intrinsic and extrinsic risk factors. This paper outlines a more holistic approach using video-based case studies to explore the complex nature of falls and the interaction between the contributory factors precipitating a fall. This paper is based on ongoing work from a CIHR-funded research project on the causes and prevention of falls in long-term care facilities in Metro Vancouver, Canada. The methodology utilizes video observations of the faller, stimulated recall interviews and focus groups with care staff alongside resident case-notes. The findings highlight the inter-related contributory factors of falls at the personal (e.g. cognitive status), interpersonal (e.g. social factors) and organisational level (e.g. staffing organisation). This holistic approach to understanding falls provides an opportunity to identify the systemic factors associated with fall incidents in long-term care and a tool for targeted, context-specific intervention. In conclusion, the paper highlights some of the methodological issues related to case study development and the use of video in falls investigations.

Predictors of Inappropriate Sexual Behavior in Nursing Home Residents

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Inappropriate sexual behavior (ISB) involves statements, gestures, and physical actions that are sexual in nature and unwanted. ISB is a relatively understudied problem in nursing homes, despite research demonstrating its detrimental effect on residents and professional caregivers. This study examined predictors of ISB among nursing home residents. We hypothesized that residents with a history of ISB would be more likely to be male, have a dementia diagnosis, and poorer executive functioning. Participants were 112 nursing home residents (age: M = 68.3, SD = 11.7; 52.7% male). Medical charts were reviewed for a more likely to be male, have a dementia diagnosis, and poorer executive impairment cut-off of 15. Recommendations for future research will be discussed.

An Iron Cage of Long-Term Care? The Rationalization of Aging

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Max Weber’s sociological theory centers on the constructs of practical, theoretical, formal, and substantive rationality. This poster examines Weber’s four types of rationalization through the lens of providing long-term care for older adults from independent living (IL) to assisted living (AL). Rationalization influences within society can be seen in these two social institutions that provide the mechanisms necessary to derive economic benefit out of the aging process. This poster discusses formalized rationalization with regard to IL and AL as both provide an efficient and predictable system for dealing with the biopsychosocial fluctuations of aging. Additionally, the transition of an older adult from their home to IL and AL resultant of prompting by one’s family caregiver or responsible party provides the basis for a discussion of substantive rationality. Next, this poster examines theoretical rationality as seen by the ability of IL and AL as social institutions to provide a way to overcome the daily realities of aging while maintaining independence and autonomy. Lastly, this poster examines practical rationality; IL and AL settings provide a pragmatic way to care for older adults while limiting disruption in the lives of one’s family members. This poster posits that this process creates an iron cage of decision making, entrapping an older adult; once locked in, it becomes hard to remove oneself or one’s family member.

Session 490 (Poster)

Mental Health and Aging

Mental Health Literacy and Attitudes About Mental Disorders Among Younger and Older Adults

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Mental health literacy refers to knowledge and beliefs about mental disorders which aid their recognition, management or prevention (Jorm, 2000). Little is known about the mental health literacy of older adults, a population known to under-utilize mental health services. In this study, a new measure of mental health literacy, the Symptoms Identification Scale (SIS), was created to measure knowledge about symptoms of anxiety, depression, mania, and personality disorders based on DSM-IV diagnostic criteria. Younger adults (N = 409; M age = 20.2 years) and older adults (N = 40; M age = 71.6 years) completed the SIS and a measure of attitudes about mental disorders. Internal consistency for SIS scores was high for the Total score (alpha = .86) and adequate for the subscales. Participants were most knowledgeable about symptoms of depression (60% correct) with relatively limited knowledge about personality (34% correct), anxiety disorders (33% correct), and mania (30% correct). Regarding age-differences, two effects approached significance: younger adults had greater knowledge about anxiety disorders (p < .07) whereas older adults had greater knowledge about personality disorders (p < .06). Regarding attitudes, older adults expressed more favorable attitudes about depression (p < .05) and mania (p < .03) than younger adults. Across age groups, women were able to accurately identify more symptoms of depression (p < .01) than men, and women had more favorable attitudes toward anxiety (p < .01) and depression (p < .01) than men. These results show generally poor mental health literacy across age groups, although older adults expressed more positive attitudes about some disorders.

Parental Trauma and Relational Conflicts in Adult Sibling Relationships

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Severe mutual resentments are often recounted by adult siblings who are children of Holocaust survivors. Conflicts may intensify around the care of ailing and aging parents, adding to the difficulties experienced at this stage of life by both the survivor parent and the adult children. At times such tensions culminate in non-negotiable rifts, especially after the death of the parent. The severing of relationships among siblings leaves them, and subsequently their children, cutoff from extended family relationships. Clinically observed polarized family roles and adaptational styles among adult siblings are described and it is suggested that parental trauma intensifies normative process of identity differentiation among siblings. It is posited that the enactment of trauma-related segregated mental contents through intersubjective experiences in the family system mediates intergenerational transmission.
of particular relational models. Relationship rifts and cutoffs between adult siblings are examined as enactments of such implicit relational models that associated with features of intersubjective communication in trauma survivor families. Relational enactments that perpetuate the legacy of loss and of tears in generational continuity in families with parental traumatic histories need to be understood in the context of the disintegrative impact of trauma on individuals, families and larger groups in order to offer meaningful psycho-social interventions. The late phase of life for the survivor parents is a critical time at which early intersubjective relational family experiences are re-activated for adult siblings. This time offers an opportunity for more complex and more adaptive intra-psychic and interpersonal re-integration to be achieved.

MOTIVATIONAL INTERVIEWSING TO IMPROVE PRESCRIPTION OPIOID ADHERENCE AMONG OLDER ADULTS: A FEASIBILITY STUDY
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Background: Older adults are frequently prescribed opioids for their chronic non-cancer pain. Non-adherence (misuse or abuse) to prescription opioid can have very detrimental effects on older adults’ health. Motivational interviewing (MI) is a low-intensity and short-duration technique. It focuses on increasing insight and awareness regarding unhealthy behaviors, and motivates at-risk individuals to change their behavior. However, its effect on older adults’ prescription opioid use remains unclear. Purpose: This study will determine the feasibility of recruiting and retaining 30 older adults who misuse prescription opioid to participate in a 4-week, individualized MI, and will examine its effect on prescription opioid adherence. Methods: This ongoing study uses a one-group with pre-post design (baseline, post-treatment, 1, 3, and 6-month follow-up). Participants are recruited from a primary care office and a pain management clinic. The MI manual was developed by three mental health professionals and delivered by two trained therapists. Outcome measures include risk for opioid abuse, substance use, and treatment satisfaction. Results: Fifteen participants have enrolled in this study and completed 3-month follow up. The length of the weekly MI ranged from 5 to 15 minutes. Preliminary findings indicated a significant reduction in the risk of opioid abuse and substance use. Participants reported a great level of satisfaction regarding the usefulness of the MI. Conclusions: The MI demonstrates promising outcomes in improving older adults’ prescription opioid adherence. This study is expected to provide data to design and implement future randomized controlled trials to test the effects of MI in the outpatient setting.

RACIAL DIFFERENCES IN SATISFACTION WITH SOCIAL SUPPORT AMONG DISTRESSED RURAL OLDER ADULTS
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Objectives: A few studies have shown that satisfaction with social support (SS) is associated with better mental health among African Americans. Satisfaction with SS may be more important to African Americans because of their culture of mutual reliance and the central role of extended family and fictive kin. Scant research has examined racial differences. This study explored whether race moderates the relationship between total satisfaction with SS and psychological distress (PD) among older adults. Methods: Data comes from the Project to Enhance Aged Rural Living (PEARL). Subjects aged 65+ (N=94) completed the SCL-90, a self-reported health item, and a 24-item SS measure. Total satisfaction with SS was calculated from all relevant SS items. A multiple regression was conducted, with covariates health, gender, income, and education entered first, race and satisfaction with SS entered second, and the interaction entered third. Results: There was a significant interaction between satisfaction with SS and race, \( R^2 = .23, F (7, 84) = 3.30, p < .05 \). As satisfaction increased for Caucasians, PD decreased, but African Americans’ PD remained fairly constant regard-
threshold for depression; depression ratings were associated with somatic symptoms and functional impairment. Among participants above threshold, only 5.1% had a psychiatric diagnosis and 62.7% had received psychiatric treatment within the year. Logistic regression analyses of predictors of documented diagnoses of depression or psychiatric treatment revealed that somatic symptoms independently predicted diagnosis (B=−13), whereas syndromal depression (B=−12), mental health functional impairment (B=−0.6) and somatic symptoms (B=−0.7) predicted documented treatment. Overall findings indicate high rates of distress and possibly significant under-treatment among Russian immigrant older adults in primary care, and that those most likely to receive treatment manifested a typical pattern of both syndromal depressive symptoms and functional impairment.

SOCIAL ISOLATION, DEPRESSION AND FUNCTIONAL IMPAIRMENT AMONG RUSSIAN IMMIGRANT OLDER ADULTS
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Russian immigrant older adults have significant difficulty dealing with the immigration process and are vulnerable to adjustment difficulty and psychological distress, including social isolation and depression, but little is known about factors related to the variables that may protect against or contribute to adverse outcomes. This study aimed to examine relationships of social isolation and pet ownership to syndromal and somatic expressions of depression and to mental and physical functional impairment. Russian speaking older adults (N = 175) ranging from 65 to 92 years of age (M = 76.3, SD = 5.76) were recruited from several primary care physician offices. Data were collected via self-report measures. Mental and physical functional impairment (SF12v2), social isolation (LSNS-R), and somatic (PHQ-15) and syndromal (PHQ-9) expressions of depression were assessed. Eighteen percent of the sample endorsed experiencing significant social isolation and 33.9% reported syndromal depression. Socially isolated older adults tended to endorse more syndromal (but not somatic) symptoms of depression then those who were less socially isolated. After adjusting for depressive symptoms, social isolation was independently associated with both greater mental and physical functional impairment, while pet ownership did not play a significant role in this relationship. Overall, findings indicate that Russian immigrant older adults experience considerable social isolation and syndromal depression, and that both factors independently predict both mental and physical functional impairment among Russian older adults who present in primary care.

THE ROLE OF RELIGIOSITY IN MENTAL HEALTH SERVICE UTILIZATION: FINDINGS FROM THE COLLABORATIVE PSYCHIATRIC EPIDEMIOLOGY SURVEYS
K. Ford, G. Kim, University of Alabama, Tuscaloosa, Alabama

Objective: Religion and its many facets may act as predisposing factors by influencing mental health status and providing schema for interpreting mental health issues and the appropriateness of seeking MHS. We aimed to examine the role of religious practices and beliefs in determining older adults’ attitudes toward MHS and on their utilization rates. Methods: Drawn from the Collaborative Psychiatric Epidemiology Surveys (CPES, 2001-2003), 2,405 adults aged 18-87 who had needs for MHS over the past year were included in the analyses. We performed logistic and linear regression analyses to evaluate the relationships between participants’ religious service attendance, the amount of embarrassment they would feel if others knew they were using MHS, and past-year MHS use. Results: Results showed that higher frequency of religious service attendance predicted both greater embarrassment about MHS use (β=0.070, p=0.001), and greater likelihood of past-year MHS use (β=0.155, p=0.000). Older age was significantly associated with more positive attitudes toward MHS (β=0.088, p=0.000), and with greater religious involvement (β=0.150, p=0.000). Conclusions: Regular religious service attendance may provide more access to resources and therefore facilitate MHS use, but religiosity is also associated with greater embarrassment about MHS. Our findings suggest that there is a link between using MHS and feeling embarrassed about doing so. Given that older age was associated with both greater religiosity and less embarrassment about using MHS, the closer examination of this population and their experiences with MHS could help us to balance access to resources with positive attitudes toward those resources.

STRUCTURAL PREDICTORS OF INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Even among older adults living in the community, there is considerable variability in the ability to carry out Instrumental Activities of Daily Living (IADLs). IADLs are higher-level activities essential for independent living and include tasks such as shopping, accounting, food preparation, medication management, and technology use. Studies have consistently linked IADL performance with aging-related declines in executive function, in particular attentional and behavioral control processes, as measured by traditional neuropsychological assessments. Additionally, neuroscience has provided evidence that there are gray matter reductions associated with aging in cortical regions that are believed to underlie executive functioning. However, little research has investigated if brain regions implicated in executive function are associated with actual performance-based IADLs. The present study investigates cortical thickness at regions of interest in the purported frontoparietal executive control network as predictors of performance-based functional outcomes thought to depend on executive regulation. The sample consists of 23 community-dwelling older adults (14 men; Mean age=72.39 years, SD=5.05; Mean education: 15.91 years). Preliminary results indicate that after accounting for demographic variables, cortical thickness in six regions of interest (left frontal, left precuneus, left inferior parietal lobule, right dorsolateral prefrontal cortex, right intraparietal sulcus, and right mideagulate) were significantly predictive of performance on the Timed Observed Tasks of Daily Living, F(6, 16) = 3.364, p = .024, R2 = .558. This research provides an important link between neuroscience and everyday functioning. Implications of these findings will be further discussed.

APPLES TO ORANGES: COMPARISONS TYPES AND PERCEIVED HEALTH OUTCOMES AMONG OLDER ADULTS
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Most individuals rely on two types of comparisons, social and temporal. Festinger (1954) proposed that humans have an innate drive to evaluate self-abilities and social comparison theory proposes that individuals seek to gain knowledge about their abilities by looking to similar others for comparison. Alternatively, temporal comparison theory (Albert, 1977) posits that individuals compare their current selves to their past selves to determine improvement or decline in abilities. Research has shown that older individuals utilize more temporal comparisons than younger individuals (Brown & Middendorf, 1996; Suls & Mullen, 1982, 1983-84) in response to increased social and physical limitations. These findings raise questions about the potential relationships between self-evaluative comparison approaches and both mental and physical health. Direction of comparisons (upward versus downward) also contribute to perceptions of physical health and abilities among older adults. This study focused specifically on downward temporal and both upward and downward social comparisons because they appear to result in different outcomes for self-perceptions and psychological well-being among older adults. Independent living adults (N = 257) age 65 to 103 years (M = 82.3, SD = 7.8) completed surveys on comparison types and health perceptions. Correlational findings show...
the use of downward social comparisons (e.g., comparison with peers in poorer health) relate more robustly to positive perceptions of both mental and physical health outcomes than temporal comparisons or upward social comparisons. These results highlight the need for further examination of older adult social contexts for understanding differences in perceived quality of life in older age.

A PREVALENCE STUDY OF SUICIDAL IDEATION AND SUICIDE ATTEMPTS AMONG U.S. CHINESE OLDER ADULTS

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Background: Immigrant older adults are at higher risk of suicidal ideation and suicide attempts due to acculturation stress, physical and mental comorbidities, and unmet social support. Prior data suggests Chinese American older adults had highest rate of completed suicides compared to other U.S. ethnic and racial groups. However, the prevalence of suicidal ideation and suicide attempts remains largely unknown among community-dwelling Chinese older adults. Methods: The cross-sectional study sampled a population of 3,018 Chinese older adults in Chicago. The prevalence of suicide ideation was assessed by PHQ and Geriatric Mental State Examination in an in-home interview format. Results: Among surveyed participants (N=3,018), sixty percent were women. Participants’ age ranged from 60 to 105 years old. The mean age was 73 years old. Fifty-six percent of the participants received a high school education. In total, 3.7% of the participants reported suicidal thoughts in the past year. The prevalence of lifetime suicidal thoughts was 9.4%. As for suicide attempts, 0.2% of the participants have attempted suicide in the preceding year, and 0.9% reported lifetime suicide attempts. Overdose, medication and jumping from heights were most commonly reported suicide plans. In addition, 2% of participants reported knowing a friend, family member or spouse who felt suicidal. Conclusion: The findings suggest suicidal ideation and attempts are alarming in this sample. Rigorous research is needed to identify risk and protective factors of suicidal behaviors. Direct suicide prevention strategies with culturally and linguistically sensitive services are in urgent need.

EARLY REHOSPITALIZATION OF OLDER ADULTS ENROLLED IN FLORIDA’S MEDICAID PROGRAM

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Introduction: Hospital readmission soon after discharge is costly and a burden on patients and their families. Medicare expenditures alone for these unplanned readmissions are estimated at around $15 billion a year. This study examined patterns and risk factors for rehospitalization (within 30 days of discharge from initial hospitalization) among older Medicaid enrolled Floridians. Methods: We used eight years (FY 2003-11) of Florida Medicaid enrollment, HMO behavioral health encounters, and fee-for-service claims data as well as data obtained from the Florida Center for Health Information Inpatient Hospital Database to identify episodes of hospitalization for all Medicaid-enrolled adults. Sample included all adults 65 years of age or older with an inpatient hospital episode for which they had continuous Medicaid enrollment for at least 180 days prior to and following the episode. We estimated the relative risk of early rehospitalization using Cox proportional hazards regression in SAS procedure PHREG. Results: Having major psychotic disorder, bipolar disorder, and major depressive disorder increased the risk of early rehospitalization by 22%, 18%, and 17%, respectively. Having 2 or more physical health comorbidities increase the risk by 28%. Alcohol and substance abuse increased the risk by 13% and 9%, respectively. The risk was 16% higher in men than women, 10% higher in Blacks compared Whites, and slightly lower for Hispanics and other ethnicities compared to Whites. Conclusion: Mental illness, comorbid medical conditions, substance abuse, male gender, and being Black may be important factors to consider when designing interventions to reduce the occurrence of early rehospitilizations.

CHARACTERISTICS AND CORRELATES OF LATE-LIFE HOARDING: EVALUATION OF AN OLDER ADULT NON-Clinical Sample


It remains unclear whether compulsive hoarding (CH) is a symptom sub-group of obsessive-compulsive disorder (OCD) or a disorder importantly different from OCD. Research on CH is particularly pertinent to older adults as this age group appears to be frequently affected by the disorder. The goal of the present study was to evaluate the relationships between measures of CH, OCD, and stressful life events to elucidate differences and similarities between CH and OCD symptoms in older adults. Participants were 97 older adults (age 65+) evaluated longitudinally and who completed assessments of a wide range of psychological, physical, and cognitive measures as part of a larger study. Correlations, regression analysis, and discriminant function analysis (DFA) were used to examine the relationship between CH measures (OCI-R hoarding scale and the SI-R total) and OCD symptom measures, primarily the non-hoarding subscales of the OCI-R. The associations between indicators of a trauma history and CH and OCD symptom measures were examined to determine if a stronger relationship existed between trauma and CH symptoms. CH measures were more strongly correlated with each other than with non-CH OCD symptom measures. However, concerning the relationships between CH, OCD, and traumatic life events, the observed results varied. CH measures did have a stronger relationship with each other than with other OCD measures. However, CH measures were found to have some moderately strong relationships with measures of negative affect, and very little relationship with measures of stress. Limitations to the current study and further directions for research are suggested.

FAITH HELPS ME THROUGH: RELIGIOUS COPING IN DISASTER SURVIVORS IN THE YEARS AFTER THE 2005 HURRICANES KATRINA AND RITA

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In 2005, Hurricane Katrina and Rita brought tremendous loss and destruction to the U. S. Gulf Coast. This study examined the role of religious beliefs and practices in coping with Hurricane Katrina and Rita in the years after the deadly storms. In all, 125 adults from two coastal parishes in South Louisiana participated in the study. All participants experienced significant property damage and lengthy storm-related displacement. Two groups were compared: Group 1 were 62 directly affected persons who relocated to new homes in non-coastal communities (M age = 58.4 years, SD = 17.1 years, age range: 18 to 89 years; 21 males, 41 females). Group 2 were 63 directly affected persons who were displaced, and returned to rebuild and restore their lives in their home communities (M age = 60.7 years, SD = 15.0 years, age range: 20 to 83 years; 26 males, 37 females). Participants’ responses to seven open-ended interview questions were transcribed and narrative texts were content analyzed. This study focuses on two questions concerning whether religious beliefs and practices helped them cope with the storms. Qualitative grounded theory methods were employed to analyze these data. Four emergent themes were identified: 1) Loss, frustration, and challenges; 2) Spiritual beliefs: “He [God] takes care of everything;” 3) Religious practices: “I couldn’t do anything…but I could pray;” 4) Faith community: “church—our safe haven.” These data strongly suggest that religious faith is a critical factor in coping with disaster for some people and contributes to post-disaster resilience.
OLDER ADULTS: AN EXPLORATORY STUDY
LIFE ON PSYCHOLOGICAL SYMPTOMS IN RURAL
Implications for practice and policy will be addressed.

ings suggest that these adult survivors displayed good mental health. to the wildfires was not associated with higher levels of depressive symp-
tomatology than those in their seventies who showed less depressive
rily white and married with an average age of 67.5 years. Analyses
on the degree to which age, sex, and severity of wildfire exposure
fluenced long-term mental health as assessed by the CES-D during
the summer of 2012. The participants were 151 community-residing
adults ranging in age from 50 to 94 years who lived in northern San
Diego County during the 2007 wildfires. The participants were prima-
arily white and married with an average age of 67.5 years. Analyses
revealed a main effect between age and depression. Post-hoc compar-
ismons indicated that those in their sixties showed more depressive symp-
tomatology than those in their seventies who showed less depressive
symptomatology than those in their nineties but none of the depression
mean scores for these age groups indicated high levels of depressive
symptoms. Contrary to what might be expected, severity of exposure
to the wildfires was not associated with higher levels of depressive symp-
toms nor was the sex of the participant a significant factor. These find-
ings suggest that these adult survivors displayed good mental health.
Implications for practice and policy will be addressed.

THE EFFECTS OF SOCIAL SUPPORT AND QUALITY OF LIFE ON PSYCHOLOGICAL SYMPTOMS IN RURAL OLDER ADULTS: AN EXPLORATORY STUDY
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Empirical studies of the psychological well-being of rural older adults are lacking, and the role of social support and quality of life in this population warrants investigation. The current study extended the findings of Scogin et al. (2007) by exploring the role of social support and quality of life in psychological symptoms in rural older adults. One hundred twenty-one predominantly African American participants, characterized primarily as rural, low resource, and physically frail, were administered the Symptoms Checklist-90-Revised (SCL-90-R; Derogatis, Rickels, & Rock, 1976), Quality of Life Inventory (QOLI; Frisch, 1992), and a composite measure of social support consisting of multiple scales. Outcome measures consisted of the SCL-90-R Positive Symptom Total (PST) and Interpersonal Sensitivity (IS) Scale. Regression analysis revealed that age, race, and sex did not significantly predict either PST or IS scores. However, higher quality of life predicted lower PST score (p < .05), and both higher quality of life and greater social support predicted lower IS score (p < .05). These results suggest that efforts to improve both social networks and basic perceptions of subjective well-being may reduce psychological distress and interpersonal discomfort of underserved older adults in rural communities.

EFFECTS OF SOCIOECONOMIC STATUS ON MENTAL HEALTH: MEDIATING EFFECTS OF RETIREMENT PREPARATION
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South Korea is the fastest aging society in the world. As the older population rapidly grows up, the researchers have begun to emphasize the quality of life of the elderly. The purpose of this study is to examine the effects of the socioeconomic status on mental health of the eld-erly. In addition, we examined the mediating effects of the retirement preparation on the relationship between the socioeconomic status and the mental health. Data extracted from three waves of the Korean Retirement and Income Study 2009 (KReISP03) were used. The final sample was composed of 4,132 cases aged 65 and older. Three variables, socioeconomic status (education level, income level), the retirement preparation, and mental health (life satisfaction, depression) were analyzed. The results were as follows: First, the education level had a significant effect on the life satisfaction and the retirement preparation fully mediated the relationship between the education level and the life satisfaction. Second, the education level did not have any direct effect on the depression of the elderly, but indirectly influenced the depression via retirement preparation. Third, the income level had negative effects on the depression, and the relationship between the income level and the depression was partially mediated by the retirement preparation. Finally, the income level did not have any direct effect on the life satisfaction of the elderly, but indirectly influenced the life satisfaction.

INCORPORATING RELIGION AND SPIRITUALITY INTO A MANUALIZED CBT INTERVENTION FOR ANXIETY WITH NON-MAINSTREAM SPIRITUAL PARTICIPANTS: A CASE STUDY
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Generalized anxiety disorder (GAD) is common in older adults, and cognitive behavior therapy (CBT) has demonstrated positive outcomes. Recent approaches have considered the potential benefit of incorporating religion and spirituality into CBT for late-life GAD with positive effects. The current case study examines the flexibility and utility of a manualized CBT treatment when non-traditional religious and spiritual beliefs and practices (i.e., Unitarian Universalism) are incorporated. Although the model for this treatment allows flexibility with regard to religious and/or spiritual beliefs and behaviors, all pilot work to date has been conducted with participants who describe themselves as Christians. Examples of the intervention’s flexibility to include non-mainstream beliefs across the CBT skills learned are highlighted. Additionally, measures relating to anxiety, depression, worry, and well-being were collected across the 12-week CBT intervention and again at 6-month follow-up to examine symptom reduction. Clinical outcome, implications, and future directions are discussed.

SESSION 495 (POSTER)

NUTRITION AND OBESITY

A MULTIFACTORIAL LIFE COURSE PERSPECTIVE ON CHANGE IN BODY MASS INDEX: A LONGITUDINAL STUDY WITH 65 YEARS OF FOLLOW-UP
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Background: In elderly populations, body mass index (BMI) rather decrease than increase, but the underlying causes are poorly understood. Hence, we aimed to study the influence of multifactorial causes of change in BMI, across the adult life course. Methods: Totally, 6,130 participants from TwinGene, which had up to 12 BMI assessments, and 536 from the Swedish Adoption/Twin Study of Aging, which had up to 12 BMI assessments, ranging over 65 years were included. The influence of lifestyle factors, cardiometabolic diseases, and an individual obesity
Recent analyses have shown that, in contrast to younger adults (<65), overweight older adults (65+) experience somewhat lower mortality risks than their normal weight peers, while obese older adults have only moderately elevated mortality risks (Flegal et al. 2013, Stommel, 2012). One possible explanation is that, among older adults, a substantial proportion gained weight later in life. To test the effect of early versus late weight gain on the mortality risks associated with current BMI levels among older adults, this analysis employed the linked data from the National Health and Nutrition Examination Survey (NHANES III, 1988-1994) and the National Death Index (NDI, 1988-2006). Based on available survey information, respondents were divided into four standard BMI categories and three weight gain categories: (1) stable between age 65 and time of interview, (2) weight gain starting after 25 but earlier than 10 years before the interview, (3) weight gain within the last 10 years of the NHANES interview. The Cox proportional hazard models employ days to mortality as the main outcome and control variables such as sex, age, race/ethnicity, marital status, household income, smoking status, alcohol consumption, leisure time physical activity. The results show that older Americans, who have been overweight and obese since age 25, do face higher mortality risks than normal weight persons (HRs: 1.36, 2.05; p<0.01). For older individuals who gained weight after age 25 or within the last 10 years of the NHANES interview, there are no elevated mortality risks associated with being overweight or obese.

**LONG-TERM OBESITY AND FUNCTIONAL LIMITATIONS IN OLDER AMERICANS**


Background. Many Americans are becoming obese earlier in their lives, increasing the average number of years lived with obesity. Objective. To determine the impact of long-term obesity independent of current body weight for older adults’ functional limitations. Methods. We analyzed adults aged 60-74 from the U.S. 1999-2010 National Health and Nutrition Examination Survey (NHANES). Respondents were considered functionally limited if they reported difficulty or much difficulty with any of the following 6 tasks such as walking one-fourth mile, walking up 10 steps without resting, stooping/crouching/kneeling, or lifting or carrying 10 lb. Logistic regression models predicted the odds any functional limitation (separately for men and women) based on weight at age 25 and current weight. Results. Men and women who were obese in both periods had higher odds of functional limitations (Male OR 2.20, 95% CI 1.34-3.63, Female OR 1.91, 95%CI 1.09-3.34) compared to those currently obese but not obese at age 25. After adjustment for the severity of current obesity, however, the odds of functional limitations associated with current obesity were similar for those who were obese at 25 compared to normal weight at 25 (Male OR 1.40, 95% CI 0.83-2.35, Female OR 0.98, 95% CI 0.66-2.09). Conclusions. The elevated risk of functional limitations associated with longer-term obesity are primarily due to the risk of more severe obesity later in life among those obese earlier in life, rather than the duration of obesity. Current attained weight rather than duration may be the best reflection of current physiological risk.
REDUCING HUNGER AMONG MEXICAN-ORIGIN SENIORS IN TEXAS BORDER COMMUNITIES
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Nutrition-related health conditions disproportionately affect disadvantaged seniors that face increased vulnerability to hunger and poor nutritional health. Mexican-origin older adults face physical, economic, and sociocultural contextual challenges to the accessibility, affordability, adequacy, and appropriateness of food resources on multiple levels: individual and community. In February 2012, seniors were recruited for 14 focus groups (FG) in four geographic areas to understand food acquisition and preparation knowledge and skills, and learning styles. All FG guides were written in an iterative process with team promoters and community partners. All FGs were conducted by a highly trained promoter in Spanish and audio-recorded. A six-stage process was used for audio data transcription and translation in to English. All FG data were organized into segments, read through with themes identified and assigned, and sorting and sifting to identify similar phrases, patterns, themes, and common sequences. Seniors described their experiences and beliefs in discussing the following topics: how they get food to eat at home; experiences when they do not have enough money for food; experiences when they do not have enough food to eat; major concerns; decision-making when confronting competing demands for resources; childhood experiences; planning for meal preparation; source of nutrition information; community resources; and community needs. Seniors will be key in identifying issues regarding food acquisition and food preparation knowledge and skills needed to reduce food insecurity. This will be key for increasing the knowledge and skills of Mexican-origin seniors.

SESSION 500 (POSTER)

PHYSICAL HEALTH: ACTIVITY AND FRAILTY

GENDER DIFFERENCES IN TRAJECTORIES OF PHYSICAL ACTIVITY AMONG OLDER ADULTS WITH DIABETES
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For many Americans, diabetes and its complications threaten optimal aging. Although physical activity improves diabetes control and may reduce the risk of complications, few older adults with diabetes engage in regular physical activity. The aims of this research are to investigate the trajectory of physical activity across time in older adults with diabetes and to determine if the observed pattern varies by gender. Using data from the Health and Retirement Study, we utilized hierarchical linear modeling to examine the odds of engaging in moderate or vigorous physical activity between 2004 and 2010 among adults age 65 and over who reported having diabetes in 2004 (n=1,894). At baseline, 45% of older adults reported engaging in moderate or vigorous physical activity at least once a week. Compared to 2004, the odds of engaging in this level of activity were 6% lower in 2006, 20% lower in 2008, and 46% lower in 2010. A smaller percentage of women (39.7%) than men (51.9%) reported engaging in moderate or vigorous physical activity at baseline. Although both men and women experienced a decline in physical activity over time, the decline began earlier for women. While findings suggest that both older men and women with diabetes would benefit from efforts to promote and sustain engagement in physical activity, attention should be directed at understanding the factors responsible for the lower prevalence of physical activity among older women as well as their earlier onset of decline.

AGE, SELECTION, OPTIMIZATION, AND COMPENSATION THEORY, AND SKILLED GOLF PERFORMANCE
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While measures of Selection, Optimization, and Compensation (SOC) as they apply to everyday life exist, little is known about the relevance of SOC to golf, wherein despite physical changes, persons may play well into their 80s. Through a variety of compensatory techniques, they may maintain their skills and enjoyment of the game. The present study tested predictions based upon SOC theory specific to golf in two independent samples (n = 1336, n = 208) of golfers competing in the DuPont World Amateur Golf Championship. A 17-item SOC measure assessed a variety of techniques and strategies that one might use to maintain and/or improve one’s golf skills (e.g., playing game improvement clubs, playing shorter courses, taking lessons, practicing, developing course management skills, being positive about one’s skills, learning to relax/controlling one’s emotions during play; alpha = .81). For both samples, contrary to predictions based upon SOC theory, age was negatively, though weakly related to overall SOC scores (p < .01), and more skilled players were more likely to endorse the importance of using such techniques/strategies for them personally (p < .01). Overall SOC scores to an extent predicted tournament performance, and correlated with independent measures of competitive trait anxiety and both general adaptive and golf-specific skill use. Age and/or skill level effects varied considerably when specific domains of SOC were examined. These findings provide mixed support for SOC theory and also suggest that the use of compensatory strategies to maintain one’s golf skills are dependent on the specificity of such strategies.

MEAN BODY WEIGHT PERCENTAGES TO WEIGHT LIFTED BY GENDER AND AGE FOR COMMUNITY-DWELLING SENIOR ADULTS
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PURPOSE: Determining safe initial weight lifting loads for adults over 60 years old can be challenging. Recommendations exist in the literature but not all apply to this specific population. The purpose of this study is to provide a guide of initial weight loads lifted relative to mean body weight percentage by gender and age group for older adults. This guide may be used to establish initial weight loads for this population. METHODS: Community-dwelling older adults (n = 165) were divided by gender and into 3 age categories: 60-69, 70-79, and >80 years. Estimates of initial loads representing approximately 75% of subject’s estimated 1-RM were determined for 15 exercises. Exercises performed included leg press, leg extension, leg curl, lower back extension, hip abduction, hip adduction, compound row, latissimus dorsi pull-down, abdominals, calf raises, triceps push-downs, vertical chest press, bicep curls, lateral and front raises. STATISTICAL ANALYSIS: Mean body weights and mean pounds lifted were calculated for each group and exercise. Mean body weight percentage was divided by mean weight lifted to determine percentage for initial load calculation. RESULTS: Initial loads were determined for 15 exercises for each age and gender category to provide estimation for baseline weight loads. These references will be provided in table format upon acceptance of this abstract. CONCLUSION: Providing percentages of mean weights lifted to mean body weight for age and gender groups in older adults may provide fitness specialists a safe and efficient method to determine initial loads for strength-training programs for this population.
DETERMINANTS OF FRAILTY IN OLDER PEOPLE IN THE COMMUNITY

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Frailty is a geriatric syndrome characterized, according to Fried, by a set of factors of biological/physiological nature. The presence of these indicators makes elders vulnerable to incapacity, falls, hospitalization, institutionalization and death. The present study was developed with a representative sample of 335 community dwelling individuals, living in the north of Portugal (mean age 64.4, sd.), 53.4% women., The Frailty Protocol included: sociodemographic factors; frailty assessment, according to the adjusted Fried criteria, comprised three or more of the following components: 1) unintentional weight loss; 2) weakness, 3) self-reported exhaustion, 4) slow walking speed and 5) low physical activity; functionality; Mini Mental State Examination (MMSE); mood (Geriatric Depression Scale) and relationships. The prevalence of phenotypic frailty was 34.9% (118); 172 (50.9%) participants were considered to be in a pre-frailty stage and only 14.2% (48) was non-frail. Frailty is more present in women (40.9%, 95% IC 33.9- 48.1), in more advanced ages (60.4%, 95% IC 46.9-72.4) and in illiterate people (71.1, 95% IC 55.2-83.0). When adjusted to the multidimensional theoretical model, age is considered as predictor factor (2,1, 95% IC 1.0-4.3), as is depressive symptomatology (3,3, 95% IC 1.3-8.1); Social relations appear as a protector for frailty (0.2, 95% IC 0.1-0.5). We concluded that depressive symptoms are a predictive factor for frailty whereas social relations minimize the risk of frailty. Guidelines for intervention in these fields, to prevent the phenotype of frailty are suggested.

MEASURING FRAILTY: PHENOTYPE CRITERIA VS GRONINGEN FRAILTY INDICATOR (GFI)

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The challenge of measuring frailty in elders is still a live discussion among the scientific community. So, there are several measurement instruments born from distinct conceptual paradigms. This becomes relevant in the need to reach a consensus at the instruments level so that empirical works can be credibly comparable. The present study had a non-random sample of convenience, of 100 individuals that use a social response, of day care centre type in the north region of Portugal. The assessment protocol contemplated 5 criteria of phenotypic frailty (PF) by Fried (unintentional weight loss; weakness, self-reported exhaustion, slow walking speed and low physical activity), as well as a multidimensional measurement - Groningen Frailty Indicator (GFI). The results show a phenotypic frailty (PF) of 57% and a GFI frailty of 55%. As for gender distribution, women are more frail (61,4%) considering the two measurement measures. As for the analysed age groups we can see that in both ways of assessment older people (more 75 years) are more frail (FF= 57%; GFI= 59,7%). The distinction between these two measures is seen in the identification of frailty in younger age stages (50-64 years) in which the PF doesn’t have anyone identified and the GFI shows that 40% of these people are frail. We conclude that both measures reflect the same impact of frailty in elders, nevertheless when the concept is opened to a vision that includes psychosocial indicators; it seems that it is detected in younger ages.

THINKING YOU’RE OLD AND FRAIL: A QUALITATIVE STUDY OF OLDER ADULTS’ BELIEFS REGARDING FRAILTY

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Objectives: A qualitative study was conducted because the psychological correlates of becoming frail are largely unexplored. The present study explored older adults’ attitudes towards and experiences of aging and frailty, and how these can influence health and well-being. Methods: Open purposive sampling was conducted by recruiting individuals through different organizations. Twenty-nine residents in South West England, aged over 65, who varied on a frailty index, were asked about experiences of aging and frailty in semi-structured interviews. Transcripts of the interviews were coded and analyzed using Grounded Theory and Thematic approaches to systematically extract recurring accounts and identify common constructs and themes in participants’ responses. This combination allowed detailed, response-driven extraction of participants’ comments as well as facilitating a theory-informed approach to identify important assertions and themes. Results: Identifying as a frail old person was felt by participants to be related to health and participation in an active life. The respondents discussed how feedback from others and comparisons with other older adults informed their self-perceptions and attitudes about old age and frailty. Specifically, being categorized as old and frail was felt to encourage attitudinal and behavioral confirmation of that identity, including a loss of interest in participating in social and physical activities, poor health, stigmatization, and reduced quality of life. Discussion: This qualitative study gives insight into the role of social psychological factors in older adults’ health and activity. The effects of self-perceptions and identification should be considered in further research and health services for older adults.

ENHANCEMOBILITY: A STRUCTURED GROUP EXERCISE PROGRAM FOR INDIVIDUALS WITH COGNITIVE IMPAIRMENT


Background: Exercise and physical activity have been shown to improve strength and mobility, reduce depression, and decrease behavioral disturbances in older adults with cognitive impairment. With progressive cognitive decline, however, such programs are challenging due to reluctance to participate, difficulty learning and remembering to do exercises, safety concerns, and lack of exercise expertise in dementia care providers. EnhanceMobility (EM) is an individualized, small-group exercise program that was designed to overcome these challenges. Methods: Thirty-one residents of four dementia care facilities participated in the study. The activity directors and 2 other staff members from each facility were trained to conduct the EM groups. Resident assessments were conducted at baseline and after 4 months. A single group, pre-post analysis of outcomes, using T-tests and Chi Square analyses evaluated statistical significance of changes. Results: As expected, cognitive functioning declined, with an average 1.88 point decline on the MMSE (p<.01) over 4 months. Despite cognitive decline, functional mobility improved significantly, with a 2.28 improvement on the Physical Functioning Scale (p<.05). Participants also exhibited significantly fewer behavior problems following EM on the RMBPC (<.001), including fewer depressive behaviors (p<.01). Despite improvement in functional mobility and behavioral disturbance, gait speed, Berg Balance Scale and Short Physical Performance Battery showed no change from baseline to 4-month follow up. Conclusions: Results of this investigation contribute to the development of an evidence-based group exercise program for individuals with dementia. Such a program may improve quality of life and reduce costs of care by maintaining mobility and improving behavior and mood.

SEDENTARY TIME IS ASSOCIATED WITH MARKERS OF UNHEALTHY DIET IN OLDER ADULTS

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Background: Sedentary time (ST) is independently associated with several chronic conditions and mortality. There is evidence that sedentary activities promote increased snacking and macronutrient consumption which partially explains such relationships. Research has not
examined the relationship between diet and ST in older adults. Methods: We used health risk assessment data from 21,759 Medicare beneficiaries (Mean age = 73, 47% male, Mean BMI = 28.1). Self-reported ST was measured with the International Physical Activity Questionnaire and diet quality items (satisfaction with eating habits, daily servings of dairy, high fat food consumption). Charlson comorbidity scores and body mass index (BMI) were extracted from electronic health records. One-way ANCOVA adjusting for age, sex, BMI, and comorbidity were conducted. Results: There was a graded increase in ST among those eating high fat foods: < once/week (291 min), several times/week (310 min), once/day (318 min), and several times/day (344 min) (all p’s < .001). People with no servings of dairy had higher ST (342 min) than those with 1 (312 min), 2 (298 min), 3 (300 min), or 4+ (312 min) servings per day (p’s < .001). People with no interest in changing their diet had higher ST (348 min) than those actively changing their diet (301 min) or who are satisfied with their eating habits (300 min) (p’s < .001). Conclusions: We find preliminary evidence among older adults that poorer diet quality is associated with more ST. Since older adults have high ST, further investigation on relationships between ST, diet, and health outcomes is warranted.

MEDICINE BALL STRENGTH TRAINING FOR SENIOR ADULTS IN RURAL COMMUNITY SETTINGS

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Despite evidence for the positive health effects of regular physical activity, older adults are the least active group of Americans. Only 13% of older adults report regular strengthening activities. New strategies are needed to increase access to strength training programs for older adults. The use of medicine balls provides a novel approach to involve senior adults in community-based strength training programs. This session will show evidence of effectiveness of a medicine ball strengthening routine conducted in community settings in the rural Arkansas Delta region with older adults. Preliminary results from the Senior Fitness Test (n=53) show 83% of participants increased upper body strength; 75% improved lower body strength; 55% increased upper body flexibility; 58% increased lower body flexibility; 70% improved agility and dynamic balance; and 81% improved aerobic endurance. The Self-Efficacy for Exercise scale showed self-efficacy among participants increased 41% from pre- to post-test in this 12-week program. This approach can be replicated in other community settings.

AGE DIFFERENCES IN THE RELATIONSHIP BETWEEN NAPPING AND SLEEP OUTCOMES


Introduction: Napping may be associated with positive or negative outcomes depending on individual circumstances. Accordingly, the relationship between napping and sleep has proven complex. This study explored the association between napping and sleep in older and younger adults by examining both the day-to-day and overall associations between these variables. Methods: 50 younger (M=19.88, SD=2.76) and 50 older (M=67.81, SD=6.73) adults completed 14-consecutive-day sleep diaries. Sleep variables included number of nighttime awakenings (NWAK), sleep quality rating (SQR), and total time in bed (TIB). Napping variables included mean and daily nap duration, nap number, and time of day naps occurred. Multilevel modeling analyses were used to predict sleep outcomes from daily and overall nap variables. Results: For NWAK and SQR, there was a significant interaction between age group and daily time of day nap occurred, β=−0.52, p<0.01 and β=−0.35, p<0.02, respectively. Evening naps were associated with fewer nighttime awakenings and higher sleep quality ratings in older adults. The opposite pattern was found for younger adults. A significant interaction between daily nap duration and age group, β=0.70, p<0.05, revealed that for older adults, longer daily nap duration was associated with more time spent in bed. For younger adults, longer daily nap duration was associated with less time spent in bed. Conclusions: Daily napping was predictive of sleep outcomes while overall napping was not. As these results show, associations may be masked when only mean values are considered in analyses. Several age differences were found between napping and sleep outcomes. Implications and future research directions will be discussed.

IMPROVING OPTIMAL AGING WITH PHYSICAL ACTIVITY: CHALLENGES IN QUANTIFYING PHYSICAL ACTIVITY WITH TRI-AXIAL ACCELEROMETERS IN A RANDOMIZED CONTROLLED CLINICAL TRIAL FOR OLDER WOMEN

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Purpose: Physically active older women enjoy greater quality and quantity of life, yet their engagement in physical activity is objectively reported at 2%. Quantifying activity is very challenging in older women because of lower rates and speed of movement. Using sensitive tri-axial accelerometers, we discuss modifying thresholds, cut points, and wear-time validation parameters to accurately analyze the activity of older women. Methods: Currently, 22 women > 60 years old were recruited to participate in a RCT of an intervention to increase physical activity. Metabolic Equivalent Tasks (METs), activity minutes, activity bouts, and intensity were measured using standard and our derived age-modified settings. Results: Average wear-time was significantly higher for modified 52% (SD 12) vs. 21% (SD 19) than for standard settings. Nine women (41%) did not meet criteria for usable data (>3 days of 10-hours) using standard settings, reducing the analytic sample to 13; whereas, all women were evaluable with modified settings. Findings of our modified settings were confirmed with individual graph analyses of data. We found significantly lower METS [M (SD)] 1.09 (0.06) vs. 1.12 (0.10) and higher sedentary minutes per day, 674 (114) vs. 473 (66) for the modified vs. standard settings. There were trends for lower average kilocalories per day, higher number of bouts in moderate activity, and minutes/day in light activity for modified settings vs. standard. Conclusions: Findings indicate standard accelerometers settings may not be sensitive enough to accurately detect physical activity of older women. It is critical that standard formulas be modified for typical movement of older adults.

SESSION 505 (POSTER)

DEMENTIA-DELIRIUM

PRESSURE ULCER STAGE AND PAIN IN NURSING HOME RESIDENTS WITH DEMENTIA


There are 1.4 million nursing home (NH) residents in the United States and approximately 24% have pressure ulcers. Pressure ulcers are known to be associated with pain, but pain severity associated with each stage of pressure ulcers is not fully understood. Further, no studies have quantitatively evaluated pressure-ulcer related pain in NH residents with dementia. The purpose of this study was to examine the relationship between pressure ulcer stage and pain severity in NH residents with dementia stratified by three levels of cognitive impairment. Minimum Data Set (MDS) assessments from Florida NH residents (N = 56,577) were used to address this question. Participants had a mean age of 84 years (SD = ± 7 years), and the majority were female (67.7%). Based on MDS-Cognitive Performance Scale ratings, NH residents were categorized into mild, moderate, or severe cognitive impairment groups.

The Gerontological Society of America
For all groups, about 20% had pressure ulcers and 25 – 50% had pain. Across all levels of cognition, those with pressure ulcers were significantly more likely to have severe pain than those without pressure ulcers. NH residents with severe cognitive impairment were rated by staff as having more severe pain compared to residents with mild or moderate cognitive impairment, across all stages of pressure ulcers. Health care providers should carefully assess and manage pain in this highly vulnerable population, especially before and after pressure ulcer treatments.

IMPLEMENTING THE HOSPITAL ELDER LIFE PROGRAM IN A REHABILITATION SETTING – CHALLENGES AND LESSONS LEARNED

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Introduction: The Hospital Elder Life Program (HELP) is a well-recognized intervention shown to prevent delirium and decline in hospitalized older adults. To date, HELP has been implemented and evaluated in acute care settings only. In this study, HELP was implemented on a 32-bed geriatric rehabilitation unit. Objectives: To evaluate the implementation of HELP in a rehabilitation setting. Method: Prior to implementation, the HELP team reviewed the standard HELP protocol with clinicians on the rehabilitation unit. Minor changes to the protocol were identified as necessary in this setting (e.g., modifying the feeding assistance protocol for congregate dining). During the first month of implementation, the HELP team met weekly to discuss challenges encountered and, based on feedback from patients and the multidisciplinary team, further adjust the protocol to fit within a rehabilitation setting. Results: Some adjustments to the protocol have been required. For instance, patients have not tolerated the standard timing of interventions. The team had been trialing two interventions from 1000 to 1300 and 1600 to 1900. Initial feedback suggests that this change is less fatiguing for patients who are also receiving therapy. Preliminary qualitative results indicate that the program is well received and seen to be of benefit by patients, families, and health care personnel. Conclusions: With minor changes to the standard protocol the HELP program can be successfully implemented into a rehabilitation setting. Further research is needed to determine the effectiveness of the modified program in preventing delirium and reducing functional and cognitive decline in older rehabilitation patients.

ASSESSING COMPETENCY OF PROVIDERS IN A LONG-TERM ACUTE CARE HOSPITAL TO EVALUATE DELIRIUM

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There is a paucity of research on competencies of healthcare providers in long-term acute-care hospitals (LTACH) to care for patients with delirium. We used a survey to collect demographic variables, level of training with delirium, frequency in dealing with delirium, and methods of assessing delirium. Delirium knowledge was assessed with a ten-item true/false examination (Cronbach’s alpha .90). Fifty-six surveys were returned. Respondents were mostly female (86.8%) representing 55% (n = 31) reported routinely evaluating for delirium. The majority (55%, n = 31) reported evaluating for delirium and reducing functional and cognitive decline in older adults with dementia, can be vital partners in identifying delirium. The aims of this study were to describe what family caregivers know about delirium and their preferred ways to receive information. Learning what family caregivers know about delirium and preferred ways of receiving information is foundational to designing effective educational interventions and improving health outcomes for older adults with DSD. Method: A cross-sectional design was used and a survey on delirium knowledge was mailed to a sample of 400 family caregivers residing in 26 residential zip codes areas in a Midwest City. The sample was systematically selected from the local Alzheimer’s Association’s list of family caregivers. Results: To date, 72 surveys were returned. Respondents mean age was 62.38 years; 76.4% were White and 79.2% were female. Approximately half of the respondents (52.1%) thought they knew what delirium was, however their recognition of symptoms was incongruent with their reported knowledge and 77.1% desired information about delirium. The most preferred ways of receiving information were via newsletter, in person class and Internet. Conclusions: The findings indicate that family caregivers for older adults with dementia need and desire information about delirium.

VALIDITY AND RELIABILITY OF CLOCK DRAWING TEST FOR ALZHEIMER DEMENTIA USING THE NEW NIA CRITERIA

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Background: The Clock Drawing test (CDT) is widely used in clinical screening for cognitive impairment. We assessed the accuracy and reliability of Montreal Cognitive Assessment (MOCA) method of scoring CDT to differentiate Alzheimer Dementia as defined by the new NIA criteria (NIA AD) and other subjects attending a memory clinic. Methodology: Cross sectional data of 152 outpatients attending TheAlzCenter.org from January to December 2012 were assessed. Sensitivity, specificity, ROC curves and Cronbach’s Alpha were calculated for cutoff points of 0, 1, 2 and 3 for the MOCA method of scoring CDT. Results: 118 NIA AD patients and 34 NIA AD negatives (29 MCI, 5 memory complaints) were studied. Mean age was 78.5±9.6 (AD 80.3±8.4, MCI 72.2±10.9, p<0.01); 56% were female; 94.7% were white. Mean education was 12 in all groups studied. Mean MoCA CDT score was 1.59±1.03 (AD 1.45±0.99, MCI 2.06±1.04, p<0.01). Using MOCA CDT scoring alone to discriminate diagnostic groups, optimal cutoff point was 2 (83% sensitivity, 44% specificity). Area under the curve by ROC analysis was 0.67 (95% confidence interval 0.77-0.56). Assuming a pretest probability of 0.5, positive predictive value was 2.08, and negative predictive value was −1.16. The MoCA scale was reliable in our
DIFFERENTIAL EFFECTS OF HORMONE THERAPY TYPE AND USE ON COGNITION IN WOMEN AT RISK FOR DEMENTIA

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Objective: To evaluate differential cognitive effects of hormone therapy (HT) use and type [17-β estradiol-based (17βE) versus conjugated equine estrogen (CEE)] in postmenopausal women aged 50-65 years at risk for dementia. Method: Women with risk factors for dementia currently on any type of hormone therapy (HT) were recruited from the community. Neuropsychological data was collected at baseline and 2 years after randomization to either continue (HT+, N=28) or discontinue (HT-, N=17) HT use. Results: Women who remained on HT improved in variables of attention and naming whereas women who discontinued HT did not significantly change over time. The significant improvement in naming was driven by women who remained on 17βE; no within group change in naming was seen in women who remained on CEE. The improvement in attention in the HT+ group was not due to specific within group change for either HT type. Both HT+ and HT- groups significantly improved on phonemic (letter) fluency. In the HT+ group, the improvement in phonemic fluency was driven by within group changes for women who remained on CEE; no significant changes were seen on this variable for women who remained on 17βE. No within group differences were seen on phonemic fluency in the HT- group. Cognitive flexibility was improved in both groups who discontinued HT. However, women who discontinued CEE showed a significantly greater improvement compared to women who discontinued 17βE. Conclusion: The differential cognitive effects of hormone use and type may inform treatment protocols for women at risk for dementia.

THE LEVEL AND INFLUENCING FACTORS OF COST OF DEMENTIA IN BEIJING, CHINA

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Objective: With the rapid aging of population, dementia has brought great economic burden on the society. Estimation of costs of dementia can provide basis for rational integration and allocation of social resources. This study aims to investigate the level and influencing factors of cost of dementia in community-dwelling and institutional dementia patients. Methods: Data on the monthly direct and indirect costs of each dementia patient and their caregivers was collected from 87 community-dwelling dementia patients and 75 institutional dementia patients in Beijing, China. The severity of dementia was rated by Global Deterioration Scale (GDS); patients’ ability of daily living was rated by Activity of Daily Living Scale (ADL); behavioral problems were rated by Cohen-Mansfield Agitation Inventory (CMAI). Results: The average total costs per patient per month in the community group were higher than that of the institutional group (969.67 USD versus 857.33 USD, P<0.01). The informal care costs in the community group accounted for 44.6% in the total costs (432.41 USD per patient per month). Regression analysis revealed that complicated by chronic diseases (β=0.281), severity of dementia (β=0.235), agitated behaviors (β=0.227), living at their own homes (β=0.196) were influencing factors of the total costs (R2=0.367, P<0.001). Conclusion: The total costs, especially informal care costs, are higher in community-dwelling dementia patients. The severity of dementia, complicated by chronic diseases, behavioral problems can predict the total costs. The family resources and institutional resources should be integrated based on the severity of dementia and the caring ability of families. [Key Words] Dementia; Costs; Community; Nursing Homes; Influencing factors

DEMENTIA INCIDENCE AND DEMENTIA FREE-LIFE EXPECTANCY IN THE ADULT CHANGES IN THOUGHT STUDY


Background Dementia and Alzheimer Disease (AD) incidence patterns for age ≥ 85 years are unclear. Dementia-free life expectancy calculations have primarily used cross-sectional data. Using a cohort with a substantial number of subjects over 85 years of age, we estimate dementia and AD incidence and dementia-free life expectancy. Method: Using data from the Adult Changes in Thought Study, a population-based cohort of 3605 adults age ≥ 65 years enrolled from 1994-2010 and followed longitudinally, we estimate dementia and AD incidence. We use a three state piecewise homogeneous Markov model to estimate life expectancy and dementia-free life expectancy. Results: Dementia incidence increases through ages 85 – 89 years (74.2 cases per 1000 person-years) and continues for those ≥ 90 years (105 cases per 1000 person-years), with a similar trend for AD. For individuals dementia-free at age 70, dementia-free life expectancy is 84.3 years for men and 85.7 years for women, representing 98.1% of total life expectancy for men and 97.5% for women. On average from ages 70 – 90 years, women can expect to live approximately 1 dementia-free year longer than men of the same age. Those who completed college or more education live approximately 0.5 years longer dementia-free than those with less education. Percentage of life expectancy free of dementia is similar across educational attainment categories. Conclusions: Dementia and AD incidence increase with age. Women and those with higher education have small dementia-free life expectancy advantages.

FOSTERING AUTONOMY THROUGH A COMBINED TRAINING AND SUPPORT PROGRAM IN PATIENT/CAREGIVER DYADS IN MILD TO MODERATE DEMENTIA (DYADEM)


Initial diagnosis of dementia means mostly a severe shock for both patient and partner. Many couples who have to deal for the first time with this subject are asking questions about how to manage the increasing memory loss, loss of independence or how to remain always calm and understanding. But often couples remember other crises they were mastering together and have the wish to accomplish the new challenges together. Previous Interventions usually focussed on either caregiver counselling or patient support/training. Few interventions have specifically targeted interpersonal resources. We offer a socio- and psychotherapeutic support program in a population of community dwelling older adults suffering from mild to moderate dementia and their partners, which is designed to strengthen personal and dyadic coping abilities. The key aim is to help couples to master everyday problems that are connected with the disease and thereby to delay nursing home placement. The study wants to answer the question whether an early intervention in the form of combined training and support for dementia patients and their partners is more effective than standard counselling offers. Participating patient/partner dyads are seen in their own homes for 7 sessions supplemented by 2 telephone sessions. The program contains information about the disease and support facilities, as well as communication training, problem solving, stress management, encouragement of ADL skills etc. Goal criteria such as QoL, autonomy, neuropsychiatric symptoms of dementia, relations quality etc. are assessed before and 4 weeks/ 6 months after the intervention. First study results are presented.
INSTITUTIONALIZATION OF PEOPLE WITH DEMENTIA: CAREGIVER REASONS AND THE SITUATION BEFORE ADMISSION

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Objective: To investigate whether reasons for admission of people with dementia (PwD) to long-term care facilities according to informal caregivers correspond with characteristics prior to admission. Methods: Data were collected at baseline (PwD lived at home) and three months later at follow-up (PwD were institutionalized) in eight European countries. Characteristics prior to admission were assessed at baseline using standardized questionnaires. Reasons for admission were assessed via open-ended questions at follow-up. Bivariate associations were calculated between caregivers’ reasons for admission and scores on corresponding measurement-instruments. Results: Caregivers’ reasons for admission of 113 PwD (39% male; mean age: 83.3 years) were analysed. Both patient-related (e.g. neuropsychiatric symptoms, cognition, care dependency) and caregiver-related reasons (e.g. caregiver burden) were reported. In cases where caregivers reported neuropsychiatric symptoms as a reason for admission, significantly higher scores were found on the corresponding scale compared to cases not reporting neuropsychiatric symptoms (p<0.001). Caregivers mentioning burden scored significantly higher on certain burden (sub-)scales (p<0.01) and average time spent on IADL-care and supervision (p<0.001). Interestingly, in cases where caregivers reported cognition as a reason, PwD scored significantly better on the cognition-scale compared with PwD of caregivers who did not state cognition (p<0.05). No significant differences were found on other (sub-)scales. Conclusion: There is some discrepancy between caregivers’ statements and the pre-admission assessments (standardized questionnaires). The reason for this discrepancy remains unclear. Future studies should investigate whether informal caregivers view or experience the pre-admission situation differently or whether the measures used to determine the pre-admission situation need improvement.

IMPAIRED MOTIVATION CONTRIBUTES TO APATHY IN BEHAVIORAL VARIANT FRONTOTEMPORAL DEGENERATION


Background- The syndrome of apathy, defined as a reduction in self-generated or voluntary behavior, is caused in part by disruption of the frontal-striatal system. Reduced motivation, a common finding in behavioral variant Frontotemporal Degeneration (bvFTD), has been strongly associated with apathy. bvFTD patients have decreased reactivity to both positive (reward) and negative (punishment) signals thereby making goal selection, which is critical to motivation, more difficult. Evidence from healthy subject MRI studies suggests that the ventral medial prefrontal cortex (vmPFC) is important for determining information regarding interpretation of reward and punishment. Aim- To investigate the neural basis of impaired motivation in apathetic persons with bvFTD. Methods- We assessed participants with mild bvFTD (mean MMSE=27.3; n=20) judged apathetic by caregiver report and graphically-matched controls (NC; mean MMSE=29.40; n=15). To quantify apathy objectively, we measured reaction time (RT) to press a button in response to a simple visual stimulus presented on a computer screen (48 trials). To assess motivation, we offered an explicit monetary incentive for responding rapidly (motivation RT), using a point system. Motivation RT was then related to gray matter atrophy using voxel-based morphometry. Results- bvFTD participants were slower on the simple task (bvFTD=946.60ms; NC=582.07ms; p=0.005) and the motivation task (bvFTD=933.32ms; NC=525.05ms; p=0.038). Poor motivation in apathetic bvFTD participants was related to atrophy in the vmPFC and anterior cingulate. Conclusions- Apathetic bvFTD patients have profound difficulty with motivation that contributes to apathy. These findings are related to atrophy in the frontal regions important for reward processing.

PRODUCTIVITY LOSSES DUE TO ALZHEIMER’S DISEASE DEATHS AMONG ADULTS AGED 40-64 YEARS, 1999-2008

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Background: Although Alzheimer’s disease (AD) most commonly affects adults aged 65 years and older, the prevalence of this disease in younger cohorts is not rare. To date few studies have quantified the burden of AD (mortality and lost productivity) among adults aged 40-64 years. To address this gap in the literature, we examined mortality and lost productivity trends for this age group in the United States, using 1999-2008 U.S. multiple-cause-of-death data. Methods: Number of cases; crude, age-specific, and age-adjusted mortality rates; and AD-related productivity losses were estimated. The disease burden was compared to those of other chronic conditions. Results: From 1999-2008, a total of 7,039 AD-related deaths were identified for the 40-64 age group in the United States. The age-adjusted mortality rate remained relatively static: 0.75 per 100,000 population in 1999 (95% CI: 0.69-0.80) to 0.71 per 100,000 population in 2008 (95% CI: 0.66-0.76). Total productivity losses due to premature death from AD totaled nearly $3.7 billion. Average productivity losses per AD death for the 40-64 age group totaled $522,681, which was nearly 71% of the average productivity loss per death for heart disease ($738,429) and 87% of the average productivity loss per death for prostate cancer ($598,969). Conclusion: Productivity losses and AD-related deaths in the 40-64 age group was not trivial during 1999-2008. Study findings may have policy implications with respect to social services allocation, healthcare planning, caregiving, and end-of-life care for this younger cohort.

A DIMENSIONAL ANALYSIS OF THE CONCEPT OF SUFFERING IN PEOPLE WITH DEMENTIA AT END-OF-LIFE

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Suffering is difficult to assess but particularly so in people with dementia who do not use language purposefully. Hospice and palliative care are frequently withheld from dementia patients until end of life is near. While it is assumed that people with dementia do suffer in the late stages of their disease, this assumption is not clear in the literature. Therefore, the research questions proposed for this analysis include: 1) What are the dimensions of the concept of suffering? and 2) How will knowing the relationships between the dimensions and qualities of the concept ‘suffering’ ensure widespread understanding and applicability in research and practice of suffering in individuals with dementia at end of life? The aims of this paper are to analyze dimensions of the concept of suffering in individuals with dementia at end of life and to establish relationships between these dimensions to improve care at end of life for this population. Caron and Bowers’ method of dimensional analysis as well as the symbolic interactionism theory guided this analysis. Fourteen studies were selected from databases and included in the analysis. The analysis identified four dimensions of suffering (pain, holistic, discomfort, and despair) and two subdimensions (symptoms and communication) and significant meanings and relationships were found among the dimensions. However, these dimensions are not well explored in the literature, hence the need for further research in this area as well as care that is focused on relieving suffering and providing comfort at end of life in individuals with dementia.
THE KOORI GROWING OLD WELL STUDY: HEALTH, AGEING, AND DEMENTIA IN URBAN ABORIGINAL AUSTRALIANS
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Objective: The health gap between Aboriginal Australians and the general population has been described as the poorest of Indigenous populations in Western nations. The number of older Aboriginal Australians is increasing rapidly, but not much is known about dementia in this population. This study aimed to determine the prevalence and associations of dementia, along with valid screening tests, in a NSW urban/rural Aboriginal population. Methods: A community census was undertaken of all Aboriginal people aged 60 years and over living in our five partner communities (N=555); followed by a comprehensive survey on health, cognitive function, and life history of participants (N=336 (61%); median age=66 years). Participants scoring below designated cut-offs on three cognitive screening tests and a 20% random sample of those scoring in the normal range, also completed a medical assessment (blind to screening scores), which was the “gold standard” basis for clinical consensus determinations of dementia. Results: The prevalence of dementia was 13.4% (95% CI=10.2-17.5%) with Alzheimer’s dementia the most common (56% of cases), then vascular dementia (23%) and dementia from head trauma (12%). Standardised screenings or a culturally specific tool performed similarly. Associated factors of dementia were investigated including: age, education, stroke, head injury, smoking and alcohol. Conclusions: Dementia prevalence is substantially higher in Aboriginal Australians compared to the general Australian population and many other nations or ethnic groups. There is an immediate need for provision of dementia education and services, as well as a move towards promoting successful ageing, from childhood onwards in this “at risk” population.

EFFICIENT COGNITIVE TESTS Determine TRAJECTORY IN MCI PATIENTS

A Mild Cognitive Impairment study was completed at a clinic where 130 patients were initially enrolled, 78 patients returned for follow-up appointments at 12 months, and 52 patients returned at 24 months after initial intake appointment. A chart review determined if the patients were improving, declining, or there was no change in their status from intake. The change in average scale score for the memory impairment tests and individual cognitive test scores over time was highly related to the classification of patients across the appointments based on repeated measures ANOVA. For the improve group, there were significant increases in the Logical Memory delayed recall (p=0.0042) and Auditory Visual Learning 30min. delayed scores (p=0.0001). Conversely, the Boston Naming Test (BNT) and CLOX2 scores were more indicative of the deteriorating status of the decline group. The CLOX2 scores significantly decreased from intake (p=0.0108) and the BNT scores had a decreasing trend (p=0.0932) for the decline group. Depression was also a contributing factor for declining patients. The non-depressed group had significantly higher BNT at 12 months (p=0.021) and at 24 months (p=0.0205). The BNT scores for the depressed group at 12 months are significantly lower than the scores at intake (p=0.0071) and at 24 months (p=0.02125). This descriptive correlational study confirmed that a limited cognitive battery performed in an outpatient clinic setting can efficiently predict patients who will decline or improve, or will not change. Treatment modalities can be designed based on efficient cognitive testing.

CAREGIVER ACTIVATION FOR DEMENTIA INTERVENTIONS QUESTIONNAIRE: CADI-Q
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Family caregivers assume increasingly complex roles as they help dementia patients with daily medical and nursing tasks. Clinicians have no formal method or validated tools for assessing and tracking caregiver activation—a process by which caregivers become ready, and then progressively assume, these evolving roles. The goal of this study was to design such an instrument. CADI-Q draws on concepts related to patient activation, and was developed first through qualitative cognitive interviews with 16 expert clinicians representing 6 clinical disciplines, and then with 38 caregivers (mean age 63; 64% women, most Caucasian, caring for patients with moderate to severe dementia). 85% of caregivers described their caregiving stress as moderate to high. Qualitative data were collated to create the final CADI-Q, a 10 item caregiver self-report measure with an interval level, unidimensional Guttman-like structure that assesses five domains: ability to advocate for the individual with dementia; identifying one’s role in provision of care; becoming knowledgeable about loved one’s health problems, treatments and medications; identifying and acting on worrisome, unexpected physical, cognitive, and behavioral changes; and partnering with health care providers. Items and response options were understood and consistently interpreted by caregivers as intended and were reported to be highly relevant. Data will be presented on correlations between CADI-Q and validated measures of similar constructs. The proposed work is significant and innovative because it offers both novel strategies and pathways for re-framing the delivery of clinical care to patients with dementia, formalizing the partnership between caregiver and clinician.

VAN TRANSPORTATION OF PACE PROGRAM MEMBERS WITH BEHAVIORAL DISTURBANCES: ROUTINE REQUIRED FOR SAFETY
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The Program of All-Inclusive Care for the Elderly (PACE) is a community based long term care model focused on maintaining nursing home eligible older adults safely in the community. Ninety percent of members from one PACE program are transported on vans to the PACE center to receive interdisciplinary care. Conditions which complicate transportation of these members include dementia (57%) and chronic mental illness (5.7%). While the literature includes evidence surrounding the phenomenon of behavioral disturbances, such as persistent vocalizations, physical aggression, and restlessness, among older adults who attend day centers, there is no evidence regarding behavioral disturbances on van transportation for older adults accessing PACE programs. As a first step this qualitative study solicited van assistants’ and drivers’ experiences with transporting members on vans. A convenience sample of 19 van assistants, all Certified Nursing Assistants, and 12 van drivers from one PACE program attended one of four focus groups. Directed content analysis was used to specifically code for facilitators and challenges to safe van transportation. Routine was identified by van assistants and drivers as a major facilitator to achieving safe van transportation. Routine involved 1) maintaining a consistent daily driving route with the same members, 2) knowing each member and their preferences, and 3) facilitating trusting relationships. Any change in the routine created challenges on the vans, including behavioral disturbances such as physical and verbal aggression, impulsivity, and restlessness,
which caused safety concerns. Implications for research and practice will be described.

SESSION 510 (POSTER)

EPIDEMIOLOGY

THE RELATIONSHIP BETWEEN MITOCHONDRIAL ENERGY PRODUCTION AND MOBILITY IN OLDER ADULTS WITH A WIDE RANGE OF FUNCTION


A portion of age-related declines in gait-speed may be attributable to mitochondrial dysfunction. Mitochondria produce over 90% of ATP needed for movement and the capacity for oxidative phosphorylation decreases with age. We examined the association between mitochondrial function and walking performance in older adults. Phosphocreatine (PCR) recovery in the quadriceps was measured following an exercise bout using 31P magnetic resonance spectroscopy and ATPmax (mM ATP/s) was calculated. Participants were from an ancillary to the Lifestyle Interventions and Independence for Elders (LIFE) Study (n=36), which recruited functionally impaired participants (Short Physical Performance Battery (SPPB, 0-12), 7.9±1.2) and also from the Study of Energy and Aging (SEA, n=29), which enrolled higher functioning participants (SPPB, 10.9±1.4). Walking performance was defined as time (s) to walk 400m over level-ground at usual-pace and participants were asked if anything was bothering them upon completion. Participants were aged 77.6±5.3 years, 64.2% female, 67.2% white and SPPB scores ranged from 3-12 (9.2±2.0). In linear regression analyses, walk-time was significantly related to ATPmax in the SEA cohort (β =-209.02, p=0.02), but not in the combined (β =-65.31, p=0.32) nor the LIFE (β = 42.70, p=0.74) cohorts. When we examined those who reported no discomfort at the end of the walk separately, walk-time was significantly related to ATPmax in the combined cohort (β =-160.02, p=0.04) and the relationship in LIFE was β =-127.38, p=0.27. This suggests that oxidative capacity of skeletal muscle mitochondria may limit walking performance in higher functioning older adults and functionally impaired older adults able to walk 400m without experiencing discomfort.

THE DIFFERENTIAL EFFECTS OF MIDLIFE AND LATE LIFE ALCOHOL CONSUMPTION ON COGNITIVE FUNCTIONING AND REGIONAL BRAIN VOLUMES AMONG OLDER ADULTS

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Background: Moderate alcohol consumption is associated with higher cognition among older adults. One hypothesis postulates that alcohol consumption contributes to preserved regional brain volumes, such as the hippocampus and frontal cortex, which are critical brain regions underlying cognitive functioning. Objective: To examine the relationship between midlife (age 35-59) and late life (age > 65) alcohol consumption, regional brain volumes and cognition among older adults using longitudinal data from the Framingham Heart Study. Methods: Alcohol consumption was assessed during eight examinations from 1971-2008. Participants received a neuropsychological battery and MRI of the brain between 1999-2005. Multiple regression analysis was performed to test for associations between alcohol consumption status and both cognition and regional brain volumes. Results: Midlife alcohol consumption was not associated with cognition or regional brain volumes during late life. Light consumption (1-7 drinks/week) during late life was associated with higher mean cognition, compared to abstainers, (P<0.005) and larger frontal cortex volume (P<0.05); moderate consumption (>7-14 drinks/week) was associated with larger hippocampal volume (P<0.01). Neither frontal cortex nor hippocampal volumes were associated with cognitive measures after adjusting for age, education, gender and APOE e4. Younger age, female gender, and education were associated with higher cognition. Discussion: Light to moderate alcohol consumers during late life tend to have higher cognition and larger hippocampal and frontal cortex volumes. To provide appropriate recommendations on alcohol consumption, it is important to understand the effects that alcohol has on the brain and on cognitive reserve, while considering confounding factors such as age, gender and education.

YEARLY TRANSITIONS BETWEEN INDEPENDENCE AND DISABILITY PROFILES IN HEALTHY COMMUNITY-DWELLING ELDERS

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Transitions between clinical disability profiles have been studied, but entry into disability profiles from independence are less known. The objective was to estimate yearly transitions between such states in the NuAge longitudinal study, comprised of mostly independent participants at baseline. Disabilities were evaluated with the 29-item SMAF (Functional autonomy measurement scale) covering five sectors of activity: activities of daily living (ADL), mobility, communication, mental functions, and instrumental ADL (IADL). Persons were then classified into one of the fourteen disability Iso-SMAF Profiles, where the milder ones are IADL profiles 1-2-3. For the purpose of this study, fully independent persons were classified into a reference profile 0 (P-0). The data were analysed using a continuous-time, multi-state Markov model to estimate the matrix of probabilities for transitions into and out of each clinical states. The disability profile was measured 6156 times over 3 years in 1633 participants (mean age 74.4 years [67-84], 52% women). Initial profiles were mainly 0-1-2 (99.8%) and 96.4% of observed transitions occurred between these profiles. Participants in P-1 were as stable (0.72; 95% CI 0.70-0.74) as in P-0 (0.70; 0.64-0.71), but P-2 were more stable (0.76; 0.73-0.78) than P-0. Probabilities of recovery to full independence from P-1/2 were 0.15/0.09 yearly. The mean time spent in a profile was 2.5/2.7/3.4 years for profiles 0/1/2, respectively. Disability is a dynamic process and full recovery can occur. Flexible organisation of services is required to allow interdisciplinary teams to maximise independence and decrease the onset of future disability episodes.

A LIMIT TO FRAILTY IN OLDER JAPANESE-AMERICAN MEN IN RELATION TO MORTALITY


BACKGROUND: The accumulation of deficits Frailty Index (FI) has been found to have a limit of 0.7. The objective of this study is to investigate the FI, its distribution (including to test for a submaximal limit), and its relationship to mortality risk in a cohort of older Japanese-American men followed to near complete (88.8%) mortality. METHODS: Using data from the Honolulu-Asian Aging Study, FI scores were determined for 3651 men, aged 71-93 at baseline (1991-1993). For each individual, FIls were calculated as the ratio of actual to 34 potential health deficits. Frequency distributions were used to evaluate the limit to the
FI. Logistic regression models were used to evaluate the relationship between the FI and mortality. RESULTS: Across all waves, the limit of the FIs ranged from 0.65-0.71. For individuals who were fittest at baseline (FI = 0), the death rate was 0.08 at the second wave (1994-1996), 0.77 by the final wave (2007-2008). For the frailest individuals at baseline (FI = 0.41+), the death rates were 0.55 and 1.00, for Waves 2 and 7. Controlling for age, logistic regression models demonstrated a significant relationship between FIs at each wave and mortality at subsequent waves. CONCLUSIONS: In this sample of older Hawaiian men, the limit to frailty was observed at a FI value of 0.71, confirming a limit to deficit accumulation. Despite considerable numbers who died with each subsequent wave, there was little variance in the distribution of the FI values. Frailty was closely linked to the risk of death.

TRAJECTORIES OF THE FRAMINGHAM GENERAL CARDIOVASCULAR RISK PROFILE IN MIDLIFE AND POOR MOTOR FUNCTION LATER IN LIFE: THE WHITEHALL II STUDY

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Vascular risk factors are associated with increased risk of cognitive impairment and dementia, but their association with motor function, another key feature of ageing, has received less research attention. Our objective was to examine the association between trajectories of the Framingham general cardiovascular disease risk score (FRS) over midlife and motor function later in life. A total of 5376 participants of the Whitehall II cohort study (29% women) who had up to four repeat measures of FRS between 1991-1993 (mean age=48.6 years) and 2007-2009 (mean age=65.4 years) and without history of stroke or coronary heart disease in 2007-2009 were included. Motor function was assessed in 2007-2009 through objective tests (walking speed, chair rises, balance, finger tapping, grip strength). We used age- and sex-adjusted linear mixed models. Participants with poorer performances for walking speed, chair rises, and balance in 2007-2009 had higher FRS concurrently and also in 1991-1993, on average 16 years earlier. These associations were robust to adjustment for cognition, socio-economic status, height, and BMI, and not explained by incident mobility limitation prior to motor assessment. No association was found with finger tapping and grip strength. Cardiovascular risk early in midlife is associated with poor motor performances later in life. Vascular risk factors play an important and under-recognized role in motor function, independently of their impact on cognition, and suggest that better control of vascular risk factors in midlife may prevent physical impairment and disability in the elderly.

BODY MASS INDEX, CHANGE IN BODY MASS INDEX, AND MOTOR DECLINE IN OLDER ADULTS

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In older people, poor motor performances are associated with adverse health events. Poor motor performances have multiple causes, including high body mass index (BMI). Little is known about BMI change in BMI and motor decline. Our aim was to examine the association between BMI change in BMI, and fast walking speed (WS) decline in older people. Analyses included 4,007 French ≥65y participants from the Dijon centre of the Three-City study (France) followed every ~2y during 10y. Linear mixed models were used (i) to estimate individual slopes of BMI change, and (ii) to study the relationship between baseline BMI, change in BMI, and change in WS over the follow-up (4 measures), adjusted for age, sex, education, and height. At baseline, mean WS was 153cm/s; obese and overweight persons walked slower than normal weight persons. During the follow-up, the average annual decrease in WS was -1.43cm/s/y (95%CI [ -1.71, -1.16]) in the reference group (normal baseline BMI, stable BMI). Obese subjects had faster WS decline (-0.49/cm/s/y [ -0.90, -0.08]). Participants who lost weight had a greater WS decline (-0.82/cm/s/y [-1.17, -0.47]) than participants with stable BMI, while there was no difference for those who gained weight. In older people, obesity is associated with worse motor performances at baseline and with faster motor decline; independently of baseline BMI, weight loss during the follow-up was associated with faster motor decline. WS and BMI decline are indicators of poor health in older persons; our findings underline the importance of repeat BMI and WS assessments in older people.

TRAJECTORIES OF CHANGES IN HEALTH STATUS USING A MULTI-STATE MODEL

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Background: Changes in health show complex dynamics but can be summarized using a multi-state transition modeling approach. Our objective was to investigate, in people aged 70 years and older, whether changes in frailty status and mortality risk depend on baseline health, using a stochastic model of frailty state transitions. Methods: Secondary analysis of data from the Yale Precipitating Events Project, a cohort study based in New Haven CT, of non-disabled people aged 70+ years (n = 754), assembled in 1998 and reassessed every 18 months. Thirty-six dichotomous variables (deficits) were used to calculate each individual’s health status, combined in a frailty index. Transitions in the number of deficits over each time interval were represented by the Poisson law, with the Poisson mean dependent on the deficit numbers at baseline. Logistic regression was used to estimate mortality parameters over 162 months of follow-up. Results: The model predicts a variety of changes in health status. Over 14 years of follow-up, the slope of the Poisson mean remains unchanged (0.77±0.04) while the intercept (characterizing the transitions of those who had zero deficits at baseline) increases to 8.5. At the same time, the probability of death accelerates. People with zero deficits have a 20% chance of dying during the first 90 months, then slightly accelerates. The FI increased significantly more slowly in longer lived individuals (life-span 90+) compared to the individuals whose life span was below age 90. The model is valuable for estimating how changes in health can influence mortality in older adults.

EXPLORING SUCCESSFUL AGING THROUGH LONG LIVED INDIVIDUALS


The presentation of the first successful aging model (Rowe & Kahn, 1997) started a path of discussion between psychologists, physiologists and sociologists still present nowadays. Centenarian individuals are frequently referred as “successful agers” due to their exceptional capacity of overcoming and adapting major individual and social life constraints. This study is based on the preliminary findings of the Oporto Centenarian Study (PT100) and aims to analyze the appropriateness of main successful aging approaches on a selected sample of 25 centenarians. Participants were interviewed face-to-face, using a biopsychosocial approach, and were asked to fulfill an assessment protocol including questions on social resources, health, functionality and psy-
MEASURING ATTENTION IN VERY OLD ADULTS USING THE TEST OF EVERYDAY ATTENTION

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With growing evidence about the role of cognitive function in mobility changes in old age, there is a need for validated measures of attention for use in longitudinal studies of older populations. In the sixth-year follow-up assessment of the MOBILIZE Boston Study, we included the Test of Everyday Attention (TEA), measuring domains of attention switching, and divided, selective and sustained attention. The test has not been validated in persons aged 80 and older. We studied 148 participants aged 80 to 101 using the TEA and a neuropsychological battery that included measures of multiple cognitive domains (Hopkins Verbal Learning Test, MMSE, Trailmaking A and B, word lists, clock-in-a-box). Proportions of participants with missing TEA tests ranged from 10% on selective attention tasks to 26% on the attention switching task. In general, reasons for not completing TEA tests had to do with failure to comprehend test instructions despite repetition and practice. There was substantial variation in demographic and health factors associated with incomplete tests. For example, older age was associated with missingness only in the map search (selective attention). Among participants who completed the TEA, scores on selective attention and attention switching were strongly associated with general cognitive function. However, the divided attention score was not associated with general cognitive measures (MMSE and the clock test), suggesting an independent measure of attention. Adjustment for age and sex did not alter the findings. These results demonstrate the challenges and potential value of the Test of Everyday Attention in studies of very old populations.

IMPACT OF VANTAGE POINT ON THE ASSOCIATION BETWEEN SELF-RATED HEALTH AND MORTALITY


Numerous studies have demonstrated that self-rated health predicts mortality. Most prior research has employed global rather than age-comparative or time-comparative ratings. The goal of this study was to explore how self-rating vantage point affects mortality prediction. Subjects included 137,258 elderly enrolled in Pennsylvania’s Pharmaceutical Assistance Contract for the Elderly Program who completed a mail survey in 2009-2010. Three self-rated health vantage points were used: global, age-comparative (others of same age) and time-comparative (present vs. one year ago). Multivariate Cox proportional-hazards regression was used to predict subsequent mortality over two years, controlling for demographics and medication-based comorbidity. While 73% of respondents reported equal global and age-comparative ratings, age-comparative scores exceeded global for 18% and were worse than global for 8%. Lower ratings from any vantage point increased mortality risk, but results suggest complex associations among the measures. Compared to persons reporting equal global and age-comparative scores, age-comparative scores worsened than global increased risk (HR=1.54, p<.001), while age-comparative ratings exceeding global reduced risk (HR=0.78, p<.001). The impact of age-comparative deviation from global was stronger in younger groups (interaction p<.001). Time-comparative worsening consistently increased mortality (HR=1.32, p<.001), but effects of improvement varied by age (p<.001). Controlling for other factors, improvement was associated with greater mortality for those aged 65-69 (HR=1.53, p<.001), but did not affect risk in either direction among persons over 80. These results suggest that comparative ratings are particularly useful when used alongside global ratings, and that potential age differences in vantage point meaning may have a bearing on mortality prediction.

COGNITIVE IMPAIRMENT, proxy interviews, and inconsistent longitudinal reporting of chronic disease

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Chronic disease data from longitudinal health interview surveys are frequently used in epidemiologic studies. Yet, these data may be limited by inconsistencies/disputes in self-reporting diseases across waves.
We hypothesized that cognitively impaired respondents and proxy respondents were more likely to provide such discrepant responses. We analyzed waves 1998-2010 of the Health and Retirement Study (HRS), a nationally representative longitudinal health survey. Our sample included adults ≥51 years (n = 25,850). Diseases included hypertension/heart/lung/diabetes/cancer/arthritis/stroke. Cognitive function was determined by a performance-based measure. We used logistic models to investigate the association of cognitive impairment and proxy status with discrepancies in reporting of diseases at each wave. We used follow-up questions about the diseases (e.g., treatment) in a multi-step process to adjudicate inconsistent responses; we then compared prevalence estimates between the original and adjudicated data. 19.0% were cognitively impaired, and 19.8% used a proxy respondent for ≥1 interview wave. Cognitively impaired respondents had greater odds (range: 1.5-2.9, p < 0.01 for each) of providing inconsistent responses for ≥1 disease for all waves; proxy respondents had greater odds (1.3-3.9, p < 0.01 for each) for six of seven waves. Among all respondents, disease prevalence estimates were higher for the adjudicated data (vs. original). These differences in prevalence estimates were greater for both cognitively impaired and proxy respondents (range: 1.0%-8.6%). Inconsistent reporting of diseases across waves of health interview surveys is more likely among cognitively impaired and proxy respondents. Prevalence estimates calculated from these discrepant responses appear to underestimate the burden of disease, with implications for research using these data.

FACILITATION AND ITS ROLE IN SUCCESSFUL RESEARCH IMPLEMENTATION

In the implementation science literature, facilitation has been theorized as a key factor to successful implementation of research into practice. One of the purposes of facilitation is to make change more compatible with existing practice. While others have focused primarily on the attributes or qualities of effective facilitators, attributes of facilitation as an intervention for implementing research into practice has received much less attention. We conducted a scoping review to identify and define attributes of facilitation that are associated with research use among healthcare professionals (e.g., nurses, physicians, allied healthcare providers). We searched nine electronic databases from the healthcare and management literature (Medline, CINAHL, EMBASE, Web of Science, Scopus, Cochrane Library, PsycINFO, ABI Inform, and Business Source Complete). We undertook content and thematic analysis to summarize the data. We used Rogers’ 2003 attributes of an innovation framework (relative advantage, compatibility, complexity, trialability, and observability) to synthesize attributes of facilitation. Of the 14,598 articles identified, 140 were included in the scoping review. From our sample of 140 articles, we included 85 articles from which we identified 14 attributes of facilitation associated with research use. These findings can lay the groundwork for well-designed and evaluated interventions that are relevant to practice contexts. These attributes of facilitation can be used as a framework in future studies to evaluate effectiveness of facilitation interventions.

VERBAL MISTREATMENT IN THE ELDERLY
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Elder mistreatment is a potentially fatal geriatric syndrome affecting over 2 million older adults annually in this country, and is expected to rise exponentially with the aging of the population both nationally and globally. Verbal mistreatment has received insufficient attention because of the subjective nature of the phenomenon, difficulty determining lifetime patterns of verbal abuse or new onset verbal abuse, and cultural variations. Here, we present data from an NIA-funded study examining the prevalence of elder mistreatment in primary care clinics, and specifically, we analyzed the association between verbal mistreatment, decreased quality of life and depression. A sample of 142 older adults (40% male) aged 65 years or older (mean (SD) = 74.88 (6.98)) was enrolled from 2 sites: a large urban medical practice and an academic dental practice. Only 33.3% self-identified as White. We used the Conflict Tactic Scale, the SF36 and the CES-D to examine the constructs of verbal mistreatment, quality of life and depression. Thirty-eight percent of the sample reported verbal mistreatment. Controlling for socio-demographic characteristics, verbal mistreatment was a significant predictor of depression (β = -.27, p < .001), and a negative predictor of vitality (β = -.17, p < .05), social functioning (β = -.28, p < .001), mental health (β = -.25, p < .001), and role limitations OR = 3.14, 95% CI [1.36 – 7.23]. The present findings highlight the prevalence of verbal mistreatment in elderly individuals and the negative sequelae associated with this form of elder mistreatment.

ASSOCIATION OF HEARING LOSS WITH PHYSICAL FUNCTIONING IN OLDER ADULTS
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Objective: To determine whether hearing loss is associated with physical functioning in a nationally representative sample of older adults in the U.S. Methods: Multivariate analysis of audiometric exam data and physical functioning questionnaire items from 1669 adults aged ≥70 years who completed audiometric testing in the 2005-2006 and 2009-2010 cycles of the National Health and Nutrition Examination Survey Results: In a model adjusted for age, demographic characteristics, and cardiovascular risk factors, greater hearing loss (per 25 dB) was associated with greater odds of physical disability in activities of daily living (OR 1.44; 95% CI 1.09-1.90), instrumental activities of daily living (OR 1.60; 95% CI 1.19-2.15), leisure and social activities (OR 1.50; 95% CI 1.11-2.04), lower extremity mobility (OR 1.37; 95% CI 1.11-1.70), general physical activity (OR 1.31; 95% CI 1.05-1.63), work limitation (OR 1.38; 95% CI 1.03-1.86), walking limitation (OR 1.62; 95% CI 1.32-1.99), and limitation due to memory or confusion (OR 1.37; 95% CI 1.07-1.76). Hearing loss was not associated with limitations in amount or type of work done (OR 1.24; 95% CI 0.95-1.62). Conclusions: Hearing loss in the U.S. population is independently associated with increased disability and limitations in multiple self-reported categories of physical functioning.

LIFESTYLE FACTORS AND ACTIVE LIFE EXPECTANCY IN THE CARDIOVASCULAR HEALTH STUDY

We aimed to assess the lifestyle factors associated with the observed years of active life (YAL) in the CHS cohort. YAL was defined as the observed years free of any difficulty in ADL. YAL incorporates health as well as survival and is a robust measure of healthy survival. The CHS is a community-based cohort of older adults in the US. Information regarding lifestyle factors and activities of daily living (ADL) was collected for 4,555 CHS participants at the baseline visit. ADL informa-
tion was collected biannually or annually for 18 years. The association between lifestyle factors (alcohol consumption, smoking, physical activity, BMI, social support and social network score) and YAL were assessed using linear regression models. In the socio-demographic model, black race, lower education, lower income and being unmarried were associated with lesser YAL (p values <.01). When lifestyle factors were added, the effect of race (p=.31) and education (p=.02) were attenuated. In the confounder adjusted model, adjusted for self-reported health, chronic diseases, IADL and MMSE scores at baseline, the associations of race and education were further attenuated. In this fully adjusted model, smoking, physical activity, BMI, and social support score were significantly associated with YAL (p values <.01). Multiple lifestyle factors were linked to optimal aging in CHS. The associations of non-modifiable factors such as race and education were mediated through modifiable factors.

DUAL SENSORY-LOSS AND SOCIAL PARTICIPATION IN OLDER EUROPEANS
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The purpose of the present study was to describe the prevalence of hearing difficulties, vision difficulties and dual sensory difficulties in 11 European countries, and to study whether sensory difficulties are associated with social inactivity in older Europeans. This study is based on the year 2004 data of the Survey of Health, Ageing and Retirement in Europe (SHARE) comprising 27,536 men and women aged 50 years and older. Hearing and vision difficulties, as well as participation in seven different social activities (voluntary work, cared for or provided help to others, attended course, gone to club, taken part in religious or political organization) were assessed using a structured personal interview. Altogether 5.9% of the participants reported both hearing and vision difficulties (dual sensory-loss), 10.2% only vision difficulties, and 13.5% only hearing difficulties. Two thirds of those participants having dual sensory-loss did not participate in any activities (socially inactive) compared to half of those participants who did not report any sensory difficulties. The participants who reported dual sensory-loss had 2.18 (95%CI 1.83-2.59) times higher odds for social inactivity compared to persons without hearing or vision difficulties. In a model adjusted for age, gender, mobility, depression, cognition, education and wealth the corresponding odds ratio was 1.21 (95%CI 1.00-1.47). Sensory difficulties were associated with social inactivity, but the higher likelihood was attenuated by other health and socio-economic indicators. Our results offer suggestive evidence that different preventive and rehabilitative actions targeting to older persons’ sensory functions may enhance their social activity.

SESSION 515 (POSTER)

EXERCISE AND GAIT

METABOLIC RATE OF WALKING IN FATIGUED VS. NON-FATIGUED OLDER ADULTS
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Introduction. Older adults who report fatigue, tiredness or exhaustion are at elevated risk for death and functional impairments. This study evaluated the metabolic rate of walking in severely fatigued compared to non-fatigued older adults in an effort to explain fatigue symptoms. Methods. We conducted a case-control study of older adults who had perceived severe fatigue (N=20, 70±4.9 yrs) and controls without fatigue (N = 23; 72±4.6 yrs). Individuals with overt medical conditions (e.g. pulmonary disorders) and other common reasons for fatigue symptoms (e.g. thyroid levels) were excluded from the study. Participants walked on a treadmill at a speed of 40.2 m/min for 5 minutes followed by their preferred walking speed (range: 48 - 83 m/min) for 5 minutes. Gross, mass-specific and mass-specific net metabolic rate of walking. Measures of perceived exertion were also assessed while walking. Results. Net metabolic cost of walking was significantly lower when participants walked at their preferred walking pace (3.8±1.2 vs. 3.3±0.93 J/kg/m/sec, p < 0.001). This finding held true in fatigued and non-fatigued older adults. The net metabolic cost of walking at a standard speed of 40.2 m/min was similar to between individuals with and without fatigue (3.7±0.9 vs. 3.9±1.5 J/kg/m/sec, respectively). No differences were seen at a preferred walking pace (Fatigued: 3.4±0.8 vs. not-fatigued: 3.2±1.1 J/kg/m/sec). Additionally, fatigued participants rated their perceived exertion similar to non-fatigued participants. Conclusions. Metabolic cost of walking in older adults who report severe fatigue was similar to those who do not report fatigue. Reports of fatigue in elders are unlikely to be explained by a higher energy cost of movement.

COMPARISON OF TRADITIONAL AND TASK-SPECIFIC EXERCISE ON GAIT IN THE PRE-CLINICALLY DISABLED

Objective. Compare walking performance following a task-specific exercise (TSE) intervention and a recommended program by the National Institute on Aging (NIA) that includes walking, balance, and resistance exercise in pre-clinically disabled older adults. Methods. Sixty-nine pre-clinically disabled older adults (69.9 ± 8.35 years) were tested. They reported no difficulty performing typical daily tasks, but modified the method or frequency with which daily tasks were executed. Interventions were conducted 2 times per week for 12 weeks. TSE training included rising from a chair and the floor, climbing stairs, and gait challenges (e.g., navigating obstacles). Spatiotemporal gait parameters were recorded with and without shoes under single and dual task (counting backwards by three’s starting from 100, 50, and 25) conditions using an instrumented walkway system (GAITRite® mat). Results. TSE training increased gait velocity and cadence under single (mean change, 6.65 cm/sec [2.00], p = 0.03 and 3.39 steps/min [0.96], p = 0.02, respectively) and dual (mean change, 5.32 cm/sec [2.30], p = .023 and 4.06 steps/min [1.15], p = .01, respectively) task conditions, compared to the NIA program. TSE training increased base of support (mean change, 0.57 cm [0.23], p = 0.03) under dual task conditions, compared to the NIA intervention (mean change, -0.17 cm [0.24]). No significant changes in step variability were observed. Similar results were found with shoes-off conditions. Discussion. TSE training improves gait velocity and cadence significantly more than the current NIA exercise recommendation aimed to prevent physical disability in at risk older adults.

EFFECTS OF RESISTANCE TRAINING ON COGNITIVE FUNCTION AMONG OLDER ADULTS
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The purpose of this one-year study was to assess the impact of resistance training protocols on cognitive function among older adults. Participants over the age of 75 years were randomly assigned to a low velocity (LV) or high velocity (HV) resistance training group. Both groups trained two days per week and completed eight exercises following American College of Sports Medicine recommendations. The LV group completed the concentric contraction over 2-3 seconds; whereas the HV group completed the concentric contraction as quickly as possible. Cognitive function was assessed by the Trail Making Test (TMT) and the
executive function (EF) subscale of the Cognitive Linguistic Quick Test. ANOVA with repeated measures was used for analyses and effect sizes were calculated. Results indicated no significant group-by-time interactions for the TMT Part A, TMT Part B, and EF. The strongest effect size for improvement was seen in the HV group for EF (d = -0.997). The HV group also displayed a small effect for the improvement on the TMT differences (d = 0.149). High velocity training is capable of improving cognitive function in older adults. Higher levels of cognitive function can result in optimal aging. Future studies should further examine the relationship between cognitive function and resistance training among older adults.

**LEG MUSCLE POWER - AN IMPORTANT MEASURE TO DETECT MUSCLE WEAKNESS IN OSTEOARTHRITIS OF THE HIP**

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Background: In patients with unilateral end-stage osteoarthritis of the hip (HOA) the affected leg is weaker than the non-affected leg. Whether asymmetry is present in the early HOA is unknown, and knowledge regarding this could be important in understanding functional decline and disability in this patient group. Objectives: To compare leg muscle function in the affected leg and the non-affected leg in patients with unilateral earlier-stage HOA, and to explore relationships between leg muscle function and functional performance. Method: 118 elderly (60-87 years) with unilateral HOA not on waiting list for hip replacement and 35 healthy elderly (63-82 years) were included. Muscle function (maximal isometric hip and thigh strength; peak leg power) and functional performance (stair climbing (Stair), 30s sit-to-stand (STS) and 6-minute walk (6MW)) were measured. Results: In patients with HOA the affected leg was significantly (p<0.05) weaker compared with the non-affected leg (ratios for muscle strength of the hip:88.9%-94.7%, quadriceps=90.4%, hamstrings=98.8%, and leg power=85.0%). In healthy elderly non-preferred vs. preferred leg showed quadriceps strength ratio=94.0% (p=0.014) and leg muscle power ratio=97.2% (p=0.194). In elderly with HOA a relationship was found between functional performance and affected leg muscle power (Stair: r=-0.523; STS: r=0.567; 6MW: r=0.655, p<0.01) and affected leg muscle strength (Stair: r=-0.245–0.467; STS: r=0.241-560; 6MW: r=0.402-6.03, p<0.01). Conclusion: In elderly with non-end stage HOA the affected leg c. The relationship found between leg muscle power in the affected leg and functional performance may have implications for rehabilitation of patients with early HOA.

**PARTICIPATION IN EVERYDAY ACTIVITIES AND SELF-REPORTED HEALTH AMONG OLDER ADULTS**

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The International Classification of Functioning (ICF) conceptualizes relationships between participation and other health dimensions as bidirectional. For instance, a common sense approach suggests individuals in poor health would experience difficulty participating in community activities; however, participation may also be antecedent to good health, via incidental physical activity and social connectivity afforded by participation in everyday activities. This study tested the association between participation in everyday activities and self-rated health (SRH) of older adults. We computed five ordinal logistic regression models using baseline data (2011) from the National Health and Aging Trends Study (NHATS). “Participation” was operationalized using 6 items that assessed participation in social and community-based activities, including 1) visiting friends/family; 2) attending religious services; 3) participating in clubs/classes; 4) going out for enjoyment; 5) working for pay; and 6) doing volunteer work. We assessed participation while holding ICF’s other health dimensions constant. Model 1 regressed self-rated health on participation, with controls for personal factors (e.g., demographics); Model 2 included chronic diseases (e.g., heart disease); Model 3 added measures of functioning (e.g., walking up 20 stairs); Model 4 included measures of activity disability (e.g., difficulty eating), and Model 5 included environmental factors (e.g., use of mobility devices). Participation was statistically associated with SRH in five of six items. With the exception of attending religious services, individuals who participated were more likely to report better SRH, independent of other ICF dimensions. These results point to the importance of developing community support and reducing barriers to participation by older adults.

**DUAL-TASK AND GAIT VARIABILITY: EFFECTS OF AGING AND SUB-OPTIMAL SENSORY INFORMATION**

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Introduction: Increased gait variability has been shown to be a sensitive measure to predict falls in high-functioning older adults without overt pathology. The purpose of this study was to investigate effects of aging on gait variability under conditions of dual-task and sub-optimal sensory information. Methods: Ten young (YA, age:26.0±2.9 years) and ten older (OA, age:73.0±6.3 years) healthy adults walked along a 6-meter path while subtracting by 3’s (walking-while-talking, WT) or no additional cognitive challenge (no-WT). Somatosensory information was altered using a normal surface (Hard) or compliant surface (Foam). Visual information was intact (vision, V) or impaired using customized blurring goggles (blurred vision, BV). Main outcome measures included step length (StLen), step length variability (StLenVar), step width (StWid) and step width variability (StWidVar). Results: YA increased StLen on Foam (p<0.001) whereas OA StLen was not influenced on Foam (p>0.05). StLenVar increased 33% on Foam (p<0.001). StLen decreased with WT, Foam and BV, concurrently (p<0.05). StWid increased on Foam (p<0.001). StWidVar increased 23% with BV (p<0.05). Discussion: Regardless of age, StLenVar increased on Foam which may be attributed to unstable gait pattern. However, YA were able to increase their StLen on Foam to possibly overcome step-by-step destabilization; a strategy that may not have been safe for OA. This suggests healthy aging may result in OA to be more unstable when walking on unpredictable surfaces. Both YA and OA increased StWid on Foam to compensate for medio-lateral instability. However, increased StWidVar with BV suggests accurate visual inputs were critical for efficient medio-lateral foot-placement.

**PARATHYROID HORMONE BUT NOT VITAMIN D IS ASSOCIATED WITH GAIT IMPAIRMENT IN OLDER ADULTS**

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Background: Vitamin D deficiency is associated with disability, including poor physical performance, weakness, falls and fractures. Elevated parathyroid hormone (PTH) is also associated with increased falls risk. While vitamin D supplementation can improve balance function, its effect on gait is contradictory. The effect of PTH on gait has not been published. The aim was to evaluate the association of vitamin D and PTH levels on spatiotemporal measures of gait. Methods: Cross-sectional study of 66 community-dwelling older adults (mean age = 80.4±7.3, 57.6% female). Gait (usual pace) was evaluated with the GaitRite® mat. A force platform (Bertec®) was used for the Modified Clinical Test for Sensory Integration in Balance (MCTSIB) to measure centre of pressure motion. Multivariable linear regression evaluated
the relationship between serum vitamin D levels and PTH on gait and balance. Results: The distribution of vitamin D levels were: 0% deficient (<30nmol/L); 15.2% insufficient (30-50nmol/L); 16.7% normal (51-75nmol/L); and 68.2% supernormal (>75nmol/L). Elevated levels of PTH (>5.00pmol/L) were found in 25.8%. Vitamin D was not associated with gait performance (p=0.05). Increasing PTH levels were independently associated with poor gait performance. Neither vitamin D nor PTH levels were associated with centre of pressure displacement (total sway area, mediolateral or posterolateral maximal excursion) in any of the MTSSB test conditions. Conclusions: Increasing PTH was independently associated with poor gait performance. Lack of an effect with vitamin D could be that few people were below therapeutic levels. Our findings suggest that PTH may have a neuromuscular action independent of Vitamin D.

BARRIERS FOR OUTDOOR MOBILITY AND UNMET PHYSICAL ACTIVITY NEED IN OLD AGE
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Background: Outdoor walking is important for the health and well-being of older adults. However, many older adults face barriers for outdoor mobility in their everyday lives. Mobility barriers together with mobility limitations may lead to unmet physical activity need, conceptualized as perceived inadequacy of level of physical activity. Methods: Baseline data of the “Life-Space Mobility in Old Age” (LISPE) project were used for cross-sectional analyses. In total, 848 people were interviewed in their homes (mean age 80.1 years, 62% were women). Barriers for outdoor mobility (17 items) and unmet physical activity need were assessed with structured questionnaires. We profiled the participants into latent groups using mixture modeling technique, based on the barriers they report. The prevalences of unmet physical activity need were compared between different barrier profiles. Results: The following five latent groups were identified: 1. Minor barriers (46% of the participants), 2. Barriers related to weather conditions (26.5%), 3. Barriers related to poor health and weather (15.9%), 4. Barriers related to poor health, weather and fears (4.6%) and 5. Barriers related to poor health and poor mobility (6.5%). The prevalences of unmet physical activity need in the groups were 5.0%, 10.2%, 28.1%, 28.2% and 41.8%, respectively. The group with the highest prevalence of unmet physical activity need was also the most physically inactive. Conclusions: Older adults may have a variety of different barriers to overcome in order to walk outdoors. This diversity needs to be carefully considered in promoting physical activity of this population.

EFFECTS OF TASK-SPECIFIC AND TRADITIONAL-BASED EXERCISE IN THE PRE-CLINICALLY DISABLED: A PILOT STUDY

Introduction: This study compared a task-specific exercise (TSE) intervention with a multi-component exercise program recommended by the National Institute of Aging (NIA). Methods: Seventy-one older adults (70.11 ± 8.37 years) who reported no difficulty, but modified the frequency or method of performing daily tasks were randomized to 12 weeks (2 days per week) of TSE or NIA training. The TSE intervention focused on practicing chair rising, rising from the floor, stair climbing and walking with challenges (i.e., navigating obstacles). NIA training included moderate intensity walking, resistance, and balance exercises. Outcomes included number of compensatory strategies used to perform functional tasks, 400-meter walk speed, knee extension strength, and short-physical performance battery (SPPB) score. Outcomes were assessed after 12 weeks of training and following 12 weeks of detraining. Results: TSE reduced compensations during daily tasks by 33.1%, which was slightly greater than NIA (14.4% reduction, p=0.20). TSE increased knee extension strength compared to NIA (11.3% vs. 0.5% respectively, p=0.04). Both groups increased daily task performance speed (24.2% and 21% respectively, p=0.41), SPPB score (TSE: 0.78±0.20, NIA: 0.45±0.21), and 400-meter walking speed (TSE: 0.02±0.02, NIA: 0.04±0.02 m/sec). The effects remained after 12 weeks of detraining. Summary: This pilot study demonstrated that chronic exercise reduced compensatory strategy use and time needed to perform daily tasks in pre-clinically disabled older adults. TSE training resulted in muscle strength gains and a trend for greater reduction in compensatory strategies, compared to an NIA-recommended exercise program. TSE also increased physical performance similarly to a traditional multiple-component exercise program.

ENVIRONMENTAL BARRIERS ARE ASSOCIATED WITH LONELINESS IN COMMUNITY-DWELLING OLDER PEOPLE
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Aim: The aim was to examine the association between environmental barriers and loneliness among community-dwelling, 75- to 90-year-old, people. Methods: Baseline data of the “Life-Space Mobility in Old Age” (LISPE) project were used for the cross-sectional analyses. In total, 848 people were interviewed in their homes (mean age 80.1 years, 62% were women). Environmental barriers for outdoor mobility and loneliness were assessed with structured questionnaires. Difficulties in 2 km walking and participation in out-of-home activities were self-reported. Results: In total, 28% of the participants experienced loneliness. Participation in out-of-home activities was not associated with loneliness. Those who experienced loneliness reported more difficulties in 2 km walking and more environmental barriers than people not experiencing loneliness. Especially snow and ice during winter time (OR 1.77, 95% CI [1.29-2.44]), long distances to services (OR 1.79, [1.16-2.79]), lack of resting places (OR 1.61, [1.08-2.39]), dangerous crossings (OR 1.73, [1.06-2.82]), hills in the nearby environment (OR 1.66, [1.17-2.34]), noisy traffic (OR 2.18, [1.05-4.05]) and high curbs (OR 1.86, [1.09-3.16]) roughly doubled the probability of loneliness. Snow and ice, long distances to services and hills in the nearby environment increased loneliness even after adjusting the models for difficulties in 2 km walking, participation, socioeconomic indicators and health. Conclusion: Barriers in the physical environment may increase feelings of loneliness, and participation in out-of-home activities did not explain this association. Confirming the causality of the association warrants further studies.

SELF-MANAGEMENT OF MOBILITY AND FALL RISK BY ELDERLY – THE SENIOR STEP STUDY
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Background In an increasing ageing population, the number of elderly having mobility and fall problems is vastly increasing. The Senior Step Study investigates whether it is possible for elderly to be in control of their own mobility and fall risk by promoting self-management. This requires a simple and feasible self-test for fall risk. As part of the Senior Step Study, the current study investigated whether elderly are capable of performing three possible tests for self-management of mobility at home. Methods Maximum Step Length (MSL), Gait Speed (GS)
and Chair Test (CT), were performed weekly for six months by 56 elderly (age ≥70) living at home, and their informal caregivers. Instruction on performance of the self-tests was given at baseline. After one month, a researcher observed test performance and, if necessary, additional instructions were given. The amount and variety of errors made were compared between the first and last week of performing the self-tests. Results 49 elderly (mean age (sd) 75.7 (4.0) yrs, 22 female) completed the study. The percentage of correct measurements increased after the additional instruction from 75.5%, 44.9%, and 38.8% in week 1 to 91.8%, 84.7%, and 51.0% in week 26, for MSL, GS, and CT, respectively, showing the greatest learning curve for MSL and GS. Conclusions Elderly are capable of performing the self-tests MSL and GS at home, indicating that self-management of mobility and fall risk by elderly at home may be possible.

THE EFFECTS OF AGE-RELATED HIP PROPRIOCEPTION DECLINES ON BALANCE

Falls are the leading cause of hip fractures and injury-related hospitalized admission among older adults. Proprioception, the body’s sense of how it is positioned or moving, is an integral part of overall postural stability. This study evaluated the effects of age on hip proprioception, and determined whether age-related declines in hip proprioception, if present, disrupt balance. We tested ambulatory community-dwelling adults (N = 102) without neurological impairments in three age groups, younger (N = 34, mean age (range): 24.6 years (19-37)), mid-aged (N = 34, 53.3 years (40-64)), and older adults (N = 34, 76.3 years (65-94)). Hip joint-position sense (JPS) and kinesthesia were measured in the transverse plane using a custom built device. JPS error was determined by the magnitude of matching errors during vision and no vision conditions. Kinesthesia was evaluated by the ability to detect passive limb rotation without vision. Root mean square of center of pressure (COP) displacement and velocity of COP displacement measured postural sway during static stance. Clinical balance and fear of falling were assessed with the mini-BESTest and ABC Scale, respectively. Older adults had increased JPS and kinesthesia error compared to younger adults, bilaterally (P < 0.001), and both measures of proprioception error significantly correlated with age (P ≤0.001). There was no relationship between hip proprioception error and postural sway. However, older adults with lower proprioceptive error had significantly higher mini-BESTest scores of dynamic balance abilities (P = 0.007). Therefore, hip proprioception declines with age, and although these declines are not related to increases in postural sway in static stance, they do disrupt dynamic balance. Fall prevention programs should include activities that target improvement of hip proprioception.

FUNCTIONAL RESERVE ASSESSED BY MAXIMAL AND USUAL GAIT SPEED IS ASSOCIATED WITH PHYSICAL HEALTH IN OLDER JAPANESE ADULTS
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Background: The useful indicators of overall well-being, maximal gait speed (MGS) and usual gait speed (UGS), are more sensitive for young-old people and old people, respectively. Functional reserve (FR), defined as the difference between MGS and UGS, may help identify older adults at the cusp of functional decline. The purpose of this study was to identify whether FR is a useful indicator of physical health. Methods: Trained testers measured participants’ MGS and UGS for a cross-sectional analysis on 449 older Japanese adults (127 men and 322 women) aged 65-96 years (73.8 ± 6.1 yr). We classified participants as high-FR (>0.5 m/s), middle-FR (0.5-0.3 m/s) or low-FR (<0.3 m/s) (FR=MGS-UGS). We considered a SF-36 physical function score of <70 points as the determiner for low physical health. Using a multiple logistic regression analysis adjusted for potential confounders, we analyzed the association between FR and physical health. Results: The means ± SDs of MGS, UGS and FR were 1.85 ± 0.38 m/s, 1.38 ± 0.28 m/s, and 0.47 ± 0.21 m/s, respectively. There were 66 (14.7%) participants with low physical health, and the crude prevalences were 5.9%, 15.9% and 28.6% for high-FR, middle-FR and low-FR categories, respectively. Compared with the high-FR category, adjusted odds ratios (95% confidence intervals) for low physical health were 2.5 (1.1-5.5) for middle-FR category and 5.3 (2.2-12.9) for low-FR category (P for trend < 0.001). Conclusion: A low-FR was tightly associated with low physical health. Calculating FR may be useful for routine assessment of health status in older adults.

DUAL TASK COST AMONG COMMUNITY-DWELLING OLDER ADULTS
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Introduction: The necessity to perform two concurrent tasks occurs frequently in daily life for older adults. Individuals can display a decline in one or both skills during simultaneous task performance, known as dual task cost. Metric comparisons between tools to measure dual task cost in older adults are limited. Objective: To assess and compare select measures of dual task performance among community-dwelling older adults. Methods: Thirty independent community-dwelling older adults (mean age 74.9±10.2) completed a: demographic profile, fear of falling questionnaire, and task circuit of physical performance tests. Dual task cost was assessed using the: Walking and Remembering Test (WART), original and modified (shopping list memory component) Four Square Step Test (FSST), and both the Timed Up and Go (TUG) and TUG-Cog (concurrent subtraction task) instruments. Results: There was a significant difference between initial TUG and TUG-Cog performance (10.7± 2.8 vs. 13.1±4.3 sec; p<0.001), with the added subtraction task resulting in slower mobility performance. Conversely, subjects performed faster on the FSST when a shopping list memory task was added (14.6÷5.7 vs. 16.3±6.9 sec.; p<0.001). There was a significant inverse association between the number of items remembered and performance time (r = -0.48; p=0.01). Performance values approached or surpassed reported cut-off scores for fall risk with added cognitive demand. Conclusion: Older adults demonstrate different adaptation strategies when confronted with competing tasks and the specific cognitive demand imposed upon an activity. A concurrent subtraction drill resulted in greater dual task cost, while a memory task yielded faster motor performance.

SESSION 520 (POSTER)

HEALTH CARE

WHO DID WE REACH WITH CTI®? THE CENTRAL TEXAS EXPERIENCE
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The Texas ADRC Evidence-Based Care Transition Program implemented the Care Transitions Intervention® (CTI) with funding from the Administration on Aging (AoA) and Centers for Medicare & Medicaid Services (CMS). CTI is an evidence-based, patient-centered, 30-day intervention to engage patients to manage their healthcare needs and reduce preventable readmissions. The intervention model consists of a home visit and two follow-up phone calls which focus on setting a personal health goal and four pillars: creating an accurate medication list, preparing for and attending a follow-up medical appointment, identi-
IMMIGRANT GROUPS

CHRONIC DISEASES AMONG RACIAL/ETHNIC

DIFFERENT LEVELS OF HEALTHCARE USE FOR SELECT CHRONIC DISEASES AMONG RACIAL/ETHNIC IMMIGRANT GROUPS

HOME CARE NEEDS AND THEIR INFLUENCE ON LIFE SATISFACTION, PERCEIVED LIFE STRESS, AND LONELINESS

RELIABILITY OF A GERIATRIC CONSULTATION TO IDENTIFY GERIATRIC SYNDROMES

DIFFERENT LEVELS OF HEALTHCARE USE FOR SELECT CHRONIC DISEASES AMONG RACIAL/ETHNIC IMMIGRANT GROUPS

flying signs of exacerbation (red flags), and using a personal health record. The presentation will describe the program’s reach into the target population. After 19 months of operation, we have screened 5516 patients as eligible, 556 patients were enrolled and 292 have completed the intervention. The mean age of patients was 73 years (SD 8.3), 59% were female, 83% were white and 15% were Hispanic. Ninety-three percent lived in a small metro area and 41% had at least some college education. We found that 58% of patients rated their health as good or better and 63% were found to have adequate health literacy. Our data show that the program has reached a large number of patients in Central Texas. Although the diversity of our population is similar to the Texas rates, further work needs to be done to ensure we are reaching patients at highest risk for readmissions.

HOME CARE NEEDS AND THEIR INFLUENCE ON LIFE SATISFACTION, PERCEIVED LIFE STRESS, AND LONELINESS

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Strong evidence has accumulated that has established the benefits of home care services for older adults in terms of medical outcomes and health services utilization. However, little research has been conducted on the potential psycho-social benefits. Resilience Models suggest that unmet service needs cut across all spheres of influence, including the psycho-social domain. In order to examine this gap, older adults receiving home care with their needs met were compared with persons who had unmet needs (whether they received home care or not) on three indicators of quality of life. The specific research question addressed by this study was: Do older adults whose home care needs are being met have higher levels of life satisfaction, and lower levels of perceived life stress and loneliness, than older adults with unmet home care needs? The potential buffering role of social support in these relationships is also investigated. Data were drawn from the 2008-2009 Canadian Community Health Survey, with 3,244 older adults (65+) meeting the study criteria. Regression analyses showed that older adults who had home care needs met reported higher levels of life satisfaction and lower levels of loneliness and perceived life stress than those with unmet needs. These relationships remained robust even after controlling for demographic factors, socioeconomic status, health factors, and social support. Social support appeared to play a mediating role in these relationships. The results suggest that home care plays an important role in the maintenance of quality of life and resilience for older adults.

DIFFERENT LEVELS OF HEALTHCARE USE FOR SELECT CHRONIC DISEASES AMONG RACIAL/ETHNIC IMMIGRANT GROUPS

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Lack of information on racial/ethnic groups’ chronic disease prevalence and unmet healthcare needs among immigrants (65+) limits our efforts in reducing health disparities. K-medoids algorithm and multinomial analyses in the pooled 2002-2008 National Health Interview Survey data (N=9,262) were used, which allows for cross-cultural comparisons of each cluster characterized by different levels of healthcare use and examination of unmet care needs among non-Hispanic-white [White], non-Hispanic-black [Black], Hispanic, and Asian and Pacific Islander [API]. Results: K-medoids algorithm identified the optimum number of clusters was four: ‘Non-Users’ (33%), ‘Low-Ambulatory- and-Inpatient-Service-Users’ (30%), ‘Heavy-Ambulatory- and-Inpatient-Service-Users’ (18%), and ‘Heavy-Ambulatory-Service-Only-Users’ (20%). Non-User rates were highest among Blacks (46%), followed by APIs (42%), Hispanics (34%), and White (24%). Hypertension, musculoskeletal, cardiovascular, diabetes, and cancer were the most prevalent chronic diseases. However, the chronic diseases with high Non-Users rates varied: COPD and dementia among Whites; musculoskeletal, diabetes, asthma, and cancer among Blacks; kidney problems among Hispanics; Cardiovascular, diabetes and kidney problems among APIs. The chronic diseases’ prevalence rates and service use behaviors for the diseases varied among racial/ethnic groups. For example: Blacks: Hypertension (48%), musculoskeletal (36%), diabetes (18%), asthma (10%), and cancer (9%) were prevalent. Heavy-Ambulatory-Service-Only-Users tended to have hypertension or COPD; Heavy-Users, stroke; Low-Users, hypertension. Hispanics: Hypertension (45%), musculoskeletal (32%), diabetes (19%), cardiovascular (18%), cancer (7%), and asthma (7%) were prevalent. Those with musculoskeletal or asthma tended to use both healthcare services. Unlike other groups, Hispanics with stroke tended to be Heavy-Users. Findings will help to guide future interventions and research, improve immigrants’ health, and reduce health disparities.

RELIABILITY OF A GERIATRIC CONSULTATION TO IDENTIFY GERIATRIC SYNDROMES

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Introduction Geriatric consultations are standardized with the use of validated instruments and assessment protocols. However, the overall assessment of patients that integrates also clinical signs and symptoms may differ from a geriatrician to another. The objective of this study was to evaluate the reliability of an academic geriatric consultation for the identification of geriatric conditions. Method Participants (N=20, mean age 79.8 years, 35% female) were community-dwelling elderly persons aged 70 years and over referred by their primary care physician to the geriatric outpatient clinic. Over 2 successive consultations (mean time: 25 days apart), two geriatricians blinded to each other results assessed the presence of the following conditions: cognitive impairment; mood disorder; functional impairment; urinary incontinence; malnutrition; gait and balance impairment; osteoporosis; hearing impairment; visual impairment. Concordance between geriatricians was assessed for each geriatric condition and measured with percentage agreement and Kappa test. Results Prevalence rates for main syndromes were 75% for cognitive impairment, 65% for gait and balance impairment, 60% for mood disorder, and 47% for functional impairment. For all geriatric conditions, agreement between geriatricians was high, ranging from 55% to 90% (Kappa ranging from 0.56 to 0.80). Agreement was highest for mood disorder (90%), cognitive impairment (85%), and gait and balance impairment (83%) and lowest for malnutrition (55%). Conclusion Geriatricians assessing geriatric conditions reached a high level of agreement. These results support the use of such consultation as a criterion standard for research aiming at the investigation of geriatric conditions.

GERIATRIC NURSE PRACTITIONERS’ KNOWLEDGE, USE AND REFERRAL OF COMPLEMENTARY/ALTERNATIVE THERAPIES IN THE U.S.

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Many older adults include complementary/alternative therapies (C/AT) for health management and yet most health care providers underestimate the rate of C/AT use by their patients. A national study was conducted to: 1) assess geriatric nurse practitioners’ (GNP) knowledge, use, and referral of C/AT, 2) identify correlations between demographic variables and C/AT referral, and 3) describe factors affecting communication about C/AT use between GNP and their patients. A mixed method cross-sectional on-line survey was sent to member of the Gerontological Advanced Practice Nurses Association (GAPNA) (N = 3,812),
Data from n=170 GNP were used for analysis. The mean age of participants were 34 years (SD 5.8) with an average of 12 years of clinical practice. Over 87% GNP reported being knowledgeable about pet therapy, massage, and mind/body therapies and believed these C/AT to be effective: massage (92%), pet therapy (92%) and mind/body therapies (87%). Over 70% GNP reported using these C/AT and dietary supplements (70%) for personal use. The most commonly recommended C/AT were also massage (78%), dietary supplements (68%), and mind/body therapies (68%). Significant correlations were found among C/AT knowledge, use, and referral (p ≤ .05). Demographic variables were not significantly correlated to C/AT referral. Twenty-four percent of GNP reported discussing C/AT use with all of their patients while 13% never initiated any C/AT dialogue. Lack of time and evidence-based information, unsupportive institutional climate and patient inaccessibility to C/AT were the main barriers to C/AT communication. Most GNPs believed that integration of C/AT into clinical practice will improve patient outcomes.

CHOOSING WISELY: BENZODIAZEPINE AND SEDATIVE-HYPNOTIC USE AMONG OLDER SERIOUSLY ILL VETERANS

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In its recent “Choosing Wisely” list, the American Geriatrics Society recommends against benzodiazepines or sedative-hypnotics (BSH) as first-line treatments for anything besides alcohol withdrawal in older adults. Hospitalized older adults may be at high risk of receiving these potentially inappropriate medications. Agitation and insomnia occur frequently in older hospitalized patients, and BSH are among the treatments available for these symptoms. Using 2008-2010 Veterans Affairs NY/NJ Computerized Patient Record System data, we examined rates of and factors associated with BSH prescriptions among 291 veterans with serious physical illnesses who received palliative care during an index hospitalization (mean age=75, standard deviation=11). Twenty-one percent of patients received BSH for anxiety, agitation, insomnia, or unspecified reasons. BSH for sedation before medical procedures, alcohol withdrawal, and generalized anxiety disorder were excluded. With multivariate logistic regression, older age (Adjusted Odds Ratio[AOR]=0.96/year, 95% Confidence Interval[CI]=0.93-0.99) was associated with lower BSH likelihood, and past-year BSH use (AOR=2.32, 95%CI=1.14-4.70) was associated with greater BSH prescription likelihood during the index hospitalization. Whereas BSH likelihood declined with age, one-fifth of veterans 65+ in our sample were prescribed potentially inappropriate BSH for anxiety, insomnia, and agitation. Some BSH may have been prescribed for appropriate palliative indications, including symptom relief for patients who were imminently dying, but BSH rates did not differ significantly between those who did and did not survive until discharge. Future studies should clarify appropriate BSH indications in older palliative care patients while identifying targets for reducing inappropriate BSH use in older adults.

A COMPREHENSIVE HOME CARE PROGRAM AS AN EDUCATION MODEL INCORPORATES SIX ACGME CORE COMPETENCIES

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The American College of Graduate Medical Education (ACGME) created a new paradigm in medical education when it introduced the Six Core Competencies (noted below) over a decade ago. Success in care of medically complex homebound patients, who are often the disabled young and frail elderly, involves vigorously applying these six core competencies. We created a comprehensive home care program over 25 years, initially at the VA then in a private home-care practice, that incorporated these competencies in the interprofessional education of learners from the spectrum of health professional disciplines. Example components included: (a) detailed insights into the patient’s nursing, functional, social, psychological, nutritional and community support issues (patient care), (b) clarifying the long list of multiple complex medical problems and attendant polypharmacy (medical knowledge), (c) integrating the interdisciplinary team’s knowledge into patient care (Practice Based Learning and Improvement), (d) integral coordination with ancillary community services including durable medical equipment, home health nursing and rehab, infusion therapy, home counseling, home respiratory services, blood draw and imaging studies to treat this 5% of the Medicare population that consumes 50% of the Medicare budget (Systems Based Practice), (e) developing rapport with the patient and caregiver/family, who are often frightened, adversarial, and needy of attention (professionalism), and (f) frequent communication with the patient, caregiver, and community physicians (Interpersonal Skills and Communication). Experience illustrated that success required seeking a balance between cure and palliation. We believe that comprehensive home care programs are an excellent setting in which to teach challenging medical (and indeed geriatrics) competencies.

MEDICAL STUDENTS’ ATTITUDES TOWARDS CAREERS IN GERIATRIC MEDICINE: A QUALITATIVE PERSPECTIVE

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Although the number of older adults is expected to double by 2030, the number of medical students choosing to specialize in geriatric medicine is decreasing. The objective of this study was to determine what factors influence medical students’ decisions to pursue careers in academic geriatric medicine including barriers and facilitators. Data were collected from 27 medical students who participated in summer research training programs. All trainees were asked to complete an online survey at the conclusion of the programs. The survey included both open- and close-ended questions about barriers and facilitators to the perceived likelihood of pursuing an academic career and, separately, pursuing a career in geriatrics or an aging-related field. Analysis of the open-ended items followed a general inductive approach where investigators focused on generating themes and identifying relationships between themes. Qualitative analysis revealed 4 major barriers and 3 major facilitators. The barriers included lack of knowledge about academic careers and exposure to geriatrics, lack of adequate compensation, characteristics of the geriatric population, and negative impressions of research relative to clinical work. Facilitators included positive experiences with or impressions of the geriatric population, positive experiences with or impressions of research, and the increased demand for geriatric care due to the rising number of older adults in the population. There is a clear need to attract medical students to the field of geriatric medicine. Based on the results, it appears that medical students’ attitudes about working in this field may be malleable and early exposure to the field is critical.

STUDENT INTEREST IN WORKING WITH AGING POPULATIONS

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Rowe et al. (2008) discussed the challenges to health care for older Americans and emphasized the lack of training in geriatrics for health care providers. Infusion of geriatric education for graduate health professions students is critical to address this challenge and meet the needs of the rapidly aging population. To assess current student interest in working with the geriatric population, the “Student Interest in Working
BALANCING RISK, SAFETY AND AUTONOMY: HOW DO HEALTH PROFESSIONALS WORK WITH COMMUNITY DWELLING FRAIL OLDER ADULTS WHO CHOOSE TO AGE-IN-PLACE AT ANY COST
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An estimated 89% of adults over the age of 50 said that they planned to remain in their present home for as long as possible, even if there were changes in their health (AARP, 2006). However, as one ages, health, home and support changes may occur that can impact on the older adult’s ability to live safely at home, causing family members and health care professionals to be concerned about the older adult’s risk of adverse health outcomes. This is a time where community care health professionals work within a client-centered model of care and want to support successful aging by optimizing the older adult’s health, independence and safety. However, balancing safety and autonomy when working with community-dwelling older adults living in potentially risky situations as they choose to age in place, can be challenging. This qualitative research project documented an understanding of health care professionals’ current practice when working with community-dwelling older adults who are labeled as “living at risk”. The data were collected through 11 individual in-depth interviews with health professionals (Nurses, Occupational Therapists, Physiotherapists and Social workers) who work as either a case manager or geriatric assessor with older adults living in their homes within an urban setting. The presentation will review the results of this research by discussing how health professionals make clinical decisions in this context and what facilitates and hinders this balancing act of safety and autonomy when working with community-dwelling frail older adults.

SESSION 525 (POSTER)

NURSING SCIENCE

FALL OCCURRENCE AMONG OLDER ADULTS: ASSOCIATION WITH NURSE STAFFING ON ACUTE CARE HOSPITAL UNITS
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Purpose: Little is known about the effect of nursing staffing levels on fall occurrence among hospitalized older adult patients. The study purpose was to examine the relationship between nurse staffing and the rate of falls among older adults on five types of acute care hospital units. Methods: Longitudinal data on nurse staffing and falls in adult patients (age 65 and over) during 2006-2011 from the National Database of Nursing Quality Indicators® (NDNQI®) were used. Hierarchical Poisson regression analyses were performed. The analytical sample consisted of 18,505 observations from 4,211 units in 904 US hospitals. The included unit types were step-down, medical, surgical, combined medical-surgical, and rehabilitation units. Results: Overall, fall rates among older adults decreased over the 6-year period. Controlling for hospital characteristics (bed size, teaching status, and Magnet status), the fall rate was inversely associated with RN hours per patient day (HPPD), but not with non-RN HPPD. The relationship varied by unit type. Higher RN HPPD was significantly associated with lower fall rates on step-down and medical units but, unexpectedly, with higher fall rates on medical-surgical units. No relationship was found in surgical and rehabilitation units. Conclusions: Although further investigation on the positive relationship found in medical-surgical units is needed, the finding that higher RN HPPD was related to lower fall rates among older adults on step-down and medical units provides evidence to support the importance of adequate RN staffing to improve patient outcomes on acute care units. Strategies to ensure adequate RN staffing must be considered on a unit-by-unit basis.

EDUCATING NURSE PRACTITIONERS TO PRACTICE INTERPROFESSIONALLY
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Introduction: Healthcare in the United States is in crisis. One reason is the inability of healthcare professionals to work well with each other. This may occur due to the failure to recognize the importance of interprofessional healthcare. Today’s healthcare issues such as care for older adults with complex health needs have been found to respond best to an interprofessional approach. However, too often, these issues are managed by sole providers. Methods: Through a HRSA grant, an interprofessional group of faculty has developed several courses to be taught by nursing, physical therapy, counseling, and dental hygiene. The courses include, health promotion, gerontology and leadership. Local and distance students from each profession are enrolled together in these web based classes. Students from each profession are placed in interprofessional groups of no more than 5 students. They then use distance technology to complete projects such as: 1) A Multimedia presentation for providers on the role of the various professions in addressing the health promotion needs of specific populations or 2) interprofessional technology driven health promotion educational materials for patient populations (webcasts, websites, Facebook pages, blogs, etc). Results: Currently the health promotion course is underway. There are 107 students from multiple disciplines enrolled. Several projects have been successfully completed. Planning for the gerontology course is also underway; it will be delivered over the summer. The leadership course will follow. A questionnaire about student’s readiness to participate in interprofessional learning was completed before the first course began and will be done again at course completion.

CATEGORIZATION OF PARTICIPANTS’ ACTIVITIES IN A NURSING RANDOMIZED CONTROLLED TRIAL
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Several RCTs investigated the effectiveness of nursing in-home consultation programs for elderly people on health outcomes. Patient-centered and tailored interventions have been shown to be crucial for behavioural changes. However, the aimed behavioural changes, the planned problem-solving activities and the feasibility of those activities from the participants’ perspectives in RCTs has not been reported. A recent RCT (n=461) that evaluated an Advanced Practice Nurse (APN) in-home consultation program for people ≥80 years in Switzerland, was guided by the principles of health promotion, empowerment, as well as patient- and family-centeredness. In the study that showed significant differences in self-reported acute events (RR=0.70, p=.001), falls (RR=0.71, p=.003), consequences of falls (p=.007), and hospitalizations (RR=0.70, p=.03), the participants’ perspectives on activities and factors that contributed to behavioural changes were investigated. Within the intervention sessions, the APN collected data on participants’ goal setting, planned activities and reassessed feasibility of the activities and achieved goals in the next session. The participants’ activities and their assessment of feasibility and achievement were documented. A total of 1395 participants’ activities could be categorized by scope and type of activities with a newly developed measure (Client Goal Categorization, 66th Annual Scientific Meeting 177

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Subgroup-analysis revealed that gender, social support and health conditions correlated positively with participants’ assessment of feasibility and effectiveness of activities. The categorization allows insight in participants’ activities. It has to be further investigated whether significant results in RCT’s depend on a good fit between participants’ goals and their activities.

THE EFFECT OF THE MODERATE-INTENSITY PHYSICAL ACTIVITY ENHANCING PROGRAM FOR ELDERLY WITH HIP FRACTURE POST SURGERY
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THE EFFECT OF THE MODERATE-INTENSITY PHYSICAL ACTIVITY ENHANCING PROGRAM FOR ELDERLY WITH HIP FRACTURE POST SURGERY SUNEESUWANPASU, ASSOC. PROF. YUPIN AUUNGSOUCH, ASSST. PROF. CHANOKPORN JITAPANYA Abstract It is a challenge to promote physical activity among elderly with hip fracture post surgery. A moderate-intensity physical activity enhancing program (MPEP) for hip fracture was designed and evaluated. An interventional study randomly assigned 46 elderly hip fractures to usual care plus a moderate-intensity physical activity enhancing program or usual care alone. The experimental group received physical training and efficacy-based intervention, as well as five telephone calls over six week periods. All the subjects received usual care for hip fracture post surgery. The MPEP was evaluated using pre- and post-tests of physical activity satisfaction in nursing intervention at posttest in experimental group was significantly higher than the control group after controlling delirium (p<.05). The MPEP can provide a reference for nurses who wish to improve the physical activity of elderly with hip fracture.

DESCRIPTION OF OLDER VETERANS’ DAILY TELEHEALTH CALL COMPLIANCE WHILE MONITORING FOR CHANGE IN HEART FAILURE STATUS
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Background: Home-based older adults with heart failure (HF) experience frequent hospital readmissions (Salters, Bailey, & Whyane, 2010). Remote telehealth monitoring programs are designed to provide home-based support services that reduce the need for hospital readmissions. The largest telehealth study of non-veteran older adults with HF (n = 1653) described that 14% of the telehealth group did not initiate the intervention, and, by the final week of the study, only 55% of the telehealth group used the daily service ≥ three times per week (Chaudhry, 2010). Purpose: The purpose of this study is to describe older veterans’ daily telehealth call compliance. Methods: A description of secondary data of daily component submissions for vital signs, medication and diet adherence, symptom recognition of increasing dyspnea and fatigue, and possible alerts generated from out-of-range measurements from predefined limit settings, is being collected from initial 90 days of program participation. Results: Description of the call compliance frequency for daily telehealth submission results will be reported as means and standard deviation. Description of alerts generated from telehealth component measurements (heart rate, systolic blood pressure, weight, behavior response, symptom response) will be reported for each participant’s total, moderate, high, and no alert frequencies. Aggregate data will be described by mean, standard deviation, and range. Limitations: Secondary data does not allow for follow-up interviews related to program participation. Conclusions: Description of older veteran call compliance for daily telehealth submissions revisits the foundational participant measurements (heart rate, systolic blood pressure, weight, behavior response, symptom response) in relation to standardized home health admission process.

WHO SHALL WE VISIT FIRST? GREAT VARIATION IN HOW HOME HEALTH PRIORIZES PATIENTS’ FIRST HOME VISIT
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Introduction: Recent evidence shows that, for certain patients, the timing of the first home nursing visit is an effective strategy to reduce readmissions. Home health managers and intake nurses make important decisions about initial visit timing for over 11 million patients per year. The purpose of this study was to explore how home health agency personnel make decisions about initial visit timing. Methods: Semi-structured interviews were conducted with a purposive sample of 12 home health managers and experienced intake nurses from agencies of different sizes and in different geographic areas of the United States. Interviews focused on sets of factors (i.e. patient characteristics, policies and procedures) that influence decisions to prioritize initial nursing visits. Interview transcripts were exhaustively coded using software for qualitative analysis to reveal themes. Findings: Several strategies we identified: Sickest Quickest - some agencies prioritized patients based on chronic conditions (e.g. heart failure or chronic pulmonary disease); Breaking the Cycle - other agencies prioritized prior hospitalizations or social factors (e.g. availability of informal caregiver); No Norm – overall, there was a great variation in reported factors, procedures, and policies affecting decisions about prioritization of initial home health nursing visits. Formal protocols to guide prioritization of patient visits were uncommon. Discussion: Providing timely home visits for patients at risk of readmission is vital. This study revealed no evidence-based approaches to making these important decisions. Research is needed to identify factors that inform visit prioritization and to standardize the home health admission process.
Effect of Roselle Tea on Improving Urinary Tract Infection Among Taiwanese Nursing Home Residents

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Background: Urinary Tract Infection (UTI) is one of the most common infections in long-term care facilities. Taiwanese Roselle tea containing the same ingredients as Cranberry has not been well studied. Method: 65 participants with a high-risk UTI from a nursing home located in central Taiwan were randomly assigned into the control and experimental groups. Older adults in the control group took 300cc water per day, whereas the other group had the same amount of Roselle tea. Both groups had their urine checked at the baseline, the 6th and the 12th week. Results: In the experimental group, E. coli was significantly decreased between the baseline and the 12th week (t=1.720, p=0.048). E. coli account also differed significantly between the two groups (t=2.323, p=0.012). At the 12th week, E. coli infection in the control group was almost 4 times higher than the other group (OR=0.231, RR=3.333). Moreover, age was a significant factor between Roselle tea and urinary tract infection. In the beginning, age was positively correlated with the infection (rs=0.416, p=0.022); however, this relationship was ended after 6 weeks of drinking Roselle tea (rs=-0.195, p=0.301) and continued to the 12th week (rs=-0.321, p=0.084). Conclusions: Roselle tea was found to be effective in decreasing E. coli colonies at the 12th week.

Evaluating a Pressure Ulcer Prevention Intervention in LTC: Applying Diffusion of Innovation


Pressure ulcer (PU) prevention is a challenge in nursing homes. Numerous factors increase risk for PUs, and evidence is unclear about which, if any, approach to prevention is more effective, but everyone can reduce risk by increasing mobility. Therefore, we conducted a 12-month paired-facility randomized nurse-led intervention in eight Midwestern facilities; musical cues were used to prompt multidisciplinary teams to move/reposition all residents (not just those at risk for PUs) every two hours during the daytime. Mean odds ratios suggested intervention facility residents were 45% less likely than comparison facility residents to develop a new PU. Upon study completion, qualitative focus groups were conducted in all eight intervention facilities (n=45) to explore perceptions of adoptability and effectiveness. Focus group sessions were transcribed verbatim for analysis. Using a priori codes (Compatibility, Complexity, Observability, Relative Advantage, Sustainability, and Trialability) based on Diffusion of Innovation, five analysts (three not original to the study) coded the data. We developed and refined code definitions until we exceeded 85% agreement for inter-rater reliability. Findings indicated that staff perceived the music cueing as helpful and improved quality of life for both residents and staff; they also perceived that PU rates were decreasing. Staff perceived the added documentation required to track movement and sometimes timing of music-cues as barriers. Cueing multidisciplinary teams to encourage movement or repositioning of all residents holds promise for reducing facility-acquired PUs. These findings extend beyond PU interventions and suggest that cueing approaches may be useful for creating other behavior changes in nursing homes.
PATIENT ENGAGEMENT WITHIN AN AGING POPULATION
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Patient engagement, “the actions individuals must take to obtain the greatest benefit from the health care services available to them” (Center for Advancing Health, 2010) is the responsibility of both patients and providers. In 2012, the Nursing Alliance for Quality Care (NAQC) in Washington, DC, a national alliance of 20 nursing and patient care advocacy organizations developed a multi-pronged initiative to gain greater understanding and build consensus on the topic of Nurses’ Contributions to Fostering Patient Engagement. Guiding principles for patient engagement were developed and disseminated. An interdisciplinary panel of about 18 experts was convened to inform development of a white paper for dissemination. The paper served as the basis for discussion at a national symposium funded by the Agency for Healthcare Research and Quality (AHRQ). The paper, scheduled to be disseminated in the first quarter of 2013, was further developed based on feedback from symposium participants. The final white paper includes a logic model and engagement strategies and behaviors that nurses and other providers can use to positively impact patient outcomes.

SESSION 530 (POSTER)

TECHNOLOGY

PASSIVE AND UNOBSERVABLE SENSOR NETWORK ON AN ALZHEIMER'S SPECIAL CARE UNIT: A SINGLE-SUBJECT FEASIBILITY STUDY
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Aim of the Study: Sleep problems are common in nursing home and special care unit (SCU) residents and poor sleep can lead to cognitive decline, falls, and increased mortality. Sleep assessment in an SCU was previously unrealistic due to compliance issues related to the impracticality of using wearable sensors with older adults with dementia. Due to recent advances in sensor technology and data processing, passive and unobtrusive ballistocardiography-based systems can detect sleep quality and trends in older adults. To address the aging U.S. population and accompanying public health costs associated with institutional care, we investigated the feasibility of installing the Wellaware sleep quality system in a SCU. Method: We conducted a single-subject case design study with a 95 year old woman with dementia residing in a SCU in South Dakota. Sensor data from the participant and her clinical record were retrospectively analyzed from December 10th, 2012, to January, 09th, 2013, to determine the sensor network’s functionality. Results: The sensor network is feasible on a SCU and provides detailed resident information on sleep disruptions, rest efficiency, and rest continuity. Sensors detected the participant’s sleep quality was impacted, possibly as a result of non-routine holiday SCU events, but conventional SCU sleep monitoring and reporting did not detect this disruption. Conclusion: Passive sensors show considerable potential by identifying sleep quality and detecting overall sleep trends. More precise SCU sleep ‘ground truth’ could lead to improved biosocial and pharmacological interventions and resident outcomes and decreased staff and unit disruptions. Recommendations for future research are presented.

ATTENTION WORKOUTTM: IMPROVING COGNITION IN OLDER ADULTS ONLINE

Evidence suggests that cognitive training interventions can improve cognitive performance in older adults. Computerized training programs are useful because they are often accessible from older adults’ homes, and are cost effective. In this pilot study, we examined the effect of an online attention-training program, Attention WorkoutTM, on coordination, allocation, and selective focus—three aspects of attention focused on executive control. Participants were cognitively normal, community-dwelling adults age 55 and older (mean=70.8) who completed baseline measures of attention, working memory, and verbal memory, and were assigned to extended or abbreviated attention training. Participants repeated cognitive tests six weeks later. The extended-practice group significantly improved on word-list learning accuracy (Z=-2.69; p<0.01) and number of words recalled (Z=-2.69; p<0.01), while the abbreviated practice group significantly improved on word-list learning accuracy (Z=-3.27; p<0.001), number of words recalled (Z=-3.27; p<0.001), a field of vision distraction task (Z=-2.48; p<0.01), and two measures of a coordinating attention task (Z=-3.51, p<0.001; Z=-2.24; p=0.03). Participants completed a survey post-intervention and both groups found the program enjoyable and easy to use, with a mean score of 4.14 out of 5 on a satisfaction scale. These early results suggest that online training programs like Attention WorkoutTM may lead to gains in verbal memory, coordinating attention, and allocating attention, and that older adults would be likely to enjoy using such programs. Online cognitive-training programs circumvent the need to travel for training, and hold promise for improving cognitive abilities in cognitively normal, community-dwelling older adults.

EVALUATING THE IMPACT OF A DOSE RANGE CHECKING ALERT FOR OPIOIDS IN ELDERLY PATIENTS

To improve safety, computerized physician order entry systems commonly employ clinical decision support systems that target appropriate dosing of medications. We evaluated the impact of a dose range checking alert on opioid prescribing practices in elderly patients. A retrospective, non-matched cohort was identified to include patients aged 70 years and older hospitalized between January 2009 and August 2009 with an order for injectable fentanyl, hydromorphone, and/or morphine. Opioid orders 16-weeks before implementation of the alert (Group 1) were compared with orders 16-weeks after implementation (Group 2). Data included order information (drug, dose, frequency, date, and time) and new medication orders within two hours after the alert to assess prescriber compliance to alert recommendations. Compliance was defined as changing or discontinuing the initial order. 788 patients in Group 1 (53.2% female, 79.7% Caucasian, mean age 79.3 years) were similar to the 419 patients in Group 2 (53.5% female, 80.4% Caucasian, mean age 79.7). There were 1057 opioid orders in Group 1 and 1945 opioid orders 16-weeks after implementation. 788 patients in Group 1 and 788 patients in Group 2 were used in this study. Overall alert compliance was 55.4% in Group 1 vs. 44.5% in Group 2; and fentanyl = 27.9% in Group 1 versus 15.0% in Group 2. Alert compliance by opioid group: morphine = 54% in Group 1 vs. 44.5% in Group 2; hydromorphone = 73.3% in Group 1 vs. 23.1% in Group 2; and fentanyl = 27.9% in Group 1 versus 15.0% in Group 2. Overall alert compliance was 55.4% in Group 1 compared to 31.1% in Group 2 (p<0.001). Implementation of a dose range checking alert did not improve the appropriateness of opioid prescribing in the elderly at the point of order entry by the prescriber.

EFFICACY OF TELEREHABILITATION FOR OLDER ADULTS PRESENTING A CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
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Objective. To compare the efficacy of a 15 sessions in-home telerehabilitation program before and after pulmonary rehabilitation for COPD...
THE ROLE OF ONLINE TECHNOLOGY USE ON OLDER BREAST AND PROSTATE CANCER SURVIVORS’ SELF-RATED HEALTH

This study investigated how online technology variable including use of email or texting contributes to older breast and prostate cancer survivors’ self-rated health. 581 older breast and prostate cancer survivors were drawn from the 2011 U.S. National Health and Aging Trends Study (NHATS), a nationally representative study of Medicare beneficiaries. The study’s sample included community-dwelling older cancer survivors aged 65 or above who had access to the Internet or use mobile phone. The outcome variable was measured as older cancer survivors’ self-reported health and online technology variable was measured as usages of email or text messages. Hierarchical regression analysis showed that older cancer survivors’ online technology use was positively associated with their self-rated health while controlling other relevant variables. This study revealed that use of online technology could improve older breast and prostate cancer survivors’ health status, indicating that online technology can be a prominent medium to promote health among older cancer survivors.

SISMOM: HUMAN FALL RISK DETECTOR CAN PROVIDE INDEPENDENCE AT A LOW COST
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Background: A high-risk fall accident can result in fatalities or cause an impact on the elderly functional capabilities, accounting for frailty and incidence of morbidity. Despite that, there is a lack of commercial real-time fall risk prediction devices that are able to provide monitoring and independence life. Objectives: to use an automatic human fall risk predictor device at a low cost and to perform a pilot test. Method: A tri-axial acceleration sensor was attached to a small development board; also, computer software was developed to process the data and output fall risk on a patient. Pilot: 4 elderly volunteers (2 non-fallers) performed 5 times the Timed Up and Go Test, wearing the device attached to waist (center of mass). Each volunteer was asked, in a single question, about the comfort of the device. Data Analysis: The device data was processed by a feature extractor (time-window acceleration differences), and used by an anomaly detection algorithm (multivariate Gaussian detector) to predict fall risk. At each of the two experiments, one of the two non-faller volunteer data was used to train the algorithm, while the remaining was used as test data. Results: Final cost was around US$ 60. All volunteers considered the device comfortable and wearable for a long period of time. The device was able to correctly predict risk of fall in all experiments. Conclusion: SisMoM is a comfortable and affordable, human fall risk predictor device to monitor patients, with good accuracy potential, and consequently can provide independence for old community-residents.

ELECTROMAGNETIC SIMULATION OF AN ULTRAWIDEBAND WEARABLE WIRELESS RADIOMETER ANTENNA TO MONITOR INTERNAL BODY TEMPERATURE FOR AGING POPULATION
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Internal body temperature (IBT) is one of the most important vital signs for the elderly. The variation of IBT of different organs may represent potential disease risks and long term aging effects, hence is a crucial but missing piece of data for most gerontology researchers. This research addresses a new method of integrated design and implementation of an external passive radiometer for monitoring IBT for the elderly. The goal for the research is to develop a miniature wearable temperature-monitoring device for continuous automatic data collection in a home setting. The proposed system will be a valuable tool for researchers/clinicians and has the potential to provide early diagnosis of changes in the aging process of varies organs for clinicians from the IBT perspective. The technological aspect of the project relies on the basic principles of near-field microwave radiometry, an engineering approach for monitoring IBT in an environment with radio interference, and the electromagnetic simulation of the ultra-wideband (UWB) antenna with near field body effect. The overall goal of the research is the development of a wearable external radiometric thermometer for the elderly, with a spatial resolution on the order of 1cm and temperature resolution of 0.1K. The radiometer data can easily be transmitted using a low-power wireless transceiver for further off-body processing. The results presented herein is the UWB antenna near field simulation, which is a crucial component of the entire system.

PERSONAL ALARMS: DO THE RIGHT OLDER AUSTRALIANS PURCHASE THEM?
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Background: Personal alarms are designed to enable people gain assistance in an emergency. They have been available in Australia for nearly 20 years and elsewhere even longer. There has been surprisingly little research into their use and effectiveness. In Australia, some States provide alarms to “at risk” individuals but the majority of use in Australia is by self-funded users. The study objectives include: - Understanding older people’s alarm purchase decisions - Describing the ‘risk profile’ of purchasers and non-purchasers - Exploring how often emergency assistance is needed and why - Examining the relationship between individuals’ risk profile and having an emergency Study Design A prospective cohort study in which older purchasers and non-purchasers (all having been referred/made enquiries) are being followed up monthly for a year. Results 200 purchasers and 95 non-purchasers were recruited. The groups had similar risk profiles and demographics. Having fallen (47%) and family wishes (35%), were the most common reasons for purchase. Cost was the most common reason for non-purchase (51%). In 2 out of 6 months the non-purchasers were significantly more likely to have had an emergency. Of all 192 emergencies in 6 months, 117 were due to a fall. Across both groups “at risk” individuals were more likely to have had an emergency (43% vs 35%). Conclusions Cost is a significant factor influencing older people’s decision to purchase a personal alarm.
NEW VIDEO-TELEHEALTH GERIATRIC CONSULTATION FOR RURAL PROVIDERS AND VETERANS IN THE VA PALO ALTO HEALTHCARE SYSTEM

N. Oliva1,2, K. McConnell1, B. Wexler1,2, S.R. Brunskill1, D. Chambers1, J. Tenover1,2, 1. VA Palo Alto Healthcare System, Palo Alto, California, 2. University of California, SF, San Francisco, California, 3. Stanford University School of Medicine, Stanford, California.

Background: In 2012, the Geriatric Research, Education and Clinical Center (GRECC) in the VA Palo Alto Healthcare System (VAPAHCs) developed a geriatric consult video-telehealth service (GCVT) for rural community-based outpatient centers (CBOCs) and Veterans. A majority of the 13,782 square miles in the VAPAHCs is rural and home to an estimated 69,000 Vets aged 55+. Driving times of up to six hours preclude most rural Veterans from a face-to-face VAPAHCs geriatric consultation. Method: With survey input from rural CBOCs in the VAPAHCs, the GCVT focused on high priority consult evaluations from primary care providers (PCPs) for dementia and polypharmacy. The GRECC clinical team includes a geriatrician, geriatric Clinical Nurse Specialist, and geriatric social worker and offers interdisciplinary assessment, patient and family education and treatment consultation to Veterans and caregivers. The GCVT team provides written care recommendations to both PCPs and Veterans/caregivers. Results: Over the first five months of the program, GCVT received 16 referrals and directly served 13 community-dwelling Veterans and 18 family caregivers. Veterans ranged in age from 69 to 90, with a median age of 80; 12 of 13 were male. All were referred by PCPs for evaluation of ongoing or new-onset dementia and/or polypharmacy in the presence of numerous comorbidities and functional limitations. A majority of referrals and GCVT evaluations also involved significant caregiver stress. Conclusions: Technology and unexpected staffing issues were challenges in the GCVT implementation; however, there is early evidence that PCPs, Veterans and caregivers benefit from and are satisfied with GCVT services offered.

SESSION 535 (POSTER)

ASSESSMENT AND MEASUREMENT STUDIES

DEVELOPMENT OF THE COMPREHENSIVE FRAILTY ASSESSMENT INSTRUMENT


Purpose The Comprehensive Frailty Assessment Instrument (CFAI) is a new self-report instrument including physical, psychological, social and environmental indicators used for detection of frail community dwelling older people. Methods Scale validation study on data provided by the Belgian Ageing Studies, a cross-sectional survey conducted in 142 municipalities in the Dutch speaking part of Belgium. 33 629 community dwelling respondents aged 60 and over were included. Second-order confirmatory factor analysis with step by step deletion was used and internal consistency was assessed. Results The CFAI showed a Cronbach’s α of .812, explaining 63.6% of the variance in frailty and fit indices of: RMSEA=.032, CFI=.974 en TLI=.970. Emotional aspects contributed more to frailty than social, physical and environmental aspects. Conclusion The CFAI is found to be valid and reliable, providing evidence for the multidimensionality of frailty and can be easily used to detect community dwelling frail older people.

STAYING BLIND IN A COLORFUL WORLD: MINIMIZING COLLECTION BIAS IN TRIALS WITH INTENSIVE INTERVENTIONS

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Purpose: Blinding in clinical trials is critical, though challenging due to complexities of behavioral interventions with older adults and the contexts in which they are implemented. This poster reports on blinding methods used in a home-based intervention and their effectiveness. Methods: In this single-blind parallel randomized controlled trial, participants are randomized into attention control or home-based intervention groups. Attention control participants receive caregiver education telephone calls for 4 months while intervention participants receive in-home interventions for 4 months. A blinded data collector takes assessments at baseline, 4 month, and 8 month (long term) periods. The data collector is blinded to address treatment bias and 6 study controls are implemented to ensure continued blinding. Results: To date, 38 standardized and manualized baseline interviews (T1) and 6 follow-up interviews (T2) have been completed in a trial using a behavioral intervention to address challenging behaviors in Veterans with dementia. The data collector has reported continued blinding to treatment assignment for all 38 participants. Discussion: To ensure blinding, caregivers are notified of data collector blinding and asked not to reveal their assignment. The data collector does not have access to study data that could compromise blinding. Study phone calls are performed in locked offices. The data collector is not present at interventionist meetings. An unblinded monitor distributes study-related messages to the correct party. The data collector records their “guess” of group allocation after each contact with scripted evidence. To date, none of the 6 procedures have been violated and study blinding has been successful.

A MULTILEVEL ANALYSIS OF NET INCOME OF THE URBAN DISABLED ELDERLY IN CHINA

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Objective. This study aims to investigate whether the regional factors plays a role in the relationship between individual independent variables and the urban elderly’s net income. Methods. Data from the 2011 National Survey of disabled people in China is used. This research only focuses on participants who are urban residents and at the age of sixty and above. Hierarchical linear models ascertain how micro-level factors is influenced by macro-level attributes and explore how the where element plays a role in the mechanics. Results. Among the micro-level variables, we find that significant risk factors for lower net income are being older, unemployed, higher disability grade, lower levels of education, having no pension, medical insurance and minimum living allowance. This statically significant relationship holds constant even after level-2 control factors are introduced. In the macro-level, we find that lower average minimum living allowance and higher consumer price index have an negative effect on the level of net income. Discussions. This research introduces the where element to advance our understanding of how resource distribution affects the net income of the urban elderly. Hierarchical linear models indicate that as the provinces where the urban elderly live have a lower average minimum living allowance and higher consumer price index and, the odds of being in lower net income increase for the urban elderly.

DEVELOPING A SCALE OF ATTITUDES TOWARD EDUCATION FOR OLDER ADULTS

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The purpose of this study is to validate a new scale assessing attitudes toward elderly education. For optimal aging, educational programs...
for health management skills and basic computer techniques have been expanded. Senior centers are significant providers of such educational programs, and social workers are highly involved with the programs. Assessing social workers’ attitudes toward elderly education is critical to increase the effectiveness of the educational programs. The 42 items in the initial pool for the Attitudes toward Education for Older Adults (AEOA) scale were developed by focusing on the three subconstructs of attitudes (cognition, emotion, and behavior) across three age groups (young-old, mid-old, and old-old). The survey was administered to 252 college students in 2012. Several reliability and validity analyses were conducted. 38 items were retained in the final AEOA scale. All α coefficients were over .80; stratified α was .96; and the results of SEMs were acceptable. In terms of the validity, CFA indicated a good model fit: the chi-square ratio lower than 2.5, the CFI greater than 0.95, and the RMSEA and the SRMR lower than 0.08. Respondents who were older, who had work experiences with older adults, and who had positive attitudes toward older adults and aging (r = .37, p < .01) were positively associated with the AEOA scale. The AEOA scale was successfully developed and validated. The scale expands this area of gerontological research and provides a new tool for better assessing attitudes regarding educational opportunities for older adults.

MEASURING UNMET CARE NEEDS OF OLDER CANADIANS LIVING IN PRIVATE HOUSEHOLDS

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Introduction: Past research shows that insufficient help may place vulnerable individuals at risk of functional decline and, if not addressed, institutionalization may occur. This research examine prevalence of unmet and undermet needs for personal assistance with activities of daily living (ADLs) and instrumental ADLs among older Canadians with disabilities. Method: Using the 2006 Participation and Activity Limitation Survey (PALS) data, eight ADLs and IADLs are examined. The overall prevalence of the population with unmet or undermet needs is calculated as well as the prevalence of met, undermet and unmet need for each activity. Binary and multinomial logistic regressions are performed, respectively, for the two models. The independent variables in the model include: age, sex, country of birth, living arrangements, number of surviving children, schooling level, region of residence, number of activities for which help is needed, and disability level. Results: 503,000 older Canadians with a disability, with needs, and living in private households had at least one unmet or undermet need in 2006. Among them, 47.3% don’t receive all the help for 2 or more needs (activity). Highest prevalences of unmet/undermet needs are observed for heavy household chores and moving about. The number of needs, the disability severity, and to a lesser extent education, significantly increases the probability of having unmet/undermet need; age significantly decreases this probability. Conclusion: With the large baby boom generation beginning to enter the 65+ age group, our aging societies need to develop long-term strategies for the delivery of formal and informal care.

WHAT ARE THE DOMINANT PATTERNS OF EXPENDITURE AMONG OLDER PEOPLE AND WHAT EXPLAIN THESE?

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Policy-makers and practitioners need a good understanding of older people’s expenditure and consumption to inform the design of policies and services that affect their lives. This understanding also informs the wider academic debate surrounding aspects of wellbeing among older people. Although poverty and material deprivation among this population has been the subject of considerable research, the implications of an aging population for levels and patterns of expenditure and consumption more generally have not been explored adequately. Analysing both equivalised and absolute expenditure, this research uses household-level data from the United Kingdom’s Living Costs and Food Survey to: 1. describe expenditure by age and other key variables using descriptive statistics (among households where the Household Representative Person (HRP) is aged 50 or over); 2. segment and construct a typology of older households based on their expenditure patterns (using cluster analysis); 3. determine the drivers of these expenditure patterns (using logistic regression analysis). Early empirical results from the phase one of our analysis include: 1. The proportion spent on food increases with age – the 50-54s spend 11% of their weekly outgoings on food, compared to 16% among the 80+; 2. The proportion of expenditure used for housing, water and electricity doubles from 10% among the 50-54s to 20% among the 80+. Interestingly, expenditure on communication remains the same across all older age groups (3%). This work has implications beyond the United Kingdom. Using an innovative methodology, it generates detailed knowledge of differences in expenditure and consumption among the older population.

OLDER PERSONS TRANSITIONS IN CARE (OPTIC): CHALLENGES IN MEASURING SUCCESS IN TRANSITIONAL CARE ACROSS MULTIPLE SETTINGS


Purpose: The OPTIC study aims to identify: successful nursing home-to-emergency department (NH-ED) transitions from multiple perspectives, organizational and individual factors related to transition success; and improvements in care for frail elderly residents during transitions. Review of Literature: NH residents frequently transition between NHs and EDs. Care during transitions is often suboptimal, and is complex due to involvement of different professionals, and this frail population’s degree of dementia and other chronic conditions. Methods: OPTIC is a mixed method researcher/decision-maker partnership study. Phase 1 used qualitative methods to investigate residents’, family caregivers’, and healthcare providers’ perspectives of NH-ED transitions. Phase 2 consisted of pilot testing all data collection tools and then tracking transitions over a one-year period in two Western Canadian provinces. Phase 3 consists of data cleaning and analyses to identify successful transitions, avoidable transitions and factors influencing both, and recommendations for implementation, policy and future research. Results: In Phase 1, 71 participants were interviewed, and 54 transitions were tracked over a 3-month pilot period. NH-ED transitions were not universally successful. In Phase 2, full data collection was completed on 600 transitions from 41 nursing homes. Results reflected differences by city demographics, organizational and provider characteristics, resident characteristics and other factors. Phase 3 analyses and integrated knowledge translation between decision-makers and researchers are currently underway. Discussion: Patient care records and provider interviews are valuable sources to evaluate transitions. This presentation focuses on challenges to capturing data from multiple sources, settings and providers across transitions, and results in identifying successful/unsuccessful transitions.

THE IMPACT OF AGING & DISABILITY RESOURCE CENTERS (ADRC) ON CONSUMER SATISFACTION AND OTHER OUTCOMES

D.L. White, S. Elliott, Institute on Aging, Portland State University, Portland, Oregon

Two rounds of data were collected through a telephone survey of a random sample of Oregon ADRC consumers. Round 1 (n=247) was
conducted soon after full implementation of ADRC and options counseling (OC) services. Round 2 followed one year later (n=303). Both closed and open-ended questions were used to assess program standards related to access and hospitality, information and assistance, and options counseling. Participants also described their needs, services used, outcomes experienced, and made recommendations. Improvements were noted between Rounds 1 and 2 (e.g., participants reported that the ADRC phone was answered by a person more frequently, more received a home visit, greater satisfaction with decision support, greater follow up). Positive outcomes (e.g., living in a desired place, adequate support to meet needs and preferences, safety and independence) were related to higher ratings of staff, number of services received, and greater understanding of options. Some significant differences were noted between consumers and family members (e.g., rating of staff attributes, some outcomes) and between those receiving OC services and/or home care services, and those receiving I&A service users only. Level of income, number of needs identified, and amount of contact with the ADRC were not related to outcomes or satisfaction ratings. Implications for continued program development and public policy are discussed.

PRELIMINARY RESULTS FROM THE NATIONAL PROCESS EVALUATION OF THE AGING AND DISABILITY RESOURCE CENTER PROGRAM

R.M. Bertrand1, L. Buatti2, S. Jenkins2, T. Barretto3, S. Pedersen1

The Aging and Disability Resource Center (ADRC) Program, a collaborative effort of the Administration for Community Living (ACL) and Federal partners, supports highly visible and trusted sites that provide older adults and individuals with disabilities information on the full range of long-term services and supports (LTSS). By simplifying LTSS access, ADRCs promote optimal aging and serve as the cornerstone for LTC reform. Supported by the ACL, this study is the first national evaluation of the program since its 2003 inception. The primary goal is to assess the ADRCs’ overall effect on LTSS accessibility and evaluate whether or not they are fulfilling their mission. The study includes all ADRC directors at the state- and local-level in a process evaluation; and 23 ADRCs in an outcome evaluation - 20 randomly selected and three selected with intention because they offer state-wide coverage. Twenty Area Agencies on Aging in service areas not covered by an ADRC were matched on region and rural/urban status and serve as the comparison group in both evaluations. This presentation reports the results of the process evaluation conducted via web-based survey, administered through April 2013. Findings address the extent to which ADRCs provide the full range of services, implement the ADRC mission of streamlined access (e.g., no wrong door/single entry point), and utilize strategies that facilitate effective and efficient coordinated provision of LTSS. The results will be used to target technical assistance to sites not fully implementing the ADRC model, and will lead to program refinement and continuous quality management.

SESSION 540 (POSTER)

CIVIC ENGAGEMENT AND POLITICS OF AGING

PREPARING RURAL OLDER ADULTS TO LEAD COMMUNITY CHANGE THROUGH CONTEMPORARY MULTIMEDIA OUTLETS

D.C. Wihry, J. Crittenden, L.W. Kaye, M.R. Noyes, University of Maine, Orono, Maine

This poster will examine the personal impacts and community projects resulting from utilizing a model of intensive training and technical assistance to impart rural older adults with the skills necessary to report, analyze, and disseminate news as citizen reporters of community issues. Thirty-one individuals (average age 66.5, range 52-81) participated in six technical workshops through the Boomer Reporting Corps initiative to develop skills in production of professional multimedia narratives and journalistic products targeting the important issues of their local communities. Increments in participant skill levels were measured to examine knowledge acquisition in new media and citizen journalism techniques. Greatest average knowledge increases as measured pre and post-training on a 10 point Likert scale were: 1) understanding how to identify subjects that lend themselves to multimedia narrative (5.07 increase); 2) understanding how photographs can be grouped and sequenced to create a visual narrative in galleries and slide shows (5.44 increase); and 3) understanding substantive issues in communities that may be explored using multimedia narrative techniques (6.0 increase). Additional personal benefits of participation include: access to affordable skill training, enhanced understanding of news outlets and technologies, and increased confidence to act as citizen journalists. Early findings confirm significant knowledge acquisition registered across all participants regardless of gender and age. Preferred topical areas for reporting community information have included: historical accounts of community life; social and political issues; environmental conservation; spiritual, and emotional wellbeing topics; and accounts of important community figures. Funded with support from the Knight and Maine Community Foundations.

AN ANALYSIS OF PATHWAYS TO RURAL CITIZEN LEADERSHIP AMONG A SAMPLE OF OLDER ADULT VOLUNTEERS

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This poster will examine pathways to rural citizen community leadership among a group of older adult members of a volunteer leadership training program called Encore Leadership Corps. This study utilized the results of interviews (N=40), self-reported volunteer histories (N=240), and electronic surveys (N=78) collected from program participants between 2010 and 2013. Sample participants are 66% female and 34% male and range in age from 50-88 years with a mean age of 65. The majority of the sample is Caucasian (82.5%) and have attained at least a college degree (82.9%). Data analysis was supported by the use of QDA Miner software and grounded theory was utilized as the analytic framework to identify pathways traveled by program participants to becoming volunteer leaders in small towns and rural communities. Analytic focal areas include volunteer history throughout the lifespan, motivations for engaging in volunteer work, and the perceived leadership roles that have shaped their work and civic engagement pursuits. Preliminary analysis of data indicates that while there is diversity in pathways to volunteering among the sample, for many individuals volunteering in later life is a continuation of such pursuits as well as social and political activism that extends back to midlife, and in many cases, childhood. Additional pathways to community engagement cited by participants stemmed from personal responses to significant life changes such as children leaving a household or relocation to new communities. Additionally, the desire to transfer skills gained during former careers to community leadership initiatives was a common factor shaping volunteer choices.

DOES SENSE OF BENEVOLENCE INFLUENCE VOLUNTEERING AND CAREGIVING AMONG OLDER PEOPLE?

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Older people who are active are healthier and happier. To enhance older people’s physical and mental health, discovering the factors that influence their volunteering and caregiving is key. Existing research on productive aging confirms the significant influence of personal...
resources and networks on whether older people volunteer and care for other family members. However, studies emphasizing the psychological effects are rare. Among various types of productive activities, volunteering and caregiving are both helping behaviors occurring within different social contexts. With the theoretical guidance of the Resource and Strategic Mobilization model, the present study aims to elucidate the effects of the sense of benevolence (SBEN) on whether an older adult volunteers or provides care when personal resources (financial and physical) and personal networks (family and social) are controlled. Using 2000 Health and Retirement Study module data, sixteen questions were utilized to construct the SBEN scale (alpha=.70). Among 916 community-dwelling older adults who were 55 and older, t-test results showed that SBEN was significantly higher among older adults who volunteered (p=.01) and among those who provided care (p=.001). When other variables were held constant, findings from two logistic regression models revealed that higher SBEN increased the likelihood for older people to give care (p=.03), but SBEN was not related to whether older people volunteered. The diverse context of older people, as indicated by personal resources, personal networks, and psychological factors (e.g. SBEN), matters in understanding their helping behaviors. Further implementation of factors interacting with older people’s helping behaviors will be discussed.

ACTIVE STREETS, ACTIVE PEOPLE: FINDINGS FROM SENIOR’S WALKING ENVIRONMENTAL AUDIT TOOL (SWEAT-R) BASELINE DATA

The “walkability” of a neighborhood helps maintaining the independence and health of older adults. Current research and policy challenges in this area include: a) better understanding of the pathways in which built environmental aspects influence older adult individual’s physical activity, b) valid and reliable measures of the built environment effecting activity and mobility, and c) sustainable interdisciplinary mechanisms linking planners, researchers and public health officials to make meaningful policy decisions. This poster presents findings of built environment audits from Phase 1 (pre-construction phase) of a multi-year research project titled ‘Active Street, Active People (ASAP)’. The City of Vancouver is redesigning the environment along the Comox-Helmcken Greenway (CHG) located in the downtown core to improve walking and biking opportunities. This research involves collection of data on pre-post construction phases to evaluate the influence of street-level changes on older adult’s mobility and social interactions along the CHG corridor. This will provide an evidence-base for future policies for neighbourhood development that improves quality of life of older adults. The findings presented here is based on street level audit of 177 street segments within 250 meters of the CHG using the Senior’s Walking Environmental Audit Tool (SWEAT-R) to provide a street-level snapshot of the area and determine inter-rater reliability of SWEAT-R. Data is collected for 152 items categorized across four domains of functioning, safety, aesthetics and destinations. Findings indicate that SWEAT-R has a 95% or higher inter-rater reliability for nearly 70% of the items, with the lowest percentage agreement found in the Aesthetics domain

PSU’S AGENDA: CREATING AN AGE-FRIENDLY PORTLAND AND BEYOND
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The world is experiencing an unprecedented and significant change: population aging. In the U.S., the first Baby Boomers turned 65 in 2011. For another 19 years, this trend will continue at the rate of more than 7,000 people per day, followed by additional waves of older adults. The opportunities presented by this demographic shift are seldom noted and rarely leveraged. Little planning for population aging has occurred, yet the implications for public policy, finance, business, health care, technology, urban planning and economic development are enormous. This presentation describes one urban university’s role as a “backbone organization” for bringing together community partners interested in creating a region that is a great place for people of all ages and abilities. In 2006-2007, Portland was one of 33 cities in 22 countries to participate in the World Health Organization’s (WHO) Global Age-Friendly Cities project. Building on the study’s findings and relationships developed, as well as a privately-funded initiative, a partnership among the university, the city, the county, and non-profit organizations has been created. Efforts are focusing on three general themes encompassing the WHO’s eight domains of age friendliness: health care technology, service delivery and policy; the physical, social and educational environment; and economic development, employment, and civic participation. These themes suggest a paradigm shift in the making, adopting an asset-based model of aging that emphasizes wellness, interdependence, prevention, and social connectivity. The origins of this initiative, the partnerships developed, successes and challenges to date, as well as activities planned for the future, are detailed.

SOCIAL AND PSYCHOLOGICAL FACTORS OF PARTICIPATION IN NEIGHBORHOOD SOCIAL ACTIVITY GROUPS FOR SENIOR CITIZENS IN JAPAN
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This qualitative study explores the social and psychological factors that encourage older people to participate in neighborhood social activity groups, Fureai-no-ie. These groups are established to prevent isolation and promote health and well-being. In city A, the groups are organized by neighborhood volunteers and subsidized by the local government as part of a long-term preventive care program. Once a week, each group holds a session to encourage recreation and physical exercise, and participants and volunteers have lunch together. Seasonal events are also held as part of this program. In 2012–13, semi-structured, one-to-one interviews were conducted, recorded, and transcribed for 12 participants (72–93 years old). A coding-based qualitative analysis revealed that all the interviewees were critical about spending their days at home, doing nothing specific. They also shared the willingness to maintain their health and sought opportunities to communicate with others. Most participants in their sixties had taken up sports or hobby lessons, wherein they interacted with neighbors and made friends with like-minded residents. Later, they participated in an activity group together. During this study, most participants were living independently. Even though they were not entirely physically fit, they could participate in these sessions, provided they had means of transportation. The findings suggest that these groups do not necessarily create opportunities to make new friends in old age. However, they help participants maintain existing social networks to promote health and well-being.

PAID WORK, VOLUNTEERING AND MENTAL HEALTH: COMPLEX REALITY OF PRODUCTIVE ACTIVITIES AMONG OLDER ADULTS WITH DIFFERENT ECONOMIC SITUATIONS
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Studies have generally indicated that productive activities, such as paid work and volunteering, have positive influences on the mental health among older adults. However, relatively few researches have examined the extent to which participation in a particular productive activity can be differentiated by contrasting situations that older adults
are faced with, and how this difference may in turn yield different outcomes in their mental health. This study aimed to understand this complex reality of productive activities among older adults from different economic situations by examining specific influences of paid work and volunteering on older adults’ mental health, assessed with depression and life-satisfaction. For the analyses, longitudinal data from five waves of nationally representative Korean Welfare Study was used to analyze a distinctive group of young old (age=65-74) from normal (n=736) and low-income (n=1,759) households, and a stringent methodology of multiple-indicator multilevel growth model was utilized to test the effects of paid work and volunteering on older adults’ mental health after controlling for time-varying and time invariant variables. Results indicated that older adults who volunteered more showed higher mental health levels in normal income group. For the low-income group, while paid work and volunteering were both positively related to mental health, influence of paid work was more important of the two; however, continued and involuntary nature of paid work over time were negatively associated with older adults’ mental health. The findings of this study calls for further studies to enhance our understanding on the complex reality of late-life productive activities.

SOCIAL ENGAGEMENT THROUGH TIMESLIPS: TESTING AN INTERVENTION FOR ENHANCING OPTIMAL AGING OF PERSONS WITH DEMENTIA

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This pilot study tested ways to measure the effects of TimeSlips, a group story-creating activity developed by Anne Basting to tap the imagination of people with dementia. 13 sessions were conducted over 2 months in the Memory Care Unit of an assisted living center to test and refine two types of instruments: a survey administered to respondents (25 items reduced to 4) and researcher collected observation data measuring social engagement. Data were collected one hour before TimeSlips, during TimeSlips, and one hour after. Challenges included a high volume of other activities during the week which complicated pre and post intervention measures. TimeSlips was moved to after supper and on the week-end, with mixed results in terms of data collection. Nine tenants were enrolled with four completing data collection for at least 5 of the 13 sessions. Reasons for missing data from the others included: lack of interest in becoming more socially engaged (2 people); high interest in TimeSlips but no interest in answering survey questions (1); death (1); and family member consent form confusion (1 person who was eventually enrolled and 3 whose family repeatedly said they intended to sign the consent form, but did not.) Survey data indicate that the mood level of 2 of the 4 improved, one stayed the same, and one had data that were inconclusive. No survey evidence of effects of TimeSlips were detected one hour after the intervention, although social engagement data do suggest a lingering positive effect for three of the four enrollees.

LATER LIFE LEISURE PARTICIPATION AS A SOURCE OF RURAL SOCIAL CAPITAL

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The potential of leisure participation in later life as a means of creating community social capital is a nascent area of gerontological research. This perspective is consistent with asset-based approaches in rural community development that view older rural residents as generators of social capital. Using data from a major survey (N=920) of participation among persons aged 60 and over in rural community life in southwest England and Wales and qualitative interviews with 58 respondents, the types, patterns, and influences on leisure involvement within the rural community context are explored. The purpose of this study was to examine older people’s connections and contributions to rural community life through their engagement in leisure activities, including participation in individual pastimes as well as collective pursuits through groups and associations. Survey findings showed that the highest levels of involvement in group/associational activities were for those organised through churches (39%), voluntary or charity groups (28%), and other community groups (26%). Findings from the qualitative interviews indicated that the leisure occupations of these older rural residents—ranging from formal volunteering to keenly pursued avocational interests and activities—all had some contribution to make to the sustainability of rural community life through providing individuals with a sense of identity and belonging to place. These findings are interpreted from the perspective of existing conceptual frameworks, especially innovation theory and social capital theory, to consider the forms and uses of later life leisure within the rural community context.

NATIONAL RESOURCES ASSESSMENT OF SUPPORT SERVICES FOR VETERANS AND MILITARY FAMILIES WITHIN THE RETIRED AND SENIOR VOLUNTEER PROGRAM

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With the Corporation for National and Community Service (CNCS) introducing veterans and military families as one of six strategic priorities in 2011, identification of existing programmatic initiatives of this type is essential in assessing promising strategies to be implemented within RSVP programs establishing a state and community military network point of focus. To assess existing program services utilized by other RSVP agencies, the Center on Aging identified 443 RSVP agencies in 49 states for possible engagement and assessment involvement in specialized veterans and military families-related programming. Online survey tools were utilized to assist with collecting and analyzing data reflecting four core program implementation themes (assistance, funding, obstacles, and outcomes) from RSVP partners. The response rate was 25% with 111 agencies from 39 states participating. Data analysis confirmed consistent themes of decentralized program design philosophies irrespective of geographic location or type of service(s) provided. Of the 111 respondents, 83% reported providing veterans and military families-related services with transportation, home support, and food/clothing support registered as the top three services. The highest ranking program implementation obstacles were developing partnerships (19%), funding (14%), and volunteer availability (11%). Two core programmatic outcomes measured by the majority of respondents (62%) were: 1) veterans and military families served; and 2) number and range of services utilized. To facilitate future targeted programs for veterans and military families, RSVP activities will need to emphasize developing meaningful partnerships in the community and identifying reliable funding streams to sustain such services.

GIVING AND RECEIVING: UNDERSTANDING VOLUNTEERING AND WELLBEING FOR OLDER PEOPLE IN TERMS OF RECIPROCITY

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Current dominant representations of older people revolve around dependence and overuse of health and social services. These images contradict the moral imperative to contribute to society and create identity problems for older people who need to be seen as participating citizens. Volunteering is an important avenue of contribution. A survey of 1,028 New Zealanders, representing the population aged 57 to 72, found that volunteering was a unique predictor of overall happiness. This was moderated by economic living standards (ELS): those with low ELS reported a stronger relationship between volunteering and happiness than those with high ELS. Subsequently, an interview study of 143 people aged 65 to 93 years, showed that the capability to contribute to the community by volunteering was highly valued, however, ability to contribute was complicated by shifting positions in communities at the intersection of reducing economic resources, diminishing
social networks, and health limitations. Being able to volunteer unpaid work to the community is discussed in terms of norms of reciprocity. Limitations in the capacity to contribute make it difficult for older people to engage in reciprocal social interactions and this has important implications for their identity and wellbeing (including happiness). Relations between older people and their communities provide a context for recognising the contributions which meet the needs of older people to give as well as receive, whatever their ELS. Social policy which supports appropriate community contribution for elders may be understood as an important contribution to successful ageing.

CIVIC ENGAGEMENT IN LATER LIFE: EXAMINING A GENERAL ACTIVITY PATTERN

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Civic engagement among older adults has received growing attention among researchers, policymakers, and associations. However, there still remains a lack of knowledge in the multiplicity of civic activities that older adults undertake within research. In order to understand involvement in later life insights into the extent to which activities compete or complement with each other is necessary as well as clustering the activities rather than examining them separately. Data for the present research were derived from the Belgian Aging Studies (N=67144). The main objective is to disentangle six aspects of civic participation, including participation in associations, formal volunteering, informal volunteering, cultural, leisure, and political participation and analyzing whether they contest or match each other. Factor Analyses indicate a strong positive correlation between the types of participation establishing that being active in one domain increased the propensity to be engaged in another domain. The paper concludes by discussing new methodological approaches and how people balance volunteering, caregiving, social roles, and so forth, and with what outcomes.

THE AGING CITY: NEIGHBORHOOD MOVEMENT AS AN ANSWER TO THE CHANGING NEEDS OF OLDER INHABITANTS

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The paper is based on assumption that place of residence is a space, within which the inhabitants satisfy their various individual and social needs, including the need to establish bonds with other people and to act together. The neighborhood, understood as the social surroundings in the place of residence, remains one of the significant factors that influence the quality of life of individuals, especially nowadays, when due to the weakening welfare state, neither local nor central government is able to satisfy the changing needs of different social groups. This issue increase in importance, particularly in the aging districts of Warsaw, which are threatened by worsening in the quality of life of the most sensitive cohorts, like the elderly. Main idea of the paper is to show how grassroots neighborhood movement can be a remedy to these problems. The paper examines the issue from two perspectives: taking quantitative analyses based on World Values Survey 2005 and 2012 data to provide background description of the changing quality of life at different life stages and social position of elderly in Poland. Qualitative data illustrates these issues further, using data obtained from several case studies of local initiatives aimed at elderly inhabitants of various Warsaw neighborhoods. Most of the respondents were 50+ and described their civic engagement as a coping mechanism, enabling them to deal with everyday problems connected with aging. Results indicate that young elders have a potential to be a driving force behind neighborhood change, as long as they build inter-generational coalitions.

OLDER VOTERS AND THE 2012 ELECTION

L. Rill, L. Polivka, Florida State University, Tallahassee, Florida

In the 2008 presidential election, the majority of older persons failed to vote for the winner, which was only the second time in the past 10 presidential elections. This trend continued in the 2012 election. In Robert Binstock’s studies of the 2008 presidential election and the 2010 midterm election, he examined age-group voting behaviors and attempted to explain the electoral factors that persuade an individual’s vote. His articles focused on older persons’ voting behavior and considered voters partisan leanings, candidates’ contrasting ages and racial identities, and how the voters viewed the candidates’ characteristics as explanations for their Republican support. Specifically, he examined age-groups and opinions about health care reform, party preference, sex, and race/ethnicity. He concluded that although age may have an effect on voting behavior, race seemed to be a greater predictor of voting choices and regional figures suggest a racial period effect among older White voters in the South. This paper is an extension of Binstock’s past studies, and has three sections. First, is a brief overview of the findings from Binstock’s election reports. Second, we present the data from the 2012 election in a similar framework to Binstock’s past studies. Finally, we discuss the findings of voting behaviors by region. We argue that regional political exceptionalism is still strong in the South and has influenced their votes.

THE MORAL CAPITAL OF GENERATIONS: IMPLICATIONS FOR ENTITLEMENT REFORM

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The politics of entitlement reform is intensifying. Evidence that assaults on age-based entitlements will continue to escalate are related to: changing demographics; fiscal pressures and competing priorities; changing conceptions of age and need; the “Great Risk Shift” (Hacker, 2006); the political use of personal freedom rhetoric; and an increasingly overt intergenerational equity debate. How has the moral capital of the Greatest Generation contributed to entitlement growth and public support? Do Baby Boomers have the generational moral capital to withstand threats to entitlements? In this paper, I introduce the concept of generational moral capital and propose its implications for entitlement reform. Social welfare policies are moral decisions in response to moral questions: “Who should receive…on what terms…for what needs and problems…[using] what kinds of remedies…and with what [federal] policy powers?” (Jansson, 1993) Policies are made according to, or at least in the context of, our moral economy, those shared ideas we have about reciprocity and resource distribution, for example, what is due the old and what is owed by the young. Minkler and Estes argued in 1991 that moral economy values of reciprocity and generational interdependence showed “continued strength.” In 2013, a relative deficit in the generational moral capital of Baby Boomers informs at least some part of our ideas about generational worthiness and what is “due” the old. Sources of generational moral capital and opportunities to “grow” moral capital are examined in the context of updated entitlement reform activity.

SESSION 545 (POSTER)

ENVIRONMENT, TRANSPORTATION AND TECHNOLOGY STUDIES

A LONGITUDINAL VIEW OF DRIVING CESSION AMONG OLDER ADULTS FROM THE HEALTH AND RETIREMENT STUDY (2006-2010)

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Background. Personal mobility is important to independence and quality of life. Driving is a preferred means of mobility for most older adults. A number of risk factors (e.g., chronic medical conditions, declines in cognitive functioning, and vision) have been identified using cross-sectional analytic approaches. This study employs a longitudinal approach to identify risk factors for driving cessation among older people. We examine driving cessation over the 4 year period (2006...
DRIVING CAPACITY

THREE-SCREEN DRIVING SIMULATORS TO ASSESS OLDER ADULTS’ ACCEPTANCE OF ONE-SCREEN AND TWO-SCREEN DRIVING SIMULATORS

C. Gibbons1, N.W. Mullen2, P.M. Reguly2, B. Weaver2,3, M. Bedard1,2,3

The purpose of this research is to identify patterns associated with service use of clients of a Texas-based non-profit organization that provides free transportation services to anyone over 60. This research is important because it fills gaps in current literature regarding technological capabilities and transportation services provided for older adults. This is a quantitative analysis of the 2012 FIAC Client Survey. The survey consists of 519 current active clients. Several tests were used to determine statistically significant relationships present including t-tests, ANOVA and chi-square tests of independence. The sample consists of 19% male clients and 81% female clients. The ethnicity of the sample is a majority Caucasian (86%) with 7% African American, 4% Latino and 2% Middle Eastern and 1% Asian/Pacific Islands. The marital status of the respondents is 25% married, 44% widowed, and 31% divorced/single. 62% of the respondents do not use a cell phone compared to 38% that do use a cell phone. Similarly, 67% of the respondents do not access the internet, where as 33% do connect to the internet. Statistically significant relationships exist among the variables age and cell phone use (t=5.8, p<0.001), age and internet use (t=2.6, p<0.01), age and region (F=8.8, p<0.01), Medicaid membership and ethnicity (chi-square=33.2, p<0.01), Medicaid membership and affordability of services (chi-square=12.5, p<0.006), and affordability of services and region (chi-square=41.7, p<0.001).

OLDER ADULTS’ ACCEPTANCE OF ONE-SCREEN AND THREE-SCREEN DRIVING SIMULATORS TO ASSESS DRIVING CAPACITY

C. Gibbons1, N.W. Mullen2, P.M. Reguly2, B. Weaver2,3, M. Bedard1,2,3

Current procedures to assess driving capacity typically comprise clinical and on-road testing. However, on-road assessments create risk management issues and are costly. Driving simulators could potentially help identify at-risk drivers in a highly-standardized and cost-effective manner. However, it is not clear how older adults view driving simulators. Our objective was to examine the acceptability of driving simulators to assess driving capacity. We recruited drivers from two groups: 40 to 55 years (n=16), and 65 years and over (n=16). Participants completed two drives on a STISIM Drive® M400 simulator; the first with a single 17” monitor followed by the same drive with three 17” monitors. They also completed an interview about their experience on the simulator. The number of errors on starting/stopping/backing, moving in a roadway, and passing/speed on the two drives were not statistically significantly different (p=0.56, p=0.07, p=0.31 respectively) and the ICCs (0.62, 0.64 and 0.71 respectively) showed agreement. However, participants committed more errors on the one-screen drive for signal violation/right of way/inattention and turning. Total scores from the two drives were correlated (r=0.73) but participants made more errors during the one-screen drive (p<.001). Participants stated that driving simulator assessments could enhance current procedures to examine fitness to drive (n=12 middle-age, n=9 older) and found simulators to be an acceptable and useful training/teaching tool (n=12 middle-aged, n=10 older). Simulators may offer a safe, face-valid approach for driver assessments. Our findings suggest that drivers may be quite accommodating of simulator use for driving assessment.

TRANSPORTATION SERVICES FOR OLDER ADULTS

C. Gibbons1, N.W. Mullen2, P.M. Reguly2, B. Weaver2,3, M. Bedard1,2,3

The purpose of this research is to identify patterns associated with service use of clients of a Texas-based non-profit organization that provides free transportation services to anyone over 60. This research is important because it fills gaps in current literature regarding technological capabilities and transportation services provided for older adults. This is a quantitative analysis of the 2012 FIAC Client Survey. The survey consists of 519 current active clients. Several tests were used to determine statistically significant relationships present including t-tests, ANOVA and chi-square tests of independence. The sample consists of 19% male clients and 81% female clients. The ethnicity of the sample is a majority Caucasian (86%) with 7% African American, 4% Latino and 2% Middle Eastern and 1% Asian/Pacific Islands. The marital status of the respondents is 25% married, 44% widowed, and 31% divorced/single. 62% of the respondents do not use a cell phone compared to 38% that do use a cell phone. Similarly, 67% of the respondents do not access the internet, where as 33% do connect to the internet. Statistically significant relationships exist among the variables age and cell phone use (t=5.8, p<0.001), age and internet use (t=2.6, p<0.01), age and region (F=8.8, p<0.01), Medicaid membership and ethnicity (chi-square=33.2, p<0.01), Medicaid membership and affordability of services (chi-square=12.5, p<0.006), and affordability of services and region (chi-square=41.7, p<0.001).

The Gerontological Society of America
son centered model this movement is referred to as the culture change movement. This study set out to evaluate a culture change initiative within a rural Midwest state by comparing the facilities which have and have not participated in the culture change initiative. A survey entitled The Artifacts of Culture Change was mailed to the administrators of the rural based long term care facilities (N=79). Over sixty facilities responded to the survey, six of which were involved in a specific enriched training initiative toward the “culture change” program. Findings: There was no significance between the six facilities in the program and the others not enlisted in the intervention program. Facilities involved in the program tested higher in certain sub areas of the survey when compared to other facilities. The major areas of change included areas associated with activities and the environment. While the results showed that the facilities involved in the program had limited significant differences on the Artifacts of Culture Change Tool when compared with other facilities, it was clear that facilities involved with people who have disabilities were further ahead than most facilities. Conclusion: Principles used within the disability movement should be integrated into the aging care arena and adapted for public health facilities, rules and regulations to improve the environments of long term care facilities for older adults.

NO PLACE LIKE HOME? SURVEILLANCE TECHNOLOGIES AND THE MEANING OF HOME IN OLD AGE
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Ambient Assistive Living (AAL) technology is being advanced as a potential solution to the needs of an increasing number of older people. AAL uses data from passive environmental and body worn sensors to create a profile of the patterns of movement, daily activities and health status of “at risk” individuals. Although AAL ostensibly aims to improve security and safety, ethical questions have been raised about the extent to which it compromises the rights and privacy of the person being monitored. Therefore, the purpose of this paper is to understand the ways surveillance technologies impact everyday experiences of the intimate space of the home. In-depth interviews were conducted with 27 older adults (>60 years of age) who had at least one chronic condition or a mobility restriction. Participants were shown a brief video about a potential AAL system in development and asked about how they thought such a system would affect them and their perceptions of home. Drawing on theories about home and Michel Foucault’s ideas of surveillance and governmentality, our analysis identified three main themes. “Safe and sound” described how participants felt ICT surveillance would contribute to their sense of security. “Reliance” explored how it would affect residents’ autonomy, self-confidence and relationship with caregivers. “Under the microscope” revealed how ICT mediated surveillance might alter perceptions of home and activity participation. The findings emphasize the need to better understand how AAL will affect the lives of residents being monitored, before this technology becomes a pervasive aspect of the home environment.

WHAT DO HEALTHCARE PROVIDERS WANT A PERSONAL ROBOT TO DO IN THEIR WORK SETTING?
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One of the promising applications to which personal service robots can be applied is human caregiving. To ensure a robot’s effective interaction in a healthcare setting, it is essential to understand end users’ attitudes and opinions. The purpose of this project was to identify: a) caregiving tasks for which healthcare providers are open to accepting assistance from a personal service robot; and b) barriers and facilitators of such robotic assistance in healthcare providers’ daily work setting. Participants were 14 healthcare providers (aged 19-59) recruited from skilled nursing and assisted living facilities. They participated in individual structured interviews that provided in-depth information about their preferences and attitudes regarding the potential for robots to support caregiving tasks. Prior to the interviews participants completed several questionnaires (e.g., demographics, work experience, robot experience and attitudes) and watched a video about a particular personal robot, the Personal Robot 2, which is a mobile manipulator robot developed by Willow Garage. Overall, healthcare providers were open to the idea of having robot support in their daily work. The providers suggested specific tasks for alleviating physical caregiving burdens and challenges (e.g. transferring, feeding, dressing patients) and the workload of medical staff (e.g. monitoring vital signs, preparing meals). They also identified some barriers and facilitators to using a robot for caregiving tasks in a healthcare setting. These results provide an initial framework for design and deployment of personal robots to supplement human caregiving.

THE DIGITAL DIVIDE AND WELFARE IN OLD AGE: A CONCEPTUAL MODEL OF INFORMATION WELFARE INEQUALITY
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The digital divide has become an important issue of social inequalities in two waves of informatization and aging society. In the diffusion process of information technologies (IT) older adults, in particular, are likely to experience more disadvantages than the other age groups. This study is to theoretically examine the association between the digital divide and welfare in old age by proposing a conceptual model, and suggest further empirical studies. The digital divide in old age may multi-dimensionally exist and result in inequalities in welfare among older people, as well as between generations. According to IT use/non-use and the extent/quality of IT use/non-use, the digital divide in old age may be triple: between generations; between IT users and non-users; and between different age groups or cohorts. The causal mechanism of digital divide in old age can be simplified: social, economic, demographic, technological, and environmental factors → 3As (availability, abilities, and attitudes) → extent and quality of IT use/non-use → multiple digital divide. Consequently, this study suggests a hypothetical model of the ‘information welfare inequality’ in old age: digital inequalities → dis-/satisfaction with information life → information welfare gap → general welfare inequality. The practical implications of this study are to emphasize the importance of quality of information life in later life and the need for a practical approach to the digital divide in old age from an aspect of the welfare of older adults. Also, this study suggests further empirical studies on social inequalities in the welfare of older adults.

EXPLORING THE ROLE OF BUILT ENVIRONMENT ON WALKABILITY AND SOCIAL INTERACTION OF ETHNICALLY DIVERSE OLDER ADULTS IN ASSISTED LIVING FACILITIES
A. Mahmood, S.D. Koehn, S. Stott, Gerontology, Simon Fraser University, Vancouver, British Columbia, Canada

This pilot study presents findings based on structured observations and assessments of the social and physical environment of Assisted Living (AL) residences in Vancouver, BC - two ethnoculturally targeted (Chinese and South Asian) and one non-targeted. We examine the role these factors play on social interaction and walkability among ethnically diverse older adult residents. The Senior Walkability Environmental Audit Tool (SWEAT-R) was used to evaluate 82 segments of the surrounding urban design as they relate to the functionality, aesthetics, safety, and desirable destinations of the neighbourhoods of each AL site. Findings suggest decreased proximity to services and amenities and low functionality of sidewalks restrict walkability among all three sites. We used a behavior mapping tool to make structured observations of social spaces within the facilities. Our findings reveal that shared spaces designed to serve multiple purposes were conducive to...
increased frequency of higher-level social interactions compared to single use spaces. Levels of nonverbal forms of communication/activities and physical activity varied across the three sites. Cultural differences and environmental design of the shared spaces appear to play an interactive role in determining these observed differences. Both outdoor audit and indoor observations demonstrate that built environment and cultural norms influence (1) walkability, and (2) frequency and type of social interaction of older adults in AL residences. This warrants further exploration of the salience and interactive effects of both cultural norms/expectations and the built environment on the quality of life of older adults in AL residences.

RANDOMIZED CLINICAL TRIAL OF SMARTPHONE-BASED INTERVENTION FOR RECOVERY FOLLOWING TRANSIENT ISCHEMIC ATTACK

Medication adherence is challenging for older adults with chronic health conditions. Recovery from a transient ischemic attack (TIA) typically includes patient education to improve medication adherence, but has not proven effective. The goal was to demonstrate that the intervention—a smartphone-based, comprehensive self-management system—is more effective and improves patient knowledge of stroke, compliance with medications, and provides additional monitoring of other important health behaviors and attitudes such as exercise, activities of daily living, and mood. The intervention application tested, iRxReminder, supports medication adherence, patient education, and data gathering. The design was an open-label randomized controlled trial comparing the smartphone intervention with a stroke education control condition for a 2-month intervention period. Patients undergoing acute treatment for TIA passed a use-test of the smartphone to become eligible, and 20 consented to randomization after discharge. They were assigned to the smartphone intervention or the stroke education control. Patients were 60% women, 25% minorities, and aged 65.2 years (mean, SD = 7.3). The control condition used an education and data collection booklet developed for a previous study. The primary outcome measure was medication adherence, and secondary outcomes included stroke knowledge and patient acceptance of the intervention. Exceptional medication adherence was found in the smartphone intervention group (83% overall), and adherence could not be verified in the control group due to missing data (i.e., misplaced booklets). Stroke knowledge tended to increase in the smartphone intervention group and decrease in the control group. The smartphone intervention group indicated a high level of satisfaction with the smartphone. The feasibility and effectiveness of real-time monitoring and reporting of patient self-management activities using a smartphone application was confirmed.

SPATIAL REQUIREMENTS FOR DESIGNING AN INTERGENERATIONAL FACILITY
N. Norouzi, Virginia Tech, Blacksburg, Virginia

Intergenerational programs can increase interaction and engagement among generations and reduce negative age stereotypes, but architects contracted to design intergenerational facilities have not necessarily received any training in lifespan development. Important questions are how to provide architects with needed background on child and adult development and what are the best design features for intergenerational program spaces to meet the needs of multiple age groups. This project employed three strategies to address these questions. First, based on interviews about best practices with staff at a child care center and a co-located adult day services program, I ascertained workers’ perceptions of optimal spatial designs for intergenerational programming. Second, I integrated elements of developmental theory (Kitswood’s theory of personhood, Bronfenbrenner’s ecological model, and the Reggio Emilia educational philosophy) and architectural design principles from the work of Heidegger, Pallasmaa, and Norberg-Schulz with the interview data. Third, an architecture professor and I incorporated these materials into a project assignment for a fourth-year architecture studio: Design a dynamic, highly functional environment for adult and child day care along with intergenerational space for productive interaction between groups. This assignment sensitizes architecture students to spatial needs for multigenerational programming, prepares them for career opportunities in intergenerational design, and contributes to reducing negative age stereotypes. The outcome of this project is not only a design framework for creating better intergenerational facilities but also a course to be taught to architecture and gerontology students.

A QUALITATIVE INVESTIGATION OF TRAUMA AND STRESS, COPING RESOURCES, AND WELL-BEING AMONG OLDER ADULTS IN PRISON
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Background: Research on stress and coping in prison has generally focused on youth and adult populations in prison. However, little is known about the experiences of stress and coping among older adults in prison. The objective of this study was to explore the processes of stress and coping among a sample of older adults in prison. Methods: This study used a cross-sectional, correlation design and a sample of 677 older adults in a northeastern state correctional system. Participants completed a mailed survey that included open-ended questions about their experiences of stress and coping in prison. A grounded theory constant comparative approach was used to identify the processes of stress and coping of older adults in prison. Findings: The results of constant comparative analysis revealed two major prison themes: trauma and oppression and resistant resilience. Participants described trauma and oppression as interpersonal and structural and cultural violence in the form of inmate-on-inmate and staff-inmates attitudes, and violence, institutional and policy abuse, and an internalization of trauma oppression in the form of depression, anxiety, and apathy. Resistant resilience consisted of participants’ use of “well-being practices” or activities to ward off the traumatic and oppressive conditions of confinement. Participants reported engaging in activities that fostered their root (basic survival), physical, cognitive, emotional, social, spiritual, and participatory well-being and empowerment. Implications: These findings suggest areas of gero-informed health promotion, stress management, and trauma-informed care that are useful for older adults under the stressful conditions of prison confinement.

LIVED EXPERIENCES OF OLDER ADULTS, FAMILY AND STAFF WITH SENSOR-BASED REMOTE MONITORING IN LOW-INCOME INDEPENDENT LIVING RESIDENCES
C. Berridge, UC Berkeley, Berkeley, California

A significant innovation in independent living technologies is the shift from actively triggered social alarms (PERS) to passive remote monitoring. Remote monitoring (RM) for position tracking describes sensor-based systems installed in the home that collect and communicate data about an individual’s status or behaviors, such as how many times the restroom is used at night, movement from the bedroom in the a.m., use of refrigerator, and medication access. This shift to sensor-based systems has significant implications for multidimensional concepts of independence, privacy, safety, obtrusiveness, and care in old age. In this paper, I describe real-life decision making about adoption and the lived experiences of ethnically diverse older adults, family caregivers and social workers who use remote monitoring technology in seven low-income independent living residence buildings. Data are collected in three stages of in-depth interviews and participant observation with resident-family member dyads who have used RM for five years, new residents and family members who are deciding about RM adoption, and follow up interviews with adopters and social work staff four
months into use. This presentation will provide an in-depth look at users’ experiences and perspectives on the impact of RM as well as processes that contribute to meaningful use of RM systems.

GLOBAL VIRTUAL FORUM ON HEALTHY ACTIVE AGING AND HEALTHY ACTIVE AGING IN DEMENTIA CARE

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The global Alliance for Healthy Active Ageing™ was created to identify issues, facilitate interprofessional discussion, and create possibilities for responses to common global concerns in our aging societies. With a growing shortage in the global health care workforce, strained economic resources, and knowledge and access gaps, the purpose of this forum discussion focused on: 1) What are the challenges and opportunities to support healthy active aging? 2) If healthy active aging is our goal, how can we achieve this? 3) What are the challenges and opportunities we are facing to support healthy active aging in the area of dementia care? Supported by the World Health Organization Department of Human Resources for Health (WHO/HROH) in collaboration with the WHO Department of Reproductive Health and Research (WHO/RHR), the University of Iowa Hartford Center of Geriatric Nursing Excellence and global partners, a virtual global discussion forum was convened through the WHO/RHR Knowledge Gateway on healthy active aging during October 2010. Over 600 members from 77 countries participated. Descriptive content analysis of written comments from each daily digest resulted in macro and micro key issues and challenges within the area of healthy aging and then a focus on healthy active aging in the area of dementia care identified. Opportunities, programs, and policy recommendations from developed and developing countries are explained. Description of the on-line format as well as benefits and challenges of the on-line format are outlined. Recommendations for research, policy and future discussions are provided.

SESSON 550 (POSTER)

MINORITY AND DIVERSE POPULATIONS

LINKING THEORY, RESEARCH, EDUCATION, AND PRACTICE IN TEACHING ABOUT DIVERSITY AND AGING

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Consistent with the focus of the GSA Research, Education, and Practice Committee (REP) on providing examples of connections between research, education, and practice, this paper presents approaches to making these linkages in the classroom. The author’s Sociological Theories of Aging course teaches about theories and research and facilitates understanding of implications for practical and diversity of aging experiences. Most undergraduates enrolled in this elective are sociology, social work, or psychology majors. For students entering applied fields, linking research findings to skill development is important for evidence based practice, and this illustrates the importance of education that links theory and research to gerontological practice. Consistent with the need in many fields for education about diversity, research about individual and collective experiences related to aging in various societies is examined in this course. Diversity is considered through research informed by five theoretical perspectives: phenomenology, gerotranscendence, critical, feminist, and life course. In this presentation, the author’s approaches to teaching about connections between theory, research, practice, and diversity are illustrated by the following: phenomenological gerontology: Black’s research about narratives of forgiveness and Rosenfeld’s research about identity development of older gay men and lesbians; gerotranscendence: Ahmadi Lewin and Thomas’s research about life satisfaction among religious and secular Iranians living in Sweden and older adults in Turkey; critical political economy of aging: Alan Walker’s comparison of aging policy development in several nations; feminist: Meadows and Davidson’s findings about “hegemonic masculinities and emphasized feminities” from their study of older men in the UK.

THE INTERSECTION OF ACCULTURATION AND HEALTH FOR OLDER ASIAN AMERICANS

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According to census estimates, Asians are one of the fastest growing immigrant groups in the US, and the fastest growing group among all elderly. This study examines the impact of acculturation, measured as English ability, along with other predictors on health for older Asian Americans. Data from the American Community Survey and the National Latino and Asian American Study were used for this study. A broad view of health was examined using items capturing functional disability. Psychological health was examined using the Kessler Psychological Distress Scale (K10). Confirmatory factor analysis was conducted on the two measures. Logistic regression was conducted to estimate the association of language acculturation to functional disability. Path analysis was conducted to investigate the causal pathways to psychological distress. Results from the analysis suggest that the well-being of Asian elders is intricately tied to the experience of acculturation. English ability predicted lower disability, but had no relationship to psychological distress. Higher levels of intergenerational family conflict increased distress for Asian elders. Perceived discrimination, which represents a form of social marginalization, was consistently associated with poorer mental health. This study provided key insights into the applicability and measurement invariance of two measures of health for older Asian Americans. Results suggest that acculturation is a process which involves the individual as well as the family. Policies should emphasize the development of culturally-specific approaches to services for Asian American elders. The study highlights that social workers must engage families across generations and the lifespan when working with Asian elders.

LOS CUIDADORES LATINOS UNIDOS: A FLEXIBLE, FAMILY SYSTEMS BASED INTERVENTION FOR CAREGIVERS IN THE LATINO COMMUNITY

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The Alzheimer’s Association reports that 12% of the 15 million caregivers of dementia patients in the United States self-identify as Latino. Latino caregivers report higher levels of burden than their non-Latino counterparts and face socioeconomic disparities that impact ability to provide in-home care. Little research focuses on culturally competent intervention for caregivers in Latino communities. The Centro de la Comunidad Unida’s (United Community Center; UCC) Latino Geriatric Clinic and the Medical College of Wisconsin designed Los Cuidadores Latinos Unidos, a multi-component pilot intervention to address these gaps. The intervention flexibly applies individual psychoeducation, family educational meetings, workshops, support groups, access to educational materials, and technology. The approach is guided by Family Systems Theory and includes Behavioral Activation techniques nuanced for Latinos. Services are delivered by bilingual, community-embedded family workers, primarily in the caregivers’ homes. The program has served 22 families, with 19 female Latinas, 3 male Latinos in the primary caregiver role. Three caregiver seminars were offered during the project’s first year, with a total of 53 caregivers in attendance. Data from pre-, mid-point, and post-intervention is collected.
The relationship between social support and health-related quality of life among Korean American nursing home residents

S. Park, Social Services, Union Plaza Care Center, Flushing, New York

This descriptive and exploratory mixed-method study examined the relationship between social support and health-related quality of life among Korean American nursing home residents. It examined the social support networks of the Korean American nursing home residents, the nature of their interpersonal transactions, and the association between social support and quality of life indicators. A cross-sectional survey involving face-to-face interviews (using the social support questionnaire) and data extraction from an existing dataset (Minimum Data Set-MDS) on a sample of 73 cognitively intact Korean American nursing home residents were utilized to examine and understand the relationship between social support and health-related quality of life indicators. Bivariate and multiple regression analyses revealed that social support had main and interactive effects on health-related quality of life indicators. In the bivariate analysis, the appraisal support variable was significantly associated with ADL impairments, depressive symptoms, and self-rated health. In addition, satisfaction with support person was significantly associated with depressive symptoms and self-rated health. Other social support variables, including negative behaviors (being hurt or being upset), perceptions of giving, and perceptions of support were significantly associated with self-rated health among Korean American nursing home residents. After controlling for the covariates, four social support variables were found to be predictive of depressive symptoms: negative behaviors; perceptions of control; frequency interacting with negative behaviors; and negative behaviors interacting with perceptions of control. In addition, perceptions of control and negative behaviors were found to be predictive of negative self-rated health among Korean American nursing home residents. These findings demonstrate the most important sources and types of social support for Korean American nursing home residents and suggest interventions that may help facilitate their quality of life in a nursing home setting. Implications for social work practice and future directions for research are also discussed.

Racial/Ethnic Differences in Medication Adherence and Medicare Part D: A Longitudinal Comparison

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Prior to Medicare Part D, older Blacks and Hispanics reported greater cost-related medication nonadherence (CRN) compared to older non-Hispanic Whites. The viability of Part D as a means of reducing or eliminating racial and ethnic disparities in CRN remains uncertain. Using cumulative advantage/disadvantage theory as a framework, this longitudinal study examined 1) whether racial and ethnic disparities in CRN have changed since Part D, and 2) whether socioeconomic and health status mediate the relationship between race, ethnicity, and CRN over time. Data from the 2005, 2007, and 2009 waves of the Prescription Drug Study (PDS), a subsample of the Health and Retirement Study (HRS), were used to evaluate CRN before and after Medicare Part D’s enactment. The analytic sample consisted of 1,672 respondents age 65 and older that 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 Hispanics were significantly more likely to report CRN both before and after Medicare Part D compared to older non-Hispanic Whites. While socioeconomic and health status did not affect racial differentials, annual household income mediated ethnic differences in CRN. Further, the rate of CRN for Hispanics significantly decreased over time in comparison to non-Hispanic Whites. Results suggest that while older Hispanics had improvement in CRN over time, racial and ethnic disparities continue to persist despite Medicare Part D.

Perceived Neighborhood Cohesion in a Community Dwelling US Chinese Population: Findings from a Cross-Sectional Study of Chinese Older Adults in Chicago

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Background: Higher level of neighborhood cohesion lowers the risks of comorbidities and mental disorders in late life. Neighborhood cohesion also plays an important role in reducing immigrant older adults’ acculturation stress in the process of adaptation. Great knowledge gaps still persist in understanding the perceived neighborhood cohesion among Chinese older adults. Methods: This is a cross-sectional study with community-dwelling Chinese older adults over the age of 60 in Chicago. In an interview format, we measured cohesion by 6 items assessing frequency of contact and social interactions with neighbors. Community-based participatory research approach was utilized to partner with Chicago Chinese community. Results: Among surveyed participants (N=3,018), the mean age was 73 (SD 8.3) and 59.3% were women. 64% of participants often or sometimes often or sometimes saw neighbors and friends talking outside in the yard or on the street, and 44% often or sometimes saw neighbors taking care of each other such as doing yard work or watching out for each other. However, 52% reported that they personally did not have any neighbors whom they could call for help or assistance, and 25% of the participants did not know any neighbor’s name, Conclusion: Although neighbors’ interactions were commonly observed by Chinese older adults, the contacts amongst participants themselves and neighbors remain limited. Future studies are needed to further examine the role of neighborhood context in the lives of older Chinese residents, including health status measures and social support variables.

Informal Care for Older Adults in Mexico: Estimation of its Supply and Challenges for Future Aging Policies

M. Lopez Ortega, Instituto Nacional de Geriatría, Mexico, Mexico

Mexico is still a young country with a significant burden on secondary and higher education and high numbers of potential workers entering the labor market every year. Given the declining fertility rates and a significant increase in life expectancy, the country will complete its demographic transition in the next 20 to 25 years. While the supply and demand of formal health services have been widely studied, supply of informal care remains much less examined. In Mexico, as in many other countries, studies of health system fail to Health Sector Satellite Accounts (2008-2010), generated for the first time in aspart of the National Health Accounts show that 19% of the Health Sector Product was provided through non-remunerated health care provision, compared to 36% and 44.4% by the public and private sector respectively. This study explores characteristics and determinants of household informal care for older adults in Mexico. In addition, it discusses strategies that cut be put forward in the future, in order to support informal care givers and reduce their burden of care and the opportunity costs of caring. Using the National Time Use Survey 2009 a Heckman selection model is used to model both determinants of time spent in care giving activities and the decision to care. Marked gender differences are found both in the decision to care and time care giving, with women taking up most
of the care, even when faced with competing responsibilities such as caring for other household members.

EMPLOYMENT ISSUES AMONG JAPANESE SENIORS: A LONGITUDINAL STUDY ON A PUBLIC EMPLOYMENT SUPPORT CENTER

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In 2012, Japanese baby-boomers reached 65, and the government revised the Elderly Employment Stabilization Law obligating the mandatory retirement age be raised to 65 or the introduction of a continued employment system to 65. In this political transition, it is a national priority to respond to the vast number of seniors who continue actively seeking jobs as well as securing their long-term healthy living. However, previous studies were conducted mainly on seniors who retired from large corporations or the elderly in the general population. The employment of the growing number of seniors who are socially disadvantaged in the society has not been studied. This study will collect the basic information to create training programs for seniors who continue to work as they age as well as to promote awareness of health to prevent any physical and mental risks and social isolation in the future. The study targets people age 55 and above who use an Active Senior Employment Support Center in Tokyo to find a job. This study will examine how the seniors who search for jobs behave before and after they find a job, and what kind of socio-economic background they have as well as mental and physical characteristics. The longitudinal questionnaire survey targeting 250 seniors will be conducted six times on the same subjects who responded to the first survey. Preliminary findings indicate low educational and financial background as well as low social activities or interactions with others.

THE ROLE OF RURAL COMMUNITY-BASED ORGANIZATIONS IN THE IMPLEMENTATION OF CHINA’S NEW RURAL SOCIAL OLD INSURANCE POLICY: A PATH ANALYSIS-BASED MULTI-REGIONAL RESEARCH

H. Mi, C. Niu, G. Wang, Public Affair, Zhejiang University, Hangzhou, Zhejiang, China

This research describes the implementation of the new rural social old-aged insurance policy in the remote and backward rural areas in China, and especially highlights the role of rural community-based organizations. It also measures the effect of relative factors on the policy performance. We applied the framework of implementation process presented by D. S. Van Meter and C. E. Vanhorn to analyze the role of rural community-based organizations during the policy implementation. Path analysis model was used to test the effect. Data came from the field survey of 113 villages and 2104 old-aged residents from 6 provinces all over China. 1) Villager’s autonomy organization in China played important roles in such aspects as interpreting policy to villagers, giving public feedback to government, helping disabled and empty-nested elders withdraw their pension and check their account. 2) The result of the path analysis model (GFI=0.9, AGFI=0.8) showed organization participation, measured by organization input to this policy implementation and villagers’ dependent degree of the organization, was a significant and positive predictor of policy performance(p<0.05). 3) Relative public service condition (information service condition and financial service condition) of the village, not only directly affected policy performance, but also negatively affected organization participation. Besides, villages with more empty-nested families and lower average income tend to have higher organization participation. 4) Villager’s autonomy organizations’ participation did help to achieve better policy performance. However, government should take supervision measures to avoid power abuse in these organizations.

THE ROLE OF MEANING IN LIFE: MEDIATING THE EFFECT OF SUBJECTIVE UNDERSTANDING OF STROKE IN DEPRESSION AND LIFE SATISFACTION AMONG CHINESE STROKE SURVIVORS

E.O. Chow, C. Tang, City University of Hong Kong, Hong Kong, XXX, Hong Kong

Introduction: Cardiovascular disease (CVDs), such as stroke, is one of the most significant global health threats among elders. The experience of stroke not only has a significant impact on the physical functioning of stroke survivors (SSs), but also on their psychological well-being. While psychoeducational approach is incorporated as a common practice following stroke, evidences on its effectiveness are inconsistent and its mechanism remains unclear. According to the stress and coping theory (Lazarus & Folkman, 1984; Park and Folkman, 1997), the provision of stroke information to SSs may help to decrease the distress brought by the illness via regaining their meaning in life. Methodology: 192 SSs were recruited through the local stroke registries in Hong Kong and completed a questionnaire through home interview. The questionnaire assessed their cognitive functioning, physical impairment, subjective understanding to stroke, meaning in life, depressive symptoms and life satisfaction. Results: After controlling demographic characteristics, cognitive functioning, physical impairment, both subjective understanding of stroke and meaning in life predicted depressive symptoms and life satisfaction. Moreover, meaning in life mediates the effect of subjective understanding of stroke on depressive symptoms and life satisfaction. Conclusion: The findings supported the proposed framework of stress and coping theory. Compare with subjective understanding of stroke, meaning in life is a stronger predictor of depressive symptoms and life satisfaction among stroke survivors. Meaning-based intervention approach should be further explored for stroke survivors.

CONNECTING RURAL VETERANS TO AGING AND DISABILITY RESOURCE CENTERS FOR OPTIONS COUNSELING

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Nearly 9,000,000 veterans in the US are 65 years of age or older. Though many are eligible for benefits from the Department of Veterans Affairs (VA), a majority of veterans do not know about their VA benefits. For veterans in scattered rural communities, learning about their VA benefits can be especially challenging. Aging and Disability Resource Centers (ADRC) provide information and referral and specialize in options counseling to assist older adults and persons with disabilities to obtain long term services and supports. Within local communities, veterans could connect to local ADRCs to receive information, assistance, and options counseling for their VA benefits. In 2012, the Utah ADRC conducted a needs assessment of ADRC sites throughout the US to assess the typical needs of their veteran clientele and their experiences helping veterans access the VA system to obtain services and benefits. Thirty sites completed parts of the survey with 20 surveys fully completed. Approximately 95% of respondents usually or always asked about veteran status. However, their knowledge of VA benefits was generally poor—on average, 81% of respondents reported needing more information about 38 different benefit categories. Overall, respondents rated the ease of finding information about the VA at 2.0 (5=Very Easy 1=Very Difficult). Overwhelmingly, these agencies indicated that they would like training about VA benefits and services. These data formed the basis for an ongoing pilot project between the VA Office of Rural Health and the Utah ADRC to provide extensive training to ADRC options counselors in VA benefits.
A GLOBAL EXAMINATION OF POLICIES AND PRACTICES FOR LIFELONG LEARNING

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Historically, the life course has been partitioned into three sequential phases: education and training for work, continuous work activity, and retirement. Over the past several decades, age structuring between education and work has become less pronounced; more people are alternating between education and work, or pursuing both simultaneously. Investments in human capital throughout the life course are important to remain competitive in a knowledge economy. Globalization and automation have increased the need for investments in human capital among those currently in the workforce. Skills are becoming obsolete more rapidly, increasing the need for occupational training in new skills. In addition to the benefits of a more competitive workforce, lifelong learning has been associated with improved mental health and well-being and cognitive function. Lifelong learning has been an educational strategy in OECD countries for the past several decades. This study examined policies and practices that encourage lifelong learning in the U.S., Australia, Canada, and Europe. Lifelong learning is increasingly encouraged throughout the world, but the implementation of policies, such as Lifelong Learning Accounts, has been slow to develop. One of the challenges in implementing lifelong learning programs is creating a structure so they will be available to all, including disadvantaged groups and those working in the informal economy. Involvement of individuals, the community, and the government are all important in implementing policies and practices that encourage lifelong learning. Alternatives for effective lifelong learning practices and financing structures will be provided.

AGING AND LONGEVITY: MEDIEVAL UNDERSTANDINGS


During the twelfth and thirteenth centuries, in the Latin West, there was considerable debate about the truth of human nature and the determinants of human growth decline and death, exemplified in such writings as Arnold de Villanova’s Treatise on the Radical Moisture. Central to these debates was (a) the nature of the radical moisture (b) its links to nutrition and the environment (c) the causes and nature of its diminution and (d) the consequent opportunities and limitations for affecting the rate and degree of aging. Although couched in the pre-scientific ideas of Aristotle, Galen and Ibn Sina, these ideas have their modern counterpart in contemporary biogerontological theories that emphasise either an intrinsic rate of living limitation or the assumption of cumulative errors – expressed in Latin as the contrast between ‘consumptio’ and ‘corruptio’.

MIGRATION OF WORKING AGE POPULATION AND ITS IMPACT ON CAREGIVER AVAILABILITY?

S. Mehlduzadeh, Scripps Gerontology Center, Miami University, Oxford, Ohio

States’ anticipated aging and migration patterns were interrupted in the last decade particularly, during 2007–2009. In the automobile industry dependent states, population growth was sharply down (Ohio: 0.66% in 2003–2007 and 0.19% in 2007–2009; Michigan: 0.15% and .81%) while the overall U.S. population grew at 4.5% and 1.8% respectively. Although the economies in States of Ohio and Michigan are improving the slow population growth and in state migration has made some regions gray much faster than anticipated with implications for availability of formal and informal caregivers. Our county by county study of population aging and outmigration demonstrated that in certain counties with lack of employment opportunity family caregiver shortages were observed. Our projections of prevalence of disability among older people in Ohio repeatedly has shown that about 10.2% of all people over age 65 will experience a severe disability needing assistance of another person for daily care. Slightly more than 14% of total Ohio population were age 65+ in 2010, while in the 11 of the smaller, rural counties the proportion of 65+ were 17% or higher with one county at 21%. This study shows how Ohio & Michigan’s efforts in diversifying and rebuilding their economies to retrain their work force will ultimately benefit older population in need of assistance from family or paid caregivers.

CHALLENGES AND OPPORTUNITIES FOR SENIOR CENTERS: SERVING A GROWING AND INCREASINGLY DIVERSE POPULATION IN THE PORTLAND METROPOLITAN AREA

M. Cannon, Institute on Aging, Portland State University, Portland, Oregon

Since the establishment of the Older Americans Act (OAA) in 1965, senior centers have developed and grown in number to a current total of over 11,000 in the United States. They have generally represented two dominant conceptual models: the social agency model, designed primarily to meet the needs of low-income and socially isolated older adults, and the voluntary organization model, designed for older people who are active in voluntary organizations and strongly attached to their communities. Senior centers today are facing changing circumstances, such as funding cuts and a growing and increasingly diverse older population, which will create unique challenges and opportunities for different models of senior centers. This poster details the findings from a multiple-case study of five urban senior centers in the Portland metropolitan region. Two cases represented the social agency model, two represented the voluntary organization model, and one was a nationally accredited senior center that had succeeded in meeting nine national standards set by the National Institute of Senior Centers (NISC). Data were gathered through interviews with senior center directors, staff members, and attendees, and also with experts in aging services. Focus groups were also conducted with senior center attendees. The findings from the study contribute to a better understanding of the challenges, constraints and opportunities that urban senior centers face. Potential strategies are offered for senior centers to best serve their members and attract new members as the Baby Boomers reach traditional retirement age and as the older population grows in size and diversity.

SESSION 555 (SYMPOSIUM)

EXERCISE AS MEDICINE IN THE ELDERLY

Chair: C.A. Peterson, University of Kentucky, Lexington, Kentucky

This symposium will address mechanisms underlying the beneficial effects of aerobic exercise on physical function in the elderly. The first presentation by Dr. Elena Volpi will ask the question “Can aerobic exercise promote muscle anabolism and function in older adults?” Aerobic exercise clearly improves metabolism, but its effects on protein synthesis and muscle mass are less clear. Mechanisms underlying the effects of regular aerobic exercise on risk factors for cardiovascular vascular disease in the elderly will be discussed by Dr. Doug Seals in the second presentation. Effects on large elastic artery stiffness and vascular endothelial dysfunction will be presented. Finally, the third presentation, by Dr. Scott Trappe, will highlight new information on cardiovascular and skeletal muscle health in octogenarian lifelong endurance athletes. The knowledge presented will be crosscutting for numerous scientific disciplines and health care providers involved with health and preventative medicine.

THE AGING ATHLETE

S. Trappe, Ball State University, Muncie, Indiana

The aging athlete is an emerging exercise model that is starting to yield more quantifiable information on the long-term aspects of exercise and it’s impact on health. This lecture will highlight new information on cardiovascular and skeletal muscle health in octogenarian life.
long endurance athletes. The octogenarian athletes show a distinct endurance phenotype that is comparable to healthy nonendurance trained men 40 years younger. The quantitative and qualitative myocellular performance at the single muscle fiber level provides unique insight into the impact of lifelong exercise on slow-twitch and fast-twitch muscle fiber health. The knowledge presented will be crosscutting for numerous scientific disciplines and health care providers involved with health and preventative medicine.

CAN AEROBIC EXERCISE PROMOTE MUSCLE ANABOLISM AND FUNCTION IN OLDER ADULTS?
E. Volpi, University of Texas Medical Branch, Galveston, Texas

Aerobic exercise is well known to improve glucose and lipid metabolism and reduce cardiovascular risk. Less information is available with regards to the effects of aerobic training on muscle size strength and function, particularly in sedentary older adults with or at risk for sarcopenia. Sarcopenia, the loss of muscle mass and function with aging, is characterized by a relative resistance of muscle protein metabolism to the anabolic action of insulin and nutrients. Recent studies suggest that the improvements in muscle perfusion and insulin sensitivity induced by aerobic exercise can also ameliorate the muscle protein anabolic response to nutrients and insulin. As a consequence, aerobic exercise may be able to reduce muscle loss and sarcopenia, particularly in physically inactive older adult. Preliminary data from an ongoing clinical trial on the effects of aerobic training on muscle metabolism, size and function will also be presented.

AEROBIC EXERCISE AND ARTERIAL AGING
D.R. Seals, Integrative Physiology, University of Colorado Boulder, Boulder, Colorado

Aging is associated with stiffening of the large elastic arteries and vascular endothelial dysfunction (e.g., impaired endothelium-dependent dilatation, EDD). Endurance exercise-trained middle-aged/older adults demonstrate lower large elastic artery stiffness and greater EDD than their sedentary peers. With daily brisk walking, previously sedentary middle-aged/older adults show reduced stiffness and improved EDD. The mechanisms underlying the effects of regular aerobic exercise on arterial stiffness likely include changes in arterial wall composition. Enhanced EDD in older exercising adults is mediated by increased nitric oxide (NO) bioavailability associated with reduced oxidative stress. Arteries from old rodents that perform regular aerobic exercise demonstrate increased endothelial NO synthase, reduced oxidative damage associated with lower levels of the oxidant enzyme NADPH oxidase, and increased activity of the antioxidant enzyme superoxide dismutase. Aerobic exercise also may protect arteries with aging by increasing resistance to risk factors. Habitual aerobic exercise is an effective strategy to combat arterial aging.

SESSION 560 (SYMPOSIUM)

METABOLISM AND NUTRITION, IGF PATHWAYS
Chair: B. Kennedy, Buck Institute, Novato, California

Investigators presenting during this symposium will discuss the role of the IGF system in longevity in humans and mammals and the link between diet and IGF-reduction in prolonging lifespan. Paradoxically, low GH/IGF-1 signaling is linked to many age-related diseases in humans. Dr. Barzilai will discuss if many ‘good’ effects of IGF-1 can be accentuated in mammals by increasing central and/or decreasing peripheral IGF-1 signaling. Dr. Cohen will provide an overview of the current state of pharmacological development of antagonists to the IGF system.

SPEAKER PENDING
B. Kennedy, Buck Institute, Novato, California

Speaker Pending

ORGAN DISTRIBUTION OF IGF-1 SIGNALING AND LONGEVITY
N. Einstein, D.M. Huffman, Einstein, Bronx, New York

The link between altered insulin-IGF pathway and longevity was shown in lower organisms, deletion of GH-IGF axis molecules result in extended life span in dwarf mice, dwarf animal models live longer, and we have demonstrated functional IGF-1 receptor abnormality in female centenarians. While low GH/IGF-1 signaling is beneficial for lifespan, it is paradoxically linked to many age-related diseases in humans including diabetes and cognitive decline. Furthermore we have previously shown that administration of IGF-1 near the hypothalamus improves insulin action. Therefore, we hypothesize that many ‘good’ effects of IGF-1 can be accentuated in mammalians by increasing central, and/or decreasing peripheral IGF-1 signaling. By altering IGF-I levels in the brain by several approaches and inhibiting IGF-1 receptors in the periphery we will test a new models with different distribution of IGF-1 for the possible prevention, slowing and reversal of aging.

IS THERE A FUTURE FOR STRATEGIES TARGETING THE IGF PATHWAY FOR CANCER AND LONGEVITY?
P. Cohen, USC Davis School of Gerontology, Los Angeles, California

There is extensive evidence for the role of multiple components of the IGF-system in the progression of cancer as well as the regulation of lifespan. Initial prospective epidemiological data suggested that higher IGF-I levels, in healthy subjects, were associated with a substantial increased risk of cancer development. Longevity in human and animal models has been linked to mutations in the IGF-receptor pathway and the lifespan-prolonging effects of diet have been attributed to IGF-reduction. This body of data has led to a frenzy of pharmacological development of antagonists of the IGF system by over a dozen pharmaceutical companies. At this time, however, due to disappointing clinical outcomes in human studies, it is unclear if any of the IGF-antagonists will achieve FDA approval, and if so, for what indications. Potential combination approaches including adding additional drugs such as metformin, rapamycin, or dietary measures, may improve the safety and efficacy of IGF blockade.

SESSION 565 (SYMPOSIUM)

AFFIRMING AND EVALUATING CREATIVE EXPRESSION IN PERSONS WITH DEMENTIA
Chair: L. Snyder, University of California, San Diego, San Diego, California
Discussant: M.S. Mittelman, New York University, New York, New York

Persons with dementia are largely evaluated and assessed based on cognitive deficits and decline. There is, however, both a neuropsychological and humanistic foundation for the role that creative expression can play in affirming the enduring capacities and retained selfhood of persons with advancing dementia. This symposium addresses both the methodological challenges and rich outcomes of engaging persons with dementia in varied forms of creative expression. Johnson provides a conceptual overview of the methodological challenges in researching outcomes and efficacy of creative arts interventions with persons with dementia. Three examples of program interventions with varied research methods follow. Mechino discusses a multimedia creative arts program aimed at building capacity and awakening abilities in participants. Camp provides an overview of the procedural learning systems that are retained in persons with mild-to-moderate dementia and reviews promising methods and outcomes of teaching individuals to play musical instruments and perform in a musical ensemble. Phinney reports on a phenomenological analysis of interview and observational data gathered from seven artists to better understand the subjective meaning of creative expression in light of their advancing dementia. Together these presentations provide rich content to broaden our understanding of the

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ways in which creative arts interventions can build on the enduring resiliency and personhood of individuals with dementia, and how researchers can work to better capture observed beneficial outcomes.

AN OVERVIEW OF THE CHALLENGES IN EVALUATING CREATIVE EXPRESSION IN PERSONS WITH DEMENTIA

J.K. Johnson¹, T.A. Allison², 1. Institute for Health and Aging, University of California, San Francisco, San Francisco, California, 2. UCSF School of Medicine, San Francisco, California

There are numerous anecdotal reports from both families and researchers suggesting that creative expression can remain preserved in persons with dementia. However, evaluating these accounts remains challenging. It is important to find improved methods for documenting creative expression to 1) improve our understanding of the capacity for creative expression and its impact on well-being and 2) expand opportunities for creative expression in persons with dementia. The purpose of this talk is to provide an overview of both qualitative and quantitative methods currently used to evaluate creative expression in persons with dementia. The strengths and weaknesses of these methods will be discussed, and recommendations for future approaches will be provided. After attending this presentation, participants will be able to identify two new ways to evaluate creative expression in dementia.

BUILDING CAPACITY AND AWAKENING ABILITIES FOR PERSONS WITH DEMENTIA THROUGH A VISUAL ARTS PROGRAM

L. Meschino, S. Dupuis, Murray Alzheimer Research and Education Centre LHI, University of Waterloo, Waterloo, Ontario, Canada

Gather at the Gallery is a community-based visual art program and research initiative that provided people with dementia and their care partners the opportunity to visit local galleries and make art with local artists in a series of five 10-week modules. This paper examines how the program challenged misperceptions of the abilities of persons with dementia through detailed descriptions of participants’ and educators’ evolving expectations and experiences of creativity. Interpretations of the long-term impact on participants’ sense of self and relationships with others are explored in terms of the phenomena of awakened creative consciousness and process of co-creation (i.e., shared learning and mutual discovery). Finally, key aspects of the program are proposed as a step toward identifying what is unique about arts-based as opposed to other kinds of social activities for challenging assumptions around dementia.

HEAR MY SONG: TEACHING PERSONS WITH DEMENTIA TO PLAY MUSICAL INSTRUMENTS IN CONCERT

C.J. Camp¹, M. Bourgeois², J. Brello², K. Bescan³, E. Bescan³, 1. Center for Applied Research in Dementia, Solon, Ohio, 2. Ohio State University, Columbus, Ohio, 3. Constellations Schools, Cleveland, Ohio

While persons with dementia benefit from listening to music, there has been little research on teaching persons with dementia to play musical instruments, nor on the resulting effects of such teaching on these persons and their caregivers. Given that procedural learning systems are available to persons with mild to moderate dementia, we developed and initially assessed a music program involving Orff instruments (e.g., metallophones), making music through striking instruments with mallets. Using external cues, errorless learning, motor learning, priming, and other techniques from music education and neuropsychological rehabilitation, we taught persons with dementia to play components of songs such that, as an ensemble, they presented songs in a “concert” format. The activity was highly and positively engaging for persons with dementia as well as for their caregivers. Increased self-esteem and self-confidence in persons with dementia also were obtained.

THE EXPERIENCE AND MEANING OF CREATIVE EXPRESSION FOR ARTISTS WITH DEMENTIA

A. Phinney, 1. University of British Columbia, Vancouver, British Columbia, Canada, 2. Centre for Research on Personhood in Dementia, Vancouver, British Columbia, Canada

This study is based on empirical notions of meaningful activity in dementia, tied together with theoretical ideas of embodiment. Using an existing data set, I conducted a phenomenological analysis of many hours of interview and observational data gathered from seven people with dementia who self-identified as artists. The purpose of the interpretation was to understand what their involvement in creative expression meant to them. Findings showed that the meaning of creative expression is a “multi-faceted thing”, with the artists experiencing powerful feelings of continuity, connection, and delight. At the same time however, the urge to make art is fading as people feel their bodies weakening and becoming less active. Results will be discussed in light of how the capacity for creative expression is sustained through the lived body in dementia, even as the desire to create diminishes. Learning Objectives: (1) Describe the benefits of creative expression as perceived by artists with dementia. (2) Explain how artists with dementia experience shifting patterns of involvement in creative activity.

DISSEMINATION OF ONLINE BONE HEALTH INTERVENTIONS: IMPLICATIONS FOR RESEARCH AND CLINICAL PRACTICE

Chair: E. Nahm, University of Maryland School of Nursing, Baltimore, Maryland

Currently, more than 44 million American people are either living with osteoporosis or at high risk due to low bone mass. Although significant advancements in bone health research have yielded multiple effective behavioral measures to improve and maintain bone density, these measures have not been effectively incorporated into the individuals’ lives. With the rapid growth in information technology and the global emphasis on ehealth, the Internet can be an effective vehicle to disseminate those interventions to the public. Research on dissemination emphasizes strategic mechanisms that package and deliver health interventions, resulting in positive health behavior changes. This symposium includes four papers that address methodological approaches to disseminate online bone health programs and their practice implications. The first paper reports on the comparative effects of two theory-based online bone health interventions (2-week vs. 8-week) on health outcomes of community-dwelling older adults. The second paper focuses on bone health related health conditions of MyHealthEvet participants as compared to their counterparts and their clinical implications in bone health practice. The third paper discusses participants’ current interest in bone health information based on the qualitative findings from the inquiries submitted via an “Ask-the-Experts” section and emails in a large scale online bone health study. The final paper reports on the reliability and validity of a revised Osteoporosis Calcium Knowledge scale that can be used online to evaluate knowledge of bone health behavior among community-dwelling older adults.

HEALTH PROMOTION: HOW EHEALTH TOOLS MAY BE USED TO EFFECTIVELY PROMOTE BONE HEALTH

K.G. Charters¹, E. Nahm², K. Nazi³, K. Painter¹, 1. Office of the Chief Medical Officer, TRICARE Management Activity, Falls Church, Virginia, 2. University of Maryland School of Nursing, Baltimore, Maryland, 3. Department of Veterans Affairs, Silver Spring, Maryland

Bone health findings have not been fully incorporated into the daily lives of adults, and many are unaware of the magnitude of bone-health problems. A large-scale online study (N = 866) compared the long-term effects of online bone health interventions in adults age 50 and
older targeting two large online communities (SeniorNet, My HealtheVet). In this study, My HealtheVet participants were younger with a greater representation of males and a higher rate of self-identified health conditions. In comparison to the SeniorNet population, the My HealtheVet population reported a higher incidence of bone health issues. However, knowledge about calcium and exercise osteoporosis was significantly lower and their perceived risk of osteoporosis was significantly higher. Yet, in the past 12 months, more than half had not discussed bone health with their primary care provider. Findings from this study contribute to current eHealth practice and research for other online health promotion projects.

RELIABILITY AND VALIDITY OF THE REVISED OSTEOPOROSIS KNOWLEDGE TEST
B. Resnick1, B. Qi2, E. Nahm1, 1. University of Maryland School of Nursing, Baltimore, Maryland, 2. Villanova University, Villanova, Pennsylvania

The purpose of this study was to test the reliability and validity of the revised Osteoporosis Knowledge Test (OKT), which was revised to incorporate current knowledge about bone health. The sample included 866 participants from the Bone Health Study. More than half (63%) of the participants were male with a mean age of 62.8 (SD= 8.5). The majority was white (89%), married (53%) and had some college (87%). Rasch analysis was used to test the reliability and validity of the measure and a DIF analysis was done to compare responses based on gender and race. The items all fit the model, there was evidence of internal consistency and, as anticipated, women and those with a diagnosis of osteoporosis had more knowledge about the disease. The findings from this study add to prior information about the OKT and will facilitate the use of this measure in research and clinical work.

COMPARATIVE EFFECTS OF TWO ONLINE HEALTH BEHAVIOR INTERVENTIONS: 2-WEEK VS. 8-WEEK
E. Nahm, S. Zhu, B. Resnick, M. An, University of Maryland School of Nursing, Baltimore, Maryland

Despite a great deal of research on eHealth interventions, little information is available regarding the methodologies to develop and implement effective online health behavior interventions. In this study, we compared the effects of two theory-based online health behavior interventions used in two trials with participants recruited from SeniorNet. The first trial (N=245; mean age, 69.3) used a 2-week intervention and the second trial (N=183; 69.5) used an 8-week intervention. Both included similar content (diet, exercise, fall prevention, etc.); however, the 8-week intervention had more extensive content. When the pre-post outcomes were compared, participants in both trials showed improvement in osteoporosis knowledge and all calcium-related outcomes. Only the 8-week intervention, however, showed improvement in exercise-related outcomes. Its effect sizes were higher for all study outcomes except knowledge when compared to the 2-week intervention. Further studies are needed to determine optimal “doses” of online interventions to change health behaviors in older adults.

ASSESSMENT OF CURRENT BONE HEALTH-RELATED INFORMATION NEEDS AMONG COMMUNITY-DWELLING OLDER ADULTS
B. Park, J. Brown, E. Nahm, University of Maryland School of Nursing, Baltimore, Maryland

Currently, an estimated 10 million Americans age 50 and older are living with osteoporosis. Of these, one in two women and one in four men will experience osteoporosis-related fractures during their lifetime. The purpose of this study was to identify older adults’ current bone health-related information needs based on the findings from an “Ask-the-Experts” section and email inquiries in an online trial. Content analysis of 88 independent inquiries revealed 9 topical categories, including Calcium and Vitamin D (22 inquiries), Bone Density/Bone Mineral Density Tests (17), Osteoporosis (14), etc. Interestingly, many inquiries about calcium were related to concerns about consuming more calcium than needed. Most vitamin D inquiries were related to taking the optimal dose. Inquiries regarding bone density were related to the impact of the participants’ other health conditions or medications. The study’s findings can provide helpful information for the development of bone health promotion interventions targeting community-dwelling older adults.

SESSION 575 (SYMPOSIUM)

EFFECTIVE WORK-LIFE FIT FOR OLDER WORKERS: FINDINGS FROM THE TIME & PLACE MANAGEMENT STUDY
Chair: J. James, Sloan Center on Aging & Work, Boston College, Chestnut Hill, Massachusetts
Co-Chair: M. Pitt-Catsouphes, Sloan Center on Aging & Work, Boston College, Chestnut Hill, Massachusetts
Discussant: P. Taylor, Monash University, Melbourne, Victoria, Australia

Today’s older workers, many of whom indicate a need and/or desire to work past conventional retirement ages (Moen & Huang, 2010), indicate that having a flexible schedule is an essential element of their ideal job (Goreneman, 2008). Yet, studies reveal that older workers are not likely to perceive that they have the flexibility they need to fulfill their work and personal responsibilities (e.g., Pitt-Catsouphes, Matz-Costa, & Besen, 2009). There are many barriers, both real and perceived, to providing flexible work options (Van Deusen et al., 2007). One such barrier is the lack of training or development of successful implementation strategies for flexible work option policies; the other may follow from the first—supervisors are skeptical of their relevance to business success and therefore unsupportive of employee requests. In this symposium, we will use data from the Boston College Study of Time & Place Management to examine innovations in the development of effective implementation strategies. We will use data from one large organization in a finance and insurance super sector (N=968) and from one large healthcare system (N=3,950) to answer the questions: in a world of a few, which supervisors do successfully provide flexible work options? And what do they do? What are the elements of successful strategies in both settings? And to what extent is age a factor for each? Findings suggest the importance of training, awareness-building and “going against the grain,” and suggest ways that a small few positive deviants might influence the many.

WHAT’S UP? WHAT’S HAPPENING WITH THE BOSTON COLLEGE TIME & PLACE MANAGEMENT STUDY?
J. James, M. Pitt-Catsouphes, K.E. Cahill, Sloan Center on Aging & Work, Boston College, Chestnut Hill, Massachusetts

The Boston College Time & Place Management Study is set of field experiments designed to assess the effectiveness of policies relevant to time and place management (TPM) in the work place. While previous research suggests that TPM policies can be beneficial to business, few studies have used experimental design to examine business-relevant benefits over time. In the context of the aging of the workforce, the availability of TPM policies is particularly important because they can affect the ability of older workers to extend their labor force participation. This first paper will provide an overview of the study along with methods and measures. “Company A is a large organization in the finance and insurance super sector (n=968). “ModernMedical” is a large healthcare system located in the northwestern region of the United States (n=3,950). Subsequent papers, all of which are based on these data, will then focus on findings and discussion.
The importance of flexible work options has gained salience in light of the aging workforce and knowledge of many older workers’ criteria for continued work. Scholars have long recognized the important role of supervisors as gatekeepers in the implementation of flexible work policies (e.g., Hammer, Kossek, Anger, Bodner, & Hanson, 2009). We present data collected from a large health care organization (‘ModMed’) involved in the Time & Place Management Study conducted by the Sloan Center on Aging & Work. We focus on a sub-group of innovative supervisors who report that they ‘make flexibility work’ without formal organizational policies. We explore two sets of questions: Which managers are most likely to be these Innovators/Early Adopters? Do they report higher team performance compared to other managers? What difference does the age composition of the team make? Findings suggest innovative pathways that might become a tipping point for making flexible work normative.

**SESSION 580 (SYMPOSIUM)**

**FACULTY DEVELOPMENT: HOW A NATIONAL COMMITTEE’S INITIATIVES FILL IN THE GAPS IN A TIME OF SCARCE RESOURCES**

Chair: K. Kopera-Frye, University of Louisiana at Monroe, Monroe, Louisiana
Co-Chair: L.K. Donorfio, University of Connecticut/Dept. of Human Dev & Fam Studies, Waterbury, Connecticut
Discussant: J. Frank, UCLA, Los Angeles, California

The educational unit of the OSA, the Association for Gerontology in Higher Education (AGHE), provides an important role in professional development for educators in gerontology and geriatrics. Through its committees, AGHE gives guidance in areas including program development, competency-based curriculum development, training approaches, and publishing. The Faculty Development Committee is an example of ways in which a national organization’s committee can provide faculty with the resources and tools for professional development. In these tough economic times, association-based committees such as this committee can supplement institutional faculty development programs which vary from school to school and are often the first to lose resources. This symposium highlights ways in which this committee supports current and future faculty in scholarly productivity. Donorfio and Kopera-Frye will present on the annual AGHE Teaching Institute with faculty comprised of recipients of the AGHE Distinguished Teaching Honor, sharing their innovative pedagogical approaches. Waters and Howe will report on distance learning approaches for faculty development, including webinar series on topics related to professional development. Howe, Silverstein, Niles-Yokum and Covian will discuss AGHE’s initiatives in publications and providing mentorship to emerging scholars on publishing, including programs sponsored by its official journal, Gerontology & Geriatrics Education. Karasik and Bradley will discuss innovative trends in pedagogical approaches and creative ways to support faculty. Finally, AGHE President Frank will discuss common themes and the applicability of AGHE’s initiatives in other settings.

**HOW A TEACHING INSTITUTE CAN SUPPORT FACULTY DEVELOPMENT AND ENGAGED STUDENT LEARNING**


Prior research on pedagogy suggests that faculty are not really “taught” how to teach in higher education venues. In these times of scrutinized institutional effectiveness and accountability, engaged student learning is a necessity. Engaged student learning is both beneficial to the instructor and the student and often results in positive outcomes such as increased critical thinking and student retention. For the last 3 years, 5 Distinguished Teacher awardees have led a preconference Teaching Institute at AGHE’s annual conference. Themes have varied across the 3 years, including such topics as innovative teaching approaches in gerontology, teaching via different modalities, and getting students interested in learning about aging. Attendees help shape the topics to be included in future institutes by identifying their biggest teaching challenges and topics they would like more information. The Institutes have been well-received serve a much needed function in supporting faculty development at low cost to the faculty’s home institution.

**STRATEGIES FOR SUCCESS IN ACADEMIA: FACULTY DEVELOPMENT THROUGH DISTANCE LEARNING**

L. Waters, J.L. Howe, 1. Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia, 2. Brookdale Department of Geriatrics & Palliative Medicine, Mount Sinai School of Medicine, Bronx, New York

Faculty are expected to be proficient in a broad repertoire of skills, including classroom teaching and academic advising, field supervision...
and evaluation, mentoring and role modeling. Both new and experienced faculty members often struggle with heavy workloads and a lack of collegial feedback. Facing increased enrollments and shrinking financial support, higher educational institutions have limited resources for professional development. In response to the needs of faculty to balance and integrate these responsibilities, the AGHE Faculty Development Committee developed a four-part webinar series on strategies for success. The series is intended for advanced graduate students, junior and mid-level faculty members, and others interested in learning more about academic mentoring, advancement, and academic pathways. Session topics include mentoring, navigating appointments for tenure and promotion, and developing strategic academic relationships. This presentation will provide an overview of the project design, implementation, program structure, content, and ongoing replication through federally funded Geriatric Education Centers.

AGHE’s ROLE IN PROMOTING FACULTY DEVELOPMENT THROUGH THE PUBLICATION OF SCHOLARLY ARTICLES


Gerontology and Geriatrics Education is the official journal of AGHE and is geared toward the exchange of information related to research, curriculum development, program evaluation, and education innovations. The Editor-in-Chief, formerly the Chair of the Faculty Development Committee, and the editorial staff, in partnership with the Editorial Board, have initiated several programs geared to mentoring emerging scholars in publishing. These include a reviewer-in-training program, an international authors’ mentoring program, and the development of presentations and workshops at the annual meetings of AGHE and GSA about publishing in peer-reviewed journals. Additionally, we will address manuscript themes that have emerged over the last few years including new roles for gerontology and geriatrics educators in the face of an aging population, strategies for enhancing our relevancy in the years ahead, methods for measuring the impact of programs to ensure continued resources and relevance, and strategies for attracting students and professionals into the field.

INNOVATIVE TRENDS IN GERONTOLOGICAL EDUCATION: SUPPORTING OUR TEACHING FACULTY

R.J. Karasik1, D.B. Bradley7, 1. Gerontology, St. Cloud State University, St. Cloud, Minnesota, 2. Western Kentucky University, Bowling Green, Kentucky

Pedagogical approaches for teaching Gerontology are keeping pace with the rapidly evolving trends of higher education. As early and ardent adopters of intergenerational service-learning and other experiential approaches, it is not surprising that Gerontology educators are branching out to such varied applications as asynchronous learning, blended learning, multiple teaching platforms, on-line learning systems, “flipped” classrooms, social media, and perhaps the newest approach — MOOCS (Massive Open Online Courses). Implications of these emerging trends for Gerontological education and their impact on educator training will be examined. Further, creative ways the AGHE Faculty Development Committee and similar entities can support Gerontology faculty in these endeavors will be explored.

SESSION 585 (SYMPOSIUM)

FEAR OF FALLING: NEW ISSUES ON MEASUREMENT, DETERMINANTS AND INTERVENTIONS

Chair: G. Zijlstra, CAPHRI - Dept. of Health Services Research, Maastricht University, Maastricht, Netherlands
Co-Chair: G.I. Kempen, CAPHRI - Dept. of Health Services Research, Maastricht University, Maastricht, Netherlands
Discussant: S. Iwarsson, Lund University - Department of Health Sciences, Lund, Sweden

Fear of falling and related activity restriction are highly prevalent among older people. Their impact on quality of life and social and physical functioning is substantial and negatively influencing optimal aging. In view of the increase in life expectancy and the commonness of (co)morbidities and frailty in older people, it is likely that fear of falling and activity restriction will be even more prevalent in the near future. This warrants research which is relevant for the development and evaluation of programs that focus on (cost) effective treatment. During this symposium five researchers from the US and the Netherlands will present new research findings either on tools that may contribute to the development and evaluation of new fear of falling programs in the future or on the effects of fear of falling programs that have recently been developed. The presentations will focus on: 1) a new tool of measuring avoidance behavior due to fear of falling, 2) nursing home resident’s and staff member’s perceptions on fear of falling, 3) fear of falling as a variable to improve the ability to get rise from the floor, 4) the impact of social support on fear of falling, and 5) the effects of a recently developed cognitive behavioral in-home program on fear of falling. Our discussant from Sweden will shortly reflect on the presented findings in view of GSA’s theme ‘Optimal Aging Through Research’ and will facilitate a discussion on-site.

MEASURING AVOIDANCE BEHAVIOR DUE TO FEAR OF FALLING IN COMMUNITY-LIVING OLDER ADULTS

G. Zijlstra1, T. Dorresteijn1, J. Vlaeyen1,2, G.I. Kempen1, 1. Maastricht University, CAPHRI - Dept. of Health Services Research, Maastricht, Netherlands, 2. University of Leuven, Research Group Health Psychology, Leuven, Belgium, 3. Maastricht University, Dept. of Clinical Psychology Science, Maastricht, Netherlands

Fear of falling is a common disabling concern in community-living older adults. Reliable and valid measures for activity avoidance due to fear of falling are scarce. In the process of developing a questionnaire we explored the prevalence of such avoidance behavior for 7 activities varying in difficulty, e.g. getting dressed or undressed and going up or down the stairs. In this cross-sectional study 2,684 community-living older adults (mean age: 77.4 years (range 70-94); male: 43%) completed a postal questionnaire. Preliminary analyses showed that for each of the 7 activities the majority of the population never avoided activities as they were not concerned about falling (range 58-84%). Of those concerned about falling (N varied per activity; range 451-1,135) the majority never avoided activities (range 43-79%) and about 15% often avoided activities like going up or down stairs and going out to a social event.

FEAR OF FALLING AMONG NURSING HOME RESIDENTS: PERCEPTIONS AND PERFORMANCE

H. Lach, J. Parsons, Saint Louis University, St. Louis, Missouri

Fear of falling is associated with functional decline among nursing home residents. This mixed methods study explored the concordance among nursing home residents’ self-efficacy (the Nursing Home Falls Self-efficacy Scale), ADLs (Katz), physical function (Nursing Home Physical Performance Test), fall risk (Morse Fall Scale), and perceptions (qualitative interviews). Participants were 30 residents from 3 nursing homes (50% female, mean age 82+6.8, 100% White, mean length of stay 1.6 years); all had self-reported fear of falling (mean score 6 + 2.1 on 1-10 scale). Participants with higher fear of falling had lower
self-efficacy scores and poorer function, but not ADLs. Qualitative comments indicated participants did much to adjust to fear of falling as a way of life through cautious behavior, although there was a desire among some to remain independent. Nursing home staff members need to identify fear of falling and intervene to help residents maintain functional abilities.

FALL RECOVERY AND FEAR OF FALLING: PREDICTIVE DETERMINANTS OF THE SUPINE TO STAND TRANSITION
D. Klima, D. Patel, C. Gilbert, D. Hamad, UMES, Princess Anne, Maryland

Purpose: The purpose of this study was to identify correlates and predictive determinants of the supine to stand transition. Methods: Subjects included 61 community-dwelling elders (x=79.6±8.6) independent in ambulation. During a task circuit, subjects performed the Activities-specific Balance Confidence (ABC) Scale, a timed supine to stand test, the 10 meter walk test, grip strength, and the Modified Clinical Test for Sensory Interaction in Balance Test (MCTSIB). Results: The mean time for supine to stand performance was 7.9+/-5.4 seconds; moreover, this performance time was significantly correlated with self-selected gait speed (r=-.61;p<.01), fast gait speed (r=-.66;p<.01), ABC scores (r=-.51;p<.01) and grip strength (r=-.30;p<.05). Fast gait speed, the composite MCTSIB score, and use of a device to rise predicted 54% of the variance in supine to stand performance time (p<.001). Conclusions: The supine to stand task is related to balance, gait, and balance confidence measures. Multidimensional fall prevention programs should incorporate floor transfer interventions.

UNDERSTANDING THE IMPORTANCE OF SOCIAL SUPPORT ON FEAR OF FALLING FOR COMMUNITY-DWELLING OLDER ADULTS
C.M. Headley, Exercise & Sport Science, Judson University, Elgin, Illinois

This replication study examined the effects of a community-based program reducing the risk of falls, exploring fear of falling and social support in older adults. The program (N’Balance©) focused on challenging the sensory systems through multi-factorial, multi-dimensional classes using two sites. An 8-week program met twice weekly for 50 minutes and included pre- and post-test physical and psychosocial assessments. Measures in the study include the 30-second chair stand, 8-foot Up-and-Go, 50- foot Gait Analysis, M-CTSIB, Fullerton Advanced Balance Scale, postural analysis, and a questionnaire. Results of the initial study indicated that N’Balance© participation was associated with improved balance (.00), the fear of falling (.04), and approached significance with leisure self-efficacy (.06) with the replication study currently being evaluated. The replication study augments the previous study that N’Balance may improve social support, perceptions of leisure, reduces the risk of falls, and reduces fear of falling, in older adults.

EFFECTS OF A COGNITIVE BEHAVIORAL IN-HOME INTERVENTION TO REDUCE FEAR OF FALLING AND ASSOCIATED ACTIVITY RESTRICTION IN FRAIL OLDER PERSONS
G.I. Kempen1, T. Dorrestein1, J. Vlaeyen2,3, G. Zijlstra1, 1. CAPHRI - Dept. of Health Services Research, Maastricht University, Maastricht, Netherlands, 2. Research Group Health Psychology - University of Leuven, Leuven, Belgium, 3. Department of Clinical Psychological Science - Maastricht University, Maastricht, Netherlands

A cognitive behavioral in-home intervention to reduce fear of falling and associated activity restriction was evaluated in a randomized controlled trial in the Netherlands. Community-living people aged 70+ who reported at least some fear of falling, associated activity restriction, and fair/poor perceived health were eligible. Participants (N=389) were randomly allocated to either intervention or control group. The intervention comprised 3 home visits and 4 telephone consultations during a 5 months period. The control group received no intervention. Data was collected at baseline and at 5 and 12 months. Primary outcomes were concerns about falls, avoidance of activity, (catastrophic) beliefs about falls, perceived consequences of falling, and anxious and depressed mood. In contrast to symptoms of anxiety and depression, concerns about falls, avoidance of activity and catastrophic beliefs were significantly reduced until 12 months follow-up and perceived consequences until 5 months follow-up (p<.01) when comparing the intervention and control group.

SESSION 590 (SYMPOSIUM)

INTERNATIONAL PERSPECTIVES ON AGING IN URBAN CONTEXT: COMMONALITIES AND CONTRASTS
Chair: J. Kelley-Moore, Sociology, Case Western Reserve University, Cleveland, Ohio
Discussant: C. Phillipson, University of Manchester, Manchester, United Kingdom

The World Health Organization (WHO) model of “age-friendly cities” emphasizes the theme of supportive urban environments for older citizens. These are defined as encouraging “active aging” by “optimizing opportunities for health, participation and security in order to enhance quality of life as people age.” The dual global trends of population aging and urbanization compel questions about the extent to which cities are, or could become, age-friendly communities. Will so-called global cities integrate or segregate their aging populations? In what ways may the needs and strategies differ by country? Much of the study of urban aging has been country-centric, with little cross-national synthesis. This symposium brings together scholars from five countries to address aspects of neighborhoods and broader urban context that influence the physical location of older adults, as well as access to resources and well-being. Drawing from research in the Netherlands, Belgium, United States, and Australia, this collection of papers focuses on social structural, economic, and policy forces that shape the age-friendliness of cities. Christopher Phillipson of Manchester University will then synthesize this work, highlighting the commonalities and contrasts across national contexts and outline an agenda for studying age-friendly global cities.

COHORT DIFFERENCES IN NEIGHBOURHOOD INTEGRATION AND INSTITUTIONALIZATION IN THE NETHERLANDS: THINGS WILL NEVER BE THE SAME AGAIN?
F. Thomese, Sociology, VU University, Amsterdam, Netherlands

Aging societies are becoming more mobile and global. At the local level, this leads to changes in neighborhood composition and greater diversity among older adults in local involvement. At the same time, Dutch policy counts on local relationships to help older adults postpone institutionalization. We explore whether this policy standpoint still holds when comparing cohorts of community dwelling people before and after the turn of the century. Both age and cohort changes may impact on the effects of neighborhoods on the ability to live independently. The Longitudinal Aging Study Amsterdam provides data on two successive cohorts, aged 55-65 in 1992 and 2002, respectively (n= 1,270 and 1,007). Looking at personal (education, health, wealth), social (partner, children, network), and neighborhood (services, like-minded people) resources, we see that neighborhood diversification economically and ethnically. Between cohorts, (small) effects of personal and social resources become smaller, and environmental factors increase.
EXPERIENCES OF URBAN LIFE AMONG AGEING MIGRANTS: CHALLENGES AND PERSPECTIVES FOR DEVELOPING AGE-FRIENDLY COMMUNITIES
T. Buffel1, S. Güven2, C. Phillipson1, D. Verté1, I. The University of Manchester, Manchester, United Kingdom, 2. Hacettepe University, Ankara, Ankara, Turkey, 3. Vrije Universiteit Brussel, Brussel, Belgium

This contribution aims to explore experiences of urban life among first-generation Turkish migrants who are ageing in place. The data for the present research are derived from a qualitative study in inner-city neighbourhoods in Brussels. Drawing on semi-structured interviews with Turkish people aged 60 and over, the paper reviews the variety of ways in which the idea of ‘home’ is created, and the constraints and environmental pressures which may prevent people from developing a sense of ‘home’. Thematic analysis of interview data identifies four issues in relation to the meaning of home: home as a site of care provision; home as experienced and imagined in ‘community’; home as a site of (multiple) attachments; and the politics of home. The final part discusses the implications of the study in respect of re-thinking the debate about developing age-friendly communities in a global world — where people ‘revisit’ home physically, virtually and psychologically.

PUBLIC HOUSING POLICY PRIORITIES AND STRUCTURAL AGEISM: HOW HOPE VI CONTRIBUTED TO THE HYPER-SEGREGATION OF THE VERY OLD AND VERY POOR
J. Kelley-Moore, M.L. Boehm, Sociology, Case Western Reserve University, Cleveland, Ohio

It is widely recognized that the most extreme concentrations of urban poverty in the United States are found in public housing developments. The HOPE VI program launched in 1992 (Housing Opportunities for People Everywhere), funding mixed-income development to replace high-density concentrations of public housing. Since employment and self-sustainability are anticipated outcomes of a mixed-use housing strategy, young families and employment-age adults are prioritized for relocation. The net effect, however, has been the increasing concentration of older adults in residential units that have the lowest priority for demolition. These are predominantly large high-rise buildings, located furthest from shopping and other resources. We undertake a critical policy analysis to examine the structural ageism inherent in public housing policy priorities. Using Cleveland as a case study, we trace the 20-year history of HOPE IV construction and deconstruction of public housing properties and document the increasing segregation of the oldest residents in the system.

AGEING IN PLACE IN AUSTRALIA: LONGITUDINAL PREDICTORS AND POLICY INFLUENCES
H. Kendig1, N. Lucas2, C. Browning2, 1. Centre for Ageing, Health and Wellbeing, Canberra, Australian Capital Territory, Australia, 2. ARC Centre of Excellence in Population Ageing Research, Canberra, Australian Capital Territory, Australia, 3. Faculty of Medicine, Monash University, Melbourne, Victoria, Australia

Older Australians overwhelmingly wish to ‘age in place’. This paper reviews Australian policies related to primary and community care services, accommodation programs and age-friendly city initiatives. It reports findings from the 1994–2012 Melbourne Longitudinal Surveys of Healthy Ageing (MELSHA) on 1000 people aged 65 years or older, showing that fully 80% remained in their homes to within two years before death. A logistic regression analysis found that people most likely to remain in their baseline residence were those dependent in daily living and those relying on government pensions. Earlier analyses showed that entry to residential care was also predicted by dependency in daily living, as well as medical conditions and low social activity, but that socio-economic resources were not independently significant. After attending this session participants will better understand ‘pull’ and ‘push’ factors enabling ageing in place, consequences for wellbeing, and the influence of care, housing, and land use policies.

MENTAL HEALTH DISPARITIES IN RACIALLY AND ETHNICALLY DIVERSE POPULATIONS
Chair: G. Kim, Center for Mental Health and Aging / Department of Psychology, University of Alabama, Tuscaloosa, Alabama
Discussant: P.A. Lichtenberg, Wayne State University, Detroit, Michigan

As our nation becomes more racially and ethnically diverse, understanding mental health needs of diverse elderly groups becomes more important. National Institute on Aging (NIA) has also been putting strong efforts to reduce or eliminate health disparities between racial/ethnic minorities and nonminorities among older adults. The purpose of this symposium is to (1) address current issues of racial/ethnic disparities in mental health and mental health care among older adults and (2) discuss ways to reduce or eliminate existing mental health disparities among racial/ethnic minority older adults. Racial/ethnic minority elderly groups that will be discussed in this symposium are African Americans/Blacks, Latinos/Hispanics (especially Mexican Americans), and Asians (especially Vietnamese). To reflect NIA’s strong support for using publicly available secondary data, presentations also include findings from several major secondary data sets. Experts in the field will discuss the following topics related to aging and mental health disparities: First, the role of race/ethnicity in self-rated mental health will be discussed in a sample of older men from the Medical Expenditure Panel Survey (MEPS); Second, racial/ethnic differences in the association between interpersonal context and depressive symptomatology will be discussed in a racially/ethnically sample of patients receiving treatment for type 2 diabetes; Third, the important role of geography in mental health service use and satisfaction with services people receive will be discussed among racial/ethnic minority elders drawn from a nationally representative survey; Lastly, focusing on older Mexican Americans drawn from a large epidemiological survey, multiple risk factors for the experience of loneliness will be discussed.

INTERPERSONAL CONTEXT AND DEPRESSIVE SYMPTOMATOLOGY: ETHNIC/RACIAL DIFFERENCES
D. Sorkin, University of California, Irvine, Irvine, California

Historically clinical approaches to the study of depression have minimized the complex interpersonal context of the disorder. Depression is expressed in the ways that individuals interact, and, in turn, the interpersonal context can shape a person’s risk for, and experience of, the disorder. This study seeks to evaluate racial/ethnic differences in the association between characteristics of the interpersonal context and depressive symptomatology in a sample of patients with type 2 diabetes. Data were analyzed from an ethnically/racially diverse sample of 1,026 Hispanic, Vietnamese, and non-Hispanic white patients. Vietnamese and Mexican American patients reported significantly higher rates of depressive symptomatology compared to non Hispanic whites (p<.001). Results suggested that after adjusting for socio-demographic, health, access, cost, and neighborhood, among white patients perceived social support was inversely associated with depressive symptoms (Beta=-0.22, p<.007), whereas Vietnamese respondents reported a positive association (Beta=0.02, p=.05). Cultural differences in the experience of depression will be discussed.

LONELINESS AMONG VERY OLD MEXICAN AMERICANS
K.G. Emerson1, T.E. Shovali1, K. Markides2, 1. Institute of Gerontology, University of Georgia, Athens, Georgia, 2. University of Texas Medical Branch, Galveston, Texas

Increasingly research shows that loneliness is a significant risk factor for morbidity and mortality. However, much of the research has

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focused on the general older population, with little research focusing on minority populations. Our study examines the prevalence and correlates of loneliness among a community-dwelling older Mexican American population. We used the most recent wave (2011) of the Hispanic Established Populations for the Epidemiologic Studies of the Elderly (H-EPSE). The mean score on the scale for this sample suggest relatively low levels of loneliness. Results indicate that depressive symptoms, cognitive status, physical limitations, being married, having a confidante, and living alone are significantly associated with higher loneliness scores. Age, number of close relatives and frequency of contact are not associated with loneliness. Loneliness is a significant public health topic and public health workers should be aware of the various factors that can affect loneliness among older Mexican Americans.

THE ROLE OF GEOGRAPHY IN RACIAL/ETHNIC DISPARITIES IN MENTAL HEALTH CARE: RESULTS FROM THE COLLABORATIVE PSYCHIATRIC EPIDEMIOLOGY SURVEYS (CPES)  
G. Kim, J. Parton, A.N. Bryant, K. Ford, P.A. Parmelee, Center for Mental Health and Aging / Department of Psychology, University of Alabama, Tuscaloosa, Alabama

Given the lack of research on the role of geography in mental health care, this symposium presentation discusses whether racial/ethnic differences in mental health care vary across geographic regions among racially/ethnically diverse older adults in the U.S. Results from two studies using the Collaborative Psychiatric Epidemiology Surveys (CPES) are presented. Study 1 discusses findings on significant geographic variation of Black-White disparities in mental health service use, showing Blacks’ lower mental health service utilization rates in the South. Study 2 discusses findings on significant geographic variation of racial/ethnic differences in satisfaction with and perceived benefits from mental health services, showing Hispanics’ lower levels of satisfaction with and perceived benefits from mental health services compared with Blacks and Whites only in the West. The findings from the two studies suggest that to reduce racial/ethnic disparities at the national level, improving the access to mental health care in certain areas may be essential.

RACIAL/ETHNIC DIFFERENCES IN SELF-RATED MENTAL HEALTH IN OLDER MEN IN THE UNITED STATES: FINDINGS FROM THE MEDICAL EXPENDITURE PANEL SURVEY  
R. Thorpe¹, G. Kim², R. McCleary³, D. Miller³, 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. University of Alabama, Tuscaloosa, Alabama, 3. Rowan University, Glassboro, New Jersey

Little is known about racial/ethnic differences in self-rated mental health (SRMH) among older men. We examined the association between race/ethnicity and SRMH in 12,456 whites (59%), blacks (16%), Hispanics (17%), and Asians (7%) who participated in the 2008-2010 Medical Expenditure Panel Surveys. Men rated their mental health as excellent, very good, good, fair or poor. Psychological distress was measured with the K6 scale. After accounting for demographic variables, nativity, health factors, and psychological distress, Blacks (OR=0.74; 95% CI=0.63-0.87) and Asians (OR=0.60; 95% CI=0.45-0.79) had a lower odds of reporting excellent/very good mental health compared to Whites. Perceptions of SRMH vary by race/ethnicity among older men. Understanding SRMH in older male populations is essential for the development of future policies that focus attention on addressing key quality of life and productivity concerns for individuals, families, communities while ultimately decreasing mental health inequalities.
SESSION 605 (PAPER)

ECONOMICS OF AGING

DIFFERENTIALS IN PENSION PROTECTION AMONGST ETHNIC MINORITIES IN BRITAIN

A. Vlachantoni1, M. Evandroo1, J.C. Falkingham1, Z. Feng2, 1. ESRC Centre for Population Change, University of Southampton, Southampton, United Kingdom, 2. Centre for Research on Ageing, University of Southampton, Southampton, United Kingdom

According to the 2011 Census, individuals from Black and Minority Ethnic (BME) groups comprised about 14% of the total population in England and Wales, while the younger age structure of the BME population means that BME groups comprise less than 4% of the population aged 50 and over. Academic literature over the last two decades has emphasised the health and socio-economic disadvantage experienced by BME groups, as well as the key policy challenge associated with the ageing of the BME population, and with their pension protection in particular. For example, more than half of Pakistani and Bangladeshi older people (60 and over), half of Indian older people and about one-third of Black Caribbean older people, are in the bottom-fifth of the income distribution, while pensioners from these groups are more likely to rely on means-tested benefits. This paper analyses data from the first wave of Understanding Society, a nationally-representative dataset with information from individuals in over 40,000 households in the UK, in order to explore patterns of state pension receipt and the determinants of membership in an occupational pension scheme among older people aged 65 and over in five ethnic minority groups: Bangladesh, Indian, Pakistani, Caribbean and African. In addition, the paper revisits existing research exploring the interaction of ethnicity and gender to the detriment of pension protection for both women and men of working age from the Bangladeshi and Pakistani communities.

LONG-TERM CARE SERVICES EXPENDITURE PROJECTION IN SOUTH KOREA FROM 2015 TO 2050

N. Kim, Yonsei Univ, Seoul, Republic of Korea

South Korea has been undergoing significant change in its population structure over the past three decades. Within 10 years, South Korean baby-boomers will reach the age of 65 and accelerate this change. This trend in population structure is crucial, because an aging population may increase medical demand, especially that for long-term care (LTC) services, which would create a financial burden on society. This study estimates total LTC expenditure in South Korea from 2015 to 2050 by modifying the method proposed by the UK Personal Social Science Research Unit (PSSRU), the seminal study on projecting costs of LTC services. Using population data from the projections of the Korean Statistical Information Service (KOSIS), I stratify the projected population by gender and age, using the groups 65-69, 70-74, 75-79, and 80 or over, and divide LTC services into two categories, namely facility and home care. South Korea’s total LTC expenditure is predicted to continuously increase and then reach 4.2 percent of GDP in 2050. Expenditure on LTC services for females is higher than that for males. Moreover, the increase in total expenditure is dramatic after 2040 for home-based services, but is constant for facility services. This study shows that the presence of baby-boomers heavily influences LTC expenditure in South Korea.

THE IMPACT OF THE FINANCIAL CRISIS ON PHYSICAL HEALTH IN MIDDLE-AGED AND OLDER ADULTS

B. Whitehead, C.S. Bergeman, University of Notre Dame, South Bend, Indiana

The recent financial crisis has had a substantial impact on stress experiences and overall quality of life for individuals nationwide. The Notre Dame Study of Health & Well-Being (NDHWB), a longitudinal study exploring health and well-being in mid- and later life, began collecting information on financial strain—along with a myriad of other psychosocial and physical health outcomes—in 2006, and has captured well the experience of participants during the economic downturn of 2008-2009 and the ensuing recession and recovery. In order to ascertain the impact of the financial crisis on current health in our overall sample of 774 adults (aged 41-91), we calculated the intrapersonal intercept, slope, and quadratic curve parameters capturing the trends in financial situation and perceived stress (PSS) across the 5-year period. Results revealed that PSS trends were not associated with Year 5 (Y5) health, whereas Financial trends were. The sample was split into two groups—positive financial slope and negative financial slope—in order to elucidate these effects. Findings indicate that experiencing a negative change in financial situation is associated with poorer health at Y5, which fully explains the effect of PSS on health. For those who experience a positive change in financial situation, however, financial changes do not influence health; rather, overall levels of PSS are most salient. These results demonstrate that financial strain over this period was the primary contributor to overall stress levels and concomitant health outcomes; those who did not experience financial strain, however, still experienced stress, albeit from different sources.

AN EXPLORATION OF THE HEALTH AND PERSONAL FINANCE INFORMATION NEEDS OF OLDER ADULTS THROUGH FOCUS GROUPS

M. Gillen, L. Bobroff, Department of Family, Youth and Community Sciences, University of Florida, Gainesville, Florida

Longer life expectancy, rapid population growth, and concern for the well-being of older adults justify the need for better understanding older adults’ health and personal finance needs. The purpose of this focus group study was to gain an understanding of the health and finance information needs of older adults. Fifteen consumer focus groups were conducted with older Floridians. A semi-structured approach was used during the focus groups. The questions asked included: 1) What health topics would you like more information about?; 2) What personal finance topics would you like more information about?; and 3) Do you see your health and finances as being related and if yes, how? The majority of the 93 individuals who participated were women (n = 71), and were age 60 and older. Results from the focus group data identified 26 information themes. The most significant topics mentioned were Medicare, long-term care planning, informed decision making, independent living, aging process, and fixed income. The majority of the participants voiced a connection between their health and finances. Knowledge gained from these focus groups was used to inform community education programming aimed at improving the quality of life of older adults by meeting their information needs.

EARLY LIFE CHARACTERISTICS AND ADULT COGNITIVE FUNCTIONING: EVIDENCE FORM THE HEALTH AND RETIREMENT STUDY

R. Basu, Quality Improvement, Scott & White Health Plan, Temple, Texas

Objective: Early life characteristics contribute to cognitive function in adulthood. However, the impact of early life conditions on the change in cognitive function in later life is not conclusive. The objective of this study was to examine the cumulative as well as individual impacts of early life conditions on the rate of cognitive decline among individuals aged 50 or above from the population based Health and Retirement survey (HRS), 1998-2008. Methods: Cognitive functioning was measured by immediate and delayed word recalls, subtraction for working memory, backward counting, and date and naming orientation (0-35). For participants under 65 years naming and orientation were not used (0-27). Early life conditions include childhood socioeconomic status (SES), parental education, and father’s occupation. Childhood disadvantage was measured by an index created including four individual components. Mixed effect linear regression technique was used to assess
the decline in cognitive function over time. Results: After adjusting for demographic characteristics, cumulative effect of childhood disadvantage and other individual components of early life conditions were associated with absolute level of cognitive score ($p<0.0001$). However, father’s occupation and cumulative effect of childhood disadvantage significantly predicted the rate of cognitive decline among individuals below 65 years old ($p=0.088$, $p<0.001$). Among individuals older than 65 years of age, childhood disadvantage and individual components were strongly and negatively correlated with cognitive status, but not with the rate of cognitive decline. Conclusion: Early life conditions are responsible for level of cognitive functions as well as decline in cognitive function among middle-aged and older adults.

SESSION 610 (SYMPOSIUM)

CHRONIC DISEASES AND QUALITY OF CARE IN OLDER PEOPLE: RESULTS FROM ENGLISH AND US COHORT STUDIES
Chair: N. Steel, Norwich Medical School, Norwich, United Kingdom
Discussant: N. Steel, Norwich Medical School, Norwich, United Kingdom

This symposium explores the quality of healthcare in England and the US, using the English Longitudinal Study of Ageing (ELSA) and the US Health and Retirement Study (HRS). The objectives are to describe variations in quality of care between conditions and healthcare systems, and to understand the characteristics of older patients who received good quality of care. ELSA is a national cohort study of up to 12,000 participants aged 50+ years, with two-yearly interviews from 2002. ELSA captured self-reported chronic conditions and RAND-derived quality of care indicators for public and private care. ELSA is supported by the National Institute on Aging and is harmonised with HRS, a longitudinal survey that interviews more than 10,000 Americans aged 60+ years every 2 years. The five abstracts in this symposium will: 1. show that deficits in care for geriatric conditions compared to general medical conditions worsened over time 2. show counter-intuitively that quality of care improved with increasing numbers of co-morbidities 3. describe the characteristics of ELSA participants who received either good or poor quality of care for osteoarthritis, cardiovascular disease and diabetes, and show the importance of physical activity 4. compare hypertension care for US and English older people, and for US private and public health insurance, showing that the US system is better at identifying hypertension, but quality of treatment is similar to England. 5. show that increasing comorbidity only partly explains loss of physical function and health, and argue that a practical definition of multi-morbidity should include physical function.

QUALITY OF CARE INCREASES WITH NUMBER OF COMORBIDITIES
J. Ford, A. Hardcastle, N. Steel, University of East Anglia, Norwich, United Kingdom

The number of people with multiple medical problems is increasing, and delivering high-quality care is complex. We assessed how quality of care changed with increasing numbers of co-morbidities. Quality of care was measured by achievement of eligible indicators, and compared with the number of diagnosed conditions in wave 5 of ELSA. Linear regression was used to test the percentage increase in quality for each additional co-morbidity (adjusted for age, sex, physical activity, alcohol, smoking, marital status, wealth and education). Quality of care increased with the number of diagnosed diseases ($p<0.001$). The overall percentage of quality indicators increased by approximately 2% per additional disease. These findings from England are counter-intuitive, but a similar relationship between increasing quality and comorbidities has been previously reported from a large study in the USA. One possible explanation is that patients with multiple medical problems have more opportunities to receive care.

FUNCTIONAL MEASURES AND SYMPTOMS POORLY PREDICT NUMBER OF CO-MORBIDITIES
J. Ford, A. Hardcastle, N. Steel, University of East Anglia, Norwich, United Kingdom

Functioning and symptoms are more important to patients with multimorbidity than counts of diseases. Our aim was to explore the relationship between functional/symptom measures and number of co-morbidities. Using ELSA questionnaire responses and nurse-led assessments, number of co-morbidities was compared with eight measures: ADLs, IADLs, mobility, ability to walk a block, triple test (balance, chair rises and 4m walk), self-rated health, self-reported limiting illness and symptoms. Age and sex adjusted linear regression was used to calculate $R^2$ for each measure. Number of comorbidities was associated with self-rated health ($R^2=0.2977$), basic mobility ($R^2=0.2921$), ability to walk a block ($R^2=0.2468$), IADLs ($R^2=0.1852$), ADLs ($R^2=0.1795$), symptoms ($R^2=0.1783$), self-reported limiting illness ($R^2=0.1322$) and triple test ($R^2=0.1143$). All were statistically significant ($P<0.001$). Whilst functionality and symptoms are undoubtedly related to number of co-morbidities, they only explain at best 30%. A patient-centred definition of multi-morbidity should include physical function.

HAS THE QUALITY OF CARE WORSENED FOR GERIATRIC CONDITIONS?
A. Hardcastle1, L.T. Mounce2, N. Steel1, J. University of East Anglia, Norwich, United Kingdom, 2. University of Exeter, Exeter, United Kingdom

We examined differences in the quality of care for geriatric compared to general medical conditions, for elderly people with at least one medical condition, over 4 waves of ELSA. Quality of care was measured by achievement of eligible quality indicators (QIs). We classified osteoarthritis, falls, incontinence, vision and poor hearing as geriatric conditions. General medical conditions included diabetes, stroke and hypertension. Quality for geriatric conditions was considerably worse than for general medical ones. Over eight years, achievement of geriatric medical QIs improved by 10% (wave 2, 76.7%, wave 5, 86.3%, $p<0.001$) and decreased by 9% for geriatric QIs (wave 2, 54.0%, wave 5, 45.1%, $p<0.001$). Deficits in care for geriatric conditions worsened over time, compared to general medical conditions. General medical conditions such as hypertension and diabetes have been the target of major quality improvement and pay-for-performance initiatives, whereas geriatric conditions have not.
WHAT PREDICTS QUALITY OF CARE: RESULTS FROM THE ENGLISH LONGITUDINAL STUDY OF AGEING
A. Hardcastle', L.T. Mounce', N. Steel', 1. University of East Anglia, Norwich, United Kingdom, 2. University of Exeter, Exeter, United Kingdom

We assessed which characteristics of older adults predicted receipt of good quality of care for osteoarthritis, cardiovascular disease (CVD) and diabetes, over two years. Quality of care was measured by achievement of quality indicators, and potential predictors were identified by an expert panel. Increased physical activity was associated with better quality for osteoarthritis (odds ratio (OR) 0.74, 95% CI 0.55-0.98), CVD 2.07 (1.41-3.02) and diabetes 2.09 (1.04-4.22) (logistic regression). For CVD, being female, increasing age and poor self-rated health predicted better quality, as did knowledge about disease management for diabetes (OR 1.97, 1.26-3.16). Marriage was associated with good care for CVD and diabetes. Good eyesight and limiting long-standing illnesses predicted better care for osteoarthritis. Physical activity is an established risk factor for osteoarthritis, diabetes and CVD. These results suggest that it may also lead to poorer care. If verified on other data sources, these findings could inform quality improvement initiatives.

SESSION 615 (SYMPOSIUM)

CONTEMPORARY ART INTERVENTIONS TO SUPPORT CREATIVE AGEING
Chair: D. Edvardsson, La Trobe University, Melbourne, Victoria, Australia, Umeå University, Umeå, Sweden
Discussant: K. Love, Center for Excellence in Assisted Living, Falls Church, Virginia

This symposium will highlight contemporary cutting edge initiatives and research evidence on artistic interventions to support creative ageing and person-centred dying. The first presentation will explore ways the arts can create a safe and nurturing space for people to explore their fears and achieve a “good death” as defined by each individual patient while facing death in sterile hospital environments of isolation and alienation. The second presentation will use narrative data from an exploratory study into a hospital-based Guerrilla knitting initiative for cancer patients to explore existential outcomes of arts-based interventions. Data gathered from patients, families and visitors will be incorporated to illustrate both individual and community impacts of the “Yarning Around” project. The third presentation will describe the award-winning GroundSwell Project which uses the arts to promote resilience and community wellbeing through all stages of life. The project spans across a range of health settings and traditional arts (theatre, film, visual arts), social media, digital storytelling to foster intergenerational relationships, developing ‘death literacy’ and the transmission of held knowledge about death and dying. The fourth presentation will describe the Garments for the Grave initiative and draw upon fashion design theory and practice to highlight creative and environmentally sustainable interventions for personal clothing in the context of death and dying. The Garments for the Grave initiative engages individuals in the design and production of their own burial garment and can create a safe conversational environment for people to explore their thoughts and feelings about death.

THE ART OF DYING WELL
M. Cartile, 1. La Trobe University, Melbourne, Victoria, Australia, 2. Austin Health, Melbourne, Victoria, Australia

This presentation will use the contemporary literature on hospital environments and dying in institutional settings to explore ways the arts can create a safe and nurturing space for people to explore their fears and achieve a “good death” as defined by each individual patient. The presentation will suggest ways to bridge feelings of being isolated and frightened when facing imminent death and loss in a sterile hospital environment, and will discuss strategies to facilitate feelings of familiality, trust and connectedness at a time when people are at their most vulnerable.

SESSION 620 (SYMPOSIUM)

DIVERSITY, HEALTH AND HEALTH-RELATED BEHAVIORS: THE HEALTHY AGING RESEARCH INITIATIVE
Chair: R.M. Tappen, College of Nursing, Florida Atlantic University, Boca Raton, Florida
Co-Chair: J.G. Ouslander, College of Nursing, Florida Atlantic University, Boca Raton, Florida

The Healthy Aging Research Initiative is an ongoing study of community dwelling African American, Afro-Caribbean, Hispanic and European American older adults in South Florida. The core sample represents both immigrant and non-immigrant, English and non-English speaking populations. Participants are asked a series of questions regarding their physical and mental health, social support, social networks and cognitive function. They are also asked to perform several physical function tests and to provide blood samples for immediate and future analysis. In addition to the core sample, several spin-off studies related to spirituality, pain management, indicators of stress related to discrimination and the effect of culture and lifestyle factors on glycemic control are being conducted. The papers to be presented report results from the core sample and spin-off studies including the relationship of acculturation and depression in Hispanic Americans, lower level of physical performance in Afro-Caribbeans and the role of culture in pharmacological and nonpharmacological pain management across these four groups.

RELATIONSHIP OF DEPRESSION TO ACCULTURATION IN MINORITY AND MAINSTREAM OLDER ADULTS
C.L. Williams, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida

Few studies have compared acculturation to depressive symptomatology in older adults. In a sample of 456 ethnically diverse community dwelling adults aged > 60 (M = 74, SD = .68) Hispanic Americans were found to have significantly (p < .0001) higher levels of depressive symptomatology measured by 20-item CES-D with a mean of 14.14 (SD = 13.31) compared to 6.75 (SD = 7.75) for African Americans, 7.9 (SD = 7.70) for Afro-Caribbeans and 8.4 (SD = 8.9) for European Americans. Predictors of depression differed by ethnic group. Orientation to mainstream American culture was significantly related to depression in Hispanic Americans (r = -.27, p = .02, B = -.54) but not in the Afro-Caribbeans, another immigrant group, or the other groups. Age was a significant predictor in the African Americans. Gender and degree of orientation to heritage culture were predictors in the European Americans.

PHYSICAL PERFORMANCE DIFFERENCES IN AN ETHNICALLY DIVERSE COMMUNITY DWELLING POPULATION
D.J. Hain, G. Engstrom, Florida Atlantic University, Boca Raton, Florida

Physical ability plays an important role in the life of older adults. We examined ethnic differences among 456 community dwelling adults age > 60, mean age 74 (SD = .68). Afro-Caribbeans were found to have significantly (p < .0001) lower mean scores as measured by Short Physical Performance Battery with a mean score of 6.57 (SD = 1.75) out of 12, compared to African Americans (M = 6.9, SD = 1.64), Hispanic Americans (M = 7.10, SD = 1.89) and European Americans (M = 7.16, SD = 1.88). Age, BMI and ethnic group membership were significant predictors of performance in the Afro-Caribbeans. Afro-Caribbeans were also found to have significantly lower scores for the Physical Health
PAIN MANAGEMENT ASSOCIATED WITH POLYPHARMACY AMONG ETHNICALLY DIVERSE OLDER ADULTS
L. Chiang-Hanisko, Nursing, Florida Atlantic University, Boca Raton, Florida
This study investigates pharmacological pain management associated with polypharmacy among ethnically diverse older adult populations (African American, Afro-Caribbean, European American and Hispanic American). Qualitative data were collected through semi-structured face-to-face, recorded interviews with 12 participants age 60 and over. The medication usage was from 7 to 12 with the average of 9.5 drugs. Data revealed concerns, apprehensions and misconceptions about pain medication practice including fear of addiction, use of additional medications to overcome side effects, use of self-prescribed herbs undisclosed to healthcare professionals, coping styles to ignore or bear pain, use of pain medication based upon availability and finances, and altering daily activities to adjust to levels of pain. Findings from this study elucidate the importance of understanding the experience of pain within the context of the patients’ beliefs, values and coping strategies as well as cultural, familial and socioeconomic.

NONPHARMACOLOGICAL PAIN MANAGEMENT AMONG ETHNICALLY DIVERSE OLDER ADULTS: CONSTANT COMPARISONS
J. Park, School of Social Work, Florida Atlantic University, Boca Raton, Florida
This study explored nonpharmacological pain therapies for older adults (≥60 years, M = 70.3, SD = 6.8). Qualitative data from face-to-face interviews with 44 ethnically diverse community-dwelling older adults (10 African Americans, 10 Hispanics, 12 Afro-Caribbeans, & 12 European Americans) were collected and a grounded theory methodology was utilized to analyze data. Analysis revealed functional and psychosocial (depression, social isolation) changes due to pain. The three minority groups (African Americans, Hispanics, Afro-Caribbeans) reported using culturally based treatments (e.g., herbal tea, Mauve/Malva leaves, avocado leaves), home remedies (cream), and psychological therapies such as distraction, relaxation, and support groups to manage chronic pain. In particular, African Americans heavily relied on religious coping methods (prayer; God as “healer”). In contrast, European Americans used physical interventions such as exercise, massage, and chiropractic. Study findings suggest differences in preferred nonpharmacological pain interventions for an ethnically diverse older adult population.

SESSION 625 (SYMPOSIUM)

USING ACCELEROMETRY TO ASSESS PHYSICAL ACTIVITY IN OLD AGE: HOW TO CHOOSE THE TYPE OF ACCELEROMETER
Chair: A. Koster, Maastricht University, Maastricht, Netherlands
Co-Chair: P. Caserotti, University of Southern Denmark, Odense, Denmark
Discussant: T. Harris, National Institute on Aging, Bethesda, Maryland
Objective measurement of physical activity across the full range of activity intensities is increasingly important in studies of aging. Accelerometers capture objective physical activity but the choice of the accelerometer is a challenge. For example, accelerometers can be worn at many body locations; however, it is not known which location best captures total activity in older adults, how “counts” from different body locations are comparable in terms of metabolic equivalent and whether the association with health/functional outcomes is similar across body locations. The choice of accelerometer depends on the type of study, the research questions, and the study population. This symposium will give an overview of different widely-used accelerometers, discuss the pros and cons of each monitor and experience with the monitor in actual studies. Dr. Martin will discuss the use of Actigraph hip-worn accelerometers in NHANES and the AGES-Reykjavik Study. Dr. Koster, will discuss her choice of the thigh-worn ActivPal in the Maastricht Study. Dr. Caserotti focuses on his decision to use a wrist-worn accelerometer in a community active-life style intervention in older people with reduced function, and Dr. Ferrucci will talk about a chest-worn accelerometer with a built-in heart rate recorder used in the BLSA. These presentations will provide an overview of the monitor including advantages and disadvantages and present data from the study to support these points. Finally, Dr. Harris will summarize the previous presentations and will present a large validation project in older adults with the aim to compare accelerometer worn at different body locations.

CONSIDERATIONS FOR USING A HIP OR WAIST WORN ACCELEROMETER TO CAPTURE PHYSICAL ACTIVITY
K.R. Martin, National Institute on Aging - Laboratory of Epidemiology and Population Sciences, Bethesda, Maryland
Hip/waist-worn accelerometers are popular because they measure motion close to the center of mass in the body. One such device, from Actigraph, has been applied in two large population-based studies (i.e., NHANES; AGES-Reykjavik). Acceleration of motion is typically measured in either one axis (uniaxial) or three (triaxial). Benefits include an internal sampling frequency programmable for customized data output and a long battery-life (i.e., up to 20 days). Users can process raw data to determine levels of activity (e.g., light, lifestyle, moderate and vigorous) according to meaningful cutpoints. Known limitations of hip/waist accelerometers are that they are bulky in size, do not capture cycling well, and are usually removed during nighttime sleep and water-based activities (e.g., showering, swimming), which may increase the likelihood of participants forgetting to re-attach the device. Accuracy of overall activity measurement may be reduced due to these limitations; however, methods can be taken to increase precision.

THE USE OF THIGH-WORN TO ASSESS PHYSICAL ACTIVITY
A. Koster, Maastricht University, Maastricht, Netherlands
This presentation will give an overview of the use a thigh-worn accelerometer to measure physical activity, discuss its pros and cons and its application in a large epidemiological study. Thigh-worn accelerometry data (ActivPal) are currently being collected in the Maastricht Study, a large ongoing cohort study in the Netherlands among men and women aged 40-75 of which by design 50% has type 2 diabetes. An advantage of this type of accelerometer is the use of the inclinometer to distinguish changes in posture and to accurately measure sedentary time. Further, a waterproofed attachment on the thigh can provide 7 days continuous wear which increases compliance and ensures high-quality data and moves away from the difficulty to distinguish wear time from nonwear time. A person’s activity can be classified into periods spent sitting/lying, standing and stepping (i.e. walking). Additionally, raw accelerometer data are collected that provides the most precise estimate of meaningful movement.
WRIST-WORN ACCELEROMETERS FOR PRESCRIBING PHYSICAL ACTIVITY IN OLDER PEOPLE WITH REDUCED MOBILITY

P. Caserotti1, A. Koster1, T. Harris3, L. Hvid1, 1. University of Southern Denmark, Odense, Denmark, 2. Maastricht University, Maastricht, Netherlands, 3. Intramural Research Program, National Institute on Aging, Bethesda, Maryland

Older people with reduced mobility spend considerable amount of waking hours in sitting/laying conditions. Capturing upper body activities and identifying their association with health/functional outcomes is therefore highly relevant in this group, particularly when designing a physical activity intervention study. This presentation will provide an overview of the use of wrist-worn accelerometers and discuss their application, including pros and cons as 1) a screening tool for people with reduced physical function and 2) continuous monitoring to prescribe and monitor activity levels in a comminute-based physical activity intervention. Wrist-worn Actigraph wGT3x+ accelerometers are currently used in a European “active-life style” intervention study (HANC) for older men and women aged 76+ with reduced function (walking speed <0.9 m/s). Wrist-worn devices allow continuous monitoring including sleeping time (2-4 weeks) and show high compliance. Results should be interpreted according to several methodological issues including dominant vs non-dominant location and metabolic interpretation of “counts”.

USE OF THE ACITHEART ACCELEROMETER IN THE BALTIMORE LONGITUDINAL STUDY ON AGING (BLSA)

L. Ferrucci, NIA/NIH, Baltimore, Maryland

The BLSA is a unique resource for the study of aging and one aspect of its uniqueness has been the measurement of underlying physiology in multiple organ systems combined with measurements of energy expenditure and endurance. Objective measurement of physical activity in the free-living situation was added to the study with Actiheart accelerometers that were worn in the period following the BLSA examination to allow for better classification of physical activity based on heart rate, which had been calibrated to performance during the BLSA exam. Dr. Ferrucci will review the performance of this accelerometer with regard to calculation of energy expenditure and ease of use by participants as well as discuss the decision to switch to a different accelerometer format.

AGING RESEARCH EVALUATING ACCELEROMETRY (AREA): COMPARISON OF ACCELEROMETER PERFORMANCE IN OLDER PEOPLE

M. Hung1, T. Harris3, P. Caserotti2, K.Y. Chen1, B. Lange-Maia4, N.W. Glynn1, D.R. Van Domen1, A. Koster2, 1. NIA/IRP, Bethesda, Maryland, 2. University of Southern Denmark, Odense, Denmark, 3. NIDDK, Bethesda, Maryland, 4. University of Pittsburgh, Pittsburgh, Pennsylvania, 5. Emory University, Atlanta, Georgia, 6. Maastricht University, Maastricht, Netherlands

PURPOSE: 1. Can wrist, hip, arm, or thigh accelerometers equally reflect tasks of daily living? 2. Which accelerometer position best measures physical function? And, 3. Is accelerometry an independent contributor to physical function in older persons? METHODS: Subjects wore multiple accelerometers: Actigraph GT3X+ on right, left wrist and right hip (80 Hz), Sensewear on left arm, and 50 subjects wore ActivPal on right thigh. With Cosmed monitoring, subjects performed five sets of activities: (1) laying, standing still; (2) upper body movement while standing; simulated dishwashing, dough kneading, dressing, folding towels; (3) upper body movement while walking; vacuuming, shopping; (4) upper body movement while sitting; writing, dealing cards, chair stands; (5) lower body movement: usual and fast paced walks for 20 meters performed with and without using arms. Subjects were asked to provide 7 days of free-living data while wearing all monitors. Other functional measures were collected at the same session.

SESSION 630 (PAPER)

COGNITION

DIABETES AND COGNITIVE FUNCTIONING IN OLDER ADULTS: THE GINKGO EVALUATION OF MEMORY STUDY

P. Palla1, M. Carlson1, S. Yasar2, R. Nahin1, S.T. DeKosky1, B.E. Snitz2, J.D. Williamson3, S.H. Golden2, 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. Johns Hopkins University School of Medicine, Baltimore, Maryland, 3. National Center for Complementary and Alternative Medicine, National Institutes of Health, Bethesda, Maryland, 4. University of Virginia, Charlottesville, Virginia, 5. University of Pittsburgh, Pittsburgh, Pennsylvania, 6. Wake Forest University School of Medicine, Winston-Salem, North Carolina

Populations of individuals with diabetes exhibit accelerated cognitive decline. The strongest evidence exists for the domains of executive function, memory and psychomotor speed. Heterogeneity in study design, cognitive test administration and analysis of cognitive data has made it difficult to synthesize prior literature. Additionally, few prospective studies have evaluated longitudinal changes in these and other domains. We analyzed longitudinal data from the Ginkgo Evaluation of Memory Study to determine if older adults with diabetes have greater test-specific and domain-specific cognitive declines compared to those without diabetes. Memory, visuo-spatial construction, language, psychomotor-speed and executive function domains were measured. Test scores were standardized to z-scores and averaged, yielding domain scores. Linear random-effects models were used to compare repeated measures of raw test and domain scores within participants. Among the 3,069 adults, aged 72-96 years, 9.3% reported diabetes. Over a median follow-up of 6.1 years, participants with diabetes exhibited greater declines in phonemic verbal fluency (language), WAIS-R Digit Span-Forward (psychomotor speed) and the Stroop Color/Word Interference Test (executive function). Individuals with diabetes also had significantly greater declines in psychomotor-speed and executive function domain scores as compared to individuals without diabetes. No differences were seen in rates of decline on tests of memory or visuo-spatial construction. Identifying these specific diabetes-associated preclinical cognitive changes can lead to targeted risk modification early in the course of cognitive decline when cognitive rehabilitation therapies and lifestyle interventions, including aggressive control of diabetes and vascular risk factors, may be most effective in alleviating symptoms and slowing progression to dementia.

ANTECEDENTS OF COGNITIVE COMPETENCE AND DEMENTIA AT AGE 90: A 70 YEAR PROSPECTIVE STUDY

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Objective: To examine the antecedents of both dementia and sustained cognitive competence at age 90 among men who, with little attrition, underwent a prospective, intensive, multidisciplinary assessment from age 19 to 90, Method: A 70-year study of 268 male Caucasian college sophomores, begun in 1938 with data points every 2-5 years and multiple blinded raters assessed the 196 men who survived until age 69. Prospectively gathered measurements included assessment of childhood environment, dominant personality traits, and objective mental and physical health over time, smoking, alcohol abuse and depression. Cognitive status was assessed at age 80, 85 and 90. Questionnaires were obtained every two years; physical exams obtained every five years. Results: The most important finding was how few commonly cited variables were prospectively associated at 90 with either clear cognitive competence (n = 40) or dementia (n = 44). We found only six suggestive predictors that distinguished cognitive competence at age 90 from dementia: excellent childhood relationship with mother, maternal education, good vision, age of mother at subject’s birth, exercise at age 60
VITAMIN D INSUFFICIENCY IS ASSOCIATED WITH COGNITIVE IMPAIRMENT IN INDIVIDUALS WITH LONGEVITY

S. Milman1, M. Schulder-Katz1, J.A. Deluty2, M.E. Zimmerman2, M. Melamed1, J. Crandall1, N. Barzilai1, G. Atzmon1, L. Lipsitz1,2, C. Rosano4, S. Black3, L.K. Harootyan5

The elderly are at increased risk for vitamin D deficiency and low vitamin D levels have been related to increased risk of cognitive dysfunction. However, this association has never been investigated in centenarians, who exhibit delayed onset of aging. We aimed to define vitamin D levels and their association with cognition in subjects with exceptional longevity. We conducted a cross-sectional study in Ashkenazi Jewish (AJ) subjects (n=253) with exceptional longevity, with comparison made to NHANES III participants age 70-90+. Vitamin D levels were measured using LC/MS/MS. Cognitive function was assessed using the Mini Mental State Exam (MMSE) and clock drawing test (CDT; command and copy). Median age of the AJ subjects was 97 years. Age-associated rise in the prevalence of vitamin D insufficiency, defined as serum vitamin D level <30ng/mL, was noted in NHANES III (p=0.001). In AJ with longevity, the rate of vitamin D sufficiency was comparable to the NHANES III group age <90 years. In the AJ group, vitamin D insufficiency was more prevalent in individuals with impaired cognition, defined by the MMSE, compared to those with normal cognition (71.8% vs. 57.7%, p=0.02). In an adjusted logistic regression model, vitamin D insufficiency was associated with cognitive impairment on MMSE and CDT: copy in centenarians (OR 3.2, 95% CI 1.1-9.29, p=0.03 and OR 8.96, 95% CI 1.08-74.69, p=0.04, respectively). We conclude that low vitamin D levels are associated with cognitive impairment in individuals achieving exceptional longevity and that higher vitamin D levels may be a marker of delayed aging.

HEART RATE VARIABILITY AND 9-YEAR COGNITIVE DECLINE IN THE CARDIOVASCULAR HEALTH STUDY

J.A. Deal1, P.K. Stein2, A. Sharrett3, M. Carlson4, X. Que5, A. Arnold6, M. Carnethon4, P.H. Chaves1, L. Lipsitz1,2, C. Rosano4, S. Black3, L.K. Harootyan5

Objective: To test if abnormal heart rate variability (HRV) at baseline is associated with faster rates of cognitive decline in community-dwelling older adults. Background: HRV is a common measure of autonomic nervous system (ANS) function. The ANS regulates physiologic processes important for cognition. Abnormal HRV is associated with dysregulation of these processes, and with diseases linked to poor cognition. Cross-sectional studies suggest differences in cognitive function by HRV status. Methods: Prospective study in a subset of the Cardiovascular Health Study (mean age 72.2 ± 4.7 years, 56% female, 96% white race). Time-domain, frequency-domain, and nonlinear HRV measures were derived from 24-hour Holter recordings. Reduced HRV was defined as < the median value. Trajectories of 9-year cognitive change on the Modified Mini-Mental State Exam (3MSE) and Digit Symbol Substitution Test (DSST) were modeled using linear mixed models (N=10,156 observations, N=1,145 individuals); the time axis was age (years). Results: Longitudinally, we found no association between baseline HRV and cognitive decline. Cross-sectionally, the difference in DSST comparing persons with and without reduced VLF was -2.47 points (95% Confidence Interval: -3.73, -1.22). Conclusions: HRV was not associated with longitudinal change in global function or attention. HRV is a valid measure of ANS regulation of heart rate dynamics, but may not be a sensitive measure of ANS regulation of processes important for cognition (i.e., the role of autonomic dysfunction in the promotion of concomitant dysregulation in multiple, cognitive-relevant physiologic processes). HRV may not be a useful predictor of accelerated cognitive decline in older adults.

ALZHEIMER’S RISK FACTOR GENETIC VARIANTS ARE ASSOCIATED WITH MILD COGNITIVE IMPAIRMENT

B. Whitehead1, C. DeCarlo2, S.W. Mac Donald3, R.A. Dixon1, J. Deluty2, M. Melamed1, J. Crandall1, N. Barzilai1, G. Atzmon1, L. Lipsitz1,2, C. Rosano4, S. Black3, L.K. Harootyan5

The clinical utility of the Mild Cognitive Impairment (MCI) classification is diminished by uncertainty regarding future transition to Alzheimer’s disease (AD). Although many MCI patients transition to AD, others may remain MCI indefinitely or revert to normal status. Integration of AD genetic markers with objective MCI classification procedures may clarify the presence of underlying AD etiology, thereby improving classification accuracy. We use a subset of data from genotyped participants of the Victoria Longitudinal Study (baseline n = 237; ages 64-91; 62% women). We determine if three focal AD-related genotypes [Clusterin (CLU; rs11136000), Complement Receptor 1 (CR1; rs6656401), Phosphatidylinositol Binding Clathrin Assembly Protein (PICALM; rs541458)] independently or interactively (in two-way combinations or with APOE) distinguish among (a) MCI patients (n=101) and normal aging (NA) adults (n=136) at baseline, and (b) longitudinal groups representing two-wave (M=4.5 years) profiles of MCI chronicity (MCI-to-MCI) and emerging impairment (NA-to-MCI). Hierarchical logistic regression models are used for all analyses. The focal genes did not distinguish MCI from NA adults at baseline. However, longitudinal analyses revealed a (a) dominant CLU main effect, with odds of chronic MCI status in CLU risk allele carriers increasing 9.72-fold; (b) recessive PICALM main effect, whereby for each additional risk allele, odds of chronic MCI decreased by a factor of .52; and (c) dominant CR1(2) x APOE(2) interaction, with odds of emerging or chronic MCI increasing 5.36-fold in carriers of APOE and CR1 risk alleles. Results indicate AD-related genetic markers can be used to improve early detection of cognitive impairment in older adults.

SESSION 635 (PAPER)

FALLS

NEUROLOGICAL MECHANISMS OF MOBILITY IMPAIRMENTS: A SUMMARY OF THE PRE-CONFERENCE WORKSHOP ON AGING, CENTRAL NERVOUS SYSTEM, AND MOBILITY IN OLDER ADULTS

L. Lipstz1,2, C. Rosano1, S. Black1, L.K. Harootyan3, J. Deluty2, M. Melamed1, J. Crandall1, N. Barzilai1, L. Lipsitz1,2, C. Rosano4, S. Black3, L.K. Harootyan5, B. Whitehead1, C. DeCarlo2, S.W. Mac Donald3, R.A. Dixon1

A variety of pathological processes in the central nervous system may lead to mobility disability, including vascular, inflammatory, degenerative, or age-related abnormalities. The focus of this workshop is on the neural mechanisms underlying mobility impairments in older age. The CNS alterations associated with mobility impairment appear to be related to ischemia, inflammation, and abnormal protein deposition; metabolic, hormonal, and neurotrophic processes; and genetic factors
FEASIBILITY OF A WELLNESS MOTIVATION INTERVENTION TO REDUCE FALL RISK AMONG COMMUNITY DWELLING OLDER ADULTS: MAIN EFFECTS

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Purpose: Falls prevention interventions are needed that address complex motivational processes central to physical activity behaviors. The study’s purpose was to evaluate the feasibility (acceptability, demand, implementation, efficacy) of a wellness motivation intervention (WMI). Methods: A community-based randomized controlled trial was conducted targeting rural dwelling older adults with fall risk. WMI content included empowering education, motivational support, and social network support, augmented by a mobile computer app (Ready~Steady), and light-intensity balance, leg strengthening, and walking activities (Otago). Atention Control content included health topics. Theoretical mechanisms of change, behavioral outcomes, and health outcomes were measured pre and post intervention. Results: Thirty adults, mostly female, mean age of 84, evaluated the WMI as satisfying and helpful. Attrition was 7% and mean attendance was 7.2 out of 8 sessions. Evaluation of implementation using fidelity measures was very good. Theoretical mechanisms of change and outcomes that significantly improved with WMI participation were social support from friends, F (1, 27) = 11.4, p = .002, readiness, F (1, 27) = 9.34, p = .005, self-regulation, F (1, 26) = 38.8, p = .000, physical activity behavior via accelerometer, F (1, 23) = 11.4, p = .003 and CHAMPS, F (1, 26), 11.92, p = .002, fall risk using the Berg Balance Scale, F (1, 26) = 8.7, p = .007 and the Short Physical Performance Battery, F (1, 23) = 11.4, p = .003. Conclusion: The WMI has promise as a means to increase physical activity and reduce fall risk among rural, community-dwelling older adults.

FEAR OF FALLING AND SELF-REPORTED MOBILITY DISABILITY IN COMMUNITY-LIVING OLDER PERSONS AT FIVE DIVERSE SITES OF THE IMIAS STUDY

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Background: Fear of falling (FoF) has been recognized as a major health problem among elderly people living in the community. We compared FoF across five global sites and examined its association with mobility disability. Methods: 1939 elderly (65-74 years) performed 2 trials of rapid stepping in response to an auditory cue. SET, consisting of reaction time (RT) plus movement time (MT), is significantly slower in older adults with fear of falling (FoF+). The purpose of this study was to identify systemic contributors to falls in stroke survivors in acute and rehabilitation hospitals. Falls of 16 stroke survivors during their acute care and rehabilitation were investigated using Systemic Falls Investigative Method (SFIM). In addition to interviews with the faller, family members, staff, management and leadership, SFIM included observations, policy reviews, environmental assessments and discussions. Comprehensive case study reports were produced using the SFIM Database. Summary tables of contributing factors were coded to identify similarities and differences between acute care and rehabilitation hospitals. The stroke survivors’ physical and cognitive consequences of stroke combined with their desire to remain independent which lead to unsafe acts and resulted in falls. On the system’s level, opportunities for learning from mishaps were often missed, falls prevention strategies were unadjusted and staff was poorly trained for safety. Formal supervision was inadequate at shift changes and staff breaks, while poor communication between patient-staff, staff-staff and hospital-hospital contributed to delayed or erroneous responses. To prevent falls and injuries in post-stroke acute care and rehabilitation, innovative falls prevention procedures are needed to include policies and procedures that recognize and address stroke-specific health causes and system-wide factors affecting patient safety.

CONTRIBUTIONS OF REACTION AND MOVEMENT TIMES TO STEP EXECUTION IN OLDER ADULTS WITH FEAR OF FALLING

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Introduction Step execution time (SET) must be sufficiently rapid to enable older adults to successfully execute a compensatory step to prevent a fall. SET, consisting of reaction time (RT) plus movement time (MT), is significantly slower in older adults with fear of falling (FOF+). The purpose of this study was to determine the relative contributions of RT and MT to SET in individuals FOF+ and without fear of falling (FOF−). Methods Seventy-four older adults (mean age 69.1 years) performed 2 trials of rapid stepping in response to an auditory stimulus in a mobility research laboratory. SET, RT, and MT were
recorded in milliseconds (ms). Differences in SET, RT and MT between FOF+ (n=23) and FOF- (n=51) were analyzed using the Mann-Whitney U test for independent samples. Alpha was set at 0.05. Results SET was significantly slower in the FOF+ group (mean 952.8ms) compared to the FOF- group (mean 850.9ms) (p<.001). There was no difference in RT comparing the FOF+ group (mean 368.3ms) to the FOF- group (mean 364.6ms) (p=.83). MT was significantly slower in the FOF+ group (mean 584.4ms) compared to the FOF- group (mean 486.3ms) (p=.01). Conclusion While there were significant differences in SET comparing the FOF+ and FOF- groups, there were no differences in RT. Slower SET in the FOF+ group compared to the FOF- group is explained by significantly slower MT in the FOF+ group. Studies are needed to determine contributors to slow MT in order to develop effective rehabilitation programs for older adults with FOF.

SESSION 640 (PAPER)

ORAL HEALTH PAPERS

USING A CBPR APPROACH TO ADDRESS ORAL HEALTH AND HEALTHCARE IN MEALS-ON-WHEELS RECIPIENTS IN NYC


Background: Home Delivered Meals (HDM) is one of a number of community-based services intended to help older adults maintain independence; HDMs are designed to provide food and nutrition for older adults, but they do not address oral disease/dysfunction which are central to ability to eat. A CBPR approach was used to assess the oral health needs of HDM recipients, and how and where oral health related interventions can be integrated into the HDM system. Since HDMs are provided across the nation, these data and methods can inform interventions in other settings. Methods: A community advisory board which included case management/HDM providers and policy makers was convened to provide leadership and advice. A cross-sectional telephone survey using a 54-item instrument was used to assess oral health needs in a random sample of 300 NYC HDM recipients. Focus groups with stakeholders who were conducted to assess feasibility of integrating interventions in the HDM system. Results: Over 20% of HDM recipients were edentulous, of those only 49% had replacement dentures; 35% had uncomfortable dentures. Thirty-eight percent of the sample reported difficulty chewing and/or avoiding foods and mean time since last dental visit was three years. Case workers reported poor knowledge of oral health and healthcare. Outcomes/implications: NYC’s Department For The Aging will further incorporate oral health in its intake and annual assessment, pilot delivery and assessment of toothbrushes/toothpaste/denturebrushes and oral health promotion messages for HDM recipients is planned, and interventions to improve access to dental services and/or changes in food texture are being considered.

TRAJECTORIES OF COGNITIVE FUNCTIONING AND EDENTUALISM AMONG OLDER AMERICANS

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There is growing evidence that cognitive impairment is associated with poor oral health in later life. However, the vast majority of research is based on cross-sectional data which does not take into account the fact that cognitive functioning changes over time. This research analyzes the linkages between trajectories of cognitive functioning (i.e., Telephone Interview for Cognitive Status [TICS], immediate recall [IMR], and delayed recall [DR]) and edentulism among older Americans. Data came from the Health and Retirement Study (HRS) which consisted of a national sample of 924 individuals aged 65 and over who were selected for the 2008 Dental Survey Supplement and their preceding HRS interviews from 1998-2008. Trajectories of cognitive functioning were derived from group-based mixture models, while multivariate logistic regression analysis was employed to assess the associations between trajectories of cognitive functioning and edentulism. TICS, IMR, and DR were positively correlated and could each be characterized by three trajectories: (a) high functioning with little decline, (b) medium functioning with moderate decline, and (c) lower functioning with significant decline. Cross-sectional measures of TICS, IMR, and DR were not correlated with edentulism. In contrast, trajectories of higher cognitive functioning measured by TICS and IMR were associated with two to fourfold less risk of edentulism even with demographic and socioeconomic status adjusted, although edentulism was uncorrelated with trajectories of DR. Furthermore, the effects of the trajectories of TICS and IMR were confounded by physical health conditions, particularly chronic diseases. Supported by NIH/NIDCR (R21 DE019518-01 and R01 DE08060).

THE EFFECT OF ORAL HEALTH PROBLEMS AND REHABILITATION ON DEPRESSION IN THE HEALTH AND RETIREMENT STUDY

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Oral health is an important public health issue as the gateway towards eating, nutrition, overall well-being, and for achieving optimal healthy aging. The relationship between oral health care problems and rehabilitation on depression is understudied among middle age and older Americans. One of the symptoms of depression is appetite change, either loss or increase that is more than usual everyday for two weeks. There are a number of reasons that an older adult may experience an appetite change, which include problems with oral health and barriers to oral rehabilitation services. This study investigates the effects of oral health problems and rehabilitation provided by oral surgeons, prosthodontists, periodontists, dentists, and/or dental hygienists, between 2006-2008, on depression experienced between 2007-2008 by adults, aged 54 and older, in the Health and Retirement Study. The respondents were asked if they felt sad, blue, or depressed for two weeks or more during the past year, followed by the specific depressive symptoms that they endorsed. The oral health problems include losing natural teeth and avoiding foods due to problems related to teeth, mouth, dentures, or gums. The types of oral health rehabilitation services include receiving a filling, crown, root canal, dentures, an inlay, orthodontics, gum treatment, implants, bonding, prosthetics, extractions, and surgery. While controlling for sociodemographic characteristics and frequency of oral health visits, we found that for oral health problems, those who avoided particular foods because of gum bleeding when they brushed their teeth had a higher risk for depression (adjusted OR=1.43, 95% CI 1.05-1.95). For oral rehabilitation treatment, adults who received gum treatment (adjusted OR=0.19, 95% CI 0.05-0.77) were at a lower risk of experi-
Oral health continues to be one of the most important issues in aging societies. Along with the promotion of the 8020 campaign undertaken by the central government in Japan, it is expected that a certain number of the general public has increased their knowledge about the importance of oral health in connection with general health status. To examine public awareness of the importance of oral health in connection with general health and risk factors, we conducted a mail survey among the residents of Hyogo prefecture in June 2012. The number of adult responders between ages 20 and 99 was 11,228 (2,433 men and 8,795 women). Among these, the awareness of the connection between oral health and general health increases with age. Women know more about the relationship between oral health and general health than men. The ratio of people visiting a personal doctor becomes higher with age with its peak in the 70s. The importance of food for oral health is less related to age especially for men. Although both men and women fully realize that dental caries and gum disease contribute to oral odor, they have less knowledge about smoking as another risk factor. Respondents became less concerned about a dirty tongue as a risk of oral odor with age. It is concluded that the importance of oral health should be emphasized throughout an individual’s life course to achieve general health in aging societies. To do so, oral health promotion to increase public awareness should continuously be highlighted.

SESSION 645 (SYMPOSIUM)

COMBATTING ELDER ABUSE THROUGH MULTIDISCIPLINARY COLLABORATION: LOS ANGELES COUNTY FORENSIC CENTER

Chair: S.C. Dato, Community & Senior Services, County of Los Angeles, Los Angeles, California
Co-Chair: K. Wilber, Davis School of Gerontology, Los Angeles, California
Discussant: X. Dong, Rush Institute for Healthy Aging, Chicago, Illinois

Elder abuse is a growing phenomenon in the United States (U.S.), due in part to population aging, reports of elder abuse have increased steadily over the past decade. And while considerable effort has been put toward the creation of intervention programs, almost no systematic evaluations have taken place to determine their efficacy. Indeed, no prior studies have found significant benefits as a result of an elder abuse intervention program. This symposium presents information about the demonstrably effective and increasingly popular Elder Abuse Forensic Center model, its effect on cases, and the impact it has had on Adult Protective Services (APS). The first presentation provides an overview of the model as implemented at the Los Angeles County Elder Abuse Forensic Center. Subsequent presenters discuss the improved outcomes that have been observed in three key areas: cases referred to the public guardian for guardianship/conservatorship, cases sent to the District Attorney for prosecution, and clients that exhibit recidivism within the APS system. The final presentation provides reflections from the evaluation project’s research partners, highlighting the APS response to the Forensic Center model and experiences working on a collaborative research project. The symposium provides context and motivation for implementation of the Elder Abuse Forensic Center model, as well as provides insights about its placement within a County’s existing senior services infrastructure. With increasing interest in replicating the model across the U.S., we provide evidence and guidance to support these efforts.

BUILDING AN EFFECTIVE MULTIDISCIPLINARY TEAM: MISSION, COMPOSITION, AND PROCEDURES

D.C. Homeier, Davis School of Gerontology, University of Southern California, Los Angeles, California

The Los Angeles Elder Abuse Forensic Center provides comprehensive case examination, documentation, consultation, and prosecution for cases of elder and dependent adult abuse. Launched in 2006, the Forensic Center has heard nearly 1,000 cases. Each week, members review 3–4 new cases; most are presented by APS and/or law enforcement. Presentations include a brief background and history of the problem with descriptions of interventions attempted or completed. Following case discussion, attendees identify goals and make recommendations. Outside the weekly meetings, team members assist those working the case (usually APS and law enforcement) through activities such as: assessing health status, capacity, and need for health/mental health care or social services; reviewing medical records; conducting home assessment; doing neuropsychological testing; and providing ongoing case consultation. This paper describes the unique structure, the diverse participating agencies, the process used to conduct reviews, and the team’s activities during the “other 38 hours” of the week.

PROMOTING APPROPRIATE CONSERVATORSHIP INTERVENTION IN LOS ANGELES: THE ELDER ABUSE FORENSIC CENTER

J.M. Yonashiro-Cho1, A.E. Navarro2, Z.D. Gassoumis1, K. Wilber1, J. Leonard Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. School of Behavioral and Applied Sciences, Azusa Pacific University, Azusa, California

Cognitive incapacity is a common factor in cases of elder mistreatment and self-neglect. Conservatorship (or guardianship), a sometimes necessary and appropriate intervention to halt or reverse abuse, is one tool used by the Los Angeles County Elder Abuse Forensic Center (FC) to promote safety and well-being for cases presented. This session examines the FC’s effectiveness in supporting conservatorship by comparing cases seen at the FC with a propensity score-matched sample of usual care Adult Protective Services (APS) cases. Data were obtained from APS, the Office of Public Guardian, and public records. Preliminary analysis (N=573) shows FC cases to have over seven times greater odds of being referred for conservatorship (OR 8.5, CI:4.6-15.9, p<.001), which leads to higher rates of conservatorship among FC cases (19.6% vs. 1.7%; χ2=47.9). Results point to the FC as a catalyst for increasing access to conservatorship, which can enhance safety for cognitively impaired victims of abuse.

PROTECTING VICTIMS OF FINANCIAL EXPLOITATION: THE FORENSIC CENTER EFFECT ON PROSECUTIONS

A.E. Navarro1, Z.D. Gassoumis, K. Wilber2, J. Azusa Pacific University, Azusa, California, 2. Univ. of Southern California, Los Angeles, California

Elder financial exploitation is defined as the taking or misappropriation of an older person’s property, possessions, or financial assets. For cases reported to Adult Protective Services (APS), arriving at a remedy can be time-consuming and complex, requiring cooperation from various professionals. This presentation highlights the Los Angeles Elder Abuse Forensic Center’s effect in facilitating one aspect of case remediation: prosecution. Using a propensity score-matched sample, we assessed the “value added” of Forensic Center presentation for APS cases. Each victim reviewed at the Center from April 2007-December 2009 (n=241) was matched with an unduplicated APS client served during the same period (n=33,650). Logistic regression has revealed that Forensic Center cases have 10 times greater odds of being presented to the District Attorney (OR 11.0, CI:4.7-26.0, p<.001). A new extraction
of clients’ APS case files has augmented the results to underscore the great value of Forensic Center involvement for achieving prosecutorial outcomes.

CLIENTS’ APS RECIDIVISM IS REDUCED AFTER INVOLVEMENT OF AN ELDER ABUSE FORENSIC CENTER

Z.D. Gassounis, J. Wyssong, K. Wilber, Davis School of Gerontology, University of Southern California, Los Angeles, California

A primary goal in elder abuse interventions is the cessation of current abuse and prevention of future abuse. As such, client recidivism in the Adult Protective Services (APS) system—having a new case of abuse after the baseline case is closed—is a key metric of success for the Los Angeles County Elder Abuse Forensic Center, an intervention targeting complex cases of abuse, neglect, and self-neglect. We report recidivism patterns for a propensity score-matched sample (n=568) of cases seen at the Forensic Center or provided usual care from APS. Preliminary results have shown presentation at the Forensic Center to significantly reduce recidivism (from 41% to 20%), but that recidivism remains higher for the Forensic Center cases than the usual care group (11%). This paper builds on these results with data extracted directly from the APS case files to provide support for the effectiveness of the Forensic Center model.

ADULT PROTECTIVE SERVICES: PERSPECTIVE ON THE FORENSIC CENTER AND PARTICIPATION IN EFFICACY STUDIES

S.C. Dato, L. Sanchez, Community & Senior Services, County of Los Angeles, Los Angeles, California

Health and Human Services organizations are punctuated by a disinclination to share information with different systems of care. This results in service fragmentation and poses a significant barrier to obtaining evidenced-based outcomes needed for service planning. This section identifies barriers to APS’ participation in the implementation of the Forensic Center and subsequent efficacy studies, which include: resistance to change from “traditional” ways of doing business; and, confidentiality of records. The section also includes the following solutions and best practices for overcoming these barriers: obtaining executive support for change; correcting perceptions through cross training and team building; and, separating legal constraints on privacy from those that stem from “traditional” practices and developing procedures to safe-guard privacy. APS will close with a commentary on the success and effectiveness of the Forensic Center in facilitating a multifaceted approach to the development of a comprehensive case plan and the prosecution of elder abuse perpetrators.

SESSION 650 (SYMPOSIUM)

DIVERSITY AND CHALLENGES IN LATE LIFE CAREGIVING EXPERIENCES

Chair: N.P. Kropf, Georgia State University, Atlanta, Georgia
Co-Chair: S.M. Cummings, University of Tennesse, Nashville, Tennessee

With increases in the older population, caring for older adults has become a more typical experience within the family life course. In a national survey, an estimated 28 million households (24% of all households in the country) are involved in providing care to an older family member (National Alliance for Caregiving, 2009). Furthermore, only 35% of the caregivers receive help from paid sources which means that the majority of elder care is completed by informal types of support. The complexities of elder care can tax the coping and resources of families, resulting in challenges with functioning and performing social roles. As the baby boom population enters their later years, these issues are expected to intensify over the coming decades. The population of older adults is increasing in diversity as well as in size, and this symposium will provide research on four diverse caregiving arrangements of later life. One presentation will present on a qualitative study that identified unique stresses of caring for depressed older adults. A second presentation reports on research on anxiety and depression of caregivers of older adults who have severe mental illness. A third study used medical examiner data to analyze caregiving experiences prior to the death of older adults. The final study compares care provision by gender of the primary caregiver to determine uniqueness and difference by male and female care providers. The four papers highlight diverse caregiving arrangements that create challenges for those who provide care, and provide implications for interventions, policy, and future study.

CARING FOR OLDER ADULTS WITH DEPRESSION: THE LIVED EXPERIENCE OF FAMILY MEMBERS

M. Luptak, M. Henry, C.E. Dufty, S.M. Metzner, College of Social Work, University of Utah, Salt Lake City, Utah

Although depression is the most widespread mental health issue in late life, the study of social factors such as family involvement and life events has been overshadowed by a focus on biological factors. This study explored the lived experience of 38 family members as they provided support for 20 community-dwelling relatives age 60 and above with a diagnosis of major depression. Qualitative data collection strategies included in-depth individual face-to-face audio-recorded interviews with family members and the use of field notes. Four general themes (with multiple subthemes) emerged: a) effects of the older adult’s depression on family functioning; b) challenges of caregiving; c) caregiver’s understanding of the older adult’s depression; and d) efficacy of depression treatments, including needed services for the caregiver. Findings illuminate complex factors that should be considered when shaping public policy and when developing evidence-informed interventions for older adults with depression and family members who care for them.

CHARACTERISTICS OF DEPRESSION AND ANXIETY SYMPTOM SEVERITY AMONG FAMILY MEMBERS OF OLDER ADULTS WITH SEVERE PSYCHIATRIC DISORDERS

S.M. Cummings, N.P. Kropf, Social Work, University of Tennessee
College of Social Work, Nashville, Tennessee

A rapidly expanding population of older adults with severe psychiatric disorders (SPD) is aging in the community and receiving care from their family members. Yet little is known little is known about caregivers of older with SPD. This study examined depression and anxiety among 96 caregivers of older adults (55 year+) with major recurrent depression, bipolar disorder, and schizophrenia-spectrum disorders. One-quarter and over 1/3rd of the caregivers met the clinical cut-offs for depression and anxiety, respectively, as measured by the Brief Symptom Inventory. A strong correlation (r=.72, p >.001) was found between depression and anxiety symptoms. However, linear regression analyses revealed differing profiles of predictors for the two constructs. Low income and being a female caring for a male were significant correlates of depression (R² =.26) while greater subjective burden, poorer health and being a spouse of the care recipient significantly predicted anxiety (R² = .40).

MODERATORS OF THE IMPACT OF SOCIODEMOGRAPHIC AND ECONOMIC FACTORS ON THE WELL-BEING OF CAREGIVING MEN

A. Schwartz, Boston College, Chestnut Hill, Massachusetts

This study was a secondary data analysis that focused on the relationship between sociodemographic and economic factors on the well-being of male caregivers of older adults, including moderators of these relationships. The sample included 908 caregivers (297 men, 611 women) for individuals age 60 and over. Two significant results were found. Chow’s test indicated a significant difference between men’s and women’s level of emotional stress among sandwich generation caregivers (OR=4.46), with higher emotional stress among men than women.
There was also a significant difference between unemployed males and females who used technology to gather caregiving information (OR=4.71). In this situation, the male sample also reported higher emotional stress than their female counterparts. This study contributes to understanding the risk factors for well-being within various subgroups of caregivers and how these relationships differ by gender. Implications for practice and policy will be discussed.

SUDDEN DEATH IN ELDERS: HOW INVOLVED WERE THE CAREGIVERS?
S. Sanders, University of Iowa, Iowa City, IA, Iowa

Not all caregivers are involved at the same level in the care of older adults. The involvement of the caregivers can impact the end-of-life process of the older adult, with some older adults not receiving the care from professional or family caregivers dying in sudden, unexpected ways. This study, utilizing cases from a Midwestern medical examiner’s department, examined the role of caregivers prior to the death of older adults. A review of cases over a 9 month period revealed that less than 30% of the older adults were receiving assistance from a professional or family caregiver at the time of their death. Through further analysis of these cases, it was determined that greater caregiver involvement could have assisted in preventing some of the factors that led to the death of the older adults, particularly greater monitoring of the older adult for safety concerns and assistance with activities of daily living.

SESSION 655 (SYMPOSIUM)

GEDI WISE: A CMS HEALTH CARE INNOVATION AWARD PROGRAM TO IMPROVE GERIATRIC ED CARE
Chair: U. Hwang, Icahn School of Medicine at Mount Sinai, Rye, New York, James J. Peters VAMC, Bronx, New York
Discussant: J. Schumacher, University of Maryland, Baltimore County, Baltimore, Maryland

Geriatric Emergency Department Innovations in care through Workforce, Informatics and Structural Enhancements (GEDI WISE) is a collaboration of 3 emergency departments (ED) at The Mount Sinai Medical Center in New York City; St. Joseph’s Regional Medical Center in Paterson, New Jersey; and Northwestern Memorial Hospital in Chicago. These hospitals have embraced a new care paradigm, the geriatric emergency department, and have transformed both the physical environment and processes of care in their EDs. From 1/1/12 to 1/31/12, there were a total of 161,390 ED visits at these 3 EDs; 16% by patients ≥65 years old. By site, admission rates ranged from 50-62%, 30-day readmission rates 13-19%, and 72-hour ED revisit rates 2.7-2.73%. Median ED length of stay ranged from 4.0-5.2 hours for discharged patients and 5.8-10.1 hours for admitted patients. GEDI WISE uses evidence-based geriatric clinical protocols, informatics support for patient monitoring, notification and clinical decision support, and structural enhancements in the ED to improve the health and healthcare of older adults while decreasing hospitalizations, rehospitalizations and repeat ED visits. Five symposiums will discuss unique features and programs across the 3 Geriatric EDs. These include: 1. a GEDI nurse “liaison” curriculum, 2. a holistic program using a medical harpist and concierge bedside patient care services, 3. use of a regional health information exchange system to coordinate patient care across multiple hospital systems and electronic templated geriatric ED care documentation, 4. structural modifications to the ED environment, and 5. a transitional care team to facilitate patient discharge from ED to home.

GEDI-WISE: INCIDENCE OF ED FALLS BY OLDER ADULTS BEFORE AND AFTER THE IMPLEMENTATION OF STRUCTURAL GERIATRIC SAFETY ENHANCEMENTS

In-hospital falls are a marker of quality care though little is known about in-ED falls. To characterize the in-ED fall rate among patients ≥65 years old and assess if fall rates decreased following the institution of geriatric structural enhancements to prevent falls (improved lighting, non-slip floors, handrails, geriatric chairs), we conducted a retrospective review of falls reported in the hospital’s medical event reporting system (MERS) among patients ≥65 years old before (May 2011-Jan 2012) and after the institution of structural geriatric safety enhancements (Feb-Dec 2012). The overall fall rate among patients ≥65 years old during the entire study period was 0.561 per 1000 visits. The fall rate before and after the structural enhancements were put in place was 0.594 and 0.502 falls per 1000 visits, respectively. ED fall rate among older patients has decreased following the implementation of structural geriatric safety enhancements.

HOLOSIC Adjuncts TO GERIATRIC EMERGENCY CARE IN AN INNER CITY ACADEMIC MEDICAL CENTER
M. Rosenberg, M. Christensen, D. Adinario, S. Pineda, Emergency Medicine, St Josephs Healthcare System, Paterson, New Jersey

As an adjunct to traditional emergency care in the ED, holistic and non-traditional modalities can be a perceived benefit to staff and patients as well as family and caregivers. Specifically music has been shown to significantly decrease anxiety among patients as well as staff. In addition, music creates a quieter, more relaxed environment. The Geriatric ED at St. Joseph’s Regional Medical Center has supplemented their emergency services with holistic modalities to include a Medical Harp, Aromatherapy, Pranic Healing and Therapeutic Touch. The Bedside Harp program, initiated in September of 2012, has demonstrated positive outcomes in terms of patient and staff comments. Representative comments include, “…it is so calming and relaxing” and “…it makes such a difference” and “…the music is so soothing.” Each month, the Bedside Harp program encounters more than 250 Geriatric ED patients, staff, and visitors and provides approximately 100 one-on-one harp therapy sessions.

GEDI-WISE: HEALTH IT - ENHANCED GERIATRIC EMERGENCY DEPARTMENT SCREENING AND CARE COORDINATION
N. Genes1, J.S. Shapiro1, G. Abraham1, C. Grudzen1, U. Hwang1, D. Nassisi1, K. Baumlín.1, Emergency Medicine, Icahn School of Medicine at Mount Sinai, New York, New York, 2. James J. Peters VAMC, Bronx, New York

GEDI WISE interventions include emergency department (ED) screening of patients aged ≥65 for risks of high utilization, falls and delirium. Validated tools like ISAR (Identification of Seniors at Risk), Get-Up-and-Go (GUG) testing, and CAM (Confusion Assessment Method) were embedded into the electronic health record templates to facilitate screening by ED clinical staff and allow automated data capture of screening findings. In 3,320 ED visits by ≥65 patients from 12/2012-2/2013, increasing use of ISAR, CAM, and GUG occurred each month (ISAR: Dec 77%, Jan 79%, Feb 85% completed; p<0.0001). GEDI WISE event notification services, created with the Healthix health information exchange (HIE), notify the GEDI WISE team, in real time, whenever any patients (currently n=665) being followed by its Transitional Care Management Team have an ED visit, admission or discharge from any of >40 other Healthix hospitals. HIE-enhanced care coordination across institutions may prevent hospitalizations, readmissions and shorten length of stay.
A CURRICULUM FOR GEDI NURSE LIAISONS
A. Aldeen, S. Malik, J.G. Adams, L. Lindquist, D.M. Courtney, Emergency Medicine, Northwestern University Feinberg School of Medicine, Chicago, Illinois

ED nurses trained in validated geriatric assessment tools may help reduce unnecessary hospital admissions and revisits for geriatric patients. At Northwestern Memorial Hospital, 4 ED nurses were selected to serve as GEDI nurse liaisons. Collectively these 4 nurses possess 98 years of clinical experience. The liaisons were trained using a comprehensive curriculum created by an interdisciplinary team of EM, geriatrics, and palliative medicine educators. The curriculum included inpatient geriatrics, outpatient geriatrics, inpatient palliative consults, palliative simulator sessions, asynchronous education, lectures, education in palliative and end-of-life care in emergency medicine (EPEC-EM), and independent study. Each nurse underwent 18 inpatient hours, 32 outpatient, 4 simulation, 22 independent, 4 asynchronous, 20 inpatient palliative, 16 EPEC-EM, and 12 lecture hours for a total of 128 hours of structured instruction over a 4-month period. After curriculum completion, the liaisons have been working alongside regular ED clinical staff, providing geriatric assessments and consultations to older adults.

GEDI WISE: AN INFORMATICS ENHANCED TRANSITIONAL CARE INTERVENTION FROM ED TO HOME
M. Sanon1, B. Morano2. 1. Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, New York, 2. Emergency Medicine, Icahn School of Medicine at Mount Sinai, New York, New York

A visit to the ED offers a unique opportunity to identify the complex care needs of older adults and facilitate care coordination among other health care reform programs. An interdisciplinary transitional care team made up of an ED physician, Geriatrician, NP, pharmacist, PT and SW work together to develop a comprehensive plan of care for vulnerable older adults at high risk for adverse outcomes. A landing page in the EHR prevents duplication of services among other recently launched care coordination programs and ensures appropriate hand-off back to them. For those unassigned patients discharged to home, the ED Transitional Care NP will follow up telephonically at 48 hours and 10-14 days post index ED visit to insure medication compliance, referrals for newly identified homecare needs, and appropriate handoff to PCP. Access to a regional electronic health information network further improves care coordination by providing notifications of subsequent ED use.

SESSION 660 (SYMPOSIUM)

NATIONAL SEXUALITY, AGING, AND HEALTH RESEARCH: OPTIMAL AGING AMONG LGBT OLDER ADULTS
Chair: K.I. Fredriksen-Goldsen, University of Washington, Seattle, Washington

Given population aging and the increasing diversity of the older adult population, the number of lesbian, gay, bisexual, and transgender (LGBT) older adults is steadily increasing. The Institute of Medicine and the CDC both identify the lack of attention to sexual orientation and age critical gaps in our understanding to reduce health disparities. While recent research has documented health disparities among LGBT older adults, little is known about optimal aging among LGBT older adults and the risks and resources that influence aging in these historically disadvantaged populations. This symposium highlights important findings from the ground-breaking study of LGBT health and aging, with 2,560 demographically diverse LGBT adults 50 and older, conducted through community based collaborations. Fredriksen-Goldsen and colleagues present an innovative model for investigating quality of life and the range of health outcomes among LGBT older adults. The relationship between race and ethnicity and personal and social resources and risks are explored by Kim and colleagues, as they relate to psychological well-being among LGBT older adults.

RACIAL AND ETHNIC DIFFERENCES ON PSYCHOLOGICAL WELL-BEING AMONG LESBIAN, GAY, BISEXUAL AND TRANSGENDER OLDER ADULTS AND THE IMPACTS OF LIFE STRESSORS AND SOCIAL RELATIONS
H. Kim, K.I. Fredriksen-Goldsen, School of Social Work, University of Washington, Seattle, Washington

Psychological well-being is an important part of optimal aging. Little is known about racial and ethnic disparities in psychological well-being among LGBT older adults. This study examines associations between race/ethnicity and psychological well-being (mental health related quality of life). By adding life stressors (the number of life-time discrimination events and internalized stigma) and social support (social network size, availability of social support, and perceived isolation) to the regression model, we will examine whether life stressors and social relations account for racial and ethnic differences of psychological well-being among LGBT older adults. To counter multiple types of discrimination, macro level interventions may improve outcomes. Micro level interventions to alleviate internalized stigma, fostering higher quality of social support and reducing feeling of isolation may also improve the psychological well-being among racial/ethnic minorities within lesbian, gay, bisexual and transgender older adult communities.

THE IMPACT OF HIV ON THE LIVES OF LGBT OLDER ADULTS

HIV disproportionately impacts the LGBT community, particularly gay and bisexual men. The CDC indicate that a quarter million adults age 50+ are living with HIV disease in the U.S. This paper explores the impact of HIV disease on older LGBT participants of Caring and Aging with Pride. Utilizing data from LGBT older adults with and without HIV disease, demographic and health outcomes are examined. Results: Those living with HIV were significantly more likely to be men, people of color, and live below 200% of the poverty level. They experienced poorer physical and mental health, were more likely to live alone and had greater emergency room use. Those living with HIV were more likely to engage in sexual risk behavior. Education and interventions are needed to reduce sexual risk as well as address the physical health and psychosocial well-being of LGBT older adults living with HIV to support optimal health.
THE ROLE OF PROXIMAL MINORITY STRESSORS IN LGB OLDER ADULTS’ PSYCHOLOGICAL WELL-BEING
C.P. Hoy-Ellis, School of Social Work, University of Washington, Seattle, Washington

In the general population, psychological distress begins to decrease at around age 50, even more so after age 65. The rates among lesbian, gay, and bisexual (LGB) older adults may be three to four times higher than their heterosexual peers. Psychological well-being among LGB populations is negatively impacted by concealment of sexual orientation and internalized heterosexism. This study uses structural equation modeling to examine the relationship between these stressors and psychological distress among LGB adults aged 50 older. Findings indicate that internalized heterosexism fully mediates the relationship between concealment and psychological distress/well-being. Furthermore, despite a statistically significant increase in psychological well-being among those aged 65 and older, the rates of psychological distress remain unacceptably high for these populations. Implications for optimal aging among LGB older adults are discussed.

UNDERSTANDING SOCIAL NETWORKS AND SOCIAL SUPPORT IN THE LIVES OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OLDER ADULTS

Little is known about the structure of social networks and its relationship with social support among lesbian, gay, bisexual, and transgender older adults. This paper contributes to the social network theory and literature on measurement of social networks by examining the properties of social networks among lesbian, gay, bisexual, and transgender older adults. We use egocentric social network data collected as part of the CAP project to examine the size of social networks (also known as degree) and intersections of social networks by age (older or younger than 50), gender (men or women) and sexual orientation and gender identity (lesbian, gay, bisexual, and transgender). In addition, we examine network diversity as defined by existence of links to individuals in other sexual orientation subgroups. Finally, we look into the relationship between social network structures and the amount and quality of social support and their joint influence on health outcomes.

REFLECTIONS OF AGING AND OTHER LIFE EXPERIENCES FOR LESBIAN, GAY, AND BISEXUAL ADULTS AGE 50 AND OLDER
A. Muraco, K.I. Fredriksen-Goldsen, 1. Loyola Marymount University, Los Angeles, CA, 2. University of Washington, Seattle, Washington

This paper examines experiences of aging in the lives of lesbian, gay, and bisexual (LGB) adults, age 50 and over from a symbolic interaction perspective. The paper examines LGB adults’ responses to questions about their specific aging processes and how they perceive aging in LGB and heterosexual communities. Using data collected from in-depth interviews with LGB adults age 50 and older (N =34) as part of Caring and Aging with Pride, we examine how partnership status, health status, and other factors affect self-perceptions of aging and their views of the future. The findings show that participants who co-reside with a partner have more positive views of aging than individuals who are single or partnered, but not co-residing. Having multiple health conditions, including disabilities, tends to be associated with a more negative perception of aging and of the future, more broadly. While many participants see little difference in aging by sexual orientation, others point to specific differences between heterosexual and LGB communities including pressures to maintain health and fitness and concerns about future housing and financial support.

SESSION 665 (SYMPOSIUM)

NATIONAL STUDY OF LONG-TERM CARE PROVIDERS: A NEW RESOURCE TO SUPPORT RESEARCH, POLICY AND PRACTICE
Chair: L. Harris-Kojetin, National Center for Health Statistics, Hyattsville, Maryland
Discussant: N. Castle, University of Pittsburgh, Pittsburgh, Pennsylvania

The National Study of Long-Term Care Providers (NSLTC) is a groundbreaking new initiative by the National Center for Health Statistics (NCHS) to help monitor the United States’ diverse and evolving long-term care (LTC) services industry and inform healthcare practice and policy. NSLTC uses two key data sources to provide information on the supply, use, and characteristics of the five major LTC sectors: (1) survey data on adult day services centers, and assisted living and similar residential care communities (RCCs); and (2) administrative data on home health agencies, nursing homes and hospices. NCHS plans to conduct NSLTC every two years and release report findings from the first wave of data collection in December 2013. This symposium describes NSLTC, presents selected findings from upcoming NSLTC reports, and provides reflections on NSLTC from a distinguished discussant with broad LTC research experience. The first presentation introduces the NSLTC goals, design, and lessons learned from the 2012 wave of NSLTC. The second through fourth presentations present national estimates and, where feasible, state estimates. The second presentation gives a profile of adult day services centers, RCCs, nursing homes, home health agencies, and hospices, and describes services offered, payment sources, staffing, and the demographic characteristics and functional status of the people served. The third and fourth presentations, respectively, provide a profile of RCCs and their residents, and a profile of adult day services centers and their participants.

INTRODUCTION TO THE NATIONAL STUDY OF LONG-TERM CARE PROVIDERS (NSLTC)
L. Harris-Kojetin, National Center for Health Statistics, Hyattsville, Maryland

In 2012, the National Center for Health Statistics (NCHS) launched the integrated National Study of Long-Term Care Providers (NSLTC), which replaced the National Nursing Home Survey, National Home and Hospice Care Survey, and National Survey of Residential Care Facilities. The NSLTC aims to provide reliable, accurate, and timely statistical information on the U.S. national supply of five major sectors of paid, regulated LTC services providers: adult day, residential care, home health, nursing home, and hospice. Information collected includes key characteristics of these providers and services offered, allowing for comparisons among the sectors and monitoring trends over time. NCHS fielded surveys of 5,000 adult day providers and 11,700 residential care communities, completed data collection in February 2013, and is working with administrative data sources on home health agencies, nursing homes and hospices. This presentation highlights the NSLTC design and methods, upcoming products, and lessons learned from the first wave of NSLTC.

THE SUPPLY AND USE OF PAID, REGULATED LONG-TERM CARE SERVICES: UNITED STATES, 2012
M. Sengupta, E. Park-Lee, L. Harris-Kojetin, CDC/NCHS, Hyattsville, Maryland

The National Study of Long-Term Care Providers (NSLTC) collects information on providers and users of long-term care services using nationally representative surveys and administrative data. Using data from the NSLTC, this presentation provides an overview of the supply and use of major types of paid, regulated long-term care services in the United States. A national profile of the five major sectors of long-term care services include adult day services centers, residential care...
A PROFILE OF ASSISTED LIVING AND SIMILAR RESIDENTIAL CARE COMMUNITIES: UNITED STATES, 2012
C. Caffrey, L. Harris-Kojetin, M. Sengupta, National Center for Health Statistics, Hyattsville, Maryland

The National Study of Long-Term Care Providers (NSLTCP) includes a nationally representative survey of assisted living and similar residential care communities. Using 2012 NSLTCP data, this study provides a national profile of residential care communities and their residents. Results will be presented on the overall characteristics, staffing, and service provision of residential care communities. Demographic and health characteristics of residents in residential care communities will be included in the presentation. We will highlight findings on special topics, like Medicaid participation, person-centered care, emergency department use and hospitalizations, and use of electronic health information systems. We will present trends and state-level estimates for select characteristics. This study provides information useful to researchers, policymakers, service providers, and consumer advocates in their plans to meet future long-term care needs.

A PROFILE OF ADULT DAY SERVICES CENTERS: UNITED STATES, 2012
L.L. Dwyer, L. Harris-Kojetin, Division of Health Care Statistics, National Center for Health Statistics, Hyattsville, Maryland

The 2012 National Study of Long-Term Care Providers (NSLTCP) collected information on over 3,000 adult day services centers (ADSCs) in the United States. ADSCs, a growing sector in the long-term care continuum, offer a variety of critical services aimed at meeting the needs of non-institutionalized elderly and chronically-ill individuals in their communities. Using 2012 NSLTCP data, this session will present estimates on ADSCs’ licensure, enrollment, and capacity; funding and revenue sources; and transportation services. Estimates also will be provided on admission screenings for cognitive impairment and depression, and for disease-specific programs for better management of selected chronic conditions. Furthermore, the prevalence of two significant health policy-relevant practices—person-centered care and electronic health records—will be presented. This presentation will highlight the value of these important national and state-level data, which are infrequently available to policymakers, providers, and researchers involved in planning for the long-term care needs of the U.S. population.

SESSION 670 (SYMPOSIUM)

OPTIMIZING CARE TRANSITIONS: IMPROVING SERVICES, PROGRAMS AND POLICIES FOR VULNERABLE OLDER ADULTS
Chair: S.E. Lowey, University of Rochester, Rochester, New York, The College at Brockport State University of New York, Brockport, New York
Co-Chair: T.J. Roberts, William S. Middleton Veteran Affairs Hospital, Madison, Wisconsin
Discussant: M.D. Naylor, University of Pennsylvania, Philadelphia, Pennsylvania

Older adults with multiple chronic conditions are at high risk for many adverse outcomes, particularly when transitioning from one care setting to another. With the number of older adults expected to double by the year 2025, greater assurance of optimal quality care transitions for this population is of vital importance. Poor quality transitions are associated with various adverse outcomes for older adults and likely contribute to costly and avoidable high rates of re-hospitalization. Advances in transitional care research have led to improved satisfaction, care coordination and reduced re-hospitalization rates. The aim of this symposium will be to highlight current research focused on advancing the evidence-base of transitional care services for older adults across the continuum of aging. The first presentation will emphasize the transition from independence to dependence by exploring the impact of driving cessation on changes in older adult living environments. The second presentation will highlight the implementation of a transitional care program designed to improve coordination of care for older adults discharged from hospital to community settings. The third and fourth presentation will underscore the challenges of transitions for special populations; persons with dementia and persons at the end of life. The former will describe factors that complicate transitions for persons with dementia transitioning from the hospital to nursing home. The final presentation will explore transitions surrounding health care utilization and resource use during the last year of life. The influence of policy on care transitions will be discussed.

DRIVING CESSATION AND RISK OF INSTITUTIONALIZATION
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Driving is necessary for mobility and independence to many older Americans. This study examined the relationship between driving cessation and transition from home to long-term care of adults aged 65 and older, using logistic regression and discrete-time multivariate hazard models. Data came from the 1998–2008 waves of Health and Retirement Study (N=9,347; 58.6% female; Mean age=74.3); 7.2% of respondents were institutionalized during follow-up. Logistic regression results showed that non-drivers (former and never drivers) at baseline were more likely to enter into long-term care as compared to active drivers (OR=1.42, 95% CI=1.01–1.99) after accounting for baseline sociodemographic and health characteristics. Discrete-time hazard model results indicated that driving cessation was significantly associated with the likelihood of institutionalization (HR=7.7, 95% CI=5.9–10.04) after accounting for sociodemographic characteristics and time-varying health status. The findings imply that the loss of independent means of transportation is associated with care transitions in later life.

IMPLEMENTATION OF THE C-TRAC PROGRAM: A TRANSITIONAL CARE OPTION DESIGNED FOR LOW-RESOURCE AND RURAL AREAS
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Background: Transitions can be treacherous for all high-risk populations, yet virtually no transitional care programs are designed to operate within low-resource or rural settings. Methods: To combat this care gap we developed and implemented the Coordinated-Transitional Care (C-TraC) program—a phone-based, nurse case manager-led program, which uses defined protocols to improve transitional care quality even for patients who reside at great distances. Implementation of C-TraC required multiple, iterative phases. Widespread stakeholder engagement, adaptations to accommodate a phone-based approach, and integration with existing discharge processes were critical to success. Results: C-TraC costs $250/patient enrolled, but decreases 30-day rehospitaliza-
FACTORS THAT IMPACT THE QUALITY OF HOSPITAL-TO-SKILLED NURSING FACILITY TRANSITIONS FOR PERSONS WITH DEMENTIA: A QUALITATIVE STUDY

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Background: Very little research has examined transitional care quality for persons with dementia (PWD) discharged to skilled nursing facilities (SNFs) despite their high risk for rehospitalization. Methods: This qualitative study utilized individual/group interviews with nurses (N=33) employed at 8 SNFs in Wisconsin to identify factors that impact transitional care quality for PWD. Data were analyzed using Grounded Dimensional Analysis. Results: Nurses described hospital-SNF transitions for PWD as difficult and resource-intensive, especially for individuals with challenging behaviors who often experience rehospitalization. Engaged caregivers during transition, high quality discharge communication and access to knowledgeable informants to establish social history prior to admission were critical to facilitating high quality transitions for PWD. Conclusions: Engagement of caregivers in the transition process and detailed social history can improve the quality of transitions for PWD. Future work should explore strategies to reduce rehospitalizations for persons with challenging behaviors.

HEALTH CARE & RESOURCE UTILIZATION AMONG MEDICARE BENEFICIARIES WITH ADVANCED ILLNESSES

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Older adults with advanced illnesses often live in a cycle of intermittent hospitalizations and home care services which disrupts care continuity at end of life and results in higher costs and resource utilization. The purpose of this study was to explore care transitions among Medicare beneficiaries with heart failure, COPD, and lung cancer at end of life. We used Chronic Condition Warehouse data to examine relationships between diagnosis and healthcare utilization among 213,042 Medicare beneficiaries who died in 2009. Beneficiaries diagnosed with heart failure (32%) or heart failure and COPD (24%) experienced the greatest number of transitions during the last year of life. Beneficiaries with lung cancer were more likely to use hospice at the end of life, therefore had fewer transitions between healthcare settings. These findings illustrate how health conditions influence numbers and types of transitions and have implications for target and design of transitional care programs.

SESSION 675 (PAPER)

DEPRESSION RELATED RESEARCH AMONG COMMUNITY DWELLING ELDERS

OUTCOMES OF A TELEHEALTH INTERVENTION FOR DEPRESSED OLDER ADULTS WITH HEART OR CHRONIC RESPIRATORY FAILURE

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Telehealth is emerging as a viable intervention to treat complex chronic conditions including heart failure (HF) and comorbid depression which is prevalent among older adults. This randomized field trial in the homecare sector examines the impact of an integrated telehealth depression care intervention on health, depression, and service utilization outcomes among homebound older adults with HF. Patients were randomly assigned to the standard homecare (SHC) group or a telehealth intervention group. Over a three month period, SHC patients (n = 51) received weekly face-to-face homecare visits augmented with psychoeducation. Patients assigned to the telehealth group (n = 51) received evidenced-based problem-solving therapy and were also monitored for blood pressure, heart rate, weight, temperature, and oxygen saturation daily, using an in-home telehealth device. Telemetric data were electronically sent to the homecare-based telehealth nurse for review. An intent to treat analysis (ITT) was conducted with all randomized patients kept in the analysis. Random effects modeling was the main analytic method used for assessing outcome measures and intervention robustness. Telehealth participants reported significant reductions in depression scores and improvements in perceived general health and social functioning as compared to SHC participants. ER visits and episodes of care were significantly reduced with an observed trend toward fewer hospital days for telehealth participants compared to controls. Telehealth was found to be a feasible, economical, and generalizable health care delivery model. After attending this activity, attendees will be able to discuss the health and mental health and service utilization benefits associated with using a telehealth intervention.

DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS LIVING ALONE: FINDINGS FROM MULTILEVEL MODELING ANALYSIS

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Limited empirical evidence is known regarding neighborhood effects on depressive symptoms among Korean older adults living alone. Understanding of the neighborhood effects on depressive symptoms could help to reach the larger number of older adults by using environmental intervention strategies. To fill the existing gap, this study, guided by Andersen’s behavioral model of health service utilization, examines whether individual characteristics are associated with depressive symptoms, and identifies whether neighborhood characteristics are predictors of depressive symptoms among Korean older adults living alone, controlling for individual characteristics. Data using a cross-sectional design and stratified probability samplings were collected from 1,023 Korean older adults living alone in the Busan Metropolitan area in South Korea. A multilevel modeling analysis was conducted to test the hypothesis that neighborhood characteristics are predictive of depressive symptoms. The results revealed that male gender, lower income, lower level of functional abilities, higher number of chronic diseases, and lack of social networks were related to higher risk of depressive symptoms. There was no relationship between age and depressive symptoms. Neighborhood poverty, elderly concentration, and the ratio of senior centers to older adults were not associated with depressive symptoms. On the basis of this study’s findings, these results can be used for practice and policy to target and provide educational outreach programs and supportive services to people in high risk populations. This study suggests that future research may examine more applicable neighborhood characteristics by means of a longitudinal design.

AGING WITH A MAJOR MENTAL ILLNESS IN THE COMMUNITY: FINANCIAL BURDENS OF HEALTH CARE

J. Greenberg, University of Wisconsin, Madison, Wisconsin

Growing numbers of older people with a mental illness live independently in the community. It is well established that they are at increased risk for health problems. Yet little is known about the barriers they face in accessing appropriate health care and the associated health care costs. Data were drawn from the Wisconsin Longitudinal Survey, a long-term study of a random sample of 1957 high school graduates (n=10,317) and their randomly selected sibling. Comparisons were
made with respect to the quality and cost of health care between 342 WLS respondents (average age of 62), who had a mental illness (MI) and their WLS age peers who did not have a MI. No group differences were found in their satisfaction with the quality of health care or their access to routine health care. However, older adults with MI reported substantially higher health care costs. They experienced higher out-of-pocket costs for total medical care (a difference of ~$300, t=5.96, p<.001) and higher medication costs (cost difference of ~$100, t=5.64 p<.001). They were three times as likely to delay seeking medical care because of concerns about the cost of care, but more likely to be hospitalized (28% vs. 16%, t=4.601, p<.001). The financial burden of health care faced by older adults with a MI may lead to delays in seeking treatment, leading to higher rates of hospitalization. Implications for improving services to better meet the health care needs of older adults with MI will be discussed.

FACTORS AFFECTING DEPRESSION AMONG COMMUNITY-DWELLING ELDERLY IN TAICHUNG, TAIWAN

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Taiwan has become one of the fastest aging places in the world and the current elderly population consists of 11% of the total population in Taiwan. Depression and suicides are also fast growing in communities but screening for depression often poses difficulties due to social stigma, sampling, and screening tools. The purpose of this study was to use the Depression Quasi-Adaptive Form, a method of Pyramidal Adaptive Test using depression questions from the Patient Reported Outcomes Measurement Information System hosted by the National Institute on Health. All residents of Taichung City age 65 and older were randomly selected to participate in depression screening. A total of 1292 community-dwelling older adults participated in the screening. The results showed that 14.5% of the elderly living in Taichung was depressed. The demographic characteristics of the participants were almost 75 years old, with half being women (50.2%). The age distribution of the participants showed that the largest proportion were 70-74 years old, consisted of almost 30% of the elderly population. The results showed that age, marital status, living arrangement, having chronic diseases and availabilities of local community activities were the significant factors for depression. Disparities between depression and community resources in 29 districts within the City were also discussed. This study showed a first-time effort for Taichung City to perform a city-wide depression screening for the city’s elderly residents. The conclusion proposes interventions for mental health promotion including education for depression awareness, community referrals and risks management.

SUICIDE IDEATION AMONG OLDER CHINESE ADULTS LIVING IN RURAL COMMUNITIES

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The suicide rate in mainland China is among the highest in the world. In the literature, very few studies have discussed the suicide issues related to older Chinese adults living in rural communities. Using the data extracted from the Sample Survey on Aged Population in Urban/Rural China in 2006, this study describes the prevalence of suicidal thoughts reported by older Chinese adults. Guided by the bio-psychosocial model of mental health, this study also examined factors that are related to older adults’ suicidal thoughts. The study included 7,939 older Chinese adults living in rural communities. Of them 0.9 percent reported thoughts of suicide in the last year. A logistic regression analysis showed that the likelihood of reporting suicidal thoughts was lower among older adults who were older (OR=.95, p=.03), lived with their children (OR=.53, p=.02), and had a confidant (OR=.53, p=.02). On the contrary, the likelihood of reporting suicidal thoughts were higher among older adults who experienced higher levels of financial strain (OR=1.54, p=.03), functional impairments (OR=1.07, p=.01), and depression (OR=1.26, p=.00). Study findings could help health care professionals and community service providers develop programs that address older adults’ suicidal thoughts and prevent their suicidal behaviors.

SESSION 680 (PAPER)

ORGANIZATIONAL STRUCTURES AND PROCESSES AND RESIDENT CARE IN ASSISTED LIVING

THE RELATIONSHIP BETWEEN ORGANIZATIONAL CHARACTERISTICS AND END OF LIFE CARE PRACTICES IN ASSISTED LIVING

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Close to one million seniors live in assisted living (AL) settings in the U.S. Hospice and palliative care (PC) enable residents to remain in AL until death to avoid transfer to a nursing home. The association between organizational structures and processes and hospice/PC use in AL has not been studied in prior research. This study examined structures and processes associated with hospice/PC/discharge to nursing home. Three logistic regression models were analyzed for the likelihood of hospice/PC use and discharge to nursing home in a stratified random sample of AL facilities in one state (N=76). The models included structural (resident case mix, staffing levels, discharge criteria, license and profit status) and process (training, administrator attitudes, presence of PC services) characteristics. Findings indicated that ALs who reported that end-of-life care was important to their mission were more likely to use hospice (OR=4.20, CI=1.18-14.90); more positive administrator attitudes towards hospice increased the likelihood of hospice use by (OR=1.08, CI=1.10-1.16). Increased NH discharges increased the likelihood of ALs to use PC (OR=3.42; 1.21-9.70). ALs were less likely to discharge residents to nursing homes who were in need of PC and ineligible for hospice (OR=0.40; CI=0.17-0.94). ALs with an Extended Congregate Care license were less likely to discharge to NH (OR=0.09; CI=0.02-0.45); and increased direct care staffing levels increased the likelihood of discharge to NH (OR=1.07; CI=1.01-1.13). These findings suggest that both structural and process characteristics are associated with increased use of hospice, PC and NH.

PREDICTORS OF CARE TRANSITIONS AMONG DUAL-ELIGIBLE ASSISTED LIVING FACILITY RESIDENTS

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Care transitions across multiple health and long-term care settings has remained a major contributor to poor quality of care and high cost of care in the Medicare and Medicaid populations. This study aimed to examine care transition patterns among assisted living facility (ALF) residents in Florida and to identify predictors of burdensome transitions. We identified 311 newly enrolled dual-eligible ALF residents in the state of Florida in 2003 with at least one hospital or nursing home admission between 2003 and 2004. We linked state Medicaid enrollment records, state vital records, Medicare, and Medicaid claims data to construct resident history for these individuals and identify care transitions. Transition was defined as transfer among the following settings: ALF, hospital, and nursing home. We examined the association between baseline individual characteristics and the number of transitions. We used Poisson regression model to examine predictors of the number of transitions and logistic regression model to estimate the effect of these predictors on the likelihood of having burdensome transitions. The study sample
had a mean age of 82 years and 77% were female. We found that 44% of residents had one transition, 28% had two transitions, and 28% had three or more transitions during the study period. Female, widowed, never married, ADL/IADL limitations, and comorbidities were associated with more transitions while older age, Black or Hispanic, and having caregiver were associated with fewer transitions. Future studies should investigate intervention strategies aimed at reducing burdensome transitions and promote aging in place in this vulnerable population.

THE AGE-IN-PLACE DISPARITY OF ASSISTED LIVING: MEDICAL NEEDS IN NON-MEDICAL FACILITIES

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The assisted living care option continues to evolve from a social model to one that allows residents to age-in-place. To allow aging-in-place is to accept a resident population whose needs are elevated from basic assistance to complex and acute care. Little attention has been given to the inherent risks in caring for medically needy residents in non-medical facilities. This study examined California’s age-in-place policy within San Diego’s assisted living industry and reviewed the results in terms of California’s assisted living regulations. Using public records obtained from California’s Department of Social Services, this study collected data from state-issued licenses and waivers on 632 assisted living facilities in San Diego, CA (i.e. authorizations for hospice, bedridden and dementia residents). The resulting trend was reviewed in conjunction with California regulations (Title 22). 73% of assisted living facilities were authorized to care for at least one medically needy resident. 14% of facilities were authorized to have 50% or more (up to 100%) of their capacity as medically needy residents. Title 22 does not require facilities to staff skilled medical professionals, or maintain staffing ratios for any mix of residents. This study identified that a significant number of facilities are electing to permanently take on the responsibility of frail, medically needy residents, without the additional requirements of medical staff or staffing ratios.

INNOVATION IN RESIDENTIAL CARE FACILITIES: THE ASSOCIATION BETWEEN EHR USE AND RCF CHARACTERISTICS

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An organization is innovative only if the processes, programs, or products are implemented in advance of an external market demand. Thus, rarity (as well as timing) is an integral feature of innovation. Research on the use of electronic health records (EHR) reveals that while they are steadily increasing, their use among residential care facilities (RCFs) is rare. This study explored the organizational factors associated with the use of EHR within RCFs. Given that research has found that organizations that are innovative in one service area may also be innovative in others, we hypothesize that using EHR will be associated with other types of innovations in RCFs. The data come from the 2010 National Survey of Residential Care Facilities. There were 2,302 facilities in the sample. The data were analyzed using the logistic regression accounting for the stratified nature of the survey. The results show that 20 percent of RCFs reported using EHRs. These facilities were also more likely to have higher levels of nurses to resident ratios, use a functional assessment tool, have a designated dementia/Alzheimer’s unit, allow residents to have pets, and have a physician or pharmacist review medication orders. Furthermore, the administrators of these facilities were more likely to have a baccalaureate degree than were administrators of facilities that did not use an EHR. These findings suggest that innovation can be present across various structures and processes within RCFs. Further research is required to understand the relationship between innovation and resident quality of care/quality of life.

JOB ABANDONMENT AND STAFF TURNOVER IN ASSISTED LIVING

E. Sikorska-Simmons, UCF, Orlando, Florida

Job abandonment is recognized as a major problem in long-term care facilities. This self-initiated separation (i.e., voluntary turnover) is unexpected by administrators and is frequently referred to as “no call/no show turnover.” Although a considerable body of research exists on staff turnover in long-term care facilities, little is known about job abandonment as a distinct type of turnover. Therefore, the purpose of this study was to examine factors associated with job abandonment among staff in assisted living (AL). The sample included 950 staff in twenty-two AL facilities. All staff members who were hired and paid by the facility during a twelve-month period were assessed. Turnover data were collected in interviews with administrators and through the review of facility records. Descriptive statistics and logistic regression were used to identify factors associated with job abandonment. Of the 950 staff members assessed, 390 (41%) left their jobs during the twelve-month period. One hundred and five (27%) were dismissed, and 282 (72%) left voluntarily. More than one-third of the voluntary leavers (105 or 37%) abandoned their jobs. Compared to other voluntary leavers, they tended to be younger, non-white, U.S. born, full-time workers, and they were more likely occupy paraprofessional positions. This research suggests that job abandonment constitutes a major problem in AL. More research is needed to better understand it as a distinct type of turnover. Efforts to reduce staff turnover might be more effective if they specifically target job abandonment.

SESSION 685 (PAPER)

POLICY, COSTS, AND SERVICE UTILIZATION IN STATE MEDICAID PROGRAMS

IMPLICATIONS OF RHODE ISLAND’S GLOBAL MEDICAID WAIVER FOR REBALANCING LONG-TERM CARE UNDER THE ACA


Federal approval of the Global Waiver (GW) in 2009 provided Rhode Island (RI) with greater flexibility to modify its Medicaid program. Because 89% of long-term care (LTC) expenditures in RI are directed toward institutional settings, a primary goal was to facilitate the state’s efforts to shift the locus of LTC to non-institutional settings. This study draws lessons from RI’s experience with the GW for the LTC rebalancing provisions of the Affordable Care Act (ACA). Data derive from 325 archival sources and 26 semi-structured interviews. Results suggest that prospectively documenting home- and community-based services (HCBS) capacity is necessary to ensure that sufficient resources are available to meet the complex care needs of a larger service clientele. Results also suggest that increased reimbursement is especially important for attracting participating providers; so too is maintaining sufficient numbers of state regulators for purposes of monitoring quality. Ultimately, the distribution of LTC spending is likely to remain stagnant given just how difficult it is for laggard states such as RI to make more than marginal progress even with the provision of additional options and incentives that otherwise should promote rebalancing. Nursing home care continues to be a mandatory benefit while HCBS remains an optional benefit states may offer at their discretion. This leaves investments in HCBS especially vulnerable to the vagaries of state budget and
IMPLICATIONS OF RHODE ISLAND’S GLOBAL WAIVER FOR DESIGNING AND IMPLEMENTING LONG-TERM CARE REFORM

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As part of Medicaid expansion related to the implementation of the Affordable Care Act, between May 2011 and June 2012, California’s Department of Health Care Services transitioned approximately 380,000 Medicaid-only seniors and people with disabilities (SPD) from fee for service Medi-Cal to managed care plans. This is a precursor to the planned transition of over 1 million beneficiaries who are dually eligible for Medicaid and Medicare into Medi-Cal managed care plans, scheduled in California for September 2013. This paper presents results from an evaluation of the SPD transition, including a retrospective telephone survey with beneficiaries and their proxies (N=1,521), as well as 6 supplemental focus groups. Results will examine 1) beneficiaries experiences with notification and enrollment in managed care, 2) beneficiaries experiences accessing care through managed care plans, 3) groups of beneficiaries who were particularly vulnerable during the transition, and 4) the results of efforts to link beneficiaries to managed care plans based on FFS utilization data. Lessons learned from the transition of SPDs to managed care will be discussed in light of further Medicaid expansion activities. In particular, implications for the planned Dual Demonstration Project in California, and Medicaid expansion in other states.

HEALTHCARE UTILIZATION OUTCOMES FOR MEDICAID CUSTOMERS: A COMPARISON OF THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY, HOME AND COMMUNITY BASED SERVICES, AND NURSING FACILITIES

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The Program of All-Inclusive Care for the Elderly (PACE) is a capitated healthcare and long term care program that holds great promise for delivering affordable, quality care for dual eligibles based on its model of holistic, coordinated care. While some research establishes the benefits of PACE, there is also wide variation in cost and benefit outcomes across PACE sites and states. The Kansas Department for Aging and Disability Services (KDADS) contracted with the Office of Aging and Long Term Care (OALT), of the University of Kansas, to conduct a cost-benefit analysis of PACE compared to Home and Community Based Services/Frail Elderly (HCBS/FE) and nursing facility (NF) services for Medicaid customers in Kansas. In this presentation, we will present findings on healthcare utilization outcomes. We matched 136 PACE customers to HCBS/FE and NF customers by demographic and functional capacity characteristics using propensity score matching. We tracked hospital admissions and days, ER visits, and long term nursing facility admissions between 2006-2011 using data from MMIS and PACE sites. We will discuss challenges related to securing and comparing data across fee-for-service and capitated Medicaid programs. Results showed similar rates of hospitalization and ER visits across all three groups, but PACE customers experienced significantly fewer days in the hospital (p<.01). Among PACE and HCBS/FE customers, both programs demonstrated overall low rates of long term NF usage that were not significantly different. Additional research is needed to understand use of routine and preventative healthcare across these programs.

HOSPICE EFFECT ON NURSING HOME PATIENT OUTCOMES AND MODERATING EFFECT OF MEDICAID POLICIES

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Objective: Hospice has experienced large growth among nursing home (NH) residents, nearly tripling from 15% of all NH decedents in 2000 to close to 40% in 2010. This study estimates the effect of hospice care and the moderating effect of Medicaid NH reimbursement policies on end-of-life NH hospitalizations. Population Studied: All decedents in 15,854 NHs in the U.S.A. spanning 10 years, July 1, 1999 to June 30, 2009 (N=3,199,660). Methods: The primary outcome was hospitalization in the last 30 days of life. Independent variables were hospice election before death (yes/no), and two Medicaid state NH policies: Medicaid NH payment rates, and the presence of Medicaid case-mix reimbursement. Medicare Part A claims and NH resident assessment data (MDS) were longitudinally concatenated for each NH decedent. Facility fixed effects estimation, adjusting for patient case-mix and for time-varying facility characteristics, was used for patient level analyses. Hospice propensity scores were used to control for selection on observable risk factors. Results: Twenty-six percent of hospice and 42 percent of non-hospice residents were hospitalized in the last 30 days of life. Adjusted estimates show hospice reduces the odds of hospitalizations in the last 30 days of life by 50% (AOR 0.504; 95%CI 0.498-0.512). Higher NH Medicaid reimbursements (per $10 increment) were associated with reduced terminal hospitalizations (AOR 0.912; 95%CI 0.894-0.921), while case-mix reimbursement had a small increasing effect (AOR 1.005; 95%CI 1.002-1.009). Conclusions: Hospice is associated with reduced terminal hospitalizations among NH decedents, and Medicaid NH reimbursement policies have an independent effect.
CELLULAR SENESCENCE AND INFLAMMATION
Chair: J. Sedivy, Brown University, Providence, Rhode Island

Replicative cellular senescence is an important tumor suppression mechanism and also contributes to aging. Progression of both cancer and aging include significant epigenetic components, but the chromatin changes that take place during cellular senescence are only beginning to emerge. We used high throughput methods to map genome-wide chromatin chromatin accessibility. In contrast to growing cells, whose genomes are rich with features of both open and closed chromatin, the profiles of senescent cells are significantly smoothed. This is due to signal loss in promoters and enhancers of active genes, and signal gain in heterochromatin gene poor regions. Chromatin of major retrotransposon classes, Alu, SVA and L1, becomes relatively more open in senescent cells, affecting most strongly the evolutionarily recent elements, and leads to an increase in their transcription and ultimately transposition. Constitutive heterochromatin in centromeric and peri-centromeric regions also becomes relatively more open, and the transcription of satellite sequences increases. The peripheral heterochromatic compartment becomes less prominent, and centromere structure becomes notably enlarged. These epigenetic changes progress slowly after the onset of senescence, with some, such as mobilization of retrotransposable elements, becoming prominent only at late times. Retrotransposition is known to destabilize genomes, and hence preventing its activation may have therapeutic benefits.

STEM AND PROGENITOR CELL SENESCENCE IN AGING
J. Van Deursen, D. Baker, R. Weaver, Mayo Clinic, Rochester, Minnesota

Senescent cells accumulate with aging and have been causally implicated in aging, but which cell types are subject to cellular senescence is unclear. Mice with low amounts of BubR1 accumulate large amounts of p16INK4a positive-senescent cells in eye, skeletal muscle, and fat, at a young age and develop age-related pathologies in these tissues. Clearance of senescent cells from these animals, either by genetic inactivation of p16INK4a or drug-induced apoptosis considerably delays premature aging. To understand the mechanism of senescence mediated tissue dysfunction in this progeroid model we FACS sorted various cell types from skeletal muscle and fat of BubR1 progeroid mice and analyzed them for the presence of senescence markers. Our data indicate that progenitors rather than stem cells or terminally differentiated cell types express p16INK4a and other senescence markers. Our findings provide evidence that progenitor cell senescence contributes to age-related decline in tissue function and regeneration.

SENESCENT CELLS: YIN AND YANG
J. Campisi, Buck Institute, Movato, California

Cellular senescence suppresses cancer by arresting the proliferation (growth) of cells at risk for malignant transformation. Senescent cells arrest growth, essentially irreversibly, and adopt complex phenotype that entails the secretion of numerous inflammatory cytokines, growth factors and proteases (the senescent-associated secretory phenotype or SASP). Senescent cells also accumulate with age and at sites of age-related pathology, both degenerative and preneoplastic. Several lines of evidence suggest that the senescent cells that accumulate with age, in large part by virtue of the SASP, cause or contribute to age-related pathology, including, ironically, late-life cancer. We find that certain SASP factors can, indeed, drive phenotypes associated with aging. We also find that other SASP factors can be beneficial, particularly under transient conditions such as wound healing. Thus, the SASP may have evolved to promote wound healing and tissue repair. However, as senescent cells increase and persist in aging tissues, their presence may become maladaptive and thus drive aging phenotypes.

SESSION 695 (SYMPOSIUM)

PHYSIOLOGICAL DYSREGULATION, STATISTICAL DISTANCE, AND AGING
Chair: A.A. Cohen, Université de Sherbrooke, Sherbrooke, Quebec, Canada
Discussant: A.S. Karlamangla, David Geffen School of Medicine at UCLA, Los Angeles, California

Many researchers believe that aging is a result of progressive physiological dysregulation of homeostatic regulatory networks. A new approach to measuring physiological dysregulation is based on the statistical or Mahalanobis distance (MD) of biomarker profiles, a way of identifying how normal or strange a patient’s profile is relative to a reference population. Previous work has shown that MD for certain combinations of markers is highly predictive of age and risk for health outcomes including frailty, mortality, and chronic diseases. Here, we seek to assemble presentations that follow up on these initial observations by either testing the validity of the approach under differing conditions or by applying MD in new ways. Leroux et al. test the sensitivity of the results on the reference population, comparing MD calculated in one population using another reference population. Milot et al. examine the shape of MD trajectories over time using Bayesian models. Arbeev et al. use long-term data from the Framingham study to incorporate MD in mathematical models examining optimal versus realized trajectories with age. Together, these studies help establish the variety of applications possible for this method.

REFERENCE POPULATIONS FOR STATISTICAL DISTANCE OF PHYSIOLOGICAL DYSREGULATION DEMONSTRATE WITHIN-COUNTRY HOMOGENEITY BUT INTER-COUNTRY HETEROGENEITY OF BIOMARKER PATTERNS IN AGING

Using Mahalanobis Distance (MD) to measure physiological deregulation requires choosing the right reference population (RP). Because MD is calculated using the mean and the covariance matrix of an RP, different RPs could potentially lead to inconsistent results. Here we compare results of analyses on three populations to identify the best RP for each. Two of these populations are American (WHAS and NHANES) while the other is Italian (InCHIANTI). WHAS and InCHIANTI contain many older people and few young while NHANES contains an even age distribution. We thus hypothesized that a subsample of younger people from NHANES could be a better RP for all three populations. Instead, we found that InCHIANTI’s best RP is itself, while the best one for WHAS and NHANES is a subsample of young people from NHANES. We also present data on the implications of sex, race, age, and sample size for RP choice, and discuss biological implications. Objective 1: After attending this activity, participants will be able to discuss the sensitivity of Mahalanobis Distance to different references populations and the implications for choosing a reference population. Objective 2: After attending this activity, participants will understand the biological implications of why reference populations are best drawn from young individuals from a similar cultural milieu.
MULTIVARIATE ANALYSIS OF INFLAMMATORY MARKERS AND THEIR RELATIONSHIP WITH AGE
V. Morissette-Thomas1, A.A. Cohen2, F. Dusseault-Belanger3, V. Legault4, L. Ferrucci1, I. Mathematics, Sherbrooke University, Sherbrooke, Quebec, Canada, 2. Centre Hospitalier de l’Université de Sherbrooke, Sherbrooke, Quebec, Canada, 3. National Institute on Aging, Bethesda, Maryland

Many biodemographic studies use biomarkers of inflammation to understand or predict chronic disease and aging. However, most studies use just one marker at a time, sometimes leading to conflicting results. A multidimensional approach allows a more robust interpretation of the various relationships between the markers. We applied and compared two different multivariate approaches – principal components analysis (PCA) and Mahalanobis distance (i.e., statistical distance, MD) – to 20 inflammatory biomarkers from the InCHIANTI study. With PCA, we found that TNF-a, Soluble (S)TNF-a receptor(R)-I, STNF-a RII, IL6, CRP, IL18, were highly correlated and explained 19% of the variation. We also found a strong positive correlation (r=0.5711, p<2.2e-16) with age for the first component of the PCA. With MD we found that greater distance (i.e., “unusual” combinations of markers) was not necessarily associated with age (r=0.2156, p= 9.292e-12). We discuss the biological implications of these contrasting results.

BAYESIAN ANALYSIS OF PHYSIOLOGICAL DYSREGULATION TRAJECTORIES DURING AGING
E. Milot1, A.A. Cohen1, Q. Li2, L.P. Fried3, L. Ferrucci1, I. Groupe de Recherche Primes, Centre hospitalier universitaire de Sherbrooke, Sherbrooke, Quebec, Canada, 2. Mailman School of Public Health, Columbia University, New York, North Carolina, 3. National Institute of Aging, National Institutes of Health, Bethesda, Maryland

While the state of physiological dysregulation of an individual at a given time can be associated with health outcome risk, how this state was reached may also modulate this risk. Here we computed Mahalanobis distance (MD) from biomarker data to assess the level of physiological dysregulation of subjects followed in longitudinal surveys (WHAS, BLSA, InCHIANTI) of two American and one Italian populations. We fitted Bayesian linear mixed-effect models to estimate the MD trajectory of each individual with age. We then used the parameters quantifying these individual trajectories as predictors of outcome risks in Cox regression models. We found that these parameters can be strong predictors of outcomes. For instance, in InCHIANTI relative mortality risk doubled with each unit basal MD (as measured by the random intercept). We discuss how MD trajectories can be useful not only for prediction but also to understand the role of dysregulation in aging. Objective 1: After attending this presentation, participants will know how we can model individual trajectories of statistical distance to measure changing physiological dysregulation with age. Objective 2: After attending this presentation, participants will have an overview of how estimated individual physiological trajectories can be used to predict outcomes such as mortality.

MATHEMATICAL MODELS OF PHYSIOLOGICAL DYSREGULATION TRAJECTORIES DURING AGING
K.G. Arbeev1, A.A. Cohen2, L. Arbeeva2, E. Milot1, I. Akushevich1, A. Kulminski1, A.I. Yashin2, 1. SSRI, Duke University, Durham, North Carolina, 2. University of Sherbrooke, Sherbrooke, Quebec, Canada

We implemented the recently developed measure of physiological dysregulation based on the statistical distance of biomarker profiles (Cohen et al. 2013, Mech. Ageing Dev., forthcoming) in the frameworks of the stochastic process model of aging (Yashin et al. 2007, Math. Biosci. 208: 538-551). We show that this combination provides a useful approach that allows for evaluating how such a measure of physiological dysregulation is related to different aging-related characteristics such as decline in stress resistance and adaptive capacity (which typically are not observed in the data and thus they can be analyzed only indirectly), and, ultimately, estimating how such dynamic relationships increase the risk of death with age. We illustrate the methodology by application to data on longitudinal measurements of physiological variables and mortality in the Framingham Original cohort. We discuss extensions of the approach aimed at investigating genetic effects on the measure of physiological dysregulation and respective aging-related characteristics.

SESSION 700 (SYMPOSIUM)

COGNITIVE TRAINING: RESULTS FROM THE ACTIVE STUDY AT 10 YEARS
Chair: S. Tennstedt, New England Research Institutes, Watertown, Massachusetts
Discussant: J.W. King, National Institute on Aging, National Institutes of Health, Bethesda, Maryland

Methods to maintain daily function and independence of older adults are of great public interest. ACTIVE was designed to study the effects of cognitive interventions on cognitive abilities as a way to maintain daily function. The study (1998-2010) 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. This symposium presents data at 10 years regarding: 1) training effects on cognitive abilities and IADL function; 2) training effects on a range of secondary outcomes, including driving and mobility, health and quality of life; 3) consideration of methodological challenges to designing and conducting this trial and longitudinal follow-up study; and 4) an assessment of sampling attrition bias and the generalizability of results to the US population. At mean age of 82 years, about 60% of trained participants compared to 50% of controls (p<.05) were at or above their baseline level of self-reported IADL function at 10 years. Training effects on targeted cognitive abilities were maintained for the reasoning and speed-of-processing interventions, but not for the memory intervention. Differential training effects on mobility, health and quality of life were observed. With the use of created sampling weights to correct for attrition bias, the observed training effects can be generalized to the US population. Implications of these findings for the value of cognitive training and design of future studies will be discussed.

COGNITIVE TRAINING: RESULTS FROM THE ACTIVE STUDY AT 10 YEARS

We evaluated the effects of cognitive training on cognitive abilities and everyday function over 10 years. Participants were older adults (age 65-94) studied in the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE 1998-2010) randomized controlled trial (N=2,802). Participants in each intervention group (memory, reasoning, speed-of-processing) reported less difficulty with instrumental activities of daily living (IADL) (memory: effect size, 0.48; reasoning: effect size, 0.38 [99% CI, 0.02-0.74]; speed-of-processing: effect size, 0.36 [99% CI, 0.01-0.72]). At mean age of 82 years, about 60% of trained participants compared to 50% of controls (p<.05) were at or above their baseline level of self-reported IADL function at 10 years. The reasoning and speed-of-processing interventions maintained their effects on their targeted cognitive abilities at 10 years (reasoning: effect size, 0.23 [99% CI, 0.09-0.38]; speed-of-processing: effect size, 0.66 [99% CI,
COGNITIVE TRAINING IMPACT ON SELF-RATED HEALTH AND DEPRESSION: 10 YEARS LATER

BACKGROUND: Previously, Wolinsky and colleagues have shown that the ACTIVE interventions positively impact depression and self-rated health up to 5 years after training. Our goal is to determine if the effects last through 10 years. METHOD: We used latent growth curve (LGC) and LGC mixture models to test the hypotheses that intervention assignment was related to an overall slower pace of accumulation of depressive symptoms. Similar analyses were conducted for self-rated health. RESULTS: We found no evidence for a significant association between assignment to one of the intervention groups and pace of accumulation of depressive symptoms. We also found no evidence of differential change in self-rated health. DISCUSSION: Intention-to-treat analysis of secondary outcomes related to global measures of mood and self-rated health fail to produce evidence that the ACTIVE cognitive interventions had a time-limited or durable effect on symptoms.

SESSION 705 (SYMPOSIUM)

EARLY LIFE/CHILDHOOD EXPERIENCES AND THE IMPLICATIONS FOR LATE LIFE HEALTH AND MORTALITY
Chair: C. Roan, Sociology, University of Wisconsin, Madison, Wisconsin
Discussant: P. Herd, Sociology, University of Wisconsin, Madison, Wisconsin

This set of papers uses a single data source, the Wisconsin Longitudinal Study, to examine how early life experiences, ranging from childhood abuse to broader family life experiences, shape late life health and mortality. These papers draw on the unique elements of the WLS, which covers over 50 years of the participants’ lives, including sibling and spouse data and high quality prospective measures, to examine these relationships. As a whole, these papers demonstrate the critical importance of early life in understanding a range of health outcomes among older adults.

MILITARY SERVICE AND SMOKING ACROSS THE LIFE COURSE: EVIDENCE FROM THE WLS
P. Herd1, A.S. London2, J. Wilmoth2, 1. UW-Madison, Madison, Wisconsin, 2. Syracuse University, Syracuse, New York

It is widely acknowledged that the military’s pro-smoking culture shaped the smoking patterns of successive cohorts of active-duty personnel. However, few studies have examined the long-term consequences of military service for smoking or taken the potential effects of nonrandom selection into military service into account. This study uses data from the Wisconsin Longitudinal Study to estimate sibling fixed-effect models of the association between veteran status and smoking behavior among a cohort that served during the Cold War era. The models also control for observed demographic, socioeconomic, and personality factors. The results indicate that introducing the family fixed effects significantly improves model fit and approximately 40% of model error variance is explained by the family fixed effect. Military service is significantly related to ever smoking, number of years smoked, and intensity of smoking. Overall, the findings underscore the enduring effects of military service on smoking across the life course.
IDENTIFICATION OF THE SES-MORTALITY GRADIENTS USING SIBLING AND SPOUSE MODELS

D. Kuo, A. Palloni, University of Wisconsin, Madison, Wisconsin

We estimate the relationship between socioeconomic status (SES) and mortality using data from a sample of high school graduates, their siblings and spouses in the Wisconsin Longitudinal Study (WLS). Our goal is to assess the SES gradient while controlling for shared unmeasured factors that contaminate parameter estimates in conventional study designs. Sibling models enable us to remove the effects of shared (unmeasured) early conditions while spouse models reduce biases induced by effects of unmeasured conditions shared by spouses during their adult lives. We include indicators of cognitive abilities (IQ) and of non-cognitive skills (high school rank) that are known to influence the SES-mortality relation. We compare estimates from individual, sibling, and spouse models to identify the overall magnitude of the SES-mortality gradient and to assess the magnitude of the contribution of early conditions and adult traits. To handle paired failure times we use both bivariate probit and multistate hazard models.

GENDER AND THE RECIPROCAL EFFECTS OF SOCIOECONOMIC DISADVANTAGE AND BODY MASS OVER THE LIFE COURSE

T. Pudovska, E.N. Reither, E. Logan, Pennsylvania State University, University Park, Pennsylvania, Utah State University, Logan, Utah

We explore the reciprocal relationship between socioeconomic status (SES) and body mass over the life course. We found that, among women, early-life socioeconomic disadvantage launched interrelated life-course trajectories of higher body mass and lower status attainment producing greater disparities in body mass index (BMI) in later life. This reciprocal disadvantage was not observed among men for two reasons. First, low SES in adolescence, adulthood, and later life was a stronger predictor of women’s than men’s BMI. Second, heavier weight in adolescence and young adulthood was more adversely related to status attainment among women than men. Thus, overweight and obesity should be viewed not only as a health risk but also as a social risk for women. The cultural meanings of body size make women more vulnerable to socioeconomic antecedents and consequences of heavier weight. A biosocial approach should be applied to further elucidate the long-term embodiment of women’s social disadvantage.

CARING FOR MY ABUSERS: CHILD MALTREATMENT AND CAREGIVER DEPRESSION

J. Kong, S. Moorman, Boston College Graduate School of Social Work, Chestnut Hill, Massachusetts, Boston College Graduate School of Sociology, Chestnut Hill, Massachusetts

This study examined depressive symptoms among adult survivors of childhood maltreatment who provide care to their former abusive/neglectful parent(s). Among 1,001 parental caregivers who were selected from the 2003-2005 wave of the Wisconsin Longitudinal Study, 226 respondents had experienced parental abuse or neglect during childhood. Ordinary least squares regression models were estimated. Ordinary least squares regression models were estimated. First, low SES in adolescence, adulthood, and later life was a stronger predictor of women’s than men’s BMI. Second, heavier weight in adolescence and young adulthood was more adversely related to status attainment among women than men. Thus, overweight and obesity should be viewed not only as a health risk but also as a social risk for women. The cultural meanings of body size make women more vulnerable to socioeconomic antecedents and consequences of heavier weight. A biosocial approach should be applied to further elucidate the long-term embodiment of women’s social disadvantage.

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SESSION 710 (SYMPOSIUM)

EFFECTIVE AND ETHICAL RECRUITMENT AND RETENTION IN GRANDPARENT CAREGIVER RESEARCH AND INTERVENTION

Chair: C.A. Fruehaufl Human Development & Family Studies, Colorado State University, Fort Collins, Colorado
Co-Chair: M.L. Dolbin-MacNab, Virginia Tech, Blacksburg, Virginia
Discussant: G.C. Smith, Kent State University, Kent, Ohio

The effective and ethical recruitment and retention of custodial grandparents and their families into research studies is central to building greater understanding of this family unit and to developing interventions designed to support them. When examining grandfamilies, researchers often express a desire to have larger, more representative, and more diverse samples. However, given that grandfamilies can be hard to locate and often experience a number of life stressors, they may be difficult to recruit for and retain in research studies. Therefore, questions remain to be answered in reference to effective strategies for locating grandfamilies, recruiting and retaining diverse samples, and treating research participants in an ethical manner. In this symposium, investigators with extensive experience in research focusing on grandparents raising grandchildren will present methodological lessons learned in recruiting and retaining grandfamilies for their empirical studies. The first paper, by Musil and Warner, will address strategies employed in their longitudinal survey research. Dolbin-MacNab and colleagues will address recruitment, retention, and ethical issues in research with the entire grandfamily system. Hayslip’s paper will focus on grandparents in intervention studies, whereas Whitley will follow and address recruitment and retention of African American custodial grandparents in a community-based intervention study. The final paper, which will be presented by Fruehaufl and colleagues, will focus on the usefulness of community-based participatory research to engage grandparents in empirical studies. Smith, the discussant, will integrate the findings from these papers and will address considerations for the effective and ethical treatment of grandparent caregivers in future research studies.

GRANDMOTHER CAREGIVERS AND RESEARCH: ENGAGEMENT FOR THE LONG HAUL

C. Musil, C. Warner, Case Western Reserve University, Cleveland, Ohio

We draw on data from our 5 wave longitudinal study of 485 Ohio grandmothers as caregivers to grandchildren to describe the successes and challenges of survey research to recruit and retain this population. Decisions on sampling (random with supplemental convenience sampling; geographic representation; stratification for race and ethnicity) and recruitment using a multi-layered approach had positive implications for study outcomes. Careful implementation of a data collection strategy using mailed questionnaires, following Dillman’s total design method with advance phone calls at each time point, contributed to success. Factors that enhanced study credibility, built rapport with participants, and yielded strong recruitment and retention over nearly 8 years included tangible (planned correspondence, a study website, and incentives) and intangible (friendly phone presence, diversity of research team, and mutual respect) strategies. Ethical considerations, including the importance of developing relationships and “giving back” to the grandparent community, are discussed within the context of survey research.
CUSTODIAL GRANDPARENT FAMILIES: RECRUITMENT AND RETENTION STRATEGIES FOR FAMILY RESEARCHERS


Drawing from our collective experiences gathering survey, interview, and observational data across three studies of custodial grandparents and their adolescent grandchildren, this presentation will highlight lessons learned in recruiting and retaining grandparent-headed families in research studies. Recommendations will focus on the importance of partnering with community organizations to assist with recruitment and logistical arrangements, building trust with referral sources and potential participant families, utilizing strategies to reduce barriers to participation (e.g., providing transportation or meals), establishing clear eligibility criteria, and selecting data collection methods that are sensitive to the development and needs both grandparents and grandchildren. In addition, we will address ethical considerations that can arise in studies that include multiple grandparent-headed family members. Some of these ethical considerations include participant burden, intra-familial coercion, confidentiality between family members, and appropriate compensation. Suggestions for family-based research with grandparent-headed families will also be addressed, with particular attention given to novel methodological approaches.

CHALLENGES IN RECRUITING AND RETAINING GRANDPARENT CAREGIVERS IN INTERVENTION RESEARCH

B. Hayslip, University of North Texas, Denton, Texas

Intervening productively with grandparent caregivers and their grandchildren to enhance their well-being is paramount. Challenges facing researchers bearing on a given intervention’s ecological and personal relevance are: (1) identifying the target populations of interest (e.g., grandmothers vs. grandfathers, skipped generation vs. co-parenting families, minority vs. Caucasian grandparents); (2) accessing service providers and community-based agency staff who interact with grandfamilies and convincing them of a project’s credibility regarding its nature and goals; (3) communicating ethically yet accurately the overall intent of the project to grandfamilies; (4) availability and accessibility issues particular to the project (meeting locales, group leaders’ schedules, grandparent caregivers’ complicated lives); (5) providing grandparent caregivers with a credible treatment rationale; (6) retaining participants over multiple sessions and after the intervention has concluded; and (7) adapting grandparent caregivers’ needs and experiences to a project’s goals. The effectiveness of strategies for overcoming these barriers will be discussed.

RECRUITMENT AND RETENTION OF AFRICAN AMERICAN CUSTODIAL GRANDPARENTS IN UNIVERSITY-SPONSORED RESEARCH

D. Whiteley1, S.J. Kelley2, 1. School of Social Work Georgia State University, Atlanta, Georgia, 2. School of Nursing Georgia State University, Atlanta, Georgia

African Americans’ participation in research studies has had a conflicted history. But there are research studies that have successfully recruited and retained participants over the life of the project. After attending this session, attendees will be able to identify recruitment and retention (R&R) strategies based on accruing grandparent-headed families to a community-based program, Project Healthy Grandparents (PHG). PHG is a university sponsored collaborative designed to enhance the well-being of custodial grandparents. Since its inception in 1996, the project has served 834 families, including 1,842 grandchildren, with an average annual retention rate of 90%, exceeding other behavioral studies. The multiple R&R approaches used by PHG align with client-focused service delivery systems and incentives. Various elements of the R&R strategies illustrate the necessity to balance project goals with client and community needs. Acknowledging ethical risks specific to families experiencing the effects of child abuse and neglect is also discussed.

COLLABORATING WITH GRANDPARENTS RAISING GRANDCHILDREN FOR COMMUNITY-BASED PARTICIPATORY RESEARCH

C. Fruhauf1, K. Bundy-Fazioli2, L. Yancura2, 1. Colorado State University, Fort Collins, Colorado, 2. University of Hawaii at Manoa, Honolulu, Hawaii

Over the past two decades, increased attention has been given to developing and implementing methods in community-based participatory research (CBPR), which is often used to identify and meet the needs of at-risk populations. CBPR methods seek to engage at-risk persons through an equitable sharing of power. Despite the increase in the number of grandparent caregivers, CBPR is minimally used with grandparent caregivers. This may be due to the difficulty some researchers encounter to establish trusting community connections, as they may be considered outsiders by community members. This paper extends the literature on CBPR principles by describing researchers’ successful recruitment strategies and collaborative working relationships with local and state agencies serving grandparent caregivers. It also discusses the theoretical background of CBPR, the challenges and benefits of using CBPR as a recruitment and retention strategy, and suggests guidelines for ethically using this method to support grandparent caregivers in the community.

SESSION 715 (SYMPOSIUM)

FINDINGS FROM THE PRISM FIELD TRIAL: A TECHNOLOGY-BASED INTERVENTION FOR “AT RISK” OLDER ADULTS

Chair: S.J. Czaja, University of Miami Miller School of Medicine, Miami, Florida
Discussant: J.W. King, National Institute on Aging, Washington D.C., District of Columbia

The Center for Research on Aging and Technology Enhancement (CREATE) conducted a randomized clinical trial that evaluated the efficacy of a computer-based personal reminder, information, and social management (PRISM) system designed to support socialization, memory, and improve overall quality of life of people aged 65+ at risk for isolation. The computer-based system was compared to a booklet version of PRISM. This symposium will present data from the baseline and 6 month outcome assessments regarding system usability and use, technology acceptance, memory complaints, social connectivity, and behavioral integration. S. Czaja will present an overview of the trial; describe the characteristics of the sample; and present data regarding how access to PRISM supported social connectivity. J. Sharit will focus on the usability aspects of the PRISM system and will also discuss the relationship between individual characteristics such as technology experience, perceived health, cognitive abilities, and perceptions of usability. N. Charness will present findings regarding the relationship between depression symptoms and memory complaints and how this varied with participant characteristics and over the course of the trial. W. Boot will describe the digital game feature of the system and present data regarding change in game use over time and predictors of game use and game preference. W. Rogers will discuss individual differences in perceptions of usefulness of PRISM and will present data regarding how access to PRISM impacted on everyday activities. J. King will lead a discussion of these topics and highlight some of the challenges and opportunities associated with the PRISM trial.
PREDICTING TECHNOLOGY ACCEPTANCE THROUGH INDIVIDUAL DIFFERENCES AND PERCEPTIONS OF USEFULNESS AND EASE OF USE

W.A. Rogers1, T.L. Mitzen2, W.R. Boot2, N. Charness1, S.J. Czaja1, A.D. Fisk1, J. Sharit2, 1. School of Psychology, Georgia Institute of Technology, Atlanta, Georgia, 2. Florida State University, Tallahassee, Florida, 3. University of Miami, Miami, Florida

Extant theoretical models of technology acceptance are extremely limited—they do not account for specific characteristics of older adults, have not been empirically tested in the context of senior-focused technologies, and frequently only measure intention to use a technology rather than behavioral integration of a technology into everyday life. The PRISM field trial assessed usage patterns of a computer system specifically designed for older adults. Prior to randomization into the field trial, 300 participants completed a technology acceptance scale regarding their perceptions of ease of use and usefulness of the system. We will report the baseline data to assess the individual difference variables that predict these perceptions. We also analyze usage rates after 6 months to identify the predictors of behavior integration of a computer technology into everyday activities. These data provide insights for broader-based models of technology acceptance to guide design, instruction, and deployment of products for older adults.

DEPRESSION AS A PREDICTOR OF MEMORY COMPLAINTS IN THE PRISM SAMPLE

N. Charness1, W.R. Boot2, S. Czaja2, J. Sharit3, W.A. Rogers1, A.D. Fisk1, I. Psychology, Florida State University, Tallahassee, Florida, 2. University of Miami, Miami, Florida, 3. Georgia Institute of Technology, Atlanta, Georgia

Gilewski et al. (1990) suggested that the Memory Functioning Questionnaire (MFQ) might differentiate depression from minor memory impairment such that Seriousness of Forgetting and Retrospective Functioning scores would tap depressive affect whereas mnemonic usage score would not. We tested these hypotheses in a sample of 300 older adults at risk for social isolation who had been randomized to the PRISM study and who had baseline MFQ and CES-D (depression) scores. Depression score was a moderate predictor for the MFQ scale of General Frequency of Forgetting (r=−.339), and a weak predictor of Retrospective Functioning (r=−.177) but not a significant predictor for Seriousness of Forgetting (r=−.120) nor for Mnemonics Usage (r=−.009). Results suggest than in a sample restricted to older adults with variability in depressive state (M=11, SD = 9), higher depression scale scores would not. We tested these hypotheses in a sample of 300 older adults at risk for social isolation who had been randomized to the PRISM study and who had baseline MFQ and CES-D (depression) scores. Depression score was a moderate predictor for the MFQ scale of General Frequency of Forgetting (r=−.339), and a weak predictor of Retrospective Functioning (r=−.177) but not a significant predictor for Seriousness of Forgetting (r=−.120) nor for Mnemonics Usage (r=−.009). Results suggest that in a sample restricted to older adults with variability in depressive state (M=11, SD = 9), higher depression scale scores are most strongly related to self-reported frequency of forgetting. We will report on changes at the 6-month follow-up.

ASSESSING THE USABILITY OF THE COMPUTER-BASED PRISM SYSTEM

J. Sharit, Univ Miami, Coral Gables, Florida

This presentation will focus on the usability aspects of the computer-based PRISM system over the initial six months of the PRISM trial for the 150 participants who were randomized into this intervention condition. Using web log data, general usability will be assessed by examining the average amount of time participants were engaged with the system as well as increasing or decreasing trends in engagement of PRISM’s various functionalities. In addition, participants’ use of PRISM’s internal help functionalities will be analyzed, including both general help and specific help with the PRISM features. Qualitative data related to usability issues in the form of anecdotal reports from three-month check-in calls and the six-month home visit will also be collected and evaluated. Overall, relationships between these data and measures of age, technology experience, perceived health, and cognitive abilities provide a clearer understanding of the nature and potential sources of usability issues with this system.

PREDICTORS OF OLDER ADULTS’ DIGITAL GAME ACCEPTANCE AND PREFERENCE

W.R. Boot1, N. Charness1, S.J. Czaja1, J. Sharit2, W.A. Rogers1, A.D. Fisk3, 1. Psychology, Florida State University, Tallahassee, Florida, 2. University of Miami, Miami, Florida, 3. Georgia Institute of Technology, Atlanta, Georgia

Recent evidence suggests that digital game play can reverse age-related cognitive decline. However, these benefits will not be realized if digital game-based interventions are poorly accepted by seniors. We discuss barriers to adoption and present the first six months of game-related data from an ongoing clinical trial (the PRISM trial) in which 150 seniors at risk for social isolation were provided with an easy-to-use computer system and internet connection. Digital game use was substantial, with games being one of the most frequently used features of the system, although there were individual differences in game use and game preference. Using this dataset, we explored how digital game play changed over time and predictors of digital game use and game preference using demographic, technology experience, and personality variables. Implications for designing games that are both effective at improving cognition and games seniors are willing and able to play will be discussed.

AN OVERVIEW OF THE PRISM TRIAL AND CHALLENGES TO IMPLEMENTATION

S.J. Czaja1, W.R. Boot2, N. Charness1, A.D. Fisk3, W.A. Rogers1, J. Sharit2, S.N. Nair1, 1. University of Miami Miller School of Medicine, Miami, Florida, 2. Florida State University, tallahassee, Florida, 3. Georgia Institute of Technology, Atlanta, Georgia, 4. University of Miami, Miami, Florida

Rigorous, empirical evidence about the value of technology in improving the lives of older adults is limited. The efficacy of the PRISM system, designed to socialization, memory, and improve overall quality of life of older people at risk for isolation, was evaluated in a large scale randomized clinical trial. This presentation will present an overview of the trial and data on the characteristics of the PRISM sample, which included 300 ethnically diverse, mostly female (78%) adults aged from 64-98 years who lived alone, had minimal prior computer experience and were of lower SES status (87%). Data will also presented on how the features of PRISM specifically, access to the Internet, email and the photo features supported social connectivity among the participants. Challenges to implementing the trial which included specification of the trial inclusion criteria; outreach to the study sample; and development of protocols to maximize retention will also be discussed.

SESSION 720 (SYMPOSIUM)

FUNCTIONAL HEALTH: HISTORICAL CONTEXT, PRESENT INEQUALITIES, AND RELATIONSHIPS WITH OTHER HEALTH DIMENSIONS

Chair: S. Cavalli, Center for Interdisciplinary Study of Gerontology and Vulnerability, University of Geneva, Geneva, Switzerland, NCCR LIVES, University of Geneva, Geneva, Switzerland
Co-Chair: C. Ludwig, School of Health, University of Applied Sciences Western Switzerland, Geneva, Switzerland
Discussant: J. Kelley-Moore, Department of Sociology, Case Western Reserve University, Cleveland, Ohio

In the last decade, functional health has been a cardinal focus of gerontology. Given its etiologic importance as a predictor of well-being, disablement, social participation, institutionalization, and mortality, research on functional health cannot be under valued. There are many dimensions to this concept, ranging from actual physical limitations to subjective or perceived disability. This symposium brings together studies from the U.S. and Switzerland to explore the evolution of functional health over the last 30 years, the impact of socioeconomic inequalities, and the relationship with other dimensions of...
health. To provide additional insight, two studies examine subsets of vulnerable individuals: Cancer survivors and low back pain sufferers. Three papers are drawn from a large repeated cross-sectional survey. In 1979 and 1994, data were collected in two areas of French-speaking Switzerland. In the 2011 third wave, the survey was extended to additional geographical areas (German- and Italian-speaking Switzerland), and new fields of investigation were implemented in the questionnaire (e.g., pain). The samples (N=1519, N=1783, and N=4200, respectively) were randomly selected in population records and stratified by age and gender. They comprised individuals aged 65 and over either community-dwelling or living in nursing homes. The fourth paper draws from a rare long-term study of cancer survivors. Taken together, this symposium contextualizes the study of functional health by providing an historical, cross-national, and multidimensional perspective.

TRENDS AND SOCIOECONOMIC INEQUALITIES OF FUNCTIONAL HEALTH OVER 30 YEARS IN SWITZERLAND

S. Cavalli1,2, J. Kelley-Moore3, T. Bhatta3, A. Tholomier1,2, M. Oris1,2,4. 1. Center for Interdisciplinary Study of Gerontology and Vulnerability, University of Geneva, Geneva, Switzerland, 2. NCCR LIVES, University of Geneva, Geneva, Switzerland, 3. Department of Sociology, Case Western Reserve University, Cleveland, Ohio, 4. Institute of Socio-Economics, University of Geneva, Geneva, Switzerland.

In this paper we analyze the trends and the socioeconomic determinants of functional health (ADL) using data from a repeated cross-sectional study conducted in two French-speaking areas of Switzerland in 1979, 1994, and 2011. The samples, randomly selected, comprised individuals aged 65 and over, either community-dwelling or in living a nursing home. Results show a decline in late-life disability during the past three decades. However, if between 1979 and 1994 there is an improvement in functional health at all ages, between 1994 and 2011 we observe a decline in the prevalence of ADL disability only among people aged 80 and over. The positive trends are partly explained by the socio-professional structure transformations (reduction of farmers and blue-collar workers). Functional health is related to socioeconomic factors like education, occupation, and income. These reported changes over time are discussed in terms of “democratization”, or not, of aging.

PERCEIVED DISABILITY IN OLDER ADULT CANCER SURVIVORS

H.T. Renzhofer, J. Kelley-Moore, G. Deimling, S. Brown. Case Western Reserve University, Cleveland, Ohio.

Older adult cancer survivors are becoming more prevalent as the population continues to age, and as cancer treatment extends the life of those diagnosed with this disease. Thus, more older individuals are likely to live decades beyond treatment but with cancer-related disability. This research examines how cancer-related and other illness factors influence survivors’ perception of being “disabled” among 321 long-term survivors. We constructed a scale of perceived disability and identified those who reported perceived disability on any item. Logistic regression models estimated likelihood of being “disabled.” Interestingly, cancer-related factors do not predict whether or not survivors consider themselves disabled. Further, survivors with greater functional difficulties are actually less likely to consider themselves disabled. However, survivors who are black, and those with more co-morbidities are more likely to consider themselves disabled. The data suggest that cancer-related factors are less important than other health factors in determining survivors’ perception of disability.

FUNCTIONAL HEALTH COMPONENTS IN HEALTH-RELATED QUALITY OF LIFE AFTER AGE 65

C. Luthy1, C. Ludvig2, D. Spini3,4, C. Cedraschi1,2, F.R. Hermann5, 1. Division of General Medical Rehabilitation, Geneva University Hospitals and University of Geneva, Geneva, Switzerland, 2. School of Health, Geneva, University of Applied Sciences Western Switzerland, Geneva, Switzerland, 3. Institute for Social Sciences, University of Lausanne, Lausanne, Switzerland, 4. NCCR LIVES, University of Lausanne, Lausanne, Switzerland, 5. Division of Clinical Pharmacology and Toxicology, Geneva University Hospitals and University of Geneva, Geneva, Switzerland, 6. Department of Internal Medicine, Rehabilitation and Geriatrics, Geneva University Hospitals and University of Geneva, Thonex, Switzerland.

This communication reports findings from a large survey conducted on a sample of >3000 Swiss community-dwelling individuals aged 65 and above who completed the EQ5D questionnaire, a measure of Health-Related Quality of Life (HRQoL). The scale comprises measures of functional abilities (Mobility, Self-Care, Usual Activities), Pain/Discomfort, and Anxiety/Depression, along with an estimate of global health rated on a 0 to 100 visual analog scale (VAS). Results demonstrate an average VAS of 75, ranging from 71 to 79 between the oldest and youngest groups. Age accounts for more than 10% of the variance for Mobility, Self-Care, Usual Activities, slightly less for Pain/Discomfort, and is not significant for Anxiety/Depression. Regional, gender and education differences are significant on most measures, although the variance explained is marginal (<5%). The results suggest that functional dimensions remain central indicators of HRQoL in aged populations.

CAN LOW BACK PAIN BE CONSIDERED AS A RISK FACTOR OF FUNCTIONAL LIMITATIONS?


This communication reports findings from a large survey conducted on a sample of >3000 Swiss community-dwelling individuals aged 65 and above who completed the Delphi DOLBaPP, a scale providing a standardized definition of Low Back Pain (LBP) for use in prevalence studies. Results show that 30% of the sample report LBP, among which 52% present “most days” or “every day” pain and limited activities in the same proportion. Increasing age is associated with pain frequency and duration. As compared to a matched pain-free sample, LBP show lower scores on Mobility, Usual Activities and Anxiety/Depression items of the EQ5D scale, a measure of Health-Related Quality of Life (HRQoL). Results suggest that LBP tends to become a permanent condition with increasing age, progressively affecting functional and psycho-emotional dimensions of HRQoL. Age-related chronic LBP appears to be a condition that places individuals at risk of developing functional limitations and psychological difficulties.

SESSION 725 (SYMPOSIUM)

GENDER AND OLDER WORKERS: NEW PERSPECTIVES ON AN OLD CHALLENGE

Chair: A. Ni Leime, Social Gerontology, National University of Ireland, Galway, Galway, Ireland
Co-Chair: C. Krekula, University of Karlstad, Karlstad, Sweden
Discussant: T. Calasanti, Virginia Polytechnic Institute and State University, Blacksburg, Virginia

In response to population aging, many countries have increased the age at which citizens are eligible to receive retirement pensions. Other
countries are considering similar measures, leading researchers to pay greater attention to older workers. Representing different national contexts (the UK, Ireland, USA, Sweden), the four papers in this symposium consider how policies designed to extend working life are experienced differentially by older male and female workers in varying socio-economic contexts. Each paper identifies an aspect of the challenges associated with the study of late working life and retirement. Collectively, the papers engage with recent theoretical debates, and draw on feminist, masculinist and life-course approaches. Vickerstaff and Loretto draw on UK data to highlight how the understanding of the concept of retirement itself is gendered and evolving. Ni Léime illustrates how adopting a life-course analysis enhances understanding of the gendered differences associated with retirement decision-making in Ireland. Street and Bagchi-Sen analyse by gender and discuss policy changes in the rapidly-changing prospects for older U.S. workers in the context of recession. Drawing on masculinist theory, Krekula emphasizes the way in which age is used as an organizing dimension at male-dominated workplaces involving heavy labor in Sweden resulting in older men occupying less-favoured positions. Together, the papers interrogate the idea that policies designed to extend working life are (1) experienced equivalently by women and men; or, (2) can unproblematically address the challenges posed by demographic aging.

GENDERED MEANINGS OF RETIREMENT

W.A. Loretto, S.A. Vickerstaff. Business School, University of Edinburgh, Edinburgh, United Kingdom

We are witnessing profound changes to retirement in Europe. In the late twentieth century, retirement appeared to have evolved into a predictable part of the life course, but is now undergoing a series of changes such that the word itself is often qualified (e.g. ‘gradual’ or ‘partial’ retirement). Whilst there is general agreement that retirement is changing, there is considerable debate about how and why. So far, a neglected aspect of the discussion is the extent to which the very notion of retirement is gendered. In this paper, we consider how women and men talk about retirement and their aspirations for it with reference to a qualitative study which interviewed 96 people over the age of 50 in the UK. Session participants will gain understanding of the gendered meanings of “retirement” and insight into the implications for retirement policy within the UK context.

RETIREMENT DECISIONS IN IRELAND: IMPACTS OF GENDER AND THE LIFE COURSE

A. Ni Leime. Social Gerontology, National University of Ireland, Galway, Galway, Ireland

Demographic aging has led governments in many countries to introduce policies designed to extend working life. In Ireland such policies include the delaying of state pension payments and the removal of mandatory retirement age. This paper draws on data from 105 semi-structured interviews with men and women aged 50 – 64 at various grades in the Irish civil service. A life course analysis explores how the previous work-life biographies of individuals impact on their retirement decisions and finds evidence of cumulative advantage and disadvantage, influenced by gender, by position in the organisational hierarchy and by employment status (whether employees are long-term workers or not). The research also found that legislation, policy, conditions in the economy and gendered norms inside and outside the workplace impact on retirement decision-making. Symposium attendees will gain understanding of how a life-course analysis enhances our comprehension of the gender-differentiated impacts of policy designed to extend working life.

GENDER, OLDER WORKERS AND LABOR MARKET INTERMEDIARIES IN THE UNITED STATES

D. Street, S. Bagchi-Sen. Department of Sociology, University at Buffalo, SUNY, Buffalo, New York

In the early 2000s, looming Baby Boomer retirements (fuelled by large retirement nest eggs) hinted at possible labor market shortages. One policy approach to stem the tide of talent lost to early retirement was using labor market intermediaries (LMIs). Instead of retiring altogether, LMIs could assist Boomers’ transitions into appealing and creative bridge jobs, switching from demanding (but lucrative) careers to less remunerative but intrinsically rewarding pre-retirement work. We report findings from field research conducted in Arizona, proposed under assumptions of early retirement, but executed after the economic downturn. The women (n=115) and men (n=110) we expected to report using LMIs (n=6) to identify novel pathways into rewarding bridge jobs instead recounted foreclosures, emergency food pantries, and desperate attempts to find employment. Attendees will understand (1) gendered differences in older workers’ experiences and (2) how policies shifted focus from acquiring dream jobs to employability in response to new economic conditions.

AGE, AGEING AND MASCULINITIES IN HEAVY LABOR

C. Krekula. Karlstad University, Karlstad, Sweden

In response to ageing populations, many countries have extended working life through delaying the statutory age for retirement. Physically demanding work is a particularly challenging issue in this regard. In this paper I illustrate age as an organizing principle and discuss the meaning of old age within male-dominated professions involving heavy labor. In analyzing data from Swedish firefighters I discuss how notions of ageing and masculine norms shape older workers’ positions. The analyses are based on interviews and on written comments that were provided in conjunction with questions in a survey conducted among 1176 employees at 25 randomly selected fire stations. The results indicate that shifting to physically lighter jobs on the one hand make it possible to continue in the profession, on the other hand may result in older employees being relegated to lower positions in the local informal age hierarchies.

SESSION 730 (SYMPOSIUM)

I’VE GOT YOU UNDER MY SKIN: IMPLICATIONS OF SOCIAL TIES FOR PHYSICAL HEALTH

Chair: K.S. Birditt, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

This symposium examines the pathways by which relationships “get under the skin” to influence physical health. Several dimensions of physical well-being are considered including self-reported physical health, the hypothalamic pituitary adrenal axis, the cardiovascular system, and the brain. Mogle and colleagues examined the effects of planning goals with romantic partners on daily interpersonal stress and self-reported physical symptoms. The more planful individuals reported fewer arguments and were less reactive to arguments reporting fewer physical symptoms. Birditt assessed links between social networks, daily social interactions and diurnal cortisol rhythms (HPA axis marker) among middle-aged and older adults. Individuals with larger close networks and individuals who experienced fewer negative daily interactions had lower bedtime cortisol levels. Zarit and colleagues studied dementia family caregivers to examine associations between the use of adult day care services and biological indicators of stress. ADS use had same-day effects on cortisol levels and lagged effects on dehydroepiandrosterone-sulfate (DHEA-S; HPA axis marker). Sherman and colleagues investigated links between social support, physical activity, and volume of subcortical emotional reward systems among older adults. More social support was correlated with smaller right amygdala volume. Luong and Charles examined age differences in cardiovascular reactivity to negative interactions with a stranger. Older adults exhibited less cardiovascular reactivity (lower blood pressure/pulse rate reactivity) than younger adults. Together, these papers provide compelling new evidence for the
influential role of relationships on physical health via multiple physiological pathways.

**JOINT GOAL SETTING BY SPOUSES: EFFECTS ON DAILY STRESS AND PHYSICAL HEALTH**

J. Mogle, J. Gere, D. Almeida, L.M. Martire, *Center for Healthy Aging, Penn State University, State College, Pennsylvania*

Using data from the MIDUS, we examined the effects of planning goals with a romantic partner on daily interpersonal stress (exposure and severity) and physical symptoms. Participants (N = 2801) completed baseline measures of planning together with their partner and their relationship quality. A subset (N = 717) also participated in an 8-day daily diary assessment, where they answered questions about daily stressors and physical symptoms at the end of each day. Results showed that people who were less likely to plan together with their partner reported more arguments with their partner and appraised these arguments as more stressful. On days when they argued with their partner, those who planned with their partner less were also more likely to report experiencing more physical symptoms. Implications of joint goal setting and the impact on daily life will be discussed with regard to long term relationship satisfaction.

**IMPLICATIONS OF SOCIAL NETWORKS AND DAILY SOCIAL INTERACTIONS FOR DIURNAL CORTISOL RHYTHMS**

K. Birditt, *Institute for Social Research, University of Michigan, Ann Arbor, Michigan*

Although social relationships are associated with health, the pathways that account for this link are still unclear. This study examined associations among social networks, daily social interactions, and cortisol (an indicator of HPA axis activity). Participants included 110 adults ages 40 to 95 who completed daily phone interviews every day for 14 days. Participants completed diagrams for their close and irritating networks and reported their social interactions every day. Participants also provided saliva samples which were analyzed for cortisol. Analyses controlling for age and gender revealed that individuals with larger closer networks had lower bedtime cortisol and individuals with larger ambivalent networks had higher overall cortisol levels (AUCg). Individuals who reported more frequent daily negative interactions had higher bedtime cortisol. Thus, the quality of social networks, daily interactions and the HPA axis may be important pathways by which social ties influence health.

**FAMILY CAREGIVERS’ RESPONSES TO DAILY STRESSORS: EFFECTS OF ADULT DAY SERVICES**


A group exposed to high levels of chronic stressors, family caregivers, has increasingly been the focus of studies of biological markers of stress. In this presentation, we discuss the methods and findings of the DaSH Study, which focuses on family caregivers whose relatives with dementia were using Adult Day Services (ADS). ADS creates a large decrease in stressor exposure for caregivers on days their relative attend the program compared to days when they do not. A sample of 173 caregivers completed 8 days of daily interviews and provided 5 saliva samples on each day, including days their relative attended and did not attend ADS. ADS use had same-day effects on cortisol levels and lagged effects on dehydroepiandrosterone-sulfate (DHEA-S). Increases in DHEA-S following ADS use were associated with positive affect. Findings demonstrate the impact of daily stressors on caregivers’ biological responses and the potential for biological markers in treatment evaluation.

**THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND EMOTIONAL REWARD BRAIN SYSTEMS IN THE ELDERLY**

S. Sherman, Y. Cheng, D. Schnyer, K. Fingerman, *University of Texas at Austin, Austin, Texas*

Research links older adults’ social and physical activities to cognitive well-being. This study examined daily experiences and the volume of subcortical emotional reward systems to better understand this relationship. Nineteen adults aged 60 to 78 completed daily reports of activities and mood while wearing an actigraph continuously for 10 days. Actigraphs are motion sensitive devices that measure physical activity and sleep. In addition, participants completed a series of cognitive tests and underwent structural magnetic resonance imaging (MRI). The results suggested that social support was associated with cognitive performance and amygdala volume. Specifically, more social support was correlated with better associative memory performance (r = -.49, p < .05) and smaller right amygdala volume (corrected for intracranial volume; r = -.45, p < .05). Discussion focuses on associations between brain structures, cognitive performance, and daily activities in late life.

**AGE DIFFERENCES IN AFFECTIVE AND CARDIOVASCULAR RESPONSES TO A NEGATIVE SOCIAL INTERACTION**

G. Luong1, S.T. Charles2, 1. Affect Across the Life Span Research Group, Max Planck Institute for Human Development, Berlin, Germany, 2. University of California, Irvine, Irvine, California

Older age is associated with less affective reactivity to interpersonal tensions (Birditt & Fingerman, 2003). It is unclear, however, whether older adults’ social partners treat them more kindly (Fingerman & Charles, 2010) or older adults are more adept at emotion regulation in social contexts (Blanchard-Fields, 2007). The current study subjected 80 younger and 79 older adults to a controlled negative social interaction with a confederate. Although younger and older adults interacted with equally negative confederates, older adults exhibited less negative affect/diastolic blood pressure/pulse rate reactivity and more pronounced affective recovery following the task. Age differences in diastolic blood pressure reactivity were larger among the Chinese Americans compared to the European Americans. Coping goals and emotion regulation strategies partially explained age differences. In sum, older adults’ prioritization of different goals and more effective use of emotion regulation may help to dampen reactivity to, and promote greater recovery from, negative social exchanges.

**SESSION 735 (SYMPOSIUM)**

**IDENTIFYING PATHS TO OPTIMAL AGING: CONTRIBUTIONS FROM UNIQUE COHORT STUDIES**

Chair: H.H. Dodge, Oregon Health & Science University, Portland, Oregon, University of Michigan, Ann Arbor, Michigan, University of Pittsburgh, Pittsburgh, Pennsylvania

Discussant: T.M. Gill, Yale University, New Haven, Connecticut

Discussion: J. Kaye, Oregon Health & Science University, Portland, Oregon

It is of significant clinical and public health importance to detect older adults at risk of developing adverse health outcomes so that cost effective prevention strategies can be designed to promote optimal aging. However, each individual differs considerably in their pre-morbid conditions including psychological well-being, cognitive functions, and daily activity levels. As a result, applying aggregated population norms to identify those at risk often fails. An alternative and more informative approach is to identify the at-risk population is to monitor intra-individual changes over time and classify heterogeneous aging paths using longitudinal data. In this symposium, we present 4 papers, each using unique and well-established longitudinal cohort studies to identify paths to optimal aging. The first paper uses the Yale Precipitating Events Project
In longitudinal studies of healthy aging, missing data that depend on unobserved values can bias estimates of effects of predictors of change. In the Einstein Aging Study we partially correct for this bias by jointly modeling change in the Free and Cued Selective Reminding Test (FCRST), an in-person instrument used to assess episodic memory, with the Memory Impairment Screen for Telephone (MIST), which was conducted at Oregon Health & Science University to identify those at risk of developing dementia. Using these 4 unique longitudinal studies, each presenter revolutionizes our understanding towards optimal aging.

CORRECTING BIAS IN EFFECTS OF EFFECTS OF PREDICTORS OF LONGITUDINAL CHANGE DUE TO NON-RANDOM MISSINGNESS USING AUXILIARY DATA
C.B. Hall, C. Wang, M.J. Katz, R.B. Lipton, Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, New York

In longitudinal studies of healthy aging, missing data that depend on unobserved values can bias estimates of effects of predictors of change. In the Einstein Aging Study we partially correct for this bias by jointly modeling change in the Free and Cued Selective Reminding Test (FCRST), an in-person instrument used to assess episodic memory, with the Memory Impairment Screen for Telephone (MIST), which was conducted at Oregon Health & Science University to identify those at risk of developing dementia. Using these 4 unique longitudinal studies, each presenter revolutionizes our understanding towards optimal aging.

LATE-LIFE PREDICTORS OF OPTIMAL AGING: THE HAWAII LIFESPAN STUDY
B. Willeon1,2, R. Chen1, K. Masaki1,2, Q. He1, P. Yee1, J.S. Grover1,2, T. Donlon1, C.L. Bell1, I. Kuakini Medical Center, Honolulu, Hawaii, 2. University of Hawaii, Honolulu, Hawaii

Objective: Identify potentially modifiable late-life risk factors predicting optimal aging. Methods: The Hawaii Lifespan Study followed 1,292 American men of Japanese ancestry (mean age 75.7 years, range 71-82) free of major chronic diseases, functional and/or cognitive disability at baseline, in a 21-year prospective cohort study. Using logistic regression, we assessed risk factors predicting three outcomes at ages 85, 90, 95, and 100 years: death; suboptimal aging (survival with chronic disease and/or disability); and optimal aging (survival free of chronic disease and disability). Results: Predictors of optimal aging included biological (BMI, ankle:brachial index, cognitive score, hypertension, inflammatory markers); lifestyle (smoking, alcohol, physical activity), and socio-demographic factors (education, marriage). Cumulative multivariable risk factor modeling demonstrated that probability of optimal aging varied substantially, in a graded manner, up to 19-fold, between those with and those without multiple risk factors. Conclusion: Even in old age the probability for optimal aging may be highly modifiable. Supported by NIA grants 2R01AG027060 and 1R01AG038707.
African Americans. Dr. Lisa Barnes will present her research about diverse sociocultural experiences of African Americans throughout the lifespan that impact cognitive decline. Dr. Cleopatra Abdou will discuss community-based participatory research approaches, created by RCMARs, to recruit and retain older African Americans in cognitive aging research. Funding mechanisms that may facilitate interdisciplinary cognitive aging research in African Americans will be discussed.

**GENETIC INFLUENCES ON COGNITIVE AGING IN AFRICAN AMERICANS**

K.E. Whitfield, Duke University, Durham, North Carolina

Genes are an important source of individual variability for understanding the cognitive aging process. Twin studies offer important insights about the proportion of genes and environment to individual differences in aging. Less well understood is the contribution of genes and environment to variability in aging observed in understudied populations like African Americans. This presentation will discuss findings from the Carolina African American Twin Study of Aging (CAATSA). The CAATSA consists of 265 pairs of twins and members of non-intact twin pairs and consists of 39% men with an average age of 50 years. The result from quantitative genetic analyses suggest that there are genetic contributions to cognitive impairment (43%), memory (0%-49%) and speed of information processing (.32%). Additional findings about how health factors like blood pressure impact genetic and environmental estimates of cognitive functioning as well as suggestions for future directions will be discussed.

**LIFECOURSE FACTORS AND COGNITIVE DECLINE IN OLDER AFRICAN AMERICANS AND WHITES**

L.L. Barnes1, R.S. Wilson1, S. Everson-Rose2, D.A. Evans1, C. Mendes de Leon1, 1. Rush University Medical Center, Chicago, Illinois, 2. University of Minnesota, Minneapolis, Minnesota, 3. University of Michigan, Ann Arbor, Michigan

There is a growing interest in identifying lifecourse factors that may account for health disparities in cognitive aging. Previous studies suggest that social/experiential factors experienced prior to old age affect late-life cognitive function, but most research has focused on older Whites. We examined several early-life factors using data from the Chicago Health and Aging Project, a longitudinal, population-based study of community-dwelling adults aged 65 years and older. In a series of multivariate mixed effects models, we found differential effects by race of early life exposures (SES, personality, and childhood adversity) on cognitive health outcomes. Neither education nor county-level SES in early life predicted change in cognitive function, but neuroticism was related to a higher risk of Alzheimer’s Disease among African Americans. This presentation will discuss findings from the study of community-dwelling adults aged 65 years and older. In a series of multivariate mixed effects models, we found differential effects by race of early life exposures (SES, personality, and childhood adversity) on cognitive health outcomes. Neither education nor county-level SES in early life predicted change in cognitive function, but neuroticism was related to a higher risk of Alzheimer’s Disease among African Americans. Previous studies have found that racial group differences in cognitive function are related to social and environmental factors. This presentation will discuss findings from the study of community-dwelling adults aged 65 years and older. In a series of multivariate mixed effects models, we found differential effects by race of early life exposures (SES, personality, and childhood adversity) on cognitive health outcomes. Neither education nor county-level SES in early life predicted change in cognitive function, but neuroticism was related to a higher risk of Alzheimer’s Disease among African Americans. This presentation will discuss findings from the study of community-dwelling adults aged 65 years and older.

**SESSION 745 (SYMPOSIUM)**

**OPTIMAL CANCER SCREENING: EXAMINING PREDICTORS OF AND STRATEGIES TO ADDRESS UNDER SCREENING AND OVER SCREENING**

Chair: C. Leach, Behavioral Research Center, American Cancer Society, Atlanta, Georgia
Discussant: E.S. Breslow, National Cancer Institute, Bethesda, Maryland

As the population ages and average life expectancy increases in the U.S., issues of primary and secondary prevention become increasingly important. To promote optimal patient-centered care for older persons, strategies must consider factors beyond chronologic age, and address the multiple and complex influences on people’s everyday lives and individual behavior. Research suggests that cancer screening may benefit some older persons while causing a burden to others as well as an unnecessary increase in healthcare expenditures. Optimal screening is defined as patient-centered strategies tailored to an individual’s risk of developing the disease to achieve maximum survival benefit. Certain groups, such as rural populations, continue to be under screened while some older adults with limited life expectancy continue to receive screening with little mortality or morbidity benefit. This symposium will start with two presentations on under screening. First, Dr. Schoenberg will present on the patterns and determinants of breast and cervical cancer under screening among Appalachian women. Next, Dr. Leach will address prevalence and predictors of non-adherence to colorectal surveillance and screening guidelines among long-term cancer survivors. The subsequent two presentations will focus on the importance of life expectancy when making screening decisions. Dr. Bellizzi will explore colorectal screening patterns in adults 75 years and older by 5 year life expectancy. Next, Ms. Garcia will describe the prevalence and characteristics of patient-provider discussions among older adults who receive breast and prostate cancer screening beyond the guideline recommended age. Finally, Dr. Breslow, discussant, will propose recommendations for future research that encourage optimal screening.
COLORECTAL CANCER SCREENING IN OLDER ADULTS BY 5 YEAR LIFE EXPECTANCY

K. Bellizzi1, E.S. Breslau1, 1. HDFS, UConn, Storrs, Connecticut, 2. National Cancer Institute, Bethesda, Maryland

Background: This study describes colorectal screening patterns (according to USPSTF recommendations) in older adults by 5 year life expectancy. Methods: Analytic sample comprised 1,027 men and women 75 years and older from the 2010 National Health Interview Survey. A validated 5 year mortality index was used to assess individual life expectancy. Results: Screening rates varied by estimated 5 year life expectancy: rates were 63.9% in individuals with high life expectancy (<15% probability of 5-year mortality), 56.1% in men and women with intermediate life expectancy (16% to 48% probability), and 52.5% in individuals with low life expectancy (>48% probability). In multivariate logistic regression models, differences by age, education, race/ethnicity, and comorbid conditions were found. Discussion: A large proportion of older adults with low life expectancy continue to be screened despite the low likelihood of any survival benefit. Benefits and harms of continued screening need to be discussed with patients.

PATTERNS AND DETERMINANTS OF BREAST AND CERVICAL CANCER NON-SCREENING AMONG APPALACHIAN WOMEN

N.E. Schoenberg, C.R. Studts, J. Hatcher, Behavioral Science, University of KY, Lexington, Kentucky

Background: Breast and cervical cancer account for nearly one-third of new cases and one-sixth of cancer deaths, respectively, particularly unfortunate since effective modes of early detection should practically eliminate breast and cervical cancer. Methods: We examined patterns of non-screening among women, with a special focus on the significant cancer disparities experienced by Appalachian women. In person interviews were conducted with 222 Appalachian women outside of screening recommendations for Pap tests and mammograms. Results: Participants who were rarely or never screened for breast cancer were also likely to be rarely or never screened for cervical cancer. In addition, four key barriers were identified as independently and significantly associated with being rarely or never screened for both cervical and breast cancer. Discussion: An improved understanding of cancer screening patterns plus the barriers underlying lack of screening may move us closer to developing effective interventions that facilitate women’s use of screening.

MEDICAL, DEMOGRAPHIC AND HEALTH BELIEF PREDICTORS OF COLORECTAL SCREENING AND SURVEILLANCE AMONG CANCER SURVIVORS

C. Leach1, T. Smith1, A. Best1, K. Bellizzi2, K. Stein2, 1. Behavioral Research Center, American Cancer Society, Atlanta, Georgia, 2. University of Connecticut, Storrs, Connecticut

Background: Cancer survivors may experience a recurrence or a second primary cancer. Colorectal cancer (CRC) screening helps identify a recurrence or new cancer early when prognosis is better and treatment is less aggressive. Methods: Data from a cancer registry-based national survey examined the prevalence and predictors of CRC surveillance among 9-year CRC survivors (N=441, mean age=68) and CRC screening among 9-year survivors of other cancers (N=2487, mean age=67). Logistic regression modeled demographic, medical, cancer, and health belief predictors. Results Findings indicated that 90.2% of CRC survivors received surveillance consistent with NCCN guidelines. Predictors of surveillance non-adherence include age, comorbid conditions, perceived susceptibility, perceived barriers, and perceived benefits of screening. Fewer non-CRC survivors (82.7%) met ACS guidelines. Predictors of non-adherence included education, comorbid conditions, perceived barriers and perceived benefits. Discussion: Findings that health beliefs about cancer screening influence adherence to guidelines suggest avenues for intervention.

SCREENING BEYOND THE RECOMMENDED AGE: THE IMPORTANCE OF PATIENT-PROVIDER DISCUSSIONS

K. Garcia, E. Crimmins, Davis School of Gerontology, University of Southern California, Los Angeles, California

Background: Due to patient heterogeneity, guidelines recommend discussion of risks/benefits and consideration of the patient’s health and preference before making a shared decision to screen. This presentation will describe the prevalence and characteristics of patient-provider discussions among adults who undergo screening for breast/prostate cancer past the recommended age. Methods: Data from the ninth wave (2008) of the Health and Retirement Study were analyzed using multiple logistic regression. The analytic sample included respondents with no history of breast/prostate cancer who completed a cancer screening module. Results: Adults over the recommended age (80+) were less likely than younger adults to report having a discussion with a provider before undergoing a screening (OR, 0.61; P=0.02). Only 50% of older adults (80+) screened report having a discussion, of which less than half report making a shared decision. Discussion: Individual characteristics (demographics, health status and behavior, screening history) influence patient-provider discussions and decisions to screen.

SESSION 750 (PAPER)

DRIVING AND DRIVING CESSATION

PRODUCTIVE AND SOCIAL ENGAGEMENT FOLLOWING DRIVING CESSATION AMONG OLDER COUPLES

A.L. Curl1, J.D. Stowe2, C.M. Proulx2, T.M. Cooney2, 1. School of Social Work - University of Missouri, Columbia, Missouri, 2. Human Development & Family Studies - University of Missouri, Columbia, Missouri

Many older adults consider driving vital to maintaining their preferred lifestyle and engagement with society, yet it is normative to eventually stop driving. For married/partnered individuals, having a spouse/partner who remains able to drive may allow optimal engagement post-driving cessation. We employed longitudinal data from 7 waves (1998-2010) of the Health and Retirement Study (HRS) to examine whether driving cessation of self or partner impacts the productive and social engagement of partnered adults. Outcomes included involvement in productive roles (paid work, formal volunteering, and informal help to relatives, friends and neighbors), and social engagement. Couples were included if both spouses participated in HRS, were age 65+ at baseline, and neither volunteered that they had never driven; data provided by proxies were not used. Multilevel model results of 1,457 couples provide strong evidence of the negative impact of both one’s own driving cessation and the driving cessation of one’s partner on productive engagement. After controlling for sociodemographic factors, physical health, and cognitive ability, husbands’ driving cessation reduced their likelihood of engagement across all four outcome measures, and wives’ driving cessation reduced the odds of their productive but not social engagement. A wife’s driving cessation also lowers her husband’s odds of working and formal volunteering, while a husband’s driving cessation lowers her wife’s odds of working and informal volunteering. Results suggest the importance of maintaining safe driving for as long as possible, and enhanced services or rehabilitation efforts to maintain driving even among couples with one remaining driver.
EVIDENCE FOR A SUCCESSFUL FOCUSED EDUCATION PROGRAM TO MEET THE NEEDS OF THE OLDER DRIVER IN MEDICAL SETTINGS

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With the increasing numbers of baby boomers living longer and wanting to maintain their independence in the community, driving will be a critical IADL to be addressed. With the limited number of driver rehabilitation specialists available to assist with enhancing driving skills and/or transition to driving cessation, it will likely be essential for general practice occupational therapists to address driving and community mobility. This can be done by general practitioners screening their clients and meeting older adults’ initial needs in the general clinic. In 2011, 32 experienced (mean of 12 years) occupational therapists from Genesis Rehab Services volunteered for an focused 2 day training course to address driving and community mobility for their clients in a wide range of medical settings (e.g., SNF, long term care, assistive living centers, rehabilitation centers). Although all therapists confirmed that driving and community mobility was an important issue for their clients, their overall confidence and competence in the area of driving and community mobility were low. Using a pre-test/post-test design, examples of significant changes in confidence immediately after the focused education included: 1) addressing driving with clients (t=-5.33, p <.001), 2) addressing community mobility (t=-7.89, p<.001), and 3) mentoring other therapists (t=-5.23, p<.001). The same therapists were followed with similar quantitative questions after 3 months, 6 months, 12 months, and 24 months. Analysis of results indicated a high maintenance of confidence and enthusiasm even after 2 years. Although there was high mortality due to promotions and/or individuals leaving the company, over half (n =17) of the participants continued to respond to the surveys over the two year period. Descriptive statistics will be used to highlight the results over the six measurement times. Additionally, open ended statements will be summarized to qualitatively characterize the change in attitude, confidence, and outlook of the therapists. As a joint project between the American Occupational Therapy Association and Genesis Rehab Services, this pilot project can be a model for using general practitioners for promoting and enhancing safe driving as a means of community mobility to maintain older adults’ independence.

PERIPHERAL MOTION SENSITIVITY AS A PREDICTOR OF OLDER DRIVERS’ PERFORMANCE DURING SIMULATED DRIVING SCENARIOS

H. Woods-Fry¹, C. Collin¹, S. Gagnon¹, S. Henderson², M. Bedard³, H. Maxwell³, S. Marshall¹, 1. University of Ottawa, Ottawa, Ontario, Canada, 2. Transportation Safety Board of Canada, Ottawa, Ontario, Canada, 3. Centre for Research on Safe Driving, Lakehead University, Thunder Bay, Ontario, Canada, 4. The Ottawa Hospital Rehabilitation Centre, Ottawa, Ontario, Canada

Older drivers have an increased rate of automobile crashes per kilometer driven, likely due in part to age-related declines in motion perception. Previous research has demonstrated that tests of motion sensitivity are essential in order to accurately predict driving safety of older drivers. Our research group has developed the Rapid Peripheral Motion Contrast Threshold (RPMCT) test as a measure of peripheral motion sensitivity. In the current study, we investigated how effective the RPMCT is at predicting driving safety on a driving simulator. We tested 25 older drivers in the STISIM high fidelity driving simulator. Performance was measured in terms of number of collisions and time to collision. Participants completed the RPMCT, which consists of Gabors (0.4 cpd, 13.75°/s drift) positioned 15° to either side of fixation, and uses a two-alternative forced choice variation on the ascending Bekesy Method. Results show a significant moderate positive correlation (r=.56) between overall collisions and RPMCT. Our research demonstrates the ability of the RPMCT to effectively predict the occurrence of hazardous driving under simulated conditions in older drivers.

EXAMINATION OF DRIVING CESSION AND TIMING OF RELOCATION IN RETIREMENT LIVING SENIORS

C. Janssen-Grieve, A.M. Myers, A. Cidlak, University of Waterloo, Waterloo, Ontario, Ontario, Canada

To examine possible associations between driving cessation and relocation, as well as transportation use, we surveyed 273 former drivers (183 women and 90 men) from four retirement villages in southern Ontario ranging in age from 65 to 100 (mean age 86.5±6.0). Nearly 57% of the sample had stopped driving prior to relocation (average two years), while 25% had quit after relocation (average 18 months). For 18%, these transitions took place in the same month. Overall comparisons did not reveal any differences in age or gender between these three groups. However, those who stopped driving before versus after relocation were significantly more likely to live in units with support services than apartments (70% versus 30%, χ²=8.882, p<.001). The men in this category were also significantly younger than those who quit driving after the move (84.7±7.0 versus 89.2±6.5, t=-2.081, p>.05). Those who stopped driving after moving were more likely than those who stopped driving and relocated simultaneously to live in apartments compared to units providing support services (71% versus 29%, χ²=18.973, p<.001). For over half the sample (55%) driving cessation and relocation occurred within 12 months, suggesting there is a temporal association between these life transitions. As for current transportation use, the majority of the sample (90%) reportedly got rides from others (65% were driven by adult children; 28% by other relatives; 24% by friends; 8% by spouses; 2% by volunteers). Over half (52%) reported using the village shuttle; 18% use public buses, 73% taxis, 41% paratransit, and 22% motorized scooters.

DRIVING AND ALZHEIMER’S DISEASE: LINKING ATTENTIONAL DEFICITS TO SIMULATOR DRIVING PERFORMANCE IN EARLY AD DRIVERS

S. Yamin, S. Gagnon, A. Stinchcombe, H. Bruce, Psychology, University of Ottawa, Ottawa, Ontario, Canada

This study aimed to explore the degree of association between performance on a simulated driving task and performance on a neuropsychological test battery in individuals with early AD. Forty-one drivers were recruited from two groups; 20 individuals diagnosed with early AD and 21 healthy age-matched controls. All participants were administered the following neuropsychological tests: the Mini-Mental Status Exam (MMSE), the Dementia Rating Scale (DRS-2), the Test of Everyday Attention (TEA), the Visual Object and Space Perception Test (VOSP) and the Useful Field of View (UFOV). The simulated driving task consisted of an 11 km assessment course. Driving performance was scored based on simulator derived parameters as well as on a demerit point system scale scored by one of the experimenters. Results suggest that drivers with early AD made significantly more driving errors (p<.05) and that a large proportion of errors committed were caused by handling difficulties. Individuals with early AD performed poorly on most attentional tests (p<.05), though their performance on subtests of sustained attention and attentional switching were most correlated with their driving errors. The relationship between driving errors and attentional deficits will be discussed in length as well as the relevance of using driving simulators to assess driving performance in cognitively impaired drivers.
EXPLORING THE ROLE OF A FIREHOUSE SERVICE COORDINATOR IN SUPPORTING COMMUNITY-DWELLING SENIORS

A.K. Gibson, The Ohio State University, Columbus, Ohio

In an effort to reduce public long-term care expenditures and support individual’s right in self-determination, federal and state policymakers are increasingly turning to service coordination as a way of providing a community-based long-term care alternative to address the needs of frail elderly residents (Kim, Karlawish & Caine, 2004; National Association of Aging, 2011; Pynoos, Liebig, Alley & Nishita, 2004). Traditionally, service coordinators have been placed in housing designated for the elderly to assess, monitor, and coordinate services for their residents (Sheehan & Guzzardo, 2008). In recent years, the use of service coordination to address the needs of seniors who are community-dwelling has grown substantially (Duke & Genge, 2009; Ohio Area Agencies on Aging, 2012). By implementing a geriatric-trained service coordinator (grant funded, contract employee) in the local Fire Division, one community was able to link community-based senior residents to supportive services and healthcare providers that can assist them to safely and successfully age in place. Services To Age In Your Upper Arlington (STAY UAA) is a relatively new way to access this population. Responding to individual needs by connecting them through first responders at the “point of entry” can enhance seniors’ ties to their local aging and healthcare networks. Outcomes were examined from a three year period as part of the service coordinator’s role including types of referrals received, frequency of successful referral and referrals declined, frequency of specific intervention (fire hazard, home safety, home adaptations, medication management, and senior fraud/scam), and characteristics of clients served by the service coordinator.

PREDICTORS OF INDIVIDUAL SOCIAL VULNERABILITY AMONG OLDER ADULTS: A MULTILEVEL ANALYSIS

R. Ferreira, A.C. Faul, I. Tulane University, New Orleans, Louisiana, 2. University of Louisville, Louisville, Kentucky

The increase in disasters and the associated impacts are evident in our society. The impact of disasters on older adults can have more chronic impacts generating social and economic hardship, loss of employment, dissolution of personal relationships, and the long-term decline of physical and mental health. Hurricane Katrina and “Superstorm Sandy” have shown that older adults are at higher risk for illness or even death. This paper presents important findings from a study undertaken to develop an understanding of the predictors of individual social vulnerability among older adults. Methods: The research design was a multilevel repeated cross-sectional design with a three level-structured design. The software package MLwiN was used to conduct multilevel analysis using empirical Bayes Markov chain Monte Carlo (MCMC) estimation. Using a representative sample of 34,685 individuals from 2004-2010, nested in Louisiana parishes the trend study allowed for an understanding of the internal and external resources of old age can be maximize to overcome the challenges presented by this stage of life. Results: The results of this study identified 5 important strengths of older people experiencing with sever natural disasters were conducted. Results: The results of this study identified 5 important strengths of older people, including (1) optimism and self-acceptance, (2) self-management, (3) religious and cultural beliefs (4) social networks, (5) community consciousness; serving as assets rather than problems and pathologies. The results present a practical framework for applying strengths perspective to help the elderly to overcome the challenges of natural disasters. Implications: This study suggests that older adults’ resiliency and spiritual resources can provide positive attributes for community disaster preparedness and reconstruction. It also demonstrates ways in which the internal and external resources of old age can be maximized to overcome the challenges presented by this stage of life.

COMPREHENSION, RETENTION, & ACTION OF DENTON COUNTY ELDERLY TOWARDS DISASTER PREPAREDNESS EDUCATION

B. Knight, Applied Gerontology Program, Dept. of Sociology, University of North Texas, Denton, Texas

The purpose of this exploratory study was to operationalize the responses from a sample of the community dwelling older population from Denton County, Texas on disaster preparedness education given by Denton County Health Department (DCHD) personnel. The goals and objectives were drawn from the Texas Public Health and Medical Emergency Management 5-Year Strategic Plan 2012-2016. It was hypothesized that after the disaster preparedness education was received, then comprehension, retention, and application of the information would increase and the goals set forth by the DCHD would be reached. Thirteen Denton County sites were used to educate the 224 willing participants between August 2011 and April 2012. The data were received using a pre-test survey before the training, a post-test immediately after the training, and a follow-up survey call approximately 30 days later. Using Cronbach’s alpha, logistic regression and regression analysis through SAS software program, the data revealed that all DCHD goals were met by this training method and outcome which include the sample population increasing comprehension, retention, and action on the information learned. This study not only educated a sample population of Denton County’s elderly, but also allowed Denton County Health Department to test new tools created to measure the effectiveness of their educational training being provided to the elderly population. It also gave them a method to measure costs verses effectiveness of the educational training with this cohort because it was shown that their training must be uniquely customized to increase effectiveness.

A STRENGTHS PERSPECTIVE FOR ASSESSING OLDER ADULTS IN DISASTER PREPAREDNESS AND COMMUNITY RECONSTRUCTION

L. Liu, J. Zhang, Social Work, Tunghai University, Taichung City, Taiwan

Purpose: Older people have been considered to be vulnerable to natural disaster. However, they can experience resilience in spite of the deleterious affects of the natural disaster. From strengths perspective, this study aims to explore the lived experiences of the elderly with natural disaster as it relates to strengths and resilience in dealing with devastating catastrophes. Methods: Data for this study are gathered from two sources, including: (1) semi-structured in-depth interviews with staff and managers of 5 organizations heavily involving in disaster relief and post-disaster community reconstruction; (2) 2 focus groups with 14 older people experiencing with sever natural disasters were conducted. Results: The results of this study identified 5 important strengths of older people, including (1) optimism and self-acceptance, (2) self-management, (3) religious and cultural beliefs (4) social networks, (5) community consciousness; serving as assets rather than problems and pathologies. The results present a practical framework for applying strengths perspective to help the elderly to overcome the challenges of natural disasters. Implications: This study suggests that older adults’ resiliency and spiritual resources can provide positive attributes for community disaster preparedness and reconstruction. It also demonstrates ways in which the internal and external resources of old age can be maximized to overcome the challenges presented by this stage of life.

AGING IN FEAR: DISTRACTION BURGLARY AND SECURITY TECHNOLOGY IN LATER LIFE

G.W. Pritchard, K. Britain, Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom

This paper offers a sociologically grounded assessment of crime prevention technology designed specifically for elderly people, exploring their effectiveness for reducing both crime and fear of it. Our examination centers on the threat of ‘bogus callers’ and ‘distraction burglars’...
who trick their way into older people’s homes in order to steal. Our paper draws from primary and secondary sources in the form of a content analysis of various publicly available documents and interview and focus group data elicited from older people (n=30) and their carers (n=12). We ground our analysis in moral panic theory (Cohen 1973), exploring the social process that constructs the victimization of older people as a correctable problem in need of intervention. We conclude that currently available technology is ineffectual, counter productive and potentially harmful to users and propose that future devices should be less responsive-driven and instead work to reduce fear of crime, promote an ‘affirmation model’ of aging and build social capital.

SESSION 760 (SYMPOSIUM)

DEVELOPMENT AND EFFECTIVENESS OF A PATIENT-CENTERED CARE PROGRAM ON PHYSICAL FUNCTIONING OF FRAIL OLDER PERSONS

Chair: M. Schuurmans, University Medical Center Utrecht, Department Rehabilitation, Nursing Science and Sport, Utrecht, Utrecht, Netherlands
Co-Chair: N. Bleijenberg, General Practice, Julius Center for Health Sciences and Primary Care, Utrecht, Netherlands

Providing optimal care for frail older people with complex care needs challenges primary care professionals. The present reactive approach is expensive and does not meet the needs of older patients. As a result, many older patients experience unnecessary loss of physical functioning and a suboptimal quality of life. A transition is needed towards proactive care focusing on preservation of physical functioning. We developed a frailty screening and monitoring intervention based on routine primary care registration data (U-PRIM) followed by a patient-centered nurse-led care intervention (U-CARE). We evaluated the effectiveness of U-PRIM, and of U-PRIM followed by U-CARE in a three-armed cluster randomized trial in primary care including 3000 patients. This symposium aims to present the development and the effectiveness of our proactive patient-centered care strategy to preserve physical functioning in frail older people, through 4 presentations: 1. First, we demonstrate the development, predictive performance and construct validity of the U-PRIM intervention and its components. 2. Second, we present the development of the multicomponent U-CARE intervention. 3. Third, we present the effectiveness of U-PRIM and U-CARE on physical functioning and quality of life of frail older persons. 4. Finally, we discuss a mixed-methods evaluation regarding the delivery of the U-CARE intervention by nurses, and the satisfaction of patients and professionals.

FRAILTY SCREENING AND MONITORING IN ROUTINE PRIMARY CARE DATA: DEVELOPMENT AND VALIDATION OF THE U-PRIM INSTRUMENT

I. Drubbel1, M.E. Numans2, N. Bleijenberg3, V.H. ten Dam1, M. Schuurmans2, N. de Wit1, 1. University Medical Center Utrecht, Department Julius Center for Health Sciences and Primary Care, Utrecht, Netherlands, 2. University Medical Center Utrecht, Department Rehabilitation Nursing Science and Sport, Utrecht, Netherlands

The U-PRIM software application aims to stratify older patients by frailty level using readily available primary care EMR data. In the U-PROFIT trial, GPs received a quarterly U-PRIM report to provide proactive care according to current guidelines. U-PRIM selected patients aged ≥ 60 years with multimorbidity, polypharmacy or a ‘consultation gap. Multimorbidity is defined using a Frailty Index (FI) score. The FI consists of a list of ICPC encoded health deficits, and a patients’ FI score is defined as the proportion of deficits present. In a retrospective cohort study (n=1,679) we concluded that U-PRIM adequately predicts adverse health outcomes. We will discuss U-PRIM development and extensive validation studies in which the predictive value of U-PRIM is further explored (n = 18,000) and in which concordance with self-reported measures of physical functioning, quality of life and healthcare consumption is evaluated (n=2870).

THE EFFECTIVENESS OF PROACTIVE PRIMARY CARE ON PHYSICAL FUNCTIONING OF FRAIL OLDER PATIENTS: THE U-PROFIT TRIAL

N. Bleijenberg1, I. Drubbel1, M. Schuurmans2, V.H. ten Dam1, P. Zuithoff1, W. Laan1, M.E. Numans2, N. de Wit1, 1. University Medical Center, Department Julius Center for Health Sciences and Primary Care, Utrecht, Netherlands, 2. University Medical Center, Department Rehabilitation Nursing Science and Sport, Utrecht, Netherlands

We investigate the effect of U-PRIM, a quarterly screening and monitoring intervention, and of U-PRIM followed by U-CARE, a multicomponent nurse-led care program on physical functioning of frail older people in primary care. A single-blind three-armed cluster randomised trial including 39 primary care centers (3092 older patients) was conducted between October 2010 and March 2012, including 1 year follow-up. The primary outcome was physical functioning measured on a modified Katz-15 ADL/IADL scale. Secondary outcomes were quality of life, primary care consultations, hospital admission, ED visits, nursing home admission and mortality. Patients of both intervention groups showed significantly better preservation of physical functioning compared with the control group patients at 12 months. Patients in the U-PRIM+U-CARE intervention group consulted their primary care center significantly more often compared with patients of the other two groups. High and low educated patients receiving U-PRIM + U-CARE visited the ED significantly less.

DEVELOPMENT OF A MULTICOMPONENT NURSE-LED CARE INTERVENTION TO PRESERVE PHYSICAL FUNCTIONING IN OLDER PERSONS

N. Bleijenberg1, V.H. ten Dam1, I. Drubbel1, M.E. Numans2, N. de Wit1, M. Schuurmans2, 1. University Medical Center Utrecht, Julius Center for Health Sciences and Primary Care, Utrecht, Netherlands, 2. University Medical Center Utrecht, Rehabilitation, Nursing Science and Sport, Utrecht, Netherlands

To understand the different components of a complex intervention and to allow thorough review and replication, a detailed description of the intervention and its development process is needed. Therefore, we will present the development and feasibility of the U-CARE intervention. An extended stepwise multi-method procedure was applied and a team of researchers, GPs, nurses, experts and an independent panel of older people were actively involved in the development to increase the feasibility in clinical practice. The U-CARE intervention includes Frailty Assessment, a Comprehensive Geriatric Assessment (CGA), evidence-based and tailored care planning and delivery, care coordination and follow-up visits. For eleven geriatric conditions, evidence-based care plans with a total set of interventions were developed. A total of 21 registered practice nurses were recruited, employed and extensively trained during a six week training program.

A MIXED-METHODS STUDY REGARDING THE ACTUAL INTERVENTION DELIVERED BY NURSES AND SATISFACTION U-CARE

N. Bleijenberg1, V.H. ten Dam1, I. Drubbel1, M.E. Numans2, N. de Wit1, M. Schuurmans2, 1. University Medical Center Utrecht, Department Julius Center for Health Sciences and Primary Care, Utrecht, Netherlands, 2. University Medical Center Utrecht, Department Rehabilitation Nursing Science and Sport, Utrecht, Netherlands

To gain a better understanding of obtained trial results, a mixed-methods study was conducted regarding the actual intervention delivered by nurses and the barriers and facilitators of the U-PRIM-U-CARE intervention. During one-year follow-up, data were collected at the level of the patient and providers of the intervention using questionnaires, focus groups, interviews, log books and web-based registration. Most
provided interventions will be presented. Referrals were most frequent for patients with falls, cognition and loneliness. Both patients and providers were satisfied receiving and delivering the intervention. Patients highlighted the important value of the nurse. In the beginning, the nurses indicated that delivering proactive care was difficult, but, after 6 months, a transition towards proactive care was achieved. Nurses and GPs emphasized that the program enhances the coordination of care.

SESSION 765 (SYMPOSIUM)

DIGNITY, OPTIMAL AGING, AND DIGNIFIED CARE
Chair: C. Jacelon, University of Massachusetts, Amherst, Massachusetts
Discussant: A. Gallagher, University of Surrey, Surrey, United Kingdom

Dignity is an important concept in relation to the health and health care of older adults. It is necessary for optimal aging. There has been a good deal of media and research attention to care practices that diminish dignity in older people, but less attention has been given to understanding activities that promote and sustain dignity in the daily lives of older adults or when they interact with health care systems. Although the research on dignity and older adults has increased internationally, the definitions of dignity remain varied. In this symposium we will present an analysis of current definitions found in the health care literature focused on dignity in older adults and identify which components are integral to the meaning of dignity across definitions and across the globe. In the second paper, using the Attributed Dignity Scale, we will present an analysis of the relationships between dignity, life situations, and both physical and mental status in community dwelling older adults with chronic health problems in the United States from the viewpoint of the older adult. Next we will present research using qualitative methods to explore the experience of frail older adult’s dignity during care transitions in England. Finally, we will present issues of dignity for older adults with dementia from the perspective of nursing students. As discussant, Dr. Gallagher will highlight the similarities and differences among the findings across settings and countries, and suggest a way to continue to advance our understanding of dignity in older adults.

COMPARATIVE ANALYSIS OF THE CONCEPT OF DIGNITY IN HEALTH LITERATURE
Q. Guo, School of Nursing, University of Massachusetts Amherst, Amherst, Massachusetts

There are many conceptualizations of dignity in the health literature. By comparing descriptions of dignity in relation to older adults, dying persons, and care, the components integral to the meaning of dignity across definitions have been identified. A keyword search of health and psychology databases was performed. The comparative approach and matrix method were used to analyze information regarding dignity. Findings indicate that both older adults and dying persons possess basic dignity, personal dignity and relational dignity. Due to different social roles, their dignity has different foci, such as “living vs. dying”, “wisdom of age vs. meaning of death”, and “aging vs. sick role”. With diminishing independence, their dignity is affected by the care they receive. Dignified care, which respects clients’ basic, personal, and relational dignity is important for the dignity of both older adults and dying persons.

ATTRIBUTED DIGNITY, OPTIMAL AGING, AND HEALTH
C. Jacelon, School of Nursing, University of Massachusetts, Amherst, Massachusetts

Maintaining dignity is thought to be related to health status and critical for optimal aging. Yet, until now it has been difficult to test this assumption. For this research dignity is defined as an intrinsic quality of being human that is manifested as an attributed, dynamic quality of the self, connoting self-value, perceived value from others, self in relation to others, and behaving with respect. Attributed dignity has been operationalized as the Attributed Dignity Scale. In order to test the hypothesis that dignity and health are positively related, 287 community-dwelling older adults age 65 - 96 years old in the northeastern United States provided demographic information, and completed the Attributed Dignity Scale, and the SF-12v2 health survey. The relationships among age, SES, education, living status, physical and mental health are presented, and the implications for older adults and will be discussed.

TRANSITIONS FOR FRAIL OLDER PEOPLE FROM ACUTE HOSPITAL WARDS: A DIGNIFIED EXPERIENCE
L. Baillie, Faculty of Health and Social Care, London South Bank University and University College London Hospitals, London, United Kingdom

The project was based in one healthcare system, with integrated acute hospital and community service provision. The study used a qualitative case study approach to investigate barriers and facilitators to timely and appropriate transitions for frail older people from acute hospital wards. Data collection methods were individual interviews with key hospital and community staff and patients, and focus groups with staff on acute and community hospital wards. The presentation will focus on transition from a perspective of dignity in care. Most staff recognised the importance of patient and family involvement but with pressure to move patients from acute beds quickly, and insufficient community-based health and social care services, a dignified transition experience for patients appeared to be a low priority. Patients’ experiences revealed a lack of any control and minimal involvement in the process. These findings will be discussed in relation to improving dignified care during transition from acute wards.

CARING FOR OLDER PEOPLE WITH DEMENTIA IN HOSPITAL: STUDENT NURSES’ VIEWS ABOUT DIGNITY IN CARE
L. Baillie, Faculty of Health and Social Care, London South Bank University and University College London Hospitals, London, United Kingdom

There are growing numbers of older people with dementia globally, many of whom have other concurrent health conditions for which they are admitted to hospital. Nursing students frequently care for older people with dementia during hospital-based practice learning and these experiences will influence their practice as registered nurses. This presentation reports on a cross-sectional survey of student nurses in England, which used questionnaires and focus groups. While most students reported that care relating to respect and dignity was good, much fewer considered person-centred care, and involvement in decision-making, was achieved well. Students described challenges they encountered caring for older people with dementia in practice but they developed care strategies: getting to know the person and building a relationship; involvement of families; flexible and creative care approaches; use of comfort and communication. The implications of the results for nurse education, and for hospital staff, will be explored.

SESSION 770 (SYMPOSIUM)

EXERCISE AND BONE HEALTH: WHAT DOES THE RESEARCH SAY?
Chair: T. Kauffman, Timothy Kauffman, Columbia University, Lancaster, Pennsylvania, Kauffman Physical Therapy, Lancaster, Pennsylvania
Discussant: K. Kline-Mangione, Arcadia University, Philadelphia, Pennsylvania

Osteoporosis, the most common bone disease in humans, is a major concern for persons of all ages with significant implications for morbidity and mortality. It is estimated, worldwide there are nearly 9 million osteoporotic-related fractures a year. One in three females and one in five males over age 50 years will have an osteoporotic fracture and
the incidence of fractures is projected to increase. Based on research, the International Osteoporosis Foundation recognizes the importance of exercise as well as physical activity during leisure time, sport, work and daily living chores on bone health from childhood through old age. In the US, the National Osteoporosis Foundation established an Exercise and Rehabilitation Advisory Council (ERAC), which is developing an exercise position statement. The ERAC includes physical therapists, physicians and exercise physiologists. This symposium is based on this extensive literature review and will present the strength of evidence that physical activity and exercise can enhance bone health in children, adolescents, post-menopausal women, males and frail elderly. Exercise is a generic term for a host of activities and thus the more effective physical exercises will be differentiated from the less beneficial. This symposium is pertinent to persons of all ages, both genders and all ethnic groups. Knowledge gained from it will promote optimal aging based on research.

MULTIMODAL EXERCISE: OF BENEFIT TO BONE?
C. Jankowski, University of Colorado, College of Nursing, Denver, Colorado

A literature review was conducted to evaluate the effects of multimodal exercise training, defined as combinations of high-impact weight-bearing (e.g., running, jumping) and resistance (e.g., calisthenics, free weights) exercises on bone mineral density (BMD). The purpose of progressive multimodal training is to expose the skeleton to a variety of loading forces. Studies of premenopausal women (3 randomized controlled trials, RCTs), postmenopausal women (5 RCTs and 1 systematic review), and older men (1 RCT) were included. Supervised training occurred 2-3 days per week for 12-24 months. The balance of evidence (level 2a-b, Centre for Evidence Based Medicine, 2009) suggested increased hip BMD in response to multimodal exercise emphasizing jumping in pre-, and early postmenopausal women and older men. Some bone responses were site-specific and directly related to acceleration forces. In older postmenopausal women, and women with a fracture history, increased or attenuated loss of hip BMD compared to controls was found.

MULTIMODAL EXERCISE: OF BENEFIT TO BONE?
C. Jankowski, 1. College of Nursing, University of Colorado Denver, Aurora, Colorado, 2. Division of Geriatric Medicine, University of Colorado Denver, Aurora, Colorado

A literature review was conducted to evaluate the effects of multimodal exercise training, defined as combinations of high-impact weight-bearing (e.g., running, jumping) and resistance (e.g., calisthenics, free weights) exercises on bone mineral density (BMD). The purpose of progressive multimodal training is to expose the skeleton to a variety of loading forces. Studies of premenopausal women (3 randomized controlled trials, RCTs), postmenopausal women (5 RCTs and 1 systematic review), and older men (1 RCT) were included. Supervised training occurred 2-3 days per week for 12-24 months. The balance of evidence (level 2a-b, Centre for Evidence Based Medicine, 2009) suggested increased hip BMD in response to multimodal exercise emphasizing jumping in pre-, and early postmenopausal women and older men. Some bone responses were site-specific and directly related to acceleration forces. In older postmenopausal women, and women with a fracture history, increased or attenuated loss of hip BMD compared to controls was found.

EXERCISE FOR REHABILITATION AFTER OSTEOPOROTIC FRACTURE
K. Shipp, Duke University, Durham, North Carolina

Exercise recommendations following fragility fractures are specific to fracture location. This presentation will focus on evidence in the literature for the two most common locations: vertebral and hip. The highest quality evidence exists for hip fracture (13 RCTs, 3 systematic reviews, 2 meta-analyses). Both home- and community-based interventions of 1-12 month duration, primarily progressive resistance training, were shown to improve strength, balance, fast walking speed, and physical performance. One RCT demonstrated that high-intensity strength training reduced risk of death, nursing home admission, and ADL decline post hip fracture. Little evidence exists to guide exercise after vertebral fracture (8 RCTs, 3 systematic reviews). Some studies reported improved pain, walking speed, back extensor strength/endurance, and quality of life. Knowledge regarding exercise after vertebral fracture is extremely limited. Long duration progressive resistance exercise is beneficial after hip fracture, but implementing this type exercise program cost effectively on a large scale remains unexamined.

EXERCISE TO OPTIMIZE SKELETAL HEALTH: A LIFESPAN APPROACH
K. Gunter, Oregon State University, Corvallis, Oregon

Physical inactivity in childhood is rarely discussed as a significant contributor to osteoporosis, a disease typical of old age. In 2013 ample evidence exists to recommend physical activity undertaken in childhood as perhaps the best defense against skeletal frailty in later life. Approximately 50% of bone mass variability in older adults relates to the degree of bone mineralization during childhood and adolescence. This presentation will provide evidence supporting the beneficial effects of physical activity in youth to optimize skeletal development. We will discuss the current scientific understanding of the role of childhood physical activity on bone health and, ultimately, fracture risk. We include an overview of the physical activity dose required for bone mass and structural response and recommendations for promoting bone-enhancing physical activity among children and adolescents. We conclude with new research suggesting a unique relationship between childhood physical activity and adult bone health.

SESSION 775 (SYMPOSIUM)

THE USE OF BIOMARKERS IN GERONTOLOGICAL NURSING RESEARCH
Chair: P.Z. Cacchione, University of Pennsylvania, Philadelphia, Pennsylvania
Co-Chair: K.A. Gretebeck, University of Wisconsin-Madison, Madison, Wisconsin
Discussant: D.L. Schutte, Michigan State University, East Lansing, Michigan

During this Nursing Care of Older Adults Special Interest Group Symposium expert nurse researchers will provide methodological insights of including biomarkers in gerontological nursing research. The advantages and methodological challenges of using biomarkers will be addressed through illustrations from their programs of research. Dr. Nancy McCain will discuss the use of the psychoneuroimmunological framework in immunosenescence in infectious diseases and cancer in older adults. Dr. Kathy Richards will present the use of neuroimaging and adherence biomarkers for sleep interventions in her MEMORIES trial. Dr. Hilare Thompson will share the importance of matching the serum biomarkers with the specific aims of the study by describing the use of predictive immune biomarkers following traumatic brain injury in older adults. Lauren Massimo, PhD-C will follow Dr. Thompson to share her expertise in neuroimaging biomarkers in the investigation of the impaired motivation/apathy associated with behavioral variant frontotemporal degeneration. Our discussant is Dr. Debra Shute. She will draw on her expertise in the use of genetic biomarkers in persons with dementia and hearing loss to discuss the advantages and challenges of the use of biomarkers in gerontological nursing research.

66th Annual Scientific Meeting
PSYCHONEUROIMMUNOLOGY (PNI) AND IMMUNONESSENCE

N.L. McCain, Virginia Commonwealth University, Richmond, Virginia

Although longitudinal research is limited, immunosenescence associated with aging is thought to contribute to the increased incidence and severity of infectious disease and cancer in the elderly. Further, there is evidence suggesting that immunosenescence can be accelerated by factors such as chronic stress via psychoneuroimmunological mechanisms. PNI provides a framework that is not disease-specific; rather, inflammatory mediation and moderation are of key interest as central aspects of a vast array of health–illness states and interventions. PNI explains multidimensional interactions among psychosocial factors and physiological mechanisms of the neuroendocrine and immune systems. It is known that the stress response involves both direct and indirect effects on the immune system, such that numerous cytokines and other bio-chemicals such as endogenous opioids are elaborated by immune cells. Evaluation of immune signatures or patterns will be explored as biomarkers of immune function, along with research suggesting that immunosenescence can be attenuated by PNI-based interventions.

BIOBEHAVIORAL RESEARCH CHALLENGES AND SOLUTIONS IN THE MEMORIES TRIAL

K.C. Richards, George Mason University, Fairfax, Virginia

This methodological paper will present biobehavioral research challenges and the corresponding solutions in MEMORIES, an ongoing National Institute on Aging funded trial. The purpose of the study is to determine the 6-month and 1-year effects of treating obstructive sleep apnea (OSA) with continuous positive airway pressure (CPAP) in older adults with mild cognitive impairment (MCI). Study outcomes include neurocognitive and everyday function, and structural neuroimaging biomarkers. Polysomnography, genetic, and CPAP adherence biomarkers will be used to predict the effect of CPAP on the study outcomes. Challenges associated with the study outcome and predictor biomarkers included recruitment challenges, ethical concerns regarding follow-up of abnormal biomarker results and data security, and data management issues surrounding multi-site data collection, transport and storage. An interactive interprofessional problem-solving process was used to develop solutions for each challenge. The paper will conclude with a description of the problem-solving process and the solutions for each challenge.

METHODOLOGICAL CONSIDERATIONS IN THE USE OF BLOOD SPECIMENS IN AGING-RELATED BIOMARKER RESEARCH

H.J. Thompson, University of Washington, Seattle, Washington

Blood is a frequent source of specimens for aging-related biomarker research as it can yield various elements for analysis such as plasma, white blood cells, and DNA. However the use of such specimens may not be appropriate in all study designs as they need to match specific aims and be reflective of underlying biological processes. This session will focus on how nurse scientists can best integrate blood specimens for biomarker research within clinical research studies. Topics discussed will include prognostic vs. predictive biomarkers specimen collection, handling and storage, available assays and both statistical and cost considerations. Application of methodological issues will be presented in the context of an ongoing program of research focused on immune biomarkers for predicting outcome following traumatic brain injury in older adults.

NEUROIMAGING BIOMARKERS TO EXAMINE APATHY IN FRONTOTEMPORAL DEGENERATION


The study of neuroanatomical biomarkers is of scientific interest in Frontotemporal degeneration (FTD) since this can validate the contribution of cognitive impairments to apathy. By using neurobiological tools such as voxel based morphometry (VBM) to study persons with apathy, the nature and anatomic localization of the contributing processes can be identified. Morphometry analysis is a common tool used for measurement of structural differences within a group or across groups. When pathology in the brain structures occur, there is an impact on the fine morphology of the gray matter and cortical thinning occurs. The measurement of cortical thinning is especially helpful in determining disease in FTD since the prefrontal cortex is especially sensitive to this volumetric change. This session will incorporate experiences with a current study of apathy in FTD and conclude with a description of potential limitations which need to be considered when planning similar investigations and interpreting the results.

SESSION 780 (SYMPOSIUM)

VA GRECC SYMPOSIUM: ISCHEMIA AND EXERCISE IN THE PATHOGENESIS AND TREATMENT OF COGNITIVE DECLINE

Chair: S.H. Graham, VA Geriatric Research Education and Clinical Center, Pittsburgh, Pennsylvania, University of Pittsburgh, Pittsburgh, Pennsylvania
Co-Chair: R. Macko, VA Geriatric Research Education and Clinical Center, Baltimore, Maryland

Alzheimer’s disease (AD) and cerebrovascular disease are the two major causes of dementia, and often coexist and may interact to produce cognitive decline in the elderly. Reduced physical activity is associated with increased risk of both stroke and dementia, and exercise therapy may have a role in both the prevention and treatment of these disorders. This symposium addresses the association between stroke, dementia, and exercise from the bench to the bedside. Individual sessions will address: 1) How the epidemiological association between cerebrovascular disease and physical activity varies with age, and how the dynamic of these factors at different age periods is essential for the implementation of primary prevention treatments for AD. 2) A hypothesized link between cerebral ischemia and the pathogenesis of AD: the effect of reactive lipid species upon protein aggregation and amyloid beta metabolism. 3) The molecular and cellular mechanisms by which exercise improves brain function in aged rats after injury. 4) The interactions between physical activity and the genetic risk for AD on brain function and cognition. 5) An operational approach toward implementing exercise programs at the community level to improve brain health for individuals aging with cerebrovascular disease.

PATTERNS OF COMPENSATION AND VULNERABILITY IN NORMAL SUBJECTS AT RISK OF ALZHEIMER’S DISEASE

O. Lopez, J. Becker, L.H. Kuller, University of Pittsburgh, Pittsburgh, Pennsylvania

Alzheimer’s disease (AD) is the most frequent form of dementia in elderly individuals and its incidence and prevalence increases with age. There are medical risk modifiers including systemic cerebrovascular disease that increase the vulnerability for AD. By contrast, there are lifestyle risk modifiers that reduce the effects of AD risk factors include physical and cognitive activity. Interactions among these risk factors with the pathobiological cascade of AD determine the likelihood of developing cognitive impairment. After attending this session, participants will understand the association between “vulnerability” and “protective” factors and how they vary with age and understand how the dynamic of these factors at different age periods will be essential for the implementation of primary prevention treatments for AD. Specifically, participants will learn about: cardiovascular and non-cardiovascular risk factors for dementia, neuroimaging correlates of cardiovascular disorders, neuroimaging predictors of dementia, factors that attenuate the risk of dementia.
MECHANISMS LINKING ISCHEMIA AND ALZHEIMER’S DISEASE: EFFECT OF REACTIVE LIPIDS ON PROTEIN UBQUITINATION AND AMYLOID METABOLISM
S.H. Graham1,2, H. Liu1,2, M. Rose1,2, W. Li1,2, 1. VA Geriatric Research Education and Clinical Center, Pittsburgh, Pennsylvania, 2. Neurology, University of Pittsburgh, Pittsburgh, Pennsylvania

Cerebrovascular disease and white matter hyperintensities are associated with cognitive decline in the elderly and increase the risk of Alzheimer’s disease. Cerebral ischemia increases the formation of reactive lipid species including cyclopentenone prostaglandins (CyPgs) in animal models of cerebral ischemia. CyPgs bind to ubiquitin-C-terminal hydrolase L1 (UCH-L1) and CyPg-UCH-L1 adducts are detected within neurons in vitro. CyPgs also result in accumulation of insoluble ubiquinated proteins within neurons. Decreased Uch-L1 activity interferes with the degradation of beta-secretase 1 by lysosomes, thus the addition of Uch-L1 by CyPg and other reactive lipid species produced by ischemia may result in increased concentrations of amyloid-beta in brain. Thus, this session addresses a possible mechanistic link between the pathogenesis of Alzheimer’s disease and cerebral ischemia.

MECHANISMS OF EXERCISE INDUCED BRAIN RECOVERY
A.D. Smith1,2, S. Castro1, M.J. Zigmond1, 1. VA Pittsburgh Geriatric Research Educational and Clinical Center, Pittsburgh, Pennsylvania, 2. University of Pittsburgh, Pittsburgh, Pennsylvania

Having greatly diminished the incidence of most infectious diseases, the world population is experiencing a rise in aging-related diseases including stroke and dementia. The cause undoubtedly includes changes in our life style, which typically involves a diet and levels of physical activity very different from those to which we are adapted through evolution. An increasing body of evidence suggests that physical activity is correlated with decreased incidence and severity of a variety of age-related deficits. Using animal models of dopamine deficiency, we find that physical exercise can reduce neurotoxin-induced brain dysfunction. Attendees will learn the mechanisms by which exercise increases the resiliency of the brain to cellular stress, including enhancement of the availability of neurotrophic factors and the subsequent activation of intracellular survival cascades. These mechanisms may underlie the effect of exercise therapy in both the prevention and treatment of stroke and dementia. Learning objectives: 1) Learn how exercise improves brain function in young and aged rodents after neurotoxin injury. 2) Understand mechanisms by which exercise improves brain function after injury: increasing neurotrophic factor levels and activation of intraneuronal survival pathways.

EXERCISE AND BRAIN FUNCTION WITH INCREASED RISK FOR ALZHEIMER’S DISEASE
J. Smith1,2, K.A. Nielsen1, 1. Kinesiology, University of Maryland, College Park, Maryland, 2. Baltimore VA GRECC, Baltimore, Maryland, 3. Marquette University, Milwaukee, Wisconsin

There is a desperate search ongoing for effective treatments and preventive strategies for Alzheimer’s disease (AD) in those who are at increased AD risk. A recent NIH consensus panel concluded there was no solid evidence for any intervention or modifiable factor to improve clinical symptoms or prevent AD – with the exception of notable promise for physical exercise. Exercise performed by healthy older adults may improve cognitive function and reduce the risk for dementia. However, less is known regarding the effects of exercise in those with cognitive impairments or who are at increased genetic risk for AD. We explore the literature regarding the effects of exercise being more or less potent to reduce dementia risk in those who possess one or more copies of the apolipoprotein E epsilon4 allele compared to non-carriers. We also address the effectiveness of exercise to affect brain function in older adults diagnosed with mild cognitive impairment.

EXERCISE AND BRAIN HEALTH AFTER STROKE
Baltimore VA GRECC/ RR&D MARYLAND EXERCISE AND ROBOTICS CENTER OF EXCELLENCE
R. Macko1, J. Smith1,2, M.C. Dux1, C. Hafer-Macko2, I. V.A Maryland Health Care System and University of Maryland, Baltimore, Maryland, 2. University of Maryland College Park, College Park, Maryland

Stroke is the leading cause of disability in the U.S. and cerebrovascular disease is a major contributor to cognitive declines our aging populations. Estimates are that nearly half of stroke survivors have vascular cognitive impairment non-dementia, and dementia rates are elevated up 10-fold. Baltimore GRECC has developed exercise models that: restore fitness 17-33% back toward normal, reverse impaired glucose tolerance and non-insulin dependent diabetes in 58% of cases, and walking velocity by ~30%- even years post-stroke by activating subcortical brain networks. These exercise programs can increase bilateral brain vasomotor reactivity and improve elements of cognitive function to enhance motor learning, years after a stroke. This presentation will present public health rationale and operational approach toward implementing exercise at community levels to improve brain health for individuals aging with cerebrovascular disease.

SESSION 785 (PAPER)

DEMENTIA

MENTAL STATUS EVALUATION IN THE ELDERLY: A RETROSPECTIVE STUDY IN AN ITALIAN EMERGENCY DEPARTMENT
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Purpose and Methods: To estimate prevalence and accuracy of diagnoses of delirium and dementia in older patients presenting to the Emergency Department (ED) of an academic hospital in Florence, Italy, and to evaluate their associations with clinical and socio-demographic data, 1000 patient’s medical records (MR), randomly selected from the 13,837 registered in the year 2010, were analyzed retrospectively. Subjects with a “white” triage color code or communication disorders were excluded. The presence in MR of a formal diagnosis of delirium, and/or of ≥1 DSM-IV diagnostic criteria for delirium, was detected; each MR was judged as “adequate”, “partially adequate” or “inadequate” for delirium diagnosis. Based on the accuracy of DSM-IV criteria annotation. Dementia diagnosis was present when reported by a patient’s kin or when specific report and/or therapy were recorded in MR. Results: After application of the exclusion criteria, 839 MR out of 1000 were analyzed. Mean age was 83.2±5.4 y; 53.9% of cases were hospitalized after ED access. Prevalence of delirium and dementia in MR was 3.7% and 15.9%, respectively. Agreement between diagnosis of delirium formally reported in MR (35 subjects) and diagnosis presumed on the basis of DSM-IV symptoms/signs (9 subjects) was poor (kappa statistics:0.39). Conclusions: In the present study, the prevalence of delirium (but not that of dementia) in elderly subjects admitted to ED was lower than that reported in the international literature, probably because of under-utilization of
THE SUBJECTIVE EXPERIENCE OF LIVING WITH A DIAGNOSIS OF BEHAVIORAL VARIANT FRONTAL-TEMPORAL DEMENTIA
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Psychological research into behavioural-variant frontotemporal dementia (bvFTD) has focused largely on cognitive changes and confirms the presence of dysexecutive difficulties such as disinhibition, loss of empathy and lack of awareness. This combination can be very challenging for relatives and carers. However, little is known about what it is like for the person with bvFTD to live with the condition. Our aim in this study was to gain in-depth understanding of the subjective experience of living with bvFTD. To do this, we undertook qualitative interviews with a small sample of five participants and used interpretive phenomenological analysis to analyse the data. We derived two superordinate themes labelled ‘Bewilderment’ and ‘Relationships with others’. Bewilderment comprised two main sub-themes of ‘Awareness of change: What’s the problem?’ and ‘Threats to self: This is not me’. Relationships with others also comprised two sub-themes of ‘Family and friends: Things haven’t changed . . . but do I say anything wrong?’ and ‘Copings with threats to self: Blame others or just avoid them’. Overall, these themes demonstrate the paradoxical position in which these participants with bvFTD lived. Whilst they were aware that their lives had changed and were now restricted, and that others behaved differently towards them, they had limited awareness of changes in themselves such as their own risk-taking behaviour or loss of empathy. This led to a sense of bewilderment and anger. In this paper we will present the research findings with illustrative examples and discuss the implications for practice.

VARIATION IN FACTORS INFLUENCING INSTITUTIONALISATION FOR PEOPLE WITH DEMENTIA ACROSS EUROPE: A RIGHT TIME PLACE CARE STUDY
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Background. Increasing evidence suggests that factors influencing institutionalisation could be country-specific. This study examines variation in factors influencing institutionalisation of people with dementia (PwD) at admission to institutional nursing care in Europe. Methods. A prospective cohort study was conducted in eight European countries (England, Estonia, Finland, France, Germany, Netherlands, Sweden, Spain). Data were collected at baseline and after three months, with PwD and their informal caregivers (n=2014). Outcome measures were selected based on the literature as shown to influence institutionalisation (e.g. cognition, functional status, behavior, caregiver burden and sociodemographic characteristics). Results. Considerable differences were found between the countries in characteristics of PwD who have been recently admitted and their informal caregivers. Sociodemographic differences were mainly found in living situation prior to admission and income. Hierarchical modelling showed that country itself affected factors associated with institutionalization (estimate random-effect country=0.31; 95%CI 0.16-0.60). Country-specific analyses showed that a higher dependence in ADL activity was the only factor consistently associated with being recently admitted in all countries (p<.05). All other characteristics showed variability: a factor that was statistically significant in some countries, was not significant in other countries and vice versa. Conclusion. This study showed that there is a wide variation in factors associated with institutionalization of PwD within European countries and only few factors can be characterized as universal predictors for institutionalization. Therefore tailored best-practice strategies are needed to enable people to reside in their own home for as long as possible but also to identify appropriate timing of admission.

APATHY AMONG PERSONS WITH ALZHEIMER DISEASE AS MEASURED BY THE NEUropsychiatric INVENTORY AND APATHY INVENTORY

Apathy is a prevalent behavioral symptom among persons with Alzheimer Disease (AD), defined as a disorder of motivation with deficits in behavioral, emotional, and cognitive domains. Apathy occurs across the disease trajectory and is associated with serious complications, including physical deconditioning, uncooperativeness with care, and social isolation. Challenges exist in measuring apathy, and a wide range of apathy prevalence among persons with AD has been reported. The purpose of this report is to compare the performance of the Apathy Inventory (IA) Caregiver and Neuropsychiatric Inventory – Apathy subscale (NPI-Apathy) in a cohort of persons with AD. Both NPI-Apathy and IA Caregiver scores were available for 21 participants who were recruited as part of a larger project to examine apathy, genetics and functional status among persons with AD. Data analyses were conducted to compare apathy scores between the two instruments. NPI-Apathy and IA Caregiver total scores were significantly correlated among this sample (r = 0.78, p = 0.001). NPI-Apathy Frequency x Severity (FxS) scores were significantly correlated with FxS scores for each of three IA Caregiver items including emotional blunting (r = 0.73, p = 0.001), lack of initiative (r = 0.62, p = 0.002) and lack of interest (r = 0.84, p = 0.001). The prevalence of apathy as measured by the IA Caregiver was 71.4%, compared to a prevalence of 51.7% as measured by the NPI-Apathy subscale, suggesting the IA Caregiver may be a more sensitive measure of apathy. While further analysis is needed, these
results support the use of both the NPI-Apathy and IA Caregiver scales among persons with AD.

SESSION 790 (PAPER)

END-OF-LIFE

FACTORS ASSOCIATED WITH END-OF-LIFE CARE AND HOSPICE USE IN A COMMUNITY: RESULTS FROM THE ALLEGHENY COUNTY HEALTH SURVEY

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Background: Hospice utilization (HU) and benefits of hospice may not be equally distributed across populations. The purpose of this study is to describe: the proportion and characteristics of those who arrange and provide care at EOL and the association of HU with the demographics of care providers, location of death, and satisfaction with care at EOL. Methods: The 2009-2010 Allegheny County Health Survey, a population-based telephone survey of 5,442 residents, included an 8-item EOL caregiver module. Results: Survey results indicated that 7.8% (95%CI=7.0, 8.6) of Allegheny County adults had arranged/provided care for a close friend or family member who died in the previous 12 months. These caregivers were more likely to be older and female, compared to bereaved non-caregivers. Caregivers in deaths with HU were more likely to have annual household incomes above $25,000 (OR=1.5; 95%CI=1.0, 2.4) but did not otherwise differ demographically from caregivers in deaths without HU. With HU: the odds of dying at home or a non-hospital location were 3 times greater (OR=3.08; 95%CI=1.9, 5.2); and the odds of reporting excellent quality of dying and satisfaction with decisions about care or treatment were significantly greater (OR=2.0; 95%CI=1.1, 3.6 and OR=3.0; 95%CI=1.9, 4.8, respectively). Conversely, caregiver burden was greater for caregivers with HU; caregivers were more likely to report time off work and medication giving (OR=1.9; 95%CI=1.0, 3.6 and OR=1.7; 95%CI=1.1, 2.9, respectively). Conclusions: Overall, HU at EOL was associated with beneficial outcomes; however, the burden for caregivers, especially older adults, is noteworthy.

PROFESSIONAL, ORGANIZATIONAL, AND REGIONAL DIFFERENCES IN ADVANCE CARE PLANNING PRACTICES

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Cultural differences between professions, organizations, and geographical regions may impede the uniform adoption of advance care planning (ACP) best practices by healthcare providers. We administered surveys to 458 registered nurses (RNs) and social workers (SWs) working as care managers at 10 Area Agencies on Aging and conducted phone interviews with directors of the organizations. RNs were less likely than SWs to discuss ACP with more than half of their consumers (p=0.01). RNs tended to be older (p=.001) and less likely to have a graduate degree (p=.003) than SWs. Two of the 10 organizations had more than half of their care managers report high levels of ACP discussions (p=.0001) and higher levels of confidence in discussing ACP (p=0.05) than the other 8 organizations. Telephone interviews with the organization directors indicated that both sites had ACP training programs, follow-up protocols, and informational packets available for consumers that were not consistently available at the other organizations. There were no geographical differences in percent of caseload in which ACP discussions took place or in confidence in discussing ACP, but Appalachian care managers were significantly less likely to have held an ACP discussion in the past month than those in urban and rural regions (p=0.03). The findings point to the need for consistent educational programs on the vital role of care managers in ACP and more in depth examination of the values, beliefs, and resources that may account for the professional, organizational and regional differences in ACP.

PALLIATIVE CARE IN DEMENTIA: ASSOCIATION OF A COMFORT CARE GOAL UON NURSING HOME ADMISSION WITH RESIDENT'S OUTCOME WHEN DYING

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Background: Admission of people with dementia to a nursing home provides the opportunity to (re-)evaluate care goals. A comfort care goal, consistent with palliative care, may be appropriate. Little research has examined the effectiveness of care focussed on comfort. Objective: To assess whether a comfort care goal shortly after admission (within 8 weeks) is associated with families' satisfaction with end-of-life care and quality of dying in nursing home residents dying with dementia. Method: Prospective data-collection in Dutch nursing homes (the Dutch End of Life in Dementia (DEOLDi) study) from admission to death. Families and physicians collected data about treatment, care, and outcome, including families' satisfaction (End-Of-Life in Dementia (EOLD)-Satisfaction With Care scale and quality of dying (EOLD-Comfort Assessment in Dying). We selected 178 residents who died during data collection for regression analyses adjusted for factors related to a comfort care goal, such as illness severity. Results: Family of residents who died within a half year were more satisfied with end-of-life care when a comfort care goal was assessed shortly after admission. There was no such association with longer length of stay, nor with quality of dying. Conclusions: A care goal focussed on comfort established within weeks after admission was associated with families' higher satisfaction with end-of-life care in residents who died within a half year of admission. Given that death is difficult to predict, and families better appreciate care consistent with a comfort care goal, early setting of a comfort care goal may involve benefits.

PREDICTORS OF DEPRESSION IN PALLIATIVE HOME CARE AND HOSPICE CLIENTS IN ONTARIO

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Background. Depression reduces the quality of life for individuals who are dying, impairing their ability to interact with others, organize their affairs, and benefit from treatments for pain and other symptoms. Depression is frequently under-diagnosed and under-treated in palliative care (PC) clients even though depression can be treated and clients' experiences may improve, even in the later stages of end-of-life. Methods. We examined the predictors of signs/symptoms of depression in a sample of 5,700 home and hospice PC clients. Clients were assessed using the interRAI Palliative Care (interRAI PC) tool which is mandated for PC clients receiving home care in Ontario. The interRAI PC is client-focused and collects data on multiple domain areas including...
physical symptoms, mood, pain, and cognition. Depression was determined based on a score of 3+ on the Depression Rating Scale (DRS), a 7-item validated scale embedded within the interRAI PC. Theory, past research and examination of bivariate associations was used to identify the independent variables that were included in a logistic regression model to predict depression. Results. The prevalence of depression was 9.5%. Our preliminary model identified 9 independent risk factors for depression including daily pain (adjusted OR=2.0), more fatigue (2.27), less family support (1.89), less progress towards completing life goals (1.82) and caregiver distress (1.67). Conclusion: Depression is not uncommon among PC clients in the community and is related to multiple factors encompassing physical symptoms as well as psychosocial and interpersonal factors, many of which can be addressed by care providers in the community.

CHANGES IN GLOBAL AND COMPARATIVE SELF-RATED HEALTH FOLLOWING SPAWAL LOSS
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Prior research has shown that bereavement increases mortality risk. However, data are limited regarding the impact of bereavement on self-rated health, particularly for comparative self-ratings. The goal of this study was to examine short-term change in several self-assessed health measures following spousal loss. Subjects included 23,943 married persons enrolled in Pennsylvania’s Pharmaceutical Assistance Contract for the Elderly program who completed two surveys approximately one year apart between 2009 and 2011. Measures included the CDC’s Healthy Days questions, as well as global, age-comparative, and time-comparative (present vs. year ago) self-rated health. Widowhood was determined from vital records. ANCOVA and polynomial logistic regression were used to examine associations between bereavement and health change, controlling for demographics and comorbidity. 1,023 respondents became widowed between Time 1 and 2. Compared to non-widowed, widowed respondents had greater increases in poor mental/ emotional health days (0.34 vs. 1.57 days out of 30, p<.001). However, widowed were more likely than non-widowed to report physical self-ratings at Time 2 that were better than baseline (global OR=1.46, age-comparative OR=1.41, both p<.001). Despite these differences, widowed and non-widowed respondents did not differ significantly in their Time 2 assessment of whether health-related changes had occurred. These results suggest that spousal loss affects survivors’ assessments of their own health in complex ways. While widowed individuals were no more likely than non-widowed to report that their physical health had changed, they were more likely to report Time 2 ratings that exceeded Time 1. Additional findings regarding the timing of bereavement and spousal health will be presented.

SESSION 795 (PAPER)

MEMORY PAPERS

SUBJECTIVE PERCEPTIONS OF THE EFFECTS OF AN AEROBIC EXERCISE INTERVENTION IN ALZHEIMER’S DISEASE
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Background: Interest in examining the effects of exercise in Alzheimer’s disease (AD) has grown recently. However, little is known about how people with AD and their family caregivers perceive exercise programs. A previous exercise study concluded that improvement in cardiorespiratory conditioning from aerobic exercise is possible in persons with AD. Qualitative data was needed to further understand the impact the exercise program had on the participants and their caregivers and to determine the feasibility of implementing such an exercise program for people with AD. Method: This study used focus group interviews to examine the perceived effects on persons with AD (n=14) and their primary family caregivers (n=21) six months after completing an exercise intervention. Data from seven focus groups were audio taped, transcribed, and then analyzed using the Atlas.ti program. Results: Three themes emerged from the participant and caregiver interviews respectively. Participants reported that the exercise program: 1) facilitated increased socialization, 2) gave them a sense of hope, and 3) motivated them to do more. Caregivers reported that the exercise provided: 1) a much appreciated respite from caregiving, 2) structure and routine for participants, and 3) a positive change in the participant’s temperament. Neither participants nor caregivers perceived improvements or deterioration in cognition. Conclusion: Participants and caregivers perceive many benefits from participating in the exercise intervention. The lack of change in cognition might be important since AD results in ongoing cognitive decline and could be further explored using quantitative measures.

CHANGES IN PHYSICAL FUNCTION PREDICT IMPROVEMENTS IN COGNITIVE FUNCTION AFTER 12 WEEKS OF RESISTANCE EXERCISE IN COMMUNITY DWELLING OLDER ADULTS
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Background: Cognitive function is an independent predictor of mortality in older adults. Physical activity is negatively correlated with cognitive function and aerobic exercise has been reported to increase cognitive function. Little is known on the potential of resistance exercise. We investigated this issue in community dwelling older adults. Methods: Subjects (N=237;73.7+-5.7years;58.2% female) participated in a 12-week resistance exercise program (3 times/week; 3 sets, 6-8 repetitions), designed to increase strength and muscle mass. Participants were randomly assigned to one of three dietary supplements consumed after each training. The supplements were a whey-protein drink (20g whey-protein + 20g carbohydrates), a milk-protein drink (20g milk-protein + 20g carbohydrates) or a carbohydrate drink (40g carbohydrates). Cognitive function was assessed using the Mini Mental State Examination (MMSE). Physical function was assed using 6-minute-walk-for-distance (6MWD) Results: At baseline MMSE was 27.6+-2.0 and 6MWD was 462+-73m. After the intervention both MMSE and 6MWD increased significantly (28.0+-2.2 and 496+-76m, both P=0.001). Changes were similar in male and female participants. According to multivariate analysis, improvements in 6MWD predicted improvements in MMSE (MMSE score 0.24 for the mean improvement of 34m, P=0.032, corrected for gender, age and dietary supplement). Baseline MMSE and improvement in MMSE were negatively correlated (r=-0.341;P=0.001). Conclusion: In community dwelling older adults with high baseline MMSE, a 12-week resistance exercise programme can further increase MMSE with similar improvements in men and women. The changes experienced in physical function after 12 weeks of resistance exercise predict the improvement in cognitive function.

TRAJECTORY OF MOBILITY DECLINE IN OLDER ADULTS WHO PROGRESS TO DAT VS. NON-AD DEMENTIA
M. Tolea, J. Galvin, Psychiatry, New York University, New York, New York

Individuals with dementia of the Alzheimer’s type (DAT) have lower levels of functionality and higher rates of functional decline compared to cognitively normal older adults. To investigate whether these patterns extend to other types of dementia we compared trajectories of change in mobility in patients who progressed to DAT (p-DAT) and those who
progressed to non-DAT dementia (p-nonDAT) in 766 participants in studies of cognitive and functional aging conducted at Washington University in St. Louis with at least one follow-up visit. 73% of initially normal participants remained cognitively normal (r-normal), 25% p-DAT, and 2% p-nonDAT by the end of the study. Total PPT score was lower in p-DAT compared to r-normal (p<0.05) or p-nonDAT (p<0.05). Mixed-effects models showed that patterns of change in mobility differed between these groups (overall p =0.017) with adjustment for covariates. Pair-wise comparisons revealed that the difference was restricted to the r-normal/p-DAT comparison (p=0.002). We next compared the p-DAT group against those who progressed to Lewy body/Parkinson dementia (p-LB/PD), vascular dementia (p-VD), or frontotemporal dementia (p-FTD). Although patterns of change in mobility differed (e.g. more decline in p-LB/PD and p-FTD, and less in p-VD vs. p-DAT), differences were not significant probably due to small numbers in the non-DAT subgroups. In conclusion, we replicated findings of steeper decline in mobility with AD progression. Patients who progress to certain non-DAT dementias may experience mobility decline at higher levels than those seen in patients who progress to DAT, and therefore could be targeted for interventions to prevent mobility decline.

PERCEIVED STRESS AND MEMORY IN OLDER ADULTS
B.N. Sprague1, S. Scott1, M. Slivinski1, M.J. Katz2, R.B. Lipton2, 1. The Pennsylvania State University, University Park, Pennsylvania, 2. Albert Einstein College of Medicine, Bronx, New York

Although stress is hypothesized to negatively affect cognition, findings are mixed. Further, previous work has focused primarily on physiological stress markers and life events—surprisingly few studies have examined the effects subjective stress on cognitive aging. The current study examined perceived stress and memory function in a longitudinal study of older adults. We hypothesized that higher PSS scores would be associated with poorer memory performance and greater decline. We examined data from the Einstein Aging Study, a longitudinal prospective study examining cognition in a diverse sample of older adults. Participants (N = 373, baseline M[SD] age = 80.56[5.01]) completed annual assessments, including memory tests (Boston Naming, Free and Cued Selective Reminding Task, and Logical Memory) and the Perceived Stress Scale (PSS). Using multilevel modeling, we found that people with higher levels of perceived stress scored worse on the Boston Naming task (b = -0.04, p < .05). We also found a longitudinal relationship between PSS and Logical Memory, such that increases in PSS were associated with concurrent decreases in LM (b = -1.2, p < .05). These results provide novel evidence that subjective stress is related to both level and change in memory

WHY DO PEOPLE WITH DEMENTIA RATE THEIR OWN QUALITY OF LIFE DIFFERENTLY THAN THEIR RELATIVES DO?
J. Gräské1, F. Laporte Uribé2, S. Heinrich2, A. Schmidt1, S. Meyer1, K. Wolf-Ostermann1, 1. Alice Salomo University of Applied Sciences Berlin, Berlin, Germany, 2. DZNE Witten - German Center for Neurodegenerative Diseases, Witten, Germany

Background Available quality of life (QoL) instruments differ in various aspects, including the perspectives of rating. Due to the subjective nature of QoL, self-rated instruments are considered to be the best option measuring QoL. But their applicability depends on sufficient cognitive abilities of the person with dementia (PwD); alternatively only proxy-ratings can be used. However, it is known that there are only weak correlations between self- and proxy-rated QoL-scores. The objective is to assess QoL of PwD using self and proxy ratings and to analyze differences and interfering factors between both perspectives. Methods: Data were collected at baseline of the DemNet-D study (2012-2015) using face-to-face interviews with PwD and their family members throughout Germany. The self- and proxy-rated QoL-AD were used to evaluate the QoL of PwD. Besides socio-demographic variables interfering factors were estimated using, e.g. challenging behavior (CMAI) and depression (GDS) for PwD and burden of care (BIZA-D) for relatives. Results: Using a sample of up to 715 community-dwelling PwD, both ratings indicate a moderate QoL. The QoL-self-ratings of PwD differed from the family members proxy-ratings. Challenging behaviors are interacting with the level of agreement between the two ratings. Further results and factors explaining these differences will be presented. Conclusion: The study generated new findings concerning a better understanding of QoL ratings. Research projects focusing on the measurement of QoL in dementia care are not yet exhaustive. Further studies identifying confounding variables of proxy-ratings are needed in order to optimize a tailored care for PwD.

SESSION 800 (SYMPOSIUM)

ATTITUDES, STAFFING LEVELS, AND REIMBURSEMENT: REDUCING ANTIPSYCHOTIC MEDICATION USE IN NURSING HOMES
Chair: K. Hyer, Florida Policy Exchange Center on Aging School of Aging Studies, University of South Florida, Tampa, Florida
Co-Chair: N. Castle, University of Pittsburgh, Pittsburgh, Pennsylvania
Discussant: D.M. Dosa, Brown University, Providence, Rhode Island

The reduction of inappropriate antipsychotic drug use among older adults in nursing homes is a national priority. Antipsychotic drugs may be used to treat behavioral issues in this setting despite the FDA’s black box warning signifying an increased risk of mortality. Use among older adults is also associated with an increased risk for falls and stroke. Beginning in July 2012, as part of the Partnership to Improve Dementia Care in Nursing Homes, CMS sought to reduce the national prevalence of antipsychotic drug use (approximately 24% among long stay residents) in nursing homes by 15%. This symposium presents findings on the association between structural and market factors and deficiency citations for unnecessary medication use demonstrating that smaller nursing homes and high Medicaid reimbursement rates were significantly associated with fewer overall and repeat deficiency citations for inappropriate medication use. The second paper assesses the relationship between social support staff (social workers and activity staff) and the use of antipsychotic drugs demonstrating a significant negative relationship between social support staff and antipsychotic use. Finally, the third paper will present data collected from 276 nursing home administrators and directors of nursing during a statewide training for nursing homes in Florida. Results provide a more nuanced understanding of the challenges faced by providers seeking to reduce antipsychotic drug use. The discussant, a practicing geriatrician who also does research in this area, will provide comments on the challenges, regulatory issues and policies that require a change in nursing home practice to achieve these goals.

SOCIAL SUPPORT STAFFING AND ANTIPSYCHOTIC MEDICATION USE
K.M. Smith, K. Hyer, M.L. Ellis, V. Molinari, University of South Florida, Tampa, Florida

Despite FDA black box warnings signifying an increased risk of mortality in older adults, antipsychotic medications are commonly prescribed in nursing homes eliciting a significant patient safety concern. The use of antipsychotic drugs in this population has been linked to poor outcomes (e.g., increased risk of falls, stroke). A resident centered culture in nursing homes fosters an individualized approach and may lead to less antipsychotic medication use. Using the Online Survey Certification and Reporting data from 2006 to 2010, this project examined the relationship between social workers and activity staff, as a measure of resident centered culture, and the use of antipsychotic medication. Using hierarchical linear modeling, we found that a higher level of
full-time equivalent (FTE) qualified activities professionals (Est. = -0.011, p <0.001), other FTE activities staff (Est. = -0.001, p=0.0005) and FTE qualified social workers (Est. = -0.012, p<0.001) were associated with reduced antipsychotic drug use.

ASSESSING APPROACHES AND BARRIERS TO REDUCING ANTIPSYCHOTIC DRUG USE IN FL NURSING HOMES

K.M. Smith, M.L. Ellis, V. Molinari, K. Hyer, University of South Florida, Tampa, Florida

An FDA black box warning suggests the consumption of antipsychotic medications by older adults increases their risk of mortality. Almost 40% of nursing home residents are prescribed antipsychotic drugs without an appropriate diagnosis. A new Centers for Medicare and Medicaid (CMS) initiative seeks to reduce antipsychotic medication by 15% in all nursing homes. Florida Nursing home administrators, Directors of Nursing, and other pertinent staff were surveyed using a 19-item questionnaire to assess effective approaches, barriers, and resources that may assist or obstruct compliance with the new CMS mandate. A total of 275 surveys were collected for this study. Overall, findings showed respondents were supportive of new restrictions, but reported barriers of inadequate staff and poor care coordination. Ongoing education was cited as the most effective assistance nursing homes could receive to reduce antipsychotic drug use among their residents.

SESSION 805 (SYMPOSIUM)

CONGREGATE MEAL PROGRAMS: A POTENTIAL RESILIENCY FACTOR IN SUCCESSFUL AGING FOR LGBT OLDER ADULTS

Chair: K. Porter, UMASS Boston, Quincy, Massachusetts
Discussant: S. Cahill, Fenway Institute, Boston, Massachusetts

Congregate Nutrition Services are Title III funded programs of the Older Americans Act. The purpose of this federal program is to support older adults in maintaining independence by reducing nutritional deficiencies while fostering social engagement. The Massachusetts LGBT Aging Needs Assessment Coalition (M’LANA) initiated two research studies (one state and one national) to examine the participation and experiences of underserved populations, including lesbian, gay, bisexual, and transgender (LGBT) older adults, in congregate meal programs. The findings from the five papers presented will provide a comprehensive overview of what is known about the experience of LGBT older adults. The first paper reports on a national analysis of state-level diversity initiatives in congregate meal programs. The second provides insight into unique methodologies that can capture information about this hard-to-reach population. The third and fourth analyze data collected from a Massachusetts study of LGBT and heterosexual attendees of congregate nutrition programs (N=257) and report on differences between these two groups, with a focus on demographics, experiences of social isolation, perceptions of care and social support resources and value placed on the congregate meals. The concluding paper describes existing policies that support services for LGBT older adults, details the known public health effects of such services, and analyzes policy implications. All together, the papers demonstrate the vital role played by congregate nutrition services in meeting the needs of underserved older adults and connecting them with mainstream elder care resources. The findings suggest the need for enhanced funding for training and research.

SEXUAL ORIENTATION AND PERCEPTIONS OF CARE RESOURCES AMONG CONGREGATE NUTRITION PROGRAM UTILIZERS

A. Van Wagenen1, S.A. Keary1, K. Conron1, S. Sass1, K. Porter2, J. Driskell4, J. Bradford1

1. Center for Population Research in LGBT Health, The Fenway Institute, Boston, Massachusetts
2. Boston College, Chestnut Hill, Massachusetts
3. University of Massachusetts, Boston, Boston, Massachusetts
4. Salem State University, Salem, Massachusetts

This study compared 121 lesbian, gay, or bisexual (LGB) adults age 60 and older surveyed at LGBT-friendly congregate nutrition sites with 136 heterosexual participants at mainstream sites. LGBs were more likely to be younger, male, white, employed, more educated, and have no children. LGBs were less likely to report that they could a call a child if they needed help (16% vs. 51%, x2=33.14, p<0.001) and more likely to report they could call friends (71% vs. 37%, x2=33.00, p<0.001). LGBs were more likely to report general concerns about accessing aging services like in-home help (4.55 concerns vs. 3.02 concerns, t=4.11, p<0.001) and concerns about discrimination (1.83 concerns vs. 1.07 concerns, t=2.71, p<0.001). The study suggests that sexual orientation may be salient in perceptions of care and support resources among older adults. Congregate nutrition programs may be good sites for interventions to facilitate access to culturally competent services for LGB older adults.

A STATE-LEVEL REVIEW OF DIVERSITY INITIATIVES IN CONGREGATE MEAL PROGRAMS

K. Porter, UMASS Boston, Quincy, Massachusetts

Congregate meal programs incorporate a biopsychosocial approach to optimal aging, thus the importance of sites to meet the needs of the most vulnerable cannot be overstated. This descriptive study is the first to document state-level diversity initiatives at congregate meal programs for older adults. A national self-administered electronic survey was distributed to each State Unit on Aging; responses were obtained from all but 3 states. Sixty-four percent of states’ congregate meal programs target a racial, ethnic or cultural community. Initiatives include: serving foods of a specific ethnic group (60.4%), observing cultural traditions (56.3%), incorporating culturally-specific entertainment (52.1%), and providing non-English meal sites (56.3%). Five states offered sites targeting lesbian, gay, bisexual, and transgender (LGBT) older adults. Of these states, 43.8% protect LGBT from employment discrimination; 14.6% legalized same-sex marriage, and 60.4% have LGBT hate crime laws. Qualitative responses to open ended questions about barriers and cultural competency will be discussed.

SERVING VULNERABLE OLDER ADULTS: LGBT PARTICIPATION IN TITLE III CONGREGATE MEAL SITES

K. Porter1, S. Sass1, A. Van Wagenen1, 1. UMASS Boston, Quincy, Massachusetts
2. Fenway Institute, Boston, Massachusetts

This study compared the value of congregate meal programs for 120 lesbian, gay, or bisexual (LGB) adults with 136 heterosexual participants. Independent sample t-tests show heterosexual attendees placed higher value on the food (t(232)=1.97, p<.05); nutritious aspect (t(220)=2.88, p<.01); sense of belonging (t(228)=3.6, p<.001); and social aspect (t(230)=4.87, p<.001) than LGB attendees. Linear bivariate regressions revealed significant higher value on both social and nutritional indices’ for heterosexual participants compared to LGB participants; although, differences in the social index were insignificant after controlling for income and education. Yet, LGBs traveled significantly further to attend meal programs (t(237)=9.28, p<.001). Demographics show LGB attendees are significantly younger with higher incomes, more education and more likely to have partners than heterosexual attendees. This may explain the higher value placed on the social and nutritional value of meals by heterosexual attendees who are more likely to be single and have lower income than LGB attendees.

The Gerontological Society of America
HEALTH POLICY AND ELDER POLICY BENEFITS OF LGBT-SPECIFIC CONGREGATE MEAL PROGRAMS
S. Cahill, 1. Fenway Institute, Boston, Massachusetts, 2. New York University, New York, New York

While most states offer congregate meals catering to racial/ethnic, cultural, and linguistic minorities, few states offer congregate meals targeted toward LGBT older adults. This presentation will describe existing policies that support services for LGBT older adults, the known public health effects of such services, and make further policy recommendations. Congregate meals funded by the Older Americans Act (OAA) combat social isolation and support social networks, a resiliency factor for LGBT elders. Because social isolation is a risk factor for depression and poor treatment adherence, congregate meals support LGBT health and aging in place. Because of higher rates of anti-gay prejudice among older adults, targeting of culturally competent services toward LGBT elders is essential. Listing LGBT elders as a population of “greatest social need” in the OAA could enhance funding for training and research on LGBT elders. US DHHS has encouraged state aging departments to make this designation now.

INNOVATIVE METHODOLOGY FOR CONDUCTING RESEARCH WITH SEXUAL MINORITY OLDER ADULTS
J. Bradford1, A. Van Wagenen1, J. Driskell2, S. Sass1. 1. Center for Population Research in Lesbian, Gay, Bisexual and Transgender Health, The Fenway Institute, Boston, Massachusetts, 2. Salem State University, Salem, Massachusetts

An international call for effective methods to study “hard-to-reach populations” coincided with the 2011 IOM “LGBT health report” noting lack of research about LGBT elders. The “Meal Sites Study” surveyed LGB elders at the 6 LGBT-friendly congregate nutrition sites in Greater Boston. One mainstream site was randomly selected from each agency supporting an LGBT site; a random number generator determined which mainstream sites would be invited to participate. Study team members worked closely with site staff to avoid interference with meal presentation and socializing. The study purpose was described differently at LGBT and mainstream sites. A question module on LGBT experiences was included in the LGBT sites questionnaire but not at mainstream sites. 294 valid returns and an overall response rate of 81% were achieved (79% LGBT, 82% mainstream). Randomization of matched comparison sites within the full population design increases confidence in statistically significant differences on responses to key questions. Objectives: Participants will understand the value of best practice methodology in gathering data from sexual minority older adults. Participants will consider how they may utilize increasingly rigorous methods for conducting research with hard-to-reach and other underserved populations of concern.

SESSION 810 (SYMPOSIUM)

HEALTH CARE IN ASSISTED LIVING: WHAT’S HAPPENING, WHAT’S NECESSARY, WHAT’S POSSIBLE
Chair: S. Zimmerman, Univ North Carolina Chapel Hill, Chapel Hill, North Carolina
Discussant: P. Sloane, Univ North Carolina Chapel Hill, Chapel Hill, North Carolina

Across the nation, virtually all residential care/assisted living (RC/AL) communities provide basic health monitoring, and slightly more than one-third provide skilled nursing services. However, little is known about the “black box” of health care services and needs, including nursing, dental, and preventive care – all of which are critical for the almost one million dependent RC/AL residents. This symposium will begin with two presentations related to nurse staffing and service provision in a stratified random sample of 240 RC/AL communities from eight states. Beyond descriptive statistics, the presentations will discuss the relationship of nurse staffing and services to resident outcomes (e.g., falls, infections, hospitalizations, nursing home transfer), and consider the extent to which there is additional capacity and need to provide services and augment staffing. The remaining two presentations highlight RC/AL resident unmet need in areas other than nursing services: cancer prevention and dental assessment. They will address the need to improve colorectal cancer screening among RC/AL residents based on data indicating notable underuse, and consider strategies to do so in the context of ongoing care. In addition, attention will be paid to the important health care impact of oral hygiene and the need to understand the extent to which RC/AL residents require support with their daily mouth care; a new measure will be presented to assess dental-related function that can be incorporated into routine care planning. Together, these presentations address an expanse of important health care topics that have implications for future care needs of an increasing vulnerable population.

EXAMINING THE LANDSCAPE: NURSE STAFFING AND NURSING SERVICES IN ASSISTED LIVING
A.S. Beeber1,2, S. Zimmerman3,2, C. Mitchell7, D.A. Reed2. 1. School of Nursing, the University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, 2. Cecil G Sheps Center for Health Services Research UNC at Chapel Hill, Chapel Hill, North Carolina, 3. School of Social Work - UNC at Chapel Hill, Chapel Hill, North Carolina

While variation exists in nurse staffing and nursing services in residential care/assisted living (RC/AL) communities overall and in relation to other characteristics of the setting, information in this area is sorely lacking. This session presents results from an eight state (CA, FL, IL, KS, NC, NH, NJ, OR) stratified random sample of 240 RC/AL communities that examined the relationships between community characteristics, nurse staffing, and nursing service availability. The total number of services available related to the number of staff employed (r=.43, p = .018). Similarly, the number of nursing assessment services (physical, cognitive, dental, depression screening, mental health services, ulcer staging) related to the number of staff (r=.42, p = .020) as well as to the staff/resident ratio (r=.41, p = .029). Additional data will be presented to describe the variability of services and staffing across settings, and discuss the implications of these findings for resident care.

RESIDENT OUTCOMES IN ASSISTED LIVING: DO STAFFING AND SERVICES MATTER?
A.S. Beeber1,2, S. Zimmerman3,2, C. Mitchell7, D.A. Reed2. 1. School of Nursing, the University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, 2. Cecil G Sheps Center for Health Services Research - UNC at Chapel Hill, Chapel Hill, North Carolina, 3. School of Social Work- UNC at Chapel Hill, Chapel Hill, North Carolina

Given increasing acuity among residents in residential care/assisted living (RC/AL), there is a need to understand the extent to which nurse staffing and nursing services relate to potentially avoidable resident outcomes. Using data from a stratified random sample of 240 RC/AL communities in eight states, this session will present the associations between nurse staffing and nursing services and resident outcomes (fall rates, infections, emergency department use, hospitalizations, nursing home transfer). Preliminarily, the RC/AL communities reported a median of 33 falls per 100 residents per year (interquartile range 14 – 66) and a median of 1.3 injurious falls per 100 residents per year (interquartile range 0.0 – 4.2). The nurse:resident ratio related to injury rate (r=.39, p < .05), suggesting that nurse staffing and resident outcomes may be attributed to resident acuity. Additional results will be reported for other outcomes in relation to staff intensity, mix, and nursing services.
THE APPROPRIATENESS OF COLORECTAL CANCER SCREENING IN TWO ASSISTED LIVING SETTINGS

Little is known about the appropriateness of colorectal cancer screening (CRC) screening rates in residential care/assisted living (RC/AL). We conducted a cross-sectional retrospective study of 93 persons aged 50+ in two RC/AL communities with resident/surrogate interviews and chart review, asking about their CRC screening history and screening attitudes. A modified Charlson comorbidity index assessed screening appropriateness, categorizing residents into three health status groups: good, intermediate, and poor. Approximately 30% of residents had never received CRC screening. Only 50% of residents in good health were up-to-date with CRC screening, while 20% of those in poor health were up-to-date. Additionally, 46% of residents versus 14% of surrogates believed CRC screening would prolong the resident’s life (p<0.001). While older adults in good health were more likely to be up-to-date with screening, work needs to be done to improve these rates. Differences in CRC screening attitudes occurred between RC/AL residents and their surrogates. Overall Objectives: 1. To be able to discuss appropriate CRC screening in older adults in assisted living settings. 2. To consider the variety of older adults/surrogate attitudes in assisted living settings towards CRC cancer screening.

ASSESSMENT OF DENTAL-RELATED FUNCTION IN ASSISTED LIVING RESIDENTS

It is challenging for individuals with cognitive impairment to sufficiently attend to their oral health care needs, and similarly challenging to assess and integrate the impact of dental-related functional loss into care. Given that 90% of residential care/assisted living (RC/AL) residents have some cognitive impairment, a screening tool would be helpful to identify the extent of support needed with oral care. To address this need, we developed and validated the Dental-related Function (DRF) Assessment. Nine candidate items were identified through literature review and focus groups, and evaluated for content validity and clinical usefulness by eight geriatric and special needs dental professionals. A cognitive interview was then completed with five cognitively-intact residents. The DRF assessment provides helpful cutpoints to indicate care needs.

SESSION 815 (SYMPOSIUM)

NATIONAL DISSEMINATION OF EVIDENCE-BASED HEALTH PROMOTION PROGRAMS FOR OLDER ADULTS: SUCCESSES, CHALLENGES, AND IMPACT
Chair: K. Kulinski, National Council on Aging, Washington, District of Columbia
Co-Chair: J. Frank, University of California, Los Angeles, Los Angeles, California
Discussant: M.L. Boutaugh, U.S. Administration for Community Living/Administration on Aging, Washington, District of Columbia

Fueled by positive outcomes and participant satisfaction, the adoption of evidence-based healthy aging programs is rapidly spreading. Implementation of evidence-based programs is an effective strategy to help to mitigate the health challenges confronting the older adult population such as chronic disease, falls, and behavioral health issues. Since 2006, over 200,000 individuals have participated in these impactful programs, funded primarily through the U.S. Administration on Aging (AoA) and the Centers for Disease Control and Prevention. This symposium will present evaluation data from two national initiatives and one prospective study of these programs, highlighting both qualitative and quantitative indicators. The first presentation (Frank) will concentrate on AoA’s Empowering Older People to Take More Control of Their Health through Evidence-Based Prevention Programs initiative, highlighting best practices and lessons learned as a result of this multi-year grant program. The next presentation (Kulinski) will speak to how AoA’s subsequent American Recovery and Reinvestment Act (ARRA) Communities Putting Prevention to Work: Chronic Disease Self-Management Program funding opportunity leveraged the infrastructure developed via the prior initiative to expand access to Stanford University’s Chronic Disease Self-Management Program (CDSMP) and develop an integrated, sustainable national infrastructure for program delivery. The third presentation (Ory) will discuss outcome findings from a national study that took place concurrent to the ARRA CDSMP initiative demonstrating the effectiveness of CDSMP to improve health-related indicators over a 12-month period. To conclude, the Discussant (Boutaugh) will provide perspective about these initiatives in context of federal and private partnerships for future growth and sustainability.

NATIONAL EVALUATION OF THE “EMPOWERING OLDER PEOPLE TO TAKE MORE CONTROL OF THEIR HEALTH THROUGH EVIDENCE-BASED PREVENTION PROGRAMS” INITIATIVE
J. Frank, C. Lau, University of California, Los Angeles, Los Angeles, California

In 2006, the Administration on Aging (AoA) began their “Empowering Older People to Take More Control of Their Health through Evidence-Based Prevention Programs” initiative, funding 24 states to expand and create sustainable systems to support evidence-based health promotion and disease management (EBHP) programs for older adults. Results from an evaluation study utilizing secondary data documented the successes, challenges, accomplishments, lessons learned, and products produced by states within this initiative. The evaluation employed both quantitative (descriptive) and qualitative (content analyses) methods. The 24 states focused on 21 total EBHP programs and reached over 135,000 people, many from rural and underserved minority populations. States established important infrastructure protocols, aging and public health partnerships, and statewide coalitions. Seventeen states went beyond grant expectations to provide participant level program outcomes. All states identified challenges, with many noted for implementation and sustainability. Best practices and lessons learned will assist future expansion of these important programs.

NATIONAL EVALUATION OF THE AMERICAN RECOVERY AND REINVESTMENT ACT COMMUNITIES PUTTING PREVENTION TO WORK: CHRONIC DISEASE SELF-MANAGEMENT PROGRAM INITIATIVE
K. Kulinski, National Council on Aging, Washington, District of Columbia

The Communities Putting Prevention to Work: Chronic Disease Self-Management Program, funded by the American Recovery and Reinvestment Act of 2009, was an initiative led by the U.S. Administration on Aging in collaboration with the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services. Units on aging and health departments in 45 states, the District of Columbia, and Puerto Rico worked together to assure prevention programs are part of the nation’s health and long term care system. These agencies collaborated with area agencies on aging, health care organizations, and other community partners to develop a distribution and delivery system that increased the availability of, and access to, CDSMP workshops, especially for low-income, minority, and other underserved populations.
Qualitative and quantitative results from a comprehensive assessment of grantee successes, challenges, and best practices will be shared, informing current and future program implementation and evaluation activities.

INFLUENCE OF CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS (CDSMMP) ON HEALTHCARE OUTCOMES AND COSTS: FINDINGS FROM THE NATIONAL STUDY OF CDSMP


This presentation reports on the 12-month health outcomes, healthcare and cost savings derived from the Chronic Disease Self-Management Program (CDSMP) when disseminated nationwide. Data were analyzed from the National Study of CDSMP which included 1170 adults across 22 delivery organizations in 17 states from 2010-2012. Significant improvements were seen in illness symptomatology, quality of life, lifestyle behaviors, and the quality of health care (p<.05). Significant reductions in health care utilization were reported: 5% reduction in ER use from baseline to 6-months and from 6-months to 12-months and 3% reduction in hospitalization from baseline to 6-month follow-up. Using aggregate national cost estimates, preliminary analyses indicate approximately $400 per/person net savings in healthcare costs may be achieved after deducting program costs at $350 per/person. These promising results suggest that the widespread dissemination of evidence-based disease self-management programs can improve health and health care while reducing the nation’s burgeoning healthcare costs.

SESSION 820 (SYMPOSIUM)

POLICY SERIES: CONGRESSIONAL AGING ISSUES UPDATE

Chair: G. O’Neill, National Academy on an Aging Society, Washington, District of Columbia

This panel will present an update on aging and health legislation from the first session of the 113th Congress. Speakers will address key issues such as Social Security, Medicare, Medicaid, the Older Americans Act and more, then give the audience a sense of what can be expected during the second session in 2014.

SESSION (SYMPOSIUM)

THE IMPACT OF CUTBACKS IN RESEARCH FUNDING AND WHAT YOU CAN DO?

Chair: G. O’Neill, GSA, Washington, District of Columbia

Unprecedented increases in age-related diseases as the population ages is one reason the Congressional Budget Office projects that total spending on health care will rise to 25% of the U.S. GDP by 2025 (it is 17% today). Research that can be translated into effective prevention and efficient health care could help reduce this financial burden. Yet, research dollars at the National Institute on Aging have declined by more than 20% (in constant dollars) over the last 10 years. Unfortunately, this is a trend likely to continue. What has the impact been thus far? This presentation reports on the 12-month health outcomes, healthcare and cost savings derived from the Chronic Disease Self-Management Program (CDSMP) when disseminated nationwide. Data were analyzed from the National Study of CDSMP which included 1170 adults across 22 delivery organizations in 17 states from 2010-2012. Significant improvements were seen in illness symptomatology, quality of life, lifestyle behaviors, and the quality of health care (p<.05). Significant reductions in health care utilization were reported: 5% reduction in ER use from baseline to 6-months and from 6-months to 12-months and 3% reduction in hospitalization from baseline to 6-month follow-up. Using aggregate national cost estimates, preliminary analyses indicate approximately $400 per/person net savings in healthcare costs may be achieved after deducting program costs at $350 per/person. These promising results suggest that the widespread dissemination of evidence-based disease self-management programs can improve health and health care while reducing the nation’s burgeoning healthcare costs.

SESSION 825 (PAPER)

LEGAL ASPECTS AND PERSPECTIVES ON ELDER ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION

MIND THE GAP – IMPROVING CRIMINAL JUSTICE AGENCIES AND SOCIAL SUPPORT AGENCIES RESPONSES TO INTIMATE PARTNER VIOLENCE AGAINST OLDER WOMEN

B. Penhale, W. Goreham, University of East Anglia, Norwich, Norwich, Norfolk, United Kingdom

Context: 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 project ran from 2011 until 2013 and addressed the issue of how to improve responses by criminal justice and social support agencies to intimate partner violence against older women. Until now, comparatively little has been known about this issue and this project helps to address that knowledge deficit. This work builds on previous work in this area, specifically a study undertaken between 2009-2011. Method: The first phase of the study consisted of analysis of case files held by the police and other criminal justice agencies in each country. Phase two consisted of the development of guidance and training material for criminal justice agencies. The final phase consisted of the development of guidance and PR and awareness raising material in conjunction with social support agencies. Results: The case file analysis was undertaken in 7 different police forces across England and Wales and 150 cases were analysed across a number of different domains. Likewise the expert workshops with criminal justice and social support agency representatives consisted of representatives from both countries, who contributed to the development of guidance, training and awareness raising materials concerning intimate partner violence and older women, and also involved seeking the views of older women. The results of the case file analysis will be presented and the subsequent phases of the project will be considered and explored.

TRICKS OF THE TRADE: MOTIVATING AGENTS TO CON OLDER ADULTS AND FEEL PROUD ABOUT IT

M. Riparetti-Brown, K. Wilber, Davis School of Gerontology, University of Southern California, Los Angeles, California

Background: In 1996, the State of California and the California Bar Association sued The Alliance for Mature Americans for scamming $200 million from nearly 10,000 older adults by selling them inappropriate annuities. The purpose of this qualitative study is to systematically analyze sales tactics used to convince older adults to purchase questionable retirement products that may not serve their financial interests. Methods: Transcribed recordings from Alliance’s two-day training program for new insurance agents were submitted to the court as evidence of the company’s duplicitous business practices. Using Atlas.ti, transcripts were coded inductively and analyzed to explore emergent themes. Results: Emergent themes included: 1) establishing legitimacy of the sale; 2) morally inoculating salesmen; 3) using the clients’ personal information against them; 4) appealing to aging-related fears/ emotions; and 5) overcoming the clients’ objections. Findings suggest that sales training focuses on both financial incentives and normalization of dishonest sales tactics to make agents believe their financial product helps clients achieve a secure retirement. Ageist stereotypes about losing autonomy help pressure seniors into disclosing private financial information, thereby facilitating the sale. Implications: A rise in the number of predatory insurance companies and other fraudulent businesses that target elders is threatening the economic security of older Americans. Knowledge of their sales manipulation strategies can inform the
development of novel interventions that educate seniors and protect them from solicitation by deceptive sales agents.

PROSECUTORS ATTITUDES AND BELIEFS: THE ROLE OF AN ELDER ABUSE FORENSIC CENTER
A.E. Navarro1, M. Riparetti-Brown2, M. Markloff, K. Wilber, 1. Azusa Pacific University, Azusa, California, 2. Davis School of Gerontology, Univ. of Southern California, Azusa, California

State and federal mandates operating within local elder abuse response communities have been fraught by layers of bureaucracy, impacting the delivery of public services. Little is known about the elder abuse forensic center model, despite national and international interest. Prosecution is one of several outcomes that aids in justifying the value of sustaining and growing the model. This research builds on recent findings that the Los Angeles County Elder Abuse Forensic Center has been able to focus on both goals of protection and prosecution, increasing Deputy District Attorney (DA) reviews in preparation for filing charges by ten-fold (OR 11.0, CI:4.7-26.0, p<.001). It is suspected that some centers are not using the model to aid in prosecution outcomes. This study contextually explores the attitudes and beliefs of six prosecutors, using semi-structured interviews, to determine what approaches have yielded such significant prosecution outcomes. Three reviewers independently reviewed and coded transcripts using NVivo10, to review prosecutors’ views on their role within the multidisciplinary team, strategies used with financial exploitation cases, and insights on the value-added from working within an elder abuse forensic center’s multidisciplinary team. These results provide specific themes in an effort to increase understanding to maximize opportunities and strategies for collaboration to enhance elder justice.

INDIVIDUAL AND CONTEXTUAL RISK FACTORS IN THE PSYCHOLOGICAL ABUSE OF OLDER ADULTS IN NURSING HOMES
L.B. Schiamberg, G. Chee, L. Heydrich, Michigan State University, East Lansing, Michigan

The current study examined prevalence and risk factors of psychological abuse (e.g. being treated disrespectfully, not being allowed contact with family or friends) among elderly individuals in nursing homes. A random sample of 452 adults with an older adult relative (65 years and above) in a nursing home completed a telephone survey including staff psychological abuse experienced by an elder family member. Some 18.6% of family member respondents indicated that an older adult relative experienced one or more incidents of psychological abuse by nursing home staff over the course of their residence. SEM was used to estimate the contribution of both older adult characteristics and contextual risk factors in determining nursing home psychological abuse, including demographic characteristics of the older adult (e.g. age, gender), health/behavioral status of the older adult (e.g. ADL/IADL limitations, behavioral problems), contextual factors beyond the focal adult-caregiver interaction (e.g. resident-on-resident abuse, family member visits to the nursing home) and other types of staff abuse (e.g. physical abuse, verbal abuse). Statistically significant factors were older adult behavioral problems ($\beta = 0.21, t = 2.11, p = .001$), resident-on-resident abuse ($\beta = 0.12, t = 1.96, p = .001$), caretaking abuse (e.g. inappropriate use of physical restraints, forced feeding) ($\beta = 0.29, t = 2.71, p = .001$), staff verbal abuse ($\beta = 0.59, t = 10.89, p = .0001$), and family member satisfaction with the nursing home ($\beta = -0.05, t = -1.92, p = .001$). Findings point to the value of an ecological or contextual perspective in framing risk factors of nursing home psychological abuse and in developing sensitive interventions.

SESSION 830 (SYMPOSIUM)

ASSESSING PHYSICAL FUNCTION ACROSS SPECIES: MICE, MONKEYS AND MAN
Chair: C.S. Carter, Univ of FL-Aging and Geriatric Research, Gainesville, Florida
Co-Chair: J. Justice, University of Colorado-Integrative Physiology Department, Boulder, Colorado

Decline in motor function is a primary contributor to increased risk of disability in older adults, and thus identifying novel interventions to minimize functional decline is a top priority. Given the many limiting factors of relying solely on humans in aging research (e.g. long lifespan, environmental influences, ethical issues), animal models of aging have been developed to investigate the biology of aging and effectiveness of interventions. Many of these models incorporate physical function as a primary outcome of interest, particularly for assessing late-life interventions. However, one barrier to translating the behavioral changes observed in animal models to humans is the absence of a model of motor function relevant to both aging animals and human health.

Standardized motoric batteries have been developed in humans to establish a “common currency” among studies through a recent NIH-wide initiative referred to as the “Toolbox” (NIH Toolbox motor domain, www.nihtoolbox.org); however, no analogous battery exists which is capable of translation from animals to humans. Dr. Matteo Cesari will present an overview of how physical function is assessed using standardized performance measures in humans. Dr. Christy Carter will present data from preclinical rodent intervention studies using physical function as a primary outcome and how these findings were translated to the development of human clinical studies. Dr. Thomas Register will present a novel model of non-human primate aging and functional decline: the green vervet monkey. Drs. Jamie Justice and Douglas Seales will present an NIH toolbox approach to assessing physical performance in aged mice.

ASSESSMENT OF PHYSICAL FUNCTION IN HUMANS
M. Cesari, Université de Toulouse III Paul Sabatier, Toulouse, France

Over the last three decades, an increasing amount of evidence has documented the importance of functional physical function in older persons, both as a crucial component of the clinical assessment as well as a specific outcome for intervention. The evaluation of physical function is indeed starting to be considered as relevant as other clinical and biochemical parameters. Multiple instruments have been developed in order to measure physical function in a standardized fashion. The heterogeneity of available tests of physical function may be justified by the different purposes for which they were originally designed and currently used. For example, some instruments are highly specific for selected functional domains (e.g., balance, resistance), whereas others more comprehensively estimate the individual’s status. Or, besides of clinical friendly tests, some are more suitable for research activities. In this presentation, an overview on how physical function can be assessed in elders is provided.

LATE-LIFE INTERVENTIONS FOR IMPROVING PHYSICAL FUNCTION IN AGED RATS
C.S. Carter1, D. Morgan2, 1. Univ of FL-Aging and Geriatric Research, Gainesville, Florida, 2. Univ of FL-Dept. of Psychiatry, Gainesville, Florida

The assessment of behavioral outcomes is essential to measuring the efficacy of any late-life intervention in the context of mitigating declining performance and/or sarcopenia. Despite its importance, there is still much debate as to a universal set of criteria that defines sarcopenia. However most clinical researchers agree that improved physical functioning is the major determinant of whether an intervention for sarcopenia is successful given that measures of muscle strength and mass are often uncorrelated with changes in performance. Furthermore, like
any respectable biomarker, behavior may be considered both a predictor and an outcome measure of response to treatment. Preclinical models, especially those for which function is a primary outcome, represent a critical translational link for the rapid translation of treatments to the clinical arena insofar as they may serve as a tool for the relatively rapid systematic assessment of traditional and nontraditional interventions, initiated late in life.

**BATTERY OF BEHAVIORAL TESTS TO QUANTIFY AGE-ASSOCIATED CHANGES IN MOTOR FUNCTION IN MICE**


Motor function in humans can be characterized by locomotion, strength, balance, and endurance, and standardized test batteries and norms have been established for individuals aged 3-85 yrs (NIH Toolbox, Motor Function Domain). The aim was to establish an initial, analogous test battery to assess motor functions in mice. Male C57BL/6 mice were studied at 3 (n = 87), 20 (n = 48) and 26 (n = 43) months of age. Tests assessed locomotion, strength, balance/coordination, and endurance capacity in mice. Motor function declines were observed with advancing age for the locomotion, strength, and endurance subdomains (p < 0.001). A motor function summary score was calculated and demonstrated declines of 7.4% between 3-to-20-month mice and 13.5% between 20-to-26-month mice. Based on comparison with previously published data in humans, the magnitude and relative time course of changes were similar in mice and humans in each subdomain except balance/coordination.

**AGING AND PHYSICAL FUNCTION IN NONHUMAN PRIMATES: A TRANSLATIONAL MODEL**

C.A. Shively, S.B. Kritchevsky, T.C. Register. 1. Pathology, Wake Forest University School of Medicine, Winston-Salem, North Carolina; 2. Wake Forest University School of Medicine, Winston-Salem, North Carolina

We developed a battery of physical mobility measurements to evaluate function in nonhuman primate models of aging. Locomotive behaviors of 24 young (mean=9 yrs) and 21 old (mean=20 yrs) socially housed adult females representing three Old World monkey species were recorded. Walking speed was 17% slower and climbing was less frequent in older than younger adults. Overall activity levels did not vary significantly by age. In subsequent studies, climbing rate and walking speed were correlated with single muscle fiber contractile properties; time spent climbing, hanging, and walking speed were correlated with shoulder mobility. Of all the mobility phenotypes, walking speed measured in a simple and inexpensive manner appeared to be the most sensitive to age and the least affected by differences in housing characteristics. Thus, walking speed may be a useful indicator of decline in physical mobility in nonhuman primate models of aging.

**SESSION 835 (PAPER)**

**CNS AND BRAIN AGING**

**CNS AGING IN AN ENRICHED ENVIRONMENT LEADS TO IMPROVED NEURAL COMMUNICATION IN MOBILITY-RELATED CIRCUITS**

S.L. Hong, G.V. Rebec. 1. Biomedical Sciences, Ohio University, Athens, Ohio; 2. Indiana University, Bloomington, Indiana

Environmental enrichment in aging has been shown to improve learning and memory, but little is known regarding its effects on neural circuits related to motor function and mobility, specifically, motor cortex and striatum. We tested the hypothesis that aged mice raised in an enriched environment (EE) will have lower unpredictability in corticostriatal activity while actively making decisions during plus maze exploration. Three groups of mice were tested: 1) EE (age 60-68 weeks, n = 19); 2) running wheel (RW: age 73-82 weeks, n = 7); and 3) isolated housing (IH age 68-85 weeks, n = 14). We measured the level of unpredictability in cortical and striatal local field potentials (LFP) using approximate entropy (ApEn) and corticostriatal synchrony by obtaining phase locking values (PLV) at 4 timepoints relative to a choice point in the plus maze: A) 2s-1s prior; B) 1s prior-choicepoint; C) choice-point-1s after; and D) 1s-2s after. Using age as covariate, we found that the EE mice exhibited significantly lower ApEn values across cortex and striatum, indicating lower unpredictability in comparison to IH, but not the RW. These results provide initial evidence that EE preserves mobility-related neural function in aging by: A) reducing unpredictability in the transmitted signals; and B) improving corticostriatal synchrony.

**CNS: TOR AND NO AS REGULATORS OF BRAIN VASCULAR FUNCTION IN A MOUSE MODEL OF AD**

V. Galvan, A. Lin, W. Zheng, J.J. Halloran, R. Burbank, S. Hussong, M.J. Hart, J.D. Lechleiter. Physiology and The Barshop Institute, University of Texas Health Science Center at San Antonio, San Antonio, Texas

Vascular pathology is a major feature of Alzheimer’s disease (AD) and other dementias. We recently showed that chronic administration of the target-of-rapamycin (TOR) inhibitor rapamycin, which extends lifespan and delays aging, halts the progression of AD-like disease and reduces amyloid-beta accumulation in (h)APP transgenic mice modeling AD. To investigate the effects of reduction of mTOR activity by rapamycin on hemodynamic, vascular and metabolic functions in brains of hAPP mice we used multi-metric imaging systems (MRI and PET). Our results demonstrate that hAPP mice have significantly reduced cerebral blood flow (CBF) and vascular density that is not related to metabolic changes, especially in areas that have a prominent role in learning and memory. Chronic rapamycin restored vascular density and CBF, reduced vascular amyloidosis and microhemorrhages, decreased amyloid burden, and relieved AD-like cognitive deficits in hAPP mice. Reduction of mTOR activity also restored CBF in aged rats and in a model of atherosclerosis, suggesting that the mechanisms by which attenuation of mTOR activity restores CBF are common to different models of vascular disease, and to brain aging. In vivo multiphoton imaging of brain vessels revealed that rapamycin induced an increase in nitric oxide (NO) in vascular endothelium that was followed by vasodilation. Both rapamycin- and acetylcholine-induced NO release and vasodilation could be blocked by L-NAME, an inhibitor of NO synthases. Administration of L-NAME reversed the protective effects of rapamycin on brain blood flow and vascular density, indicating that rapamycin preserves vascular integrity and CBF in AD mouse brains through NO signaling. Our data suggest that the preservation of vascular density and brain blood flow may be key to the maintenance of cognitive function in the hAPP mouse model of AD. Rapamycin, an FDA-approved drug that is already used in the clinic, may have promise as a therapy for AD and possibly for age-associated brain diseases beyond AD alone.

**DISRUPTION OF SYNAPTIC TRANSMISSION IN THE AGING BRAIN: RELEVANCE OF IGF-1 TO COGNITIVE IMPAIRMENT**

F. Deak, W.E. Sonntag. 1. Reynolds Oklahoma Ctr on Aging, Oklahoma City, Oklahoma; 2. Dept. Geriatric Medicine, Univ. Oklahoma Health Sciences Ctr, Oklahoma City, Oklahoma

Age is a major risk factor for cognitive impairment and dementia. Alzheimer’s and other neurodegenerative diseases affect millions of
The role of the apolipoprotein E4 allele, cancer, CVD and neurodegenerative disorders in human lifespan


Enduring interest to the apolipoprotein E (APOE) polymorphism is ensured by its evolutionary-driven uniqueness in humans and its prominent role in lifespan and risks of major human diseases. We use large samples of participants of the Framingham Heart Study original (FHS, N=1258 with 1056 deaths) and offspring (FHSO, N=3924 with 741 deaths) cohorts followed for up to 60 years to characterize sex-specific effect of the APOE e4 allele on lifespan. We also investigate whether or not cardiovascular disease (CVD, N=1790), cancer (N=1303), and neurodegenerative disorders (ND, N=378) mediate the effect of this allele on lifespan. The analyses show that the e4 allele is significantly associated with women’s lifespan but not with men’s lifespan. The risks of death for women carrying the e4 allele are higher in the FHSO (relative risk [RR]=1.59 and p=2.4×10^-4) than in the FHS (RR=1.25, p=0.027). The effect of the e4 allele on women’s lifespan in the FHS is limited to ages younger than about 95 years (RR<95=1.37, p=1.7×10^-3 vs. RR>=95=0.94, p=0.794). Our preliminary analyses suggest also the same age- and women-specific role of the e4 allele beyond the Framingham population. Major human diseases including CVD, ND, and cancer, which risks are shown to be sensitive to the e4 allele, do not explain the association of this allele with women’s lifespan (RR<95=1.41, p=5.6×10^-4 when adjusted for all these diseases in the FHS). Our results show that the APOE e4 allele can affect human lifespan in sex- and age-specific manner independently of CVD, cancer, and ND.

SESSION 840 (SYMPOSIUM)
EXAMINATION OF FAMILY CARE NETWORKS DEALING WITH CHRONIC ILLNESS
Chair: J. Savla, Center for Gerontology, Virginia Tech, Blacksburg, Virginia
Co-Chair: K.A. Roberto, Center for Gerontology, Virginia Tech, Blacksburg, Virginia
Discussant: C.A. Berg, The University of Utah, Salt Lake City, Utah

Little attention has been paid to the sources of variability in family care networks, particularly how social connections between caregivers and their family, community and the wider social setting affect the care process and outcomes. The four papers in this symposium advance the family caregiving literature by focusing on the caregiving context (dimensions, temporal process), and related outcomes for care recipients, caregivers, and other family members. The goal of this symposium is to broaden the view of how caregiving occurs, the variability in family care networks, and enhance understanding of the conditions under which families manage the multiple challenges of care. The first paper, K. Allen and Roberto use qualitative interviews with older women to gain an understanding of the composition and dynamics of the older women’s support systems as they move from diagnosis through post-treatment care for gynecological cancer. In the second paper, using longitudinal data from families dealing with mild cognitive impairment and early dementia, Savla and her colleagues examine the temporal process of care network activation and its outcomes for the care partner. In the third paper, Wilson and her colleagues use daily diary data to examine the role of spousal depressive symptoms in responding to daily experiences of osteoarthritis pain. In the final paper, R. Allen and her colleagues examine the role of care networks in prostate cancer screening decision among rural African American men. Drawing from her own research on health and care networks, Cindy Berg will integrate the session papers and facilitate discussion.

GYNECOLOGICAL CANCER SURVIVORSHIP AMONG OLDER WOMEN IN APPALACHIA: FAMILY DYNAMICS AND SUPPORT
K.R. Allen, K.A. Roberto, Virginia Tech, Blacksburg, Virginia

Our study of 20 older women, aged 51 to 82, from rural Appalachia, explored how participants perceived their experience with gynecological cancer in the context of their family relationships. We analyzed data from in-depth interviews with the women and created family genograms related to their cancer experience. Examining the composition and dynamics of the women’s support system at three points in time (pre-cancer diagnosis, cancer treatment, and post-treatment) revealed that cancer is not an isolated event, but enters into a family system with multiple challenges. The people to whom the women turned for instrumental support were determined by their family context, and family relationships were influenced by the cancer experience.

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and emotional support often were coping with their own stresses, requiring the women to summon additional strength and fortitude in dealing with their own treatment and recovery. Findings suggest that researchers and practitioners must broaden their understanding of the older women cancer survivors’ needs and availability of support in order to develop effective care strategies.

TEMPORAL PROCESS OF CARE NETWORK ACTIVATION: IMPLICATIONS FOR CARE PARTNERS OF PERSONS WITH MCI

J. Savla, K.A. Roberto, R. Bleszner, N. Brossie, J. Lorenzi, Center for Gerontology, Virginia Tech, Blacksburg, Virginia

Family care providers rely on kin for assistance in times of need; however little is known about the temporal process in which care networks become activated when a relative has mild cognitive impairment. We examined whether care-related stresses mobilize support from immediate family members and whether mobilized care networks protect care partners against burden. Analyses are based on a 4-yr longitudinal study of 112 family care partners aged 25-92 at T1. Autoregressive cross-lagged models were used to examine associations among care-related stresses, anticipated care network support, and caregiver burden. Care partners had low expectations for help from family early in coping with MCI. However, increased caregiver burden at T2 was related to increased anticipated support from the care network at T3, which reduced caregiver burden at T3. Discussion will focus on the importance of care networks early in the care process and implications for interventions to promote care partner support.

THE ROLE OF SPOUSAL DEPRESSIVE SYMPTOMS IN RESPONDING TO DAILY EXPRESSIONS OF OSTEOARTHRITIS PAIN

S.J. Wilson1, M. Barrineau1, L.M. Martire1, M.P. Stephens2, R. Schulz3, 1. Human Development & Family Studies, Penn State University, University Park, Pennsylvania, 2. Kent State University, Kent, Ohio, 3. University of Pittsburgh, Pittsburgh, Pennsylvania

Research shows that when pain is chronic, nonverbal pain expression may elicit punishing responses. This 22-day diary study of 145 osteoarthritis patients and spouses hypothesized that the positive association between patient nonverbal pain expression and punishing spouse responses would be stronger on days when the previous day’s expression was high. Spousal depressive symptoms were proposed to exacerbate the cumulative effect of nonverbal pain expression on punishing responses. Contrary to prediction, on average spouses were not susceptible to an accumulation effect of nonverbal expression on punishing responses. However, as hypothesized, spouse depressive symptoms significantly moderated this association, such that more depressed spouses were more punishing when both previous-day and same-day nonverbal pain expression was higher than usual, as compared to less depressed spouses. In short, spouses with elevated depressive symptoms may be vulnerable to daily accumulation of pain expression and respond in a way that is maladaptive for both members.

CARE NETWORKS IN PROSTATE CANCER SCREENING DECISIONS AMONG RURAL AFRICAN AMERICAN MEN

R.S. Allen1, J.S. Oliver2, L. Tang1, L.M. Mieskowski1, M.K. Eichorst1, T. Coleman-House1, S.S. Martin1, M.Y. Martin1, 1. The University of Alabama, Tuscaloosa, Alabama, 2. University of Alabama at Birmingham, Birmingham, Alabama

African American (AA) men are at increased risk with higher mortality rates from prostate cancer in comparison with Caucasian men. We examined the influence of 35 “health care advocates” (M age = 54.51; SD = 10.48) on the prostate cancer screening decisions of 33 rural AA men (M age = 54.61; SD = 8.30). Advocates were uniformly women, the spouse or significant other (54.6%), and had greater health literacy, t(32) = -2.04, p = .05. Paired comparisons between men and their primary advocate revealed significant differences with regard to developing preferences for future care, t(30) = -3.36, p = .002. Advocates were more likely to consider and make plans. Men and advocates agreed that the advocate should be involved in prostate cancer screening decisions (r = .35; p = .04), but the men preferred to take the most active role in their own health care decision making.

SESSION 845 (SYMPOSIUM)

EXPERIENCING LATE LIFE: INDIVIDUAL AND COHORT DIFFERENCES

Chair: D. Gerstorf, Humboldt University, Berlin, Germany
Co-Chair: H. Wahl, Heidelberg University, Heidelberg, Germany
Discussant: R.S. Wilson, Rush University Medical Center, Chicago, Illinois

The fundamental issue of how late life shapes human developmental potentials continues to be controversial. An important step forward are recent findings that different well-being indicators show on average steep loss trajectories with approaching death. However, large individual differences are prevalent and the contributing factors still not well understood. Specifically, limited knowledge is available on those being more resilient than others in late life and what kind of resource constellations may explain such differences. This symposium pursues various different angles on the issue by exploring dynamics operating at the biological, psychological, and societal levels relevant for late life. First, cardio-vascular functioning is shown to add to the explanation of terminal cognitive processes. Second, a differential analysis targeting how neuroticism at the end of life unfolds indicates a nuanced picture of precipitous increases in some groups, but stability in others. Third, key social indicators of quality of life such as family goals, social participation, and perceived attachment to neighborhood are shown to contribute to maintaining well-being into the last phase of life. The final contribution complements and extends these studies by moving from a consideration of objective lifetime remaining to the subjective representation of this remaining lifetime and by examining secular trends therein. The objective is in particular to explore how different cohorts of older adults perceive their “staging” in the final periods of life. The discussion by Robert Wilson integrates the four papers, highlights the potentials and limits of current research on late life, and considers future routes of inquiry.

BEYOND COGNITIVE TERMINAL DECLINE IN LATER LIFE: SEARCH FOR CONTRIBUTING AND UNDERLYING MECHANISMS

B. Johansson1, V. Thorvaldsson1, T. Svensson2, 1. Dept of Psychology, University of Gothenburg, Gothenburg, Sweden, 2. Lund University, Lund, Sweden

There is strong evidence from previous studies that older individuals experience terminal decline in cognitive performance before death. However, we are still searching for underlying contributors and mechanisms involved in the cortical de-vitalization that we capture by cognitive measures. We are currently exploring the role of various factors related to vascular health in relation to cognitive decline in later life. In these analyses we examine data from two population-based Swedish studies in which individuals have been followed until death with a cognitive battery encompassing several common tests and with information about age of death and detailed information about various aspects of health and functioning, especially vascular health. Preliminary results indicate moderate to strong interdependency between cognitive measures. Besides certain biomarkers of compromised cognition we also find that vascular factors are significant mediators. Our analyses suggest that that underlying vascular factors have a significant role contributing to observed terminal decline trajectories.
This study focused on terminal change in neuroticism, challenging the prevalent notion of high stability and uniformity of trait development across adulthood. Using data from the Longitudinal Aging Study Amsterdam (LASA; N=1,715 deceased subjects; initial ages 55-85; neuroticism measured by the Dutch Personality Questionnaire), we analyzed intradividual trajectories of neuroticism across age versus time-to-death (TTD), and run group-based (growth mixture) analyses to detect prototypical trajectories of neuroticism. Both, age and TTD revealed significant effects, pointing to a tendency of increasing neuroticism across the terminal phase of life. The group-based analyses revealed 4 prototypical trajectories, pointing at substantial heterogeneity in terms of subgroups of individuals increasing versus maintaining their level of neuroticism when death comes close. The findings suggest that increasing neuroticism may be a marker of "problematic" terminal developments among those with high psychological vulnerability to processes of degradation leading to death.

INDIVIDUAL DIFFERENCES IN TERMINAL WELL-BEING DECLINE: THE ROLE OF FAMILY GOALS, SOCIAL PARTICIPATION, AND THE LIVING ENVIRONMENT

D. Gerstorf1,2,3, N. Ram1,2,4, F.J. Infurna1,2, J. Schupp2, G.G. Wagner1,4.
1. Institute of Psychology, Humboldt University Berlin, Berlin, Germany, 2. German Institute for Economic Research (DIW Berlin), Berlin, Berlin, Germany, 3. The Pennsylvania State University, University Park, Pennsylvania, 4. Max Planck Institute for Human Development, Berlin, Berlin, Germany

Recent research has repeatedly demonstrated that well-being typically evinces precipitous deterioration at the end of life. Yet, individual differences in well-being terminal declines are very substantial and to-date poorly understood. Our aim was to identify characteristics of by now deceased participants in the German SocioEconomic Panel who did not experience well-being decline in the last five years of life (n = 588). Using propensity score matching, we identified case-matched controls who reported well-being decline, but did not differ in sociodemographic characteristics, disability, and well-being five years prior to death. Logistic regression analyses revealed that over and above additional health factors (self-rated health, few doctor’s visits), those in psychosocial domains (family goals, social participation) and neighborhood characteristics (satisfaction with living environment) were each independently associated with an increased likelihood of maintaining well-being late in life. We discuss possible pathways by which individual and contextual factors may protect against late-life decrements.

EXPERIENCING LATE LIFE: INDIVIDUAL AND COHORT DIFFERENCES

D.J. Deeg1, H. Galenkamp1, F. Janssen2, M. Huisman1, 1. LASA, VU University Medical Centre, Amsterdam, Netherlands, 2. University of Groningen, Groningen, Netherlands

In most developed countries, life expectancy is increasing, particularly in the older population. The question addressed in this study is how this objective prospect of a longer life is reflected in older people’s subjective experience of their remaining life time. Using data from four waves (1999 through 2009), each wave including ages 65-90 of the nationally representative Longitudinal Aging Study Amsterdam, it is examined if older people in 2009 feel they are in an earlier stage of life than same-aged people in previous years. Self-perceived life stage (SPLS) was measured on a scale from 0 (earliest possible) to 100 (latest possible). Age-adjusted generalised estimating equations with SPLS as the dependent variable and wave year as the independent variable showed a curvilinear trend over time. It is concluded that the trend in self-perceived life stage follows the trend in objective life expectancy across the period studied, but with a delay.

SESSION 850 (SYMPOSIUM)

HEALTH LITERACY AND AGING: DIVERSITY AND SIGNIFICANCE
Chair: R.L. Owney, Nova Southeastern University, FORT LAUDERDALE, Florida
Co-Chair: S.J. Czaja, University of Miami School of Medicine, Miami, Florida, Co-Chair: D. Waldrop-Valverde, Emory University School of Nursing, Atlanta, Georgia

Health literacy has recently been recognized as an important factor in health care that may be especially important for older persons. A number of studies have shown that while elders have the largest number of interactions with the healthcare system, they have lower levels of health literacy compared to younger counterparts. This symposium will explore the relations among health literacy, cognition, and health in persons aged 50 and older, presenting data on the relation of basic cognitive abilities, academic skills, and conceptual knowledge to health literacy. Presentations will also examine issues related to health literacy and aging with HIV and the effect of Hispanic ethnicity and acculturation on health literacy. Specific presentations will evaluate the relation of cognition to health literacy in community dwelling volunteers and in older adults treated for HIV infection. Another presentation will review issues encountered in assessing health literacy in Hispanic elders. In light of the increasing importance of electronic applications in health, data will be presented from several studies that have evaluated the relation of health literacy to elders’ ability to use eHealth applications.

HEALTH LITERACY AND E-HEALTH MANAGEMENT TOOLS
S.J. Czaja, University of Miami Miller School of Medicine, Miami, Florida

Recent healthcare trends emphasize the increased involvement of consumers in the management of their own healthcare. For example, the numbers of providers and patients now using electronic medical records (EMRs) to perform health management tasks is growing daily. Internet-based health information websites are also growing at the rapid pace. Despite the widespread and growing use of these systems, little is known about the ability of consumers particularly those with low health literacy to “meaningfully use” these systems to engage in self-management activities. This paper will discuss the important role of health literacy in electronically mediated patient centered care. Data will be provided from several studies that included diverse samples of middle-aged and older adults regarding the impact of health literacy on the performance of common “eHealth” tasks. Overall, the results indicate that despite participant’s perceived value of these systems poor health literacy is a barrier to meaningful access.

FACTORS ASSOCIATED WITH HEALTH LITERACY IN PERSONS AGING WITH HIV/AIDS
D. Waldrop-Valverde1, R.J. Jacobs2, J. Caballero2, R. Owney2, 1. Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia, 2. Nova Southeastern University, Fort Lauderdale, Florida

Persons aging with HIV/AIDS (PAWH) are at risk for low health literacy. Emerging evidence suggests that PAWH are also at risk to develop cognitive deficits. Studies show that health literacy is partially explained by cognitive factors. This study examined the cognitive functions associated with health literacy, measured by the Test of Functional Health Literacy in Adults (TOFHLA) among 66 PAWH aged 47 and above. Seventy-nine percent of the sample was men and 62% were Black. Results showed that, adjusting for age, race, and gender, a measure of crystallized intelligence (general knowledge) and mental flexibility/working memory were associated with health-related read-
ing comprehension on the TOFHLA [R² = 0.61; F [8,54] = 5.60, p < 0.001]. Only a measure of crystallized intelligence was associated with health-related numeracy on the TOFHLA [R² = 0.34, F [8,54] = 3.47, p = 0.003]. Findings suggest that among PAWH, low health literacy is affected by general knowledge.

ASSESSMENT OF HEALTH LITERACY IN THE HISPANIC OLDER ADULT

A. Acevedo, R. Ownby, D. Loewenstein, D. Waldrop-Valverde, S.J. Czaja, A. Homs, I. Center for Psychological Studies, Nova Southeastern Univ.; Fort Lauderdale, Florida, 2. University of Miami, Miami, Florida, 3. Emory University, Atlanta, Georgia

The number of individuals of Latino background residing in the United States has increased significantly in the past several decades. Unfortunately, there is a paucity of data on factors that need to be addressed to accurately assess health literacy in this population, particularly among the older Hispanic adult. The purpose of this presentation is threefold: a) to describe ongoing efforts from our laboratory to develop a computer-administered health literacy measure with psychometric equivalence when used with Hispanic and non-Hispanic adults; b) to identify factors (e.g., cognitive, socio-demographics) that need to be considered in the assessment of health literacy in older Latinos in the United States; and c) to present preliminary data on health literacy and associated variables from a sample of Latino elders from heterogeneous backgrounds.

THE ABILITIES, SKILLS, AND KNOWLEDGE (ASK) MODEL OF HEALTH LITERACY IN OLDER ADULTS

R.L. Ownby, A. Acevedo, D. Waldrop-Valverde, S.J. Czaja, R. Davenport, J. Caballero, R.J. Jacobs, I. Nova Southeastern University, FORT LAUDERDALE, Florida, 2. Emory University School of Nursing, Atlanta, Georgia, 3. University of Miami School of Medicine, Miami, Florida

Health literacy has increasingly been recognized as an important factor in healthcare and may be especially important for older adults. Health literacy has often been implicitly defined by the measures used in studies. We hypothesized that cognition, academic skills, and general medical knowledge would be related to performance on standard measures of health literacy, including the Test of Functional Health Literacy in Adults (TOFHLA) reading and numeracy scales and the Rapid Estimate of Adult Literacy in Medicine (REALM). Generalized linear models were used to assess this hypothesis among participants in a study of a new measure of health literacy. Results provide preliminary support for the ASK model, showing that measures of general cognitive ability, attention, academic skills, and general knowledge were related to performance on standard measures of health literacy. Differences among models highlight the importance of understanding the relation of patient characteristics to these measures.

SESSION 855 (SYMPOSIUM)

IMPROVING THE PROVISION AND MEASUREMENT OF END-OF-LIFE CARE ACROSS SETTINGS

Chair: L.W. Cohen, Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina
Co-Chair: S. Zimmerman, Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina
Discussant: J.T. van der Steen, VU University Medical Center, EMGO Institute for Health and Care Research, Amsterdam, Netherlands

This symposium presents findings from five studies conducted to improve the provision and measurement of end-of-life care across settings. The first presentation shares results from a study that tested 11 instruments to measure end-of-life care and outcomes in nursing home (NH) and assisted living (AL) settings. Two measures of care and two measures of outcomes performed better than others, and the authors discuss the considerations and implications for choosing amongst measures. The second presentation describes the development and validation of a new measure – the Quality of Spiritual Care (QSC) scale. Preliminary testing suggests the QSC scale is a valid, reliable outcome measure of the quality of spiritual care at the end-of-life in NH and AL settings. The next presentation reviews end-of-life care and outcomes in Green House NHs, and will compare and contrast Green Houses with traditional NHs. This study found some differences in structures and processes between settings, but also substantial areas of similarity. The fourth presentation reviews results of a group-randomized trial testing the fidelity and efficacy of an intervention to address barriers to pain management in Hospice. Intervention fidelity was high, and preliminary findings suggest it is efficacious for Hospice staff and care recipients. The final presentation summarizes the evidence around oral health changes for several dying trajectories, and proposes a palliative oral health model for these different trajectories. Together, these presentations will highlight the diversity of promising opportunities to improve end-of-life care practices and also the important role that measurement holds for doing so.

MEASURING END-OF-LIFE CARE AND OUTCOMES IN ASSISTED LIVING AND NURSING HOMES

S. Zimmerman, L.W. Cohen, J.T. van der Steen, D.A. Reed, M. Van Soest-Poortvliet, L. Hanson, P.D. Sloane, I. The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, 2. VU University Medical Center, EMGO Institute for Health and Care Research, Amsterdam, Netherlands

Despite the fact that more than one-quarter of all U.S. deaths occur in long-term care settings, and that information in this area has been growing, the comparative suitability of different measures to guide this care is unknown. This project examined 20 scales from 11 instruments to determine optimal measure(s) to assess end-of-life care and outcomes in nursing homes (NHs) and assisted living (AL). Data from interviews with 264 family members of decedents from 118 settings were examined to determine each scale’s psychometric properties and the extent to which it discriminated important characteristics. Prioritizing measures that distinguish the assessment of care from dying, and secondarily that exhibit an acceptable factor structure, two measures of care – FPFFC and EOLD-SWC – and two measures of outcomes – EOLD-SM and EOLD-CAD – performed better than others. This presentation will help researchers, clinicians, and administrators understand the implications of choosing various measures for their work.

DEVELOPMENT AND PRELIMINARY TESTING OF THE QUALITY OF SPIRITUAL CARE SCALE


Though the provision of spiritual care is considered a key element of hospice and palliative care, empirically-developed quality of care measures are lacking. This study describes the development and reliability and validity of the 10-item Quality of Spiritual Care (QSC) scale. We conducted analyses of after-death interviews using the QSC scale and other measures with 91 family members of residents who died in long-term care settings (nursing homes and assisted living). Reliability analysis yielded a Cronbach’s alpha of 0.87, and all item-total correlations exceeded 0.55. Factor analysis identified two factors, personal spiritual enrichment and personal capacity enrichment. Significant correlations with items from previously-validated instruments conceptually associated with the quality of spiritual care provided evidence in
support of the validity of the QSC. Thus, preliminary testing suggests the QSC scale is a valid, reliable outcome measure of the quality of spiritual care at the end-of-life.

END-OF-LIFE CARE IN GREEN HOUSE NURSING HOMES
L.W. Cohen, S. Zimmerman, K. Ward, Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Anecdotal reports suggest the structures and processes inherent in Green House (GH) nursing homes permit greater person-centeredness and better outcomes. However, there is a relative paucity of empirical evidence to support these claims, perhaps most notably around end-of-life care. To address this shortcoming, we conducted semi-structured interviews about end-of-life care structures, processes, and perceived outcomes with staff from 15 GH campuses, comprising 69 homes, and compared these with data obtained from a study of 32 traditional nursing homes (NH). GH staff reported greater prevalence of some structures of person-centered care, including availability of private rooms for dying residents (100% vs 48%, adjusted p<.001), however no differences were observed in other care processes, such as staff continuity at end-of-life. GH staff reported providing higher quality care than did NH staff (p=.003). The similarities and differences in GH and NH end-of-life care and outcomes help focus future quality improvement and research efforts.

EMPOWER: AN INTERVENTION TO ADDRESS BARRIERS TO PAIN MANAGEMENT IN HOSPICE
J.G. Cagle, S. Zimmerman, L.W. Cohen, L. Porter, D.A. Reed, School of Social Work, University of Maryland, Baltimore, Maryland. 2. Cecil G. Sheps Center for Health Services Research, University of North Carolina, Chapel Hill, Maryland. 3. School of Social Work, University of North Carolina, Chapel Hill, Maryland. 4. Duke University, Durham, North Carolina

Concerns about pain medications are major barriers to pain management in hospice, but few efforts have identified and addressed these concerns. We conducted a group-randomized trial to test fidelity and preliminary efficacy of the EMPOWER intervention that included hospice staff education; staff screening of barriers to pain management at admission; and clarification about misunderstandings regarding pain management. We recruited 126 family caregivers and interviewed them at 2 weeks post-admission (55 intervention; 71 control). If patients survived 3 months post-admission, caregivers were re-interviewed. Intervention fidelity was high (95%). At 2 weeks, the intervention group had better knowledge about pain management (p<.001), fewer concerns (p=.003), and reported lower patient pain over the past week (p=.015); of note, the intervention effect on lowering concerns about stigma was greater for Black subjects compared to Whites. At three months, the intervention group trended better on study outcomes. Implications of results will be presented.

ORAL HEALTH IN OLDER ADULTS AT THE END OF LIFE
X. Chen, C. Kister, Department of Dental Ecology, Univ North Carolina Chapel Hill, Chapel Hill, North Carolina. 2. Univ North Carolina Department of Family Medicine, Chapel Hill, North Carolina

Because oral health worsens in older adults at the end of life, older adults may suffer reduced quality of life. However, the trajectory of oral health changes in older adults with different dying trajectories and their management through the dying process remain unclear. This review summarizes the evidence around oral health changes in the dying trajectories of sudden death, cancer-related death, end-stage organ failure, and advanced frailty. Dental caries slightly increase in sudden death, though xerostomia and oral soft pathologies are common in terminal cancer. Dental caries, oral pain/infection and oral functional loss intensify in end-stage organ failure or advanced frailty. To decrease the suffering of older adults at the end of life, we propose a palliative oral health model for these different dying trajectories. The appropriate management of these changes is conceptually framed from an individualized approach based on their personal values and current stage in the dying process.

SESSION 860 (SYMPOSIUM)
INTERDISCIPLINARY PERSPECTIVES ON RESILIENCE INADULthood AND OLD AGE
Chair: F. J. Infurna, Humboldt University, Berlin, Berlin, Germany, German Institute for Economic Research (DIW Berlin), Berlin, Berlin, Germany
Co-Chair: D. Gerstorf, Humboldt University, Berlin, Berlin, Germany
Discussant: C. Ryff, University of Wisconsin, Madison, Wisconsin

When confronted with challenging life circumstances, such as daily stress, being a caregiver or experiencing spousal loss, some individuals may exhibit decrements in functioning, whereas others are resilient and able to maintain their functioning, be it in the physical health, well-being, or activity domain. Our objective in this symposium is to bring together a collection of papers that focus on factors that promote maintenance or improvement of functioning during challenging life circumstance from various perspectives. Moore and colleagues use micro- and macro-longitudinal data to examine the interplay between affect reactivity and recent life events for mental and physical health and found that higher affect reactivity was linked to better mental and physical health for those who experienced recent positive events. Gaugler and colleagues target various psychosocial factors associated with resilience outcomes of better mental and physical health in caregivers caring for a loved one with dementia. Infurna and colleagues use data from the German Socio-Economic Panel Study to investigate multiple phases of life satisfaction change in relation to spousal loss and various psychosocial factors that enable resilience and illustrate the importance of adaptive capabilities as resources in the process. Aldwin and colleagues use longitudinal data to examine trajectory patterns for intensity and exposure to hassles and uplifts with individual differences being observed in the trajectories of emotion regulation. The discussion by Carol Ryff integrates the four papers, highlights the importance of and various sources of resilience in adulthood and old age, and considers future routes of inquiry.

WHO BENEFITS FROM POSITIVE EXPERIENCES?
EXPLORING AFFECT REACTIVITY TO DAILY STRESSORS
AS A POTENTIAL MARKER OF VANTAGE SENSITIVITY

Recently, Pluess and Belsky (2013) introduced the term “vantage sensitivity” to capture the notion that some individuals benefit more than others from advantageous life experiences. Building on this theoretical concept, the current study examines individual differences in response to positive environmental influences. Using data from the Midlife in the United States Survey (MIDUS), the paper focuses on affect reactivity to daily stressors as a potential contributing factor to sensitivity to positive life events. Results suggest that individual differences in affect reactivity moderate the impact of recent life events in a manner reflecting disproportionate responsiveness to positive influences (i.e., higher vantage sensitivity). Specifically, among adults high in affect reactivity (heightened NA and dampened PA in response to daily stressors), recent positive events had a promotive effect on mental health outcomes. Discussion focuses on the benefits of putative “risk factors” in the context of positive environmental exposures.
RESILIENCE IN DEMENTIA CAREGIVING: AN UPDATE
J.E. Gaugler, University of Minnesota, Minneapolis, Minnesota

Multiple disciplines have described family care for persons with dementia and the health implications of this process. Longitudinal studies have examined how dementia caregivers experience stress and mental health over time. However, how resilience operates to influence key caregiving outcomes over time is less understood. This presentation will summarize prior research on 1,979 dementia caregivers over a 3-year period that determined how resilience was associated with important transitions from dementia caregiving, including care recipient institutionalization or death. This work found that high baseline resilience (low burden, high care demands) was predictive of less frequent institutionalization and more frequent care recipient mortality. These findings emphasize that dementia caregivers should identify “resilient” family caregivers when considering how these individuals experience and adapt to key transitions during the course of dementia. This presentation will conclude with an update on resilience research in dementia caregiving that has emerged since these findings were first reported.

DECLINE AND ADAPTATION OF LIFE SATISFACTION AFTER LOSING A SPOUSE: MODERATED BY SOCIAL AND HEALTH RESOURCES AND PREDICTING LONGEVITY

Losing a spouse is considered one of the most devastating life events. Repeated measures of life satisfaction from the German Socio-Economic Panel Study (N=1,224, M age=65, 71% women) are used to describe anticipation, reaction, and adaptation to spousal loss, how those processes are moderated by socio-demographic, social, and health resources, and how they relate to mortality hazards. Individuals typically showed anticipatory declines in life satisfaction 2.5 years preceding (anticipation), steep declines in the months surrounding (reaction), and sustained lower levels after spousal loss (adaptation). Older age was associated with stronger anticipation, but less reaction. Younger age, better health, poorer partner health, and social participation were associated with quicker adaptation following spousal loss. Higher pre-loss life satisfaction, less reaction and greater adaptation were uniquely associated with survival. We discuss anticipation, reaction and adaptation stages in the context of life events and pathways underlying moderators of life satisfaction change with spousal loss.

DO HASSLES AND UPLIFTS CHANGE WITH AGE? LONGITUDINAL FINDINGS FROM THE NORMATIVE AGING STUDY
C.M. Aldwin1, Y. Jeong1, H. Igarashi1, A. Spira2, 1. Oregon State University, Corvallis, Oregon, 2. VA Boston Healthcare System, Boston, Massachusetts, 3. Boston University Schools of Public Health and Medicine, Boston, Massachusetts

To examine emotion regulation in later life, we contrasted the modified hedonic treadmill model with developmental theories, using hassles and uplifts to assess emotion regulation in context. The sample was 1,315 men from the VA Normative Aging Study aged 53 to 85 years, who provided 3,894 observations between 1989 and 2004. We computed three scores for both hassles and uplifts: intensity (ratings), exposure (count), and summary (total) scores. Marked differences in trajectory patterns for intensity and exposure scores were found, with exposure levels decreasing in later life, but intensity scores increasing. Growth mixture models (GMM) showed complex patterns of individual differences in exposure, with relative stability in uplifts intensity and nonlinear changes in hassles intensity. Support was found for both hedonic treadmill and developmental theories, showing that emotion regulation in later life is a complex function of both developmental processes and contextual exposure.

SESSION 865 (SYMPOSIUM)

KEY OUTCOMES FROM THE BALTIMORE EXPERIENCE CORPS TRIAL
Chair: G. Rebok, Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland
Co-Chair: M. Carlson, Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland
Discussant: J. Haaga, National Institute on Aging, Bethesda, Maryland

This symposium will discuss key outcomes of the Baltimore Experience Corps® Trial (BECT), an innovative approach to health promotion embedded in volunteering opportunities for adults ≥60 in city public elementary schools. The Experience Corps (EC) program was designed with generative appeal to enhance physical, cognitive, and social activity for older adults, while also improving literacy, math skills and behavior management for children in the exposure schools. Over 4 years, the BECT randomized 702 adults ≥60 to either participation in the EC program over 2 years for 15hrs/week in K-3 grades vs. a usual activity control condition. About 50% (352) were randomized to the intervention group, and 50% (350) to the control group, with a mean age of 68. 85% were female and 89% were AA. In two talks, we will report intervention effects over 2 years on domains of cognition (executive function & processing speed) and on a primary social outcome (levels of reliable alliance) and selected secondary psychosocial outcomes (e.g., depression, purpose in life, personal growth, generativity/usefulness). A third talk examines whether EC participation led to hypothesized increases rather than decreases in lifestyle activity relative to controls. All analyses include intention to treat (ITT) and complier average causal modeling (CACE) analyses, which incorporate degree of intervention exposure in effect evaluation. The fourth talk will test the hypothesis that children in EC schools will have improved academic achievement and behavior compared with children in schools without EC involvement and that these improvements are associated with greater volunteer retention, program satisfaction, and personal efficacy.

EXPERIENCE CORPS AND DOSE-DEPENDENT IMPROVEMENTS IN COGNITIVE HEALTH
M. Carlson1, J. Betz2, Y. Chuang3, G. Rebok1, Q. Xue1, V.R. Varma1, J.M. Parisi1, L.P. Fried2, J. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. Columbia University Mailman School of Public Health, New York City, New York, 3. Johns Hopkins School of Medicine, Baltimore, Maryland

The Baltimore Experience Corps (EC) randomized, controlled Trial evaluated whether a high-intensity volunteer service in elementary schools over 1 and 2 academic years helped to maintain or improve executive function (Stroop interference), speed of processing, and memory. Through meaningful service, the EC program incorporate cognitive, social, and physical activity, each of which has been independently associated with maintenance of cognitive health. We examined in 702 older adults the impact of EC participation relative to no participation on the outcomes, above, using Intention-to-Treat and complier average causal modeling (CACE) at 1 and 2 year follow-ups. Results revealed dose-dependent improvements in most outcomes that were specific to one demographic group. These trial results are among the first to show...
that a lifestyle activity intervention can yield general cognitive improvements on tests that were not directly trained, suggesting that environmental enrichment exercises many cognitive abilities important to delaying the onset of dementia.

SOCIAL AND PSYCHOLOGICAL WELL-BEING BENEFITS OF EXPERIENCE CORPS (EC) PARTICIPATION

T. Seeman¹, T.L. Gruenewald², E. Tanner¹, J.M. Parisi¹, Q. Xue³, W. Yao¹, S. Merkin¹, D.L. Roth¹, ¹. UCLA, Los Angeles, California, 2. University of Southern California, Los Angeles, California, 3. Geriatricrs., Los Angeles, California.

The EC RCT provides a unique opportunity to experimentally evaluate whether a “naturalistic” civic engagement intervention can enhance social and psychological well-being. EC volunteerism is characterized by intensive engagement in a socially and personally meaningful role within a context that promotes social connectedness and psychological well-being. We will present analyses of intervention effects on our primary social outcome (levels of reliable alliance) and selected secondary psychosocial outcomes (e.g., depression, purpose in life, personal growth, generativity/usefulness). Our overview will include a comparison of intention to treat (ITT) and compliant average causal modeling (CACE) analyses, which incorporate degree of intervention exposure in effect evaluation. For example, preliminary analyses indicate no significant intervention effect for our primary social outcome in ITT analyses but a robust significant effect of greater levels of reliable alliance (B = 1.30, p = .000) in CACE models incorporating intervention exposure dose (positive outcome robust to varying exposure/compliance definitions).

CHANGES IN LIFESTYLE ACTIVITIES AS A RESULT OF EXPERIENCE CORPS PARTICIPATION

J.M. Parisi¹, J. Kuo¹, L.P. Fried², G. Rebok¹, T. Seeman¹, T.L. Gruenewald⁴, E. Tanner⁵, M. Carlson¹, ¹. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. Columbia University Mailman School of Public Health, New York, New York, 3. David Geffen School of Medicine at the University of California at Los Angeles, Los Angeles, California, 4. University of Southern California, School of Gerontology, Los Angeles, California, 5. Johns Hopkins University School of Nursing, Baltimore, Maryland.

Experience Corps (EC) is a high-intensity senior service program in elementary schools designed to capitalize on older adults’ generative motives and simultaneously increase physical, social, and cognitive activity in daily life. We examined intervention-related changes in self-reported lifestyle activity at one- and two-year follow-ups using intention-to-treat (ITT) analyses. Compared to the control group, EC participants reported modest increases (approximately 1/2 day per month) in overall activity level on the Lifestyle Activity Questionnaire, as well as in the intellectual activities subdomain one-year post-baseline and small increases (approximately one day per month) in passive activity (looking at art, listening to radio) at the two-year follow-up (all ps < 0.05). Over the two-year period, we did not observe decreases in any activities or increases in television watching. Results confirm earlier EC pilot trial data showing that this community-based, health promotion intervention positively impacted activity levels, which may benefit a range of health outcomes.

CHILD AND SCHOOL OUTCOMES OF EXPERIENCE CORPS PARTICIPATION

G. Rebok¹, J.M. Parisi¹, M. Carlson¹, W. Roman⁵, D.L. Roth¹, S. McGill¹, L. Xing¹, Q. Xue¹, 1. Johns Hopkins Center on Aging and Health, Baltimore, Maryland, 2. AARP Experience Corps, Baltimore, Maryland, 3. Greater Homewood Community Corporation, Baltimore, Maryland.

The Experience Corps (EC) program was designed to support the needs of children in grades K-3 in public schools while simultaneously promoting the health and well-being of older volunteers. Hypothesized benefits of EC participation to children and schools are expected to result from core program features, including placing a critical mass of trained older volunteers in schools and having them fulfill meaningful roles to meet school needs. Schools in the EC randomized, controlled trial have participated in the program an average of 4.3 yrs, and school size ranges from 206-767 (M = 423) with 84% African American and 82% on free/reduced lunch. Using archival data collected from the school system, we will test the hypothesis that children in EC schools will have improved academic achievement and behavior compared with children in schools without EC involvement and that these improvements are associated with greater volunteer retention, program satisfaction, and personal efficacy.

SESSION 870 (SYMPOSIUM)

TAKING THE MEASURE OF ART’S HEALTH EFFECTS ON OLDER ADULTS: NEA/NIH WORKSHOP HIGHLIGHTS AND A RESEARCH NEEDS ASSESSMENT

Chair: L. Nielsen, Division of Behavioral and Social Research, National Institute on Aging, Bethesda, Maryland
Co-Chair: S. Iyengar, National Endowment for the Arts, Washington, District of Columbia
Discussant: M. Lachman, Brandeis University, Boston, Massachusetts.

This symposium will examine the impact of arts participation on physical, cognitive, and psychological outcomes in aging. Specifically, it will highlight what is known about the ability of theater-acting to improve cognitive outcomes among older adults, how to assess the long-term impacts of music training on auditory working memory, and what factors must be taken into consideration to account adequately for the costs, cost-effectiveness, and public health impact of arts programs for older adults. Recently, the National Endowment for the Arts and NIH co-sponsors (NIA, OBSSR, NCCAM) convened a National Academics workshop to identify gaps and opportunities for better understanding the relationship between arts, health and well-being in older adults. This symposium will address key concepts and recommendations from that workshop, with the goal of highlighting promising directions for new research, including the consideration of appropriate study designs and outcome measures, to enhance our understanding of the mechanisms underlying the impact of arts on health and well-being in later life. Nina Kraus, Northwestern University, discuss how musical experience offsets biological effects of aging in the brain, and enhances hearing speech in noise and auditory working memory. Tony Noice, Elmhurst College, will discuss the impact of acting on cognitive function in retirement-home residents as assessed by RCTs (randomized controlled trials). Tom Prohaska, George Mason University, will review cost/scalability issues for translating arts interventions into evidence-based programs in a community. Margie Lachman, Brandeis University, will serve as discussant, offering her perspectives on future research needs and opportunities.

PARTICIPATORY ARTS FOR OLDER ADULTS: A REVIEW OF BENEFITS AND CHALLENGES


Abstract This presentation reviews the current state of participatory-arts research in terms of enhancing wellness, lowering risk factors for dementia, and ameliorating symptoms of mental/physical disease in older adults. We provide an in-depth look at our cognitive theatre interventions carried out over many years, including a current fMRI assessment. This is followed by a detailed review of both wellness and therapeutic studies on theatre, music, dance, visual arts, and writing. We explain why relatively few of those investigations used randomized controlled trials, a surprising finding considering the dramatic results some RCT studies have produced. Finally, we offer suggestions designed to
PARTICIPATION IN THE ARTS: QUALITATIVE AND QUANTITATIVE RESEARCH PERSPECTIVES ON BENEFITS AND VALUE
T. Prohaska, M. Castora-Binkley, 1. Department of Aging Studies, University of South Florida, Tampa, Florida, 2. George Mason University, Fairfax, Virginia

This paper examines findings from qualitative and quantitative research on the impact, cost effectiveness and perceived value of participation in the arts by older adults. A systematic literature review of outcomes from randomized and non-randomized trials involving performance in the arts by older adults and compares these findings to qualitative studies exploring more open self-reported perceived value of participation in the arts. The findings show that measures of cognitive performance, depressive symptomology and functional capacity are used in randomized trials while altruism, creative expression and quality of life are reported in the qualitative studies. While the clinical trials are more likely to focus on clinically meaningful outcomes, the qualitative studies provide insight into the perceived value in arts-based computer games, raising the question of the benefits of music training initiated in older age. Supported by NIH, NSF, and the Hugh Knowles Hearing Center. www.brainvolts.northwestern.edu

THE TIMING OF LIVES: AGING IN PRISON THROUGH THE LENS OF THE LIFE COURSE PERSPECTIVE
Chair: J.B. Frank, Gerontology/ Family and Consumer Sciences, Eastern Illinois University, Charleston, Illinois
Discussant: J.B. Frank, Gerontology/ Family and Consumer Sciences, Eastern Illinois University, Charleston, Illinois

Aging while incarcerated is not simply about growing older—it is about time. While inmates would not necessarily be classified as older adults on the outside, within the confines of prison individuals’ sense of age, time, and relationships are simultaneously interwoven yet suspended in a limbo of sorts. Because the life course perspective details how time, context, process, and meaning all impact human development and family life (Bengston and Allen, 1993), it is particularly salient for the experience of aging in prison. When men and women are living 25, 35 or even 45 years in prison their entire life course is impacted in ways that make their experience of aging quite different from those in the general community. This symposium will explore how the six principles of the life course perspective (socio-historical and geographical location; timing of lives; heterogeneity or variability; “linked lives” and social ties; human agency and personal control; how the past shapes the future) impact the experience of aging in prison. Specifically, findings from four research studies will focus on separate life course principles (specifically human agency and locus of control, the timing of lives, socio-historical location, and how the past shapes the future) to illustrate not only how these principles play out in prison settings, but also how inmates and the prison environment itself can help scholars to understand the life course perspective through a new and different lens.

A LIFE COURSE ANALYSIS OF INTERPERSONAL, HISTORICAL, AND STRUCTURAL TRAUMA AMONG OLDER ADULTS IN PRISON
T.M. Maschi, Graduate School of Social Service, Fordham University, New York, New Jersey

Older adults in prison are a human rights/ social justice issue in need of attention in the gerontological professional community. Using a life course and critical theory perspectives, this mixed methods study examines the life course experiences of interpersonal, historical, and structural trauma among older men and women in prison. Using a constructivist ground theory approach, participants commonly reported still being affected by earlier life trauma, such as being a victim or witness to violence, neglect, experiencing the sudden and unexpected death of a loved one. Participants commonly reported stress related to stressful conditions of confinement, which included health and healthcare neglect, violence, harassment, and exploitation by staff and younger inmates, fear of victimization and dying in prison, and age, racial and gender discrimination. Participants also reported resilient coping creative and spiritual coping. These findings suggest that gender and age sensitive trauma informed care and criminal justice reform are warranted.

THE INMATE CODE: THE LIFE COURSE PERSPECTIVE OR HOW TO GO FROM “FRESH FISH” TO SCHOOLED CONVICT
P. Matthey, Communication, Clemson University, Clemson, South Carolina

As the life course perspective sees humans as capable of making choices and constructing one’s own life journeys within systems of opportunities and constraints, this paper takes a critical look at the ways in which prisoners coordinate their journeys with those of others. From a communication perspective, this paper is rooted in the theoretical framework of Coordinated Management of Meaning. While incarcerated, prisoners of a maximum-security male prison in Indiana are constantly deciding whether to align with the rules of the facility or those dictated by the inmate code. Stuck between the constraints of two sets of contradictory rules imposed simultaneously by the facility and the prison culture, inmates encounter few opportunities through which they can coordinate their journeys with those of correctional officers and staff and those of other inmates. This paper maps conditions of incarceration that foster strategies to successfully allow for the coordination of life course perspectives.
OFF-AGE TRANSITIONS AND LIFE TRAJECTORIES: A PHENOMENOLOGICAL STUDY OF AGING AMONG LONG-TERM PRISONERS
J.B. Frank, Gerontology/ Family and Consumer Sciences, Eastern Illinois University, Charleston, Illinois

Time is a central concept within the life course perspective. Within the realm of time, Elder (1985, 1994, 1998) focused on the role of transitions and trajectories as critical to framing people’s experiences across the life course. Many long-term prisoners (those incarcerated fifteen years or longer) have been in prison since their teenage years and thus while they are not “old”, they perceive the aging process and the passage of time in a manner much different than those on the outside. The researcher postulates that much of this reality is due to “off-age” transitions they have experienced within their broader life trajectories. The findings from the present longitudinal, qualitative study of 12 long-term male inmates support this claim and offer gerontologists a new window on the intersection between aging, time, and the physical environment as they influence trajectories within the life course.

TALKING ABOUT THEIR LIVES: USING ART EXPRESSION GROUPS WITH WOMEN AGING IN PRISON
A. Katz, A. Hongo, University of Southern California, Los Angeles, California

Prisons are not built for the vulnerable aging population especially older women. A prison environment deeply rooted in violence and fear is not conducive to self-disclosure or trust. Along with mental illness, inmates, especially women, often exhibit difficulties with locus of control, which is the degree of control that people feel they can express themselves with others in their environment. Research indicates that the use of the arts or art therapy enables participants to increase their sense of control and problem-solving and socialization skills (Gussak, 2009). This pilot study evaluates the influence of an art expression group for a sample of women aged 55 and older at the California Institution for Women. It was found the women freely expressed their thoughts and feelings about their past and current lives and felt the arts provided a safe and nonjudgmental arena to do so. As these findings suggest that art expression groups can provide a safe means of expression for older women in prison.

SESSION 880 (PAPER)

EMOTION

AGING, AFFECT, AND SELF-RATED HEALTH: A MULTILEVEL, MULTIVARIABLE, LONGITUDINAL INVESTIGATION
S.C. Segerstrom, Department of Psychology, University of Kentucky, Lexington, Kentucky

Self-rated health (SRH) predicts mortality above and beyond objective health risks and as such comprises an important aspect of health. Established contributors to self-rated health include affect, age, and disease, but neither their dynamic nor their synergistic contributions to SRH have been comprehensively tested. The present study employed older adults (N = 150; M age = 75 years) and a longitudinal design with 6-month waves over up to 5 years. Positive and negative affect (PA, NA), chronic disease, and SRH were assessed at each wave. Older age, more chronic disease, and higher NA predicted worse SRH, whereas higher PA predicted better SRH. Affect predicted SRH both between and within people. In multilevel models with interactions between affect and age or disease, individual differences in NA predicted worse SRH more with older age. Within people, changes in NA were associated with changes in SRH, but less so with older age. Within people, changes in PA were associated with changes in SRH, but only when health was better than usual. These were dynamic and synergistic relationships between affect and SRH that could only emerge in a multilevel, multivariable design. Between-person, trait NA had larger effects on SRH with older age compared with within-person, state NA, which had smaller effects with older age. Which component predicts mortality is an important question for future research, and the suggestion to measure SRH repeatedly on older adults should be considered seriously in the clinical setting as an additional piece of prognostic information.

FEELING THE SQUEEZE? THE EFFECT OF COMBINING WORK AND CAREGIVING ON PSYCHOLOGICAL WELL-BEING
T. Hansen, S. Daatland, Norwegian Social Research (NOVA), Oslo, Norway

As a result of population aging and increasing female employment rates, growing numbers are facing the competing demands of work and caregiving. This study explores the effect of providing regular personal care by employment status on multiple dimensions of psychological well-being. We separate between in-household (partner, parent) or out-of-household (parent) caregiving. We use cross-sectional data from the Norwegian Life Course, Ageing and Generation (LOGG) study (N = 10,000, age 30–64). Results indicate that out-of-household caregiving has no significant effects on well-being among employed and non-employed individuals. In-household caregiving has more deleterious effects, and particularly among non-employed individuals. Work thus seems to add respite rather than stress to caregivers. Aspects of being in paid labor, such as financial security and social support, may ease the burden of the caregiving role. We conclude with implications for future research, interventions, and policy-making in this area.

AGE-RELATED DIFFERENCES IN EXPOSURE AND REACTIVITY TO DAILY STRESS ACROSS 60 DAYS AND 70 YEARS

Exposure (the amount and diversity of stressors) and reactivity (within-person negative affect change) to daily stressors influence health and well-being. As such, it is important to understand how individuals at different phases of the life span are exposed and react to a variety of stressors. Using 9 weeks of daily reports (M = 56.1 days) of affective and stressor experiences provided by 150 adult participants in the PSU Intraindividual Study of Aging, Health, and Interpersonal Behavior (iSAHIB), we examined age-related differences in exposure and reactivity to eight different stressor types. We found that older adults have significantly lower overall diversity of stressors than younger adults. Older adults also tend to have less exposure than younger adults to each stressor type, except health and accident stressors, to which they are exposed more. Further, older adults are more detrimentally affected by greater exposure to financial stressors, interpersonal tensions, health/accident stressors, network stressors, evaluation stressors, and other stressors. In contrast, reactivity tends to be similar across ages, though older adults are more reactive to network and evaluation stressors than younger adults. Future analyses will examine the effects of stressor residue (carry-over from the previous day) and spells (multiple consecutive days of stressors). Our analyses further the understanding of dynamic stress processes associated with specific daily stressors and how those processes differ by age.
INTRAINDIVIDUAL VARIABILITY IN AFFECTIVE VALANCE AND AROUSAL ACROSS AGE GROUPS: THE STEADYING EFFECTS OF AGE

Introduction: Emotion can be studied across affective (positive and negative) and arousal (activation and deactivation) dimensions. Research examining age differences in these two components of emotion has primarily relied on mean values. However, beyond examining magnitude, meaningful information can be gained by examining fluctuations within the individual (intraindividual variability; IVV). Methods: 50 younger and 50 older community-dwelling adults completed 14-consecutive-daily diaries assessing affect and arousal. IVV was calculated using predictor-free multilevel modeling analyses. The intraclass correlation coefficient from each model was used to determine IVV in affect (PANAS positive and negative scales) and arousal (UMACL_R energetic and tense scales). Independent-samples t-tests were run to compare IVV across ages. Results: The percent of total variability attributed to intraindividual fluctuations in positive and negative affect, respectively, were 42% and 59% for younger adults, and 20% and 11% for older adults. The amounts of variability attributed to fluctuations in arousal were 54% and 64% for younger adults and 22% (for both scales) for older adults (for the UMAC-L_R energetic and tenseness scales, respectively). Younger adults had significantly more fluctuations in affect (PANAS positive t(97)=6.82, p<.001 and negative t(97)=4.18, p<.001) and in arousal (UMACL-R energetic t(97)=4.18, p<.001 and tenseness scales t(97)=4.18, p<.001) compared to older adults. Conclusions: Younger adults experienced greater day-to-day fluctuations in both positive and negative affect and psychological arousal compared to older adults. Explanations for greater stability for older adults include greater lifestyle regularity, use of emotional regulation skills, and a selectivity bias for engaging in activities that are emotionally meaningful.

COGNITIVE AND EMOTIONAL SOURCES OF WISDOM IN DECISION MAKING ACROSS THE LIFESPAN

Given well-documented age-related cognitive declines, it is critical to investigate whether other forms of knowledge may help to compensate for and mitigate declines in decision-making. Whereas the effects of declines in fluid intelligence on decisions are well understood, the current research examines what components of crystallized intelligence contribute to wisdom in decision making in older adults. This research also examines whether individual differences in emotional regulation and personality are influenced by other abilities that change with age, including components of both fluid and crystallized intelligence. Using a broad sample of adults between 18-94 years of age, we collected a battery of standard cognitive measures and measures of economically and emotionally important decision-making "traits"—including temporal discounting, loss aversion, affective forecasting ability, and emotional regulation. Structural equation modeling revealed that fluid intelligence, crystallized intelligence, and affective variables were significant partial mediators of decision-making age differences. Specifically, we found that older participants' greater crystallized intelligence offset their lower levels of fluid intelligence for financial and debt literacy as well as temporal discounting. Notably, personality, goal orientation, and affective forecasting were partially mediated by changes in future time perspective, improved emotional regulation, and other measures of crystallized intelligence. By understanding what components of individual and lifespan differences in crystallized intelligence lead adults across the lifespan to make better decisions—both economically and emotionally—across a wide range of domains (including retirement and healthcare), these findings provide directions for the development of interventions that can aid decisions and improve the welfare of older adults.

SESSION 885 (SYMPOSIUM)
ENERGETIC, PHYSIOLOGIC AND BIOMECHANICAL THREATS TO GAIT SPEED: LONGITUDINAL ANALYSES FROM THE BLSA
Chair: E.M. Simonsick, National Institute on Aging, Baltimore, Maryland
Discussant: L. Ferrucci, National Institute on Aging, Baltimore, Maryland

Age-related mobility decline is often insidious. Apparently well-functioning older adults may harbor subclinical impairments in one or more systems that left unchecked may lead to premature mobility limitation. This symposium uses longitudinal data from the Baltimore Longitudinal Study of Aging (BLSA), a continuous enrollment cohort study of initially healthy well-functioning individuals evaluated every 1-4 years depending on age during a 2-3 day clinic stay, to examine the association between novel indicators of energy expenditure, muscle quality, gait mechanics and balance and proprioception and meaningful decline or change trajectory in gait speed. Gait speed was measured over a 6m course with participants instructed to walk “at your normal pace” or in a state-of-the-art gait laboratory. In analyses on up to 600 men and women age 55 years or older, evidence of impaired balance and ankle proprioception from challenge test performance and double-stance time, stride-width and non-optimal hip power from gait lab evaluation predicted meaningful gait speed decline. Greater energetic cost of walking and lower maximal quadriceps muscle strength but not poor muscle quality (strength/cross-sectional area) independently predicted steeper gait speed decline. From the gait lab, fast gait and hip range of motion (ROM) were found more sensitive to short-term change with ROM predictive of fast gait speed decline. Subtle deficiencies in key systems identified using challenge and/or sensitive tests may prove valuable for understanding and ultimately limiting the progressive of mobility decline.

MUSCLE STRENGTH, MUSCLE AREA, AND TRAJECTORIES OF GAIT SPEED IN OLDER ADULTS
A.Z. Moore, S. Makrogiani, E.M. Simonsick, L. Ferrucci, National Institute on Aging, Baltimore, Maryland

Muscle strength is associated with mobility and predicts decline of mobility in older adults. However, the independent contributions of muscle mass and quality to mobility decline are unclear. The relationships between baseline quadriceps strength (isokinetic dynamometry), muscle cross-sectional area (computed tomography), and muscle quality, the ratio of strength to area, with change in gait speed over time was evaluated in 528 BLSA participants aged 50 or older (mean at baseline = 70.1 years) with at least two measurements of usual gait speed over 6 meters (1450 observations). In mixed effects models adjusted for sex, height, and weight each muscle characteristic was positively associated with the level (p<.01) and rate of decline in speed (p<.05). However, after the effect of strength was considered, area and quality were not independently associated with decline in gait speed, reaffirming the unique importance of muscle strength for mobility in older adults.

GREATER ENERGETIC COST OF WALKING PREDICTS LONGITUDINAL GAIT SPEED DECLINE
J.A. Schrack, E.M. Simonsick, L. Ferrucci. 1. Epidemiology, Johns Hopkins School of Public Health, Baltimore, Maryland. 2. National Institute on Aging, Baltimore, Maryland

Greater energetic cost of walking has been cross-sectionally associated with slower gait speed and reduced activity with age, but the directionality of this association has not been established. We modeled the longitudinal association between the energetic cost of customary
walking (EE ml/kg/m) and usual gait speed in 562 participants of the Baltimore Longitudinal Study of Aging (51% male, mean age 73.1, range 31–98) using energy expenditure per meter (EEM) and its squared term (EEM2) as predictors adjusting for age, sex, age-squared, sex, height, balance, and comorbidities. The net effects of EEM and EEM2 were negatively associated with usual gait speed ($\beta$ = -3.43, $p < 0.01$) indicating that higher energetic cost of walking is predictive of gait speed decline. These results shed light on the well-established age-related slowing of gait speed and indicate that slowing down may be a compensatory mechanism to conserve energy with age.

### Balance, Proprioception and Gait Speed Decline in the BLSA

E.M. Simonsick1, J.A. Schrack2, A.Z. Moore3, S. Ko1, L. Ferrucci1, 1. National Institute on Aging, Baltimore, Maryland, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 3. Chonnam National University, Seoul, Republic of Korea

Instability due to impaired balance or proprioception is thought to reduce walking efficiency and hasten gait speed decline. In over 500 non-mobility-limited BLSA participants aged 60-97 (51% men, 24% black), we examined the association between narrow (20cm) 6m walk and graduated standing balance performance (90s maximum) and meaningful decline in gait speed (>0.05m/s/year) over a mean follow-up of 2.2 years. Accounting for age, age-squared, sex, race, initial gait speed and follow-up time, narrow walk failure and submaximal standing balance (each 10s deficit) predicted gait speed decline (OR:3.63; 95%CI:2.04-6.48; P<.001 OR:1.11; 95%CI:1.01-1.23; p=.035). In a subset with proprioception evaluated using a novel device, those with worst proprioception – slowest quartile perception of ankle movement tended to be more likely to decline (49.2% v. 26.2%; p=.079). Findings indicate older persons with impaired balance and proprioception face increased risk of meaningful gait slowing and argue for balance and proprioception evaluation in mobility intact older adults.

### Gait Laboratory Parameters and Meaningful Gait Speed Decline in the BLSA

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Subtle abnormalities and defects in gait mechanics may create inefficiencies that lead to gait speed decline. Using data on 280 BLSA participants (51.1% men, 28.0% black) aged 60-97 who received a gait lab [3D motion capture system with 10 cameras and 20 anatomical markers] assessment, we examined indicators of gait inefficiency and hip biomechanics as predictors of meaningful decline in gait speed (>0.05m/s/year) over a mean follow-up of 2.08 years. Accounting for age, age-squared, sex, race, initial gait speed and follow-up time, double stance time (quintiles) (OR:1.40; 95%CI:1.11-1.76; $p=.005$) and stride width (upper tertile) (OR:2.56; 95%CI:1.20-5.44; $p=.015$) predicted gait speed decline. Both high and low total work performed by the hip was associated with increased likelihood of decline (OR:2.5; 95%CI:1.16-5.18; $p=.018$; OR:2.13; 95%CI:1.03-4.3; $p=.041$). Results indicate that traditional markers of inefficient gait predict gait speed decline.

### Short-Term Change in Gait Laboratory Parameters in the BLSA

S. Ko1, E.M. Simonsick2, L. Ferrucci1, 1. Mechanical Engineering, Chonnam National University, Yeosu, Republic of Korea, 2. National Institute on Aging, Baltimore, Maryland

Age-related slowing of gait speed may stem in part from biomechanical impairments including reduced joint range of motion (ROM) while walking. Studies of age-associated change in gait parameters have relied on cross-sectional data when full understanding of actual deteriorations in gait patterns requires longitudinal comparison. This study examines change in gait parameters ascertained in a gait lab [3D motion capture system with 10 cameras and 20 anatomical markers] over two visits approximately 2 years apart in BLSA participants aged 60-95 (men N=27, women N=31). Although normal pace walking over 10 meters did not change over follow-up, maximum speed walking showed significant decline (1.65 vs. 1.53m/s; $p=0.041$) as did hip range of motion (p=0.032) at maximal speed. Findings suggest that over the short term, gait deterioration may be best observed under the challenge of fast walking and that compressed hip ROM while walking may play a contributing role.

### SESSION 890 (SYMPOSIUM)

**Epidemiology of Pain in Older Adults**

Chair: K. Patel, University of Washington, Seattle, Washington

Discussant: C. Reid, Cornell University, New York, New York

Pain is one of the most commonly reported symptoms by older adults and is associated with significant reduction in quality of life. Although clinicians widely recognize pain as a disabling condition, the epidemiology of pain in older adults is not well established. In this symposium, we present original findings from 3 major data sources on the population distribution, characteristics, and impact of pain in older adults. First, Dr. Patel will present the prevalence of bothersome pain in a national survey of Medicare beneficiaries, and will report the associations of pain with various self-reported and performance-based measures of physical function. Second, Dr. Thielke will describe the extent to which several common disabling symptoms and conditions are attributable to pain using data from the large Medicare Health Outcomes Survey. Third, Ms. Thakral will identify descriptors of pain symptoms (e.g., nagging, aching, soreness, etc.) that are most often endorsed by older adults, and will relate these descriptors to global measures of pain using data from the population-based MOBILIZE Boston Study. Fourth, Dr. Leveille will provide insights on the effects of chronic pain on cognitive function using a battery of neuropsychological measures in the MOBILIZE Boston Study. Lastly, Dr. Reid will discuss the 4 papers and provide a clinical perspective on chronic pain and aging. The overall symposium will provide a comprehensive set of analyses of contemporary data that characterize the high burden of pain and patterns of pain reporting in the older adult population.

### Prevalence and Impact of Pain Among Older Adults in the United States

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The study sought to determine the prevalence and impact of pain among older adults in the United States (US). Data on 7,601 older adults participating in the 2011 National Health and Aging Trends Study were analyzed. Prevalence of bothersome pain was 52.9%, affecting 18.7 million older adults. Pain did not vary across age groups (P=0.21), but prevalence was higher in women and in older adults with obesity, musculoskeletal conditions, and depressive symptoms (P<0.001). Self-reported inability to walk 3 blocks was 72% higher in participants with than without pain [adjusted Prevalence Ratio=1.72 (95% Confidence Interval: 1.56-1.90)]. Participants with 2, 3, and >4 sites of pain had gait speeds that were 0.03, 0.05, and 0.08 meters per second slower, respectively, than older adults without pain, adjusting for potential confounders (P<0.001). In summary, bothersome pain was reported by half of the US older adult population and was strongly associated with decreased physical function.
ATTRIBUTABLE RISK FRACTIONS DUE TO PAIN IN THE MEDICARE HEALTH OUTCOMES SURVEY

Pain has been strongly associated with adverse health outcomes in older adults, but the broad role of pain in health has been hard to quantify. We calculated unadjusted and adjusted population attributable risk fractions (PAR) due to pain for selected symptoms, functional impairments, and diagnoses (dyspnea; depressed mood; low energy; mobility impairment; low accomplishment due to physical or emotional problems; and poor self-rated health). We analyzed data from 258,295 participants in the Medicare Health Outcomes Survey, a survey of Medicare managed care recipients across the country in 2009. Pain was assessed by the SF-36 Pain Interference question. Adjusted models included sociodemographic characteristics, comorbidities, and the other variables. Across all the factors, high pain interference accounted for about 40-50% of the unadjusted and 30% of the adjusted PAR. Pain is this population was the strongest risk factor for diverse aspects of negative health.

EXPLORATORY FACTOR ANALYSIS OF PAIN DESCRIPTORS IN THE ELDER POPULATION
M. Thakral1, L. Shi2, R.H. Shmerling2,3, J.F. Bean1,2, S.G. Leveille1,2, 1. University of MA, Boston, Boston, Massachusetts, 2. Harvard Medical School, Cambridge, Massachusetts, 3. Spaulding Rehabilitation Hospital, Cambridge, Massachusetts, 4. Beth Israel Deaconess Medical Center, Boston, Massachusetts

The purpose of this study is to examine whether categories of pain descriptors derived from exploratory factor analysis are related to global pain characteristics endorsed by older adults. In the population-based MOBILIZE Boston Study, 765 persons aged ≥70y underwent an extensive assessment of health and function that included measures of persistent pain. A modified version of the McGill Pain Questionnaire listed 20 pain quality descriptors commonly endorsed by older adults. Four categories were derived, accounting for 100% of variance: (1) musculoskeletal (65%), (2) sensory (17%), (3) pain fatigue (10%) and (4) physically limiting pain (8%). For example, Factor 1 (musculoskeletal) was most strongly associated with “troublesome” pain (r=0.77), and included “nagging,” “aching,” and “ soreness.” We will present correlations and multivariable analyses comparing pain descriptors to global pain measures. Our findings present new information about the range of pain symptoms and their correlates that are commonly reported by older adults.

CHRONIC PAIN AND COGNITIVE FUNCTION IN AN OLDER POPULATION
S.G. Leveille1,2, L. Shi3, L. Eggermont2, W. Milberg3,4, 1. Nursing, CNHS, Univ Mass Boston, Dorchester, Massachusetts, 2. Vrije University, Amsterdam, Netherlands, 3. Harvard Medical School, Boston, Massachusetts, 4. Veterans Affairs Medical Center, Boston, Massachusetts

Studies suggest that chronic pain may influence cognitive function in older adults. We examined the relationship between chronic pain characteristics and measures of cognitive performance in the MOBILIZE Boston Study, a population-based study of 765 persons aged 70 and older living in the Boston area. Chronic pain was measured according to musculoskeletal locations and using the Brief Pain Inventory subscales for pain severity and interference. Neuropsychological measures included the Hopkins Verbal Learning Test, Trailmaking A and B, Clock-in-a-box, and verbal fluency. Cognitive domains of memory, executive function, and general cognitive function were determined using Factor Analysis and Principal Components Analysis. After adjusting for age, sex, race and education, pain severity and interference scores were associated with poorer cognitive function across the cognitive domains and in selected neuropsychological tests. Our findings provide important new insights about aspects of chronic pain that may contribute to poorer cognitive function in older adults.

SESSION 895 (SYMPOSIUM)
FIVE YEAR OUTCOMES OF THE FACILITATED LEARNING TO ADVANCE GERIATRICS (FLAG) MENTORSHIP PROGRAM
Chair: M.J. Kaas, University of Minnesota School of Nursing, Minneapolis, Minnesota
Discussant: N. Shearer, Arizona State University College of Nursing and Health Innovation, Phoenix, Arizona

Recent national reports have highlighted the increased need for a competent nursing workforce to provide health care to a growing aging population in the United States. One of the problems of increasing this geriatric nursing workforce is the lack of nursing faculty with expertise in teaching geriatric nursing. Over the last 5 years, the University of Minnesota Hartford Center for Geriatric Excellence, Facilitated Learning to Advance Geriatrics (FLAG) program has taught over 150 nursing faculty how to incorporate geriatric nursing into their nursing curriculum through the FLAG Summer Institute and the FLAG Mentorship program. The FLAG Mentorship program is aimed at developing the academic leadership skills needed to implement an education project to improve geriatric nursing education in the mentee’s home school of nursing. Across the country, in rural and urban locations, and among a variety of educational settings, the FLAG Mentorship program has resulted in significant outcomes of improved geriatric nursing education and enhanced professional careers in geriatric nursing. Using evidence from 5 years of FLAG mentorship evaluations and reports, the symposium presentations will provide an overview of the FLAG Mentorship program and participants, mentorship educational product and career outcomes, and challenges and successful strategies of developing a distant FLAG mentor/mentee relationship. One FLAG Mentor will discuss in-depth her experience as FLAG mentee and mentor. The Discussant will draw upon previous mentorship experience and geriatric nursing expertise to facilitate discussion about this FLAG program in light of current Hartford Center Collaborative initiatives and national health care needs.

FLAG MENTORSHIP PROGRAM OVERVIEW: DEVELOPMENT, PARTICIPANTS, AND SUSTAINABILITY
M.J. Kaas, University of Minnesota School of Nursing, Minneapolis, Minnesota

Developing nurse educators who can effectively improve geriatric nursing education is a major goal of the Facilitated Learning to Advance Geriatrics (FLAG) program at the University of Minnesota Hartford Center for Geriatric Nursing Excellence. This presentation will summarize the initial development of this distant, year-long mentorship program and compare it to other national nursing mentorship programs. We will describe the mentor and mentee FLAG participants, the methods for assigning the mentor/mentee groups, the year-long mentorship process, and the training and development process of FLAG Mentor from FLAG Mente. This presentation will also describe the objectives and methods used to enhance and sustain FLAG mentorship program over 5 years with recommendations for evaluation methods and future sustainability.

STRATEGIES OF A SUCCESSFUL FLAG MENTOR/MENTEE RELATIONSHIP
C. Cheung1, W. Kopp1, 1. University of Minnesota, Minneapolis, Minnesota, 2. Sanford College of Nursing, Bismark, North Dakota

Successful mentorships require an understanding of the mentorship process, matching of the mentor and mentees, individual assessment and planning, and on-going evaluation. Yet even with careful planning, there are significant challenges in distant mentoring. Presenters will describe the FLAG mentorship process from their perspective as two current FLAG mentors. Both FLAG mentors were previous FLAG mentees. One (CC) has been a mentor for four years and one (WK) is...
training to be a FLAG mentor. The presentation will examine the opportunities and challenges of FLAG mentor/mentee relationship including the developmental process of becoming a mentor and that of a mentee, and the personal and professional outcomes of this relationship. Both presenters will identify strategies they use to ensure a successful mentoring experience and to help their mentees 1) grow in gerontological nursing, 2) successfully complete their gerontological education projects, and 3) be equipped and empowered in gerontological nursing education

FLAG MENTORSHIP OUTCOMES: EDUCATIONAL PRODUCTS AND ENHANCED CAREERS

Outcomes associated with the FLAG Mentorship program will be described in this presentation. Outcomes include improved or increased geriatric nursing educational course offerings in the mentees’ schools of nursing, enhanced professional career opportunities for the FLAG mentors and mentees, and increased self-efficacy of teaching geriatric nursing as measured by the College Teaching Self-Efficacy Scale (CTSES). Educational project outcomes include new core graduate curricula in geriatric nursing, development of new community and institutional geriatric nursing clinical settings, and geriatric nursing content infused across various levels of nursing curricula. As a result of their FLAG experience, participants have enrolled in doctoral programs, assumed new academic leadership positions, received state and national awards, and become more active in professional and local advocacy organizations for care of older adults.

SESSION 900 (PAPER)

CARDIOVASCULAR

LONGITUDINAL ELEVATIONS IN THE HEART RATE AT REST AND RISK OF DEATH FROM ALL-CAUSES IN OLDER ASYMPTOMATIC ADULTS
B.W. O Hartaigh, M. Trentalange, G. McAvay, H. Allore, T.M. Gill, Internal Medicine, Yale University, New Haven, Connecticut

A faster resting heart rate (RHR) has long been associated with adverse health outcomes. Nevertheless, it remains unclear whether longitudinal elevations in RHR are predictive of mortality in older persons. In this study, therefore, we assessed the relationship between changes in RHR and risk of dying from all-causes in an older (aged 65 years and older) population. Data was obtained from the Cardiovascular Health Study (CHS), comprising 5,691 asymptomatic individuals enrolled from 1989-1993 in the United States. RHR was measured annually for 6 consecutive years by validated electrocardiogram. Using Cox regression models, we evaluated the hazard ratio (HR) for total mortality according to changes in RHR. During a median 6.9 (interquartile range, 6.7-7.1) years of follow-up, 974 (17.1%) participants died. Following adjustment for potential confounders, each 10 beat/min increment in time-varying RHR heightened the risk (HR, 95% CI = 1.34, 1.27-1.42) of death; comparable results were observed for the uppermost quartile (HR, 95% CI = 2.26, 1.91-2.67) of RHR relative to the lowest. For participants whose initial RHR measurement was ≥65 beats/min, the adjusted risk of death was 1.37 (95% CI, 1.09-1.73) and 1.82 (95% CI, 1.20-2.76) when subjects final RHR measurement changed to >65<80 beats/min and ≥80 beats/min, respectively. Participants with a RHR ≥80 beats/min at baseline and final examination had an adjusted HR of 2.46 (95% CI, 1.86-3.26), compared with those whose RHR was constantly ≤65 beats/min. Elevations in the RHR over time are associated with increased risk of global mortality among older asymptomatic adults.

CORONARY ARTERY CALCIUM AND PHYSICAL PERFORMANCE AS DETERMINANTS OF MORTALITY: AGES-REYKJAVIK STUDY
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Background Coronary artery calcium (CAC) and physical performance have been shown to be associated with mortality, but it is not clear whether one of them modifies the association. We investigated the association between the extent of CAC and physical performance among older individuals and explored these individual and combined effects on cardiovascular disease (CVD) and non-CVD mortality. Methods We studied 4074 participants of the Age, Gene/Environment Susceptibility-Reykjavik Study (AGES-Reykjavik Study) who were free from coronary heart disease, had a CAC score calculated from computed tomography scans and had data on mobility limitations and gait speed at baseline in 2002-2006 at a mean age of 76 years. Results Odds for mobility limitation and slow gait increased according to the extent of CAC. Altogether 645 persons died during the follow-up. High CAC, mobility limitation and slow gait were independent predictors of CVD and non-CVD mortality. The joint effect of CAC and gait speed on non-CVD mortality was synergistic, i.e. compared to those with low CAC and normal gait, the joint effect of high CAC and slow gait exceeded the additive effect of these exposures on non-CVD mortality. For CVD mortality, the effect was additive i.e. the joint effect of high CAC and slow gait did not exceed the sum of the exposures. Conclusions The extent of CAC and decreased physical performance were independent predictors of mortality and the joint presence of these risk factors increased the risk of non-CVD mortality above and beyond the individual effects.

VASCULAR AGING AND CEREBRAL OXYGEN RESERVE DURING SLEEP IN COMMUNITY DWELLING OLDER ADULTS, AGE 70+ YEARS: A PILOT STUDY
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Background/Aims: Vascular aging depletes stores of antioxidants and limits the delivery of neurotrophic factors; leaving neurons vulnerable for injury. This pilot study compared biomarkers of vascular aging, antioxidant activity, and neurotrophic factors in 20 older adults, with normal and marginal cerebral oxygen reserve (COR). Methods: Subjects (5M/15F, age 70-96 years) underwent two nights of polysomnography including measures of COR (percent regional cerebral oxyhemoglobin saturation [rcSO2] by cerebral oximetry). Bio-markers of vascular aging included measures of flow mediated dilation of the brachial artery (FMD) on Morning 1, and on Morning 2, measures of inflammation (serum C-reactive protein [CRP]) and oxidative stress (plasma reduced-to-total glutathione ratio [GSH/GSSG]). We also measured antioxidant activity (serum glutathione peroxidase [GPX]) and serum levels of brain derived neurotrophic factor [BDNF]. Findings: Fourteen subjects had normal (rcSO2 ≥60%) and six had marginal (rcSO2: 51%-60%) COR; all had apnea-hypopnea indexes <5/hour and maintained arterial oxyhemoglobin saturations [SaO2] ≥92%, CVD was <4.0% in 71% with normal COR and 83% with marginal COR. CRP was >3.0 mg/dl in 42% with normal COR and 83% with marginal COR (X2(df=1)=3.0, p=.05). GSH/GSSG did not differ by group. GPX

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was higher in the marginal COR group ($t_{df=18}=2.1$, $p$.05). In marginal,
was lower rscO2 during sleep was associated with higher BDNF ($r=-.90$).
Conclusions: Disruption in blood flow regulation is common in older adults. Declines in CDR may evoke the inflammatory-oxidative stress pathways; leading to increased antioxidant activity and circulating neurotrophic factor. This may represent a protective response to chronic intermittent hypoxia. Funding: UL1RR025747.

CUMULATIVE SOCIOECONOMIC DISADVANTAGE OVER THE LIFE COURSE AND CARDIOVASCULAR DISEASE MORTALITY

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Purpose: Life course models suggest that socioeconomic disadvantage is associated with increased cardiovascular disease (CVD) mortality risk. Although socioeconomic mobility has been linked with CVD mortality, the associations between cumulative disadvantage that incorporate socioeconomic instability over the life course and CVD mortality is unclear. This study examined gender stratified associations between cumulative socioeconomic disadvantage (CSD), measured as an index (range 0–3) of the number of markers of disadvantage in relation to CVD mortality risk among older adults. The markers of disadvantage were based on adulthood household income trajectories (low versus high patterns), education (0–12 or 13+ years), and father’s education (grammar school or less versus some high school or more). Methods: Data from 2530 (men=1086, women=1427) Alameda County Study respondents in 1994 were used in these analyses. Latent growth curve models were used to identify income trajectories from 1965–1994. Results: Controlling for age, race/ethnicity, and marital status, proportional hazards models suggested greater cumulative disadvantage was significantly associated with greater CVD risk for women (HR3 markers=4.05, 95% CI=1.84–8.91, HR2 markers=2.34, 95% CI=1.08–5.07, HR1 marker=1.82, 95% CI=0.82–4.05) but no significantly associations were suggested among men (HR3 markers=2.00, 95% CI=0.72–5.57, HR2 markers=1.21, 95% CI=0.59–2.48, HR1 marker=0.96, 95% CI=0.48–1.95). Conclusions: The results suggest more negative impacts of disadvantage over the life course on CVD mortality among women compared to men. Future work should continue to investigate measures that capture the variation in social mobility over the life course, and how these patterns shape chronic disease risk within genders in later life.

SESSION 905 (PAPER)

COMMUNICATION AND LANGUAGE

ASSOCIATION OF HEARING LOSS WITH HOSPITALIZATION AND BURDEN OF DISEASE IN OLDER ADULTS

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Background: Hearing loss (HL) affects nearly 2 of every 3 adults aged 70 years or older in the U.S. Epidemiologic studies have demonstrated that HL is independently associated with poorer cognitive and physical functioning in older adults. However, the association of HL with broader health economic outcomes, such as healthcare utilization, and an individual’s perception of her own health is unstudied. Methods: We analyzed data from the National Health and Nutrition Examination Survey (NHANES), an epidemiological study of the civilian, non-institutionalized U.S. population. Audiometry was performed according to established NHANES protocols. Hearing loss was defined per the WHO definition of impairment. Hospitalization was defined as any hospitalization (yes/no) and number of hospitalizations (0/1/>1 times). Burden of disease was defined by self-reported number of days of poor physical health, poor mental health, and inactivity due to health (0–10/10 days). Results: Fully adjusted multivariate models demonstrated that HL (per 25 dB loss) is significantly associated with any hospitalization (OR: 1.32, 95% CI: 1.07 – 1.63), number of hospitalizations (OR: 1.35, 95% CI: 1.09 – 1.68), >10 days of self-reported poor physical health (OR: 1.36, 95% CI: 1.06 – 1.74), and >10 days of self-reported poor mental health (OR: 1.57, 95% CI: 1.20 – 2.06). Conclusion: This is the first nationally representative study to demonstrate increased healthcare utilization and burden of disease among older individuals with HL. Additional research is needed to investigate the basis of these observed associations and whether hearing rehabilitative therapies could possibly help reduce hospitalizations and improve self-reported health in older adults with HL.

ASSOCIATION BETWEEN HEARING AND AUTONOMY OUTDOORS IN OLDER MEN AND WOMEN

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The possibility to live as one wants to, is an essential element of active aging. Deficits in sensory functions, such as impaired hearing, potentially restrict older person’s autonomy but only little research exists on this issue. Therefore, the purpose of this study is to investigate whether perceived problems in hearing are associated with sense of autonomy outdoors. Structured face-to-face interviews were conducted for 75- to 90-year old community-dwelling men and women (n=848). Self-rated difficulty in hearing when discussing with another person in noisy environments and perceived autonomy outdoors (Impact on Participation and Autonomy questionnaire, IPA) were assessed. The domain Autonomy in IPA questionnaire contains questions regarding opportunities to travel, visit friends, meet people, spend leisure-time and live life the way a person wants (score 0 to 20, higher scores indicating poorer autonomy). Data on age, gender, number of chronic diseases, vision, Mini-Mental State Examination, activities of daily living and Short Physical Performance Battery test were used as covariates. Persons reporting at least some difficulty in hearing in noisy environments experienced more restricted autonomy outdoors than persons reporting no hearing difficulty (autonomy score, mean±SE, 6.7±0.17 vs. 5.5±0.20, ANOVA p=0.001). The difference remained significant after adding the covariates into the model (6.4±0.14 vs. 5.8±0.17, ANCOVA p=0.007). Perceived difficulties in hearing may lead to more restricted autonomy in older people. Therefore, attention should be paid to acoustic environments and adequate aural rehabilitation to enhance their possibilities for participation.

COMMUNICATION INTERVENTIONS FOR OLDER MULTILINGUAL POPULATIONS: A LITERATURE REVIEW

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Purpose: This integrative literature review provides a synthesis regarding the communication needs of multilingual older persons in acute care settings, asking: What communication interventions are provided for multilingual older persons within the healthcare system? Background: The multilingual older population includes English as second language speakers (ESL), and those not fluent in English. Data indicates multilingual older persons with cognitive impairment revert to their primary language (McMurtry, 2009). These factors are thought to be related to cognitive decline, dementia or other neurological disorders. The healthcare needs of this population lead to unique caregiving challenges. Method: Search terms such as multilingual, bilingual, elderly, cognitive impairment, communication, health services, hospital, acute care, healthcare system, ESL, and video
COMMUNICATION DISORDERS IN NURSING HOME RESIDENTS: THE EFFECTS OF FUNCTIONAL AND COGNITIVE STATUS

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Recent studies have found a high prevalence of communication disorders in nursing home residents. This study sought to investigate the relationship between functional and cognitive status and the performance on verbal fluency and verbal comprehension tests. The sample was conducted in Lisbon-Portugal and the was constituted by 110 elderly that gave the consent to participate. For the purpose of this study we used to evaluate verbal comprehension, the Token Test and, to evaluate verbal fluency, tests of controlled oral association were performed (semantic and letters association). The Barthel Index (BI) and the Mini Mental Examination (MMSE) were passed to evaluate functional dependency and the cognitive status respectively. The study design is descriptive and correlational and univariate and multivariate statistic were used to analyze the relationship between sociodemographic variables and the scores of the BI and the MMSE. Results pointed to a high prevalence of verbal comprehension and verbal fluency disorders in nursing home residents. Data showed a strong correlation between language tests scores, the Barthel Index and MMSE scores and a statistic significant relation was also found between the language tests performance and scholarly. No differences were found between genders.

THE RELATIONSHIP BETWEEN WORKING MEMORY AND COMMUNICATION IN NOISY ENVIRONMENTS


Perhaps the most life-impacting aspect of hearing loss in older adults is an inability to communicate in noisy environments. The magnitude of communication difficulties varies dramatically across individuals with similar amounts of hearing loss, but the reasons for that variability are unclear. This project explored how cognition affects communication in difficult environments (such as noisy restaurants). We focused on working memory, which facilitates information processing during active listening. Fifty healthy community-dwelling older adults completed a full audiometric exam, along with measures of speech-in-noise listening and subjective reports of their communication difficulties. Working memory was measured using a reading span test. Participants with poor working memory had more difficulty understanding speech in noise even when hearing was relatively good. This finding suggests that individual cognitive ability should be considered as a contributing factor to reported communication difficulties, and that integrating cognitive and auditory solutions might improve communication. [Work supported by NIH].

SESSION 910 (PAPER)

HEALTH PROMOTION

GENERATIONAL DIFFERENCES IN HEALTH STATUS AND LIFESTYLE HEALTH BEHAVIORS AMONG BABY BOOMER AND GENERATION X UNIVERSITY EMPLOYEES

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Objectives: This study examined generational differences in health outcomes and lifestyle health behaviors among Baby Boomer and Generation X employees. Methods: Data were drawn from the 2009–2012 WELIBAMA employee health screening surveys (N=1,495). A total of 730 Baby Boomers and 765 Generation X employees of a southeastern university who voluntarily enrolled in a university-wide health promotion program were included in the study. Ordered logistic regressions were conducted separately for five health status outcomes and lifestyle health behaviors: self-reported health, body mass index (BMI), fiber intake, cholesterol intake, and cardio exercise. Results: Controlling for demographic characteristics such as job role, gender, race, education, income, and health behaviors including drinking and smoking habits; Baby Boomers had greater odds than Generation Xers of having better self-reported health status, healthier dietary habits, and engaging in weekly cardio exercises (p <.001). Despite demonstrating a positive self-reported health profile, Baby Boomers were more at risk of being overweight and obese in comparison to their Generation X colleagues, especially among African American (OR=2.05, 95% CI: 1.31–3.21, p <.001), male (OR=1.79, 95% CI: 1.28–2.52, p <.001), and staff employees (OR=1.96, 95% CI: 1.27–3.03, p <.001). Conclusions: Our findings suggest that while Baby Boomers engage in more health improving behaviors and report better perceived health as compared to Generation X, they are more likely to be overweight or obese. Suggestions for health promotion programs targeting middle-aged and older minority and staff employees are discussed.

PREVENTIVE HEALTH BEHAVIORS AND OVERALL HEALTH IN THE ALASKAN SENIOR POPULATION: EVIDENCE FROM A NATIONAL SURVEY

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From 1970 to 2010, the Alaskan population more than doubled from 302,583 to 698,473. During that time, the growth rate of seniors (65+) was four times higher than the national growth rate for seniors. Aging in Alaska requires confronting unique environmental, sociodemographic, and infrastructural challenges, including an extreme and rapidly changing climate, geographic isolation, and less developed health care infrastructure compared to the continental US. The objectives of this analysis are to compare the health needs of Alaskan seniors to those in the continental US. We abstracted 180,685 records of individuals age 60+ from the 2009 Behavioral Risk Factor Surveillance System (BRFSS), of which 621 were Alaska residents. We used generalized linear models to adjust for demographic differences and survey weighting procedures. We examined three representative outcomes—general health status, health care coverage status, and length of time since last routine checkup. After adjusting for age, sex, BMI, and socioeconomic status, Alaskan seniors were 16.1% (95% CI: 12.7, 19.5%) less likely to have any health care coverage, 39.6% (38.7, 40.6%) less likely to have had a routine checkup in the past year, and 6.2% less likely (4.3, 8.1%) to...
CNS: HIGH VOLUME ADAPTED TANGO BENEFITS MOBILITY, BALANCE AND DUAL TASKING IN PARKINSON DISEASE
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Adapted tango (AT) improves mobility in individuals with Parkinson disease (PD). This study examined the effects of a novel dose, 3 weeks of high volume, moderate intensity AT, on mobility, spatial cognition and dual task ability. In a pre-post, repeated baseline measures, with removed treatment design, 20 participants with PD (age: 64.5(13.2); Hoehn & Yahr stage: 2.3(4.4); PD duration: 5.9(3.6) y) assigned to AT (fifteen, 1.5h classes). Participants were tested while "ON" medications 3 weeks before (n=7), immediately before and after (n=20), and 3 weeks after (n=13) for disease severity (Unified Parkinson Disease Rating Scale), dynamic postural control (Dynamic Gait Index), balance (Berg Balance, Fullerton Advanced Balance), endurance (six-minute walk test), mobility (Timed Up&Go), cognitive and manual dual tasking (Timed Up&Go cognitive and manual), leg strength (30-s chair stand, two-footed jump), spatial ability (Corsi blocks, Brooks task), and balance confidence (Activities-specific Balance Confidence). Forward, backward and fast gait speed and cadence were measured. Measures were stable pre-intervention (ICC>.813). All participants completed 15 classes in 3 weeks and significantly improved from pretest on dynamic postural control (p<.004), balance (p<.001), advanced balance (p<.001), forward cadence (p=.025), fast gait speed (p=.037), fast cadence (p=.011) and two-footed jump (p=.006). Marginal improvements were noted in leg strength (p=.053), mobility (p=.056), cognitive dual tasking (p=.053), and endurance (p=.097). No changes were noted in balance confidence or cognitive measures. Improvements were maintained at follow-up (post to follow-up; p=.106). 3 weeks of high volume AT is feasible, and may improve mobility, balance and dual tasking ability.

ASSOCIATION OF NEIGHBORHOOD WALKING WITH ACTIVITY OF DAILY LIVING DISABILITY IN HEALTHY OLDER ADULTS
M. Miyake, Y. Yamada, M. Kimura, Kyoto Prefectural University of Medicine, Kyoto, Japan

Objectives: The purpose of this cross-sectional study was to examine whether neighborhood walking habits was associated with reducing disability in activities of daily living (ADL) among community dwelling elderly. Methods: Data were from inventory study of community dwelling elderly aged over 65 years old in Kameoka City in 2011. 13,159 individuals responded and 1,221 samples of those who have a condition of need for long-term care or support condition were eliminated. 11,938 samples were divided with walking and non-walking group. Walking group (n=5,148) was defined by responding “Yes” to the question “Do you have a neighborhood walking ordinarily?” Non-walking group (n=5,969) was responding “No” to same question. Basic ADL (ADL) and Instrumental ADL (IADL) evaluated using Barthel Index and Functional Capacity TMIG (Tokyo Metropolitan Institute of Gerontology) Index of Competence. Odds ratio (OR) of ADL disability and IDL disability were calculated by logistic regression analysis. Results: 49.8% of men and 43.4% of women had ordinary walking habit. 38.7% of men and 31.6% of women were in risks of ADL disability. 38.7% of men and 31.6% of women were in risks of ADL disability. Non-walking group showed higher risk of Basic ADL disability (OR=3.3, 95% CI 1.76-6.20), falling down risk (OR=1.62, 95% CI 1.47-1.79) and social role risk (OR=1.57, 95% CI 1.43-1.72). Conclusion: ADL disability and falling risk and social role risks of IADL were associated with ordinary neighborhood walking among community dwelling elderly.

SESSION 915 (SYMPOSIUM)
COMBATTING ALZHEIMER’S DISEASE STIGMA
Chair: P.B. Harris, Sociology, John Carroll University, Cleveland, Ohio
Co-Chair: M.S. Mittelman, Department of Psychiatry, NYU Langone Medical Center, New York City, New York
Discussant: M. Spline, Spline Consulting, Columbia, Maryland

Once a person receives a diagnosis of Alzheimer’s disease (AD), often that label then defines the person, resulting in feelings of social exclusion, “otherness”, and marginalization of the person with AD, as well as their family members. This experience leads to AD stigma, and though public awareness about AD is increasing, AD stigma is still present, resulting in the need for the 2012 World Alzheimer’s Report to focus on this occurrence. This symposium seeks to add to our understanding about AD stigma by further explicating the concept and experience, focusing on its multiple causes, and suggesting programmatic interventions and policy solutions to lessen the stigma. Mittelman provides an overview of the concepts and research findings on the impact of stigma on people with dementia and family members and the health and social care implications based on her survey research for the World Alzheimer’s Report. Sabat discusses how the prevailing biomedical understanding of AD and mass media add to the proliferation of AD stigma. Morhardt explains an educational program for first year medical students and persons diagnosed with early dementia, “the Buddy Program,” which entails experiential learning and mentorship experiences that result in increasing empathy and changing attitudes about AD. Harris describes an intergenerational choir composed of college
students and people with early stage AD and their family members formed to overcome AD stigma in college students, which increases positive attitudes and lessens misunderstandings about AD. Finally, Spline, the discussant, discusses national anti-stigma campaigns emerging from the National Alzheimer Plan.

**COMBATTING ALZHEIMER’S STIGMA**

S.R. Sabat, Psychology, Georgetown University, Washington, District of Columbia

Biomedical Understanding of Alzheimer’s Disease Proliferates Stigma People with diagnoses of Alzheimer’s disease (AD) are beset by dysfunction due to the brain injury that results from the disease itself. They have been shown also to exhibit excess disability, which is defined as dysfunction beyond that which is predicted by the effects of brain damage. Excess disability can be traced to dysfunctional social treatment that has its roots in the stigma that attends the diagnosis. Such stigma will be explored in this presentation and I will suggest that it is due to (1) the predominant biomedical understanding of AD, (2) the dysfunctional attributes that are emphasized by (1) and mass media communication, and (3) the obfuscation of positive attributes that remain despite the diagnosis even into the moderate to severe stages of disease.

**EXAMINING THE EFFECTS OF AN EXPERIENTIAL LEARNING AND MENTORSHIP PROGRAM ON FIRST-YEAR MEDICAL STUDENTS PAIRED WITH COGNITIVELY IMPAIRED ADULTS**

D.J. Morhardt, Cognitive Neurology and Alzheimer’s Disease Center, Northwestern University, Chicago, Illinois

There is evidence that teaching interventions in geriatrics can improve knowledge, skills and attitudes of medical students, but few interventions include learning outcomes relevant to dementia. An experiential learning and mentorship program was developed to provide an opportunity for first year medical students and persons diagnosed with early dementia. Students are paired with diagnosed individuals and plan an academic year of regular meetings around mutually satisfying activities. Students submit semi-structured journal entries following activities with their ‘buddy’. A qualitative content data analysis was applied to three years of journal data (N =107 journals and 27 students). Principal themes included: 1) expressions of empathy; 2) sensitivity to buddy’s reaction to symptoms; 3) student’s emotional reactions; 4) recognition of strengths; and 5) comfort with buddy, including increasing comfort over time. Results demonstrate the experience influences first year medical students’ reactions to, concern for and comfort with persons with dementia.

**AN INTERGENERATIONAL CHOIR FORMED TO LESSEN AD STIGMA AMONG COLLEGE STUDENTS: A PILOT STUDY**

P.B. Harris, Sociology, John Carroll University, Cleveland, Ohio

Public awareness about AD is growing; however, there are still misunderstandings about AD and a diagnosed person’s capabilities, leading the person and family member to experience AD stigma. College students with their emphasis on youth culture, ageist beliefs, and limited contact with people with AD are also affected by these misunderstandings. This qualitative study formed an intergenerational choir of 13 students and 13 people with early stage AD and family members to combat AD stigma in college students. The choir meets the recommendations of the 2012 World Alzheimer’s Report to lessen stigma by: educating, reducing isolation, building community, and giving a voice to people with AD. Data were gathered through semi-structured open-ended questions on attitudes about AD, collected at three points over 8 weeks of rehearsals. Results show a decrease in negative attitudes, an increase in positive attitudes and themes of: recognizing capabilities, expanded understanding, increased empathy, and reduced discomfort.

**A PSYCHOSOCIAL RESEARCHER’S PERSPECTIVE ON STIGMA IN DEMENTIA**

M.S. Mittelman, Psychiatry, NYU Langone School of Medicine, New York, New York

Stigma causes an individual to be classified by others in an undesirable and leads to labeling, stereotyping, separation, status loss, and discrimination. While there is now greater public awareness of dementia, that has not, as yet, led to a greater acceptance those affected. Cultural attitudes towards illness, old age and women, who comprise a majority of older adults lead to devaluation of people with dementia, their families and those who are paid to care for them. Stigma has been identified as a major barrier to seeking a diagnostic evaluation, utilizing services and seeking support from family and friends and promotes social exclusion. The stigma associated with dementia also leads to a focus on the ways in which the person is impaired, rather than on remaining strengths. We will review research findings on the impact of stigma on people with dementia and family members and the health and social care implications.

**SESSION 920 (SYMPOSIUM)**

**INNOVATIVE MENTAL HEALTH INTERVENTIONS WITH UNDERSERVED OLDER POPULATIONS: OPTIMAL AGING FOR ALL**

Chair: J.G. Gonyea, Social Work, Boston University, Boston, Massachusetts

Reducing mental health care disparities among older underserved populations, particularly elders facing cultural or linguistic barriers, is an important public health priority. Research has consistently shown that older minorities have less access to mental health services than older whites. While the possession of health insurance is associated with access to care, research suggests that insurance alone will not close this gap. Innovative clinical interventions and community programs are also needed to better identify, reach, and provide care to underserved populations. Achieving this goal requires an openness and flexibility to adapt research and intervention protocols to be sensitive or tailored to the needs of the targeted populations. This sensitivity often begins with enlisting and partnering with community members and adoption of a core belief that partner organizations are the experts in the community. In this symposium, the panelists will share insights, results and lessons learned in their randomized controlled trial clinical (RCT) interventions with traditionally underserved populations: (1) a tele-delivered (Skype video) problem solving therapy with depressed, low-income homebound older adults; (2) Program Mano Amiga, a problem solving treatment for primarily Spanish-speaking older Latinos with major depression; (3) Círculo de Cuidado (Circle of Care), a Spanish-language, cognitive behavioral intervention teaching Latino family caregivers strategies to better manage the neuropsychiatric symptoms of Alzheimer’s disease; and (4) the replication and adaptation of Healthy Ideas, an evidence-based depression care management program developed in Houston with predominantly low-income English and Spanish-speaking elders to needs of Asian-American elders in Chicago and Los Angeles.

**TELEHEALTH PROBLEM-SOLVING THERAPY FOR DEPRESSED, LOW-INCOME HOMEBOUND OLDER ADULTS**

N.G. Choi1, N.L. Wilson2, J. Social Work, University of Texas at Austin, Austin, Texas; 2. Baylor College of Medicine, Houston, Texas

Despite their high rate of depression, homebound older adults have difficulty accessing clinic-based psychotherapy because of limited mobility. In a 3-arm randomized controlled trial with 121 low-income homebound older adults with moderately severe and severe depressive symptoms, we tested the acceptance and efficacy of tele-delivered problem-solving therapy (tele-PST via Skype video call), compared to in-person PST and telephone care calls. At 12-week follow-up, the 24-item...
Hamilton Rating Scale for Depression (HAMD) scores of tele-PST and in-person PST participants were significantly lower than those of care call participants and the PST groups did not differ in their HAMD scores. The treatment effects were maintained at 24-week follow-up, with standardized mean difference effect sizes of 0.66 for tele-PST and 0.45 for in-person PST. Treatment acceptance was measured with the 11-item Treatment Evaluation Inventory (TEI). The TEI score was significantly higher among tele-PST than in-person PST participants (72.14±6.64 vs. 68.08±8.27, p = 0.024).

PROGRAM MANO AMIGA: A DEPRESSION CARE PROGRAM FOR OLDER LATINOS WITH MAJOR DEPRESSION

M.P. Aranda, School of Social Work, University of Southern California, Los Angeles, California

Depression is a significant source of late-life disability and mortality. We describe the design and preliminary results of a geriatric depression treatment study for older Spanish-speaking Latinos with major depression. Based on a randomized behavior trial of 100 primarily Spanish-speaking geriatric patients, we test the feasibility, acceptability, and efficacy of adding individual counseling—Problem Solving Treatment (PST)—to enhanced usual care as an approach for treating depression in low-income Latinos with significant comorbid medical illnesses. Our results show high feasibility and acceptability of initial screening/identification, and depression care sessions, as well as significant improvements in mental health status, (i.e., 50% decline in SCID-rendered depression diagnosis) as well as HDRS depression severity scores at the 16-week follow-up. Clinical improvements were observed in both treatment groups. Implications for sociocultural adaptations to depression care and the utilization of non-graduate level interventions in the provision of mental health services will be addressed.

CIRCULO DE CUIDADO: A COGNITIVE BEHAVIORAL GROUP INTERVENTION FOR LATINO ALZHEIMER’S DISEASE FAMILY CAREGIVERS

J.G. Gonyea, L. Lopez, Social Work, Boston University, Boston, Massachusetts

By 2050, Alzheimer’s disease rates among Latinos in the U.S. are projected to increase from 200,000 to 1.3 million. Yet, many Latino elders are not receiving services to reduce their risk or manage their dementia. To address this gap, we developed and tested Circulo de Cuidado, a Spanish-language, cognitive behavioral group intervention, focused on teaching families how to manage neuropsychiatric symptoms to improve caregiver well-being. Using a RCT design, participants were assigned to one of two study arms: the cognitive behavioral (CBT) experimental condition or the educational (ED) control condition and assessed at baseline, post-intervention and 3-month follow-up. Multivariate repeated measures ANOVA revealed that caregivers in the CBT condition reported significantly fewer neuropsychiatric symptoms and lower levels of distress about these symptoms, greater gains in caregiver self-efficacy and lower levels of depression over time than did caregivers in the ED condition. No significant difference was found, however, in caregiver anxiety.

HEALTHY IDEAS: LESSONS LEARNED IN ADAPTING AND DELIVERING A DEPRESSION PROGRAM FOR ASIAN-AMERICAN ELDERSTERS

N.L. Wilson1, D. Chow2, A. Phillips3, J. Huffington Center on Aging, Baylor College of Medicine, Houston, Texas, 2. Houston VA Health Services Research and Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas, 3. Chinese American Services League, Chicago, Illinois, 4. Little Tokyo Service Center, Los Angeles, California

Healthy IDEAS (www.careforelders.org), a home-based depression care management program, was developed to address barriers limiting reach and engagement of low-income older adults with functional limitations. Original research findings with English- and Spanish-speaking older adults demonstrated improvements in self-reported depressive symptoms, and pain, as well as increased skills in self-management. However, many community agencies serve a growing number of older adults from other cultural and linguistic backgrounds. In Chicago and Los Angeles, ethnic community agencies serving Asian American elders confronted stigma associated with mental health and expanded their services to address depressive symptom distress among their clients. In collaboration with the program developer, they made cultural and linguistic adaptations to the Healthy IDEAS program and reached over 300 clients in two years. This paper will highlight the adaptations, report data on client engagement and changes in severity of depressive symptoms, and discuss the challenges confronted.

SESSION 925 (SYMPOSIUM)

MACRO AND MICRO LEVEL CONDITIONS FOR OPTIMAL COLLABORATION BETWEEN FORMAL AND INFORMAL CARE

Chair: M. Broese Van Groenou, Sociology, VU University Amsterdam, Amsterdam, Netherlands
Discussant: A. Horowitz, Fordham University, New York, New York

Rationale: Social care policy focuses increasingly on supporting family caregivers to provide long term care to their older relatives. Empirical evidence on how current policy aims are reflected in actual and potential collaborations between formal and informal caregivers are still limited. This symposium will fuel the debate regarding the optimal conditions of collaboration between informal and formal care. It presents data on the context of care provision from both a macro and micro level perspective. National data from Canada will provide the macro level policy context by showing the economic, social and health costs of informal caregiving. US-based data on pairs of older adults and their caregivers provides insight in how and when professional home care is used and valued. Data from the Netherlands provides insight in how informal and formal caregivers cooperate and tune the care in care networks of frail older adults. Discussion will be focused on how national and local social policy can improve the conditions of collaboration between formal and informal caregivers.

CAREGIVERS ‘AT RISK’: ECONOMIC, SOCIAL AND HEALTH COSTS OF FAMILY/FRIEND CAREGIVERS

N. Keating, S. Lucas, J. Fast, Human Ecology, University of Alberta, Edmonton, Alberta, Canada

Within the context of population aging, there has been much rhetoric about the ability of the family/friend care sector to sustain high levels of care to older adults with chronic health problems. Yet there has been little analysis of the full set of costs that might be incurred by these caregivers nor of those who may be at high risk of incurring costs across multiple domains. We report on findings from two systematic reviews of research on economic (project 1) and social and health (project 2) costs of care. Each was a scoping review of the past 15 years of research on costs of care and included the development of a taxonomy of domains of costs and an analysis of risk factors for high costs across domains. Findings showed variation in risk of incurring high caretaker costs across 6 cost domains and by characteristics of caregiver, recipient and context.
CHARACTERISTICS OF MIXED CARE NETWORKS OF FRAIL OLDER ADULTS

M. Broese Van Groenou¹, D.J. Deeg², P. Groenewegen¹, 1. Sociology, VU University Amsterdam, Amsterdam, Netherlands, 2. VU medical centre, Amsterdam, Netherlands

Frail older adults in need of long term and complex care are likely to receive help from multiple informal and formal caregivers. Variations in size, composition, and function of these care networks may be associated with characteristics of the care receiver and informal caregiver, but also with policy of the home care organization regarding task differentiation and views on informal care. In structured interviews with 75 community dwelling frail older adults from 8 different home care organisations, we identified on average nine helpers (range 2-22) in their care networks, of whom 33% were informal caregivers (range 8%-71%). Task overlap and contact between formal and informal caregivers was low. Care networks in which formal caregivers perform multiple types of tasks are smaller and contact between formal-informal caregivers is more likely. Implications for allocation and organization of home care services are discussed.

CONTACT AND COOPERATION BETWEEN FORMAL AND INFORMAL CAREGIVERS IN OLDER ADULTS’ MIXED CARE NETWORKS

M. Jacobs, M. Broese van Groenou, Sociology, VU University, Amsterdam, Noord-Holland, Netherlands

Social care policy aims to increase collaboration between formal and informal caregivers, but little is known about when and why caregivers of frail older adults actually consult each other on the care provision. We use quantitative data on the care network provided by 74 community dwelling older adults, and their most important informal and formal caregivers (114 dyads). Analyses are performed on the frequency of contact in the formal-informal caregiver dyad. In 50% of the 114 dyads no contact existed. Preliminary multilevel logistic regression analyses indicated that informal-formal contact is more likely when the care receiver’s disability is worse, both caregivers conduct different types of tasks with high intensity, both caregivers feel supported and respected by each other, and the number of formal caregivers is higher. These results imply that both care context and personal efforts matter to sustain the formal-informal bond.
END-OF-LIFE CARE IN CARE AND ATTENTION HOMES: PERCEPTIONS FROM FORMAL CAREGIVERS AND RESIDENTS

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Objective: This study aims to investigate perceptions of formal caregivers and residents on end-of-life care in Care and Attention Homes in Hong Kong. Method: Standardized questionnaire was conducted among 135 formal caregivers, 50 residents and 51 family caregivers on their perceptions and expectations. Trained research assistants administered face-to-face interviews to residents and family caregivers. A staff survey was self-administered. Results: Even though 68% of surveyed residents and 80% of surveyed family caregivers showed a preference to die in the Care and Attention Home instead of a hospital, only 2% of the surveyed residents and 29% of the surveyed family caregivers were aware of advance-directives. 56% of surveyed residents and 84% of surveyed family caregivers said family members were expected to be involved in the decision-making process. Conclusion: Residents and their family caregivers desired to enhance end-of-life care in Care and Attention homes. However, they seemed to lack an understanding of relevant knowledge.

PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT EXPANSION: LESSONS LEARNED FROM STAKEHOLDERS NATIONWIDE

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Background: Numerous studies have documented that medical care at the end of life is often disjointed and discordant with a patient’s values. The Physician Orders for Life-Sustaining Treatment (POLST) program was developed as a tool to complement a patients’ existing advance directive and provide a vehicle for honoring patient preferences across health care environments. Formal POLST programs have been adopted in 12 states, with 21 more in various stages of development. As part of an initiative to promote this expansion the Retirement Research Foundation (RRF), working with the Oregon Health Sciences University, developed a funding mechanism to promote growth in developing states. In order to better understand barriers to POLST expansion, we queried stakeholders from states who applied for funding. Methods: A series of one hour qualitative telephone interviews were conducted with leadership from organizations in 14 states involved with POLST dissemination. Respondents were identified from a list of states having received either a State POLST Coalition Advancement Grant or a smaller Innovative State Grant from the Retirement Research Foundation between April 2012 and March 2013. Stakeholders were queried from the following states: New Hampshire, Louisiana, Tennessee, Idaho, Maine, Illinois, Missouri, Kansas, Colorado, Iowa, Michigan, Rhode Island, Virginia, and Pennsylvania. During taped interviews, respondents were asked to rate the complexity of barriers in their state to POLST expansion from a legislative/legal perspective and from a medical perspective (encompassing provider response, difficult with educational efforts, etc.). Respondents were further asked to describe barriers to POLST expansion and lessons learned from efforts to circumvent them. Results: On a scale of 1 (no barriers) to 10 (insurmountable barriers), respondents felt that the perceived level of legal/legislative barriers ranged from 1 to 5 (mean=2.8, median=2). Respondents rated medical barriers between 2 to 8 (mean=4.5, median=4). Representatives from all 14 states noted that the biggest operational need to advance POLST expansion in their state was increased funding to promote educational initiatives and infrastructure. Other common barriers included the lack of standardization of a metric to measure the expansion of POLST use in their state, and concerns about legislative undermining.

SESSION 935 (PAPER)

HOME AND COMMUNITY BASED CARE RESEARCH

THE JIMMO CASE: OPENING THE PORTAL FOR MEDICARE HOME HEALTH COVERAGE OF EVIDENCE-BASED INTERVENTIONS FOR PERSONS WITH ALZHEIMER’S DISEASE AND THEIR CAREGIVERS


In January 2013 a final settlement agreement was signed by the U.S. Department of Health and Human Services in the Jimmo case. The agreement changes the coverage focus of Medicare home health from “improvement” to patient “need” as the basis for ongoing eligibility and coverage. The change has the potential to create coverage of previously non-covered evidence-based interventions for persons with Alzheimer’s disease and their caregivers. The paper presents the evidence-based interventions and strategies for obtaining coverage under the new Jimmo case criteria. Implications for policy and practice are discussed.

THE LIMITS OF AGING IN PLACE FOR LOW-INCOME OLDER ADULTS: UNMET NEEDS FOR COMMUNITY DWELLING OLDER ADULTS

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The focus on consumer driven care in the US is part of the larger “aging in place” movement that emphasizes independence for older adults. However, for community dwelling older adults who rely on publicly financed programs to “age in place,” budget cutbacks of these programs have contributed to an increase in unmet needs. Drawing on a sample of qualitative interviews from a study of California older adults, who qualify for publically financed in-home supportive services (IHSS), this paper examines the impact of unmet needs on the quality of life of these older adults and explores how these individuals address these gaps in care. Data were collected over a two year-period on older adults (age 65 and over) who are consumers of public programs that provide long-term in-home care services and supports. In-depth, face-to-face interviews were conducted with the older adult and their paid caregiver. Data were independently coded by two researchers. The results of thematic analyses suggest that budget cutbacks to publicly financed programs contribute to the increase in unmet needs. Additionally, it was discovered that even for individuals with the maximum allotted hours of in-home supportive services had significant unmet needs. Finally, it was also discovered that unmet needs varied widely from individual to individual.

USE AND COST OF HEALTH CARE SERVICES FOR MEDICARE BENEFICIARIES IN DIFFERENT TYPES OF HOUSING

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This paper examines the use and cost of health care services among different groups of Medicare beneficiaries, based on their type of housing. Over the past decade, along with the aging of the population, there...
has been dramatic growth in the number of elderly people living in community settings that also provide personal care services. This broad category includes assisted living, personal care homes, board and care, and other facilities that provide assistance with Instrumental Activities of Daily Living (meals, cleaning, laundry, medication assistance, transportation). In addition to the elderly, the Medicare program covers people with end stage renal disease (ESRD) and the disabled. This paper compares these three populations across setting: people living in their own home or the home of a relative; people living in settings that provide personal care services; and people living a facility (e.g., nursing facility, psychiatric facility, or MF/DD facility), using data from the Medicare Current Beneficiary Survey. We found that 92.2% of the aged, who make up 83% of Medicare beneficiaries, live in the community, compared to 83.5% of the disabled and 91.1% of the ESRD population. The aged are more likely to use community-plus-services (4.3%), compared to 2.7% of disabled people and 3.9% of ESRD. The analyses also found significant differences in their utilization of and costs associated with their use of other service categories, including inpatient, outpatient, home health, and other services. For example, the aged who live in community-plus-services are twice as likely to be hospitalized as other groups.

MEDICAID LONG TERM CARE HOME AND COMMUNITY BASED SERVICES FOR THE ELDERLY: TRENDS IN PROGRAMS AND POLICIES, 1999-2010
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In response to consumer demand, the Supreme Court decision in the Olmstead case, the New Freedom Initiative and the ACA, states have unevenly expanded combinations of three Medicaid home and community based services (HCBS): home health, state plan personal care services (PCS), and 1915(c) waivers. By 2010, the federal-state Medicaid program paid for 34 percent of the nation’s estimated $235 billion total long-term care (LTC) expenditures while institutional care (e.g., nursing homes) consumed 55 percent of those expenditures. As states strive for balanced budgets, the ACA and its provisions for continued HCBS growth reflects growing concerns about the need to preserve and expand Medicaid HCBS and the need for information on program and policy trends. This paper draws from a unique national dataset to present the latest trends in participants, expenditures and policy for the three Medicaid HCBS programs serving the elderly. While data for 2010 show a steady increase in participants and expenditures, these growth rates have slowed since 2001. Inequities in access to services and limited funds have also resulted in unmet needs for HCBS among the elderly. Findings from the survey of policies such on the programs in 2012 show that states are increasing the number of waiting lists for elderly waiver services even as the number of available “slots” increases. Cost caps such as service and cost limits are also used in almost half the state plan personal care programs and almost a third of home health programs.

SESSION 940 (PAPER)
QUALITATIVE AND QUANTITATIVE STUDIES OF SOCIAL INCLUSION, SEXUALITY AND ACTIVITY PROFILES IN HEALTHY AND SUCCESSFUL AGING

ST-AGE-ING MATTERS: THE PROCESS AND OUTCOMES OF DEVELOPING ELDER ACTORS TO ADDRESS SOCIAL INCLUSION
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The purpose of this paper is to examine the formation process, creative product and outcomes (on actors and audience) of a peer-led, elder actors’ troupe developed and evaluated in 2012-13. Outcomes include the overall impact on actor/participants’ awareness of the issues, health, acting skills, confidence and knowledge and well being, as well as the impact on audiences. The complex concept of social inclusion has been described as combining elements of belonging, participation, community and civic engagement, the elimination of discrimination, the promotion of independence and quality of life (UN, 1991 & Social Care Exclusion Unit, 2006). These elements include access to services including health, education, transportation and security. An inclusive society is one where it is common to find attitudes of mutual respect and the development of friendships and communication across the generations regardless of race, religion, gender etc. (Government of Ireland, National Action Plan for Social Inclusion, 2008; European Social Watch, 2010).

The paper examines the use of drama as peer-led creative public education, awareness and advocacy on this theme of social inclusion. The paper presentation will include video clips illustrating how particular ‘collective creations’ and rehearsed improvisational techniques were used to illustrate elements of social inclusion.

PROFILES OF AGING ARTISTS: HEALTHY AGING THROUGH THE ARTS

Objective: The aim of this paper is to explore contributions of the arts to the aging process. What can be learned from active artists of their craft, as it relates to the aging process, spirituality, and creativity? Methods: Using a phenomenological-hermeneutic methodology, forty-six aging artists (active creative writers, visual artists-painters) between the ages of 65 and 104, to reflect stages of aging, were interviewed in depth about how experiences with their craft facilitates personal meaning and self-world engagement amidst psychological and physical changes of aging. Results: Qualitative analysis involving open, hierarchical coding and thematic analysis as well interrater reliability between coders, revealed both internal (identity, creativity, spirituality) and external factors (enhanced community support and connections with their audience). Creative processes also facilitated artists’ stereotype-defying discovery of self and voice. The findings suggest that aging artists may be particularly rich informants of creativity, spirituality, relationships, and healthy aging. Implications: This study will enrich current theoretical underpinnings by making explicit the contributions of the arts and humanities to the aging process, laying foundations for training of future professionals. Understanding the arts from the perspective of aging artists who benefit from inclusion of their life-long passions into daily living will contribute to inclusive, interdisciplinary, and coordinated professional strategies to assist older adults at risk of depression, social isolation and/or loss of meaning. This project was supported by the Social Sciences and Humanities Research Council.

SUCCESSFUL AGING: MULTIPLE TRAJECTORIES AND POPULATION HETEROGENEITY
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Successful aging has been a subject of increasing public and research interest since Rowe and Kahn put forth this aging model in the late 1980s. Although there is no consensus on how to define successful aging, the three-component model developed by Rowe and Kahn (1997) is widely accepted. However, previous research is limited in capturing the multiple trajectories of multidimensional indicators of successful aging and examining the population heterogeneity in cognitively, physically, and social functioning. Using the data from the Health and Retirement Study (2000–2008), we applied group-based trajectory analysis to identify multiple aging trajectories among adults aged 65 years and older (N=7,140). Successful aging was operationalized in accordance with Rowe and Kahn’s definition, which encompasses multiple indicators, including chronic diseases, physical functioning, disabilities in activi-
ties of daily life, depressive symptoms, cognitive functioning, social connections, and productive activities. Results show that the study subjects fell into three groups: successful aging, usual aging, and unsuccessful aging. Members in the successful aging group were in best health and functioning at baseline and did not experience significant change over time, whereas members in the other groups had gradual or rapid declines in cognitively, physical, and social functioning. We also investigated relations of demographic and socioeconomic characteristics to membership in the aging trajectories. This study helps to improve our understanding of successful aging and to identify the profiles and trajectories of successful aging in comparison to usual and unsuccessful aging.

FEMALE SEXUALITY IN MIDLIFE: THE POWER OF VARIABILITY
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The physical changes accompanying the aging process impact women’s experience of sexual activities, both quantitative and qualitative dimensions. Mainstream representations of female sexuality at midlife assume diminished sexual experiences but there is a much richer story to tell about female sexuality at midlife. My study examines women’s experiences by drawing from structured interviews with 60 middle-aged women yielding 140 hours of data. A systematic analysis reveals three ways of positioning oneself in relation to sexual experiences in midlife. First, Decline and Disappointment, chronicles a lessening of sexual desire and capacity to engage in sexual activities, with women expressing frustration and disappointment with the new reality. Second, in Adaptation and Acceptance, women note a reduction in the frequency of sexual activity but see it as a natural outgrowth of aging and a change that is better suited to their current lives. In the third group, Renewal and Transformation, women say their sexual practices have been enriched by aging since they are freed from narrow cultural visions of female sexuality. Taken together, the three sections offer a sampling of women’s sexual experiences in middle-age and show different ways of embracing and challenging cultural notions of what it means to be sexual in midlife.

ACTIVITY PROFILES OF OLDER ADULTS: AN EMPIRICAL EXPLORATION
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Aims: In this study, we advance knowledge about activity engagement by considering many activities simultaneously to identify profiles among older adults. Three aims of this research are 1) to identify profiles of activities among older adults, 2) to explore factors associated with these profiles, and 3) to test the effects of activity profiles on subsequent well-being outcomes. Methods. We used the core survey data from the years 2008 and 2010, as well as the 2009 Health and Retirement Study Completion and Activities Mail Survey (HRS CAMS). The HRS CAMS includes information on types and amounts of activities. We used factor analysis and latent class analysis to identify activity profiles. Based on the WHO model of Active Ageing, we identify categories of antecedent factors potentially related to the profiles. We used regression analyses with cross-sectional data to explore factors associated with activity profiles and then regression analyses with prospective data to explore activity profiles and well-being outcomes. Findings. We identified five activity profiles: Low Activity, Moderate Activity, High Activity - Retired, Working, and Physically Active. These profiles varied in amount and type of activities. Demographic and health factors were related to profiles. Activity profiles were subsequently associated with self-rated health, depression symptoms, and functioning. Implications. The use of a five-level categorical activity profile variable may allow more complex analyses of activity that capture the “whole person.” There is clearly a vulnerable group of low-activity individuals as well as a High Activity - Retired group that may represent the “active ageing” vision.

SESSION 945 (POSTER)

BIOLOGICAL SCIENCES 2

OSTEOPROTEGERIN INHIBITS CALCIFICATION OF VASCULAR SMOOTH MUSCLE CELL VIA DOWN REGULATION OF NOTCH1-RBP-JK/MSX2 SIGNALING PATHWAY
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Objective: Vascular calcification is a common pathobiological process among the elderly and patients with diabetes and chronic kidney disease. Osteoprotegerin, a secreted glycoprotein that regulates bone mass, has recently emerged as an important regulator in the development of vascular calcification. However, the mechanism of osteoprotegerin on vascular calcification is not fully understood. This study is to explore novel signaling mechanisms of osteoprotegerin in the development of calcification in rat aortic vascular smooth muscle cells. Methods and Results: Vascular smooth muscle cells (VSMCs) were isolated from thoracic aorta of Sprague Dawley rats. Osteoblastic differentiation was induced in cultured cells in an osteogenic medium. We confirmed by Von Kossa staining that calcification was increased in VSMCs cultured in osteogenic medium, with the enhanced Alkaline Phosphatase activity and calcium content. These enhanced calcification indexes were significantly reduced by the addition of osteoprotegerin in a dose response manner. Consistently, we identified, by real-time qPCR and western blotting, that expression of Notch1 and RBP-JK were significantly up-regulated in VSMC cultured in osteogenic medium at both mRNA and protein levels, these effects were abolished by the treatment of osteoprotegerin dose-dependently. Furthermore, we identified that Msx2, a downstream target of Notch1/RBP-JK, was markedly downregulated by the treatment of osteoprotegerin. Conclusion: Osteoprotegerin inhibits vascular calcification through the down regulation of Notch1-RBP-Jk signal pathway.

LOW SKELETAL MUSCLE CAPILLARIZATION AND AEROBIC CAPACITY IN OLDER ADULTS WITH SARCOPENIA
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Sarcopenia contributes to frailty and functional impairments in older adults. This may be worsened by low skeletal muscle capillarization because adequate transcapillary transport is necessary for maintaining physiological function. We tested the hypothesis that skeletal muscle capillarization and aerobic capacity (VO2max) are lower in sarcopenic than in non-sarcopenic older adults. Seventy-six men and women [(age 61±1 years, BMI 31±1 kg/m2 (mean ± SEM)] underwent vastus lateralis biopsies for measurement of capillarization, DXA scans for determination of body composition, and graded treadmill exercise tests for measurement of VO2max. Subjects were classified as sarcopenic if their sarcopenic index (appendicular lean mass/height2) fell within the sex-specific lowest 20% of the distribution. Regression analyses tested for...
correlations between sarcopenic index, capillarization, and VO\textsubscript{2max} in all 76 subjects. ANCOVA tested for differences between sarcopenic (SP, \(6.7\pm0.3 \text{ kg ALM/m}^2\), \(n=15\)) and sex-age- and BMI-matched non-sarcopenic subjects (NSP, \(7.7\pm0.3 \text{ kg ALM/m}^2\), \(n=15\)). SP subjects had 17\% fewer capillary contacts per fiber (3.6\pm0.2 vs. 4.4\pm0.2 cap/fiber, \(p<0.05\)), 13\% lower capillary to fiber perimeter exchange index (4.6\pm0.1 vs. 5.3\pm0.2 cap/mm, \(p<0.001\)) and 14\% lower VO\textsubscript{2max} (22.3\pm1.3 vs 25.9\pm1.2 ml/kg/min, \(p<0.05\)) than NSP, respectively. In all 76 subjects, indices of capillarization directly correlated with sarcopenic index (\(r=0.54-0.58\), \(p=0.001\)), and VO\textsubscript{2max} (\(r=0.37-0.46\), \(p=0.01\)). Thus, low skeletal muscle capillarization is associated with the presence and degree of sarcopenia in older adults. Moreover, reduced capillarization may affect sarcopenia and aerobic capacity because transcapillary transport of substrates, hormones and nutrients is essential to maintain metabolic and physical function.

**SKELETAL MUSCLE WEAKNESS IN MICE WITH HIFPEF IS ASSOCIATED WITH INCREASED ATROGIN AND PRO-INFLAMMATORY CYTOKINES**

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Background: SRF is a key transcription factor in cardiac and skeletal muscle and has been shown to be slightly increased with advancing age in the heart. Young adult transgenic mice with mild cardiac specific over-expression of SRF (Mild-O-SRF Tg) develop features of old mouse hearts with diastolic dysfunction after sexual maturation and exhibit accelerated physical functional decline. Hypothesis: We hypothesized that Mild-O-SRF Tg mice with high cardiac SRF level will have increased inflammatory markers because of impaired cardiac function and a proinflammatory state. Methods and Results: Skeletal muscles (quadriceps femoris) of 4 mos young and 12 mos old Mild-O-SRF Tg (n=3) were subjected to real-time PCR analysis of genes associated with atrophy and inflammation. SRF was significantly increased in 12 mos old Mild-O-SRF Tg vs. Non-Tg and the 4 mos group, Tg and Non-Tg (\(p<0.05\)). Atrogin-1 was significantly increased in older Mild-O-SRF Tg vs. older Non-Tg and also showed an age-associated increase (\(p<0.05\)). IL1beta and IL6 were significantly increased in older Mild-O-SRF Tg vs. old Non-Tg. In addition, IL1beta was also increased in an age-associated manner in old Tg and Non-Tg vs young (\(p<0.05\)). Conclusions: SRF increases with age in the skeletal muscles of Mild-O-SRF Tg and this increase is also associated with increase in atrophy genes and inflammation. SRF might regulate both atrogin-1, IL1beta and IL6 in an age-associated or age-independent manner.

**AGE RELATED DEFECTS IN HUMAN NAÏVE T CELLS**

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The T cell response is known to wane with age in both mice and humans. Aging of the immune system involves a myriad of factors that are collectively termed “immune senescence.” While there are many contributors that are under intense study (e.g. thymic involution and consequent reduced T cell production with age, the intrinsic physiology of long-lived cells attempting to maintain homeostasis, or extrinsic effects such as repeated exposure to antigens including cytomegalovirus and chronic, low grade systemic inflammation), it remains challenging to separate cell-intrinsic defects from indirect or organism-wide defects associated with immune senescence, and this is particularly the case in humans. Currently, much of the human data draws conclusions from mixed populations of cells rather than isolated naïve cells, which clouds interpretation and allows for extrinsic effects. This study aims to address whether there are intrinsic defects in proliferation, survival or apoptosis among stimulated aged human naïve CD4 and CD8 T cells compared to adults. Preliminary data indicates greater age-related differences in CD4 cells compared to CD8 cells. Adult CD4 cells tend to have higher levels of active caspase 3, but also higher levels of Ki67, which is a marker of proliferating cells, and higher levels of the anti-apoptotic factor BCL-xL. Adult CD4 cells also exhibit better mitochondrial fitness and less annexin V staining which is a measure of cells undergoing apoptosis. These data indicate that there are measurable defects in aged human naïve T cells and that these differences are more pronounced among CD4 cells.

**INVESTIGATING THE ROLE OF BECLIN 1 IN AMYLOID PRECURSOR PROTEIN TRAFFICKING**

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Neurodegeneration occurs when genetic and environmental stressors overwhelm the capacity of neurons and glia to compensate for these challenges. Macroautophagy, the sequestration of cellular constituents into autophagic vacuoles that are trafficked for lysosomal degradation, is thought to provide important means of neuroprotective compensation by disposing of protein aggregates, injured mitochondria and other cell stressors. Beclin 1 is an important autophagy regulatory protein that interacts with class 3 phosphatidylinositol-3-kinase Vps34 to catalyze critical lipid phosphorylation during autophagosome induction. Recent reports have implicated beclin 1 deficiency in neurodegeneration and Alzheimer’s disease (AD). Furthermore, recent studies have suggested that activation of autophagy by overexpression of beclin 1 is beneficial in several models of neurodegeneration. In AD models, beclin 1 reduces surface APP and amyloid-beta secretion by as yet unknown mechanisms. Our laboratory is interested in understanding how beclin 1 impacts the trafficking of APP. We hypothesize that beclin-dependent autophagy shunts APP towards autophagolysosomal degradation in lieu of endosomal amyloidogenic metabolism. We have identified interactions between autophagy proteins and APP which suggest to us that autophagic degradation of APP may not simply result from bulk cellular autophagy but possibly by targeted autophagy. Furthermore, we are examining strategies to upregulate beclin 1 expression to reduce amyloid-beta secretion. We will present recent experimental data on this work.

**NORMAL RESPONSIVENESS OF NAÏVE CD8+ T CELLS TO HOMEOSTATIC CYTOKINES IN HUMAN AGING**

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The ability of immune system to respond to novel pathogens depends on continuous presence of a diverse pool of naïve T cells. It is well established that the quantity of a naïve cell pool decreases with age, which renders elderly more susceptible to various infections and also limits their responses to vaccinations. In addition, based on observations in mice and a few inconclusive studies in humans it has been proposed that there are intrinsic age-related defects, which may also limit responsiveness of already reduced naïve T cell pool in elderly to signals controlling its activation, expansion, and homeostatic maintenance. The exact characteristics of these defects and their underlying mechanisms, however, are still unclear. We have set up a system, which allowed us to exclusively compare intrinsic differences between naïve CD8 T cells from adult and old donors in their responsiveness to homeostatic cytokines IL-7 and IL-15. Results that we generated in these studies did not reveal any significant age related defects. More specifically, naïve CD8 T cells from adult and old donors expressed similar levels of IL-7 and IL-15 receptors, and upon addition of cytokines activated Jak/Stat signaling pathway with similar intensities, which ultimately resulted in comparable proliferation. Moreover, similar responsiveness to homeostatic cytokines was also manifested comparable upregulation of activation markers CD95 and CD69 as well as anti-apoptotic molecules Bcl-2 and Bcl-xL. Taken together, our results suggest that with age, T cells maintain their responsiveness to homeostatic signals driven by cytokines.
GLUCOSE STRESS ALTERS mTOR EXPRESSION AND HUVEC MORPHOLOGY ASSOCIATED WITH THE SENESCENCE PHENOTYPE

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Background: Aging is associated with endothelial dysfunction which increases the risk of diabetes and associated cardiovascular diseases. The nutrient signaling protein, mammalian target of rapamycin (mTOR), has recently been shown to be involved in the progression of cellular senescence and may be an important regulator of endothelial cell growth arrest. Although the mechanism of the anti-diabetic drug Metformin is unknown, it may target the mTOR pathway. Methods: We investigated the effects of mTOR on endothelial cell senescence and cytoskeletal reorganization upon exposure to high and/or low glucose stress. Additionally, we analyzed the effects of metformin treatment in ameliorating glucose stress induced endothelial cell senescence and morphological alterations. We used a HUVEC in-vitro model to investigate effects of high and/or low glucose on mTOR expression and cytoskeletal changes. Cells at passage 3 (population doubling 6) and passage 15 (population doubling 35) were used as early and late controls, respectively. Results: Both high and low glucose significantly increased expression of mTOR in middle to late passage cells. Additionally, glucose stress was shown to increase vimentin and decrease the presence of actin fibers in later passage HUVECs. Simultaneous treatment of metformin with high glucose was shown to protect against these cytoskeletal changes and decrease mTOR expression. Conclusion: These results indicate that mTOR may play an important role in the development of endothelial morphological changes associated with glucose stress and the senescence phenotype. This research will help to identify potential new targets for more effective therapy for elderly diabetics with microvascular complications.

FOXP3 DEMETHYLATION SHOWS QUANTITATIVE DEFECT OF REGULATORY T CELLS IN OLD PATIENTS WITH ACUTE CORONARY SYNDROME

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Background: The contribution of regulatory T cells (Tregs) to the pathogenesis of acute coronary syndrome (ACS) remains poorly understood. One core obstacle is the lack of Treg-specific markers that distinguish Tregs and activated conventional T cells. A highly conserved CpG enriched element in the Treg cell-specific-Demethylated-Region (TSDR) of the FOXP3 locus is unmethylated only in Tregs, and measuring the unmethylation of TSDR can be used to identify the role of Tregs in clinical diseases. This study investigated whether analyzing the demethylation status of TSDR is a more reliable means than using Treg-specific surface markers in ACS. Methods: We evaluated circulating Tregs percentages on different levels including cell frequencies (CD4+CD25highCD127−) and FOXP3 mRNA, TSDR demethylation status and related cytokine secretion in 70 old patients with ACS and 35 age-matched controls. Results: TSDR demethylation assay showed that the amount of Tregs in ACS patients was significantly reduced than that in controls (p=0.001). This test displayed high sensitivity and specificity in distinguishing ACS patients from the controls (p=0.05). However, flow cytometry analysis did not identify any reduction of CD4+CD25highCD127−Tregs in ACS patients than that in controls. Furthermore, 5-aza-2′-deoxycytidine, a DNA hypomethylation agent, increased the amount of CD4+CD25highCD127−Tregs and Tregs related cytokine IL-10 by inducing TSDR demethylation in vitro. Conclusion: A quantitative defect of Tregs, suggestive of decreased peripheral tolerance, could be a potential hallmark of ACS disease.

SYNERGISTIC EFFECTS OF HYPERTENSION AND AGING ON COGNITIVE FUNCTION AND HIPPOCAMPAL EXPRESSION OF GENES INVOLVED IN BETA-AMYLOID GENERATION AND ALZHEIMER’S DISEASE

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Strong epidemiological and experimental evidence indicate that hypertension in the elderly predisposes to the development of Alzheimer’s disease (AD), but the underlying mechanisms remain elusive. The present study was designed to characterize the additive/synergistic effects of hypertension and aging on the expression of genes involved in beta-amyloid generation and Alzheimer’s disease in the hippocampus, an area of brain contributing to higher cognitive function, which is significantly affected by AD both in humans and in mouse models of the disease. To achieve that goal, we induced hypertension in young (3 mo) and aged (24 mo) C57BL/6 mice by chronic (4 weeks) infusion of angiotensin II and assessed the demethylation status of TSDR in hippocampal Tregs. Results: TSDR demethylation assay showed that the amount of Tregs in ACS patients was significantly reduced than that in controls (p=0.001). This test displayed high sensitivity and specificity in distinguishing ACS patients from the controls (p=0.05). However, flow cytometry analysis did not identify any reduction of CD4+CD25highCD127−Tregs in ACS patients than that in controls. Furthermore, 5-aza-2′-deoxycytidine, a DNA hypomethylation agent, increased the amount of CD4+CD25highCD127−Tregs and Tregs related cytokine IL-10 by inducing TSDR demethylation in vitro. Conclusion: A quantitative defect of Tregs, suggestive of decreased peripheral tolerance, could be a potential hallmark of ACS disease.

OBEITY IS ACCOMPANIED BY INCREASED BASAL MITOCHONDRIAL RESPIRATION IN OLDER ADULTS

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Obesity has been identified as a risk factor for declining physical function with age. The goal of this study was to examine whether there are differences in the bioenergetic profile of mitochondria isolated from the skeletal muscle of overweight/obese and lean older adults. Bioenergetic profiling was performed by measuring basal respiration (state 2), maximal respiration (state 3), ATP coupled respiration, and uncoupled respiration in isolated mitochondria. Participants were older (65-79 years) individuals who were either overweight to obese (BMI = 27.0-34.9 kg/m2; n=17) or lean (BMI ≤ 25 kg/m2; n=5). Biopsy of the vastus lateralis muscle was performed in a fasted state and mitochondria were isolated immediately for oxygen consumption measurements using a Seahorse Bioscience XF analyzer. We found that basal, state (2), respiration was significantly higher in obese compared to lean individuals (251.0 ± 50.0 vs 148.9 ± 6.9 pMoles/min). Comparing state 2 relative to state 3 maximal respiration (State 2/State 3) indicated that mitochondria from obese older adults were respiring closer to their respiratory limit compared to mitochondria from lean older adults (0.25 ± 0.04 vs 0.40 ± 0.06). This would limit the ability of skeletal muscle mitochondria to increase energy production in response to stress or stimulation and may play a role in the aging-related decline of physical ability associated with obesity.
AGE-RELATED AUTOREGULATORY DYSFUNCTION AND CEREBROMICROVASCULAR INJURY IN MICE WITH ANGIOTENSIN II-INDUCED HYPERTENSION

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Hypertension in the elderly substantially increases the risk for cerebrovascular damage and promotes the development of vascular cognitive impairment (VCI). Despite the paramount importance of the myogenic mechanism in cerebrovascular protection, it is not well understood how aging affects the functional adaptation of cerebral arteries to high blood pressure. To test the hypothesis that aging impairs autoregulatory protection, hypertension was induced in young (3 mo) and aged (24 mo) C57/BL6 mice by chronic infusion of angiotensin II and changes in myogenic constriction of middle cerebral arteries (MCA) autoregulation of cerebral blood flow were assessed. In young hypertensive mice, the range of cerebral blood flow autoregulation was extended to higher pressure values and the pressure-induced tone of MCA was increased. In aged hypertensive mice autoregulation was markedly disrupted, and MCAs did not show adaptive increases in myogenic tone. In young mice the mechanism of adaptation to hypertension involved up-regulation of the 20-HETE/TRPC6 pathway and this mechanism was impaired in aged hypertensive mice. Downstream consequences of cerebrovascular autoregulatory dysfunction in aged angiotensin II-induced hypertensive mice include exacerbated disruption of the blood-brain barrier and neuroinflammation (microglia activation, up-regulation of pro-inflammatory cytokines and chemokines), which were associated with impaired hippocampal cognitive function. Collectively, aging impairs autoregulatory protection in the brain of mice with angiotensin II-induced hypertension, potentially exacerbating cerebrovascular injury and neuroinflammation.

The Gerontological Society of America

LEFT ATRIAL SYSTOLIC FUNCTION DECREASES WITH AGE IN MICE

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Heart failure is an epidemic in the elderly population, affecting more than 6-10% of people older than 65. Only about half of them show evidence of reduced EF, indicating the need to look for alternate markers of impaired cardiac function. With age, left ventricular diastolic function becomes impaired and the systolic function of the left atrium (LA) plays an increasingly important role in Left Ventricular Filling. We followed 12 healthy male C57Bl/6 mice, initially at 9 months old and repeated the measures at 23 months of age. We assessed Left Atrial Systolic Function with 2 D guided m-mode echocardiography using the Visualsonics Vevo 770 and 1% Isoflurane anesthesia. Data are mean ± SEM. (* p<0.05) 9 Months 23 Months Heart Rate, min-1 411 ±12 398±16 LA Internal diameter in diastole, mm 2.47±0.09 2.88±0.10 * Fractional Shortening, % 18.3 ±1.3 12.6±1.0 * We found that Left Atrial antero-posterior dimension increased modestly (16%) with age while LA systolic function decreased dramatically (-30%) over the same period. These data suggest that not only does LA size correlate with age, but LA fractional shortening may be a more sensitive indicator of impaired cardiovascular function in the old mouse.

THE INFLUENCE OF MICROBIOTA ON THE AGING IMMUNE SYSTEM


The microbial species in the gut are different with age, place of residence, diet, and onset of frailty. The immune system must differentiate between commensal bacteria and pathogenic bacteria, and bacteria have been shown to heavily influence immune responses, yet we still do not understand how potential age-related changes in gut microbiome may influence the maintenance and function of the immune system. Immunity declines with age, and infectious disease remains one the leading causes of death in the elderly. To address how age-dependent microbiota differences contribute to decreased immunity, and whether altering the microbiota can benefit the aging immune system, we investigated gut microbiome in mice of different ages and from different housing colonies. We have found that the number of potentially anti-microbiobial cross-reactive immune cells increases with age in mice, with increased potential to migrate to the gut. Antibiotics and bacterial reconstitution can change the microbiota present in mice, and may impact homeostasis, homing, and function of immune cells with age, providing a promising possibility for improving immunity in the elderly.

ROLE OF CMV SEROPOSITIVITY IN ACUTE VS CHRONIC INFLAMMATORY DISEASES IN ELDERLY SUBJECTS

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Aging is associated with changes in immune responses often accompanied by dysregulations that can result in “immunosenescence” that lary-like structures. Overexpression of Dicer1 in aged CMVECs partially restored miRNA expression profile and significantly improved angiogenic processes. In young CMVECs, downregulation of Dicer1 (siRNA) resulted in altered miRNA expression profile associated with impaired proliferation, adhesion, migration, and tube formation, mimicking the aging phenotype. Collectively, we found that Dicer1 is essential for normal endothelial angiogenic processes, suggesting that age-related dysregulation of Dicer1-dependent miRNA expression may be a potential mechanism underlying impaired angiogenesis and cerebrovascular rarefaction in aging.
FAGHRKO MICE ARE PROTECTED FROM AGE-RELATED FRAILTY DESPITE LIFELONG OBESITY


Michael B. Stout, Thomas A. White, Edward O. List, Tamar Pirtskhalava, Allyson K. Palmer, Vojtech Mezera, Darlene E. Berryman, Nathan K. LeBrasseur, Tamara Tchkonia, John J. Kopchick, and James L. Kirkland (There are 3 more authors than allotted so GSA told me to list everyone here so they can be included in the conference booklet, abstract is still less than 250 words) Growth hormone receptor gene disrupted or knockout (GHRKO) mice have provided dramatic insight into the link between GH induced intracellular signaling and longevity. These mice are dwarf in stature, moderately obese, and are extremely long-lived (1). Despite increased adiposity, GHRKO mice possess tremendous metabolic flexibility (2) and are resistant to age-associated functional declines in the adipose tissue, particularly senescent cell accumulation (unpublished observation, Kirkland JL). To dissect the role of adipose tissue in the phenotypes described above, mice with adipocyte-specific deletion of the growth hormone receptor were generated (FaGHRKO) (3). The goal of the current study was to characterize age-related phenotypes in FaGHRKO mice at 18 months of age. As was observed in younger counterparts (3), FaGHRKO mice were dramatically obese into old age yet maintained normal glycemia, insulin-responsiveness, aerobic work capacity, basal energy expenditure, and basal oxygen consumption. Interestingly, only male FaGHRKO mice had increased lean body mass which translated into increased forelimb grip strength. Both genders of FaGHRKO mice had reduced respiratory exchange ratios during the dark cycle indicating increased lipid oxidation throughout their active phase. Of note, adipose tissue inflammation was significantly increased in FaGHRKO mice of both genders, suggesting a possible resistance to metabolic dysfunction induced by obesity-related inflammation in these animals. In conclusion, aged FaGHRKO mice are metabolically healthy and do not demonstrate age-related frailty in spite of severe obesity and increased adipose tissue inflammation. Further research is needed to understand the role that growth hormone is playing in adipose tissue related metabolic dysfunction.

LIFELONG CMV INFECTION IMPACTS NAÏVE AND MEMORY TCRVβ REPERTOIRE DIVERSITY IN MICE

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A diverse naïve TCR population facilitates antigen-specific cellular immunity to a variety of pathogens. Protective immunity declines with age and is associated with defects in T-cell immunity. Cytomegalovirus (CMV) is a ubiquitous herpesvirus that infects the majority of the human population. Our understanding of the impact of CMV infection on immune aging, while growing, remains incomplete. Persistent pathogens, such as CMV, might contribute to immune senescence, possibly by further restricting the T-cell repertoire diversity with advancing age. The long-term objective of this study is to precisely define the relationship between lifelong persistent viral infections, TCR repertoire diversity and protective T-cell responses. To evaluate the TCRVβ repertoire diversity at the molecular level, the CDR3 spectratype analysis of twelve TCRVβ genes was performed on naïve and memory CD8+ T-cell compartments of mice at 6, 12 and 16 months following infection with mouse CMV (MCMV). Our spectratype profiles of naïve CD8+ T-cells from uninfected 6-month old adult mice showed a Gaussian distribution of all tested TCRVβ repertoires. There were no significant CD8+ naïve T-cell repertoire perturbations in mice with persistent CMV infection at 6 and 12 months post infection. However, the development of clonal expansions in the memory CD8+ T-cells pool was observed. Upon examination of infected mice with CMV and/or co-infected with CMV+HSV-1 16-months previously, we observed global perturbations to the composition of both the naïve and memory CD8+ T-cell compartments. CMV alone and co-infection with both pathogens appears to synergistically accelerate the age-related loss of TCR diversity.

HORMESIS: AN ESSENTIAL MECHANISM OF CALORIE RESTRICTION?

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Long-term calorie restriction (CR) attenuates damage due to reactive oxygen species (ROS) and enhances antioxidant protective systems. Mitigation of oxidative stress (OS) has been hypothesized to explain the anti-aging effects of CR. In preliminary studies, we have been investigating hormesis as an essential mechanism of CR. As applied to aging research, hormesis has been defined as beneficial effects resulting from cellular responses to mild repeated stress. Hormesis has emerged as a unifying concept for explaining the anti-aging, anti-disease effects of CR, but also as a mechanism explaining beneficial effects of exercise and botanicals. Using rodent models, we find evidence of hormesis associated with CR, specifically as increased production of reactive oxygen and nitrogen radicals (RONS) measured by electron paramagnetic resonance (EPR) and also a blood pressure (BP) spike during introduction of CR (40%, 2-10 days). Additionally, we note evidence of an age-related decline in hormesis associated with specific molecular signaling events. Using rtPCR to measure gene expression, we observe major increases in NFkB, Nrf2, and eNOS in young (3-4 mo) mice after 2 days of CR (40%) that were absent in aged (23-24 mo) mice. Moreover, we have found that feeding the antioxidant, α-tocopherol (4X control level), prior to or at the time of CR initiation, will block hormesis. Thus, the primary question to be pursued is whether this initial mild OS is necessary to activate protective pathways, including antioxidant defenses, and whether feeding of excess levels of an antioxidant will attenuate the beneficial effects of long-term CR?
ADIPOSE TISSUE REGULATION OF PGC-1α IN CALORIC RESTRICTION

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Caloric Restriction (CR) is a dietary intervention shown to delay the onset of aging and extend lifespan in mice. Previous work has shown that adipose tissue from CR mice is metabolically distinct compared to age-matched control mice. We hypothesize that the alteration in white adipose tissue in response to CR is coordinated through an activation of mitochondrial genes by the master regulator PGC-1α. In mature adipocytes, where increased respiration is favored, the levels of PGC-1α are higher. We show that during the process of adipogenesis in 3T3-L1 cells, PGC-1α is temporally regulated. The levels of PGC-1α increase later in adipogenesis suggesting that there is a requirement for PGC-1α during distinct phases of the transition to a mature adipocyte. Disruption of this transition by overexpression of PGC-1α impedes the adipogenic process of lipid accumulation. Rapamycin, an inhibitor of mTOR signaling, is known to impede adipogenesis. We show that treatment with rapamycin disrupts PGC-1α levels during adipogenesis and shows a similar phenotype to overexpression. Furthermore, rapamycin also disrupts the normal transition of GSK3α, which have previously been shown to regulate PGC-1α turnover. These data put PGC-1α and its regulator, GSK3β downstream of mTOR signaling in the regulation of adipose specific modulation in response to CR.

LONG TERM CULTURE LEADS TO MITOCHONDRIAL FUSION AND ALTERED METABOLISM IN PRE-SENESCENT FIBROBLASTS

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Mitochondria have emerged as central regulators of the aging process. We hypothesized that changes in mitochondrial structure and function lead to bioenergetic decline as cells approach replicative senescence. We examined human embryonic lung fibroblasts (WI38) at various passage numbers (p) up to the onset of senescence. WI38 cell doubling time increased from 1.35 days for p20 to 6.59 days for p34. Western blot analysis for mitochondrial dynamics proteins revealed an increase in the expression of the inner membrane fusion protein, OPA1, with higher passage numbers, and a decrease in the mitochondrial fission protein, FIS1, consistent with observed mitochondrial hyperfusion. Knockdown of OPA1 using shRNA resulted in increased cell proliferation, suggesting that mitochondrial fusion plays an important role in replicative capacity. To determine the functional consequences of long term culture, we measured cellular respiration using a Seahorse XF24-3 analyzer. We found that basal respiration was 15.8% lower at P24 and 21.9% lower at p29 compared to p19 (1.45±0.05 SEM pmol/min/protein). FCCP induced oxygen consumption was 4.4% lower at p24 and 27.5% lower at p29 compared to p19 (2.34±0.03 SEM pmol/min/protein). Respiratory measurements also revealed that glycolysis was unchanged in the 3 different cell passages. With palmitate as a substrate the oxygen consumption rate increased by 50% in both low and high passage cells. Our results indicate that long term subculture of cells leads to increased doubling time, mitochondrial hyperfusion, changes in the expression of mitochondrial dynamics proteins, and decreased maximal respiration prior to the onset of replicative senescence.

INHIBITION OF ISW2-MEDIATED CHROMATIN REMODELING BY CALORIE RESTRICTION EXTENDS LIFESPAN BY POTENTIATING STRESS RESPONSE

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ATP-dependent chromatin remodeling is a highly conserved process involved in all aspects of DNA transactions and linked to a range of human diseases and developmental disorders. Here we explored possible functions of chromatin remodelers during cellular aging, finding that deletion of ISW2 or mutations inactivating the Isw2 enzyme complex extend yeast replicative lifespan. This extension by ISW2 deletion is epistatic to the longevity effect of calorie restriction (CR) and this mechanism is parallel to the suppression of TOR signaling by CR. We find that CR both lowers the intracellular ATP concentration and inhibits Isw2 enzymatic activity. Transcriptome analysis indicates that isw2Δ mimics an up-regulated stress response in CR cells. Intriguingly, inactivating the homologous complex in worms also extends lifespan, suggesting that this may be a conserved longevity regulation mechanism. This study represents the first evidence that ATP-dependent chromatin remodeling plays an important role during aging and in calorie restriction.

THE AMBIENT TEMPERATURE INFLUENCES THE LIFESPAN OF WORKER HONEYBEES (APIS MELLIFERA)

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Ambient temperature reduction has been demonstrated to extend the lifespan of organisms, but the optimal low ambient temperature for lifespan extension has not yet been determined. In the current study, we reared newly emerged worker honeybees (Apis mellifera) in thermostats at different temperatures (42–10 °C, at intervals of 4 °C) and recorded their survival to establish their survival curves. Aging-related molecules were also assayed in the trophocytes and fat cells of workers reared at 22, 30, and 38 °C. The results showed that low ambient temperatures prolonged the lifespan and that high ambient temperatures shortened the lifespan; however, very low ambient temperatures also shortened the lifespan as higher ambient temperatures. Low ambient temperature prolonged the lifespan due to a reduced accumulation of aging-related molecules, whereas high ambient temperature shortened the lifespan due to the increased accumulation of aging-related molecules. This study demonstrates that ambient temperature influences the lifespan of worker honeybees (Apis mellifera), the lifespan extension promoted by ambient temperature reduction has a limit, and 22 °C is the optimal low ambient temperature for lifespan extension in worker honeybees.

SESSION 950 (POSTER)

AGEISM AND ATTITUDES TOWARD AGING

AN ATTEMPT ON MEASURING AGEISM: A STUDY OF YOUNG KOREAN PEOPLE

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Discussions on ageism, which is the practice of social discrimination according to age, have been taking place since the mid-20th century. A majority of studies on the elderly in Korea have found that Koreans generally hold a negative view of the elderly. However, there have been only few attempts to develop corroborative measures of ageism. This study attempts to fill that gap by developing measures of ageism in Korean society. It then verifies the reliability and feasibility of these measures by employing data from the Korean General Social Survey of 2011(KGSS). Going further, it intends to utilize these measures to review the effect factors of ageism. Using data from the Korean General Social Survey of 2011 (KGSS), which included 587 respondents, aged between 18 and 39 years, this study employs factor analysis and regression models. The major findings are summed up as follows. Firstly, the study extracts main factors including anxiety about aging, change of appearance, acceptance of aging, prejudice, evasion/avoidance, separation, and discriminatory behavior. Secondly, women revealed stronger ageism than men, and ageism was weaker for those who were in better health and had greater levels of happiness. Good health and happiness proved to be consistently significant factors that lower levels of ageism.
from the data. Finally, those who were in regular contact with the elderly showed statistically significant levels of ageism in terms of discriminatory behavior, change of appearance, separation, and evasion/avoidance. Ageism can have a variety of effects on the elderly and their quality of life. It can affect their relationship with other members of society as well as their own sense of self. This study will be instrumental in understanding the status and condition of the elderly as a social group. Moreover, those findings herein will enable researchers to revisit social perceptions and attitudes toward the elderly and influence policy and practice regarding the elderly.

SOCIAL WORK STUDENTS’ INTEREST IN GERONTOLOGY: AN INTERNATIONAL COMPARISON

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As the number of older adults increases, the need for social workers with a specialization and interest in geriatrics and gerontology has been made a global priority. In a 1996 study, only 3% of the 34,480 graduating masters-level social workers selected gerontology as their area of concentration (Scharlach et al., 2000). The purpose of this study was to further explore the degree to which students have an interest in aging. This cross-sectional descriptive study was administered to students (N = 1,042) in the U.S., U.K., and Australia. Only 5.4% of the sample indicated aging as their primary interest. The following variables were not related to student interest: educational level, sex, personal relationship with an older adult, country, degree of religiosity/spirituality, death anxiety and positive and negative ageism. Significant variables were: age, time spent with an older adult, quality of the relationship, and personal aging. Results of the logistic regression found that only personal aging and frequency of time spent with an older adult were significant. A key contribution of this study is the updated estimation of social work students interested in aging and the inclusion of international data. The infusion of aging content and presentations of older adults may facilitate further advancement in gerontological social work, but additional strategies are likely needed. The creation of service learning opportunities may offer an opportunity to engender lasting interest. Students may need an ongoing experience with older adults to generate that positive relationship that was shown to influence gerontological interest.

A COMPARATIVE STUDY OF UNDERGRADUATES’ ATTITUDES ON AGING FROM THE UNITED STATES AND TAIWAN

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Ageist biases or misconceptions toward elders have been found to be widespread around the world. Yet, it remains unclear how different societies’ attitudes are toward aging and elders. The purpose of this study is to compare similarities and differences of the attitudes toward aging among college students from the United States and Taiwan. Data were collected from undergraduates at two public universities: one is in the Midwest of the United States, and the other is located in northern Taiwan. We asked a total of 100 students from each university to draw what were their first thoughts about aging and examined features of drawings as reflections of attitudes on aging. The findings indicate significant country differences. American participants tended to view aging much more negatively than Taiwanese students by drawing images of aging that involved physical decline and need for aid devices. Taiwanese student drawings showed more positive attitudes by sketching elders having rich experiences to share with their grandchildren. For American students, aging is a developmental linear process; however, for Taiwanese students, aging is a cyclic process from infant to death and back to being a new born. One of the similarities in the drawings was that older men were overrepresented in the drawings. The study adds on to the existing literature that the influence of ageism and different cultural stereotypes of aging on students’ attitudes toward aging remain prevalent. Further, the study may inform different cultures on how to lessen or correct ageist stereotypes over time.

EXPERIENCES OF AGEISM, SEXISM, AND RACISM AS PREDICTORS OF WOMEN’S HEALTH AND WELL-BEING

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Our country is experiencing rapid increases in the proportion of older adults with the emergence of the Baby Boom generation and increased life expectancy (U.S. Census Bureau, 2011). This is particularly true for women who outlive their male counterparts and make up a large proportion of the older adult population. As women age they are more likely to experience the effects of both sexism and ageism (Butler, 2009; Duncan & Loretto, 2004; Hurd Clarke & Griffin, 2008). Additionally, older women of Color are also subject to the combined effects of ageism, sexism, and racism (Whitfield, 2004). Past research has demonstrated the devastating effects that discrimination can have on health and well-being (Golub & Langer, 2007; Levy, 1996; Levy, Haussdorff, Hencze, & Wei, 2000; Ory et al., 2003; Smedley, Stith, & Nelson, 2003); however, much of that research has not considered the individual at the intersection of their social locations, instead focusing on the additive effects of age, gender, and race but oftentimes overlooking the impact of age. Thus, this study examined multiple types of discrimination as potential predictors of health and well-being in a community sample of young, middle-aged, and older adult women. Analyses were completed using hierarchical regression models and mediation models. Significant results and potential implications will be discussed.

PERCEPTIONS OF COMPETENCE: LABELS OF ‘HEALTHY AGING’ AND ‘ALZHEIMER’S DISEASE’ MODERATE AGE DIFFERENCES

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Objectives. We investigated age-related differences in perceptions of aging and competence of an older adult labeled as ‘in good health’ (healthy) or ‘has Alzheimer’s disease’ (AD). Research and theory suggest that older adults will provide more differentiated assessments of the two targets than younger adults. Method. Younger and older adults (N = 152) rated activities of daily living (ADL), instrumental activities of daily living (IADL), and memory abilities of a female target aged 75 years, described as healthy or with AD. Anxiety about aging, knowledge of aging and AD, and positive and negative biases toward aging and AD were also measured. Results. Older adults perceived the healthy target as more capable of cognitively effortful activities (e.g., managing finances), and with better memory abilities, than the AD target. As predicted, these differences were greater than differences between targets perceived by younger adults. Additionally, older adults held more positively-biased views of aging and less positively-biased views of AD than younger adults. Discussion. These results demonstrate that mere labels of ‘healthy’ and ‘Alzheimer’s’ produce significant and subtle age differences in perceived competencies of older adults, and that biases vary by age group and target type. Theoretical and applied implications are discussed.

EXPLORING THE INTERPLAY OF SUBJECTIVE AGE AND HEALTH DIMENSIONS IN THE MIDDLE AND OLD AGED

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Findings from cross-sectional studies emphasize a stable relationship between subjective age and health. However, only few longitudinal studies exist which usually test only one causal pathway. The goal of the present study was to compare cross-sectional relationships between subjective age and different health dimensions in the second
half of life and to disentangle the causal relationship between these variables. Longitudinal data of 3,038 community-dwelling adults aged 40 years and older from the German Aging Survey (DEAS) were used. Cross-lagged panel analyses were employed to analyze predictive relationships of subjective age and different health dimensions, namely physical conditions, functional health, self-rated health and depressive symptoms, in two age groups (40-64 years, 65+ years). Cross-sectionally, a younger subjective age consistently correlated with fewer physical conditions, better functional and self-rated health, and less frequent depressive symptoms with stronger associations in the old aged. Longitudinally, subjective age predicted physical conditions, depressive symptoms, and self-rated health, whereas the reverse effect was found only for self-rated health. Self-rated health, rather than physical conditions, thus seems to become incorporated into subjective age. This dynamic relation holds across the second half of life. Our results show that the relationship between subjective age and health is actually more complex than cross-sectional correlations world suggest. Subjective age seems to be an important resource for preserving health in the second half of life.

“IT’S BECAUSE OF MY AGE.” THE INFLUENCE OF EXPERIMENTALLY INCREASED SALIENCE OF AGE-RELATED CHANGES IN COGNITIVE FUNCTIONING ON SELF-PERCEPTIONS OF AGING

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According to labeling theory confronting older adults with negative age stereotypes results in deteriorated self-perceptions. Some studies extended labeling theory to the field of subjective aging research often using one-item measures of subjective age as a proxy of aging self-perceptions. The aim of this study was to investigate effects of the confrontation with age-stereotypical information on cognitive functioning on a broader range of indicators of subjective aging. Forty-eight older adults, 60-70 years old, were randomly assigned to two age-stereotype conditions or a control group. Participants completed a speed-accuracy trade-off task measuring attention with positive or negative feedback comparing their performance to that of younger adults. No feedback was given in the control group. Four dimensions of subjective age (felt age, look age, do age, and interest age) were measured before and after stereotype activation. Between-group comparisons were conducted on additional indicators of aging self-perceptions. As intended, age-stereotype feedback increased the salience of age-related changes in cognitive functioning. Compared to pre-test, participants who received negative feedback about their test performances reported older subjective “do ages” at post-test, whereas younger subjective “do ages” at post-test were found in the positive feedback group. No such effect was found for felt age, look age, interest age, and alternative measures of subjective age. To understand conceptual distinctions between constructs, different measures of aging self-perceptions should be used in experimental studies. “Signs of aging” in the cognitive domain seem to become integrated predominantly into the momentary and less conscious indicators of aging self-perceptions.

CHANGING SELF-PERCEPTIONS OF AGING ENHANCES EFFECTIVENESS OF EXERCISE INTERVENTIONS FOR OLDER ADULTS

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Recently, several studies have pointed to the importance of positive self-perceptions of aging (SPA) for health and health behavior in older adults. However, promotion of health behavior in older adults does not consider such factors. Our randomized-controlled trial with adults aged 65 and older aimed at increasing exercise by including a technique to change SPA. An intervention group with SPA-component (IGSPA; n=101), an intervention group without SPA-component (IG; n=31), and a control group (CG; n=76) were compared at baseline, and at two and six weeks after the intervention. Multilevel modeling indicates significant time*group effects: After the intervention, IGSPA had better outcome expectancies for exercise and more positive SPA than CG and IG. Further analyses will include mediation processes of SPA on exercise eight month after the intervention. Results underline the importance of SPA for health and health behavior in research and practice. Changing SPA seem to be a promising pathway to improve health behavior and thereby health in older adults. Conclusions will be drawn about factors that are especially relevant for the development of health behavior interventions for older adults. Mechanisms that underlie the SPA-health link will be discussed.

BRIDGING THE GAP: PERCEPTIONS OF YOUNG ADULTS ON AGING AND INTERACTIONS WITH OLDER ADULTS

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As the Baby Boomers enter the older years in greater numbers, they serve as the model of aging and the aging process. Yet despite the increased life expectancy and healthier older years that the Baby Boomers are experiencing, current cultural messages regarding aging continue to paint a picture of the frail, sickly older adult that can adversely impact the views of younger generations about their own aging process. In turn, these perceptions of older adults by younger generations can play an important role in intergenerational interactions and the views that younger generations place on the value of older adults in their lives. This study builds on the National Council on the Aging’s 2000 study, “American Perceptions of Aging in the 21st Century.” Using 200 college-age adults, we investigated levels of intergenerational contact, perceptions of older adults and the aging process, and concerns regarding self-aging. Preliminary findings indicate that young adults have strongly negative perceptions of the process of aging and exaggerated self-aging concerns, yet report positive interactions with older adults. This juxtaposition of positive role model interaction yet fears of future aging presents an interesting picture of the persistent negative cultural messages of aging despite overall increases in healthful living into the later years. These negative perceptions of early transitional adults can offer a glimpse into the ways in which they might interpret the experience of aging across the life course. We conclude with suggestions for changing these negative perceptions to be more realistic to the realities of aging.

CORRELATES OF ATTITUDES ON AGING IN OLDER ASSISTED LIVING RESIDENTS

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Purpose: Individuals’ subjective perception of aging is known to be linked with physical and mental health and even mortality. The purpose of this study was to examine the effect of selected factors (demographics, stress-related, social perception, and health perception) on individuals’ attitudes about aging among older assisted living (AL) residents. Method: We used data based on face-to-face interviews with a sample of 150 older residents from 17 AL settings in Florida (Mage=82.8, SD=9.4). Hierarchical multiple regression analyses included the following sets: demographics (age, gender, marital status), stress-related (functional disability, hearing impairment, and negative life events), social perception (satisfaction with facility and satisfaction with social support), and health perception. The mediation effect of health perception was tested between significant stress-related variables and attitudes on aging. Results: Functional disability and hearing impairment negatively affected positive attitudes on aging while satisfaction with support had a positive influence. When health perception was entered, only
satisfaction with support and health perception significantly affected attitudes on aging. In subsequent analyses, health perception mediated the role between functional disability/hearing impairment and attitudes about aging. Implications: Given that stigma related to aging strongly influences residents’ health and quality of life in AL, the present study identified the protective and risk factors regarding positive attitudes towards aging. The important role of health perception and satisfaction with support suggests that practice with older residents in AL should focus on promoting better health habits and increasing social support to improve attitudes towards aging and thereby enhance quality of life.

**ATTITUDES TOWARD OLDER ADULTS AMONG AMERICAN AND TAIWANESE COLLEGE STUDENTS**

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Research shows that negative attitudes toward older adults are detrimental to older adults’ health and wellbeing (Levy, 2003) and that positive attitudes are important for intergenerational interactions (Lu & Kao, 2009). However, there is little agreement about relative positivity of attitudes toward older adults in American and Asian cultures (e.g., Levy & Langer, 1994; Boduroglu, 2009). To examine the largely untested assumption that a collectivistic Asian culture promotes more positive attitudes toward aging, we adapted the Taiwanese-developed Older People Scale (OPS; Lu & Kao, 2009) for use in English and tested equivalence in two groups of young adults (18-22) in the United States (N=936) and Taiwan (N=666). Alpha reliability were (cα=.68) for the US group and (cα=.84) for the Taiwanese group, which corresponded well with the original Taiwanese scale development sample. Consistent with the established one factor structure, brief 22-item OPS (Lu & Kao, 2009), our preliminary confirmatory factor analysis showed that the same 24 items load on one factor for our US and Taiwan samples. However, these items included on the one factor structure in our study differed from the established 22-item OPS. Regression analysis did not show a difference in positivity of attitudes between cultural groups but across cultural groups older age predicted negative attitudes (p <.05). This work aids our effort to compare the cross-cultural context of aging and could help guide gerontological education programs aimed at ameliorating negative impacts of aging stereotypes. (This study is funded in part by NSF grant DGE 0956820)

**OLDER AMERICANS AND SOCIOPOLITICAL ATTITUDES: MODELING AGE, PERIOD, AND COHORT EFFECTS**

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Recent evidence (Danigelis, Hardy & Cutler, 2007) has shown surprisingly consistent liberal trends among those aged 60 and older with respect to a wide range of sociopolitical attitudes. Unclear is the extent to which these trends reflect changes in attitudes that are due to aging (perhaps as a measure of exposure), a shared experience with other age groups in response to historical events, a transition of specific cohorts into older age ranges, or some combination of the three. Following Littell et al. (2006; see also Yang, 2008), we employ a generalized linear mixed models approach using piecewise regression to disentangle fixed aging effects from random period and cohort effects for three separate age groups (25-39, 40-59, and 60+) on 16 different attitudes using survey data from 28 different General Social Surveys between 1972 and 2010 (minimum N = 12,388). With composition effects controlled, our results show that attitudes of those 60 and older moved in a significantly more liberal direction 22% of the time (mostly on race matters), a significantly more conservative (less liberal) direction 9% of the time, and no differently from the other two age groups 69% of the time, net of period and cohort effects. Period effects were stronger than cohort effects. Both, however, were consistent regarding civil liberties, but there were unexpected period and cohort differences within attitudes relating to blacks, women, and boundaries of privacy. Results illustrate the complex ways in which social change is manifested across age groups, birth cohorts, and years.

**ALLOPHILIA: ASSESSING POSITIVE ATTITUDES TOWARD OLDER AND YOUNGER ADULTS**

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Meaningful interactions between younger and older adults are becoming increasingly limited. Interventions to increase positive intergenerational interactions are growing, but one difficulty in assessing the effectiveness of these interventions is finding an appropriate measure of attitudes toward different age groups (both young and old). Many measures assessing attitudes toward older adults can remind participants of negative stereotypes of aging and are rarely used to assess attitudes toward younger adults (e.g., Palmore’s Facts on Aging quiz). When promoting positive interactions between different groups, an assessment of negative attitudes misses the positive changes that may occur. Pittinsky and colleagues coined the term allophilia to refer to “love or liking for the other.” They developed a measure of positive attitudes toward outgroups that includes five domains of positive attitudes (affection, comfort, engagement, enthusiasm and kinship). We adapted this measure to assess attitudes toward younger (18-25 years old) and older (over age 65) adults. Ninety-four traditional college age and 52 older adults completed this measure assessing attitudes toward older and younger adults. We found the measure distinguished between younger and older adults’ attitudes toward each age group. Younger adults reported significantly more affection and enthusiasm for older adults compared to older adults, yet less comfort, kinship and engagement. In contrast, older adults showed no preference for younger adults and reported significantly more affection, comfort, and kinship toward older adults. The allophilia measure differentiated between different domains of positive attitudes toward younger and older adults. Initial results suggest areas where intergenerational interventions are needed.

**THE CONTEXT OF SELF-PERCEPTIONS OF AGING: INDIVIDUALS AND THEIR SOCIAL ENVIRONMENTS**

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Objectives: Most research on self-perceptions of aging has been done at an individual level. However, self-perceptions of aging develop in the context of both individuals’ perceptions and the beliefs and expectations of the societies in which they live. This study examines geographic variations in self-perceptions of aging. Method: Participants in the 2008 wave of the Health and Retirement Study (HRS) (N = 6800, mean age = 69.58, age range: 50-100) responded to questions about subjective age and satisfaction with their own aging. Individual level covariates included chronological age, gender, health, SES, and racial and ethnic background. Information about state and region of residence was also included, and linked to state level census information about population age composition. Results: Consistent with the literature, the majority of people felt younger than their actual age (mean difference = -10.45, SD = 11.74), and self-rated health was a primary indicator. After controlling for individual level covariates, there were significant unique effects in self-perceptions of aging associated with area of residence. Specifically, people residing in more urban areas of the U.S. had more positive self-perceptions of aging. Discussion: Findings are consistent with social ecological perspectives. Older adults who reside in more densely populated areas may have more positive attitudes about the aging process because of the greater availability of social support and opportunities to engage in community programs and activities. Future studies will use longitudinal data from HRS to examine the causal direction of these relationships over time.
STUDENT RESPONSES TO SERVICE LEARNING: UNIQUE LEARNING AND ATTITUDE BENEFITS FORM WORKING WITH OLDER ADULTS
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Previous research suggests that completing a psychology course addressing aging issues may not effectively reduce students’ negative attitudes toward aging (Cottle & Glover, 2007). Service learning, however, is becoming a more common component to aging related courses and involves students engaging in experience-based learning that helps meet community needs (Jacoby, 1996). Service-learning experiences that include serving and interacting with older adults could result in increased knowledge and more positive attitudes toward older adults (e.g., Beling, 2003). The current study examined student responses to service learning from 97 students taking an upper level psychology course covering aging issues (i.e. developmental psychology or psychology of adulthood and aging). The assignment involved completing 10 hours of service and writing a 2 page paper describing the experience. These papers were coded to assess the extent that students exhibited different statements out of 18 possible codes. Analyses involved comparing statements made by students working with older adults (n = 49) to students working with younger ages (n = 48). Students working with older adults were significantly more likely to report negative expectations prior to working with their age group but were more likely to describe positive interactions or experiences compared to students working with younger ages. Students working with older adults were also more likely to report increased understanding of course content and were more evaluative of the organizations. Results suggest that aging-related service learning could be more beneficial for education and attitude improvement than service learning experiences focusing on younger ages.

LESSON FROM THE WATCHED POT: DAILY MONITORING OF SUBJECTIVE AGE PREDICTED INCREASE SELF-ESTEEM AND ANXIETY

Research on subjective age, which addresses how old or young people experience themselves to be, has recently made great strides. For example, subjective age has significantly predicted self-esteem, self-confidence and self-control. Now it is important to explore how one’s self-monitoring of subjective age might affect these associations. As part of a larger examination of intra-individual variation in subjective aging, this study examines the effects of daily documentation of subjective aging on measures of aging attitudes, self esteem, and anxiety in 78 community dwelling adults ages 18-77 (M=43.45;SD=16.14). A series of paired-sample t-test assessed the effects of 14 days of daily age monitoring on these measures. Consistent with research on aging awareness training, no change in aging attitudes scores (t(77)=.61, p=.54, were found, suggesting that observation of one’s own age does not influence ageist beliefs. However, self esteem increased (t(77)=6.58, p<.001, from baseline (M=17.72, SD=4.57) to study’s end (M=24.27, SD=8.01) as did anxiety (t(76)=6.12, p<.001, with scores increasing from baseline (M=37.27, SD=9.43) to study’s end (M=44.90, SD=9.76). Increased age monitoring was linked with one favorable and one unfavorable outcome and not linked to greater ageism. These preliminary findings suggest that there may be some benefit in monitoring one’s subjective aging experience. Future research should explore the causes and generality of these effects.

MEASURING DIMENSIONS OF INTERGENERATIONAL CONTACT: FACTOR ANALYSIS OF THE QUEEN’S UNIVERSITY SCALE
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Intergenerational contact has been linked with a range of outcomes, but measures of contact are limited. Scales usually consist of 1-2 items related to the general population of elders, leaving respondents little room to discriminate meaningful aspects of contact. The Queen’s University scale (Knox, Gekoski, & Johnson, 1986) consists of 34 items on contact with the general population of elders and 24 items regarding a familiar elder. The scale taps dimensions associated with attitudes towards elders, including relationship qualities associated with positive attitudinal change (Petitgrew, 1998). We administered the scale to undergraduates as part of a study exploring how intergenerational contact influences attitudes towards aging (see Jarrott, Savla, Levy, 2012). Respondents demonstrating systematic responses or missing data were deleted, yielding a sample of 457. With a goal of shortening the Queen’s University scale, we randomly selected half the sample and conducted a principal component analysis of its items. Items regarding familiar versus general elders were highly correlated (r=.5); parallel items for familiar elders were excluded from the analysis. A six-factor model with 22 items accounted for 67.6% of variance. Results were replicated with a confirmatory factor analysis of the other half of the sample. Components reflected dimensions of intergenerational: (a) exchanges, (b) friendship qualities, (c) childhood contact, (d) contact in different settings, (e) contact quantity, and (f) recent contact. Components demonstrated good internal consistency (α ≥ .70). The modified scale provides a parsimonious means to capture important aspects of intergenerational contact and better understand the impact of contact with older adults.

SOCIAL GERONTOLOGY AS A USEFUL LENS IN WHICH TO CHALLENGE THE PREVAILING REPRESENTATION OF AGEING IN THE HUMAN COMPUTER INTERACTION (HCI) COMMUNITY
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Increased life expectancies and lowered birth rates across the world have meant ageing has become a significant area of interest within computing disciplines and specifically the Human Computer Interaction (HCI) community. In this paper we provide a critical analysis on how ageing is framed over 30 years of research published at the leading venue for HCI publications, addressing four questions: (1) How much have issues to do with ageing permeated research within HCI? (2) How are older people framed within research presented within HCI? (3) How are the discourses underlying these framings shaping how we conceive of and address ageing in HCI? (4) Finally, how could we approach ageing HCI in the future? We explore these questions by integrating empirical methods with critical and theoretical ideas from the field of social gerontology. We found that the problem of ageing is typically focused on declines in ability, healthcare needs and concerns about social isolation. We draw from thinking within the discipline of social gerontology to problematize the prevailing discourse within HCI on what it means to age. We outline five challenges and propose a ‘third-age’ agenda for future research at the intersection of ageing and computing based upon social gerontology theories. We conclude by discussing the new research questions that arise and the resulting methodological implications that emerge from this critique.

LOVED TO DEATH? MEDIA PORTRAYALS OF MURDER SUICIDE: AGEISM, SEXISM AND DANGEROUS ROMANTIC THEMES
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Intimate Partner Homicide SuicideIPHSH is commonly described as “murder-suicide” by the news media. Comparative examination of 731 IPHS events indicated news report descriptions differed for young adults (18-44 years, 325 events), middle aged (45-59, 177 events) and elderly dyads (60 and over, 225 events). Reports of young and middle aged
IPHS events focused on the violence and perceived loss to the community. Content analysis revealed themes where romantic tones were used to describe the act among elderly dyads (17% of the cases studied). Romantic themes reflected ageism and sexism, but ignored the severe domestic violence. Men were the perpetrators in the majority of cases (young adult 97, middle aged 91, and elderly 96 percent). Female intimate partners (and ex-intimates) suffered severe loss of empowerment. Just over half of the elderly cases concerned a preexisting health condition and of those, 30% had only a perpetrator who was ill. CDC defines mercy killing as a hopeless condition with consent of party. Most elderly cases did not fit these requirements. "Suicide pacts" were also extremely rare (1% middle aged and 4% among elderly). Romantic rationalizations in the media were present only for elderly dyads. Examples included titles "Couple Died Very Much in Love" “Elderly Couple’s Death Called an Act of Love,” “Loved to Death” and quotes “he killed the love of his life.” Implications for public health: romantic portrayals convey ageism to the public and should be interpreted as a dangerous message for those who may be at risk of perpetration.

**SESSION 955 (POSTER)**

**ASSESSMENT ISSUES AND INSTRUMENTS**

**THE RELATIONSHIP BETWEEN COMPONENTS OF EXECUTIVE FUNCTIONING AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING IN OLDER ADULTS**

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In order to improve accurate assessment of instrumental activities of daily living (IADL) in older adults and better understand the relationship between executive functioning and IADLs, this study investigated whether a relationship exists between measures of verbal inhibition and cognitive flexibility and a caregiver report measure of IADLs. Using deidentified retrospective data from an outpatient neuropsychological practice, this study examined the relationship between the Lawton Activities of Daily Living Scale and Delis Kaplan Executive Functioning Scale (DKEFS) Color Word Interference subtest in ninety-four community dwelling older adults aged 60-89 (mean= 72.66 standard deviation= 7.58) using a linear regression analysis. Results of the analysis revealed that performance on the Inhibition and Inhibition/Switching Total Errors conditions of the DKEFS Color-Word Interference subtest were associated with older adults’ scores on an IADL scale. The Inhibition condition accounted for an additional 4% of the variance (F=18.977) and the Inhibition/Switching Total Errors condition accounted for an additional 3.9% of the variance (F=12.027) above demographic variables and baseline cognitive conditions. Performance on the Inhibition/ Switching condition was not significantly associated with IADLs. These results suggest that a decline in older adults’ capacity to complete IADLs is associated with poor verbal inhibition and difficulties with self-monitoring and impulsivity.

**DEMENTIA CAREGIVER BURDEN: ASSOCIATED WITH APATHY/DISINHIBITION VS NEUROPSYCHOLOGICAL TESTS OR IADLS**

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Caregiver burden has been associated with persons with dementia’s neuropsychiatric behaviors and function in activities of daily living (ADL). Previous data suggest patients’ cognitive status is not associated with burden, but these are based solely on screening tests (e.g., Mini-Mental Status Exam; MMSE). The 12-item Zarit Burden Interview (ZBI) was administered to 213 caregivers of patients diagnosed with dementia from an interdisciplinary memory clinic after a comprehensive assessment of behavior, function, and neuropsychological status. We replicated previous findings that MMSE was not associated with caregiver burden (trivial association r = 0.02; p > 0.05), whereas the Total index score from the Repeatable Battery for the Assessment of Neuropsychological Status demonstrated a small association with ZBI scores (r = 0.17; p = 0.049). A composite measure of executive function (from the Trail Making Test – B and Stroop Interference Test) demonstrated a moderate association with ZBI scores (r = 0.31, p = 0.031), as did instrumental ADLs (iADLs) measured with the Functional Assessment Questionnaire; r = 0.38, p < 0.001. Although frontal behaviours of apathy and disinhibition (from the Neuropsychiatric Inventory) also approached to have a moderate association with burden (r = 0.41, p < 0.001), hierarchical regression analysis suggested that burden was best predicted by these frontal behaviours alone (R = 62, p < 0.001), and not iADLs or neuropsychological function. These data illustrate the limited contribution of neuropsychological function and iADLs in predicting caregiver burden and suggest that patients’ frontal behaviours are most associated with increased caregiver burden.

**FACTOR ANALYSIS AND ETHNO-RACIAL MEASUREMENT INVARIANCE OF THE MEANINGFUL ACTIVITY AND PARTICIPATION ASSESSMENT—FREQUENCY**

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Background: Daily activity is associated with health in older adults. The Meaningful Activity and Participation Assessment—Frequency (MAPA-F) evaluates activity engagement. There is limited research on this tool’s measurement properties among ethno-racial groups. Culturally-based response patterns may invalidate cross-cultural comparisons of activity behaviors and their relationships to health. Additionally, associations between MAPA-F domains and health in ethno-racial subgroups have not been established. Objectives: Examine both ethno-racial differences in the MAPA-F factor structure, and the associations between MAPA-F activity domains and self-rated health and function. Methods: A multi-group confirmatory factor analysis framework was used to identify underlying dimensions of the MAPA-F questionnaire for White and Hispanic elders. Measurement invariance was examined between groups. Post-hoc correlational analysis was conducted to compare resultant factor solutions with self-perceived health and function (SF-36 Health Survey). Results: Three activity domains—leisure, social, and transportation—emerged for Whites and Hispanics. Configural, measurement, and factor correlations invariance was found between groups. The strongest associations were observed between leisure activity and physical function for both groups. Significant associations between social activity and SF-36 subscales were present for Whites but not for Hispanics. Discussion: A three-factor model of MAPA-F exhibited invariance across Whites and Hispanics, which suggests conceptual equivalence and justifies mean comparisons between these groups. Health domains were differentially associated with leisure and social activity between groups. Examining types of activities cultural groups engage in may be important when studying health outcomes. Future studies should investigate causal relationships between MAPA-F domains and health in ethno-racial groups of older adults.
in complex ADL may already occur and indicate a higher risk of conversion to dementia. Thus, sensitive and reliable ADL assessment tools are needed. This study investigated the feasibility of a novel performance-based ADL assessment tool in a real-life setting. This setting consisted of a fully furnished two-room flat equipped with activity sensors, tracking devices and cameras. 21 participants (mean age: 70.5 years, range: 65-82; mean MMSE: 26.0 points, range: 22-30) with either Alzheimer’s disease (AD), mild cognitive impairment (MCI) or no cognitive impairment (NCI) had to complete seven standardized tasks, including meal preparation, telephone use, finding objects in the flat and operating the television. Analyses of the sensor data and the video clips revealed that AD participants needed more time and made more errors while solving the tasks than MCI participants, who in turn took longer and made more errors than NCI participants. Task performance was correlated with cognitive status, but not with age. Furthermore, the majority of participants found the flat and the tasks absolutely realistic (88% and 93% agreement, respectively). Assessment duration (mean: 23 minutes) was considered appropriate. In conclusion, this novel ADL assessment in a real-life setting was very well accepted by participants and feasibility was excellent. Results of this pilot study demonstrate that the novel tool offers the opportunity for an objective, partially automated and ecologically valid assessment of ADL.

A DISCRIMINATIVE DAILY ACTIVITY MEASURE FOR INDIVIDUALS WITH MILD COGNITIVE IMPAIRMENT

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One factor that defines Mild Cognitive Impairment (MCI) is individual variability in performance of instrumental activities of daily living (IADL). Yet, few measures of IADL discriminate between older adults with MCI versus normal cognition. This secondary data analysis examined the discriminative validity of a performance-based observation measure of IADL performance among older adults with MCI and those with normal cognition. Participants had a history of major depression and completed the baseline assessment of an intervention study examining maintenance antidepressant therapy. Among these participants, 61 had MCI (M=75.9 years) and 96 had normal cognition (M=72.5 years). The Performance Assessment of Self-Care Skills (PASS) assessed IADL performance through standardized, criterion-referenced observations of 8 tasks (shopping, bill paying, checkbook balancing, bill mailing, telephone use, medication management, critical information retrieval, and small device repair). A composite score of the total number of cues required to complete the cognitively-focused IADL was calculated. Receiver Operating Characteristic curve analyses demonstrated good accuracy of the PASS in discriminating between older adults with MCI and those with normal cognition (Area Under the Curve=0.81, p<0.0001). An independent sample t-test indicated that there was a significant difference between the number of cues required by older adults with MCI (M=28.03) and those with normal cognition (M=11.75; t(155)=7.71, p<0.0001). Findings suggest that the PASS is a discriminative measure for assessing IADL performance among older adults with MCI and those with normal cognition who had a history of major depression.

USEFULNESS OF POSTURAL SWAY MEASUREMENTS WHEN STANDING UP FROM A CHAIR

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In this study, we measured postural sway while standing up from a chair using the maximum amount of effort and examined the association between sway in the lateral direction and experience of falling in the past year, lower limb pain and muscle volume. We performed cross-sectional analyses on 311 community-dwelling older adults, which included 155 men and 156 women (73.6 ± 5.0 years). We evaluated average displacement (mm) of the foot center of pressure from the center to the lateral direction while standing up from a chair. That is to say, those whose value was large tended to stand up with a disproportionate load on one leg. Average displacement was 9.4 ± 6.4 mm in the no fall group, 8.7 ± 4.5 mm in the one fall group, and 13.4 ± 14.2 mm in the two or more falls group, indicating a significant difference between groups (P = 0.04). Subjects with pain in one leg exhibited greater displacement than subjects with pain in both legs and subjects with no pain (P = 0.049). There was no association between displacement and lateral differences in lower limb muscle volume measured by bioelectrical impedance analysis (P = 0.88). These results suggest that postural sway measurements while standing up from a chair reflect imbalances in left-right leg muscle exertion as a result of pain, and can be useful in evaluating the risk of multiple falls.

AGE OF ONSET AND PREVALENCE OF DEMENTIA IN CENTENARIANS USING 3 DIFFERENT ASSESSMENT TOOLS

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Purpose: To determine the age of onset of dementia in centenarians using three different assessment tools. Methods: Data were collected using the Blessed Information-Memory-Concentration (BIMC) Test, the Dementia Questionnaire (DQ) and self-report. The total sample was n=872 subjects, mean age 104 ± 4 years (655 women, 217 men) from the New England Centenarian Study. For 869 subjects, they and/or their family were asked about presence of dementia and age of onset. Out of the 664 participants who were administered the BIMC, a subset of subjects (n=59) who initially had no cognitive impairment by the BIMC were then assessed with the BIMC annually for age of onset. The DQ, administered to n=136 living and recently deceased subjects, allows for the retrospective assessment of age of onset. Results: 29% (252/869) of participants provided a self-report of dementia with an average age of onset of 97 ± 6 years. 87% (576/664) met BIMC criteria for at least mild cognitive impairment with an average age of onset of 101 ± 4 years. 63% (86/136) were considered demented by the DQ with an average age of onset of 103 ± 5 years. Correlations between these three assessments were determined. Conclusions: The DQ, BIMC and self-report are valuable tools in determining the presence and age of onset of dementia in centenarians. However, self-report is adequately sensitive only for severe cognitive impairment. The DQ is especially useful in this population because it can be administered for subjects with sensory impairments that prevent testing with the BIMC.

MEASURING ELDER ABUSE: DOES CHANGING ABUSE THRESHOLDS AFFECT PREVALENCE LEVELS OR RISK FACTORS?

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There is a lack of consensus in defining and measuring elder abuse. This lack of uniform definition makes it difficult to compare studies complicating the assessment of the actual prevalence and risk factors for elder abuse. This study examines the impact of different elder abuse definitions by adjusting the abuse thresholds (i.e. those who experience abuse at least once vs. twice or more and those who experience minor vs. severe abuse) in a sample of low-income immigrant Latino seniors (N=199) living in Los Angeles. Bivariate and logistic regressions were conducted to determine the impact of different thresholds on prevalence and risk factors. Increasing threshold definitions (i.e. to twice or more) resulted in lower prevalence estimates of overall abuse (35.7%...
to 17.1%) and its sub-types (psychological, physical/sexual and financial abuse), the study found that the risk factors generally remained consistent, especially for conflict abuse (i.e. combined psychological, physical and sexual abuse), suggesting a common set of predictors as indicated by Hosmer-Lemeshow tests. In contrast, increase in thresholds reduced the number of significant risk factors of physical and sexual abuse and, in some situations, strengthened the odds of risk factors in predicting conflict abuse, such as educational attainment (Odds Ratio [OR], 5.2 to 23.0) and history of past abuse (OR, 7.6 to 14.1). This study found limited impact of utilizing different thresholds in predicting abuse. Risk factors appeared to be relatively independent of the thresholds that were used. Further studies using larger datasets are needed to verify the findings of this study.

DO THE ELDERLY USE THE SAME STRATEGY TO PLANNING MOVEMENTS FOR REAL AND VIRTUAL TARGETS?

Objective: Virtual environments show promise for balance training in older adults. However, motor control strategies employed in real and virtual environments have largely been unexplored. For ballistic, constrained, target-reaching movements, end-effector motion typically follows bell-shaped velocity profiles. Scaling peak velocity (PV) to reach extent generally reflects the plan, while scaling time to peak velocity (ttPV) indicates feedback or feedforward use to adjust the plan for success. We investigated how older adults use these control strategies under varying balance conditions (standing/stepping) for reaches to real and virtual targets. Design: A cross sectional design wherein participants, while standing or stepping, reached for real or virtual targets arranged in a circular ring, in a counter-balanced order. Setting: California State University at Fullerton and the University of Southern California. Participants: 19 adults, aged 59 to 87. Outcome measures: Using processed kinematic data derived from the Kinect system, PV and ttPV of each reach were calculated (~190 total/participant). Results: PV and ttPV were greater for stepping than standing. The increase in ttPV from standing to stepping reaches was greater for real targets than virtual targets (balance condition x target interaction, p=.012). Conclusion: Anticipatory planning strategies vary with respect to balance condition but are similar for reaches to Real and Virtual targets. Feedback-based adjustments appear to depend on both balance condition and target type in older adults. We will discuss possible explanations for these findings and the effect of age on planning that was only seen in the virtual reaching task.

SESSION 960 (POSTER)

CHRONIC DISEASE MANAGEMENT

DIABETES SELF-MANAGEMENT BEHAVIORS AND INFORMAL SOCIAL SUPPORT AMONG OLDER CARIBBEAN WOMEN: A PILOT MULTI-METHOD STUDY

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Type-2 diabetes is one of the most common chronic conditions in the U. S. Virgin Islands, affecting approximately 9.4% of women compared to 8.1% of men. Individuals diagnosed with diabetes have compelling reasons to adopt a healthier lifestyle; nevertheless, making lifestyle changes can be daunting task. The goal of this project is to identify and understand the role of perceived social support in diabetes self-management practices among residents in the U. S. Virgin Islands. Semi-structured in-depth interviews were collected from 24 women (mean age = 69 years) across the three territories (St. Thomas = 10, St John = 9, and St Croix = 5). The average diagnosis of diabetes was 13.2 years (SD = 5.93). Pearson correlation was computed to assess the relationship between social support desired and social support received for the management of diabetes. Overall, there was a positive correlation between support desired and support received from friends and family members. Thematic analysis was used to understand the patterns and meanings of social relationship in illness management. The qualitative analysis affirmed the importance of social support through the emergent of three themes: 1) social support to initiate behavioral change; 2) strategies to support behavioral change; and 3) activities to improve health. Our findings confirm that relational-based self-management programs have positive influences on health outcomes and important implications in the design of interventions to enhance active self-management behaviors among women residing in the U S Virgin Islands.

DISCOVERING STRATEGIES USED BY OLDER ADULTS TO RESOLVE THE HEALTH CHALLENGE OF UNDERGOING HEMODIALYSIS AS SUPPORTIVE EVIDENCE FOR PATIENT-CENTERED APPROACHES TO CARE

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Evidence supports when older adults start hemodialysis they are faced with the health challenge of incorporating a prescriptive regimen into everyday living. As nephrology professionals attempt to provide the best care to an increasing number of older adults, it is important to understand strategies employed by this population to resolve the health challenge. The purpose of the study was to determine story turning points (critical moments) and actions/attitudes taken to move toward resolving the health challenge. This qualitative study used Story Theory to guide story-gathering and analysis. Older adults shared their story about the health challenge of undergoing hemodialysis in the: 1) present moment; 2) past related to where they are now; and 3) future hopes and dreams. Analysis incorporated deciphering the essence of the health challenge; uncovering the story plot through turning points, twists in the story that shifted life direction and identifying actions/attitude indicative of movement toward resolving. There were 17 participants, 61 to 89 years old, the majority were European Americans (n= 12). Story turning points were grouped into three phases: 1) experiencing losses; 2) current experience living with hemodialysis; and 3) expectations for the future. Movement toward resolving the health challenge ranged from struggling with loss to hopeful resilience through a matter-of-fact approach embedded with faith and love. The results indicate that although older adults face the health challenge of undergoing hemodialysis, they discover the best way to incorporate the prescriptive routine into everyday living. The findings can be used to support patient-centered approaches to care.

FOOD DESERTS AND HEALTHY LIVING FOR OLDER ADULTS WITH DIABETES


In the USA, 26.9% of older adults have Type 2 diabetes (CDC, 2011). One method for controlling diabetes is to focus on a healthy, balanced diet. A food desert study was executed to understand the influences of food environments on rural older adults with Type 2 diabetes. Using GIS software, food resources were geo-coded and grouped into fast food outlets, convenient stores, independent grocers, and chain supermarkets. The home addresses of 197 patients were also geo-coded. The outcome variable was a count of health indicators (A1C, blood pressure, blood cholesterol) that were in the acceptable range as reported by their primary health care providers. A model was tested that included individual level demographic predictors (ethnicity, gender, marital status), individual food choice predictors (health, mood, convenience, sensory
appeal, natural content, price, familiarity) individual food security, and distance between the participants’ homes and types of food outlets. Results indicated participants with a spouse/partner, who were willing to drive farther to their preferred grocer, who were food secure, and whose sensory appeal did not guide their food choices, had better health outcomes. It was concluded that helping people with diabetes acquire access to healthy food requires understanding of the distance between a person’s home and healthy food. It is also important to understand the psychological aspects that drive food choices and how the lack of food security impacts these choices. Rural older adults can improve ABCs when they have the means and motivation to travel longer distances to gain access to healthy food.

**RELIGIOSITY, SOCIAL SUPPORT, SELF-MANAGEMENT AND HEALTH IN OLDER MEXICANS DIAGNOSED WITH DIABETES**

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Diabetes is a major health concern affecting countries around the world, but particularly Mexico where diabetes will be one of the most challenging health problems in coming years. Diabetes is associated with negative health outcomes, and a number of micro and macrovascular complications that can decrease the quality of life and increase the risk of death. Research has yielded convincing evidence about the benefits of social support, religiosity/spirituality, and self-management on physical and psychological well-being (Krause, 2011; Uchino, 2009). However, there is no systematic examination of the specific interrelationships among social support, religiosity, and self-management behaviors and how these variables predict self-rated health in Hispanics, especially in diabetic Mexicans. Structural Equation Modeling was used to explore the potentially beneficial effects of social support, religiosity, and self-management on health among Mexican diabetics who are middle-aged and older. It was hypothesized that religiosity and social support would positively impact health, but these relationships would be mediated by self-management. Data from Mexican Health and Aging Study was used to assess these relationships. Indices indicated a good fit of the data ($\chi^2$ (253) = 297.64, p < .05; RMSEA = 0.02, CFI = 0.99, TLI = 0.99). The results indicated that religiosity and emotional support from husbands/partners were positively associated with self-management, and emotional support from husbands/partners was also associated with health. However, there was no mediation. These findings suggest the importance of spousal support in diabetes management and health and religiosity in diabetes management with implications for practitioners and religious leaders.

**HEALTH-RELATED QUALITY OF LIFE, DEPRESSION, AND OVERALL QUALITY OF LIFE AMONG CHRONIC DISEASE SELF-MANAGEMENT PROGRAM PARTICIPANTS: FINDINGS FROM THE NATIONAL STUDY OF CDSMP**

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**Background.** In recent years, scholars have increasingly recognized the simultaneous importance of physical and mental health among older adults. While the evidence-based Chronic Disease Self-Management Program (CDSMP) has been widely disseminated in the United States, few studies have examined associations among perceived quality of life, physical health, and mental health among older adult participants. **Methods.** This study explored the relationships among health-related quality of life (HRQOL), depression, and overall quality of life (QOL). Data were analyzed from 686 participants aged 65 years and older during a two-year national dissemination of CDSMP. T-tests were employed to compare mean differences in HRQOL (i.e., physically unhealthy days, mentally unhealthy days, and days limited from usual activities) and overall QOL. Block-wised regression analyses were conducted to identify associations of HRQOL items with overall QOL between depressed and non-depressed participants. **Results.** Non-depressed participants (n=369) reported significantly higher overall QOL and HRQOL levels compared to depressed participants (n=317). Unhealthy physical ($\beta$ = .03, p < .05) and mental ($\beta$ = .07, p < .01) days and days limited from usual activities ($\beta$ = .04, p < .05) were significant predictors for overall QOL among depressed participants. Days limited from usual activities were significantly associated with overall QOL among non-depressed participants ($\beta$ = .03, p < .05). **Conclusion.** Findings indicate depression is significantly related to perceptions of physical and mental health as well as usual activities for QOL among older adult participants. This study suggests the need to identify at-risk subgroups and enroll them in effective intervention strategies to improve the health and well-being among older adults with chronic conditions.

**THE MEDIATING EFFECTS OF ACTIVITY LIMITATIONS ON THE RELATIONSHIP BETWEEN PAIN AND DEPRESSIVE SYMPTOMS IN LATE LIFE**

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Pain often limits various types of activities that can cause psychological distress in late life. Although previous studies have pointed to pain as a predictor of psychological distress in late life, empirical studies have rarely explored what mediates this relationship. This study aimed to test whether pain and activity limitations predict depressive symptoms in late life and whether activity limitations mediate the relationship between pain and depressive symptoms. The study analyzed 3,339 older adults who participated in the National Health Interview Survey 2009 and assessed the measures of depressive symptoms, joint pain [(severity, duration, and number of pain sites (NPS)], limitations on activities (daily, social, and leisure activities), and demographic characteristics. Multiple regression and path analyses were conducted. A hierarchical regression model, including demographic characteristics, joint pain, and activity limitations, explained 20% of depressive symptoms. Depressive symptoms were predicted by pain severity ($\beta$ = .15) and NPS ($\beta$ = .09) and by limitations on daily ($\beta$ = .08) and social ($\beta$ = .27) activities. However, pain duration and leisure activities did not predict depressive symptoms. The results of the Sobel test support that limitations on social activities partially mediate the relationship of depressive symptoms to pain severity (Sobel test Z = 8.88) and NPS (Sobel test Z = 8.75). The results indicate that activity limitations aid in the understanding of the relationship between pain and depressive symptoms in late life. They support developing interventions to help older adults maintain activities that reduce the negative impacts of pain on psychological distress.

**IMPACT OF FOLLOW-UP TELEPHONE CALLS ON POST HOSPITAL MANAGEMENT OF HEART FAILURE PATIENTS**

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Older adults with heart failure (HF) patients have complex care needs and a high rate of hospital readmission. Research in this area revealed a frequent failure of HF patients to keep follow-up appointments, possibly leading to preventable admissions. This study’s purpose is to examine the impact of post hospital discharge telephone follow-up calls on: adherence to follow-up clinic appointments scheduled in the first month post discharge, medication reconciliation, and hospital readmissions. A retrospective chart review was conducted from October 2012 to December 2012 at an academic hospital on 87 patients receiving telephone calls and 60 patients not receiving telephone calls. Logistic regression was employed to examine adherence to follow-up clinic appointments, medication reconciliation, and hospital readmissions controlling for age, gender, and comorbidity. A total of 147 patients’ charts were analyzed. Patients have a mean age of 69.9 (±14.5) and a mean co-morbidity of 9.3 (±7.3). Patients who received telephone calls were more likely to keep follow-up appointments, adhere to clinic appointments, and have medication reconciliation completed compared to patients who did not receive telephone calls.
twice as likely to adhere to their appointments as patients who did not receive a telephone call after hospital discharge (Odds ratio = 2.18, CI = -0.004:1.568). Medication reconciliation could not be determined, as many patients were unable to confirm medication currently taken. Telephone calls did not significantly reduce hospital readmission (p = 0.80, CI = -1.3: 1.0). While telephone follow-up calls may improve adherence to follow-up appointments, medication management will require a different approach. Lack of medication reconciliation may account for failure to reduce hospital readmissions. Telephone calls may need modification in order to reduce hospital readmissions.

COUPLES COPE WITH CHRONIC HEART FAILURE: TESTING DYADIC EFFECTS OF SPOUSAL INFLUENCE ON MARITAL CLOSENESS USING THE ACTOR-PARTNER INTERDEPENDENCE MODEL
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Coping with chronic illness is increasingly being viewed as a relational process rather than an individual-based phenomenon. Although spouses serve as each other’s primary source of support and assistance, relatively little is known about how spousal involvement in chronic illness management affects the marital relationship. This analysis used the actor-partner interdependence model (APIM) to examine the day-to-day associations between spouses’ attempts to influence patients’ adherence to their treatment regimen and feelings of marital closeness among 60 older couples coping with chronic heart failure. Using data from the Arizona Family Heart Project’s 14-day daily diary study, we examined the effect of giving and receiving health-related spousal influence on next-day feelings of marital closeness. Influence attempts where associated with next day marital closeness, and this effect was moderated by the affective nature of the influence attempts. As predicted, next day marital closeness for patients increased in response to their report of the previous day’s influence attempts, particularly when the influence was more positive than negative. However, marital closeness did not decrease in response to the previous day’s influence attempts that were more negative than positive, rather no association was found. Furthermore, spouse marital closeness was not associated with providing influence as was predicted, but rather was associated with the nature of their influence attempts. Findings suggest that even among older patients in marriages that have spanned decades, marital feelings can indeed be affected by how the couple engages around illness management.

AGE-RELATED CHANGES IN CENTRAL AND PERIPHERAL MECHANISMS OF PAIN

Older adults are at increased risk to develop prolonged pain and experience greater pain-related disability compared to younger cohorts. Very little is known about the mechanisms at the intersection of pain and aging. The present investigation examines pain sensitization in a group of younger and older adults by the application of heat stimuli in ascending and descending series at the hand and forearm. This paradigm examines sensitizing trends by comparing pain ratings of ascending intensities to ratings of subsequent descending intensities in 0.7 degree steps. While sensitizing trends allow for examination of central/peripheral processes of pain amplification, the differences in Aδ/C fiber innervation of the primate hand versus forearm also allows investigation of peripheral mechanisms. Seven younger and eight older adults received ascending stimuli for 3 seconds every 30 seconds until a pain rating of 65/100 was reached, at which point a descending series began. Electronic VAS and thermode temperatures were recorded continuously and compared between younger and older participants. During the descending series, pain ratings were significantly higher (p<0.05) for older (53.7±1.2) compared to younger (41.7±3.4) individuals. Temperatures needed to reach target pain were significantly lower for younger (49.5±0.5) compared to older participants on the forearm (51.3±0.6, p<0.05), but not the palm. We show older adults experience pain amplification while being less pain sensitive using a novel testing paradigm. Our study supports previous works in animals and humans where aging affects primary afferent fibers differentially and increases pain sensitization processes that likely contribute to increased pain in older cohorts.

SESSION 965 (POSTER)

CIVIC ENGAGEMENT

"WE NEED TO HELP OTHERS IN ORDER TO HELP OURSELVES": CASE STUDIES OF RISKS AND BENEFITS OF PRODUCTIVE ENGAGEMENT DURING CANCER RECOVERY FOR RURAL-DWELLING OLDER ADULTS AND THEIR SUPPORT PERSONS
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The purpose of this study was to explore the ‘work’ of recovering from early-stage cancer, and how this ‘work’ contributes to health outcomes for rural-dwelling older adult cancer survivors and those who support them. This research was conducted using a prospective instrumental case study approach framed in the theory of ‘work’ during chronic illness. Cancer survivor-support person dyads were closely followed from diagnosis through 3+ months post-completion of primary cancer treatment for early-stage breast or prostate cancer. In order to examine transitional survivorship ‘work’ within a population at-risk for experiencing cancer health disparities, cases were purposively selected from among primarily low-income, rural-dwelling older adults and their support persons. The final dataset on 11 dyads (n=22) consisted of 24 in-depth interviews, 57 questionnaires, 115 biweekly phone calls, and 1475 daily journal entries. Analysis techniques included best practices borrowed from grounded theory. Productive engagement emerged as the concept that best-captured the types of daily ‘work’ that assisted survivors in reconstructing identity, recovering function, and maintaining a sense of normalcy post-treatment. These activities included volunteering, paid labor, caregiving, and informal helping, as well as spiritual activities that fell outside of classical operational definitions of this concept. One of the unique benefits of productive engagement during this liminal phase of cancer recovery was distraction from worrisome thoughts associated with illness uncertainty, although the work also carried physical and social risks. Findings from this research contribute to a growing body of theory on transitional cancer survivorship and the role of productive engagement following serious illness.

VOLUNTEERING AND PSYCHOLOGICAL RESOURCES ACROSS THE LIFE SPAN: LONGITUDINAL RESULTS
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Purpose: Self-efficacy is one of the psychological resources related to well-being in later life and thus is associated with successful aging. We examined whether volunteering contributes to successful aging by facilitating self-efficacy and emotional well-being. To address changing patterns throughout middle and older adulthood, age group differences in the relationships between volunteering, emotional well-being and self-efficacy were analyzed. Method: Longitudinal structural equation modeling was used on the German Ageing Survey 2008 and 2011. 4,938 adults aged 40-84 years were divided into three age groups for multiple group analysis. Self-efficacy and emotional well-being were included as latent variables, while time spent volunteering (hours per
EXPLAINING WHY ELDERS VOLUNTEER: DOES THE METHOD OF COUNTING MATTER?
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Human, social, and cultural capital resources have been recognized to be important determinants of volunteering (Wilson and Musick, 1997; Tang 2006), but how might the method of data gathering affect the importance attached to these predictors? This paper compares the incidence of volunteering and its determinants for two related but different ways of measuring volunteering. Volunteering data are drawn from 12-month retrospective questions used by the Current Population Survey September 2010 Volunteer Supplement (N=16,411) and “yesterday” diary data from the 2010 American Time Use Survey (N=2,050). Comparable measures of background predictors and resources are employed in parallel logistic regressions focusing on odds ratios predicting the likelihood of those outside the labor force having volunteered in the past 12 months (CPS) or yesterday (ATUS). While an expected higher incidence of reported volunteering was found for the CPS 12-month retrospective data, unexpectedly several predictors behaved differently in ways not apparently related to the discrepancy in sample sizes: CPS data showed a decline in the likelihood of volunteering after age 80, while ATUS showed no such decline but rather a significant increase for those 75-79. Whites were more likely to have volunteered according to CPS but not ATUS analyses. While education was significant for both data sets, both income and health significantly increased the likelihood of those outside the labor force having volunteered in the past 12 months (CPS) or yesterday (ATUS). These results are discussed in terms of both methodology (Robinson & Godbey, 1999) and life course dynamics (Omoto, Snyder & Martino, 2000; Morrow-Howell, 2010).

ENHANCING LATER-LIFE PERCEPTIONS OF GENERATIVE CONTRIBUTIONS: THE BALTIMORE EXPERIENCE CORPS TRIAL
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Background: A growing body of evidence indicates that older adults’ mental and physical health may benefit from perceptions of playing a generative role in the lives of others. Older adults who feel more generative, and maintain higher perceptions of generativity with advancing age, have more favorable trajectories of physical functioning and survival in later life. To date, however, there is little data on whether we can intervene to enhance perceptions of generativity in older adulthood. Objective: The present analyses examine whether engagement in an intergenerational tutoring program, Experience Corps (EC), enhances older adults’ perceptions of generativity. Design and Analysis: Perceptions of generative contributions were compared at a 24-month follow-up in older adult (age 60+) EC volunteer and control participants in the randomized Baltimore Experience Corps Trial (n=702). Participants rated their level of contributions to the well-being of others using an 11-point scale (0-worst possible to 10-best possible). Complier average causal effect modeling analyses incorporating information on intervention exposure were used to compare perceptions of generative contributions in intervention vs. control participants. Results: EC volunteers had significantly higher perceptions of generative contributions (B = .36, p = .04) at the 24-month follow-up than non-EC control participants. Implications: These findings are the first to demonstrate that perceptions of generative contributions are enhanced by randomized exposure to an intergenerational activity program. Given previous research linking these perceptions to disability and mortality outcomes, enhanced perceptions of generativity resulting from EC engagement may set older volunteers on a path to better health in later life.

THE EFFECT OF KOREAN BABY BOOMERS’ VOLUNTEERING ON ROLE IDENTITY AND SOCIAL INTEGRATION
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Descriptions: In Korea, baby boomers (born from 1955 to 1963) started retiring in 2010 in public sectors when they turned 55. Since the Korean retirement age is the shortest in all OECD countries (56), baby boomers are trying to do something for their role identity and social integration as preparation for their old age era. In this study, it was examined whether or not Korean baby boomers’ volunteering affected their role identity and social integration. Method: The sample size of this study is 280. The sample was collected using a population ratio of baby boomers in Seoul and the Kyungki Province, where one fifth of the Korean population live. The factors affecting role identity and social integration were compared using two separate hierarchical multiple regressions. As for independent variables, objective volunteering variables such as time lapse and time spending per week were used. Subjective variables such as motivation, satisfaction and achievement through volunteering were used. Findings: Among subjective variables, volunteer satisfaction and achievement through volunteering significantly affected role identity. In regard to social integration, time spending per week, motivation and volunteering satisfaction were statistically significant factors. The findings implied that to have role identity, it was important to be satisfied with volunteering and to feel achievement in helping others. In regard to social integration, objective time spending and motivation were important factors. This result indicated that to have social integration, it is important to be involved in helping others, which gave them the feeling of being important members of society.

SOCIAL CAPITAL AND LIFE SATISFACTION AMONG OLDER KOREAN AND CHINESE IMMIGRANTS

Background: Research has indicated that many Asian Americans experience life dissatisfaction. Studies have also found that social capital is a protective factor for life satisfaction. This study analyzed the impact of social capital and other demographic characteristics on life satisfaction. Methods: The study sample consists of 172 Chinese and 205 Korean elderly immigrants from a structured survey, which measured social capital in multiple dimensions, life satisfaction, and demographic variables. Multiple regression analyses were conducted to test
the impact of social capital on life satisfaction among Chinese and Korean elderly immigrants. Findings: Multiple aspects of social capital were strong predictors of life satisfaction among Korean elderly immigrants (p < .05) while only one aspect of social capital (i.e., community partnership) was associated with life satisfaction of Chinese elderly immigrants (p < .05). Implications: Social workers and social service agencies may improve life satisfaction among Korean and Chinese elderly immigrants by increasing their social capital levels.

OLDER ADULTS’ EDUCATIONAL ACTIVITIES: PARTICIPATION RATE, INDIVIDUAL DETERMINANTS AND LINKAGES WITH SOCIAL PARTICIPATION

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Problem Statement. While in the past the transition of older people to retirement was often perceived as a process of disengagement, the active ageing discourse emphasises that older people should be given the chance to participate fully in society. As part of this, the promotion of a culture of lifelong learning represents a cornerstone of the present policies and efforts to widen participation among older adults. However, little is known about older people’s participation in education.

Purpose of Study. The study aimed to investigate educational participation among older people in Belgium. The following research questions are addressed: What is the activity rate of older people regarding educational activities? What is the individual profile of (non) participants? Which factors could influence this participation? Methods. The study uses data collected by the Belgian Ageing Studies from 67,560 home-dwelling persons aged 60 and above, using a structured questionnaire. Findings and Results. The results indicate that 26.1% of the older population participated in an educational activity over the past year. Individual determinants of this participation are discussed in terms of age, gender, marital status, educational level, income, and health. Additionally, a positive relationship was found between educational participation and social participation, volunteering and Internet use. Conclusions and Recommendations. The discussion provides an overview of potential vulnerable older people in terms of educational participation. Moreover, it focuses on the implications of these findings for educational organizations and provides impetus to organize and increase lifelong learning in later life.

IN THEIR OWN WORDS: THE MEANING OF VOLUNTEERISM AMONG RURAL RSVP ELDERS

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Prior literature has noted that volunteer activities may potentially mitigate the negative effects of role loss on psychological well-being; other research suggests that factors surrounding the nature of the volunteer activity may determine whether there are positive or negative effects. A popular venue for adults to volunteer in the community is administered by Retired and Senior Volunteer Programs (RSVP) around the country. This is a Program funded by Senior Corps, and our largely rural-dwelling volunteers are stationed in community sites providing elementary school tutoring, family contacts in hospitals, and citizen patrol and horseback search and rescue in law enforcement endeavors. Ninety-nine older adult volunteers aged 60-93 years were surveyed on what volunteering means to them. Seniors in two rural parishes contribute over 125,000 hours annually; activities worth $25,79 per hour according to the US Dept. of Labor Statistics hourly rate for this type of activity. Thus, our elders’ volunteerism activity yields an economic impact of over 3.2 million dollars annually. When asked how volunteering has contributed to their lives, the results were overwhelmingly positive. Qualitative analysis of the content in responses to this open-ended question yielded the following predominant themes (in order of decreasing frequency): 33% noted positive affect associated with helping others; 23% indicated it was a blessing/rewarding; and 15% noted that it kept them busy/active/healthy. Thus, for our largely rural-dwelling RSVP elders, volunteerism serves a function of promoting psychological and physical well-being, and may be especially important in elders dwelling in rural regions where resources are scarce.

GREEN AND GRAYING: AGE DIFFERENCES IN ENVIRONMENTAL DECISION MAKING


Climate change threatens the health and well-being of people now alive as well as those in future generations. The meaning of this long time frame may vary over the course of the lifespan, as constraints on future time perspective may change individuals’ priorities about how remaining time should be utilized. In this research, we employ theoretical insights from gerontological scholarship to examine age dynamics in climate change attitudes and beliefs. This analysis provides an opportunity to adjudicate among competing lifespan hypotheses, while also improving our understanding of the public’s beliefs and attitudes about global climate change. To date, no other work on climate change public opinion systematically analyzes how age relates to climate change attitudes and behaviors. In three studies, we test theoretical arguments about age differences in environmental judgments using heterogeneous samples of US residents from early to late adulthood. We elucidate age differences in attitudes toward climate change, and find that age differences are mediated by future time orientation, generativity, religiosity and a positivity bias. We find significant age effects on climate change concern, mitigation behaviors, and civic engagement, such that older respondents exhibit greater doubt about climate change, both in terms of its existence and its relationship to human action. Furthermore, we identify temporal focus to be the key factor to influence climate change attitudes. Enduring age differences in climate change beliefs and judgments have strong implications for public policy, which suggest several avenues for future research.

SESSION 970 (POSTER)

DEPRESSION AND ANXIETY

VALIDITY OF THE GERIATRIC ANXIETY SCALE AMONG COMMUNITY-DWELLING OLDER ADULTS

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Introduction: The Geriatric Anxiety Scale (GAS; Segal et al., 2010) is a self-report measure of anxiety in older adults. This study examined the validity of the GAS in a large sample of community-dwelling older individuals. Method: Community-dwelling older adults (N = 407, M age = 73.78, SD = 7.14, 57.5% female) completed the GAS, Patient Health Questionnaire (PHQ-9), Single-Item Self-Esteem Scale (SISE), Beck Hopelessness Scale (BHS), Three-Item Loneliness Scale, and the Medical Outcomes Study Short Form-36 (SF-36). Results: The GAS total scale was significantly correlated with the PHQ-9 (r = .74, p < .001), SISE (r = .47, p < .001), BHS (r = .59, p < .001), 3LS (r = .50, p < .001), and the SF-36 (r = .27, p < .001). These correlations were in the expected directions, and provide evidence of both convergent and divergent validity. Correlations were also computed between each GAS item and the PHQ-9 total scale to determine which items correlate with depression most strongly. All 25 items significantly correlated with the PHQ-9 total score. A Principal Components Analysis was performed on the combined GAS and PHQ-9 items to examine the underlying component structure of the two measures. The GAS and PHQ-9 items appear to be unidimensional in nature, perhaps because both measures assess affective distress. Conclusion: The GAS has moderate correlations with...
variables related to anxiety, indicative of convergent and divergent validity. The strong correlations between the GAS and a measure of depressive symptoms indicates substantial overlap between the two variables.

**ANXIETY IS ASSOCIATED WITH MULTIMORBIDITY IN OLDER ADULTS IN THE HEALTH AND RETIREMENT STUDY**

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The present study (1) determined whether the presence of medical conditions increased the presence of anxiety and (2) identified subgroups of conditions associated with anxiety in a nationally representative sample of older Americans. 4,126 participants (65 or older) completed measures of anxiety and depression in the 2006 wave of the Health and Retirement Study. The logistic regression models’ outcome was presence of clinically significant anxiety (>11 on 5-item Beck Anxiety Inventory). The predictor variable was number of medical conditions among these seven self-reported conditions: arthritis, cancer, diabetes, heart conditions, high blood pressure, lung disease, stroke. Analyses were adjusted for age, gender, and severity of depressive symptoms (Center for Epidemiological Studies Depression Scale). Presence of anxiety significantly increased with the number of medical conditions (ref. = zero conditions; n = 321): 1.03 (0.65, 1.64) for one (n = 910), 1.25 (0.80, 1.95) for two (n = 1253), 1.91 (1.22, 2.98) for three (n = 1009), and 2.16 (1.37, 3.41) for four or more conditions (n = 633). Bonferroni corrected (p < .0014) chi-square analyses examined the presence of anxiety in 36 triads of conditions. Arthritis, heart conditions and lung disease emerged as consistent predictors occurring in 9 of 17 significant triads significantly associated with anxiety. Number of medical conditions and specific conditions (i.e., arthritis, heart conditions, lung disease) were associated with increased presence of anxiety in older adults. Since anxiety can cause significant morbidity, and it is highly treatable, it may be particularly beneficial to evaluate older adults with multimorbidity for anxiety.

**DECREASED DEPRESSION IN OLDER ADULTS WITH HEARING AID USE**

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Background: Whether hearing loss and hearing aid use is independently associated with depressive symptoms is unknown. Methods: We studied 1029 adults (70-79 years) enrolled in the 2005-2006 and 2009-2010 cycles of the National Health and Nutritional Examination Surveys who completed audiometric testing and patient health questionnaires (PHQ) assessing for depressive disorder. Hearing was defined as the speech frequency pure tone average (PTA) in the better hearing ear. Hearing Aid use was defined as self-report ≥ 5 hours/week. Participants were classified as having major depressive disorder or any depressive symptoms if the total PHQ scores was ≥ 10 or ≥ 5, respectively. Multiple linear regression models adjusted for demographic and cardiovascular risk factors were used to assess the association between speech frequency PTA and hearing aid use with the presence of major depressive disorder or any depressive symptoms. Results: Thirty-eight participants met criteria for major depressive disorder, and 71 participants met criteria for having any depressive symptoms. Greater hearing loss (per 25 dB) was not statistically associated with an increased odds of major depressive disorder (OR=1.627, 95% CI: 0.658, 4.98), or any depressive symptoms (OR=1.582, 95% CI: 0.770, 3.249). Hearing Aid use was associated with reduced odds of major depressive disorder (OR=0.348, 95% CI: 0.135-0.896) and any depressive symptoms (OR=0.33, 95% CI: 0.142, 0.771). Conclusion: Hearing Aid use is associated with a reduced odds of major depressive disorder and depressive symptoms. The basis of this association and whether hearing rehabilitative interventions could affect depressive symptoms will require further study.

**ELDERLY DEPRESSION TRAJECTORY AND SUICIDE IDEATION IN SOUTH KOREA**

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Rates of suicide among older adults in South Korea have increased rapidly in recent years. Therefore, it is critically important to deepen understanding of the processes that drive suicide ideation in older adults over 65 years. Using the longitudinal data of South Korea Welfare Panel Study (2007-2011), we explored the association between elderly depression trajectory and suicide ideation among South Koreans aged 65 and over as of 2007. For analyses, a Latent Growth model was used. Older Koreans, who had higher depressive symptoms at 2007 demonstrated higher levels of suicide ideation at 2011 compared to those with lower depressive symptoms at 2007. Besides, estimated true rate of change in depressive symptoms predicted elderly suicide ideation, controlling for gender, age and income. On average, older adults with large positive rates of change in depressive symptoms between 2007 and 2011 had higher suicide ideation in 2011 than did older adults with moderate positive rates of change or negative rates of change. The results indicated that both the initial level depressive symptoms and the rate of change in depressive symptoms were associated with suicide ideation among Korean older adults over 65. The results indicate that elderly depressive symptoms have effect on suicide ideation in terms of both the initial level and the rate of change. These findings strongly suggest that the policy makers, practitioners, and researchers need policies and resources for older adults struggling with depressive symptoms and suicide risk in later life.

**DETECTION OF DEPRESSIVE SYMPTOMS BY CAREGIVERS IN ASSISTED LIVING: THE INFLUENCE OF COGNITIVE STATUS**

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Previous research indicates that skilled nursing facility staff have difficulty detecting depression in the residents they care for, but assisted living facility (ALF) staff’s ability to detect residents’ depression has not been examined. This study therefore assessed ALF staff’s ability to detect depression in residents, and how cognitive status affects this ability. Twenty-four residents and staff from 3 Atlanta ALFs were interviewed. Residents completed the 30-item Geriatric Depression Scale (GDS); staff completed the 15-item GDS. Residents also completed the Mini Mental State Examination (MMSE), and measures of basic (ADLs) and instrumental activities of daily living (IADLs), and perceived health. Staff rated the resident’s functional status and health using parallel measures. Bivariate correlations yielded no significant correlation between the resident- and staff-rated GDS (.091), but that association differed markedly for cognitively impaired (.209) vs. intact residents (.195). Residents' total ADL score was significantly correlated with depression (.519, p=.039). Staff and resident ratings were significantly correlated for ADLS (.429), p=.037 but not IADLs (.002). In contrast, both staff and resident ratings of general health ratings were significantly corre-
lated with total IADL score (resident r = -.530, p=.002; staff r = -.451, p=.027) but not with ADLs. Other supporting correlations were low and insignificant (ranging from -.15 to -.38). These results indicate that ADL and ADLs scores exhibit less difficulty identifying depression in intact residents. Additionally, IADL scores influence general health more than ADL scores, despite the higher agreement between residents and staff on ADLs.

**PROXY VERSUS SELF-REPORTS OF DEPRESSION IN LONG-TERM CARE: EXAMINING PATTERNS OF AGREEMENT USING THE CORNELL SCALE FOR DEPRESSION IN DEMENTIA**

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Among nursing home residents, depression is associated with lower quality of life and greater functional dependence, pain, and all-cause mortality. Thus, accurate assessment of depression in long-term care presents a critical public health concern. The Cornell Scale for Depression in Dementia (CSDD) is one widely-used instrument that includes both proxy- and self-report of depressive symptoms and has demonstrated sound psychometric properties. However, one recent study of 395 nurse-patient dyads found only a weak correlation between proxy- and self-reported depression using the CSDD (r=0.16; Towsley et al., 2012). Nurses reported fewer symptoms than patients and discrepancy scores were unrelated to cognitive functioning. The present study sought to examine other potential correlates of discrepancy scores. Participants included 35 nursing home residents (M age = 75.76, SD = 9.75) and 35 staff caregivers. Unlike Towsley et al., the association between proxy- and self-report CSDD scores was strong (r=0.61). Caregivers reported fewer depressive symptoms than residents (M discrepancy = -0.51), though proxy- and self-report scores were not significantly different. Discrepancy scores were not related to resident’s cognitive functioning or caregiver’s familiarity and experience. Greater discrepancy was related to increased impairment in adaptive functioning (r=0.38). Agreement also varied widely by symptom; proxy-self agreement was strong for symptoms of depressed mood (e.g., sadness: r = 0.49) and very weak for anxiety (r=0.05) and physical symptoms (r=0.03). The discussion will elaborate on the differential agreement by symptom and will include explanations for the strong association between self- and proxy-reported CSDD in the current study (e.g., nurses vs. CNAs as proxy-reporters).

**FOLLOW-UP META-ANALYSIS OF THE VASCULAR DEPRESSION HYPOTHESIS**

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The vascular depression hypothesis proposes that vascular risk factors (VRFs), e.g. hypertension, diabetes, heart disease, contribute to the development of depression in late life. Although this hypothesis has generated substantial research, it has not been addressed in a systematic fashion and results are mixed. The current study represents a follow-up from a 2008 meta-analysis initiated to empirically investigate the effect size of the relationship between VRFs and depression. The current study includes eligible research studies published by February 2013 using refined inclusion criteria reflecting only studies that utilized a cumulative vascular risk measure. Studies were identified through a comprehensive literature review including database and grey-literature search methods. Studies were grouped according to design (cross-sectional (CS) vs. longitudinal (LT)) and effect size type (odds ratio (OR); mean difference (MD)). Longitudinal analyses included studies with participants without depression at baseline to investigate the risk for developing depression over time. Significant mean effect sizes were found for the OR data for both CS (8 studies; OR = 1.99) and LT studies (5 studies; OR = 1.8), indicating individuals classified as having high cumulative vascular burden are almost twice as likely to be classified as depressed. The mean effect size for the 4 CS MD studies was not significant (d = .12). The significant OR effect size analyses suggest a meaningful association between greater rates of depression and a greater number of VRFs. Lack of significance in the MD analysis may be explained by the methodology used to calculate cumulative vascular burden.

**LIFE EVENTS MEDIATES THE RELATIONSHIP BETWEEN AGE AND UNCONSTRUCTIVE REPETITIVE THINKING**

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Older adults tend to engage in less unconstructive repetitive thinking (URT; e.g., worry or rumination) compared with younger adults. This is in spite of the overwhelming research showing that older adults have a harder time inhibiting unwanted thoughts in the lab. Previous research has shown that stressful life events often precipitate URT and that adults report fewer of these events as they age. A possible reason then for the age differences in the experience of URT is that older adults experience fewer of these precipitating events. We examined this relationship in a cross-sectional sample of adults (n = 317, Mage = 49.9, range 19-83). Participants completed a wide range of questionnaires that measured various facets of URT (e.g., intrusive thoughts: White Bear, worry: Thought Control Questionnaire) as well as a life events checklist that assessed the number of stressful life events in the past 12 months. Consistent with previous research, we found that older adults reported significantly lower levels of URT and significantly fewer life events. We then tested whether life events significantly mediated the relationship between age and URT. When age and number of life events were included in the model together, age no longer significantly predicted URT (β = -.06, p = .24). The indirect path from age to URT through exposure to stressful events was significant (β = -.08, p < .01). These findings suggest that reduced exposure to stressful life events plays an important role in age differences in the experience of URT.

**IMMIGRANT ACCULTURATION AND CULTURE OF ORIGIN IN EMOTIONAL OUTCOMES OF OLDER PATIENTS**

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Objective: Immigration has been associated in the literature with health disparities and various detrimental physical and psychological outcomes. The factors associated with these outcomes, however, are widely debated and can generally be related to either the immigrants’ adaptation (or lack thereof e.g. lack of access to resources, language barriers etc.) to the host culture or their culture of origin (e.g. norms influencing health and coping). The current study examines both factors in a sample of Russian immigrants in Israel, using psychological symptomatology (anxiety and depression) as outcomes. Method: Self-report data taken from 531 older adults hospitalized in two medical centers in northern Israel for non-debilitating disease was analyzed across four groups: Native Israelis (NI), Veteran immigrants (VI) from various countries, Veteran Russian immigrants (VRI) and recent Russian immigrants (RRI, arriving after 1989). Veteran immigrants were identified as having lived in Israel for more than 40 years. We compared anxiety and depression symptoms across all groups while controlling for severity of acute illness, comorbidities, functional and cognitive status, social support and demographics. Results: Results suggest that though the groups did not vary in actual severity of illness, or depressive symptoms, Russian immigrants (both groups: VRI M=21.43,
ATTITUDES OF NURSING STAFF TOWARDS NURSING HOME RESIDENTS WITH DEPRESSION: DEVELOPMENT OF A MEASUREMENT INSTRUMENT
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Research has shown that negative attitudes of nursing staff are an impediment for effective treatment of elderly people with mental problems. Therefore, an assessment instrument was developed and tested to measure the attitudes of professional caregivers towards elderly nursing home residents with depression. A list of 20 items representing cognitive, behavioral and affective components of attitudes was developed, based on case-descriptions in literature, internet forum posts regarding depression and existing instruments for attitudes towards dementia. The formulation of several items changed after three clinical research experts studied face- and content validity. The item list was completed by 497 nursing staff members of 17 somatic and 16 dementia special care Dutch nursing home units. After analyzing internal consistency, inter-item correlation and variance of the items, 8 were replaced by new items. Fourteen items were negatively formulated, 6 positively. To study sensitivity to change of the items, the second concept was filled in by 159 nursing staff members before and after a training regarding depression knowledge. Also, internal consistency and content validity were tested. Preliminary results show that three items reflected a more negative attitude after the training and were removed. The resulting item group was able to detect change (t = 13.54, df = 140; p = 0.001). The relatively low Cronbach’s alpha of the 17 items (0.62) may reflect the intended multidimensionality. Further analyses, including factor analysis and an investigation of test-retest reliability after a third measurement, will provide more insight into the psychometric quality of the scale.

THE ROLE OF AGING ON COPING, STRESS, AND DEPRESSION
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Research demonstrates that chronic stress leads to negative psychological outcomes, but coping strategies can effectively mediate this relationship, lessening the negative impact of stress on the individual’s affect. Stress and coping are dynamic processes that depend on unique personal and contextual characteristics of the individual, and the aging process can uniquely influence both the stressors an individual undergoes as well as the way in which they cope with those stressors. Therefore, it is important to explore both the unique patterns associated with the stress-coping-depression relationship and the role of aging in this relationship as well. Data from the Notre Dame Study of Health & Well-Being was used to assess age differences in coping with stress and the concomitant effects on well-being outcomes. The sample includes 752 subjects, ranging in age from 38 to 79 (M = 59.20, SD = 9.58). Analyses indicated a significant effect of stress (β = -.694, p < .001) and problem-focused coping (β = .078, p = .060) on depression. Although there was no evidence that coping mediated the relationship between stress and depression, there was evidence for a buffering effect (β = 1.621, p < .001). In addition, age moderated the buffering effects of coping on the stress-depression relationship, with the beneficial effects of problem-focused coping decreasing with age (β = -.365, p < .040). These results not only indicate that stress and coping interact with each other in predicting depression, but also that this relationship changes with age.

PROMOTING SUCCESSFUL AGING: ENHANCED SOCIAL SUPPORT AMONG OLDER ADULTS WITH CHRONIC DISEASE AND DEPRESSION
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While chronic conditions are prevalent in advancing years, these conditions do not have to be guaranteed facets of aging. Factors such as access to healthcare, social support, living conditions and lifestyle greatly influence health outcomes. Yet, current research continues to focus on explanatory models for poor health rather than identifying models of resilience in sick persons experiencing positive well-being. This study aims to better understand factors that influence successful aging among older adults with co-occurring depression and chronic illness living in The Villages, an active adult retirement community in Florida. This multiphase study consisted of: 1) formative research including 59 focus groups (n=451) and 2) a population based health survey examining health related domains via well-established, high salience instruments administered to all 88,527 Village residents. Respondents reported high prevalence of chronic disease, similar to trends nationally. Findings indicated significant relationships between the dementia (χ²=267.55,p=.0001), joint problems (χ²=12.68,p=.0001), and diabetes (χ²=7.85,p=.005) and the presence of depressive symptoms. However, 88.0% of Villagers perceived their overall health positively, reporting their health status as “good” or “excellent.” Findings suggest that social support and social connectedness play a role in buffering the effects of the physical and mental challenges experienced nearly universally by older adults. This reveals opportunities to improve models for successful aging by focusing on active, healthy, community-dwelling seniors with chronic disease. Results provide insight into the ways in which individuals with chronic conditions adopt positive health behaviors and how systems can be designed and enhanced to support such behaviors long term.

SESSION 975 (POSTER)

EMPLOYMENT & OLDER WORKERS

IS THERE A MARKET FOR ENCORE OR MATURE TALENT WITHIN THE NON-PROFIT SECTOR?
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While many studies have examined mature workers’ attitudes towards working past retirement, this study examined the willingness of nonprofit management to hire mature workers’ (aged 50+) in the future. On-line surveys were completed by Executive Directors of 29 out of 62 nonprofits (47%) contacted from the University of Maryland’s Center for Social Value Creation database. Major findings include: mature workers were considered viable candidates for two of their top 3 staffing needs, including fundraising and programs/development. While 50% report that the recruitment/retention of mature workers is not on their radar screen, more than 1/3 of both small and large nonprofits consider the recruitment/retention of mature workers as a strategic goal within their organization. However, 90% of non-profits reported that they have no strategic plan in place for the impending retirements of their workforce. In general, while non-profits valued the lower turnover, professional and managerial skills, as well as the oral and written communications skills of mature workers, they expressed concern about competition with younger workers and their lack of social networking skills. In terms of incentives that could further motivate non-profits to...
employ mature workers, almost half reported that some form of a financial award would work better than either an honorary award or a toolkit of best practices for employing mature workers. Employers' perspectives are critical when considering the viability of a mature workforce. Pragmatic next steps for bridging the gap between mature workers and non-profits are discussed.

HOW DO OLDER HEALTHCARE WORKERS’ PREFERENCES FOR FLEXIBILITY AFFECT WORK AND RETIREMENT DECISIONS?
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What types of workplace schedule flexibility arrangements — occasional, cyclical, or enduring — are most desired by older healthcare workers and to what extent do these preferences, and employers’ ability to satisfy them, influence the work and retirement decisions of healthcare workers? This study addresses this question using data on more than 3,300 employees from a unique ongoing longitudinal survey at a major regional healthcare system in the United States. The survey focuses on employee experiences with the time and place aspects of their schedules, the way that schedules are set and altered, and the time of day and days per week that they work. Requests for occasional flexibility were found to be highly valued across all types of healthcare workers, albeit relatively less so among older workers compared to middle-aged workers. In contrast, older healthcare workers were more likely than middle-aged workers to report cyclical and long-term schedule flexibility as being “very important.” Multivariate logistic regression analysis of workers’ expectations to remain with the healthcare system revealed that age moderated the impact of having work unit supervisors and coworkers who are supportive of workplace flexibility. Specifically, younger and middle-aged workers’ perceptions of employer support for flexibility strongly impacted their work plans, while older workers’ plans were less sensitive to such perceptions. The findings from this study reveal that older healthcare workers may be just ask likely as younger ones to desire workplace flexibility, but less willing to change their existing employment arrangement in response to its availability.

SUCCESSFUL AGING IN THE WORKFORCE: APPLYING THE MODEL OF SELECTION, OPTIMIZATION AND COMPENSATION
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Although employees experience changes in the gain-loss-relation of different abilities with age, general work productivity and performance remain rather stable over the entire working career. According to the model of successful aging from Baltes and Baltes (1990), the strategies of elective and lost-based selection, optimization and compensation might contribute to explaining this maintenance of functioning. To analyze the relationship between these strategies and a range of work-specific outcomes (e.g., subjective work performance, work motivation), a 5-day diary study was conducted involving 64 architects ranging in age from 32 to 86 years. Furthermore possible antecedent factors of these strategies in a work-related context (e.g., job latitude, overcommitment, conscientiousness, and control beliefs) as well as of age and subjective health were considered as possible moderators regarding the relationship between SOC strategies and work outcomes. HLM driven data-analysis indicated that (1) elective selection and optimization were significantly linked with subjective work performance, work-related well-being and work motivation; (2) the relationship between SOC strategies and outcomes was not moderated by age, but the association between selection strategies and subjective work performance increased with lower subjective health; (3) conscientiousness and control beliefs predicted the use of compensation. Results suggest that elective selection and optimization may add to the understanding of how employees deal with developmental challenges related with the working environment. Also, selection processes are particular important in the context of perceived health, while calendar age did not reveal a meaningful role.

THE EMPLOYER’S PERSPECTIVE ON BRIDGE EMPLOYMENT: REGULAR AND CONTINGENT JOBS FOR EARLY RETIREES
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The employer’s perspective on bridge employment (i.e., employment after (early) retirement) has not received much attention, even though employers shape the opportunities for the employment of (early) retirees, and therefore play a crucial role in the increased employment of older workers and the extension of working lives in aging societies. We study whether employers can be categorized based on the ways in which they use bridge employment (frequency, payment, and for which types of work), and how their use of bridge employment relates to their human resource policies and organizational characteristics. We perform a latent class analysis on data from 998 Dutch employers to distinguish four types of employers: those that do not use bridge employment at all; those that use it for part-time regular work; those that use it for irregular contingent work; those that use it for both regular and contingent work. We then perform a multinomial logistic regression analysis to relate employer’s human resource policies and organizational characteristics to their use of bridge employment. Our results show that employers with flexible human resource policies (including demotion of older workers and allowing flexible working hours) and more older workers in their organization are more likely to use bridge employment exclusively for part-time regular work. Bridge employment in any form occurs more in large organizations and when employers allow early retirement.

TRANSITION TO RETIREMENT AND HEALTH AMONG KOREAN BABY BOOMERS: MODERATING EFFECTS OF MASTERY
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Transition to retirement can be a stressful life experiences for individuals, accompanying immense changes in own individual and social sphere. This study aims to examine how transition to retirement is associated with mental and physical health among Koreans baby boomers and the extent to which the sense of environmental mastery moderates the associations. Using data from the 1st wave (2010) of Korean Baby Boomers Panel Study that surveyed men and women born between 1955 and 1963, this study examined association between different phases in the retirement process - continually working on the main job, working on a bridge job (the second job after retiring from the main job), and not working at all after retirement - and three domains of health outcome: depression, frequent physical symptoms, and self-rated health. Results show that for women (n=2306), working on a bridge job or not working was associated with higher likelihood of depression, more frequent symptoms, and poorer self-rated health. For men (n=1995), compared to working on a main job, not working anymore was associated with poorer health outcomes, especially when they had lower level of environmental mastery. For both men and women, working on a bridge job was associated with higher likelihood of depression when they had higher level of environmental mastery. The findings suggest that, depending on the type of changes in employment status from the main job, the environmental mastery may function as either a buffer or an aggravating factor on the association between transition to retirement and health outcomes.
SESSION 980 (POSTER)

ENVIRONMENT, HOUSING, AND AGING

QUALITY OF LIFE AMONG DEPRIVED OLDER WOMEN: THE CASE OF OLDER BENEFIT RECIPIENTS IN FRANKFURT, GERMANY

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Quality of life is defined as a multi-dimensional concept, sensitive to environmental and individual influences. The aim of this presentation is to describe and explain the experience of facets of quality of life in a group of deprived older women in an urban setting continuously receiving financial support from a local public-law foundation. Following Lawton’s notion of “good life”, a comprehensive set of personal and environmental resources, as well as cognitive and affective quality of life outcomes was assessed in 12 domains. Data were drawn from structured interviews with 241 women (74.3 ± 7.0 years old). To explore the scope of impact of the support portfolio in different settings, the sample was stratified for duration of support (<1 year versus ≥1 year) and housing type (community-dwelling versus assistive living). Interventions designed to increase occupational self-efficacy in older workers could in turn increase their job productivity, potentially keeping them in the workforce longer.

DIFFERENTIAL AGING-IN-PLACE IN LIVING ENVIRONMENTS

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Historically, aging-in-place referred to older adults’ living independently in the community as opposed to relocating to institutional facilities. Contemporary research suggests increased trends for older adults to age in place in planned living environments and to relocate to such housings when they are in relatively good health. Despite the age-old consensus in gerontology both individual and environmental factors contribute to well-being, we have limited knowledge about the process and outcome of aging-in-place in different living environments. Using an ecological conceptual and measurement approach, we investigated questions about differential aging-in-place. Specifically, we identified patterns of person-environment (P-E) fit and examined their associations with well-being in two different living environments of seniors, community living and senior housing. Latent class and clustering procedures were applied to data from the 2006 Health Retirement Study (HRS: N = 6918, age range 65-105). These analyses identified two P-E fit groups, Fit and Misfit based on eight physical environmental factors and five personal competence factors. Most of the sample lived in the community. Only 18% formed the Misfit group. Regression models were used to determine the association between the P-E fit and well-being controlling for sociodemographic factors. Older adults in the Misfit group reported lower self-rated health and more depressive symptoms. However, compared to older adults living in the community, senior housing residents in the Misfit group reported higher well-being on these two indicators. This study highlights the importance of understanding the effects of different contexts of aging-in-place and suggests one innovative theoretical and methodological approach.
EXPLORING IDENTITY AND AGING: AUTO-PHOTOGRAPHY AND NARRATIVES OF OLDER ADULTS LIVING IN SUBSIDIZED HOUSING

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This study focused on meanings of health, housing, independence and aging among low-income adults age 55 and older who live in, or are on a waiting list for, publicly subsidized rental housing. The purpose was to learn how low-income adults perceive their independence and health, and how their place of residence contributes to these perceptions, as well as related perceptions of self. Qualitative data were collected using in-person narrative interviews with 45 individuals and a second auto-photography interview with 33 of these persons. Using grounded theory methods, we identified categories that describe how identities of self influence subjective thoughts about the aging process and feelings related to housing or finances. Identity of participants’ housing community also emerged through unprompted metaphorical, illustrative narrative descriptions given by participants. These findings highlight the relationship between housing status, dignity, and shifting identities as older adults experience the aging process in a low-income context. By exploring the relationship between independence, personal identity, and place identity in the context of low-income older adults, this study expands the current scholarship on the relationship between environment and aging as well as our understanding of poverty among older persons. These topics have policy relevance, as a coalition of housing providers, advocates, and policymakers are seeking strategies to support the aging in place of older persons in subsidized housing. Understanding the life worlds of those who live in or have applied to this form of housing will be instrumental in developing such strategies.

LESIONS LEARNED FROM A USABILITY STUDY OF COMMUNITY BULLETIN BOARDS FOR OLDER ADULTS

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A broad range of research describes benefits of active engagement in community activities for older adults. Paper-based bulletin boards are used by many residential facilities to raise awareness of activity opportunities, such as exercise classes or social get-togethers. However, little research explores the effectiveness of bulletin boards in promoting engagement in community activities for older adults. We address this through a usability study of community bulletin boards at a senior living facility. We conducted a preliminary field study of the facility to familiarize ourselves with content typically found on the board. Based on this field study, we created 30 cards with board content and had ten participants group the cards into categories in a way that made sense to them. This card sort activity was done to elicit the mental models of residents as to how different types of information should be organized on the board. By analyzing which cards were commonly grouped together, we found six distinct categories including health-related, notices, and events outside the facility. We also conducted 10 semi-structured interviews, asking residents to describe their general satisfaction with and use of the facility’s bulletin board. A qualitative descriptive analysis identified the importance of placing boards in accessible and high-traffic locations and separating dynamic and static content. Additionally, many participants expressed interest in having a board run by the residents themselves. Our work presents a categorization of bulletin board content consistent with the mental models of older adults and provides recommendations for promoting engagement with board content.

HEALTH TALK IN ASSISTED LIVING (AL): ANALYZING HOW HEALTH IS DISCUSSED AMONG RESIDENTS, FAMILIES, AND STAFF

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Health remains a dominant topic of discussion in social settings including assisted living (AL) environments. This analysis examines the narrative patterns in health talk among residents, families, and staff in six AL settings. Data are from an in-depth, ethnographic NIA funded study which examined social dynamics and relations in AL settings. Interviews with residents, families, and staff resulted in a total of 720 documents and field notes which were compiled and team coded by an interdisciplinary group of researchers using Atlas.ti software. Although the study aims and interview guide were focused on social relations in AL, the most frequently used code in the data set was that of “health talk” with 7,071 mutually exclusive occurrences. Analysis of the “health talk” code reveals the ubiquity of the topic of health in these settings, as well as how health talk influences older adults’ identity formation and change in AL. Health talk analysis also demonstrates strong themes of deference to physicians regarding transitions and other decisions. Furthermore, the use of the phrase “the physician said…” was commonly found in the data as a simple justification for implementing a wide range of decisions including non-health related decisions. While AL settings are specifically designated as non-medical settings, the prevalence of health talk and physician influence remains remarkably high. Implications for AL policies and resident health education programs are highlighted.

WHAT FACTORS INFLUENCE INSURANCE POLICYHOLDERS TO MAKE UNIVERSAL DESIGN MODIFICATIONS FOLLOWING A MAJOR CLAIM?

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Most older adults state a preference for aging in place, but do not live in a home environment that is supportive of doing so. It is assumed that many do not possess the knowledge or resources necessary for making modifications to help them age in place. Universal Design (UD) offers features that may increase the ability of adults to age in place. This pilot study sought to determine if educating homeowners about UD following a major insurance claim influenced their knowledge of UD, the number of modifications they made, and personal factors that may have influenced them in making modifications. Insurance company policyholders age 55 or older, with major damage to their kitchen, bathroom, or both, were eligible for the study. Eligible policyholders (n=116) were mailed a nine page educational pamphlet about making UD modifications. Two months later, they were surveyed on their home repairs. Respondents (n=37, response rate=31.9%) reported increased knowledge of UD (M=2.97, p<0.001) due to receipt of UD pamphlets.
Those experiencing a large loss made more modifications than those with smaller losses (M=20.27 vs. M=12.92, p=0.025), while those with difficulty toileting made more modifications than those that do not (M=17.46 vs. M=9.54, p=0.007). Educating homeowners about UD at the time of a major claim may increase the number of UD modifications made and may enhance their capacity to age in place, especially among those experiencing difficulty with an activity of daily living, such as toileting.

TRANSITIONS TO INDEPENDENT LIVING COMMUNITIES: SELF-EFFICACY AND WELL-BEING
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Today many older adults are choosing to move to independent senior living communities. A sense of relocation self-efficacy has been found in several studies to be an important determinant of relocation adjustment and well-being. This study, a single-group pre-test post-test longitudinal design with three measurement points (within 6 weeks prior to relocating (T1), immediate post-move [4-6 weeks] (T2), and 5-6 months post-move (T3)) was conducted to describe the influence of relocation self-efficacy on health and well-being. Thirty-one subjects were recruited from ten independent living communities in three southern metropolitan areas. Relocation self-efficacy, pressure of the move, difficulty of the move, depression and quality of life were measured. The sample consisted of men (23%) and women (77%) whose ages ranged from 69 to 96 a mean age of 82.09 (SD = 6.44). Forty-six per cent were widowed, 11% divorced, and 43% married. Pre-move (T1) pressure of the move was significantly positively correlated with higher depressive symptoms immediate post-move (T2). Immediate post-move (T2) greater perceived difficulty of the move was significantly moderately correlated with high depressive symptoms and inversely correlated with quality of life. Immediate post-move relocation self-efficacy was significantly positively correlated with post-move quality of life (T3) and significantly inversely correlated with post-move depressive symptoms. These findings suggest that gerontologists who identify older adults, who experience difficulty to move, find the move itself difficult, with low relocation self-efficacy, high depressive symptoms and low-quality of life pre-move or immediate post-move may be at risk for poor relocation adjustment.

HOUSING TENURE AND SOCIAL INEQUALITIES AMONG OLDER PEOPLE
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The purpose of this study is to investigate whether housing tenure differs among older people in terms of socio-demographic variables, physical health, income, and marital status. Housing tenure refers to the legal status under which someone lives: homeownership, private rented housing, social rented housing and others (e.g. living with children, beneficial interest). The study also explores the relationship between housing tenure and housing quality. Data are derived from the Belgian Ageing Studies among people aged 60 and over (N=67,560) living in 142 municipalities across Belgium. To answer the research questions, frequencies and bivariate analyses are performed. The results indicate that homeowners have a higher income, a better physical health, and are more likely to be married or widowed in comparison with older renters. Differences are also found between older people living in private rented housing and those who live in socially rented housing. Renters on the private market appear to be the most vulnerable category: they are more likely to have a lower income, a poorer physical health and they are more likely to be divorced or cohabitant than older people who live in social housing. Furthermore the results pointed out that older renters are more likely to be living in inadequate housing than older homeowners. The findings revealed the importance of recognizing the various multidimensional inequalities in housing tenure among older adults. This study yields practical and policy recommendations, such as the need for more adapted and affordable housing for older renters.

AGING WITH LIFELONG DISABILITIES: THE IMPACT OF SUPPORTED LIVING SETTINGS ON SELF-DETERMINATION
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Self-determination theory suggests that self-perceptions of autonomy and competence and perceptions of support of autonomy and involvement in the social context promote internal motivation and self-determination. To explore this relationship as it may apply to community-dwelling adults aging with lifelong disabilities, qualitative interviews were conducted with 91 consumers, aged 40-92, living in community-based settings including group homes, supervised residences and supported apartments. The study investigated the impact of aging in provider-supported, community-based residential settings, and attitudes toward the social and physical environment of the home on feelings of belonging, personal expectations of competency, and consumer-reported self-determination. Data were analyzed in a multi-stage process that began by coding responses by the sensitizing concepts represented by instrument items, and then recoded data according to emergent categories. These categories included independence versus dependence, ownership, privacy, social relationships within the home and neighborhood, residential permanency and familiarity versus transience and alienation. Findings revealed that accessibility and independence had an impact on consumers with and without major ambulatory issues. Person-environment fit depended on multiple and intertwined factors. Social participation and engagement were influenced by both the social and physical responsiveness of the home environment to consumer needs. Responses revealed personal and environmental factors that have the potential to enhance, as well as detract from self-determination and independence. Implications for policy and practice will be addressed.

ASSESSING VARIATIONS IN THE PERCEPTION OF AGE-FRIENDLY FEATURES IN AN URBAN COMMUNITY
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Background: This exploratory project assessed older adults’ perceptions of several “age-friendly” (WHO 2007) features in an ethnically diverse community in New York City. Data analysis explored the impact that a variety of demographic variables can have on these perceptions. Methods: From a convenience sample of clients at three senior centers in the area, survey data was collected on a variety of demographic characteristics (e.g. ethnicity, function, and income) and the perception of several “age-friendly” features in the community (e.g. safe public parks and accessible sidewalks). Chi-square analyses explored significant (p<.05) relationships between some demographic variables and the perception of these features. Results: Subjects (n= 59) in age from 60-90 (mean/SD = 74.8) were predominantly African-American (53%), Caribbean (32%), and Hispanic (10%). While 28%, overall, agreed that shopping areas had adequate seating, African-American clients had significantly more negative reactions (p=0.03). While 31% felt safe going out at night, those living longer in the area (11+ years) felt significantly less safe (p=.011). While 35% agreed that public parks were adequately maintained, those with difficulty in 2+ IADLs had significantly greater disagreement (p=.002). Finally, while 33% perceived opportunities for employment, those with incomes under $15,000, felt significantly greater barriers to civic engagement (p=.044). Conclusions: When attempting to assess the “age-friendly” status of a community, many factors can affect the perception of specific features. In a demographically diverse community, data-collection methods should consider the extent to which these differences can significantly impact the perception of social and environmental assets and barriers.
DEFINING THE MEANING OF SELF IN THE MIDST OF CHANGE: TRANSITIONS INTO SENIOR HOUSING

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Relocation can be a stressful event for older adults as they transition into a new physical and social environment. Individuals’ coping strategies can impact whether relocation is perceived as a positive or negative experience. Proactive coping strategies can moderate perceived stresses in adverse situations, and these proactive strategies can temper physiological reactivity (Chang & DeSimone, 2001; Snyder, 2002). Resiliency has been found to be associated with more successful coping strategies, and resilient individuals tend to have a shorter recovery time (Curtis & Cicchetti, 2003). This study presents findings from a panel study of 26 women who relocated to senior housing facilities from their homes in the greater community between 2005-2007. Participants provided information about stressful life events and general coping strategies for dealing with stress. Quantitative and Qualitative methods were used to analyze the data. Results show that about half of the participants rated their health as average and indicated moderate levels of energy. Reported stressful life events varied from experiencing a close friend’s death (n=16), serious illness /injury (n=14), changes in health/ behavior of family members (n=13), major changes in financial status (n=13), death of a close family member (n=8), to increased family conflicts (n=5). Some frequently reported coping strategies included being optimistic and taking a proactive approach. Emergent themes of coping strategies included: facilitating social interactions, adjusting life circumstances, hiding emotions, and perseverance. Women who had a strong sense of “self”, and who aptly assessed their situations, adjusting life circumstances, hiding emotions, and perseverance. Resiliency has been found to be associated with more successful coping strategies, and resilient individuals tend to have a shorter recovery time (Curtis & Cicchetti, 2003). This study presents findings from a panel study of 26 women who relocated to senior housing facilities from their homes in the greater community between 2005-2007. Participants provided information about stressful life events and general coping strategies for dealing with stress. Quantitative and Qualitative methods were used to analyze the data. Results show that about half of the participants rated their health as average and indicated moderate levels of energy. Reported stressful life events varied from experiencing a close friend’s death (n=16), serious illness /injury (n=14), changes in health/ behavior of family members (n=13), major changes in financial status (n=13), death of a close family member (n=8), to increased family conflicts (n=5). Some frequently reported coping strategies included being optimistic and taking a proactive approach. Emergent themes of coping strategies included: facilitating social interactions, adjusting life circumstances, hiding emotions, and perseverance. Women who had a strong sense of “self”, and who aptly assessed their situations, adjusting life circumstances, hiding emotions, and perseverance.

RELATIONSHIPS BETWEEN HOUSING ENVIRONMENTS AND LIFE SATISFACTION OF OLDER ADULTS: EXPLORING THE IMPORTANCE OF MEANING OF HOME

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Objectives: - To explore the meaning of home to older adults. - To examine the effect of the meaning of home on life satisfaction. Background: The empirical study on life satisfaction of older adults mainly focused on the relationship between life satisfaction and individual-level variables, such as health and economic resources, social support and social participation. According to environment psychology, the physical and social environments greatly influence one’s subjective well-being. However, such relationship remained relatively unexplored in the existent literature. This study aims to investigate the relationships between house environments, meaning of home, and life satisfaction. Methods: This study collected data from interview survey. We interviewed 340 community-dwelling older adults living in ten townships. The multiple regression method was applied to analyze the data. In this study, housing environments were indicated by the objective and perceived aspects of housing. Findings: 1. The respondents agreed the most with the meaning of home is “get used to live, I feel comfortable, feel safe”; followed by “home is the place where the relationships among family and relatives were maintained”. 2. After controlling for the individual-level variables, housing satisfaction and the meaning of home are significantly associated with life satisfaction. The greater the housing satisfaction the respondents evaluated, the more positive meaning of home the respondents have, the greater the satisfaction with life they felt. Conclusions and Implications: The results support the importance of perceived housing environment on life satisfaction for older adults. When helping older adults to relocate, practitioners should value home attachment that older adults toward their residences.

NEIGHBORHOOD CHARACTERISTICS ARE ASSOCIATED WITH HYPERTENSION PREVALENCE AND CONTROL IN OLDER ADULTS

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Objective: This work focuses on neighborhood disadvantage (ND) effects on prevalence, awareness, treatment and control of hypertension among older adults living in rural and urban settings. Methods: The UAB Study of Aging is an observational cohort study of 1000 community-dwelling adults 65+ in rural and urban Alabama counties. We obtained blood pressure measurements and reports of physician diagnoses of and medication use for hypertension in at-home visits. We classified participants as prevalent (SBP >140mmHg, DBP >90mmHg, or taking antihypertensives; n=739/981), aware (prevalent and answering ‘yes’ to “Has a physician ever told you that you had high blood pressure or hypertension?”; n=616/739), treated (taking antihypertensives; n=574/616) and controlled (taking antihypertensives and SBP <140mmHg, DBP <90mmHg; n=217/574). We assessed ND with US Census data using the validated ND index and stratified the sample into ND tertiles. We fit models with Generalized Estimating Equations. Results: Living in high and mid ND tertiles (referent: low ND) is associated with higher likelihood of having hypertension (OR:1.8, CI:1.3-2.4, p<.001; OR:1.7, CI:1.2-2.4, p=.001). Neighborhood disadvantage is not associated with hypertension awareness or treatment, but living in high ND environments is associated with a lower likelihood of having controlled hypertension (OR:0.6, CI:0.4-0.9, p=.01). Conclusions: Older adults living in high and mid disadvantaged neighborhoods are more likely to have hypertension but are not differentially aware or treated. However, persons living in high ND environments are less likely to have controlled hypertension, indicating that community and social factors in disadvantaged neighborhoods may contribute to poor management of hypertension.

PERSONAL AND ENVIRONMENTAL CHANGE AND THE EXPECTATION TO AGE IN PLACE – RETROSPECTIVE, PROJECTED AND RECENTLY UPDATED

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Environmental gerontology emphasizes aging in place as a cornerstone of optimal aging. Unlike other premises (e.g., active aging), remaining in place for as long as possible also appears to be a priority for community-dwelling older individuals themselves. However, studies explaining differences in individuals’ awareness of personal and environmental resources for and risks to aging in place in detail and over time are scarce. This study investigates how perceived and expected changes in different life domains – including health and the physical and social environment – are related to individuals’ subjective expectations to remain in place in their private homes for the next five years. Data were drawn from a 12-months longitudinal survey study with 463 community-dwelling urban citizens (Frankfurt/Main, Germany), stratified by age (70-79, 80-89 years) and household composition (living alone, living with partner). At baseline, personal resources were a major concern to the expectation to remain in place for single-living participants (standardized beta = -.18**), whereas social resources accounted for differences in the outlook of participants from partner households (standardized beta = -.23***). At the second measurement point, however, results also indicate that what life domains the respondents consider especially important to their aging in place is more strongly governed by individual strengths and opportunities for positive development seen in these domains than by the amount of change in environmental conditions and overall life situation experienced during the preceding year. Implications for counselling and interventions to support aging in place as long as possible are discussed.
SESSION 985 (POSTER)

FAMILY CAREGIVING: FAMILY RELATIONSHIPS AND OUTCOMES

CHRONIC PAIN AND PARENT-CHILD RELATIONSHIPS IN LATER LIFE: A CONCEPTUAL FRAMEWORK AND RESEARCH AGENDA

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Chronic pain is a debilitating and pervasive health problem, particularly among older adults. Researchers and clinicians acknowledge that pain conditions do not occur in isolation, but rather exact a toll on the individual sufferer and the family system at large. No research, however, has explicitly explored the impact of older parents’ chronic pain symptoms on their adult children. Drawing upon literatures on intergenerational relations and on chronic pain in younger families, we present a conceptual framework of hypothesized risk factors for adult children of parents with chronic pain. Specifically, we propose three theoretically-implicated moderators of the link between chronic pain and parent-child relationship quality: 1) proximity and contact, 2) child’s gender, and 3) caregiver status. We then offer an agenda for future research by suggesting several fertile areas for exploration, including the assessment of pain perception and pain communication by the patient as well as coping within the dyad. Methodological approaches to exploring this issue are also discussed.

LIFE ENHANCING ACTIVITIES FOR FAMILY CAREGIVERS OF PEOPLE WITH FRONTOTEMPORAL DEMENTIA: LONG TERM FOLLOW-UP


Aberant psychological and behavioral symptoms are common in patients with frontotemporal dementia. These symptoms have negative consequences for family caregivers, causing stress and burden. In this pilot study, caregivers were randomized to the Life Enhancing Activities for Family Caregivers (LEAF) intervention (n=12) or an attention control group (n=12). The LEAF skills included: positive events and capitalizing, gratitude, mindfulness (formal and informal), positive reappraisal, identifying personal strengths, attainable goals, and acts of kindness. Intervention and control subjects participated via videoconference in five weekly, one-on-one sessions. Measures of caregiver positive and negative affect, mood, stress and burden were assessed at baseline, weeks 6 and 10. At the week 6 assessment (end of the intervention) scores on positive and negative affect, burden and stress improved in the LEAF compared to the control group. These outcomes continued to show improvement at week 10. In this abstract, we present the results of long-term follow-up at 9-14 months post intervention. At this assessment, all caregivers (n=6) reported continued use of the skills that they learned. Fifty percent of caregivers practiced acts of kindness daily and the other 50% used this skill one to three times per week. Sixty-seven percent of caregivers reported setting attainable goals, practiced informal mindfulness and used positive reappraisal 2-3 times per week. Fifty percent identified personal strengths on a daily basis. In summary, these results provide preliminary evidence that caregivers incorporated these positive affect skills into their lives over the long term.

THE ROLE OF ACTIVITY RESTRICTION ON BLOOD PRESSURE: A 5-YEAR LONGITUDINAL STUDY IN FAMILY DEMENTIA CAREGIVERS

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Introduction Different studies show the negative effect of caring for people with Alzheimer’s disease on caregiver’s physical health. Caregiving demands contribute to caregivers’ activity restriction, a coping variable that may influence on caregivers’ physical health. This study analyzes the longitudinal impact of activity restriction on caregiver’s physical health (blood pressure). Method Participants are 126 spousal Alzheimer caregivers that have been assessed during a five year period. Blood pressure (mean arterial pressure) and the following variables were assessed: gender, caregiver age, body mass index, cholesterol, diabetes, physical activity, smoking, overload and depression. Results Linear mixed models analysis was used to test the associations between time-varying values for activity restriction in predicting blood pressure, after controlling for sociodemographic characteristics, caregivers health behavior and emotional distress. It was found that increases in activity restriction over time significantly predicted increases in blood pressure (t = 1.99; df = 331.61; p < .05), after controlling for the assessed variables. In addition, gender (male) (t = -2.67; df = 124.02; p < .01), increases in body mass index (t = 3.64; df = 254.55; p < .01), cholesterol (t = 3.96; df = 403.42; p < .01), and physical activities (t = 2.45; df = 436.81; p < .05) significantly predicted increases in blood pressure over time. Discussion The results of this study suggest that activity restriction may influence negatively on caregivers’ blood pressure over time. It may be useful to design psychological interventions aimed at reducing caregiver’s activity restriction, with the aim of preventing negative physical health consequences over time.

ENHANCING POSITIVE GAINS IN ALZHEIMER FAMILY CAREGIVERS

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Introduction: Caregivers (CGs) do not just report burden; they also report positive gains, such as a sense of purpose, personal growth, strengthened relationship with care-recipient, and reconsidering life’s priorities. This research is concerned with the development of a new benefit-finding intervention intended to promote the well-being of Alzheimer family CGs via helping them to find personal gains and benefits and in the caregiving experience. This is achieved by positive reappraisal training as well as by daily reflections of benefits over 8 weeks. Methods: 128 primary CGs in Hong Kong were randomly assigned into one of three experimental conditions: (a) psychoeducation, (b) psychoeducation cum benefit finding, and (c) simplified psychoeducation (control). This study reports the initial outcomes on perceived positive gains following the intervention, which were measured by CGs responding to open-ended statements beginning with “Providing help to the care-recipient has….” Responses were coded as positive emotions, negative emotions, cognitive processing, cost-related, and benefit-related words. Measures were collected before and after treatment. Results: Data were analyzed by analysis of variance. The three groups did not differ on the word counts at baseline. However, after intervention, the psychoeducation cum benefit-finding group showed more benefit-related and positive-emotion words, whereas word counts in the other categories (i.e., cost-related, negative emotions, and cognitive processing) did not differ. Verbatim from CGs are provided to illustrate the different themes of positive gains achieved. Conclusions: Through positive reappraisal coping, caregivers can develop more positive feelings and attitudes toward caregiving which may help to sustain caregiving involvement over time.

PREDICTORS OF DISCREPANCY BETWEEN CARE RECIPIENTS WITH EARLY-STAGE DEMENTIA AND THEIR FAMILY CAREGIVERS ON PERCEPTIONS OF THE CARE RECIPIENTS’ QUALITY OF LIFE

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Purpose: The goal of this study was to explore predictors of discrepancy between reports of caregivers (CGs) and care recipients (CRs)
with early-stage dementia about care recipients’ quality of life (QOL).

Methods: This study was based on secondary analysis of cross-sectional data drawn from a study of 200 care dyads of CRs with early-stage dementia and their primary family CGs. Paired t-test and OLS multiple regression with simultaneous entry were used for analyses.

Results: Findings showed that CGs rated CRs’ quality of life significantly worse than CRs did. Regression results showed that greater incongruence in perceptions of CRs’ decision-making involvement and higher level of CR impairment in activities of daily living were significantly related to higher discrepancy between CG and CR about CRs’ QOL.

Implications: Practitioners should consider incorporating CRs’ perspective when planning care instead of solely depending on CGs’ perspective. Also, practitioners should pay attention to any gap between perceptions of CGs and CRs, particularly with regard to CRs’ QOL.

UNDERSTANDING ELDERS’ INFLUENCE IN FAMILY CARE

Caretakers in nursing homes often use ‘folk logic’ (e.g., accepted cultural rules) to justify restricting elders’ influence over care decisions when elders’ preferences conflict with facility routines. Research has yet to address if family caregivers similarly restrict elders’ influence in daily decisions where elders’ and caregivers’ preferences in care conflict. Using a sample of 10 dyads (N = 20) of an older adult and adult daughter, we used the constant comparative method to analyze in-depth, semi-structured interview data to investigate how older parents are perceived to influence their daily care, how adult daughters respond to their parent’s influence, and whether daughters employ ‘folk logic’ in response to conflicts in care goals. Results indicate that older adults vary in their involvement in daily care decisions. When there is agreement in preferences about daily care, dyads report tasks generally going well and both individuals’ requests being honored. When there is conflict, however, daughters most frequently try to reason with their parent while elders are most commonly cited to walk away or let their requests go, allowing daughters’ requests to be honored. ‘Folk logics’ were not found consistently across caregivers, yet daughters report making decisions more often in response to health or safety related needs. These data indicate complex patterns of responses by family caregivers and elders to conflicts in daily care-related goals and suggest a need for further exploration of response patterns within families. Such information may prove vital in intervention work to support families caring for an elder at home.

EMERGING ADULTHOOD AND WILLINGNESS TO CAREGIVE
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A great deal of research has been conducted on caregiving experiences for relatives with Alzheimer’s disease (AD). However, virtually no research exists on the factors associated with willingness to care before entering the caregiver role. Furthermore, little is known about caregiving during emerging adulthood despite the unique juxtaposition of gains in autonomy concurrent with declining degrees of dependency common in the developmental period. This study investigated which factors (consideration of institutionalization, felt-obligation, relationship closeness, comfort with caregiving tasks, confidence in caregiving role, perceived stress, and AD knowledge) best predict willingness to care for a parent with AD in emerging adults. Caregiving beliefs were assessed through a survey given to emerging adult undergraduate students (n = 160). Intercorrelations indicated significant relationships between the majority of caregiving influences with the exception of AD knowledge and all other factors. Willingness to care for parents was predicted by comfort with caregiving tasks and consideration of institutionalization. These findings have important implications for interventions targeted toward emerging adults who are faced with a parent’s AD diagnosis during a complex developmental stage. Clinical and theoretical implications are discussed.

RESULTS OF A RANDOMIZED TRIAL OF AN INNOVATIVE CARE MANAGEMENT PROTOCOL FOR FAMILY CAREGIVERS
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Given the significant contributions made by caregivers to the quality of life and health of persons with multiple chronic conditions and costs associated with caregiving, there has been an increasing recognition for the need to provide a systematic assessment and support process for family caregivers as a key component of chronic care delivery systems. We report our findings from a longitudinal randomized, controlled intervention study evaluating the effect of the Tailored Caregiver Assessment and Referral® (TCARE®), a manualized care management protocol specifically designed for care managers working with caregivers, on caregiver outcomes. The study was implemented in 20 social and health service organizations in four states. Caregivers randomly assigned to the intervention and control groups (n = 266) were repeatedly assessed for up to 12 months on caregiver identity discrepancy, three areas of caregiving burden– objective, relationship, and stress burden, depression, and intention for nursing home placement. We conducted repeated measures random effects regression analysis and found significant group by time interaction effects for relationship burden (βGxT = -0.11, p = 0.03), stress burden (βGxT = -0.19, p = 0.01), depression (βGxT = -0.14, p = 0.03), and intention for nursing home placement (βGxT = -0.04, p = 0.01). Caregivers in the intervention group experienced significant improvement on these measures while caregivers in the control group worsened on these measures over time. The findings provide strong support for effectiveness of the TCARE® protocol on improving caregiver well-being and mental health outcomes and its feasibility for implementation and adoption in various social and health care delivery settings.

CONTEXTUAL FACTORS MODERATE EFFECTIVENESS OF A MULTI-COMPONENT, MULTI-SITE INTERVENTION ON CAREGIVER DEPRESSION AND BURDEN
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Objectives: The present study assessed whether caregiving contextual factors moderated outcomes of a caregiver intervention. Methods: Extant data from the Resources for Enhancing Alzheimer’s Caregiver Health (REACH) II study, a randomized-control trial of a multi-component, multi-site intervention for dementia caregivers was utilized. 642 caregivers (82.9% female; Mean (SD) age = 60.6 (13.3)) and their care recipients (58.1% female, Mean (SD) age = 79.0 (9.3)) were randomly assigned to intervention or control group. Multiple regression was used to regress CES-D depression and Zarit Burden scores on the interaction between group membership and various factors reflecting the caregiving context. Results: Lower follow-up CES-D scores in the intervention group were found only for: those in the fourth quartile of baseline CES-D (β = -0.11, p = .09; overall interaction p < .05), with high RMBPC stress (β = -0.11, p = .09), and with a home health aide (β = -0.23, p = .05). Diminished burden was found in the intervention group only for: those in the fourth quartile of baseline burden (β = -18, p < .01), and in the second (β = -12, p < .05) and fourth quartile (β = -16, p < .05) of MMSE, with high RMBPC stress (β = -17, p < .05), and with a paid homemaker (β = -26, p < .05). Conclusions: Results suggest greater intervention efficacy among caregivers who are initially struggling more with the care-
giving experience, compared to their counterparts who are managing better with extant coping skills.

COMBINED EFFECTS OF CAREGIVING AND STRESS WITH METABOLIC SYNDROME ON WALKING SPEED IN OLDER ADULTS
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Caregiving is considered a chronic stressor, but evidence is mixed for whether it increases the risk of health decline. Metabolic syndrome, a cardiometabolic condition that can result from lifestyle factors and also chronic stress, may promote health decline in older caregivers. We evaluated the combined effects of caregiving and stress with metabolic syndrome on walking pace in cross-sectional and prospective analyses among 257 participants from the Health Pathways Study. At baseline, most participants were female (69%), white (84%), and their mean age was 73.6 (sd = 8.0) years. One-third were caregivers to a person with Alzheimer’s Disease or Parkinson’s Disease; 24% had metabolic syndrome defined by ATP-III criteria. Caregivers were significantly more stressed than non-caregivers (Perceived Stress Scale mean = 19.6 versus 13.1, p<0.01) but had faster usual walking pace (age-adjusted means = 1.01 versus 0.96 meters/second), and fast walking pace (age-adjusted means = 1.48 versus 1.36 meters/second, all p’s < 0.05). In multivariable analyses compared with non-caregivers without metabolic syndrome, fast walking pace was slower in non-caregivers with metabolic syndrome (β = -0.08, p = 0.13), faster in caregivers without metabolic syndrome (β = 0.13, p<0.01), and the slowest in caregivers with metabolic syndrome (β = -0.13, p<0.05). Similar patterns were observed for usual pace at baseline and at follow-up interviews conducted approximately one year later. Additional analyses confirmed that participants with low stress/no metabolic syndrome had the fastest walking speed while those with high stress/metabolic syndrome had the slowest. This model could explain why some caregivers experience health decline but others do not.

CAREGIVING TRANSITIONS AND PERCEIVED STRESS IN 179 OLDER CAREGIVERS
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Caregivers report more perceived stress and psychological distress than non-caregivers, but less is known about the psychological effects of transitions in caregiver status. We evaluated the effect of transitions into and out of the caregiving role on Perceived Stress Scale (PSS) scores among 179 older respondents from the Health Pathways Study who participated in two interviews over a five-year period. Baseline caregivers provided help to someone with Alzheimer’s (n=33) or Parkinson’s Disease (n=37), while participants were classified as caregivers at follow-up if they assisted someone with one or more basic or instrumental activities of daily living. At baseline, participants were aged 73.1 years (sd = 7.7), 30.7% were male, and 39.1% were caregivers. PSS scores were significantly higher in caregivers than non-caregivers (19.4 vs. 14.5, p<0.001). Twenty percent of participants (14 caregivers and 22 non-caregivers) changed status by the second interview. At follow-up, caregivers who remained caregivers (n=56) were significantly more stressed (mean=19.7, p<0.01), while those who ceased caregiving reported similar stress levels (mean=16.5, p=0.86) as participants who were non-caregivers at both interviews, adjusting for confounders. Caregivers who started caregiving reported more stress than continuing non-caregivers, though this relationship was not statistically significant (mean=17.9, p=0.31). Results suggest that remaining a caregiver leads to increased stress, while transitioning out of the role reduces perceived stress to the levels of non-caregivers. Non-caregivers who began caregiving likely reported less stress than continuous caregivers because they provided care to recipients with less cognitive impairment and need for daily assistance.

THE GRIEF EXPERIENCE IN CAREGIVERS OF PERSONS WITH DEMENTIA WITH LEWY BODIES
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Objectives: This study compared grief response profiles of spouses versus adult children caring for a person with Lewy bodies dementia (LBD) versus Dementia of Alzheimer Type (DAT). LBD is a complex disorder with cognitive, motor, behavioral, sleep and autonomic symptoms that places unique demands on the caregiver. Here we investigate the common versus unique grief response profile of caregivers for people with LBD. Method: We analyzed data from a sample of 451 LBD and DAT caregivers (adult-child n = 179 and spouse caregivers n = 272). Grief was measured using the Marwit-Measer Caregiver Grief Inventory Short Form (MM-CGISF) which assesses caregiver grief on three factors: Personal Sacrifice Burden, Heartfelt Sadness and Longing, Worry and Felt Isolation. The following factors were examined in relation to grief scores: disease stage (as measured by a modified internet version of the Clinical Dementia Rating scale), patient problem behaviors and patients place of residence. Results: Grief and burden varies among caregivers as function of disease diagnosis (DAT vs. LBD), severity, duration of caregiving and relationship (spouse vs. adult child). We also found that caregivers of persons with LBD experience more sadness and longing than caregivers of individuals with DAT. Discussion: Caregivers of individuals with LBD experience grief differently than other caregivers. These differences are clinically significant. Key words: Adult children, Caregivers, Dementia with Lewy bodies, Grief, Spouse

COMMUNICATION PROBLEMS BETWEEN CAREGIVERS AND PERSON WITH DEMENTIA: IMPLICATIONS FOR CAREGIVER WELL-BEING
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Background: Communication problems resulting from dementia have been extensively described, but little research has examined how these problems affect family caregivers. Such problems may be especially upsetting because they represent changes in the caregiver’s relationship with the individual with dementia (IWD). Sample: The sample consisted of 241 caregivers of IWDs participating in a study of adult day services (ADS). Caregivers were either about to begin using ADS or were in a control group not using ADS. Methods: Communication items were drawn from a measure of care-related stressors. Caregivers reported how often each problem occurred in the past week and rated stressfulness of each item on a 1-5 scale. Weighted problem scores (frequency x stressfulness) were created. Using factor analysis, we identified scales for positive, aggressive, and depressive communication. We related these issues to caregiver outcomes including depression, anger, positive emotions, and role overload. Other variables considered include the IWD’s ability to perform activities of daily living, kin relationship of caregiver and IWD, caregiver’s education, and rewards from caregiving. Results: Using multiple regressions, we found that depressive communication issues were associated with higher caregiver depression, anger, and role overload. Aggressive communication items predicted higher feelings of role overload in caregivers, and positive communication items predicted lower depression and anger in caregivers. Discussion: These results indicate that different types of IWD communication impact caregiver outcomes in positive and negative ways. More research is needed to identify ways to solve communication problems and enhance positive communication between IWDs and their caregivers.
ANGER AND DAILY CORTISOL FOR CAREGIVERS ON HIGH AND LOW STRESS DAYS

Anger, a common but frequently overlooked emotion experienced by caregivers, can take a toll on their health and negatively impact the care which they provide their care receiver. Utilizing a biopsychosocial approach that examines events and biological responses associated with anger may further help to link anger with subsequent health changes. We examined the association of anger and two markers of cortisol, area under the curve (AUC) and cortisol awakening response (CAR) for caregivers (N=164) of individuals with dementia (IWD) on low stress days when IWDs attended Adult Day Care (ADC) and high stress days when IWDs did not go to ADC. Data were gathered over 8 consecutive days. Caregivers were primarily female (86.7%) with a mean age of 61.99. We first ran two multi-level models with CAR and AUC separately predicting anger measured by three items drawn from the Non-Specific Psychological Distress Scale. Next we ran multi-level models to examine the association of anger with daily cortisol, care related stressors, sleep problems, and ADC use. We found that on days where caregivers had AUCs below their individual average they expressed higher anger scores. CAR did not have a significant association with anger. When care related stressors, sleep problems, and daily care use were entered in the model, however, anger was associated with more care related stressors and sleep problems, but not daily care use or daily cortisol. Findings indicate that anger is associated with a blunted pattern of cortisol response, but daily stressors have the greatest influence on anger.

PSYCHOMETRIC PROPERTIES OF THE BEHAVIOR PROBLEM CHECKLIST
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Multiple memory and behavior problem checklists assessing problem behaviors are available but are not designed for use in a clinical setting where scoring systems and normative comparisons are useful. An academic services clinic created a Behavior Problem Checklist (BPC), which includes ADLs and IADLs, to be a multi-dimensional scale that designed for clinical practice that assesses care recipient (CR) problem areas as reported by family caregivers (CG). The BPC is based on a Revised Memory and Behavior Problems Checklist (RMBPC; Teri et al., 1992), the Physical Self-Maintenance Scale (Lowenthal, 1964), and the Instrumental Activities of Daily Living Scale (Lawton & Brody, 1970); the BPC assesses functioning as well as problem behaviors using a 7-point Likert scale. A sample of N = 480 family caregivers seeking services in a community based mental health and aging family service agency were analyzed to examine the psychometric properties of the BPC. The ADL, IADL, and 3 subscales of the BPC (cognition, mental health, and health and daily functioning) showed very good internal reliability consistency α>.86 for the subscales. Most scales have test-retest reliability r>.7 and convergent validity evidence is positive. Means and standard deviations are reported for the clinical sample, which offer norms for use in clinical settings. The BPC exhibits good test-retest reliability and convergent validity with other measures of CR memory and behavior problems and is a useful clinical tool in identifying CR problem areas.

CAREGIVING RELATIONSHIP AND QUALITY OF LIFE IN MILD ALZHEIMER’S DEMENTIA
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Relationship quality as rated by the person with Alzheimer’s dementia (AD) has rarely been investigated. The Scale for Quality of the Current Relationship in Caregiving (SQCRC,Spruyt et al., 2002) allows ratings both by the person with AD and the caregiver. Goal of this analysis is to investigate the agreement between both ratings, predictors of rating discrepancy, and its association with quality of life. The sample (currently N = 20) consists of persons with mild AD and a caregiver (85% partner, 11% child, 4% friend). The SQCRC measures warmth and criticism in the relationship. Measures are: Mini Mental Status (MMSE), Geriatric Depression Scale (GDS), Bayer Activities of Daily Living Scale (B-ADL), Quality of Life-AD (QoL-AD), Clinical Insight Rating (CIR), and Neuropsychiatric Inventory (NPI). Caregiver: Center for Epidemiologic Studies Depression Scale (CES-D), State Trait Anger Inventory (STAXI), SF-12, and Zarit Burden Interview (ZBI). The SQCRC has a good internal consistency (alpha = 0.82 and 0.85 for patient’s and caregiver’s version). The level of agreement is high for warmth (ICC = 0.61), but low for criticism (ICC = 0.08). Rating discrepancy is associated with caregiver burden (r = -0.64), but not with patient’s variables such as symptoms and awareness. Self-rated quality of life of the person with AD is predicted by relationship quality and depression, but not by other symptoms of the patient or caregiver (R2=0.96; p<0.01). The patient’s self-rated relationship quality with the caregiver is an important predictor of his/her quality of life and should be targeted by psychosocial interventions.

THE INFLUENCE OF RELIGIOUSITY ON QUALITY OF LIFE: INDIVIDUALS WITH DEMENTIA AND THEIR FAMILY CAREGIVERS
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Background: Religion has been cited as a positive coping mechanism for dealing with chronic illnesses and stress. However, studies yield mixed results on the relation between religion and positive outcomes for family caregivers of individuals with dementia. Moreover, research concerning religiosity of individuals with dementia has not been extensively explored. Sample: One hundred eleven individuals with mild to moderate dementia (IWDs) and their family caregivers were interviewed in-person to evaluate IWDs’ everyday-care values and preferences, including religious preferences. Methods: Using multiple regression and multi-level modeling, we examined how measures of religiosity (attendance, prayer, and subjective ratings of religiosity and its importance) influence quality of life in IWDs and their family caregivers, while accounting for individual and familial characteristics. Results: After accounting for demographic characteristics and care-related stressors, regression analyses indicate that religiosity is not significantly associated with caregivers’ quality of life. However, religiosity is associated with higher quality of life in IWDs. IWDs reporting higher ratings of religiosity report higher levels of personal quality of life. To examine the findings for IWDs further, an actor-partner multi-level model was used to account for the interdependent relationship of dyads and found that IWDs’ self-reported importance of religiosity was positively associated with self-perceived and caregiver-perceived IWD quality of life. Discussion: These findings suggest that people with early-stage dementia use religiosity as a positive coping mechanism as they face a catastrophic illness. Given the dependence of IWDs on caregivers to participate in religious activities, it is important that caregivers understand IWDs’ values concerning religion.

SESSION 990 (POSTER)

GENDER AND SEXUALITY

GENDER VARIATION IN COGNITIVE PERFORMANCES OF OLDER ADULTS ACROSS FOUR CONTINENTS

The question about the gender gap in intellectual and cognitive abilities has fascinated researchers for decades. Whereas many studies are
focusing on children and their school achievements, we are investigating potential gender gaps in cognitive abilities of middle-aged and older populations across nations. The availability of comparable nationally representative ageing surveys offers the opportunity to study men’s and women’s cognitive performances in samples representing more than half of the world population aged 50 and above. Individuals of about twenty countries were interviewed with regard to their health conditions, financial situation, and early life experiences such as education. Moreover cognitive performance was tested with a word recall task, a fluency task, and a numeracy test. In our study, we confirm previous research showing that there are gender differences in numeracy within all countries, favoring men. With regard to the other two cognitive performance measures, the gender differences vary from favoring women to favoring men dependent on the nation. So, further analysis was needed to investigate in potential influences. Applying linear multilevel regressions, country measures such as living conditions turn out to significantly influence the gender gap. Importantly, our research shows that women tend to underperform in less gender equal countries and therefore a demand for policy changes is essential.

INTERSECTIONS BETWEEN AGEING, GENDER, MASCULINITY AND CHRONIC ILLNESS: MEN'S EXPERIENCES OF LIVING WITH PARKINSON'S DISEASE

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Reporting the results of a PhD study investigating 15 men’s experiences of living with Parkinson’s Disease (PD), this presentation will explore the roles ageing and gender play in the experience of chronic illness. Drawing on a phenomenological, narrative methodology, this presentation explores how men negotiated the changes PD brought their sense of self as men who were ageing. Men’s experiences of PD were interpreted using gendered expectations of an ageing body and a masculine older age. Men described PD and its effects on their bodies through either a premature and therefore unnatural form of ageing, or alternatively as an expected consequence of an older age characterised by biological and social decline. Men’s judgements of PD and ageing also intersected with their expectations of gender, in which PD posed a threat to men’s masculine status. However, by telling stories about their illness, men could re-negotiate and where necessary reassert their masculine status, demonstrating that despite PD’s effects they successfully remained ‘men’. How well men responded to these changes to their sense of an ageing masculinity had key implications for their continued well-being and quality of life, providing us with insights into how age and gender sensitive PD services can be developed. Attendees of this presentation will gain insights into the continuing importance of gender in the lives of older men. In addition, attendees will be able to further consider how ageing and gender shape men’s judgements about the experience of chronic illness, including PD.

NEW SEXUAL RELATIONSHIPS IN LATER LIFE: THE CASE OF LATE MODERN SWEDEN


It is often argued that in late modernity sex has escaped its reproductive cage and people form pure relationships, based on mutual satisfaction. Ironically, although older people are per definition non-reproductive, and thus in a position to form pure relationships, they have often been neglected in studies on sexuality. In this paper we present results from a qualitative interview study with a strategic sample of 28 63–91 year old Swedes currently dating or in a heterosexual relationship (married, cohabiting, LAT) initiated 60+. The interviews revealed a clear normative change: The majority reported a definite ban on pre-marital sex when growing up. All had experienced the 1960s sexual liberation, and the experience of chronic illness, including PD.

The Gerontological Society of America
a discussion of the importance of conceptualizing one’s positionality when conducting LGBT aging research.

CAREGIVING RESPONSIBILITIES AT OLD AGE: A QUALITATIVE ANALYSIS OF WOMEN’S CAREGIVING EXPERIENCES IN BANGLADESH
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This study explored the family caregiving experiences of older women in Bangladesh. Data were collected from 12 qualitative in-depth interviews of older women who were the primary caregivers for their elderly frail spouses. The women were selected through purposive sampling technique with an attempt to have a representation of different socioeconomic backgrounds. Interview topics included description of caregiving responsibilities, perception and attitudes towards caregiving, challenges of caregiving, physical and emotional effects of caregiving, and coping strategies. Responses demonstrate that all women perceive their caregiving responsibilities as ‘natural’ and expected. Motivations for taking the caregiver role included social and cultural expectations, religious beliefs, and personal satisfaction and affection. Seven of the women interviewed had additional caregiving responsibilities for their grandchild(ren). As limited or no formal support is available for eldercare in Bangladesh, the caregiver older women have to depend to a large extent on the children or kins for help with tasks that seem complicated and require dealing with formal sector. Although there was no explicit expression of stress or burden in the women’s narratives, these caregiver older women were significantly more likely to have low perceived physical and emotional health status. Many of them ignore their own health problems as they are embarrassed to create any pressure or burden to the family. Sleep deprivation, constant stress, being rushed were some of the outcomes illustrated in some women’s accounts. Understanding older women’s caregiving experiences are important for developing interventions to improve their quality of life.

QUEERING STRAIGHT LINES: DISRUPTIONS, RESISTANCE AND OPENINGS IN OLDER LGBTQ PERSONS’ LIFE STORIES
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Gerontological studies have to a great extent engaged in life course exploration and theorizing which has informed our understandings on how certain notions of the life course create expectations on what we are expected to do at certain points during life. These notions also serve as an interpretative resource for discerning normality in relation to chronological age. This paper, taking its starting point in life story interviews with twenty LGBTQ identified persons in the ages of 64-88, illustrate how LGBTQ lives relate to – and often disrupt - these normative scripts. A theoretical framework developed within critical gerontology and queer theory is used in the analysis. It is illustrated how engagement in LGBTQ communities, reconstructions of the concept of family, and coming out as young in a context where queer identities where seen as deviating – or coming out in later life, are all factors that trouble notions on being ‘on and off time’ and in ‘third and fourth age’ but also ideas about linear time. The results indicate that discourses on normative life scripts are governed by heteronormativity, in terms of heterosexuality and linear genders. The paper concludes how queer lives disrupt these norms and a queer theoretical lens on aging may trouble previous gerontological concepts and assumptions about the life course.

UNDERSTANDING THE NEEDS OF LGBT OLDER ADULTS
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Lesbian, Gay, Bisexual and Transgender (LGBT) persons represent an increasingly large percentage of the older adult population yet research related to the health and well being of this population is glaringly absent. LGBT seniors represent an at-risk population who experience significant health disparities compared to their heterosexual counterparts. This presentation will present findings from survey data and focus groups with older gay men and lesbian women regarding the health and support needs of LGBT seniors and caregivers. The sample included 80 LGBT older adults who were primarily lesbian (30%) and gay men (62%) and ethnically diverse Hispanic (9%); Whites (68%) and Blacks (13%). Overall, the results indicated that the primary concerns about aging, among both gays and lesbians, include: isolation, loneliness, lack of care support and prejudice among healthcare providers. The primary barriers to accessing care include: lack of knowledge about resources, discrimination, and understanding from providers. In terms of caregiving, perceptions regarding issues confronting caregivers include: lack of education, resources and skills; lack of authority; and legal issues. The group also provided input on the type of information and support programs that would be valuable to LGBT caregivers and older adults including: social services; legal and financial advice; counseling; opportunities for socialization; caregiver training and stress management. The implications of these findings for intervention programs that would be valuable to LGBT older adults and caregivers will also be discussed.

SESSION 995 (POSTER)
GERONTOLOGICAL STUDIES

AGE DIFFERENCES AND ASSOCIATIONS BETWEEN AROUSAL AND SLEEP IN INDIVIDUALS WITH AND WITHOUT INSOMNIA
Introduction: This study explored the association between arousal and sleep in older and younger adults with or without insomnia. Pre-sleep arousal may impact sleep differently in individuals who have insomnia compared to those who do not. Furthermore, the associations between arousal and sleep may vary across age groups. Methods: 50 younger (M=19.88, SD=2.76) and 50 older (M=67.81, SD=6.73) adults completed 14-consecutive-day sleep diaries and the Pre-Sleep Arousal Scale. Sleep variables included sleep onset latency (SOL), wake after sleep onset (WASO), sleep efficiency index (SEI), and sleep quality rating (SQR). Arousal variables included pre-sleep cognitive and somatic arousal. Multilevel modeling analyses were used to predict sleep outcomes from pre-sleep arousal across insomnia and age groups. Results: Cognitive arousal is a predictor of WASO (β=2.11, p=0.00) and SEI (β=-0.61, p=0.00) in individuals without insomnia, but not individuals with insomnia. Somatic arousal is a predictor of SOL (β=-2.41, p=0.05) and SQR (β=-0.14, p=0.00) for individuals with insomnia, but not individuals without insomnia. There were significant age interactions for these effects. Conclusions: The direction and magnitude of the relationship between arousal and sleep is impacted by age group and insomnia status. In individuals with insomnia, somatic arousal predicted sleep onset latency and subjective sleep ratings with a weaker effect in older adults. In individuals without insomnia, cognitive arousal predicted the amount of time awake after sleep onset and sleep efficiency, with a stronger effect in older adults. These results suggest age and insomnia status are important factors in the relationship between arousal and sleep.
FORDHAM CENTENARIAN STUDY: LIFE EVENTS CONSIDERED CRITICAL AT THE END OF A LONG LIFE
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This study explores the types and nature of life events considered critical by centenarians. Participants were 119 very old individuals (ages 95-107) from the Fordham Centenarians Study conducted in New York City. Life events and response to the event were assessed with open-ended questions and later coded with a theme-based qualitative approach. Frequencies of codes were then assessed to determine types and valences of reported events. A total of 97 participants reported critical life events, mentioning 290 different specific events that reflected 17 main categories. Moreover, of the 224 events given a valence by participants, 51% were clearly positive, 39% clearly negative, and 10% were mixed.

The type of events most often mentioned (62%) was related to marriage/dating, and within this category “getting married” was the most frequently mentioned event (37%). The second most commonly reported event was the death of a close family member (59%), with loss of a spouse mentioned the most (33%). The third largest portion of participants mentioned events involving child rearing (46%), with “raising children” the most frequently mentioned of 14 events in that category. Events related to World War II were mentioned by 22% of participants; only 10% discussed Injury/Illness, and only 2% mentioned the Great Depression. Findings highlight the rich array and varied valence of events recalled as critical by centenarians.

SERVICE LEARNING AND COMMUNITY ENGAGEMENT: ENHANCING STUDENT LEARNING AND PROMOTING ELDER HEALTH AND WELL-BEING AT A SENIOR CENTER
A.E. Sokan, Kentucky State University, Frankfort, Kentucky

The purpose of this study was to see what, if any, are the benefits to students, clients (older adults) and staff in participating in health promotion and wellbeing activities at a Senior Center. As part of a course on Aging and Health, students participated in a semester-long service-learning workshop on health promotion and well-being for seniors at a local Senior Activity Center. The workshop involved one-on-one interaction between gerontology students and senior center participants, with students acting as health educators, as well as group activities. Working primarily as dyads, students assisted participants to profile individuals’ specific needs or problems (e.g., weight management, nutrition, exercise), establish easy, progressive goals and methods for dealing with each individual’s issues, using health behavior change tools learned in the didactic portion of the course. At the end of the semester, students, elders and senior center staff provided feedback on the program. Students reported benefits of participation including improved learning, confidence in ability, and positive attitudes towards working with elders. Overall elders reported satisfaction with student’s efforts, and improvements in self-rated perceptions of well-being, while staff reported satisfaction with the program based on participant feedback as well as increased interest among participants and non-participants alike.

GOALS: A CROSS-SECTIONAL ANALYSIS BETWEEN YOUNG ADULTS AND CENTENARIANS
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Goals are a central part of life, driving many of our decisions and actions. There is likely to be variation in goals from individuals at different developmental stages, given that stage of life is characterized by specific life tasks and challenges. The present study explored the goals of two age groups, contrasting emerging adulthood (late teens to early twenties) with individuals at the end of the lifespan (aged 95 years and older). Goals were examined from a total of 100 emerging adults (ages 18-22) and 119 very old adults (ages 95-107) living in the New York City area. Very old individuals were participants from the Fordham Centenarian Study. Goals were assessed with a set of open-ended questions. Responses were subsequently coded with a theme-based qualitative approach, using a coding schema developed specifically for this study. Findings indicate that against common expectations, a large number of centenarians reported goals (80%), and of these reported goals approximately 80% were related to health. Within the younger sample, all individuals endorsed having goals but only 18% reported the presence of health goals. Education and work-related goals were most frequently identified among the younger population. In sum, initial findings indicate that most centenarians have goals they are striving for, despite their advanced developmental stage and nearness to the end of life. Additionally, the goals of young adults and centenarians differ with respect to their major themes, suggesting that the most salient life themes at these specific ages are reflected in the goals that individuals pursue.

ON BEING FEMALE, MIDDLE-AGED, AND BACK IN SCHOOL
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The present work explores the experiences of women in midlife who choose to pursue doctoral training in gerontology. Using a feminist life course perspective, we build upon an exploratory study that examined the reasons for returning to school as well as the challenges and rewards of pursuing graduate work in gerontology at this moment in the life course. Based on mixed methodology research, we describe how female gerontology students in midlife feel about the graduate training experience and suggest that these students may learn gerontological content differently from their younger counterparts due to the salience of issues in aging. We discuss the importance of social support from other older female students in promoting academic success. Finally, we examine how age may impact educational and professional choices and explore whether ageism plays a role in the education, advisement, and professional development of middle-aged female students.

THE EFFECT OF ECONOMIC RESOURCES AND ECONOMIC DEPENDENCY ON DEPRESSION: FINDINGS FROM THE GEORGIA CENTENARIAN STUDY ARADHANA ANEJA, JOAN BAENZIGER, AND PETER MARTIN, IOWA STATE UNIVERSITY, Ames, Iowa Dr. Maurice Macdonald, Kansas State University, Manhattan, Kansas Dr. Pooneh, University of Georgia, Athens, Georgia

The purpose of the study was to assess the effect of economic resources and dependency on depression in older adults using the Georgia Centenarian Study (Poon et al., 2007). Proxy interviews were conducted to determine the impact of economic resources on depression after controlling for demographic s (i.e., age, gender and residential status). The Economic Resources Scale from the Older Adults Resources and Services assessment (Fillenbaum, 1988) and the Cornell Scale for Depression in Dementia (Alexopoulos, Abrams, Young & Shamoian, 1988) as reported by proxy informants were used in this study. Blockwise linear regression was conducted (using SPSS 19.0). A total of 85 participants’ scores were analyzed to examine the five subscales of the depression measure (i.e., mood, behavior, physical signs, functions & emotions). Analyses revealed age and caregiving services were significant predictors of mood (p < .01), residential status predicted functions (p < .01) and amount of care (p < .01), financial resources (p < .01), wealth (p < .01), and income dependency (p < .05) predicted physical
signs. Analyses of the emotion and the behavior subscales did not reveal any significant predictors. These analyses suggest that proxies of octogenarians and centenarians were more likely to report higher levels of physical signs of depression associated with economic resources and dependency.

NEVER-MARRIED STATUS IN THE NEW ENGLAND CENTENARIAN STUDY (NECS)
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Never being married could select for particularly independent individuals, a trait that may be conducive to longevity. Studies indicate, however, that being married is conducive to longer survival. Also, the effect of marital status likely differs according to sex. We assessed frequency of “never married” status in centenarians compared to birth cohort-matched US Census Data. Centenarians enrolled in the New England Centenarian Study (NECS) born 1890-1909 were compared against individuals born in the same time period who provided marital status in the 1960 US Census for frequency of never being married. Thus we were able to capture marital status up through ages 51-70 years. Marital status was available from 847 centenarians: 27 males and 184 females born 1890-1899 and 178 males and 458 females born 1900-1909. Compared with 1960 census data (when the centenarians were 51-70 years old), the rates of “never married” for the 1890-1899 and 1900-1909 birth cohorts respectively were: NECS males 3.7% and 1.1%, US Census males: 7.5% and 7.9% and NECS females 4.3% and 6.9%, US Census females: 7.8% and 8.0%. Rates of “never married” were substantially lower in centenarians than in the general population. The rate increased for NECS females, from the earlier to the later birth cohort, while it markedly declined for the males. Gender differences in rates of remaining single indicate that the association between marriage and longevity is stronger for men. Still, overall, the “never married” rates are low, supporting previous research that for most people marriage is associated with lower mortality.

GENERATIVITY IN AUSCHWITZ SURVIVORS: INVESTIGATIONS OF LIFE STORIES IN OCTOGENARIANS
H.K. Ulatowska, School of Behavioral and Brain Sciences, University of Texas at Dallas, Dallas, Texas

This study is a continuation of the investigation of a group of highly generative survivors of Auschwitz including prominent Polish writers, visual artists, and actors. The relationship of the survivors’ early trauma in the camp to creative activities in their later life is the focus of this investigation. In this presentation, four survivors in their late eighties are selected to discuss different paths they took to contribute to collective memory of World War II. The activities involved writing books dealing with the war experiences, giving talks to international groups both in Poland and in other countries, organizing international art exhibitions relating to the war and specifically to Auschwitz, and founding Memorial Hospice in Oswiecim for rescuers of the Auschwitz prisoners. The question of biographical aging and achieving life coherence through contributing to collective memory as testimony of commitment and responsibility will be discussed.

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Inspired by Birren’s now-classic statement that gerontology is “data-rich and theory-poor”—as well as previous research on the role of theory in social gerontology provided by Bengtson and colleagues—we introduce a new coding scheme able to extract and quantitatively analyze relevant information regarding key study characteristics of gero-psychological research, including reference to theory. Our goal has been to provide a detailed description of gero-psychological research, as well as to detect change, while comparing articles published between 1990 and 1994 and between 2000 and 2004 (same periods as in Bengtson et al. research). We relied on a randomly drawn sample of N = 535 empirical articles—which represented 50% of the material published in the two flagship journals in the field of gero-psychology, i.e., Journal of Gerontology: Psychological Sciences (JoG) and Psychology & Aging (P&A) —in the target time periods. We found reasonable inter-rater agreement for the new coding scheme. Regarding key study characteristics, we found for example that research related to memory and learning significantly decreased from 38% to 27.3%, whereas research related to social psychology and social-psychological processes, as well as research on successful aging, significantly increased. Reference to theory increased from 30% to 44%. We conclude that the intensity of theory use in gero-psychology and respective change between 1990-1994 and 2000-2004 have not been fundamentally different from that in social gerontology (increase from 27% to 39%). We discuss this finding in the light of different theoretical entities used in gero-psychological research.

SESSION 1000 (POSTER)

INTERVENTIONS

ASSOCIATIONS OF LEISURE ACTIVITY, PERCEIVED CONTROL, AND COPING WITH POSITIVE AFFECT IN OLDER ADULTS
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Background. Older adults experience some increasing losses in physical health and cognition, which can influence psychological well-being. However, a healthy and active lifestyle may impact the perceived control older adults have over their lives, which in turn can have positive effects on psychological health (Rowe & Kahn, 1987). The purpose of this analysis was to examine the direct and mediating pathways that may affect psychological well-being among community-dwelling older adults. Methods. Self-report data from an ethnically diverse sample of 165 older adults (range 60–94 years) were collected from a randomized clinical trial to examine theoretically based mediators and associated outcomes over a 6-month period. A structural equation path model evaluated the effects of age, leisure activity, general health, physical function, perceived poor health, internal control, external control, behavioral disengagement, and positive reinterpretation as predictors of CES-D factors (depressive affect, positive affect, somatic, and interpersonal relationships). Results. Leisure activity was associated directly with positive affect. There was a negative association between external control and behavioral disengagement, and subsequently a negative association between behavioral disengagement and positive affect. Discussion. Findings suggest leisure activities may play a role in influencing perceptions of control and coping in later life leading to better psychological well-being. Results also indicate that
feelings of internal and external control work in concert with coping style to influence positive affect among older adults.

‘SOMETHING WE CAN DO TOGETHER’: CAREGIVER OUTCOMES FROM A MULTI-COMPONENT DYADIC INTERVENTION
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The evidence-based ‘Reducing Disability in Alzheimer’s Disease’ (RDAD) program has been replicated in Ohio by Alzheimer’s Association Chapters. The RDAD program includes: a) exercise training, b) behavior management skill building, and c) dementia-related education for persons with dementia and family caregivers. The purpose of our analysis was to determine if there was a decrease in caregivers’ strains (e.g., emotional strain, health strain, relationship strain, care efficacy) and unmet information needs after being part of the RDAD program for 3 months. With data from 219 caregivers with baseline and 3 month surveys, paired samples t-tests indicate significant decreases in strain related to care efficacy (t(203)=2.22, p = .028) and caregiver-reported unmet needs (t(197)=8.20, p=.000). Regression analyses assessed whether each of the three intervention components independently impacted outcomes. After 3 months, results indicate a positive effect of more exercise sessions on lower health strain (β=-.126, p=.04) and relationship strain (β=-.114, p=.05). More behavior management sessions had a positive effect of fewer caregiver-reported unmet needs (β=-.145, p=.05). No change in caregiver emotional strain was found, nor was dementia-related education significantly related to changes in caregiver strains and unmet needs. The beneficial effect of exercise on caregiver strain may be related to the introduction of exercise as a pleasant activity for the dyad and the fact that exercise can serve as a physical release for anxiety and unspent energy. Benefits of behavior management for unmet needs may reflect caregivers’ enhanced ability to manage dementia care situations.

EFFECTS OF MULTIMEDIA COLLABORATIVE LEARNING ON OLDER ADULTS’ EHEALTH LITERACY: PRELIMINARY FINDINGS
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Multimedia learning theories suggest a well-designed multimedia curriculum is superior to a single-medium curriculum in promoting learning. Social interdependence theory predicts collaborative learning (CL) outperforms individualistic learning (IL). We developed our own multimedia collaborative tutorial and tested its feasibility and efficacy in improving older adults’ eHealth literacy. This paper reports preliminary findings of the experiments conducted during April 2012–February 2013. A total of 125 participants (age range: 55-90; M = 67.61; SD = 7.22) were randomly assigned to the CL or IL condition (CL: 68; IL: 57) and tested pre and post intervention. The intervention included eight 2 hour-long instructional sessions with no more than 8 participants per session using a set of Web-based video tutorials. The sessions were held at public libraries. Multivariate repeated measures analyses found no significant interaction among the CL/IL condition, computer/Web knowledge, and procedural skills: F(1, 96) = 0.56, p = .813. Paired samples t test shows overall, across the learning conditions, computer/Web knowledge and procedural skills improved significantly from pre- to posttest: (t(97)) = -11.38, p < .001 and (t(98)) = -15.34, p < .001, respectively. These results suggest that, contrary to the prediction of multimedia learning theories and social interdependence theory, our multimedia video-based CL was no more effective than IL, although both the CL and IL conditions were effective in improving older adults’ eHealth literacy from pre to post intervention. In this presentation we will discuss implications of these findings and future directions.

AUDIO-VISUAL ENTRAINMENT PROGRAMS FOR OLDER ADULTS WITH COMORBID HYPERTENSION AND INSOMNIA

Aims: The purpose of the study was to test the efficacy of audio-visual entrainment programs for blood pressure reduction and sleep promotion in older adults. The hypothesis was that sympathetic hyperarousal played an important role in hypertension and insomnia. Brainwave entrainment at 2-10 Hz enhances parasympathetic drive, and therefore reduces blood pressures and improves sleep. Methods: This was an intervention study, with pre-post measure design. The inclusion criteria were > 65 years old, hypertensive, score > 8 on the Insomnia Severity Index (ISI), normal hearing, Mini Mental Status Examination score > 20. The exclusion criteria were Sleep Disordered Breathing or seizure disorder. The study protocol consisted of 12 morning sessions of supervised 10-minute audio-relaxation program over 4 weeks for blood pressure reduction. Blood pressures were measured pre-post each session. During the 4-week intervention phase, participants self-administered a 35-minute light-sound program at bedtime for sleep promotion. The ISI was measured again upon completion of the intervention. Objective sleep adequacy was measured with actigraphy for one week at baseline, and again during the first week of the intervention phase. Results: Eight community dwelling older adults (mean age 88) completed the study. The mean systolic blood pressure reduction was 10mmHg (p<.001). The insomnia severity rating (ISI) reduced from 16 to 8 (p<.002). The objective mean total sleep time increased from 380 to 405 minutes (p=.83). Conclusions: The preliminary results suggested that entrainment at 2-10 Hz were effective in reducing blood pressures and promoting sleep. The power of self-regulation is plausible at old age.

A SIMPLE WAY TO DETERMINE HOW MANY INDIVIDUALS ARE AFFECTED BY A TREATMENT IN A NATURAL SETTING
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The binomial effect size display (BESD) is a simple way to estimate the proportion of individuals whose behavior on some outcome has been affected by a treatment. Rosenthal and Rubin (1982; Rosenthal, 2005) presented the BESD for a 2 x 2 display. Based on a dichotomous measure of the success of a treatment, the association coefficient for the BESD represents the proportion of individuals who improved based on the treatment. Rovine and von Eye (1997) presented a version of the Pearson correlation coefficient that extended the logic of the BESD for variables measured continuously. Using this version of the correlation, they demonstrated that the coefficient can, under certain circumstances, represent the proportion of individuals affected by a treatment in a natural setting. Here, we present the design of a naturally occurring treatment intervention. For this design, the Rovine/von Eye coefficient can be used to determine the proportion of individuals responding to treatment. We show how this works for an intervention presented as a public service announcement on appearing on television, radio, or the internet.

COGNITIVE TRAINING INCREASES COGNITIVE EFFICIENCY: EVIDENCE FROM NEUROSCIENCE

Some cognitive interventions have demonstrated transfer to everyday activities in older adults including improved and prolonged driving, better self-reported health, reduced health expenditures, and reduced risk of depression. However, the neural mechanisms underlying evidence-based interventions are unclear. The goals of this project are (1) to examine the impact of a cognitive intervention on neural activity using fMRI, and (2) to correlate these neural changes with changes in...
cognitive measures of processing speed and divided attention in a sample of healthy community-dwelling older adults. Older adults (65+) were randomized to either one of two cognitive interventions or a no-contact control condition. Repeated Measures ANOVAs revealed that after training, regions involved in stimulus processing showed decreased activity relative to the changes in the controls in areas associated with executive functioning and control (the Anterior Cingulate, Anterior Insula, Inferior Frontal Gyrus, and the Supplementary Motor Cortex, ps < .05). Additionally, there were significant correlations between training-related decreases in neural activity and training-related changes in behavioral measures. This pattern of results is consistent with the hypothesis that training results in reduced cognitive effort to complete complex tasks. Implications and areas of future research are discussed.

MEMORY BANKING: LONG-TERM LIFE STORY INTERVENTION EFFECTS

Introduction: Life story interventions can lead to a variety of psychological benefits in older adults, but most existing interventions do not address community-oriented dyadic life story development within the context of aging and caregiving. As such, the Memory Banking (MB) program was designed to avert caregiver burden through life story development. MB provides the knowledge and skills for collecting, documenting, sharing, and maintaining life stories, including future dreams, aspirations, plans, and decisions. Findings from the MB 2010 to 2012 sessions indicated improvements in mental health and memory. To better understand long-term sustained benefits, 6-month data was analyzed. Objectives: Examine MB effects on caregiver burden risk factors at 4-weeks and 6-months after the intervention was delivered. Methods: N=72 older adults (mean age = 70.3) from surrounding Lexington, KY areas participated. Results: Results indicated that at 4-weeks there was significant improvement in depression (p=.04), mood disturbance (p=.007), and memory (p=.045). At 6-month there was no sustained mental health benefits, but a decreasing pattern of social support and instrumental support (p<.0001) was observed, with no detected changes in social interactions and social intimacy over time. Conclusions: The MB program is effective at improving mental health in the short-term, but efforts need to be made to create sustained benefits such as booster MB sessions and/or continual MB reinforcement for life story development. The negative social support pattern that emerged suggests a new area for intervention exploration; social support and instrumental declines that can come with aging can indicate greater independence and health improvement.

EFFECTIVE AND ACCESSIBLE COMMUNITY-BASED CLINICAL PREVENTIVE SERVICES FOR OLDER ADULTS: A SYSTEMATIC REVIEW
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Inequities in the use of clinical preventive services contribute to racial and ethnic minority health disparities. Clinical preventive services (CPS) coverage is now available through the Affordable Care Act, but eliminating financial barriers is only one step toward reaching Healthy People 2020’s goals. We report on a systematic review of the published literature, funded by CDC, to identify evidence-based model CPS programs delivered in the community to older adults. Targeted interventions of interest included “bundled” CPS programs, which improved efficiency by delivering two or more CPS to underserved populations. Search criteria included programs that had the best financial cost-benefit ratios, included adults age 50 and over, were delivered in the community, and demonstrated positive outcomes. The systematic review identified 216 articles, representing 142 model programs that met these criteria. Of these, 38 were bundled programs. Many focused on underserved minority populations and maximized partnerships with the media, churches, businesses (e.g., pharmacies), and nonprofit organizations. For example, Witness engaged African American women with breast and cervical cancer screening and used spiritual frames, or “witnessing” by breast cancer survivors, to motivate behavior. A national replication of the program showed a 43% breast cancer screening adherence improvement by participants. In the era of implementation science and health reform, it is critical to identify effective and appropriate model programs that can be replicated and adapted to address health disparities.

NEW NIH FIT AND STRONG! PLUS PHYSICAL ACTIVITY/WEIGHT LOSS TRIAL: STUDY DESIGN AND PRELIMINARY OUTCOMES

Background: Older adults with lower extremity (LE) osteoarthritis (OA) who are overweight are at high risk of disability. In 2007, obesity prevalence was 54% higher among adults with arthritis who were 44% more likely to be physically inactive (Hootman et al., 2011b). The 8-week Fit and Strong! (F&S) program improves LE strength and mobility out to 18 months (Hughes et al., 2010). F&S! Plus was developed to address both PA and weight management but has not been tested. Methods: This comparative effectiveness trial is randomly assigning 400 participants to customary F&S or F&S Plus and comparing outcomes at 2, 6, 12, 18, and 24 months. We hypothesize that F&S Plus participants will show significantly improved diet behaviors at 2 months alongside with weight loss ≥ 5% at 6 months that will be maintained at 24 months. F&S Plus participants will also differentially improve in PA maintenance and LE pain, stiffness, function, balance, mobility, depression and anxiety at all time points. Results. The first set of enrollees (N=36; 17 F&S Plus, 19 customary F&S) have a mean age of 69, are 78% female, 100% African American. Mean BMI is 33.1 (4.9 s.d.), 78% have hypertension 22% report diabetes and 39% report fair or poor health. The trial design, intervention components, recruitment, and 2 month outcomes for the first 80 enrollees will be described.

SESSION 1005 (POSTER)

MINORITY AND DIVERSITY STUDIES: HEALTH ISSUES

TO TAKE OR NOT TO TAKE?: DETERMINING RACE DIFFERENCES IN PERCEPTIONS OF PAIN MEDICATION USE
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Data show systematic gaps in communication between the patient and provider regarding pain management and treatment. This is of concern, as older adults, and those from diverse race groups, are more likely to have their pain mis-diagnosed or under treated. This study aimed to determine the association between race and perceptions of pain medication use and to assess why patients may be reluctant to ask their physician for pain medication. Data were collected through structured interviews assessing pain and clinical health outcomes among older Black and White cancer patients (N=150). Analyses showed a significant relationship between race and believing that people get addicted to pain medication, with more than half (59%) of the Black patients believing this outcome. A significant relationship was similarly found between race and the belief that its easier to deal with pain than the side effects from pain medication, and that the pain experience is an indication that...
the illness is getting worse. Patients were similar in their perceptions that the physician was clear with instructions on how to take their pain medications. Instructions on taking medications now, the perception that pain medication cannot really control pain, that good patients avoid talking about pain, and that medication should be saved for when the pain gets worse approached significance. These results are unique in showing important issues that patients experience in their decisions to take pain medication. Providing older adults with clear information regarding their health is essential for optimal symptom and pain management.

**DEVELOPMENT AND PRELIMINARY VALIDATION OF THE CULTURAL BELIEFS ABOUT ALZHEIMER’S DISEASE SCALE**

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As Hispanic Americans comprise one of the fastest growing sub-populations of older adults in the United States (US), we aimed to develop a scale to measure Hispanic culturally-influenced beliefs about Alzheimer’s disease. We reviewed the pertinent literature and developed 26 true-or-false items for the Cultural Beliefs about Alzheimer’s Disease Scale (CBADS), which were then submitted to three experts in the field for revision. Our sample was composed of 22 English-speaking Hispanic (primarily Mexican American) informants of outpatients diagnosed with normal cognition or dementia at their initial Alzheimer’s Disease Center evaluations in Southern California. The CBADS was reduced to 14 items, as all participants answered 12 of the items correctly. The CBADS demonstrated borderline adequate internal-consistency reliability (α = .67). Results of our multivariate linear regression analysis of total CBADS scores regressed on education, acculturation to the US, and literacy level revealed that these three independent variables accounted for nearly half of the variance in total CBADS scores (R-squared = .44), which was significant, F(3,17) = 4.46, p = .018. Only acculturation level (β = -0.55, p = .025) demonstrated a significant effect on total CBADS scores. Specifically, higher acculturation levels were associated with lower CBADS scores, as hypothesized. Future research should evaluate the CBADS using larger, diverse samples, specific Hispanic subgroups, and less acculturated Hispanics or those residing in their countries of origin. In addition, future studies should examine whether higher CBADS scores among informants are associated with a dementia diagnosis among patients due to culturally-influenced barriers to dementia care-seeking.

**COMPARING TWO VALIDATED DEPRESSION SCALES AS PREDICTORS OF COGNITIVE DECLINE IN AFRICAN AMERICANS**

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Depressive symptoms are common in older adults, and often associated with cognitive decline. Fewer studies have included older African Americans, therefore, the impact of depressive symptoms on cognitive decline in this population remains unclear. Using two validated depression instruments, we sought to determine if the Geriatric Depression Scale (GDS) or Center for Epidemiologic Studies Depression Scale (CES-D) would differentially predict cognitive decline in African Americans. Three hundred and eighty-one participants without dementia from the Minority Aging Research Study, (mean age 74 years, SD=6.18) underwent up to 4 annual clinical evaluations that included depression assessment and detailed cognitive testing, from which global and specific measures were derived. GDS and CES-D items were displayed graphically using multiple correspondence analyses (MCA). Cognitive decline was examined with mixed effects models controlled for demographics and indicators of medical conditions. The MCA indicated a strong cluster of responses that reflected positive affect. Three negative-related responses were close to this cluster and two discrimination-related responses were separate from all other responses. Mixed effects models controlling for vascular disease burden and demographics indicated that GDS, but not CES-D, was associated with decline in semantic and working memory (estimate=-0.014, SE=0.005; ps.05 and estimate=-0.011; SE=0.005; ps.05 respectively). After removing 5 items indicated in the MCA analysis, results for GDS remained the same but CES-D was associated with decline in working memory (estimate=-0.013; SE=0.006; ps.05). Results suggest that the GDS may assess a wider range of depressive symptoms and better predict cognitive decline in African Americans compared to the CES-D.

**THE RELATION BETWEEN DIABETES SELF-EFFICACY AND PSYCHOLOGICAL DISTRESS AMONG OLDER ADULTS: DO RACIAL AND ETHNIC DIFFERENCES EXIST?**

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Given the important role of self-efficacy in managing diabetes mellitus, this study examined racial and ethnic differences in the relationship between diabetes self-efficacy and psychological distress among older adults with diabetes mellitus. Samples of adults aged 60 or older with a diagnosis of diabetes mellitus (n = 3,067) were drawn from the 2009 California Health Interview Survey (CHIS). Hierarchical multiple regression analyses were conducted to test main effects of race/ethnicity and diabetes self-efficacy on psychological distress and the interaction effects of race/ethnicity × diabetes self-efficacy. Results show that after controlling for covariates, African Americans and those with higher levels of diabetes self-efficacy tended to have lower levels of psychological distress than non-Hispanic whites and those reporting lower levels of diabetes self-efficacy. Significant interactions between race/ethnicity and diabetes self-efficacy were found in the Hispanic/Latino and Asian groups: the effect of diabetes self-efficacy on psychological distress was greater for Hispanics/Latinos (b = -2.249, p < .001) and Asians (b = -1.995, p < .001) than non-Hispanic whites (b = -1.332, p < .001). Findings suggest that diabetes self-efficacy is associated with psychological distress among older patients with diabetes and that race/ethnicity moderates the relationship between diabetes self-efficacy and psychological distress. Increasing diabetes self-efficacy will help racial/ethnic minority older patients with diabetes to improve psychological well-being at a greater level, which may eventually help reduce racial and ethnic disparities in diabetes care outcomes among older adults.

**PSYCHOMETRIC TESTING OF THE CHINESE VERSIONS OF SELF-EFFICACY AND OUTCOME EXPECTATIONS FOR OSTEOPOROSIS MEDICATION ADHERENCE SCALES**

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Background: Chinese immigrants comprise a growing population at risk for low bone mineral density (BMD). Despite the availability of proven effective pharmacotherapy for managing osteoporosis, adherence to these medications is suboptimal. One of the most effective theories to facilitate medication adherence is the theory of self-efficacy. However, valid and reliable tools are not available for measuring the self-efficacy (SE) and outcome expectations (OEs) on osteoporosis adherence in Chinese population. Objective: To assess the reliability and validity of the translated SE and OEs on osteoporosis medication adherence (SEOMA-C and OEOMA-C) scales among Mandarin-speaking Chinese immigrants living in the United States. Method: Baseline data in a randomized controlled trial with a total of 110 (81 females, 29 males) foreign-born Asians (mean age, 63.44±9.63) were used for analy-
CARE AMONG UNDERSERVED STROKE SURVIVORS

PSYCHOSOCIAL PREDICTORS OF POST-STROKE SELF-CARE AMONG UNDERSERVED STROKE SURVIVORS
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Underserved individuals have high rates of stroke and chronic disease risk factors that lead to stroke. Risk for substance abuse and dependence in underserved communities may also contribute to increased stroke incidence and prevalence. The primary aim of this study was to investigate the effect of psychosocial variables (depression, religiosity, self-care self-efficacy) that impact stroke self-management on tobacco, alcohol and substance use in underserved, largely minority stroke survivors. Fifty-two (N = 52) participants previously recruited for a culturally-tailored secondary stroke-prevention program were included. Logistic-regression analyses, using self-care self-efficacy, religious participation and depression as the referents, were used to predict binary outcomes of tobacco, alcohol and substance use at four weeks post-stroke. Lower scores on the depression scale and higher scores on the self-efficacy scale were associated with a reduced odds of smoking (p = .016, p = .040) and substance use (p = .019, p = .390), respectively. Greater participation in religious practices was associated with lower odds of alcohol use (p = .042). Incorporating depression treatment and techniques to increase self-care self-efficacy, and encouraging religious participation may help to improve stroke self-care behaviors for underserved and low socioeconomic status individuals.

ASSESSING RISK FACTORS FOR METABOLIC SYNDROME AMONG RURAL OLDER ADULTS
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Objectives: Older adults are at risk for developing metabolic syndrome (MSX), a cluster of risk factors for cardiovascular disease, stroke, and mortality. Given the growing rural older adult population and the unknown prevalence rate of MSX in rural communities, our study aims to assess the risk factors for MSX among rural elders. Methods: Individuals aged 55 and older from four West Alabama rural communities were assessed by an interdisciplinary health care team via a mobile unit (N = 216). Descriptive analyses and analysis of variances (ANOVA) were conducted to assess the effect of gender, race, and community on the number of risk factors of MSX among rural elders. Results: Results of a three-way ANOVA revealed a significant interaction between gender, age and community on the number of MSX risk factors [F (16, 193) = 2.41, p < .01]. Post hoc analyses showed that females in the young old (age = 55-64) and oldest old (age = 75+) age groups had significantly more MSX risk factors compared to those in old age group (age = 65-74) [F (2, 69) = 9.80, p < .01]. Additionally, rural communities with lower social economic status (SES) and predominantly African American residents were at a higher risk for developing MSX compared to more resourceful communities [F (3, 68) = 7.42, p < .05]. Conclusions: Our findings suggest that rural elders are at risk of developing MSX, especially females and those from low SES communities. Innovative approaches such as mobile healthcare delivery are crucial to providing quality healthcare and preventive health screens to underserved rural older adults communities.

PRESENT YOUR BODY: CORRELATES OF PERCEIVED PERSONAL RISK OF DEVELOPING CANCER AMONG MIDDLE AGED AND OLDER AFRICAN AMERICANS
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Introduction: The specific aim of this submission was to examine the correlates of perceived personal risk of developing cancer among middle aged and older underserved African Americans. Methods: We used a community-partnered-participatory research approach to develop our study aims. We conducted community-engagement activities with 13 churches - successfully garnering participation of 11 predominantly African American churches. Results: Of the 395 African American aged 55 years and older who participated in this study, 16% reported a personal cancer diagnosis and 65% indicated that one of their family members had been diagnosed with some form of cancer. Yet, one out of two respondents reported that they had never discussed their personal risk of cancer with their doctors. Multivariate analysis of data showed that age, self-rated health status, smoking behavior, being diagnosed with a
cognitive and social symptoms; Factor 3 representing behavioral and mental/physical disorientations; Factor 2 including memory-related, cognitive and psychosocial measures and collected anthropomorphic data. After controlling for age, education, depression, blood pressure, blood pressure medication, and self-reported diabetic status, WHR was inversely associated with divided attention, verbal memory, inhibition, and verbal fluency performance, while BMI showed no significant associations. Results suggest that obesity may play a significant role in cognitive function in older African Americans, with central obesity representing a variable of specific importance. The implications of these findings for quality of life in older African Americans will be discussed.

LABELING AWARENESS AND SYMPTOM RECOGNITIONS OF DEMENTIA AMONG KOREAN AMERICANS
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Using “mental health literacy” framework (Jorm, 2000), this study examines labeling awareness and symptom recognitions of dementia among the first-generation Korean Americans. Using self-administered survey, data were collected from 209 first generation Korean Americans residing in Southern California. “Labeling awareness” was assessed by asking whether they have ever heard of dementia and Alzheimer’s disease (AD), respectively. “Symptom recognitions” were assessed by using a list of 22 symptoms identified by the Los Angeles Caregiver Resource Center (2004), with “true” or “false” response option. AD knowledge, exposure to dementia and acculturation were also measured. Hundred percent of participants reported they ever heard of dementia whereas 82% ever heard of AD. Descriptive analyses of 22 symptoms revealed that participants well understood dementia as a disease of impairment in memory and cognitive functions. They, however, did not well recognize mood, personality, behavior, neuropsychiatric changes. Factor analysis (principal component analysis) of 22 symptoms yielded four dimensions of symptom recognitions: Factor 1 reflecting mental/physical disorientations; Factor 2 including memory-related, cognitive and social symptoms; Factor 3 representing behavioral and neuropsychiatric symptoms; and Factor 4 indicating end stage symptoms of functional dependency. Bivariate analyses showed that AD knowledge and exposure are related to most of factors identified—e.g., those who are more knowledgeable about AD and more exposed to dementia recognize more behavioral and neuropsychiatric symptoms (Factor 3). The study provides information that clinicians and practitioners need to understand to provide culturally competent practice and highlights areas of concentration and customization for education messages for specific ethnic groups.

LIVING ARRANGEMENTS AND DEPRESSIVE SYMPTOMS AMONG OLDER MEXICAN AMERICANS
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Living arrangements may contribute to well-being in a number of ways, including the extent to which they provide individuals with assistance with household maintenance as well as emotional and financial support on a day to day basis and in times of need. In the current paper, we assess whether living arrangements are associated with depressive symptoms using the Hispanic Established Populations for the Epidemiologic Studies of the Elderly (Hispanic EPESE) a population-based sample of older Mexican American adults. Data are taken from wave 5 (2004/2005) when respondents were 75 years and older and wave 7 (2010/2011) when respondents were 80 years and older (N≈897). First, we find that women are more likely to live alone than with other people. Men, respondents with less education, and those who have had a cancer diagnosis are more likely to live in a household with three or more people than alone or with two people. We also find that when controlling for medical conditions (diabetes, cancer, heart disease), socio-demographic characteristics (age, nativity, gender) and activities of daily living, older adults living alone or with two people in the household report more depressive symptoms at Wave 7 (net of depressive symptoms at wave 5) than those living with three or more people. Results suggest that living in a larger household is protective of psychological distress among Mexican American adults 75 years and older. The extent to which social support provided by household members accounts for these differences is an important area for future research.

SESSION 1010 (POSTER)
QUALITATIVE AND QUANTITATIVE RESEARCH METHODS AND ISSUES

THE LANGUAGE OF VERBAL AGGRESSION: RUDENESS, ANGER, AND UNWANTED SEXUAL AGGRESSION IN ONLINE DATING

Adults ages 65+ are the fastest growing demographic of individuals using online dating sites to seek companionship. However, companionship seeking can also expose dating seniors to instances of intimate partner violence. Online dating in particular might put older women at risk for verbal violence as the anonymity and physical distance provided by the online venue has been shown to decrease the civility of verbal discourse. This study seeks to better understand the nature of verbal violence among older women who date online and discuss implications for research study design. Women ages 50+ who use the internet to meet new people (N≈45) participated in a semi-structured telephone interview. Interviews were transcribed verbatim, team coded,
and entered into ATLAS TI software for data analysis. Though the majority of the women stated that they had not been threatened or abused verbally while online dating when asked explicitly, this contradicted findings from transcripts that indicated verbal violence was prevalent among online dating interactions. Unwanted explicit sexual messages were the most common negative online interaction. Additionally, women used terms like “rude” and “angry” to describe negative verbal scenarios online. As women feel that negative verbal interactions are commonplace online, they often don’t identify these experiences as threatening or abusive. However, when discussing negative online interactions, women often describe instances in which they were threatened, hurt, scared, or disgusted through verbal online interactions. Implications for instrument development and question wording are discussed.

THE EFFECT OF AGE, GENDER, RACE, AND INSOMNIA ON THE NIGHT-TO-NIGHT VARIABILITY IN SLEEP EFFICIENCY


Past research on night-to-night variability has provided important information on sleep behaviors and daytime functioning; however, these studies frequently lacked random samples. The present study examines how age, gender, and race predict variability in sleep efficiency (SE), the actual time slept in minutes divided by time in bed. Furthermore, how the relationship between demographic factors and SE variability may depend on the presence of chronic insomnia. 724 participants, enrolled using random-digit dialing, were chosen from a normative epidemiological study. Normal sleepers and/or individuals with chronic insomnia were included in the analysis. Participants’ ages ranged from 20-96. The population was nearly gender equal. The sample was comprised of Caucasians (70%) and African-Americans (30%). Other races were excluded due to small N. Participants’ SE were collected for 14 days and used to create an individual standard deviation outcome. A hierarchical regression was conducted. In the final model, females had significantly higher SE variability than males. African-Americans had significantly higher SE variability than Caucasians. Age and the presence of insomnia had no unique association with SE variability; however, an interaction was present. As age increased, those with insomnia had increased SE variability, whereas normal sleepers had less variability increase with age. No other interactions were found. The results suggest that individuals with these characteristics have a higher capacity to vary in their sleep behavior and have less stability. Additional nights may be needed to find an accurate and stable SE estimate for these individuals. Further research is needed to assess other sleep measures.

PSYCHOMETRIC EVALUATION OF THE EDUCATION NEEDS ASSESSMENT QUESTIONNAIRE

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Many nursing homes are in crisis due to the low education levels of nursing home nurses as this often extends to poor care, but the efforts to measure continuing education needs of nursing home nurses has been minimal over the years. Education Needs Assessment (ENA) is a fifty-item scale, designed primarily to learn about important educational needs faced by nurses to make adequate recommendations to design more effective education programs for the practice. Currently, there is almost no research examining psychometric properties of education needs assessments questionnaire. The purpose of this study was to evaluate and report psychometric characteristics of ENA. The ENA was administered in a sample of 314 nurses from nursing homes that were chosen with a proportionate stratified random sample (n=32) based on stratification by the overall 5-star rating determined by Centers for Medicare and Medicaid Services (CMS). Exploratory factor analysis (EFA) with principal alpha factoring and Promax rotation yielded a scale with 47 items on 6 factors, accounting for 61% of the variances in scores. Internal consistency reliability for the scale factors ranged from .88 to .95. As expected, the rotated factors were positively correlated (r = .60 -.95). Without a concurrent measurement, scale sensitivity analysis as an indirect way of assessing validity showed significant effects of nurse type (administrative vs. staff nurses). Administrative nurses felt significantly greater education needs than staff nurses. In conclusion, the forty-seven item ENA is a reliable and valid measure to assess the education needs of nursing home nurses.

MEASUREMENT INVARIANCE OF THE GERIATRIC DEPRESSION SCALE AMONG PUERTO RICAN OLDER ADULTS

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This study established the underlying factor structure of the Geriatric Depression Scale Short Form (GDS-15) and examined its measurement invariance across gender, age and ethnicity in Puerto-Rican older adults. Measurement invariance was examined between 2228 older women and 1484 older men, who ranged in age of 60 to 102 years old. Exploratory factor analyses indicated that a one-factor structure defined as general depressive affect fit the data best. Measurement invariance results supported full measurement invariance across ethnic groups. Metric invariance was met across all subgroups. Results for the GDS-15 indicated that observed mean comparisons can be supported across ethnicity, gender and age.

GAMBLING RELATED COGNITIONS IN ADULTHOOD: WHAT SHAPES THEIR THINKING?


Gambling behavior lies on a dynamic continuum and the psychological processes underlying this behavior varies across gamblers and over time. Some individuals choose not to gamble, others gamble socially or recreationally and some experience problems with their gambling. Little is known about the gambling-related cognitions that shape gambling behaviors, and even less is known about the factors associated with changes in the trajectories of these thoughts. Research suggests that problem gambling rarely occurs in isolation from other mental health struggles. The comorbidity of mental health concerns with addictive behaviors (e.g., gambling or substance use) has been well documented, but less is known about how they influence gambling-related cognitions. The current study examined adults scoring as low-risk, moderate-risk and problem gambling on the Problem Gambling Severity Index (PGSI) from the 2006 Manitoba general population gambling prevalence study. Participants were contacted two years later, and returnees (N=565, 58% female) included 36% (18-35 years of age), 30% (36-50 years old), and 33% (51-83 years). Five occasions (i.e., baseline, 12-, 24-, 36-, and 48-week) were collected and latent growth curve models assessed changes in the gambling related cognitions total score, and five domain scores: illusion of control, predictive control, interpretive bias, gambling expectancies, and inability to stop/control gambling (GRCS; Raylu & Oei, 2004). Excellent fit was demonstrated for all models and depression, anxiety, and somaticism contributed to understanding trajectories of gambling related thoughts across genders and adulthood. Sex and age-related differences varied by domains suggesting gender and developmental influences on gambling-related cognitions.
IMPACT OF DEMOGRAPHICS-BASED DIFFERENTIAL ITEM FUNCTIONING ON DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS

Depressive symptoms among the older adults have been found to vary by age, sex, race/ethnicity, and education. A number of researchers have suggested that these disparities may simply reflect a demographics-based bias on psychometric properties of depressive symptoms scales, and have called for a more systematic investigation of measurement equivalence in these measures. Although previous work identified statistically significant differential item function (DIF) in depressive symptoms measures, the substantive impact of DIF was rarely reported. Using hybrid ordinal logistic regression, an item response theory approach, the current study examined for the presence of age-, sex-, race/ethnicity-, and education-based DIF, and investigated whether any significant DIF resulted in salient score changes in commonly used depressive symptoms measures. Data were drawn from four longitudinal studies of cognitive aging, yielding a sample size of 3,754 older adults. Each study administered at least one of the following measures: the Center for Epidemiologic Studies Depression scale (CES-D), the Geriatric Depression Scale (GDS), and the Montgomery-Asberg Depression Rating Scale (MADRS). Although statistically significant DIF was present on some items, the overall impact of demographic DIF on depressive symptoms scores was negligible. Our results validate measurement equivalence across demographic factors on CES-D, GDS, and MADRS scores in the four selected studies. The findings support substantive meaningfulness of previously reported demographic differences in depressive symptoms among older adults, showing that these individual differences were unlikely to have resulted from item bias attributable to the factors we examined. Additional authors: Heather R. Romero, Dan M. Mungas, Laura E. Gibbons

MODELING MAJOR LIFE TRANSITIONS IN TRAJECTORIES OF FUNCTIONAL LIMITATION
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Compression of morbidity has been observed at the population level, and is more pronounced in socially advantaged groups. The theory is that those in advantaged groups possess more economic, cultural, social, and intellectual resources to stave off health declines. While this phenomenon is documented at the aggregate level, little is known about which social factors are associated with prolonged disability-free life at the individual level. In particular, information is needed about what social variables effectively counteract the deleterious influence of the inevitable losses of social roles and relationships that accompany aging. Studies of longitudinal trajectories of individual-level health indicators use latent growth curve techniques to test hypothesized determinants of healthy aging. Recent studies analyze linear trajectories of functional limitation, and nonlinear implementations of the technique are being explored. It is a limitation of linear and polynomial specification of the form of such trajectories that segments that precede and follow major life course transitions cannot be sharply defined. This paper estimates trajectories of functional limitation that span a major life transition using alternative shape specifications: linear, polynomial, and piece-wise growth curve models. The study investigates the influence of social resources on the degree of change in trajectory slope following death of a spouse. Using 9 waves of the Health and Retirement Survey, I analyze trajectories that span the death of a spouse of approximately 1000 study participants. Implications of model specification for the study of health trajectories and their determinants and understanding of morbidity compression are discussed.

SESSION 1015 (POSTER)

ACUTE CARE

MARIJORY WARREN’S EARLY WRITINGS: KNOWLEDGE TRANSFER IN SLOW MOTION
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Background: Marjory Warren was a pioneer in geriatrics in the UK in the 1940s who argued for the need of a specialty of geriatric medicine, and who established some of the first specialized geriatric units. Methods: We compare her early writings to more contemporary reports and studies – the 2008 Institute on Medicine (IOM) report on the Workforce for an Aging America, and the studies of Acute Care of the Elderly Units (ACE) and the Hospital Elder Life Program (HELP). Results: Both Warren and the IOM argued the need for a specialty of geriatrics, for more education of non-geriatrician physicians, and for more training of other health professionals. Warren stressed the inpatient setting for training, while the IOM stressed the outpatient setting. The IOM stressed allied health role expansion and lobbying political groups more than Warren did. Warren, trials of ACE units and the HELP all stressed the importance of the physical features of inpatient units, interdisciplinary care models (with nearly identical team composition), early ambulation, social and functional assessments and interventions, and early discharge planning (which was novel in Warren’s time). Warren and ACE units focused on specific units for older adults, while HELP attempts to generalize these principles to an entire hospital. Conclusions: The arguments made by Warren are true today. Geriatric models of care are common-sense, have a long tradition, and have a strong evidence base. Yet, they are not universally adopted decades after their description.

ANTICOAGULANT USE AMONG OLDER TRAUMA PATIENTS
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Anticoagulants are widely used in the elderly population for the prevention of thromboembolic events including stroke. However, anticoagulant use at the time of a traumatic injury increases the risk of bleeding complications. This study aimed to quantify and characterize anticoagulant use in the older trauma center population. We included patients age ≥55 admitted in 2009-2011 to a Level I trauma center in Baltimore, Maryland. Anticoagulant use was defined on the basis of medical history or having international normalized ratio (INR) >1.4 on admission. Of 5,191 patients, 601 (11.6%) were anticoagulant users at the time of injury. Among patients on anticoagulants, 91.7% were on warfarin. INR on admission was below the ideal therapeutic range (2-3) for 49.1% of anticoagulant users, and above the therapeutic range for 15.3% of users. The prevalence of anticoagulant use increased from 6.0% in patients age 55-64 to 19.2% in those age 85 and over (p<.0001). Anticoagulant users were more severely injured and more likely to have a brain injury than nonusers (p<.0001). In conclusion, more than 1 in 10 patients age ≥55 presenting to a trauma center (and nearly 20% of the oldest patients) are on a medication that can complicate their treatment and worsen their prognosis. Of particular concern is that AC use at the time of injury is associated with having a more severe injury and with having brain trauma, both of which also increase bleeding risk.
The co-occurrence of these factors may have a significant negative impact on patient outcomes.

**POSTOPERATIVE PAIN AND PAIN MANAGEMENT IN OPIOID TOLERANT PATIENTS**

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The study purpose was to describe a growing problem among older adults, postoperative pain and pain management of opioid tolerant patients. Our mixed method descriptive design consisted of a review of 40 medical records of postoperative opioid tolerant inpatients during the first 24 hours after transfer from the post-anesthesia care unit. Medical records of opioid tolerant adults with no documented history of substance misuse were reviewed and data transcribed for postoperative pain intensity ratings and analgesics. Eight additional opioid tolerant postoperative patients were interviewed after their discharge and administered the Brief Pain Inventory. Medical record review revealed that prior to the first analgesic dose, pain intensity was M = 7.3 (SD = 1.81). No patients reported mild pain intensity of 3 or less, and 21(67.7%) reported severe pain intensity of 7 or greater. During the first 24 hours total mean pain intensity prior to analgesia was 6.6 (SD = 1.98); total mean pain intensity following analgesia was 4.4 (SD = 2.07). Patient interviews revealed postoperative pain interference with activity as 6.4 (SD = 3.15). Specific pain interference with walking and with sleep was M = 6.8 (SD = 3.37) and M = 7.1 (SD = 3.14), respectively. Postoperative pain intensity remains moderate to severe for the majority of opioid tolerant postoperative patients, severely interfering with the ability to walk and sleep after surgery. Postoperative pain management should begin prior to surgery with individualized plans to include the daily opioid dose in addition to analgesics needed to manage acute postoperative pain.

**UTILIZING THE MULTIDISCIPLINARY GERIATRIC INPATIENT CONSULTATION TEAM ON A TRAUMA SURGICAL UNIT**

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Background: Geriatric patients with traumatic injury require more intensive hospital care than younger patients of equally-severe injury due to co-morbidity, poorer resilience, increased infection and immobility. However, the standard of practice at this Level 1 Trauma Center rarely included participation of the multidisciplinary Geriatric Inpatient Consultation Team (GICT). Methods: This is a staged implementation quality improvement project using the GICT to assess older patients on the acute trauma surgery service within 3 hospital days (HD) of admission. In Phase 1 (4 months), we performed comprehensive medical and psychosocial assessments for all intensive care unit (ICU) trauma patients >= age 65 (goal by HD3). In addition, the GICT advanced practice nurse and social worker administered a standardized assessment of pre-admission functional status (goal: by discharge) on weekdays. In Phase 2 (1 month, ongoing), we began standardized functional assessment for the entire trauma service (floor and ICU, goal by HD4) and continued full consultation for ICU patients. Results: In Phase 1, we provided 11 of 15 eligible ICU patients with full GICT assessment (by mean) HD2. We performed the standardized functional assessment by HD6. In the first month of phase 2 (ongoing), we feasibly screened half of 30 eligible patients by HD4 without decrease in efficiency of completing full GICT consultations for the ICU patients (~HD2). Conclusion: Full geriatric assessment for severely injured older patients is feasible and can be completed in a timely fashion. Phase 3 will use the standardized assessment to determine full GICT consultation for the greater-risk non-ICU patients.

**RISK FACTORS FOR 6-MONTH MORTALITY AMONG THE OLDEST OLD ORTHOGERIATRIC PATIENTS**

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Background and aim: Hip fracture (HF), whose prevalence increases exponentially with age, has been widely described in patients aged ≥65 years. However, a few studies have been published on the oldest old (≥85 years). The aim of our study was to describe the characteristics of this population and to investigate the risk factors associated with 6-month mortality. Materials and methods: Observational cohort study with 6-month follow-up including 171 subjects aged 85-89 years and 104 aged ≥90 years, consecutively admitted from March 2007 to August 2012 to the Orthogeriatric Unit (OGU) of an Italian teaching hospital. We collected demographics, comorbidities, medications, functional-cognitive-nutritional status, type of HF and of intervention. Outcomes included postoperative complications, re-hospitalisations, and survival. We analysed the risk factors of 6-month mortality with multivariable logistic regressions to identify the independent predictors. Results: Nonagenarians were significantly more dependent in Katz’s ADL (p=.024) and impaired in MMSE scores (p=.008) than their counterparts. No differences were observed with regard to other characteristics. Nonagenarians had the highest in-hospital and 6-month mortality rates. The multivariate regression analysis, performed on the whole sample, showed that incident delirium and pre-fracture severe disability (0-2 spared ADL), but not age, were independent predictors for 6-month mortality. Conclusion: Severe disability and incident delirium strongly affect 6-month mortality in very old patients with HF. Since delirium is potentially preventable, a careful assessment and an early correction of this condition may be the strategy advisable to reduce mortality among this population.

**CONFlict AND CARE: judgIng COGNITIVE FUNCTION IN ACUTE hospital SETTINGS**

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Nurses are at the center of calls to improve care for those with dementia and delirium in acute care settings; nurses are asked to identify and recognize impairments in order to tailor care practices to ameliorate negative outcomes for older patients. Cognitive assessment tools are touted as the best way to ensure cases of cognitive impairment are detected, however, the literature suggests they are not often used as intended. What remains unclear is how nurses are currently developing understandings of their patients’ cognitive function. The purpose of this focused ethnographic study therefore, was to explore how nurses come to understand their older patients’ cognitive function in acute care settings. Data was collected through over 100 hours of fieldwork and interviews with nurses and other front-line staff on two acute care units in a large teaching hospital. Data were interpreted through an analytic framework grounded in notions of practical reasoning and relations of power. The data show that judgement is influenced by expectations of the health care organization as well as practical realities of planning care in the context of the unit on a particular day. Nurses weigh evidence from a multitude of sources to form a tentative understanding that is re-evaluated with each interaction with the patient. Discourse around patient safety, medical records, and investigation play an important role in how nurses describe their practice. In conclusion, nurses use a complex, often tacit, process to gather and interpret evidence toward making judgements about cognitive function.
EVALUATION OF THE HOSPITAL ELDER LIFE PROGRAM INTEGRATED IN DUTCH HOSPITAL CARE

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Background: In order to improve quality of Dutch hospital care for older persons, an adapted Hospital Elder Life Program is implemented and evaluated (the CareWell in Hospital program (CWH)). Main goal of CWH is prevention of functional decline during hospital admission. Methods: CWH was evaluated in a before-after study (1 January 2011 – 1 May 2011 and 1 March 2012 – 1 July 2012). CWH was implemented since April 2011 on one internal medicine and two surgical wards. CWH comprises screening for functional decline, a care plan, medication review, follow-up during admission, updated care plan at discharge for primary care physicians, and if indicated, a medical history by proxy, comprehensive geriatric assessment (CGA), trained volunteers, and/or multidisciplinary meeting. The process evaluation consisted of audits of performance indicators, interviews and records of structural implementation meetings. Results: During the study period, 649 patients ≥70 years received CWH (38.1% of the hospital population). CWH is offered tailor-made: CGA 32.5%, medical history by proxy 49.7%, multidisciplinary meeting 24.3%, volunteers 86.0%. Screening (max. 80%), adherence to given recommendations (range 40-100%) and volunteer protocols (46.4%) received continuous attention. Conclusion: CWH is implemented successfully and positively evaluated. Implementation of a structured weekly multidisciplinary meeting was one of the main successes, integration of volunteers in usual care one of the main challenges. Recommendations for optimal integration and effectiveness include increased screening percentages, intervention fidelity by nurses and physicians, and full integration of volunteers’ activities.

PATTERNS OF BONE ACTIVE MEDICATION UTILIZATION BEFORE AND AFTER HIP FRACTURE

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Bone-active medications (BAMs), including prescription (RxBAM), calcium and vitamin D, increase bone mineral density (BMD) and reduce the risk of fracture, yet, it is unclear who is likely taking these medications prior to and after hip fracture. This study sought to examine the prevalence of BAM use at time of hip fracture, over the year post fracture and identify baseline factors that predict BAM use following hip fracture. Participants were 180 community-dwelling women age 65+ with incident hip fracture from the fourth cohort of the Baltimore Hip Studies (BHS-4) testing an in-home exercise intervention. Study assessments were conducted within 15 days of hip fracture and at 2, 6, and 12 months post fracture. Prior to the fracture, 85 (47%) took calcium/vitamin D only, 5 (3%) took RxBAM only, 50 (28%) took both calcium/vitamin D and RxBAM, and 39 (22%) took neither. Over 12 months post fracture, only 29 (16%) participants took RxBAM during the entire study period. Of those who were using RxBAMs at any time-point post fracture (81) only 26 (32%) were new users while many participants started and stopped treatment or never started. RxBAM use at baseline (p<0.0001) and history of osteoporosis (p<0.001) predicted future RxBAM use at 2, 6 and 12 months. Despite known benefits, few people at risk for hip fracture are taking BAMs at the time of fracture, and more importantly, new user rates after hip fracture are very low indicating a large proportion at risk for further BMD loss and future fractures.

MEASURING ADULTS’ BELIEFS AND BARRIERS REGARDING OSTEOPOROSIS AND ITS PREVENTION

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Beliefs and external barriers regarding osteoporosis can influence related preventive behaviors, based on health behavior theories and research. Prior researchers have not provided good support for the reliability and validity of beliefs and external barriers measures regarding osteoporosis prevention. Yet sound measures are needed to explain such prevention well. Our study aims were to assess the clarity, internal consistency reliability, and content validity of beliefs and external barriers regarding osteoporosis and its prevention. Using a cross-sectional, descriptive design, we recruited 51 community-dwelling Midwestern adults. Participants’ mean age was 77 (sd=7.3); most were Caucasian (96%) and women (80%). Measures of beliefs (e.g., perceived susceptibility, self-efficacy regarding prevention) and external barriers (e.g., accessibility, affordability of healthcare) were chosen from the literature. Participants returned questionnaires anonymously by mail. Five inter-disciplinary clinicians rated items for content validity (relevance, comprehensiveness) and returned questionnaires by mail. Participants offered few suggestions to improve clarity of scales, whereas clinicians shared several. Cronbach alphas for perceived susceptibility, severity, and relatedness with clinicians were 0.79, 0.91, and 0.94. For one self-efficacy measure, the alpha=0.78, but for a second such measure, the alpha=0.92. For external barriers, the alpha=0.91. When clinicians’ ratings did not support items’ clarity, relevance, or comprehensiveness, we either revised items or did not retain them. We identified reliable and valid measures of beliefs and external barriers regarding preventive behaviors for osteoporosis. With improved measures, we could explain osteoporosis preventive behaviors and propose ways to promote optimal bone health in future research.

ASSOCIATION OF OCCLUSAL FORCE WITH MILD COGNITIVE IMPAIRMENT IN ELDERLY JAPANESE

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Objectives: It has been reported the relationship between oral health and decline of cognitive function, although few studies have considered objective oral function. We hypothesized that oral function is involved in decline of cognitive function from its preclinical stage and accelerate the deterioration. The aim of this study was to examine association of occlusal force with mild cognitive impairment (MCI) in community-dwelling elderly. Methods: The participants were community-dwelling elderly (n=1664, 70 and 80 years old). To validate our hypothesis, participants who showed decline in functional capacity were excluded in reference to the Tokyo Metropolitan Institute of Gerontology Index of Competence (TMIG-IC), which is the measurement of higher-level competence. Cognitive function was measured using the Japanese version of the Montreal Cognitive Assessment (MoCA). We examined participants’ number of teeth, maximal occlusal force and stimulated salivary flow rate. Gender, financial status, years of education, medical histories and grip strength was also examined as possible predictors of impairment in cognitive function. Multiple linear regression analysis was used to examine relationships between cognitive function and other factors. P-values≤0.05 were considered to be statistically significant. Results: Forty-eight percent of participants kept complete functional capacity by TMIG-IC, and were included in the analysis. The multiple regression analysis showed that occlusal force was significantly related to MoCA score after controlling for the possible predictors. Conclusion: Our results suggested that occlusal force was related to decline of cognitive function in preclinical stage in community-dwelling elderly.

EDUCATING NURSES ABOUT GERIATRIC ORAL HEALTH

S. Barnes, L. Boaz, J. Hjertstedt, Wisconsin Geriatric Education Center; Marquette University, Milwaukee, Wisconsin

To pinpoint gaps in geriatric oral health training and to inform the development of new curriculum, the Wisconsin Geriatric Education
Center completed a landmark study investigating the extent to which oral health is included in nursing education in the United States. A cross-sectional internet-based survey was disseminated in 2011 (CCNE accredited schools) and 2012 (NLNAC accredited schools) to all accredited nursing schools in the United States, excluding territories. The response rate was 29.6% (n = 414). Results of the survey revealed that 91.5% of nursing schools include oral health/care content in the curriculum. Nearly two-thirds (82.3%) of respondents who have oral health in their nursing curriculum indicated that four hours or less is devoted to the topic, typically presented in 1-2 required courses. Geriatric content tends to focus on denture cleaning, oral side effects of medications, and providing oral hygiene for hospitalized patients. Topics related to dental caries, fluoride, oral cancer, and oral/systemic connections were covered less than 50% of the time on average. Results of the survey will be discussed in greater detail, including barriers to inclusion/expansion, perceptions of stakeholders, and comparison to other countries. A list of educational resources that are currently available on the topic of geriatric oral health will be provided and discussed also.

REAL-TIME OBSERVATIONS OF CARE-RESISTANT BEHAVIOR DURING ORAL HYGIENE ACTIVITIES FOR PERSONS WITH DEMENTIA


Care-resistant behavior is any attempt to evade or thwart care during a caregiving episode. The purpose of this study was to observe persons with dementia during routine mouth care. Nursing home residents with dementia (N=37) were observed while receiving mouth care from their assigned nursing assistants twice daily for 7 days. The majority of these residents were white (100%) and female (81%); mean age was 82.5 (SD=9) years. The residents had moderate-to-severe dementia, as measured by the Global Deterioration Scale (mean 5.9, SD=0.63). Nursing assistants engaged in mouth care for an average of 2.5 minutes. The revised Resistiveness to Care Instrument was used to collect the quality and quantity of care-resistant behavior during real-time observations. During the 436 instances that mouth care was completed, 92% of the behaviors met the "mild" criterion. The most common care-resistant verbalizations were "say no" (45 per 100 instances of mouth care), yelling (14 per 100 instances), and crying (11 per 100 instances). The most common physical manifestations of care-resistant behavior included mouth clenching (51 per 100 instances), pulling away (33 per 100 instances), grabbing the toothbrush or nursing assistant (33 per 100 instances), and turning away from the nursing assistant (24 per 100 instances). These results suggest that nursing assistants may perceive care-resistant behaviors as normal, given that the majority was mild and clustered around vocalizations. Continuing to persist with mouth care during less obvious episodes of care-resistant behavior may result in escalations that in turn could cause injuries to residents and nursing assistants.

ASSOCIATION OF GUIDELINE ADHERENCE WITH DECREASED MORTALITY AND READMISSIONS FOR INTRACEREBRAL HEMORRHAGE IN COMMUNITY PATIENTS

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Many guidelines are established recommending both specific and general approaches to the coordination of care across the spectrum of services and conditions persons experience in chronic to acute situations. Intracerebral hemorrhage (ICH) represents a complicated and acute threat to immediate and distal health, requiring coordination of services well beyond discharge and post-hospitalization medical encounters. This study examined the benefit of guideline adherence with mortality and readmission outcomes for patients experiencing ICH. Medical records were reviewed by a trained abstractor over a three year period to evaluate the association of guideline adherence for post-hospitalization outpatient follow up with avoidance of patient mortality and 30 day hospital readmission. Coordination of care with the ICH patient’s primary care physician was associated with a 21% decrease (p<0.05) in mortality and a 57% decrease in readmission rates (p<0.05) among persons discharged from a community hospital for ICH. Total comorbidities and increasing age were associated with both these outcomes as well, and this data suggests that adherence with guidelines for coordinated care follow up consistent with health care home models reduces unnecessary mortality and readmission in patients with ICH.

SECONDARY HYPERPARATHYROIDISM IS ASSOCIATED WITH INCREASED LENGTH OF STAY IN HIP FRACTURE PATIENTS

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Background Secondary hyperparathyroidism (SHPT) has been reported to be associated with increased mortality in hip fracture (HF) patients[1]. Elevated parathyroid hormone (PTH) has also been associated with functional impairments in older people[2]. We report prolonged length of stay in HF patients with PTH levels above the normal range. Methods 25-OH vitamin D level was measured in 157 patients (73%) admitted to our unit with a HF, 80 of whom also had their PTH measured. Creatinine, albumin and corrected calcium were also measured and length of stay recorded. Results The average age was 84.2(49-104) years, 75% female. 66% were 25-OH vitamin D deficient (<30nmol/l), 27% insufficient (31-79nmol/l), 7% replete. PTH was significantly correlated with 25-OH vitamin D: p<0.01. 51% of those deficient in 25-OH vitamin D showed SHPT (PTH>75 ng/l). There was no significant association between length of stay and Vitamin D status. Length of stay was significantly prolonged in those with raised PTH levels (<75ng/l: 14.6+/−10.3 days, >75ng/l: 21.0+/−16.7 days (mean+/−SD, p<0.04). Discussion HF patients have lower specific strength than age-matched healthy older people[3]. Morris et al.[2] reported slower gait speed and prolonged sit-to-stand times in asymptomatic older people with primary hyperparathyroidism. These findings are consistent with sarcopenia which would contribute to falls risk and impede rehabilitation leading to longer lengths of stay. The possible association between raised PTH and sarcopenia should be further investigated. References 1 Madsen CM et al. Injury 2012Jul;43(7):1052-7 2 Morris GS et al. Endocr Pract 2012Jul-Aug;18(4):450-5 3 Phillips SK et al. JAGS 1998Aug;46(8):999-1002

PREVALENCE OF DELIRIUM AMONG PATIENTS WITH URINARY BLADDER CATHERIZATION WITHIN AN ACUTE GERIATRIC UNIT

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Background and aim: Delirium is a common and serious geriatric syndrome among hospitalized elderly. This condition recognizes multiple precipitating factors, one of which is the placement of urinary catheter. This procedure is frequently burdened by severe clinical complications. The aim of this study is to investigate the association between delirium and catheterization in an acute geriatric unit. Materials and methods: Retrospective analysis of all patients directly and consecutively admitted from the Emergency Department to the Geriatric Clinic

PREVAILANCE OF DELIRIUM AMONG PATIENTS WITH URINARY BLADDER CATHERIZATION WITHIN AN ACUTE GERIATRIC UNIT

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of San Gerardo University Hospital in Monza (Italy), between Sep-
tember 2012 and February 2013. We excluded patients with hip frac-
ture, obtaining a sample of 286 individuals (mean age 83.0±8.7 years).
A comprehensive geriatric assessment was obtained for all patients on admission. Delirium was diagnosed with the Confusion Assessment Method algorithm. Results: We compared two groups of patients, 99 (group 1) who were catheterized on admission and 187 (group 2) who were non-catheterized. Subjects in the group 1 were more likely to be females, disabled, cognitively impaired, malnourished, dehydrated, and clinically unstable than their counterpart. Mortality and institutionalization rates were also higher in this group. The overall prevalence of delirium on admission was 21.6%, with subjects in the group 1 having the highest prevalence (33.3% vs 14.8%, p<0.001). Conclusion: In our study, catheterization and delirium were strongly associated; although it is not possible to define a causative role of catheterization in pro-
voking delirium, this procedure should be avoided if possible. Based on these premises, we are planning an intervention study to reduce inap-
propriate catheterization.

EFFECT OF FUNCTIONAL TRAJECTORIES BEFORE AND
DURING HOSPITALIZATION ON FUNCTIONAL NON-
RECOVERY ONE MONTH AFTER DISCHARGE
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Israel
Objectives: Functional Status (FS) changes may occur before as well
as during hospitalization. Their combined effects on post discharge func-
tion are not well-researched. This study examined the combined effects
of FS change before and during hospitalization on Non-recovery to base-
line FS one-month after discharge. Method: The study included 690
patients age 70 or older, hospitalized for a non-disabling diagnosis in
two tertiary medical centers in Israel. FS was assessed 2-weeks before
admission, at admission, at discharge and at one month post-discharge
using the Modified Barthel Index. Patients were categorized according
to their pre- and in-hospital functional trajectory. The odds of non-recover-
y to baseline FS was modeled. Results: Controlling for severity of ill-
ness, comorbidities, LOS, demographics and cognitive status; The odds
of not-recovering one-month post-discharge to baseline FS was 8.33
(95% CI 3.81-18.22) among patients with FS decline before and in-hospi-
tal, 4.26 (95% CI 2.22-8.15) for patients with FS decline before and
who stayed stable in-hospital, 3.00 (95% CI 1.94-4.63) for patients with
FS decline before, who improved in-hospital, and 4.08 (95% CI 2.27-
7.33) for patients with stable FS before but who declined in-hospital,
comparing to patients with stable FS across pre- and during hospital-
ization period. Conclusion: Any functional decline during the pre and
in-hospital admission is associated with not being able to fully recover
to baseline one-month after hospitalization. Yet, in-hospital functional
change is an important contributor to post-hospitalization outcomes, in
any pre-admission trajectory. Special interventions should be consid-
ered to maintain, or even improve FS during the hospitalization period.

FUNCTIONAL GAINS AND DISCHARGE DESTINATIONS
OF PATIENTS ADMITTED TO A GERIATRIC SLOW
STREAM REHABILITATION UNIT
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Background: In 2010, Baycrest implemented a Slow Stream Reha-
bilitation Program (SSR) to deliver a low intensity long duration
(max=120 days) rehab for frail senior’s post-acute hospitalization. Pur-
pose: To examine the change in function, length of stay and discharge
destination of patients admitted to SSR. Methods: Psychosocial and
functional measures were administered to patients on admission and
discharge to the SSR Unit. Findings: Over a period of 15 months, 105
patients were recruited; mean age was 82, mean acute care LOS was
32 days and mean LOS in SSR was 88 days. On admission, 85% had
mild/moderate to severe cognitive impairment (MoCA<26) and 78.5%
were dependent with transfers with or without devices. Mean admi-
mission FIM: 51 and discharge FIM: 74; admission Berg Balance Scale
(BBS): 10 and discharge BBS: 19.7. On admission 51% could ambu-
late >10 steps with a device and 80.4% on discharge. Upon discharge,
68% were discharged home or to other community residences; 24% to
Long Term Care (LTC) and 9% went to acute care. Discussion: This
study confirms that the SSR serves a frail elderly population. Prelimi-
nary evidence indicates SSR is effective in increasing function and facil-
itating community placement post discharge. Longer term Impact of
SSR on function and health service utilization will be discussed. Con-
clusion After a long acute hospital stay, frail older adults with cogni-
tive impairment can benefit from slow stream rehabilitation to prepare
them for living in the community rather than going to LTC.

EFFECTS OF HOME-BASED REHABILITATION PROGRAM
ON MOBILITY RECOVERY AFTER HIP FRACTURE
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Background and purpose: Mobility recovery after hip fracture (HF)
is challenging. We investigate the effects of a home-based rehabilita-
tion program on mobility disability among community-dwelling older
people recovering from a HF. Methods: Population-based clinical sam-
ple of over 60-year-old men and women operated for HF (n=81, mean
age 80 years, 78% women) were randomly assigned into control (Stan-
dard Care) and intervention groups on average 70 (SD 28) days after
discharged to home. The year-long intervention included an evaluation
and modification of environmental hazards, guidance for safe walking,
non-pharmacological pain management, progressive home exercise pro-
gram, physical activity counseling and Standard Care. Outcomes were
selected according to the levels of the disabilment process: leg muscle
power deficit (impairment); functional balance (limitation); perceived
stair climbing difficulty (disability). Assessments were performed at
baseline and after 3, 6 and 12 months. Effect of the intervention was
analyzed by GEE and longitudinal repeated measures mixture path
model. Results: At baseline the study groups were comparable in terms
of health, cognitive status and physical characteristics. The intervention
reduced perceived difficulties in stair climbing (GEE, treatment effect
p=0.054). The mixture path model revealed that less difficulty in stair
climbing at 6 and 12 months correlated with better functional balance
at 3 and 6 months in the intervention but not in the control group (group
difference p=0.007 and p<0.001, respectively). Conclusions: Individu-
alized home-based rehabilitation program has favorable effects on mobi-
ity recovery after HF. Targeted rehabilitation strategies are effective in
reducing progression of disability in high risk groups of older people.

PREVALENCE OF ADVANCE DIRECTIVES AMONG
ELDERLY PATIENTS HOSPITALIZED IN PITTSBURGH
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Background: Significant data exists on the prevalence of advance
directives (ADs) among residents in long-term care facilities, but less
is known about the prevalence of ADs among hospitalized older adults
(OAs). This study aims to determine and compare the AD prevalence
among a sample of critically ill OAs by gender, race, and age subdivision: young old (65-74), middle old (75-84), and very old (85+). Methods: A secondary analysis was conducted on a sample of mechanically ventilated ICU patients randomly selected from 6 ICUs over a 24 month period. The preliminary dataset included basic demographic information (race, gender, age) and presence of AD upon hospital admission for 891 adults, 427 of whom were older adults. AD was defined as a Living Will, Durable Power of Attorney for Health Care, or other medical directive that was signed by the patient. Results: The overall rate of AD completion among OAs was 42.6%, lower than that demonstrated in comparable studies. Results showed significant differences in the rate of AD completion among categories of age with the rate of AD completion with the lowest rate among the very old (33.7%) and the highest among the very old (52.7%), (χ² = 11.44, df=2, p=.003). There were no statistically significant differences in AD completion across gender or racial groups. Implications: This lack of ADs among hospitalized OAs threatens quality patient-centered care. An increase in AD completion would help ensure decisions reflect patient preferences and values, and ultimately promote optimal aging.

SESSION 1020 (POSTER)

COGNITION POSTERS

THE ASSOCIATION BETWEEN PPAR-γ PRO12ALA GENOTYPE AND COGNITIVE DECLINE
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Background: The Pro12Ala polymorphism in the PPAR-γ gene has been associated with reduced incidence of type 2 diabetes (T2D). Although T2D has been implicated as a risk factor for dementia, the relationship between the Pro12Ala genotype and cognitive function remains unclear. We investigated the association between the Ala allele and cognitive function in older adults. Methods: Participants from a population-based cohort of older non-Hispanic white and Hispanic adults (n=492) were administered the Mini-Mental State Examination (MMSE), a multi-domain cognitive screening tool, and the Behavioral Dyscontrol Scale (BDS), a measure of executive cognitive function, at baseline and at follow-up, 22 months later. Multiple linear regression was used to investigate the association between the two cognitive test scores and the Ala allele. Results: Carrying one or more Ala alleles was associated with a 60% greater decline in MMSE score over a 22-month period (p=0.04). Adjustment for age, education, sex, ethnicity, apolipoprotein ε4 status, T2D status at baseline and baseline cognitive score did not attenuate this result. A similar trend was observed for decline in the BDS score, although this result did not reach statistical significance (p=0.17). The Ala allele was not associated with baseline cognitive test scores. Conclusions: The Ala allele of the PPAR-γ Pro12Ala genotype is associated with greater cognitive decline in older adults.

THE BCIS: A NEW TEST FOR ASSESSING SEVERE COGNITIVE DEFICITS
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Geriatric healthcare professionals generally agree that there are numerous challenges in providing care to patients with severe dementia. Unfortunately, a majority of our cognitive screening tools are not particularly helpful to providers who are tasked with managing severe cognitive and behavioral issues commonly found among those with severe dementia. Most of the available instruments have “floor” effects that make accurate tracking of cognitive declines over time questionable. Furthermore, cognitive instruments are generally not designed to provide information that can be directly transferable to behavioral management plans. We contend that the ideal cognitive screening tool for severe dementia: (1) can be rapidly administered (five minutes or less), (2) can be used by a broad spectrum of providers, particularly aides; (3) can accurately track severe impairment over time; (4) have strong psychometrics with the ability to accurately identify patients with severe dementia; and (5) can provide direct information in formulating behavior management plans. The Brief Cognitive Impairment Scale (BCIS) is such an instrument. 90 subjects from long-term care settings were recruited for this validation study. The psychometric quality of the BCIS was confirmed by strong evidence of reliability, construct validity, and predictive validity. A cut-score was established to maximize sensitivity (.91) and corresponding specificity (.74). The accuracy of the BCIS, as measured by the area under the ROC curve (AUC = .887), was strong. The strengths and weaknesses of the BCIS in comparison with comparable instruments are discussed. So too are ways to use the BCIS in managing difficult behaviors.

A PROSPECTIVE STUDY OF GAIT PERFORMANCE AND COGNITIVE DECLINE IN A GENERAL POPULATION OF OLDER JAPANESE
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Background: We reported previously that step length is a better predictor for cognitive decline (MMSE) than overall gait speed (3 Gerontol Med Sci, 2012). This longitudinal study aimed to examine whether change in gait performance is also predictive for cognitive decline. Methods: 853 cognitively intact (MMSE≥24) adults aged 70 years or older who underwent tests of gait performance (usual gait speed and step length) and cognitive function (MMSE) at baseline (BL) and follow-up (BL-Wave2) for 4 years (Wave1-Wave4). In model 1 (sample of 665; mean age 75.5 [SD 4.4] years, men 40.2%), we examined the association of gait performance (BL) with cognitive decline (BL-Wave3). In model 2 (sample of 473; 75.3 [4.2]%, 39.5%), we examined the association between change in gait performance (BL-Wave1) and cognitive decline (Wave1-Wave4). Cognitive decline was defined as a decrease of 2 or more points on the MMSE during the follow-up period. Results: In model 1, gait speed (m/sec) [odds ratio per increase (95% confidence interval)] 0.98 (0.97-0.99) and step length (cm) [0.96 (0.94-0.98)] were significantly associated with cognitive decline even after controlling for important confounders. By contrast, in the model2, change in gait speed 1.01 (0.99-1.03) or step length 1.01 (0.98-1.03) had no significance association with cognitive decline. Conclusions: Lower gait performance was more predictive for cognitive decline than change in gait performance over time in a general population of older adults. Even one-point measurement of gait performance may be useful for detecting older persons at higher risk for cognitive decline.

A COMPARISON OF THE MONTREAL COGNITIVE ASSESSMENT (MOCA) TO THE REVISED ADDENBROOKE COGNITIVE EXAMINATION (ACE-R) FOR THE SCREENING OF MILD COGNITIVE IMPAIRMENT
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Identification of mild cognitive impairment (MCI) begins with cognitive screening. Currently there is not a gold standard for measuring cognitive impairment; historically, dementia screening tools were used (i.e. MMSE). Such tools are insensitive to subtle changes in cognition associated with MCI. Purpose of this study is to compare the reliability/validity of two cognitive screening tools for persons with MCI: the
Montreal Cognitive Assessment (MoCA) and revised Addenbrooke Cognitive Exam (ACE-R). Subjects had MCI, were >54 years old, and could speak/write English. After a clinic appointment including the ACE-R, subjects completed portions of the MoCA. Portions excluded were repetitive of the ACE-R: cube-copy, clock-draw, serial 7’s, and orientation. These portions were then rescored for complete MoCA scores. MMSE scores were also calculated from the ACE-R. 98% (n = 49) of the sample completed some education beyond high school. Scores ranged from 57-94 (ACE-R) and 14-28 (MoCA). Cronbach’s alpha indicated acceptable internal consistency (0.68 ACE-R, 0.64 MoCA). Pearson’s correlation was significant between the ACE-R and MoCA (0.80, p < 0.001). 68% (n = 34) screened within normal range on the MMSE. Comparatively, 20% screened within normal range on the MoCA (n = 2), ACE-R (n = 5), or both tests (n = 3). Both instruments appear to be reliable/valid tools to screen for MCI in highly educated persons. As many primary care settings use the MMSE for cognitive screening, this study’s recommendation is to use the MoCA as it appears to be more sensitive for MCI and is shorter than the ACE-R.

**SURVIVAL UNDER DIFFERENT LEVELS OF COGNITIVE FUNCTION: A TEN YEAR FOLLOW-UP FROM THE SABE STUDY – SÃO PAULO – BRASIL**

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INTRODUCTION. The population ageing makes it increasingly important to understand the patterns of survival. Impaired cognition is known to be associated with mortality, but it still remains to be explored to what extent this relationship holds for different degrees of the impairment, under the presence of co-variables. OBJECTIVES. To analyze a 10-year follow up of a population based study. Cognitive function was evaluated at baseline and deaths annotated during the period of observations. METHODS. This is part of the SABE Study - Health, Wellbeing and Ageing, held in São Paulo, Brazil. 2143 people aged 60 and plus were interviewed in 2000 and their survivors re-interviewed in 2006 and 2010/2011. A Short Form of the MMSE (specially developed by WHO for the SABE project) was applied. Kaplan-Meier curves and Cox regression-based test were used for testing survival at different points in the SFMMSE scale. Logistic regression was adjusted to account for covariates: age, sex, schooling and income. RESULTS. The 19 point SFMMSE scale was divided in 4 classes: death rates were significantly different for each class, consistently rising from bottom to top of the scale. (23, 39, 55 and 123 deaths/1000 person-years). Adjustment for covariates did not alter the pattern. Education was the only variable with non-significant Odds-Ratios in the regression. CONCLUSIONS: Cognitive function level was an independent predictor of mortality after controlling for age, sex, education and income. Health service managers and clinical practitioners may benefit from knowing a more precise prognosis based in patient’s level of cognitive function.

**META-ANALYSIS OF EXERCISE ON COGNITIVE FUNCTION IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT**

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Objectives: Investigations of exercise and cognition have focused primarily on healthy or demented adults, while the few studies available in individuals with early cognitive changes have been equivocal. Therefore, we evaluated the effect of exercise on cognition specifically in older adults with Mild Cognitive Impairment (MCI). Design: We conducted a meta-analysis of randomized controlled trials (RCTs) of any modality or intensity of structured exercise in older adults with MCI, evaluating all available cognitive outcomes. Searches were conducted in Medline, EMBASE, CINAHL, PEDRO, SPORTSDICUS, PsychInfo, and PUBMED from inception through 2012. Participants: Adults over age 65 with MCI, operationalized as formal diagnosis of MCI by accepted criteria or Mini-Mental State Exam score 24-28 inclusive. Measurements: Study quality was assessed via PEDro scale; data on participant and intervention characteristics and outcomes were extracted, followed by meta-analysis. Results: Fourteen RCTs (1695 participants; age 65-95 yr) met inclusion criteria. Quality was modest and under-powering for small effects prevalent. Meta-analysis revealed small significant effects of exercise on verbal fluency [ES 0.17 (0.04, 0.30)], but no other measures of executive function. No significant benefit was observed for memory or information processing, and overall results were inconsistent, with benefits varying across exercise types and cognitive domains. Conclusions: Exercise may improve some cognitive functions in individuals with MCI, however published research is of modest quality and inconclusive. Questions remain regarding the magnitude, generalization, persistence and mechanisms of benefits. Large-scale, robust RCTs are required to determine if exercise can improve cognition or reduce progression to dementia in this cohort.

**OBJECTIVELY-MEASURED PHYSICAL ACTIVITY AND BRAIN ATROPHY AMONG OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT**

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Mild cognitive impairment (MCI) is considered as a prodromal condition of dementia. Focused modifiable risk factors for dementia, an active lifestyle involving greater physical activity, were thought to play a potentially protective role against progression from MCI to AD. However, most of these investigations evaluated physical activity not in a quantitative way. We conducted this study to elucidate the association between objectively-measured physical activity and brain atrophy among MCI subjects. The study included 342 MCI subjects (mean age: 72 years). Subject characteristics were measured as covariates. Physical activity over a 7-day period was measured using a tri-axial accelerometers; daily step counts and daily activity time spent in moderate intensity (MVPA). Brain atrophy was quantitatively assessed using magnetic resonance image data. In bivariate analysis, there were significantly correlations between brain atrophy and physical activity (step counts: r = -0.19, p < 0.001; MVPA: r = -0.19, p < 0.001). These associations were also sustained after adjustment for covariates (step counts: p = 0.001; MVPA: p < 0.001). Our study revealed that greater free-living physical activity correlated with brain atrophy among older adults with MCI. Enhancement of daily physical activity may contribute to brain health and additional studies are necessary to elucidate the effects of physical activity on MCI.

**EXECUTIVE FUNCTION, STRESS REGULATION, AND FRAILTY IN OLDER ADULTS WITH METABOLIC SYNDROME**

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Background: Frailty is associated with declines in executive function and the presence of metabolic syndrome, but the mechanism underlying these associations is largely unexamined. Objectives: The purpose of this study was to examine the associations between executive function (EF), stress regulation, and frailty in older adults with metabolic syndrome (MetS) based on Williams et al’s theoretical model of EF and stress regulation. Methods: A cross-sectional design was used. Six hundred and ninety older participants from an ongoing national survey...
were included in the study. EF, stress regulation indicators (stress exposure, reactivity, recovery, and restoration), frailty, and MetS were measured. Results: EF was significantly associated with stress reactivity, recovery, and restoration, and frailty. Frailty was significantly associated with stress exposure and restoration. MetS significantly influenced stress regulation reactivity, recovery, and restoration, but did not change the associations between EF, stress regulation, and frailty. Conclusions: Williams and colleagues’ model provides a theoretical foundation on understanding how cognitive function and frailty are linked through stress regulation. MetS did not affect the relationship between EF and frailty in this study, but this effect should be examined in older or more frail samples. Our findings indicate the development of potentially effective strategies to manage or prevent frailty in old age by improving executive function and stress regulation, particularly stress restoration.

CHRONIC RESVERATROL SUPPLEMENTATION AND BRAIN OXYGENATION: A PILOT STUDY


Background: Supplementation with resveratrol, a polyphenol common in grape products, acutely increases cerebral blood flow during cognitive tasks in young adults. Effects of resveratrol on brain oxygenation in older adults are currently unknown. Purpose: The purpose of this study was to evaluate the chronic effects of resveratrol supplementation on frontal cortex oxyhemoglobin (OxHb) concentration using near infrared spectroscopy (NIRS) in older adults. Methods: Older adults (N=22, men=12; 72.82 ± 7.02 yrs) were randomized to receive 90 days of placebo (N=7), 300 mg/d (N=9), or 1000 mg/d (N=6) of resveratrol supplementation. We assessed bilateral frontal cortex OxHb, deoxyhemoglobin (HHb), and total hemoglobin (TotHb) levels at rest and during cognitive testing.Eta2 values are reported to evaluate small (0.01), medium (0.06) and large (0.14) effect sizes. Results: As compared to placebo, OxHb and TotHb at rest showed a non-significant increase of 2.48 μmol/l (Eta2=0.04, p=0.26) and 3.5 μmol/l (Eta2=0.04, p=0.24) with 300 mg/d. These results were predominately observed on the right side and not at 1000 mg/d. During cognitive testing and when compared to placebo, there were non-significant increases on the left (OxHb: 0.96 μmol/l, Eta2=0.04, p=0.212 and TotHb: 1.25 μmol/l, Eta2=0.01, p=0.47) and right sides (OxHb: 1.44 μmol/l, Eta2=0.03, p=0.37 and TotHb: 1.97 μmol/l Eta2=0.06, p=0.28) with 300 mg/d. These effects were not observed at 1000 mg/d. Conclusion: Ninety days of resveratrol supplementation resulted in small non-significant increases in frontal cortex blood flow and tissue oxygenation in older adults. These effects were less pronounced than acute administration of resveratrol in young adults.

YOGA PRACTICE IMPROVES WORKING MEMORY CAPACITY BY ATTENUATING STRESS LEVELS

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Background: Prolonged activation of the hypothalamus-pituitary-adrenal (HPA) system is thought to have deleterious effects on brain function and neuroendocrine studies suggest that brain exposure to higher cortisol concentrations contribute to cognitive deficits as we age. Mind-body techniques such as yoga have shown to improve stress levels by restoring the body’s sympathetic-parasympathetic balance. It remains to be determined if these effects moderate the deficits and improve cognitive performance. Methods: Sedentary community dwelling older adults (N=118, Mage=62.02) were randomized into a yoga intervention or stretching control group. Both groups participated in an 8-week structured group exercise program with the yoga group engaging in postures, breathing and meditative exercises vs. stretching controls. At baseline and following 8 weeks, all participants completed the running memory span task and provided a saliva sample at the time of testing. Results: A significant time*group interaction was observed for both the cognitive scores [F(2,103)=8.90, p<.001, partial η2=.15] and the cortisol levels [F(1,100)=4.55, p=.04, partial η2=.045]. The yoga participants showed improved cognitive scores and an attenuated cortisol response compared to their stretching counterparts who showed increased cortisol levels and poor cognitive performance at follow up. Conclusions: Eight weeks of regular yoga practice resulted in improved working memory performance and lowered stress levels. Cortisol change scores predicted these cognitive improvements in the intervention group. Non-traditional physical activity interventions such as yoga may be therapeutic in restoring HPA balance in older adults, thereby preventing cognitive decline.

THE EFFECT OF A COMPUTERIZED COGNITIVE TRAINING PROGRAM ON FALL RISK IN A GROUP OF COMMUNITY DWELLING OLDER ADULTS

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Background: Cognitive training has been shown to improve components of cognition with a transfer effect into improvements in function. The purpose of this study was to examine if a six week computerized cognitive training (CCT) program focused on the areas of attention, set shifting, and visual spatial ability impacts fall risk in a group of community dwelling older adults. Methods: Thirty-nine community dwelling older adults participated in the study. Intervention group subjects (N=14) participated in 6 weeks of CCT with measurements at pre/post intervention. Results: At pre-test, the groups did not differ in age, education level, or in the performance on the fall risk and cognition assessments. At post-test, subjects in the intervention group demonstrated an improvement in gait speed, MoCA and TMT-B scores, however they were not significant; gait speed (M= 1.12, SD=.28, t(13) = -.577, ns, d=.13), MoCA scores (M= 26.43, SD= 2.79, t(13) = 1.08, ns, d=.72), and TMT-B scores (M= 74.90, SD= 32.10, t(13) = -2.04, ns, d=.25). Scores on the FTSTS, ABC, and TUG did not improve following the computerized cognitive training nor were significant: FTSTS (Mdn=13.56, z=-.03, ns); ABC (Mdn=87.18, z=.734, ns); TUG (Mdn= 9.35, z= -.879, ns). Discussion: Participating in a six week CCT program did not significantly improve measures of fall risk or cognition, although a trend towards improvements in gait speed and measures of cognition was noted. Conclusions: Further studies are needed to further examine how a CCT program affects domains of cognition that impact fall risk.

IMPACT OF SENSORY IMPAIRMENT ON COGNITIVE TESTING


Cognitive performance is dependent upon the senses. The impact of Vision (VI) or hearing impairment (HI) on long-term care elders’ cognitive testing is unknown. This study aimed to analyze the impact of VI and HI on the results of the Mini Mental Status Exam (MMSE), the Short Blessed Test (SBT) and Clock Drawing (CD). Baseline data from the I-SEE study [NR008777] was used for this analysis. Cognitive testing from 220 participants with either VI and/or HI was compared and analyzed using their sensory screening. Vision screening included: near vision acuity (NVA, Lighthouse for the Blind Near Vision Acuity screen) distant vision acuity (DVA, Early Treatment of Diabetic Retinopathy Scale) and contrast sensitivity (CS, Pelli Robson Contrast Sensitivity Chart). Hearing screening included audiometric pure tone averages
(PTA) and word recognition (NU-6). Participants were female 74%, Caucasian 91% with a mean age of 86.2. Comparisons of cognitive impairment scores by sensory screens demonstrated significant differences for NVA (p=.0007), DVA (p=.0056) and CS (p=.033) as well as NU-6 scores (p=.0023) for the MMSE; DVA (p=.018) and NU-6 for the SBT and NVA (p=.0001) and CS (p=.0003) for Clock Drawing. Multiple logistic regression found that NVA was significantly associated with increased risk of cognitive impairment [OR: 2.07, (1.04-4.2) for MMSE, OR: 2.49, (1.37-4.56) for SBT, and OR: 2.28, (1.09-4.77) for CD] and increased risk for cognitive impairment with NU6 [OR: 2.09, (1.04-4.19) for MMSE, OR 2.67, (1.27-5.61) for SBT]. Implications for research and clinical practice regarding choices of cognitive screens will be discussed.

SHORTHAND AND COGNITION
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Background: Shorthand is an abbreviated symbolic writing method that increases speed and brevity of writing as compared to a normal method of writing a language. The process of writing in shorthand is called stenography (wikipedia.org). It is not known if new learning of shorthand in later life will influence cognitive performance and cognitive decline. In opposite to learn other new tasks shorthand requires not only an intellectual (language) learning but also a continuous motoric training (writing). Research question: Does shorthand learning influence cognition in elderly women? Setting: Non-institutionalized women. Methods: We examine on a yearly basis 17 female, right-handed, healthy persons who started shorthand learning in 2012 twice weekly. We report here the basic and first year data. The study is scheduled for 2 years. Besides medical history and examination, routine medical techniques and a battery of geriatric assessments and neuropsychological tests (NPTs) were performed. Results: The women were aged 50.7 years (SD ± 4.9) and not depressed (Geriatric Depression Scale 1.7 ± 2.1) at study entry. In all NPTs we observed no decline but in part a trend to perform better. Significant improvement (study entry to first control) were found in MMSE (27.1 ± 1.6 to 28.5 ± 1.4, p<.0015), Clock Completion Test (1.8 ± 0.6 to 1.4 ± 0.5), and Rey-Osterrieth Complex Figure Test-Immediate and Delayed Recall (64.7 ± 18.4 to 78.2 ± 15.1, p<.002). Conclusions: In this small study shorthand learning seems to prevent age-associated cognitive decline in healthy women after one year.

VALIDATION OF INFORMANT ASSESSMENT OF FUNCTIONAL STATUS VIA TELEPHONE IN MILD COGNITIVE IMPAIRMENT
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Objectives: The Informant BAYER Activities of Daily Living Scale (BAYER) is a validated in-person interview tool to access functional deficits attributable to cognition in individuals with cognitive impairment. Telephone administration is sometimes utilized but has not been validated. Methods: Informants of potential recruits for the SMART trial of mental vs. resistance training exercise were asked to verify their baseline functional independence by telephone and in person. Each informant completed both modes of administration within 2 weeks of first contact, in non-randomized order. The same researcher conducted all interviews. Bland-Altman and regression analyses were performed to evaluate concordance between modes of administration. Results: Twenty potential recruits (60% men, mean age 68 years±8 yr with cognitive TICS score ranging from 17-29/33) and informant pairs were evaluated. Informants were spouses (80%), children (10%), or friends (10%). There was a strong relationship between the two modes of administration (r= 0.861; p <0.001). However, Bland-Altman analyses indicated that although data were within 2 SD of line of identity (mean diff 0.3 units), the BAYER in-person scores ranged from 27% higher to 26% lower than telephone interviews. The methodological difference was not uniform, but widened when functional impairment was greater. Conclusions: The Informant BAYER is influenced to a clinically relevant degree by mode of administration, particularly in those with deficits. Given that functional independence is recommended as a primary outcome for all trials of interventions for cognitive impairment and dementia, researchers should choose the one most feasible method for their trial and use only that method.

SESSION 1025 (POSTER)

MEDICAL CONDITIONS

GOAL ATTAINMENT SCALING IN GERIATRIC PRIMARY CARE
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Client-centered care models offer an augmented approach to traditional chronic disease management and are anchored by the development of client-centered goals. This pilot study evaluated the feasibility of using Goal Attainment Scaling (GAS) for establishing and evaluating client-centered goals with older adults in primary care. Method: Community-dwelling adults age 65 or older who receive primary care services through a multidisciplinary geriatric care center were recruited to participate in two assessments (n=25). Participants were asked to identify 2-4 personal, activity-based goals and set attainment levels using GAS. At an 8 week follow-up, participants were asked to rate their current level of performance against the previously established levels of attainment for their goals. Feedback on participant goals was solicited through surveys from their primary care physician. Preliminary Results: 96% (n=24) of participants were able to establish a minimum of 2 personal, activity-based goals using GAS. 100% of participants seen for follow-up thus far (n=17) were able to rate their goal performance. 100% of physician responses indicate that the goals were realistic, and 93% of physician responses indicate that the goals were achievable. Despite lack of a planned intervention, there was a significant improvement in goal attainment from baseline to follow-up (t(16) = -4.535, p<.001, with a large effect size (r = .62). Discussion: These findings support the feasibility of using GAS for identifying and measuring client-centered goals with older adults in geriatric primary care and suggest that the process of personalized goal-setting itself may facilitate goal attainment.

SLEEP DISTURBANCE, SLEEP-RELATED IMPAIRMENT AND FATIGUE IN OLDER ADULTS FOLLOWING TRAUMATIC BRAIN INJURY
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Background: No study to date has focused on sleep disturbances in older adults following traumatic brain injury (TBI). Sleep disturbance may influence the experience of fatigue and daytime function. The purpose of this study was to examine the relationship among sleep disturbance, sleep-related impairment and fatigue in a sample of older adults following mild TBI. Methods: Observational cohort design of older adults with diagnosis mild TBI within the past year. At baseline visit and again at Day 7 visit, subjects completed the following PROMIS measures: sleep disturbance, sleep-related impairment and fatigue. Scores are reported on a T-score metric (mean of 50). Higher scores indicate more of the concept being measured. Results: The age range of the sample was 65-93 years (N=25). Mean baseline sleep disturbance scores ranged from 33.1-66.1 with a mean of 50.05 (SD 9.06). 28% of...
Among 7822 participants (mean age 62 years) adjusting for potential confounders and tested for interaction by sex. Results: Radiographic cohorts of individuals with or at risk for knee OA (the Multicenter Osteoarthritis [MOST] Study and Osteoarthritis Initiative [OAI]). Radiographic OA is also a key feature of the frailty phenotype. Given these commonalities, we have identified two cases in aphakic patients when we have implanted an Ex-Press™ miniature glaucoma device simultaneously with placement of a secondary intraocular lens. These cases are representative of the devastating complication represented by suprachoroidal hemorrhage. Strategies to lessen the risk of this complication will be discussed, and how best to manage it when it presents will be reviewed.

**SUPRACHOROIDAL HEMORRHAGE AFTER EYE SURGERY: RISKS AND PREVENTION**

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Suprachoroidal hemorrhage is rare but devastating complication of glaucoma surgery. It occurs primarily in individuals of greater age those with bleeding disorders, elevated blood pressure, high preoperative intraocular pressure, nyctopia, and pseudoexfoliation. It is a significant problem in aphakic patients. We have observed two cases of suprachoroidal hemorrhage in aphakic patients after simultaneous implantation of an Ex-Press™ miniature glaucoma device and an intraocular lens. The etiology behind a suprachoroidal hemorrhage is unknown although a series of risk factors have been identified. We have described two cases in aphakic patients when we have implanted an Ex-Press™ miniature glaucoma device simultaneously with placement of a secondary intraocular lens. These cases are representative of the devastating complication represented by suprachoroidal hemorrhage. Strategies to lessen the risk of this complication will be discussed, and how best to manage it when it presents will be reviewed.

**PREVALENCE OF FRAILTY IN KNEE OSTEOARTHRITIS**

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Purpose: Knee osteoarthritis (OA), a common form of arthritis in older adults, is associated with functional limitations and mobility disability, which are also key features of frailty phenotype in elders. Given these commonalities, we examined the relation of knee OA to frailty in community-dwelling older adults. Methods: We included participants from two NIH-funded longitudinal cohorts of individuals with or at risk for knee OA (the Multicenter Osteoarthritis [MOST] Study and Osteoarthritis Initiative [OAI]). Radiographic knee OA (ROA) was defined as Kellgren and Lawrence (KL) grade ≥2 in either knee; Symptomatic knee OA (SOA) as ROA plus frequent pain in the same knee. Frailty was defined as presence of ≥2/3 criteria of the Study of Osteoporotic Fractures index: 1) Weight loss >5% 2) Inability to rise from chair without support; and 3) Poor energy. We examined the prevalence of frailty in ROA and SOA using a generalized logit model, adjusting for potential confounders and tested for interaction by sex. Results: Among 7822 participants (mean age 62±9.5, 59.7% women, mean BMI 29.4±5.2 kg/m2), there were 213 (prevalence= 3.2%) of frail subjects. Prevalence of frailty was greater among subjects with ROA (prevalence ratio [PR] 1.53, p=0.03) and SOA (PR 2.15, p=0.001) than those without OA and no interaction by sex was found (p=0.45). Conclusion: Prevalence of frailty is higher in older men and women with knee OA than those without. Further research is needed to explore if knee OA predisposes to frailty and whether early intervention might prevent development of frailty in knee OA.

**ADVANCED CANCER SYMPTOM CLUSTERS PREDICT MOBILITY PROBLEMS IN THE ABSENCE OF FEVER**

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Objectives: It is important to determine whether common symptom clusters are related to functional capacities such as mobility, especially since older patients with advanced disease may not experience fever as a sign of sickness and may have difficulty communicating symptoms. Methods: We conducted secondary analyses of data from 268 outpatients (ages: 30-90; 97.4% over 40; 85.8% over 50) initiating palliative radiation for bone pain. Frequencies are calculated across 1) Likert categories of single-item measures for degree of control over physical symptoms and Mobility Problems; and 2) four ordinal categories of ranges for Depressive Affect, a summative score across five CES-D negative affect items. Two explanatory quadratic and moderated multiple regression models (QMMRs) II tested whether the Pain-Depression Problems relationship was co-mediated by each symptom (Fatigue/weakness, Sleep Problems, Depressed Affect). Each regression was conducted in the 238 patients without fever and the full sample. Results: In participants without fever—but not the overall sample—two symptom clusters predicting Mobility Problems were detected: 1) Pain-Fatigue/weakness-Depressive Affect (p < .01); and 2) Pain-Fatigue/weakness-Sleep Problems-Depressive Affect (p < .001). In each cluster, post-hoc analyses revealed the Pain-Depression Problems relationship is magnified by each remaining symptom within the cluster. Descriptive QMMRs confirm these symptom clusters actually manifest in the sample; they are not artifacts from controlling non-cluster symptoms in the exploratory QMMRs. Conclusions: Two pain-based symptom clusters in the literature predict mobility problems in advanced cancer outpatients. The need for treatment and symptom palliation should become clearer when mobility issues are screened along with these co-occurring symptoms.

**THE BIOELECTRICAL PHASE ANGLE AS INDICATOR OF DECREASED QUALITY OF LIFE AND MUSCLE STRENGTH IN ELDERLY CANCER PATIENTS**

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Introduction: The bioelectrical phase angle has repeatedly been shown to be a predictor of mortality in cancer. Objective: We investigated the relevance of age, and gender-stratified cut-off values on quality of life and muscle strength in elderly cancer patients. Methods: Bioelectrical phase angle was derived by whole body impedance analysis. The 5th percentile of BMI, age, and gender-stratified reference values was used as cut-off value. Quality of life was determined with the European Organization of Research and Treatment in Cancer quality-of-life questionnaire. Muscle strength was assessed by hand grip strength, knee extension strength and peak expiratory flow. Results: 433 cancer patients (56.1% male, mean age 69.7 ± 6.1 years) were recruited. Physical Function, Global Health Status, Role Function were significantly reduced and the majority of symptom scores (fatigue, pain, appetite loss and dyspnoea) were increased in patients with phase angle values below the 5th reference percentile (p<0.001). These patients also exhibited significantly decreased muscle strength parameters when compared to patients with values above the 5th reference percentile (hand grip strength: 22±8.6 vs. 28±9.8 kg, knee extension strength: 20.8±11.8 vs. 28.1±14.9 kg and peak expiratory flow 301.1±118 vs. 401.7±142.6 L/min, p<0.001). In a risk factor adjusted regression analysis, phase angle emerged as independent predictor of global health status (beta-coefficient: 4.14, p=0.008), hand grip strength (beta-coefficient: 3.49, p=0.001) and knee extension strength (beta-coefficient: 4.31, p=0.002). Conclusion: Phase angle values below the 5th reference percentile are highly indicative of impaired quality of life and decreased muscle strength in elderly patients with cancer.

**RELATIONSHIP BETWEEN PAIN AND FITNESS IN THE COMMUNITY-DWELLING ELDERLY**

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In the elderly, pain restricts physical activities, adversely affects the fitness level and muscle mass, and invites frailness. However, the relationship between the state of pain and fitness in the Japanese elderly has...
not been evaluated. In this study, we investigated the relationship between features of pain and the state of fitness in all people aged 65 years and above living in Kameoka City after exclusion of those with disabilities rated as requiring level 3-5 long-term care. The data concerning pain were obtained by a questionnaire survey on the needs of the community-dwelling elderly sent to 18,231 and responded by 13,296 people (response rate: 72.9%), and those concerning the state of fitness were obtained by fitness-measurement events participated in by 1,365 volunteers. Pain persisting for 1 month or longer was reported to have occurred during the past 1 year by 36.0% of the females and 27.7% of the males, and its prevalence was related to the disability level, reaching 50-60% in females rated as requiring long-term support or care. The site of pain was most frequently the knees, followed by the hips and back. The fitness level was lower, and, in females, the body weight and BMI were higher, in those with than without pain.

AN ALPHA-GLUCOSIDASE INHIBITOR ATTENUATES POSTPRANDIAL HYPOENSION IN OLDER ADULTS WITH TYPE 2 DIABETES

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INTRODUCTION: Postprandial hypension (PPH) is common in older adults and results in syncpe-related falls. Reported prevalence rates are 40% for PPH in DM patients. To date there are no reliable treatments for this condition in DM patients. It was our objective to demonstrate Acarbose, an α-glucosidase inhibitor, decreases the degree of PPH in an elderly DM cohort. METHODS: 15 adults (9 women, 6 men) with average age of 75.9 years (range: 67-85.2), body mass index of 28.6 kg/m² (range: 20.1-35.5), and individual history of DM type 2 (Duration: 9.0 years; Hemoglobin A1C 6.8%) were recruited by advertisement and attended a treatment and placebo session (separate days at least two weeks apart) in random double-blinded order. Subjects were fed a standardized meal and then blood pressure was by a Finometer, and heart rate by a 3-lead electrocardiogram. RESULTS: Prevalence of PPH was 86.7% in DM subjects (n=13/15). The frequency of PPH per study was 1.22 (range: 1-3) for Acarbose studies, 1.75 (range: 1-3) for placebo studies, and this difference was significant (T-test, p=0.0359). The hemodynamic response of systolic blood pressure (SBP) and mean arterial pressure (MAP) (baseline as covariate) was significantly different for subjects given Acarbose by mixed-model repeated measures two-factor (time and treatment) analysis of variance (SBP: p=0.0248, MAP: p=0.0499, figure 3). CONCLUSIONS: The reported prevalence of PPH in our study is higher than previously reported and warrants further investigation. This is the first study to demonstrate Acarbose attenuates PPH in adults with DM. We propose for adults with DM who are suspected of having PPH that therapy with Acarbose be considered regardless of glycemic control.

PRT, BODY COMPOSITION, INSULIN RESISTANCE AND INFLAMMATION IN OLDER ADULTS WITH TYPE 2 DIABETES

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Objective: We hypothesized that reductions in systemic inflammation after 12 months of progressive resistance training (PRT) in older adults with type 2 diabetes (T2D) would be associated with reductions in adiposity and increases in skeletal muscle mass (SKMM), and that these changes would be directly related to improvements in insulin resistance (IR) and glucose homeostasis. Methods: 103 participants were randomised to receive either PRT or sham exercise for 12 months. C-reactive protein, homeostatic model of assessment 2 (HOMA2-IR) and glycosylated hemoglobin (HbA1c) were used to assess systemic inflammation, IR and glucose homeostasis, respectively. SKMM and total fat mass (TFM) were determined using bioelectrical impedance. Results: No group-x-time interactions were present for reductions in CRP (p=0.17), TFM (p=0.83) or SkMM (p=0.62). Within the PRT group only, reductions in CRP were associated with increases in SKMM (r=-0.42, p=0.02, and reductions in TFM (r=-0.40, p=0.03). However, reductions in CRP were not associated with improvements in HOMA2-IR (r=0.03, p=0.90) or HbA1c (r=-0.09, p=0.66). Conclusion: We have shown for the first time that reductions in systemic inflammation in older adults with T2D after PRT were associated with increases in SKMM. Furthermore, reductions in CRP were associated with reductions in adiposity. Neither relationship was present in those who performed sham exercise, despite similar alterations in body composition. Unexpectedly, reductions in CRP were not directly associated with improvements in HOMA2-IR or HbA1c, suggesting that CRP may not be etiologic in the pathogenesis of T2D, but rather a marker for adverse body composition profiles associated with this condition.

INTERNATIONAL VARIATION IN GP TREATMENT STRATEGIES FOR SUBCLINICAL HYPOTHYROIDISM IN OLDER ADULTS

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Introduction There is limited evidence about the effects of treatment of subclinical hypothyroidism, especially in older persons. We investigated the variation in treatment strategies of GPs for patients with subclinical hypothyroidism depending on patient characteristics and country. Methods We assessed the treatment strategy of GPs (treatment yes/no, starting dose thyroxine) for eight cases presenting a woman with non-specific symptoms and subclinical hypothyroidism. The cases differed with respect to age (70 vs. 85 years), vitality status (vital vs. vulnerable) and TSH (6 vs. 15 mU/L). The survey was emailed to GP networks in the Netherlands, Germany, England, Ireland, Switzerland and New Zealand. Results A total of 524 GPs participated in the survey (the Netherlands n=129, Germany n=61, England n=22, Ireland n=19, Switzerland n=262, and New Zealand n=31). Overall, GPs were less inclined to start treatment in 85-year-old than in 70-year-old women (poled OR 0.74 [95%CI 0.63-0.87]). Women with a TSH of 15 mU/L were more likely to get treated than women with TSH 6 mU/L (OR 9.42 [95%CI 5.77-15.44]). Differences in treatment strategy were observed between countries; GPs from the Netherlands, England and New Zealand were less inclined to start treatment than GPs in Germany, Ireland and Switzerland; differences were most pronounced when TSH was 6 mU/L. Discussion GP treatment strategies of older persons with subclinical hypothyroidism vary not only by patient characteristics but also largely by country. This variation underlines the need for a new generation of international guidelines based on the outcomes of randomized clinical trials.

THE ASSOCIATION BETWEEN HIGH WAIST CIRCUMFERENCE, DYNAPECIC OBESITY AND OSTEARTHRITIS AMONG OLDER MEN AND WOMEN: RESULTS FROM THE EPOSA STUDY

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Recently the term dynapenic obesity (DO) was introduced to identify overweight persons with a low muscle strength. Whether DO is associated with an increased risk of OA has never been studied. We examined the association between waist circumference, DO and OA of

The Gerontological Society of America
the knee and hip in older participants of the European Project on 
OSteoArthritis (EPOSA), a six-cohort study that aims to investigate 
the personal and societal burden of OA. Knee and hip OA were assessed 
using ACR criteria. Grip strength was measured with a hand-held 
dynamometer. Waist circumference was categorized as normal waist 
circumference vs. high waist circumference. DO was defined as hav-
ing a high waist circumference (≥102 cm in men and ≥99 cm in women) 
and a low grip strength (lowest sex-specific tertile). Multiple logistic 
regression analyses revealed that women with a high waist circumfer-
ence were more likely to experience knee OA or hip OA than women 
with a normal waist circumference (e.g. OR 1.97, 95%CI 1.52 – 2.54 
for knee OA). In men, a high waist circumference was associated with 
hip OA, but not with hip OA. DO was associated with knee OA in both 
men and women and with hip OA in women (e.g. OR 4.33 (2.90-6.45) 
for knee OA in women; OR 1.67 (1.00-2.77) for knee OA in men). Older 
persons with a high-risk waist circumference are at increased risk of 
having OA compared to persons with a normal waist. Dynapenic obe-
osity is detrimental to OA risk, especially in women.

EFFECTS OF LOWER LIMB MASSAGE ON TORQUE 
PRODUCTION AND NEUROMUSCULAR RESPONSE IN 
OLDER ADULTS

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Massage utilization in seniors is steadily increasing despite the 
absence of specific research elucidating functional outcomes for older 
adults. Massage has demonstrated the potential to reduce torque pro-
duction in young individuals, possibly altering ensuing functional per-
formance. Evidence is equivocal and this phenomenon has not been 
investigated in older adults. Such an outcome could negatively affect 
seniors through increased risk for negative health events (e.g. falls). 
Intervention: 35-minute, standardized lower-limb massage (LLM) uti-
lizing effleurage, petrissage, compression, muscle stripping and fric-
tion. A pre/post design determined torque production capacity and 
neuromuscular activation following a single bout of LLM in 10 healthy 
older adults (72±9yrs). Right lower-limb muscle performance was eval-
uated with knee extensor isometric peak torque (knee angle 90°). Out-
come measures: peak torque; time-to-peak torque; rate of torque devel-
opment; average torque production during 100ms epochs through the 
first 500ms of contraction; and, integrated electromyography. Post-mas-
sage isometric peak torque was unaffected by a single bout of LLM 
(baseline:125.8±48.2Nm; post:123.7±45.2Nm; p>0.05). LLM had no 
impact on time-to-peak torque (baseline:1.5±0.7s; post:2.1±0.6s; p>0.05) 
or rate of torque development (baseline:95.8±44.0Nm/s; 
post:65.9±35.9Nm/s; p>0.05). During 100ms epochs up to 500ms aver-
age torque production was reduced (p>0.05); while, neural activation 
demonstrated no change following massage versus baseline (p>0.05). 
Previously, massage was found to reduce torque production capacity in 
young individuals which is contrary to our results in older adults. Our 
results may assuage concerns that immediate massage effects will reduce 
function performance for seniors. Future research examining delayed 
and cumulative massage effects for older adults is needed.

MANAGING CONSTIPATION: IMPLEMENTING A 
PROTOCOL IN A GERIATRIC REHABILITATION SETTING

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Introduction: Constipation is a common and often serious problem 
within the elderly population. Constipation management within a hos-
pital setting is often viewed as a low priority and poorly represented in 
the literature. Purpose of study: This study measured the effect of imple-
menting a constipation management protocol within a geriatric rehabili-
tation setting. Methods: This mixed-methods study comprised of 
three geriatric rehabilitation units. All patients admitted to these geri-
atrict rehabilitation units over two-three-month periods were considered. 

Using a retrospective cohort design, quantitative data were gathered to 
examine characteristics of 284 patients served, as well as data on bowel 
activity amongst patients and documentation related to bowel care 
amongst nursing staff. Qualitative data were obtained through four focus 
groups with nursing staff working on these units, examining their expe-
riences with constipation and implementing this protocol in a rehabili-
tation setting. Analysis of transcripts was subjected to constant com-
parative analysis. Results: These data provided a comparison between 
bowel activity pre and post implementation of the protocol that can assist 
with a reduction in constipation amongst older patients, and in turn 
improve their comfort and functional abilities. Information will be pre-
sented related to experiences and sentiments of nursing staff regarding 
managing constipation on units and tips for minimizing constipation in a 
geriatric setting. Conclusions: Findings from this study extend current 
literature and have practical implications for hospitals interested in 
 improving their management of patients’ bowel care.

DOES SENSORY RECEPTION AND INTEGRATION DIFFER 
BETWEEN OLDER ADULTS WITH AND WITHOUT 
FIBROMYALGIA?

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This study aimed to investigate differences in central sensory recep-
tion and integration abilities between older women with and without 
fibromyalgia (FMS). The influence of an additional cognitive task on 
postural control in altered sensory environments was also examined. 
The performance of 10 community-residing older women with FMS (M = 
65.49, SD = 4.72) and eight age-matched older women without FMS 
(M = 66.08, SD = 4.83) was compared across two task conditions (sin-
gle, dual) using the Sensory Organization Test®. For the dual-task con-
dition, a word generation task (Benton et al., 1994) was used to increase 
cognitive load during performance of the same standing balance task 
performed in the single-task condition. The results of the 2 (Group) X 
2 (Task Condition) X 6 (Sensory Condition) ANOVA revealed main 
effects for Group (FMS M = 71.49, SEM = 2.37; HC M = 79.13, SEM 
= 2.65; F (1, 16) = 4.61, p < .05) and Sensory Condition (F (1, 16) = 
54.34, p < .01) only. Mean Equilibrium Scores (ES) for both groups 
declined significantly between the simple and more complex sensory 
conditions in both task conditions with greater declines evident for the 
FMS group, particularly during the more complex sensory conditions. 
The percentage of falls experienced by the FMS group on the first trial 
in sensory condition 6 in both the single- and dual-task conditions was 
also significantly higher than the HC group (X2 (1, N = 18) = 4.11, p 
< .05). The results both support and extend previous research findings.

CNS TOOLS AND ONCOLOGY: FEASIBILITY OF 
COGNITION ASSESSMENT PRIOR TO INITIAL 
CHEMOTHERAPY IN AN ONCOLOGY CLINIC

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There will be 70 million cancer survivors worldwide in 2020. Poten-
tial cognitive impairment from cancer and cancer treatment is a public 
health concern. Research is defining the spectrum and trajectory of 
cognitive dysfunction after cancer. We recognized a real-time deficit in 
the ability of medical oncologists to assess the baseline cognitive function 
of their patients. Therefore, we conducted a pilot study to assess the feas-
bility of cognitive assessments in the oncology setting prior to initial 
chemotherapy treatment. All patients aged 50 years or older with a diag-
nosis of a solid tumor malignancy who had not received prior chemother-
apy were eligible to enroll. Patients with brain metastasis or a central 
nervous system malignancy were excluded. We developed a short bat-
tery of cognitive tests we felt could be feasibly administered in an oncol-
ogy clinic. The battery included: Hopkins Verbal Learning Test-Revised, 
Trail Making Parts A & B, Digit Symbol Coding, Category Fluency,
SESSION PATTERNS IN THE RESOLUTION OF CLINICAL INSTABILITIES IN COMMUNITY-ACQUIRED PNEUMONIA AND ASSOCIATIONS WITH OUTCOMES

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Background: In patients hospitalized with community-acquired pneumonia (CAP), indicators of clinical instability at discharge (fever, tachycardia, tachypnea, hypotension, hypoxia, oral intake, and decreased mental status) are associated with mortality and other outcomes. It is not known whether the order in which these indicators stabilize is associated with clinical outcomes. Objective: To describe variation in the sequences, including whether and in what order, indicators of clinical instability resolve among CAP patients, and to assess associations between patterns of stabilization and outcomes. Methods: We determined whether and when each indicator stabilized for 1,326 adult patients with CAP in six U.S. academic medical centers. The sequence of indicator stabilization was characterized using sequence analysis algorithms borrowed from genomics and grouped using standard cluster analysis methods. Associations between sequence patterns and days of indicator stabilization, LOS, hospital costs, and 30-day mortality were modeled using regression analysis. Results: Average age was 65; 57% female; 42% African American. We found 986 unique sequences of indicator stabilization, and identified 8 clusters of sequences (patterns) defined by the order in which instabilities resolved or remained at discharge. Thirty-day mortality was lowest in clusters that stabilized most indicators or had tachycardia or fever at discharge, and highest in those with hypoxia at discharge, especially with abnormal mental status or oral intake. Conclusions: Sequences of clinical instability resolution exhibit great heterogeneity, and sequence patterns identified by sequence analysis appear to be associated with differences in days to stabilization, LOS, hospital costs, and mortality.

SESSION 1030 (POSTER)

MINORITY AND DIVERSE POPULATION

DEPRESSION TREATMENT PREFERENCES AND COLLABORATIVE CARE OUTCOMES AMONG OLDER LATINOS IN A SPECIALTY GERIATRIC CLINIC

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Background: Depression affects at least 10% of older primary care patients and negatively impacts quality of life. Collaborative care interventions improve depression outcomes for older adults in primary care, but have not been adapted for older Latinos or specialty geriatric clinics. Purpose: To pilot a collaborative care intervention tailored to the preferences of older Latinos in a public sector geriatric clinic. Methods: Providers referred subjects. Patients were eligible if they screened positive for depression on the Patient Health Questionnaire-9 (PHQ-9) and negative for significant cognitive impairment, psychosis, and bipolar disorder. Participants completed baseline and 6-month interviews (including a conjoint analysis preference survey). Bilingual social workers offered care management, Problem Solving Therapy and/or antidepressant medication (prescribed by clinic providers). Results: Of 66 patients referred, 41 (62%) screened positive for depression, and 29 (44%) were study eligible. The mean age was 72; 79% were women, 100% were Latino, and most were low income. Participants preferred counseling (over medication), same language providers, and lower cost services. At 6-months, 97% received treatment; 80% had counseling and medication. Depression scores improved [mean PHQ-9 score 15.9 (baseline) v. 9.3 (6 months), p < .001]; 47% had > 50% reduction in PHQ-9 scores. Participants were highly satisfied with treatment. Conclusions: A culturally tailored, collaborative care intervention that included choice of counseling or medication showed preliminary evidence of acceptability, feasibility, and effectiveness among older Latinos in a public sector geriatric clinic. Patients preferred counseling; the majority received counseling and medication.

IT'S A MATTER OF TRUST: OLDER AFRICAN AMERICANS SPEAK ABOUT HEALTH CARE ENCOUNTERS

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Objective: This study examines perceptions of older African Americans’ encounters with healthcare providers, focusing on roles of ageism and racism, and ways to enhance trust. Participants: African-American men (n=30) and women (n=30), urban senior center members. Method: Audiotaped and transcribed semi-structured, two-hour interviews thematically analyzed, using the Pattern Coding method and MAXQDA 10 software. Findings: Four themes emerged: “The Added Insult of Ageism,” referring to how ageism versus racism emerged most in healthcare encounters; “Snake Oil and Holy Water,” referring to importance of patients’ narratives and cultural background; “Helping Those Who ‘Don’t Deserve’,” referring to trust and the importance of relationships; and “Foundation for a Beginning Relationship,” referring to patients’ recognition of systemic challenges restricting provider interactions. Conclusions: Participants’ narratives can guide provider training and behavioral change. Of importance is improving trust by understanding individual histories and preferences, individualizing recommendations, re-allocating scarce time to actively obtain and listen to patients’ narratives, recommending interventions that disregard patient-expressed preferences, and providing insufficient explanations of treatment interventions. Implications: Participants’ reflections can guide provider training and behavioral change. Of importance is improving trust by understanding individual histories and preferences, individualizing recommendations, re-allocating scarce time to actively obtain and listen to patients’ narratives, recommending interventions that disregard patient-expressed preferences, and providing insufficient explanations of treatment interventions. Implications: Participants’ reflections can guide provider training and behavioral change. 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Examined simple associations between an estimate of vascular resistivity have been hypothesized but remain largely unexplored—particularly in middle-aged and older African Americans. The present study examined simple associations between an estimate of vascular resistance and perceived stress in an age-diverse, community-based sample of African Americans. The data come from the Carolina African American Twin Study of Aging (CAATSA). The CAATSA consists of 265 pairs of twins and members of non-intact twin pairs. One member of each pair was randomly selected to create a subsample of 395 individuals (39% male) with an average age of 50.96 years (S.D. = 14.97). Estimated peripheral resistance was calculated and comparisons were made by decade of life. Vascular reactivity was determined as the change in peripheral resistance to a standard physical stressor minus baseline peripheral resistance. Correlational analyses revealed a significant association between vascular reactivity and perceived stress (r = .30, p < .05) for individuals aged 60-69. This effect was attenuated but remained consistent for men when analyses were conducted separately by gender. As these data suggest, not only the if, but the when may be an important consideration for examining the impact of psychosocial stressors on cardiovascular functioning across adulthood in African Americans.

TELENOVELA INTERVENTION EFFECTS ON AND REFERRALS TO HOME CARE SERVICES FOR MEXICAN AMERICAN ELDERS

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Background: Post-hospital care, costing billions of dollars annually, can be reduced by using home care services (HCS), at half the cost of nursing home care. Use of HCS decreases re-hospitalizations, emergency visits, nursing home placement, elder functional impairment, and caregiver illness, burden, depression, and mortality and therefore is a critical service for optimizing aging. This is especially important with today’s focus on transitional care. Hispanic elders, in greater need of HCS with more disability at younger ages, use HCS less than other groups. We tested a telenovela intervention (a culturally congruent videotaped dramatization) to increase use of HCS (n=22 elders with a referral) and subsequently investigated factors that predicted a referral for HCS (n=74 elders) because we found many elders with complex problems were not referred. Results: The intervention group used HCS more than the control group (91.1% versus 71.2% of total visits authorized) although this was not a statistically significant difference (p=.21). A one-unit change in impaired functional ability increased the odds of receiving a referral by about 16% (p=.009). Implications: This innovative community-based intervention has promise to improve outcomes for MA elders/caregivers through culturally congruent telenovelas to increase use of HCS and reduce important health disparities in MA elders and caregivers. Although impaired functional ability was associated with receiving a referral, other issues such as whether there is a disparity of referrals to MA elders and the process of referring HCS for MA elders need to be investigated to further improve life as people age.

PROFILE OF HYPERTENSION MEDICATION USE AMONG UNDERSERVED ELDERLY HYPERTENSIVE AFRICAN AMERICANS

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Purpose: This study examined distribution in prescribed antihypertensive medication use and the prevalence of hypertension and resistant hypertension among aged African Americans. Methods: This study recruited 400 elderly African Americans (over 65 years old, taking at least two medications) in South Los Angeles. Information about drug names and doses were transcribed from the labels. Results: 15% of elderly (n=60) did NOT report having hypertension while 340 (85%) reported being diagnosed with HTN. Among 340 Hypertensive, medication usage included: None (0 Meds): 7.1% (n=24); 1-2 Medications...
- 61.8% (n=210); 3-5 Medications – 31.1% (n=106). Among the elderly with hypertension, 104 elderly (30.7%) were Resistant Hypertensive (RHTN) as they were taking 3 or more classes of anti-hypertensive agents to lower their blood pressure (Diuretics; ACE/ARBs, Calcium channel Blockers, Beta Blockers). The most common medications were Amlopidine Besylate (39.6%), Lisinopril (25.5%), Hydrochlorothiazide (21.1%), Atenolol(17.3%), Furosemide(16.1%) and the most common class of hypertension medication was Calcium Channel Blockers/ Dihydropyridines (49.0%), Thiazide & Related Diuretics(45.2%), (Beta-Blockers(43.7%), ACE Inhibitors(42.5%), Angiotensin II Receptor Blocker & Remin Inhibitor(22.9%), Adrenergic Antagonists & Related Drugs(14.7%), Vasodilators(7.3%). There were some significant difference between males and females in taking medication; for instance Angiotensin II Receptor Blocker & Remin Inhibitor and Adrenergic Antagonists & Related Drugs has been taken more significantly by males Vs. Vasodilators by females). Conclusion: 340 (85%) of patients reported being diagnosed with HTN which nearly one-third of the hypertensive suffered from resistant hypertension. These usage patterns have trended toward greater usage of Calcium Channel Blockers and Thiazide & Related Diuretics.

ASSOCIATIONS OF SUBTYPES OF CARDIOVASCULAR DISEASE WITH HIP FRACTURES AMONG OLDER CHINESE INPATIENTS
B. Xu, Peking University, Beijing, China

Objectives: To examine the association between cardiovascular disease (CVD) and hip fracture and if such association reflected the influence of hypertension disease. Design: Hospital-based case control study. Setting: Thirty one top-ranked hospitals in Beijing, China. Participants: Hospitalized patients aged ≥55 years (n=864,408). Measurements: Patients with hip fracture were identified by the first-listed diagnosis using ICD-10-CM codes (S72.0, S72.1 and S72.2). Patients with CVD as comorbidities were captured by the second- to the eighth-listed diagnoses. Results: The risk of hip fracture increased by 53% (RR=1.53, 95% CI 1.47-1.60) among older inpatients with a diagnosis of CVD. Those with hip fractures were more likely to have a diagnosis of hypertensive or cerebrovascular disease, with the risk ranged from 1.3 to 1.70. A significantly high proportion of diagnosis of ischemic heart disease was seen among male patients (RR=1.13, 95% CI 1.06-1.21), but not among female patients. Compared with those without hip fracture, the prevalence of overall CVDs increased by 80%, 78% and 16% among hip fracture patients aged 55-64, 65-79, and ≥80 years. The younger the inpatients with hip fracture, the stronger the associations with the CVD. Although the prevalence of CVD was high among hypertensive inpatients, the associations between CVD and hip fracture could also be seen among non-hypertensive patients. Conclusion: CVD were positively associated with hip fracture and the associations seen in Chinese inpatients were similar to that reported in cohort studies in European populations.

SESSION 1035 (POSTER)

PHYSICAL ACTIVITY

EFFECTS OF LINE DANCING ON PHYSICAL AND PSYCHOLOGICAL WELL-BEING IN OLDER ADULTS WITH MOBILITY DIFFICULTY
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Older adults with limited mobility are at a greater risk for declines in functional health. Exercise can improve overall health and well-being. Line dancing is a low impact exercise that elderly adults may more readily participate than traditional aerobic exercise. Nine females and 1 male from 66-87 years (mean=73) with mobility difficulty (difficulty walking >¼ mile and climbing one flight of stairs) were randomly assigned to a control group or an 8-week line dance program of 30 minute sessions, twice a week. An experienced line dancing instructor taught the classes. The control group continued their usual daily activities. Before and after the intervention, participants completed the RAND Short Form-36 health survey to assess functional health. Using repeated measures ANOVA, the dance group had significantly better health except for pain and energy/fatigue. From pretest to posttest, the dance group had increased general health (10%), role limitations due to physical health (38%), emotional well-being (4.0%) and social functioning (30%) while the control group declined (-14.0%, -41.2%, -2.0%, and -22%, respectively). The dance group also experienced greater reductions in role limitations due to emotional problems (-62.5%) than the control group (-16.7%). Line dancing may be an effective intervention to improve overall health and well-being in older adults. Further research with larger sample is needed to assess the effects of line dancing and to isolate the social and physical effects on physical and psychological health and social function.

AGE-RELATED DIFFERENCES IN VISUAL-VESTIBULAR INTERACTIONS TO MAINTAIN POSTURAL CONTROL DURING THE TASK OF SIT-TO-STAND
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Background and aim: Age-related deterioration in both the visual and vestibular systems may impact the efficiency of postural control in older persons. We examined the effect of aging on visual-vestibular input interactions for maintaining stability during the sit to stand (STS) task. Methods: Twelve young (YP, age=22.4±1.1) and twelve older (OP, age=74.8±4.5) healthy participants were asked to stand from a sitting position as quickly as possible. On randomly selected trials vestibular input was manipulated using percutaneous bipolar galvanic vestibular stimulation (GVS). Visual input was either intact (eyes opened) or absent (eyes closed). Stability of performance was measured using peak to peak center of mass (PkCOM) and center of pressure (PkCOP) in the mediolateral direction, and peak braking force (PkBF). Results: PkCOM excursion increased when vision was absent (p<0.05). PkBF was greater when vestibular inputs were manipulated (p<0.05). Overall, OP had greater PkCOM and PkCOP excursion than YP (p<0.05). However, compared to no GVS, GVS application resulted in significant decrease in PkCOM excursion in OP (p<0.05). Discussion/Conclusion: In both YP and OP, PkCOM excursion increased in the absence of vision suggesting visual input is critical for optimum STS performance irrespective of age. Both YP and OP were able to employ greater PkBF to counteract GVS-induced instability. However, age-related differences found in PkCOM excursion possibly suggest that OP required additional compensatory stiffening strategy to overcome the effects of GVS.

THE INFLUENCE OF DISEASE IN THE RELATION BETWEEN FUNCTIONAL CAPACITY AND PERCEPTION OF HEALTH
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The health-related quality of life has been assessed by a number of measures including the individual perception of health. The grip strength and walking ability are known to be associated with muscle functioning. Whether functional capacity status is related to individual perception of health in older adults with diagnoses of disease is not well understood. The aim was to investigate the relationship between the perception of health and health predictors. Methods: 108 males and females (79±6yrs) were recruited from local population [28 diabetic (DG), 28 hypertensive (HG), 15 diabetic and hypertensive (DHG) and 37 no disease (noG)]. Participants were tested on handgrip test (HandT) and 6 minutes walking test (6MW), and completed the SF-36v2 questionnaire. ANOVA was performed to detect group differences. Pearson coefficient
of correlation was used to assess the relationship between variables. Results: Significant differences were found between noG and HG in perception of health (52.43±15.37, 41.14±13.28, p<0.05), and DG and DHG in HandT (25.79±8.32 Kg, 17.73±6.41 Kg, p<0.05), and DG and HG in 6MW (359.39±102.31 m, 201.40±110.27 m, p<0.05). Strong correlation was found between perception of health and 6MW in DG (r=0.62, p<0.05) and between both noG and HG and HandT (r=0.41 to 0.59, p<0.05). Conclusion: Diabetes does not appear to affect perception of health and functional capacity while hypertension does appear to be important in functional perception and capacity of health. The findings also indicate that low scores on perceptions of health status or unfit hypertensive older adults may experience complications in performing daily activities.

PHYSICAL AND PSYCHOSOCIAL EFFECTS OF USING NINTENDO WII™ EXERGAMES IN OLDER ADULTS: A REVIEW OF THE LITERATURE
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Purpose: There has been a rapid growth in the use of Nintendo Wii™ exergames (a new generation of exercise video games) in health care facilities. The purpose of this literature review is to summarize and synthesize the physical and psychosocial effects of using Wii exergames in older adults. Methods: The search was limited to empirical studies from 2006 to December 2012 with pertinent keywords. Electronic databases explored included MEDLINE, CINAHL, PubMed, PsycINFO, Web of Science, and Google Scholar. Results: Twenty empirical studies that met the inclusion criteria were included in this review. Sample size ranged from 7 to 58 and the mean age of participants ranged from 61.3 to 85 years old. The frequency of the exercise intervention ranged from 2 to 5 times a week, and lasted 10 to 60 minutes per session. Duration of exercise programs ranged from 2 to 20 weeks. Subject retention rate was 72% to 100%. Benefits from Wii exergames intervention included improved physical function (i.e. balance and mobility) and quality of life, as well as reduced level of anxiety and depression. Improved motivation and enjoyment with exercise, and greater socialization were also reported. Conclusions and implications: Using Wii exergames does show promise as an intervention to improve physical function and psychosocial outcomes in older adults. Evidence also supports Wii exergames is a safe and feasible tool to encourage older adults to engage in exercise. Future studies with larger sample sizes, longitudinal study designs, and a theoretical framework are needed to advance existing evidence.

FEASIBILITY OF HOME-BASED TELEREHABILITATION IN OLDER ADULTS
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Background: The purpose of telerehabilitation is to facilitate therapeutic interventions that restore functional ability or enhance residual functional capability in older adults with disabling impairments. Despite great demand, feasibility of home-based telerehabilitation in older adults has not been well studied. The goal was to identify needs, values, and preferences of older adults regarding home-based telerehabilitation. Methods: Community-dwelling participants from one Program of All-inclusive Care for the Elderly (PACE) diagnosed with COPD were enrolled. Baseline information was collected including socio-demographics, computer and health literacy, disease history and knowledge. A prototype home telerehabilitation system was demonstrated and patients were trained in its use. After the initial training session, patient ability to operate the system independently was assessed and timed, and patient feedback was collected using an attitudinal survey and semi-structured qualitative interview. Results: Among 21 subjects, 15% were male and the average age was 76. On the attitudinal survey, 86% of patients would feel safer knowing their exercise is monitored by the system at home; 86% would use such a telerehabilitation system in the future; 95% would advise others to use it. All participants were able to independently carry out all essential telerehabilitation tasks including symptom diary, exercise, and performance self-report. Overall, 100% of the patients reported the system to be either good or excellent. Nearly all participants expressed interest and dedication to future use of the program. Conclusion: Patient-centered technology tailored to the needs and preferences of older adults can be utilized successfully in the home to facilitate geriatric rehabilitation.

PHYSICAL ACTIVITY IN PEOPLE AGING WITH A DISABILITY: A DESCRIPTIVE STUDY OF PERSONS WITH POST-POLIO SYNDROME

Physical activity (PA) is beneficial for our health but persons aging with disabilities are not as active as non-disabled persons. Post-polio syndrome (PPS) is a disabling condition, mainly affecting mobility that appears in those with an acute poliomyelitis infection after decades of stability. Persons with PPS are advised to be physically active but have difficulties due to their disability, but there is very limited information about their engagement in PA. The purpose of this study was to examine the PA levels in persons with PPS, and to assess the relationship between PA and various socio-demographic factors compared to older adults without neurological disability. PA was assessed in 81 persons with PPS and 53 older adults without neurological disability, using the Physical Activity and Disability Survey (PADS) and pedometers. Life satisfaction was assessed with the Life Satisfaction Questionnaire (LiSat-11). Both groups were physically active on average three hours per day but it varied considerably between individuals. Persons with PPS walked significantly fewer steps than the non-disabled persons. In persons with PPS there was a significant relationship between their activity level and life satisfaction. Despite a progressive physical disability, people with PPS are physically active, but much of the activities are performed as part of their household activities and not as traditional exercise. The relationship between PA and life satisfaction supports the general contention that an active life style is an important factor for perceived well-being. Further studies are needed to recommend appropriate health promotion strategies for people aging with a disability.

INFLUENCE OF AN AGING SUIT ON GAIT PERFORMANCE IN PERSONS AGED FROM 20-71 YEARS
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Background Aging suits are used to demonstrate typical restrictions of older age such as ankylosis, loss of strength and sensory losses to younger people. Anyhow, the possibilities and limits of this simulation have never been evaluated with objective parameters. The aim of this cross-sectional study is to investigate the effects of an aging suit on gait performance in different ages. Methods So far, 53 participants with an age-range of 20 to 71 yrs. (Ø 41.5 ±13.8 years; male=22, female=31) were included in the on-going study. The aging suit is composed of multiple components: joint bandages on elbow and knee, weight cuffs around wrists (each 1.5kg) and ankles (each 3kg), a weight vest (9kg), special glasses and a hearing protection. The gait performance of participants was measured by a gait-analysis-system (GAITRite) in normal (self-chosen) and maximum walking velocity with and without the aging suit. Results First results show that the aging suit changes gait characteristics.
of participants significantly. In normal velocity, HH-base-support (surface wide) (in cm; p<0.001) and Step time (in sec.; p<0.001) differ significantly when participants wear the suit. At maximum velocity significant changes are observed in all other gait parameters. When age group 20-40 yrs. is compared to age group 41-71 yrs., there are only significant differences at maximum velocity, especially in step length (without suit, p=0.032; with suit, p=0.011) and in gait velocity (without suit, p=0.008; with suit, p=0.019), discussion The aging suit seems to be able to simulate the age-related changes of gait in a realistic way.

EFFECTIVENESS OF A LIFESTYLE EXERCISE PROGRAM FOR OLDER RESTORATIVE HOME CARE CLIENTS

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Background: Restorative home care services are short term individualized programs aimed at maximizing an older person’s ability to live independently and maintain their function. The services are made up of a number of components including an exercise program to increase and maintain function of the older person. Study Design: A pragmatic randomized controlled trial (RCT) with two study arms: Lifestyle and Functional Exercise program (LiFE) (intervention) and traditional exercise program (control). Results: There was no difference between the groups in the amount of exercise undertaken during the intervention period. The LiFE program was found to be more effective in 40% of the outcome measures. These included function, balance confidence and vitality. Conclusion: Organizations delivering restorative services to older people in their homes should consider including the LiFE exercise program rather than a more traditional exercise program.

IMPACT OF DIABETES ON MOBILITY AND PHYSICAL ACTIVITY IN SYMPTOMATIC OSTEOARTHRITIS

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Over 60% of U.S. adults aged ≥65 years with diabetes mellitus (DM) also have osteoarthritis (OA). Adults with either DM or OA have worse physical functioning and have lower physical activity (PA) than adults without these conditions. We hypothesized that older adults with both DM and OA have poorer mobility and have lower objective PA than those with OA only. We recruited community-living adults aged ≥65 years with mild to moderately painful knee or hip OA (American College of Rheumatology criteria) and fatigue based on the Center for Epidemiological Studies Depression Scale. We assessed mobility by using Six-minute Walk distance (6MW; feet) and PA by using a wrist-worn accelerometer over 7 days (average count/week). Linear regression models were performed to examine the contribution of DM, age, BMI, pain, and self-reported disability on mobility and on PA. Participants with (N=20) and without diabetes (N=147) were similar in age (mean 72 ± 6.0 years), gender, race, and education, but the diabetic participants were more obese, had shorter 6MW distance, and participated in less PA (all p<0.05). Diabetic participants had shorter 6MW distance (β=-131.87, p=0.03; R2=0.19), adjusting for age, BMI, pain and disability. They were less physically active, adjusting for age and BMI (β=-55.78, p=0.03; R2=0.10). Confirming our hypothesis, older adults with DM and OA have poorer physical functioning and participated in less PA than those without diabetes. Diabetes can be a barrier to PA among adults with OA, and adults with OA and diabetes need additional support to participate in PA.

WAIST CIRCUMFERENCE AND PHYSICAL FITNESS ACTIVITY AND ITS IMPACT ON FUNCTIONAL OUTCOMES: DATA FROM NHANES 2005-2010

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Background: Obesity is known to impact one’s mobility and self-care needs. Additionally, physical fitness is known to positively influence one’s ability to engage in daily tasks. Whether visceral adiposity in subjects with preserved physical function have lower degrees of impairment or disability is unknown. Methods: Subjects aged ≥65 years with measures of physical activity were included from National Health and Nutrition Examination Surveys (2005-2008). Physical limitations were defined by inability or difficulty in performing the following tasks: walking, walking up 10 steps, stooping, lifting 10lbs, walking between rooms, standing from an armless chair, or using an assist device. Activities of Daily Living (ADL) limitations included difficulty or inability with: bed transfers, eating, or dressing. Physical activity was defined using self-reported measures as little (<1 day/week) with moderate/vigorous (>1 day/week). Waist circumference (WC) was dichotomized (<85cm for females; >102cm for males). We compared risk of physical and ADL impairment using multivariate logistic regression by WC category (high/low) adjusting for age, sex, education level, and a co-morbidity index. Our initial modeling adjusted for physical activity. Within each WC strata, we subsequently determined the impact of physical activity on risk of impairment (referent=low/no physical activity). Results were weighted using NHANES methodologies. Results: The final sample included 5,463 subjects, mean age 70.5±0.2 years, 2,753 (55.6%) were female. Prevalence of physical limitations in the high WC group was 59%, while in those with low WC it was 36%. Of those with high and low WC, 22.1% and 16.3% had an ADL impairment, respectively. Moderate/vigorous physical activity levels were noted in 23.2% and 28.2% of subjects in the high and low WC groups. Subjects with high WC were at higher risk of physical limitations [OR 1.70 (1.45-1.99)] but not ADLs [OR 1.03 (0.79-1.34)]. High physical activity was associated with lower risk of physical ([OR 0.64 (0.52-0.78)] and ADL limitations [OR 0.46 (0.34-0.62)] within the elevated WC group. Among subjects in the low WC group, higher levels of physical activity were not associated with reduced physical limitations [OR 0.75 (0.50-1.12)] or ADL impairments [OR 0.75 (0.45-1.25)]. Conclusions: High physical activity levels are strongly associated with reduced functional and ADL impairment in elderly subjects with elevated levels of visceral adiposity as measured by waist circumference. Longitudinal studies should incorporate changes in weight and physical activity levels over time to confirm these results.

ASSOCIATION OF BODY MASS INDEX AND WAIST CIRCUMFERENCE WITH SUCCESSFUL AGING

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Background: Excess body weight is associated with risk of disease and mortality but its impact on ageing outcomes remains unclear. We examined whether midlife body mass index (BMI) and waist circumference (WC) predict successful ageing. Methods: In the British Whitehall II cohort study BMI and WC were assessed in 4869 persons (mean age 51.2, 29.4% women) free of cancer and cardiovascular disease at baseline (1991/93). 16-year follow-up was used to define two outcomes in 2008/09: survival and successful ageing (alive, no age-related chronic disease at age ≥60 years, not being in the worst age- and sex-standardized quintile of cognitive, physical, respiratory, and cardiovascular functioning, and good mental health). Analyses were adjusted for sociodemographic measures and health behaviours. Results: 507 participants died over the follow-up and 1008 met the criteria for successful ageing. Those with BMI≥30 kg/m2 had lower odds of successful ageing (Odds Ratio (OR)=0.37; 95% Confidence Interval (CI): 0.27, 0.50)
and survival (OR=0.55; 95% CI: 0.41, 0.74) compared to those with a BMI between 18.5-25 kg/m². Similarly, participants with a large waist circumference (≥102/88 cm in men/women) had lower odds of successful ageing (OR=0.41; 95% CI: 0.31, 0.54) and survival (OR=0.57; 95% CI: 0.44, 0.73) compared to those with a small waist (<94/80 cm in men/women). Analysis with finer categories showed lower odds of successful ageing starting at BMI ≥23.5 kg/m² and waist circumference ≥82/68 cm in men/women. Interpretation: Optimal midlife BMI and waist circumference for successful ageing might be substantially below the current thresholds used to define obesity.

INFLUENCES OF THE PHYSICAL ENVIRONMENT ON WALKING BEHAVIOR OF RESIDENTIAL CARE/ASSISTED LIVING RESIDENTS

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The presence of activity-inducing spaces in residential care/assisted living (RC/AL) settings may encourage resident walking. This study examined the relationship between daily step counts of older adults and physical environment characteristics across 32 RC/AL communities. RC/AL residents enrolled in a correlational repeated-measures study (N=272) completed physical function tests and wore the Fitbit Motion Tracker® for three days at baseline data collection. At least two days of Fitbit wear a 8 hours/day constituted valid step data. We computed mean steps/hour to account for variation in wear duration; then we averaged steps/hour of participants within facilities. Facility measures included number of licensed beds, linear footage of indoor public spaces, building age, and presence or absence of looped indoor hallways, driveways, and sidewalks. The total sample was 81% female with a mean age of 85 (SD=7.8) years. Participants with valid step data (n=202) walked 135 steps/hour. Steps/hour were significantly associated with gait speed (rs=.52, p<.01) and age (rs = -.25, p<.01). Most facilities (n=24) were large-size with ≥26 beds but did not have looped hallways (n=27); 50% had looped outdoor sidewalks. Participants living in larger facilities had significantly more steps/hour (M=137.1) than participants living in smaller facilities (M=96.5) (Mann Whitney U=48, p=.037). Neither linear footage nor other facility characteristics were associated with steps/hour. A forthcoming analysis will involve hierarchical linear modeling to account for the nested structure of the data. Decreased walking behavior may be an unintended consequence of living in smaller RC/AL facilities that requires activity programming to offset this deficit.

TYPES OF PHYSICAL ACTIVITY INSEDENTARY OLDER ADULTS WITH TYPE 2 DIABETES MELLITUS

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Physical activity (PA) is essential for management of Type 2 Diabetes Mellitus (T2DM). However, the majority of older adults with T2DM do not achieve PA guidelines. Using a cohort of sedentary older adult with T2DM enrolled in a PA enhancement trial, we analyzed what types of self-reported PA contributed to their lack of PA at baseline. Sedentary (<90 min moderate-vigorous PA/week) community-living adults aged 60-85 with T2DM (n=115) completed the Community Healthy Activities Model Program for Seniors (CHAMPS). Few data exist regarding PA domains in CHAMPS, and based on barrier to PA participation literature, we categorized CHAMPS PA as follows: 1) daily life routines (e.g. housework, gardening); 2) special environment (e.g. jog, walk uphill); 3) special skills (e.g. yoga/Tai-chi, weight machines, calisthenics); and 4) special skills + environment (e.g. swimming, water exercise, aerobic machines). X2 tests were performed to compare the frequency of participation in these four categories of PA. Over 87% of participants (mean age 71±7 years) reported participating in PA involving daily life routines; 54%, 31%, and 36% reported participating in PA involving a special environment, skills, and both special environment and skills, respectively. Individuals were more likely to participate in activities involving daily life routines than activities requiring either special skills or both skills and environment (both p<0.05). Sedentary older adults with T2DM are more likely to participate in PA involving daily life routines than other types of PA. PA interventions may be more effective if they are incorporated into an individual’s daily life routines.

ANIMAL FROLICS EXERCISE: A PROTO TAI CHI FOR FRAIL OLDER ADULTS

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Physical activity interventions often exclude older individuals due to factors such as cognitive impairment, multimorbidity, and high risks for falls, although greater activity level is associated with less decline in cognitive performance, physical function, and quality of life. Tai Chi is a well-known fall prevention exercise and a possible frailty moderator. Yet, adaptations that address exercise participation and engagement are needed for frail older people. Animal Frolics (Wu Qin Xi in Chinese) is the proto Tai Chi form, from which Tai Chi evolved. Animal Frolics movements imitate natural movements and postures of 5 animals: Tiger, Deer, Monkey, Bear, and Crane, and are simpler and more intuitive than Tai Chi. This preliminary study examines the effects of Animal Frolics on functional mobility, flexibility, and pain, in community-dwelling older adults that have chronic health conditions. All participants (N=24, mean age 74±7 years, range 65-92, female =22) completed the week-long, 90-min session each day Animal Frolics group class. Post-intervention improvement in Timed up and go test (p<.05), comfortable and fast gait speed (p<.05), unipedal stance time (p<.05), range of motion performance (especially knee extension and cervical rotation), are observed (p<.01). Self-reported pain level improved with no statistical significance (p>.05). Exit feedback indicates Animal Frolics is enjoyable, beneficial, and may mitigate social isolation and improve motivation to participate when provided in a group. Findings suggest that Animal Frolics exercise may reduce barriers for Tai Chi participation and engagement by frail older adults who often have lowered exercise motivation and physical functional reserves.

MUSCULOSKELETAL PAIN AND PHYSICAL FUNCTIONING IN THE OLDEST OLD

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Background: Little is known about the impact of pain on physical functioning among the oldest-old subjects. In this study, we first examined the associations between number of painful sites and measures of physical functioning reflecting different stages of the disablement process (physical impairment, functional limitation and disability) among nonagenarians aged 92 to 93 years. Second, we described the effect of painful sites on disability, the ultimate stage of the disablement process, during a two year follow-up period. Methods: This study is based on baseline (n=1177) and 2-year follow-up (n=709) data of the nationwide Danish 1905 cohort study. Musculoskeletal pain was assessed
as reported pain in back, hips or knees when moving or resting. Physical performance measures included maximum grip strength and habitual walking speed. Disability in performing activities of daily living, was defined as need for assistive device or personal help in transferring, dressing, washing, using toilet and/or walking indoors. Results: At baseline, the number of painful sites was significantly associated with measured grip strength and walking speed as well as self-reported disability in a step-wise manner; the more sites with pain the poorer the physical functioning. Further prospective analyses indicated corresponding but slightly weaker stepwise associations between baseline pain and disability level at follow-up, however, pain was not associated with onset of new disability. Conclusions: The findings of this study suggest that musculoskeletal pain in nonagenarians is highly prevalent and associated with poor physical performance and daily functioning.

META-ANALYSIS OF FITNESS OUTCOMES OF SUPERVISED EXERCISE INTERVENTIONS AMONG HEALTHY OLDER ADULTS

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PURPOSE: To estimate the summary effect of supervised exercise interventions on cardiorespiratory fitness (CRF) among healthy older adults. METHODS: Comprehensive search strategies identified studies utilizing supervised exercise interventions and measuring VO2 max outcomes in healthy adults aged 65 and older. Primary studies were independently duplicate coded. Standardized mean difference effect sizes (ESs, d) were calculated under a random-effects model. Heterogeneity was assessed. Subgroup analysis and meta-regression were used to explore potential moderators. RESULTS: ESs were calculated from 1,818 subjects. The overall mean ES for 2-group, post-intervention studies was 0.71 (k=31, p<0.01). This ES corresponds with a difference in VO2 max of 2.71 mL/kg/min, or a 0.77 difference in MET capacity, between treatment and control groups. Two-group treatment pre-post ES was 0.61 (k=31, p<0.01). In contrast, two-group control pre-post ES was 0.00 (k=28, p=0.98). Single-group, treatment pre-post ES was 0.56 (k=61, p<0.01). Studies were homogeneous (Q=36.56, p=0.19). Sample mean age, gender, and weight were not significant moderators. Study funding, random allocation, direct or indirect measurement of VO2 max, and using supervised exercise alone versus supervised exercise plus motivational/educational content did not significantly impact ESs. CONCLUSIONS: Even small changes in CRF can improve health outcomes among older adults. Supervised exercise interventions among healthy older adults were similarly effective in increasing CRF, regardless of various sample, intervention, and study characteristics. Clinicians may recommend supervised exercise interventions among healthy older adults to enhance CRF. Researchers should longitudinally test supervised exercise interventions to maintain CRF and health benefits.

EFFECTIVENESS OF PHYSICAL ACTIVITY ON IMPROVING A PHYSICAL PERFORMANCE MEASURE IN ELDERS WITH CHRONIC KIDNEY DISEASE: THE LIFESTYLE INTERVENTIONS AND INDEPENDENCE ELDERS PILOT STUDY (LIFE-P) STUDY

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Background: Chronic kidney disease (CKD) is associated with poor physical performance, as CKD causes complications such as anemia and bone disease that can affect physical function. Prior work has demonstrated physical activity (PA) can improve physical performance in older adults. However, whether the effectiveness of PA is modified in older adults with CKD is unknown. Methods: This is a subgroup analysis of 73 CKD participants from the LIFE-P Study, a randomized controlled trial. LIFE-P demonstrated that a year-long program of physical activity (PA) focused on walking compared to health education improved the physical performance of functionally limited older adults. CKD was defined as a baseline estimated glomerular filtration rate (eGFR) of <60 ml/min/1.73 m². Outcome measured was the Short Physical Performance Battery (SPPB). Repeated measures ANCOVA, adjusted for gender, site, intervention, and baseline SPPB, was utilized. Mean age was 77.6 years and 75.3% were women. Mean eGFR was 50.0 ml/min/1.73 m² and mean baseline SPPB was 7.3 (95% CI 6.9,7.6). 37 (50.7%) were randomized to PA. Results: At 12 months, adjusted least square mean SPPB scores were 8.3 (95% CI 7.7,9.0) in PA and 7.6 (95% CI 6.9,8.3) in the control, a change of 1 for PA (p=0.09). For comparison, for non-CKD PA participants the adjusted least square mean SPPB scores (N=136) were 7.6 (95% CI 7.4,7.9) at baseline and 8.5 (95% CI 8.1,8.8) at follow-up, a change of 0.9 (p=0.02). Conclusion: Although limited by sample size, these results suggest that physical activity effectively improves physical performance in older adults with CKD.

IMPACT OF BODY MASS INDEX AND PHYSICAL ACTIVITY ON FUNCTIONAL OUTCOMES: DATA FROM NHANES 2005-2010


Background: Obesity impacts one’s mobility and self-care needs. Additionally, physical activity positively influences one’s ability to engage in daily tasks. Whether obese subjects with high physical activity have lower impairment or disability is unknown. Methods: Subjects aged ≥60 years with physical activity measures were included from National Health and Nutrition Examination Surveys (2005-2010). Physical limitations were defined by inability or difficulty in: walking, walking up 10 steps, stooping, lifting 10 lbs, walking between rooms, standing from an armless chair, or using an assist device. Activities of daily living (ADL) limitations included difficulty or inability with: bed transfers, eating, or dressing. Self-reported physical activity was dichotomized as low or moderate/vigorous activity. We compared risk of physical and ADL impairment using multivariable logistic regression by BMI adjusting for age, sex, education level, poverty-income ratio, physical activity and a co-morbidity index. Within each BMI strata, we determined the impact of physical activity on risk of impairment (referent=low/no physical activity). Results were weighted using NHANES methodologies. Results: The final sample included 5,722 subjects, mean age 70.5±0.2 years, 2,905 (50.8%) were female. Physical limitations were present in 628 (11.8%), 997 (18.8%), and 1302 (24.6%) subjects in normal, overweight and obese subjects, while ADL-imperfections were noted in 253 (4.8%), 351 (6.6%), and 520 (9.8%), respectively. Prevalence of low physical activity was 357 (6.7%), 524 (9.9%), and 408 (7.7%). Risk of physical limitations in obese and overweight subjects was OR 2.42 [95% CI: 1.94-3.02] and OR 1.32 [95% CI: 1.10-1.60]. The risk of impairment in ADLs were OR 1.08 (0.85-1.37) and OR 0.85 (0.68-1.06) in obese and overweight subjects. Obese, overweight and normal BMI subjects with high physical activity levels were at a modestly lower risk of physical limitations [OR 0.75 (95% CI: 0.55-1.03), [OR 0.55 (95% CI: 0.43-0.70)], and [OR 0.79 (95% CI: 0.58-1.07)]. ADL limitations were reduced among all BMI categories with high levels of physical activity (obese: OR 0.44 [0.32-0.60]; overweight: OR 0.53 [0.35-0.81]; and normal:OR 0.65 [0.39-1.07]). Conclusions: Obesity and overweight are associated with higher risk of physical limitations but not ADL limitations. High physical activity is protective of physical and ADL impairments in elders irrespective of degree of adiposity. Longitudinal studies should incorporate changes in weight and physical activity levels to confirm these results.
INSOMNIA AND PAIN DO NOT PREDICT DEPRESSION OR FUNCTION IN PRIMARY CARE OSTEOARTHRITIS PATIENTS

It is commonly assumed that disturbed sleep and chronic pain are associated with depressed affect and impaired daytime function in older adults. We examined these assumed relationships using baseline data from the Lifestyles, a RCT which tested behavioral interventions for the management of insomnia and pain. 367 older adults with co-morbid osteoarthritis (OA) pain and insomnia from a primary care population participated. Sleep, pain, affect and daytime function were assessed using the Insomnia Severity Index (ISI), a measure of pain severity (PS), the Geriatric Depression Scale (GDS), and the Functional Outcomes of Sleep Questionnaire (FOSQ), respectively. Despite the presence of high levels of insomnia (11.5±5.0, mean±SD) and pain (4.3±1.5) severity, the sample demonstrated low levels depressive affect (6.7±5.1) and impaired daytime function (17.4±2.0). Depression and daytime function were only modestly correlated with increasing insomnia and pain severity (correlations of .26 to .37, p<.0001). Even at the highest levels of insomnia and pain severity, measures of affect and function remained at sub or relatively low clinical levels. The lack of clearly predictive relationships between insomnia and pain severity and both depressive affect and daytime function questions the assumption that complaints of insomnia and pain, even when of severe nature, are necessarily associated with meaningful depressive affect and impaired daytime function. This suggests that the interrelationships between these variables are complex and that this complexity needs to be better understood.

SESSION 1040 (POSTER)

REHABILITATIVE CARE

THE STOMP INTERVENTION FOR IMPROVING FUNCTIONAL PERFORMANCE IN PEOPLE WITH DEMENTIA

Purpose: The purpose of this study was to examine the feasibility and efficacy of a non-pharmacological rehabilitation intervention for improving functional skills in people with mild-moderate dementia called STOMP (Skill-building through Task-Oriented Motor Practice). Methods: Single-group, pre–post design with three measurement periods: pre-, post-, and 90 day follow-up. Participants and families choose three activities of daily living that required improvement. Then, examiner-rated performance was measured using Goal Attainment Scaling (GAS) and caregiver-rated performance was examined using the Canadian Occupational Performance Measure (COPM). Intervention included repetitive task-specific training of the participant goal areas using blocked practice, verbal praise, and errorless learning. Parametric and non-parametric statistics were used to examine differences in pre-, post- and 90-day follow-up scores. Results: Six participants with a mean age of 74.7 (range 60-89), were primarily white and married (5/6) with a mean MMSE score of 20 (range: 14-24) indicating moderate dementia. Comparing pre to post-intervention measurements, significant differences existed for both GAS and COMP scores (p < .05). At the 90 day follow-up, there were no differences between 90-day follow-up scores and post-intervention scores indicating that the skills had been retained (p > .05). Sixty percent of the participants exhibited minimal, but not significant, decline in function at the 90-day follow-up. Discussion: In this preliminary study, we found that the STOMP intervention could be feasibly-delivered in a clinic using trained non-professionals with good tolerance by participants.

EFFECTS OF HOME-BASED REHABILITATION PROGRAM ON USE OF HOME CARE AFTER HIP FRACTURE
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Background and purpose Need of health care services increase after hip fracture (HF) and may remain for a long time. Knowledge is needed on effective rehabilitation strategies after HF. Purpose of this study was to investigate the effects of a home-based rehabilitation program on use of home care services among community-dwelling older people after a HF. Methods: Population-based clinical sample of over 60-year-old men and women operated for HF (n=81, mean age 80 years, 78 % women) were randomly assigned into control (Standard Care) and intervention groups on average 70 (SD 28) days after discharged to home. The year-long intervention included an evaluation and modification of environmental hazards, guidance for safe walking, non-pharmacological pain management, progressive home exercise program, physical activity counseling and Standard Care. Self-reported use of home care was assessed by a questionnaire at the baseline and 3, 6 and 12 months thereafter. GEE model adjusted for living alone -status was constructed. Results: No significant difference was observed between the study groups in health, cognitive status or physical characteristics at baseline. At baseline, 38% of the participants in the intervention group and 53% of the controls received home care after HF (p=0.261). The proportion of persons receiving home care at 3, 6 and 12 months was 33%, 34%, 25% in the intervention and 40% 42% 55% in the controls (treatment effect, OR 1.318, 95%CI 0.96-1.81, p=0.086). Conclusions: Individualized home-based rehabilitation program may decrease the long-term need for home care after hip fracture. More studies are, however, needed.

NEUROFEEDBACK BALANCE TRAINING IN THE PREVENTION OF FALLS: A DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY
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Elderly who are at risk to fall should undergo a specific vestibular training to improve their stance and gait stability. Usually, conventional vestibular rehab requires a long-term, often exhausting training and has a low rate of success as reported elsewhere. Therefore, an individualized neurofeedback (NFT) training which is based on an analysis of body sway in everyday-life conditions seems significantly more effective. Hence, the present study was aimed at investigating this approach in a double-blind, placebo-controlled study design. Fifty-four patients with presbyvertigo performed the vibrotactile NFT (2 weeks, 15 min/day) based on an individual body sway analysis in 14 everyday-life stance and gait conditions (20 s each). The basic principle of NFT is to give the patient an intuitive, vibrotactile signal at the hip in that direction which showed a higher body sway than the preset threshold. The mean reduction of sway was 36.0 % in pitch and 34.0 % in roll directions, respectively. Significant improvements were also observed in platform stability measurements (composite score of the Sensory Organization Test) and in questionnaires (DHU/VSS). No significant changes were found in the placebo group (similar training with random feedback signal). The present data shows that NFT with the small, body-worn Vertiguard-RT device improves the balance in everyday-life conditions significantly with minimal
ADAPTIVE EXPERIENCES FOLLOWING STROKE
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The purpose of this study is to investigate the adaptive experiences of seniors with stroke in engaging daily activities, including the adaptive strategies they used, and the influences of primary adult child caregivers in the process of decision making. Five female stroke survivors aged 60 or older and their primary caregivers participated in this study. We collected data through semi-structured interviews and participant observations. The interviews were recorded and transcribed verbatim. We analyzed all transcripts, audio recordings, and field notes, with grounded theory. The data revealed four themes: These stroke survivors limited or ceased participation in activities that may contribute to negative outcomes or post burdens on children, focused on activities that can maintain or improve physical health and function, maximized participation in activities or tasks they were competent, and received foreign personal attendants’ help. Caregiver’s concerns, as well as the strategies they used in caregiving tasks, influence the choices of adaptive strategies stroke survivors made. The Selection, Optimization and Compensation (SOC) model provides an adaptive framework for the understanding of successful development across the life span. According to SOC model, these adaptive strategies stroke survivors used can be categorized into two of selection, optimization, and compensation strategies. In addition, stroke survivors also considered primary caregivers’ concerns when they decided the strategy in different activity domains. Adaptation is an important process for seniors with disability and should be considered from a familial perspective. This study advocates for applying family-centered approach and principles of SOC model in rehabilitation clinical works.

DANCE AS A CREATIVE INTERVENTION FOR INDIVIDUALS WITH PARKINSON’S DISEASE
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Individuals diagnosed with Parkinson’s disease (PD) experience balance and movement difficulties as well as cognitive and emotional challenges during the disease course. Symptoms impact the ability to participate in desired daily activities and affect quality of life (Kaesler, Mellifont, Kelly, & Taaffe, 2007). Research has shown dance has numerous physical benefits and improves mood for individuals with PD (Hackney & Earhart, 2009, 2010; Heiberger et al., 2011). The purpose of this qualitative study was to explore: a) the experiences of individuals with PD taking part in a 12 week, community-based adapted tango class, and b) the perceived impact of the class on quality of life and participation in daily activities. This case study incorporated a convenient and purposeful sample of community-dwelling older adults with PD who were participants in an adapted tango class. Data collection methods included focus groups, class observations, and demographic surveys. Data analysis was completed through open and axial coding methods (Berg, 2009). Participants reported physical and cognitive improvements during the class and at a six month follow up. Participants also identified the importance of the social aspects of the class along with increased self-confidence for movement in daily activities. The results indicate adapted tango is a creative intervention which promotes the well being and quality of life for individuals with PD.

SESSION 1045 (POSTER)

EDUCATION AND AGING RESEARCH

THE EFFECT OF SERVICE LEARNING ON INTEREST, ATTITUDES, AND LEARNING IN A GERONTOLOGY COURSE
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With the aging of the population, projections indicate there will be increased opportunities for health administrators to work in long-term care (LTC) settings. Few health administration students, however, enroll in LTC courses or work in LTC settings upon graduation. Although little is understood about student interest in LTC, recent research suggests volunteer or work experience in a LTC setting is positively associated with interest in a career in LTC administration. Based on these findings, a 20-hour service learning component in a LTC facility was incorporated in a required, gerontology course for health administration students in Fall 2011 and 2012. Pre- and post-service learning surveys were completed by 60 students (81% response rate) to explore the effect of service learning on students’ interest in LTC administration, attitudes towards aging, and course learning objectives. Results from paired-sample t-tests suggest that the service learning experience improved students’ attitudes towards aging but did not have an effect on interest in the field. Furthermore, the overwhelming majority of students indicated that the service learning experience helped them achieve all ten course learning objectives. Findings may be useful for other faculty teaching gerontology or long-term care courses to increase awareness, strengthen skills, and help students make more informed decisions about a career in long-term care through the use of service learning.

SUMMER INTERNSHIPS FOR UNDERGRADUATE STUDENTS IN RURAL INTERGENERATIONAL PROGRAMS
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Since 2008, the Northland Foundation has worked with seven rural communities and three Indian Reservations to develop locally-driven AGE to age projects. These sites range in population from 391 to 12,124 with high poverty rates. Each site developed an action plan and implemented an array of initiatives that build friendship between age groups and enhance community well-being. A regional network has been created to bring site coordinators together for information-sharing and training. In summer 2012, the Foundation added a program enhancement aimed at providing a community-based work experience to undergraduate students. Specific goals include: Help young adults strengthen their leadership skills, deepen their understanding of intergenerational community-building, and infuse fresh ideas, perspectives, and energy into the AGE to age projects. Through this enhancement, 14 interns (age 19 to 29) worked in eight sites providing over 3,000 hours of service. They participated in two leadership workshops at the start and close of summer to learn from each other, to develop networking relationships, and to meet site coordinators and Foundation staff. Their internship activities included designing and implementing activities such as: engaging elders in children’s reading programs, organizing children’s visits to nursing homes, developing a community history curriculum, hosting a flood-relief fundraiser, and providing intergenerational Native American cultural events. As their reflection papers indicate, this experience helped them strengthen their leadership skills, gain confidence, develop a better understanding of community organizing, and improve their ability to work with people of all ages. The internships added a new dimension to AGE to age.
ASSESSING GERONTOLOGY COMPETENCIES: A PILOT STUDY
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As momentum builds for an accreditation process for academic gerontology programs, there is renewed interest in assessing gerontology competencies. The present pilot study attempts to operationalize outcome indicators first proposed by Wendt, Peterson, and Douglass and their colleagues. The SFSU Gerontology program corresponds to the "professionally-oriented program" in the Wendt, et al. (1993) typology. Students responded to four essay questions per domain over three testing periods; and, responses were evaluated independently by each of the three authors using an agreed-upon scoring rubric. Students also responded to questions about their age, gender, length of time in the Gerontology MA program, previous educational background, life satisfaction (measured by a Cantril ladder), length of time working with the elderly, and self-rated health. These single question measures are included to assess construct validity of the Wendt, et al. (1993) competency domains in a future phase of analysis. This present poster focuses on development of essay test items, scoring rubrics, and analysis of inter-rater reliability. Correspondence among the three raters improved to .9 or better following additional training and refinement of the scoring rubrics.

STUDENT EXPERIENCES IN TWO UNIVERSITY SERVICE-LEARNING PROGRAMS IN NICARAGUA

Populations worldwide are aging rapidly, and the opportunity to prepare is diminishing. The situation is especially critical in developing nations, which, unlike developed nations today, “will grow old before they become rich.” In 2003, the Jessie F. Richardson Foundation – a charitable non-profit organization in Oregon – responded to a challenge from the Pan American Health Organization to broaden its mission to include addressing the needs of older adults in developing countries as well as indigent elders in the U.S. Nicaragua was chosen as a beta site based on the paucity of in-country expertise in gerontology and geriatrics, the prevalence of severe poverty, relative political stability, and the ability to observe change over time. Partnerships with local universities were established to develop service-learning programs in which students travel to communities in Nicaragua to implement projects selected by Nicaraguan partners. This poster presents the results of evaluations by students from two universities, Pacific University (PU) and Portland State University (PSU). In the PSU program, from 9 to 18 undergraduate and graduate students from disciplines throughout the university have been engaged for each of the past 10 years. In the PU program, about 20 allied health professional students per year have traveled to Nicaragua for 7 years. The common and disparate elements of the two universities’ programs are described, and the multiple years of data are aggregated and presented separately for each university. The results are then compared to identify those program features associated with the most positive student experiences.

WHO YOU ARE, WHO YOU WILL BE: THE ROLE OF EDUCATION AND STANDARD OF LIVING ON ATTITUDES TOWARD AGING
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Attitudes toward aging have been shown to be related to both quality of aging and mortality. In order to improve quality and length of life, research has attempted to identify those factors that may affect attitudes. A number of studies have shown that ethnicity, gender, knowledge of aging, experience with older adults, and locus of control, to name a few, affect a variety of measures of attitudes including expectations and beliefs regarding happiness, fear, abilities, etc. The present study has examined these factors and several others in 1679 men and women ranging in age from 18 to 95, representing 8 different ethnicities. The research here reports the role of education and standard of living (SOL) as they relate to several measures of attitudes about aging. Results indicate that those with a higher standard of living and those with more education report better experiences with older persons and report higher ages as the happiest age of life (p’s<.01). Regression analyses indicate that SOL, but not education predicts whether or not old age is perceived as a happy time, however neither of these factors predict fear of growing old (all p’s less than 001). Additional analyses will be presented as well as a discussion of how demographic factors contribute to the overall picture of attitudes toward aging. The complexity of attitudes demands that programs designed to improve outlook need to very carefully consider all factors in order to be successful and improve aging for everyone.

MENTORING SERVICE-LEARNERS IN DEMENTIA CARE
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Numerous benefits have been documented for intergenerational service-learning in gerontology and geriatric education — both for students and the elders receiving service (Blieszner & Artale, 2001; Faria, Dauenhauer & Steitz, 2010; Hegemen, Roodin, Gilliland & O’Flathabhairbh, 2010; Karasik & Wallingford, 2007). Not all service-learning experiences are alike, however, and oftentimes special consideration needs to be given to maximizing the service-learning experience for all involved (Karasik, Maddox & Wallingford, 2004). Providing service to persons with dementia is one such case (Yamashita, Kinney & Lokon, 2013). The current study surveyed undergraduate and graduate students (n=50) from gerontology courses regarding their previous service-learning experiences, particularly their feelings regarding preparation for service-learning. Qualitative analysis of the findings indicated 3 key challenges that students described: (a) Comfort level interacting with persons with dementia; (b) Difficulty communicating with persons with dementia; and (c) Being left alone with residents. Based on these findings, a case study was designed to mentor 3 self-selected groups of students (n=11) from an introductory gerontology course who participated in service-learning at a local dementia care unit. Mentorship included preparatory meetings before accompanying the students on site, as well as coaching the students in communication and interaction approaches. The feedback and experiences of the mentored group were compared with feedback on the experiences of the group’s service-learning peers who did not receive 1:1 mentoring. The findings indicate that mentoring helped to increase the students’ confidence and comfort level with their service-learning experiences.

THE ART OF COLLABORATION, MULTIDISCIPLINARY PERSPECTIVES, AND THE FUTURE OF AGING: CONSIDERING THE ROLE OF THE PHD GERONTOLOGIST
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Gerontology is now at a point where a growing number of students completing doctoral degrees in gerontology have entered academic...
and research positions. As of 2011, 219 student in the United States completed such degrees (Ewen & Carr, 2012); with 132 more enrolled in gerontology doctoral programs. Ferraro (2006) noted that the new generations of scholars emerging from doctoral program in gerontology will change the landscape of gerontological research, education and practice. Although the evolution of gerontology has been studied and debated for decades (Achenbaum, 2010; Achenbaum & Levin, 1989; Ferraro, 2006; Frank, 1946; Holstein & Minkler, 2003; Kleemeier, 1965), it is now time again to consider what it means to be a gerontologist. This poster explores the past, present, and future of gerontology from the perspectives of those who approach their research, teaching, and practice from a gerontology-centered perspective.

G E C ‘ S LEADERSHIP ROLE IN INTERPROFESSIONAL EDUCATION AND HEALTH CARE REFORM

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Over the past four years, interprofessional education and practice have headlined annual meetings, strategic plans, and curriculum planning initiatives for professional organization and academic institutions through the United States, Canada, the European Union, Australia and New Zealand. Following the work of the Institute of Medicine and the Interprofessional Education Collaborative, interprofessional education has become a part of all health professional education. GEC’s have been leading the way in developing interdisciplinary (now interprofessional) leaders for over 20 years. GEC’s are incredible resources for academic programs and healthcare delivery system now as they attempt to finally make interprofessional education a reality for all the health professions and practice, not only in geriatrics. The GEC’s have built a foundation for interprofessional education that can be borrowed and modified for all of the health and health related professions involved in health care delivery. There is no need to “reinvent” what the GEC’s have developed in terms of ongoing and effective interprofessional education and practice. The resources and lessons learned from our GEC mission we must be integrated into the health care reform initiatives that we are undergoing and this means most specifically ongoing interprofessional education, practice and outcomes-based research. This presentation will 1. Review the role of GEC’s in the development of interprofessional education and clinical services delivery models. 2. Discuss the application of lessons learned from GEC’s in the interprofessional education and practice 3. Identify the interprofessional resources available through the GEC’s. 4. Discuss the application of GEC resources for education related to the patient protection and healthcare affordability act.

SETTING THE STAGE FOR AGING POLICY RESEARCH: CHALLENGES AND EMERGING OPPORTUNITIES FOR EARLY CAREER ACADEMICS


Gerontology research that informs aging policy is essential to address the needs of an increasingly ethnic and racially diverse and aging population. Yet researchers engaged in conducting policy relevant studies with older adults are not always well supported in traditional academic settings. We identified barriers and facilitators to developing an aging policy research agenda especially during the tenure and promotion process. Data were collected from tenured or tenure-track faculty who participated in a focus group or key informant interview. All participants were either engaged or interested in aging policy research. A grounded theory approach with independent coding and constant comparison was used to identify recurring patterns and emerging themes within and across focus groups and interviews. We found that intrinsic factors such as personal commitment to conducting aging policy research to influence policy change helped to overcome barriers posed by limited funding opportunities and less value attributed to policy research in traditional academic settings. Extrinsic factors such as mentorship within and outside of their academic institutions, and demand for the research by community stakeholders and policy decision-makers were also seen as beneficial for academics pursuing an aging policy research agenda. These findings suggest the need to reevaluate academic practices and cultures that may not actively recognize and encourage scholars engaged in aging policy research, and may be used to help interested institutions foster a supportive climate. Recommended strategies to advance policy research will be useful across disciplines.

SUPPORTING OPTIMAL AGING THROUGH GERIATRIC INTERPROFESSIONAL EDUCATION AND PRACTICE

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Aging demographics, healthcare workforce shortages, and the implementation of the Patient Protection and Affordable Care Act have led to a renewed interest in interprofessional education and practice (IPEP). IPEP is linked to improved patient care outcomes in safety, quality, cost, and access. As such, the complexities of geriatric care are more effectively negotiated through collaboration among health professionals in social work, medicine, nursing, pharmacy, public health, and related disciplines. This presentation compares and contrasts three diverse approaches for interprofessional education designed to prepare allied health students for collaborative practice: a senior mentor program, a disaster simulation event, and a longitudinal primary care curriculum. The interprofessional senior mentor program matches students with a senior to provide practical experience working with a community-dwelling older adult for such tasks as patient-centered interviewing, and assessment of physical functioning and quality of life. Students also practice interprofessional communication and collaboration through guided interprofessional team meetings emphasizing discussion of complex case studies. The disaster simulation brings interprofessional students together for a one-time event that assigns them roles as part of an emergency response team called to address an outbreak of pandemic flu. Under the guidance of trained facilitators, students must collaborate to effectively manage the simulated emergency in the context of multiple patients, many with frailty and disability as well as flu. The longitudinal curriculum trains interprofessional students together for two years through brief didactic lectures, online learning activities, and team-based field internships emphasizing practice in primary care with vulnerable populations and in rural settings.

CROWDFUNDING FOR RESEARCH DOLLARS: A NARRATIVE OF A SUCCESSFUL CAMPAIGN

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Funding rates are in decline at both the National Science Foundation and the National Institutes of Health, and recent sequester minimized their budget even more. Young investigators are at a great disadvantage to receive monetary awards from nationally funded research institutions. The director of the NIH recently stated, “An entire generation of scientists is at risk.” Crowdfunding is a method of raising capital in small amounts from a large group of people using the Internet and social media. Young investigators from various scientific disciplines (e.g., ecology, biology) use crowdfunding as a mechanism to fund socially relevant and creative research projects. The purpose of this poster is to describe a successful crowdfunding campaign (“Give Them A Voice” http://rkbh.co/12285) used to support an innovative research program for older adults with dementia. Months of preparation (e.g., navigating university permissions processes, partnering with 501(c)(3) organizations, video production) resulted in a 30-day drive to engage...
INTERGENERATIONAL LEARNING EXPERIENCE TO IMPROVE COLLEGE STUDENTS’ ATTITUDES TOWARD THE ELDERLY

T.D. Taylor, M. Blair, D. Fent, J. Olson, M. Powers, KHS, University of Central Oklahoma, Spencer, Oklahoma

The purpose of this study was to examine college students’ attitudes toward older adults and community service before and after a senior fitness class assignment. The participants were students enrolled in an undergraduate exercise programming class. For a class assignment, students conducted fitness testing at a local retirement community, then developed exercise recommendations based on the testing results. Attitudes toward older adults were assessed using Polizzis’s Aging Semantic Differential Scale (ASD), and three scales from the student assisted independent living (SAIL) service-learning project. Dependent t-tests indicated significant improvements in attitudes toward the elderly as assessed by the ASD (p = .000), and the Attitudes Toward the Elderly scale used by SAIL (p = .000). However, no changes in attitudes toward working with the elderly or attitudes toward community service were noted. The research indicates that intergenerational learning experiences can improve negative attitudes toward the older adult population, but this improvement in attitudes does not translate to a desire to work with the elderly. Based on these results, we recommend the use of intergenerational learning experiences to improve college students’ attitudes toward older adults. Future study is needed to determine ways to change attitudes toward working with older adults as well as attitudes toward community service.

SOCIAL WORK STUDENT CARE MANAGERS IN THE MEDICAL HOME MODEL: INTERVENTION AND OUTCOMES FOR CRONICALLY ILL OLDER PERSONS

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Two-thirds of people aged 65 and older have multiple chronic illnesses. As a result, chronic disease management is becoming the focus of medical care for older adults. The patient-centered medical home (PCMH) model has been shown to have the potential to reduce cost of care and improve the quality, efficiency, and health-related outcomes of care for chronically ill older people. Utilizing a mixed method concurrent data collection strategy combining records review and qualitative interview, this intervention study examined the impact of social work student care managers on rehospitalization and urgent care service needs among a sample of 72 chronically ill older persons in a low-income community health center. Logistic regression model containing six predictor variables (Age, Gender, Occupation, Marital status, Method of payment, Number of diagnosis, and Total contact time with care managers) was statistically significant X² (7, N=72) =15.99, p<.05 for rehospitalization but not urgent care, X² (7, N=72) = 6.87, p=.442. Gender, age, and number of diagnosis made unique contribution to the model, with gender being the strongest predictor of reporting rehospitalization. There was no association between social work student care managers and rehospitalization. Social work student care managers provided services including assisting older people with Medicaid application and referral to community resources such as food bank, transportation, home health, optical, and dental services, which are considered important to keeping older adults in the community.

TRAINING STUDENTS FOR WORK WITH GERIATRIC INTERDISCIPLINARY TEAMS

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Effective geriatric care involves collaboration among professionals from varied academic and clinical disciplines. These disciplines often have widely different historical traditions, practice approaches, and philosophies of care. Therefore, training students to become effective geriatric practitioners requires a basic introduction to the unique disciplinary skills and roles of each treatment team member. We present one curricular model for introducing multidisciplinary graduate students to disciplinary perspectives and interdisciplinary teamwork in geriatrics. The 15-week graduate-level seminar combined scholastic readings in several major disciplines, guest lectures by practitioners from those disciplines, and experiential placements in geriatric team settings. Over the course of the semester, students reported a more positive attitude toward geriatric team work, t(19)=−4.77, p< .001, and greater confidence in their ability to work within a geriatric team, t(19)=−9.99, p< .001. Students also reported more favorable attitudes toward older adults, t(19)=−3.80, p< .01. Qualitative feedback from the students indicated that the key learning features of the course included guest lectures, experiential observations, and case studies. Preparing students to participate in integrated geriatric care can begin early in graduate training, with comprehensive education about the traditions and practices of the many clinical disciplines with whom they will interact.

COMMUNITY BASED CASE STUDIES: USING STANDARDIZED PATIENT SCENARIOS IN DELIRIUM AND DEPRESSION

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In collaboration with the Simulation Center undergraduate gerontological nursing students are exposed to multiple scenarios involving standardized older adult patients (actors). The purpose of these simulation experiences is to provide realistic older adult situations in the home setting. An apartment within the Simulation Center provides the backdrop for three older adult situations. In the first scenario, students conduct a home visit of a diabetic female who has been discharged from acute care with orders to begin insulin injections. In the second scenario, students return to the same patient a week later and must recognize an acute delirium and take appropriate action. The third scenario involves a home visit to an older adult male who is recently widowed. Students are expected to use applicable measurement instruments to determine level of depression. Additional gerontological issues are addressed to include polypharmacy, hypoglycemia, alcoholism, home safety, suicidal ideation, health literacy, inappropriate medication use, mild cognitive impairment, and diminished sensory function. Students prepare for each visit by completing an admission ticket and selecting proper measurement instruments using Hartford Institute for Geriatric Nursing website. The significance of this educational method is to introduce undergraduate students to gerontological issues that are often masked in the acute care setting and highlight the role of the nurse in community based care. This is particularly relevant with the advent of the Affordability Health Care Act and its focus on community based services to enhance health and wellness of older adults.
IMPACT OF STAFF EDUCATION ON EVALUATION AND DOCUMENTATION OF DEPRESSIVE SYMPTOMS IN LTC RESIDENTS. GAYLE A. HUDGINS, PHARM. D., TERRY A. EGAN, M.S., AND DANIEL P. DOYLE, PH.D., MONTANA GERIATRIC EDUCATION CENTER, UNIVERSITY OF MONTANA, MISSOULA, MONTANA

Working with three long-term care (LTC) facilities in Missoula, the Montana Geriatric Education Center is conducting a two phase project to improve the identification, prevention and management of depression in LTC residents. Baseline data were collected from 123 residents' charts after which three continuing education sessions were provided for LTC staff on late life depression, drug therapy of depression, and evaluation of and communication with depressed residents. Pre- and post-testing of the 81 participating staff (nurses, social workers, therapists, administrators) showed significant (p<0.001) gains in knowledge. Evaluation by participants rated all three sessions as excellent (76%) or good (16%) in terms of increasing their knowledge and competence in the care of depressed patients. Six months after the initial data collection, a repeat collection and analysis on 120 residents showed significant increases in the completion of the Mood Assessment (PHQ-9) and in the documentation of depressive symptoms compared to the initial data collection. Completion of the Mood Assessment increased from 91% (pre-training) to 99% (post-training) (p<0.01) across all three facilities and calculation of severity scores increased from 85% (pre-training) to 100% (post-training). Charting of depressive symptoms increased from a total of 385 symptoms noted (pre-training) to 497 symptoms (post-training) (p<0.0001). The average number of notes charted on depression increased from 3.13 per patient in a 3 month period (pre-training) to 4.14 per patient (post-training)(p<0.0001). Phase two of the project will feature training of staff on the process of behavioral activation as an intervention for depressed patients.

MEDICAL STUDENT ATTENDANCE AT ALZHEIMER SUPPORT GROUPS ENHANCES PATIENT-CENTERED CARE

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BACKGROUND: In an effort to improve patient-centered health care, medical students need exposure to illness through the eyes of the patient and caregiver. The ideal setting for this exposure is through the support groups that help patients and caregivers cope. The prevalence of Alzheimer Disease (AD) and multitude of support groups for this illness, make this a particularly accessible setting to create this experience. METHODS: The University of Oklahoma College of Medicine requires 4th year medical students to take a month-long Geriatrics Clerkship. We now have mandatory attendance to AD support groups during the clerkship. Student perceptions of the experience were captured via surveys and reflection essays. Themes included novelty, relevance, and whether this program should remain a requirement in future curricula. Survey data were measured on a 7-point Likert scale and common themes extracted from the essays were synthesized. RESULTS: 63 student survey responses were aggregated. 84% of students recommended requiring support group attendance in future training, and described it as novel and personally relevant. Recurrent themes extracted from student reflections included recognition of caregiver burden, therapeutic value of support groups, and direct health benefits for caregivers and patients alike. CONCLUSIONS: Support groups are a cost-free, novel, evocative modality for sensitizing future physicians to the AD patient and caregiver experience: something not typically included in traditional medical education. Consistent with our data, the authors believe this type of intervention provides the most accurate, direct, personal glimpse into the daily reality of living with and caring for someone with AD.

HEALTH EDUCATION, THEMATIC GAMES AND OLDER ADULTS: RESEARCH INFORMING CREATIVE MOTIVATIONAL CLINICAL PRACTICE


Self-care practices are difficult to initiate, and a much greater challenge to sustain over time, especially when involving long diet, exercise and extensive medication regimens. Objectives: Based on older patient health conditions, care demands and perspectives, to (i) identify what thematic health game was the most effective in educating and helping patients to sustain self-care practices; and (ii) test alternative information-education, strategies using games; (iii) analyze if used games were useful to improve self-care outcomes. Method: Phase one: A pre-intervention questionnaire on health demands was applied to older adults at an ambulatory unit. Phase two: Tailored inclusion of themes and contents to two thematic health games, the Life Board Game and the Health Bingo. Phase three: Demand-based health content games were played with older adults and nurses. Phase four: A post-intervention questionnaire was applied to assess participant game preferences and the efficiency of information-education alternative strategies towards improving self-care practices in chronic conditions. Results: Both games were useful to discuss health issues but the Life Board Game was considered the most effective. Participants reported this as easier to freely expose and solve health doubts and as a structured game, it permitted to easier and more quickly understand its dynamics and content. Conclusion: Both games were effective health interventions to enhance participant knowledge on health conditions and self-care. Research-based interventions demand creative delivery to patients, for better and long lasting health outcomes such as the sustaining of self-care and more cost-effective use of resources.

SESSION 1050 (POSTER)

FAMILY AND INTERGENERATIONAL RELATIONS

HOW AGING MOTHERS OF SERIOUSLY MENTALLY ILL DAUGHTERS CONCEPTUALIZE SUPPORT EXCHANGES: CONFIDING AND SHOWING RESPECT

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Purpose: Support exchanges are vital to an aging mother when she faces challenges associated with her own care needs and with assisting an adult child who has a serious mental illness. Guided by social exchange theory, this study explored two dyadic support exchanges—confiding and showing respect—among aging mothers of seriously mentally ill adult daughters. Design and Methods: The study used qualitative data obtained in personal interviews with a purposive sample of 22 aging mothers (ages 52-90), assisting seriously mentally ill adult daughters. Analytic methods included transcribing audiotaped qualitative responses and using interpretive coding to identify whether support exchanges for confiding and showing respect were bidirectional (i.e., reciprocal) or asymmetrical (i.e., non-reciprocal). Findings: Mothers reported both bidirectional and asymmetrical support exchanges with daughters. Twice as many mothers reported bi-directionality in showing respect versus confiding. This difference in bi-directionality was associated with greater variation in the meanings that aging mothers attributed to showing respect versus confiding. Implications: Professionals working with aging mothers in the context of daughters’ mental illness should take into account the extent to which support functions are exchanged. Additionally, professionals should consider the meanings associated with these exchanges.
GRANDPARENTS RAISING GRANDCHILDREN: INFLUENCE OF PARENTING STYLES ON THEIR GRANDCHILDREN'S WELL-BEING
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The parenting styles and practices of the grandparents raising grandchildren play a crucial role in relationship to their grandchild's academic performance, psychological and behavioral well-being. Therefore, the purpose of the cross-sectional research study was to examine the human capital factors that influence the parenting styles of grandparents who are raising their grandchildren. A related purpose was to examine the influence grandparents' parenting styles had on the well-being of the grandchildren in their care. A non-probability sample of 134 custodial grandparents who reside in Virginia voluntarily participated in this study. The majority of the participants were single, African American women who had been raising two or more grandchildren, ages 3 to 17, for approximately six years. Through a correlational research design, the study examined the parenting styles (authoritarian, authoritative, and permissive) of the grandparents, the grandparent's perception of the various dimensions of their grandchild's well-being (pro-social behavior and negative behavior) and human capital factors (educational attainment, occupational status and income) as they pertained to the grandparents. Results of the path analysis show there was a significant positive relationship between authoritative parenting style of the grandparent and the pro-social behavior of the grandchild and a significant negative relationship between authoritative parenting style of the grandparent and the negative behavior of the grandchild. The findings also indicated the grandparent's level educational attainment and income have an indirect effect on the well-being of the grandchild. Implications for practice with grandparent-headed families will be addressed.

PERCEIVED SOCIAL SUPPORT AMONG CHINESE AMERICAN OLDER ADULTS: DOES FAMILY COME FIRST?
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Background: Chinese American community is among the fastest growing minority groups in the U.S. Social support promotes immigrant older adults' well-being by improving self-esteem and mitigating the negative effects of chronic disease and mental illness. This study aims to understand perceived social support among US Chinese older adults. Methods: Data are from a cross-sectional survey of 3,018 Chinese older adults living in great Chicago area. We measured social support from spouse, family and friends in an in-person interview. Results: Among surveyed participants (N=3,018), the mean age was 73 (SD 8.3) and 59.3% were women. On average, older adults in the study had 1.4 sons and 1.5 daughters. In total, 90% of older adults could open up to spouse and 88% could talk private matters to family members. In addition, a majority of study participants could rely on family (90%) or spouse (88%) for help. Compared to family members, older adults expected less support from friends. 70% of older adults could open up to friends, while only 60% could rely on friends for help. Conclusion: The result indicates that family is still considered as the primary source of social support for Chinese older adults. The preference and dependence on family members may be explained by the important role of filial piety values in Chinese culture. Health promotion programs could facilitate the ability of family members to offer adequate support by providing intergenerational services. Future studies should further explore the impact of different social support types on the well-being of immigrant older adults.

EFFECT OF INTERGENERATIONAL PROGRAMS BETWEEN PRIMARY SCHOOL CHILDREN AND SENIOR VOLUNTEERS ON THE ELDERLY IMAGES
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Objective: This study examined effects of intergenerational programs between 6th grade primary school students and senior volunteers the elderly images, in Japan. The intergenerational program: The intergenerational programs by 31 senior volunteers (age= 68.7±5.9) were provided for 84 students of a primary school in Kawasaki City in June 2012. In the programs, the senior volunteers instructed the students how to read picture books for other students. At the final day of the programs, the students actually red picture books for 1st grade students. The Method of the program evaluation: Baseline survey was conducted for 84 students who took the programs. Measurements: gender and short version of emotional-like image scale of the elderly assessed by the SD(Semantic Differential)method (6 items in subscale for “evaluation” and 4 items in subscale for “potency / activity”). After the completion of 7 periods of the programs, we conducted a follow-up survey to ask same questions. We used analysis of covariance (repeated-measures design), and covariates were SD scores and sex. Results: The comparison of SD scores between the baseline and the follow-up surveys revealed that SD scores which were added at 6 items in subscale for “evaluation” was not significantly improved, but those which were added at 4 items in subscale for “potency / activity” was significantly improved(F(1,77) = 2.44, p=0.02). Conclusion: The intergenerational program can be effective for improving the elderly images on the primary school students.

LIVING ARRANGEMENTS AND SERVICES PERCEPTION AND decision making FROM OLDER CHINESE IN THE GREATER BOSTON AREA
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Boston is home to one of the oldest and fastest growing Chinese community in the U.S. This paper examines patterns of living arrangements, senior services, and health care services among elderly Chinese living in the Greater Boston area. Using primary data that was collected in 2011 (n=249), this paper provides a quantitative analysis of factors that influence older Chinese perception of household arrangements, use of senior services, and health care decision making. In demographic terms, the sample is 58% female, 96% U.S. citizen or legal permanent U.S. resident, 68.8% report an annual income less than $20,000, and 54.5% have less than a high school education. Preliminary analyses suggest there is an association between living arrangement (living alone, with a spouse, or in a senior apartment) and age. Other significant associations were observed between employment status and plans for future living arrangements; income assistance from relatives and interest in future financial services counseling; and future home health aid-services and gender. Finally, income, education, and gender were all significantly associated with seniors or their spouse making their own health decisions. The findings are discussed in terms of an aging Chinese population making living arrangement, using services, and deciding health care services.

APPLYING VIGNETTE METHODOLOGY TO UNDERSTAND THE MEANING OF FAIRNESS IN FAMILY INHERITANCE
M.N. Jackson, M. Stum, G. Brisse, University of Minnesota, St. Paul, Minnesota

Inheritance distributions are a normative later life task in which negotiating fairness is essential for optimizing the well-being of intergenerational and sibling relationships, continuity, and family decision making. This study utilized interpersonal social justice theories to design and test vignette methodology for understanding the meaning of fairness from the perspective of multiple members of the same family.
Participants will gain methodological insight into the advantages and limitations of both vignette design and application within a qualitative research study. Distributive and procedural justice concepts guided the vignette designs focusing on the meaning of “fair” outcomes and processes for both financial assets and personal possessions. Five written vignettes were designed, pre-tested, and administered as one of multiple methods within semi-structured separate personal interviews. Participants included a convenience sample of six family sets (one older parent and two adult children per family) (18 total). The vignettes engaged participants in articulating what “fair” means in a sensitive and logically hard to examine decision situation. Vignettes were validated as realistic and believable stories, offered de-personalized and standardized inheritance situations, and allowed selected factors likely to influence meaning (relationship quality, needs, contributions) to be varied. Challenges included the need for multiple prompts to move beyond socially desirable responses, not wanting to impose beliefs on others, and tension in simplicity and complexity of vignettes. Researchers, practitioners, and policymakers can benefit from the development of vignette methodology to address the gaps in what’s known about the meaning of fairness in inheritance within and across family systems.

INTERGENERATIONAL RELATIONSHIPS AND OLD-AGE SOCIAL SECURITY. A FRAMEWORK AND A THEMATIC ANALYSIS OF WHAT THE YOUNG GENERATION THINKS
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With proceeding demographic aging, generations have become a subject in discourse about Old-Age Social Security. However, the discourse has touched very different aspects. This paper integrates these arguments into three dimensions of intergenerational relationships. (1) From a cross-sectional perspective, generations are linked through contributions of the labor force benefiting the pensioners. (2) From a life course perspective, one generation makes contributions as labor force and receives benefits as pensioners. (3) From a comparison of two time points, the groups of the labor force or pensioners, as populated by different generations, experience different circumstances. A thematic analysis draws on original semi-structured interviews that sought views the young in the US hold, a group often titled as “loser generation” with respect to Social Security. Whereas the intergenerational relationship (1) exclusively appears cohesive in the first dimension, (2) in the second it seems conflictive – although there are also attenuating aspects in the views. (3) The third dimension reveals mixed evaluations of intergenerational relationships ranging from positive to negative to fateful. The findings imply that a comprehensive view on intergenerational relationships is crucial for future studies as well as in political communication of reforms.

FAMILY CAREGIVER PERCEPTIONS OF WANDERING IN THE ADRD PATIENT
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Purpose: Wandering and getting lost are common in people with Alzheimer’s disease and related dementias (ADRD) and can be challenging for family caregivers. If wandering is recognized by caregivers as significant while ADRD patients are still living in the home, modifications can be made to keep them there despite their behavior. However, all too often, the behavior is not acknowledged and/or modifications are not made. This study explored caregivers’ understanding of the wandering associated with ADRD and how their views of the behavior informed the caregiving process. Design and Methods: Responses from semi-structured in-depth face-to-face interviews of a convenience sample of 22 family caregivers of a loved one with ADRD in the Dallas metropolitan area were analyzed using a grounded theory approach. Results: Precautions tended to be taken within the home by caregivers for conditions related to general frailty, but were much less likely to be taken to address wandering and its negative consequences. Three groups of caregivers emerged: those who primarily reacted to their loved one’s problem behaviors, including wandering, intervening minimally; those who were proactive, making modifications in their routines and environment to protect their loved one after a trigger event; and those who had a mixed response, who did the best that they could with what they had. This last group of caregivers took on additional roles, modified their homes for safety, but environmental stressors and inadequate supports limited their interventions. Conclusion: Findings have implications for aging-in-place, policy-making, and practitioners.

GENDER SPECIFIC CARE ROLES? SONS AND Husbands AS CAREGIVERS
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Introduction This research presents initial findings from a study of working men who are also caregivers. Within the context of current demographic changes taking place in German family care, the current 30% share of men as primary caregivers is expected to increase. It is consequently of importance to address the role of men as caregivers and to consider how working men arrange care. Method For a doctoral thesis, data was analyzed from 30 biographical-narrative interviews conducted with caregiving husbands and sons aged between 32 and 64, resulting in 56 hours of interview data. The interviewees ranged from the unemployed to highly paid employees and the self-employed, of which 21 cared for a parent, one cared for a friend and 8 for their partners. The care support ranged approximately from 6 to 8 hours per day. Findings A gender and life course focused analysis of the data identified links between the men’s biography and their caring role. The findings further exemplify how men juggle with different multi-faceted care roles when combining caregiving with work. In this instance the care role can be seen to position the men as managers. However, care arrangements tend to be predominantly female in character, as women are seen to be the main providers of informal and formal care. Conclusion This study indicates that whilst socially prescribed female characteristics are reflected in the male caregiving role a gender specific orientation such as that of breadwinner, appears to be maintained amongst the interviewees.

HOW WIDOWHOOD HAS CHANGED FOR OLDER CANADIAN WOMEN: A SOCIOLOGICAL STUDY
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This paper presents the findings of a study replicating my 1995 research about older women’s experiences as widows, published in The Widowed Self: The Older Woman’s Journey Through Widowhood (Wilfrid Laurier University Press, 2001) . The original, in-depth interview study found that women experienced changes in their sense of self, and showed great creativity in their relationships with their children, friends, and men, which all had to be renegotiated. The research on which this paper is based looks at to what degree the social meaning of widowhood and women’s experiences have changed and/or have remained the same for the new cohort. The new study, using a symbolic-interactionist theoretical perspective, involved in-depth interviews with women who are at least 60 years old and whose husbands died between 1 and 10 years prior to the interview. Participants live in urban and rural areas of New Brunswick, Canada. Contemporary widows’ lives have been affected by the changing roles of women, increased divorce rates, and increases in the practice of adults’ living alone at all ages. As well, contemporary widows are much more likely to have been in the labor force for the majority of their adult lives and to be familiar with information technology. This paper focuses on findings related to identity changes, the social meaning of widowhood and relationships with others, particularly children and friends.
SPOUSAL SUPPORT AND DEPRESSIVE SYMPTOMS AMONG CAREGIVING COUPLES: A DYADIC ANALYSIS
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Marital relationships have significant influences on older adults’ well-being. In stressful circumstances, such as one spouse’s illness or disability, positive and negative support from the spouse is especially important. This study examined to what extent the effects of positive and negative support from spouses are stronger for caregiving couples than for non-caregiving couples. This investigation uses dyadic analyses to compare three different groups consisting of (a) couples who do not provide or receive care, (b) couples in which husbands receive care from their wives, and (c) couples in which wives receive care from their husbands. The sample consisted of 3,069 married couples in which one of the spouses was aged 51 and over from the 2006 and 2008 Health and Retirement Study. Structural equation modeling was used. Sociodemographic and health characteristics were included as control variables. Results indicated that positive support from spouses is more important for both caregiving and care-receiving wives (b=-1.036, p<.001; b=-1.149, p<.01, respectively) than for wives in non-caregiving relationships (b=-0.536, p<.001). No differences in the effects of negative support from spouses were observed between caregiving and non-caregiving couples. These findings provided evidence that the beneficial effects of positive support on mental health are greater for wives in caregiving couples. The findings suggest that positive support exchanges between caregivers and care recipients may need to be considered a key component for interventions targeting caregiving couples. Discussions include practical implications to reduce adverse effects of caregiving and care receiving on older couples.

PLACE MATTERS: DIFFERENCES IN DEPRESSION AND INTENTION TO PLACE AMONG URBAN AND RURAL CAREGIVERS
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Although a large body of studies has documented variations in caregiving experiences across diverse groups of caregivers such as ethnic cultural groups, experiences of caregivers by geographic setting is less well understood. Past studies suggest significant urban/rural differences in caregiving experiences due to higher proportions of older adults and fewer formal services available in rural than urban areas. However, systematic investigations to examine caregiving experiences such as burden, depression and nursing home placement have been lacking. The goal of the study was to examine the relationship between geographic location, depression and intention to place in a large sample of family caregivers in the state of Washington. Logistic and linear regression analysis were performed to determine if urban/rural status contributed to predicting a caregiver’s depression and intentions to place a care receiver in a long-term care setting. Analysis were conducted on a sample of 4,264 caregivers who completed an initial caregiver support assessment required for all caregivers seeking services funded by the Washington State Family Caregiver Support program between 2010 and 2012. Findings indicate that controlling for care receiver demographics, cognitive and functional impairment, behavioral problems, caregiver demographic characteristics, caregiver burden variables; significant differences persist in intention to place and depression between urban and rural caregivers. Rural caregivers exhibited lower depression scores (B=-.04, p<.05) and were less likely to intend to institutionalize their care receivers (OR=.69, p<.001) than caregivers in an urban setting. Implications of the findings for practice and policy are discussed.

HEALTH CARE UTILIZATION AND HEALTH PROMOTION
SESSION 1055 (POSTER)

HEALTHCARE SERVICE USE AMONG CHINESE AND KOREAN IMMIGRANT ELDERS IN ARIZONA
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The aim of this study was to examine healthcare service use among Chinese and Korean immigrant elders in Arizona in relation to the pre-disposing, enabling, and need factors of the Anderson Newman healthcare utilization model. Survey data were collected from Chinese (n=120) and Korean (n=120) immigrant elders age 65 and over. Two-step analyses were conducted. First, logistic regression analyses explored the predictors of service use (yes or no). Then, linear regression analyses were conducted to examine and compare the correlates of healthcare service use between the two groups. Logistic regression analyses with the total sample revealed that marital status, having insurance, English language proficiency, cultural gap, and medical conditions were significant predictors of service use. Separate logistic regression analyses showed that only a wider cultural gap is a common predictor for both subsamples. For Chinese, being a male, residing longer in the United States, better English proficiency, and a higher level of depression were associated with more healthcare service use. There was no significant predictor among Koreans. Separation regression analyses with healthcare service users (at least once a year), 98 Chinese sample (R square = .279) and 81 Korean sample (R square = .368), showed that only the presence of medical conditions was a common predictor for both groups (b=.48, p<.05, b=.61, p<.05, respectively). Two subsamples of Asian immigrant elders have unique correlates of healthcare service use. This suggests that we need to take into account the ethnic differences when planning intervention.

HOSPITAL DISCHARGE PLANNERS WORKING WITH OLDER ADULTS IN MINNESOTA
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More than 200,000 older adults were discharged from Minnesota hospitals in 2008. Whether they return to home with services or temporarily or permanently relocate for post-acute care, many of these older adults often leave hospitals with on-going care needs. 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. As a result, little is known about who is responsible for conducting discharge planning 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 the characteristics of the professionals conducting discharge planning with older adults and examining the multivariate relationships between the professionals’ characteristics and their utilization of a deliberate decision counseling approach in working with older adults in need of post-acute care. Telephone interviews with 106 decision counselors from 93 of the 130 hospitals in Minnesota that serve older adults suggest that the majority of professionals who assist elders in making decisions about post-acute care were female, in their 40s, and social workers who have received a bachelor’s degree. The majority of these discharge planners reported typically using a deliberate approach to their work. Multiple regression suggests that social workers score higher than nurses on the deliberate decision counseling
HOW DOES SATISFACTION WITH MEDICAL CARE DIFFER BY CITIZENSHIP STATUS AND WHERE THEY LIVE?: COUNTY-LEVEL MULTILEVEL ANALYSIS

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Objective: This study examined patient satisfaction of community-dwelling older adults by their citizenship and nativity status. After the welfare reform of 1996, citizenship has been an important factor that determines access to healthcare. Little is known about how older noncitizens’ perceived satisfaction compares with that of the U.S.-citizens and how that is affected by county-level contextual characteristics. Methods: This study analyzed the 2000-2007 Medical Expenditure Panel Survey and linked Area Recourse File for 24,017 older adults (65+). Two dimensions of satisfaction (perceived and ease of access) were examined using the Consumer Assessment of Health Plans Survey. Multilevel models were conducted using STATA. Results: Full multilevel models controlled for both individual- and county-level covariates. The results indicate noncitizens were less likely to agree that their providers spent enough time with them (p<.01) and sufficiently explained treatment (p<.01) compared with the U.S.-born. Noncitizens’ overall rating of their providers was also lower (p<.001). Regarding ease of access, among those reported needs, noncitizens reported greater difficulties in using care after injury/illness (p<.001), routine care (p<.001), and specialty care (p<.009). In those models, county-level compositional and enabling characteristics (e.g., % of foreign-born individuals, % of uninsured, hospital bed rate) were significantly associated with individual-level satisfaction. Interestingly, noncitizens living in counties with high density of foreign-born population had higher satisfaction levels than their U.S.-born counterparts did. Conclusion: The findings indicate vulnerability of older noncitizens in accessing healthcare. The significant interaction between citizenship status and county-level characteristics indicate the needs for targeted community-based interventions for older noncitizens.

DISPARITIES IN EFFECTS OF CHOLESTEROL TEST ON HEALTH OUTCOMES AND HEALTH BEHAVIORS AMONG OLDER ADULTS IN THE US

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High levels of total cholesterol are significant risk factors for coronary heart disease and stroke, both of which are leading causes of mortality and morbidity in later life. Receiving cholesterol test in a timely manner could help reduce the risk of developing these consequences among people with advanced age. However, both the probability of receiving this test and the effects of this test-taking on health status are heterogeneous across the U.S. population. This study aims to understand these heterogeneities in the use of cholesterol test and its effects on health outcomes and health behaviors among older Americans. In this study, we used data from the 2004 and 2006 Health and Retirement Study (N=5,589). Propensity score approach was utilized to examine the patterns of using cholesterol test by propensity strata, and hierarchical linear model was used to estimate the effects of cholesterol test on levels of total cholesterol and medication use across the propensity strata. Our preliminary results show that older adults who are more likely to receive cholesterol test would also benefit more from this test. That is, the effects of cholesterol test on total cholesterol are the largest among the most advantaged groups in terms of their socioeconomic backgrounds and the smallest among the least advantaged groups. We also found that cholesterol test has a stronger effect on medication use among those advantaged groups. That said, it is important to provide follow-up plans to treat cholesterol-related conditions of older adults within less advantaged groups to mitigate these gaps.

THE ROLE OF THE CHURCH IN PROMOTING HEALTH OF OLDER MEXICANS WITH DIABETES

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Findings in the US literature have revealed the importance of studying organizational policies and practices of community-based settings such as churches (Williams, Glanz, Kegler & Davis, 2009). Religious leaders hold a special place in the community, and often referred as gatekeepers (Thurston, 2011). These organizations may offer instrumental and emotional support to their members and the community. Chronically ill people may seek guidance, advice and/or information from their clergy about dealing with health issues and health care utilization (Chatters, 2000). Evidence has also shown a connection between religion and a variety of health outcomes (Levin, 2002). Understanding how religious institutions may influence health promotion behaviors and the development of health promotion programs can help guide and improve future efforts. Based on the review of the diabetes literature this appears to represent one of the first attempts to get information from religious leaders about the role of the church in diabetes self-management in Mexico. Key informant interviews with ten religious leaders were conducted in Sinaloa, Mexico. There were three main themes that emerged from the transcripts about the role of the church in promoting the health of Mexicans with diabetes: 1) Maintain open lines of communication; 2) Crossover between Spiritual and Physical Healing; 3) Involvement in diabetes programs. Based on what was discussed in these interviews, and the active role and responsibility that religious leaders have in health care and individual well-being, they need to encourage the development of diabetes self-management programs and motivate the community to participate in them.

PROFILES OF RACIAL/ETHNIC IMMIGRANT GROUPS’ DIFFERENT LEVELS OF INPATIENT/OUTPATIENT SERVICE USE

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Comparative research on elderly immigrants is extremely scarce, limiting our understanding of their healthcare service use behaviors. Using K-medoids algorithm and multinomial analysis, this study examined determinants of ambulatory/inpatient care use among immigrants (65+) and compared the profiles of each cluster characterized by different levels of healthcare use among non-Hispanic white [White], non-Hispanic black [Black], Hispanic, and Asian and Pacific Islander [API]. K-medoids algorithm identified the optimum number of clusters in the pooled 2002-2008 National Health Interview Survey data (N=9,262) was four: ‘Non-Users’ (33%), ‘Low-Ambulatory-and-Inpatient-Service-Users’ (30%), ‘Heavy-Ambulatory-and-Inpatient-Service-Users’ (18%), and ‘Heavy-Ambulatory-Service-Only-Users’ (20%). Non-User rates were highest among Blacks (46%), followed by APIs (42%), Hispanics (34%), and White (24%). Compared to Non-Users, Low-Users tended to report good health in select health measures. Commonly, Low-Users tended to be married, insured naturalized females who were not in poverty and had lived at least 15 years in the U.S. However, less-educated Blacks and Hispanics tended to be Low-Users, which is counterintuitive. Blacks’ and APIs’ healthcare service use behaviors were unique. Citizenship had no power to explain why APIs were both Heavy-Users and Heavy-Ambulatory-Service-Only-Users; Blacks with citizenship tended to be only Heavy-Users; Counterintuitively, Blacks in poverty tended to be Heavy-Users. Findings suggest special attention be given to those uninsured and unnaturalized males with less than 15 years residence among Blacks and APIs. Further studies are needed to examine why, unlike other groups, Blacks in poverty tended to be Heavy-
USE OF PREVENTIVE HEALTH CARE SERVICES BY CHINESE AMERICAN OLDER ADULTS

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Background: Preventive care advert morbidity and mortality through detecting medical problems early and providing effective interventions. Racial and ethnic disparities in access to preventive care have been well-documented. Structural, social, and cultural barriers are common factors deterring immigrants from receiving preventive care. However, less is known about preventive health utilizations among Chinese aging community – one of the fastest growing ethnic groups in the U.S. Methods: Data are from a cross-sectional survey of 3,018 Chinese older adults living in Chicago. We asked survey participants if they have used preventive health care services, including vaccination, health screening, and cancer screening in an in-person interview. Results: Among surveyed participants (N=3,018), the mean age was 73 (SD 8.3) and 59.3% were women. 56% of the participants received a high school education, and 6% were illiterate. Our data shows 66% of Chinese elderly reported having a flu shot in the previous year, while only 25% has ever received pneumonia vaccination and 18% has taken Hepatitis B vaccination. As for screening for common medical conditions, 64% had been screened for diabetes and 70% for cholesterol. In addition, only 28% of the participants received colorectal cancer screening, 35% of women had mammogram within the past two years, 25% of women received Pap test within past three years, and 13% of men took PSA tests in the past year. Conclusion: The findings reveal that Chinese older adults have low utilization rates in prevent care. Further population studies are needed to explore the barriers to preventive care services among Chinese older adults. Increasing efforts should be put into promoting preventive care benefits in Chinese community.

LOW-INCOME HOMEBOUND OLDER ADULTS’ PARTICIPATION IN AN ONLINE DISEASE SELF-MANAGEMENT PROGRAM

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The Stanford Chronic Disease Self-Management Program (CDSMP) and its online version, Better Choices, Better Health (BCBH), are evidence-based programs. However, low-income homebound seniors face significant barriers to accessing these programs. Barriers to attending face-to-face CDSMP include their limited mobility, and barriers to using BCBH include limited computer and Internet operational skills. We recently conducted a feasibility study of BCBH use among 20 low-income homebound seniors (age > 62) in Central Texas, focusing on the type of computer skills training needed for BCBH participation and post-participation health and health efficacy outcomes. The project team provided loaner laptops and prepaid 4G wireless cards to those without a computer. Despite their initial discomfort with computer/Internet use, all those who initially lacked computer skills were able to be trained to participate in BCBH with a few hours of face-to-face demonstration and training by the project’s research assistant. By the second week of the six-week-long BCBH workshop, all became computer proficient and able to enjoy their participation without any barriers related to computer/Internet operational skills. Both quantitative data and qualitative feedback from the participants showed unanimously positive outcomes. Compared with the baseline assessment, the severity scores of fatigue and pain decreased by more than 50% at 4-week post-intervention; the number of people who engaged in physical activities more than doubled; and health-efficacy (confidence) scores increased by almost 50%. In conclusion, computer skills training can be easily provided to facilitate low-income homebound seniors’ participation in an online chronic disease self-management workshop.

CATS OR DOGS – DOES IT MATTER WHAT KIND OF PET OLDER ADULTS HAVE?


A 2011 Harris poll found that 46% of people in the US age 66 and older had a pet, while a 2012 health survey of Philadelphia and its’ 4 surrounding Pennsylvania counties found that 43% of the 60+ population (i.e. an estimated 355,143 people) have a pet in their home. Since pets are so widespread, it is reasonable to consider them in our efforts to understand the lives of today’s older adults. Some research indicates that pets have a positive effect on physical health or emotional wellbeing. Other studies find no impacts related to pets. In our recent analyses of a random sample of 3,042 older Southeastern Pennsylvania residents, we employed manovas to examine the interplay of health, depression, social interaction and income for those with and without various kinds of pets. For some variables, such as number of depressive symptoms, type of pet had a statistically significant effect. Dogs appeared to be associated with a more positive outcome. Type of pet can also have practical relevance. For seniors who are receiving services, the presence of a dog or cat will have implications for care plans. Different pets not only have particular care requirements, but will encourage different behaviors on the part of the Consumer – for example, more walking when the pet is a dog.

REGIONAL VARIATION IN READMISSION AMONG THOSE DISCHARGED TO THE COMMUNITY AFTER STROKE REHABILITATION

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Purpose: To determine the regional variation in hospital readmission for older adults who return to the community after inpatient stroke rehabilitation Methods: A secondary analysis of data from the Centers for Medicare and Medicaid Services (CMS). The study included those who sustained a stroke and received inpatient rehabilitation from 2006 to 2009. The study linked CMS datasets: Medicare Provider Analysis and Review file (MedPAR), Inpatient Rehabilitation Facility (IRF) Patient Assessment Instrument file (IRF-PAI). Regional variation was examined using hospital referral regions (HRR) calculated from IRF provider zip code. Hospital readmission was defined as an acute admission within 90 days of returning to the community. Results: The final sample included 138,160 patients, mean age=78. The sample was 54% female, 50% married, with an average IRF LOS=15 days. Readmission percentages varied across HRRs after adjusting for patient demographics and clinical characteristics. For those discharged to the community, 9.5%(n=13,153) were rehospitalized within 30 days. The national average across regions was 8.8% with HRRs varying from <1% to 22%. For those readmitted from 31-60 days, HRRs varied from <1% to 16%, and 61-90 days <1% to 11%. Conclusions: This study suggests there are regional variations in readmissions following inpatient stroke rehabilitation. These regional differences have implications for facility administrators and rehabilitation professionals providing care in the community. Research is needed to examine modifiable patient, facility, and regional factors which influence readmission after individuals return to the community.
THE DEGREE OF CONSENSUS BETWEEN USERS AND CASE MANAGERS IN GRASPING THE USER’S SITUATION OVER TIME

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We have conducted a study (November, 2010. November, 2011, and November, 2012) of the grasping user’s situation after 6 months, one year and 6 months, and two years and 6 months from the beginning of the support by matching the case managers who have more than 5 years experience, and the elderly who require nursing care. The time series data of the 95 cases with replies from both sides for all 3 times were analyzed. We have clarified the changes over time in the degree of consensus in grasping the user’s situation of the physical (8 items), psychological (4 items) and social aspects (3 items), and the user’s willingness for the future (2 items). We have clarified the difference in the degree of consensus on both sides for the physical, psychological and social aspects. As the result of conducting the one factor repeated measures ANOVA, the degree of consensus for user’s psychological conditions (p<0.05) and social conditions (p<0.01) significantly decreased over time, although a significant difference in the degree of consensus for the physical conditions was not recognized. Moreover, the degree of consensus on both sides on the willingness for the future of case management aim significantly decreased (p<0.01). Generally speaking, although it is thought that the degree of consensus between case managers and users in grasping user’s situation improves as time passes, the results are opposite during actual support. Therefore, it can be noted that a training program to enhance the monitoring ability of case managers is very important.

RESOURCES WITH EVIDENCE-BASED INTERVENTION AND


Effective fall risk management requires collaboration and partnership across healthcare providers and the community. First responders have access to older adults who fall; however, they typically are not part of efforts to address falls in their community. In 2012, the Emergency Medical System (EMS) of Orange County reported 10.7% (1300) of all calls were falls-related. Outside of hospital transport, there was no system to link fallers to appropriate healthcare and community resources. The Department of Aging, EMS, and researchers from the UNC Chapel Hill Carolina Geriatric Education Consortium identified this system gap. An opportunity was identified to link a population of people at high risk for falls with evidence-based assessment and interventions. In 2013, the groups collaborated to launch a pilot to develop and implement a program. The following system-based changes were developed, implemented, and evaluated: 1) A protocol within the EMS call system to identify and flag high-risk older adults; 2) An algorithm for senior paramedics to perform a comprehensive multi-factorial screening as part of a follow-up visit; 3) A secure communications system to share client information between EMS and the Department on Aging 4) A reporting system to notify EMS about interventions implemented and outcomes achieved. Training materials were developed and presented to EMS in early spring for a May, 2013 launch. Project outcomes will determine if the intervention reduces the total number of falls calls, the total number of repeat falls calls, and overall service costs for the county.

RESEARCH ON RELATIONSHIPS BETWEEN THE NURSING-CARE SERVICES AND THE USER’S SITUATION DURING ONE-YEAR CASE MANAGEMENT

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A panel survey was conducted from 2011 in order to observe the changes of the QOL of the elderly who require nursing care. A logistic regression analysis was then conducted to determine the correlation between the changes of QOL and the nursing-care services. As for the items to measure the changes in QOL, eating, bathing, toileting, household chores, motivation in life, communication, social participation, and family care burden were set and followed for one year. As a result of logistic regression analysis, it was shown that the day care service can help reduce the degrading risks of eating (p<.05). It was also shown that the degrading risks of household chores are reduced by home-visit care (p<.05). The degrading risks of motivation in life are reduced by rental service of equipment for daily life and home-visit rehabilitation (p<.05). In addition, the degrading risks of family care burden are reduced by home-visit nursing and short-term admission services (p<.05). Meanwhile, home-visit nursing increases the degrading risks of toileting. The study did not identify the relation factors for bathing, communication, and social participation. It is considered that case managers should coordinate adequacy services for service user to reduce degrading risk based on the recognition of the importance of ongoing assessment. It is also necessary to ensure that care support professionals have knowledge of risk management in order to prevent accidents and illnesses caused by the degradation of QOL.

FACTORS ASSOCIATED WITH PERCEPTION OF CANCER CARE SYSTEM: A MULTILEVEL MODELING APPROACH

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Background: General perceptions about the health care system are known to be a key driver of healthcare disparities and utilization. However, our understanding of how these perceptions are formed is limited; and little research has explored the individual, clinical, cultural and geographic correlates to care-related perceptions. Objective: This study is to examine whether demographic characteristics differ according to respondent types, to examine individual factors and contextual factors for each non-care and care dimension, and to investigate the combined model to estimate the perception of the cancer care system in the US through the MLM approach. Method: This study is a secondary analysis from a nationally representative survey, and the survey telephone interviewed adults over 18 years old in a random-digit dial (RDD). A total final of 877 cases (94.3% of the original sample) were used for the descriptive analyses and the Multilevel modeling test. Result: Respondents who were patients, had fewer insurance complaints, took fewer treatments, assess higher scores on professionalism, and experienced less advocacy impact were more likely to assess positive perception on overall cancer care system at individual level. Also, respondents in states where more Christians resided were more likely to answer more positively about cancer care perception, and respondents in states possessing more beds per 1,000 residents for acute patients are more likely to answer negatively about the cancer care perception. Conclusion: These findings suggest implications for both practitioners and health policy makers (e.g., reflection of family members’ voice as well
as patients, religious factors at the individual level and contextual level, technical quality such as number of treatments and professionalism, and health care system factor). Moreover, the refined conceptual model might provide an alternative for the future research related to the health disparities.

HEALTH SERVICE USE OF RESIDENTS IN ASSISTED LIVING COMMUNITIES
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Research Objective: This study examined whether health service utilization and falls were significantly associated with personal characteristics of residents in assisted living communities and other residential care facilities. After attending this activity, participants will be able to: (1) describe the personal characteristics of residents in assisted living communities, and (2) understand factors that predict the likelihood of health service utilization and falls. Study Design: Using data from the 2010 National Survey of Residential Care Facilities (NSRCF), we conducted logistic regression analyses to examine whether demographic characteristics, Medicaid coverage, and functional status influenced the likelihood of three key outcomes: (1) emergency room (ER) visits, (2) hospitalizations, and (3) falls. The study sample included 8,094 adult residents living in communities with four or more beds. Principal Findings: Less than half of residents experienced any of the three outcomes (35% for ER visits, 24% for hospitalizations, and 15% for falls). Residents with depression (OR 1.31, p<.001), congestive heart failure (1.49, p<.001), chronic obstructive pulmonary disease (1.32, p<.01), and functional limitations (1.23, p<.001) had a greater likelihood of incurring an ER visit. Similar results were obtained for overnight hospitalizations. Residents with depression (1.39, p<.001), osteoporosis (1.46, p<.001), cognitive impairments (1.06, p<.01), and functional limitations (1.24, p<.001) had a greater likelihood of a fall. Medicaid coverage was not significantly associated with any outcome measure. Conclusions: Residents with depression, specific chronic conditions, or functional limitations were at higher risk of incurring an ER visit, hospitalization, or fall. Medicaid coverage was not significantly associated with any outcome.

SESSION 1060 (POSTER)
INTERNATIONAL AND CROSS-CULTURAL STUDIES
COMMUNITY SUPPORT FOR ELDER CARE IN CHINA: HOW WE CAN MEET THE NEEDS
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Building a community-supported system is China’s strategy to meet its rapid increase in need for elder care. Government support, however, often mismatches the need. Using a survey of 16,565 elders (age 65+) in 22 provinces with increased sampling of older people, we measure elders’ needs for care and group their needs into six models, examine rural-urban difference, and analyze effects of aging population and community support on need for those models of care from 2010 through 2050. We find that 31% of elders need assistance, 19.3% can be cared by family members at home, 6.7% more elders can stay home with medical support to house, and another 1.1% can stay home with daily living assistance. More rural elders need care than their urban cohort (32.8% vs. 29.2%), but more rural elders can be cared at home (20.6% vs. 17.9%) by family members. Between 2010 and 2050, China’s total population will decline from 1341.3 million to 1295.6 million after reaching the peak at 2026, but the number of elders will triple from 109.85 million to 331.2 million. Medical service and daily living assistance from community can potentially reduce the need for residential beds from 7.76 million to 26.39 million. Shanghai shows the best urban model with well planned government support in China, but supply still mismatches needs. Due to government financing constraint and low resident density, community-based elder care in rural area is difficult to provide.

AN EXAMINATION OF THE EFFECTS OF RETIREMENT AGE POLICIES ON GOVERNMENT PENSION PAYMENTS AND GDP GROWTH IN CHINA
L. Jiang, Graduate School of Social Work, University of Denver, Denver, Colorado

Policies that alter retirement age have been an important contemporary theme in the field of gerontology. In China, policy studies have focused on influences of changes in retirement age on pension payments in anticipation of the growing numbers of older persons. This study expands the scope of those studies by also including variables that influence gross domestic product at purchasing power parity per capita (GDP/PPP) using International Futures (IFs), a large-scale, long-term, and integrated global modeling system. The retirement age in China for men and women working at a formal sector employer or a state run enterprise in urban areas is 60 and 55, respectively. And the average retirement age is 58. A scenario called “labor force, multiplier on retirement age” was created based on projections of regular incremental increases in retirement age to age 65 for males and females from 2010 to 2025. The results indicate that if the retirement age increases gradually, government pension payments as a portion of GDP will be lower than in the constant retirement age model, but that GDP/PPP will be higher than it is in the constant retirement age model. The discussion includes policy options for family planning and labor force regulation that can help deal with two major challenges of aging societies: that of managing a sustainable pension system and maintaining or even enhancing economic development.

MEDIATORS OF SOCIOECONOMIC STATUS AND EATING HABITS AMONG JAPANESE ELDERLY
H. Sugisawa, T. Nomura, M. Tomonaga, J.F. Oberlin University, Machida, Tokyo, Japan

Several studies have shown that there are health inequalities among the elderly that are related to their socioeconomic status. Eating habits are one cause of such health inequalities. However, no clear mediators of the relationship between socioeconomic status and eating habits, have identified and therefore, psychological mediators of this relationship were investigated. According to the social cognitive theory, candidates for psychological moderators of this relationship are norm, efficacy, recognition of effects mediated this relationship, with norms having the strongest meditational function.
NURSING STUDENTS PERCEPTION ABOUT AGING IN NEPAL
R. Gautam, University of Massachusetts Lowell, Lowell, Massachusetts

Although two-thirds of older adults globally are in developing countries, research on aging is limited. Health care professionals play a vital role in providing care to older adults. Using qualitative descriptive design, this study aimed to understand nursing student’s view of who they perceive as older adults and what are the major issues of aging in Nepal. One hundred eighty-four undergraduate nursing students responded to open-ended questions about challenges about aging in Nepal on a cross-sectional research design survey about students’ knowledge, ageism, and attitude towards older adults. Study protocol was approved by the Institutional Review Board of the University of Massachusetts Lowell. Nepali Nursing students defined older adults in terms of chronological age (those above the age of 60) and biological age (of being dependent and physically and mentally weak). Two major themes emerged that related to the challenges of aging in Nepal. The themes included “jeopardy of filial responsibility” and “ignored and feelings of loneliness”. Socio-cultural challenges were more expressed than age-related health challenges. The study results will offer an insight into the knowledge of aging in Nepal by exploring nursing students perceptions of older adults, which are important considerations when developing educational programs about ageing. A curricula that includes the myths and realities of aging in developing Asian countries is suggested for nursing students in Nepal. Further studies are needed about the impact of modernization and social change in the image of elderly population and its impact on nursing student’s perceptions of caring for older adults.

CROSS-COUNTRY ASSESSMENT OF A SHORTENED CES-D SCALE IN CHINA, KOREA, AND THE UNITED STATES
H. Chen, Washington University in St. Louis, St. Louis, Missouri

Introduction: The objective of this study is to explore the psychometric properties of a shortened CES-D scale (Center for Epidemiology Studies of Depression scale) used in national surveys in China, Korea, and the US. Methods: The 10-item CES-D was examined in the Korean Longitudinal Study of Ageing (KLoSA) and the China Health Aging Retirement and Longevity Study (CHARLS); and the 8-item CES-D was examined in the Health and Retirement Study (HRS). Internal consistency was measured by Cronbach’s alpha. Factor analysis was performed to determine if all items loaded on one factor, as a test of validity. Six common items measured in the three datasets were selected to do cross-country assessment. Findings: When considering all the items in the depression measure in each data set, internal consistency reliability coefficients of the shortened CES-D scales were satisfactory (between 0.81 and 0.82). Only one factor was identified in the HRS, indicating good validity of the scale in the US. However, the item “feeling good” did not load on the singular factor in neither the KLoSA nor the CHARLS. When selecting the six items used across all three data sets, results showed that only HRS had an acceptable internal consistency (Cronbach’s α=0.74) and validity. However, the 6-item scale in CHARLS and KLoSA did not perform as well. Implications: Cross-country assessment of a shortened CES-D scale suggests that some items may not be sufficiently valid for use in other countries outside of the U.S., indicating a need for the design of culturally sensitive depression scale.

DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS IN CHINA
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The purpose of this study is to explore the predictors of depression symptomatology among community living older adult population in China. This secondary research is based on the WAVE I (2011) of the China Health Aging Retirement and Longevity Study (CHARLS). CHARLS recruited a nationally representative sample of Chinese residents and was modeled after the US the Health and Retirement Study. The study examined the prevalence and correlates of depression (measured by 10-item Center for Epidemiology Studies Depression scale, CES-D). A total of 7626 residents aged 60 and over were interviewed. Preliminary analysis showed that the Cronbach’s alpha coefficient of the CES-D scale was 0.82, indicating good internal consistency and acceptable reliability of this scale. Data indicated that almost 31.8% of the sample scored at 11 or above, indicating possible depressive symptomatology. Multiple regression analysis indicated that older adults who reported higher levels of depression tend to be male, higher levels of educational attainment, having no partner living in the same household, and living in urban area. Data showed that depression is an important area for social intervention. Aging mental health screening and intervention should be set as of priority by government and communities in China.

RESILIENCE AND SOCIAL SUPPORT OF THE URBAN AGED POOR IN CHINA—A QUALITATIVE STUDY IN BEIJING
Y. Chen, Sau Po Research Centre On Ageing, Hong Kong University, Hong Kong, China

Social support is considered to be a most important external protective factor for the aged poor. However, existing studies rarely attends to subjective experience on elderly poverty in the Chinese context and the mechanism of how social support promotes resilience of the aged poor. Based on resilience theory and critical gerontology, this research focused on the stresses suffered by the urban aged poor in China, how social support respond to their stresses, and what their outcomes are. Standing on a constructivist position, seventeen older people from five communities of Beijing are interviewed with a life story approach. Research findings show that poverty means combination of multiple stresses for the aged poor in urban China, including stresses from economic disadvantage, disease and aging, taking care of their spouses and inverse nurturing, as well as sense of shame. Meanwhile, social support functions differently by its types. While resilience promoted by intergenerational support is jointly influenced by intergenerational solidarity and intergenerational tension, resilience raised by other informal social support is affected by the principle of reciprocity. Resilience developed from formal social support, particularly social support from social policy, is influenced by the dual nature of human ethics as well as cohort difference. The stresses reveal multiple disadvantages of the urban aged poor. While informal social support of the urban aged poor in China is increasingly weakened, formal social support needs to be strengthened.

PREVALENCE OF ANXIETY SYMPTOMS IN A COMMUNITY DWELLING POPULATION OF CHINESE OLDER ADULTS
R. Chen1, E. Chang1, Y. Zhen1, J. Ng1, C. Li1, M.A. Simon2, X. Dong1, 1. Rush Institute for Healthy Aging, Chicago, Illinois, 2. Northwestern University, Chicago, Illinois

Background: Anxiety is among the most prevalent mental health issues in the aging population. The presence of anxiety may decrease immigrant older adults’ ability to cope with acculturation stress and chronic illness. The prevalence of anxiety symptoms among Chinese older adults has not been well-explored. Methods: We conducted a cross sectional study with 3,018 Chinese older adults over 60 years in Chicago metropolitan area. The Hospital Anxiety and Depression Scale (Cronbach’s α= 0.80) was used to assess the anxiety among survey participants. Community-based participatory research approach was utilized to partner with Chicago Chinese community. Results: Among surveyed participants (N=3,018), the mean age was 73(SD 8.3) and 59.3% were women. The prevalence of feeling tense, having worrying thoughts, feeling restless and feeling frightened were 29%, 27%, 25%
and 19%, respectively. A certain percentage of participants were suffering from intensive anxiety. Among them, 11% often felt restless, 8% had worrying thoughts frequently, while 7% felt frightened most of the times and 5% often felt tense. Conclusion: The findings suggest that anxiety is common in Chinese American older adults. Particular attentions should be paid to those with intensive anxiety symptoms. Research should be conducted in the future to examine risk and protective factors of anxiety in order to enhance Chinese older adults' mental well-being.

**NATIVITY, LATE-LIFE FAMILY CAREGIVING, AND THE MEXICAN-ORIGIN POPULATION IN THE UNITED STATES**

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Maintaining dignity and independence in old age is increasingly a challenging issue facing older Hispanics. As cognitive frailty and physical disability take their toll, a lifetime of self-sufficiency must give way to some degree of dependency. Despite higher rates of disability, older Hispanic Americans underutilize nursing homes and disproportionately rely on their family for eldercare; this especially is common among Mexican immigrant families. This study examines nativity differentials in the distribution of children’s caregiver responsibilities in providing assistance with personal care, household tasks and financial affairs with data from the 2010-2011 Hispanic Established Population of the Epidemiologic Study of the Elderly. The results reveal that children provide greater assistance for instrumental tasks and financial affairs than for personal care. Grown children in immigrant families report greater material hardship and compromised health for their elderly parents than the U.S. born. Multinomial logistic regressions indicate that the distribution of caregiver responsibilities varies by nativity with Mexican immigrant families more likely than the U.S. born households to rely exclusively on their adult children and/or family for eldercare as opposed to using community-based services. Finally, Mexican-origin elders report lower social support from family/friends and more interpersonal conflict than those who are U.S.-born. The implications of our findings for late-life caregiving are discussed.

**DOES SOCIAL SUPPORT BUFFER THE EFFECT OF FINANCIAL STRAIN ON THE TRAJECTORY OF SMOKING AMONG OLDER JAPANESE?**


It is known that people are inclined to increase the use of substances (e.g., tobacco) as a way of coping with stress. Whereas there is extensive research on the stress-buffering effect of social support on health, there is little understanding of this effect on health behavior, such as smoking, particularly during old age. This research examined how social support buffers the effects of financial strain on levels of smoking, and changes in smoking, over an extended period of time among older Japanese. Data came from a national sample of over 4,800 adults aged 60 and over in Japan with up to 7 repeated observations between 1987 and 2006. Multilevel models were used to analyze the intrapersonal and interpersonal differences in smoking, which revealed that smoking, on average, declined substantially over the period of 19 years. Higher financial strain was associated with greater amount of smoking and a slower rate of decline, after adjusting for socio-demographic attributes and the time-varying nature of financial strain and social support. In addition, higher emotional support was correlated with a slower reduction in smoking. Finally, greater instrumental support partially offset the deleterious effect of financial strain on the rate of decline in smoking, suggesting a stress-buffering role of instrumental support with reference to financial strain.

**LIFE STORIES: WISDOM OF LIFE EXPERIENCE AMONG WISE ELDERS IN HONG KONG CONTEXT**

E.O. Chow, City University of Hong Kong, Kowloon, Hong Kong

Wisdom does not fade with age. According to Erikson's psychosocial stage of development, attainment of wisdom is the optimal development of the person after he or she has experienced many crises (Erikson, 1959), which has a profoundly positive influence on elders' life satisfaction, independent of objective circumstances (Ardelt, 1997). In exploring how elders apply wisdom is a way to encourage productive and healthy aging, the present study aims to explore the wisdom in Chinese elders' lives and its manifestation. The life review approach was adopted using in-depth interviews to tap wisdom-related experiences from 12 older adults, who were nominated as wise elders based on the findings of an exploratory study of conceptions of elderly wisdom (Chow, in press). Three main themes were identified: values and life philosophies, pragmatics of life, and individual attributes. Critical life experience and reflection were keys for elders to attain wisdom. The female nominees showed attributes contrasting with those of traditional gender roles. The influence of gender role expectations and culture on wisdom in elderly people is discussed.

**CARING FOR ELDER PARENTS: A REAL DILEMMA FOR CHINA'S ONLY-CHILD GENERATION**

T. Gui, University of Florida, Gainesville, Florida

The 1979 One-Child Policy in China has created a generation of only children, leading to increasing eldercare dilemmas for this generation and its aging parents, particularly for young adults who are studying or working abroad. We have conducted in-depth semi-structured interviews with Chinese young adults who are currently studying or working in Montreal, Canada (N = 20), whose parents still live in China. The interviews focus on the following topics: these young people’s family values; how they see professional long-term care institutions (both in China and Canada); how they plan to take care of their aging parents in the future. All of the respondents report being very close to their parents. Some of them plan to settle down in Canada and bring their parents, others plan to go back to China. Due to the traditional filial piety culture, all expect to take care of their parents in the future. But they also consider the dilemmas involved in taking care of aging parents without siblings to share the task, potentially requiring them to find compromises between their personal lives and caring for older parents. Those who plan to settle down in Canada raise additional concerns about the challenges of bringing over their parents, acculturation, access to and communication with health and long-term care providers. The results are discussed in the context of contemporary demographic, economic, and policy concerns about aging, family care, and immigration.

**NEGOTIATING ACCESS TO DEMENTIA CARE: CROSS-CULTURAL CONSIDERATIONS FOR CANADA'S AGING POPULATION**


This presentation uses the findings from the “Pathways to Diagnosis” study to explore different dimensions of access to health care as conceptualized in the in the “Candidacy” framework of Dixon Woods et
ECONOMIC OWNERSHIP RESTRUCTURING AND SUBJECTIVE WELL-BEING OF OLDER ADULTS IN TRANSITIONAL CHINA

J. Zhang, Department of Social Work, The Chinese University of Hong Kong, Hong Kong, China

Evidence from transitional post-socialist countries in Eastern Europe and the former Soviet Union suggests that economic ownership restructuring during the market transition has the negative effect on individual’s subjective well-being, which largely due to the sudden inability to adapt to the unpredictable, uncertain, unsecure life the transition created. China has undergone massive economic ownership restructuring during its transitions from a planned to market economy since 1978. To date it is still unclear how China’s economic ownership restructuring affects the current cohort of older Chinese, who has spent most of their lives under socialism and may be unprepared for the unpredictable, uncertain, and competitive market-oriented society. Using data from the 2008 Chinese Longitudinal Healthy Longevity Survey consisted of 16,199 older adults (average age: 87) from 22 provinces across China and the 2008 China Provincial Statistical Yearbook, this study aims to examine the linkage between economic ownership restructuring and older people’s subjective well-being. The dependent variable “subjective well-being” was measured by self-reported quality of life on a five point ordinal scale from “1=very bad” to “5=very good”. The key independent variable “economic ownership restructuring” was measured by proportion of non-state-owned sector employees. Random intercept multilevel ordered logistic regression analyses show that economic ownership restructuring is negatively associated with older adults’ subjective well-being after adjusting for individual characteristics and health status, indicating that living in a more marketized province decreases cumulative odds of better life quality. Study thus suggests that policies should be made to prevent older Chinese becoming reform losers.

SESSION 1065 (POSTER)

LONG TERM CARE I

FACTORS ENABLING ELDERLY PEOPLE WITH DEMENTIA AGE-IN-PLACE BY UTILIZING MULTISERVICE AGENCIES

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Eldey people with dementia need multiple care services to prevent relocation to a nursing home or a hospital. Care services are usually provided by multiple agencies: day care from day care centers and home care from home service agencies, for example. In 2006, a new type of service was developed by the Japanese government, in which small community-based agencies provide multiple services needed by elderly people with dementia. The purpose of this study was to investigate the facts of the service provision and to define the factors enabling elderly people with dementia continue to live and then to die at home (aging-in-place) using care services provided by these multiservice agencies. Eighteen managers of these agencies cooperated in semi-structured interviews. One hundred items extracted from the interview data were qualitatively analyzed according to the similarity of meaning. The items were further categorized to 77 items by analyzing the quantitative data gathered from 241 care staff from 81 agencies. In order that elderly people with dementia age-in-place, 5 factors should be fulfilled: (1) developing a system in which elderly people with dementia can receive proper medical care on the round-the-clock basis; (2) making these agencies more familiar to elderly people, their families and service professionals as the places providing end-of-life care; (3) supporting elderly people to keep ties with local communities; (4) making use of multiplicity of the agencies in order to provide end-of-life care at home; (5) enhancing cooperation among community-based care service providers and making the services more accessible.

ORGANIZATIONAL CHALLENGES TO IMPLEMENTING A PERSON-CENTERED MODEL OF DEMENTIA CARE

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Person-centered models of dementia care have increased within long-term care; however, few systematic studies have fully elucidated the organizational barriers that can hinder person-centered care (PCC). Examining barriers helps to identify the elements of organizational culture that support the persistence of the previous practices (e.g., biomedical, task-oriented approaches to dementia care). PCC, like other innovations in long-term care, involves a process of change, which occurs over time and has many hindrances. This poster will present findings from a eight-month ethnographic study (400 observational hours and 45 semi-structured interviews with staff and residents) that documented challenges of PCC in one dementia care setting, Cedar Winds. This setting had an explicit model of PCC. The research data were used to evaluate the successes and barriers related to each principle contained within the Cedar Winds’ Model of Care. The barriers to implementation were principle-specific. In other words, the PCC principles, 1) recognizing that all behavior has meaning and 2) knowing the person, had different factors that made it difficult for direct-care workers to accomplish the principle in daily practice. As such, this poster will present a table with the observed limitations of each PCC principle. However, there were some organizational details that were fundamental to the function of the setting and consequently, to enactment of PCC: 1) high workload of direct-care workers; 2) hierarchical organizational structure; and the 3) difficulties of dementia care. These findings will be used to make practical recommendations regarding the implementation of person-centered dementia care.

COMPARING INTERVENTION EFFECTIVENESS IN LONG TERM CARE USING ONSITE AND ONLINE FORMATS

C.K. Coleman, K.N. Williams, R.E. Herman, University of Kansas School of Nursing, Kansas City, Kansas

Purpose: Providing meaningful inservice education to nursing home staff is complicated by scheduling challenges, costs, and other feasibility issues. We compared outcomes for onsite and online inservice presentation formats. Methods: We provided the 3-session Changing Talk (CHAT) communication training intervention to nursing staff on-site as part of a randomized clinical trial. For comparison, we pilot tested delivery of the program over the internet, connecting with multiple facilities in an interactive forum. The presentations, presenters, and hand-
outs were consistent between groups. We compared evaluation outcomes between groups for the two presentation formats. Results: CHAT training was provided onsite in seven nursing home facilities with 327 staff (M=16 people per session per facility). The internet pilot study included 211 staff (M=8 people per session per facility) in eight facilities. Pre and post-test score improvement was 2.49 in the onsite and .80 in the online formats. Responses on an adapted version of the Duke Diffusion of Innovations in Long Term Care Battery Relative Advantage subscale were 10.92 for onsite compared to 11.70 for online. Compatibility scores were 17.06 compared to 18.63. Observability and Effect on Image scores were 4.56 compared to 4.70 and Organizational Support scores were 7.69 compared to 7.85. Conclusions: This study demonstrated that the staff’s perception of the intervention was similar; however, pre and post-test scores indicated more improvement in the onsite version. Future testing is needed to further verify acceptability and effectiveness of online versus onsite formats.

HOME AND COMMUNITY BASED SERVICES
REBALANCING RATIO AND ITS RELATIONSHIP TO PROVIDER DENSITY
A.M. Tripp, S. Cannon-Jones, The Hilltop Institute, Baltimore, Maryland

As with many states, a recent focus of Maryland Medicaid long term services and supports (LTSS) policy has been shifting the balance between care received in institutional settings and care received in home and community-based settings (HCBS). The importance of this topic has increased as states apply for the Balancing Incentive Program, an Affordable Care Act provision, which provides an increase in a state’s Federal Medical Assistance Percentage tied to increased usage of HCBS. Utilizing data from Maryland’s Medicaid Management Information System and GIS software, The Hilltop Institute created a county level map displaying the Medicaid nursing facility to Medicaid HCBS (rebalancing) ratio for LTSS recipients across Maryland. This presentation will show how these ratios have changed between fiscal years 2005 and 2012. The shift over time demonstrates how individual care settings have changed, in tandem with policy decisions such as initiation of the Money Follows the Person Program and the expansion of HCBS waivers. Along with policy initiatives, this presentation will consider the presence and amount of institutional providers compared to home and community-based providers within counties. The study analyzes inter-county provider mix and density as a variable that influences potential options for receiving LTSS. Inter-county HCBS versus institutional provider density may play an active role in shaping the statewide HCBS rebalancing ratio. Finally, the correlation between provider mix within counties and the rebalancing ratio will be explored.

FACTORS AFFECTING THE COST OF LONG-TERM SERVICES AND SUPPORTS
B. Holt, A.M. Tripp, The Hilltop Institute, Baltimore, Maryland

The Hilltop Institute will present a comprehensive approach to studying the cost drivers affecting the affordability and availability of long term services and supports, both publicly and privately funded. Americans are living longer and older adults continue to comprise a larger proportion of the population. However, an increase in demand is only one factor in the increase in the cost of institutional and community long-term care services and supports. The components of “cost drivers” influencing long term care service delivery financing are often poorly differentiated and explained. As part of a project done under contract, the Hilltop Institute was asked to provide insight into the separate issues that, independently and collectively, influence the cost of long-term services and supports. Authors examined the contributions of demographic trends, financial factors, recipient service goals and preferences, and policy influences on the costs of long term services and supports. A synthesis of the research literature includes data and analysis that provided insight into the particular topic area and offered perspective on its role as a cost driver. Authors will discuss the selection of the particular topic areas, the research documents used as supporting material for each topic, and the overall structure of the project. Using the categories of changing demographic elements, financial influences, consumer preferences and policy-related effects, the presentation will provide data and data sources, displayed in graphs and tables as appropriate.

AGING AND PLACE IN LONG-TERM CARE SETTINGS:
INFLUENCES ON SOCIAL RELATIONSHIPS
K. Simons1, R.P. Bonifás2, B. Bisel1, C.L. Kramer2, J. Baycrest, Toronto, Ontario, Canada, 2. Arizona State University, Phoenix, Arizona

Quality of life for residents in long-term care (LTC) homes is a pressing issue given the institutional nature of these settings (Kane, 2001). Social relationships are a key aspect of quality of life for people of all ages, including residents of LTC who have been found to experience less depression and loneliness when they have greater peer support (Carpenter, 2002; Fessman & Lester, 2000). Research on the impact of place in LTC indicates that relationships with other residents, family members, and staff are important in the positive experience of place (Muenchberger, Ehrlich, Kendall, & Vit, 2012). This poster presents results of a qualitative research study that examined how living in a LTC home influences the quality of residents’ relationships with peers, family members, and outside friends. Semi-structured interviews using a phenomenological approach were conducted with 23 residents of a LTC home. Thematic analysis was employed to illuminate residents’ perspectives on the nature of social relationships in this setting. Key themes suggest that residing in a LTC home: a) influences the context of social interactions, b) impacts the quality and process of social interactions, c) creates barriers to relationship-building, and d) changes the nature of pre-existing relationships with individuals outside of the facility. Health and functional limitations posed the greatest barriers to socialization relative to characteristics of the facility itself. Residents’ insights emphasize how personal characteristics influence community culture and the experience of place.

OLD AGE INSTITUTIONS: AN ENDURING SOCIAL AND PHYSICAL FORM
A. Sixsmith, Simon Fraser University, Vancouver, British Columbia, Canada

Institutions have been the backbone of the caring services for older people throughout the modern era. While we have witnessed the emergence and passing of different paradigms in our understandings and social responses to aging and old age, the essential form and role of the institution remains largely unchanged. This presentation will trace the (non)evolution of the institution as a socio-physical apparatus for the reproduction of coercive social relations that frame the everyday lives of many older people. The research is based on a reflexive methodology that combines academic autobiography, family and social history of institutions in England to describe, understand and explain the nature of the old age institution in modern societies. Institutions (asylums, workhouses, geriatric hospitals, nursing homes, etc.) have consistently been subjected to scrutiny, notably by writers such as Goffman and Townsend. Yet despite these powerful critiques, the institution has endured as a social and physical form, often relabeled and dressed-up, but essentially the same. The contingentencies of the institution as a socio-physical apparatus continues to regulate and impoverish the lives of the inmates, reflecting modern society’s inability to effectively deal with the “problem” of dependent old people.

CARE NETWORKS OF COMMUNITY DWELLING FRAIL OLDER ADULTS
I. Zwart-Olde, M. Broese Van Groenou, M. Jacobs, Sociology, VU University Amsterdam, Amsterdam, Netherlands

Objective: Social care policy aims to increase informal care provision to older adults and states that formal home caregivers have to assist and collaborate with informal caregivers in providing long term care.
There is limited information regarding mixed care networks in which both informal and formal caregivers are present. This study describes size, composition and functioning of mixed care networks of frail older adults and explores the association between care network characteristics and older adult characteristics. Methods: 75 Dutch community dwelling older adults using both informal and formal care participated in structured interviews and identified caregivers who helped them with five different types of tasks. Information was collected on care provision, contact between caregivers, residence of informal caregivers, and health status of care recipient. RESULTS: The older adults identified on average 3.0 informal and 6.7 formal caregivers. Using K-means cluster analysis, three types of networks were identified: informal care network (8.1 caregivers, 40% informal), mixed care network (10.9 caregivers, 30% informal) and formal/sole caregiver network (11.1 caregivers, 22% informal). These network types differed also significantly with respect to health- and marital status of the care recipient, and contact between caregivers. Discussion: When the care network is larger it is mainly the number of formal caregivers that is higher, suggesting no extra informal caregivers are involved in care networks of older adults when needed. Results suggest that a policy driven reduction in formal care may not directly increase the number of informal caregivers, but may overburden the informal caregivers already present.

HEALTH STATUS OF RESIDENTS IN RESIDENTIAL CARE FACILITIES IN THE US: MEDICAID AND OTHER CHARACTERISTICS ASSOCIATED WITH POOR OR FAIR HEALTH
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Objective: We conducted a cross-sectional analysis of a nationally representative sample of Residential Care Facilities (RCFs) to ascertain whether residents with some portion of their bills in the past 30 days paid by Medicaid were likely to report poor/fair health status. Methods: We used the 2010 National Survey of Residential Care Facilities Resident public use file. Dependent variable: Health Status (fair/poor vs. good/very good/excellent). Independent variable: Medicaid coverage of any portion of a Resident’s Long-Term Care (LTC) bills or not. Our study population were residents of RCFs in the US (n=727,367). Adjusted analysis included resident’s race, gender, age, education (high school/less versus some college/more), previous residential status (private, another RCF, retirement community, nursing home or other), and facility’s size (number of beds), ownership (for-profit, non-profit), & chain-affiliation. We used Chi Square & Logistic Regression. Results: Unadjusted analysis: Overall, 42% of residents in RCFs reported fair/poor health. Having Medicaid payments for LTC services within the past 30 days was associated with health status (p=0.0430). Medicaid payments for LTC services were associated with a greater likelihood in the odds of reporting poor/fair health (OR=1.2, 1.005-1.38). Adjusted analysis: No difference was found in adjusted analysis for Medicaid status. Factors associated with poor/fair health included ownership (for-profit versus non-profit OR=1.3, 1.1-1.6), previous residential status (another RCF, OR=1.2, 1.02-1.5; nursing home, OR=1.9, 1.2-2.9, referent=private residence). Individual and facility factors play a role in residents’ health status. Researchers should focus on differences in facility characteristics in order to more fully understand factors related to individual health.

FINANCING LONG-TERM SERVICES AND SUPPORTS: INDIVIDUAL OR SOCIETAL RESPONSIBILITY?
S. Elliott, D.L. White, P. Carder, M.B. Neal, Portland State University Institute on Aging, Portland, Oregon

Aging and Disability Resource Centers (ADRCs) and options counseling (OC), a core ADRC service, provide information and recomendations for consumers and families about long-term care services that meet their needs and preferences, but do not provide funding for services. This poster reports on a study that explored the development of ADRCs and OC. Participants included policymakers, service providers and administrators, and academic experts (n=15). They were asked about the motivation for creating ADRCs and OC, responsibility for the programs’ funding, successes and roadblocks, and next steps in the programs’ development. Grounded theory methods were used to analyze the data. This poster focuses on one aspect of the analysis: Understanding the reasons for growing emphasis on placing greater responsibility for financing public programs on local government and individuals, and whether ADRCs and OC have contributed to reducing or reproducing existing forms of inequality in accessing and receiving long-term care services. Findings indicate that experts agreed about the benefits of a single point of access to information, and greater awareness about long-term service options resulting through ADRCs for individuals of all income levels. Areas of disagreement included states’ abilities to sustain the programs without ongoing federal funding commitment, community resource availability, the redistribution of responsibility for social services costs to individuals, and the outcomes of government actions taken to reduce public benefit costs. Implications for continued program development are discussed.

PATTERNS OF INFORMAL AND FORMAL CARE OF OLDER PEOPLE LIVING AT HOME
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Objectives: The aim of this study is to analyze the patterns of informal and formal IADL and PADL care of older people living at home in Iceland and to describe how help and care varies depending on the degree of limitations, the gender of the recipient and whether she/he is cohabitating or not. Method: A random nationally representative survey ‘Icelandic Older People’ (ICEOLD) among persons 65+ living in their homes in Iceland is used. A telephone interview was conducted with 782 individuals, 441 woman and 341 men, 65-98 years of age. The response rate was 66%. The participants were asked about their living standards, limitations and the help they received from formal and informal care givers. The study is based on descriptive analysis. Results: The majority of the respondents with IADL or PADL limitations received either informal or formal help but not both, indicating substitution rather than complementation. The results show that cohabiting men are much likelier to receive informal IADL help and much less likely to receive formal help than men not cohabiting. More persons receive informal care than formal care, which shows the importance of the family. When the IADL limitations increase, the informal care increases for men but not for women. This indicates that the informal care steps in among men with increasing limitations. Conclusion: The informal care provided by family and friends is an important factor in the total provision of care for older people. For men cohabitation is important for receiving informal care.

END-OF-LIFE CARE IN NURSING HOMES: A QUALITATIVE INTERPRETATIVE META-SYNTHESIS
C.L. Wallace, School of Social Work, University of Texas at Arlington, Fort Worth, Texas

The number of seniors in the US is growing rapidly. With longer life expectancies and longer periods of disability prior to death, the number of people needing long-term care is also increasing. In 1999, one in five of US deaths occurred in nursing homes (NHs), and for individuals over the age of 85 that number increased to 43% (Wette et al., 2004). There are two questions driving this research: What type of care is provided for the dying in NHs? What makes the provided care a good (or bad) experience (for patients, staff, or family members?) This paper synthesizes 7 qualitative studies identified through key word searches on...
THE IMPACT OF REGULATING PRIVATE LONG-TERM CARE FACILITIES ON THE QUALITY OF CARE PROVIDED TO OLDER RESIDENTS

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The Quebec Government has recently decided to regulate private long-term care (LTC) facilities in response to widespread concerns about the quality of care provided by this industry. Since 2007, operators must be certified in order to house disabled older adults. Facilities must comply with 26 regulatory standards to obtain certification through designated agencies. Objective: To assess the impact of regulation on the quality of care provided in private LTC facilities. Methods: We compared quality assessments made in 1995-2000 to data collected in an identical manner in 2010-2012. For both study periods, public LTC facilities served as a comparison group. Facilities and residents were selected randomly. In total, 451 residents from 145 settings assessed in 1995-2000 were compared to 329 residents from 102 settings assessed in 2010-2012. Quality of care was measured with the QUALCARE Scale, a multidimensional instrument that assesses 6 dimensions of care: environmental, physical, medical maintenance, psychosocial, human rights, and financial. Results: Between the 2 study periods, quality of care improved significantly in private facilities, while worsening in their public counterparts. The proportions of residents receiving inadequate care decreased from 20.3% to 7.9% in private facilities (p = 0.051) while increasing from 4.2% to 33.2% in public facilities (p = 0.010). Conclusion: Findings suggest that tighter control of the private residential care industry led to better care. Nonetheless, some facilities are still delivering inadequate care, despite being certified. These should be investigated further, as well as all public facilities that were found to deliver low-quality care.

PROVIDING END-OF-LIFE CARE IN MANAGED LONG TERM CARE

D. Waldrop, M. Meeker, T. Chacko, School of Social Work, Buffalo, New York

Managed Long Term Care (MLTC) Programs have emerged as a comprehensive mechanism for maintaining people in the community until the end of life. Regulations stipulate that participants who are terminally ill are ineligible to receive both MLTC and hospice care simultaneously so they must disenroll if they elect to enter a hospice program. As a result, MLTC programs are responsible for providing comprehensive care for participants who are dying. The purpose of the study was to explore and describe the perspectives of interdisciplinary team members and home health aides (HHAs) about how care changes when a participant is dying. The study was guided by Antonovsky’s Sense of Coherence Theory which is built from three constructs which inform coping and adaptation to the stress of an illness: Comprehensibility or perception that the challenge is understood; Manageability or the perception that the resources to cope are available; and Meaningfulness or the belief that the challenges are an important investment. In-depth interviews were conducted with 30 care providers in a MLTC program. Interviews were transcribed and coded using grounded theory techniques. Manageability of end stage care involved two subthemes: (1) increased care by all team members and (2) greater need for hands-on care from HHAs. Comprehensibility was illustrated by (1) changing the care plan and (2) communication among team members and with the family. Meaningfulness was illuminated as (1) attention toward comfort and (2) decision-making about attendance at the day program. The results suggest the importance of specific end-of-life care protocols in MLTC.

SESSION 1070 (SYMPOSIUM)

GEROSCIENCE – AGING BIOLOGY AS THE COMMON RISK FACTOR FOR CHRONIC DISEASES

Chair: F. Sierra, Division of Aging Biology, National Institute on Aging, Bethesda, Maryland

This symposium will focus on the emerging field of geroscience, an interdisciplinary field that aims to understand the relationship between the basic biology of aging and age-related diseases. A central concept of geroscience is that multiple human diseases arise from a common cause, aging itself. Thus, slowing down the process of aging (as it has been done in animal models) represents a potentially fruitful approach to concurrently address and combat the many chronic conditions affecting the elderly. Over the past few decades, researchers studying the biological underpinnings of the aging process have made impressive progress in understanding the genetics, biology and physiology of aging. As a result, basic research in animal models has demonstrated the plasticity of lifespan, with several genetic, behavioral and pharmacological means of extending lifespan in rodents and other model organisms. Most importantly, with some notable exceptions, extension of lifespan is accompanied by a significant delay in the appearance and progression of multiple morbidities, as well as a slowing in age-related functional decline. That is, slowing the aging processes leads to an increase in healthspan, the portion of life spent in good health. The symposium will address the possibilities of translating the basic knowledge acquired in animal models into potential clinical practice, as a way to attack the diseases of the elderly, not one at a time, but as an entire entity, driven by one of the pillars driving them all: aging.

AGING AS AN INTERDISCIPLINARY SCIENCE AND THE ORIGINS OF GEROSCIENCE

G.J. Lithgow, Buck Institute for Age Research, Novato, California

Aging is a complex biological problem that may be refractory to traditional approaches. There has been tremendous progress in our understanding of molecular and cellular mechanisms of aging over the last 20 years. We are at a point where it is straightforward to manipulate aging rates in model organisms and cells in the laboratory. Since aging is associated with many chronic human diseases, this should present opportunities to develop novel therapies based on mechanistic knowledge of aging mechanisms. The translation of the basic biology of aging into meaningful interventions in humans will require an interdisciplinary approach. This approach, called geroscience, will draw on expertise from the diverse fields in the clinical and biological sciences and represents a radical and novel way to view chronic human disease. We will present discoveries from simple laboratory animals that supports the idea that intervening in aging processes slows aging and disease related pathologies.
INFLAMMATION AND CELLULAR SENESCENCE: POTENTIAL CONTRIBUTION TO CHRONIC DISEASES AND DISABILITIES WITH AGING

J.L. Kirkland, Robert and Arlene Kogod Center on Aging, Mayo Clinic, Rochester, Minnesota

Low grade, chronic, non-microbial inflammation develops with aging as does accumulation of senescent cells that have a pro-inflammatory senescence-associated secretory phenotype. These processes occur in multiple tissues with aging and at sites of pathology in a number of age-related chronic diseases. A key question is whether these processes are causally linked to age-related chronic disease and disabilities and if alleviating inflammation or eliminating senescent cells can prevent, delay or ameliorate age-related dysfunctions and chronic diseases, perhaps as a group. Steps needed to address this question, how interventions might be developed based on targeting these processes, and approaches and potential pitfalls in translating these interventions into clinical therapies will be considered.

LIFESPAN AND HEALTHSPAN: ONE SIDE OF THE SAME COIN, FORTUNATELY

R. Miller, University of Michigan, Ann Arbor, Michigan

There is now substantial evidence that drugs, diets, and genes that extend maximum lifespan in animals do so by postponing, in parallel, most of the signs and symptoms of aging. The case is strongest for the oldest such intervention, calorie restriction, but accumulated data in mice suggest similar synchronized benefits for methionine restriction, the better-studied mutations, and at least one drug, rapamycin. A semi-natural experiment, i.e. the creation by selective breeding of dog breeds that age at different rates, also provides strong evidence that slowing aging can extend lifespan, and healthy lifespan, at the same time. The horrifying prospect embodied in the Tithonus myth, of perpetual life endured in senescent decrepitude, fortunately seems confined to the realms of myth and paranoid fantasy. That said, it must be admitted that drugs that slow aging without any unpleasant side effects are not yet as plentiful as one might wish.

THE LONGEVITY DIVIDEND: SOCIAL AND ECONOMIC IMPLICATIONS


The Longevity Dividend is an approach to public health that is based on a new horizontal model to health promotion and disease prevention with a focus on delaying the biological processes of aging. A comparison of the conventional “disease-model” with a “delayed-aging” model suggests that significantly more healthy life can be added by delaying aging. Other benefits include large reductions in per capita costs of Medicare through the rest of this century. Although the cost of Social Security would rise with an increase in healthier older population, these costs can be offset by policy changes. We conclude that shifting the focus of research and investment to delayed aging can become a highly efficient method of forestalling disease and extending healthy life.

THE TRANS-NIH GEROSCIENCE INTEREST GROUP

F. Sierra, R.A. Kohanski, Division of Aging Biology, National Institute on Aging, Bethesda, Maryland

Geroscience represents a trans-disciplinary conceptual framework that links the biology of aging to a vast array of age-related diseases. The Geroscience Interest Group (GSIG) is a collaborative effort across several NIH Institutes to support the development of new tools, models and paradigms that address the basic biological underpinnings of these multiple diseases. By pooling resources and expertise, the GSIG identifies major cross-cutting areas of research and proposes coordinated approaches to identify hurdles and envision solutions to the health problems of our burgeoning elderly population. While most of the effort of the GSIG focuses on increasing awareness within and across the NIH, some activities are also open to the scientific community at large, and these will be discussed.

SESSION 1075 (PAPER)

CELLULAR AND MOLECULAR MECHANISMS OF LONGEVITY

DEPLETION OF MTORC2 IMPAIRS THE HEALTH AND LONGEVITY OF MALE MICE

D. Lamming, P. Katajisto, M. Mihaylova, D. Sabatini, Whitehead Institute, Cambridge, Massachusetts

Rapamycin, an inhibitor of mechanistic target of rapamycin complex 1 (mTORC1), extends the lifespans of many organisms including mice. We have found that rapamycin disrupts a second mTOR complex, mTORC2, in vivo, and that mTORC2 disruption is an important mediator of the effects of rapamycin. In C. elegans decreased mTORC2 signaling promotes longevity, but in mammals the effects of decreased mTORC2 signaling may not be as beneficial. We have found that mTORC2 action is required for the insulin-mediated suppression of hepatic gluconeogenesis, and mice lacking hepatic Rictor, an essential protein component of mTORC2 are glucose intolerant. In order to determine the effect of decreased mTORC2 signaling on longevity, we have examined three different mouse models of decreased mTORC2 signaling; mice in which one copy of Rictor has been deleted, mice lacking hepatic Rictor, and mice in which Rictor has been depleted in the adult mouse by means of a tamoxifen-inducible Cre. We find that depletion of Rictor negatively impacts the longevity of male mice, but does not impair survival in females. Surprisingly, the effect of Rictor depletion on longevity is separable from the impact of Rictor on glucose homeostasis, as rictor+/- mice have reduced lifespan but normal glucose homeostasis. Furthermore, we find that mTORC2 may also be critical in the pro-longevity effect of calorie restriction. Our results implicate mTORC2 signaling as critical in the survival of male mice, and suggest that the inhibition of mTORC2 by rapamycin negatively impacts longevity.

DISASSOCIATING LIFESPAN AND HEALTHSPAN USING C. ELEGANS

A. Bansal, H.A. Tissenbaum, PGFE, University of Massachusetts Medical School, Worcester, Massachusetts

The main goal of aging research is to extend the healthy number of years that humans live and often the parameter that we measure is lifespan. The assumption that an increase in lifespan will also increase healthspan is seemingly valid but is infrequently examined. Despite all the resources put into aging research, thus far, limited efforts have been focused on determining the consequences of extending lifespan. Our studies define healthspan as the healthy, productive disease free period before the onset of age-associated decline. We use the nematode C. elegans to dissect the relationship between lifespan and healthspan since worms have several conserved signaling pathways that regulate lifespan. We have performed a battery of tests on wild type and four long-lived mutants in a longitudinal manner to assess the health of the worms as they age. Through our studies we show that lifespan and healthspan can be separated. We find the long-lived mutants perform better than wild type in terms of actual days but do not show proportionate increase in healthy lifespan. If applied to humans, this would likely lead to an unsustainable healthcare costs and demonstrates the importance of examining healthspan as an additional parameter of aging studies. Therefore,
further studies are necessary to continue to dissect the relationship between healthspan and lifespan.

**HIF-1 MODULATES LONGEVITY THROUGH A COMPLEX PATHWAY INVOLVING XENOBIOTIC METABOLISM**

S.F. Leiser, M. Kaeberlein, Pathology, University of Washington, Seattle, Washington

The hypoxia inducible factor (HIF) is a conserved protein that regulates the cellular response to low oxygen conditions. Under normal oxygen levels, HIF is negatively regulated by the von Hippel-Lindau (VHL) tumor suppressor protein. We and others have shown that deletion of vhl-1 increases lifespan in C. elegans through stabilization of HIF-1. Despite HIF-1 and VHL-1 being highly-conserved, VHL-1 deficiency does not increase lifespan in people, but instead results in von Hippel-Lindau syndrome, a disease characterized by angiomas and increased tumor formation. In order to test whether HIF-1’s effect on worm longevity can be separated from its role in mammalian cancer, we are evaluating the tissues and HIF-1 target proteins that modulate worm lifespan. To test the tissues where HIF-1 stabilization affects longevity, we have used worms expressing a non-degradable form of HIF-1 under various tissue specific promoters. Our results show that stabilized HIF-1 in just the neurons is sufficient to increase lifespan in nematodes. Concurrently, we have conducted a screen for age-associated autofluorescence in long-lived vhl-1 mutant worms and have identified several genes downstream of HIF-1 that are necessary for HIF-1-induced longevity. We are testing whether these targets modulate lifespan directly, and initial results are encouraging. Our data show that at least two HIF-1 targets can increase worm longevity when over-expressed; one that regulates HIF-1 activity and another that is a known xenobiotic enzyme. We hope this work will help to better understand the hypoxic pathway and may lead to new approaches to improve health and longevity in humans.

**A NEW ROLE FOR DOSAGE COMPENSATION IN AGING**

P. Hu1, K. Dumas1, C. Delaney1, S. Filibotte2, D. Moerman2, G. Csanokovszki1, 1. University of Michigan, Ann Arbor, Michigan, 2. University of British Columbia, Vancouver, British Columbia, Canada

Dosage compensation is the essential process through which organisms equalize gene expression from sex chromosomes. We have discovered a new role for dosage compensation in the control of adult aging. FoxO transcription factors are targets of insulin signaling that promote longevity. In a genetic screen for new regulators of the C. elegans FoxO transcription factor DAF-16, we isolated three alleles of the conserved dosage compensation gene dpy-21. dpy-21 encodes a component of the C. elegans dosage compensation complex that equalizes gene expression between XO males and XX hermaphrodites by binding to and reducing gene expression from each hermaphrodite X chromosome two-fold. DPY-21 activates DAF-16/FoxO by repressing X-linked genes encoding components of the conserved DAF-2 insulin-like pathway that normally function to inhibit DAF-16/FoxO. Unexpectedly, in contrast to daf-16/FoxO knockdown, which increases mortality throughout adulthood, dpy-21 knockdown during adulthood accelerated late mortality but prevented early mortality. As DAF-16/FoxO activation prevents mortality, the positive impact of dpy-21 knockdown on early adult mortality cannot be a consequence of DPY-21 activation of DAF-16/FoxO. We are testing the hypothesis that chronic inhibition of dosage compensation during adulthood induces beneficial stress responses that cooperate to prevent early mortality. As age-related changes in X chromosome inactivation are associated with human longevity, elucidation of the molecular basis for the influence of dosage compensation on lifespan promises to yield new insights into the aging process while engendering the development of new strategies to combat aging and age-related disease.

**PROGEROID AND WILD-TYPE AGED MICE EXHIBIT SIMILAR MICRORNA DYSREGULATION IN LIVER AND KIDNEY TISSUES**

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MicroRNAs (miRNAs) are ~22 nt, single-stranded RNAs that regulate genes by post-transcriptional regulation. The role of miRNAs in cellular senescence and aging is poorly understood. This project uses Excision Repair Cross-Complementing 1 (ERCC1) deficient mice modeling human Xeroderma Pigmentosum F-ERCC1 (XFE) progeroid syndrome to identify miRNAs dysregulated in aging. XFE progeroid syndrome and Ercc1-/- mice exhibit rapid onset of degenerative changes similar to normal aging. We hypothesize that primary mouse embryonic fibroblasts (MEFs) from Ercc1-/- mice can be used to identify aging-associated miRNAs that are also dysregulated in normally aged mice. Microarray analysis showed 14 upregulated and 22 downregulated miRNAs in senescent versus non-senescent Ercc1-/- MEFs. These microarray data were validated by qRT-PCR assays. Interestingly, three miRNAs identified from the microarray (miR-128a, miR-449a and miR-455*) were also downregulated in liver and kidney tissues of both Ercc1-/- and WT old mice compared to young WT mice, suggesting that they may be associated with cellular senescence and organismal aging. Functional studies are in progress to determine if reduced expression of these miRNAs in WT MEFs may increase cellular senescence by measuring IL-6, p16 and BrdU incorporation. Our studies identified miRNA dysregulation in senescent Ercc1-/- MEFs. A subset of these miRNAs was also downregulated in livers and kidneys of Ercc1-/- and WT old mice. Future studies will identify the mechanisms by which these miRNAs are dysregulated in aging and their role in cellular senescence pathways. Funding: A pilot grant from University of Pittsburgh Cancer Institute and T32 AG21885

**SESSION 1080 (SYMPOSIUM)**

**AGE DIFFERENCES IN DECISIONS INVOLVING TIME: THE ROLE OF EXPERIENCE, COGNITION, AND EMOTION**

Chair: C.E. Loecenhoff, Cornell University, Ithaca, New York
Co-Chair: J. Strough, West Virginia University, Morgantown, West Virginia
Discussant: L. Nielsen, National Institute on Aging, Bethesda, Maryland

Relatively little research on judgment and decision making has investigated age-related variations in decisions involving time. The presentations in this symposium explore age differences in decisions involving temporal sequences and repeated choices in the context of financial gambles, sunk costs, post-decisional regret regulation, and daily activities. Potential mechanisms that may explain age differences are considered including prior experience, cognition, motivation, and affective responses. Hafer, Hess, and Gabel investigate age differences in a series of gambles involving trade-offs between risks and payouts. They report on the relative role of consistency with expectations and prior experience in younger and older adults. In the context of a vacation scenario in which plans have soured, Strough, Bruine de Bruin, Parker, Karns, Lemaster, Pichayayothin, Stoiko, and Delaney find that older adults are less biased by investments made in the past (sunk costs), and that age-related reductions in positive reappraisal account for this effect. Loecenhoff, Lewis, Futcher, and Riffin examine age differences in strategies to regulate post-decisional regret and avoid regrettable choices in the future. Convergent results emerge from two studies utilizing open-ended responses and vignette-based scenarios. Gonzalez, Queen, Becker, and Smith examine older adults’ activity allocation choices over the course of a day and find that need for cognition is a key predictor of these
decisions above cognitive abilities and chronological age. Finally, Nielsen integrates these findings with the existing literature on judgment and decision making and discusses directions for future research.

**AGE DIFFERENCES IN RISK DECISION MAKING: EXPERIENTIAL AND INFORMATIONAL INFLUENCES ON PERFORMANCE**

J. Hafer, T.M. Hess, E.R. Gabel, *Lifespan Developmental Psychology, NC State University, Raleigh, North Carolina*

In everyday life, we often make similar decisions over extended periods of time (e.g., financial investments). We sometimes have descriptive information regarding outcome probabilities, but in some cases, such information is limited. In such cases, we develop strategies over time based on our experiences (i.e., decision outcomes). The present study examined age differences in the costs/benefits associated with making decisions in each of these situations. We were also interested in whether older adults’ decisions would be disproportionately affected when experienced outcomes were consistent or inconsistent with provided outcome probabilities. We tested 96 younger (M age = 30.63) and 96 older (M age = 73.97) adults using a gambling task involving choices between larger/riskier and smaller/less-risky outcomes under four conditions: experience only, description only, description with consistent experience, and description with inconsistent experience. Results relating to overall success rates and the impact of trial-by-trial outcomes on subsequent performance will be presented.

**TURNING LEMONS INTO LEMONADE WHEN PLANS SOUR: DECISIONS ABOUT SUNK COSTS ACROSS THE LIFE SPAN**


Research has established that older adults’ decisions are less biased by irretrievable prior investments or ‘sunk costs’. To understand why, we conducted an experiment using RAND’s American Life Panel (N = 400, 18-85yrs; M age=47.51yrs; 60.8% women). Participants made decisions about a hypothetical situation in which vacation plans had soured. Older adults’ decisions were less biased by prior investments. The experimental manipulation yielded results opposite to predictions. Mediation analyses showed that the paradoxical effect of the manipulation was explained by people’s thoughts about the decision scenario. When people went beyond the bounds of the scenario and added information, or when they engaged in positive reappraisal of the situation as it stood, they made biased decisions. Importantly, older adults were less likely to engage in positive reappraisal and this explained why their decisions were less biased. Implications of these results for understanding age-related differences in decision making are discussed.

**AGE DIFFERENCES IN POST-DECISIONAL REGRET REGULATION: IMPLICATIONS FOR FUTURE DECISIONS**

C.E. Loeckenhoff, J.L. Lewis, E. Fucher, C. Riffin, *Cornell University, Ithaca, New York*

Recent evidence suggest that older adults are more likely to disengage from post-decisional regret than younger adults but little is known about age differences in specific regulatory strategies and their implications for avoiding regrettable choices in the future. To explore such questions, two studies investigated age differences in post-decisional regret as well as strategies aimed at regulating present regret and avoiding future regret. Study 1 examined self-reported recent regrets and life regrets in an adult life-span sample (n = 90, aged 21-89). Study 2 presented participants with vignettes describing regrets in the interpersonal and work domains and compared responses from younger (n = 41, aged 22 to 38) and older adults (n = 43, aged 50 to 89). Across studies, post-decisional regret was lower among older adults. Regulatory strategies aimed at present and future regret were linked and age patterns differed by recency of regret and regret domain.

**NEED FOR COGNITION AND TIME ALLOCATION DECISIONS IN OLDER ADULTS**

R. Gonzalez, T. Queen, S. Becker, J. Smith, *Institute for Social Research, University of Michigan, Ann Arbor, Michigan*

Although age-related cognitive changes may have implications for how older adults spend their day, intrinsic motivational factors, such as need for cognition (NFC), may be more predictive of time allocation decisions. NFC reflects individuals’ engagement in and enjoyment of cognitively effortful activities. We take a decision making approach to conceptualize the distribution of a day’s activities as a portfolio allocation problem using data measuring activity allocations (N = 968, age 50-96). We conducted latent profile analysis to find an optimal number of different allocation clusters of 10 daily activities. Using several criteria, we simplified the allocation distributions into one of three classes and treat this as a decision problem where the activity allocation class becomes the dependent variable. We find that NFC is a key predictor of the activity allocation choice, over and above other variables including cognitive ability and age. We discuss implications of this approach to understanding activity allocation decisions.
DEPRESSED SYMPTOMS IN OLDER ADULTS WITH LOW VISION: THE MEDIATING ROLE OF DISABILITY AND SOCIAL SUPPORT
G.I. Kempen1, A.V. Ranchor2, T. Amberger2, G. Zijlstra1, 1. CAPHRI - Dept. of Health Services Research, Maastricht University, Maastricht, Netherlands, 2. CAPHRI - Dept. of Methodology and Statistics, Maastricht University, Maastricht, Netherlands, 3. Dept. of Health Sciences, Section Health Psychology, University of Groningen, University Medical Center Groningen, Groningen, Netherlands
This study examined the mediating role of disability and social support in the association between low vision and depression symptoms. Differences in disability, social support and depression symptoms between 148 persons with low vision and a reference population (n = 4,792), all ≥57 years, were compared. Multiple linear regression models were used to examine the impact of low vision on depression symptoms and the mediating role of disability and social support. A significant unique effect of low vision on depression symptoms was identified (standardized beta: 0.053, p < 0.001). The impact of low vision on symptoms of depression was partly mediated by disability, while social support was identified as a suppressor variable. Prevention of disability and increase of social support may reduce symptoms of depression in older adults with low vision. By taking such information into account professionals may improve the quality of care their clients receive.

QUALITY OF LIFE OF VISUALLY IMPAIRED OLDER ADULTS IN COMPARISON TO HEARING IMPAIRED, DUAL IMPAIRED AND UNIMPAIRED OLDER ADULTS
H. Wahl1, V. Heyl2, P.M. Drapaniotis3, 1. Heidelberg University, Heidelberg, Germany, 2. University of Education, Heidelberg, Germany, 3. Heidelberg University, Heidelberg, Germany
Previous research on psychosocial adaptation of sensory-impaired older adults has focused mainly on only one sensory modality and on a limited number of quality of life outcomes. We included samples of severely visually impaired (VI; N=121), severely hearing impaired (HI; N=116), dual sensory-impaired (DI; N=43), and sensory-unimpaired older adults (UI; N=150). We assessed everyday competence, cognitive functioning, social resources, self-regulation strategies, cognitive and affective well-being, and 4-year survival status. The most pronounced difference among groups was in the area of everyday competence (lowest in VI and DI). After four years, no mortality differences appeared after controlling for confounders. Multi-group comparisons in latent space revealed both similar and differing relationship strengths among health, everyday competence, social resources, self-regulation and overall well-being, depending on sensory status. A multi-dimensional approach to the understanding of sensory impairment and psychosocial adaptation in old age reveals a complex picture of loss and maintenance.

ADDRESSING VISION IMPAIRMENT IN A GERIATRIC REHABILITATION SETTING
This study evaluated the implementation feasibility and short-term impact of an intervention designed to address vision impairment (VI) in older adult post-acute rehabilitation patients. Intervention components were: [1] training of Occupational Therapists (OTRs) in vision screening procedures to identify patients with VI and integration of vision-specific therapy into the treatment plan, [2] referral of patients with VI for a low vision exam, and [3] treatment by an OTR trained in VI/low vision issues. OTRs screened 150 patients; eight were identified as having VI and were referred for a low vision exam. When compared to a matched group of sighted patients, the VI group received more intense therapy, specifically more self-care/home management training and showed more activity of daily living domains with improvement. This study suggests evidence for implementation feasibility of two aspects of the intervention (training and delivery of vision-specific treatment) and for positive short-term patient outcomes.

CHALLENGES OF TRANSLATING AN INTERVENTION CONCEPT INTO PRACTICE – THE CASE OF THE LOTSE STUDY
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Aim of the LOTSE Study was to implement, optimize and evaluate an integrative psychosocial counseling program for visually impaired seniors. Research and practice institutions were working collaboratively for 36 months, fulfilling interrelated project tasks. This presentation systematically analyzes challenges of this cooperation with respect to project outcomes and the translation process, emphasizing five topics: Challenges [1] of a highly individualized concept; [2] of studying a target group of very vulnerable clients; [3] in the interaction between research and practice, e.g., performance of the program in counseling routines; [4] of effect measurement (e.g., individualization, progressive eye disease); [5] of long-term sustainability, e.g., financial support for a program tailored to the clients’ needs. These topics are illustrated by findings based on quantitative and qualitative program evaluation data. Reflecting upon critical aspects of the intervention process this presentation sheds light on how to further optimize intervention programs and measures.

SESSION 1090 (SYMPOSIUM)
GSA FELLOWS SYMPOSIUM: INTERDISCIPLINARY PERSPECTIVES ON OPTIMAL HEALTH AND AGING
Chair: S.K. Whitbourne, Psychology, Univ. of Mass. Amherst, Amherst, Massachusetts
This GSA Fellows Symposium focuses on interdisciplinary approaches to understanding optimal aging and health. Starting with the question of how we can maximize functioning in the “extended warranty period” of life past age 65, Carnes examines interventions that can extend the healthy life span. Villareal and McAuley discuss exercise and control of obesity as strategies that are known to benefit physical and psychological functioning. Sykes examines the importance of interventions at the community-wide level. Common themes that bridge the four areas represented by each of the presenters include the importance of personal control, maintenance of activity, and preventative strategies to maximize functioning in later life. Optimal aging involves all levels of intervention, from the individual to the broader environment, and through this symposium, we hope to stimulate participants to consider the need to think broadly in their own research, teaching, and practice.

HEALTH EXPECTATIONS FOR EXTENDED OPERATION
B.A. Carnes, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma
Optimizing aging and health requires developing strategies from conception to grave that recognize the age-dependent effects that aging has on health. One way to explore these expectations is to partition the human life course into two temporal windows: normal operation and extended operation. Like a warranty period, normal operation is a period of expected health and vigor. Conversely, extended operation is a mixed period of health for some and illness and frailty for others. Arguments will be made that the boundary between normal and extended operation for humans occurs somewhere between age 55 and 65. This conceptual lifespan framework should forewarn us (the gerontology community) about health challenges for the elderly that must be mitigated/managed.
in order to successfully extend healthy lifespan. Lifelong proactive interventions that would help achieve this goal include: preventative medicine, proper nutrition, dental health, age-appropriate exercise regimens, and a focus on mental health.

AGING AND WELL-BEING: THE ROLE OF PHYSICAL ACTIVITY
E. McAuley, University of Illinois, Urbana, Illinois

A dramatically changing demographic landscape and a physically inactive population of older adults is likely to pose major health problems for the future. In this presentation, I will provide an overview of the work that my colleagues and I have been conducting in the area of physical activity, aging and well-being. This will include data from several randomized controlled trials examining the positive effects of diverse physical activity interventions on physical function performance and functional limitations, quality of life, cognition, and well-being. Integral to this work is the role that perceptions of personal control play in mediating the effects of physical activity on these outcomes. In addition, I will present new data detailing: alternative approaches to physical activity interventions (e.g., yoga) which influence cognitive function in older adults and alternative physical activity delivery methods (e.g., DVD) which afford clinically significant improvements in functional performance in the elderly.

WEIGHT LOSS THERAPIES TO DECREASE FRAILTY IN OBESE OLDER ADULTS
D. Villarel, New Mexico VAHealth Care System - University of New Mexico School of Medicine, Albuquerque, New Mexico

Obesity exacerbates the age-related decline in physical function and causes frailty. However, the appropriate treatment for obese older adults is controversial. We hypothesized that healthy weight loss in this age group can be achieved through lifestyle intervention. Indeed, obese older adults embraced lifestyle change. In preliminary studies, we found that weight loss and exercise ameliorated frailty, decreased chronic inflammation, increased insulin secretion, and decreased multiple cardiovascular risk factors, although weight loss was associated with modest bone loss. Accordingly, we performed a 1-year randomized-controlled trial to determine the independent and combined effects of sustained weight loss and regular exercise on physical function, body composition, and quality of life. We found that weight loss alone or exercise alone improved physical function but the combination of weight loss and exercise provided greater improvement than either intervention alone. Importantly, long-term follow up suggested maintenance of clinically important weight loss in frail, obese older adults.

PROGRESS OF AWARD WINNERS ON CREATING HEALTHY COMMUNITIES FOR ACTIVE AGING
K.E. Sykes, Environmental Protection Agency, Washington, District of Columbia

Does a federal recognition program promote continued progress over time to create healthy communities for active aging? A subset of winners of the Building Healthy Communities for Active Aging Award were surveyed as to their continued efforts, the most important changes that occurred, whether the award had leveraged other accomplishments and whether the communities’ efforts had been replicated elsewhere. The US Environmental Protection Agency (EPA) required applications describing community efforts to both implement smart growth strategies related to land use and active aging programming at the community level. Sixty percent of the successful applicants came from a non-aging agency including health, housing, planning, transportation, parks and recreation, city or county managers or mayors. The largest category of winning applicants came from aging agencies. The most important changes that took place in winning communities included: increased affordable housing choices; improved quality of life through by enhanced opportunities in the opportunities for active aging; pedestrian friendly sidewalks, pathways and trails. Next steps for communities were to continue their efforts, locate new funding and build upon their accomplishments. Strong leadership and partnerships were essential ingredients to community successes.

SESSION 1095 (SYMPOSIUM)

HAPPY AND HEALTHY IN MIDLIFE: THE IMPORTANCE OF SOCIAL NETWORKS AND SUPPORT
Chair: L.H. Ryan, Institute for Social Research, University of Michigan, Ann Arbor, Michigan
Co-Chair: N. Newton, Northwestern University, Evanston, Illinois
Discussant: T.C. Antonucci, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

This symposium examines associations among health and well-being with social network characteristics from a variety of unique perspectives, including nationally representative surveys, cohort comparisons, cross-national comparisons, daily diary data, and a purposeful ten-year cohort. To begin, Ryan and colleagues investigate categories of marital status as a social context for cohort differences in midlife women’s health. Newton and McAdams study the associations of differential social support sources and generativity with psychological well-being and how the associations differ by parenthood status. Cichy and colleagues examine the interplay between health behaviors (smoking and alcohol consumption) and the provision of social support on daily measures of well-being. Finally, Ajrouch et al. utilize data on the size and quality of social networks from four countries and investigate country differences and associations with well-being. By focusing on a variety of characteristics associated with social networks, including network size, the quality and varied sources of social support, and broader social constructs such as marital and parental status, this session provides a broad and comprehensive examination into the ways in which social networks play an important role in the health and well-being of midlife adults. Dr. Toni Antonucci, a noted expert in research on social networks, will provide a discussion to integrate the presented work and to suggest future research directions.

COHORT DIFFERENCES IN THE MARRIAGE-HEALTH RELATIONSHIP FOR MIDLIFE WOMEN
L.H. Ryan1, N. Newton2, R.T. King3. 1. Institute for Social Research, University of Michigan, Ann Arbor, Michigan, 2. Northwestern University, Evanston, Illinois, 3. Bowling Green State University, Bowling Green, Ohio

The present study examines associations of marital status with functional limitations and chronic diseases in two cohorts of midlife women. Using data from the Health and Retirement Study, the sample included Pre-Baby Boomer Women in 1992, born 1933-1942 (N = 4574) and the Early Baby Boomers in 2006, born 1947-1956 (N = 2098). Models fitting Poisson regressions were tested in a series of steps, controlling for age, education, race, number of marriages, and physical activity. Early Baby Boomers women had fewer functional limitations but more chronic diseases compared to Pre-Baby Boomer women. In both cohorts, marriage was associated with fewer diseases and functional limitations compared to all other relationship status categories. However, cohorts differed in the association of relationship status with functional limitations. Results are discussed relative to how the historical moment may shape associations of these social roles with health in different cohorts of midlife women.
THE LANDSCAPE OF MIDLIFE: SOCIAL SUPPORT, SOCIAL ROLES, GENERATIVITY, AND WELL-BEING

N. Newton, D.P. McAdams, Northwestern University, Evanston, Illinois

Although generativity is generally associated with parenthood (e.g., McAdams & de St. Aubin, 1992), and related to well-being (Grossbaum & Bates, 2002), grandparents and childless individuals also exhibit this relationship (Fischer, 1995; Rothrauff & Cooney, 2008). Moreover, social support is also associated with well-being; social networks help people deal with the process of aging (Antonucci, 2001) - perhaps particularly with myriad midlife transitions. Thus, we examined the relationships between sources of social support, levels of generativity, and psychological well-being by different parental status: childless individuals, parents, and grandparents. Data from the Foley Longitudinal Study of Adulthood (FLSA; N = 158) were used; participants were 55-58, 65% female, 44% African American. Findings from regressions show that family and friend support, along with generativity, were differentially associated with psychological well-being, depending on parental status. We discuss these results with the changing landscape of midlife social support in mind.

DROWNING OTHERS’ SORROWS: DO POOR HEALTH BEHAVIORS MODERATE THE NEGATIVE EFFECTS OF DAILY FAMILY SUPPORT DEMANDS AMONG AFRICAN AMERICAN AND EUROPEAN AMERICAN ADULTS?

K.E. Cichy1, R.S. Stawski2, D. Almeida1, 1. Human Development & Family Studies, Kent State University, Kent, Ohio, 2. University of Michigan, Ann Arbor, Ohio, 3. Pennsylvania State University, University Park, Pennsylvania

There is a “cost to caring”, where providing social support has effects on well-being. Under the stress of family support demands, individuals may self-medicate by smoking or consuming alcohol. Self-medication may inadvertently intensify the negative effects of providing support. Using data from the National Study of Daily Experiences (NSDE), we examined the extent to which smoking and drinking intensified the effects of providing family support on daily well-being. African Americans and European Americans aged 34-84 years old (N = 1,931) reported on their daily support exchanges, health behaviors (number of cigarettes and alcoholic beverages), and affect during 8 days of telephone interviews. Even after controlling for demographic characteristics and family support receipt, results revealed that on days when respondents drink more than usual, the negative effects of providing family support on negative affect are intensified (p < .05), particularly among African Americans (p < .01).

CONVOYS OF SOCIAL RELATIONS IN CONTEXT: A FOCUS ON JAPAN, LEBANON, MEXICO AND U.S

K. Ajrouch1,2, T. Antonucci2, H. Fuller-Iglesias3, H. Akiyama4, 1. Eastern Michigan University, Ypsilanti, Michigan, 2. University of Michigan, Ann Arbor, Michigan, 3. North Dakota State University, Fargo, North Dakota, 4. University of Tokyo, Tokyo, Japan

Convoys of social relations are an important resource across the life course. Yet, convoys may differ depending on country context. Of particular interest for well-being outcomes are network members nominated by various levels of closeness. This paper examines convoy characteristics among adults aged 50+ in metropolitan areas of Japan (N = 557), Lebanon (N = 284), Mexico (N = 556) and U.S. (N = 583). Data were collected using the hierarchical mapping technique on representative samples in each locale. Analysis of variance was conducted to test circle closeness characteristics in each country. Findings show that adults in the U.S. (11.3) and Japan (11.1) report on average largest networks, followed by Mexico (7.4), and Lebanon (5.8). Adults in all four countries report statistically significant differences in size by circle closeness; with inner circle larger than middle and outer. Findings suggest that convoy characteristics vary by context yet also incur similarities. Links to well-being will be explored.

SESSION 1100 (SYMPOSIUM)

“HOW INSTITUTIONAL ENVIRONMENTS DEFINE THE CARING EXPERIENCE CROSS-NATIONALLY.”

Chair: A. Killett, School of Allied Health Professions, University of East Anglia, Norwich, United Kingdom

Discussant: A. Killett, School of Allied Health Professions, University of East Anglia, Norwich, United Kingdom

This symposium will focus on employee engagement and families’ relationship with long-term care using projects from Canada, USA and the UK. Within each of these countries and across the continuum of living with care’ arrangements, there is on-going attention to the nature of the care experience and to developing caregiving skills of the ‘support’ workforce, in order to reduce the demand for ‘professionally qualified’ health and social care workers. At the same time, failures in care are frequently blamed on those carrying out the caregiver role, and engaging people to work in caring roles and keeping them in the workforce are viewed as problematic cross-nationally. Very often, the defining care experiences for residents and caregivers are in the moment-to-moment interactions. These contacts are constructed, mediated and constrained by institutional environments. This symposium will address staff, manager and family perspectives on how the institutional environment shapes the care experience across a range of settings. The first talk presents Canadian evidence on the factors that shape and constrain how caregivers work, where they work, and how they deliver care. These are features of this workforce and their work that we need to understand when formulating health human resource strategy. The second talk presents how U.S. nursing home leaders define cultural values key to work environment and the ways they engage employees in organizational culture. The final talk discusses evidence from the UK system on residents’ experiences, and the potential for co-creation of care quality through active participation of residents.

WALKING THE TALK: LEADERSHIP’S PROMOTION OF EMPLOYEE ENGAGEMENT AND METHODS FOR MANAGING VALUES IN THE NURSING HOME SETTING


We evaluate the extent to which nursing home leaders, administrators and directors of nursing, describe the behaviors they use to engage employees in organizational culture through open-ended questions and compare these behaviors to more objective ratings leaders provide of cultural values. Individuals may inflate reports on scales to meet social expectations but any discrepancy from what they actually do will go against expectations that they “walk the talk” when managing. Hence, we highlight areas where leaders do not behave in ways consistent with the CVF. Open-ended questions were coded based on use of language consistent with the CVF. Results suggest a discrepancy between leaders’ ratings of value for internal processes promoting employee engagement and ways in which they report engaging staff within the facility.

EXPONETIATION, SUBSTITUTION AND BOUNDARIES: THE EVOLVING ROLE OF HEALTH CARE AIDES IN THE LONG-TERM CARE AND HOME & COMMUNITY CARE SECTORS IN CANADA

W.B. Berta, A. Laporte, R. Deber, A. Baumann, B. Gamble, University of Toronto, Toronto, Ontario, Canada

Health Care Aides (HCAs) provide up to 80% of the direct care to older Canadians living in long term care facilities, or in their homes.
We need a better understanding of the nature and scope of their work, and of the factors that shape it, to inform health human resource strategies. Here, we discuss the evolving role of HCAAs, including expanding role-required behaviours, increasing expectations for extra-role behaviours that sustain the quality of life of their elderly clients, and rising tensions relating to role boundaries. Market-level differences, job mobility, and work structure further impact what these workers do and where they work. In Canada, market entry is increasingly constrained to the Home and Community Care sector, while market-level and work structure differences support the transition of more experienced workers to the LTC sector. We note that this is in direct opposition to recent policy initiatives to encourage aging at home.

‘LEARNING HOW TO BE OLD’: RESIDENT PERSPECTIVES ON CO-PRODUCTION OF CARE

C. Reid1, K. Pillemer2, C. Riffin3, E.K. Chen1, 1. Weill Cornell Medical Center, New York, New York, 2. Cornell University, Ithaca, New York

Chair: C. Reid

USING A MULTIFACETED APPROACH

SESSION 1105 (SYMPOSIUM)
IDENTIFYING RESEARCH GAPS IN PALLIATIVE CARE USING A MULTIFACETED APPROACH

Co-Chair: C. Reid, Weill Cornell Medical College, New York, New York
Discussant: K. Herr, University of Iowa, Iowa City, Iowa

This symposium will describe three inter-related research activities that produced a research agenda for palliative care that integrates both researcher and practitioner perspectives. Three activities informed the research agenda: 1) a systematic review of the literature with a specific focus on identifying knowledge gaps from review articles on the topic of palliative or end-of-life care, 2) a survey of thought leaders in the field of palliative care, and 3) consensus conferences that presented academic research priorities to palliative care practitioners in order to solicit additional research recommendations and ascertain practitioner priorities. The first presentation in the symposium will describe and justify the particular methodological approach for constructing a research agenda. Next, results from the systematic review and survey of thought leaders will be presented. The final presentation will describe the research-to-practice consensus conferences that utilized practitioners to both expand and refine the list of research recommendations. The goal of the project was to create a research agenda for palliative care that will advance clinical practice and ignite investigation of critical knowledge gaps in the field. The discussant will comment on the resulting research agenda, with emphasis on how individual researchers can take up the challenge to improve the quality and content of research on palliative care.

DEVELOPING A RESEARCH AGENDA FOR PALLIATIVE CARE: A THREE-PART METHOD

C. Reid1, C. Riffin1, K. Pillemer1, E.K. Chen1, 1. Weill Cornell Medical Center, New York, New York, 2. Cornell University, Ithaca, New York

Prior frameworks for establishing research priorities in health care have proposed combining systematic literature searches with stakeholder input to inform and guide future research. In this paper, we present an adapted approach to this method by merging the perspectives of researchers and practitioners. To develop a comprehensive and integrated set of priorities, we conducted three activities: 1) a literature search of systematic reviews on palliative care from 2005 to present, 2) in-depth telephone interviews with leading researchers in the field, and 3) consensus workshops held with practitioners. Based on these activities, a set of knowledge gaps representing the joint priorities of palliative care researchers and practitioners was generated. We describe this three-part process, address the pitfalls and limitations of this method, and present strategies for improving the overall quality of research recommendations. We conclude with a discussion of the potential to adapt this method to other areas of inquiry.

RESEARCH RECOMMENDATIONS IN THE PALLIATIVE CARE LITERATURE

C. Riffin1, C. Reid1, E.K. Chen1, K. Pillemer1, 1. Human Development, Cornell University, Ithaca, New York, 2. Weill Cornell Medical College, New York, New York

A systematic review of review articles on palliative care and end-of-life was conducted in order to ascertain what academic researchers recommended as topics or areas for future research. A search of review articles published between 2005 and 2012 related to palliative and end-of-life care yielded 582 articles. After exclusion criteria were applied, 197 articles remained for analysis. Multiple members of the research team read and abstracted research recommendations and knowledge gaps that were listed in each article. Qualitative methods were utilized to classify the 798 discrete research recommendations into 5 major themes and 131 categories. Major themes revealed that authors of the review articles recommended more and improved research on methods, measures and outcomes, interventions, special populations and settings, and specific topics areas, such as certain diseases. Results are presented with a discussion of the overall poor quality of research recommendations in review articles.

RESEARCH RECOMMENDATIONS FROM A TELEPHONE SURVEY OF THOUGHT LEADERS IN PALLIATIVE CARE

E.K. Chen1, C. Riffin1, K. Pillemer1, C. Reid1, 1. Human Development, Cornell University, Ithaca, New York, 2. Weill Cornell Medical College, New York, New York

Researchers and related professionals currently working in the field of palliative care were asked to identify knowledge gaps, make research recommendations, and list barriers to improved research in a semi-structured interview. The purposive, inter-disciplinary sample included physicians, nurses, social workers, and sociologists, among others. A total of 77 thought leaders were contacted; interviews were completed with 61 individuals (79.2%). The tape-recorded interviews were transcribed and analyzed using qualitative methods. More research on symptom management, especially the management of symptoms other than pain, was listed as a priority area by a large majority of respondents. Other top recommendations included optimal care delivery systems, with a focus on training and utilizing appropriate personnel, care-giver support, and appropriate timing of the initiation of palliative care. The top two barriers to improving palliative care research funded a limited workforce of clinical researchers dedicated to palliative care — were named by nearly all respondents.

The Gerontological Society of America
RECONCILING RESEARCH AND PRACTITIONER PRIORITIES FOR PALLIATIVE CARE THROUGH A CONSENSUS CONFERENCE


The specific goal of the project was to create a research agenda for palliative care that would spark practice-relevant investigations. Research recommendations gleaned from the review of reviews and thought leader survey represented the views of researchers. In order to include the priorities and values of palliative care practitioners, half-day workshops in New York City and Ithaca, NY (small city in rural upstate New York) were convened with front-line palliative care practitioners, including doctors, nurses, social workers, chaplains, and social service agency staff. Using a research-to-practice consensus conference format, participants were exposed to the research priorities gleaned from academic researchers, then asked to make additional recommendations for topics deserving further research. Participants were finally asked to vote on all research recommendations. The research agenda was revised to reflect the contributions and priority rankings of palliative care practitioners.

SESSION 1110 (SYMPOSIUM)

INSIGHT INTO MECHANISMS OF HEALTH PROMOTION FROM THE BALTIMORE EXPERIENCE CORPS TRIAL’S BRAIN HEALTH STUDY

Chair: M. Carlson, Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland
Discussant: J.W. King, National Institute on Aging, Bethesda, Maryland

This symposium will explore novel questions in the Brain Health Study (BHS) nested within the Baltimore Experience Corps® Trial (BECT). The BECT evaluates over 2 years the health impacts of an innovative health service promotion model for adults ≥ 60 years volunteering in city public elementary schools to improve literacy, math, and behavior in grades K-3 relative to a usual activity control condition. The Experience Corps (EC) program was designed to enhance physical, cognitive, and social activity, resulting in maintenance or improved cognition and brain health. During randomization of 702 adults to the BECT, a representative subsample of 120 older adults were simultaneously recruited to the BHS and additionally received brain MRI’s at baseline and two annual follow-ups. This cohort was largely female and African-American with variable levels of education and income. Three papers presented here from the BHS and BECT demonstrate how baseline differences in individual risk factors, including cognitive reserve and cardiovascular risk on the Framingham score, are related to structural and functional brain health, and how neighborhood factors relate to baseline cognitive reserve. In addition, two papers examine whether EC participation relative to control activity over 2 years led to increases in extra-program, or lifestyle physical activity using objective step activity measures, and improvements on a fast-emerging biomarker of brain health that measures brain activity at rest via the Default Mode Network. These data collectively will help elucidate who benefits most from this lifestyle activity program, as well as yield insights into the mechanisms of benefit.

THE ASSOCIATION OF COGNITIVE RESERVE WITH STRUCTURAL BRAIN VOLUMES

J. Kuo, Y. Chuang, G. Harris, V.R. Varma, M. Carlson, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Given the increasing prevalence of dementia among older people, identifying ways of delaying cognitive decline is an important public health objective. The theory of cognitive reserve suggests that enriching experiences across the lifespan may allow people to better tolerate dementia-related pathology in the brain before exhibiting symptoms of disease. The traditional proxy measures for reserve are education and estimated IQ. However, the Wide Range Achievement Test (WRAT), which was designed to be a measure of academic skills but can be interpreted as semantic knowledge, may be a better measure beyond the number of years of formal schooling. We examine the association of years of education, and WRAT score, with volumetric brain structures in 113 participants of the Brain Health Study, a subset of the Baltimore Experience Corps Trial, to determine if each, or both, are associated with cross-sectional brain volumes and rates of decline in regions important to memory and executive functions. The participants were predominantly female (n=81, 72%), African-American (n=105, 93%), with 36% having a high school education or less, and a mean MMSE score of 28.3 (SD = 1.5). While education was not associated with brain volumes, higher WRAT score was associated with larger volumes in brain regions of interest. As semantic knowledge continues to increase throughout lifetime exposure and environmental enrichment, these results suggest that lifelong learning beyond school may be beneficial to brain health.
relationship of neighborhood-level and individual-level influences on cognitive reserve, measured by education and WRAT, and (2) explore beneficial (ex. diversity) and hazardous neighborhood (ex. unemployment) social factors that could negatively and positively affect development of CR in individuals.

CHANGES IN THE DEFAULT MODE NETWORK OF OLDER ADULTS FROM EXPERIENCE CORPS
S. Khasawneh, M. Carlson, Mental Health, Johns Hopkins University, Baltimore, Maryland

The Default Mode Network (DMN) is a specific set of pathways in the brain that remain active during rest, and hyperactivity in DMN has been associated with cognitive decline in older adults. Since most studies have investigated this relationship cross-sectionally, we investigated changes in this relationship over 2 years in 98 subjects with elevated sociodemographic risk for cognitive declines. We used fMRI data from the Brain Health Substudy of the Baltimore Experience Corps Trial, a randomized controlled trial of service in the Experience Corps program on physical, social, and cognitive health. We investigated the DMN at baseline and changes over two years of follow-up in the EC and low-activity controls. Average differences in changes in the DMN trajectories from one year to the next in each group indicate the extent to which EC altered DMN activity, which may elucidate the mechanisms through which EC promotes brain health in the elderly.

THE EFFECT OF EXPERIENCE CORPS ON LIFE-STYLE PHYSICAL ACTIVITY
V.R. Varma, M. Carlson, Center on Aging and Health, Johns Hopkins University, Baltimore, Maryland

Physical activity interventions have the potential to preserve cognitive and physical function and delay the onset of disability. However, increasing physical activity is of particular concern for older adults who have low levels of physical activity, high prevalence of chronic medical conditions and functional impairments, and often restricted access to facilities due to neighborhood characteristics. Within the Baltimore Experience Corps Trial, we examined the impact of volunteer service in the Experience Corps (EC) on lifestyle walking activity outside the program, measured using an objective step-activity device, at one and two year follow-ups. Our findings suggest that participation in EC led to increased lifestyle walking activity, particularly among those at highest socio-demographic risk. Modest increases in physical activity may play an important role in secondary and tertiary prevention of disability associated with aging. EC offers a novel approach to promoting achievable and potentially sustainable increases in walking activity.

SESSION 1115 (SYMPOSIUM)

INTEGRATING SHORT-TERM AND LONG-TERM CHANGE IN AFFECT, STRESS, HEALTH, AND SOCIAL PROCESSES
Chair: A. Brose, Center for Lifespan Psychology, Max Planck Institute for Human Development, Berlin, Germany
Co-Chair: N. Ram, Department of Human Development and Family Studies, Pennsylvania State University, State College, Pennsylvania
Co-Chair: M. Riediger, Max Planck Research Group
"Affect Across the Lifespan", Max Planck Institute for Human Development, Berlin, Germany

Aging is a process that proceeds over the long-term, years or decades. Emotions, stress reactivity, health behavior, and social interactions are processes that proceed over the short-term, days or hours. In this symposium we highlight the co-constructive nature of lifespan development as a combination of short- and long-term processes. Through conceptual considerations and empirical examples derived from studies that collected data on multiple time scales we demonstrate and examine how a variety of short-term emotional, health-related, and social processes develop and/or change over the long-term. Ram et al. provide a conceptual overview on methodological, technological, and data analytical issues that emerge when collecting multiple time scales data that are ideally suited for the study of developmental change. Hooker and Mejia investigate the daily couplings between health and social goals and whether long-term progress towards these goals can be predicted by the short-term couplings. Brose and Schmiedek analyze longitudinal change in stress and whether it is related to short-term variability and long-term change in rumination. Riediger et al. investigate short-term affect variability and its longitudinal change in multiple age groups using a lifespan sample. English and Carstensen investigate 10-year longitudinal change in short-term social processes and how they are linked to emotional well-being also using a lifespan sample.

THEORETICAL AND PRACTICAL CHALLENGES OF MULTIPLE TIME-SCALE ASSESSMENT AND INTERVENTION: GLEMSPECS OF BIG DATA
N. Ram, C.S. Tucker, S. Gest, C. Giles, Pennsylvania State University, University Park, Pennsylvania

The emergence of low cost, fast computing and networking technologies is reshaping how social and personal dynamics of physical and mental health emerge, are studied, and are modified. Through mobile devices individuals have new opportunities to share instantaneous reports of their social behavior, affect, health behavior, and cognitions with peers and researchers through dynamic data repositories. Such data potentially provide for personalized evaluation and treatment of health issues at population scale. Using examples from three empirical studies wherein data were collected at both short and long time intervals we demonstrate how adaptive interfaces, data mining algorithms, and dynamic time-series models can support data-driven, personalized interventions in real-time. We highlight specific theoretical and practical challenges that must be resolved when designing multiple time scale big data collections, analyzing purposively sparse data, and pushing interventions into the complex milieu of short-term and long-term (mal)adaptive processes that characterize human development.

EXAMINING GOAL REGULATION IN THE HEALTH AND SOCIAL DOMAINS THROUGH THE LENS OF DAILY VARIABILITY
K. Hooker, S. Mejia, School of Social and Behavioral Health Sciences, Oregon State Univ, Corvallis, Oregon

Our paper explores how variability in the dynamic coupling of goals on a daily basis facilitates or hinders eventual goal achievement. We examined health and social goals because these are life domains of critical importance for successful aging. We hypothesized that those whose progress in both domains was more tightly coupled would make more progress in both domains by the end of the study. Our analysis utilized data collected from the Personal Understanding of Life and Social Experiences (PULSE) Project, a 100 day internet-based study of Oregonians over the age of 50. Health and social goal progress was self-reported daily by 99 participants. Initial analyses of time series data indicate that greater intraindividual interdependency was predictive of higher health and social goal attainment. Results will be discussed in terms of dynamic coupling as a self-regulation strategy that, over time, can be strategic for individuals in producing satisfying developmental outcomes.
STRESS AND RUMINATION: THE PREDICTIVE ROLE OF RUMINATION FOR LONGITUDINAL CHANGE IN STRESS

A. Brose\(^1\), F. Schmiedek\(^2\), 1. Center for Lifespan Psychology, Max Planck Institute for Human Development, Berlin, Germany, 2. German Institute for International Educational Research (DIPF), Frankfurt a.M., Germany

Stress exposure decreases with age. Yet, some effects of stress, in particular more severe stress, increase with age because of relationships between stress and health and age-related vulnerabilities in the latter. Therefore, understanding the development of stress is crucial for aging research. Here we focus on rumination because it enhances and prolongs the stress response. We go beyond prior research by studying how short-term variability and longitudinal change in rumination affect longitudinal change in stress. 169 individuals completed two waves of data collection that were 2.5 years apart. Trait level stress and rumination were assessed in both waves. Short-term variability in rumination and stress was assessed across 100 occasions in wave one. Analyses revealed that increases in stress can be predicted by short-term variability and longitudinal change in rumination. These findings point to the manifold effects of rumination and indicate that interventions against high stress levels need to target rumination.

LONGITUDINAL CHANGE IN EVERYDAY AFFECTIVE EXPERIENCES AND VARIABILITY: FROM ADOLESCENCE TO OLD AGE

M. Riediger\(^1\), G. Luong\(^1\), M.K. Deserno\(^{2,1}\), C. Wrzus\(^1\), G.G. Wagner\(^{1,3}\), 1. Max Planck Institute for Human Development, Berlin, Germany, 2. University of Amsterdam, Amsterdam, Netherlands, 3. German Institute for Economic Research, Berlin, Germany

Evidence suggests that everyday emotional experiences vary between individuals from different age groups. Older adults, for example, typically report more positive and less fluctuating affective experiences in their everyday lives than younger individuals do. Comparatively less is known, however, about age differences in within-person change of affective experiences over time, and in their associations with other indicators of adaptive functioning. We conducted a longitudinal experience-sampling study in an age-heterogeneous sample to address these questions. Momentary affective experiences were assessed repeatedly while participants (12-88 years old) pursued their normal daily routines. Participants completed up to three waves of these experience-sampling assessments within about 3.5 years. Results indicate that the patterns of longitudinal change in affective experiences and in affective variability differ between individuals from different age groups. We explore possible implications for individuals’ longer-term developmental adjustment and discuss theoretical implications for our understanding of emotional development from youth to old age.

SOCIOEMOTIONAL FUNCTIONING ACROSS ADULTHOOD: A 10-YEAR LONGITUDINAL EXPERIENCE SAMPLING STUDY

T. English, L. Carstensen, Psychology Department, Stanford University, Stanford, California

Past research has documented age differences in social networks and the quality of social interactions, suggesting aging may be associated with gains in social functioning. However, this previous work has relied primarily on cross-sectional designs that cannot properly test whether there is change with age. In the present study, we employed a 10-year longitudinal design with a sample that spanned the full adult life span (ages 18-94) to test whether there is within-individual (developmental) change in social processes. At each of the three assessment points, experience sampling was used to assess social and emotional variables at five random times a day for one week. Using growth curve analyses, relationships and emotional well-being were found to improve with age. There was an increase in liking and familiarity of social partners, and these social variables were linked to higher emotional well-being. Findings are discussed in the context of socioemotional selectivity theory.

SESSION 1120 (SYMPOSIUM)

LATE LIFE DEPRESSION IN CHINA — INNOVATIVE APPROACHES TO COLLABORATIVE CARE

Chair: Y. Conwell, Psychiatry, University of Rochester School of Medicine, Rochester, New York
Co-Chair: S. Chen, Zhejiang University, Hangzhou, Zhejiang, China
Discussant: I. Chi, University of Southern California, Los Angeles, California

China is the most populous country in the world, and older adults are the most rapidly growing segment of its population. Depression is a common mental disorder among older adults that is associated with increased mortality, functional disability, greater healthcare utilization and cost. There are multiple barriers to receiving mental health care in China, including perceived stigma, lack of training among providers, and limited psychiatric services. The objective of this symposium is to consider new approaches to management of late life depression care in China. Dr. Chen will review the prevalence of depression in Chinese elders. As well, he will report 12-month outcomes of a randomized controlled trial comparing collaborative depression care management with care as usual for older adults in urban primary care clinics in Hangzhou. Dr. Li will provide preliminary results of a trial in which community workers responsible for the social well-being of urban-dwelling older adults were trained in the detection of late life depression and outreach to coordinate care with subjects’ primary care providers. Dr. Conwell will describe a newly implemented intervention for rural village older adult residents with comorbid depression and hypertension in a randomized controlled trial known as the COACH study. Finally, Dr. Chi will discuss the challenges and promises of late life depression care management in China, including a more comprehensive approach that integrates health and human services.

LATE-LIFE DEPRESSION CARE MANAGEMENT IN URBAN CHINA PRIMARY CARE: A RANDOMIZED CONTROLLED TRIAL

S. Chen\(^1\), Y. Conwell\(^1\), 1. Department of Psychology, Zhejiang University, Hangzhou, Zhejiang, China, 2. University of Rochester, Rochester, New York

As a major public health issue in China and worldwide, late life depression is associated with physical limitations, greater functional impairment, increased utilization and cost of health care, and suicide. We propose to test a Depression Care Management (DCM) intervention, which includes treatment guidelines to support primary care physicians’ management of depression; primary care nurses as care managers; and psychiatrists to provide consultation and supervision. In a randomized controlled trial, 16 primary care clinics were enrolled in and randomly assigned to deliver either DCM or care as usual (CAU) (8 clinics each) to 326 patients (aged≥60 years) with major depression (164 in DCM, 162 in CAU). Clinical outcomes of patients were assessed at baseline and every 3 months during 12-months follow-up, which indicated the collaborative DCM care model is feasible and highly acceptable to urban China primary care depressed elders.

“HEALTHY MIND, HEALTHY BODY”—A COMMUNITY-BASED INTERVENTION FOR LATE LIFE DEPRESSION

L. Li\(^1\), S. Chen\(^2\), 1. School of Social Work, University of Michigan, Ann Arbor, Michigan, 2. Zhejiang University, Hangzhou, Zhejiang, China

Introduction: This pilot project aimed to identify community-living older Chinese who were at risk of depression, link them to treatment, and support their recovery. We trained community workers and primary care physicians in two urban neighborhoods in Hangzhou, China, to
work collaboratively to educate about and screened for late-life depression in the community. Community workers were trained to provide pre- and post- care management to elders screened positive. Methods and Results: Using six nearby neighborhoods that have not received our intervention as a comparison group, preliminary data suggest that our project is effective in: (1) identifying and linking elders at risk of depression to treatment and (2) reducing depressive symptoms of elders having been screened positive for depression. Conclusion: A community-based coordinating care model involving community centers and health clinics in urban neighborhoods in China is feasible and effective in preventing and treating late-life depression in China.

THE COACH INTERVENTION FOR COMORBID DEPRESSION AND HYPERTENSION IN OLDER ADULTS IN RURAL CHINA
Y. Conwell1, S. Chen2
1. Psychiatry, University of Rochester School of Medicine, Rochester, New York, 2. Zhejiang University, Hangzhou, Zhejiang, China
Depression and hypertension (HTN) are common, costly, destructive conditions among the rapidly growing aged population of rural China. The Chinese Older Adults - Collaborations in Health (COACH) Study is a randomized controlled trial comparing the COACH intervention to care as usual for the treatment of comorbid depression and HTN in Chinese older adult rural village residents. COACH integrates the care provided by the primary care provider with that delivered by an Aging Worker (a lay member of the village’s Aging Association), supervised by a psychiatrist consultant. Targetted outcomes include adherence to treatment outcomes, depressive symptom reduction and blood pressure control, and quality of life. This presentation will describe this ongoing study’s aims and rationale; study design; and progress to date. Discussion will focus on opportunities for integration of primary care, mental health care, and community services to reduce depression-related morbidity and mortality in Chinese older adults.

SESSION 1125 (SYMPOSIUM)
SUCCESSFUL AGING: PERSPECTIVES FROM EMERGING SCHOLARS
Chair: N.P. Kropf, Social Work, Georgia State Univ., Atlanta, Georgia Co-Chair: K.S. Hall, Durham VA Medical Center, Durham, North Carolina
Discusant: E. Kahana, Case Western Reserve University, Cleveland, Ohio
Healthy and successful aging is an important research outcome informing policy decision related to the study of our aging population. Over twenty years ago, Jack Rowe and Robert Kahn (1987) revitalized research and discussion on the concept of successful aging. These efforts created one of the most sustained and energetic research enterprises in the study of aging. Owing to the overwhelming implications of healthy and successful aging, recent theories and research have made significant advances on definitions, approaches, and methodologies. Unfortunately, the implementation of findings to applications is still lagging behind. In order to promote new and innovative attention to this topic, this symposium furthers the work on Successful Aging by providing a mentoring experience for new investigators. The symposium is structured on a partnership between the Successful Aging Research Group, funded by the National Institute on Aging, and ESPO members. The symposium features three ESPO members who are beginning their research career by investigating aspects of successful aging through multiple disciplinary perspectives. The three presenters will discuss research on new and emerging issues that have important implications for furthering the study of successful aging. As mentors, the Successful Aging Research Group members worked with the presenters to integrate content on successful aging theory and practice into their areas of study. Through this collaboration, the combined expertise of the established and emerging researchers will provide new and innovative perspectives on theory, research and practice areas of successful aging.

UNDERSTANDING AND ENHANCING RESILIENCE IN LATER LIFE: A QUALITATIVE ANALYSIS
L.K. Manning, Center for Aging, Duke University, Durham, North Carolina
Investigating resilience requires us to explore how individuals recover from distressing events and persist through extreme adversities, while negotiating everyday aspirations and challenges. In this research, I explore how older adults manage hardship and protect themselves from adversity. Using grounded theory analysis of 64 interviews with older adults age 53 to 94, I examined key factors of resilience and investigated strategies older adults employ to protect themselves from risk while enhancing their resilience. Elders indicated that enduring hardship and adversity is largely influenced by self-perceived emotional strength and engaging in self-care. Having and cultivating resilience is crucial for aging well. This work contributes to the successful aging discourse by offering an interdisciplinary perspective that examines the dynamics of and various pathways to resilience across the life course, and promotes new and innovative attention to the topic of successful aging by exploring what it means to age well and with resilience.

TRAJECTORIES OF SUCCESSFUL AGING USING TYPOLOGICAL APPROACH
J. Lee, Case Western Reserve University, Cleveland, Ohio
Since Rowe and Kahn’s pioneering paper on successful aging (1987), various perspectives of successful aging have been advanced in the literature. For example, evidence for a multidimensional notion of successful aging has been found. Furthermore, heterogeneous patterns of successful aging have been found as many older individuals show variability in different domains. The profile of successful aging for any given individual may also vary over time. Thus, current literature on successful aging would benefit from examining the trajectory of heterogeneous and multidimensional aspects of successful aging. Based on a multiwave longitudinal study of elderly community residents, I will present findings on successful aging (a) by examining profiles of successful aging using multiple indicators with Latent Profile Analysis and (b) by examining changes in their profiles of successful aging over time with growth curve analysis. Findings will shed light on complexities involved in a better understanding of successful aging.

INCREASING OPPORTUNITIES FOR SUCCESSFUL AGING: AN EXPLORATION OF HIV PREVENTION PRACTICES AMONG PRIMARY CARE PROVIDERS FOR OLDER ADULTS
One way to improve older adults’ opportunities for successful aging is to increase HIV prevention practices among primary care providers. An increasing number of older adults are diagnosed with HIV threatening their prospects for successful aging. Older adults often lack education regarding HIV prevention and are rarely screened for the disease. Effective medications to treat erectile dysfunction have contributed to increased sexual activity among older adults. HIV education and screening can help older adults avoid HIV infection and also help them obtain prompt treatment if they are HIV+. The purpose of this research is to explore primary care providers’ HIV prevention practices for older adults. Data for this study was obtained through semi-structured interviews with healthcare providers. The presentation will consider the role of preventive intervention and practices implemented by healthcare providers in facilitating healthy and successful aging.
SESSION 1130 (SYMPOSIUM)

SUICIDAL IDEATION AND BEHAVIORS IN LATE LIFE: INDIVIDUAL FACTORS AND CLINICIAN TRAINING

Chair: M. Smith, West Virginia University, Morgantown, West Virginia
Co-Chair: E.C. Price, West Virginia University, Morgantown, West Virginia
Discussant: A. Fiske, West Virginia University, Morgantown, West Virginia

Suicide is a significant problem among older adults. In 2010, the death by suicide rate for adults over the age of 60 was 15.1 per 100,000, compared to the national average of 12.1 per 100,000. Of older adults who die by suicide, 43 to 70% have contact with a health care professional in the month before death, making the clinical encounter an ideal time to decrease suicide risk. This symposium will explore the importance of examining individual factors that increase or decrease risk and how clinicians can be trained to effectively decrease suicide risk in older adults. First, Dr. Mark Kaplan will present research examining the association between suicide and suicidal behaviors in younger and older perpetrators. Then, Elizabeth Price will present findings on the relation between impulsivity and suicidal behavior in younger and older men and women. Meredith Smith will report results from a study examining social support and volunteering as protective against suicidal thoughts among older adults with vision impairment. Then, Dr. Kim Van Orden will present quantitative and qualitative data characterizing older adults who attempted suicide, including an examination of factors related to the Interpersonal Theory of Suicide. Finally, Dr. Alisa O’Riley will present research examining the impact of a brief clinician education program on knowledge and management of suicidal behaviors in older Veterans. To conclude, Dr. Yeates Conwell will serve as the discussant summarizing the present findings and providing ideas for future research.

IMPULSIVITY AND SUICIDAL IDEATION OR ATTEMPT IN YOUNGER AND OLDER ADULTS

E.C. Price, Department of Psychology, West Virginia University, Morgantown, West Virginia

Impulsivity is thought to be a risk factor for suicidal behavior in young adults. It is not known if this relation is similar in older adults. 108 adults age 60 and older and 498 undergraduate students completed the CES-D, the Barratt Impulsivity Scale, and the Suicidal Behaviors Questionnaire – Revised. Contrary to expectations, impulsivity was not related to suicidal behaviors in younger adults, controlling for depressive symptoms, $b^* = .01, t(1, 469) = .19, p = .850$. Impulsivity and suicidal behaviors were significantly related in older women, $b^* = .36, t(1, 49) = 2.77, p = .008$, but not older men. Older adults were more likely than younger adults to report past suicide attempts with a greater intent to die, OR = 8.46, 95% CI [2.28, 31.37], p = .001. Future research should include examinations of risk factors specific to older adult men, who have very high suicide rates.

SOCIAL SUPPORT AND MENTAL HEALTH AMONG VISUAL IMPAIRED OLDER ADULTS: THE BENEFITS OF GIVING

M. Smith, Psychology, West Virginia University, Sutton, West Virginia

Visual impairment and disability place older adults at increased risk for depression and suicide ideation. Social support, specifically giving support to others and volunteering, may help older adults adapt to changes in functioning and decrease suicide risk. In older adults from a vision clinic (N = 101), giving support to others was associated with a reduced likelihood of suicidal ideation (OR = .82). Participants who volunteered, endorsed higher levels of reasons for living ($b = .31$). Disability was related to lower levels of volunteer activity, which in turn was associated with lower levels of reasons for living ($b = .07, SE = .06$). Past research has examined the role of support received from others as a buffer for the effects of stressors on depression and suicide risk. This study demonstrates that giving support to others, not just received, is important in understanding depression and suicide risk in the context of disability.

ATTEMPTED SUICIDE IN LATER LIFE: AN EXAMINATION OF THE INTERPERSONAL THEORY OF SUICIDE


A prior suicide attempt is a significant risk factor for death by suicide in older adults. However, the causes and correlates of suicide attempts among older adults are poorly characterized. The current paper will present qualitative and quantitative data to characterize a sample of older adults who attempted suicide. The sample is comprised of 47 men and 56 women with an average age of 80 (range 70-91 years). Qualitative data on self-reported reasons for attempting suicide will be presented, as well as quantitative data on physical illness burden, functional impairment, social disconnectedness, stressful life events, and person-ality. Specific hypotheses regarding the role of the constructs of thwarted belongingness and perceived burdensomeness—key constructs of the Interpersonal Theory of Suicide—will be examined and presented.

INCREASE YOUR SUICIDE PREVENTION SKILLS WITH OLDER VETERANS WEB-BASED TRAINING

A. O’Riley, D. King, J.R. Wood, W. Cross, Psychiatry, University of Rochester Medical Center, Rochester, New York, 2. Center of Excellence for Suicide Prevention VA Canandaigua Medical Center, Canandaigua, New York

In 2012, the Veterans Administration Employee Education System, in collaboration with the Center of Excellence for Suicide Prevention at the Canandaigua VA Medical Center, developed a 1 hour web-based training with the purpose to provide clinicians with strategies for preventing suicidal behavior in their older Veterans. This presentation presents results of a study that evaluated the effectiveness of this web-training. In all, 1654 people completed pre-test questionnaires, 1582 completed post-test questionnaires, and 182 completed questionnaires at 3 months follow-up. Results demonstrated increased knowledge, self-efficacy, and practice behaviors related to managing suicidal behaviors in older Veterans. The training appeared to be particularly effective for participants who had less than 2 hours prior training in suicide prevention. All in all, these results suggest that a 1 hour web-based training may be an effective tool to improve the ability of VA employees to effectively manage suicidal behaviors in older Veterans.

SESSION 1135 (PAPER)

EMPLOYMENT AND RETIREMENT

THE JOB DEMANDS-CONTROL-SUPPORT MODEL: UNDERSTANDING THE IMPLICATIONS OF AGE

E. Besen, 1. Liberty Mutual Research Institute for Safety, Hopkinton, Massachusetts, 2. Applied Developmental Psychology, Boston College, Chestnut Hill, Massachusetts

In recent decades, the average age of the United States workforce has been on the rise, a trend that is expected to continue. The aging of the workforce has raised concerns from researchers, policy-makers, and organizations. As a result, there have been calls for research regarding how experiences at work vary across the life-span, although few studies have addressed this topic. To begin to address this gap in the literature, this paper aims to explore the association between job demands and well-being and how the processes employees use to cope with job demands vary with age. Using data from two waves of Midlife in the...
The starkest differences were in relation to the poorest fifth of the population (based on equivalised non-pension wealth), who were much more likely to be employed in the USA than in England. Logistic regression analysis reveals that health, education and age differences only partially account for lower levels of employment amongst the poorest in England. The concluding discussion suggests higher employment amongst the poorest Americans is, in part, a legacy of different historical strategies for dealing with low retirement incomes — extending employment rights to the over 65s in the USA versus expanding UK means tested provision.

DURATION AND EXIT FROM SELF-EMPLOYMENT AND ENTREPRENEURSHIP

J.C. Scott, Public Policy, Univ North Carolina Chapel Hil, Chapel Hill, North Carolina

Despite the current economic downturn, some older Americans are engaging in new business ventures. Bridging the literatures on entrepreneurship and the aging workforce, the research question for this project is what factors are associated with entrepreneurship at the older ages? How long does self-employment last? What factors contribute to exit from self-employment? Using all waves of the Health and Retirement Study, we define five types of entrepreneurship: self-reported general self-employment status, self-employment combined with supervisory responsibilities, self-employment in so-called ‘knowledge’ occupations, self-employment not associated with knowledge occupations, and self-employment combined with business asset ownership. We use key explanatory variables such as job loss, wealth, education, and risk tolerance and a Cox proportional hazards model to look at duration of and exit from these different categories of self-employment. Our major finding is that different explanatory variables are associated with different categories of self-employment. Job layoffs, more openness to risk, and resources in the form of household wealth and education are a significant if unsurprising contributors to entrepreneurial self-employment. Our paper concludes with policy implications for older workers.

OLDER WORKERS AND WORK ABILITY: ARE WE LESS ABLE TO MEET THE DEMANDS OF WORK AS WE AGE?

P. Taylor, C. McLoughlin, Business & Economics, Monash University, Churchill, Victoria, Australia

The ‘Work Ability’ concept is a widely used approach to workforce management. Three decades of international literature reports its use. It is defined as how able a worker is to do their job with respect to its demands, and their resources (Ilmarinen, Tuomi & Klockars, 1997). A fundamental principle of the concept is that as workers age their ability to meet their job demands decreases. This finding has been elucidated in numerous studies, most notably the multiphase Finnish longitudinal study (Gould et al., 2008). The observation of normative declines in work ability has been met with organisational interventions aimed at improving or maintaining the work ability of workforces among developed economies experiencing population ageing. However, commentators have argued that work ability measurement has not kept pace with the concept’s theoretical advancements or important changes in the organisation of work that have occurred in the decades since the development of the standard tool used for measuring work ability, the Work Ability Index (WAI). These criticisms highlight the centrality of measures of physical health and subjective assessments of individuals’ own work ability in the WAI, citing the inherent physiological changes with age and the internalisation of age stereotypes as the mechanisms behind the declines in WAI scores with age. This paper reports on a newly developed measure of work ability using a nationally representative sample of the Australian workforce (n = 3200) that is psychometrically robust which indicates older workers maintain higher levels of work ability than previous studies would suggest.

The Gerontological Society of America
SESSION 1140 (SYMPOSIUM)

AGING OF THE HEARING AND VESTIBULAR SYSTEM: SIGNIFICANCE TO OLDER ADULTS AND WHAT TO DO ABOUT IT
Chair: F.R. Lin, Otolaryngology-Head & Neck Surgery, Johns Hopkins, Baltimore, Maryland
Co-Chair: Y. Agrawal, Otolaryngology-Head & Neck Surgery, Johns Hopkins, Baltimore, Maryland
Discussant: L. Ferrucci, National Institute on Aging, Baltimore, Maryland

The role of the peripheral cochlear and vestibular sense organs in providing hearing and balance information to the brain is often taken for granted, despite the critical role of these sensory systems in nearly all aspects of daily functioning. Age-related declines of cochlear and vestibular function lead to degraded peripheral encoding of sound and impaired balance control, which can lead to significant negative consequences for cognitive and physical functioning. In this symposium, we will review our current understanding of how aging in the hearing and vestibular system is associated with the daily functioning of older adults. We will then describe practical strategies for diagnosing and managing impairments of the hearing and vestibular system in older adults in order to promote positive aging and minimize functional decline.

AGE-RELATED HEARING LOSS AND HEALTHY AGING
F.R. Lin, Otolaryngology-Head & Neck Surgery, Johns Hopkins, Baltimore, Maryland

Age-related hearing loss (ARHL) in older adults is often perceived as being an unfortunate but relatively inconsequential part of aging. However, the broader consequences of hearing loss for the health and functioning of older adults are now beginning to surface in epidemiologic studies. I will discuss recent epidemiologic research demonstrating that hearing loss is independently associated with poorer cognitive functioning, accelerated cognitive decline, an increased risk of incident dementia, and accelerated rates of brain atrophy as measured by MRI. Results from analyses of several large epidemiologic datasets including the National Health and Nutritional Examination Surveys, the Health Aging and Body Composition Study, and the Baltimore Longitudinal Study of Aging will be presented. Finally, I will discuss ongoing and planned studies to investigate the impact of current hearing rehabilitative interventions on delaying cognitive decline and dementia in older adults.

FINDING SOLUTIONS: RESOURCES FOR AGE RELATED HEARING LOSS
M.I. Wallhagen, Physiological Nursing, University of California, San Francisco, San Francisco, California

Many older adults with hearing loss do not take advantage of hearing health care services, often because they are unaware of the significance of their hearing loss but also because they are unaware of the resources available that would facilitate their ability to stay connected and engaged. Simple screening protocols in primary care can facilitate the identification of possible hearing loss and promote referral for further testing and consideration of hearing aids. However, hearing aids are not the only option and are often not sufficient to address the needs of persons with hearing loss. This presentation discusses a range of available resources including land line and mobile phone services, captioning, induction loops and telecos, FM and Infrared devices, home safety devices, and effective communication strategies for both the person with hearing loss and their families. Included is a brief discussion of the support provided by the Americans with Disabilities Act.

SESSION 1145 (SYMPOSIUM)

VESTIBULAR FUNCTION AND AGING
Y. Agrawal, J.P. Carey, J.D. Walston, Johns Hopkins, Baltimore, Maryland

The vestibular system is integral to balance control and locomotion. Recent epidemiologic analyses suggest that vestibular dysfunction is highly prevalent among older individuals and significantly increases fall risk. The vestibular system consists of 3 semicircular canals and 2 otolith organs (the saccule and utricle). In this study, we evaluated the physiologic nature of the vestibular dysfunction that occurs with the normative aging process. We enrolled 50 community-dwelling individuals age ≥70, and assessed semicircular canal function using head thrust dynamic visual acuity testing (htDV A), and otolith function with vestibular-evoked myogenic potential (VEMP) testing. Overall, we noted that the highest prevalence of semicircular canal dysfunction (80-90%) followed by saccular (50%) then utricular (20%) impairment, although we did observe individuals with isolated otolith deficits. A better understanding of the specific vestibular deficits that occur with aging can inform the development of rational screening, vestibular rehabilitation and fall risk reduction strategies in older individuals.

DIAGNOSIS AND MANAGEMENT OF VESTIBULAR IMPAIRMENTS
Y. Agrawal, M.C. Schubert, J.P. Carey, Johns Hopkins, Baltimore, Maryland

The vestibular system plays a critical role in postural control and locomotion. The vestibular system allows for stabilization of gaze during movement through vestibulo-ocular reflexes, and allows for stabilization of posture during movement through vestibulo-spi nal reflexes. This session will review these pathways, and describe measures to test the integrity of these pathways. Specifically, we will consider a new measure of vestibulo-ocular reflex testing: video-oculography (VOG). We will review two recent studies, the first which demonstrates the validity of VOG relative to the gold standard of magnetic eye coil testing in older individuals, and the second which highlights the ability of VOG to detect a mechanism of compensation for poor vestibulo-ocular reflex function: the gaze-stabilizing compensatory saccade. Further, we will discuss studies that demonstrate that the gazed-stabilizing saccade can be induced and improved through vestibular rehabilitation.

EXPLOITING STATE-OF-THE-ART PAIN MEASUREMENT TO INVESTIGATE AGE-RELATED INFLUENCES ON PAIN
Chair: M. Bernard, National Institutes of Health, National Institute on Aging, Bethesda, Maryland
Co-Chair: W. Chen, National Institutes of Health, National Institute on Aging, Bethesda, Maryland
Discussant: J.L. Riley, University of Florida, Gainesville, Florida

Chronic pain represents a major public health concern, affecting 100 million U.S. adults and costing more than $500 billion annually. Aging confers increased risk for chronic pain, with half of older adults reporting persistent or recurring pain and older adults experiencing greater pain-related physical and psychosocial decline. Despite the public health impact of pain in older adults, current knowledge regarding pain and aging is surprisingly limited. However, in recent years, sophisticated pain assessment tools have been exploited to enhance our understanding of age-related changes in pain. This symposium will highlight recent and ongoing research utilizing state-of-the-art pain assessment approaches to elucidate changes in pain experiences among older adults. Dr. Dr. Wen Chen from the National Institute on Aging will moderate the session and will provide a brief overview of the magnitude of pain as a public health issue among older adults. Dr. Arthur Stone will discuss methods for improving pain assessment in older adults, including ecological momentary assessment of pain, as well as day reconstruction methods for enhancing retrospective reporting of pain. Dr. Joe Riley
will present data regarding age-related changes in pain processing based on sophisticated psychophysical studies of experimentally induced pain in older adults. Dr. Roger Fillingim will present findings regarding the application of quantitative sensory testing methods to investigate biological and psychosocial variables contributing to ethnic group differences in osteoarthritis pain among middle aged and older adults. The speakers will allow sufficient time at the end of the session for an interactive question and answer segment.

**QUANTITATIVE SENSORY TESTING FINDINGS IN MIDDLE-AGED AND OLDER ADULTS WITH KNEE OSTEOARTHRITIS**

R.B. Fillingim, J.L. Riley, University of Florida, Gainesville, Florida

Quantitative sensory testing (QST) in healthy adults has revealed age-related changes in pain perception, with older adults exhibiting increased pain facilitation and decreased pain inhibition. However, QST findings among middle aged and older adults experiencing chronic pain have received limited attention. The UPLOAD (Understanding Pain and Limitations in Osteoarthritic Disease) Study performs QST in middle aged and older African Americans and non-Hispanic whites with and without knee osteoarthritis (OA). Findings have demonstrated age-related and ethnic differences in pain perception, with older adults and African Americans tending to show enhanced pain sensitivity, and some findings suggest that age-related changes in pain sensitivity are more robust among African Americans. In addition, individuals with symptomatic knee OA exhibit greater pain sensitivity, both at the affected knee and at unaffected body sites, and measures of pain sensitivity are associated with the severity of clinical pain. Potential biopsychosocial mechanisms underlying these findings will be discussed.

**REAL-TIME AND NEAR-REAL-TIME METHODS FOR MEASURING PAIN EXPERIENCE**

A.A. Stone, Psychiatry and Behavioral Science, Stony Brook University, Stony Brook, New York

For most people, the experience of pain is not constant, but fluctuates throughout the day and over days and weeks. Accurate recall pain over substantial periods of time is therefore very difficult and, as prior research has shown, is susceptible to distortions associated with imperfect memory and cognitive heuristics. This presentation reviews several techniques that reduce these distortions by limiting the recall period associated with pain measurement. One of these techniques (Ecological Momentary Assessment: EMA) samples point assessments throughout the day by signaling respondents to make immediate pain assessments. End-of-day diary methods have respondents rate their pain for the entire day and must rely on memory and cognitive heuristics. One limitation of EMA is that it does not allow researchers to ask respondents to reconstruct yesterday’s experiences in order to enhance recall of the day. Memories tend to fade over time. Selective site by site by age within MZ twin pairs and 0.168 within DZ twin pairs. The age-adjusted, age-related changes in pain sensitivity are more robust among African Americans than among non-Hispanic whites. In addition, individuals with symptomatic knee OA exhibit greater pain sensitivity, both at the affected knee and at unaffected body sites, and measures of pain sensitivity are associated with the severity of clinical pain. Potential biopsychosocial mechanisms underlying these findings will be discussed.

**AGE COHORT DIFFERENCES IN EXPERIMENTAL MODELS OF PAIN INHIBITION AND FACILITATION**

J.L. Riley, University of Florida, Gainesville, Florida

Increased prevalence of pain among older adults is partly due to the progressive musculoskeletal degeneration that accompanies aging, but also greater sensitivity to painful stimuli that result from changes in the structure and function of the nociceptive system. Experimental evidence collected by our laboratory suggests that healthy older adults have decreased endogenous pain inhibition and increased endogenous pain facilitation compared to younger participants, using several sophisticated pain testing protocols. These include models of conditioned pain modulation, offset analgesia, sensitizing and desensitizing trends using pain intensity clamping, greater sensitization during ascending and descending progression of sequential painful stimuli, and tests using prolonged duration stimuli across multiple trials that allow us to observe sensitization within and across trials for up to an hour. Selective site by age differences in the strength of these effects have also been seen which may be associated with nerve fiber type.

**SESSION 1150 (SYMPOSIUM)**

**LIFE-SPACE MOBILITY OF OLDER PEOPLE**

Chair: T. Rantanen, Gerontology Research Center, University of Jyväskylä, University of Jyväskylä, Finland

Discussant: W. Satariano, School of Public Health, University of California, Berkeley, California

Life-space refers to the spatial area where a person purposefully moves through. The smallest life-space may comprise only one room. Going to other rooms, to the yard, neighborhood or beyond extends the life-space. Mobility is optimal when people are able to go where they wish, when they wish and using the transportation they wish. Mobility is a prerequisite for accessing community amenities. Life-space mobility is based on the balance between a person’s internal capacity and the external challenges encountered in daily life. This symposium examines genetic factors, lower extremity performance and personal goals as factors underlying life-space in old age. We will also report on the association of life space with quality of life and sense of autonomy. Finally, residential history is used as a link to connect life-space mobility within a broader context of life course and aging. The presentations are based on three studies. Life-Space Mobility in Older People (LISPE) includes face-to-face interviews and assessments of 848 men and women aged 75-90 years in Central Finland. The Finnish Twin Study on Aging (FITSA) assessed life-space among 316 monozygotic and dizygotic twin sisters aged 74-86 years. LISPE and FITSA used the University of Alabama at Birmingham Study of Aging Life-Space Assessment. California Teachers Study employed a number of methods to determine where the participants lived earlier in order to assign residential neighborhood attributes for meaningful periods of life. This symposium will provide new knowledge on life-space in the context of wellbeing, agency and life-history of older people.

**GENETIC EFFECTS ON LIFE-SPACE MOBILITY IN OLDER WOMEN**


Life-space mobility was measured with the postal University of Alabama at Birmingham Study of Aging Life-Space Assessment (LSA, range 0-120, a higher score indicating better life-space mobility) in 74-86 year-old female twins (n=316). 222 (66%) participants reported unlimited life-space, meaning that they had travelled outside their town during the previous 4 weeks. The life-space of 39 (12%) participants was restricted to the immediate neighbourhood level. The mean LSA score was higher in monozygotic (MZ) than dizygotic (DZ) twins (64.2 vs. 55.0, p=0.001). The intra class correlation for the LSA score was 0.430 within MZ twin pairs and 0.168 within DZ twin pairs. The age-adjusted, quantitative genetic modelling revealed that additive genetic effects accounted for 43% (95% CI 21-61%) of the total variance in the LSA score, with the remaining variance due to non-genetic effects, 57% (95% CI 39-79%).
PHYSICAL PERFORMANCE AND AUTONOMY IN OUTDOOR ACTIVITIES WERE ASSOCIATED WITH LIFE-SPACE MOBILITY

E. Portegijs, M. Rantakokko, T.M. Mikkola, A. Viljanen, T. Rantanen, Gerontology Research Center and Department of Health Sciences, University of Jyväskylä, Jyväskylä, Finland

Aim: We studied the relationship between lower-limb physical performance, sense of autonomy in outdoor activities and life-space mobility in community-dwelling 75-90-years-old men and women. Methods: Cross-sectional analyses of baseline data of the Life-space mobility in old age (LISPE) cohort study (N=848). Results. The association between Short Physical Performance Battery (SPPB) and autonomy outdoors (subscale Impact on Participation and Autonomy questionnaire) was rs=-.345 (p<.001). In linear regression models SPPB and autonomy outdoors were independently associated with life-space mobility (Life-Space Assessment). Together, SPPB (β=.36, p<.001) and autonomy outdoors (β=-.31, p<.001) explained about one third of the variance in life-space mobility (p<.001). The relationships were somewhat stronger in women and older age-groups. Conclusion. Lower-limb physical performance and autonomy outdoors explained a substantial portion of the variation in actual mobility through the life-space in these relatively healthy older people. Further study is needed to establish cause-effect relationships and relationships in more frail older people.

LIFE-SPACE MOBILITY AND QUALITY OF LIFE AMONG COMMUNITY-DWELLING OLDER PEOPLE

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Aim: We studied the association between life-space mobility and quality of life (QoL) among 75- to 90-year-old community-dwelling people. Methods: Cross-sectional analyses of baseline data of the Life-space mobility in old age- project (N=848). QoL was assessed with WHOQOL-BREF including QoL total score and physical, psychological, social and environmental domains. Life-space mobility was measured with the Life-Space Assessment (LSA) and the composite score (LSA-C) reflecting distance, frequency and needed assistance of travel was used. Results: The mean value of QoL was 100.3±11.8. All the QoL domains correlated with LSA-C. The physical domain and LSA-C had the highest correlation (r=-.490, p<.001). The LSA-C was a strong indicator of QoL, also after adjusted for health and socioeconomic status. Conclusion: Larger life-space and good QoL coincide among older people, regardless of their health situation. Guaranteeing the possibility to go where and when one wants may help to promote QoL among older people.

THE ASSOCIATION BETWEEN PERSONAL GOALS AND LIFE-SPACE MOBILITY AMONG OLDER ADULTS

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Aim: We studied the association between the number of personal goals and life-space mobility among 75- to 90-year-old community-dwelling people. Methods: Cross-sectional analyses from the Life-Space Mobility in OldAge -project. Personal goals were studied with a revised version of the Personal Project Analysis and life-space mobility was assessed with the University of Alabama at Birmingham Study of Aging Life-Space Assessment. Results: Compared to having no personal goals or only one goal, having two or three goals doubled (OR 2.04, 95% CI 1.31 – 3.17), and having at least four goals tripled (OR 3.23, 95% CI 1.64 – 6.35) the likelihood for life-space reaching beyond home. Conclusion: Personal goals may encourage older adults to move in a larger life-space, while having no personal goals may lead to restricted life-space. However, longitudinal study is needed to examine the cause and effect relationship between personal goals and life-space mobility among older adults.

TRACING A PATH TO THE PAST: RESIDENTIAL HISTORIES FOR A STUDY OF BREAST CANCER


There has been increasing interest in early life influences on risk of chronic diseases, particularly cancer, which are prominent in later life. This, coupled with an emerging focus on the contributions of residential physical and social environments, creates a need for more innovative strategies to characterize features of the life course. Few human health studies have information on residential history – most, at best, have collected residence at the time of diagnosis or of study entry. Tracing residential patterns for older adults presents many challenges. For a breast cancer study in a cohort of over 118,000 California women (the California Teachers Study), we are employing a number of methods to determine where women lived at critical windows of susceptibility in order to assign residential neighborhood attributes for earlier periods of life. This work presents an opportunity to link assessments of life-space mobility within the broader context of life course and aging.

SESSION 1155 (SYMPOSIUM)

THE PERSONAL AND SOCIETAL BURDEN OF OSTEOARTHRITIS IN AN OLDER EUROPEAN POPULATION

Chair: D.J. Deeg, LASA, VU University Medical Centre, Amsterdam, Netherlands
Co-Chair: S. Maggi, National Research Council (CNR), Aging Branch, Institute of Neuroscience, Padova, Italy
Discussant: S.G. Leveille, Department of Nursing, University of Massachusetts Boston, Boston, Massachusetts

Osteoarthritis (OA) is a joint condition that is frequently accompanied by pain and disability. Since OA cannot be cured, treatment usually focuses on reduction of symptoms, to improve daily functioning and quality of life. The prevalence of OA varies across countries and study populations for several reasons. First, sampling frames vary widely. Studies on OA have often been based on patient samples or medical registers, but as not all OA-patients consult a health care professional, these studies may provide biased estimates of prevalence and consequences of OA. Second, the operational definition of OA varies widely across studies. Consensus-based definitions published by the American College of Rheumatology (ACR) are not yet the standard in ongoing studies, which hampers comparison of prevalence rates across studies. Third, national differences such as climate or health care may also play a role. The European Project on OsteoAthritis (EPOSA) studies the personal and societal burden of OA and its determinants in population-based samples aged 65-85 years in six countries: Germany, Italy, the Netherlands, Spain, Sweden and the United Kingdom. It addresses geographical, socio-cultural, and life style differences in relation to OA across Europe. Data have been gathered according to uniform interviews and clinical assessments of OA according to ACR criteria, at two waves one year apart (2010-2012, N=2942). In four presentations, this symposium presents the design and first results on inter-country differences in OA prevalence and consequences such as functional decline and pain, and the role of comorbidity and climate in the experience of these consequences.
OSTEOARTHRITIS, COMORBIDITIES AND FUNCTIONAL LIMITATIONS IN ACTIVITIES IN OLDER POPULATIONS. RESULTS FROM THE EUROPEAN PROJECT ON OSTEOARTHRITIS (EPOSA) STUDY

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Osteoarthritis (OA) and comorbidities are important contributors to functional impairment in older persons. The objective of this study was to analyze the role of comorbidities and pain in the association between OA and functional limitations in activities in older European individuals. The study sample included the EPOSA subjects. Clinical diagnosis of hip and/or knee OA, pain and self-reported limitations in activities (Western Ontario and McMaster Universities OA Index) were assessed. Self-reported (lung, cardiovascular, stroke, diabetes, cancer, osteoporosis), and objectively measured (obesity, cognitive impairment, anxiety, depression) chronic diseases were considered as comorbidities. After adjustment for age, sex, countries and education, hip and/or knee OA were significantly associated with functional limitations. This association was only partially affected by chronic diseases, while it was strongly reduced by self-reported pain. Our results in these community-dwelling European older populations suggested the mediating role of pain in the association between clinical OA and functional impairment.

EUROPEAN PROJECT ON OSTEOARTHRITIS (EPOSA): DESIGN AND PREVALENCE OF CLINICAL OSTEOARTHRITIS

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This paper describes the design of the European Project on OSteoArthritis (EPOSA), and presents OA prevalence rates and descriptive analyses on selected variables across countries. In total, 2942 persons (65-85 years) were included in the baseline study with a mean age of 74.2 years (SD 5.1), just over half were women (51.9%). The baseline assessment was conducted by a face-to-face interview followed by a clinical examination. Measures included physical, cognitive, psychological and social functioning, lifestyle behaviour, physical environment, wellbeing and care utilisation. The clinical examination included anthropometry, muscle strength, physical performance and OA exam. A follow-up assessment was performed 12-18 months after baseline. The prevalence of knee OA was the highest, followed by hand OA, and hip OA (20.2%, 17.1%, 6.1% respectively). Cross-national differences are observed in prevalence rates. The EPOSA study provides a unique opportunity to study the determinants and consequences of OA in general populations of older persons.

SELF-PERCEIVED WEATHER SENSITIVITY AND JOINT PAIN IN OLDER PEOPLE WITH OA IN SIX EUROPEAN COUNTRIES

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The aims of this study were to examine whether there are differences in perceived joint pain between weather-sensitive and non-weather-sensitive people with clinical osteoarthritis (OA), and to determine whether local climate affects the perceived influence of weather on pain in this population. EPOSA-participants with clinical OA were asked about their perception of weather as influencing their pain. Using a two-week pain calendar, average self-reported joint pain was assessed. Local climate types were classified by the Köppen-Geiger Climate Classification System. Analyses were adjusted for potential confounders. Compared to non-weather-sensitive participants (n=243), the weather-sensitive participants (n=469) reported more pain (p<0.001). People living in a cold and wet climate reported the least weather sensitivity, whereas people in a warm and dry climate reported the most weather sensitivity. Older people with clinical OA who are weather-sensitive experience more pain than those who are non-weather-sensitive. Local climate seems to impact the perceived influence of weather.

SESSION 1160 (PAPER)

HEALTH STATUS OF US OLDER ADULTS

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Purpose of the study. Adults aged 65+ are a diverse and rapidly growing segment of the US population. We provide a comprehensive examination of health status in this population group using a representative sample of older US adults. Design and Methods. National Health Interview Survey data were pooled for years 1997-2011 for adults aged 65+ (n=83,338, mean age 74.6), and analysis were adjusted for sampling weights and design effects. Multivariable logistic regression was used to model the association of socioeconomic factors and health behaviors with four health status measures: 1) self-rated health, 2) presence of multiple chronic health conditions, 3) presence of multiple functional limitations, and 4) health related quality of life (HRQL). Results. Poor health outcomes in older adults were associated with lower levels of education, black non-Hispanic race/ethnicity, former alcohol consumption, and unemployment. Males were more likely than females to report fair/poor health (Odds Ratio: 1.15; 95% Confidence Interval: 1.10-1.20) and have several chronic health conditions (1.27; 1.22-1.32).
but less likely to have functional limitations (0.61; 0.58-0.63) and low HRQL scores (0.83; 0.78-0.87). Hispanics were more likely than non-Hispanic whites to be in fair/poor health (1.64; 1.54-1.75) and to have low HRQL (1.25; 1.17-1.34), however less likely to report multiple chronic conditions (0.87; 0.82-0.93) and functional limitations (0.86; 0.80-0.91). Implications: Strong associations exists between health status and socio-demographic and behavioral factors, however the relationship for some predictors (e.g. male gender and Hispanic race/ethnicity) is not consistent. Future research should investigate the causes of such inconsistencies.

HEALTH STATUS AMONG THE 60+ YEARS OLD PEOPLE
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Aim of this study is to detect the health differences in a 60+ old population, taking into account functional aspects, medical diagnoses and the variability across and within age cohorts. Activity of the daily living (ADL), instrumental-ADL (IADL), and chronic diseases were computed for 3241 adults (60 years and older) from the SNAC-K Project, a community-based prospective cohort in Stockholm, Sweden. An aging health index (AHI) was created combining functionality and number of chronic disorders. AHI ranged from 0= no functional impairment, no morbidities to 180= severe ADL/IADL impairment and 5+ morbidities. Change in functionality, chronic disease, and AHI with age were analyzed by computing three different percentiles: p10, p50, and p90. Health was more homogenous among the younger age groups (age <80). Functional limitations were typical for the 78+ old subpopulation while morbidities were present at any age. Both p90 of ADL and p90 of IADL were equal to zero among people younger than 90 and 80, respectively. Great variability in functionality was present after these ages (95+: ADL p10=0, p90=5; IADL p10=0, p90=4). Variability in morbidity increased with age: difference between p90 and p10 was 2 at 60 and 4 at 96. Gender differences in AHI were present only among people after age 80 and for high AHI values. 10% of the whole population aged over 60 has no morbidity or functional limitation fulfilling the definition of healthy aging. Half of the population reached old age (96 years old) without any severe functional limitations in spite of chronic morbidity.

PREVALENCE, VALIDITY AND SOCIODEMOGRAPHIC ASSOCIATIONS OF DEFINITIONS OF AGING WELL IN SPAIN
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This paper applies McLaughlin’s continuum of operationalizations of Rowe & Kahn’s definition of successful aging for the Health Retirement Survey to a nationally representative Spanish cohort (ELES). The operationalizations are based on more and more stringent criteria for aging well based on good function, absence of disability, absence of (limiting) diseases and risk factors. The ELES study is a nation-wide survey on community dwelling people 50 years and older. Prevalence estimates for the different definitions are calculated. Logistic and multiple regressions are used to calculate the prevalence of optimal self-perceived health and mean quality of life of individuals belonging to each criterion (validity) and the associations of having aged well under different definitions with age, sex, educational level and civil status. 4.5% meet the most stringent criterion (disease and disease risk factors free), 17.4% the second most stringent one (disease free), 28.5% the third most stringent one (limiting disease free) and 49.2% the less stringent criterion (disability free and with good function). Prevalence figures increase in men and those younger and are higher than in the United States. Even after adjusting for age, sex and educational level, degrees of aging well are associated with self-perceived health and quality of life in the expected direction. Aging well under the most stringent criterion (more biological) is associated with lower age and male gender, and under the less stringent criteria, with a higher education, too. Depending on the definition chosen, different burdens of bad aging and probably different predicting factors will be found.

QUALITY OF LIFE AND FUNCTIONAL LIMITATIONS IN CHILEAN OLDER PEOPLE
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Aim: To study Quality of life (QoL) and functional limitations in Chilean elderly people. Methods: Cross-sectional study in a Chile national representative sample of 4546 community-dwelling individuals ≥60y (61.5% women). Home interviews including socio-demographic variables, history of chronic diseases, self-reported disability/functional limitations and mobility were done in the whole sample. QoL was evaluated with SF-36 and with a single question, depression with GDS-15 and cognitive impairment with a screening test consisting in MMSE score<22 and Pfeifer activities questionnaire score>5. Results. From the total sample 9% had cognitive impairment and 21.1% functional dependence (men 19.8%, women 22.5%) being 37.8% the attributable fraction of dementia to functional dependence. QoL evaluated with a single question was not good in 37.5% of the interviewed, moderate or severe pain was reported by 39.5% of the individuals and significantly associated with bad of fair QoL (p<0.01). After logistic regression analysis the most important risk factors associated with low Mental component of SF-36 (25percentile) were illiteracy (OR 5.25; 95%CI:1.07-5.92), having ≥2 chronic diseases (OR 3.8; 95%CI:1.41-10.06) and depression symptoms (OR 26.9; 95%CI:15.31-47.21). Besides those factors low Physical component of SF-36 was associated with functional limitations (OR 4.89; 95%CI:2.54-9.44) and obesity (OR2.2; 95%CI:1.48-3.34). Having social support was a strong protective factor for mental component (OR 0.54; 95%CI:0.30-0.97) Conclusion. Low QoL of Chilean elderly was strongly associated with depression and lack of social support. Health Policies focused to better and timely diagnostic and treatment of depression and initiatives to enhance social support should improve QoL of Chilean older people.

VITAMIN D DEFICIENCY IS ASSOCIATED WITH COGNITIVE IMPAIRMENT IN CHINESE ELDERLY: A RESULT FROM THE CHINESE LONGITUDINAL HEALTHY LONGEVITY SURVEY
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Vitamin D deficiency is associated with fractures, chronic health conditions and mortality. Recent studies suggest vitamin D to have a neuroprotective function, potentially important for prevention of cognitive impairment (CI). This first large study from Asia to assess the association between Vitamin D status and CI among the elderly utilizes data of 2,373 participants aged 60 years or older from the 2012 wave of the Chinese Longitudinal Healthy Longevity Survey, a community-based study in longevity areas in China. Cognitive state of participants was assessed using the Mini-Mental State Examination (MMSE). The cross-sectional association between plasma vitamin D level (severely deficient [<25 nmol/L]; deficient [≥25 to <50 nmol/L]; insufficient [≥50 to <75 nmol/L]; sufficient [≥75 nmol/L]) and CI (MMSE score <18) was assessed using logistic regression analysis. Plasma vitamin D levels were severely deficient or deficient among 69.8% of the participants, and were lower in those with CI than those
without (31.6±15.2 versus 45.2±19.5 mmol/L). The adjusted (for age, sex, education, systolic and diastolic blood pressure, plasma glucose, plasma triglyceride, total cholesterol, current smoking, current drinking, outdoor activities, and activity of daily living limitations) odds ratio for CI among those with severely deficient, deficient and insufficient plasma vitamin D levels compared to those with sufficient levels was 5.0(1.8-14.3), 3.4(1.2-9.5) and 1.9(0.7-5.6), respectively. Among Chinese elderly, low plasma vitamin D levels were associated with increased odds of CI. Given the prevalence of vitamin D deficiency among older adults, vitamin D supplementation may be effective in preventing CI.

SESSION 1165 (PAPER)

FALLS/MOBILITY

THE IMPACT OF A DECREASING TRENDS IN U.S. HIP FRACTURE RATES ON FUTURE HIP FRACTURE ESTIMATES

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Purpose Age-adjusted hip fracture rates among men and women aged 65 years and older in the U.S. declined significantly from 1990 to 2006. We wanted to determine whether the decreasing age-group-specific hip fracture rates might offset an expected increase in hip fractures from the aging population over the next four decades. Methods This study used data from the National Hospital Discharge Survey (NHDS), a national probability survey of inpatient discharges from nonfederal U.S. hospitals, to analyze hip fracture hospitalizations, defined as cases with any diagnosis coded ICD-9 CM 820. We analyzed the trends in rates by sex and 10-year age groups using Joinpoint analysis software and used the results and projected population estimates to obtain the expected number of hip fractures in 2020, 2030, 2040 and 2050. Results Based on current age- and sex-specific trends in hip fracture hospitalization rates, the number of hip fractures is projected to rise 11.1 percent—from 271,000 in 2009 to 301,000 in 2050, (Projection Interval [PI]=145,000–493,000). The number of hip fractures among men is expected to increase 80.2 percent (PI=11.8%–172.2%) while the number among women is expected to decrease 12.9 percent (PI=–68.2%–42.3%). These trends will affect the future distribution of hip fractures in the older population. Conclusions Although the number of older people in the U.S. will increase appreciably over the next 40 years, the expected increase in the number of hip fractures will be largely offset by decreasing hip fracture rates.

MECHANISMS AND OUTCOMES OF GRIEF AMONG OLDER WOMEN WITH MOBILITY IMPAIRMENTS

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The loss of a loved one may worsen disablement outcomes and contribute to health disparities. The purpose of this four-year ethnographic, mixed-method study was to describe the experience and impact of grief due to the death of a loved one on the disablement outcomes of older non-Hispanic White Women (NHWW) and Mexican American Women (MAW) with mobility impairments. The sample included 62 NHWW and 60 MAW ages ranging from 55–75 (M= 65, SD=6.9). Participants completed 444 interviews, demographics, and reliable measurements of disability, function, impairment, pain, depression and loss. Qualitative content analysis, descriptive statistics, multivariate analysis of variance, and Pearson’s chi-square were used. Content analysis resulted in four themes that described the women’s views of how grief affected disablement: Disjointed, Struggling, Alone & Motionless, and Pulled Along. The quantitative results suggested that there was a significant difference in pain (F (1, 101) =5.41, p<.05), disability (F (1, 101), =4.01, p<.05) and depression (F (1, 101)=8.91, p< .01) between women that experienced loss and women that did not. Further, the MAW reported significantly more loss affecting their health than NHWW (χ2 (1) p<.05). We posit that grief may contribute to health disparities in disablement outcomes among women due to the high levels of loss in older minority groups of women; grief intensifies pain and increases depression, which contribute to less social role performance. Acknowledgment: Support provided by NIH/NINR 1 R01 NR010360

CONCORDANCE IN TRAJECTORIES OF SELF-REPORTED AND OBJECTIVELY-MEASURED FUNCTIONAL STATUS IN OLDER ADULTS: DOES IT DIFFER BY GENDER?

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Background. Maintaining physical function and reducing disability among older adults are critical goals in geriatric medicine. Despite documented age-related declines in self-reported functional status and objectively-measured physical function, it is unclear whether these functional indicators follow similar trajectories of change over time or whether the patterns of change differ by gender. Methods We used longitudinal data from 754 initially non-disabled adults age 70+ years from the Precipitating Events Project (PEP), who were evaluated every 18 months for 12 years. Objective physical function was assessed using grip strength and a modified-version of the Short Physical Performance Battery (SPPB). Subjective functional status was measured with a 12-item self-reported disability scale (4 basic, 5 instrumental, and 3 mobility activities). Hierarchical linear models estimated the intra-individual trajectories of each indicator and differences in trajectories’ intercept and slope by gender. Results. Grip-strength, SPPB, and self-reported functional status declined over 12 years following non-linear trajectories. In the full sample, SPPB and self-reported function showed similar rates-of-decline, while grip-strength declined at a substantially slower rate. Women experienced slower declines in objectively-measured function, but faster declines in self-reported function, compared with men. Trajectory intercepts revealed that women had significantly weaker grip-strength and reported lower functional scores at baseline compared with men, with no differences in baseline SPPB scores. These findings were robust to adjustments for differences in socio-demographic and psychosocial factors, length-of-survival, health behaviors, and chronic-disease status. Conclusions. Despite the female disadvantage in self-reported functional status, older women seem to preserve objective functioning better than men over time.

BALANCE SCORES OF A MODIFIED BATHROOM SCALE AS AN INDICATOR OF DISABILITY AND FALLS IN OLDER PEOPLE

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Objective: To study the relationship between balance measured by a modified bathroom scale and disability and falls in older people. Methods: Nursing home patients and community-dwelling older people were recruited via physical therapists, geriatricians, exercise classes, and at an event about health for older people. Eligibility criteria were: aged above 65 years, able to stand on the bathroom scale independently, and able to provide written informed consent. All participants stepped onto the bathroom scale 3 times. Their mean balance score on a scale from 1 till 16 was calculated; higher scores indicating better balance. Participants filled out a questionnaire regarding disability and falls in the past 6 months. Overall, ADL, and IADL disability sum scores were calculated; higher scores indicating more disability. Pearson correlations and t-tests were used for data analyses. Results: Data of 167 participants (72% women, 20% nursing home patients) with a mean age of 76 (SD 6.5) years old were included in the analyses. Correlations between mean balance score and overall, ADL, and IADL disability were -.55, -.48,
and -.55 respectively (p < .01). Balance scores of participants who had fallen at least once in the past 6 months were lower compared to non-fallers, 8.5 and 10.7 respectively (p < .01). Subgroup analyses for nursing home patients and community-dwelling older people yielded similar results. Conclusion: Balance scores from the bathroom scale are associated with disability and falls. A six-month follow-up measurement will provide insight into the predictive validity of the balance scores of the bathroom scale.

CNS AND MOBILITY: COMBINED COGNITIVE AND PHYSICAL TRAINING CAN BENEFIT DUAL-TASK GAIT AND BALANCE
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Gait and balance research has demonstrated that cognition and mobility are intimately related. Newer interventions for preventing falls and maintaining mobility are combining exercise and cognitive approaches. The current study explored the efficacy of different combinations of physical and cognitive training on dual-task balance and gait measures. Seventy-four older adults (M = 71.3 yrs) were randomly assigned to one of four training groups: (1) Aerobic+Cognitive, (2) Aerobic+Internet, (3) Stretch+Cognitive, and (4) Stretch+Internet. All participants completed three 60 minute training sessions per week for 12 weeks (2 exercise + 1 cognitive). The cognitive session was either computerized dual-task training or a weekly course on internet use. The benefits of dual-task training were assessed with a ratio, with smaller ratios representing reduced dual-task costs (DTCs). Training significantly reduced DTCs from Pre to Post-test (p = .022) and a time by group interaction (p = .01) indicated that only those who received cognitive training reduced their costs over time. Walking speed (m/s) improved from Pre to Post-training across all groups and in the easy dual-task walk condition, the ratio of change in dual-task training correlated positively with the change in walking speed DTCs (p = .05). In balance measures, mediolateral sway measures were reduced over time (p < .022) and the two groups that received Stretch training (3 & 4) reduced their single task balance variability from Pre- to Post-training (p = .030). Results indicate that combined approaches could benefit both cognitive and physical outcomes and ultimately improve and maintain mobility over time.

SESSION 1170 (SYMPOSIUM)

FOSTERING INFORMAL SUPPORTS WITHIN COMMUNITIES TO PROMOTE OPTIMAL AGING
Chair: K. Black, College of Arts and Sciences, University of South Florida at Sarasota-Manatee, Sarasota, Florida
Co-Chair: E.A. Greenfield, Rutgers: The State University of New Jersey, New Brunswick, New Jersey
Discussant: R. Dunkle, University of Michigan, Ann Arbor, Michigan

Across America, communities are grasping to respond to the unprecedented growth of their oldest residents. As the nation experiences cutbacks to publicly-funded programs and services to meet current and future needs, there is increasing interest to better understand the role of informal (non-kin) supports that facilitate aging in community. This symposium presents the results of new research about informal supports in community aging from across the United States. The first paper utilized participatory action research in a Southeastern community and discovered impactful roles for older adults assisting other older residents in six thematic areas, and across key transitions across the later life course. Using qualitative methods, the second paper reports on findings from a Northwestern community that explored older adults’ perspectives on what aspects of community-based social relationships are important for creating elder-friendly communities. The third paper draws on qualitative interviews with older adults in Naturally Occurring Retirement Communities throughout New York City. This paper identifies aspects of older adults’ relationships with neighbors that create challenges for implementing “neighbor-helping-neighbor” type programs to support aging in place. The fourth paper presents results of a survey of residents within Village programs - membership organizations that seek to promote aging in community, in part, by enhancing older adults’ social engagement. Results identify the extent to which members are socially engaged, as well as organizational characteristics associated with higher levels of engagement. Implications for designing community networks that promote social capital needed for optimal aging will be discussed, along with recommendations for future research.

AGING IN COMMUNITY: MOBILIZING A NEW PARADIGM OF OLDER ADULTS AS A CORE SOCIAL RESOURCE
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Dignity and independence are widely considered as core concepts to aging well, yet little research has explored how older adults perceive these issues in the context of community life. Moreover, little is known regarding the ways in which the broader public views and enhances aging with dignity and independence with their older residents. Using participatory action research, multiple methods of qualitative inquiry, and tenets of appreciative inquiry, this article reports on a community-based initiative aimed to better understand the positive aspects of aging with dignity and independence. Synthesized findings yielded 6 “actionable themes”: (1) meaningful involvement, (2) aging in place, (3) respect and inclusion, (4) communication and information, (5) transportation and mobility, and (6) health and well-being. The findings invoke a new paradigm for community aging that highlights the unique contributions of older adults as a core social resource. Implications for mobilizing community action to promote aging with dignity and independence are discussed.

THE IMPORTANCE OF SOCIAL CONNECTEDNESS IN BUILDING AGE-FRIENDLY COMMUNITIES
C.A. Emlert, Social Work, University of Washington Tacoma, Tacoma, WA

Staying socially connected is an important aspect of aging in place and creating elder friendly communities. Improving our understanding of how older adults view social relationships furthers our understanding of that process. Methods: Using the World Café format and qualitative methods, data was gathered from 23 adults, age 45 and older in Western Washington. Results: Twenty –three adults who reside within the city attended a community forum about the value of social connectedness. The majority of participants were female, and Caucasian. Three major themes emerged from the analysis: social reciprocity, meaningful interactions, and structural needs/barriers. Older adults voiced willingness to give to their community but wished to be engaged in meaningful activity. They also identified specific barriers to creating and maintaining social connectedness. Discussion: The results of the study reinforce the importance of social connectedness in creating and maintaining elder-friendly communities and identified structural barriers to that end.

NEIGHBORS AS A SOURCE OF SUPPORT IN NATURALLY OCCURRING RETIREMENT COMMUNITIES (NORCS)
E.A. Greenfield, J.P. Fedor, Rutgers, The State University of NJ, New Brunswick, New Jersey

There is growing enthusiasm for community interventions, such as NORC programs, that aim to foster supportive relationships among neighbors to promote optimal aging. Nevertheless, there has been little
investigation of the nature of neighbor relationships in later life to inform practice in this area. This study drew on data from in-depth interviews with approximately 40 older adults residing in diverse NORCs in New York City. Using a grounded theory data analytic approach, results revealed that: (a) meaningful neighbor relationships typically engage slowly and organically over time, (b) older adults face difficulties forging deep relationships with newer and younger residents, (c) support among neighbors typically emerges from existing social networks, and (d) NORC programs promote socializing, although not necessarily helping, among neighbors. Overall, results suggest that formal interventions such as NORC programs need time and considerable existing social capital to help foster supportive neighbor relationships for older residents.

SOCIAL SUPPORT IN THE ‘VILLAGE’
A.E. Scharlach, C. Graham, Social Welfare, University of California, Berkeley, California

This presentation describes findings from a survey of 427 members of “Village” programs in California — membership organizations designed to enhance older adults’ service access, social capital, and ability to age in place. Survey results indicated relatively high levels of social interaction among Village members, including attending classes and social events (64%), volunteerism (53%), and weekly one-to-one social contacts (43%). Village membership was associated with a variety of salutary impacts for member social well-being, including knowing more people (27%), talking to more people (29%), leaving home more often (38%), participating in activities more often (34%), feeling more socially connected (32%), and feeling less lonely (39%). Factors found to be associated significantly with enhanced social well-being included member age, education, functional ability, and years of membership in the Village. Implications for designing community networks that promote social capital needed for optimal aging will be discussed, along with recommendations for future research.

SESSION 1175 (SYMPOSIUM)

LONG-TERM CARE IN CHINA: OLDER ADULTS’ NEEDS AND PREFERENCES
Chair: B. Wu, School of Nursing, Duke University, Durham, North Carolina
Discussant: J. Chi, University of Southern California, Los Angeles, California

The rapid increase of older adults imposes a significant challenge in long-term care (LTC). This symposium includes four papers that address the issue of long-term care needs and unmet needs, elder’s preferences for care, and its health impact. The first presentation used MDS-HC to estimate the LTC needs of elders in Beijing. The study found that about 4% to 6% of the community elders had ADL difficulties and/or cognitive impairments that need LTC services. This study calls for a more precise method in measuring LTC needs in China. Using the Chinese Longitudinal Healthy Longevity Survey, the second presentation analyzed the changes of unmet needs over time among the oldest old (aged 80+). The results show that the rate of unmet needs for personal assistance in ADL significantly decreased from 2005 to 2008 for rural residents, but no significant changes were observed for the urban counterparts. Overall, the rate of unmet needs remained high. Caregivers’ willingness was the biggest contributor associated with unmet needs. There are significant differences in unmet needs, with regard to the prevalence, predictors, and changes over time, between rural and urban elders. The third study suggests that majority of the respondents preferred to age-in-place even when they become frail and that community support is essential for elders to age-in-place. The forth one indicated that social institutions provide or limit the social resources that are available to individuals, and thus, affect their health outcomes.

ESTIMATING LONG TERM CARE NEEDS OF OLDER PEOPLE IN BEIJING
Y. Xu’, P. Chan’, T.Y. Lum’, I. Social Work and Social Administration and Sau Po Centre on Ageing, The University of Hong Kong, Pokfulam, Hong Kong, 2. Beijing Normal University, Beijing, China

Earlier studies estimated that between 9% and 22% of older people in mainland China need long term care (LTC) services. Some believe that these figures are not reliable as they mainly came from surveys with no precise assessments of physical and cognitive functioning. We estimated the LTC needs of older people in Beijing using MDS-HC assessment. Method: We conducted MDS-HC assessment with 672 older people randomly selected from an old urban district in Beijing in 2011. Respondents were also asked whether they prefer moving to nursing home when they become frail. Findings: About 4% of the respondents had ADL difficulties and/or cognitive impairments that need LTC services. After controlling for health and functioning, older people with more education and higher income were more likely to prefer moving to nursing home when they become frail. Implications: Current study called for a more precise method in measuring LTC needs in China.

COMMUNITY SUPPORT AND AGEING-IN-PLACE PREFERENCE OF LOW INCOME ELDERLY PEOPLE
T.Y. Lum, P. Lou, T. Tong, Y. Chen, Social Work and Social Administration and Sau Po Centre on Ageing, The University of Hong Kong, Pokfulam, Hong Kong

Most ageing-in-place studies focused on individual and health determinants of nursing home admission. This study examines the roles of community support on ageing-in-home preference. Methods: We conducted face-to-face interview with 400 older people living in four low income neighborhoods. We also conducted four focus groups with older people living in these neighborhoods. We used multivariate regression to examine the association between community support and ageing-in-place preference of older people. Finding: 80% of respondents preferred to ageing in place even when they become frail. After controlling for demographic, socioeconomic characteristics, ADL and depression, those who received instrumental support from neighbors and those who lived in a community with an elderly center were significantly more likely to prefer staying in community even their health deteriorate. The effect size of neighborhood support was greater than living with family members. Implication: Neighbors and community support are essential for elders to age-in-place as they become frail.

INTER-REGIONAL AND INTRA-REGIONAL DISPARITIES IN THE HEALTH OF CHINESE OLDER POPULATION
N. Lu, V. Lou, T.Y. Lum, Department of Social Work & Social Administration, Sau Po Centre on Ageing, The University of Hong Kong, Hong Kong, Hong Kong

Objective: This study examined the inter-regional and intra-regional health disparities among Chinese older adults, in particular in terms of the effects of socioeconomic status on health outcomes. Method: The data was derived from the 2011 China Health and Retirement Longitudinal Study. 7611 respondents aged 60 and above were included. Physical health was measured by functional health and morbidity. Mental health was measured by depressive symptoms. Eastern coastal regions were recoded as “Eastern” and the other regions were recoded as “Western.” Socioeconomic status was measured by income and education. Findings: Respondents from rural Western regions reported worst health outcomes. The health disparities between rural and urban areas in the Western region were larger than those in Eastern region. The findings indicated that social institutions provide or limit the social resources and opportunities that are available to individuals based on their status hierarchy in the society, and further affect their health outcomes.
UNMET NEEDS FOR PERSONAL ASSISTANCE IN ACTIVITIES OF DAILY LIVING AMONG THE OLDEST OLD IN CHINA
R. Peng1, B. Wu2, L. Ling3, 1. School of Economics and Statistics, Guandong University of Business Studies, Guangzhou, Guangdong, China, 2. School of Nursing and Center for the Study of Aging and Human Development, Duke University, Durham, North Carolina, 3. Faculty of Medical Statistics and Epidemiology, School of Public Health and Sun Yat-sen Center for Migrant Health Policy, Sun Yat-sen University, Guangzhou, Guangdong, China

Based on the 2005 and 2008 Chinese Longitudinal Healthy Longevity Survey, hierarchical linear modeling was used to analyze the changes of unmet needs over time among the oldest old (aged 80+). The results show that the rate of unmet needs for personal assistance in ADL significantly decreased from 2005 to 2008 for rural residents, but no significant changes were observed for the urban counterparts. Overall, the rate of unmet needs remained high: 50% or more for both rural and urban residents. Compared to 2005, the likelihood of having unmet needs in 2008 significantly decreased among both rural (OR=0.53, 95% CI: 0.44-0.65) and urban residents (OR=0.65, 95% CI: 0.51-0.82). Caregivers’ willingness was the biggest contributor associated with unmet needs. There are significant differences in unmet needs, with regard to the prevalence, predictors, and changes over time, between rural and urban elders.

SESSION 1180 (SYMPOSIUM)

OUTCOMES AND HEALTH CARE UTILIZATION OF OLDER ADULTS WITH INJURY
Chair: W.D. Spector, AHRQ, Rockville, Maryland
Co-Chair: R.H. Fortinsky, University of Connecticut, Farmington, Connecticut
Discussant: J. Magaziner, University of Maryland, Baltimore, Maryland

Injuries are a common yet understudied health problem for older adults, affecting quality of life, health care utilization, costs, and health outcomes. These consequences depend on the severity and circumstances of the injury, clinical decisions and financial incentives that determine the location of treatment—home health care, nursing home, emergency department, or inpatient stay, and the quality of care provided in those settings. Compared to younger adults, older adults have fewer social supports, are more likely to fall, have more chronic conditions, are more at risk for iatrogenic complications, and are less likely to recover from an injury. In this symposium presenters report on research that covers a range of questions concerning the consequences of injuries for older adults. The first paper explores individual-level factors and health-related outcomes associated with indoor vs. outdoor falls that lead to hip fracture. The second paper assesses the nonclinical factors that influence the decision to hospitalize adults in the emergency department due to an injury. The third paper estimates the incidence rates of health outcomes following an inpatient stay for traumatic brain injury. The fourth paper assesses the prevalence and correlates of injury-related emergency department and hospital use among adults within the first six months after being transferred from nursing home to the community by the Connecticut Money Follows the Person Rebalancing Demonstration. The discussant will comment on the contributions of the papers to injury research and implications for policy.

INJURY-RELATED EMERGENCY DEPARTMENT AND HOSPITAL USE AFTER TRANSITION FROM NURSING HOME TO COMMUNITY LIVING

Since 2009, Connecticut has transitioned over 1400 people from nursing homes and other institutions to home and community-based settings through its Money Follows the Person Rebalancing Demonstration (MFP). MFP participants complete surveys before and after transitioning to track their experiences. This paper reports on emergency department (ED) use and hospitalizations due to injury or accidents during the 6 months after transition. By January 1, 2013, 1,037 participants completed 6 month post-transition interviews. 50% had visited an ED since transitioning to the community, and 36% had been hospitalized. Falls, accidents or injuries were the second most common reason for an ED/hospital visit, representing 16% of these visits. 7% of all respondents had an ED and/or hospital visit due to fall, accident or injury. 30% reported falls of any kind. The paper presents variations in injury-related ED/hospital use by age, disability type, living arrangements and other factors and addresses policy implications.

FACTORS AFFECTING THE DECISION TO HOSPITALIZE ADULTS PRESENTING IN THE ER WITH INJURIES: A COMPARISON OF ELDERLY AND NONELDERLY
W.D. Spector1, R. Limcangco2, R. Mutter1, P. Owens1, 1. AHRQ, Rockville, Maryland, 2. Social & Scientific Systems, Inc, Silver Spring, Maryland

About one third of older adults admitted to the emergency department (ED) with an injury are hospitalized, but there is large variation. The decision to hospitalize is affected not only by clinical presentation but by characteristics of the hospital and ED, social, and economic factors. Non-clinical factors matter most when the injury is neither minor nor very severe. This paper estimates the relative risk associated with non-clinical factors that affect decision to hospitalize for adults presenting in the ED for injury, for a sample of persons with moderately severe injury using ED and inpatient databases from 29 States. Controlling for co-morbidities and injury characteristics, relative risks are higher for adults seen in Level I and II trauma centers, large, urban, teaching, and for-profit hospitals; if male, older, or living more than 30 miles from hospital. They are lower if uninsured or receiving Medicare disability insurance.

OUTCOMES OF TRAUMATIC BRAIN INJURY IN OLDER ADULTS FOLLOWING HOSPITAL DISCHARGE: A NATIONAL ANALYSIS
J. Albrecht1, I.H. Zuckermain1, X. Liu1, G.S. Smith2, M. Baumgarten3, P. Langenberg2, S. Gambert3, L.D. Walker1, 1. Pharmaceutical Health Services Research, University of Maryland School of Pharmacy, Baltimore, Maryland, 2. National Study Center for Trauma, University of Maryland, Baltimore, Maryland, 3. University of Maryland School of Medicine, Baltimore, Maryland

Traumatic brain injury (TBI) is a significant health problem among older adults, leading to increased disability and death. However, little is known about other outcomes following hospital discharge among older adults with TBI. We used the 5% Chronic Conditions Data Warehouse administrative claims data to identify fee-for-service Medicare beneficiaries age ≥65 who had a TBI hospitalization between 1/1/2006 and 12/31/2009 (n=20,984). Age-adjusted incidence of selected outcomes per 1,000 following hospital discharge for TBI (with 2000 US Standard Population as the reference) was: stroke 125; upper gastrointestinal bleeding 61; pulmonary embolism/deep vein thrombosis 46; myocardial infarction 36. These rates from a national sample of Medicare beneficiaries are 3-9 times higher than those observed in the general population of older adults. Increased monitoring of relevant risk factors...
and education of older adults following TBI may help reduce the rates of these poor health outcomes.

FALL LOCATION STRONGLY INFLUENCED BY PRE-FRACTURE PHYSICAL FUNCTION LEVELS IN FEMALE HIP FRACTURE PATIENTS

R.H. Fortinsky, D. Orwig, W. Hawkes, M. Hochberg. 1. Center on Aging, University of Connecticut Health Center, Farmington, Connecticut. 2. University of Maryland School of Medicine, Baltimore, Maryland

There is growing interest among clinicians and epidemiologists in learning more about circumstances of falls experienced by community-dwelling older adults. Knowing whether falls occur inside the home (indoors) or outdoors might offer clues for tailoring fall prevention interventions. No known studies have compared pre-hip fracture characteristics between indoor and outdoor fallers. Location of the fracture-causing fall, sociodemographic and pre-fracture health-related characteristics were measured in a cohort of older female hip fracture patients (n=154; mean(sd) age=82.6(7.0) years; 94% White). Compared to outdoor fallers (n=57), indoor fallers (n=96) reported significantly lower pre-fracture physical function levels: lower body ADLs; instrumental ADLs; SF-36 physical subscale scores; and Yale activity scale scores (all p<0.002). Fall location did not vary by age, living arrangements, or SF-36 role-emotional scores. Results are consistent with the hypothesis that older adults with poorer physical function leave their home less often and are at increased risk of suffering indoor injuries.

SESSION 1190 (SYMPOSIUM)

THE GERONTOLOGICAL IMPERATIVE: PREPARING A WORKFORCE THROUGH EDUCATION AND TRAINING

Chair: M. Gugliucci, University of New England, Biddeford, Maine

The demographic imperative is such that it is essential to have a well educated and trained workforce in gerontology in order to begin to address and meet the plethora of needs and desires of our rapidly growing aging population. In this symposium, three concepts are presented that are intertwined with gerontological workforce issues. Provocateurs knowledgeable in workforce development in the field of aging and hiring practices for addressing the needs of older community dwelling adults will aid in providing a 360 degree view of this critical issue.

PREPARING STUDENTS FOR AN AGING SOCIETY

G.D. Rowles, Gerontology, Univ of Kentucky, Lexington, Kentucky

Education and training programs addressing the needs of an aging society are dwindling as gerontophobia and ageism limit the development of gerontological literacy. Addressing gerontological illiteracy (having or showing limited knowledge, experience or culture in gerontology) requires overcoming (1) student reluctance to take courses in aging, (2) institutional threats to gerontology programs and curricula, and (3) societal obliviousness to a gerontological education imperative. Strategies to prepare students for an aging society are proposed. These range from preschool interventions (sensitizing children to less stereotypical images of old age), through introducing age-appropriate curricula for integrating gerontology content in grade schools, middle schools, and high schools, to establishing general education requirements at the undergraduate level. Fundamental to the culture change needed to reduce gerontophobia, eradicate ageism and foster gerontological literacy will be involving older adults, nurturing a political will for change and accepting that achieving gerontological literacy will take at least a generation.

COMPETENCY-BASED EDUCATION: HOW GERONTOLOGY & GERIATRICS EDUCATION PREPARES THE WORKFORCE TO MEET THE NEEDS OF OLDER ADULTS

J.C. Frank, J. Damron-Rodriguez. 1. UCLA, Los Angeles, California. 2. UCLA, Los Angeles, California

There is an imperfect fit between geriatrics and gerontology competencies, existing education and training programs, and workforce requirements of aging service organizations. This paper (1) provides a comparative analyses of aging-related competencies; (2) discusses AGHE competency revision processes to assure currency and relevance for aging service employers; and (3) presents a model competency-based education (CBE) program. The Skills for Healthy Aging Resources & Programs© (SHARP) is a model CBE program that utilized selected AGHE competencies to design its curricula and student outcome measures. SHARP also worked closely with national key stakeholders and potential employers during its development and delivery. Student outcomes demonstrated statistically significant improvements (pre-post) on all AGHE competencies. A major challenge in gerontology and geriatrics education is to translate consensus-based competencies into educational curricula in order to produce students with documented competencies that enable employers to deliver high quality programs, services and care to older adults.

ACCREDITATION FOR GERONTOLOGY PROGRAMS: WILL IT AID IN ADDRESSING WORKFORCE ISSUES?


To date there is no accrediting body for gerontology programs. The Association for Gerontology in Higher Education is addressing this fact now; exploring the utility of accreditation for gerontology programs. Questions remain, however, regarding (1) whether or not an accreditation process for gerontology programs will support or undermine programs at US colleges and universities, (2) if accreditation will be viewed as a value added component and increase student interest in attending accredited programs, (3) if employers in the business of aging will view student graduates from accredited programs as having an added skill set and therefore consider them essential hires. These questions and points from the above presentations will provide foundational discussion points for the panel and symposium attendees.

SESSION 1195 (SYMPOSIUM)

THE WHOLE CAN BE GREATER THAN THE SUM OF ITS PARTS: IMPROVING THE QUALITY OF CARE FOR OLDER PEOPLE WITH DELIRIUM

M. Gugliucci. 1. UCLA, Los Angeles, California

Discusant: P. Kolb, Lehman College, Bronx, New York

Throughout its history the Gerontological Society of America has aspired to be the professional organization that links research, education and practice. Despite this laudable goal many critics have argued that these three essential components of the equation have had only limited success in achieving real integration. Reasons for this disconnect range from cultural differences between the research, education and practice communities, differing values and goals, financing limitations and vastly different reward systems in each sector. For example, practitioners need to have a core belief in the effectiveness of their work, while researchers are driven by an inherent value of disbelief and thus want to evaluate whether a program or practice works. These differences mean that often times the interests of researchers and educators do not complement those of the practice community. Despite these barriers there are important pockets of success, where research, education, and practice align and such an effort improves all three components and most importantly the care received by older people. This symposium...
LEARNED ASSESSMENT AND MANAGEMENT PRACTICE: LESSONS IMPLEMENTING AN INTERDISCIPLINARY DELIRIUM advanced clinical care and educational programs more broadly. Successful clinical intervention derived from research that has helped to effectiveness. The HELP materials, now available on-line, are also widely disseminated into clinical practice, at over 250 hospitals world-wide. Follow-up studies at dissemination sites have further validated its effectiveness, saving over $800 per patient in hospital costs and $10,000 per patient in long-term care costs. Subsequently, the program has become widely disseminated into clinical practice, at over 250 hospitals worldwide. Follow-up studies at dissemination sites have further validated its effectiveness. The HELP materials, now available on-line, are also widely used to educate clinical and laypersons about delirium and acute care for older persons. Thus, the HELP model provides an exemplar of a successful clinical intervention derived from research that has helped to advance clinical care and educational programs more broadly.

THE HOSPITAL ELDER LIFE PROGRAM (HELP): ADVANCING RESEARCH, EDUCATION, AND PRACTICE ABOUT DELIRIUM S.K. Inouye, Aging brain Center (HSL), Institute for Aging Research, Boston, Massachusetts The Hospital Elder Life Program (HELP) is an innovative model of care first published in 1999 that uses a skilled interdisciplinary team and trained volunteers to conduct multicomponent interventions targeted towards delirium risk factors. Research studies have documented its effectiveness for prevention of delirium and functional decline, and its cost-effectiveness, saving over $800 per patient in hospital costs and $10,000 per patient in long-term care costs. Subsequently, the program has become widely disseminated into clinical practice, at over 250 hospitals worldwide. Follow-up studies at dissemination sites have further validated its effectiveness. The HELP materials, now available on-line, are also widely used to educate clinical and laypersons about delirium and acute care for older persons. Thus, the HELP model provides an exemplar of a successful clinical intervention derived from research that has helped to advance clinical care and educational programs more broadly.

IMPLEMENTING AN INTERDISCIPLINARY DELIRIUM ASSESSMENT AND MANAGEMENT PRACTICE: LESSONS LEARNED L.M. Solberg1,2, K.N. May3, D.M. Fick1, L. Mion1, J. Vanderbilt School of Nursing, Nashville, Tennessee, 2. Vanderbilt Univ School of Med, Nashville, Tennessee, 3. Penn State School of Nursing, State College, Pennsylvania, 4. University of Florida College of Medicine, Gainesville, Florida Standardized assessments for delirium in hospitalized older adults is an ACOVE quality indicator. Studies have shown that clinicians either do not assess for delirium or when using a standardized assessment, do so sporadically or incorrectly. Delirium is a syndrome requiring an interdisciplinary approach, but most studies have focused solely on one type of professional (ie, nurse or physician). Based on prior research, we implemented a multi-component initiative aimed at nurses and physicians that included education, rounding, and the electronic health record to guide nurses’ documentation and communication of delirium assessment and a delirium order set for physicians. The study was initiated on a medical unit and subsequently on an orthopedic unit. This paper discusses the differences in adoption and attitude toward the delirium assessment and management between the two units. Improved understanding of transferring research findings into practice will enhance subsequent implementation efforts.

WHAT WORKS IN ADULT VACCINES Chair: R.G.Douglas, Weill Cornell Medical College, New York, New York Co-Chairs: P. Etkind, National Association of County and City Health Officials, Washington, District of Columbia, Stefan Gravenstein, Brown University, Providence, Rhode Island, W. Orenstein, Emory University School of Medicine, Atlanta, Georgia, B. Resnick, School of Nursing, University of Maryland, Baltimore, Maryland, W. Schaffner, Vanderbilt University School of Medicine, Nashville, Tennessee This session will present highlights from an August 2013 NAVP What Works Summit in Washington, DC focused on best and promising practices that are pulling through state and national policies impacting adult vaccination rates. The 2013 What Works Summit focused on the policy impact of the Affordable Care Act’s (ACA) requirement for Essential Health Benefits (EHB) and specifically how stakeholders are leveraging and maximizing the category of “preventive and wellness services.”

EXPERIENCE WITH CARE: THE TRANSITIONAL CARE MODEL FOR HOSPITALIZED COGNITIVELY IMPAIRED OLDER ADULTS K.B. Hirschman1,2, A.L. Hanlon3, J. Davies1, M. Bixby1, K.H. Bowles1,2,3, C. Bradway1, K. McCauley3, M.D. Naylor1,2, J. School of Nursing, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, 2. New Courtland Center for Transitions and Health, Philadelphia, Pennsylvania, 3. Center for Integrative Science in Aging, Philadelphia, Pennsylvania The purpose of this paper is to compare the experience with care among hospitalized cognitively impaired older adults and their family caregivers who received evidence-based interventions of varying intensity designed to improve post-discharge outcomes. Experience with care data from 105 family caregivers (Transitional Care Model [TCM, hospital-to-home intervention], n=61; Comparison group [hospital only interventions], n=44) were analyzed. Experience with care was assessed using a 25-item instrument focusing on the following domains; overall experience with care; instructions at time of hospital transition; medication, diet, and activity teaching; and follow up services at home. Each of the 25-items was measured on a 4-point Likert scale with overall experience using a total sum score (mean[sd]: 80.7[13.4], range: 40-100). General linear modeling was used to compare the intervention groups with adjustment for significant predictors established in advance. This list of variables (e.g., dementia diagnosis, admit diagnosis, number of co-existing conditions, physical and cognitive status of patient and non-clinical characteristics) was assessed for confounding by examining relationships with the outcome and the intervention group (variables significant at the 0.10 level were included in the final multivariable model). Intervention emerged as the only independent predictor of experience with care (p=0.015). Experience with care was higher in the TCM group (mean[sd]: 83[12.8], range: 49-100) than the Comparison group (mean[sd]: 77.5[13.8], range: 40-100). Further refinement of the assessment tool to discriminate on domains of greater relevance.
to people during a highly vulnerable time of transition and implications for policy and practice will be discussed.

**THE SWIFT STUDY: CHARACTERISTICS OF AT-RISK PATIENTS THAT DO NOT ACCEPT A HOME TRANSITIONS INTERVENTION**

A. Coulourides Kogan, A. Navarro, S. Enguidanos, 1. University of Southern California, Los Angeles, California, 2. Azusa Pacific University, Azusa, California

Older adults transitioning from hospital to home are at high risk for adverse outcomes and avoidable rehospitalizations. Under the Affordable Care Act, hospitals will be penalized for high readmission rates, and have thus undertaken efforts to reduce rehospitalizations among their older patients by improving transitional care. However, recent literature has suggested that some readmissions are due to uncontrollable, patient-level variables. This paper analyzes the Social Work Intervention Focused on Transitions (SWIFT) study, a randomized controlled trial, implemented to test the impact of a social work intervention of up to two home visits and brief telephone follow-up. Factors associated with intervention-arm patients not accepting the SWIFT intervention following study enrollment are presented here. Seventy patients were randomized to the SWIFT intervention group; most were married (60%), Caucasian (63%), male (61%), and, on average, 78.5 years old (SD=7.7). Twenty patients refused the intervention (29%). Higher intervention refusal rates were found among those with a respiratory disease (OR=6.61, p=.019) or cardiac disease (OR=1.59, p=.04). Also, a trend toward higher 30-day readmission rates among individuals refusing the intervention was found (χ²=3.26, p=.07). While these findings suggest a selection bias where those who agree to the intervention are more receptive to assistance and more likely to adhere to treatment recommendations, resulting in better health outcomes. Current policies have charged hospitals with the task of reducing 30-day readmissions, however, these results suggest that it may not be reasonable to place this burden solely on hospitals.

**SUCCESSFUL TRANSITIONAL CARE FOR SENIORS**

V.M. Boscart, M. Brown, H. Brenner, J. Research, Conestoga College, Kitchener, Ontario, Canada, 2. Schlegel Research Institute of Aging, Kitchener, Ontario, Canada, 3. Northumberland Hills Hospital, Cobourg, Ontario, Canada

There is significant room to improve seniors’ care transitions in the Canadian health care system. Care provided is often not person-centered, nor is it always in accordance with gerontological best practices. In addition, serious gaps exist in access to and the continuity of health care services. The impacts of these gaps are compounded when critical information does not transition with the patient. Research also suggests that seniors are not intrinsically valued for what they can contribute to society and are consequently not awarded the resources required to support them through transitions, advocate for their needs, and compensate for gaps in their health literacy. The overall goals of this 3 year study are to enhance care and transitions for seniors; significantly improve seniors’ access to and continuity of quality care; and increase awareness, health literacy, information availability, and understanding of care during transitions among patients, caregivers and their providers. This paper will report on the first phase of this project, that is, an exploratory qualitative study on the experiences of 35 seniors, 25 caregivers and 25 staff related to transitions in a suburban community. Findings of the qualitative analysis reveal several factors impeding with successful transitions, including not being listened to; ignored needs; task focused and splintered care; caregiver fatigue; neglect of the care context; and the absence of care continuity. Several strategies for successful transitions were discussed. Findings of this study will inform subsequent stages of the project, aimed at creating better transitions and care experiences for seniors.

**THE SAN FRANCISCO DEMENTIA SUPPORT NETWORK: PROVIDING SUPPORTS AND SERVICES TO CAREGIVERS**

B. Hollister, J. Yeh, P. Fox, University of California, San Francisco, San Francisco, California

The growing rate of seniors in the San Francisco-Bay Area is projected to increase the number of people with dementia by 61% between 2000 and 2030, taxing already over-extended health care providers and increase the cost of care. San Franciscans with dementia are more vulnerable than the general population of seniors in the United States because they are more likely to have been born in another country, be members of racial/ethnic minority groups, speak languages other than English, live in poverty or live alone. Moreover, support for dementia patients is often the responsibility of informal caregivers; however, caregiving work is time consuming, difficult, and can strain a caregiver’s ability to engage in activities that protect and preserve their own health and security. Thus, the San Francisco Dementia Support Network – a partnership between a university, community-based organization, and healthcare providers – is providing a three-pronged approach to decrease preventable emergency room visits, hospitalizations, and increase utilization of community-based services by caregivers and caregiver self-efficacy. The evaluation of this project consists of a quasi-experimental design, including qualitative and quantitative analysis. The evaluation assesses the degree to which caregivers demonstrate self-efficacy improvements related to managing the person with dementia for whom they care, improvements in access to community-based services, and their satisfaction with the intervention. This presentation provides an overview of evaluation findings to-date. Additionally, the process analysis, which includes the environment of the project, the clients served, cost, and aspects of the project that affect replicability – will be discussed.

**CARE TRANSITIONS IN LONG-TERM SERVICES AND SUPPORTS: CARE MANAGEMENT AND THE “FIFTH-PILLAR” CHALLENGE**


The issue of transitions between care settings is increasingly recognized as vital to quality health and long-term care and to the management of health care and long-term care dollars. Major federal and state initiatives are underway to improve care transition policies and practices in long-term services and supports. We evaluated the care management practices of a 23-million-dollar levy-funded home care program administered by a large urban area agency on aging. A major study objective was to determine whether disenrollments from the program to institutional care happened at the “right time” for the “right reason.” We identified three threats to sustaining care at home and to ensuring appropriate disenrollment from home care: 1) hospital, institutional respite, and rehab discharge decisions leading to “permanent” institutional placement; 2) the “discontinuity of care” represented by family conflict or disruptions in support, cooperative, and issues with service provider quality; and 3) the marginalization of care managers in the care transition process. We argue that, in most care managed home care programs, the care management role can and should be bolstered and operationalized as the “fifth pillar” to the Coleman Four-Pillar approach to effective care transitions that is now adopted by many organizations. Findings from our study illustrate the challenges and opportunities for care management and effective, appropriate care transitions.
LONGITUDINAL EVIDENCE ON COEVOLUTION OF PHYSIOLOGICAL CHANGES IN OLDER WOMEN

Q. Xue1, A.A. Cohen1, K. Bandeen-Roche2, R. Poirier1, L.P. Fried3, S. Wang1, A.A. Cohen1, E. Milot1, L. Ferrucci2, M. Leroux1, F. Dusseault-Bélanger1, L. Ferrucci4, A.A. Cohen1, E. Milot1, L. Ferrucci4, A.A. Cohen1, E. Milot1, L. Ferrucci4

Recently, there is increasing recognition that complex physiological and biochemical interactions complicate the interpretation of single biomarkers of aging, and that such biomarker studies should use multivariate approaches. However, such approaches present substantial difficulties, including complex dynamics that challenge statistical assumptions and little validation or comparison across approaches. Here, we give a space for several researchers working on these problems to present their results. Xue et al. show that aging-related physiological changes are interconnected such that dysregulation occurs simultaneously in multiple physiological systems. Poirier et al. extend on previous PCA analysis of 46 biomarkers, showing similar axis structure across three data sets and the ability of the first three axes to predict age, mortality, frailty, and chronic diseases. Li et al. present a number of promising methods based on informatics and data-mining approaches than on standard statistics. Together, these presentations demonstrate the diversity of methods that can be applied to better understand the dimensionality and interconnectedness of aging-related changes in multiple physiological systems.

DATA MINING AND INFORMATICS APPROACHES TO BIOMARKER ANALYSIS DURING AGING

Q. Li1, S. Wang1, A.A. Cohen1, E. Milot1, L. Ferrucci2, 1. University of Sherbrooke, Sherbrooke, Quebec, Canada, 2. National Institute on Aging, Baltimore, Maryland

Analysis of biomarkers during aging is increasingly seen as a way to understand underlying processes and develop prognostic tools. Most such research to date has taken a statistical approach, whether univariate or multivariate. In this paper, we take a data mining approach, appropriate for complex, high-dimensional data that may not obey statistical assumptions and that may have many missing values. We searched for hierarchical clusters of both biomarkers and study participants using the Ward’s linkage method. Comparing results from two independently collected datasets, the INCHIANTI study and the BLSA study, we identified some common patterns in biomarkers during aging. For example, DHEAS and IGF-1 cluster together in both populations and all age subgroups, whereas estradiol clusters with them only in certain subgroups not predictable by age or study. We discuss biological and physiological implications of the results, as well as the potential for various data mining approaches in this field.
Molecular Functions of TDP-43, a Protein Associated with Age-Associated Neurodegenerative Diseases

C. Link, University of Colorado, Boulder, Colorado

TDP-43 is an RNA-binding protein that appears centrally involved in frontotemporal dementia and amyotrophic lateral sclerosis. Abnormal cytoplasmic deposits of this protein are also observed in a fraction of Alzheimer’s and other neurodegenerative conditions. This protein has been implicated in many components of RNA metabolism, including transcription, alternative splicing, and mRNA stability. By transcriptome analysis of C. elegans worms deleted for their TDP-43 ortholog (designated TDP-1), we have discovered that a primary function of TDP-1 is to prevent the formation of double-stranded RNA (dsRNA). Studies in human cell culture indicate that human TDP-43 also acts to prevent accumulation of dsRNA. We suggest that TDP-43 may have an RNA chaperone-like function, and that this activity may underlie its previously described roles in RNA metabolism. More broadly, these results suggest that by analogy to the maintenance of protein homeostasis (proteostasis), RNA homeostasis must be similarly maintained to preserve neuronal function.

CAN AEROBIC EXERCISE PROTECT AGAINST ALZHEIMER DISEASE

N.R. Graff-Radford, Neurology, Mayo Clinic Jacksonville, Jacksonville, Florida

Alzheimer Disease is the sixth cause of death but the only one in the top 10 with no prevention. The Australian Imaging Biomarkers and Lifestyle cross sectional study suggests 35% of 75 year old cognitively normal persons have high Ab PET levels and it indicates a 10-15 year window where persons have high brain Ab levels before AD diagnosis. This is a secondary prevention window, i.e., pathogenesis has started but patients have few symptoms. Cross sectional studies suggest a sequence of biomarkers in the pathogenesis of AD with brain Ab deposition earliest. Research provides compelling evidence exercise is healthy for animal and human brains e.g. Erickson reported aerobic exercise improves memory and enhances hippocampal volume in cognitively normal persons but will this work in persons who are Ab PET +ve.? Studies should be undertaken exploring if aerobic exercise can slow or remove brain Ab in humans as measured by PET.

Session 1215 (Symposium)

Activity as a Therapeutic Modality in Dementia Care: Theoretical and Applied

Chair: M.A. Trahan, Johns Hopkins University, Geriatric Medicine and Gerontology, Baltimore, Maryland
Co-Chair: J. Kuo, Johns Hopkins University, Center on Aging and Health, Baltimore, Maryland
Discussant: A.M. Kolanowski, Pennsylvania State University, School of Nursing, University Park, Maryland

Dementia cases are expected to triple by 2050, making dementia prevention and treatment a public health and societal priority. As there are no disease modifying pharmacological approaches, use of nonpharmacological strategies represent a promising first-line of treatment for managing behavioral symptoms and improving quality of life in persons with dementia. Activity engagement is a promising therapeutic modality associated with health, social, psychological and behavioral benefits. However, activity research is in a formative stage without theories to guide understanding and evaluation of what activities are efficacious and what delivery characteristics are important to effectiveness and dissemination. This symposium provides a comprehensive review of activity as a therapeutic modality in dementia care and includes two integrating reviews of the literature and two examples of novel intervention approaches. Specifically, Kuo et al. present a categorical framework for types of activities that may be targeted based on a comprehensive review of intervention programs in those with dementia. Trahan et al. review delivery characteristics associated with increased activity engagement. Gillin et al. describe a pilot study using activity in patients with dementia admitted to a chronic care hospital for neuropsychiatric disorders. Bossen et al. examine the relationship between mood and sustained attention during delivery of tailored activities in the nursing home setting. Taken as a whole, the symposium will provide foundational knowledge, identify theoretical frameworks and promising delivery characteristics and showcase emerging evidence from novel activity interventions from which to derive specific research recommendations for advancing this promising nonpharmacologic approach.

The Gerontological Society of America
ACTIVITIES AS INTERVENTIONS IN DEMENTIA CARE: A CONCEPT REVIEWED

J. Kuo1,5, M.A. Trahan1, L.N. Gitlin1,3, M. Carlson1,5, 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. Johns Hopkins University School of Nursing, Baltimore, Maryland, 3. Johns Hopkins Center for Innovative Care in Aging, Baltimore, Maryland, 4. Johns Hopkins University Geriatric Medicine and Gerontology, Baltimore, Maryland, 5. Johns Hopkins Center on Aging and Health, Baltimore, Maryland

Activity-based interventions can be used to mitigate cognitive and functional declines in dementia disease progression, and alleviate mood and behavioral symptoms. Though there has been considerable work in examining the associations of activity with disease-related health outcomes, this body of research lacks definition and a theory-base with which to categorize activities in ways that target effective components related to improved health outcomes. Based on a systematic review of 44 research studies, this paper offers a theory-based definition of “activity” to guide future research, a categorical framework for organizing activities, and empirical evaluation the methodological quality of reviewed studies using the SORT rating system that evaluates research methods, designs, population description and sample size. Through this review, we synthesize and evaluate evidence for the role of activity interventions in mitigating and delaying progression of dementia-associated cognitive, functional, and behavioral symptoms and identify critical next steps in activity intervention research.

INCREASING ACTIVITY ENGAGEMENT IN DEMENTIA CARE THROUGH DIRECT MANIPULATIONS

M.A. Trahan1, J. Kuo1, M. Carlson4, L.N. Gitlin2, 1. Johns Hopkins University, School of Medicine, Baltimore, Maryland, 2. Johns Hopkins University, School of Nursing, Baltimore, Maryland, 3. Johns Hopkins University, Center on Aging and Health, Baltimore, Maryland, 4. Johns Hopkins University, Baltimore, Maryland

Given that activity is a potentially potent therapeutic modality in dementia care, direct manipulations to increase engagement is an essential aspect of enhancing activity adoption and continued use by caregivers and persons with dementia. This paper presents a comprehensive review of activity studies to identify effective strategies for increasing levels of activity engagement. A systematic review of PubMed, PsychINFO, and the Cochrane Library yielded 20 studies that tested strategies for enhancing activity uptake. Strategies included identifying preferences, providing choices, modifying prompts, and staff training. These modifications to stimulus, environmental or personal attributes produced increased rates of activity engagement. We discuss promising approaches that result in enhanced activity engagement and provide specific recommendations for future research in this area.

CAN ACTIVITY REDUCE BEHAVIORAL SYMPTOMS IN HOSPITALIZED DEMENTIA PATIENTS?

L.N. Gitlin1, K.A. Marx3, K. Van Haisma2, B.R. Hansen1, D. Alonzi3, D. Wentjelewski1, T. Gentile1, 1. Center for Innovative Care in Aging, Johns Hopkins University, Baltimore, Maryland, 2. Polisher Research Institute, North Wales, Pennsylvania, 3. Johns Hopkins Bayview Medical, Baltimore, Maryland

Neuropsychiatric behaviors are a driver of hospitalization for families caring for persons with dementia. This pilot study tested the feasibility of using activities for patients to reduce symptomatology and instructing aides in their use in a chronic care hospital unit specializing in geropsychiatric disorders. Through systematic assessment, the Tailored Activity Program (T.A.P.) identifies patients’ interests and functional abilities from which individualized activities are designed. Of 14 patients enrolled, the average age was 75.9 years (sd=8.2), most were female (n=9, 64.3%), and all were admitted for agitation, with 5 (35.7%) also exhibiting aggression. Cognitive functioning as determined by occupational therapists using the Allen Cognitive Modules (ACLS-5 and ADM) revealed participants average level of functioning was 3.6(sd=.60) on the ACLS-5, indicating a low level of abilities. Sample activities included seated exercise to music, reminiscing with photos, table hockey, and picture coloring. Methodological challenges of measuring intervention effects and training personnel are presented.

EXAMINING THE RELATIONSHIP BETWEEN MOOD AND SUSTAINED ATTENTION DURING DELIVERY OF TAILORED ACTIVITIES IN THE NURSING HOME SETTING

A. Bossen1, A.M. Kolanoowski2, N.L. Hill3, N.L. Hill2, M.S. Litaker1, 1. Nursing, University of Iowa, Iowa City, Iowa, 2. Penn State University, University Park, Pennsylvania, 3. University of Alabama, Birmingham, Alabama

Engagement in non-pharmacological interventions may be improved by increasing residents’ sustained attention via induction of positive mood. Recreational activities are an essential component of quality care in the nursing home. Engagement in activities that are tailored to the individual resident’s needs can facilitate cognitive and physical functioning. Not all residents can be successfully engaged in recreational activities especially residents with Alzheimer’s disease (AD). Disengagement may be due to lack of interest or poorly selected activities, though impaired attention may also be a factor. Attention is a cognitive domain affected from preclinical stages of AD. Attention involves the cognitive operations needed to detect stimuli, select stimuli over ‘noisy,’ and manage resources for the detection and processing of competing stimuli. Intervention data from a randomized clinical trial demonstrated more positive self-reported mood was associated with greater behavioral displays of attention during activities, greater time spent engaged in the activities and less disengagement.

SESSION 1220 (SYMPOSIUM)

DRIVING CESSATION IN LATER LIFE: CURRENT RESEARCH AND FUTURE CHALLENGES

Chair: M.L. O’Connor, North Dakota State University, Fargo, North Dakota
Discussant: L. Langley, North Dakota State University, Fargo, North Dakota

Many older adults will face the difficult decision to stop driving. The issue of driving cessation is an important research topic, as balancing public safety and personal mobility can be challenging. Driving cessation has numerous documented consequences, such as social isolation, depression, and reduced health-related quality of life. Through five presentations, this symposium will examine some of the latest international research on driving cessation among older adults, including decision-making, consequences, cohort effects, and theoretical perspectives. First, Molnar and colleagues will present findings from a Canadian study on how older drivers make decisions to self-regulate (i.e., reduce) their driving, which is often part of the transition between driving and non-driving status. Next, Choi and colleagues will describe changes in perceived stress before and after driving limitations occur, including driving cessation, using data from the United States Health and Retirement Survey. Third, Horowitz and colleagues will investigate changes in depressive symptoms over a two-year period among a group of American former drivers. Fourth, Ackerman and colleagues will examine whether gender differences in rates of driving cessation vary by age cohort among older adults from Maryland. Finally, Tuokko and colleagues will use data from a Canadian longitudinal study, as well as focus groups, to explore the application of social science theories of behavior change to driving cessation. Overall, these presentations will highlight the process and ramifications of driving cessation. The discussant will synthesize the findings and stimulate discussion on practice implications, policy implications, and directions and challenges for future research.

66th Annual Scientific Meeting
TRANSITIONING TO DRIVING CESSTION: SELF-REGULATION OF DRIVING AMONG OLDER ADULTS

This study examined self-regulation of driving among older adults at multiple levels of driver performance and decision making. The study used a subset of data from an Australian longitudinal cohort study. Upon enrollment, participants underwent a comprehensive clinical assessment to measure visual, psychomotor, and cognitive functioning. Approximately 4 months later, participants completed the Advanced Driving Decisions and Patterns of Travel (ADAPT) self-regulation instrument. Self-regulation was found to be a multi-dimensional concept. Rates of self-regulation were tied closely to specific driving situations, as well as level of decision making. In addition, self-regulatory practices at the strategic and tactical levels of decision making were influenced by different sets of individual, social, and environmental factors. Continuing efforts to better understand the self-regulatory practices of older drivers should provide important insights into how the transition from driving to non-driving can be better managed to balance the interdependent needs of public safety and personal mobility.

DRIVING LIMITATIONS AND PERCEIVED STRESS IN LATER LIFE

Perceived stress is a distinct concept from depressive symptoms and an independent predictor of negative psychosocial outcomes. This study examined the relationship between driving limitations and perceived stress, using the data from the 2002 and 2004 waves of Health and Retirement Study (N=721; 53% female; Mean age=73.6). Analyses focused on the changes in perceived stress before and after driving limitations. Logistic regression results showed that respondents who stopped driving were 4.22 times more likely to report high levels of perceived stress as compared to those without any driving limitations at follow-up (OR=4.22, 95% CI=1.91–9.30) even after accounting for baseline perceived stress, depressive symptoms, and functional limitations. The relationship between limiting driving to nearby places and increased perceived stress was marginally significant (OR=1.39, 95% CI=0.97–2.00). Driving limitations are associated with increased perceived stress, independently from depressive symptoms.

DEPRESSION TRAJECTORIES OVER TIME AMONG FORMER DRIVERS

While prior research has documented the association between driving cessation and significant depressive symptoms, little is known about depression trajectories over time among older ex-drivers. This paper presents data from 136 older adults, all of whom were drivers at baseline and who participated in 6, 12, 18 and 24 months follow-ups. Participants who had stopped driving within the first 6 months reported the highest level of depressive symptoms and continued to do so over time. Overall, there was a general trend towards increased depressive symptoms concurrent with driving cessation, followed by subsequent decreases. Despite this general trend, there was variation among ex-drivers; e.g., participants who stopped driving at Year 1 had a spike in depression scores at that time that remained high through the Year 2 follow-up, thus providing evidence for the persistence of depression for many ex-drivers. Implications for mental health practice are discussed.

SUCCESSIVE AGE COHORTS ARE LESS LIKELY TO EXHIBIT GENDER DIFFERENCES IN DRIVING CESSTION RATES

Research indicates that females are more likely to cease driving than males. However, earlier age cohorts may exhibit larger gender disparities than later cohorts, in which females may have more driving experience. To investigate this, data from the Maryland Older Drivers Project were used. Participants (N=1,248) were divided into 3 cohorts by birth year: <1920 (cohort 1), 1920-1929 (cohort 2), and ≥1930 (cohort 3). Over a 10-year period, 143 participants stopped driving; Cox proportional hazard models were used to examine gender (reference group=females), cohort, baseline age, and baseline driving frequency as risk factors for driving cessation. The following variables were significant (p<0.05): gender, age, baseline driving, as well as gender*cohort and gender*age interactions. Female gender was a significant risk factor for driving cessation in Cohort 1 (HR=0.03, p<0.05), but not in Cohorts 2 or 3. Thus, gender differences in driving cessation appeared to diminish in later cohorts of older adults.

BEHAVIOUR CHANGE THEORIES AND DRIVING CESSTION OF OLDER ADULTS: WHAT DO WE KNOW?
H. Tuokko, A. Jeznach, A. Jouk, A.M. Myers, K. Kowalski, J. Centre on Aging, University of Victoria, Victoria, British Columbia, Canada, 2. University of Waterloo, Waterloo, Ontario, Canada

This session will describe the application of social science theories of behaviour change to driving behaviour change and cessation in older adults. Findings of data collected through focus groups with current (n=32; 50% male) and former drivers (n=19; 57.9% male) aged 71-94 years, and within the context of the baseline data collected as part of the longitudinal Canadian Driving Research Initiative for Vehicular Safety in the Elderly (Candrive; n=928; aged 70-94; 62% male) suggest support for social science theories such as the Transtheoretical Model of Behaviour Change and Bandura’s Social Cognitive Theory with caveats to account for sudden, unexpected changes in behaviour and apparent lifelong personality traits. After attending this session, participants will be able to describe some theories of behaviour change, their application to driving cessation to date, and possible future directions for social science theory-driven work in this area.

SESSION 1225 (SYMPOSIUM)
GSA.NCCA GENE D. COHEN RESEARCH AWARD IN CREATIVITY AND AGING SYMPOSIUM
Chair: L.S. Noelfer, Benjamin Rose Institute, Cleveland, Ohio
Discussant: J. Jeffri, National Center for Creative Aging, Washington, D.C., District of Columbia

The Gerontological Society of America in partnership with the National Center for Creative Aging, an affiliate of George Washington University, will present the 5th Annual Gene D. Cohen Research Award in Creativity and Aging to Nina Kraus, Ph.D., Northwestern University, Weinberg College of Arts & Sciences, Department of Neurobiology. Dr. Kraus will report on her research on the neuro-biologic processes underlying speech-sound perception and learning-associated brain plasticity. Her studies show musical experience has a pervasive effect on the nervous system, enhances neu-
rational encoding of speech as well as music, and heightens audiovisual interaction. Dr. Kraus has established that early music training changes the brains of lifelong musicians, these changes persist across the lifespan, and they help with hearing processes that degrade with age. This presentation will be supported by two others, one that examines the state of the field of research related to the arts and human development with a focus on later life. Important directions for future research studies are discussed. The third presentation focuses on the vital role played by the arts and humanities in health care and educational approaches to training practitioners in the arts. The symposium will showcase these pioneering studies that help to establish a new role for humanities and the arts across the spectrum of aging research, education and practice.

EVIDENCE OF THE BENEFITS OF OLDER ADULTS’ PARTICIPATION IN CREATING AND PERFORMING ARTS

L.S. Noeker, Benjamin Rose Institute, Cleveland, Ohio

This presentation reports on the scientific evidence base regarding the health and well-being of community-dwelling older adults’ participation in professionally-led creative and performing arts programs. Based on a review of the research literature in this area, it critiques the scope and quality of investigations. The conclusion reached is that arts programs appear to have a significant impact on a wide range of health outcomes, however, the scant body of literature and design limitations preclude broad generalizations. The results are used to frame the agenda for future research in this area and to advocate for closer connections between the aging network and the arts community.

THE VITAL ROLE OF THE ARTS AND HUMANITIES IN HEALTH CARE

A. Sherman, National Center for Creative Aging, Washington, District of Columbia

Dr. Gene Cohen was a staunch advocate for the inclusion of arts and humanities in the training and education of health care practitioners. The focus of his work was on human potential and creativity in later life and shifting the paradigm for aging to a positive focus on age-related brain changes that can result in new potential for creativity in later life. Moreover, his research showed that engagement in creative arts programs is associated with a broad range of health benefits. This presentation addresses important issues and approaches to the inclusion of the arts and humanities in the education and training of health professionals.

THE ARTS AND HEALTHY AGING—THE WELL-TEMPERED BRAIN

N. Kraus, Northwestern University, Washington, District of Columbia

As we age, our proficiency in listening in noise and in memory diminishes; our research has examined ways to slow or prevent these declines. We investigated whether musicianship helped cognitive skills and the underlying brain processes. Using a neural probe, we observed slowed neural timing and increased variability in the brains of older people compared to young adults. Older musicians, however, have excellent listening, processing, and memory skills, and we observe coincident advantages in neural function. These results point to neural mechanisms behind the aging process and provide us with an objective measure of long-term training’s effect on the aging brain. Findings also show short-term training, in the form of auditory and cognitive-based computer games, produces modest but similar effects in older adults. A remaining question is whether initiating or resuming music training in old age similarly mitigates the effects of aging.

SESSION 1230 (SYMPOSIUM)

INNOVATIONS IN END-OF-LIFE RESEARCH, EDUCATION, AND PRACTICE

Chair: S.M. Moorman, Boston College, Chestnut Hill, Massachusetts
Discussant: L. Rogne, Minnesota State University, Mankato, Minnesota

This symposium highlights strong methodological approaches to the study of end-of-life care, including controlled experiments, records analysis (vs. self-report), and longitudinal design. The resulting findings establish compelling evidence for best practices within end-of-life research, education, and practice. In the realm of research, Inoue advocates for the use of longitudinal, nationally-representative data. She uses 10 years of data from the Health and Retirement Study to describe national patterns and trends in advance care planning. Turning to education, Hodgson, Piet, Greengold, and Malley use experimental methods to determine how best to train nursing students to discuss the end of life with patients and their families. They find role-play based on the Five Wishes document to be most effective. Reinhardt and Chichin also use experimental methods and short-term longitudinal data, to advance health care practice. They examine interview data and medical records to determine that a structured palliative care intervention produces results superior to usual care. Finally, Hirschman, Hanlon, Bowles and Nay explore the effect of palliative-focused interventions on caregiver burden and patient quality of life among a group of hospitalized community-dwelling cognitively impaired older adults and their family caregivers. They find that the percentage of palliative focused interventions is associated with higher caregiver burden. Together, these studies advance end-of-life research, education, and practice, serve as methodological models for future investigations, and suggest exciting new directions for scholarship.

UNDERSTANDING TRENDS IN THE PREVALENCE OF END-OF-LIFE CARE PLANNING: THE BENEFITS OF USING LARGE NATIONALLY REPRESENTATIVE LONGITUDINAL DATA

M. Inoue, Boston College, Chestnut Hill, Massachusetts

Many studies on the prevalence of end-of-life care planning and people’s treatment preferences have been conducted using relatively healthy populations and hypothetical scenarios. In addition, few studies have explored changes in the prevalence of planning over time. The present study used data from the Health and Retirement Survey, which is a nationally representative longitudinal study of Americans over the age of 50. This study examined trends in the prevalence of advance directives including living wills and durable power of attorney for healthcare care among those who died between 2000 and 2010 (N=6,814). With use of ordinary regression analysis, the study found a statistically significant increase in the prevalence of both types of advance directives over time (p<0.05). Moreover, the overwhelming majority of those who had a living will asked for limited treatment. Future research that examines the content of advance directives using large nationally representative samples is needed.

EMPOWERMENT THROUGH ADVANCED CARE PLANNING: EVALUATION OF A NURSING STUDENT EDUCATION SERIES

N. Hodgson1, L. Piet1, J. Greengold1, P. Malley2, I. Johns Hopkins University, Baltimore, Maryland, 2. Aging With Dignity, Tallahassee, Florida

Discussions about end of life (EOL) care are a priority in providing for comprehensive palliative care (PC) in order to identify and document goals of care. Future health care practitioners receive little training on how to conduct these important discussions. We critically evaluated whether an educational series on advanced directives (AD) improved attitudes, beliefs and competencies regarding AD discussions.
Eighty nursing students were assigned to either an AD series based on ELNEC curriculum and role-play using Five Wishes(r) or a control education series (matched for time and attention). Outcomes of interest included: (1) attitudes towards EOL; (2) attitudes towards PC (3) PC confidence; (4) life support preferences; (5) knowledge of AD, using previously established instruments. Students in the AD series reported significant improvements in knowledge and confidence in conducting EOL discussions (p<.05). We discuss lessons learned regarding implications for future curriculum development.

A STRUCTURED PALLIATIVE CARE INTERVENTION FOR FAMILIES AND ELDERS WITH ADVANCED DEMENTIA

Families of elders with advanced dementia often face the need to make treatment decisions regarding interventions such as artificial nutrition without adequate knowledge or support. We tested the feasibility and effect of using a structured palliative care intervention (N=58) versus a usual care group with social contact (n=52) for nursing home residents with advanced dementia. Interviews were conducted with family at baseline, and 3, 6 months later. Residents’ interventions (hospitalizations) and advance directives (DNH) were extracted from medical records. Results showed having discussions about treatment preferences was significantly associated with better care ratings. Intervention families had increased satisfaction with care over a six-month period and were significantly more likely to have specific advance directives (Do Not Resuscitate, Intubate, Hospitale) added to their charts over a 6-month period compared to control families. Study findings reinforce the need for more timely family support around issues of end-of-life care for elders with advanced dementia.

DOES THE PERCENTAGE OF PALLIATIVE CARE INTERVENTIONS IMPACT BURDEN OR QUALITY OF LIFE IN HOSPITALIZED COGNITIVELY IMPAIRED PATIENTS AND THEIR FAMILY CAREGIVERS?
K.B. Hirschman1,2, A.L. Hanlon1,2, K.H. Bowles1,2, M.D. Naylor1,2. 1. School of Nursing, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, 2. NewCourtland Center for Transitions and Health, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania

The goal of this study was to explore the effect of palliative focused interventions (e.g., end of life discussions, advance directives, focused symptom interventions) on caregiver burden and patient quality of life among a group of hospitalized community-dwelling cognitively impaired older adults and their family caregivers (NIH/NIA R03-AG040320). The intervention was delivered by advanced practice nurses using the Transitional Care Model from the hospital to home (mean intervention length: 62 days) as part of a larger study (NIH/NIA R01-AG023116). Both Omaha System data and standardized instruments (caregiver burden, patient quality of life [QoL] collected at baseline, 2-, 6-, 12-, and 26-weeks post index hospitalization) were analyzed (N=264 patient-family caregiver dyads). Higher reported caregiver burden was associated with a higher percentage of palliative interventions (P<.05). Ratings of overall patient QoL was not associated with percentage of palliative interventions. The implications of these findings on for research and practice will be discussed.

SESSION 1235 (SYMPOSIUM)

IS LONELINESS REALLY BAD FOR OLDER PEOPLE?
Chair: C. Victor, Brunel University, Uxbridge, United Kingdom
Co-Chair: M. Sullivan, Brunel University, Uxbridge, United Kingdom

There is a significant body of work from a range of countries including Britain, North America, Australia and Northern Europe consistently reporting rates of significant loneliness amongst the general population aged 65+ in the range of 5-10% with a further 20% categorised as ‘sometimes’ lonely. Researchers have also sought to examine key sociodemographic correlates of loneliness such as age, gender and ethnicity and document the range of negative physical and mental health outcomes including mortality and with elevated health service utilisation associated with loneliness. Indeed such is the magnitude of the differentials in mortality between lonely and non-lonely people that loneliness has been characterised as ‘worse’ than smoking in terms of the strength of the association with negative health outcomes. One consequence of the ‘traditional’ approach towards loneliness with its focus on developing typologies and distinguishing types of loneliness, validating tools to determine its prevalence, outlining its negative consequences and evaluating interventions to reduce its negative impact on the lives of older people, is that we have effectively characterized loneliness as pathological and reinforced high levels of stigma for anyone who reports feeling lonely. Indeed, the interest and attention loneliness receives by researchers and others would easily, on first glance, lead one to believe the ‘problem’ to be more far-reaching than the empirical evidence reports. In this symposium we reconceptualise our approach to loneliness by starting to evaluate if loneliness really is bad for (old) people and consider how loneliness may not always be a negative experience.

EXAMINING LONELINESS IN OLDER ADULTS: TOO MUCH HYPE OR A TRUE MEDICAL CONCERN
C. Perisinsotto, 1. Stjiacic Cenzer, K. Covinsky, UCSF, San Francisco, California

Background: Loneliness is a common source of distress, suffering, and impaired quality of life in older persons. We examined the relationship between loneliness, functional decline and death in adults over age 60 in the United States. Methods: This is a longitudinal cohort study of 1604 participants in the Health and Retirement Study (HRS), a nationally representative study of older persons. Baseline assessment was in 2002 and follow-up occurred every two years until 2008. Subjects were asked if they feel 1) Left Out 2) Isolated or 3) Lack Companionship. Subjects were categorized as not lonely if they responded hardly ever to all three questions and lonely if they responded some of the time or often to any of the three questions. The primary outcomes were time to death over 6 years, and functional decline over 6 years on 4 measures: difficulty on an increased number of activities of daily living (ADL), difficulty in an increased number of upper extremity tasks, decline in mobility, or increased difficulty in stair climbing. Multivariate analyses adjusted for demographic variables, socioeconomic status, living situation, depression, and various medical conditions. Results: 43% of elders reported feeling lonely, yet only 18% lived alone. Loneliness was associated with all outcome measures. Lonely subjects were more likely to experience decline in ADLs, develop difficulties with upper extremity tasks; decline in mobility, or difficulty in climbing. Loneliness was associated with an increased risk of death. Conclusions: Among participants who were older than 60, loneliness was a predictor of functional decline and death.

THE INTERPLAY OF INDIVIDUAL AND SOCIETAL FACTORS IN THE EMERGENCE OF LONELINESS
J. Gierveld, 1. Social Demography, NIDI, The Hague, Netherlands, 2. Faculty of Social Sciences, VU University, Amsterdam, Netherlands

Ageing is associated with loss of social roles (active parenting, paid work, participation in clubs and community), the shrinking network of peers and increasing physical constraints. All these affect the size and composition of older adults’ social network and consequently loneliness. Although these developments are basic human, the effects differ significantly across countries. Researchers have shown variations in the intensity of loneliness, with Southern/ Eastern European countries confronted with more intense loneliness than Western/ Northern European countries. In this contribution a theoretical framework to investigate
these phenomena will be presented as well as the outcomes of recent research indicating that country differences in loneliness are to a large extent associated with the sociocultural and socioeconomic background of older people, especially by household poverty and too optimistic social and individual expectations about the functioning of the familial network in later life.

THE VARIED MEANINGS OF LONELINESS IN OLDER WIDOWED PEOPLE
K.M. Bennett, Psychology, University of Liverpool, Liverpool, United Kingdom

Loneliness has been variously conceptualised as: social; the discrepancy between desired and actual social contact; and emotional, arising from the loss of an attachment figure. There is evidence that all are experienced by widow(er)s, with the strongest evidence for emotional loneliness. There is a widely held view that loneliness is necessarily a bad thing, and one that must be reduced. However, in widowhood the experience of loneliness is more complex. Using data from 120 qualitative interviews, I will provide evidence for the discrepancy theory, social loneliness, and emotional loneliness. I will demonstrate what loneliness means to older widow(er)s in terms of both negative and positive experience. For some widow(er)s, loneliness is a necessary, and not necessarily undesirable, experience which demonstrates the depth of feeling for the deceased spouse. I will argue that interventions to relieve loneliness must be dependent on an individual’s assessment of whether their experiences are distressing.

THE DANCE WITH LONELINESS: RESULTS FROM A PILOT STUDY
M. Sullivan, C. Victor, Brunel University, Uxbridge, Middlesex, United Kingdom

The dynamic nature of loneliness in later life has been largely overlooked in the existing literature. Our recent examination of how ‘lonely’ older people talk about loneliness captured it as a dynamic experience – a dance – its movement waxing and waning in their daily lives. We then conducted a longitudinal study of people aged 65+ to explore temporal variations of loneliness and internal and external factors that may contribute to this experience. Over the course of 12 months (3 month intervals), 33 participants completed a self report and the de Jong Gierveld loneliness scale. 10 in-depth interviews were also conducted. Loneliness experiences varied during the day, over a week and the year. Participants’ narratives reinforced their unique efforts to escape the possibility of being lonely. We conclude that it is the complex relationship between temporal variations, and individual characteristics and psychosocial context which present challenges for revealing the dance with loneliness.

LONELINESS IN OLDER AMERICANS LIVING ALONE: NEW PERSPECTIVES
E. Portacolone, University of California in San Francisco, San Francisco, California

Living alone in older age is often associated with loneliness. Correlations have also been suggested between living alone, loneliness, and cardiovascular disease. This paper invites to move beyond the assumption that loneliness in older solo dwellers is a major and mostly negative condition. The invitation stems from the findings of a two-year ethnographic investigation of 47 Americans over 75 living alone. Participants’ narratives elicited different takes on loneliness. Aside from being a source of suffering, loneliness was a stimulus for adopting new initiatives such as taking classes, stepping outside, and volunteering. In relation to the overall findings, participants indicated loneliness as a major concern only occasionally. Fear of institutionalization, financial duress, and inability to withstand mounting challenges of living alone were indicated as a major source of concern more often than loneliness. The presentation will spur discussions on multiple effects of loneliness and the unique needs of older solo dwellers.

SESSION 1240 (SYMPOSIUM)
LIFE COURSE INFLUENCES ON EARLY AGING SIGNS IN LATE MIDLIFE. RESULTS FROM THE COPENHAGEN AGING AND MIDLIFE BIOBANK (CAMB)
Chair: E.L. Mortensen, Co-Chair: R. Lund, University of Copenhagen, Department of Public Health, Copenhagen, Denmark
Discussant: C. Mendes de Leon, University of Michigan, School of Public Health, Ann Arbor, Michigan

There is growing evidence that early life risk factors affect late-life chronic disease, disability and cognitive decline to the same extent as similar adult exposures. Therefore the Copenhagen Aging and Midlife Biobank (CAMB) has been established to contribute important new information on life course determinants of late-life health and is designed to have particular emphasis on earlier stages of the aging process. CAMB is based on a late midlife follow-up of members from three established cohorts, two of which have been followed since birth. Outcome measures reflect early signs of aging, e.g. measures of physical performance, allostatic load, low-grade inflammation, cognitive function and mortality. The data from CAMB are now being used to investigate how social, mental and health factors early in life and over the life course are related to various early signs of aging in late midlife. Åse Marie Hansen will delineate whether the association between socioeconomic position throughout life and physical performance in late midlife is influenced by allostatic load. Jolene Mesters Pedersen will explore the association between birth weight and adult BMI with low-grade inflammation in late middle-age. Anne Møller will describe the influence of a history of hard physical work throughout life on physical performance in late midlife. Rikke Meincke will present results on the effects of cognitive function (intelligence) in early adulthood on mortality for natural and unnatural causes. Finally Erik Lykke Mortensen will describe the influence of social circumstances early in life on changes in cognitive function from young adulthood to middle-age.

ASSOCIATIONS BETWEEN A HISTORY OF HARD PHYSICAL WORK AND PHYSICAL PERFORMANCE IN LATE MID-LIFE
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Hard physical work has been suggested both strengthening and deteriorating to physical performance. The Copenhagen Aging and Midlife Biobank (CAMB) provided data about employments and physical performance in 3,843 Danes. Lifting was used as a proxy for hard physical work and individual job histories were assigned amount of daily lifting from a job exposure matrix. Summation of exposure to lifting was then correlated with chair-rise over the course of one year (ton-years) and associations with hand grip strength, balance and chair-rise were analyzed. Results: In men, ton-years were associated with poorer chair-rise performance but not with hand-grip strength or balance. Ten-years were not associated with physical performance in women. Conclusion: In men a history of hard physical work was associated with poorer chair-rise performance in late midlife though the numerical difference was small. A history of hard physical work was not associated with physical performance in women.
This study examines the influence of social circumstances early in life on changes in cognitive function from young adulthood to middle age and explores the impact of birth characteristics, childhood leisure activities, education and adult social class on the relationship. The sample comprised 2,486 Danish men with assessment of cognitive function at ages 12, 18, and 57. Having a father from working class at birth was associated with lower cognitive function at age 12, 18 and 57 years. The latter relation was attenuated but remained significant when educational status at age 18 and adult social class were adjusted for, while birth characteristics and childhood leisure activity had minor influence. Having an unskilled father at birth, low education, few intellectual and many social leisure activities in childhood as well as low adult social class were associated with change in cognitive function.

This study analyses if the association between socioeconomic position (SEP) and physical performance in late midlife is influenced by allostatic load (AL). The study is based on the Copenhagen Aging and Midlife Biobank (n=5,575). AL was established by summing the scores of the poorest quartile for each of 14 biological variables. Physical performance included chair rise ability, trunk muscle and handgrip strength. A social gradient was seen for all physical performance variables (e.g. chair rise (n=22.7 vs. 17.9 for highest and lowest SEP)) and AL score (4.6 vs. 2.8 for lowest and highest SEP). We found an association between AL and each of the physical performance variables. The association between SEP and physical performance was attenuated when adjusted for AL. Conclusion: Our findings indicate that AL is a part of the pathway between SEP and physical performance.

Low birth weight, adult BMI and inflammation in middle age

J. Pedersen1, N. Hulvej Rod1, K. Avlund1, E. Budtz-Jørgensen1, E.L. Mortensen1, T.I. Sorensen1, R. Lund1, I. Social Medicine, Public Health, Copenhagen, Denmark, 2. Preventive Medicine, Fredriksberg, Denmark

This study examines the association between birthweight and adult BMI with inflammation in middle age measured by interleukin 6 (IL-6), interleukin 10 (IL-10), interleukin 18 (IL-18), high sensitivity C-reactive protein (hsCRP) and tumor necrosis factor alpha (TNF-α). The study is based on participants with continued participation in the Copenhagen Perinatal cohort and Copenhagen Aging and Midlife Biobank clinical examination (n=1,719). Birthweight was negatively associated with hsCRP and IL-18. No association was identified with TNF-α, IL-6 and IL-10. Adult BMI was positively and significantly associated with all measures of inflammation besides IL-10. Finally, participants in both the lowest tertile of birthweight and highest tertile of adult BMI had the highest levels of all inflammatory markers. Low birthweight and high adult BMI are risk factors for inflammation in middle age. While the prenatal period may be sensitive for development of inflammation it appears that modification by adult BMI occurred in this sample.

SESSION 1245 (SYMPOSIUM)

Life-span differences in risk-based judgments and decision making

Chair: J.A. Mikels, Psychology, DePaul University, Chicago, Illinois
Co-Chair: L. Carstensen, Stanford University, Stanford, California
Discussant: S.T. Charles, University of California, Irvine, Irvine, California

Decision making is a complex endeavor; one must analyze the details, consider their affective reaction, evaluate risks and benefits, as well as ultimately make a decision. As we age, we experience losses in certain cognitive functions but acquire gains in emotional capacities. In addition, there are significant motivational shifts toward emotionally meaningful goals with the increasingly limited time horizons that older adults face. In this symposium, we will present a series of studies that elucidate how older adults make decisions differently from their younger counterparts, specifically in the context of risk. Shuster & Mikels will present a comprehensive model that allows for causal predictions of how affect and risk perception lead to differential judgments and decisions in older versus younger adults. Spaniol & Wegier will present data specifically on how losses are processed differentially by older versus younger adults. Spaniol & Wegier will present a comprehensive model that allows for causal predictions of how affect and risk perception lead to differential judgments and decisions in older versus younger adults. Shuster & Mikels will present a comprehensive model that allows for causal predictions of how affect and risk perception lead to differential judgments and decisions in older versus younger adults.

Intelligence in early adulthood and mortality from natural and unnatural causes in middle-aged men

R.H. Meincke1,2, E.L. Mortensen1,2,3, K. Avlund1,2,3, S. Rosthoj4, H.J. Sorensen1,2, M. Osler1,3,4, I. University of Copenhagen, Center for Healthy Aging, Copenhagen, Denmark, 2. University of Copenhagen, Department of Public Health, Section of Social Medicine, Copenhagen, Denmark, 3. University of Copenhagen, Department of Public Health, The Unit of Medical Psychology, Copenhagen, Denmark, 4. Copenhagen University Hospital, Institute of Preventive Medicine, Copenhagen, Denmark, 5. University of Aarhus, Southern Denmark and Copenhagen, Danish Aging Research Center, Copenhagen, Denmark, 6. University of Copenhagen, Department of Public Health, Department of Biostatistics, Copenhagen, Denmark, 7. Copenhagen University Hospital, Department of Psychiatry, Amager Hospital, Copenhagen, Denmark, 8. The Capital Region of Denmark, Research Centre for Prevention and Health, Copenhagen, Denmark

After attending this session, participants are familiar with the adverse effects of early life intelligence on midlife mortality. The association between intelligence in early adulthood and midlife mortality was examined taking parental lifespan, socioeconomic position across the life course, birthweight, and adult Body Mass Index (BMI) into account. A total of 13,536 Danish men born in 1953 and 1959-61 with data from birth certificates and conscription were followed until 2009. Information on vital status was obtained from the Civil Registration System. The hazard ratios for men in the lowest intelligence tertile was 2.24 (95% confidence interval (CI): 1.89-2.65) for natural deaths and 2.67 (95% CI: 2.03-3.53) for unnatural deaths. Adjusting for all covariates attenuated the estimates to 1.79 (95% CI: 1.45-2.20) and 2.28 (95% CI: 1.61-3.22), respectively. In men, intelligence in early adulthood predicted midlife mortality from natural and unnatural causes. The associations remained after adjustment for potential confounders.
THE ROLE OF EMOTION AND RISK PERCEPTION IN DECISION MAKING ACROSS THE ADULT LIFE SPAN

M. Shuster, S.T. Thai, J.A. Mikels, DePaul University, Chicago, Illinois

Emotion and risk perception play a major role in judgment and decision making. We will present a theoretically based causal model of how positive affect may lead to greater considerations of benefits versus risks, especially for older adults. The model is supported by research that demonstrates how younger and older adults rely on emotional evaluations and risk judgments to guide their behavioral intentions and decisions. Consistent with our previous finding that positive affect was related to non-optimal choices in older adults, we found that incidental affect influenced feelings regarding medical treatments for older but not younger adults. To further elucidate the role of emotion in decision making, we will also present data showing how manipulating affect in younger adults influenced their decisions. Lastly, we will discuss how such knowledge can be applied to better communicate risk and benefit information in order to promote better decisions and behavioral intentions.

AGING AND THE IMPACT OF LOSSES ON DECISION MAKING

J. Spaniol, P. Wegier, Ryerson University, Toronto, Ontario, Canada

Gains and losses have asymmetric effects on decision making. Losses are believed to receive greater subjective weight or to modulate attention more strongly than gains. Lifespan theories of motivation posit age-related changes in loss-related decision making due changes in goal orientation. However, the evidence concerning interactions of age and decision domain (gain vs. loss) on behavioural outcomes so far has been mixed. While some studies indicate that aging is associated with reduced loss sensitivity, others have found no evidence for specific age differences in loss-related decisions. In this talk, we will present a review of empirical findings regarding age differences in decisions about losses, with emphasis on decision making tasks in which outcomes and probabilities are not known. In this talk, we will present a review of empirical findings regarding age differences in decisions about losses, with emphasis on decision making tasks in which outcomes and probabilities are not known. A priori but must be learned from experience. Discussion will focus on the putative impact of cognitive factors, affect, and goal orientation on experience-based decisions about losses in younger and older adults.

EXPLAINING AGE-RELATED DIFFERENCES IN RISK AVERSION: TEMPORAL PERSPECTIVES AND BELIEFS ABOUT DECISION MAKING


We sought to explain age-related increases in general and domain-specific (health, financial, major life change) risk aversion. Using a sample from RAND’s American Life Panel (N=779, Mean age=56.60), we tested potential mediators of the association between older age and greater risk aversion, specifically: future time perspective focused on limitations and opportunities, temporal comparisons of one’s own decision-making ability, and general beliefs about how decision making changes with age. Greater focus on opportunities and better temporal comparisons of decision-making ability were significant mediators for all domains (ps<.05), except health. Lesser focus on limitations was a significant mediator for the specific domains (ps<.05), but not for general risk aversion. General beliefs that decision making improves with age mediated health and major-life-change risk aversion (ps<.05) but not general or financial risk aversion. Results will be discussed through socioemotional selectivity theory, and the domain specificity of risk aversion will be emphasized.

NEURAL UNDERPinnings OF SOCIAL ECONOMIC Decision Making in Older Adults


Age-related differences in social decision-making are influenced by risk attitudes. Perceiving more risk is associated with an unwillingness to accept unfair offers in social economic contexts. Little is known about the neural mechanisms underlying decision-making in a social context, nor have prior studies investigated how older adults respond to generosity. Here, we use functional magnetic resonance imaging to examine the neural basis of social economic decisions in younger and older adults. Older adults reject both overly generous and unfair offers more than the young. Older adults have more anterior insula and dorso-lateral prefrontal cortex activity than the young during overly-generous and unfair offers, but not fair offers. These results suggest older adults react more strongly to social unfairness. Older adults strive for equity in decision outcomes, even to the point of refusing generous offers, and this is associated with activity of brain regions associated with disgust.

SESSION 1250 (SYMPOSIUM)

NEIGHBORHOOD CONTEXT AND PSYCHOSOCIAL WELL-BEING: INTERCONNECTIONS AND IMPLICATIONS FOR HEALTH

Chair: J.A. Ailshire, Andrus Gerontology Center, Univ Southern California, Los Angeles, California
Co-Chair: P. Clarke, University of Michigan, Ann Arbor, Michigan
Discussant: C. Mendes de Leon, University of Michigan, Ann Arbor, Michigan

Neighborhood conditions can either support or hinder healthy living, but research suggests that residents are differentially susceptible to harmful neighborhood environments. Psychosocial factors may constitute a key component of differential susceptibility, serving either to increase resilience against health risks or exacerbate the negative health consequences associated with living in adverse conditions. However, little is known about the association between neighborhood conditions and psychosocial well-being and the implications of these connections for health and functioning in later life. In this symposium we will present findings from four representative, population-based studies of neighborhood context and psychosocial well-being in the United States. The presentations focus on (1) the links between neighborhood social environment and psychosocial well-being, (2) the role of psychosocial factors in recovery from health problems, and (3) the extent to which psychosocial stressors increase susceptibility to adverse neighborhood conditions. The data presented come from two national studies that have collected information on both neighborhood conditions and psychosocial well-being in the United States. The presentations encompass both social and physical neighborhood characteristics, multiple psychosocial factors, and several dimensions of health and functioning relevant to the aging experience. The discussant will bring the session together by highlighting common themes across the presentations, considering how the presentations extend the field of study, and discussing the potential for further investigations on the topic.

NEIGHBORHOOD SOCioECONOMIC STATUS AND PSYCHOLOGICAL WELL-BEING AMONG OLDER ADULTS

J.A. Ailshire, Andrus Gerontology Center, Univ Southern California, Los Angeles, California

The links between neighborhood conditions and physical health are well-documented. However, the potential influence of neighborhoods on residents’ psychological well-being, which is an important aspect of health, has received less attention. This study examines the links between
area-level socioeconomic indicators and psychological well-being. Individual data from the 2006/2008 Health and Retirement Study were linked to 2000 tract-level Census data. Respondents living in tracts with a greater proportion of college educated neighbors reported feeling less hopelessness and a greater sense of control in their lives, whereas respondents living in tracts characterized by high levels of poverty were more likely to feel hopeless and not in control. Much of the association between area-level socioeconomic status and well-being was explained by neighborhood disorder (e.g., signs of vandalism, vacant housing, litter), which suggests that it is the increased exposure to psychosocial stressors in socioeconomically deprived areas that is pernicious to psychological well-being.

NEIGHBORHOOD PERCEPTIONS AS PREDICTORS OF RECOVERY FROM MOBILITY LIMITATION: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY

K. Latham, 1. Population Studies Center, University of Michigan, Ann Arbor, Michigan, 2. IUPUI, Indianapolis, Indiana

Recovery from mobility limitation may be an important form of intervention to prevent subsequent disability; however, relatively little research has explored whether neighborhood perceptions shape recovery. Utilizing the Health and Retirement Study (HRS); Participant Lifestyle Questionnaire (2008-2010), this research explores whether neighborhood perceptions of the built and social environment predict recovery from mobility limitation over a two-year interval. Odds ratio estimates were ascertained using multinomial logistic regression. Net of sociodemographic characteristics, health risk factors, and psychosocial measures, respondents with positive perceptions of their physical neighborhood (i.e., clean, free of graffiti/vandalism, and free of vacant houses/storefronts) (OR=1.186, p<0.007) were more likely to recover. Unexpectedly, positive perceptions of the social environment (i.e., social cohesion) were not significantly associated with recovery. This research provides evidence that positive perceptions of the built environment facilitate recovery from mobility limitation, which has significant policy considerations.

NEIGHBORHOOD HAZARDS AND SOCIAL PARTICIPATION IN LATER LIFE

P. Clarke1, K. Latham2, 1. University of Michigan, Ann Arbor, Michigan, 2. Indiana University-Purdue University Indianapolis, Indianapolis, Indiana

Increasing attention is being paid to the importance of environmental characteristics for social participation in later life, especially across adults with different levels of physical capacity. Yet, little work has empirically examined these effects using nationally representative data. Drawing on data from the 2010 Health and Retirement Study we examined the individual and neighborhood factors associated with social participation activities (e.g. volunteering, attending clubs/classes) in older Americans. Social participation was higher for those living in socially cohesive neighborhoods, and less frequent for those living in areas characterized by social disorder (e.g., signs of vandalism, vacant housing, litter) controlling for sociodemographic characteristics and health status. Among adults reporting difficulty with activities of daily living, residence in a socially disordered neighborhood was especially problematic, resulting in even lower levels of social participation. Social participation in later life is a complex process resulting from an interaction between individual capacity and environmental press.

NEIGHBORHOOD PSYCHOSOCIAL STRESSORS, AIR POLLUTION, AND COGNITIVE FUNCTION AMONG OLDER U.S. ADULTS

A. Karraker1, J.A. Ailshire2, P. Clarke1, 1. Population Studies Center, University of Michigan, Ann Arbor, Michigan, 2. University of Southern California, Los Angeles, California

Psychosocial stress has come to be seen as a key component of differential susceptibility to environmental hazards. Residents of communities with high levels of stressors may be more vulnerable to the adverse effects of environmental toxicants, such as air pollution. The objective of this study is to determine if community psychosocial stressors amplify the adverse effects of fine particulate air pollution on cognitive function in older, community-dwelling adults. Data on adults ages 55 and older from the 2001/2002 Americans’ Changing Lives study were linked with EPA air monitoring data using census tract identifiers. Neighborhood psychosocial stressors included perceptions of neighborhood safety and noise levels and the presence of deteriorating/abandoned buildings, trash, and empty lots. Respondents who were exposed to both pollution and stressors were at greater risk of having low cognitive function. These findings support the view that psychosocial conditions increase individual vulnerability to environmental hazards and pollutants.
INTERVENTIONS TO PROMOTE SAFE AND EFFECTIVE OTC MEDICATION USE AMONG OLDER ADULTS: CLINICIANS AND FAMILY CAREGIVERS

M. Bridgeman1, S.M. Albert1, 1. Behavioral & Community Health Sciences, University of Pittsburgh, Pittsburgh, Pennsylvania, 2. Rutgers University, New Brunswick, New Jersey

An FDA website notes that “American medicine cabinets contain a growing choice of nonprescription, over-the-counter (OTC) medicines to treat an expanding range of ailments.” Who influences what older adults put in their medicine cabinets? Little is known about the ways clinicians recommend OTC medications, or what role family caregivers play in decisions to purchase particular products and in helping older adults take these medications. The clinical sector is increasingly aware of the centrality of OTC medications. A Harris survey, for example, found that clinicians were concerned that patients combine OTC and prescription medicines, use OTC medicines chronically despite indications for short term use, replace prescription medications with OTC products, and concurrently use multiple OTC products with the same active ingredient. The role of family caregivers in OTC behavior is less well understood. This session will explore (i) the adequacy of OTC medication guides used by clinicians and patient-clinician communication around OTC medications, and (ii) family caregiver monitoring of OTC medications.

DEVELOPING NEW INTERVENTIONS TO SUPPORT SAFE AND EFFECTIVE OTC MEDICATION BEHAVIORS


Over-the-counter (OTC) self-medication practices may increase the risk of adverse drug reactions. People take multiple OTC medications without recognizing that they contain the same active ingredients. Well-designed, usable technology may improve OTC medication behaviors of older adults because it can improve the accessibility of information, and provide cognitive support. Technology allows behavioral monitoring, hazard alerting, and decision assistance related to correction of errors. Advances in sensor technology and mobile computing also offer evidence for effectiveness of these interventions. Discussion will focus on efforts to use design principles from human factors and ergonomics to build persuasive technology.

SESSION 1260 (SYMPOSIUM)

THE CHALLENGE OF CULTURAL GERONTOLOGY

Chair: J. Twigg, Sociology and Social Policy, University of Kent, Canterbury, United Kingdom
Co-Chair: W. Martin, Brunel University, London, United Kingdom

Over the last decade, Cultural Gerontology has emerged as one of the most significant and vibrant parts of writing about age. Reflecting the wider Cultural Turn, it has expanded the field of gerontology beyond all recognition. No longer confined to frailty, or by the dominance of medical and social welfare perspectives, gerontology now addresses the nature and experience of later years in the widest sense. Drawing on diverse areas of study that encompass the arts and humanities — novels, painting, music — that extend into new areas of life — clothing, hair, travel, consumption, gardening — and that draw on new methodologies such as visual, narrative, material these developments have located the study of later years within a larger and richer context. The session opens with an overview of the emergence of the field, and then features papers that reflect key aspects of this development. Participants at the session will be introduced to the main debates within cultural gerontology and to a critical analysis of their development. They will be encouraged to contribute to the debate from their own perspectives.

THE EMERGENCE OF CULTURAL GERONTOLOGY

J. Twigg1, W. Martin1, 1. Sociology and Social Policy, University of Kent, Canterbury, United Kingdom, 2. Brunel University, London, United Kingdom

The paper will explore the principle intellectual and social developments that underlie the emergence of cultural gerontology. Opening with a critical review of the sources and scope of the approach, it will trace from where these new impulses came, the theoretical traditions that inform them, and the challenges they present. In doing do it will engage with the rise of the Visual, the new concern with the body and embodiment, and the wider impact of the Cultural Turn particular exemplified in the growth of interest in the Arts and Humanities. At the end of the session, participants will have had an overview of these theoretical developments and an opportunity to explore and challenge them.

AGE IDENTITY IN PROGRESS NARRATIVES OF NEVER-MARRIED WOMEN

K. de Medeiros1, B. Rubinstein1, 1. Sociology and Gerontology, Miami University, Oxford, Ohio, 2. University of Maryland Baltimore County, Baltimore, Maryland

Gullette introduced the idea of the progress narrative in resistance to scripts of decline in older age, arguing that interpreting the events in one’s life as part of a continuum rather than as having peaked in middle age can be a source of strength and continued growth. I used Gullette’s framework to examine identity construction in interviews with 10 never-married women age 65 and over. Findings revealed the women resisted the strong bias in gerontological literature toward identity through traditional families (spouse, children) and challenged pronominal views of motherhood. Instead, they viewed their lives as a continued progress in large part because they were anchored in and dependent on the timelines of others (e.g., children). Age identity was confirmed through work, volunteerism, and other pursuits. Overall, this study provides an important foundation through which to challenge assumptions about age-identity and to reconsider the positive potentials of growing older.

POSSESSIONS AS A MATERIAL CONVOY

D. Ekerdt, Univ of Kansas, Lawrence, Kansas

Possessions can be conceived as a dynamic composition of items, as a “convoy of material support” that furnishes the life course and the project of the self. Over the life course, goods flow in and out of people’s lives, and some things accumulate. With advancing age, the manageable and fate of the convoy can become a shared, intergenerational concern. The question of “what is to be done” with it all seems to focus existential anxieties about mortality. Research on the size, composition, and arc of the material convoy has the potential to leverage insights about age and aging. Taking this up, researchers have decisions to make about tone, approach, and analytic foci.

THE CHALLENGE OF CULTURAL GERONTOLOGY

I.R. Jones, Social Sciences, Cardiff University, Cardiff, United Kingdom

Network Society and later life: new communities and connectivities The various aspects of Information and Communication Technologies (ICT), together with their cumulative applications within Web 2.0, now provide the core elements of a network society whose reach is instant and global. Rapidly developing forms of ICT have transformed many aspects of social relationships and enabled new forms of social connectivity. In the process, ICT appear to have created new social divides between those who are participants in the new networks and those who are not. Researchers have identified divides by income, age, ethnicity, gender and place. One of the most prominent of these is that based on age and it is reflected in the policies and concerns of governments and international organisations. However, while there is evidence for an age divide in mobile phone access there is also evidence that the

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‘digital divide’ is narrowing and is mediated by social economic and cultural factors, expertise effects and normative age related changes in ability. This paper will examine new forms of social and cultural relations and social connectivity that are emerging in the wake of unprecedented levels of diffusion of ICT. The chapter will address; theoretical approaches to new technologies and community in later life, trends in Internet use among older people, research addressing the Digital Divide, patterns of motivation and use, the impact on social relations and social networks and the consequences for older people in temporal and spatial terms.

BLURRING THE RURAL-URBAN DIVIDE: INSIGHTS FROM CULTURAL APPROACHES TO AGEING
T. Scharf, R. Edmondson, Irish Centre for Social Gerontology, National University Ireland Galway, University Road, Ireland

There has been longstanding interest in the influence of urban and rural contexts on ageing. Classic urban (e.g. Sheldon, 1948; Townsend, 1957; Rowles, 1978) and rural studies (e.g. Cribier, 1973; Wenger, 1984) have shaped the field of social gerontology. The ‘cultural turn’ invites us to review taken-for-granted ideas, not only posing new questions of classic studies, but also questioning the approach of contemporary work. The paper suggests that both urban and rural settings are (as they always have been) changing and dynamic, sites of flux and conflict as well as of significant forms of social support, and they refract the interaction of global, meso-level and local forces. We use examples from historical and contemporary research to illustrate impacts that these can have. While urban and rural locations may initially seem contrasting settings, as far as life-course possibilities are concerned, we locate key cultural similarities and differences that modify this image.

SESSION 1265 (PAPER)

DEMENTIA: TREATMENT

AN AWARENESS-BASED INTERVENTION TO IMPROVE QUALITY OF LIFE FOR RESIDENTS WITH SEVERE DEMENTIA IN LONG-TERM CARE
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The primary outcome was resident quality of life. Secondary outcomes of residents with severe dementia show awareness is influenced by the extent to which the environment provides opportunities for engagement and by the way in which care staff interact with them. We aimed to establish whether training care staff to observe and identify signs of awareness in residents with severe dementia resulted in improved quality of life for residents. Methods. In this pilot cluster randomised trial, care staff in 4 homes (n = 32) received training and supervision and carried out structured observations of residents using the AwareCare measure (n = 32) over an 8-week period, while staff in 4 control homes (n = 33) had no training with regard to their residents (n = 33) and no contact with the research team. The primary outcome was resident quality of life. Secondary outcomes were resident well-being, behaviour and cognition, staff attitudes and well-being, and care practices in the home. Results. Following intervention, residents in the intervention group had significantly better quality of life as rated by family members than those in the control group, but care staff ratings of quality of life did not differ. There were no other significant between-group differences. Staff participating in the intervention identified benefits in terms of their understanding of residents’ needs. Conclusions. Staff were able to use the observational measure effectively and relatives of residents in the intervention homes perceived an improvement in their quality of life. This trial was registered with Current Controlled Trials, reference ISRCTN59507580.

SLOWING PROGRESSION IN EARLY STAGE AD WITH ALTERNATIVE THERAPIES
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This pilot study identified the effect of combining Healing Touch (HT) and Body Talk Cortices (BTC) on the progression of Alzheimer’s disease (AD). Both HT and BTC elicit the relaxation response and support cognitive function from two different perspectives. A two group, repeated measures design was used. Subjects (n=22), 65 or older with mild to moderate AD, were assigned to either the HT-BTC group (n=12) or the control group (n=10) based on geographic location. The treatment group received, for six months, HT weekly and the BTC technique daily. The usual medical regimen for all subjects was continued. The control group had no additional interventions. Both groups were assessed at baseline, 3 and 6 months. The groups did not differ significantly at baseline on cognitive reserve, age, gender or ethnicity or on the outcome variables (cognitive function, mood, & depression). At the end of the study, while significant interactions occurred regarding cognitive function and mood, the groups did not significantly differ on any outcome measure. Significant improvements in cognitive function (p=.008), mood (p=.001) were observed in the treatment group which is not the usual course of AD. A decline in cognitive function occurred in the control group which is typical of AD’s usual course. Although the number of subjects in this pilot study was small, important trends were noted suggesting areas for future study.

PERSISTENT CHOLINESTERASE INHIBITOR PRESCRIBING IN DEMENTIA: PHYSICIANS AND SPECIALISTS’ EXPERIENCES
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Cholinesterase inhibitors (ChEIs) are widely prescribed to treat the symptoms of mild to moderate Alzheimer’s disease and related dementia (ADRD). Long-term prescribing of these medications well into later-stage ADRD is increasingly common although much debate surrounds this practice. Against this backdrop, little is known about the factors that might account for persistent ChEI prescribing in dementia care. This study presents findings derived from four focus groups with a total of 19 physicians, 10 in-depth interviews with geriatric specialists, and 26 in-depth interviews with caregivers to persons with ADRD withdrawn from ChEI therapy. The decision to discontinue ChEIs involved a complex interplay between caregiver appraisal, clinical assessment practices and expectations about the benefits of ChEI therapy. Among physicians, persistence with ChEI therapy was associated with efforts to reconcile indeterminate assessment results, which suggest limited or no benefits, and concern for the desire of family caregivers and patients to continue therapy for as long as possible. Physicians reported reluctance in initiating conversations about stopping ChEIs unless families and patients mentioned the issue themselves or until an adverse event made discontinuation unavoidable. In contrast, specialists justified persistent prescribing on the basis of clinical judgement, expressed doubt over the usefulness of psychometric instruments in informing such a decision, and were more proactive in discussing the issue with patients and family members. The findings suggest a need to develop clear guidelines for evaluating the long-term benefits of ChEIs and assisting prac-
ALZHEIMER'S DISEASE ILLNESS REPRESENTATIONS: PREDICTORS OF CONSEQUENCES, SCREENING, AND INFORMATION ATTITUDES

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Introduction. Leventhal’s Common Sense Model posits that mental representations of illness affect how people manage health threats. This study explores how beliefs about consequences of Alzheimer’s disease (AD) relate to attitudes about being screened for AD and obtaining AD information. Methods. 214 nondemented older adults rated 50 AD consequences on two dimensions: the likelihood of consequences occurring and how upsetting they found each consequence. Additional questionnaires evaluated prior AD exposure, AD concern, AD knowledge, personality, memory contentment, benefits of AD screening, and openness to screening and information. Hierarchical linear multiple regression analyses were used to predict AD consequence likelihood and upsetting ratings, and AD screening and information attitudes. Results. Consequences, on average, were perceived as likely and upsetting. Likelihood ratings were predicted by AD concern and knowledge (R^2 = .15, p < .001); upsetting ratings were predicted by AD concern, memory contentment, education, and no AD experience (R^2 = .27, p < .001). AD screening was predicted by perceived screening benefits, AD concern, consequence likelihood, memory contentment, and male sex (R^2 = .30, p < .001). AD information was predicted by neuroticism, memory contentment, conscientiousness, caregiver status, and perceived screening benefits (R^2 = .17, p < .01). Summary. Older adults recognize that AD involves many consequences, but vary in their views of how AD would impact their lives. Consequences had a limited role in predicting AD screening and information attitudes, drawing into question the utility of the Common Sense Model when considering AD and nondemented adults.

WEAVING THREADS OF RESILIENCE: OPTIMIZING ILLNESS SELF-MANAGEMENT IN EARLY-STAGE DEMENTIA

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One of the characteristics of early-stage dementia is that committed involvement in medical treatments and healthy behaviors cannot guarantee an arrest or a slow-down in the progression of the illness. As such, efforts to manage the illness focus mainly on developing a sense of control over its symptoms and limiting its impact. In the present study, participant-generated photographs and interviews about these images were used to investigate how thirteen women and seven men with early-stage dementia (age 57-90, mean 73.4; MMSE scores 20-28, mean 25.6) managed the demands posed by the illness. Visual and verbal data were analyzed using grounded theory. Participants were seen as having a strong desire to actively participate in managing their illness and its symptoms. By taking small, task-oriented steps, persistence, and hard work, and accepting personal responsibility, the participants took charge of those areas of their lives that they considered important. The resulting spectrum of self-management responses included the following domains: being informed about the illness; adhering to a prescribed medication regimen; simplifying life; calibrating emotions; and negotiating needs. The findings of this study suggest that people with early-stage dementia can benefit from education about the illness and support emerging discussions on self-management in the context of dementia. An important implication of this study’s findings is a shift in focus from primarily educating and supporting caregivers to an approach that is inclusive of the person with the illness.

MENTAL HEALTH

BEYOND BINGO: ADULT DAY SERVICES AS A DELIVERY PLATFORM FOR MENTAL HEALTH CARE

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The purpose of this study was to understand the degree to which mental health care was provided in adult day services (ADS) and the association of such care with staffing and organizational characteristics. Data were drawn from the MetLife National Study of Adult Day Services (N = 557 ADS programs). Descriptive analyses revealed that 75.4% of ADS programs provided medication management for the treatment of anxiety and depression, while 37.9% and 28.7% provided individual and group counseling, respectively. Hierarchical logistic regression analyses revealed that programs offering medication management were significantly more likely to have higher service hours by Registered Nurses (AOR = 1.254; p < 0.05) and higher costs per day (AOR = 1.025; p < 0.05). Programs offering individual counseling were significantly more likely to have higher service hours by Registered Nurses (AOR = 1.141; p < 0.01) and a lower percentage of private pay participants (AOR = 0.987; p < 0.05). Programs offering group counseling were significantly more likely to have higher service hours by social workers (AOR = 1.158; p < 0.01) and a lower percentage of private pay participants (AOR = 0.978; p < 0.05). The results suggest that ADS has the capacity to deliver mental health care given adequate professional staffing and appropriate reimbursement and cost structures. As home- and community-based services continue to expand, researchers should explore the potential role of ADS as a service delivery platform for complex issues such as mental health care.
minority group interact to predict greater deficits in openness and access to MHS. Efforts to improve MHS underutilization by these groups should take their unique obstacles into account in order to reduce existing disparities.

SOCIOECONOMIC STATUS AND DEPRESSION: UNTANGLING THE CAUSATION-SELECTION ISSUE

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Two very different theories have emerged to explain the inverse association between socioeconomic status (SES) and mental illness. Social causation posits that social disadvantage catalyzes the onset of mental illness, while social selection posits that mental illness causes people to drift down or fail to rise up the socioeconomic ladder. Evidence indicates that both selection and causation processes are operating, but the direction of causality is difficult to determine because psychopathology and SES are bound up in a dynamic that is reciprocal and reinforcing. This study examines the relative predictive value of the causation and selection hypotheses using nationally representative data from the Americans’ Changing Lives Study, a cohort of 3617 U.S. adults first interviewed in 1986 and re-interviewed four times over the next 25 years (1989, 1994, 2002 and 2012). At each wave we model depressive symptoms (CES-D) and household income using a parallel process growth model that examines the reciprocal relationship between SES and depression over all stages of the adult life course. We find a strong inverse association between SES and depression at any given age (beta=-.107, p<.01), and persistent adverse effects of low income in early adulthood on mid-to-late-life depression (beta=-.184, p<.05), net of covariates. The effects of early adult depression on mid-to-late-life income were much smaller and not statistically significant (beta=.030). These results suggest an enduring impact of early adult socioeconomic resources on mental health as it unfolds over the life course, with policy implications for the distribution of resources and mental health treatment.

UNDERSTANDING DEPRESSION IN A COMMUNITY-DWELLING CHINESE POPULATION: FINDINGS FROM A LARGE COHORT OF U.S. CHINESE OLDER ADULTS

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Background: Despite the fact that mental health disparities continue to affect older adults, vast knowledge gaps still persist in understanding the late-life psychological needs of Chinese immigrant older adults – one of the fastest-growing minority communities in the U.S. Methods: We utilized community-based participatory research approach to partner with Chinese communities in Chicago. The cross-sectional study sampled a population of 3,018 Chinese older adults. In an in-home interview format, we administered PHQ-9 to detect depressive symptoms (Cronbach’s α = 0.81). Results: Among surveyed participants (N=3,018), 60% were female. The mean age was 73 years old, and age ranged from 60 to 105 years old. A total of 56% of the participants received a high school education, and 6% were illiterate. With respect to depressive symptoms, 35% of the participants had trouble falling or staying asleep, 31% reported tired or having little energy, 16% had little interest or pleasure in doing things, 15% felt down or depressed, 15% had trouble concentrating on things, 10% of participants reported poor appetite or over eating, and 10% of participants had bad feelings about oneself. Conclusion: This study has important practical implications for health care professionals, social service agencies, and concerned family members. Population-based longitudinal study of risk and protective factors are needed to inform culturally appropriate prevention and intervention programs.
IS SYMPTOM SEVERITY AND HEALTH STATUS DIFFERENT IN OLDER ADULTS WITH PULMONARY ARTERIAL HYPERTENSION?
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Pulmonary arterial hypertension (PAH) is a devastating disease that leads to right heart failure. There has been no investigation into the impact of PAH in older adults. This study looked at symptom intensity and health status are different in older adults compared to young and middle age adults with PAH. Of 191 PAH participants, 39 (20%) were young (18–40 years); 101 (53%) were middle (41–64 years); and 51 (27%) were older adults (>65 years). The PAH Symptom Scale measured symptoms and SF-36 measured health status. Significant differences in symptoms among participants were: palpitations, abdominal swelling and nausea. Only physical health differed among groups. The highest severity of symptoms for older adults was: dyspnea on exertion, fatigue, Raynaud’s phenomenon and sleep. Overall, PAH symptoms and health status are similar for older adults compared to younger patients. Partially funded by Bouve College of Health Sciences, NU intramural and STTI Gamma Epsilon grants.

PERCEPTION OF ILLNESS SEVERITY AND SERVICES OFFERED TO OLDER ADULT ADVANCED HF PATIENTS
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Background: Advanced heart failure (HF) impacts over 5 million Americans. The majority are older adults with a five-year mortality rate around 50%. Palliative care has been recommended to meet the needs of patient-caregiver dyads. This study explored services offered and the dyad’s understanding of the terminal course of HF. Methods: Thirty middle age adults with a <1-year versus <2-year predicted survival and their family caregivers were individually interviewed. Responses were analyzed and compared by group based on predicted survival. Results: There was no difference between groups in their perceptions of illness and terminal course of HF. Regardless of predicted survival, end-of-life decisions had not been discussed and few were offered services. Conclusions: Palliative care services were neither offered nor requested throughout the end-of-life trajectory. Envisioning palliative care as a philosophy of care delivered by all healthcare providers, would lead to infusion of supportive interventions from diagnosis to end of life.

SELF MANAGEMENT CHALLENGES FOR OLDER ADULTS WITH CANCER AND COMORBIDITIES
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Background: Older adults with cancer often present with chronic comorbid conditions, commonly type 2 diabetes (T2D) and/or cardiovascular disease (CVD). Associations between cancer, T2D, and/or CVD are complex and often bidirectional. Comorbidities can impact daily life through the aggregated symptom experience of multiple diseases. Methods: A mixed methods pilot study (N = 30) to capture quality-of-life (QOL) and self-care needs of patients with chronic comorbid conditions was conducted. Analyses included descriptive statistics and non-parametric Spearman rho correlations. Results: Mean age was 69.2 years, all had CVD, and 8 also had T2D. Importantly, physical functioning was associated with QOL (r = .477; p = 0.009) and symptoms, not the diagnoses themselves, were the primary concerns. Conclusions: Older adults with cancer, CVD, and T2D are at risk for burdensome symptoms that can impede physical functioning and associated QOL. Understanding these challenges and addressing symptoms is essential for optimizing patient care and outcomes.

SESSION 1280 (SYMPOSIUM)

INNOVATIVE APPROACHES TO DISSEMINATION AND IMPLEMENTATION OF EVIDENCED BASED INTERVENTIONS
Chair: B. Resnick, university of maryland, Baltimore, Maryland
Co-Chair: E. Galik, university of maryland, Baltimore, Maryland
Discussant: L.N. Gitlin, university of maryland, Baltimore, Maryland

Dissemination focuses on the distribution of information, whereas implementation is the process through which an intervention is communicated, over time through certain channels of a social system. Challenges and barriers to dissemination and implementation of evidence based interventions across settings have been identified and include such things as beliefs about the utility and feasibility of the new approach, insufficient resources or access to resources needed, insufficient training for the individuals or providers, insufficient recognition and support from administration, inadequate staffing, workload concerns, staff turnover, costs, lack of fit between the intervention and culture or philosophy of care within the community, and the physical environment. There may also be individual barriers such as acute illness, sociodemographic characteristics, comorbidities, cognitive decline, depression, decreased motivation, cultural expectations, pain, fear of falling, or polypharmacotherapy. To address the many barriers at the individual, caregiver and/or community level we use a social ecological model (SEM), social cognitive theory (SCT) and Dissemination of Innovation theory to successfully disseminate and implement evidence based interventions to older adults living at home, in senior housing and in assisted living facilities. Further we use the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) model to evaluate our dissemination and implementation success. This symposium will describe three interventions that have been successfully disseminated and implemented: (1) PRAISED; disseminating heart healthy behaviors in senior housing facilities; (2) Rescare-AL, dissemination and implementation of function focused care in assisted living facilities; and (3) Bone Health, disseminating bone health information to older adults living at home.

DISSEMINATION AND IMPLEMENTATION OF FUNCTION FOCUSED CARE-ASSISTED LIVING (FFC-AL)
B. Resnick, E. Galik, university of maryland, Baltimore, Maryland

Function Focused Care (FFC) is a well established approach that has been successfully integrated into long term care settings. FFC is a philosophy of care that teaches nurses (registered nurses, licensed practical nurses, direct care workers) to evaluate older adults’ underlying capability with regard to function and physical activity and helps them optimize and maintain functional abilities and increase time spent in physical activity. Guided by the social ecological model, self-efficacy theory, and the tenants of Dissemination of Innovation theory we disseminated and implemented FFC-AL into 20 assisted living settings using a web-enhanced approach. Based on RE-AIM we were able to successfully recruit and teach caregivers, families and residents in these settings about FFC, demonstrate environmental and policy changes that support FFC, demonstrate a decrease in falls and hospital transfers, and make long term changes in these sites with regard to service plans and how care was approached.

66th Annual Scientific Meeting
DISSEMINATION AND IMPLEMENTING PRAISED IN MULTIPLE SENIOR HOUSING FACILITIES
M. Hammersla, K. Michael, B. Resnick, university of maryland, Baltimore, Maryland

There are evidence-based guidelines for ways in which to prevent and manage cardiovascular disease including diet, exercise and medication adherence. Despite evidence supporting the effectiveness of these behaviors the majority of older adults do not adhere to recommended behaviors or medications. Novel methods are needed if substantial change in heart healthy behaviors is to occur. To facilitate this change we developed People Reducing Risk And Improving Strength through Exercise, Diet, and Drug Adherence (PRAISED) using a social ecological model, self-efficacy theory and dissemination of innovation theory to guide the dissemination and implementation process. We successfully recruited senior housing residents, implemented our intervention activities and have maintained our integration of heart healthy behaviors for 4 years with monthly inoculations in one site and implemented PRAISED in a second senior housing setting. RE-AIM findings will be presented to support the successful dissemination and implementation of PRAISED in both settings.

DISSEMINATION OF HEALTH INFORMATION TO THE OLDER ADULTS RESIDING IN COMMUNITY: USE OF TECHNOLOGIES
E. Nahm, B. Resnick, M. Rietschel, S. Antol, university of maryland, Baltimore, Maryland

More than half of older adults aged 65 and older are now using the Internet, and approximately 69% are using a mobile phone. These technologies became a powerful vehicle to disseminate health information to community-dwelling older adults and empower them to better manage their health. Over the years, we have used several different programs and approaches in delivering health behavior interventions. In this presentation, we will compare the development and implementation strategies of three different programs (i.e., web pages, web pages with eLearning programs, and mobile programs) in three studies (N = 246, N = 866, and N = 20, respectively). The rapid evolution of technology has transformed the way healthcare is delivered. To assimilate this change in healthcare trials, methodological research must be a priority in eHealth research. Policy-level support for methodological research in eHealth and mHealth would help to expedite the advancement of science in this field.

SESSION 1285 (SYMPOSIUM)

LONG-TERM IMPACT OF BEHAVIORAL INTERVENTION: RESULTS FROM THE ACTION FOR HEALTH IN DIABETES (LOOK AHEAD) RANDOMIZED CONTROLLED CLINICAL TRIAL
Chair: M.A. Espeland, Dept of Biostatistical Sciences, Wake Forest School of Medicine, Winston-Salem, North Carolina Co-Chair: S.B. Kritchevsky, Dept of Biostatistical Sciences, Wake Forest School of Medicine, Winston-Salem, North Carolina Discussant: T. Harris, National Institute on Aging, Bethesda, Maryland

Mid-life weight loss and maintenance is often recommended as a means to improve health later in life, however its long-term benefits have not been rigorously established. The Look AHEAD randomized controlled clinical trial compared an intensive lifestyle intervention (ILI) designed to induce and maintain weight loss through caloric restriction and increased physical activity with a control condition of diabetes support and education (DSE) in 5,145 individuals aged 45-76 years with type 2 diabetes. The primary outcome was the first on-trial instance of a composite of major cardiovascular events (fatal and non-fatal myocardial infarction and stroke, hospitalized angina, and cardiovascular disease death) in its 5,145 participants over up to 11 years of follow-up. Secondary outcomes were other composites of cardiovascular disease events. Other outcomes included measures of body composition, depression, and health related quality of life. A large ancillary study also assessed physical and cognitive function. This symposium will describe the design and principal findings of the Look AHEAD trial (Espeland and colleagues), the impact of the intervention on body composition (Johnson and colleagues) and depression (Hazuda and colleagues), with focus on its older participants. It will also be the first presentation of the impact of the intervention on physical function (Houston and colleagues) and cognitive function (Rapp and colleagues).

DESIGN AND PRIMARY FINDINGS OF THE ACTION FOR HEALTH IN DIABETES TRIAL
M.A. Espeland¹, F.L. Brancati⁴, M. Evans³, E. Gregg⁶, S.E. Kahn³, C.E. Lewis⁵, N. Pi-Sunyer⁶, R. Wing⁴, 1. Dept of Biostatistical Sciences, Wake Forest School of Medicine, Winston-Salem, North Carolina, 2. Johns Hopkins School of Medicine, Baltimore, Maryland, 3. National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Maryland, 4. Centers for Disease Control and Prevention, Atlanta, Georgia, 5. University of Washington, Seattle, Washington, 6. The University of Alabama at Birmingham, Birmingham, Alabama, 7. St. Luke’s-Roosevelt Hospital Center, New York, New York, 8. The Miriam Hospital, Providence, Rhode Island

Look AHEAD retained 96% of its participants. ILI produced greater mean weight loss than DSE at one year (8.6% vs. 0.7%). Differences in weight losses were maintained throughout follow-up: mean weight losses for intervention groups averaged (6.0% vs 3.5%) at the end of the 11 year intervention phase, with slightly greater relative weight losses among participants aged > 65 years. Compared to DSE, ILI had greater initial improvements in cardiovascular disease risk factors, except LDL-cholesterol, for both younger and older participants, but differences between arms lessened over time. No overall differences were seen in the incidence of the trial’s primary and secondary cardiovascular outcomes between the ILI and DSE groups. Follow-up of the study cohort continues. Weight loss achieved by ILI did not reduce the risk of cardiovascular events in overweight and obese adults with type 2 diabetes to a greater extent than DSE.

THE EFFECT OF INTENTIONAL WEIGHT LOSS ON CHANGES IN BODY COMPOSITION OVER EIGHT YEARS IN THE LOOK AHEAD CLINICAL TRIAL
K.C. Johnson⁷, L. Wagenknecht¹, G.A. Bray⁷, M.P. Walkup⁷, R. Wing⁴, 1. Dept of Biostatistical Sciences, Wake Forest School of Medicine, Winston-Salem, North Carolina, 2. The University of Tennessee Health Science Center, Memphis, Tennessee, 3. Louisiana State University, Baton Rouge, Louisiana, 4. The Miriam Hospital, Providence, Rhode Island

We examined the impact of ILI on body composition by dual x-ray absorptiometry in a sub-group of 1308 Look AHEAD participants. Total weight loss (%) was greater in ILI than DSE at yr1 (-8.6 vs 0%), yr4 (-4.7 vs -1.6%), and yr8 (-4.6 vs -2.4%). ILI lost both body fat (BF) and lean body mass (LBM), while DSE lost primarily LBM. Percent of BF lost (BF lost [kg] / baseline BF [kg])

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was greater in ILI than in DSE at yr1 (-14.7 vs -0.1%), yr4 (-5.2 vs -0.1%), and yr8 (-2.1 vs +0.6%). Percent loss of LBM increased with age in both groups but was greater in ILI than DSE (ages 45-55, 56-65, 66-76 years, at yr8, ILI: -3.4, -5.6, -6.9%; DSE: -2.8, -4.0, -5.4%). A long-term lifestyle intervention resulted in weight loss comprised of both BF and LBM, with loss of BF maintained through 8 years.

**IMPACT OF A LONG-TERM INTENSIVE LIFESTYLE INTERVENTION ON PHYSICAL FUNCTION: THE ACTION FOR HEALTH IN DIABETES MOVEMENT AND MEMORY STUDY**

D.K. Houston, G.A. Bray, J.O. Hill, J.M. Jakicic, W. Leng, W. Rejeski, S.B. Kritchevsky, J. Sticht Center on Aging, Wake Forest School of Medicine, Winston Salem, North Carolina, 2. Louisiana State University, Baton Rouge, Louisiana, 3. University of Colorado Denver School of Medicine, Aurora, Colorado, 4. University of Tennessee Health Science Center, Memphis, Tennessee, 5. University of Colorado Denver School of Medicine, Aurora, Colorado

We examined the relative effects of 8-9 years of ILI versus DSE on cognitive function among Look AHEAD participants. A battery of standardized cognitive tests to assess global cognitive function, verbal fluency, verbal memory, attention, executive function, processing speed, and an overall composite was administered at yr8 or yr9 in 978 individuals enrolled in a four-site ancillary study. Overall, there were no significant mean differences in performance scores for any cognitive function between intervention groups (p<0.05). Subgroup comparisons with respect to age, gender, and baseline obesity status found some evidence for benefit among overweight compared to obese participants on processing speed and cognitive composite (mean intervention effects > 0.2 SDs; nominal p<0.05), but little evidence of benefit depending on age or gender. Overall, this ILI did not improve cognitive function in middle aged and older adults with type 2 diabetes.

**SESSION 1290 (SYMPOSIUM)**

**LOW BACK PAIN AND THE OLDER ADULT: POTENTIAL PATHWAYS TO ADDRESS FUNCTIONAL LIMITATIONS**

Chair: G. Hicks, University of Delaware, Newark, Delaware
Discussant: S.G. Leveille, University of Massachusetts, Boston, Massachusetts

Prevention of functional decline is a key goal of geriatricians and aging researchers. Recent literature demonstrates that low back pain (LBP), the most commonly reported symptom among geriatric patients, is specifically linked to functional decline. The goal of this symposium is to highlight recent work exploring factors that explain the relationship between LBP and physical function among community-dwelling older adults. Using baseline data from a Delaware Spine Studies pilot study, the first paper will explore associations between fear-avoidance beliefs and function in older adults with chronic LBP. Using data from Delaware Spine Studies Project 1, a comparative study of older adults with and without chronic LBP, the second paper will examine associations between comorbidity burden and function. The third paper will use data from the Yale Precipitating Events Project to qualitatively explore older adults’ perspectives on how restricting LBP affects function. Using data from Boston RISE, a longitudinal cohort study of older primary care patients, the fourth paper will examine associations between trunk muscle extensor endurance and physical performance in older adults with LBP. Lastly, the final paper will use data from Delaware Spine Studies Project 2, an exploratory randomized trial of older adults with chronic LBP, to assess the impact of trunk muscle training augmented with neuromuscular electrical stimulation on physical function. The overall findings of these papers suggest that there are multiple factors that impact function in older adults with LBP and that there is potential to improve function through the development of empirically-driven interventions.
THE OLDER PERSON’S PERSPECTIVE: THE IMPACT OF Restricting Back Pain (RBP)
U.E. Makris1, T.V. Melhado1, S.J. Lee1, L.M. Walke1, T.M. Gill1, L. Fraenkel1, 1. Internal Medicine, UT Southwestern Medical Center, Dallas, Texas, 2. VA Medical Center, Dallas, Texas, 3. Yale School of Medicine, New Haven, Connecticut.

We have a limited understanding of the impact of restricting back pain (RBP) on daily life in older persons. Qualitative research can capture the lived experience of back pain in this population and help to identify patient-reported dimensions of this experience. We recruited participants who reported RBP during the previous 3 months from the Yale PEP Study. In-depth, semi-structured interviews were conducted in the participants’ home, transcribed, and independently coded by 4 reviewers using iterative thematic analysis. The 23 participants (age range: 83-98, 57% women, 91% white, 4% black), provided detailed reports of how RBP impacted quality of life both physically and psycho-socially. A better understanding of how older persons experience RBP will enable clinicians/researchers to focus on the dimensions of the pain experience most relevant to this population and help to identify novel measurable factors that can improve quality of care in older persons with back pain.

HIGH FEAR-AVOIDANCE BELIEFS ARE ASSOCIATED WITH POORER PHYSICAL PERFORMANCE IN OLDER ADULTS WITH CHRONIC LOW BACK pain.
J. Sions, G. Hicks, Physical Therapy, Univ Delaware, Newark, Delaware.

Fear-Avoidance Beliefs (FABs) related to low back pain (LBP) may negatively impact physical function. We evaluated the relationship between FABs, falling, and physical performance in 38 community-dwelling adults, ages 60-85 years, with chronic LBP. To assess FABs, we used the Fear-Avoidance Beliefs Physical Activity sub-scale, which is a reliable and valid measure of an individual’s beliefs regarding the impact of physical activity on his/her LBP. Using a median-split, the group was divided into high (≥14) and low (<14) FABs. Despite no significant differences between the groups in age, pain, or LBP-related disability (p>.05), older adults with high FABs demonstrated a significantly greater number of falls in the past year (p=.037), slower Timed Up and Go (p=.029), slower repeated chair rise time (p=.047), and decreased 6-minute walk distance (p=.009) when compared to older adults with low FABs. Ultimately, addressing FABs may decrease falls and improve LBP treatment outcomes in these patients.

CONTRIBUTIONS OF COMORBIDITY BURDEN TO PHYSICAL PERFORMANCE IN OLDER ADULTS WITH CHRONIC LOW BACK PAIN
V. Allen, M. Sions, G. Hicks, Physical Therapy, University of Delaware, Newark, Delaware.

Older adults with chronic low back pain (LBP) have decreased physical function and multiple comorbidities. Comorbidity burden may help explain physical performance. We recruited 123 community-dwelling adults, aged 65-80 years, with and without chronic LBP (54% LBP). We administered the Cumulative Index Rating Scale (CIRS), which determines comorbidity disease burden and the Short Physical Performance Battery (SPPB); gait speed was obtained. Individuals with chronic LBP had greater comorbidity burden when compared to those without LBP (p=.007). In adults with LBP, after controlling for age, sex, race, education level, body mass index, cognitive status, and LBP intensity, linear regression analyses indicated comorbidity burden explained an additional 13.8% and 6.3% of the variances in SPPB (p=.000) and gait speed (p=.010), respectively. In adults without LBP, comorbidity burden did not explain additional variances in SPPB or gait speed (p=.05). Addressing comorbidities in adults with chronic LBP may be critical in optimizing physical function.

TRUNK MUSCLE EXTENSOR ENDURANCE, MOBILITY PERFORMANCE AND BACK PAIN STATUS AMONG OLDER PRIMARY CARE PATIENTS
J.F. Bean1,2, T.M. Paul1, N.E. Holt1, S. Percac-Lima4, N. Latham1, P. Ni5, A. Jette1, S.G. Leveille1, 1. Spaulding Rehabilitation Hospital, Cambridge, Massachusetts, 2. Harvard Medical School, Cambridge, Massachusetts, 3. Case Western Reserve, Cleveland, Ohio, 4. Mass General Hospital, Boston, Massachusetts, 5. Boston University, Boston, Massachusetts, 6. UMass Boston, Massachusetts.

Back pain is a highly prevalent complaint among older primary care patients. Trunk muscle extensor endurance (TEE) is linked to back pain among young adults and to mobility skills among older adults. We evaluated the relevance of TEE to performance of common mobility tasks among older primary care patients. We analyzed baseline data from the Boston Rehabilitative Impairment Study of the Elderly (Boston RISE), a longitudinal cohort study of older primary care patients at risk for mobility decline. At baseline, Boston RISE includes 430 participants that are 68% female, have a mean age of 76.5 years and 31% manifested self reported back pain. Mobility performance was assessed via gait speed, chair stand time and standing balance. Within multivariable models, TEE was significantly associated (p<.05) with chair stand and standing balance performance among those with back pain and a significantly associated with gait speed among those without back pain.

A TRUNK MUSCLE TRAINING PROGRAM AUGMENTED WITH NEUROMUSCULAR ELECTRICAL STIMULATION APPEARS TO IMPROVE FUNCTION IN OLDER ADULTS WITH CHRONIC LOW BACK PAIN: A PILOT RANDOMIZED TRIAL
G. Hicks1, T.J. Manal1, J. Sions1, T. Velasco1, M. Shardell1, L. Snyder-Mackler1, 1. University of Delaware, Newark, Delaware, 2. University of Maryland School of Medicine, Baltimore, Maryland.

Older adults with chronic low back pain (CLBP) demonstrate greater deficits in observed physical function than their pain-free peers, but function has not been a primary outcome in rehabilitation studies. In the context of randomized clinical trial, we investigated whether trunk muscle training augmented with neuromuscular electrical stimulation (TMT+NMES) could improve pain and function compared to a more traditional rehabilitation approach. Sixty-two participants were randomly assigned to receive 12 weeks of either TMT+NMES or modalities, massage and stretching. At 6-months post-randomization, there were significant and clinically important reductions in pain for both groups. The group receiving TMT+NMES had a greater increase in gait speed (+.06m/sec, p=.07) and greater reduction in timed get up and go performance (-.82sec, p=.048). A larger trial is warranted given the changes seen without any lower extremity strengthening or gait training. Potentially, TMT+NMES can be used to improve actual physical performance in older adults with CLBP.

SESSION 1295 (SYMPOSIUM)

REASONING EXERCISES IN ASSISTED LIVING: A CLINICAL TRIAL TO IMPROVE PROBLEM SOLVING AND SELF-CARE
Chair: K.N. Williams, University of Iowa, Iowa City, Iowa, University Kansas, Kansas City, Kansas
Discussant: D. Dobbs, University of South Florida, Tampa, Florida
Purpose: Assisted living (AL) residents experience declines in cognition and self-care that necessitate transfer to a nursing home in 1-3 years. This clinical trial study tested the effects of cognitive training on everyday problem solving, self-care, and placement rates for AL residents. Framework: The model of everyday competence describes how cognitive skills support problem solving and self-care competency for ADLs and IADLs needed to remain in AL. Methods: 89 residents (MMSE scores 19-29) in 13 randomly assigned AL facilities were
assigned to the Reasoning Exercises in Assisted Living (REAL), Attention Control, or No Treatment Control groups. REAL and Attention Control interventions were provided individually to residents in their apartments over a one-month period. Everyday problem solving, self-care, and other outcomes were assessed at baseline, post-intervention, and at 1 and 3 months post-intervention. Results: This symposium will report the unique features of the research design for AL implementation, clinical challenges and how they were met, and present linear mixed modeling analyses and findings for everyday problem solving, functional status, and other outcomes. We will report findings of a pilot study testing group versus individual intervention formats comparing costs and outcomes. Future directions will be discussed. Conclusions: This study demonstrated that targeted cognitive training can improve everyday problem solving and functional performance for AL residents. Additional research in larger samples is needed to assess long-term effects and nursing home placement rates. Enhanced problem solving may prevent cognitive decline, and preserve self-care, preventing premature nursing home placement.

**REASONING EXERCISES IN ASSISTED LIVING: DESIGNING A RANDOMIZED CLINICAL TRIAL IN ASSISTED LIVING**

C.K. Coleman, K.N. Williams, University of Kansas School of Nursing, Kansas City, Kansas

Purpose: We designed a clinical trial for testing a cognitive training intervention designed to meet the needs and interests of assisted living residents. Methods: Special consideration in the design of the intervention including selection of topics of interest in application to pertinent assisted living situations, engaging participants in the intervention, assuring training materials meet perceptual and health literacy levels of residents, creating an equivalent attention control intervention, and assuring implementation fidelity. Strategic research design decisions including cluster randomization (to avoid contamination), inclusion of an attention control group, rotating enrollment, recruitment and enrollment approaches, inclusion criteria screening, selecting measures and assuring fidelity, and choosing analytical methods will be highlighted. Conclusions: Critical strategies supporting an effective intervention and rigor of testing in real world clinical settings will be identified and alternatives discussed.

**REASONING EXERCISES IN ASSISTED LIVING: OUTCOME ANALYSES**

R.E. Herman, K.N. Williams, E.K. Smith, School of Nursing, University of Kansas, Kansas City, Kansas

Methods: Linear mixed modeling was used to compare between and within group outcome measure scores for the REAL group compared to Attention Control and No Treatment Control groups post-intervention and after 3 and 6 months. Results: Every Day Problems Test for Cognitively Challenged Elders increased significantly from baseline in the REAL group (d=3.10, p<.01) and were significantly higher than those of the control groups immediately (d=3.82, p<.001) and 3 months post-intervention (d=3.85, p<.001). The Direct Assessment of Functional Status showed similar changes from baseline in the REAL group (d=3.52, p<.001) with higher scores than comparison groups (attention d=4.73, p<.001, control d=2.64, p<.10) immediately post-intervention. Conclusions: Cognitive training can improve everyday problem solving and functional performance for AL residents. Additional research in larger samples is needed to assess long-term effects and nursing home placement rates.

**REASONING EXERCISES IN ASSISTED LIVING: CHALLENGES ENCOUNTERED IN IMPLEMENTATION**

E.K. Smith 1, K.N. Williams 2, R.E. Herman 2, J. Gerontology, University of Kansas, Lawrence, Kansas, 2. School of Nursing, University of Kansas, Kansas City, Kansas

Purpose: This clinical trial tested the effects of the REAL cognitive training program compared to Attention Control and No Treatment Control groups with 89 participants across 13 assisted living settings. Issues and challenges unique to implementation of this intervention clinical trial with frail elders in assisted living will be presented and discussed. Methods: Challenges related to facility recruitment and randomization, interface with the facility point person, recruiting residents, assessing competency for resident consent, scheduling to meet busy assisted living and resident schedules, differential drop-out, assuring fidelity, and measurement issues will be presented with supporting qualitative and quantitative data and case study examples. Results: Identified problems and solutions will be presented for discussion and use by other investigators. Conclusions: Flexibility and innovation are needed to meet the unique challenges of implementing clinical trials in assisted living and other clinical settings caring for older adults to maintain clinical trial rigor and integrity.

**COMPARING REAL PRESENTATION FORMATS: COSTS AND OUTCOMES**

K.N. Williams, 1. University of Iowa, Iowa City, Iowa, 2. School of Nursing, Univ of Kansas, Kansas City, Kansas

Purpose: This pilot study tested the effects of REAL presented in group versus individual formats. Methods: Participants (n=5) originally assigned to the No Treatment Control condition in the parent study were invited to participate in REAL presented in a small group format. Results: Aggregated difference scores increased post-intervention in the individual format group (n = 29) on the Every Day Problems Test for Cognitively Challenged Elders (EPCEC) (d=3.10, p<.01) and the Direct Assessment of Functional Status (DAFS) (d=3.52, p<.001) at a cost of $132 per person. Participants in the group REAL sessions (N=4) had mean score increases of 2.75 on the EPCEC and 3.5 for DAFS measures at a cost of $25.60 per person. Conclusions: Both individual and group presentation formats improved outcome scores. Additional testing is warranted in consideration of the reduced cost of group sessions that may be more realistic for dissemination.

**SESSION 1300 (SYMPOSIUM)**

**VA GRECC SYMPOSIUM: GERIATRICIANS WITHIN REACH—MODELS OF GERIATRIC CARE FOR RURAL VETERANS**

Chair: W.W. Hung, Geriatric Research, Education and Clinical Center, James J Peters VA Medical Center, Bronx, New York, Geriatric Research, Education and Clinical Center, James J Peters VA Medical Center, Bronx, New York Co-Chair: J.L. Howe, Geriatric Research, Education and Clinical Center, James J Peters VA Medical Center, Bronx, New York

Discussant: M. Supiano, VA Salt Lake City GRECC; University of Utah, Salt Lake City, Utah

Older veterans living in rural areas often have unmet health care needs, and are more likely to have poorer quality of life. Furthermore, providers with training in geriatric medicine often practice in urban areas rather than rural areas, thus further limiting rural veterans’ access to quality geriatric care. Considering that approximately 40% of enrolled veterans in the VA healthcare system live in rural areas, VA has placed a high priority in improving access to quality care for veterans living in geographically remote areas. Recent investments across the VA in teleconferencing equipment capable of linking up sites at a distance have made possible the provision of geriatric care at a distance. Geriatric Research, Education and Clinical Centers (GRECCs) are centers of excellence of geriatric care with core staff of geriatricians and staff from other disciplines, with a total of 19 GRECCs located across the nation serving each of the networks where they are located. GRECCs are well positioned to utilize these distance technologies to improve geriatric care in rural areas, because of their established infrastructure within VA networks and its resources as centers of excellence in geriatric care. In this symposium, each presenter will describe recently established programs and the experience in reaching out to rural areas to serve
older veterans utilizing technology in communications. The potential effects of these outreach efforts will also be discussed.

CONNECTING AND COORDINATING WITH RURAL COMMUNITY PARTNERS TO CARE FOR OLDER VETERANS

R. Rupper1,2, B.L. Hicken1, C.M. Daniel3, J. Nebeker1,2, 1. Salt Lake VA GRECC, Salt Lake City, Utah, 2. Salt Lake VA GRECC, University of Utah, Salt Lake City, Utah, 3. Veterans Rural Health Resource Center - Western Region, Salt Lake City, Utah, 4. Salt Lake VA Medical Center - HBPC, Salt Lake City, Utah

For older veterans living in rural and highly rural areas, coordinating the health care that is received in VA facilities with the community resources that are available to assist them locally can be challenging. In this presentation, we describe a series of initiatives, funded by the Office of Rural Health, and implemented through our GRECC, that support veterans and their caregivers by coordinating the care that they receive from VA and non-VA sources. Examples include the development of a system of electronic communication with contract home health agencies, a collaboration to train options counselors at Aging and Disability Resource Centers about resources that are available through VA, and an internet based support program for caregivers of veterans with dementia. These examples highlight how strategic partnerships combined with technologic innovation can be leveraged to implement a patient specific care plan involving providers, community resources, veterans, and their families.

VA GLAHS GERI SCAN-ECHO PROGRAM

J.S. Guzman-Clark1,2, S. Castle3, H. Knapp4, 1. GRECC, VA GLAHS, West Los Angeles, Los Angeles, California, 2. UCLA School of Nursing, Los Angeles, California, 3. UCLA School of Medicine, Los Angeles, California, 4. VA WLA Healthcare Center; General Internal Medicine, Los Angeles, California

Rural elders rate higher functional decline and their health as poor versus urban elders. They have less finances, avoid healthcare more and are more dependent on driving. In developing a training strategy for the new patient aligned care teams (PACT) to better care for the increasing number of older Veterans in primary care, the Geri SCAN-ECHO (Specialty Care Access Network-Extension for Community Health Outcomes) was developed. This is a monthly, case-based educational program held via videoconference where primary care interprofessional teams learn how to assess and manage common geriatric syndromes that they identify during routine clinical practice with guidance of a geriatric specialty team. We developed a curriculum-based model, identifying specific provider behavior changes based on the ACOVE quality indicators. To test the feasibility of evaluating the intervention, we will use pre/post questions and do a follow up assessment for chart-based behavior changes linked to the curriculum provided to participants.

A NOVEL PROGRAM TO LINK GERIATRIC TEAM TO RURAL CLINICS (GRECC CONNECT)

W.W. Hung1,2, B. Kramer1, S. Barczil1, S.M. Thielke1, M.J. Ross1, T.V. Caprio1, J.L. Howe1, 1. GRECC, James J Peters VA Medical Center, Bronx, New York, 2. Geriatrics, Mount Sinai School of Medicine, New York, New York, 3. GRECC, West Los Angeles VA Medical Center, Los Angeles, California, 4. GRECC, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin, 5. GRECC, VA Puget Sound Health Care System, Seattle, Washington, 6. GRECC, VA Pittsburgh Health Care System, Pittsburgh, Pennsylvania, 7. Canandaigua/ Rochester VA Medical Center; University of Rochester, Rochester, New York

Background: Older Veterans living in rural areas often do not have access to specialized geriatric care. While prior efforts such as the VA Geriatrics Scholar Program has provided condensed training to equip some rural primary care providers to deliver geriatric care, they still struggle to address more medically and psychosocially complex cases that are best managed with real-time input of an interdisciplinary geriatric team. Program Elements: The GRECC CBQ Connection program was developed to bridge this gap by providing linkage between providers at rural clinics with geriatric teams at multiple Geriatric Research Education and Clinical Centers via telemedicine to establish a model for collaboration for the care of older Veterans in clinics without geriatrics expertise, while engaging Geriatric Scholars as champions at their respective clinics. GRECC-based support included providing longitudinal case-based education and consultation via Clinical Video Telehealth or chart consultation by a geriatrician and interdisciplinary team members.

MEETING THE CHALLENGE OF PROVIDING SPECIALTY DEMENTIA CARE TO RURAL VETERANS

J. Chodosh1,2, M. Conner1, J. Guzman1, K.I. Connor1, K. Harrell1, A. Left1, S. Castle1, 1. Veterans Affairs Greater Los Angeles Healthcare System, Los Angeles, California, 2. University of California, Los Angeles, Los Angeles, California

Introduction: The VA Greater Los Angeles (GLA) Veterans’ Cognitive Assessment and Management Program (V-CAMP) was designed and implemented to improve access to dementia specialists for rural Veterans. Methods: V-CAMP, with support from the Office of Rural Health, is a translation of multiple trial-tested care management programs, adapted to Clinical Video Telehealth (CVT). The V-CAMP team (geriatric medicine, nursing, neuropsychology, social work, and geriatric psychiatry) provides diagnostic clarification, behavioral assessment, neuropsychological and caregiver assessment, and clinical care; V-CAMP monitors and coordinates services. Program evaluation includes Veteran/caregiver and provider feedback and adherence to dementia quality indicators. Results: To date, V-CAMP has provided 189 CVT visits and 538 telephone clinical contacts to 93 Veteran/caregiver dyads. V-CAMP has enhanced satisfaction among all involved parties and improved care quality. Recently, V-CAMP has spread to other southwest VAs. Conclusions: This CVT-based interdisciplinary dementia care management program is a beneficial clinical strategy rarely seen in face-to-face clinics.

DEMENTIA ROADSHOW: EDUCATIONAL OUTREACH TO RURAL VA FACILITIES

L. Bonner1,2, E. Trittich1,2, J. Moore1, K. Fredrickson1, S.M. Thielke1,2, 1. VA Puget Sound GRECC, Seattle, Washington, 2. University of Washington, Seattle, Washington

Older adults with cognitive deficits present a diagnostic and management challenge to primary care providers, especially in rural areas where access to geriatric specialists is limited. In order to meet the educational needs of rural providers, the VISN 20 GRECC has developed a dementia training program. Educational modules were developed by an interdisciplinary team including psychology, psychiatry, nursing and social work. Modules include: “Differential Diagnosis of Dementia, Depression and Delirium” and “Dementia Prevention through Control of Vascular Risk Factors”. Additional modules, including “Management of Challenging Behaviors in Patients with Dementia”, “Pharmacotherapy for Agitation”, “Ethical Issues Including Detection of Elder Abuse”, and “Caregiver Burden and Resources for Families” are currently being developed. In order to reach the largest number of providers, while still offering in-depth information, trainings are offered in person or through teleconferencing. We are also developing non-visit consults and telehealth visits to increase access to care for rural Veterans.
SESSION 1305 (PAPER)

POLICY PAPERS

DEVELOPMENT OF THE “GOLD STANDARD” HEALTH RISK ASSESSMENT FOR THE MEDICARE ANNUAL WELLNESS VISIT

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The Affordable Care Act of 2010 includes provisions promoting healthy aging for all Americans. Section 4103 of this Act specifically focuses on the elderly by establishing a new benefit—a no cost Medicare Annual Wellness Visit that includes a health risk assessment (HRA) containing a customized personal prevention plan, also known as HRA Plus. Although HRAs are available commercially, we designed a project that would make available a free, gold standard HRA that meets CDC, CMS and U.S. DHHS criteria. We describe our development process, the scientific basis of HRAs and the critical elements of the MetroHealth HRA Plus. Aims were achieved by the following process: 1) re-engineering the Healthier People Network’s HRA into an easy to use tool available for use directly on paper, on the web, tablets, mobile devices or indirectly through third party applications; 2) updating 42 mortality risk algorithms; 3) creating new chronic disease onset algorithms; 4) updating patient/provider reports to include risk visualization, mortality risk estimates and recommendations based on systematic reviews of current published guidelines; 5) engaging local primary care practices/patients in design and pilot testing. Critical elements for the HRA Plus include 1) 20 minute completion time; 2) patient reported information regarding exercise habits, diet, tobacco/alcohol use, depression, functional status, vision, hearing, social support, stress, home safety; 3) preventive services including screenings and immunization; 4) a report section focused on modifiable lifestyle factors, readiness to change indicators and community resources and referral services available for counseling, coaching and behavior change.

CHARACTERISTICS OF MEDICARE ADVANTAGE BENEFICIARIES MANAGED BY DISEASE MANAGEMENT PROGRAMS

W. Chao, K. Den Hartog, OptumHealth, Golden Valley, Minnesota

Chronic diseases are major drivers of medical expense with enormous human consequences. To better serve members and provide innovative disease management (DM) products, the DM industry should understand demographics, cost and utilization patterns, care episodes, and clinical guideline compliance in five DM areas – congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, and asthma. The Symmetry Episode Treatment Group product and the Impact Pro product were used with Medicare Advantage claim and membership records to find 532,495 patients, construct episodes of care, and stratify risk levels. Among the five DM conditions, diabetic patients had the highest overall cost while CHF members had the highest per member per month cost. CHF and CAD patients had the highest average compliance with clinical guidelines (about 81-82%) whereas COPD and asthma patients had the lowest compliance (about 61%). About 48% of members with CHF had at least two additional DM conditions compared to 13% of members with diabetes. The percent of total cost associated with a primary diagnosis with one of the five DM conditions ranged from 3-25%. Hospital admissions were the major cost driver, accounting for 32-44% of total medical expense. The percent of total costs from pharmacy was highest among diabetic and asthmatic patients. Using data from insured seniors provided benchmarks across several years. Better care coordination via DM can be developed by targeting members with high costs, low compliance, and multiple comorbid conditions.

A THREE-YEAR EVALUATION OF A HIGH RISK CASE MANAGEMENT PILOT PROGRAM FOR MEDICARE BENEFICIARIES WITH MEDIGAP COVERAGE

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Objective: To evaluate the three-year experience of a High Risk Case Management (HRCM) pilot program for adults with an AARP® Medicare Supplement Insurance Plan insured by UnitedHealthcare Insurance Company (for New York residents, UnitedHealthcare Insurance Company of New York). Methods: Nurses and social workers provided in-person, telephonic, and mailed services to improve care coordination from 12/1/2008 to 12/31/2011. Included were adults (65 years or older) who resided in one of five pilot states and had a Hierarchical Condition Category score > 3.74, or were referred into the program. Propensity score matching was used to match 1,595 individuals who participated in the program to 1,595 individuals who were qualified but did not participate. Regression analyses were used to estimate differences in quality of care metrics and healthcare savings between engaged and similar non-engaged individuals. Results: Increased duration in the program was associated with fewer hospital readmissions. Additionally, engaged individuals were significantly more likely to have recurring office visits and recommended laboratory tests, indicating increased quality of care. The program resulted in $6.7 million in savings over three years, mostly attributable to Medicare. Savings increased in each year of the program. Similarly, savings increased as the length of engagement increased, from less than 9 months in year one to more than 18 months in year three. Conclusions: This study focused on quality of care metrics and savings for a HRCM program designed solely for Medicare beneficiaries with Medigap coverage. This program had a favorable impact on quality of care while reducing costs.

PERCEIVED PRESSURE ULCER CARE OF HOSPITALIZED ELDERS PRIOR AND FOLLOWING FEDERAL REGULATION CHANGES


Pressure ulcers, considered by CMS as a “never event,” are associated with negative clinical consequences as well as reduced CMS payments to hospitals. This study evaluated the influence of the CMS Hospital-Acquired Condition rule (announced August 2007, put into effect October 2008) on the perception of direct care registered nurses (RNs) on pressure ulcer care. This is a secondary analysis of GIAP (Geriatric Institutional Assessment Profile) data from the Nurses Improving Care for Healthsystem Elders (NICHE) benchmarking database. The sample included 13,727 hospital-based RNs collected 41 months prior (March 2004 - July 2007; n=4,830) and following (October 2008 - February 2012; n=8,897) the implementation of the CMS rule. Pre and post periods were compared using Wilcoxon rank sum tests, t-tests or chi-square tests, as appropriate. Compared to the pre-period, nurses in the post-period reported significantly (p<0.001) higher: ability to prevent pressure ulcers, knowledge of pressure ulcer care, proportion of appropriate use of pressure mattress, pressure ulcer treatment, incontinence pads, incontinence garments, and urinary catheters; and significantly (p<0.001) lower perception of disagreement with families and other professionals in the prevention and treatment of pressure ulcers. These findings support the overall aims of the CMS policy change – to improve pressure ulcer care practices in acute care.
Older Medicare and Medicaid beneficiaries (“duals”) have poorer health and are more likely to need long-term supportive services than other Medicare beneficiaries. Under the impetus of the Affordable Care Act (ACA), duals have received increased scrutiny for their disproportionately higher spending on acute and long-term care services compared to other beneficiaries. ACA implementation in California aims to increase efficiency by shifting duals into managed healthcare. Specifically, implementation of the Coordinated Care Initiative (CCI), designed to integrate all health care service delivery in California for duals residing in eight demonstration counties, provides an ideal opportunity to investigate its potential impact on the health of this population. Phase one of this study identifies baseline health characteristics of older dual residents (65+) within the CCI counties (n=1,245) and compares them to non-duals (n=5,982) using county-level data from the 2009 California Health Interview Survey (CHIS 2009). Survey-weighted estimates adjusted for age, race, and income show half of duals self-report fair or poor health (52.3%) compared to only about one quarter of other Medicare beneficiaries (23.9%). Older duals are also significantly more likely to report ADL difficulties (13.5%) and diabetes (28.2%) or heart failure (40.2%) compared to non-duals (8.2%, 15.1, and 28.1%, respectively). Findings suggest that, compared to other Medicare beneficiaries, duals have significantly poorer health outcomes prior to service integration in CCI counties. Post-service integration analyses comparing health status changes among duals and non-dual Medicare beneficiaries in demonstration and control counties will investigate whether duals’ health status and related conditions are impacted by CCI.

SESSION 1310 (PAPER)

TECHNOLOGY PAPERS

ATTITUDES AND PREFERENCES TOWARDS HEALTH TECHNOLOGY AND GAMES IN OLDER PATIENTS ON ANTICOAGULATION
J. Lee, A.N. Amin, J.P. Berg, Nursing Science, University of California Irvine, Irvine, California

Background: Despite ample evidence that the use of anticoagulation therapy (AT) in older adults with cardiovascular disorders reduces thromboembolic events such as stroke or venous thromboembolism, challenges for AT in elderly patients remain. The purpose of the study was to identify older adults’ attitudes and preferences regarding health technology and health games to improve AT self-management skills. Findings from this qualitative information will be used to develop an elderly-sensitive health technology system for older adults on AT. Methods: We have conducted focus group sessions with older adults aged 60 or older on AT and who can communicate in English. We asked structured open-ended questions in three areas: 1) medication self-management, 2) health technology use, and 3) health related computer or video game use. We showed some commercial health apps regarding medication management and vitamin K content of food, and a video game for balance. Preliminary results: Seven older adults (mean age=78 years, ranging 70-89; 2 females) participated in focus group sessions. Participants reported that they do not use health technology extensively but commented that medication reminder or management applications via mobile systems would be helpful. Participants indicated that they do not frequently play computer/video games for health but expressed a willingness to play with family. We will continue to conduct more focus group sessions and final results will be presented at the conference. Conclusion: The preliminary results show that attitudes and preferences among older adults on AT are open to use of health technology/games.

ASSOCIATION BETWEEN PERFORMANCE ON TIMED UP AND GO SUB-TASKS AND MILD COGNITIVE IMPAIRMENT
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Background and Aims: The Timed Up and Go (TUG) is traditionally viewed as test of mobility, however, initial work suggests that it has cognitive components. The objectives of this study were to investigate whether Mild Cognitive Impairment (MCI) is associated with TUG time and if specific sub-tasks of the TUG are related to cognitive function. Methods: Data from 347 participants (83.6±3.5yrs, 75% female) from the Rush Memory and Aging Project were analyzed. Subjects performed two TUG trials while wearing a small, light-weight sensor (containing an accelerometer and gyroscope) on a belt. Four different subtasks were identified: transitions (sit-to-stand, stand-to-sit), walking, and turning. Logistic regression compared TUG sub-task performance in participants with no-cognitive impairment (NCI) versus MCI. Global cognition, working memory and visual spatial processing were derived from 19 cognitive tests. Results: NCI and MCI (n=67) did not differ in age, gender, years of education (p=0.23) or TUG duration (NCI: 7.6±3.7sec vs. MCI: 8.4±3.7sec; p=0.12). Subjects with MCI had higher step frequency (p=0.05), higher step irregularity (p=0.01), limited translation of the center of mass in the AP direction (p=0.03), and took more time to complete turns (p=0.04). Step regularity and pitch amplitude were the main contributors to group differences (p<0.05). Straight line walking was associated with global cognition (p=0.029) and sit-to-stand transition with perceptual speed (p<0.0001). Conclusions: MCI is associated with impaired performance on TUG sub-tasks that cannot be identified using the traditional TUG. A body worn sensor may help to delineate the inter-relationship of late-life gait and cognitive impairments.
a bedpan or urinal is not well documented. The aging of the population suggests the need may increase in the near future. The basic bedpan as currently designed has changed little in the past century. Modifications have related primarily to size and material. Bedpan use is associated with patient discomfort, embarrassment, and anxiety as well as contributing to functional incontinence, constipation, and injury. For nursing personnel, assisting older adults with bedpan-associated personal care can contribute to lower and upper back strain and to neck strain. Bedpans also can be a source of contamination with potential for cross infection of patients and staff. Cost of bedpan use can be extensive considering labor costs, wear and tear, and, for hospitals, increased patient length of stay. The SmartPan Management System (SPMS) is a control system designed to increase patient comfort and autonomy, minimize staff strain, and decrease workload. The SPMS consists of a microprocessor controlling an integrated bedpan, patient controlled initiation switch, caregiver notification system, waste container, and disinfection system. The SPMS external programmable controls allow staff to control settings for level of interaction required for each patient. The system has multiple programmable features to allow for monitoring urinary and fecal output and selected characteristics.

SESSION 1315 (SYMPOSIUM)

ELDER ABUSE: HOW FRAMEWORKS AND THEORIES DRIVE RESEARCH, POLICY, AND PRACTICE
Chair: M. W. Baker, University of Washington, Seattle, Washington
Co-Chair: G. Anetzberger, Cleveland State University, Cleveland, Ohio
Discussant: L. McDonald, University of Toronto, Toronto, Ontario, Canada

Elder abuse is a prevalent and significant worldwide problem. The way it has been defined and explained has varied, depending on dominant frameworks or theories of the time and the discipline and training of the proponent. This has taken the field in different directions for research, policy, and practice. The framing of the elder abuse has influenced funding and engagement in elder abuse research and has influenced policy and practice. This symposium will bring together researchers from the United States, Canada, and the United Kingdom who will present the history of various frameworks and theories used as a basis for elder abuse research, policy, and practice. Specifically, elder abuse will be discussed from its identification as: a social problem (Penhale); a medical syndrome (Mosqueda); a criminal justice issue (PENDING); a form of family violence (Acierno); and, a human rights issue (Brownell). The purpose of the symposium is to engage researchers with practice and policy partners to discuss how best to collaborate and strategize to remove barriers to and improve funding for elder abuse research. After attending this symposium, participants will be able to discuss how frameworks and theories have driven elder abuse research, policy, and practice and suggest directions for the future.

ELDER ABUSE AS FAMILY VIOLENCE
R. Acierno, M.A. Hernandez-Tejada, Medical University of South Carolina, Charleston, South Carolina

Elder abuse has historically and legally been conceptualized in a manner similar to either stranger perpetrated assault (i.e., when non-caregivers are responsible) or family perpetrated child abuse (i.e., when care givers are responsible) in terms of: mandatory reporting statutes, autonomy, and presumed physical and cognitive competence of the victim. However, because most violence takes place inside the home between two independent or relatively independent adults, that is because most violence is between adult family members, a family violence model is indicated. Specifically, data of others, and data from the National Elder Mistreatment Study indicate that, for men, family and partners were responsible for perpetration of 53% of emotional, 55% physical and 71 of sexual abuse whereas. For women, the proportions were 70%, 88%, and 53%, respectively. This difference in conceptualization matters because risk factors and interventions will differ according to the adopted model of abuse.

SOCIAL PERSPECTIVES ON ELDER ABUSE
B. Penhale, University of East Anglia School of Nursing Sciences, Norwich, United Kingdom

This paper will provide an overview of elder abuse, with particular focus on social perspectives. International issues and developments will be briefly surveyed. Over the last ten years, there has been increasing global recognition of abuse and neglect as social problems in need of attention. A number of countries have been working in this area, but many are at different developmental stages. The identification of abuse remains problematic. Defining and identifying abuse remain difficult, perhaps more so in institutional settings. Techniques of intervention with victims and abusers are in comparatively early stages of development in many countries. Several national and international organisations have been established (and research initiatives are underway). This paper will examine some pertinent issues. Several theoretical perspectives, including social psychological, social cultural, and integrated approaches will be explored. Possible future developments, including the importance of narrative approaches and the centrality of older peoples' perspectives, will be introduced.

ELDER ABUSE AS A MEDICAL SYNDROME
L. Mosqueda1, M. W. Baker2, J. University of California - Irvine, Irvine, California, 2. University of Washington School of Nursing, Seattle, Washington

The framing of elder abuse as a medical syndrome has driven recent research in such ways: as how best to screen for elder abuse in various healthcare settings; the roles of healthcare professionals as mandatory reporters (and barriers to reporting); possible forensic markers of elder abuse for diagnostic purposes; the contributions of cognitive, physical, and psychological functions of vulnerable adults and their caregivers as risk factors that may be amenable to interventions; and the morbidity and mortality of elder abuse. Conceptualization of elder abuse as a medical syndrome influences who will fund elder abuse research (e.g., National Institute on Aging versus National Institute of Justice) and its treatment (e.g., individual malady versus social problem). Elder abuse as a medical syndrome also competes with other well-established and highly-prevalent medical diagnoses (e.g., Alzheimer’s disease) and geriatric syndromes (e.g., falls) and/or criminal justice activities (e.g., financial exploitation) for attention and scarce resources.

ELDER ABUSE: HOW THE HUMAN RIGHTS FRAMEWORK DRIVES RESEARCH, POLICY, AND PRACTICE
P. Brownell, Fordham University, 155 W 60th St, New York

The purpose of this presentation is to promote understanding of human rights perspectives on elder abuse research, policy, and practice. Older women are subjected to multiple and intersecting forms of discrimination based on older age, gender, and other characteristics. Many older women live with the cumulative impact of violence and discrimination, as well as experiencing violence in older age, including physical, sexual, psychological and economic violence, and neglect. Data on violence against women are rarely collected over age 49 and usually limited to physical and sexual violence. Therefore, different forms of violence that older women experience are not being captured, and older women and forms of violence they are subjected to continue to be excluded from debate and responses on violence against women. Elder abuse and violence against older women is preventable. Coordinated action to improve policy responses, education, and awareness and research at national and international levels is needed.
SESSION 1320 (SYMPOSIUM)

FAMILY AND SOCIAL SUPPORTS TO ELDERLY IN MAINLAND CHINA
Chair: T.Y. Lum, Social Work and Social Administration and Sau Po Centre on Ageing, The University of Hong Kong, Pokfulam, Hong Kong, Sau Po Centre on Ageing, The University of Hong Kong, Pokfulam, Hong Kong

Social and family supports are essential for older people to live an independent life and to have high life satisfaction. This symposium includes three papers that examine formal and informal supports among older people in China. Wang and Lum will first present findings from a study that examined formal community support for elders with dementia and their families in urban China. They conducted face-to-face interviews with family members, social workers, nursing home operators, and physicians in Guangzhou and found that there was extremely limited formal support for elders with dementia and their families. They were frequently refused by adult day care centers and nursing homes as there was no qualified staff to serve them. Those with severe dementia were placed in mental health hospitals or locked at homes. Zhao & Lou will then present results of a study examining gender differences in the relationship between social activity engagement and depression of widowed elders in urban China. Using data from the 2011 China Health and Retirement Longitudinal Study, they found that for widowers, engagement in social activity was not related to depression. However, for widows, playing Mahjong/chess/cards and involving in social clubs were negatively related to depression. Finally, Xu and Chi will present findings from a study investigating the determinants of support exchange between grandparents and grandchildren. Used data from 2,154 individuals in the Anhui Study of China, they found evidence to support the intergenerational solidarity theory in rural China.

CAREGIVING, PATRIARCHAL LINEAGE, EMOTIONAL BOND AND GRANDPARENT-GRANDCHILD SUPPORT EXCHANGE
L. Xu1,2, I. Chi1. 1. School of Social Work, USC, Monterey Park, California, 2. School of Social Work, UT-Arlington, Arlington, Texas

Mutuality of support provision is a necessary precondition of family solidarity. However, the provision and receipt of care between grandparents and grandchildren has largely been neglected. Using data from the 4th Wave of Anhui Study of China (2,154 observations nested within 1,024 families), this study investigated the determinants of support exchange between grandparents and grandchildren. The results showed that more grandparents received support from their grandchildren than they provided to them. And higher percentages of elders exchanged support with grandchildren in son’s than in daughter’s family. Multiple logistic regressions indicated that emotional bond with the middle generation was significant associated with providing emotional support and receiving all support. Emotional bond with son were especially significant with each dimension of both receiving and providing support. This study confirms the intergenerational solidarity theory and norms of kinship obligation in rural China.

SOCIAL AND FAMILY SUPPORTS FOR ELDERLY WITH DEMENTIA AND THEIR CAREGIVERS IN URBAN CHINA
J. Wang, T.Y. Lum, Social work and social administration, The University of Hong Kong, Hong Kong, China

While the prevalent rate of dementia in mainland China is similar to other developed countries, there is little information on dementia caregiving program and services in mainland China in the international literature. Methods: We conducted in-depth interviews with physicians, government officials, social workers, nursing home operators and caregivers to understand the landscape of dementia care support services in the Guangzhou. Findings: Most of the elders with dementia were refused to receive service in nursing homes or adult day-care centers, as there was no trained staff to serve them. Family members are under great burden of taking care of them with nearly no social support. Elderly with severe dementia were placed in mental health hospitals if the family could afford the expensive costs or locked at home if the family was poor. Way to improve the social and family support for elders with dementia and their carer will be discussed.

SESSION 1325 (SYMPOSIUM)

INSURING RISK FOR LONG-TERM SERVICES NEED: INDIVIDUAL, FAMILY AND PUBLIC APPROACHES
Chair: C.E. Bishop, Heller School for Social Policy and Management, Brandeis University, Waltham, Massachusetts

Although many older adults remain unprotected, individuals, families and public policy face challenges as they attempt to address the uncovered risk of older adults’ future need for long-term services and supports (LTSS). The Economics of Aging Interest Group Symposium presents investigations into four aspects of this dilemma. Our first paper uses insurance company data to describe the population that seeks to purchase private long-term care insurance but is excluded from coverage by insurance companies’ underwriting rules. Some long-term care insurance companies have recently been experiencing financial difficulties, and our second paper reveals important features of this industry, with implications for the future of private insurance. The third paper explores the role of families in bearing a portion of LTSS risk, as they communicate (or not) across generations about future care-giving commitments and insurance purchase decisions. The fourth paper presents new information on trajectories to Medicaid spend down and the role of Medicaid as a safety net for older adults in need of LTSS. The gaps in the patchwork of individual, family and public solutions should be a focus of the current Commission on Long Term Care, created by Congress to develop a plan for “a system that ensures the availability of long-term care services and supports for individuals with substantial cognitive or functional limitations.”

EXITING THE MARKET: UNDERSTANDING THE FACTORS BEHIND THE DECLINE IN THE LONG-TERM CARE INSURANCE MARKET
M. Cohen, LifePlans, Inc., Waltham, Massachusetts

Throughout the 1980s and 1990s a growing number of private insurers began providing insurance for long-term care (LTC), offering protection for risk of out-of-pocket costs that are not covered by public pro-
D. Grabowski1

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N. Sperber1,2, C.I. V oils1,2, N.B. Coe3,5, R. Konetzka4, J. Boles2,1, C.H. Van D.G. Stevenson1, P.Y . Cornell1, R.G. Frank1, M. Cohen2, X. Shi2, stand the current state of the long-term care insurance market.

exited the market. After attending this session, participants will understand the current state of the long-term care insurance market.

UNDERWRITING IN THE PRIVATE LONG-TERM CARE INSURANCE MARKET
D.G. Stevenson1, P.Y. Cornell1, R.G. Frank1, M. Cohen2, X. Shi3

D. Grabowski1, J. Harvard Medical School, Boston, Massachusetts, 2. LifePlans, Inc., Waltham, Massachusetts

Little is known about the medical underwriting process in the long-term care insurance (LTCI) market. Designed to mitigate the potential for adverse selection, underwriting practices affect access to risk protection and may vary in their accuracy to screen “bad” risks. Using underwriting data from three carriers (2008-2012), we describe the populations whom companies approve or decline for LTCI coverage and factors associated with these decisions. Around one-fourth of LTCI applicants (26%) are not offered coverage. Factors associated with these denials include being older, unmarried, less educated, having greater previous health care use, and having common conditions such as diabetes and heart disease. To the extent that the U.S. relies on voluntary private insurance to protect individuals from potentially catastrophic costs of LTC, underwriting will continue to limit access to this market. Public policy must account for these gaps as it seeks to expand public and private options for LTC coverage.

BEYOND SPEND-DOWN: THE PREVALENCE AND PROCESS OF TRANSITIONS TO MEDICAID
B. Spillman, Health Policy Center, Urban Institute, Washington, DC, District of Columbia

Aged Medicare beneficiaries represent a small proportion of the Medicaid population but are disproportionately expensive because of their high likelihood of using LTSS. States have expanded community-based services, but nursing home costs still dominate LTSS spending for the aged. This study updates and expands knowledge about the prevalence and process of transitions to Medicaid among aged Medicare enrollees, using multiple years of Medicare, Medicaid, and assessment data linked to the 2004 National Long Term Care Survey. Not surprisingly, estimates indicate far higher rates of Medicaid enrollment at baseline for those with disabilities (20%) or in nursing homes (nearly 60%) than for those with no disabilities (9%). Among community residents not enrolled at baseline, transition within 4 years is 4 times more likely among persons with disabilities. Effects of socioeconomic characteristics, family support, use of nursing homes and community care, and state Medicaid program characteristics on the transition process are examined.

HOW DO FAMILY DYNAMICS INFLUENCE LONG-TERM CARE INSURANCE (LTCI) PURCHASE DECISIONS?

We explored the role of family dynamics in LTCI purchase decisions using focus groups with older parents who were LTCI purchasers (2 groups; n=21) and non-purchasers (2; n=19); and with adult children (4; n=40). Desire for children to support parents but avoid caregiver and financial burden was common across groups, although approaches on how to avoid burden were diverse. Purchasers obtained LTCI without family discussion to ensure that they could make autonomous care decisions; some had informed their children about their purchase after the fact. Non-purchasers said that they and their children would need to arrive at mutual decisions about their children’s involvement in care and did not feel ready or see a need to talk to their children about LTC needs. Adult children revealed more discomfort with the lack of communication. To achieve greater LTCI coverage, policymakers and insurers should consider desire for choice when designing policies and products.

SESSION 1330 (SYMPOSIUM)

OPTIMAL AGING THROUGH POLICY
Chair: M. Henry, University of Utah, Salt Lake City, Utah
Discussant: B. Hollister, University of California San Francisco, San Francisco, California

Optimal aging requires support from public policy. It is impossible to overstate the ability that policy has to encourage or discourage optimal aging. Policy can help individuals to remain physically in their homes and communities among family and friends; it can also force people into facility based care such as assisted living or nursing homes when they are unable to access home-based care. For those who live in residential settings, policy can encourage high quality care in home like settings. Health care policy can encourage care focused on prevention and function, or can respond only to crisis with hospitalization and treatment too often associated with functional decline. Communities can build sidewalks, and turn vacant lots into gardens to promote physical activity and healthy eating. People can enter the last phases of life with support and information about care options; or they and their families can be left without the information they need to live as they wish as they approach death. Policy decisions that affect optimal aging are made in the private sector, and in local, state, and federal agencies and legislative bodies. This session will identify examples where policies promote or inhibit optimal aging; how government harnesses private philanthropy to do what government does not; how regulations and policies affect the function and wellbeing of individuals living in nursing; how innovation can improve the way care is delivered by Medicare providers to assure optimal aging; and how policy affects how people live as they approach death. Presenters will explore differences between different policy levers, and identify challenges and opportunities for successfully promoting optimal aging.

POLICY AND POLITICAL CHALLENGES TO IMPROVING THE QUALITY OF CARE IN OUR NATION’S NURSING HOMES
S. Lynch, HAPF, Gaithersburg, Maryland

Twenty-six years after passage of the Omnibus Budget Reconciliation Act of 1987, the quality of care in some of our nation’s nursing homes is still a significant problem facing our growing elderly population. Little could provide more compelling evidence of the need to reform policy to improve nursing home care than the unprecedented criminal ruling handed down in April 2012 in Federal District Court in Georgia against a nursing home owner. In this case, the judge found the defendant guilty of providing “worthless nursing home services” in three nursing homes in Georgia where the “quality of care in the nursing homes was deplorable.” There are many policy and political challenges to improving the quality of care in our nation’s nursing homes, including policies related to the number and skill-level of nursing home staff, reimbursement issues, and limitations on quality measures. After attending this session, participants will gain an understanding of the policy and political challenges to improving nursing home quality and will be invited to consider a number of policy solutions to improve the structure, process and outcomes in our nation’s nursing homes.
PHILANTHROPY AND AGING SERVICES: FUNDING HEALTH AND HEALTHCARE INNOVATION
R.P. Moot in, Community Impact, Greater Twin Cities United Way, Minneapolis, Minnesota

Much discussion in long-term care reform focuses on increasing cost of skilled nursing and acute care and the solvency of government health care programs such as Medicaid and Medicare. Less attention is paid to the role of private philanthropy in funding health and aging long-term services and supports (LTSS). At the same time, government often looks to private philanthropy to fill gaps in funding of critical services. These privately funded LTSS not only delay or prevent more expensive care, but also offer significant rates of return on investment. This presentation will focus on the private investment in LTSS by non-government sources as depicted by multiple studies in Minnesota. Over a three-year period, this investment equated to over 1,000 grants and over $60 million in private funding.

OPTIMIZING MEDICARE TO SUPPORT OPTIMAL AGING
J.K. Davitt, University of Maryland, Baltimore, Maryland

The Affordable Care Act has provided support for several payment reform demonstrations within the Medicare program such as bundled payments, ACOs, Medical homes, inpatient readmission reduction program, etc. Although the focus of these policy changes is to reduce poor outcomes or prevent adverse events that increase overall Medicare costs, concerns have been raised regarding our haste to implement these reforms and the potential for unintended effects on the most vulnerable subgroups of older adults. This paper summarizes a critical analysis of policy changes and the potential for negative impact on the most vulnerable Medicare beneficiaries including dual eligible and other low-income beneficiaries, racial minorities, and beneficiaries with multiple chronic conditions. Drawing from previous research on Medicare policy reform and the impact on provider practices this presentation will highlight the mediating relationship between policy change incentives, provider behaviors (e.g. gaming, risk selection), and policy outcomes (e.g. reduced inpatient admissions).

OPTIMIZING LIFE FOR INDIVIDUALS WITH ADVANCED ILLNESS THROUGH POLICY AND POLITICS:
COMPARING STATE VERSUS FEDERAL EFFORTS TO DRAFT ADVANCE CARE PLANNING LEGISLATION
M. Henry, University of Utah, Salt Lake City, Utah

State and federal legislatures may bear a close resemblance at first glance, but there are dramatic differences between the two: how policy is made, formal and informal processes, and the role of politics. State and federal governments also have different, but related and interwoven authority. This session will describe these many differences and how they can affect the process of crafting legislation on advance care directives and POLST (physician order for life-sustaining treatment). Differences in levels of complexity, the political atmosphere, access to information, and the role of health care providers and professional lobbyists will be described. In conclusion, the presentation will address how state and federal systems can be brought together to assure that individuals suffering from advanced illness can receive appropriate support for developing and documenting care plans and preferences.

SESSION 1335 (SYMPOSIUM)

SMALL HOUSE NURSING HOMES IN THE UNITED STATES: LEARNING ABOUT THEM AND FROM THEM
Chair: R.A. Kane, Health Policy & Management, School of Public Health, University of Minnesota, Minneapolis, Minnesota

A small-house (SH) nursing home is a licensed nursing home comprised of one or more self-contained distinct SHs, each with no more than 17 residents per house; private rooms and bathrooms, direct care staff permanently assigned to houses, and meals prepared in residential kitchens in each house. Green House(s)™ are a trademarked subset of SHs with further expectations, including fewer residents per house and broadened roles for CNA-level staff. This Symposium presents findings from a multi-phase study that: a) identified SH nursing homes operating in the United States in December 2012; collected systematic information about 46 SH programs (unit of analysis is all SHs on campus, ranging from 1-18), their sponsorship, scope and scale, staffing patterns and roles, target population, programs, and physical settings; b) classified SH nursing homes according to common “types;” and c) conducted on-site case studies in 10 small-house nursing homes focusing on differences by house; ; role of CNAs; meaningful activity for resident; management of food and meals; financial planning; relationship to regulatory authorities; and design and use of physical plants. The presence of other licensed nursing home beds on campus was associated with the number of roles or tasks performed by CNAs and the amount of central support they received. A photographic essay was developed to consistently examine features physical plants. The discussion deals with the implications for this emerging model to expand, and lessons from SHs for other nursing homes and group residential settings.

LEARNING FROM IN-DEPTH CASE STUDIES OF SMALL-HOUSE NURSING HOMES
R.A. Kane, L. Cutler, University of Minnesota, Minneapolis, Minnesota

SH nursing home programs were selected to represent a major division—SHs with other nursing homes on campus and SHs with SHs the only NHs on campus. Within that division, we varied ownership, specialization, scale, and payment sources to derive a varied sample, including one VA program, and one high-rise SH program. In one-day site visits, we captured additional information about the business case, the history of interaction with regulatory agencies, the variation by house, staffing patterns and roles, handling of activities, and handling of food, all areas flagged as areas of challenge and opportunity in the earlier descriptive phase of the study. SH nursing homes provided advantages for dementia care. We identified innovations and creative practices from each of the programs, including approaches to selecting personnel.

DESCRIBING PATTERNS OF VARIATION IN SMALL-HOUSE NURSING HOME PROGRAMS
C. Henning-Smith, R.A. Kane, L. Cutler, G. Rhee, Health Policy & Management, School of Public Health, University of Minnesota, Minneapolis, Minnesota

We identified 46 small-house (SH) nursing home programs, and 18 “look-alikes” that missed the operational definition on a few parameters. Another dozen were expected to be operational within the next year or so. All but two were non-profit, of which 3 were government-owned. They ranged in scale (i.e., number of homes on a campus) and number of residents in a home, specialization for target population. SHs located on campuses with other NH beds had fewer tasks performed by CNAs in the houses and provided more central support to the houses. SH houses ranged in their scale, their specialization, SH programs had developed innovative approaches to further activity and community integration for their SH residents. Substantial variation was found in the handling of cooking and meals. Variation was found within those with the Green House trademark as well as across all the SH-nursing home programs studied.

PROVIDER’S PERSPECTIVE ON THE EVOLUTION OF SMALL-HOUSE NURSING HOMES IN ONE FIRM WITH MULTIPLE SMALL-HOUSE CAMPUSES
J Hreben, Otterbein Senior Lifestyle Choices, Lebanon, Ohio

Six of the small-house nursing home programs in the national study are part of Otterbein Senior Lifestyle Choices in Ohio, a firm that operates multi-level retirement community campuses in Ohio and, in the
last decade, has taken as part of its mission the planful development of small-house nursing homes located in residential neighborhoods. The Otterbein CEO will describe how the firm evolved financially viable small-house nursing homes and discuss issues in managing two distinct forms of residential long-term care—the nursing homes in the legacy retirement communities and the newer 50-person, 5-house small-house nursing homes. The latter have evolved a distinctive staffing model with roles for guides and coaches on the leadership team. The 5-house programs all provide some degree of post-acute care as part of their service and business models as well as long-stay programs. She will speak to the benefits of the SH models, the challenges in getting each small-house past initial start-up and to a steady state, regulatory issues, and the differences among the programs attributable to their geographic locations, cultures of the local community, and labor markets.

PHOTO ESSAYS OF SELECTED SMALL HOUSE NURSING HOMES: TOOLS FOR EDUCATION AND RESEARCH
L. Cutler, University of Minnesota, Minneapolis, Minnesota

Photos were taken at specific times and places in each small-house program where we conducted case studies in order to document the way space was designed, furnished, and organized, and how it was used. Each essay is comprised of at least 30 photos, which include indoor and outdoor spaces, resident’s private space, kitchen and dining spaces, medication storage and management, and many other specific areas or functions. Illustrating from the photo library, Dr. Cutler shows how the built environments support values such as mobility, functioning, enjoyment, stimulation, and individuality for residents. Special attention is paid to kitchens, dining areas, patios, and various types of doors that create either access or barriers. She also emphasizes hallmarks of home as depicted by unobtrusive signs in the photos (e.g., a resident’s sweater hung over the back of a living room chair, outer clothing in a hall closet), and she discusses varying approaches in environmental design to achieve the quality of life goals envisaged for the small house nursing homes.

SESSION 1340 (SYMPOSIUM)

IS ARTERIAL AGING UNIVERSAL IN HUMAN POPULATIONS: FINDINGS FROM ANCIENT MUMMIES, THE AMAZON, AND BALTIMORE
Chair: C. Finch, Gerontology, University of Southern California, Los Angeles, California

This symposium presents evidence on atherosclerosis in pre-industrial environments from two novel sources, CT-imaging of ancient mummies of Peru and North America that represent a range of different life styles and diets (Greg Thomas), and from sonography of Bolivian forager-hunters with little access to modern medicine but with a high inflammatory load (Hillard Kaplan). These research teams reached divergent conclusions about the prevalence of atherosclerosis and ischemic disease. The Thomas team concludes that atherosclerosis is an ancient disease and not limited to specific life styles or diets. In contrast, the Kaplan team concludes from the low prevalence of ischemic vascular disease is a modern artifact. As a member of both teams, I thought it timely to convene a discussion on these findings, together with evidence on arterial aging from the US populations and animal models (Edward Lakatta).

HEART DISEASE AND VASCULAR AGING AMONG Tsimane FORAGER-HORTICULTURALISTS
H. Kaplan, University of New Mexico, Albuquerque, New Mexico

Tsimane forager-horticulturalists in Amazonian Bolivia live a physically active lifestyle and suffer from high rates of infectious disease and inflammation. An in-depth echocardiographic study of 950 individuals aged 40 years or older revealed no evidence of infarcts in men and only two in women. We There was very little decline in systolic function up to age 80, while blood pressure also showed very little increase with age. On the other hand, tissue Doppler measures (TDI) of the left ventricle at the mitral valve showed a significant decline in diastolic function with age, but at a slower rate than in Western populations. There is also evidence of some calcification of heart valves and the aorta. In addition, there is also a steady increase in carotid artery intima-media thickness, similar to that in western populations. A tentative conclusion from this study is that the aging of heart tissue and blood vessels occurs in all populations, but the active lifestyles and high rates of infection in the past may have prevented significant coronary artery disease, capable producing infarcts and affecting systolic function. Pathological CAD may be an artifact of modern conditions.

REALITY OF AGING VIEWED FROM THE ARTERIAL WALL
E. Lakatta, National Institute on Aging Intramural Research Program, Baltimore, Maryland

The reality of aging from the arterial wall begins with the realization that arterial diseases, e.g. atherosclerosis and hypertension, are rampant in Western society, and that the incidence and prevalence of these diseases increase exponentially with advancing age. Progressive changes occur throughout life in the structure and function of central arteries in numerous mammalian species. These changes include diffuse intimal and medial thickening, fibrosis, calcification, and enhanced stiffening. Since the likelihood for atherosclerosis and predominantly systolic hypertension to occur increases in epidemic proportion among older persons, it is reasonable to hypothesize that specific mechanisms that underlie alterations in the arterial substrate that accompany “aging” may be intimately linked to the age-associated exponential increase in predominantly systolic hypertension. Age-associated remodeling of the aortic wall of both animals and humans involves a proinflammatory profile of arterial cell and matrix properties. A megacept emerges with the realization that in arteries of younger animals, in response to experimental hypertension, early atherosclerosis or diabetes, parts of this proinflammatory profile within the arterial wall are strikingly similar to the profile that occurs with advancing age. Thus, “aging” associated arterial changes and those associated with early atherosclerosis, hypertension, and diabetes are fundamentally intertwined at cellular and molecular levels.

CT IMAGING OF ANCIENT MUMMIES SHOWS THAT ATHEROSCLEROSIS IS AN OLD DISEASE
G. Thomas, University of California School of Medicine, Irvine, California

Whole body CT scans were performed on 137 mummies from diverse cultures spanning 4000 years: farming cultures (76 Egyptian nobility, 3100 BCE–364 CE and 51 Peruvians, 200–1500 CE); forager-farmers (5 Puebloans from the Colorado river, 0–500 CE); and forager-hunters (5 Ateuirians, 1850 CE). Mean age at death was 36 years (+/-15) years. Arterial calcification was present in 34% of all mummies and was interpreted as being pathognomonic for atherosclerosis. Calcification at one or more arterial bed sites increased with age to 50% of those >40 years and was present in all societies. The most likely explanation is that atherosclerosis is a fundamental process in human aging and not restricted to a specific diet or life style.
CT IMAGING OF ANCIENT MUMMIES SHOWS THAT ATHEROSCLEROSIS PREDATES MODERN CULTURES


Whole body CT scans were performed on 137 mummies: 2 farming cultures - 76 Egyptians (3100 BCE-364 CE) and 51 Peruvians (200–1800 CE), a forager-farmer culture - 5 Ancestral Puebloans living in what became the American Southwest (~0-500 CE) and a hunter gatherer culture - 5 Unangans living in the Aleutian Islands (~1850-1930 CE). The later 3 cultures were prehistoric. Atherosclerosis (ath) was present in all cultures including an Unangan hunter gatherer with two vessel coronary artery disease and ath in 4 other vessel beds. Mean age at death was 36 [SD 15] y. Arterial calcification was present in 34% of mummies, 50% of those > 40 y and was interpreted as pathognomonic for atherosclerosis. Ath was present in the aorta in 20% of mummies, iliac or femoral arteries in 18%, popliteal or tibial arteries in 18%, carotid arteries in 12% and coronary arteries in 4%. Age at time of death was positively correlated with ath (mean age at death was 43 [SD 10] y for mummies with ath vs. 32 [15] y for those without; p < 0.0001) and with the number of arterial beds involved (mean age was 32 [SD 15] y for mummies with no ath, 42 [10] y for those with ath in 1-2 beds and 44 [8] y for those with ath in 3-5 beds; p < 0.0001). The presence of ath did not differ between the sexes. The most likely explanation of these findings is that ath is a fundamental process of aging and not characteristic of a specific diet or lifestyle.

SESSION 1345 (PAPER)

SYSTEMS BIOLOGY OF AGING

CROSS-SPECIES INTEGRATIVE FUNCTIONAL GENOMICS OF AGING IN THE GENEWEAVER WEB-BASED SOFTWARE SYSTEM

E.J. Chesler, A. Fuksman-Kumpa, J.A. Bubier, The Jackson Laboratory, Bar Harbor, Maine

Genomic studies of senescence, life-span, health span and age related disease have been performed in a variety of species, experimental systems and functional genomics platforms. The GeneWeaver web-based software system provides an extensible data repository where publicly available gene-set centered data can be stored, shared, and integrated using a suite of integrated analysis tools to match related gene sets with the end goal of finding common and distinct genomic substrates of the diverse processes of aging. The system currently houses over 800 aging related gene sets, a number of which have been specifically curated into the system from the published literature on age related cognitive decline and other phenomena. Registered users can contribute their own data to the system for private, group or general public access and analysis. Using the integrated tools, the network of genes and disease related processes was analyzed to i) identify molecular relations among functional decline and senescence, ii) to prioritize the International Knock-out Mouse Consortium mouse strains for lifespan and age related phenotype analysis, and iii) to examine cross –species translation of age-related processes. Other analyses will enable us to prioritize candidate genes from genetic mapping studies and to identify poorly characterized genes and processes which resemble those already implicated in aging. Supported by NIH AA18776; AG38070

PHENOMENOLOGY AND SYSTEM BIOLOGICAL MECHANISMS OF AGING: DEFICIT ACCUMULATION APPROACH

A.B. Minniski, K. Rockwood, Department of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada

The rate of mortality exponentially increases with age (the Gompertz low) but age is not a “state variable” - health of individuals is greatly heterogeneous. To account for such heterogeneity we suggested quantifying aging by measuring the number of deficits in individuals. Such deficits are usually available in clinical/epidemiological databases. An individual’s health status is defined by the ratio of the deficit present in the individual to the total number of deficits (usually 40-70). This ratio called the frailty index (FI) shows remarkable regularities across the human populations: it is stronger associated with mortality than chronological age, its average rate of increase is about 3% per year, its distribution characteristically change over age while it’s limit remains close to 0.7. The individual trajectories of the FI show clear stochastic behavior of the Markov process. These regularities do not depend on the data source (e.g., epidemiological vs. clinical samples, “objective” vs. self-reported measures, etc.) and on what particular sub-sample of deficits is used. Such regularities are well described using phenomenological models while mechanistic models were not considered because of evident complexity of the aging process. We consider a stochastic dynamics model of deficit accumulation based on the organism-environment interaction. The model has two parameters representing environmental stresses and the ability of the organism to repair the damage. Age-related decline in the latter explains the mean behavior of the deficit accumulation (e.g., the average two-fold increase in the frailty index corresponds to the two-fold decrease in the rate of recovery for major age associated diseases). In addition the model explains age-related changes in the statistical distributions of the FI from being strongly skewed in younger people while approaching the Gaussian for the very old groups.

A HIGH DEGREE OF IMMUNE COMMITMENT TO CONTROLLING THE PERSISTENT β-HERPESVIRUS HHV5 (CMV) UNDERLINES THE IMPORTANCE OF MAINTAINING DEFENSES AGAINST THIS “INNOCUOUS” VIRUS IN THE ELDERLY

G. Pawelec1, W. Adriaensen2, C. Mather1, K. Schweizer1, B. Vaes2, K. Hamprecht3, J. Degruyse3, E. Derhovanessian1, I. University of Tuebingen, Tuebingen, Germany, 2. Catholic University, Leuven, Belgium

Latent infection with CMV is associated with an accumulation of late-differentiated CD4 and especially CD8 T-cells in the peripheral blood. The proportion of the cellular adaptive immune system committed to immunosurveillance of CMV increases with age and can reach as high as half of all peripheral T cells. To what degree alterations at the T-cell level are associated with the profile and function of humoral immune responses to CMV has not been investigated. Here, we have studied different cohorts of young and elderly CMV-infected individuals for their cellular and humoral immune responses to different CMV proteins in parallel with the distribution of different T-cell subsets in the periphery. In a group of 119 elderly >83 years participating in the BEL-FRAIL study, a strikingly high neutralising capacity in the serum was associated with a lower CD4/CD8 ratio and a more late-differentiated CD8 compartment (lower frequency of naïve and higher frequency of late-differentiated effector phenotypes and higher frequency of CD57+ cells). These data, together with our findings from the Leiden 85-Plus study, showing a better 8-year survival for very elderly individuals with a lower frequency of naïve CD8 T-cells, indicate that under certain circumstances, the CMV-associated “immunosenescence” of the CD8 subset might not be as detrimental as widely believed, but rather represent an adaptational remodelling of the immune system at very old age to deal with the burden of the virus by maintaining essential immunosur-
veilance whatever the cost. The capacity to do so may contribute to the exceptional longevity of these subjects.

THE EFFECT OF POSTPRANDIAL HYPERGLYCEMIA ON ENDOTHELIAL SENESCENCE
T. Hayashi, K. Ina, H. Nomura, M. Kuzuya, Geriatrics, Nagoya University Graduate School of Medicine, Nagoya, Japan

[Background] In elderly, number of diabetic patients increase, and impaired glucose tolerance such as post-prandial hyperglycemia are frequently observed and it become the independent risk factor of atherosclerosis. Although diabetes mellitus such as continuous hyperglycemia accelerates vascular senescence, the effect of post-prandial hyperglycemia on the senescence and its relation to atherosclerosis is not known. [Objectives] We investigate the effect of intermittent hyperglycemia on cellular senescence. [Methods] Effects of glucose was investigated on the senescence of human aortic and umbilical venous endothelial cells. Senescence-associated-β-galactosidase (SA-β-gal), human telomerase activity, telomere length, NO and reactive oxygen species (ROS) were evaluated. eNOSasiRNA was also used. Intermittent high-glucose model was achieved by 2 hours of high-glucose at 2 times per day. [Results] SA-β-gal activity is increased under continuous high-glucose (22 mM), and its activity was increased more in intermittent high-glucose condition. Increased O2- investigated by DHE showed higher amounts of O2-in intermittent high-glucose than that in continuous model. NO released from HUVECs tended to be increased in intermittent model. NADPH oxidase activity might be responsible. Under the intermittent high-glucose, endothelial telomerase activity was not decreased. Other senescence markers, p53 and SAMP-30 showed same tendency with SA-β-gal. AKT is affected by both high glucose models. Phosphorylated eNOS expression decreased under both high-glucose condition. Intermittent high-glucose increased SA-β-gal activity under eNOS silencing. VCAM-1 expression was also investigated. [Conclusion] Continuous high-glucose induced senescence is replicative senescence, however intermittent high-glucose is attributed to stress-induced-senescence. This unique effect offers important clue for the pathophysiology of endothelial senescence in late-elderly.

SESSION 1350 (SYMPOSUM)

GERONTOLOGY AND SOCIAL THEORY: ADVANCING OPTIMAL AGING THROUGH REFLEXIVE THEORIZING
Chair: C. Phillipson, University of Manchester, Manchester, Lancashire, United Kingdom
Co-Chair: D. Dannefer, Department of Sociology, Case Western Reserve University, Cleveland, Ohio

The application of social science theories to gerontology has demonstrated its relevance to optimal aging in domains of practice and policy as well as research, offering useful insights in a wide range of substantive areas (e.g., old-age policies, nursing home reform, population aging, family and intergenerational relations) and suggesting promising directions for research. Yet a key value of rigorous theorizing is in encouraging self-reflexivity for those of us involved in the scientific enterprise. This session takes up the theme of reflexivity at a multiple levels of inquiry. Papers will offer theoretically informed reflection at the level of substantive problem of immediate interest (political economy and the welfare state; gene-environment interactions), theoretical concepts that implicitly guide our work (weathering, cumulative dis/advantage; social control) and upon the fundamental empirical reality that science is a human process, and that all scientists who study aging are themselves aging as they study it – a reality that is often ignored by social scientists (“othering”).

LIFE COURSE FRAMEWORKS FOR UNDERSTANDING HEALTH DISPARITIES: ARTICULATING THE DISTINCTION BETWEEN WEATHERING AND CUMULATIVE DIS/ADVANTAGE
R. Thorpe, J. Kelley-Moore, Sociology, Case Western Reserve University, Cleveland, Ohio, 2. Johns Hopkins University, Baltimore, Maryland

It is imperative for investigators conducting health disparities research to employ a life course approach in their work to characterize effectively the extent of health disparities at all ages and to identify both proximate and distal influences on such inequality. Cumulative dis/advantage (CDA) theory and the weathering hypothesis are two life course–based explanatory frameworks frequently applied to articulate the causes of observed race and socioeconomic differences in health. However, we find that these frameworks are used somewhat interchangeably in empirical work, even though there are distinct differences between them. In this paper, we articulate these differences, largely grounded in the fact that weathering refers to an intra-individual accumulative process and CDA refers to inter-individual (intra-cohort) divergence with age. We provide examples to illustrate how more careful attention to these distinctions can advance health disparities research.

BEYOND THE LIFE COURSE: RE-BUILDING SOCIAL INSTITUTIONS FOR AN AGING SOCIETY
C. Phillipson, Sociology, The University of Manchester, Manchester, United Kingdom

Social theory applied to ageing is being challenged through two cross-cutting trends. The first concerns the de-stabilising of key institutions underpinning the life course – in particular those associated with the organisation of the welfare state. The second concerns the penetration of market institutions into the construction of old age, both through the organisation of services and the value placed upon consumption for the maintenance of identity. These elements have implications for outcomes associated with the institutionalised life course, especially in its capacity to provide the ‘rules by which individuals unfold and conduct their lives’ (Kohli, 2007). Drawing on critical perspectives in gerontology, the paper will consider ways of re-thinking ageing beyond the framework of the institutionalised life course. The discussion will introduce ideas associated with the principal of solidarity, identifying different ways in which this concept can be used to re-build social institutions for an ageing society.

OPTIMIZATION OR OTHERING? THOUGHTS ON HOW GERONTOLOGISTS DEAL WITH THEIR OWN AGING
G.O. Hagestad, NOVA/Norwegian Research, Birkeland, Norway

Why do old aging researchers tend to speak of old people as “them”, not “us”? Why do we engage in what Edward Said called othering? Old people are others, or what Mary Pipher described as “another country”. Why is there often a gap between researchers’ personal reflections on challenges of aging and their public, scholarly accounts? One of the few scholars who has addressed this issue, Jon Hendricks, writes: “As social gerontologists, we have been quick to assert that broad social currents carry persons to the doorstep of old age and beyond, but we have been far less reflective about our own journey”. Quoting Alfred Schütz, he speaks of experiences of old age as tasks of meaning-making. Reflecting on them could advance conceptual frameworks and reveal knowledge gaps. Can we, in the spirit of C. Wright Mills’ use the sociological imagination in efforts to link personal troubles and social issues?

AGING, AUTONOMY AND JUSTICE
J. Baars, University of Humanistic Studies, Haarlem, Netherlands

Although there is overwhelming evidence that optimal aging depends on many ways on interpersonal relations and broader social contexts, many discussions of autonomy still neglect these constitutive factors
and clinging to traditional notions such as independence. In this paper the concept of relational autonomy will be developed by including interdependence as a constitutive dimension of autonomy. Moreover, autonomous choice, another example of the tendency to overemphasize independence, will be critically evaluated in the context of structural inequalities. This step leads to a discussion of theories of distributional and broader forms of social justice. A further development of these perspectives will be necessary to arrive at a better understanding of optimal aging in terms of autonomy and justice.

THEORIZING CUMULATIVE DISADVANTAGE THROUGH THE LENS OF PHENOTYPIC PLASTICITY
K.Z. Douthit, Education & Human Development, University of Rochester, Rochester, New York

Although cumulative disadvantage is rooted primarily in social theory, it provides a fruitful medium for interdisciplinary, multi-level analysis of mechanisms relating to late-life embodiment of chronic contextual adversity and injury. This paper proposes a biosocial model of cumulative disadvantage that views social settings in terms of their potential for inducing phenotypic maladaptation in old age. Highlighting sources of phenotypic plasticity, including intra-generational and intergenerational epigenetic mechanisms, a model of compromised, late-life health and mental health outcome is described. The multi-generational model draws from several key sources including human studies of epigenetic phenomena, molecular genetic studies of phenotypic plasticity using animal models, and emerging work in prokaryotic plasticity. Using late life cognition as an exemplar, the model highlights the potential for cumulative socially and psychologically mediated and moderated gene activity.

SESSION 1355 (SYMPOSIUM)

HEALTH NEEDS AND ACCESS TO CARE: COMPARISONS ACROSS RURAL AND URBAN RESIDENCE
Chair: J. Yorgason, School of Family Life, Brigham Young University, Provo, Utah

Health-related needs, including accessing healthcare, present older adults with serious and often ongoing challenges. These challenges are sometimes exacerbated for those living in rural areas (Iezzoni, Killean, & O’Day, 2006). For example, although mobility challenges may deter older adults from seeking needed medical care, residents of rural communities may require additional or unique resources to meet healthcare needs. In the current symposium, we address various challenges as experienced across rural/urban locations. The first paper addresses ways that telehealth has been used to overcome the long distances rural residents often travel for healthcare services. Using data from 3,500 Montana residents, findings indicated that most preferred to see a doctor face-to-face, yet those in highly-rural areas and Veterans were more likely to use telehealth. The second paper used data from the same study to explore spatial patterns of older adults that “bypass” local health care options for services in rural areas. Demographic and geographic factors, along with healthcare facility characteristics linked with bypass behavior are explored. The third paper reports on a study of links between psychiatric illness among older adults and receiving emergency medical services across rural/urban locations. Using data from hospital emergency records, patterns of psychiatric disorders connected with health emergencies are explored. The last paper addresses daily health challenges experienced by 194 married couples that responded to a daily diary study. Preliminary findings suggest daily stressors of both chronic as well as acute situations were important. Patterns in the results will be presented across gender, rural/urban, and veteran status.

ATTITUDES TOWARD TELEHEALTH USE AMONG OLDER RESIDENTS IN URBAN, RURAL, AND HIGHLY RURAL COMMUNITIES
V. Calî³, B.L. Hicken², N.K. Dailey², 1. BYU, Provo, Utah, 2. Veterans Rural Health Resource Center - Western Region, Salt Lake City, Utah

Telemedicine has the potential to both increase healthcare access and reduce costs in rural communities. However, the structural and patient acceptance barriers have slowed the adoption of telehealth services and have not been well-researched. We examine attitudes toward telehealth and actual telehealth use across urban, rural, and highly rural communities using survey data from the Montana Health Matters study (N=3,512), a state-representative household-based study done in 2010-2012. Among all Montana residents (75%) preferred seeing their doctor face-to-face (particularly veterans) but older people living in highly rural communities were somewhat more inclined to use telehealth given weather and distance considerations. However, few Montana residents have ever used telehealth services (2%). People with prior telehealth experience largely lived in highly rural communities and more than half were veterans. Despite being generally satisfied with their telehealth experience, most still preferred to see their doctor face-to-face.

ELDERLY HEALTHCARE SELECTION: A SPATIAL ANALYSIS OF RURAL SENIOR HEALTHCARE BYPASS BEHAVIOR
S. Sanders, M. McKnight, L. Erickson, D. Hedges, Brigham Young University, Provo, Utah

Urban residents often have a range of local healthcare options, but the choice available to rural residents is between local and non-local facilities. As rural communities age, the elderly face increasing health risks and also represent an increasingly large proportion of the demand for healthcare. Using data from the Montana Health Matters study (N=3,512), a state-representative household-based survey done in 2010 and GIS spatial analysis, we examine rural healthcare bypass behavior for senior residents living in rural Montana. We find that 39% of the seniors living in rural Montana bypass local healthcare for comparable services located 10 or more miles away; over 60% in highly rural counties do the same. The accompanying decreased demand for local healthcare cause facilities to limit services or potentially close, leaving older rural residents in “healthcare deserts.”

INJURED OLDER ADULTS SEEN IN THE EMERGENCY DEPARTMENT IN RURAL AND URBAN AREAS: THE IMPACT OF MENTAL ILLNESS
B.A. Heise², L.S. Edelman², 1. College of Nursing, Brigham Young University, Provo, Utah, 2. University of Utah, Salt Lake City, Utah

An association between psychiatric illness and injury has been proposed. The purpose of this research was to explore this association in rural and urban older adults using data of injured adults 65+ years between 2007-2008 obtained from state emergency department, hospital and death databases. Twenty percent of injured older adults had a psychiatric illness diagnosis. Older adults with psychiatric illness were more likely to be injured from falls and poisonings, and more likely to die, compared to older adults without psychiatric illness. While fewer rural residents had a psychiatric diagnosis, a higher proportion of rural older adults who committed suicide had psychiatric diagnoses compared to their urban counterparts. In conclusion, a significant proportion of injured older adults have psychiatric illness diagnoses. The lower proportion of rural older adults with psychiatric illness diagnoses may be a reflection of a hesitation to seek mental health treatment and/or lack of access to care.
DAILY HEALTH CHALLENGES REPORTED BY HUSBANDS AND WIVES: RURAL/URBAN AND VETERAN/NON-VETERAN COMPARISONS

J. Yorgason, School of Family Life, Brigham Young University, Provo, Utah

Daily challenges with health-related issues increase with age, as health generally declines and chronic conditions become more prevalent. In the present study we used data from 194 couples that completed daily diary surveys for 14 days, to explore trends in health-related challenges. Each spouse reported daily challenges that they faced, as well as whether they felt they had overcome them. Over 15% of all challenges that were reported were connected with health. Responses indicated both recurrent and temporary health challenges. For example, many reported challenges from chronic health problems, such as arthritis, and medication management. Others reported on temporary health challenges such as not feeling well, falling down, or poor sleep. In most cases (83%), respondents felt they had overcome their health challenges on a given day. Results from qualitative analyses of health related challenges across gender (husband vs. wife), rural/urban residence, and Veteran status will be presented.

SESSION 1360 (SYMPOSIUM)

INTERVENTIONS WITH EARLY-STAGE ADRD FAMILIES: OPTIMIZING OUTCOMES THROUGH RESEARCH

Chair: D.W. Coon, College of Nursing & Health Innovation, Arizona State University, Phoenix, Arizona
Co-Chair: C.J. Whitlatch, Benjamin Rose Institute, Cleveland, Ohio
Discussant: K. Maslow, Institute of Medicine, Washington, DC, District of Columbia

Approximately 5.4 million Americans live with Alzheimer’s disease (AD), and this number is expected to grow 30% by 2025. As noted in the National Plan to Address Alzheimer’s Disease, identifying AD in the early stages creates advantages for early-stage people (EPs) and their care partners (CPs). Earlier intervention affords EPs the opportunity to more fully participate in care decision-making; it permits EPs and CPs to work together to more effectively mobilize support; and, thereby, helps to optimize EP/CP outcomes. While there is a growing emphasis on early-stage AD, there remains a need for psychosocial interventions to improve early detection and positively impact the well-being of both EPs and their CPs. This symposium draws on three different approaches to address the needs of early stage EP-CP dyads: 1) a community education intervention focused on medication assistance to help detect dementia and builds on findings showing that CPs caring for relatives with a confirmed diagnosis report higher self-efficacy for medication management and less difficulty keeping EP medications refilled and medical appointments as scheduled; 2) the development and evaluation of SHARE, an early-stage dyadic, in-home intervention that improves communication, provides dementia education, enhances understanding of the EP’s care values and preferences, and helps CPs engage in healthy activities; and, 3) EPIC, a group based dyadic intervention embedded into the community through Alzheimer’s Association that combines care preference and values clarification, skill building, and social support. Discussion will highlight challenges and opportunities in implementation as well as project feasibility, acceptability, and outcomes.

MEDICATION ASSISTANCE BY INFORMAL CARE PARTNERS: PATHWAY TO DEMENTIA DETECTION AND INTERVENTION

A.M. Steffen, T.M. Meuser, M. MacDougall, Psychology, University of Missouri-St. Louis, St. Louis, Missouri

A significant proportion of individuals with dementia are never diagnosed (Silverstein & Maslow, 2006), with higher healthcare costs for undiagnosed individuals (US Centers for Medicare & Medicaid, 2000). Women (N=154) providing medication assistance to a community-dwelling older relative used an analog Clinical Dementia Rating (CDR) scale to report care recipient functioning, along with medication adherence patterns and hassles. For CDR analogue scores of .5 (questionable) or 1 (mild dementia), those with a diagnosed relative (n = 58) reported higher self-efficacy for medication management (p = 0.01) compared to those assisting undiagnosed care recipients (n = 93). Family care partners also reported more ability to keep diagnosed relatives’ medications refilled (p = 0.004) and medical appointments as scheduled (p = 0.05). The presentation discusses key components of a community education intervention focused on medication assistance to help detect dementia and foster optimal aging for both care recipients and family care partners.

THE SHARE INTERVENTION FOR EARLY-STAGE DEMENTIA FAMILIES

C.J. Whitlatch1, E. Femia2, S.H. Zarit2, 1. Benjamin Rose Institute on Aging, Cleveland, Ohio, 2. Penn State University, University Park, Pennsylvania

Medical advances are making it possible to diagnosis dementia earlier in the disease process. Early diagnosis brings with it critical opportunities for targeted interventions (pharmacologic and psychosocial) that have the potential to address the cognitive and social needs of people with dementia and their family caregivers. Yet, few early-stage interventions are designed to meet the needs of both care partners. This paper describes the development and evaluation of the SHARE program (Support, Health, Activities, Resources, and Education), a seven-session early-stage dyadic intervention. SHARE program goals are to: 1) improve communication, 2) provide information about dementia, 3) enhance each person’s understanding of the person with dementia’s care values and preferences, and 4) help care partners engage in healthy activities. Discussion will highlight the challenges to implementation and evaluation, and evidence supporting SHARE’s feasibility, acceptability, and efficacy. Future directions for modifying program training and materials will be described (online training, iPad app).

EPIC (EARLY-STAGE PARTNERS IN CARE): A GROUP DYADIC INTERVENTION


EPIC (Early-stage Partners in Care), is an early-stage, group dyadic intervention involving both early-stage (EP) and care partner (CP) participants. EPIC was embedded into the community through Alzheimer’s Association chapters from its inception, and combines care preference and values clarification, skill building, and social support. EPIC yielded a variety of significant outcomes (p<.05) including improved care preparedness and partner interactions, and reductions in depressive symptoms for both EPs and CPs. EPs also reported increased quality of life, self-esteem, and positive affect, and reduced anger/hostility. Additional outcomes for CPs included increased problem solving self-efficacy, and knowledge of EP’s daily care preferences and long-term care wishes. Over 94% of participants said EPIC improved their understanding of memory loss, increased confidence in dealing with memory problems, made their lives easier, and enhanced their ability to care for each other. This presentation will also provide lessons learned from EPIC’s implementation into diverse communities.
SESSION 1365 (SYMPOSIUM)

IS OPTIMAL AGING AN OPTION FOR US?: RESEARCH ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OLDER ADULTS

Chair: B.R. Grossman, Health Science/Gerontology, Brian.Grossman@sfsu.edu, San Jose, California
Discussant: M. Brown, Health Science/Gerontology, Brian.Grossman@sfsu.edu, San Jose, California

Aging is not a singular process and is experienced differently based on the status positions. Even within marginalized and minority populations, there are multiple life course trajectories that influence experiences of both the process of aging and old age itself. Recent research on older gay men, lesbians, transgender people, and to a lesser extent, bisexual men and women has illustrated these differences. In this symposium, the four presentations will address the significance of and limitations to the optimal aging paradigm for lesbian, gay, bisexual, and transgender older adults. Drawing on various datasets, these presentations will identify challenges faced by lesbian, gay, bisexual, and transgender adults as they age and describe the opportunities for optimal aging that are associated with meaning and identity, material stability and wisdom, relationship status and self-reported health, and systems change in relation to quality healthcare. This symposium is sponsored by the Rainbow Research Interest Group.

FINDING MEANING AMONG LGBT BOOMERS

B. De Vries1, A. Siverskog2, R. Melendez1, 1. SFSU, San Francisco, California, 2. Linköping University, Norrköping, Sweden

There is increasing awareness of the many hardships faced by the Lesbian, Gay, Bisexual, and Transgender (LGBT) older adults—alongside recognition of the strengths they bring to their later years. Exploring the subjective meaning of these lived experiences and identities, responses to an open-ended question (“What does being LGBT mean to you?”) were content coded (inter-coder agreement, 87%) for 1201 responses to an open-ended question (“What does being LGBT mean to you?”) were content coded (inter-coder agreement, 87%) for 1201 LGBT persons ages 45-64 (MetLife, 2010). Thirty-five codes were identified, grouped into the following seven themes: Authentic pride (“who I was meant to be”); pragmatic identity (“I am who I am”); discrimination (“denied rights”); resistance (“living outside of mainstream”); sense of community (“belonging to a group”); strengths and freedom (“unique skills”); and loss and limitations (“fewer opportunities”). These themes, with some variation by both gender and gender identity, reveal the adversity of LGBT lives, and the prominent resilience and growth, with implications for the aging of LGBT—and all—persons.

OPTIMAL AGING RESULTS FROM THE TRANS-METLIFE SURVEY

T.M. Witten, Center for the Study of Biological Complexity, Virginia Commonwealth University, Richmond, Virginia

Two versions of the Metropolitan Life Survey (MLS), a written survey instrument developed for online use by the MetLife Mature Market Institute, have been used to assess the aging and later life concerns of LGBT older adults. Although the overall response from LGBT-identified elders was positive, study participation by transgender older adults was minimal, such that no robust conclusions could be made regarding the experiences or needs of transgender elders, either in the United States or worldwide. With permission from the MLS, we revised the survey (TSRI-MLS) to focus on the experiences and concerns of transgender-identified older adults, and distributed the survey through a variety of mechanisms including snowball distribution via e-lists, Facebook, MySpace, transgender advocacy organizations, postings to trans-related websites and point-of-contact emailing. Completed MLS-TSRI electronic survey instruments were received from over 1,963 transgender-identified respondents, from 24 countries, ages 18 - over 70. This presentation will briefly review data from the component parts of the TSRI-MLS survey: (1) demographics; (2) personal identifiers; (3) financial situation; (4) caregiving experiences; (5) disability and chronic disease status; (6) future planning; and focus on (7) wisdom and on how life course theoretical approaches may fail to address the understanding of the trans-life course. Implications for understanding optimal aging in the global trans-identified population, the transgender older adult population in general, and future research directions, will be discussed.

IMPROVING HEALTHCARE TO OLDER LESBIANS: A DUAL APPROACH WITH LESBIAN ELDERS AND PROVIDERS

P. Burbank1,4, M. McLaughlin1,4, M. Miller1,4, 1. Nursing, Univ Rhode Island, Kingston, Rhode Island, 2. Quality Partners of Rhode Island, Providence, Rhode Island, 3. RI Food Bank, Providence, Rhode Island, 4. SAGE/ RI, Providence, Rhode Island

As research with the LGBT population grows, healthcare disparities and discrimination become increasingly apparent. To address these issues, SAGE/RI initiated a project to educate and empower lesbian elders to seek quality, affirming healthcare and improve the quality of care offered by providers. A descriptive study collecting both quantitative and qualitative data was conducted to determine needs. Frequencies and thematic analysis identified older lesbians’ primary issues (N = 49) as concern about discrimination in healthcare, lack of confidentiality regarding sexual orientation, lack of knowledge about their own health risks, and lack of confidence in their providers’ knowledge. The provider survey (N = 65) results showed an absence of attention to LGBT issues, limited assessment of sexual orientation, self-identification as lesbian friendly (but without disclosing this to others), and lack of knowledge about health risks of older lesbians. SAGE/RI’s interventions with lesbians and providers based on the survey results are described.

SAME-SEX PARTNERSHIPS AND THE HEALTH OF OLDER ADULTS


While extensive research has examined associations between marriage, cohabitation, and the health of heterosexual adults, it remains unclear whether similar health patterns are associated with same-sex partnerships for older adults. This paper examines how having a same-sex partner is related to general self-reported health and depressive symptoms for older adults. When analyzing survey data from lesbian, gay, and bisexual (LGB) adults 50 years of age and older through Caring and Aging with Pride, having a same-sex partner was associated with better self-reported health and fewer depressive symptoms when compared with single LGB older adults, controlling for gender, age, education, income, sexuality, and relationship duration. Relationship duration did not significantly impact the association between partnership status and health. In light of recent public debates and changes in policies regarding same-sex partnerships, more socially integrated relationship statuses appear to play a role in better health for LGB older adults.

SESSION 1370 (SYMPOSIUM)

LATE-LIFE ANXIETY AND COMORBID COGNITIVE AND FUNCTIONAL IMPAIRMENT

Chair: L.A. Gerolimatos, Department of Psychology, West Virginia University, Morgantown, West Virginia
Co-Chair: B. Edelstein, Department of Psychology, West Virginia University, Morgantown, West Virginia
Discussant: J. Wetherell, VA San Diego Healthcare System, San Diego, California

Anxiety in late life is common; rates of anxiety among older adults are greater than that of depression. Though the prevalence of anxiety decreases across adulthood, rates of anxiety increase among a subset...
of older adults: those with cognitive and functional impairment. The purpose of this symposium is to present research on issues related to the comorbidity of anxiety and cognitive and functional impairment in late life, which heretofore has garnered little attention. The first two papers will elucidate the nature of the relation between older adult anxiety and cognitive impairment. One paper will address the extent to which anxiety predicts declines in cognitive performance over time. The second paper will test two potential mediators of the relation between cognitive functioning and anxiety. Next, we will present a paper describing the development and initial evaluation of a new measure of anxiety for individuals with cognitive impairment and will discuss issues related to assessing anxiety among cognitively impaired individuals. Two final papers will present data on anxiety treatment outcomes as a function of impairment. One paper will examine executive dysfunction as a moderator of the relation between anxiety and anxiety treatment outcomes. The final paper will address anxiety and depression treatment outcomes among older adults with physical disability. Julie Wetherell, the discussant for this symposium and an expert on late-life anxiety, will discuss the implications of this research for the conceptualization, assessment, and treatment of anxiety among older adults with cognitive and functional impairment and will identify emerging areas of research.

ANXIETY AND COGNITIVE FUNCTIONING IN OLDER ADULTS
A. Petkus1,2, J. Wetherell1,3, C.A. Reynolds4, W.S. Kremen1, M. Gatz1, 1. University of California, San Diego, San Diego, California, 2. San Diego State University, San Diego, California, 3. VA San Diego Healthcare System, San Diego, California, 4. University of California, Riverside, Riverside, California, 5. University of Southern California, Los Angeles, California

Anxiety is associated with worse cognitive performance in older adulthood. Little research, however, has examined non-linear change trajectories over a span of 10 plus years. In this study, older Swedish twins (N = 564) were assessed as many as five times over an 18 year period. The assessment included measures of memory (Thurstone Picture Memory), attention (Digit Span), processing speed (Symbol Digit and Figure Identification), visuospatial functioning (Block Design, Card rotations, Figure Logic), and anxiety (State anxiety sub-scale from the State-Trait Anxiety Inventory). Mixed-effects age-based quadratic growth models examined baseline anxiety in relation to cognitive performance over age. Higher baseline anxiety was associated with greater declines on Symbol Digit, Figure Identification, and Block Design performance over time. Results indicate that anxiety, independent of depression, is associated with faster declines on processing speed and visuospatial abilities in later life. Additional research is needed to examine the temporal dynamics of this association.

EMOTION REGULATION AND THREAT ESTIMATION AS MEDIATORS OF THE RELATION BETWEEN COGNITIVE FUNCTIONING AND ANXIETY IN LATE LIFE
C.M. Ciliberti, B. Edelstein, K. Hackney, Psychology, Morgantown, West Virginia

Rates of anxiety are generally thought to decline in typically aging older adults. Some theorize that this decline is a result of age-related improvements in emotion regulation. Emotion regulation may require the use of complex cognitive processes, however, which can be affected by cognitive decline. Indeed, the prevalence of anxiety is high among older adults with cognitive impairment. The current study examined emotion regulation and threat perception as possible mediators in the relation between cognitive functioning and anxiety. Ninety six adults, aged 60 and older, were recruited from nursing homes, assisted living facilities, and the community. All were asked to complete a cognitive screening measure, along with measures of anxiety, emotion regulation, and threat perception. Structural equation modeling was used to examine the relation between these variables, and threat perception and emotion regulation are discussed as potential explanatory factors in the relation between cognitive functioning and anxiety in later life.

DEVELOPMENT AND INITIAL EVALUATION OF THE ANXIETY IN COGNITIVE IMPAIRMENT AND DEMENTIA (ACID) SCALE
L.A. Gerolimatos, C.M. Ciliberti, S. Nazem, J.J. Gregg, K. Hackney, P. Bamonti, C.L. Goulet, B. Edelstein, Department of Psychology, West Virginia University, Morgantown, West Virginia

Psychometric properties of the ACID scale, a new anxiety screening tool comprising a patient interview (ACID-P) and caregiver interview (ACID-C), were examined. Thirty-four nursing home residents (age: M = 75.76, SD = 9.75) and 34 caregivers completed interviews. ACID-P and ACID-C scores were weakly correlated. Internal consistencies for the ACID-P (α = 0.89) and ACID-C (α = 0.73) were adequate. Convergent validity of the ACID-P was found through moderate-to-strong correlations with the Cornell Scale for Depression in Dementia (CSDD), the Geriatric Anxiety Inventory, and a measure of overall mental health. The ACID-C demonstrated convergent validity with moderate-to-strong correlations with the CSDD, the Neuropsychiatric Inventory—Anxiety Scale, and a measure of mental health. Discriminant validity for both forms was evidenced through weak correlations with measures of cognitive functioning, adaptive functioning, and physical health. Implications for the assessment of anxiety in cognitive impairment and the usefulness of the ACID scale are discussed.

COGNITIVE BEHAVIOURAL TREATMENT AND EXECUTIVE FUNCTIONING IN LATE LIFE GAD
J. Calloo1,2, A. Bush3, C. Krauss-Schuman1, N.L. Wilson1,2, M.E. Kunik1,2, M.A. Stanley1,2, 1. Michael E. DeBakey VAMC, Houston, Texas, 2. Baylor College of Medicine, Houston, Texas, 3. Houston VA Health Services Research and Development Center of Excellence, Houston, Texas

Short-term memory, inhibitions and other cognitive impairments are noted in late-life GAD but studies are limited and lack consistent findings. Understanding the cognitive impairments associated with late life GAD has important implications for treatments for older adults. The current study examines executive skills in 78 older patients with GAD enrolled in a CBT outcome study in primary care. Patients completed the Trails A and B, Wisconsin Card Sorting Task (WCST), Symbol-Digit Modalities Test (SDMT), and Word Fluency task prior to treatment. Patients with executive dysfunction (t score ≥ 36 on at least two of the WCST perseverative errors, Trails B and Word Fluency) had more anxiety on the PSWQ-A and the STA relative to those with no executive dysfunction. We will also present data that examines executive dysfunction as a potential moderator of anxiety outcomes for patients who complete CBT and discuss the implications of these results for treatment.

DISABILITY AND PSYCHOTHERAPY OUTCOMES FOR ANXIETY AND DEPRESSION IN OLDER VETERANS
C.E. Gould1,2, T. Huh3, S.R. Brunkskill, K. McConnell, J. Tenover1, 1. VA Palo Alto Health Care System, Geriatric Research Education and Clinical Center (GRECC), Palo Alto, California, 2. Stanford University School of Medicine, Dept. of Psychiatry & Behavioral Medicine, Stanford, California, 3. Stanford University School of Medicine, Depts. of General Internal Medicine/Gerontology and Geriatric Medicine, Stanford, California

The effect of disability on anxiety and depression treatment outcomes was examined in 35 older Veterans (M = 81.2, SD = 7.9 years) receiving psychotherapy from an interdisciplinary geriatric mental health team. Veterans completed pre- and post-treatment assessments and > 1 psychotherapy session. Anxiety (Mini International Neuropsychiatric Interview Generalized Anxiety Disorder module), depression (Hamilton Scale for Depression), and disability (World Health Organization...
Session 1375 (Symposium)

Mobility and Use of Mobility Devices in Old Age – Challenges and Strategies in Everyday Life

Chair: C. Löfqvist, Occupational Therapy & Gerontology, Health and Science, Lund, Sweden
Co-Chair: S. Tomsone, Occupational Therapy & Gerontology, Health and Science, Lund, Sweden
Discussant: M. Ramtakoko, University of Jyväskylä, Jyväskylä, Finland

Since mobility is a fundamental aspect of daily life, preserving mobility and participation in society is a critical aspect of maintaining an active life during the process of aging. In this symposium, we will present empirical findings on the issue of mobility and mobility devices (MDs) in old age, from several European countries and from different perspectives based on a variety of research methods, framed in the theoretical framework of person-environment interactions. From the Latvian context, Tomsone et al. will present an overview of the use and need of MDs in very old age, followed by in-depth experiences of MD use among three women. From the Swedish context, Kyberg et al. will address the experiences of very old men on the topic of being mobile and participating in everyday life, including the use of MDs. These two presentations are based on longitudinal findings from the European ENABLE-AGE Project. Winberg et al. will present findings from a study addressing physical activity for people aging with a disability, where people with and without post-polio syndrome, using MDs, are compared regarding physical activities. Finally, factors of user satisfaction and the service delivery process of MDs will be presented based on data collected with users of powered scooters in two Nordic countries, Norway and Denmark. This symposium will elucidate mobility in old age as a complex issue and convey important knowledge for the implementation of efficient interventions fostering older people's mobility in the practical context.

Experiences of Mobility Devices Use Among Very Old Women in Latvia

S. Tomsone1,2, M. Haak1, S. Iwarsson1, C. Löfqvist1, 1. Health Sciences, Lund University, Lund, Sweden, 2. Riga Stradiņš University, Riga, Latvia

The aim is to describe the overall use of mobility devices (MDs) among very old people in Latvia and to explore experiences of MDs use in everyday life among three very old women over the time. Study participants were selected from the sample of comprehensive interdisciplinary ENABLE-AGE project - three women with different living situations and experience of use different MDs. We used a mixed method case study design from a longitudinal perspective, utilizing a combination of quantitative and qualitative data for each informant in analysis. Results show that all three women had pragmatic attitude and mixed feelings regarding MDs use in everyday life. Changes in health status, environmental barriers and financial considerations were the limitations related to MDs choice and use over the time. All participants strived for autonomy in daily life but the same time assistance provided by formal and informal careers was in great importance.

Three Very Old Men's Over Time Experiences of Mobility Device Use in Everyday Life

M. Kyberg1, C. Löfqvist1, J.E. Phillips1, S. Iwarsson1, 1. Lund University, Lund, Sweden, 2. Swansea University, Swansea, United Kingdom

Aim: To explore experiences of mobility device (MD) use among very old single-living Swedish men. Method: A multiple case study of three men, involving quantitative and qualitative data, was used in an embedded mixed methods design and presented in three narrative stories. Differences and similarities in MD use were captured in a cross-case analysis. Findings: MDs were important for independence and participation in everyday life. Use of MDs impacted on activities by enabling, restricting or changing the performance and new strategies were developed. The devices were purchased, received from relatives or prescribed by professionals when needed. Function and form as well as supportive environments were considered important for optimal use. Conclusion: Narrative stories nurture our understanding of complex aspects impacting on MD use for very old men. To support active ageing, health professionals need information on personal needs and expectations, in order to understand individual perspectives on MD use.

Service Delivery Process of Assistive Devices and User Satisfaction in Two North European Countries


The aim is to present how different service delivery systems for assistive devices were associated with the service delivery process (SDP) and user satisfaction in two national contexts when electric scooters were provided. A consecutive sample of 50 Danish and 86 Norwegian adult future scooter users was included in a follow-up study. A study-specific structured questionnaire for documentation of the SDP was administered. The Satisfaction with Assistive Technology Service (SATS) was used for documenting user satisfaction with the SDP. Compared to the Norwegian, significantly more time was spent in the SDP of the Danish sample. About 80% of the informants were satisfied/very satisfied with different aspects of the SDP. However, time spent in the SDP was not associated with user satisfaction with the SDP. The study supports the assumption that structure of the service impacts on the SDP, but not that the process impacts user satisfaction.

Physical Activity in People Aiding with a Disability: In Persons with Post-Polio Syndrome


Physical activity (PA) is beneficial for our health but persons aging with disabilities are not as active as non-disabled persons. Post-polio syndrome (PPS) is a disabling condition, mainly affecting mobility. Persons with PPS are advised to be physically active but have difficulties due to their disability; and there is limited information about their engagement in PA. The aim of this study was to describe PA in persons with PPS (N=81), and to assess the relationship between PA and various socio-demographic factors compared to older adults without neurological disability (N=53). PA was assessed, using the Physical Activity and Disability Survey and pedometers. The variation was large between individuals; however the use of mobility device did not affect the level of PA in either group. The activities were mostly performed in household activities.

The Gerontological Society of America
SESSION 1380 (SYMPOSIUM)

NARRATIVE COMPLEXITY IN RESEARCH ON OPTIMAL AGING: RELATING STORIES TO RESILIENCY AND IDENTITY CONSTRUCTION IN OLDER ADULTS

Chair: K. de Medeiros, Sociology and Gerontology, Miami University, Oxford, Ohio
Co-Chair: W.L. Randall, St. Thomas university, Fredericton, New Brunswick, Canada
Discussant: S.R. Sabat, Georgetown University, Washington, DC, District of Columbia

On one level, narrative complexity describes multiple, smaller stories that may be at work within a larger narrative, such as individual vignettes that comprise a bigger life story. On another level, narrative complexity can be thought of as rhetorical devices a narrator uses to add depth to a given story, such as variation in word choice, plot, and others. Narrative complexity is a relatively new concept in narrative gerontology; currently much emphasis is placed on what is disclosed in a story, rather than on how. The purpose of this symposium is to explore the importance narrative complexity in three separate research studies. The first paper presents findings from a mixed method study in which volunteers completed life story interviews and a resiliency scale. Results revealed that participants whose stories showed greater narrative complexity also scored higher on resiliency, suggesting a link between the two. The second paper examines self-defining memories in relation to mental health in a large representative study in the Netherlands, focusing on age differences between young, middle-aged and older adults in memory content, specificity, valence, and integration. The third paper used a case study approach to examine telling through omission for positive identity construction in an older African American woman. Overall, this symposium introduces important key concepts and novel strategies related to narrative research in aging.

THE RHETORIC OF RESILIENCE: A COMPARATIVE ANALYSIS OF THE NARRATIVE COMPLEXITY OF OLDER ADULTS’ STORIES


Of increasing interest to gerontologists is resilience: the capacity for meeting the challenges of later life to foster growing old, not getting old. We argue that resilience can be understood through the narrative complexity of life stories. Narrative gerontologists have shown that providing older adults opportunities to review and/or reminisce about their lives can enhance their sense of mastery and personal meaning, and alleviate depression by helping them develop “a good strong story,” one that reflects complex characterizations of self and others, includes episodes that are rich in detail, dialogue, and themes. Data for the current study were drawn from larger project evaluating narrative care in reducing “narrative foreclosure.” Thirty-five individuals (>75 years) completed open-ended life story interviews and the Connor-Davidson Resilience Scale (CDRS). Analysis was conducted by a multi-disciplinary team and revealed a link between narrative complexity (re plot, character, theme) and CDRS score, with some gender differences.

NARRATIVE COMPLEXITY MODERATES THE RELATION OF NEGATIVE MEMORIES TO MENTAL ILLNESS ACROSS THE LIFESPAN


This study assesses whether aspects of narrative complexity moderate the relation of negative memories to symptoms of mental illness. Aspects of narrative complexity include the description of vivid memories of specific events in one’s life and the meaningful integration of negative memories into narrative identity. The present study employed a subsample of a representative online study (N=269; age 16-90) to assess these relationships in different age groups. Instruments used were the self-defining memory test and the hospital anxiety and depression scale. The memories were reliably coded for evaluation, specificity, and integration. More negatively evaluated memories were related to more symptoms of depression and anxiety. However, these relations were not found when participants storied their memories in both specific and integrated ways. As no age differences were found, we conclude that narrative complexity plays an important role in coping with negative memories across the lifespan.

SESSION 1385 (SYMPOSIUM)

PAVING THE WAY TO A MORE HOSPITALBLE WORKFORCE FOR OLDER WORKERS—EXAMINING BARRIERS TO GETTING THERE

Chair: S.E. Rix, AARP, Washington, District of Columbia
Discussant: H. Sterns, University of Akron, Akron, Ohio

Workers ill-prepared to support themselves through 20-plus years of retirement, coupled with old-age support systems unable to meet the demands of rapidly aging populations, point to the need to keep people working beyond conventional retirement age. Despite governmental efforts around the world to make longer worklives more appealing and early retirement less rewarding, a sizable body of research indicates that planning to work longer may be easier than actually doing so. Workers tend to be overly optimistic about their prospects for pushing back the date of retirement. Numerous barriers stand in their way. This symposium takes an international perspective in examining some of these barriers, highlighting the role that academic research can play in understanding and helping to overcome them. One presentation looks at experiences with ageism, which does not necessarily conform to common stereotypes and which has consequences for both younger and older workers. A second presentation discusses the results of efforts to understand employer support of older workers, focusing on managerial and cultural reluctance to support work options such as flexible work schedules that could benefit those workers. This research has led to ways to “sell” flexible options when “the right thing to do” is not compelling enough. The final presentation highlights the continuing disjunction in the minds of HR managers in understanding the leave needs of older women versus younger women. The discussant will reflect on the theoretical aspects of this research and its implications for public and private sector policies that would foster longer worklives.
EXPERIENCES AND EXPRESSIONS OF AGEISM: A THEORETICAL TEST OF THE STEREOTYPE CONTENT MODEL
H. Swift, School of Psychology, University of Kent, Canterbury, United Kingdom

The Stereotype Content Model (Fiske, Cuddy, Glick & Xu, 2002) proposes that prejudice expressed towards people should differ depending on their age group due to the associated stereotypes of each age group. Younger people are expected to experience more hostile forms of age-prejudice because they are stereotyped as relatively more competent but less warm than older people. In contrast, older people are expected to experience more benevolent age-prejudice because they are stereotyped as less competent but more warm. These predictions are tested using qualitative and quantitative data from The Everyday Ageism Project; a UK based website collecting people’s experiences of ageism. Comparisons are drawn between younger and older people’s experiences of ageism and discussed in relation to the SCM’s predictions. The findings are also discussed in relation to when ageism is experienced, how it is experienced and the consequences of ageism for younger and older people.

THE FLEXIBLE EMPLOYMENT PROPOSITION: SELLING THE ‘RIGHT THING TO DO’ TO ORGANIZATIONS
E. Alden, Ashford University, San Diego, California

With the research, policy, and media reports supporting flexible working to aid older workers, care-givers and those seeking greater work-life balance, it is intriguing that organizations which support flexible work options are still the exception. This research sought the barriers to organizations in addressing social issues – specifically, employer support of older workers. Through interviews with workers and organizations, and a review of existing flexible employment knowledge, the researcher has compiled what the process of implementation entails for an organization, what ensures continued success, and optimal worker involvement and support. Barriers such as managerial/cultural acceptance as well as ageism are presented. Most importantly the research has explored the way to ‘sell’ the idea of flexible employment to organizations when the ‘right thing to do’ proposition is not compelling enough. Approaches which appeal to organizations are addressed such as Return on Investment, Engagement and both embedded and peripheral Corporate Social Responsibility.

FLEXIBILITY FOR WHOM? OLDER WOMEN AND ORGANIZATIONAL POLICYMAKING
P. Taylor, E.M. Brooke, R. Williams, 1. Monash University, Churchill, Victoria, Australia, 2. Swinburne University of Technology, Melbourne, Victoria, Australia

Older women make up an increasingly important component of the paid workforce but understanding of their place in organizational policymaking is lacking. This paper considers working arrangements targeting women within three Australian industry sectors: financial services, state and emergency services and higher education. 95 interviews were conducted: 56 human resource managers and 39 key external stakeholders, including advocacy groups and government agencies. HR managers, in contrast to external stakeholders, were generally unable to articulate how different equality agendas could be combined. Age and gender were treated as operationally distinct categories and seldom integrated in their application, with the result that policies rarely applied to older women. Organizational rhetoric and policymaking were almost exclusively leveled at younger women in the form of maternal leave arrangements and employment flexibility. It is concluded that older women are misunderstood as an entity in the workplace, being neglected by HR policy and practice.

SESSION 1390 (SYMPOSIUM)

PRODUCTIVE AGING: VOLUNTEERING IN DIFFERENT LIFE PHASES
Chair: J.P. Ziegelmann, German Centre of Gerontology, Berlin, Germany
Co-Chair: D. Mueller, German Centre of Gerontology, Berlin, Germany
Discussant: N. Morrow-Howell, Washington University, St. Louis, Missouri
Volunteering is one of the key facets of productive and healthy aging. Furthermore, different life phases and life transitions offer different opportunity structures for volunteering. This international symposium presents four empirical psychological and sociological contributions dealing with productive aging and volunteering in different life phases. Antonucci, Ajrouch and Webster present data from the German Survey on Volunteering Ziegelmann and Mueller investigate the link between private and public helping behavior. Providing care for a family member can be one of the contexts that serves as an impetus to volunteer also outside the family in the community context. Mueller and colleagues examine the role of volunteering for successful aging using longitudinal data from the German Ageing Survey. Finally Windhorst and Luszcz analyze change in markers of social wellbeing and mental health among volunteers and non-volunteers in the oldest-old using the Australian longitudinal study of ageing. The general discussion will provide an integration of these approaches into a more comprehensive framework of productive aging and engagement in later life.

HOW DOES VOLUNTEERISM BENEFIT HEALTH? A FOCUS ON EDUCATION AND SOCIAL RELATIONS
T.C. Antonucci, K. Ajrouch, N.J. Webster, Institute for Social Research, University of Michigan, Ann Arbor, Michigan
We examine how education and social networks influence the volunteer-health link. Since social networks have been documented to change over time, it may be that changes in network characteristics moderate the volunteer-health link directly and/or in conjunction with education. Data (N= 543) come from the longitudinal Social Relations and Health over the Life Course Study. Linear regression analyses were conducted to test competing hypotheses about how education and social networks interact to predict self-rated health and depressive symptoms. Findings show that compared to respondents who did not volunteer, those who volunteered at low levels (1-100 hours/year) reported better self-rated health, and those who volunteered at moderate levels (101-300 hours/year) reported fewer depressive symptoms. The positive effect of volunteering on health was more pronounced for those who reported aging social networks. The interactive effects of education and social networks are discussed to elucidate those factors that facilitate the benefits of volunteering.

GERMAN SURVEY ON VOLUNTEERING: CAREGIVING IN THE FAMILY – VOLUNTEERING IN THE COMMUNITY?
J.P. Ziegelmann, D. Mueller, German Centre of Gerontology, Berlin, Germany
Purpose. Having a person in need of care in the family can restrict participation such as volunteering outside the family. Having high prosocial values might motivate those individuals to volunteer despite high care-related time demands. Methods. Among 20,005 participants of the German Survey on Volunteering 2009 we have identified 1,284 individuals aged 14-91 years (M=51 years; SD=17,4 years) having a care recipient in the family for which they are (mainly or partially) responsible. Findings. Family caregivers reported a higher rate of volunteering than the average German population (39% vs. 36%). Logistic regres-
ENGAGEMENT AMONG THE OLDEST-OLD

VOLUNTEERING, MENTAL HEALTH AND SOCIAL ENGAGEMENT AMONG THE OLDEST-OLD

T. Windsor, M.A. Laszcz, Flinders University, Adelaide, South Australia, Australia

Despite substantial evidence indicating that volunteers report better physical and mental health relative to non-volunteers, few studies have examined associations of volunteering with wellbeing outcomes in longitudinal studies of the oldest-old. We examined correlates of volunteering among 1896 participants (aged 65 to 103 at baseline) from the Australian Longitudinal Study of Ageing. Participants were assessed on up to 6 occasions over an interval of approximately 18 years. At baseline, volunteers (around 15% of the sample) were younger, better educated, and reported fewer functional restrictions relative to non-volunteers. Multilevel growth models revealed that those volunteering at baseline initially reported fewer depressive symptoms, higher levels of social engagement and greater satisfaction with their relationships relative to non-volunteers. Volunteers showed slower rates of decline in satisfaction with family relationships over the study interval relative to non-volunteers. Results will be discussed in the context of lifespan perspectives on social engagement. Word count 148/150 Specific and measurable objectives After attending this activity, participants will be able to better understand implications of volunteering for broader social engagement. After attending this activity, participants will be able to discuss the extent to which the relationship between volunteering and well-being is maintained among the oldest-old.

SESSION 1395 (SYMPOSIUM)

THE EARLY PHASES OF A RANDOMIZED CLINICAL TRIAL (RCT) WITH CUSTODIAL GRANDFAMILIES: LESSONS LEARNED AND FUTURE DIRECTIONS

Chair: G.C. Smith, Kent State University; Kent, Ohio
Co-Chair: B. Hayslip, University of North Texas, Denton, Texas
Discussant: M.L. Dolbin-MacNab, Virginia Tech, Blacksburg, Virginia

Large RCT studies of interventions with custodial grandfamilies are scarce, yet much needed given the psychological risks that characterize this population. We are conducting a multi-site (Ohio; Texas; California; Maryland) longitudinal RCT comparing the efficacy of three interventions at enhancing psychological well-being among custodial grandmothers and grandchildren: Behavioral Parent Training; Cognitive Behavioral Coping; and Standard Information and Support. Eligibility criteria include grandmothers being caregivers (without birth parents) of grandchildren ages 4-12 and have not attended similar programs. Recruitment included mass media appeals; targeted mailings; agency contacts; schools; hospitals; health fairs; and faith groups. Our goal was to include equal numbers of White, Black, and Hispanic families. Enrolled grandmothers were expected to attend 10 weekly sessions at fixed times and days, with free meals and child care provided. All sessions were led by professional and peer co-leader teams. The professional leaders perceived to practical issues associated with running the RCT. Emphasized will be how these findings inform future intervention research. Funded by 1R01NR012256

WHAT KINDS OF FAMILIES COMMIT TO AN RCT LIKE PROJECT COPE?


Although 501 eligible grandfamilies were recruited for Project COPE, only 55% enrolled in the RCT given the demands of attending 10 sessions on fixed days and times. Enrollees were diverse regarding age (M=58.4; range = 40-89); race (49% White; 36% Black 36%; 13% Hispanic); SES; employment, marital status, self-rated health (31% fair/poor; 39% good; 30% very good/excellent); and grandchild gender (54% male). Enrolled families also demonstrated risk for psychological difficulties. Many grandmothers were rated as having at least mild depression (64% or anxiety (26%). Grandchildren typically had Strengths and Difficulties Questionnaire scores that were borderline (14.2%) or abnormal (35.4%). Attendance varied considerably: 160 grandmothers attended >4 sessions (i.e., were compliant; 30 attended 1-3 sessions; and 42 attended no sessions). Surprisingly, none of the RCT conditions, nor any of the preceding variables predicted attendance. We conclude that RCT interventions for custodial grandfamilies attract a socially diverse and psychologically vulnerable population.

PROFESSIONAL LEADERS’ PERCEPTIONS OF INTERVENTION BENEFITS AND THERAPEUTIC CONTENT


Seventeen (Mage 45; Range = 28-66) professionals were surveyed regarding their experiences in leading a 10-week program within one of three RCT conditions. Most (88%) thought the intervention led by them was beneficial, with 100% saying they would recommend it in the future. Leaders reported that participants benefited mostly by completing homework, gaining personal insight, receiving emotional support.
from peers, and successfully applying newly learned skills. While 82% said that some participants benefited more than others, the majority (83%) also believed that the content of their intervention was relevant to participants’ needs. Regardless of intervention type, leaders identified three issues as most pressing for participants: quality of grandparents’ relationships with grandchildren, renegotiating relationships with the grandchild’s parent, and realizing that providing support is a beneficial as receiving support. These findings will be discussed in terms of how and why leaders’ perceptions transcended the three RCT intervention conditions.

**PROFESSIONALS’ PERCEPTIONS OF PRACTICAL ISSUES IN CONDUCTING RCTS WITH CUSTODIAL GRANDFAMILIES**

J. Montoro Rodriguez, G.C. Smith, B. Hayslip, F.H. Strieder,
M.L. Williamson, W. Merchant, P. Greenberg, J. Kent State University,
Ohio, 2. University of North Texas, Denton, Texas, 3. California State University, San Bernardino, California, 4. University of Maryland, Baltimore, Maryland

Seventeen (Mage 45; Range = 28-66) professionals were surveyed regarding their perceptions of practical issues in running intervention groups for Project COPE. Derived from concerns of prior interventionists, four topics were examined: Identifying challenges in running groups for custodial grandchildren; ensuring attendance and homework completion; using peer co-leaders; providing food and childcare. Sustaining attendance and keeping participants focused were the most frequently mentioned challenges. Only 11.8% reported no attendance difficulties, and 37.6% described attendance as fair to poor. The primary reasons for absences were transportation difficulties, conflicting commitments, and health-related issues. Recommendations for increasing attendance included enhancing incentives, decreasing travel, and improving leader-participant communication. Deficient homework completion; using peer co-leaders; providing food and childcare. Sustained involvement; four topics were examined: Identifying challenges in running groups for Project COPE. Derived from concerns of prior intervention conditions.

**THE CHALLENGES OF RECRUITING CUSTODIAL GRANDFAMILIES INTO A RANDOMIZED CLINICAL TRIAL**


Custodial grandfamilies are rare and the eligibility criteria for the current RCT (Project COPE) with race stratification made recruitment challenging. To reach our target sample by race (168 Whites, Blacks; and Hispanics each), we involved four geographical regions in Ohio; Maryland; California; Texas. Although equal numbers of Blacks and Whites were recruited, Hispanics were difficult to reach. A survey of 83 participants revealed that most heard about Project COPE through newspapers (24.1%), friends (19.3%), or support groups (19.3%). Few were recruited by other means (mail, TV/radio, flyers, etc.). Highly recommended sources of rare population recruitment were unproductive (e.g., schools; religious groups). We also encountered difficulty with enrolling eligible families (only 52%) into the RCT due to such factors as lost interest, disconnected phones, altered availability, and transportation concerns. We conclude that strong incentives are required to recruit and maintain custodial grandfamilies in RCT studies.

**SESSION 1400 (SYMPOSIUM)**

**WHY GLOBAL AGING MATTERS: MOTIVATIONS AND PERSPECTIVES FOR CROSS-NATIONAL RESEARCH, THEORY, AND PRACTICE**

Chair: B.D. Capistrant, Carolina Population Center, University of North Carolina Chapel Hill, Chapel Hill, North Carolina
Co-Chair: L. Manning, Duke University, Durham, North Carolina
Discussant: M.A. Perkinson, Saint Louis University, St. Louis, Missouri

Although populations are aging rapidly worldwide, discussions that articulate the theoretical, empirical, and practical bases of global gerontology lag behind. This symposium seeks to raise and address the fundamental question of why gerontologists, particularly those early in their careers, should consider global aging in their work. The symposium will offer cross-national perspectives for both researchers and practitioners/educators alike. Moreover, the symposium will also specifically address the issue of gerontological theory for global aging. Collectively, the proposed presentations by four senior scholars highlight how cross-national/global perspectives can complement gerontological current theory, research, and practice. The first presentation offers an important theoretical perspective on how culture is conceptualized in gerontological research, particularly what implicit and explicit assumptions are made about culture in cross-cultural analyses. The second presentation will use empirical, quantitative data to address how studying “normal aging” across multiple countries and cultures can identify important variation in our conceptions of aging. The third presentation will address why a cross-cultural perspective is imperative in gerontological practice and education. In sum, this symposium will raise critical issues of why global aging is important for all GSA members. For ESPO members, this symposium complements the proposed ESPO/AGHE-sponsored symposium on practical concerns of international aging work entitled “Exploring the ‘How’ of International Aging Research,” with a conceptual discussion and introduction of global aging.

**A MULTI-COUNTRY PERSPECTIVE ON PHYSIOLOGICAL CHANGE WITH AGE**

E. Crimmins, University of Southern California, Los Angeles, California

In Western countries, we consider certain physiological changes as being a normal part of aging. Increases in blood pressure, cholesterol, and weight are typically characterized as part of normal aging. This paper examines differences by age in physiological markers across societies that span a range of epidemiological, socioeconomic, and medical circumstances. These include Japan, the United States (U.S.), England, Taiwan, two provinces in China, Mexico, Indonesia, and the Tsimane of Bolivia. We find variability in the level of physiological dysregulation across countries and observe country differences in the pattern of change in prevalence of at-risk levels of biomarkers with age. The observed differences in the age patterning of physiology illustrate that the aging process is variable with social, economic, and environmental conditions.

**THE ‘CULTURAL’ IN CROSS-CULTURAL GERONTOLOGY**

R. Schrauf, Applied Linguistics, Pennsylvania State University, University Park, Pennsylvania

The theoretical assumptions made about what constitutes ‘culture’ vary across traditions of enquiry in gerontology: experimental, surveys/questionnaires/scales, interviews, and ethnography/naturalistic observation. In this talk I employ four theoretical developments in cross-cultural research to disentangle assumptions about culture that are found in several prominent research programs in gerontology. The theoretical articulations include: the issue of isomorphism, or how culture is theorized and measured at individual and aggregate levels (Fontaine, 2008:
Cross national comparative studies of aging provide a way to view and understand patterns and trends across diverse countries and regions. Yet, until recently there has been a paucity of cross national data from surveys of older adults in low and middle income countries that can guide policy decisions regarding the determinants of older adult health in these settings. Even with the increase in population studies of older adults there are concerns regarding the quality of data in these settings in terms of underestimation of chronic conditions and missing information. The overall goal of this paper is to examine issues of underestimation of chronic conditions and missing data using recently compiled data (RELATE: Research on Early Life and Aging Trends and Effects) from over 147,000 older adults from major studies of aging in low, middle and high income countries. We use the RELATE data to (1) Determine the degree to which underestimation of health by older adults from surveys affects modeling results using biomarkers and symptom questions; and (2) More thoroughly examine the degree to which missing information is problematic using imputation methods. Results show that underestimation may be problematic in terms of the magnitude of association but not the direction of association. Missing values may be of concern but imputation methods produce conservative and reasonable results. These results suggest that data quality is an important issue in population studies of older adults but that under certain conditions the data are consistent and differences can be made.

Linguistic isolation and living arrangements among older immigrants in the U.S.: What can we learn from demographic decomposition?

Z. Gubernskaya, J. Treas, Sociology, University of California, Irvine, California

Population aging and continuing immigration resulted in increasing numbers of older foreign-born in the U.S. and growing concerns about their well-being. About 53% of older foreign-born report limited English-language proficiency, which is often exacerbated for individuals residing in a “linguistically isolated” household where no adult speaks English “very well”. The goal of this paper is to explore to what extent the differences in the rates of linguistic isolation are determined by the differences in English-language proficiency and to what extent by differences in the living arrangements. Data. Using the 2010 American Community Survey, we focus on the 10 largest groups of the foreign-born age 50 and over, namely those from Mexico, Cuba, Latin America, South America, West Indies, China, Philippines, Korea, India, and Russia/USSR. Method. We perform demographic decomposition of linguistic isolation rates into a part that is due to limited English-language proficiency and a part that is due to the household size. Results. Older immigrants from the Philippines (11.0) and India (13.7) have the lowest rates of linguistic isolation, and the older foreign-born from Russia (53.8) and Cuba (43.1) have the highest. Residing in larger households is associated with lower probability of being linguistically isolated. Given the variations in household size between the groups, living arrangements matter. For example, even though Mexican older foreign-born have higher rates of limited language proficiency than Russians (80.7 and 76.5, respectively), they have lower rates of linguistic isolation (33.7 and 53.8, respectively), because large households are more typical among Mexicans.

Early life region of residence vs. current residence and later life health: patterns and preliminary explanations


Survey respondents’ region of residence is commonly used at least as a control in demographic research on health. An implicit rationale for this practice is that neighborhood and proximate community environments are formed in early childhood and maintain some degree of structural continuity across the life course. We extend this reasoning to the relationship between SRH and life satisfaction.

The importance of a globalized approach to gerontology education is underscored by the fact that every nation in the world is aging, resulting in a need for education and training about aging within each country that is preparing for, and responding to, population aging. That we live in a globalized world of interconnectedness, permeable boundaries, and mutual influence adds a second dimension to the educational mandate: that gerontology education include a global comparative component. This presentation will summarize current initiatives related to these twin imperatives for education about global aging, and global education about aging. The second focus of this session is on the importance of cross-national collaborations for enriching global aging curriculum, and expanding opportunities to work with international partners to shape education and training about aging in other parts of the world.

Regional variation in the relationship between self-rated health and life satisfaction: The role of age-period-cohort

A. Bardo1, J.K. Chahal1, J. Brown1, S.M. Lynch2, 1. Miami University, Oxford, Ohio, 2. Princeton University, Princeton, New Jersey

It is generally understood that self-rated health (SRH) is a strong predictor of life satisfaction. Life satisfaction and SRH are highly correlated, and both measures are influenced by personal characteristics and an individual’s physical and social environment. However, the reason for a consistent relationship between these two variables is not well understood. Various social and cultural resources have been causally associated with both SRH and life satisfaction (e.g. family, informal network, neighborhood, religion, economic factors, etc.), which tend to vary by age, cohort, and geographic location. Previous work that has investigated the role of social and cultural resources in shaping life satisfaction and SRH outcomes has typically engaged these issues within relatively small geographic units (e.g., neighborhoods, counties), and age or cohort are not often examined at length. In this project we explored the role of age and cohort in shaping the relationship between SRH and life satisfaction among the 9 U.S. Census regions using the 2010 Behavioral Risk Factor Surveillance System (BRFSS). Preliminary findings indicate that life satisfaction and self-rated health are highly correlated in the nationally representative sample (Spearman = 0.319), but the relationship between the two concepts varies significantly by region. Additionally, the relationship between life satisfaction and SRH appears to decrease with age, and is slightly stronger among cohorts born in the middle of the 20th century compared to those born earlier or later. Findings are discussed in regards to regional variation in age-period-cohort effects on the relationship between SRH and life satisfaction.

Cross national comparison of data quality in surveys of elderly adults

M. McEniry, J. McNally, A. Pienta, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

The relationship between self-rated health (SRH) and life satisfaction is relatively small geographic units (e.g., neighborhoods, counties), and age or cohort are not often examined at length. In this project we explored the role of age and cohort in shaping the relationship between SRH and life satisfaction among the 9 U.S. Census regions using the 2010 Behavioral Risk Factor Surveillance System (BRFSS). Preliminary findings indicate that life satisfaction and self-rated health are highly correlated in the nationally representative sample (Spearman = 0.319), but the relationship between the two concepts varies significantly by region. Additionally, the relationship between life satisfaction and SRH appears to decrease with age, and is slightly stronger among cohorts born in the middle of the 20th century compared to those born earlier or later. Findings are discussed in regards to regional variation in age-period-cohort effects on the relationship between SRH and life satisfaction.
for including region is that regional cultures vary, and cultural practices may affect health. For example, dietary differences between Southeners and others may produce rates of obesity and related health complications that differ compared to those of other regions. Under this argument, an individual’s region of birth and childhood should have greater later-life health implications than his/her current region, because early socialization is strong and enduring. Using Bayesian multistate life table methods applied to HRS data from 1998-2008, we investigate regional differences in healthy life expectancy at age 50, where region of residence is measured three ways: (1) current region, (2) birth region, and (3) region during adolescence. We find that the latter measure of region is most important in predicting and differentiating health across regions, and, importantly, that using region at adolescence as one’s measure reverses the often assumed view that southerners have poorer health outcomes. We begin to explain these patterns using data from a long-term longitudinal data set containing time-specific region-level measures we have accumulated over the past year.

SESSION 1410 (PAPER)

EDUCATIONAL EVALUATION

IMPROVING NURSING FACILITY DEPRESSION CARE USING MENTORED PRACTICE IMPROVEMENT EDUCATION (PIE)

J. Chodosh1,2, R. Price1, M. Cadogan1, D. Osterweil1, J. Z. Tan4, D. Miller-Martinez4, J. Frank2, J. VA Greater Los Angeles Health System, Los Angeles, California, 2. University of California, Los Angeles, Los Angeles, California, 3. California Association of Long Term Care Medicine, Los Angeles, California, 4. Lawson & Associates, Sacramento, California

Background: Depression is common among long-term care residents. The Minimum Data Set (MDS 3.0) should add value by suggesting opportunities for improving diagnostic accuracy and depression care quality. How best to integrate MDS 3.0 data into quality improvement (QI) activities is untested. Objective: Our objective was to increase nursing home (NH) capability and skill in creating and sustaining QI processes, focused on depression screening and management. Methods: Our interventions over 6 months: 1) facilitated MDS 3.0 Patient Health Questionnaire (PHQ-9) data collection and interpretation related to diagnosis and medication use; and 2) provided education, through team meetings, webinars, and technical assistance, to establish QI goals and related processes. We determined progress through team participation measures, attitude and care process self-appraisal, mentor assessments, and resident depression outcomes. Results: Five NHs established teams comprised of nursing (43%), social work (20%), medical providers (11%), and other disciplines (26%). 527 resident-level PHQ-9s (92%) were collected; 9% (n=50) were not self-reported. Participants attended in 230 of 376 possible contacts (61%). Using a scale of 1-5 (1=not yet established, 5=fully developed), teams’ self rating indicated 6-month improvement in: follow-up evaluation, diagnosis and treatment for PHQ-9s >10 (77%); designating staff for depression treatment (85%); and providing evidence-based counseling as adjunctive or primary treatment (89%). Quarterly meetings changed outcome-based treatment for non-responders (98%). Self-ratings were uneven across facilities while mentors observed growth in team process. Conclusion: Structured educational mentoring through team building is feasible and improves care processes with possible application to other NH-prevalent geriatric syndromes.

CAN A SINGLE TRAINING SESSION ON INTERPROFESSIONAL HEALTH CARE TEAMS INFLUENCE STUDENT ATTITUDES?

A.G. Rothrock1, P. Sawyer1, C.R. Ford1, C.J. Brown2, 1. University of Alabama at Birmingham, Birmingham, Alabama, 2. Birmingham/Atlanta VA GRECC, Birmingham, Alabama

Health systems encourage participation in interprofessional teams to provide insights and recommendations that allow for comprehensive, collaborative patient care. The University of Alabama at Birmingham (UAB) Geriatric Education Center’s Interprofessional Team Training (ITT) experience is offered twice annually to students from nine disciplines. This study uses The Attitudes Toward Health Care Teams Scale (ATHCTS) to evaluate attitudes toward team value (11 items), team efficiency (5 items), and physicians’ shared roles on teams (5 items) both before and after a 2 1/2 hour ITT training session. The 2012-2013 ITT sessions included 603 students from nine health professions. Sessions included an overview of interprofessional teams, followed by observation of an older adult interview by faculty from each discipline. Students divided into small groups of 12-16 for faculty-facilitated development of collaborative careplans, based on the interview. Retrospective-pre- and post- assessments were completed at the end. All measures of the ATHCTS were completed by 563 students (36% male, 85% ages 20-29, 79% Caucasian, 10% African American). Sub-scale mean scores indicated improvement (pre-, post- means, respectively) in attitudes toward team value (53.3 vs. 56.9), team efficiency (21.0 vs. 22.3), and physicians’ shared role (16.5 vs. 16.79) although these were not statistically significant. The greatest degree of change was for value of care provided by healthcare teams with optometry showing the greatest change. All showed improved attitudes toward health-care teams. Attitudes about the physicians’ shared roles were the least likely to show change. Future research is needed to explore lasting impact of a single-dose ITT activity.

FACILITATING OLDER ADULT VETERANS IN AGING OPTIMALLY: REVOLUTIONARY SOLUTIONS THROUGH CREATIVE EDUCATIONAL INTERDISCIPLINARY PARTNERSHIPS

K.F. Felsted1, J.W. Brown2, 1. University of Utah, Salt Lake City, Utah, 2. Veterans Administration Health Care System, Salt Lake City, Utah

This presentation explores the creative partnership and resulting research conducted through the Veterans Administration Salt Lake City (VA SLC). As a pilot site, VA SLC partnered with the Social Work Leadership Institute (SWLI) and the Hartford Partnership Program for Aging Education (HPPAE) to be part of a progressive, national initiative that recruits and trains the next generation of social workers who specialize in aging, by transforming how geriatric education is taught at Social Work programs nationwide. Currently, the VA SLC serves 62,440 veterans and their caregivers. Anticipating further aging growth in this population, VA SLC realized a strong need to develop more resources to meet the needs of patients, staff, and community through educating both practicum instructors and social work interns. VA SLC wanted to assure that prescribed training and/or work related experience is both effective and efficient. This necessitated seeking focused, expert gerontological instruction regarding aging and ultimately led to a partnership with the Gerontology Interdisciplinary Program (GIP) in the College of Nursing at the University of Utah. This specialized gerontological education provides the VA cohort expertise in long term services and supports, health and optimal aging, and applications of research in aging. The competencies of the social work practicum instructors are evaluated prior to the certification program, the MSW students prior to their internships, and effectiveness of the certificate program is evaluated semest- erly. Initial findings of the first VA cohort will be reported at this presentation, and future research questions will be explored with conference attendees.
TEACHING GERONTOLOGY IN RUSSIA: STARTING FROM SCRATCH
B. Hills, Coastal Carolina University, Conway, South Carolina

Teaching gerontology in a foreign country poses numerous cross-cultural challenges, chief among them being language barriers and adaptation of teaching materials for use in the context of a foreign culture. These challenges are accentuated if gerontology education is relatively new for the foreign country and definitions of basic concepts have not been established within disciplines contributing to the study of aging. This presentation will examine these and other challenges using data gathered while teaching gerontology in Russia as part of a Fulbright Scholarship program. Lessons learned will be presented in a “what worked and what didn’t work” format and include a discussion of initial selection and preparation of materials and ongoing revision and adaptation of materials during the semester abroad. The issue of relevance of class materials for Russian students, when the materials were originally developed for use in the United States, will be used as a starting point to explore a “starting from scratch” approach to teaching gerontology abroad. This presentation will show that much of what the author has been offering as gerontology education in his classes in the United States is actually American gerontology education and not appropriate in other cultural contexts. Also discussed will be issues related to the author’s specific transnational experience, such as communication difficulties of establishing a relationship with a host university, overcoming problems of access to information in a culture that limits or restricts Internet traffic, and challenges of effectively using a translator/translation service.

THE STRENGTHS AND OPPORTUNITIES OF THE FUTURE IDENTIFIED IN INTERDISCIPLINARY GERONTOLOGY EDUCATION THROUGH THE GRADUATE COUNCIL REVIEW PROCESS
K.F. Felsted, Gerontology Interdisciplinary Program, University of Utah, Salt Lake City, Utah

This presentation will depict to attendees the recent experience of the University of Utah Gerontology Interdisciplinary Program undergoing a Graduate Council Review. The program prepared a self-study document, made available to reviewers from across campus as well as external reviewers from across the country, and hosted site visits for both groups. Purposes and outcomes of program review will be discussed: for the institution it aids long range planning by supplies information about the size and strength or vitality of a program, its faculty resources and student demand, its equipment and space needs, its strengths and weaknesses, and its contribution to the mission of the institution. It delineates prospective objectives for and ensures that general academic strategies and budget choices are created with current information and priorities, instead of imprecise impressions. For the educational entity, program review is an impetus for change and development. Program review provides a means by which universities are accountable to stakeholders for both their actions and overall worth of their programs. This presentation will portray the history and purpose of the University of Utah Gerontology Interdisciplinary Program, the strategic goals and intended changes presented in the self-study, the compelling flow of the process, the commendations and recommendations in the reviewer report, as well as how these were absorbed and given priority for implementation.

SESSION 1415 (PAPER)

FAMILY AND INTERGERATIONAL RELATIONS: STRESS AND SUPPORT

EFFECTS OF POSITIVE AND NEGATIVE MARITAL SUPPORTS ON THE WELL-BEING OF OLDER SPOUSES
H. Lee, M.E. Szinovacz, Gerontology, University of Massachusetts Boston, Boston, Massachusetts

Recent research has emphasized that marital relationships are often simultaneously conflictual and supportive. However, debate continues about classifications of marital relationships that combine both positive and negative relationship features. Based on ambivalence theory, marital relations were categorized into four different groups: supportive (high positive, low negative), aversive (low positive, high negative), ambivalent (high positive and negative), and indifferent (low positive and negative). We then examined the effects of these categories on older spouses’ life satisfaction (OLS regressions) and depressive symptoms (logistic regressions) using data from the 2008 Health and Retirement Study. A total of 3418 respondents (aged 51 and older) were included for analyses. The analyses controlled for support from children, relatives, and friends as well as basic demographic background variables and health. Our as yet preliminary findings indicate that respondents who had a supportive relationship scored highest on life satisfaction, followed by those having an ambivalent relationship, those having an indifferent relationship, and those having an aversive relationship. Respondents with aversive relationships were more likely to be depressed than spouses in any of the other relationship types. Our results support the classification of couples into four relationship types. They also suggest that these relationship types vary in their influence on specific indicators of well-being. These results imply that future research on older couples needs to consider both positive and negative relationship features and their combination.

THE INFLUENCE OF MARITAL QUALITY ON PHYSICAL HEALTH IN MIDLIFE AND OLDER AGE: A U.S. LONGITUDINAL STUDY
S. Kang, N.F. Marks, CHD, South Dakota State University, Brookings, South Dakota, 2. UW-Madison, Madison, Wisconsin

Guided by a life course perspective, this study aimed to add to a population perspective on the influence of marital quality across ten years of marriage on multiple dimensions of physical health in midlife and older age. This study examined how continuous high marital strain, decreased marital strain, or increased marital strain (in contrast to consistently low marital strain) over 10 years is linked to four dimensions of physical health (self-rated overall health, functional limitations, physical health symptoms, chronic conditions), and evaluated how gender might moderate these linkages. Data from continuously married respondents in the National Survey of Midlife in the U.S., 2005 (MIDUS) ages 33 to 83 (N = 995; 519 men, 476 women) were used to estimate multivariate models. Results revealed that married adults, those with continuous high marital strain exhibited greater increase in physical symptoms (men and women). Also, women with continuous high marital strain reported poorer self-rated overall health. Additionally, women with increased marital strain reported a greater increase in functional limitations. Furthermore, models revealed a trend suggesting that married adults those with increased marital strain reported a greater increase in number of physical symptoms and chronic conditions. However, married adults those with decreased marital quality reported better self-rated overall health. In sum, results revealed that women reported more problematic physical health impact from either continuous high marital strain or increased marital strain over 10 years of marriage. Also, decreased marital strain over 10 years of marriage exhibited a positive influence on self-rated overall health across men and women.

NEW INTIMATE RELATIONSHIPS AND INFORMAL CARE OBLIGATIONS IN LATER LIFE

Guided by a life course perspective, this study aimed to add to a population perspective on the influence of marital quality across ten years of marriage on multiple dimensions of physical health in midlife and older age. This study examined how continuous high marital strain, decreased marital strain, or increased marital strain (in contrast to consistently low marital strain) over 10 years is linked to four dimensions of physical health (self-rated overall health, functional limitations, physical health symptoms, chronic conditions), and evaluated how gender might moderate these linkages. Data from continuously married respondents in the National Survey of Midlife in the U.S., 2005 (MIDUS) ages 33 to 83 (N = 995; 519 men, 476 women) were used to estimate multivariate models. Results revealed that married adults, those with continuous high marital strain exhibited greater increase in physical symptoms (men and women). Also, women with continuous high marital strain reported poorer self-rated overall health. Additionally, women with increased marital strain reported a greater increase in functional limitations. Furthermore, models revealed a trend suggesting that married adults those with increased marital strain reported a greater increase in number of physical symptoms and chronic conditions. However, married adults those with decreased marital quality reported better self-rated overall health. In sum, results revealed that women reported more problematic physical health impact from either continuous high marital strain or increased marital strain over 10 years of marriage. Also, decreased marital strain over 10 years of marriage exhibited a positive influence on self-rated overall health across men and women.
the respondents described changes in what we conceptualize as the ‘relationship chain’ – a hierarchy in social and care responsibilities – where the new partner stepped in at the very front of the chain. This is positively perceived by the informants, who recurrently describe their partners as a resource for their own autonomy as well as that of their children, relatives and friends. In the presentation these findings will be further critically examined in relation to results from a new representative study of 3,000 60-90 years old Swedes (data collection just finished).

**“WE’RE JUST SO DIFFERENT.” SIBLINGS AND WITHIN-GENERATION CONTRASTS IN RELIGIOUS COMMITMENT**

N.M. Putney, S. Harris, V.L. Bengston, J. Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. University of Southern California, Los Angeles, California, 3. University of Southern California, Los Angeles, California

Why do sibling differences in religious commitment arise and what are their consequences for religious continuity across generations? What might explain why one sibling will continue the religious tradition of his or her parents, while another sibling switches to a different religious tradition or professes no religion at all? Drawing on the Longitudinal Study of Generations survey data and in-depth interviews with 157 members of 25 three- and four-generation families of diverse religious backgrounds selected from the panel study, we examined sibling religious similarities and differences and why these might occur. Sibling differences in religion are quite common, occurring in two-thirds of our interview families. Four themes emerged from the family narratives, each offering a partial account for within generation religious variations and religious discontinuity across generations. (1) Parental favoritism and sibling rivalry. (2) Issues concerning “place” — geographical constancy or relocation such as “house moves” during childhood, “moving out” to go to college, marry, or take a new job, and “moving away” when adult children separate themselves from family members. (3) Individual characteristics that are more or less immutable, such as personality and temperament, or sibling birth order and the number and gender configuration of sibling sets in a family. (4) Personal troubles and individual or family events, such as divorce, health issues or financial stress. While sibling rivalry seemed most important, the family narratives revealed how these themes can overlap to give rise to religious differences between siblings, differences that were then reproduced across generations.

**ELDERLY FAMILY CONFIGURATIONS: THE IMPACT OF FAMILY DIVERSITY FOR THE PROVISION OF SOCIAL CAPITAL**

M. Girardin, E. Widmer, CIGEV, University of Geneva, Geneva, Switzerland, 2. Department of Sociology, University of Geneva, Geneva, Switzerland

This research empirically addresses the impact of the diversity of family configurations for relational resources available in old age by focusing on the structural dimensions of social capital. Previous research made on other age groups showed that bonding and bridging social capitals are unequally made available by family configurations. We hypothesize that individuals develop a variety of family configurations in old age with an unequal emphasis on partnerships, children, siblings, other kinship or pseudo-kinship ties. Overall, we expect that the presence of blood ties in family configuration to increase the likelihood for individuals to develop bonding social capital. Quite distinctly, we expect that family configurations based on distant kin or friends considered as significant family members rather provide bridging social capital. The research uses data collected by the VLV-study (Vivre / Leben / Vivere), a large representative survey addressing the family life and health conditions of individuals 65 years old and above living in Switzerland (N=4200). Using cluster analysis, we identified six types of family configurations, with an unequal emphasis on partners, children, siblings and other family members. These types have distinct consequences for social capital and the relational position of the elderly in their family. Results are discussed within the configurational perspective on the family currently developed in European sociology of the Family.

**SESSION 1420 (SYMPOSIUM)**

**HOW CAN EPIDEMIOLOGIC STUDIES CONTRIBUTE TO UNDERSTANDING THE BIOLOGY OF AGING?**

Chair: J.M. Murabito, Medicine, Section of General Internal Medicine, Boston University School of Medicine, Framingham, Massachusetts
Co-Chair: A.B. Newman, Graduate School of Public Health University of Pittsburgh, Pittsburgh, Pennsylvania
Discussant: T. Harris, Laboratory of Epidemiology, Demography, and Biometry, National Institute of Aging, Bethesda, Maryland

In this symposium we will highlight the strengths of epidemiologic studies to defining measures of healthy aging and the contributions to discovery of novel biologic mechanisms influencing aging and longevity through genetic association studies and metabolomic profiling. Longitudinal cohort studies including family-based studies collect data in a standardized fashion including comorbidity, physical function and cognition across a continuum from normal to disease. Many studies have genetic and genomic resources including genome-wide common variant and Exomechip genotyping that can be used to identify common and less frequent genetic variants associated with healthy aging and longevity phenotypes with the potential of uncovering novel biology. Dr. Anne Newman will discuss the approach to using the richly characterized data collected on Cardiovascular Health Study participants to develop healthy aging phenotypes that identify individuals who age well and are at low risk for mortality and disability. Dr. Jason Sanders will present linkage and genome-wide association results for a healthy aging phenotype from the Long Life Family Study and Dr. Kathryn Lunetta will present genome-wide association results and Exomechip association results for a healthy aging phenotype from the Cohorts for Heart and Aging Research in Genomic Epidemiology (CHARGE) consortium. Dr. Susan Cheng will present results of metabolite profiling to identify biochemical pathways associated with healthy aging in Framingham Heart Study participants. State-of-the-art analysis methods to detect less common genetic variation and high throughput metabolomic profiling to identify biochemical pathways important to healthy aging and longevity will be discussed.

**HEALTHY AGING – DEVELOPMENT OF A CONCEPTUAL FRAMEWORK**

A.B. Newman, Epidemiology and Division of Geriatric Medicine, University of Pittsburgh, Graduate School of Public Health and School of Medicine, Pittsburgh, Pennsylvania

If health is defined as absence of major conditions such as heart disease, stroke, cancer, etc., many older people may appear to be healthy. Yet, among them, the spectrum of underlying disease and decline is quite heterogeneous. While challenging, distinguishing the healthiest of the healthy might be useful for identifying biological pathways to healthy aging. The experience and characteristics of the super healthy can define the optimal and key pathways that ultimately increase the chances for healthy longevity. Using data from the richly characterized cohort of the Cardiovascular Health Study, we developed a scale of healthy aging and showed that very few older individuals are truly healthy when using values for critical aging systems assessed non-invasively from blood. However, such individuals have remarkably low rates of subsequent death and disability. Adaptations of our initial approach and alternate approaches have been developed for epidemiologic and genetic epidemiology studies.
HEALTHY AGING – HERITABILITY AND LINKAGE IN THE LONG LIFE FAMILY STUDY (LLFS)


The Long Life Family Study was designed to investigate factors associated with exceptional survival in a family study design. We recruited older adults (mean [SD] age 89 (6.7) years) and their children (mean [SD] age 61 (8.2) years). Both generations were characterized for risk factors for age-related disease and biological markers of aging. Based on previous work in the Cardiovascular Health Study (CHS), a Healthy Aging Index was developed using measures that would have wider availability in epidemiologic studies, such as blood pressure, cognitive function, kidney function (creatinine), lung function (vital capacity) and metabolic function (fasting glucose). The modified index was validated against mortality in CHS and was moderately heritable in LLFS (h2=0.295, p=0.0001). Weighting of index components has improved heritability. Results from genome wide association testing and linkage have identified potential regions of interest for replication studies.

COMMON AND LOW FREQUENCY GENETIC VARIANTS ASSOCIATED WITH HEALTHY AGING


The healthy aging index (HAI), based on five major organ systems commonly affected in old age (brain, vascular, kidney, pulmonary, and metabolic), is notable for its ability to identify individuals who age well and are at low mortality risk. Identification of genetic variants associated with the HAI may uncover biologic pathways influencing aging and longevity in humans. The Aging and Longevity working group of the Cohorts for Heart and Aging Research in Genomic Epidemiology (CHARGE) Consortium harmonized measures across the five organ systems to define the HAI and estimated heritability of the HAI in the family-based Framingham Heart Study. Results of the CHARGE genome-wide association analysis to identify common genetic variants and the Exomechip analysis to identify low frequency variants associated with HAI will be presented. Participants will become familiar with state-of-the-art analytic techniques for genetic association analysis for common and low frequency genetic variants and interpretation of results.

METABOLIC MARKERS OF HEALTHY AGING AND LONGEVITY

S. Cheng, 1. Brigham and Women’s Hospital, Boston, Massachusetts, 2. Framingham Heart Study, Framingham, Massachusetts

Alterations in metabolism are hypothesized to influence lifespan and the potential for successful aging, but data in humans are lacking. To investigate the biochemical pathways associated with healthy aging in humans, we applied high-throughput metabolite profiling to plasma samples collected from Framingham Heart Study participants. A healthy aging phenotype was defined using the healthy aging index (HAI), based on 5 biologic systems (neurocognitive, cardiovascular, pulmonary, metabolic, and renal). In analyses accounting for health status, we examined the association of baseline variation in profiled metabolites (small molecules including polar positive, polar negative, and lipid compounds) in 929 individuals (50% women, aged 65.8±4.5 years) with the HAI assessed at follow-up examinations occurring up to 12 years later. Results were compared to metabolites previously identified in association with longevity in the same cohort. Participants will become familiar with key concepts regarding the analysis and interpretation of metabolite associations with aging and longevity phenotypes.

SESSION 1425 (SYMPOSIUM)

INNOVATIVE APPROACHES TO IMPROVE DAILY FUNCTIONING AMONG COMMUNITY-LIVING FRAIL OLDER PEOPLE: AN INTERNATIONAL PERSPECTIVE

Chair: E. van Rossum, Zuyd University of Applied Sciences, Heerlen, Netherlands, Maastricht University, Maastricht, Netherlands Co-Chair: G.I. Kempen, Maastricht University, Maastricht, Netherlands

Discussant: L.N. Gitlin, Johns Hopkins University, Baltimore, Maryland

An ageing population, budget constraints and shortages in labour force have led towards a shift from institutional to community-based long-term care for older people. Also older people themselves want to stay at their homes for as long as possible. However, the delivery of high-quality community-based care is challenging, especially in frail older people, who have an increased risk for adverse health outcomes such as acute and chronic diseases, disability and healthcare utilization. Consequently, worldwide initiatives have been set up targeting frail community-dwelling older people to optimize aging in the community. This symposium aims to provide an international perspective on innovative community-based strategies in three different countries (The Netherlands, Switzerland and Australia). Three presenters discuss their experiences with and results of various strategies. The first presentation is about the effects of an interdisciplinary primary care approach in the Netherlands studied in an RCT (n=346). The second presenter reports on an RCT (n=461) in Switzerland, investigating an advanced practice nurse intervention for community-dwelling older people (≥80 years). The third presentation evaluates the potential of a lifestyle embedded functional exercise program (LiFE) for people with mild stroke. Our discussant Laura Gitlin from the US will reflect on the presented findings in view of GSA’s theme ‘Optimal Aging Through Research’ and will facilitate a discussion on-site.

EFFECTS AND FEASIBILITY OF A DUTCH INTERDISCIPLINARY PRIMARY CARE APPROACH FOR FRAIL OLDER PEOPLE

S. Metzelthin1, E. van Rossum1,2, L. de Witte1,2, G.I. Kempen1, 1. CAPHRI School for Public Health and Primary Care, Maastricht University, Maastricht, Netherlands, 2. Zuyd University of Applied Sciences, Heerlen, Netherlands

In the Netherlands, an interdisciplinary primary care approach is developed to face an aging society with complex healthcare needs living in the community. The approach starts with a postal screening of community-dwelling older people (≥70 years) using a 15-item screening questionnaire for frailty. Consequently, frail older people receive a multidimensional assessment and a tailor-made treatment provided by a primary care team (GP, practice nurse, occupational therapist and physiotherapist). An RCT (n=346) was conducted to evaluate the feasibility and effectiveness of this approach. Although the approach was experienced as feasible by professionals and appreciated by older people, no significant differences (p≥0.05) were found with respect to our primary outcome disability at 6, 12 and 24 months of follow-up. The process evaluation has shown that modified strategies seem to be necessary to optimize the reach of the target group and the delivery of client-centered, interdisciplinary care.
IN-HOME INTERVENTIONS OF ADVANCED PRACTICE NURSES (APN): EFFECTS ON ELDERLY PEOPLE’S HEALTH


Switzerland has a well-developed system of home care nursing that supports aging at home. Master-prepared nurses recently became part of this system. This randomized clinical trial (n=461) evaluated the effects of an Advanced Practice Nurse (APN)-in-home health consultation program for people age 80 years and older. Data were collected at 3, 6, and 9 months on quality of life (QOL), health indicators and healthcare utilization. The program in an urban area included four in-home visits and three phone calls. Over the 9-months period no significant group-differences were observed on QOL. However, groups differed significantly in self-reported acute events (116 vs 168, relative risk (RR)=0.70, p=.001), falls (74 vs 101, RR=0.71, p=.003), consequences of falls (63.1% vs 78.7%, chi-square=7.39, p=.007), and hospitalizations (47 vs 68, RR=0.70, p=.03). We conclude that Advanced Practice Nurse-Interventions guided by health promotion, empowerment, partnership, and family-centeredness, can reduce adverse health outcomes.

ADAPTING THE LIFE (EMBEDDED FUNCTIONAL EXERCISE) PROGRAM FOR PEOPLE WITH MILD STROKE: AN EXPLORATORY STUDY


We discuss changing practice using a non-traditional exercise program and how this can be contextualised as a feasible community fall-prevention intervention for frail older people. The LiFE (lifestyle embedded functional exercise) program proved effective in an RCT, reducing falls (n=212, RR=0.69) and improving functional capacity and participation of frail older people. We will present findings of a subgroup (n=39) who had a stroke. There were significantly fewer fallers over 12 months in LiFE vs control (RR=0.67. p=.005). However, the rate of falls showed a different picture, with repeat fallers in the structured program compared to control (IRR = 0.46) responding better than LiFE (IRR=1.05). LiFE is more effective than control intervention but only for select patients with mild stroke. We will also present an outline of a feasibility trial to examine an adapted LiFE program for people with mild stroke and first time fallers, in preparation for a larger trial.

COMMUNITY BASED PARTICIPATORY RESEARCH IN ACTION: MAKING MEANING OF QUALITATIVE METHODS WITH COMMUNITY PARTNERS

A.G. Zakrajsek, School of Health Sciences, Eastern Michigan University, Ypsilanti, Michigan

Community Based Participatory Research (CBPR) offers a unique approach to understand and improve upon health and participation issues through the development of mutually beneficial research partnerships (Israel, Eng, Schulz, & Parker, 2005). Furthermore, qualitative research methods within CBPR projects allow for meaningful involvement of all stakeholders to share individual voices in the collective focus of study. This individual research session will present experiences regarding the process of using the CBPR approach to develop partnerships between university researchers and agency service providers in projects that target health and participation of older adults living in the community. Projects discussed will share how qualitative methods were critical to project development and implementation. In addition, the presenter will reflect upon challenges and opportunities to using qualitative research methods to maintain the interest of stakeholders throughout projects as well as to create meaningful research outcomes that facilitate changes in service provision impacting health and participation of older adults.

BROADENING THE IMPACT OF HEALTH RESEARCH: CBPR CONTRIBUTIONS TO EMPOWERMENT, POLICY, AND PRACTICE

T. Lewiston, School of Social Work, Georgia State University, Atlanta, Georgia

Community-based participatory research (CBPR) is an effective approach for engaging older adults in discussions about residential conditions that affect health. Researchers partner with members of a community to identify, explore, and address health-related concerns and disparities (Hergenrather, Rhodes, & Bardhoshi, 2009). Through this methodology, person-place dynamics, environmental strengths, complex client conditions, and policies that influence the lives of diverse community members can be explored (McIntyre, 2003; Molloy, 2007; Wang, 1999). This research paper outlines techniques for successfully exiting community partnerships and to discuss opportunities for expanding the impact of research findings. The researcher presents findings from a qualitative research study where a model of linking qualitative photo-elicitation to CBPR methods to facilitate broader discussions of health-related environmental challenges, practice implications, and community planning for older adults. Benefits and challenges of using qualitative methods and CBPR to explore health outcomes in residential settings will also be outlined.
COLLABORATING WITH AN INSTITUTIONAL REVIEW BOARD TO ENHANCE QUALITATIVE COMMUNITY BASED PARTICIPATORY RESEARCH
H.M. Farrar, J.S. Wilson, University of Oklahoma, Tulsa, Oklahoma

Background: Institutional review boards, especially in the health sciences, often apply a clinical, biomedical, experimental model for reviewing community-based participatory research (CBPR), sometimes causing misunderstanding, long delays for approvals, and lack of oversight of needed community protections. Methods: Drawing on our experience of being an IRB member and submitting a CBPR study with a vulnerable, minority population to a biomedical IRB, we used a case analysis approach to identify key challenges, relevant literature, and non-traditional alternative solutions to the issues we faced. Results: Key challenges were communicating CBPR principles to the IRB, communicating/interpreting Western research to our community, and negotiating ideas with both about how to resolve problems to move the research forward. Conclusions: Bridging the gap between IRB and CBPR paradigms involves knowledge of both cultures. Most important was involving community participants and IRB in conversations about both federal and community requirements and negotiating how both could be met.

SESSION 1435 (SYMPOSIUM)

LIVING WITH DEMENTIA: EXPLORING DWELLING ARRANGEMENTS ACROSS EUROPE AND NORTH AMERICA
Chair: J.P. Hamers, Maastricht University, Maastricht, Netherlands
Co-Chair: H. Verbeek, Maastricht University, Maastricht, Netherlands
Discussant: J.E. Gaugler, University of Minnesota, Minneapolis, Minnesota

With the support of homecare, most people with dementia (PwD) are able to live in their own home. However, at some point homecare will not suffice, and the decision for an institutional setting, such as an assisted living facility, small scale, homelike living facility or nursing home, has to be made. Essential elements in this decision process are for example the quality of care provided by the facility but also the quality of life (QoL) of PwD. Evidence based information about these elements in various dwelling arrangements should be available in order to guide those making the decisions for institutionalization. This symposium sheds light on the QoL of PwD in different dwelling arrangements. Furthermore, reasons for the institutionalization of PwD and how care professionals can support in this process are explained, along with the process of how informal caregivers decide on a care facility. In the first presentation factors associated with QoL of PwD living in long-term care facilities will be presented, comparing whether these differ for PwD living at home. During the second presentation, reasons for institutionalization of PwD according to informal caregivers will be explored, addressing variation between eight European countries. In the third presentation the role of care professionals in the decision-making process of family caregivers regarding admission in Canada will be explained. The last presentation will address how informal caregivers in the US decide for a long-term care facility, reporting factors associated with the search for, selection of and satisfaction with the care facility.

THE SEARCH AND SELECTION OF LONG-TERM CARE FACILITIES
N. Castle, University of Pittsburgh, Pittsburgh, Pennsylvania

Factors associated with the search, selection, and satisfaction of family members of residents with dementia in nursing homes (NH) and assisted living (AL) settings are examined. Data was collected from 1975 family members of 245 AL and NH settings. Using a mail survey we determined: (1) the principal decision maker; (2) the process of searching for a facility; (3) the factors crucial to facility selection; (4) the time frame from the relocation decision to relocation; and, (5) satisfaction with selection. Quality, cost, and location were the most influential factors in selecting a facility. Almost all family would use different search and selection processes if they had to select a facility again, and almost all were dissatisfied with the sources of information available. Consumers and policy makers both favor the use of AL settings; but, the information available to choose a setting is far from ideal, and may represent a barrier to both consumer and policy makers’ agendas.

FACTORS ASSOCIATED WITH QUALITY OF LIFE OF PEOPLE WITH DEMENTIA IN LONG-TERM CARE FACILITIES
H. Beere, S. Zwakhalen, H. Verbeek, D. Ruwaard, J.P. Hamers, Health Services Research, Maastricht University, Maastricht, Limburg, Netherlands

Background: Current evidence indicates that depressive symptoms and behavioural disturbances are related to Quality of Life (QoL) of People with Dementia (PwD) living at home. This study aims to investigate which factors are associated with QoL of PwD in long-term care facilities. Methods: A systematic literature review was conducted searching five electronic databases: Cochrane, Pubmed, CINAHL, Web of Science, and PsycINFO. Results: Thirteen articles were included. There is convincing evidence for the association between lower self-rated QoL and the presence of more depressive symptoms. Lower proxy-rated QoL seems to be associated with the presence of more behavioural disturbances, especially agitation. Conclusions: The association between QoL and deficits in cognition and independency remains unclear. Since these factors are discriminating factors for place of residence, this is a plausible explanation why no differences could be detected between our results regarding institutionalized PwD and existing evidence regarding QoL of PwD living at home.

REASONS FOR INSTITUTIONALIZING PEOPLE WITH DEMENTIA: INFORMAL CAREGIVER REPORTS ACROSS EUROPE
B. Afram, J.P. Hamers, R. Consortium, Maastricht University, Maastricht, Netherlands

Objectives: This study explored main reasons for institutionalization of people with dementia according to informal caregivers. Methods: Open-ended questions regarding reasons for institutionalization were posed to informal caregivers in England, Estonia, France, Germany, the Netherlands, Spain and Sweden. Answers were analyzed using open-ended coding. Results: Informal caregivers (n=791) reported 1.8 reasons on average (range 1-7). Most reasons were patient-related: neuropsychiatric symptoms (25%), care dependency (24%) and health (19%). However, variation across countries was found. Opposite to other countries, Spanish caregivers more often gave reasons related to themselves (e.g., burden, inability to care). Beside country-differences, spouses and child-caregivers differed in their reasons for institutionalization, with spouses reporting caregiver burden more often compared to child-caregivers (37% vs. 11%). Conclusion: Despite large variation between countries and between spouses and child-caregivers, neuropsychiatric symptoms seem to overarch these differences. This may indicate neuropsychiatric symptoms to be significant factors for caregivers in deciding for institutionalization.

SUPPORT DESIRED AND RECEIVED WHEN CHOOSING A LIVING ENVIRONMENT FOR A RELATIVE WITH DEMENTIA
M. Couture, F. Ducharme, Research Center, Institut universitaire de gériatrie de Montréal, Montreal, Quebec, Canada

For family caregivers, deciding which living environment is best for a relative with dementia is one of the most stressful situations of their trajectory. This study explored the support received and desired by caregivers during their decision-making process using a descriptive qualitative design. Eight caregivers who placed their relative in a long term

66th Annual Scientific Meeting
Fatigability is an emerging phenotype that describes perceived exhaustion in relation to performance of defined activities at fixed intensity and duration. Increasing fatigability is thought to underlie reduced activity and functional decline frequently observed with increasing age. Despite great interest and discussion, there exists remarkably little empirical investigation of these associations due to limitations in the assessment of fatigability and activity-related energy expenditure. Using population-based and small sample methodological studies, this symposium will examine relationships among perceived and performance-based fatigability, energetic parameters (e.g., energetic efficiency and cost, mitochondrial function, activity levels) and physical function (e.g., walking endurance and gait speed). Specifically, Dr. Schrack will share insights into how energetic efficiency may lead to greater fatigability and reduced activity of older adults enrolled in the Baltimore Longitudinal Study of Aging (BLSA). Dr. Buchowski will explore the metabolic cost of physical activity tasks with varying energy requirements and its relationship to recovery and perceived fatigability. Dr. Manini will compare muscle mitochondrial respiration in older adults and its relationship with performance fatigability in those reporting severe fatigue. Dr. Glynn will examine the relationship of perceived fatigability using the Pittsburgh Fatigability Scale and activity levels on physical function. Finally, Dr. Simonsick will explore the impact of performance fatigability (during a steady-state treadmill test at a fixed duration and speed) on gait speed decline, also in the BLSA cohort. Dr. Eldadah, the discussant, will critically review current studies and share future directions for fatigability research in older adults.

INSIGHT INTO FATIGABILITY THROUGH ENERGETIC EFFICIENCY AND FREE LIVING ACTIVITY IN MID-TO-LIFE

Energetic inefficiency may lead to greater fatigability and reduced activity. We modeled the association between customary walking efficiency (EE ml/kg/m) and free-living activity counts in 495 participants of the Baltimore Longitudinal Study of Aging (52% male, mean age 66.7, range 32 - 93) using energy expenditure per meter (EEM) and its squared term (EEM2) as predictors adjusted for age, sex, height, and comorbid conditions. In the full population, the net effects of EEM and EEM2 were negatively associated with the log of activity counts (β = -14.47, p = 0.04), indicating lower levels of activity in those with a higher energetic cost of walking. In those 65 and older (n = 303), the association was stronger (β = -20.20, p = 0.01). Assessment of energetic efficiency may provide insight into the mechanisms leading to increased fatigability and lower levels of free-living activity in older adults.

PERFORMANCE FATIGABILITY AS A FUNCTION OF PHYSICAL ACTIVITY ENERGY EXPENDITURE IN OLDER ADULTS
M. Buchowski1, J.S. Powers1, J. Schnelle1, K.Y. Char2, 1. Vanderbilt University, Nashville, Tennessee, 2. National Institutes of Health, Bethesda, Maryland

Metabolic cost of physical activity (PA) tasks with various energy requirements (PAEE) was measured minute-by-minute in 25 adults (16 females, 65-94-year-old) in a whole-room indirect calorimeter. Metabolic cost of the tasks was calculated as a ratio of steady-state EE and resting EE (MET), change in performance was measured by PA monitors, and change in perceived tiredness was self-reported. Oxygen consumption (VO2) and resting EE recovery were calculated as slopes of changes in time (10 min) after each task. VO2 and PAEE were elevated during performing PA tasks and declined during the post-task recovery and were significantly correlated with changes in performance and perceived tiredness on tasks requiring ~3MET (Spearman’s rho>0.35; p<.05). Performance and perceived fatigability were also significantly correlated (Spearman’s rho=0.771, p<.001). We conclude that in older adults performance and perceived fatigability measures are highly correlated with VO2 recovery on tasks requiring relatively high PAEE (~3 METs).

MITOCHONDRIAL FUNCTION AND FATIGABILITY IN OLDER ADULTS WHO REPORT SEVERE FATIGUE

The purpose of this study was to compare muscle mitochondrial respiration between older adults who had perceived severe fatigue (N=13, 72.9±5.5 yrs) and age-matched controls without fatigue (N = 15; 73.1±4.9 yrs). State 3 and 4 oxygen consumption was determined in permeabilized muscle fibers and correlated with measures of fatigability. Fatigued participants had similar state-3 oxygen consumption than non-fatigued participants (18.9±5.1 vs. 19.7±6.4 pmol s-1 mg-1, p=0.75, respectively). Similar results were found at state 4 (fatigued: 4.6±1.5 vs. non-fatigued: 4.7±0.85 pmol s-1 mg-1, p=0.87). State 4 respiration was correlated with measures of size and mass-specific net walking efficiency (r=0.42 and 0.51, p<0.05, respectively), but these results were similar among fatigued and non-fatigued participants. Walking-based perceived fatigability was not correlated with state 3 or 4 muscle oxygen consumption. Muscle mitochondrial function is not associated with perceived severe fatigue or fatigability in older adults.

ASSOCIATION OF PERCEIVED FATIGABILITY AND ACTIVITY LEVELS ON PHYSICAL FUNCTION OF OLDER ADULTS

High fatigability and low physical activity may underlie functional decline. This relationship was examined in 63 older adults (mean age 78.3±5.4 years, gait speed 1.2±0.2 m/s, 86% female, 56% white) enrolled in the Developmental Epidemiologic Cohort Study (DECOS). Function was defined as time (seconds) to complete a usual-paced 400m walk over level ground using a 40m course. Perceived fatigability was assessed by the physical subscore of the validated 10-item Pittsburgh Fatigability Scale (higher score=higher fatigability). Free-living, 7-
day activity (mean minutes/day >1.5 METs) was captured by the SenseWear Pro armband. Regression analysis revealed higher fatigability scores were positively (stdβ=0.27, p=0.03, partial R²=0.07) and activity levels were inversely (stdβ=-0.25, p=0.04, partial R²=0.05) associated with usual-paced 400m walk time after adjustment for age, sex, race, and body mass index (model R²=0.48). Reducing fatigability and increasing physical activity may be important avenues for intervention in older adults to delay age-related decline in physical function.

PERFORMANCE FATIGABILITY AND MOBILITY DECLINE: DATA FROM THE BALTIMORE LONGITUDINAL STUDY OF AGING
E.M. Simonovick1, J.A. Schrack2, N.W. Glynn1, L. Ferrucci1, 1. National Institute on Aging, Baltimore, Maryland, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 3. University of Pittsburgh, Pittsburgh, Pennsylvania
Fatigability may initiate and/or perpetuate the vicious cycle of reduced activity that leads to diminished capacity and functional decline. In 414 BLSA participants aged 60-97 years (51% men, 28% black), we examined whether performance fatigability operationalized as Borg perceived exertion rating (range 6-20) following a 5-minute treadmill walk at 1.5mph (0.67 m/s) predicts meaningful decline in usual gait speed (>0.05m/s/year) and self-report walking capacity (≥1 point) over a mean follow-up of 2.1 years. In analyses adjusted for age, age-squared, sex, race, initial gait speed (or self-report capacity) and follow-up time, each additional Borg point was associated with 20% increased likelihood of gait speed decline (OR 1.20; 95%CI:1.08-1.33; p=0.001); no association was found for self-report walking capacity decline (OR 1.08; 95%CI:0.97-1.20 p=.144). Evaluating fatigability in seemingly well-functioning older adults may help identify those at risk of gait speed decline an important precursor to mobility limitation earlier in the disablement cycle.

SESSION 1445 (PAPER)

MEDICATIONS

COUNSELING OLDER ADULTS ON HIGH RISK OVER-THE-COUNTER MEDICATIONS: A COMMUNITY PHARMACY PERSPECTIVE
B.A. Martin, M. Chui, K.D. Croes, School of Pharmacy, University of Wisconsin-Madison, Madison, Wisconsin
Background: Community pharmacists can play a key role in the diffusion of information about potential risks over-the-counter (OTC) medications can pose to older adults. Pharmacists frequently provide OTC recommendations and are aware of potentially problematic OTC medications, including those on the Beers’ List. However, a variety of factors influence how effective pharmacists can be. Objective: To describe perceived barriers and possible solutions to pharmacists reducing inappropriate OTC medication use. Methods: Three 90-minute focus groups, with questions developed using critical incident technique, were conducted with 21 Wisconsin community pharmacists. Using inductive thematic analysis, one reviewer independently coded all transcripts to identify prominent themes. All codes were subjected to content validity by two other researchers. Results: Main factors influencing pharmacists’ ability to effectively counsel older adults on OTCs could be characterized as pharmacist factors and patient factors. Pharmacist factors included time constraints, access to patients’ complete medication profile, lack of prescriptive authority and difficulty collaborating with other providers, and the physical layout of the pharmacy. Patient factors included health literacy, cognitive impairment, degree of rapport, and patient receptivity to pharmacists’ advice. Proposed solutions included advising patients to carry comprehensive medication lists, changing patient perceptions about OTC safety by identifying medication ingredient and opportunities for lifestyle changes, using shelf labels for high risk medications, providing OTC consults in a private area, and identifying pharmacists as medication experts. Conclusions: A range of factors affect the quality and effectiveness of the counseling interaction; both pharmacist and patient solutions should be explored.

MEDICATION USE, ADVERSE DRIVING EVENTS, AND DRIVING CESSION IN A COHORT OF OLDER DRivers
R. Marothen1,2, K. Araujo1, P. Pedazul1, 1. Internal Medicine, Yale University School of Medicine, New Haven, Connecticut, 2. VA Cooperative Studies Program Clinical Epidemiology Research Center, West Haven, Connecticut
Background: Medication use, particularly of centrally-acting medications, has been linked to adverse outcomes. We explored these associations in a cohort of community-living older drivers. Methods: Participants were active drivers age 70 years and older recruited from clinics and community sources followed prospectively for two years. Phone contacts every six months ascertained adverse driving events and driving cessation. Adverse events were also ascertained by review of state records. Medication use ascertained at baseline included number of medications and use of centrally-acting (CNS) medications. Results: Characteristics of 615 drivers included: mean age 78.8 (SD=4.9) years; 12% women; mean MMSE score 27.4 (±3.9). 84 (14%) used CNS medications. No statistically significant associations were noted for total number or CNS medications with adverse driving events, nor were CNS medications associated with cessation. The total number of medications was associated with cessation (p=0.008), even after adjusting for other factors associated with cessation (p=0.01). Conclusions: In this cohort, only total number of medications was associated with driving cessation. A number of factors might have influenced the lack of association of total number of medications with adverse events or of CNS medications with either driving outcome, including cohort health, infrequent high risk medication use, or outcome choice. More detailed analyses of individual medication categories and other outcomes such as driving performance may better elucidate the relationship of medication use to driving outcomes.

THE RELATIONSHIP BETWEEN STATIN USE AND FRACTURE RISK AMONG THE ELDERLY
J. Ding1, D.A. Heller1,2, F. Ahern1, T.V. Brown1, 1. Magellan Health Services, Harrisburg, Pennsylvania, 2. Penn State University, University Park, Pennsylvania, 3. Pennsylvania Department of Aging, Harrisburg, Pennsylvania
Statin use is widely prescribed to treat hyperlipidemia. Animal experiments suggested statins have beneficial effect on bone metabolism. However, the impact of statins on fracture risk in humans is still under debate. The goal of this study was to examine the association between statin use and fracture risk among the elderly. 5,524 new statin users and 27,089 non-users, without fracture history, who were enrolled in Pennsylvania’s Pharmaceutical Assistance Contract for the Elderly Program, were followed for an average of 3.5 years. Time-dependent Cox proportional hazards models were used to estimate adjusted hazard ratios of statin use for fracture risk while controlling for demographics, comorbidity, body mass index, smoking status, alcohol use, and certain therapeutic classes. The incidence of any fracture per 100 person-years was 3.0 and 7.8 for statin users and non-users, respectively. Relative to non-users, the hazard ratio (HR) associated with statin use was 0.86 (P<0.001). Statin users with higher and lower average daily dose were associated with a 18% (P<0.009) and 9% (P<0.06) decreased fracture risk, respectively. The HR associated with atorvastatin was 0.81 (P<0.001), and the effects were not significant for simvastatin and pravastatin. In addition, the protective effect of statin use appeared to be stronger among users older than 85 years old (HR=0.67, P<0.001). These results suggested statin use is associated with reduced fracture risk among the elderly, and the effect may be dependent on age and statin type. The
beneficial effect of statin on bone may be helpful in the prevention of fractures among elderly.

BARRIERS TO PHARMACISTS PROVIDING SAFE OVER-THE-COUNTER (OTC) MEDICATION RECOMMENDATIONS TO OLDER ADULTS: A HUMAN FACTORS APPROACH

M.A. Chui1, J. Stone1, J.M. Thorpe2, B.A. Martin1, 1. School of Pharmacy; University of Wisconsin - Madison, Madison, Wisconsin, 2. University of Pittsburgh, Pittsburgh, Pennsylvania

Unsafe medication use represents a major public health concern, especially for older adults. OTC medications, which can be purchased without a prescription or advice from a health care professional, are one contributor to unsafe use because of their perceived safety and accessibility. As highly-accessible medication experts, pharmacists can play a major role in preventing unsafe OTC medication use in older adults. Unfortunately, the persistently high rate of unsafe OTC use in older adults indicates significant barriers. Our objective was to use a human factors framework to identify work system barriers to pharmacists providing safe OTC medication recommendations to older adults. Methods: Twenty-one retail pharmacists in three focus groups with questions developed using the critical incident technique. Analysis was guided by the Input-Performance-Output Model for Health Care Professional Performance, a framework for understanding how inputs of a system can interact to influence the performance of health care professionals. Results: Thematic analysis resulted in barriers within all input categories of the model, including work system factors such as the distance between where OTC medications are located relative to the prescription dispensing area which discourages communication and a lack of available patient information when counseling, and organizational and external factors such as a lack of reimbursement and corporate incentives to minimize time for OTC consultations. The results provide support that any intervention to improve safe OTC medication use in older adults should take into consideration the impact of the physical environment, corporate or organizational demands, and other characteristics of the work system.

BLOOD-BRAIN BARRIER BREAKDOWN: A VULNERABLE THERAPEUTIC TARGET FOR CNS DISEASES


The blood-brain barrier (BBB) prevents the influx of plasma into the brain tissue and contributes to maintenance of brain homeostasis. BBB breakdown disrupts brain homeostasis by allowing plasma components to enter the brain interstitium. Some of these (e.g., amyloid peptides and autoantibodies) interact with cell surfaces, disturb neuronal function and may contribute to long-term progression of CNS diseases such as Alzheimer’s disease (AD). In the present study, immunohistochemistry (IHC) showed that BBB breakdown allows blood-borne, brain-reactive antibodies to bind to pyramidal neurons and cause pathological changes, including intraneuronal accumulation of amyloid-beta peptides, a hallmark feature of AD and expansion of the lysosomal compartment. Western analysis and human protein microarrays confirmed the presence of AD-specific autoantibodies in human sera. IHC revealed that brain-reactive autoantibodies bind to the same neurons that accumulate amyloid peptide, and antibodies targeting neuronal surface proteins dramatically increased the rate and extent of intraneuronal amyloid deposition in the cerebral cortex and hippocampus in mouse brain slice cultures. Autoantibodies showing the most robust binding to mouse brain neurons were the most potent inducers of intraneuronal amyloid deposition. Results suggest that BBB breakdown and brain-reactive autoantibodies act together to drive CNS diseases such as AD. Further, we propose that the type of CNS disease and its severity is determined in part by the brain location and extent of BBB breakdown and the identities of blood-borne brain-reactive autoantibodies. This work was supported by the State of New Jersey Governor’s Council on Autism and the Princeton Institute for Life Sciences.

SESSION 1450 (SYMPOSIUM)

INTEGRATING AGING WITH INTELECTUAL DISABILITY INTO THE AGING PRACTICE AND POLICY LANDSCAPE: THREE CASE EXAMPLES

Chair: M. Putnam, School of Social Work, Simmons College, Boston, Massachusetts
Discussant: M. Putnam, School of Social Work, Simmons College, Boston, Massachusetts

The Administration for Community Living provides new opportunities for collaborations between the aging and disability networks. This symposium will highlight examples of research, practice, and policy related activities that support state and local level cross-network collaborations. Dr. Tamar Heller will present research findings on the evaluation of Medicaid’s managed care program in Illinois for older adults and younger people with developmental disabilities and their implications for effectively implementing managed care. Dr. Matthew Janicki will present and discuss The National Plan to Address Alzheimer’s Disease among Persons with Intellectual Disabilities including its development, implementation, and progress in bridging the two networks. Dr. Edward Ansello will present and discuss the Virginia Geriatric Education Center’s Faculty Development Program, which provides interprofessional year-long geriatric education to health and allied professions including training on aging with intellectual disabilities. Dr. Michelle Putnam will serve as the discussant for the symposium.

BRIDGING AGING AND DISABILITY IN MANAGED CARE


Managed care (MC) initiatives including adults with disabilities and older adults are expanding nationally. This presentation examines the consumer’s views regarding a mandated Medicaid MC program for people with disabilities and older adults administered by two insurance companies by reporting on survey results from enrollees for the year prior to and the first following MC implementation in several counties. The surveys measured access to and satisfaction with healthcare services along with measures of preventive care, and health and function. Respondents included 202 (82 with developmental disabilities) in MC (Time 1 and Time 2), 524 persons in the MC (Time 2), and 425 in fee for service (Time 2) in another locale (average 35% response rate). There were significant differences over time with greater dissatisfaction with healthcare services, the primary care physician, medical services, ease of getting an appointment with a specialist, and travel time to specialists.

LEVERAGING THE NATIONAL PLAN TO ADDRESS ALZHEIMER’S DISEASE AMONG PERSONS WITH INTELLECTUAL DISABILITIES

M. Janicki, University of Illinois at Chicago, Rockport, Maine

The author examines the creation of a national action plan for transformative disability management supports and services to address the growth in dementia-related secondary impairment among older adults with ID. The approach undertaken was to create the National Task Group on Intellectual Disabilities and Dementia Practices (the ‘NTG’) to correspond to the federal National Alzheimer’s Project Act (the ‘NAPA’). Since 2010, the NTG has been successful in contributing to the national conversation on transformational community-care dementia practices, producing a report and national action plan, and issuing various helpful products. The process it employed helped bridge the networks found within various constituent organizations, from aging and Alzheimer’s...
care to the disability supports communities. Also, the NTG was able to establish a successful interface with the federal NAPA process with respect to disability management on a broader scale with respect to addressing dementia in special needs groups in the United States.

BUILDING KNOWLEDGE THROUGH THE FACULTY DEVELOPMENT PROGRAM AT THE VIRGINIA GERIATRIC EDUCATION CENTER

E.F. Ansello, Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia

The presenter has been introducing aging with lifelong disabilities into the Faculty Development Program (FDP) portion of the Virginia Geriatric Education Center (VGEC), one of 45 programs nationally that are federally funded by the Health Resources and Services Administration to provide interprofessional geriatrics training. The FDP initiative is intended to educate practicing health care providers who work in some capacity where they can train their colleagues. Participants commit to a 160-hour program that runs from September through June and includes their developing a curriculum project on some aspect of geriatrics care, which they use to train colleagues. About 15 FDP “Scholars,” from medicine, nursing, occupational therapy, pharmacy, physical therapy, and social work, participate. FDP content on aging with lifelong disabilities includes a demographic overview, health status summaries, data on dementia and baseline data gathering, family caregiving, implications for health care practices, etc. The VGEC collects data on knowledge and skills acquisition after each monthly meeting; however, the primary focuses in the FDP are developing the Scholars inter-professionally and enabling them to train colleagues.

SESSION 1455 (SYMPOSIUM)

POLICY SERIES: REFLECTIONS ON AND REACTIONS TO THE LONG-TERM CARE COMMISSION’S REPORT

Chair: G. O’Neill, National Academy on an Aging Society, Washington, District of Columbia

This panel will explore the recommended reforms to the current long-term care system proposed by the Long-Term Care Commission. Speakers will react upon and report to the Commission’s proposed solutions for three big issues—long-term care financing, delivery, and workforce challenges.

SESSION 1460 (SYMPOSIUM)

THE ELDER ABUSE DECISION SUPPORT SYSTEM: IMPROVING ASSESSMENT, REPORTING AND MEASURING SEVERITY

Chair: M. Iris, Research, CJE SeniorLife, Chicago, Illinois

Discussant: K. Quinn, National Adult Protective Services Association, Springfield, Illinois

This symposium will describe the conceptualization, development and implementation of the Elder Abuse Decision Support System (EADSS), an integrated, computerized, web-based system integrating standardized procedures, assessments, reporting and intervention. In the first phase of the initial conceptualization and development study, standardized, self-report assessment measures for psychological abuse and financial exploitation were developed using concept mapping methodology. These were then field tested to determine unidimensionality, item severity and reliability, using Rasch analysis techniques. In the next phase of development requirements for a computerized, web-based decision support system were defined with end-user input and a prototype system was designed and tested. In the current phase, the EADSS has moved from prototype to reality, and is currently being implemented in six demonstration sites in Illinois. A screening assessment has been developed and is being tested, as well as alleged abuser assessments. This symposium will provide background information and describe the results of the conceptual study and field test during the initial stages of EADSS development. An overview of all assessment components will be provided. The presentation will include a live demonstration of the system to illustrate how the EADSS works in home and community-based settings. The presentation will include discussion of challenges encountered, such as varying levels of technological expertise, connectivity, use of electronic devices in the client’s home, and strategies for meeting these, including the development of web-based training videos. Implications of the EADSS for use at the state level and for national research opportunities will also be discussed.

OVERVIEW OF DEVELOPMENT AND TESTING OF THE ELDER ABUSE DECISION SUPPORT SYSTEM


Although the problem of elder abuse is likely to increase greatly with the burgeoning elderly population, there is currently little if any standardization of measures or assessment procedures in this field. In contrast to the paper/pencil assessment procedures typically used for elder abuse assessment, this presentation will describe the development of the web-based, computerized Elder Abuse Decision Support System (EADSS). Specifically, it will describe: 1) Development of the assessment procedures using literature reviews, concept mapping and field studies; 2) Testing of a prototype computer-administered and adaptive measurement system using the item banks developed in our prior projects; 3) A field-test to determine the efficacy of the EADSS for improving individual assessment, intervention and end-user utility as compared to standard protocols with Illinois serving as a test bed. As with any intervention with claims to improve processes of care or outcomes, decision support systems should be rigorously evaluated before widespread dissemination.

DEMONSTRATION OF THE ELDER ABUSE DECISION SUPPORT SYSTEM IN ACTION


The lack of standardized investigation and a need for validated measures contributes to the high variability of elder abuse substantiation. An Elder Abuse Decision Support System was developed to improve the convenience, efficiency and quality of elder abuse investigation in Illinois. This live demonstration will highlight the features of this web-based system. Short screeners assess suspected abuse at intake, using a standardized set of questions to determine the types and seriousness of the alleged abuse. The system generates a report detailing the allegations, risks, and persons involved, and a priority score based on the assumed risk of life-threatening harm. During the investigation, validated measures are used to interview alleged victims, abusers, and collateral. Upon completion of the assessments, reports containing summaries of abuse indicators and best-practice recommendations are generated for case planning. Aggregate data querying is available for performance evaluation, research, and planning at the agency and state level.

USING A WEB-BASED DECISION SUPPORT SYSTEM FOR ELDER ABUSE REPORTING, INVESTIGATION, AND RESEARCH


Our experiences implementing the EADSS in seven community-based agencies in Illinois highlight the benefits of using a computerized, web-based intake, assessment, and reporting system. The EADDS provides a platform for elder abuse research at the local and state level,
furthering our knowledge of victim and abuser risk factors, contextual characteristics that may contribute to the onset of abuse, and documenting results from care planning and interventions. The EADSS demonstration project also offers the opportunity to test the use of web-based technology in home and community-based settings. This presentation will include discussion of challenges encountered, such as varying levels of technological expertise, connectivity, use of electronic devices in the client’s home, and strategies for meeting these, including the development of web-based training videos. Implications of the EADDS for use at the state level and for national research opportunities will also be discussed.

SESSION 1465 (PAPER)

FAMILY CAREGIVING: DIVERSITY OF PROVIDERS AND IMPLICATIONS OF CAREGIVING

THE VICIOUS CIRCLE OF ELDERCARE AND FINANCIAL STATUS AMONG WOMEN
Y. Lee, F. Tang, University of Pittsburgh, Pittsburgh, Pennsylvania

Introduction: This study examines the relationship between eldercare and financial status by investigating whether women’s poor financial status is both a result and a cause of assuming a caregiver role for elderly parents. A vicious circle may exist between caregiving and financial well-being. Method: Data for women aged 51 or older with at least one living parent or parent-in-law were drawn from the Health and Retirement Survey 2006, 2008, and 2010 (N= 2,099). A cross-lagged panel design was applied with structural equation modeling to examine whether a reciprocal relationship existed between eldercare and financial status among women. Results: Female caregivers at earlier observation points were more likely than non-caregivers to be in poor financial status at later observation points. Women providing care to elderly parents in 2006 and 2008 had significantly lower household income than non-caregivers by .29 and .45 standard deviation in 2008 and 2010, respectively. On the other hand, women in poor financial status at earlier observations were more likely than women in better financial status to assume caregiving at later observation points. For one standard deviation increase in household income in 2006 and 2008, the odds of assuming care for elderly parents decreased by 23% and 12% in 2008 and 2010, respectively. Conclusions: This study suggests that there exists a vicious circle of eldercare and poor financial status among women. What appears particularly important is to watch for female caregivers’ financial status when eldercare is assumed, and to reduce care burden when women’s financial status becomes worse.

CULTURAL VARIABILITY AMONG DEMENTIA CAREGIVERS: A QUALITATIVE ETHNOCULTURAL INQUIRY
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The incidence of dementia among older Hispanics and African Americans is increasing at a faster rate than it is among white populations, yet we lack valid data based on culturally-sensitive research methods that is needed to better understand the experiences of minority dementia caregivers as well as offer effective services to these communities. Previous studies suggest that minority caregivers may experience stressors associated with caregiving differently than white caregivers. Accordingly, we applied a grounded theory framework within the context of critical feminist gerontology, intersectionality, and a qualitative diversity approach to learn the ways that African American, Latino, or South Korean caregivers (N = 15) cope with caring for a loved one with dementia. The researchers conducted semi-structured face-to-face interviews that were coded with Atlas Ti software using open and selective coding, constant comparative analysis, and memoing. We identified previously unrecognized cultural variations that substantially affected how these caregivers understood dementia, cared for loved ones, communicated with service providers, and utilized services. Language barriers especially exacerbated stresses among Latino and South Korean caregivers, and could contribute to their social isolation. Attitudes about faith, illness, caregiving, and family roles substantially influenced these caregivers’ experiences. Knowledge about dementia and involvement with Alzheimer’s disease support services lessened their stress. Adult day services also provided respite and “me-time” for working caregivers. We recommend modifications for researchers, practitioners, and policy-makers that must be made if gerontologists expect to understand minority dementia caregivers, particularly the increasing number of those caring for loved ones who are non-English speaking.

CAREGIVING BURDEN AND HELP-SEEKING BEHAVIORS RELATED TO CAREGIVER’S PERCEIVED HEALTH: FOCUSING ON A CRITICAL CHANGE POINT OF AGE 65 (CARE RECIPIENT’S MEDICARE ELIGIBILITY)
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Objectives: Deteriorating health of unpaid caregivers is becoming a public concern in the U.S. However, there has been only a paucity of study focusing on the effect of Medicare on caregiver’s health outcomes. This study investigates how care recipient’s age (with its change point at age 65) plays a role in the relationship between caregiving strains, help-seeking behaviors and caregiver’s perceived health at a national level. Specifically, the study suggests a hypothetical model on caregiver’s health based on the expectation of caregiving burden and duration. It is to explain the study outcome of different care recipient’s age effect between the age group <65 and >=65. Methods: 1,397 older adults (50+) were included in the study from ‘2009 Caregiving in the U.S.’ data. Multivariate regression analysis was conducted on caregiver’s perceived health, measured in a single item from 1 (=poor) to 5 (=excellent). The linear spline models were used to investigate the change in the linear relationship at care recipient’s age 65. Results: The relationship between care recipient’s age and caregiver’s perceived health was negative for <65 age group (β=−0.02, p=0.13) but positive for >=65 age group (β=0.02, p=0.05). The shape of relationship between caregiving strains (physical/financial hardship) and information seeking behaviors on caregiver’s perceived health differed by caregiver’s age group (<60 and >=60) (p<0.05). Conclusions: Study results provide a positive effect of Medicare on caregiver’s health by resolving financial hardships. These findings have important implications to design age-specific caregiver intervention before and after care recipient’s Medicare eligible age of 65.

LIFESPAN RESPITE: OHIO’S PLAN FOR IMPROVING RESPITE SERVICES FOR CAREGIVERS OF ALL AGES
L.S. Noelker, M. Rose, Benjamin Rose Institute, Cleveland, Ohio

Respite is a high-priority issue for family caregivers who provide long-term services and supports for individuals of all ages with disabilities or chronic conditions. Reports from five regional Respite Summits held in Ohio, attended by a total of 247 professionals, family caregivers, provider and government agency staff, advocates and others, covered common themes, such as service availability and funding, and differences, such as perspectives of caregivers of children and of older adults. Widely endorsed priorities were to increase the size, training and certification of the respite workforce, especially for special populations (e.g., children with autism); create an inventory or directory of respite services; launch education and marketing campaigns; and advocate for
increased funding. Some differences in perspectives related to varying county levy dollars allocated to respite services; others pertained to the care recipient’s age. Caregivers of older adults may not recognize the importance of respite, while younger families caring for disabled children viewed respite services as less available and accessible. Their concerns included guilt about respite use, distrust of providers, fears about custody, gaps in age-eligibility requirements for disabled children, and lack of services for medically complex children. Ohio’s five-year strategic plan for respite was developed based on these findings.

THE CORRELATES OF FAMILY CAREGIVER STRESS: SOME INTERESTING SURPRISES
R.C. Ficke, Westat, Rockville, Maryland

Each year, Westat conducts a telephone survey of participants in the Administration on Aging’s (AoA’s) National Family Caregiver Support Program (NF CSP). Using a sample of 2,000 NFCSP participants, the survey collects data about caregiver demographic characteristics, employment status, care provision, and self-reported levels of physical, emotional, and financial stress. It also captures information about the care recipient, including demographic characteristics, functional status, and the receipt of formal services. An analysis of these survey data shows an interesting, direct relationship between the economic well-being of the caregiver and levels of caregiver emotional stress, even when controlling for such factors as caregiver employment and care recipient functional status. For example, among caregivers with annual household incomes of less than $20,000, more than one-fifth (20.7%) reported that caregiving was not at all stressful, compared to only 7.6 percent for caregivers with incomes at or above $20,000. And this pattern continued through all five levels of self-reported emotional stress, with the lowest income caregivers consistently reporting the lowest levels of stress (Chi Square: 17.8, prob: 0.0006, df: 3.1). Mitigating high levels of caregiver stress is an important goal of the NFCSP, and this survey can help inform and support program development initiatives by showing which factors are, and are not, associated with stress. Using AoA’s on-line query system, this presentation will illustrate how users can conduct a range of analyses about the NFCSP. In addition, the paper will cover how users can download the survey data for their own research.

SESSION 1470 (PAPER)

RESEARCH IN NURSING HOME QUALITY
AN INNOVATIVE PAY-FOR-PERFORMANCE POLICY AND DATA-DRIVEN DECISION MAKING WITHIN NURSING HOMES

Several states have introduced nursing home (NH) pay-for-performance policies that link provider payments to outcomes. Engaging NHs to gather data from within their own facilities and use data to guide quality improvement (QI) decisions remains a pay-for-performance challenge. In 2007 Minnesota enacted a unique grass-roots NH pay-for-performance policy, the Performance-based Incentive Payment Program (PIPP). PIPP requires providers to identify a quality problem at the local level, design an evidence-based intervention, and collect data to document outcomes. Through 265 semi-structured NH employee interviews conducted within 70 PIPP funded facilities, we examined the influence of PIPP on data-driven decision making. Responses were analyzed using inductive category development, with themes derived empirically from the data during analysis. Respondents perceived that PIPP participation facilitated the gathering and use of data at the facility level and changed how data were used to guide QI efforts. Because quality indicators are reported infrequently (quarterly or annually), respondents developed new ways to independently measure quality and track progress toward outcome goals. Examples of how NH level data were used to motivate employees toward project goals and make mid-stream implementation adjustments when needed will be discussed. Innovative use of data by NH providers is potentially a positive effect of payment reform that links financial incentive to projects developed at the facility level. PIPP may serve as a model for other programs seeking to financially incentivize data-driven decision making, engage providers in NH quality improvement, and position NHs to respond to the new federally mandated QuAPI requirements for quality improvement.

IMPACT OF MEDICATION AIDE USE ON NURSING HOME QUALITY
J.E. Walsh,1, S.J. Lane2, J. Troyer,1, I. University of North Carolina, Charlotte, Charlotte, North Carolina, 2. Appalachian State University, Boone, North Carolina

In 2006, North Carolina implemented legislation allowing nursing homes to employ medication aides. We consider 1) the effect of the law change on the use of medication aides and 2) the effect of the change in medication aide use on other staffing, deficiencies, and Nursing Home Quality Initiative (NHQI) health outcome measures. Staffing levels and inspection deficiencies from the Online Survey and Certification and Reporting System were linked with quarterly NHQI data from 2004 - 2008. The study population included freestanding Medicare or Medicaid certified nursing homes in North Carolina, as well as comparable facilities in Tennessee and South Carolina, which do not allow for medication aides, to control for industry trends. Instrumental variables models with facility fixed effects were estimated to accommodate the likely endogeneity of the medication aide utilization variable in models of other nurse staffing, deficiencies and health quality outcomes. Results show that medication aide legislation led to an increase in the staffing of medication aides and a reduction in the use of non-administrative registered nurses. We observe that the incidence of health outcome measures that are largely influenced by CNA care, such as pressure sores, urinary tract infections and use of physical restraints, improved with the increase in medication aide use. Concerns over an increase in medication errors appear unfounded, as we find that increased medication aide use decreased the probability of medication error rate at or above 5%, and had no effect on deficiency citations for significant medication errors or on deficiencies causing actual harm.

DOES MONEY BUY NURSING HOME QUALITY
M.I. Amin, R. Applebaum, J. Bowblis, Social Gerontology, Miami University Ohio, Oxford, Ohio

In July of 2011, Ohio made two significant changes in its Medicaid reimbursement system for nursing home care as a result of state budget pressures. Such changes raise the question of how reimbursement actually impacts quality. An extensive review of the literature from 2000 to 2012 was undertaken to examine the relationship between reimbursement and quality in nursing homes. A total of 24 articles were found that focused on Medicaid reimbursement and its effect on quality. Among these articles, 21 showed higher Medicaid reimbursement rates improved quality, while three showed no relationship. Higher Medicaid reimbursement resulting in higher staffing levels was one of the important impacts identified in the studies reviewed. For example, nine studies found that higher staffing levels of registered nurses and license nurse practitioners were directly related to quality as indicated by reduced medical errors, fewer falls and immobilizations, and superior patient compliance. Furthermore, five studies indicated higher Medicaid payment was associated with lower incidence of pressure ulcers and physical restraints. Two studies reported higher reimbursement resulted in better mental health and improved pain control. In addition, two studies found increased reimbursement rates were reported to result in a
LONG-TERM AGED CARE FACILITIES IN MALAYSIA: A SURVEY OF THE NATURE AND EXTENT OF CARE AND FALLS PREVENTION STRATEGIES

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Monash University, Bandar Sunway; Selangor, Malaysia, 2. Monash University, Melbourne, Victoria, Australia, 3. Monash University, Johor Bahru, Johor, Malaysia

The ageing of the population is a relatively new phenomenon in Malaysia. As a consequence, aged-care provision is in its infancy in Malaysia, and there are few systems, practices and facilities available to meet the rapidly growing needs of the elderly, and there is a gap in our understanding of current levels and injury prevention management strategies in nursing and shelter home facilities. A survey of a random selection of 240 managers of aged-care facilities in the Klang Valley area, in Malaysia, was undertaken to gain a better understanding of the nature of facilities, levels and type of care provided, characteristics of staff and residents and ratings of a range of care activities including injury prevention strategies. Preliminary analyses show that the majority of facilities were non-government registered nursing and shelter homes (26% and 42%), and most were medium sized, with high occupancy rates and a relatively young cohort of residents (over 40% aged between 60 - 69 years), and most provided low level medical and assisted living care. A high proportion (42%) of facilities provided a range of special needs care including dementia and custodial care, with few providing rehabilitation, palliative and high level medical care. Self-reported ratings of staff care levels, abilities and confidence in managing key injury prevention activities and operations were relatively high. The implications of these findings will be discussed with regard to the need for further research (currently underway) and the potential to implement system-based strategies and regulation of care and injury prevention initiatives in aged-care facilities in Malaysia.

SESSION 1475 (SYMPOSIUM)

GENDER, SEX STEROIDS AND AGING

Chair: N.K. LeBrasseur, Physical Medicine & Rehabilitation, Mayo Clinic, Rochester, Minnesota
Discussant: N.K. LeBrasseur, Physical Medicine & Rehabilitation, Mayo Clinic, Rochester, Minnesota

A growing number of gene modifications (e.g., growth hormone receptor deletion), small molecules (e.g., rapamycin) and behavior modifications (e.g., caloric restriction) have significantly extended lifespan and/or healthspan in mice. On one hand, these studies have advanced our understanding of biological aging. On the other, they have re-emphasized seemingly fundamental differences in causes of aging between males and females. Indeed, several interventions that have increased lifespan have done so to a different extent in male and female animals. Speakers in this symposium will discuss these findings and their implications, as well as provide insight into the controversial impact of sex steroids on lifespan and healthspan.

SEXUAL DIMORPHISM IN MOUSE RESPONSES TO LIFESPAN-EXTENDING DRUGS

R. Miller, University of Michigan, Ann Arbor, Michigan

New data from the NIA Intervention Testing Program suggests that drugs which can increase mouse maximal lifespan often do so to a different extent in male and female animals. Rapamycin, the best studied of these agents, routinely extends lifespan more in female animals than in males; this finding has now been replicated in three independent cohorts and at three rapamycin doses. In contrast, three other agents, acarbose, 17 alpha estradiol, and NDGA, increase lifespan to a much greater extent in male mice than in female mice. Each of these agents leads to changes in liver expression of mRNAs for enzymes involved in metabolism of xenobiotic toxins, and does so through changes that show a high degree of sexual dimorphism, but these studies have not yet identified specific biochemical or physiological markers that correlate strongly with the longevity effect in both sexes.

UNDERSTANDING SEX-SPECIFIC EFFECTS IN LONGEVITY MUTANTS: AN EXPERIMENTAL APPROACH

S.N. Austad, Cellular & Structural Biology, University of Texas Health Science Center San Antonio, San Antonio, Texas

In the worm, C. elegans, a mutation in the insulin receptor gene lengthens life by two-fold in hermaphrodites and by more than six-fold in males. In flies as well, genetic mutations that lengthen life in one sex frequently have a much smaller or even no effect in the other sex. In mice, at least five published life-extending mutations have no effect in one sex or the other. These effects are not confined to a single sex or a single signaling pathway. The implications for potential senescence-retarding interventions in humans are considerable, yet the topic has been largely ignored by the research community. This talk will discuss the biological implications of these observations and outline an experimental approach to investigating them.

A TRANSLATIONAL APPROACH TO SAFELY TREATING SARCOPENIA IN OLDER HYPOGONADAL MEN

S. Bos, Geriatric Research, Education and Clinical Center, Malcom Randall VA Medical Center, Gainesville and University of Florida, Gainesville, Florida

Testosterone replacement in the approximately 20% of older men who are hypogonadal is limited by concerns over the risk/benefit ratio. Low-dose testosterone produces modest anabolic effects. Higher doses produce substantial anabolic effects, but also adverse effects, such as prostate enlargement and occasional polycythemia. Our rat studies indicate that conversion of testosterone to dihydrotestosterone by 5-alpha reductase is required for prostate enlargement, but not for muscle-skeletal anabolic effects. In our recent randomized, controlled clinical trial, older hypogonadal men were treated for 1 year with a higher-than-replacement dose of testosterone (125 mg/week) with or without finasteride (5mg/day). Testosterone increased upper and lower body muscle strength by 8-14% (p=0.015 to <0.001), increased bone mineral density (BMD) in lumbar spine by 4.19% (p<0.001), increased hip BMD by 1.96% (p=0.024), and increased prostate volume by 11.4cm3 (p=0.0051). Addition of finasteride abolished testosterone-mediated prostate enlargement, but did not attenuate effects on muscle strength and BMD.

SESSION 1480 (PAPER)

METABOLIC AGING

METABOLIC FLEXIBILITY AND COMPLEXITY AS BIOMARKERS OF LONGEVITY

S.L. Hong1, K.A. Longo1, J. Kopechek1, 1. Ohio University, Athens, Ohio, 2. Proteostasis Therapeutics, Cambridge, Massachusetts

A growing body of research indicates that metabolic health is a central component of longevity. Metabolic flexibility, the ability to modulate and adapt metabolic substrate mobilization for energy is now being recognized as a biomarker of metabolic health. This study tested whether metabolic flexibility could also be a biomarker of longevity by comparing: 1) metabolic patterns of energy expenditure (EE), oxygen consumption (VO2), and respiratory quotient (RQ); and 2) locomotor activity (LMA) of 17 month-old long-lived growth hormone receptor gene

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deleted mice (GHR-/-; n = 13) with that of their wildtype (WT) C57/BL strain controls (n = 12). Using approximate entropy (ApEn) as a measure of complexity, we observed greater irregularity in the VO2 and RQ fluctuations of the GHR-/- mice. Higher ApEn values indicate that the GHR-/- adapted their oxygen consumption and substrate mobilization levels more quickly than the WT. Interestingly, we found that while EE and LMA were more closely related in the WT controls, while the GHR-/- mice exhibited a stronger relationship between RQ and LMA. This suggests that instead of simply increasing energy expenditure to meet LMA demands, the GHR-/- mice modulated the proportions of metabolic substrates being used for LMA. These findings point to the possibility that not just how much flexibility, but the pattern of metabolic fluctuations are markers of longevity.

**NOVEL ROLES FOR MITOCHONDRIAL SKN-1/NRF IN METABOLIC HOMEOSTASIS**

S. Curran, Davis School of Gerontology, University of Southern California, LOS ANGELES, California

SKN-1/Nrf (NF-E2 related factor) plays multiple essential roles in organismal development and maintaining cellular homeostasis. We have identified a cellular mechanism used by SKN-1 to execute an appropriate transcriptional response to changes in available nutrients leading to metabolic adaptation. We have isolated the first gain-of-function alleles of skn-1, which disrupt the association of SKN-1 with mitochondrial outer membrane protein PGAM-5. These mutations induce a unique transcriptional response including genes associated with aging, survival, and metabolic adaptation to starvation. In the presence of plentiful food, the skn-1(gof) mutants perceive a constant state of starvation. The inability to monitor cellular nutritional status results in an altered survival response to changes in food availability. The triggered starvation response is conserved in mice with activated Nrf2 function. Taken together, these findings provide a mechanism for a novel and evolutionarily conserved axis of SKN-1/Nrf activation that adds further dimensions to the complexity of this pathway.

**IMPAIRED MICRORNA REGULATION IN OLDER MEN IN RESPONSE TO ACUTE HIGH-INTENSITY RESISTANCE EXERCISE**

D.A. Rivas1, S.J. Lessard2, N.P. Rice1, K. So1, L.D. Parnell1, R. Fielding1, J. Nutrition Exercise Physiology and Sarcopenia Lab - HNRCA / Tufts University, Boston, Massachusetts, 2. Joslin Diabetes Center - Harvard Medical School, Boston, Massachusetts, 3. Nutritional Genomics Lab - HNRCA / Tufts University, Boston, Massachusetts

Impaired exercise-induced muscle growth may contribute to sarcopenia; the age-associated loss of muscle mass and function. We hypothesized that microRNAs (miRNAs), which are novel posttranscriptional regulators, may contribute to age-induced impairments in the regulation of muscle to resistance exercise (RE). Therefore, we measured the expression of 60 specific miRNAs that have been linked to the response of skeletal muscle to resistance growth and metabolism following a single bout of high-intensity RE in muscle biopsies from young (YNG, 22±0.1 yrs) and older (OLD, 74±2.0 yrs) men. There was no change in the expression of miRNAs in OLD after RE, however 15 miRNAs were significantly altered by RE in YNG. This striking absence in miRNA regulation in OLD was associated with blunted transcription of protein-coding mRNAs, with 48 genes being altered by RE in old vs. 201 in YNG. Specifically, miR-126, a notable angiogenic regulator, was decreased by 50%, and two of its predicted mRNA targets, vascular cell adhesion molecule (VCAM)-1 and ATP-binding cassette (ABC)-E1 were increased after RE in YNG, but not OLD. To determine whether miR-126 can directly regulate expression of specific mRNAs in skeletal muscle, we inhibited miR-126 using an antisense oligonucleotide in C2C12 myocytes for 24h. A 70% reduction in miR-126 resulted in increased mRNA expression of its predicted mRNA targets, VCAM1, ABC1E1, and vascular endothelial growth factor (VEGF).

**LONGEVITY SPECIFIC TARGETS OF AMPK**

W. Mai, Dept Genetics & Complex Diseases, Harvard School of Public Health, Boston, Massachusetts

‘Dietary restriction’ (DR), remains the most potent strategy for prolonging healthy aging in animal models. However, despite its beneficial effects, lifespan extension by DR is coupled to detrimental physiological effects including growth and reproduction suppression. Using DR research to design successful small molecule therapeutics therefore requires the identification of novel targets that can specifically induce only the healthy aging effects of DR. AMP-activated protein kinase (AMPK) is a conserved cellular fuel gauge. AMPK is activated when energy is low, pro-longevity and suggested to be a critical mediator of DR. We have uncovered a direct target of AMPK, the transcriptional cofactor ‘CREB regulated transcriptional coactivator (CRTC)-1’, which is required for AMPK longevity. Here we show that CRTC-1 separates the positive effects of AMPK on lifespan from its detrimental side effects. Inhibiting phosphorylation of CRTC-1 by AMPK in C. elegans completely suppresses the effect of AMPK on lifespan, but does not alter pleiotropic side effects, making CRTC-1 a critical longevity-specific switch downstream of AMPK. Exploiting CRTC-1 to elucidate the mechanisms by which AMPK links energy homeostasis to longevity, we have identified downstream targets that mediate the longevity-specific effects of AMPK separate from those detrimental to fitness.

**LONG-TERM ADMINISTRATION OF LOSARTAN AMELIORATES SEVERAL PATHOLOGIES ASSOCIATED WITH SARCOPENIA IN MICE**

T.N. Burks1, R. Marx2, C.W. Ward3, P.M. Abadir1, J.D. Walston1, R.D. Cohn4, 1. Geriatric Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland, 2. University of Maryland School of Nursing, Baltimore, Maryland, 3. University of Toronto, Toronto, Ontario, Canada

Sarcopenia, the physiologic process of aging characterized by a critical loss of muscle mass and function, significantly contributes to morbidity and mortality in older adults. Considering the ability of losartan to ameliorate the muscle architecture and regenerative potential of congenital diseases; its ability to restore the impaired regeneration of sarcomeric muscles; and its ability to protect sarcomeric muscles from disuse atrophy upon immobilization, we hypothesize that it may be used chronically to combat the loss of muscle mass and function characteristic of sarcopenia. The molecular mechanisms underlying sarcopenia are poorly understood, but we demonstrate that chronic treatment of losartan ameliorated several pathologies associated with sarcopenia in mice. Losartan reduced protein degradation evident by a reduction in the levels of atrogin protein and mRNA and resulted in an increase in the size of the individual myocytes. Treatment with losartan reduced oxidative stress levels as measured by decreased nitrotyrosine levels and a decrease in the levels of the antioxidant, catalase. Furthermore, losartan treatment affected mitochondria number and localization. The control mice had less mitochondria and more subsarcolemmal location as compared to more mitochondria with a more intermyofibrillar local-ization with treatment. Losartan also resulted in a shift of fiber type composition toward slow type I fibers and a more resistant to fatigue phenotype. Thus, blockade of the AT1 receptor using losartan appears to have clinical benefits to combat sarcopenia by mediating multiple molecular mechanisms associated with the loss of muscle mass and function.
SESSION 1485 (SYMPOSIUM)

APPROACHING LIFELONG DISABILITIES FROM A LIFE-SPAN PERSPECTIVE TO PROMOTE OPTIMAL AGING THROUGH RESEARCH

Chair: K.L. Callor, Psychology, Institute of Life-Span Development and Gerontology, The University of Akron, Austintown, Ohio
Discussant: T. Heller, University of Illinois, Chicago, Illinois

Taking a life-span approach to promote optimal aging for the lives of individuals with intellectual developmental disabilities (IDD) considers biological, psychosocial, and cognitive factors that change throughout the life course (Baltes, 1987). With an average life expectancy of adults with IDD, this symposium investigates the lives of adults with IDD through a life-span perspective in different contexts. The first presentation is a project evaluation of Missouri’s Partnership for Hope Medicaid Waiver. Utilizing mixed-methods of Medicaid data, focus groups, and interviews, the preliminary analyses shows a modest amount of money provided to individuals through the waiver have significant effects on individual and family quality of life and financial and emotional well-being. The second presentation focuses on the retirement transition for adult with IDD in Ohio. An electronically administered survey represents 34 adult service provider agencies, 18 county boards, and 1086 adults aged 55+ with DD in Ohio. The third presentation examines the effects of cognitive ability on job performance in adults with cognitive disabilities. This study evaluated participants’ mental status scores (cognitive domains) with their job performance (number of prompting, time in the task, error). The fourth presentation addresses long term care placement for adults with IDD and dementia in a group home setting. The research is a longitudinal study of three group homes that each house five adults with ID and dementia. The last presentation in this symposium will consist of preliminary results from a mixed methods pilot study designed to assess factors affecting parental loss for adults with I/DD.

FACTORS AFFECTING THE PARENTAL LOSS EXPERIENCE FOR ADULTS WITH I/DD

M. Clute, Social Work, Eastern Washington University, Cheney, Washington

Preliminary results will be provided from a mixed methods pilot study to assess factors affecting parental loss for adults with I/DD (summer of 2013). Adults with I/DD who have experienced parental death will be interviewed, as well as their guardians. Retrospective and current data will be gathered. The items/topics will include demographics such as age, gender, sibling count, level and type of disability, and social support. In addition, factors related to death understanding and preparation, advance care planning, and reciprocal care between the parent and adult with I/DD will be explored. Items from scaled measures of social support and traumatic grief will be included. Qualitative data will be analyzed using grounded theory. From pilot data, a national web survey will be designed to further investigate parental loss factors. Long term goals include the development of death/grief education programs for families of those with I/DD.

COGNITIVE ABILITY AND JOB PERFORMANCE IN ADULTS WITH COGNITIVE DISABILITIES

P.C. Heyn, C. Bodine, M. Melonis, University of Colorado Anschutz Medical Campus, Aurora, Colorado

Cognitive impairments can develop over time as a result of disease such as Alzheimer’s disease, or be the result of an unexpected trauma such as a brain injury. For some individuals with cognitive disabilities, cognitive impairments may affect their ability to process information, organize tasks, and maintain a reasonable attention span. Therefore, these impairments may have a negative impact on their ability to work. Often times, these individuals will have subtle deficits that are not identified until they face the demands of a workplace environment. Such individuals may be viewed as “difficult” and “difficult to manage,” when their behavior is the result of relatively subtle cognitive deficits. Traditionally, cognitive ability has been found to be the best, general predictor of performance across a variety of jobs (Hunter & Schmidt, 1996). Cognitive ability has been highly correlated with job performance (r=.51), compared to other predictors that have shown lower correlations (e.g., integrity tests, r =.41; conscientiousness tests, r =.31; biographical data measures, r =.35; and reference checks, r =.26) (Schmidt & Hunter, 1998). There has been little research examining how cognitive ability impacts job performance for individuals with cognitive disabilities. Our study examined a sample of adults with cognitive disabilities from a Community Centered Board. The experimental condition was based on participants’ working on simple and specific assembly line job tasks such as organizing contents by size and shape in small boxes. Our study evaluated their mental status scores (cognitive domains) with their job performance (number of prompting, time and error).

EVALUATION OF MISSOURI’S PARTNERSHIP FOR HOPE MEDICAID WAIVER: FINDINGS AND IMPLICATIONS

K. Barton, G.S. Gotto, University of Missouri-Kansas City, Institute for Human Development, Kansas City, Missouri

The Missouri Department of Mental Health (DMH) contracted the University of Missouri-Kansas City, Institute for Human Development to evaluate the Partnership for Hope (PfH) Medicaid Waiver. Jointly funded through a partnership of the Centers for Medicare and Medicaid Services, DMH, and County Developmental Disabilities Resource Boards, PfH is a county-based waiver designed to improve access, expand eligibility, and maximize funding for services and supports for individuals with intellectual and developmental disabilities (I/DD). Analyses of Medicaid data, mailed surveys, and focus groups and interviews with PfH service recipients, families, and professionals who direct or administer services show that a modest amount of funding through PfH has significantly impacted individual and family quality of life and financial and emotional well-being. Additionally, PfH has had significant economic impacts on the state, counties, and service provider organizations. PfH serves as a national model for providing needed community services and supports for individuals with I/DD.

PROMOTING COMMUNITY CAPABLE CARE FOR OLDER ADULTS WITH INTELLECTUAL DISABILITIES AFFECTED BY DEMENTIA

M. Janicki, University of Illinois at Chicago, Rockport, Maine

Growing numbers of aging adults with intellectual disabilities (ID) are being affected by age-related conditions, among them neuropathologies such as dementia. The National Plan to Address Alzheimer’s Disease, while silent on the fiscal implications of its recommendations, has an inherent focus on more effective community care. Many provider organizations are wrestling with how to best provide this type of care, deal with the growth in the number of persons affected, and also contend with stringent budget restrictions and constraints placed on development of new services at the local level. This discordance can challenge even the most proficient provider and vex families seeking services. This session relates the work of the National Task Group on Intellectual Disabilities and Dementia Practices, which is working in concert with the National Plan’s efforts, with the experiences of a local provider organization to deliver dementia-capable community based care for adults with ID affected by dementia.

AN EXAMINATION OF THE RETIREMENT TRANSITION: ADULTS WITH INTELLECTUAL DEVELOPMENTAL DISABILITIES IN OHIO IN OHIO

K.L. Callor, H. Stens, Psychology, Institute of Life-Span Development and Gerontology, The University of Akron, Austintown, Ohio

The growth of individuals with developmental disabilities (DD) in the workforce has been growing and currently an estimated 30% of the
SESSION 1490 (SYMPOSIUM)

EMERGENCY PREPAREDNESS AND RESPONSE IN THE AGING POPULATION

Chair: M. Claver, VHA Emergency Management Evaluation Center, Sepulveda, California

This symposium presents three papers addressing the issue of emergency preparedness and response in the aging population, including both older adults who are community-dwelling and those residing in a long-term care facility. Older adults may have vulnerabilities that put them at particular risk during disasters. Therefore, programs and services for older adults must take into consideration the unique biological, psychological and social needs of an aging population when planning for or responding to disasters. Drs. Maria Claver and Tamar Wyte and Ms. Griffin will describe the inclusion of disaster preparedness in the comprehensive assessment of home-based primary care program patients. Drs. Melanie Horn-Mallers and Maria Claver will discuss decision-making processes regarding the evacuations of hospital-based nursing homes affected by Hurricanes Katrina and Rita. Drs. Dosa and Hyer will discuss the influence of facility characteristics and geographic proximity to a storm on decisions to evacuate nursing homes affected by different hurricanes.

DISASTER PREPAREDNESS IN HOME-BASED PRIMARY CARE

M. Claver, T. Wyte-Lake, A. Griffin, VHA Emergency Management Evaluation Center, Sepulveda, California

Veterans receiving home-based primary care (HBPC) are at-risk during disasters due to functional limitations that may prevent them from being adequately prepared. This pilot project assessed the role of Veterans Health Administration (VHA) HBPC leadership and providers in assessing disaster preparedness of community-dwelling veterans. Eight HBPC providers from one VA facility participated in telephone interviews and transcripts of the interviews were analyzed using qualitative methods. Results indicate that (1) disaster preparedness assessment tools have not been formalized, even within one HBPC program, (2) there are discrepancies between how leadership and providers describe preparedness procedures and training and (3) there was lack of consistency amongst providers on the understanding of the risk categorization system. Additionally, providers most involved in disaster preparedness assessment felt their patients were not well prepared in the event of a disaster. Future research will expand this study to include several VHA HBPC programs regionally, and then nationally.

DECISIONS TO EVACUATE: WELL-LAIRED PLANS OR LUCK OF THE DRAW?

M. Horn Mallers, M. Claver, 1. California State University, Fullerton, Fullerton, California, 2. VHA Emergency Management Evaluation Center, Sepulveda, California

Nursing home evacuations related to a disaster result from complex decision-making processes involving consideration of the costs and benefits to residents’ physical and psychosocial well-being. There is a limited amount of information on system-wide evacuation responses for nursing home residents, despite the growing need to better understand best-practices related to emergency response. This study examines decisions made to evacuate Veterans Health Administration nursing home residents in the wake of a natural disaster. Transcripts from telephone interviews with thirteen key respondents from four nursing homes affected by Hurricanes Katrina and Rita were analyzed using content analysis. Results indicate that it was difficult to sustain a viable organization during and after the disaster. Administrators primarily relied on local resources, prior experience, and local planning rather than state and federal emergency response systems. Evaluation of emergency preparedness practices should identify evidence-based best practices that will be incorporated into future planning and routine practice.

SHOULD I STAY OR SHOULD I GO? FACILITY PREDICTORS OF NURSING HOME EVACUATION DURING HURRICANES

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Despite the perils involved with the decision, nursing home (NH) facilities and other health care institutions are generally not beholden to mandatory evacuation orders and make their own decisions regarding evacuation prior to Hurricanes. Little is known, however, about the factors that go into the decision to evacuate. The purpose of this research was to determine the factors that predict nursing home evacuation in the face of a hurricane. Using data from facilities during five storms (Hurricanes Katrina, Rita and Wilma in 2005; Hurricanes Gustav and Ike in 2008) we evaluated the influence of facility characteristics and the geographic proximity of the facility to the predicted path of the storm in determining the decision to evacuate.

SESSION 1495 (SYMPOSIUM)

HOW DO WE ASSESS COGNITIVE FUNCTION IN CENTENARIAN?

Chair: Y. Gondo, Osaka University, Osaka, Japan
Co-Chair: P. Martin, Osaka University, Osaka, Japan
Discussant: L. Poos, Osaka University, Osaka, Japan

During the last two decades, the number of studies focusing on centenarians and oldest old adults has been increasing. The assessment of cognitive function is one of the important dimensions clarifying QOL in that age group and is of great scientific interest. However, there is no standardized measurement tool and assessment procedure to evaluate cognitive function in this age group. Classical cognitive assessment tools such as the MMSE have been used previously and in ongoing centenarian studies. Conducting classical cognitive tasks with centenarians is problematic, because of their functional characteristics. A higher prevalence of vision and hearing impairments causes difficulties in cognitive assessment. One-time assessments may not precisely evaluate cognitive function because of unstable physical conditions and influences of disuse of cognitive behavior in accord with physical decline. Finally, the diagnosis of dementia is also problematic because normative cognitive decline in the oldest old ages is not well known. The purpose of this symposium is not only to depict problems with regard to cognitive assessment but also to discuss ideas about how to precisely build new frameworks to evaluate cognitive function in centenarian and the oldest old. After introducing commonly observed problems in centenarian studies, three papers that considered above mentioned characteristics of centenarians will be presented and discussed at this symposium.

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MEASURING END-OF-LIFE MENTAL STATUS CHANGE: FINDINGS FROM THE GEORGIA CENTENARIAN STUDY


For this presentation, we investigated the cognitive status of centenarians with two approaches, a widely used screening tool for dementia and an established rating of cognitive impairment provided by the person conducting the interview. Specifically, we used a shortened version of the Mini Mental State Exam (MMSE; Folstein et al., 1975) and the Global Deterioration Scale (GDS; Reisberg et al., 1982) to examine 103 participants from the population-based Second Heidelberg Centenarian Study. Findings indicate a mean level of 12.75 for the shortened MMSE (max. 21 points), and a mean level of 3.32 for the GDS (0 = no, 7 = very strong restrictions). Relative to the First Heidelberg Centenarian Study (N = 91), the current centenarian cohort had better GDS scores, but comparable MMSE mean levels. Findings indicate that cognitive functioning is not more compromised in more recent centenarian cohorts, but measures may lead to different results regarding potential improvement.

ASSESSMENT OF COGNITIVE FUNCTION OF CENTENARIAN USING PERFORMANCE TESTS, OBSERVATION, AND QUESTIONNAIRE

H. Inagaki, Y. Gondo, Y. Masui, N. Hirose, Research Team for Promoting Independence of the Elderly, Tokyo metropolitan institute of gerontology, Tokyo, Japan, 2. School of Human Sciences, Osaka University, Osaka, Japan, 3. School of Medicine, Keio University, Tokyo, Japan

Many studies use the screening tests for dementia, such as MMSE, to assess a cognitive function in centenarians. We must consider the following points in order to apply them to the centenarians. Don’t we have to change the cut-off point? There is the risk to underestimate the centenarian’s cognitive function, when we use the cut-off point standardized for younger old. We have clarified that the 17/18 for MMSE cut-off point is appropriate for centenarian. How do we evaluate a cognitive function of centenarians with functional impairment? Can we expect to solve by an observation methods or an evaluation by intimate others. We used the clinical diagnosis criteria (CDR and GDS) and developed the scale evaluated by the family members or care staff (Masui et al., 2005). It is necessary to use these methods selectively or in combination depending on the individual condition and situation.

MEASURING END-OF-LIFE MENTAL STATUS CHANGE: FINDINGS FROM THE GEORGIA CENTENARIAN STUDY


Relatively little is known about individual differences in cognitive change in very late life. Thus, we examined data from a subsample of 43 centenarians (n = 24) and near-centenarians (n = 19; average age = 100.91; range = 98-106) from the Georgia Centenarian Study (Poon, et al., 2006) who completed baseline testing and up to seven additional mental status assessments occurring at six-month intervals; 84% and 57% of the sample had at least 1 or 2 follow-up assessments, respectively. The mean Mini-Mental State Examination (MMSE; Folstein, Folstein, & McHugh, 1975) at baseline was 16.04 (SD = 9.40) and 49% of the sample scored 17 or below. Although first and last MMSE scores were highly correlated, intra-individual change and inter-individual differences in the degree and pattern of change were observed. Participants survived an average of 1.65 years (median = 1.29) follow-
Longitudinal Studies of Socio-Emotional Wellbeing: Short-Term Variability and Long-Term Changes

Chair: H. Chu, Psychology, Flinders University, Adelaide, South Australia, Australia
Co-Chair: M.A. Luszcz, Psychology, Flinders University, Adelaide, South Australia, Australia
Discussant: C. Röcke, University of Zurich, Zurich, Switzerland

Patterns of social relations and individuals’ emotional well-being change across the lifespan. The major objective of this symposium is to bring together a collection of papers examining whether and how social relations change and covary with emotional well-being in different time scales. Chu and colleagues use data from the Australia Longitudinal Study of Ageing - Daily Life Time Sampling Study (ADuLTS) to investigate the link between momentary affect and solitude in the oldest-olds’ daily lives. Hoppmann and colleagues examine daily co-variations in spousal affect quality as couples engage in their typical daily life routines. Luszcz and colleagues use data from the 20-year Australian Longitudinal Study of Ageing (ALSA) to examine trajectories of change in (and predictors of) indicators of social development. Mejia and Hooker, using data from the 100-day Personal Understanding of Life and Social Experiences (PULSE) study, examine how individuals’ coupling between affect and contact satisfaction with their spouse/best friend are in part regulated through interacting with other close social partners on that day. Windsor uses ALSA data to examine trajectories of positive and negative affect among the oldest-old, linking emotional wellbeing to ageing-related changes in psychosocial resources. The discussion by Christina Röcke will integrate the five papers and focus on the connections between short-term and long-term developmental processes in socio-emotional well-being in later life.

Engaging and Disengaging Close Social Partners to Regulate Emotions Over 100-Days

S. Mejia, K. Hooker, School of Social and Behavioral Health Sciences, Oregon State University, Corvallis, Oregon

Close social partners are intimately involved in emotion regulation, and can both facilitate and constrain individuals’ efforts to sustain well-being. Interpersonal dynamics and their development over time emphasize the importance of regulating close relationships. In this study, we examine the coupling of positive and negative affect with older adults’ satisfaction with their closest social partner, the extent to which activating other social partners moderates this connection, and change in this connection over time. We use data from the Personal Understanding of Life and Social Experiences (PULSE) project, a 100-day internet-based microlongitudinal study of self-regulatory processes among older adults. Analysis of timeseries data suggest that affect is linked to satisfaction with closest social partners, and that interactions with other social partners, depending on their quality, can either amplify or attenuate this link on a given day. Patterns varied across those with and without spouses, and also across the 100-day study.

Longitudinal Changes in Positive and Negative Affect Among the Oldest-Old

T. Windsor, M.A. Luszcz, Flinders University, Adelaide, South Australia, Australia

Research indicates that positive affect (PA) remains relatively stable, whereas negative affect (NA) declines between midlife and young-old adulthood. However, changes in affect among the oldest-old are less well understood. We examined trajectories of PA and NA among 2062 participants aged 65 to 103 from the Australian Longitudinal Study of Ageing. Affect was assessed on up to 6 occasions over 18 years. Multilevel growth models revealed a decline in PA, and an increase in NA. Those in better health, and who were more satisfied with their social networks reported higher PA. Those who were older had lower initial PA and slower rates of decline in PA. NA was higher among those older,
CHANGES IN, AND PREDICTORS OF, INTERPERSONAL DYNAMICS OVER 18 YEARS IN THE AUSTRALIAN LONGITUDINAL STUDY OF AGEING

M.A. Luszcz1, T. Windsor2, L. Giles2, 1. Flinders University, Adelaide, South Australia, Australia, 2. University of Adelaide, Adelaide, South Australia, Australia

Despite growing interest in how aging-related changes in the social context of older adulthood are shaped, very few longitudinal studies have examined the nature, or predictors, of changes across different social domains (social activity engagement, satisfaction with networks, negative exchanges). We used 18-year data from up to 6 occasions for 1477 primary participants (65-103 yrs) in the Australian Longitudinal Study of Ageing. Multilevel Growth Models indicated no change in satisfaction with friends or negative social exchanges, but declines for family satisfaction and social engagement. Declines in family satisfaction were more pronounced among older and less depressed individuals, while reductions in social engagement were more likely among widows and those with more chronic conditions. Baseline widowhood also predicted satisfaction with family and engagement. Morbidity and depressive symptoms varied in their associations with social domains. Discussion will focus on how to optimise social functioning in late life.

CONFLICT AND SUPPORT ARE DIFFERENTIALLY LINKED TO DYADIC CO-VARIATION IN AFFECT IN MARRIED COUPLES

V. Michalowski1, C.A. Hoppmann1, D. Gerstorf2, 1. University of British Columbia, Vancouver, British Columbia, Canada, 2. Humboldt University, Berlin, Germany

Marriage may influence health and well-being particularly in old age, when spouses share a long history of joint experiences. Yet, we know little about co-variations in spousal affect quality as couples engage in daily life. Using up to 27 simultaneous, daily-life assessments from 49 older adult couples (M age = 72 years; M relationship duration = 42 years), this study shows that daily affect fluctuations are linked within couples, and that relationship characteristics are associated with overall levels of and co-variation in daily affect. Specifically, social support within marriage is associated with reduced levels of and increased co-variation in negative affect, while conflict is associated with reduced levels of and increased co-variation in positive affect. Overall, findings indicate that relationship characteristics generally thought of as health-promoting, like social support, can reduce negative affect but may also lead to more permeable boundaries between spouses resulting in the contagion of negative affect.

SESSION 1510 (SYMPOSIUM)

OPTIMAL AGING AND EVIDENCE-BASED RESEARCH IN INDIGENOUS POPULATIONS

Chair: S.V. Panapasa, ISR/ICPSR/NACDA, University of Michigan, Ann Arbor, Michigan
Discussant: J.W. McNally, ISR/ICPSR/NACDA, University of Michigan, Ann Arbor, Michigan

Understanding the aging lifecourse among indigenous peoples in the United States and New Zealand is complicated by the lack of routine data collection among small populations and the difficulty in obtaining and using what little information that is available. This symposium brings together leading researchers currently measuring and studying the aging lifecourse among indigenous populations, particularly among American Indians, Maori and Native Hawaiians. The symposium will approach this understanding from two directions: 1) discuss traditional resources for understanding and performing small population analysis using federally collected data such as data from the Census Bureau and the Centers for Disease Control (CDC). Special emphasis will be given to new opportunities and challenges offered by the release of 2010 Census data and the recent update of the multi-year files for the American Community Survey (ACS); and 2) of equal, if not greater importance the symposium will also offer presentations from researchers who are employing creative and innovative approaches to identifying and reaching out to their study populations in ways that overcome geographic isolation and cultural barriers that often result in indigenous populations being left out of many if not most studies of health, aging and socioeconomic status. The symposium will present recent findings from ongoing studies of the lives of these indigenous elders and present the latest information on federal efforts to measure and generate reliable information on hard-to-reach and understudied indigenous populations.

FRAILTY AMONG OLDER AMERICAN INDIANS: THE NATIVE ELDER CARE STUDY

R. Goins1, S. Spencer2, 1. Oregon State University, Corvallis, Oregon, 2. University of South Carolina, Columbia, South Carolina

Frailty is a condition that is frequently described as a reduction in energy reserves, especially with respect to physical ability and endurance. Although frailty has been measured in other race and ethnicities, it has not been studied in American Indian populations. We examined cross-sectional data from 505 community-dwelling older American Indians to characterize the prevalence of frailty its correlates. We measured frailty by weight loss, exhaustion, low energy expenditure, slowness, and weakness characteristics. Results indicated that 25% of our sample had the presence of two or more frailty characteristics. Results of percent of men and women aged 55-64 years, 2% of men and 3% of women aged 65-74 years, and 2% of men and 5% women aged 75 years or older were categorized as frail. Significant correlates of frailty included lower levels of education, increased number of activities of daily living limitations, clinically significant level of psychological distress, and pain.

POPULATION-BASED STUDY NO NA KUPUNA HAWAII

S.V. Panapasa1, J.W. McNally1, H. Apolina1, M. Cash-Kaeo1, 1. ISR/ICPSR/NACDA, University of Michigan, Ann Arbor, Michigan, 2. Office of Hawaiian Affairs, Honolulu, Hawaii, 3. ALU LIKE Inc., Honolulu, Hawaii

Understanding the aging lifecourse of indigenous populations in the United States is complicated by a lack of robust information on the health and socioeconomic status of small populations. While the US Census has represented a valuable resource from which researchers and stakeholders could learn about the demographic and household status of Native Hawaiian populations, major reduction in the questions asked as part of the 2010 Census require researchers to seek new resources to studying among Native Hawaiian elders (na kupuna). This paper presents results of an evaluation of the multi-year American Community Survey (ACS) files as an alternative source of population level statistics. With care the 5-year ACS files offer an opportunity to obtain a detailed look at the lives of Native Hawaiian elders. The presentation will review early results from the ACS and discuss the challenges of using this new resource for small population analysis.
TE KAUMA-TAUTANGA: INDIGENOUS AGING IN ADVANCED AGE IN AOTEAROA,
NEW ZEALAND
M. Kea, L. Dyall, B. McPherson, M. Brewin, C. Smith, L. Reipae,
F. Kameta, The University of Auckland, Auckland, New Zealand
The Māori population’s longevity is 8 years less than the non-Māori population. The aim of the cohort study, LiLACS NZ, is to establish the predictors of advanced ageing (80 plus years old for Māori and 85 years old for non-Māori). The project has been designed to complement other projects in progress in New Zealand. An important focus of LiLACS NZ has been the engagement by the 421 Māori participants in Māori cultural practices, their usage of te reo Māori, as well as, their knowledge of whakapapa/belonging, caring for others and, moral and collective responsibility. The 66th Meeting of the Gerontological Society of America will provide an international scientific context for the Māori Elders and the Māori investigators to present the data on the cultural activities engaged by the Māori participants, in particular, the data on intergenerational caring and the relationships of the practices to quality of life (QOL) and function.

SESSION 1515 (SYMPOSIUM)
OPTIMIZING TWIN AGING THROUGH TWIN RESEARCH: MULTIDISCIPLINARY PERSPECTIVES
Chair: V.H. Bedford, School of Psychological Sciences, University of Indianapolis, Bloomington, Indiana, Indiana University, Bloomington, Indiana
Whereas the benefits of twin research are reaped by twins and singletons alike in behavioral genetic research, family gerontology does not routinely address those issues related to aging twins that may be unique. If the aging twin experience is, indeed, unique, it is important to include twins in family gerontological research designs, so that twins too may benefit from its insights into how to optimize aging. In fact, twin research does exists in a variety of disciplines, but because of the difficulties of crossing disciplinary boundaries, these studies remain relatively isolated from one another. The purpose of this symposium is to jumpstart a more inclusive examination of aging twins by including researchers from a variety of disciplines, all of whom were invited to address whether and how the optimal aging of twins warrant research attention. Pedersen will address the issue of whether twins are unique from a gerontological genetic perspective based on the outcome variables that the discipline addresses. South will illustrate how these twin data are beginning to be used to unravel the etiology of healthy aging through gene x environment interaction. The next papers will focus on the experience of twinship in later life. Rosendahl et al. will describe a variety of experiences of twinship for old twins. Suijor et al. will report on how the mother-twin tie plays a unique role in later life families. Bedford and Avioli will explore twin ambivalence and its potentially unique consequences for optimal aging.

USING MODELS OF GENE-ENVIRONMENT INTERPLAY IN TWINS TO UNDERSTAND HEALTHY AGING
S. South, Psychological Sciences, Purdue, West Lafayette, Indiana
Research has identified many demographic and psychosocial correlates of health behaviors and outcomes. Still largely unknown, though, are the mechanisms behind the associations between these risk/protective factors and health outcomes. Newer forms of twin modeling specifically allow for the possibility that genetic effects on health may vary as a function of another variable, a form of gene X environment interaction. To date, these newer biometric models have not been applied to aspects of healthy aging in a broad or systematic way. The goal of the current talk is to discuss the ways behavior genetics can be used to continue to help refine the concept of “healthy aging” and to help identify points of etiological overlap between risk/protective factors and healthy aging outcomes. An empirical example of one of these techniques is provided using twin data from the Midlife in the United States (MIDUS) study.

TWINSHIP OVER THE LIFE COURSE - INDIVIDUALITY AND RELATIONSHIP IN THE LIFE STORIES OF OLDER TWINS
S.P. Rosendahl1, P. Bülow2, A. Björklund1, 1. Institute of Gerontology, Jönköping University, Jönköping, Sweden, 2. Dep. of Behavioral Sciences and Social Work, Jönköping University, Jönköping, Sweden, 3. Dep. of Rehabilitation, Jönköping University, Jönköping, Sweden
The aim was to explore, describe and understand experiences of twinship and the family context of the history of twinship as told in the life stories of 35 older (70+) identical and fraternal twins, participants of the SATSA and Gender-studies in Sweden. Method: The open-ended interviews were analyzed with narrative analysis. Results: Twinship was described as relational, i.e. the relationship to the co-twin and as a negotiation between the individual and the twin identity. Three kinds of twin relationship patterns, characterized by different levels of emotional involvement were identified and labelled: nurturing, draining or superficial relationship. An attachment theoretical perspective was used in interpreting the differences in the relationship patterns. Each set of twins showed a unique balance between individualization and the twin identity which also was linked to the type of twin relationship pattern. In addition, these older twins experienced that their social environment tried to impose a twin identity upon them contradictory to their own experiences.

DIFFERENCES IN MOTHERS’ RELATIONSHIPS WITH TWINS AND OTHER OFFSPRING IN LATER-LIFE
J.J. Suitor1, M. Gilligan1, K. Johnson1, S.A. Pulliam1, K. Pillmer2, 1. Sociology, Purdue University, West Lafayette, Indiana, 2. Cornell University, Ithaca, New York
Research since the 1960s has demonstrated that relations between twins and their parents differ from those of other family configurations. However, this line of scholarship has focused on childhood and adolescence, with little attention to the ways in which twin-parent relationships may differ from other parent-child ties in adulthood. To address this issue, we use qualitative and quantitative data collected from 23 older mothers with twins (as well as other offspring) and approximately 100 older mothers with the same number of total offspring but no twins. The data, which were collected as part of the Within-Family Differences Study, provide detailed information on mothers’ relationships with each of their adult children, including comparisons among offspring. Using within- and between-family comparisons, we explore whether mothers are less likely to differentiate between twins than other offspring. Preliminary findings suggest that the mother-twin tie continues to play a unique role in later life families.

TWIN AMBIVALENCE AND ITS CONSEQUENCES FOR THE WELL-BEING OF AGING TWINS
V.H. Bedford1, P.S. Avioli2, 1. School of Psychological Sciences, University of Indianapolis, Bloomington, Indiana, 2. Kean University, Union, New Jersey, 3. Indiana University, Bloomington, Indiana
Twins may lack the resources to deal with the ambiguity in their being twins. Closeness can be extremely desirable but so might separateness and the power of being one’s own person, of being responded to for who one is, not for what one is, or for what another person is. Whereas onlies and singletons may have such experiences, it is likely that they are greatly intensified for twins. Clearly such internal conflicts have consequences for aging, such as loneliness and quality of interpersonal relationships, both of which are known to influence personal well-being. By reviewing the diverse twin literature, we examine the consequences of the different ways that twins deal with the ambivalence of being a twin and the influence of diverse social norms on these consequences. Finally, we consider how twins, their social networks, and

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society may be helped to cope constructively with the complexities of twinship.

**PERSPECTIVES OF GERONTOLOGICAL GENETICS ON THE OPTIMAL AGING OF TWINS**

N.L. Pedersen, Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

Since the early 1980s there have been a number of longitudinal programs in gerontological genetics based on twins. These studies have taken advantage of the natural experiment provided by the genetic differences within identical and fraternal twin pairs to provide a wealth of information concerning the nature of individual differences for a wide variety of aging related outcomes. Nevertheless, “classic” twin researchers always need to start their study by asking the question of whether twins differ from singletons for the outcomes of interest. Twins do not differ from singletons for most biomedical and biobehavioral outcomes in life. Nevertheless, there may be a number of issues (as raised by the other speakers) in which the twinship should be a special focus.

**SESSION 1520 (SYMPOSIUM)**

**PHYSICAL FUNCTION AND AFRICAN AMERICANS: THE ROLE OF PSYCHOSOCIAL AND HEALTH-RELATED FACTORS**

Chair: R. Thorpe, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Discussant: J. Kelley-Moore, Case Western Reserve University, Cleveland, Ohio

Maintaining physical function is a major public health concern that increases with age and varies by race and sex; however, modest progress has been achieved as black older adults consistently exhibit poor physical functioning than white older adults. As the older segment of the population is growing larger and becoming more diverse and with the magnitude of the observed race-related differences, identifying and understanding factors that prevent or impede the decline in physical functioning should be a high priority. Furthermore, there is much to be gained by examining the factors that create individual variability within African Americans to better understand how to create effective approaches to reduce health disparities. The goal of this symposium is to highlight psychosocial and health related factors affect that impact physical functioning in African Americans. Each presentation utilizes data from the Baltimore Study of Black Aging. Carey and colleagues examine the relationship between social support and limitations in performing activities of daily living (ADL). Thorpe and colleagues examine associations between chronic conditions and disability. Walker and colleagues seeks to determine whether the association between pain and limitation in performing ADLs vary by gender. Gamaldo and colleagues present results from a study examining the relationship between sleep quality and limitations in performing ADLs. These presentations taken together provide important information that significantly bolsters our knowledge of unique dimensions African American life and factors that are critical to consideration in efforts to reduce health disparities.

**ASSOCIATION BETWEEN CHRONIC CONDITIONS AND DISABILITY IN AFRICAN AMERICANS**

R. Thorpe1, J.L. Walker2, M.P. Cary3, S. Szanton1, K.E. Whitfield1, 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2. University of Texas at Austin, Austin, Texas, 3. Johns Hopkins School of Nursing, Baltimore, Maryland

Little is known about the association between specific chronic conditions and disability in African Americans. Using data from the Baltimore Study of Black Aging, we examined disability using self-reported difficulty in activities of daily living and chronic conditions using self-reported asthma, depressive symptoms, arthritis, cancer, diabetes, cardiovascular disease (CVD), stroke, and hypertension. After adjusting for confounders, African Americans reporting arthritis (women: OR=4.87; 95% CI: 2.92-8.12; men: OR=.293; 95% CI: 1.36-6.30) had higher odds of disability compared to those who did not report arthritis. Women reporting major depressive symptoms (OR=.259; 95% CI: 1.43-4.69) or diabetes (OR=.83; 95% CI: 1.14-2.95) had higher odds of disability than women who did not. Men reporting CVD (OR=2.77; 95% CI: 1.03-7.41) had higher odds of disability than men who did not. These findings underscore the importance of developing health promoting strategies focused on chronic disease prevention and management to delay or postpone disability in African Americans.

**RELATIONSHIP BETWEEN SLEEP QUALITY AND ACTIVITIES OF DAILY LIVING IN BLACKS**

A. Gamaldo1, R. Thorpe2, K.E. Whitfield3, 1. National Institute on Aging, Baltimore, Maryland, 2. Johns Hopkins University, Baltimore, Maryland, 3. Duke University, Durham, North Carolina

The purpose of the current study is to examine relationship between limitations in performing activities of daily living (ADL) and sleep quality in Black older adults. Analyses included participants from the Baltimore Study of Black Aging (BSBA; n = 450; Mean age = 71.43; SD = 9.21). Severity of limitations in ADLs was based on the sum of participant’s report of difficulty perform the seven ADLs. Pittsburgh Sleep Quality Index (PSQI) measured overall sleep pattern and quality. After adjusting for age, education, and income, medical conditions, and depressive symptoms, sleep quality was significantly associated with increased limitation in ADLs for women even after adjusting for the covariates. For men, sleep quality only becomes significantly associated with increased limitation in ADLs after accounting for demographics and/or depressive symptoms. These results suggest sex differences in the mechanisms that explain the association between sleep quality and limitations in ADLs.

**ASSOCIATION BETWEEN SOCIAL SUPPORT AND PHYSICAL FUNCTIONING IN OLDER AFRICAN AMERICANS**

M.P. Cary, K.E. Whitfield, Duke University, Durham, North Carolina

Physical functioning has been shown to be associated with predisposing factors; however few studies have examined the effects social support among older African Americans. Guided by the Disablement Process Model, the relationship between social support and physical functioning among older African Americans was examined. Social support was defined as emotional, instrumental, and informational assistance given and received. Physical function was based on the sum of participant’s report of difficulty performing seven activities of daily living. Data came from 602 non-institutionalized individuals (aged 50-93 years) from the Baltimore Study for Black Aging. Multiple regressions were used to examine age, gender, years of education, depression, number of chronic conditions, and social support. Physical functioning was negatively associated with social support given (p = .001) while positively associated with social support received (p < .001). Social support should be considered when seeking to understand physical functioning among older African Americans.

**THE INFLUENCE OF PAIN ON PHYSICAL FUNCTION IN OLDER BLACKS: DOES SEX MATTER?**

J.L. Walker1, T. Harrison1, T. Baker2, R. Thorpe3, K.E. Whitfield1, 1. School of Nursing, The University of Texas at Austin, Austin, Texas, 2. University of South Florida, Tampa, Florida, 3. John Hopkins University, Baltimore, Maryland, 4. Duke University, Durham, North Carolina

Race disparities have been found in physical functioning, with Blacks reporting diminished functional capacities compared to other race...
SESSION 1525 (SYMPOSIUM)

SEX, TEASING, AND CONSTRAINTS: ETHICAL DILEMMAS IN ASSISTED LIVING

Chair: A. Frankowski, UMBC, Baltimore, Maryland
Co-Chair: R. Rubinstein, UMBC, Baltimore, Maryland
Discussant: J.K. Eckert, UMBC, Baltimore, Maryland

Assisted Living (AL) settings are governed by rules written by corporate or individual owners and are generally viewed through the lens of population census and financial success. This symposium attempts to redirect the focus to the guiding philosophies and rules for conduct generated from cultural moral values. How should AL settings act toward residents? What are the “right things” to do for residents’ well-being? Who makes these decisions and how “right” are they? How is autonomy respected and protected? In this symposium we examine ethical issues surrounding autonomy focusing specifically on four ethical dilemmas from the perspectives of AL residents, their family members, and facility staff. We explore (a) issues related to housing residents with chronic mental illness in AL and the effect of their unexpected disruption on residents’ autonomy within the setting; (b) the conflict that often arises when residents’ behavioral choices do not align with those of family or setting, e.g., alcohol and cigarette use; (c) teasing as humor, familiarity, and control, and the related challenges for resident as patient, client, or fictive kin; and (d) the right of sexual expression within the contexts of cognitive status, biological and social needs, and ageist attitudes. Using these ethical dilemmas as backdrop, the fifth paper presents a theoretical summary and analysis. Ethnographic data for this symposium are drawn from an NIA-funded, 4-year qualitative study, “Autonomy in Assisted Living: A Cultural Analysis.” Five Mid-Atlantic AL sites ranging in size from 16 to 75 residents are represented.

MENTAL HEALTH CONDITIONS: UNEXPECTED ETHICAL CHALLENGES FOR ASSISTED LIVING

L. Morgan, M.C. Nemec, R. Perez, Sociology & Anthropology, UMBC, Baltimore, Maryland

Providers of assisted living (AL) are trained to care for those with physical or cognitive limitations. Given deinstitutionalization during the 1970s, those with chronic mental illness (e.g., bipolar disorder or schizophrenia) are now residing in AL, extending care needs beyond depression or anxiety. This paper compares implications of housing elders with mental health conditions in one small setting, intentionally serving this clientele, with other more typical ALs. Unexpected disruptive or unseemly behaviors, differing from those associated with dementia, may result in shunning, altered social dynamics, and uneasy interpersonal relationships. Chronic or episodic mental illness also prompts reactions by managers, who may lack adequate knowledge of or training in mental illness. These reactions by staff or managers may diminish equity among residents, as well as their choice/autonomy. Attendees will become more aware of the added ethical and management challenges engendered by the presence of elders with mental health conditions.

FAMILY AND RESIDENT CONFLICT IN DECISION-MAKING: WHEN IS THE RESIDENT “RIGHT”?

M.C. Nemec, A. Frankowski, R. Perez, M. Brazda, R. Hrybyk, G. Tucker, Center for Aging Studies, University of Maryland, Baltimore County (UMBC), Baltimore, Maryland

Residents in assisted living (AL) want to make their everyday decisions just as they did at “home,” however they soon find this difficult in an institutional setting. Our research shows that the resident’s family is often perceived as the client, not the resident herself. What happens when a daughter disagrees with her mother’s desire to drink or smoke and mandates that the AL prohibit such behavior? Such conflict sometimes elicits the threat of moving the resident out of an already census-challenged setting, other times intimating a lawsuit. In this paper, we examine the ethical dilemma faced by AL directors and care staff when the residents’ wishes do not align with those of their families. We consider the factors that go into this decision-making, the role autonomy plays in facility culture, and how a setting decides what is “right” for each individual. We conclude with strategies ALs use to resolve conflict.

ALL IN GOOD FUN? THE MANY FACETS OF TEASING IN ASSISTED LIVING

A.D. Peeples1,2, A. Frankowski3, C.R. Bennett1,2, R. Rubinstein1, 1. Center for Aging Studies, UMBC, Baltimore, Maryland, 2. Doctoral Program in Gerontology, UMBC/UMB, Baltimore, Maryland

In families, friend groups, and the workplace, some degree of joking and teasing is par for the course. Assisted living (AL) settings are no exception. Staff in AL settings tease and joke with residents, which can help foster familiarity and a home-like environment. However, the line between what is acceptable or not is sometimes difficult to discern. Staff members often report feeling comfortable teasing and joking with residents because they consider them to be more like family than strictly clients of the AL, but at what point does good-natured teasing cross the line into something inappropriate? Is teasing “friendly” or is it an expression of power? What happens when the person being teased does not get the joke, as may be the case for residents with dementia? In this paper we discuss these and other ethical issues that arise with staff-resident teasing in AL settings.

SEX IN ASSISTED LIVING: CONFLICT OVER AUTONOMY

A. Frankowski, M.C. Nemec, A.D. Peeples, C.R. Bennett, R. Hrybyk, M. Brazda, UMBC, Baltimore, Maryland

When moving into assisted living, do older adults leave their right to sex and intimacy at the door? What guiding principles go into making facility rules about sexual activity? How is the sexual conduct of residents monitored? Why is sex an ethical dilemma for assisted living when it is accepted in contemporary American culture? In this paper we examine these questions, framing our discussion around “rights” and respect for autonomy. We explore resident sexuality and intimacy in relation to cognitive status, biological and social needs, ageist attitudes, privacy, vulnerability and exploitation, safety, and the often conflicting values of residents, direct care staff, managers, and family members.

SEX, TEASING AND CONSTRAINTS: ETHICAL DILEMMAS IN ASSISTED LIVING

R.L. Rubinstein, M. Brazda, Soc/Anthro, UMBC, Baltimore, Maryland

This paper will act to summarize the content of the symposium by focusing on aspects of interpersonal relations that include sexual relations, teasing and a variety of social and interpersonal constraints that lead to ethical dilemmas. The contribution of this paper comes about through a close analysis of these experiences to show how they are constructed and communicated narratively. While individuals have varieties of interpersonal experiences which initiate emotional or affective responses, in a group setting such as an assisted living setting, such events gain legitimacy and facticity through their narrative construction.
and communication to others as stories, conversations and descriptions of events. The ethical dilemmas they present are also made into narratives for purposes of communication and summary. The role of narrative communication in assisted living is discussed. The implications of narrative construction for practice are examined.

SESSION 1530 (SYMPOSIUM)

STUDYING HOSPITAL CARE AMONG OLDER ADULTS: SURVEYS FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Chair: C. DeFrances, National Center for Health Statistics, Hyattsville, Maryland
Discussant: C. Brown, National Center for Health Statistics, Hyattsville, Maryland

This symposium highlights nationally representative surveys of hospital-based care – the National Hospital Discharge Survey (NHDS), the National Hospital Ambulatory Medical Care Survey (NHAMCS), and the new National Hospital Care Survey (NHCS). Sessions include overviews of NHDS and NHAMCS and examples of analyses using these data: using NHDS to study hospitalizations among patients aged 85 and older and using NHAMCS to examine emergency department visits for injuries among older adults. The final session describes NHCS, a new survey that integrates NHDS and NHAMCS into one hospital-based survey. NHDS, conducted from 1965-2010, provided critical information on inpatient utilization among nonfederal short-stay hospitals and on the nature and treatment of illness among the hospitalized population. NHAMCS has provided data annually since 1992 on the use of hospital emergency departments and outpatient departments. The NHCS, started in 2011, will have increased analytic power over previous surveys due to the collection of all administrative claims from sampled hospitals, as well as more clinical measures and personal identifiers. The identifiers allow linkage of episodes of care across hospitals units and linkage at provider and patient levels to external data such as the National Death Index and Medicare and Medicaid data. Given the high utilization rates among older adults, NHCS will prove to be a powerful resource for examining their patterns of care. After attending, participants will see how NHDS and NHAMCS data can be applied to study older adult hospital care utilization and how to access public use files to conduct their own analyses.

OVERVIEW OF THE NATIONAL HOSPITAL DISCHARGE SURVEY (NHDS)

M. Wolford, M.F. Owings, NCHS, Hyattsville, Maryland

The National Center for Health Statistics conducted NHDS annually for 46 years, from 1965 to 2010. It was the longest continuously fielded, nationwide survey of hospital inpatient care. The scope encompassed patients discharged from a national probability sample of non-institutional, nonfederal, short-stay, general and specialty hospitals located in 50 States and DC. NHDS employed a complex, multi-stage, stratified sampling design that yields unbiased national and regional statistics on inpatient utilization by various demographic groups and medical conditions. NHDS data span decades when numerous health policy changes and technological advancements occurred that significantly affected the utilization, delivery and cost of health care. Hospitalization is a prominent component of health care use among older adults and their hospitalization rates have increased over the four decades of the survey. This presentation will discuss NHDS as a rich data source for research on changes in utilization and patterns of inpatient care over time.

HOSPITAL CARE FOR PATIENTS AGED 85 YEARS AND OLDER, 2000-2010

K.A. Chari, S. Levant, C. DeFrances, Division of Health Care Statistics, NCHS, CDC, Hyattsville, Maryland

This presentation uses the National Hospital Discharge Survey (NHDS) data to describe hospital care utilization in the United States among patients 85 years of age and older. Beyond presenting general demographics, including age, sex, and geographic region, this presentation will cover topics such as rate of hospitalization, average length of stay, discharge status, and common primary diagnoses and procedures. Additionally, to demonstrate the depth and breadth of NHDS data, a selected number of trend analyses and comparisons to other age groups (i.e., 65-74 vs. 75-84 years of age) will be reported.

OVERVIEW OF THE NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY (NHAMCS)

L.F. McCaig, CDC/National Center for Health Statistics, Hyattsville, Maryland

The National Hospital Ambulatory Medical Care Survey (NHAMCS) was inaugurated by the Centers for Disease Control and Prevention’s National Center for Health Statistics in 1992 to gather information about health care provided by U.S. hospital emergency departments (EDs) and outpatient departments (OPDs). NHAMCS is an annual national probability sample survey. The multi-stage sample design consists of geographic primary sampling units (PSUs) across the U.S., hospitals within PSUs, and patient visits within departments. About 400 EDs and 250 OPDs participate each year, collectively providing data for ~35,000 visits in each setting. Hospitals are randomly assigned to a four-week reporting period, during which data are abstracted from medical records. Data at each visit include patient demographics, payment, reasons for visit, diagnoses, services, medications, and disposition. The unit of analysis is the visit. Data must be weighted to produce national estimates.

INJURY-RELATED EMERGENCY DEPARTMENT VISITS BY OLDER ADULTS; UNITED STATES, 2009 – 2010

M. Albert, L.F. McCaig, CDC’s National Center for Health Statistics, Hyattsville, Maryland

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is an annual nationally representative survey of nonfederal, general, and short-stay hospitals in the U.S. Each year, data are collected on approximately 35,000 emergency department (ED) visits. Using NHAMCS data, we analyzed characteristics of injury-related ED visits made by older adults. In 2009-2010, there were an estimated 19.6 million average annual ED visits made by persons 65 and over and 5.7 million (29%) of these were injury-related. Unintentional falls were by far the most commonly identified cause of injury-related visits (46%). This was followed by adverse effects of medical treatment (9%) and motor vehicle traffic accidents (5%). Other characteristics of injury-related ED visits in this age group included: 15% occurred among nursing home residents, 44% arrived by ambulance, and 25% resulted in hospital admission.

AN OVERVIEW OF THE NATIONAL HOSPITAL CARE SURVEY (NHCS)

S. Williams, A. Bercovitz, NCHS, Hyattsville, Maryland

This presentation provides an overview of the National Hospital Care Survey (NHCS), a new, nationally representative survey of hospital- based care that integrates the National Hospital Discharge Survey (NHDS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS). The integration of these longstanding surveys will allow future investigations of the full continuum of care within hospitals; from emergency departments, outpatient departments, and ambulatory surgery locations to inpatient care. Additionally, with the collection of per-
PERSONAL IDENTIFIERS, NHCS will have the ability to link across hospital departments and with external data sources, such as Medicare databases or the National Death Index. NHCS data and linkages will create a powerful resource for tracking hospital care utilization, outcomes and quality. At the end of this session, participants will be able to describe the NHCS and understand the benefits of its linkage capabilities.

SESSION 1535 (SYMPOSIUM)

THE SOCIAL CONTEXT OF OPTIMAL AGING
Chair: A.M. Sherman, Oregon State University, Corvallis, Oregon
Discussant: K.S. Birditt, The University of Michigan, Ann Arbor, Michigan

Optimal aging includes continued, satisfying involvement in social networks that provide support and buffer stresses that occur across adulthood. Interest in the structure and function of social networks is both practical and theoretical. A wide variety of experimental, cross-sectional, and longitudinal data confirm the importance of positive and negative social functioning for physical and psychological health. Socioemotional selectivity theory highlights the evolution of goals for social interaction and how social network partner selection can help maintain emotional stability in later adulthood. Therefore, this panel will address elements of adult social networks as both predictors and outcomes of several dimensions of optimal aging. The panelists use a variety of research methodologies, in keeping with the GSA theme for 2013. Sherman uses illness and personality to predict reports of social support and social strain, thereby investigating social network function as an indicator of optimal aging. Sugawara et al. address predictors of network loss over three waves of longitudinal data, showing that declines in mobility and perceived time available predict change in network structure. Vogel et al. address age patterns in structure and outcome of daily social interactions, reporting that pleasantness of interactions was associated with age, health, and importance of the interaction. Wan et al. report multilevel analyses showing the inter-relationship of work and home interactions on well-being for dual career couples. Together, these papers demonstrate the importance of inter- and intra-individual patterns of social relationship structure and function that will increase our understanding of optimal aging.

CONTROL BELIEFS AND PERCEPTIONS OF RELATIONSHIP QUALITY
A.M. Sherman, Oregon State University, Corvallis, Oregon

Social relationships have been extensively investigated as important predictors of physical and psychological well-being. Less well-known, however, are the characteristics that promote perceptions of relationship quality. Correlates of social support and social strain were investigated in a sample of 132 older adults with Osteoarthritis, because of the importance of social relationship quality for managing chronic illness. Different operationalizations of perceptions of personal control were tested for their association with social support and social strain. Perceptions of constraints on personal control were reliably associated with social support and social strain, in opposite directions. Compensatory primary control was associated with higher support and lower strain, while compensatory secondary control was associated with higher strain. Models explained 19-30% of the variance in outcomes. Findings suggest that constraints and compensatory strategies for maintain control have important implications for optimal aging, as they are associated with social relationship quality for older adults with OA.

PROACTIVE AGING PROCESS OR INEVITABLE WITHDRAWAL?: CONTRIBUTING FACTORS OF CHANGES IN SOCIAL NETWORK
I. Sugawara1, H. Akiyama2, E. Kobayashi3, L. Jiang4, 1. Institute of Social Science, University of Tokyo, Tokyo, Japan, 2. Institute of Gerontology, University of Tokyo, Tokyo, Japan, 3. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 4. University of Michigan, Ann Arbor, Michigan

This study examined mechanisms underlying the changes in non-kin social network structure in old age. We hypothesized that 1) psychological changes occurred in perception of time assumed by Socioemotional selectivity theory, and 2) physical changes occurred in mobility, would mediate the relationship between age and social network structure. Data was drawn from three waves of a longitudinal survey of Japanese elderly conducted in 1999, 2002, and 2006. 3,196 interviews from 1,454 persons were analyzed. Multilevel analyses showed that frequency of face-to-face contact with friends and neighbors, and the number of close neighbors declined with age. These changes were partly explained by the perception of time and the mobility capability, both of which declined with age as hypothesized. The result suggested that the shrinkage of non-kin social relations occurred mainly in companionship network, and the change was the result of both natural process of aging and forced withdrawal caused by physical limitation.

AGE-RELATED DIFFERENCES IN THE INFLUENCE OF SOCIAL CONTEXT ON MOMENTARY AFFECT: MULTIPLE SCALES OF CONTEXTUALISM
N. Vogel1,2, N. Ram2,3, M. Coccia1, D.E. Conroy2, D. Gerstorf1,2
1. Humboldt University, Berlin, Germany, 2. German Institute for Economic Research, Berlin, Germany, 3. Pennsylvania State University, State College, Pennsylvania

Lifespan psychology and sociology highlight the importance of multiple layers of context play in individual functioning and development. Using data from the PSU iSAHIB study, wherein 150 adults aged 18 to 89 years provided reports on 64,217 social interactions (average 6.71 per day, SD = 2.70) across 9 weeks, we examine how proximal features of social context influence momentary affect. Compared to younger adults, older adults reported fewer interactions with co-workers, family and partner and more interactions with friends, service professionals and individuals of the same sex. Greater age, health, importance of interaction, level of acquaintance, and shared gender were associated with greater pleasantness. Younger participants were more influenced by the importance of interaction and level of acquaintance than older participants. The patterning of age differences highlights the importance of understanding of how proximal context interacts with broader levels of social experience to affect well-being.

THE IMPORTANCE OF SPOUSAL WORK/LIFE EXPERIENCES ON JOB STRESS AMONG DUAL-WORKING COUPLES
W.H. Wan1,2, J. Smith1,2, K.S. Birditt1, 1. University of Michigan - Ann Arbor, Ann Arbor, Michigan, 2. Institute for Social Research, Ann Arbor, Michigan

Reducing job stress can alleviate health and psychological problems among married couples. However, most research on work/life experiences is at the individual level. This study examines work/life experiences and job stress from both partners in 333 couples from the Health and Retirement Study. The associations between work/life experiences (both conflict and facilitation from work-to-personal life and personal life-to-work) and job stress were assessed. Because husbands and wives can influence each other, spouses’ work/life experiences and gender were included as moderators. Using the Actor-Partner Interdependence Model, multilevel analyses revealed that an individual’s work/life experiences were significantly associated with his or her own job stress, and these associations were moderated by his or her spouse’s work/life
experiences and gender. For example, husbands’ job stress was significantly higher when their wives had low work-to-personal life facilitation. Findings indicate that spousal work/life experiences can play a vital role in promoting well-being among married workers.

SESSION 1540 (SYMPOSYUM)

UNDERSTANDING ALZHEIMER’S DISEASE AND ITS IMPACT IN CHINESE SOCIETY: MULTI-DISCIPLINARY PERSPECTIVES
Chair: F. Sun, School of Social Work, ASU, Phoenix, Arizona
Discussant: D.W. Coon, School of Social Work, ASU, Phoenix, Arizona

China has the world’s largest number of Alzheimer’s patients. This symposium is comprised of four Alzheimer’s-related situations in Chinese society from biomedicine, behavioral health and social policy perspectives. The four articles combined to provide an introduction of Alzheimer’s disease risk genes, brain imaging techniques used in AD diagnosis, and AD care models in Chinese society. The first article attempts to identify specific loci of the insulin degrading enzyme genes in associations with late-onset Alzheimer’s disease. Sample of this study came from Han ethnic AD patients and non-patients living in Xinjiang, the far west province, in China. Brain imaging techniques are critical to detecting early cognitive changes in AD patients. The second paper introduces two empirical studies that showed the effectiveness of brain imaging techniques in AD diagnoses and cognition progression. The third article introduces different institutional care models for dementia patients in urban China. Using an elder care facility in Nanjing as a case example, authors discuss the efficacy of institutional care models pilot tested in China, such as the cross-country cooperation model, the social-market model, the hospital integrated nursing home model, and governmental contracted out service model. The last paper focuses on cultural factors on coping with behavioral problems of AD patients in Chinese-background family caregivers from Shanghai in China and Phoenix in the U.S. Using open-ended interviews, this study revealed that cultural beliefs such as fatalism, filial piety, and family cohesion influence caregiver coping strategies. Overall, the four articles present a picture of AD biomedical risk factors, behavioral and policy impact in China.

UNDERSTANDING THE RELATION BETWEEN SINGLE NUCLEOTIDE POLYMORPHISM OF INSULIN DEGRADING ENZYME GENE AND LATE-ONSET ALZHEIMER’S DISEASE: A STUDY OF HAN CHINESE IN XINJIANG CHINA
F. He, S. Wang, Xinjiang Autonomous Region People’s Hospital, Urumqi, Xinjiang, China

Objective: This study identifies the polymorphisms of rs1999764 and rs1887922 in the insulin degrading gene in search for the relation between the two SNP and the development of late-onset Alzheimer disease (LOAD) using samples of Han Chinese in Xinjiang China. Methods: Using gene sequencing method, this study compared the polymorphisms of rs1999764 and rs1887922 in 168 cases of LOAD patients to those in the control group of 170 cases. Results: The genotype frequencies of rs1887922 in the LOAD group were significantly different from those in the control group (p = .016), and allelic frequencies of the groups were also significantly dissimilar (p = .018). The genotype frequencies of rs1999764 in the LOAD group were significantly different from those in the control group (p = .001), and so were allele frequencies of the group (p = .001). Conclusions: The single nucleotide polymorphisms of rs1887922 and rs1999764 are risky for LOAD in Han Chinese in Xinjiang China.

NEUROIMAGING IN STUDIES OF ALZHEIMER’S DISEASE IN CHINESE POPULATION
K. Chen1, 2, S. Xiao1, Y. Li3, T. Wang1, Q. Huang1, W. Guoxiaojuan1, A. Fleisher1, E. Reiman1, 3, 1. Shanghai Jiao Tong University, Shanghai, China, 2. Beijing Normal University, Beijing, China, 3. Banner Alzheimer’s Institute, Chandler, Arizona

Various neuroimaging techniques have been widely used in studies of Alzheimer’s disease (AD). Here we review findings from some previously published neuroimaging studies for AD patients in China. In a clinical trial, F-18 Fluorodeoxyglucose (FDG) positron emission tomography (PET) together with neuropsychological assessment was used to examine the effects of memantine over a 24-week period. Compared to patients who were in placebo group (n=11), patients with the treatment (n=11) showed reduction of the FDG-PET measured cerebral metabolic decline in several brain areas known to be affected by AD. Improvement of cognitive measures in the treatment group was also identified. A number of AD studies used structural Magnetic Resonance Imaging (MRI) and functional MRI, two other popular neuroimaging techniques. With the analytic tools such as Voxel-based morphometry (VBM), independent component analysis (ICA) and Bayesian network (BN), these studies identified either structural or functional abnormalities in AD patients.

INSTITUTIONAL CARE MODELS FOR DEMENTIA PATIENTS: CASE STUDIES OF ELDER CARE FACILITIES IN URBAN CHINA
H. Shen1, C. Chu2, Z. Liao1. 1. Nanjing University, Nanjing, Jiangsu Province, China, 2. Nanjing Amity Foundation, Nanjing, Jiangsu Province, China

Abstract: It is estimated that more than 30 million people, about 26.8% of older adults aged 65 or above, have Alzheimer’s disease or related dementia in China. This has resulted in caregiving problems for many families and communities, and a great challenge to the welfare system of the whole country. Responding to this situation, several new institutional care models have emerged in urban China, such as the cross-country cooperation model, the social-market model, the hospital integrated nursing home model, and care services purchased by the local government model. This study introduces each model, discusses advantages and disadvantages of each, and examines to what degree the welfare system meets the needs of dementia patients using data collected on Alzheimer’s patients and their families. Finally, the study provides suggestions with regard to long-term strategies for dementia caregiving in urban China. Key Words: Institutional care models, dementia patients, Case study, Urban China.

INFLUENCE OF CULTURAL FACTORS ON COPING WITH BEHAVIORAL PROBLEMS OF ALZHEIMER’S PATIENTS: EXPERIENCE OF CHINESE AMERICAN CAREGIVERS IN PHOENIX AND THEIR COUNTERPARTS IN SHANGHAI
X. Gao1, Z. Li2, F. Sun3, 1. Arizona State University, Phoenix, Arizona, 2. Chinese Community on Aging, Beijing, China

Purpose: This study aims to understand cultural influences on coping with behavioral problems of Alzheimer’s patients in Chinese-background family caregivers (CGs) in Shanghai (China) and Phoenix (U.S.). Methods: Data came from 18 Chinese family CGs (age ranging from 53 to 82) in Shanghai and 22 Chinese American CGs (age ranging from 43 to 81) in Phoenix. Semi-structured interviews were used to collect information regarding stressful behavioral problems of care recipients, strategies or tactics used to deal with behavioral problems, and cultural explanations of caregiver appraisal of stressful situations and coping behaviors. Results: Thematic analysis revealed that both groups drew explanations of caregiver appraisal of stressful situations and coping strategies or tactics used to deal with behavioral problems, and cultural beliefs such as fatalism, filial piety, and family cohesion influence caregiver coping strategies. Overall, the four articles present a picture of AD biomedical risk factors, behavioral and policy impact in China.
SESSION 1545 (PAPER)

ADULT PROTECTION AND ELDER ABUSE

A QUALITATIVE INVESTIGATION ON ELDER ABUSE SURVIVORS

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A total of 40 elder abuse survivors recruited from shelters shared their experience of abuse and help seeking in in-depth interviews. Participants reported diverse types of abuse including psychological and social abuse, physical abuse, violation of persona rights, financial exploitations, etc. Majority of the participants reported a long-standing violent relationship in their families. Many have tolerated an abusive spousal relationship for decades. Intergenerational transmission of violence was evident. Many reported having been victims of spousal abuse earlier in their lives, and later fall victims of abuse by their children and children-in-laws. Cultural beliefs, including perceptions that “one shouldn’t hang dirty laundry in public”, “blood is thicker than water”, “it is fate” are salient themes that emerged in the interviews. Participant reported a sense of entrapment in the abusive situations. Many recalled that they tolerated the abuse as they did not know where and from whom to seek help. Majority of the participants did not seek help proactively, instead, they were identified by their friends or neighbors as abuse victims before being referred to the shelter. When asked of whether their experience constitute abuse, most indicated they did not consider their experience abuse, and many reported that “they would not meddle with others’ business” even if they know someone falling victims of elder abuse.

RESPONDING TO ELDER ABUSE: A COMMUNITY CAPACITY FRAMEWORK

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Elder abuse is a growing public health and policy concern that will increasingly challenge existing response systems as baby boomers age. Experiential, cultural, contextual, and generational variables influence both individuals’ abilities to recognize elder abuse and their likelihood to report suspected abuse to authorities. We examined community residents’ understanding and awareness of elder abuse and their readiness to take action against it. Telephone interviews were conducted with 710 adults, aged 25+, living in rural Virginia and Kentucky. Respondents answered a series of questions in response to scenarios depicting elder abuse. Although the majority of respondents identified the scenarios as representing abusive family situations, responses differed based on age, sex, and educational level of the respondents and sex of the victim portrayed in the scenarios. Respondents without a high school diploma, younger respondents, and respondents with a lower annual income were less likely to identify abuse. Males were more likely to identify abuse when the victim was an older man vs. an older woman. Older respondents and respondents with more positive perceptions of community cohesion were more likely to indicate that the older victim would get the necessary help that she or he needed. Based on our findings, we propose a community capacity framework to increase individuals’ readiness to respond to elder abuse that highlights the interface between formal systems and informal networks that can shape community beliefs about elder abuse and encourage cooperation from community members through greater educational efforts and enhanced community collaborations to collectively confronting elder abuse.

PREDICTION OF ELDER ABUSE PROTECTION PROGRAM OUTCOMES: TOWARDS A SYSTEMATIC EVALUATION FRAMEWORK

D.P. Burnes, V.M. Rizzo, Columbia University, New York City, New York

Objectives: Recent elder abuse research has made progress understanding the etiology and scope of the problem, but the protective intervention literature is deficient and remains at a nascent, fragmented stage. Little is known about factors that impede or facilitate successful elder abuse victim program outcomes in protective social services. This study aimed to identify predictors of victim social service program retention, treatment plan adherence, and level of case resolution at case closure – key outcomes along the intervention continuum. Methods: Elder abuse theory and Andersen’s service utilization model guided examination of victim program outcomes. Extracted from standardized forms designed for research purposes, data came from a multi-site, random sample of case records (n = 250) at the largest community-based elder abuse social service program in New York City using multiple, independent raters. Multivariate logistic, linear and multinomial regression models were used to predict retention, adherence, and case resolution respectively. Results: Organizational context, victim-perpetrator relationship, abuse severity, victim service use history and treatment plan difficulty significantly predicted victim retention and treatment adherence. Victim age, marital status, social support, perception of danger, service use history and victim-perpetrator relationship significantly predicted level of case resolution. Discussion: Findings inform the development of a comprehensive elder abuse social service program outcome evaluation framework, as well as targeted treatment and policy strategies for victims at-risk for poor program outcomes. This study advances methodology to examine elder abuse victim social services outcomes; recommendations for outcome operationalization and measurement are provided for future research to promote comparability across studies.

IT IS NOT JUST GETTING OLD: IDENTIFYING RISK AND PROTECTIVE FACTORS OF ELDER FINANCIAL EXPLOITATION

P. Liu1, S. Wood2, S. Williams3, 1. Claremont Graduate University, Claremont, California, 2. Scripps College, Claremont, California

Elder financial exploitation (FE, also called financial elder abuse) refers to “the illegal or improper use of vulnerable adults’ funds or property for another person’s profit or advantage”. With the development of a measurement that captures various forms of elder financial exploitation (Conrad et al., 2010), risk and protective factors of elder financial exploitation have just started to be identified. The study systematically investigated risk and protective factors of FE, including demographics, daily functioning, physical and mental health, depression, cognition, as well as subjective and objective social connectedness. Although data collection is in progress, 151 older adults from Claremont and surrounding cities were recruited to complete a 75-minute survey and interview, including all abovementioned variables. Preliminary results resonated with the FE literature. Advanced age, females, difficulty in daily functioning, depression, and lower physical and mental health were risk factors of FE (all p<.05). In addition, analysis on protective factors indicated higher level of interpersonal support and lower level of perceived social isolation were protective against FE (both p<.05). Moreover, though risk factors were not significant when all were entered into the regression model, lower level of perceived social isolation continued to be protective against FE in the presence of other protective factors (p<.05). Therefore, subjective social support might deserve more attention when considering approaches to combat FE. Future efforts will be invested in the development of intervention and prevention programs to inform policymakers about underlying mechanisms of FE, and to decrease the occurrence of FE in communities.

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ELDER MISTREATMENT IN A COMMUNITY-DWELLING POPULATION: FINDINGS FROM A CROSS-SECTIONAL STUDY OF CHINESE OLDER ADULTS IN CHICAGO

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Background: Elder mistreatment (EM) is a pervasive global health issue with adverse health consequences. Despite increased calls for rigorous research in EM among racial/ethnic groups, empirical evidence on the prevalence rate of EM among U.S. Chinese older adults remains limited. Methods: This is a cross-sectional study with community-dwelling Chinese older adults over the age of 60. A total of 3,018 participants were enrolled in the study. In an interview format, we administered elder mistreatment screening instruments. To our knowledge, this is the largest cohort of U.S. Chinese older adults in epidemiological studies. Results: Among surveyed participants, the mean age was 73 years old (SD=8.3). Sixty percent were female. A total of 24% of the participants reported positive to EM. 9.6% of the participants reported experience of psychological mistreatment, 9.5 % reported financial exploitation, 4.5% reported being neglected by caregivers, 1% reported physical mistreatment, and 0.2% reported sexual abuse. Conclusion: EM is an alarming health issue in U.S. Chinese aging population. There exists an urgent need for educational initiatives and community-awareness programs that highlight this public health issue. Population-based study of risk and protective factors are needed to inform intervention programs to improve the well-being of this vulnerable population. An exploration of culture and tradition may yield insight into shaping a prevention framework for mistreatment of older Chinese immigrants.

SESSION 1550 (PAPER)

FAMILY CAREGIVING: HEALTH-RELATED ISSUES

THE EFFECTS OF DAILY WORK STRESS ON AWAKENING CORTISOL LEVEL IN WORKING MOTHERS OF ADOLESCENTS AND ADULTS WITH AND WITHOUT DEVELOPMENTAL DISABILITIES

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The effect of daily work stress on the next morning’s awakening cortisol level was determined in a sample of 124 mothers (M=49.89, SD=6.33) of adolescents and adults with developmental disabilities and compared to 115 mothers (M=46.19, SD=7.08) of similarly aged individuals without disabilities. Mothers participated in eight days of diary telephone interviews and provided saliva on four of the eight days. Multilevel models revealed that mothers of adolescents and adults with developmental disabilities had lower awakening cortisol levels than the comparison mothers. However, work stress interacted with parental status to affect the awakening cortisol level on the following morning. When mothers of adolescents and adults with developmental disabilities experienced a work stressor, their awakening cortisol level was significantly higher on the subsequent morning, but for mothers in the comparison group, work stressors were not significantly associated with awakening cortisol level. Our findings extend our understanding of the differential impacts of specific types of stressors on physiological functioning of mothers of individuals with and without developmental disabilities.

PSYCHOLOGICAL PROFILE, SALIVARY CORTISOL, C-REACTIVE PROTEIN, AND PERCEIVED HEALTH OF GRANDMOTHERS WITH CHILDERARING RESPONSIBILITY

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Background: Grandparents raising their grandchildren experience increased stress, depression, and poorer health. Most research reported in the literature relied on psychometric instruments and self-reported data to study these variables. Aims: 1. Compare the levels of stress, anxiety, depression, and coping style between African American (AA) grandmothers who had primary responsibility for rearing grandchildren and AA grandmothers who did not have such responsibility; 2. Examine the association of psychosocial factors with salivary cortisol, c-reactive protein, and perceived health; 3. Assess the feasibility of collecting psychophysiological data and saliva samples and calculate the effect size for future studies. Methods: Thirty AA grandmothers (15 primary caregivers and 15 non-caregivers) recruited at a local church, senior center, and support group provided psychophysiological data via interviews using standardized questionnaires. Saliva samples were collected over two days for cortisol and c-reactive protein levels. Results: In comparison to non-caregiving grandmothers, grandmother caregivers had higher mean stress scores, reported significantly poorer health (p = .0071), and had a larger increase in CRP. For the grandmothers overall, there was a clear increase in bedtime CRP (p = .02). Cortisol levels and diurnal pattern were similar between the two groups. Cortisol was significantly and inversely correlated with confrontive coping (r=-.45, p=.01). All but three psychosocial questions were answered and all 180 saliva samples (100%) were collected successfully in sufficient amount. A medium effect size was estimated for future studies. Conclusion: Most studies of grandparent caregivers rely on psychometric and self-reported information. A major advantage of this study is the incorporation of biomarkers which provided a better understanding of biobehavioral interactions.

PARENTAL CAREGIVING AND HEALTH TRAJECTORIES OF WOMEN IN CHINA

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Despite abundant research on the association between caregiving and health, few studies examine the long-term impact of caregiving on health trajectories. Using six waves of data from the Ever-Married Women Survey (EMWS) component of the China Health and Nutrition Survey (n=6,178), this study examines the health implications of parental caregiving among young-adult and middle-aged women aged 18 to 52 in China. Results demonstrate that caregivers and non-caregivers with parents in need have worse self-reported health than non-caregivers without caregiving responsibilities. After initially low levels of health, caregivers—especially those who provide high-intensity care—exhibit levels of health that are comparable to non-caregivers. However, this pattern of adaptation is followed by a precipitous decline in health in later years. Overall, the findings support role strain theory and provide some evidence for the role adaptation and wear-and-tear hypotheses in a life course framework.

FAMILY PARTICIPATION IN ALZHEIMER’S CAREGIVING AND SELF-REPORTED HEALTH STATUS OF FAMILY MEMBERS

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The number of individuals affected by Alzheimer’s disease and related dementia continues to increase along with the number of informal caregivers that primarily consist of family and friends. The importance of understanding larger social contexts that extends beyond pri-
mary caregivers to facilitate the wellbeing of family members has been well recognized. We used social network methodology to elucidate family participation in caregiving and its role on the wellbeing of family members. Thirty families were recruited through three residential care facilities and two adult day care sites in Memphis, TN, in 2012. A total of 72 family members were interviewed and provided information about 908 social relationships with their network members (family, friends, formal caregivers). The majority of the participants (53%) were first-degree relatives of the patient, followed by second- and third-degree relatives (17%), spouse (13%) and other relatives (17%). Results of a hierarchical linear regression, that accounts for the clustered nature of the data, showed that respondents’ self-reported health status was positively associated with the number of network members who provided support to family caregivers frequently (b=0.09, p=0.004) and negatively associated with the number of network members who provided care to the patient frequently (b=-0.26, p=0.001), controlling for respondent and patient (e.g., ADL, place of residence) characteristics. Having more family members providing direct care to patient may create challenges in caregiving processes whereas having more members providing support to caregivers may consistently facilitate members’ wellbeing. Efforts to facilitate family adaptation may consider patterns of participation in caregiving among family members.

**LATINO FAMILY CAREGIVERS’ REACTIONS TO LIMITED HELP FROM RELATIVES: FROM FRUSTRATION TO RESILIENCE**


In part due to culturally-specific beliefs and values (familism), adults in Latino families are more likely to be caregivers for elder relatives in the home setting than are adults in non-Latino White families. However, even in large Latino families, provision of care to an ill, frail, or disabled elder often falls primarily to just one member of the family – most often an adult daughter (Gallagher-Thompson et al., 2003). The current study aimed to understand how Latino primary caregivers react to and cope with a lack of (or limited) help from their relatives when an elder is in need of care. Semi-structured interviews were conducted with 32 caregivers of Mexican descent, living in southern Arizona. 84% cared for an older parent or in-law; mean age of the caregivers was 57.4 years (sd=8.09). A combination of inductive thematic analyses conducted by three trained coders (using MAXQDA) and grounded theory techniques resulted in a multi-faceted model. The emergent model reveals that (a) reactions to a lack of help from relatives (e.g., adult siblings) vary, but often include anger, frustration, or resentment; (b) negative reactions can be exacerbated or mitigated by caregivers’ explanations for the lack of help and by the quality of caregiver-relative interactions; and (c) coping with and acceptance of the lack of help can evolve over time, provoked sometimes by a turning point event, cognitive reframing of the situation, realization that negative feelings are ineffectual and/or lead to conflict, or other self-protective strategies. Implications for further research and interventions are discussed.

**SESSION 1555 (SYMPOSIUM)**

**LIFE COURSE APPROACH TO THE ASSOCIATION OF OBESITY AND MORTALITY**

Chair: S. Stenholm, National Institute for Health and Welfare, Turku, Finland, University of Turku, Turku, Finland

Discussant: M. Visser, Vrije University of Amsterdam, Amsterdam, Netherlands

This symposium will explore factors underlying the association between obesity and mortality. Much of the prior literature on the health consequences of obesity relies on a single measure of BMI or another anthropometric indicator. However, weight dynamics over the life course may have significant influence on mortality. Mehta and colleagues examine the association between weight histories and all-cause mortality in a representative sample of Finnish adult population. von Bonsdorff and colleagues identify different trajectories of BMI from birth to childhood and investigate whether these trajectories are associated with mortality risk in older age in the Helsinki Birth Cohort Study. An emerging topic in the field of obesity research is the obesity paradox referring to findings where obese individuals have been shown to experience lower mortality and better survival than non-obese individuals. Preston and Stokes contribute to this discussion by investigating the sources of the obesity paradox among people with dysglycemia using two large population-based samples of US adults. Related to the obesity paradox is the observation that not all obese persons carry similar risk of death and certain characteristics or lifestyles may protect from detrimental consequences of excess weight. Stenholm and colleagues examine the joint association between obesity and muscle strength on long-term mortality in a representative Mini-Finland Health Examination Survey. Finally, very little research has been conducted on cross-national differences in the obesity-mortality association. Mehta and colleagues compare the magnitude of the obesity-mortality association between the United States and Finland and examine factors that might explain possible cross-national differences.

**WEIGHT HISTORIES AS PREDICTORS OF MORTALITY IN A NATIONALLY REPRESENTATIVE SAMPLE FROM FINLAND**


Our objective is to examine the association between weight histories and all-cause mortality in a sample of middle-aged Finnish adults in the nationally representative Health 2000 Survey (2000-2001). Prior literature on the health consequences of being overweight (body mass index [BMI], 25.0-29.9) or obese (BMI, 30.0+) generally relies on a single measure of BMI. This study takes advantage of retrospective reports of body weight. The results show a significant and positive association between obesity duration and mortality followed through 2008. The results also suggest that a time spent being overweight is predictive of mortality independent of time spent being obese. This research will contribute to knowledge about how weight dynamics over the life course influences mortality risks in later life and will also present specific evidence on the mortality risks of being overweight, which is a topic that continues to be controversial.

**TRAJECTORIES OF EARLY BODY SIZE AND MORTALITY: 70-YEAR FOLLOW-UP IN THE HELSINKI BIRTH COHORT STUDY**

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Background The aim was to identify trajectories of early body mass index (BMI) and investigate whether they were associated with the risk of mortality in older age. Methods The study included 4943 individuals from the Helsinki Birth Cohort Study, born between 1934-1944, who had serial measures of BMI from birth to age 11 years and register-based mortality data with 10-year follow-up available. Results Three trajectories of early BMI were identified for men (accelerated growth 6.4%, normal growth 66.7% and fluctuating growth 26.9%) and women...
IN ESTIMATING THE MORTALITY RISKS OF OBESITY

SELECTION INTO A DISEASE STATE ENHANCES BIASES

This study examines the independent and joint associations of obesity (BMI ≥ 30 kg/m²) and muscle strength with all-cause mortality in a cohort based on the Mini-Finland Health Examination Survey (1978–80) with 30 years of mortality follow-up (n = 7010). Based on Cox models, obesity was strongly associated with mortality among subjects aged 30–49 and 50–69 years and older. Among non-obese subjects with high handgrip strength, mortality was increased among obese subjects aged 30–49 and 50–69 years and older. Compared to non-obese subjects with high handgrip strength, mortality was significant only among subjects aged 50–69 and 70 years and older. On the contrary, the association between low handgrip strength and mortality was apparent only among subjects aged 30–49 and 50–69 years, but not among subjects aged 70 years and older. Among non-obese subjects with high handgrip strength, mortality was increased among obese subjects aged 30–49 and 50–69 years and older. Compared to non-obese subjects with high handgrip strength, mortality was significant only among subjects aged 50–69 and 70 years and older. The risk being the higher the lower the handgrip strength was. Among non-obese subjects aged 50–69 and 70 years, low handgrip strength was significantly associated with mortality. All models were adjusted for age, sex, education, life style factors and chronic diseases.

SELECTION INTO A DISEASE STATE ENHANCES BIASES IN ESTIMATING THE MORTALITY RISKS OF OBESITY

NUTRITION AS A DETERMINANT OF SUCCESSFUL AGING: RESULTS FROM THE NUAGE STUDY

CROSS-NATIONAL PERSPECTIVES ON THE HEALTH CONSEQUENCES OF OBESITY: UNITED STATES AND FINLAND

Adherence to dietary guidelines is associated with better cognition

A healthy diet may prevent cognitive decline directly or by decreasing risk of nutrition-related chronic diseases associated with cognitive decline (CD). In the NutCog study (n=1488) embedded in the NuAge cohort, diet quality (DQ) measured by the C-HEI was inversely related to CD risk factors associated with cognition (3MS) over 3 years. In a subset (n=1262), subjects with low physical activity and low sodium intakes had less cognitive decline over time (Mean=-0.57, standard error [SE]=0.01) compared to the highest (M=1.72, SE=0.01) and middle (M=2.07, SE=0.01) sodium intake groups. Finally, in a subgroup assessed on a battery of cognitive domains (n=363), higher scores on the vegetable and fruit C-HEI subscore predicted better results at baseline and remained significant after adjustment for smoking and disadvantage attenuated after adjustment for smoking and disadvantage.

The objective of this study is to a) investigate whether the magnitude of the obesity-mortality association is similar in the United States and Finland, b) investigate whether there have been secular declines in the obesity-mortality association in Finland as has been observed in some studies in the United States, and c) investigate the role of key intermediary risk factors (diabetes, hypertension, high cholesterol) and their control in explaining any cross-national differences in the magnitude of the association between obesity and mortality. We will use data from the U.S. National Health and Nutrition Examination Survey, the Mini-Finland Health Survey (1978-1980), and the Health 2000 Survey of Finland (2000-2001). Preliminary results reveal that the association between obesity and mortality in Finland has not changed appreciably between the 1980s and 2000s. This study will shed light on whether there are important cross-national differences in the obesity-mortality association and the factors that may be responsible for these differences.
CONTRIBUTORS TO INSULIN RESISTANCE IN THE NUAGE COHORT
J. Morais1, P. Gaudreau2, J. Matta1, N. Mayo1, I.J. Dionne3, K. Gray-Donald4, H. Payette1, 1. Division of Geriatric Medicine, McGill University, Montréal, Québec, Canada, 2. Centre de recherche du CHUM, Université de Montréal, Montréal, Québec, Canada, 3. CSSS-IUGS, Centre de recherche sur le vieillissement, Sherbrooke, Québec, Canada, 4. School of Human Nutrition and Dietetics, McGill University, Montréal, Québec, Canada

Loss of muscle mass with age was associated with increased risk of developing insulin resistance (IR). However, some studies have shown contradictory results. Occurrence of IR (HOMA-IR score) over a 3-year period was determined in 649 non-diabetic men and women (67-84 years) of the NuAge cohort. Baseline Muscle Mass index [MM(kg)/height(m)^2] and % body fat derived from DXA or BIA were tested for their association with appearance of IR. Developmental trajectories were used to determine insulin sensitivity status. After adjusting for age, sex, physical activity (PASE), smoking and protein intake (3X24h-food recalls), logistic regression model showed that having higher muscle mass index [OR(95% CI): 1.72 (1.26-2.3)] and %body fat [OR(95%CI): 1.18 (1.12-1.25)] were associated with elevated risk of developing IR while being a woman decreased this risk [OR(95%CI): 0.145 (0.04-0.45)]. Further research is needed to identify which body composition variable is the best indicator of IR risk.

BODY COMPOSITION AND 2-YEAR DECLINE IN GAIT SPEED IN INDEPENDENT OLDER ADULTS: THE NUAGE STUDY
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Slower gait speed, an important indicator of physical functioning in older adults, was associated with subsequent disability and mortality. Generally healthy men (n=348) and women (n=361) from the NuAge cohort with complete body composition data (DXA) measured at baseline and 2 years later were included in the analyses. Mean decline in fast gait speed over a 4-meter course, expressed as meter(m)/second(s), was .05 m/s in men and .06 m/s in women. After controlling for age, sex, baseline gait speed, physical activity and chronic conditions, a 2-yr loss in appendicular muscle mass (AMM) (P<.029) significantly predicted gait-speed decline (R^2=.21). In women only, the gain in appendicular fat mass (AFM) (P=.0001) was also associated with gait-speed decline along with the loss in AMM (P<.037) (R^2=.26). Both the decline in limb MM and increase in limb FM predict the loss in function, even on a short period of time.

SESSION 1565 (SYMPOSIUM)

PHYSICAL RESTRAINT USE IN GERIATRIC CARE: HEALTH CARE PRACTITIONERS’ ATTITUDE AND DECISION MAKING
Chair: J.P. Hamers, Maastricht University/CAPHRI, Maastricht, Netherlands, Hartford Institute for Geriatric Nursing, New York University College of Nursing, New York, New York
Co-Chair: M.H. Bleijlevens, Maastricht University/CAPHRI, Maastricht, Netherlands
Discussant: E. Capezuti, Hartford Institute for Geriatric Nursing, New York University College of Nursing, New York, New York

Despite the known adverse effects of physical restraint use, applying restraints remains a widespread practice in both acute hospitals and nursing homes. Yet it remains perplexing why physical restraints are still used on a large scale worldwide. The literature has reported that cultural factors and patient characteristics can explain physical restraint use. Furthermore, there is growing evidence that work and organizational characteristics (e.g., workload) do not contribute to restraint use. Finally, there are strong indications that restraint use, and the lack of restraint reduction, is related to attitudes of health care practitioners. For instance, it has been reported that the majority of nursing staff do not rate full-enclosure bedrails as a restraint measure. Furthermore, many practitioners reported no discomfort in using restraints. Therefore, this symposium will focus on attitudes toward physical restraint use in Europe and North America. Research groups from Germany, the Netherlands, and the USA will present their recent work related to this issue, and will focus on: 1) the results of a review on nurses’ attitudes toward restraint use in geriatric care; 2) The Maastricht Attitude Questionnaire (MAQ) a tool available in different languages (e.g., English, Dutch, German) to measure attitudes toward restraint use; 3) the influence of nurses’ characteristics on the decision to request restraints; and 4) restraint use in a specific ICU patient group: mechanically ventilated adults. The discussant will reflect on physical restraint use in specific patient groups and on the impact of attitudes on decision making, and will facilitate discussion on-site.

NURSES’ ATTITUDES TOWARDS PHYSICAL RESTRAINTS USE IN GERIATIC CARE - AN OVERVIEW OF THE EVIDENCE
R. Möhler, G. Meyer, School of Nursing Science, Witten/Herdecke University, Witten, Germany

Nurses’ attitudes towards physical restraints use in geriatric care are regularly targeted in interventions aimed to reduce restraints. To gain an in-depth understanding of nurses’ attitudes, a systematic review was conducted including qualitative and survey studies from different settings and countries. A thematic synthesis was performed for qualitative and mixed-methods studies, a narrative synthesis for surveys. 31 publications were included: 10 qualitative, 1 mixed-method study, 20 surveys. Throughout the qualitative studies, nurses’ attitudes were predominately characterized by negative feelings towards restraints use, but also by a perceived need to use them. This discrepancy led to ethical conflicts and nurses described strategies for coping with the dilemma when using restraints. Nurses judge physical restraints as an ordinary nursing intervention. Although the results of the surveys were inconsistent due to a variety of questionnaires, safety issues - mainly prevention of falls - are confirmed as a main reason for restraint use.

ENGLISH VERSION OF THE MAASTRICHT ATTITUDE QUESTIONNAIRE: OPINIONS ON PHYSICAL RESTRAINT USE
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Background: Nurses’ opinions towards physical restraint use (PRU) play a key role in the decision-making process regarding actual PRU. The Maastricht Attitude Questionnaire (MAQ) was developed in the Netherlands to assess nurses’ attitudes and opinions towards PRU. Aim: This paper reports on the development of the English version of the MAQ. Method: Using the back-translation method, the MAQ was translated into English. The English version was pilot-tested in two nursing homes in Canada and the USA in order to assess whether respondents understood used terminology, interpreted questions in the same way, and reported all choices appropriate. Results: Nursing home staff members (n=50) reported that the wording of some questions was confusing and they were unfamiliar with some restraint measures in the MAQ.
Conclusion: An English version of the MAQ is available now. In addition to the original version an appendix with pictures and descriptions of restraint measures is added.

ASSOCIATION OF HOSPITAL NURSES’ CHARACTERISTICS AND THEIR DECISIONS TO REQUEST PHYSICAL RESTRAINTS

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Objectives: To examine the influence of nurse characteristics on decision to request physical restraints. Design: Cross-sectional, factorial survey of nurses at three US hospitals. Measurements: Survey of demographic, professional and restraint knowledge items and five distinct vignettes to elicit likelihood to request restraints. Results: 300 (25%) respondents; (88%) women, mean age 36 (21–65 years), mean experience 9.7 (1–43 years). Significantly correlated with restraint use: perceived risk for harm (r = 0.45, p<0.001), younger age (r = -0.23, p <0.01), less experience (r = -0.21, p < 0.01), recent use of restraint (r = 0.26, p < 0.01) and lack of knowledge (r = -0.24, p < 0.01). ICU and rehabilitation nurses had higher likelihood to request restraints compared to other units. Conclusion: Nurse characteristics and lack of restraint knowledge are associated with decisions to request restraints. Results can help target education initiatives to reduce restraint rates.

VARIATION IN PHYSICAL RESTRAINT USE FOR MECHANICALLY VENTILATED PATIENTS ACROSS ICUS

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Background: The electronic health record (EHR) provides data about daily physical restraint use (PRU), and type across intensive care units (ICUs). We present PRU measurement options and describe variation in PRU among mechanically ventilated adults across ICUs. Sample/Setting: 1440 mechanically ventilated adults randomly selected from 6 ICUs over 24-months (240 patients/unit) via EHR review. Methods: PRU was measured daily by restraint type for a maximum of 28 days; reported as: incidence of patient stays without restraint (restraint-free), mean and proportion of days with any PRU (days-in-restraint), and proportional mean days in upper extremity restraint. Results: PRU was highest in trauma (53.3%) and lowest in transplant (30.7%) and cardiovascular (29.6%) ICUs. Restraint-free ICU stays ranged from a mean of 8.4% (trauma) to 35.8% (cardiovascular). Implications: Physical restraint use varies by specialty ICU. Few mechanically ventilated patients experience restraint-free ICU stays. Standardization of measurement is needed for comparison and synthesis across studies.

SESSION 1570 (SYMPOSIUM)

SEDENTARY BEHAVIOR IN OLD AGE: CAUSES AND CONSEQUENCES

Chair: A. Koster, Maastricht University, Maastricht, Netherlands
Co-Chair: K.R. Martin, National Institute on Aging, Bethesda, Maryland
Discussant: T. Harris, National Institute on Aging, Bethesda, Maryland

Over the past few years, there has been a growing interest in the health effects of sedentary behavior. Sedentary behavior can be defined as any activity performed while sitting that does not substantially increase energy expenditure above the resting level (e.g., watching television, reading, using a computer, riding in a car). Sedentary behavior is increasingly being viewed as a behavior that is distinct from physical activity and is not just the lack of moderate-to-vigorous physical activity (i.e. too little exercise). With this understanding, it is important to characterize the determinants of sedentary behavior and to understand the health effects of sedentary behavior. The objective of this symposium is to understand how sedentary levels change with advancing age and explore the determinants and health effects of sedentary behavior in old age. Dr. Martin will show how levels of sedentary behavior change with age in men and women of the National Health and Nutrition Examination Survey. Dr. Visser will show how physical activity history is related to sedentary behavior in old age in the Longitudinal Aging Study Amsterdam. Dr. Koster will present data on how midlife determinants are associated with sedentary behavior in old age using data from the Age/Gen Environment Susceptibility Study. Finally, Dr. Bann will present data on the association between sedentary behavior and body composition in the MRC National Survey of Health and Development.

CHANGES IN SEDENTARY PATTERNS WITH ADVANCING AGE AMONG US MEN AND WOMEN

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Previous US population accelerometer data indicate that men are more physically active than women in adulthood, but with advancing age, men become more sedentary than women. No systematic studies have focused on this potential crossover by sex in activity pattern with age to determine if they are independent of a priori covariates and confounders. We examine changes in daily and hourly accelerometer-measured sedentary activity and PA patterns by age and sex, using nationally representative data from the 2003-2006 National Health and Nutrition Examination Study (NHANES). Results indicate that previously observed differences by sex in older age remain in adjusted models. We will present findings of observed gender differences in patterns of sedentary behavior and levels of daily activity by age and sex, and discuss the relationship that light activity has with sedentary behavior among older men.

PHYSICAL ACTIVITY HISTORY IN RELATIONSHIP TO SEDENTARY BEHAVIOR IN OLD AGE

M. Visser, Health Sciences, VU University Amsterdam, Amsterdam, Netherlands

The aim was to examine whether early life physical activity is associated with sedentary behavior in old age. We included 609 men and women aged 70-100y from the Longitudinal Aging Study Amsterdam. Early life sports activity and work activity (scores 0-3) were assessed for age 15-25y, 26-35y, and 36-50y, and current sedentary behavior (h/d) from a validated questionnaire. After adjustment for confounders, including education, current lifestyle and health variables, higher early life sports activity was associated with more sedentary time in old age (highest versus lowest score: 8.3 vs. 7.3 h/d, trend p=0.002). Higher early life work activity was associated with less sedentary time (7.7 vs. 8.8 h/d, p<0.02). Early life activity during age 15-25y was most strongly related to sedentary behavior in old age and associations were similar for men and women. The results suggest that physical activity at young age may determine sedentary behavior in old age.

MIDLIFE DETERMINANTS OF SEDENTARY BEHAVIOR IN OLD AGE: THE AGES-REYKJAVIK STUDY

A. Koster1, J. van der Berg1, H. Bosma1, P. Caserotti2, K.R. Martin3, C. Stehouwer3, T. Harris3, 1. Maastricht University, Maastricht, Netherlands, 2. University of Southern Denmark, Odense, Denmark, 3. National Institute on Aging, Bethesda, Maryland, 4. Maastricht University Medical Centre+, Maastricht, Netherlands

Although the determinants of physical activity are known, risk factors for sedentary behavior should not be assumed to just be the inverse
of those for physical activity and should therefore be studied independently. This study examined the prospective associations between midlife determinants and objectively measured sedentary time in old age. 565 participants (aged 73-98 years) of the AGES-Reykjavik Study wore an accelerometer on the right hip for 7 consecutive days. On average age 31 years earlier (during midlife) demographic characteristics, socioeconomic factors, lifestyle factors and biomedical factors were collected. After adjusting for sex, age, follow-up time, minutes of moderate to vigorous physical activity, BMI, health status, mobility limitation and joint pain in old age, not being married, living in an apartment, a low level of education, obesity, poor overall health and the presence of heart disease at midlife were associated with significantly more sedentary time in old age.

SEDENTARY BEHAVIOR AND BODY COMPOSITION IN EARLY OLD AGE: FINDINGS FROM A BRITISH BIRTH COHORT STUDY

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Body composition has important implications for health and physical functioning in older age, and sedentary behavior is likely to be an important modifiable determinant. We present findings from analyses investigating the associations of sedentary behavior and physical activity with body composition using data from the MRC National Survey of Health and Development, a nationally representative British birth cohort. In the most recent wave of data collection (60-64 years), sedentary behavior was assessed objectively (time spent ≤ 1.5 METs estimated by individually calibrated combined heart rate and movement sensing) and by self-report (television and computer use), and body composition assessed using dual-energy X-ray absorptiometry among a total of 1221 men and women. Both self-reported and objectively assessed time spent sedentary were positively associated with fat mass. Additional analyses to be presented investigate abdominal fat distribution and lean mass as outcomes, and examine the extent to which associations are explained by physical activity.

SESSION 1575 (PAPER)

HOME CARE

STRIKING DOWN THE IMPROVEMENT STANDARD: WHAT THE FUTURE HOLDS FOR MEDICARE HOME HEALTH CARE

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Many Medicare beneficiaries are affected by multiple chronic conditions and/or disabilities and would benefit from home health care (HHC) services for maintenance support to slow or prevent health status decline. Although not part of the statute establishing the Medicare program, the Center for Medicare and Medicaid Services (CMS) over time has used an “Improvement Standard” to limit HHC eligibility and control expenditures. After decades of legal challenges, a Federal Court in 2012 in Jimmo v. Sibelius struck down the use of this standard by CMS. This ruling has far reaching implications for beneficiaries, HHC agencies, physicians, CMS and HHC expenditures. This paper reviews CMS’ historic use of the “Improvement Standard” to control utilization. It then argues the following. HHC demand will increase as people seek maintenance support and as many extend episodes of care. Agencies’ ability to respond to the increase in demand will be affected by reimbursement levels and labor availability. The role of physicians in patient assessment will become increasingly important as they will define need and serve as a lever to control utilization. CMS faces extraordinary challenges in defining eligibility for maintenance support and rules for stopping services. Our predictions, assuming meaningful enforcement of the ruling, include that 1) future demand for HHC is likely to come from relatively sicker beneficiaries in need of more intense services; 2) eligibility will not guarantee access to services and sample selection of clients by agencies is likely to be observed; and 3) HHC expenditures will rise multi-fold.

SINGAPORE PROGRAMME FOR INTEGRATED CARE FOR THE ELDERLY (SPICE): A PILOT PROJECT TO ENABLE FRAIL ELDERLY TO BE CARED FOR IN THE COMMUNITY

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This is a preliminary study to investigate the outcomes of a comprehensive programme, SPICE as an alternative to institutional care for frail elderly. The primary objective is to investigate if SPICE can enable the frail elderly to delay institutionalization. The outcome measures include (i) number of days in the community, (ii) hospital utilization: admission rates, average length of stay in hospitals (ALOS) and emergency department (ED) visit and (iii) caregiver stress. In SPICE, clients attend a centre-based program where a multidisciplinary team delivers a comprehensive individualized care plan to address the client’s multiple care needs. This study compares the outcome measures before and after enrolment into SPICE at (i) baseline (6 months before enrolment; n=72), (ii) 0 to 6 months (n=52) and (iii) 6 to 12 months after enrolment (n=23). Only 8 clients (11%) deteriorated and were discharged for NH admission. Clients were able to remain in the community for an average of 264 days upon enrolment. The average number of hospital admissions rates, ALOS (days) and ED visits (episodes) per client decreased (H0: 1.19, H0-6: 0.88, H6-12: 0.39; ALOS0: 18.6, ALOS0-6: 7.6, ALOS6-12: 4.3; ED0: 1.4, ED0-6: 1.2, ED6-12: 0.7). The percentage of caregiver with high stress burden also decreased from 64.1% to 31.8%. In conclusion, SPICE can potentially decrease and delay the need for institutionalized care and clients utilize hospital services less upon enrolment in the program. A robust evaluation to study the effectiveness of SPICE is needed to determine if the programme should be made main-stream.

EFFECT OF A HOME TRAINING ON FUNCTIONAL PERFORMANCE IN GERIATRIC PATIENTS WITH COGNITIVE IMPAIRMENT

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Background: After discharge from ward rehabilitation patients with cognitive impairment are at high risk for loss of functional performance. Objective: to determine the effect of a standardised home training program on patients with cognitive impairment. Methods: Design: Pilot RCT, Cross over design. Setting: Home training- post ward rehabilitation Participants: Geriatric patients (age:82.3 yrs.) with cognitive impairment (MMSE: 18.6) (n=34). Intervention: Patients in the Intervention Group (IG, n=17) were instructed to perform a standardized resistance and functional home training as described in a poster-like presentation of selected training tasks which had proved efficacy in previous trials for 6 weeks. The control group (CG, n=17) did not receive a training recommendation, but started training after the initial follow-up period of 6 weeks. Results: The intervention group significantly increased functional performances compared to control group (Tinetti Test: p=0.002; subtest balance: p=0.034; subtest gait: p=0.034; Short Physical Performance Battery (SPPB), total score: p=0.007; Subtest Chair rise [sec]:p=0.007, walking speed [sec]; p=n.s.). Physical activity as measured by the Assessment of Physical Activity in Frail Older Persons (APAFO) showed a significant time effect (p=0.02) and a trend
for group effects: p=0.056). Partial eta squares showed moderate to larger effects for significant parameters (range 0.132-0.448). When analysed by cross over design (n=27) physical activity significantly increased (p=0.026). We discuss the methodology and feasibility of the easily applicable training approach and effects of and adherence to the training program in this high risk group of patients with cognitive impairment.

EVALUATION OF THE EFFECTIVENESS OF GOLD STAMP INTERVENTIONS FOR PRESSURE ULCER REDUCTION

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Introduction: This study evaluates the impact of the Gold STAMP (Success Through Assessment, Management and Prevention) educational intervention on reducing pressure ulcers in four collaboratives (17 home health agencies) across New York State. Methods: A total of 47,373 patients were evaluated on the effectiveness of Gold STAMP project from January 2012 to December 2012. Intervention includes care assessment, care practice, communication, and collaborative. Patients’ sociodemographics and clinical information were obtained from OASIS-C. Cox proportional hazard model was used to quantify the effectiveness of Gold STAMP intervention between case and control groups while adjusting for covariates. Results: The preliminary results indicate the average age of the patients is 74 years old with a range of 18-113. The majority of the patients (81%) are 65 and older, female (62%) and White (77%). The Cox hazard model results show the intervention group (cases) has a lower hazard ratio of 0.90 (95% CI 0.83-0.98) compared to the non-intervention group (controls). Discussion: Preliminary results indicate that the Gold STAMP intervention is effective in reducing pressure ulcer. Given that there are limited resources, more in depth analyses focusing on long stay vs. short stay and young vs. old are needed to better direct intervention implementation.

A PREVENTIVE HOME VISIT PROGRAM FOR FRAIL ELDERS: PILOT RESULTS FROM A RANDOMIZED CONTROLLED TRIAL

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The purpose of this study was to describe the design and preliminary results of a preventive home visit program RCT for frail elders living at home who were certified as being in the two lowest care levels under the Japanese Long-Term Care system. The present program started in 2011 and included care manager visits once every three months for two years. The care managers utilized a structured sheet developed to prevent elderly frailty by systematically clarifying problem lists. The assessment included four domains: health, mental and cognitive function, activities, and social relationships. Each domain contained two problem lists. A total of 360 elders were recruited and randomly assigned to the intervention (IG: n=179) or control (CG: n=181) groups. Parameters, including physical and psychosocial functioning, were measured using a postal questionnaire at baseline and the 12- and 24-month follow-up visits. At 12 months, 3 persons in the IG had died vs 5 in the CG. Two persons in the IG were in nursing homes vs 1 in the CG. Changes over the trial period in the scores for IADLs, depression, daily life satisfaction, metemamory, and self-efficacy for health promotion did not differ between groups. Regarding ADLs, 13.0% of IG subjects declined vs 18.6% of CG subjects, and regarding the frequency of going outdoors, 19.2% of IG subjects declined vs 25.4% of CG subjects (not significant). We did not observe effects of the visits after 12 months and are continuing the trial for another year to determine the final effects.

SESSION 1580 (PAPER)

LONG TERM CARE 1

CLINICAL PREDICTION RULE FOR ONE-YEAR NURSING HOME PLACEMENT AMONG HIGH RISK OLDER ADULTS

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Background: Implementing effective prevention of nursing home placement requires accurate prediction of baseline risk. We developed a simple prediction rule for nursing home placement at 1 year. Methods: In 16,059 older adults referred to the Connecticut Home Care Program for Elders, we analyzed baseline demographic characteristics, medical history, functional dependency, cognitive ability, mood, medications, social support, and financial assistance. We used multivariable logistic regression with random effects to develop a prediction model. We developed a prediction scoring system using variable coefficients from the model. Results: The prediction model had a c statistic of 0.73. The scoring system included age (1 point/5 years), female (−1 points), race/ethnicity (Black, −3 points; Hispanic, −4 points), English-speaking (4 points), NH level of care (4 points), functional dependency (e.g., toileting (1 point/level), money management (3 points/level), laundry (1 point/level), Alzheimers’s disease (3 points/level), hypertension (−1 point/level), cancer (1 point/level), MSQ error (1 point/error), depression (1 point/ score), support types (1 point/type), living alone (2 points), homeowner (−1 point), Medicaid-eligible (2 points), prior/current hospitalization (4 points), and prior/current skilled nursing facility (5 points). One-year risk of nursing home placement was <5% for scores <12, 5%-10% for scores 12-18, 11%-20% for scores 19-24, 21%-30% for scores 25-28, and >30% for scores >28. There was good agreement between risk categories based on the point system and the prediction model (weighted kappa, 0.80). Conclusions: This novel prediction rule allows health care providers to estimate baseline risk of nursing home placement and tailor care among high-risk older adults.

UNDERSTANDING ANTIPSYCHOTIC DRUG USE IN THE NURSING HOME SETTING


Celeste A. Lemay, Alice Bonner, Christina Compher, Terry Field, Jonathan Freedlander, Susan Joslin, Kathleen Mazor, Jennifer Tjia, Jerry Gurwitz Introduction: The increasing prevalence of antipsychotic medication use in residents of nursing homes (NH) in the absence of psychiatric diagnoses is concerning. To address these concerns, it is essential to explore how these medications are being prescribed and managed in the NH setting. Objectives: To understand the decision-making process that influences prescribing and factors that trigger administration of antipsychotic medications to residents with dementia in NHs and to explore why residents remain on antipsychotic medications over an extended period of time. Methods: Interviews with prescribers, caregivers, and family members, on-site observations in study facilities, and

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review of NH resident medical records. Facilities were selected to obtain a diverse sample of NHs. Results: 204 NH residents with dementia in 26 facilities distributed across five selected Centers for Medicaid and Medicare Services (CMS) regions were included. Problematic behaviors were the dominant reasons offered as influencing prescribing of antipsychotic medications. Providers indicated that they chose an antipsychotic, rather than another drug class, because they believed that antipsychotic medications were more likely to be effective. There was no standard approach to taper attempts. Family members identified a lack of communication as a barrier to their involvement in decision-making. Conclusions: There is a widespread perception that antipsychotic medications are effective and beneficial in managing problematic behaviors in NH residents with dementia. Little attention is given to planning for antipsychotic tapering or discontinuation. There may be opportunities to involve family members more fully in decision-making around the use of antipsychotic medications.

FACILITY-LEVEL PREDICTORS OF ANTIPSYCHOTIC MEDICATION USE IN NURSING HOME RESIDENTS
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The prevalence of antipsychotic medication use in nursing home residents continues to be substantial and may be increasing despite restrictions on their use (Briesacher et al., 2005). A large, cross-sectional study found that facility-level prescribing rates for antipsychotics were independently associated with an increased risk of antipsychotic use among people with dementia but no signs of psychosis (Chen et al., 2010). To our knowledge, few other studies have examined the role of facility-level variables in the prediction of antipsychotic use in nursing home patients. A randomly selected, representative sample of residents from each of eleven nursing homes was obtained, and data were extracted from the Minimum Data Set 2.0 (MDS 2), patient medical records, and Centers for Medicare and Medicaid Services’ website. We used multiple linear regression analyses to predict the proportion of residents on an antipsychotic in each facility. The results of the regression indicated that the model explained 68.7% of the variance (adjusted R-squared = .687, F (2,8) = 11.978, p = .004). It was found that both the number of beds per facility (β = .603, p = .011) and average number of months people resided in each facility (β = -.486, p = .029) were significant predictors. The results of this pilot study support the association between facility-level variables and antipsychotic use, and demonstrate further exploration of these variables is warranted. Changing antipsychotic prescribing practices may rely on our understanding of facility characteristics that are associated with high antipsychotic use.

FACTORS ASSOCIATED WITH A GREATER RISK OF HOSPITALIZATION AMONG NURSING HOME RESIDENTS – A PROSPECTIVE STUDY WITH THREE YEARS OF FOLLOW-UP
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Background: Nursing home residents are at a higher risk of hospital care as they represent the oldest and most frail segment of the population. At the same time, hospitalization is associated with a greater risk of various diseases, such as iatrogenic disorders, physical impairments and other adverse outcomes. Knowledge about factors associated with greater risk of hospitalization among nursing home residents is scarce. The aim of this study was to identify predictors of hospitalization among nursing home residents. Methods: Four hundred twenty-nine Swedish nursing home residents (mean age 84.9 years, ± 7.27, 71% females) were followed during three years in the longitudinal SHADES study. Participants were examined on physical, psychological, and social functioning, and information about hospitalization was recorded across the study period. Results: Of the 429 participants, 196 (45.7%) had at least one hospital admission during the three year follow-up period. The most common cause of admission was cardiovascular diseases (CVD) and complications due to falls. Cox proportional hazard regression model controlling for dependency within nursing homes and municipalities showed that nursing home residents with previous falls (HR=1.59, p=.000), cognitive impairment (HR=1.28, p=.008) and malnutrition (HR=1.51, p=.018) were at a greater risk of hospitalization. Discussion: The results suggest that nursing home residents are at high risk of hospitalization, especially due to CVD and falls. Several modifiable factors associated with an increased risk of hospitalization were identified, including nutritional status and falls. Hospital admissions for older people could potentially be reduced by preventive measures aiming at fall reduction and malnutrition.

ANTIPSYCHOTIC USE AMONG NURSING HOME RESIDENTS WITH DEMENTIA: NEW INITIATIVES, CONTINUING CHALLENGES
S. Crystal, Rutgers University, New Brunswick, New Jersey

Antipsychotic medications continue to be widely used to manage behavioral and psychological symptoms of dementia for elderly nursing residents, despite accumulating evidence of serious risks. Interrupted time series analyses indicate that the FDA’s 2005 black box warning of increased mortality was followed by a significant downward shift in prescribing trends, but use remained above levels of the early 2000s. Despite efforts to limit prescribing to residents with the most severe behavioral manifestations (e.g. psychotic symptoms or aggressive behaviors), use remained substantial even absent these severe symptoms. In 2012, following a highly critical report by the HHS Inspector General, HHS undertook a national initiative to reduce use, with an initial goal of 15% reduction by the end of 2012. Multiple state-level initiatives were also launched toward these goals. In this presentation, we will discuss the approaches taken by several of the state level initiatives, and initial impacts of these efforts. By the third quarter of 2012, progress was relatively modest, with a 4.1% relative change (.95% absolute change) in percentage of long-stay residents receiving APs, compared to the fourth quarter of 2011. State-level results varied considerably: some states achieved relative reductions in the 8% to 10% range while others experienced slight increases. We will discuss implications of these results for the next phase of state efforts. Experience to date indicates the need across all states to develop more effective strategies for encouraging use of alternative methods for managing behavioral symptoms of dementia, if national goals are to be met.

SESSION 1585 (SYMPOSIUM)

ALIGNING RESEARCH METHODOLOGIES WITH VALUES: PARTICIPATORY RESEARCH AND THE CULTURE CHANGE MOVEMENT
Chair: P. Reed, Pioneer Network, Chicago, Illinois
Discussant: D. Dunnefer, Case Western Reserve University, Cleveland, Ohio
Discussant: R.A. Siders, Case Western Reserve University, Cleveland, Ohio

Discussion about aligning methodologies with research questions is routine, though little attention is provided to aligning methodologies with relevant human and social values. The culture change movement is an international, values-based effort to promote an aging experience that is life-affirming, satisfying, humane and meaningful, encouraging engagement and choice for all elders. This goal can be achieved in research when methodologies include stakeholders equally in all aspects of the process. Participants in this symposium will be exposed to several initiatives with strong alignment between values and methodologies. The first presentation will detail the development of a measure of
COMMUNITY-BASED PARTICIPATORY RESEARCH TO DEVELOP MEASURES OF PERSON-CENTEREDNESS IN ASSISTED LIVING

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One million older adults receive care in assisted living (AL), many of who select AL with the impression it provides more personalized care than nursing homes. However, many AL settings employ conventional hierarchical, task-oriented operational culture and workforce practices common to nursing homes. Responsive to concerns to assess and promote what has become known as the gold standard of care — person-centeredness — this project used a community based participatory research (CBPR) approach to develop psychometrically-sound measures of person-centeredness for use by AL leaders, staff, and consumers, among others. Questionnaires developed through expert consensus and refined through cognitive testing were administered to approximately 360 residents and staff. Analyses found excellent face and concurrent validity, and factors largely validated conceptual domains determined through consensus. However, resident and staff responses on some items correlated poorly, reflecting different perceptions. The CBPR process maximized applicability of the materials for widespread dissemination and implementation.

THE POSSIBILITIES AND CHALLENGES OF PARTICIPATORY APPROACHES TO CULTURE CHANGE: EXAMPLES FROM THE PARTNERS IN DEMENTIA CARE (PiDC) ALLIANCE

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The Partners in Dementia Care (PiDC) Alliance, a collaborative research network and culture change initiative based in Canada, is working to enhance the dementia care experience in both long-term care and community care settings. Guided by the authentic partnership approach, Culture Change Coalitions have been formed to lead this culture change process within four diverse care settings. Coalition members consist of a variety of stakeholders, including persons with dementia, family care partners, staff working in various levels of healthcare, and researchers. This session describes the participatory action research process embarked on within two of the research sites and explores some of the challenges experienced as diverse coalition members negotiate the process of working together. We also discuss the new possibilities that exist when members learn and grow, shift previously held perspectives, and identify transformational changes in their personal and professional lives as a result of their participation in the process.

USING PARTICIPATORY ACTION RESEARCH TO EXPLORE STAKEHOLDER PRIORITIES FOR CULTURE CHANGE IN LONG-TERM CARE

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This session shares the relative outcomes of a participatory action research study that engaged residents, family members, staff and national experts in evaluating, clarifying and prioritizing discrete strategies for Culture Change. Based upon the study’s guiding conceptual model, strategies were organized within four domains: 1) philosophical underpinnings, 2) organization, 3) environment, and 4) operations. Mixed-method research was carried out in five geographically diverse peer-nominated long-term care settings. Stakeholder’s consensual and diverging priorities for Culture Change were examined based on both group and contextual variations. Statistically significant between-group variations revealed a downward trend in strategy prioritization. LTC Experts tended to offer more liberal support, followed by staff and family members, with residents assuming a more conservative stance. This prevailing tendency was marked by several noteworthy trend reversals and contextual variations. Research outcomes support broad stakeholder engagement in both the investigation and the implementation of Culture Change.

WORKING TOGETHER TO PUT LIVING FIRST: CULTURE CHANGE GUIDED BY CRITICAL PARTICIPATORY ACTION RESEARCH

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Culture change involves changing people — their ideas, language, practices, and social relationships. But ‘changing people’ should never be approached as such. People should never be treated as the objects of someone’s plans for change, no matter how expertly-informed or well-intended. People should always be treated as knowing subjects, experts of lived experience, able to contribute in meaningful ways to the culture change process. This session describes how a long-term care and retirement living organization in Ontario, Canada embarked on an organization-wide culture change initiative guided by critical participatory action research (CPAR). CPAR aims to establish self-reflective groups of diverse people committed to changing themselves and, in doing so, transforming the world around them. In this session, participants will consider various culture change approaches through the lens of ‘participation’ as defined by critical social theory, and learn guiding principles and practical strategies for the use of CPAR to advance culture change.

SESSION 1590 (SYMPOSIUM)

EVIDENCE-BASED INTERVENTIONS IN DEMENTIA (EVIDEM): RESEARCH ACROSS THE DEMENTIA TRAJECTORY

Chair: C. Goodman, University of Hertfordshire, Hatfield, Hertfordshire, United Kingdom
Discussant: R.H. Fortinsky, University of Connecticut School of Medicine, Farmington, Connecticut

The needs of people with dementia (PWD) and their carers’ for information about symptom management and access to services are inadequately addressed at all key points along the disease trajectory of dementia syndrome, from diagnosis through to end-of-life care. This symposium brings together findings from five projects that formed the UK NIHR-funded EVIDEM programme, which developed and tested evidence-based interventions that improve patient, carer and service outcomes. Steve Iliffe and colleagues present findings from the EVIDEM-EARLY DIAGNOSIS project that focused on the development of an educational resource to support primary
EVIDEM-EXERCISE: EXERCISE AS A THERAPY FOR PSYCHOLOGICAL SYMPTOMS OF DEMENTIA
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The objective of the EVIDEM-EXERCISE study was to evaluate the effectiveness of an exercise regime as a therapy for the behavioural and psychological symptoms of dementia (BPSD). A pragmatic, randomized, controlled, single-blind, parallel-group trial of a dyadic exercise regime (tailored walking) for community-dwelling individuals with BPSD and their carers was undertaken. The primary outcome was Behavioural and Psychological Symptoms as measured by the Neuro-Psychiatric Inventory at week 12. Results show no significant difference of NPI score at week 12 between the group receiving the dyadic exercise regime and those that did not. Secondary outcome measure of caregiver’s burden was significantly improved; caregiver burden doubled by week 12 for the control group participants, but decreased for those receiving the exercise intervention. In conclusion, this study found that regular simple exercise does not improve BPSD but did seem to attenuate changes of caregiver burden.

EVIDEM-CONTINENCE: PROMOTING CONTINENCE AND MANAGING INCONTINENCE WITH PEOPLE WITH DEMENTIA LIVING AT HOME
V. Drennan, L. Cole, S. Donovan, R. Grant, Kingston University & St. George’s University of London, London, United Kingdom

People with dementia experience, upsetting, persistent problems with toileting and incontinence which are difficult to manage. It is a significant factor in decisions to move people with dementia to a care home. This study investigated ways in which incontinence problems can be addressed for people with dementia living in their own homes. The first phase was a review in which little evidence was found about effective interventions tailored to the needs of this population. The second phase explored the experiences and strategies of people with dementia, family carers and professionals. The third phase explored the feasibility of investigating the effectiveness and acceptability of different designs of incontinence pads with people with dementia. Finally, a continence assessment tool was developed and tested, tailored to the needs of people with dementia living at home. This presentation explores the multifaceted nature of such problems and the challenges of designing complex interventions.

EVIDEM-CLINICAL MANAGEMENT OF DEMENTIA IN PRIMARY CARE
S. Ilije, J. Wilcock, M.A. Griffin, P. Jain, F. Lefford, D. Rapp, I. Thune-Boyle, Department of Primary Care & Population Health, University College London, London, United Kingdom

Primary care has a pivotal role to play in dementia diagnosis and management but under-performance is common. We tested a tailored educational intervention package for primary care designed to improve diagnosis and clinical management, based upon principles of adult learning, in an unblinded cluster randomised controlled trial of intervention versus normal care, with a pre-post design, which ran from 2008-2012. Results show that case detection pre and post intervention was not significantly different between arms. The number of patients with dementia with two or more annual management reviews did not differ between the two arms. Medical record analysis showed no difference between groups in concordance with NICE guidelines in management of patients with dementia. Despite high face-validity and positive feedback from practitioners this study suggests that a tailored intervention does not improve case identification or documentation of clinical reviews. Nor does it improve concordance with management guidelines.

EVIDEM-END-OF-LIFE: QUALITY OF CARE AT THE END-OF-LIFE
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End-of-life (EOL) trajectories of older people with dementia (OPWD) are often unclear to care home staff, family members and visiting healthcare practitioners (HCPs). Timely agreements regarding end-of-life care are difficult to reach. EVIDEM-EOL tracked the care received by 133 OPWD over eighteen months in six care homes providing personal care only. Just over 20% of the resident cohort died. Even with access to EOL care tools, providing EOL to OPWD was characterized by pathway, relational and service uncertainty. A co-design approach (Appreciative Inquiry- AI) was undertaken in three of the six care homes to address these overlapping levels of uncertainty. AI did not increase resource use and there was a reduction in unplanned admissions to hospital. The intervention supported a shift in care home culture that could mitigate uncertainties inherent to end-of-life care of OPWD and embed different ways of working between HCPs and care home staff.

EVIDEM-MENTAL CAPACITY ACT: IMPLEMENTING THE MENTAL CAPACITY ACT 2005
J. Manthorpe, K. Samsi, King’s College London, London, United Kingdom

The Mental Capacity Act 2005 safeguards decision-making rights of people with declining capacity. As part of a 5 year research program, we conducted longitudinal interviews with 32 staff working in 5 dementia-specific care homes in the London area. Baseline interviews showed daily work ethos was nested within MCA principles. Few participants were aware of specific legal points and offered ‘common sense’ explanations for actions and decisions. By Time2, a minority of care home staff found MCA helpful in crystallizing existing working practices. However, most provided case examples of balancing individual autonomy and decision-making, family members’ wishes, and thinking of residents’ best interests outside any legal framework of the MCA. The ethos of care homes rather than legalities appear to be central in staff understanding of the moral nature of their work. This study highlights importance of relationships in care work and need for trainers and regulators to understand their primacy.
SESSION 1595 (SYMPOSIUM)

FOSTERING INTERGENERATIONAL INTERACTIONS AND RELATIONSHIPS IN DIVERSE COMMUNITIES AND SETTINGS

Chair: L. Wagner, Department of Psychology, University of San Francisco, San Francisco, California
Co-Chair: C.M. Mehrotra, The College of St. Scholastica, Duluth, Minnesota

Promoting interactions between people from different ages can help increase mutual understanding, respect, and positive attitudes toward each other, as well as provide a sense of connection and purpose for people of all ages. This symposium presents three programs in different cultures and settings designed to increase intergenerational interactions. Community-based Age to age: bringing generations together connects youth with older adult mentors in small towns and on Indian reservations. Older people who have deep concern for younger people work with youth who want to contribute to their communities, but lack the knowledge of where to start. Together, these intergenerational collaborations are improving their communities while also promoting their own well-being. Experience Corps in Japan brings senior volunteers in groups to elementary schools to read to children. Continued and intensive involvement in the program leads to improvement in volunteers’ self-rated health and social networking. Generation to Generation is a college course on an urban campus in which half of students are traditional college-age and the other half are retired older adults. The course structure promotes interactions between students as equals because neither older nor younger students are helping or mentoring one another, but instead are learning together and getting to know each other. The symposium illustrates that despite differences in settings, designs, and participant characteristics, the three programs share the common goal of fostering meaningful interaction to ensure the well-being of both young and old. Given his expertise with intergenerational programming in the U.S., Rebok discusses these models and their implications.

ENGAGING OLDER ADULTS IN RURAL COMMUNITIES TO HELP YOUNG PEOPLE THRIVE

C.M. Mehrotra1,2, Z.L. Baili2, L.M. Haglin2, I. Psychology, The College of St. Scholastica, Duluth, Minnesota, 2. Northland Foundation, Duluth, Minnesota

In Minnesota’s small towns and Indian reservations, there have been few opportunities for youth and older adults to interact in meaningful ways. Northland Foundation, therefore, developed AGE to Age, a program that purposefully joins older adults and youth in impoverished communities with populations ranging from 391 to 12,124. Foundation staff guided 10 communities to identify needs and opportunities, engage in intergenerational dialogue, and craft an action plan. These communities have now undertaken activities such as using information technology, sharing cultural traditions, promoting health and wellness, implementing environmental projects and social/recreational activities. Older adults report renewed sense of purpose, increased motivation to get out of the house, reduced fear of young people, and new opportunities for mentoring. Benefits to youth include engaging in productive activities after school, reduced fear of elders, and improved academic achievement. Funders view the program as a cost-effective approach to reduce age-segregation and foster community vitality.

A SCHOOL VOLUNTEERING PROGRAM BY OLDER ADULTS FOR URBAN CHILDREN IN JAPAN

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Tokyo Metropolitan Institute of Gerontology (TMIG) has developed and implemented “REPRINTS,” an intergenerational program which engages senior volunteers in reading picture books to children located in Chuo-ku, Kawasaki, and Nagahama. To help seniors maintain their health status, well-being, and mental abilities, the program also fosters development of relationships among peers and engages them in ongoing intensive learning opportunities. Initially supported by a 3-year grant from the Ministry of Health, Labor, and Welfare, senior volunteers now manage their own volunteer organization in cooperation with TMIG. Two hundred seniors have visited 40 public elementary schools and kindergartens in groups of 6-10 each week. Follow-up evaluation indicates that social network scores (frequency of contact with grandchildren and others in the neighborhood) and self-rated health improved or was maintained at a significantly higher rate of seniors volunteering most intensively as compared to those who did not volunteer or volunteered minimally.

CONNECTING OLDER AND YOUNGER ADULTS IN A COLLEGE SETTING TO PROMOTE INTERGENERATIONAL INTERACTIONS

L. Wagner, Department of Psychology, University of San Francisco, San Francisco, California

College students report limited opportunities to engage with older people in meaningful ways. Similarly, older adults express the desire to interact with people from younger generations, but find themselves unable to make a genuine connection. Drawing upon Allport’s (1954) conditions of optimal contact, Generation to Generation, a college course, enrolls traditional college-age and retired older adult students. Rather than using models where older students mentor younger, or younger students assist older adults, this course encourages formal and informal interactions that are on equal footing. Each week small intergenerational groups read and discuss a topical newspaper article. These small groups of students take two field trips to locations of their own choosing. This deceptively simple course design results in ongoing positive intergenerational interactions and friendships. Both age groups report increased positivity toward each other. In sum, age barriers are being broken and meaningful connections are being made.

SESSION 1600 (SYMPOSIUM)

INTERNATIONAL PERSPECTIVES ON AGE-FRIENDLY COMMUNITIES

Chair: N. Keating, Human Ecology, University of Alberta, Edmonton, Alberta, Canada, International Association of Gerontology and Geriatrics, Seoul, Republic of Korea

The age-friendly cities movement has gained remarkable traction since its launch by the World Health Organization in 2006. The report of the WHO-lead consultations in cities around the world provided guidance in creating services and amenities such as public transportation and access to health and social services to help cities achieve age-friendly status. An age-friendly city was one that “adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities” (WHO, 2007, p.1). A checklist of age-friendly community features was developed for use by communities that wished to make a difference in the lives of their older residents. The purpose of this symposium is to move forward the age-friendly discourse in two ways. First we present information on new initiatives in the practice of creating age-friendly communities, drawing on examples from both Latin America and North America. Two speakers will provide updates on efforts to fine-tune ideas of the components of age-friendly toward meeting the needs of specific groups of older adults and through the creation of policies to support them. A third paper will extend the age-friendly debate through providing empirical evidence to support both current and expanded AF domains. Concluding remarks will include an argument that age-friendly must address widening disparities among older adults expanding the discussion to questions of “age-friendly for whom”? In sum, presentations in this symposium will provide both cur-
rent information on state of practice in creating age-friendly communities and state of theorizing and knowledge creation around the idea of age-friendly.

FROM A GOOD IDEA TO A GLOBAL PHENOMENON: NEW DIRECTIONS IN AGE-FRIENDLY COMMUNITIES

From a pilot study in Rio de Janeiro in 2005 and the launch in 2007 of the WHO Age Friendly Cities (AFC) Guide based on similar studies in 35 cities around the world, the AFC initiative has become a global phenomenon. Its focus has been on features and actions of communities that promote active ageing. This presentation has two objectives. First, it will describe the process of turning the original AFC idea into a global phenomenon, illustrating the fundamental principle of embracing the diversity of older adults through listening to their voices which tell us, for instance, who are their “best friends” and “worst enemies” - doormen and bus-drivers, respectively, in the case of Rio. Second, it will articulate the importance of more macro engagement of state governors, national cabinets, academia, civil society organizations and the private sector whose cooperation and political action is essential to AF sustainability.

HOW IMPORTANT ARE AFC CHARACTERISTICS IN AN EAST ASIAN CITY? A CRITICAL ANALYSIS IN HONG KONG
D.R. Phillips, Sociology and Social Policy, Lingnan University, Tuen Mun, Hong Kong

Hong Kong is one of Asia’s more demographically aged cities with the population aged 65+ projected to reach 23% by 2025. The city’s infrastructure is well developed and generally reflects WHO AFC domains. However, how do older respondents react to and assess AFC characteristics? Might socio-economic and cultural variables be of equal or greater importance in this predominantly Chinese population? This empirical study explores the relationships of AFC characteristics to psychological well-being (PWB), using quantitative data (n= 503 older respondents) and qualitative focus group data. The data are analysed by socio-economic status to investigate whether this has any role in attitudes to AFC characteristics and outcomes. In general, preliminary analysis indicates AFC dimensions are positively related to PWB, though associations are statistically small to medium. Whilst social provision/participation and infrastructure did often relate to PWB, other factors, such as physical health and social status, might be more salient.

UNEQUAL AGING AND AGE-FRIENDLY COMMUNITIES
T. Scharf, National University Ireland Galway, Galway, Ireland

In European societies there is substantial evidence pointing to the structural and enduring nature of inequalities relating to age. In many countries, rather than diminishing, research emphasizes the widening of inequalities based on such characteristics as age, gender, ethnicity, socio-economic status and geography. Building on a growing body of work in environmental gerontology, and reflecting increasing policy interest in age-friendly communities in Europe, this paper considers the experience of aging in different sociospatial contexts and the range of risks that can combine to exclude older people from major societal institutions, resulting in diminished well-being of older adults. In exploring the implications of unequal aging for the development of age-friendly communities in European societies, the paper makes a case for broadening debates about age-friendly policies and practices to encompass consideration of structural features of societies. Addressing structural inequalities should become a core element of the burgeoning age-friendly movement.

AGE-FRIENDLY COMMUNITIES IN THE US: MEETING DIVERSE NEEDS
D. Whitman, AARP, Washington, District of Columbia

In 2012, AARP became a US affiliate of the WHO age-friendly cities program. To date, more than a dozen US communities have pledged their commitment to improving the lives of persons of all ages. This involvement builds upon AARP’s earlier work in livable communities, expanding our focus beyond housing and transportation to include all eight WHO domains. In these times of fiscal restraint, how do we ensure that these communities’ promise of becoming more age-friendly addresses the needs of their diverse populations? In this presentation, Dr. Whitman offers strategies to achieve this goal, interweaving examples from AARP’s age-friendly and livable communities work, and beyond.

SESSION 1605 (SYMPOSIUM)

SELF-MANAGEMENT OF DISABILITY AND OPTIMAL AGING: CURRENT TRENDS IN RESEARCH, POLICY, AND PRACTICE
Chair: N. Ruggiano, School of Social Work, Florida International University, Miami, Florida
Discussant: M. Putnam, Simmons College, Boston, Massachusetts

Within the next several decades, the population of older adults with disabilities and chronic health conditions will increase in size and diversity. An extensive network of medical and non-medical support services has emerged to meet the physical and health needs of this population, as well as promote their independent living. Despite the potential health and social benefits of the current service system for older adults with disabilities and chronic conditions, scholars, practitioners, and policymakers alike have lamented that the quality of health and supportive services for this population is declining, particularly in the areas of coordinated and preventative care. Initially, this resulted in increasing research on the role that practitioners and policymakers play in improving the quality of care. However, more recently scholars have begun to view older adults as being active participants in the delivery of their services, rather than passive service recipients. This has led to a growing body of scholarship on health and disability self-management and participant-directed disability services. Although these are developing into promising areas of gerontological research, more information is needed on the role that self-management plays in optimizing aging. This session highlights current dialogue on self-management of health and disability. Individual presentations will focus on policy and practice implications of promoting older adults’ capacity to play active roles in their service delivery and overall management of their chronic conditions. The discussion will also present recommendations for practitioners and policymakers in addressing the needs of adults with disabilities and chronic conditions as they age.

MORE THAN SELF-MANAGEMENT: OLDER ADULTS AS CO-FACILITATORS OF CARE COORDINATION OF HEALTH AND DISABILITY SERVICES
N. Ruggiano, N. Shompel, School of Social Work, Florida International University, Miami, Florida

Critics have lamented about the quality of health and disability services for older adults with chronic conditions. Improving care coordination has been suggested as one way to improve the quality of their care, though little is known about the qualities of care coordination and findings on existing models have been mixed. Most studies focus on the care coordination activities of health professionals, with less known about how older adults contribute to the coordination of care. The aim of this study was to examine the health-related behaviors of older adults that contribute to the coordination of their health and disability services. Data were collected through in-depth interviews with 36 older adults with chronic conditions disabilities and 9 geriatric case managers.
Data were systematically coded for themes. The findings indicate that older adults contribute to many aspects of care coordination through their health self-management behaviors. Implications for research and practice are provided.

OUTCOMES OF CDSMP FOR PERSONS WITH DISABILITIES
P. McCallion, University at Albany, Albany, New York

The Chronic disease self-management program (CDSMP), a widely used evidence based six-week workshop series empowers older adults and their caregivers to take charge of chronic conditions. Randomized control study findings support change in physical activity, chronic condition symptoms, health management behaviors and health care utilization. It is of interest if people with disabilities experience the same level of benefit. Sample: In a random sample of 278 community participants in the CDSMP workshops there were 47 participants with disabilities that significantly impair day to day functioning. Measures: Standardized outcome measures on physical activity, chronic condition symptoms, health management behaviors and health care utilization were collected pre-workshop and 6 months post-test Results: Improvements were found in all four areas for the larger group and in chronic condition symptoms and health management behaviors for persons with disabilities. Conclusions: Although not as effective, participation in CDSMP for people with disability is still of value.

THE RELATIONSHIP OF DEPRESSION AND SELF-EFFICACY TO DIET IN OLDER KIDNEY DISEASE PATIENTS
T.R. Washington, Social Work, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

End-stage renal disease (ESRD) is a serious public health issue, affecting almost 600,000 people in the United States. Older adults are the fastest growing segment of the ESRD population, and the majority of patients undergoing hemodialysis (HD) are adults aged 65 and older. Self-management behaviors related to diet are important among HD patients because deviation from recommended diet prescriptions can result in negative health outcomes (e.g., cardiac arrest). To inform future self-management interventions with this population, this paper examines the relationship of depression and self-efficacy to diet adherence in older ESRD patients. A total of 107 older adults at four dialysis facilities were interviewed. Depression was negatively associated with diet adherence (r = -0.19, p < 0.05) and self-efficacy was positively associated with diet adherence (r = 0.22, p < 0.05). Future interventions with this population may aim to reduce depressive symptoms and increase self-efficacy to improve self-management behaviors.

SESSION 1610 (PAPER)
LEARNING TO IMPROVE CARE: EVIDENCE-BASED PRACTICE FROM GECs, HOSPICE AND CHALLENGES FOR PREPAREDNESS

INCORPORATING EVIDENCE-BASED PRACTICE EDUCATION INTO CLINICAL SETTINGS: AN OVERVIEW OF IMPROVEMENTS IN PRACTICE
K. Peplinski1, J. Weiss1, J. Manchester1, 1. Bureau of Health Professions, Health Resources and Services Administration, Rockville, Maryland, 2. Case Western Reserve University, Cleveland, Ohio

Since 2010, the Health Resources and Services Administration, Bureau of Health Professions has required that Geriatric Education Centers (GECs) (N=45) identify and train geriatrics providers in Evidence-Based Practices (EBP) in one of five fields (delirium (N=8), depression (N=6), falls prevention (N=18), diabetes (N=4), and palliative care (N=8)). EBPs clinical recommendations and protocols were standardized in order to evaluate the outcomes of education and training on provider’s clinical practice. During the first year of implementation (2011-2012) GEC grantees executed training related to the assessment of the clinical areas identified. GECs targeted their training towards primary provider types, with 22% selecting medicine, 67% choosing nursing, and 9% choosing other profession types (physical therapy and social work). A total of 4,254 providers were trained in the appropriate uses of evidence-based protocols, of which 74% were from the identified primary disciplines. Grantees conducted retrospective chart reviews of a sub-sample of trained providers and reported rates of practice implementation pre and post training. Post-training rates of implementation ranged from 16% to 80% between EBP areas and changes in rates of implementation from pre to post training ranged from -42% to 69% between EBPs. Additional analyses investigating the impact of practice setting, provider type, and EBP area on intended practice outcome will be presented. This evaluation demonstrates that federal investments in geriatric education have the potential to improve practice and quality of care. Additional investigations into challenges facing EBP adoption are needed in order to contextualize and alleviate the barriers to implementation for GEC grantees.

ARE WE APPLYING DISASTER LESSONS LEARNED? ENHANCING PREPAREDNESS, RESPONSE, AND RECOVERY OF OLDER ADULTS AFFECTED BY DISASTERS
L.M. Brown, School of Aging Studies, University of South Florida, Tampa, Florida

Shortly after the 2004 hurricane season, Florida nursing home providers were asked to complete an extensive questionnaire describing their preparation, response, and recovery efforts. More than 300 facilities responded (45% response rate) and provided unique insight into: 1) the effectiveness of pre-planning emergency efforts, 2) the impact of the storm on providers, residents, and staff and, 3) the responsiveness of the local emergency operations centers and state emergency offices to long term care providers’ needs during the recovery period. Although the research revealed gaps that were later addressed by significant changes to disaster planning, a disproportionate number of older adults continue to die or fare poorly after disasters. Are we applying the lessons learned? What resources and policy changes are needed to keep older adults safe? We will review our research data and describe how the ability of facilities to coordinate long term care under emergency conditions has evolved over the past decades. The data from Hurricane Sandy suggest that gaps remain and that lessons learned are not always applied. This presentation will provide insights into how existing systems of care could be improved. Adequate preparation for disasters and coordination with community based emergency operations is paramount for protecting frail and vulnerable nursing home residents.

DELIRIUM: ASSESSMENT AND MANAGEMENT FOR OPTIMAL END OF LIFE IN AN IN-PATIENT HOSPICE SETTING
C. Luz, M. Ensberg, Family Medicine, Michigan State University, East Lansing, Michigan

Evidence exists that symptoms of delirium are not well understood in nursing homes and hospice settings. It is frequently misdiagnosed and inappropriately treated. Symptoms are seldom differentiated from dementia or depression. Rather, they may all be grouped under headings such as “terminal restlessness”. Pharmacotherapy is the most common response to a range of symptoms including agitation, anxiety, sleep disruption, emotional lability, and hyperactivity. This represents a critical gap in best practices since delirium and depression are distinctly different from dementia in that they are potentially reversible. Appropriate assessment and management is essential as delirium disrupts quality of life and can be stressful for staff. In 2011-12, the Geriatric Education Center of Michigan developed a training program for health teams working with older adults at end of life who are exhibiting symptoms
of delirium, depression and dementia. It was presented to all staff of a mid-Michigan in-patient hospice unit and consisted of a 2 hour didac-

tic in-service, and weekly team meetings for applied learning using actual case reviews. Content focused on understanding delirium; use of an evidence-based screening tool; differentiating delirium from dementia; non-pharmaceutical interventions, the family role; and effect-

tive interdisciplinary care planning. 45 staff members representing 6 disciplines participated with immediate positive outcomes. Pre-posttests indicated significant knowledge gain; team meeting notes and care plans indicated translation of knowledge into clinical practice; staff expressed improved satisfaction; and organizational changes were made includ-

ing determining family goals upon admission. Plans are underway for additional evaluation and expanding the program to other settings.

**TRI-SITE STUDY YIELDS POSITIVE OUTCOMES FOR CAREGIVING PREFERENCES AND PROGRAMS**

L. Eason, L. Bauer, Rosalynn Carter Institute for Caregiving, Georgia Southwestern State University, Americus, Georgia

Caring for loved ones with cancer and Alzheimer’s disease is a long and difficult journey. The duration of caring may be five years or longer. The aim of this tri-site study was to evaluate the effectiveness of evidence-based caregiving support intervention programs on the psychological health of the caregiver, specifically burden and depression. Over a 2 year period, three sites implemented interventions targeting caregivers: 1) FOCUS (cancer caregivers) implemented in Ann Arbor, Michigan with a sample size of 23; 2) REACH-OUT (Alzheimer’s)’s imple-

mented in San Diego, California with a sample size of 28; and 3) Skills2Care (Alzheimer’s)’s implemented in St. Augustine, Florida with a sample size of 16. We utilized a pre-post research design comparing baseline data to program end data. We hypothesized that burden and depression would be decreased with the intervention treatment. Results from these three studies demonstrate decreasing burden with the FOCUS intervention (scores 7.3 to 2.7, p-value 0.07), REACH-OUT intervention (scores 9.1 to 4.2, p-value 0.0001), and Skills2Care intervention (scores 13.0 to 6.0, p-value 0.0001). Decreased depression also occurred following treatment: FOCUS intervention (scores 20.0 to 18.5, p-value 0.37), REACH-OUT intervention (scores 19.6 to 5.2, p-value 0.0001), and Skills2Care intervention (scores 40.0 to 15.8, p-value 0.0001). Conclusion is that evidence-based interventions are effective and can improve psychological health of caregivers caring for individuals with cancer and Alzheimer’s disease. Implications for practice include the adoption of these interventions into community agencies who serve older adults and their caregivers.

**DOCUMENTING DEMENTIA DECLINE: USING EVIDENCE-BASED MEASURES FOR SUCCESSFUL DOCUMENTATION FOR DEMENTIA PATIENTS IN THE MEDICARE HOSPICE BENEFIT**

W. Cabin, Richard Stockton College, Glen Rock, New Jersey

In the last five years Medicare has changed its Hospice Conditions of Participation to require specific quality assurance reporting. The new requirements will soon carry financial penalties for non-compliance. The paper presents the experience of one hospice in researching and using evidence-based scales to document decline in hospice patients with dementia. The evidence-based measures allow the agency to demonstrate compliance with the new Medicare requirements and improve their ability to meet patient needs. Successes and barriers to implementation and practice implications are discussed.

**SESSION 1615 (POSTER)**

**CAREGIVING PREFERENCES AND PROGRAMS**

**TRI-SITE STUDY YIELDS POSITIVE OUTCOMES FOR EVIDENCE-BASED PROGRAMS IN CAREGIVING**

L. Eason, L. Bauer, Rosalynn Carter Institute for Caregiving, Georgia Southwestern State University, Americus, Georgia

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**CARE-FRIENDLY ENVIRONMENTS IN COMMUNITIES: THE RELATIONSHIP BETWEEN COMMUNITY ENVIRONMENTS AND CONTINUITY OF FAMILY CARE**


Aging in place is a priority for policy and for individuals as they age and one main concern has been the continuity of care at home. Previous research has overlooked the effects of community environments on caregiving. In this study, we examine how features of the community affect the continuity of family caregiving at home relative to institutionalization over an 18-month period. Longitudinal data were collected from family caregivers in 17 municipalities in north-central Japan beginning in 2010. Community environments were measured in each municipality based on caregiver’s self-reports about the availability of public transportation and the accessibility to facilities and to emergency medical clinics. The final sample comprised 338 spouse caregivers and 900 adult-children caring for older persons living at home. Multivari-

ate logistic regression models predicting continuation of home care vs. institutionalization after 18 months showed that features of the community environment did not have significant effects on caregiving continued for adult-child caregivers. However, spouse caregivers were 36% more likely to continue providing care at home in areas where emergency medical clinics were more convenient, even after controlling for older adults’ and caregivers’ characteristics. We also found that better availability of public transportation increased the likelihood that spouses would continue care at home by 23%. Findings suggest that the availability of medical care and transportation is particularly important for elderly spouses providing care at home. Policy makers could consider incorporating community services into local long-term care planning.
WHAT HAPPENS WHEN HOSPICE LEAVES? DEMENTIA CAREGIVERS AND FORCED TERMINATION OF HOSPICE SERVICES
S.P. Wladkowski, School of Social Work, Simmons College, Boston, Massachusetts

While most patients stay enrolled in hospice until they die, sometimes hospice services are discontinued while a person is still alive referred to as a “live discharge.” Persons with dementia are one of the specific populations who may not stay enrolled until death. Due to the slow physical decline associated with the disease process, individuals may not continually meet hospice eligibility requirements under the current Medicare hospice benefit guidelines. This qualitative study (N=15) is an exploration of the experience of caregivers when losing hospice services due to prognosis improvement. Specific aims of this study are: (1) to identify the positive and negative outcomes of the experience of live discharge for caregivers of people with dementia, Alzheimer’s disease, and hospice diagnoses of debility and adult failure to thrive, and (2) to understand if and how the removal of hospice services influences caregivers experiences of grief. Results of this study suggest three areas of inquiry and will be presented. First, a disruption in the relationship with hospice professionals, and particularly with the personal care providers, complicates an already complex grief process as an anticipated outcome of death while on hospice is delayed with prognosis improvement. Second, the role of Medicare or Medicaid coverage in supporting patients with dementia in hospice complicates the termination of hospice services. This includes the financial stress of losing or transferring coverage for specialty equipment and medications. Third, the process of live discharge must be improved, specifically limited time to identify and arrange adequate supplemental support services.

THE MENTAL HEALTH OF CARE RECIPIENTS: DOES THE CAREGIVER MATTER?
H. Gravette, Gerontology, University of Massachusetts Boston, Boston, Massachusetts

Care provided in the home to older adults with cognitive or physical disabilities is the most common form of caregiving in the United States. The negative consequences of providing this care have been examined in depth but the impact on the care recipient is rarely studied. The goal of this study was to test the association between the type of caregiving relationship and its influence on the care recipient’s mental health. Using the 2008 Health and Retirement Study, the depressive symptoms of individuals (measured using the Center for Epidemiologic Studies Depression scale) who had difficulties performing activities of daily living (ADLs) and received help (N=900) were analyzed using logistic regression. The preliminary findings indicate that those unmarried older adults receiving assistance with ADLs from professional paid caregivers were 81% more likely to display depressive symptoms than those receiving care from their daughters (p<.05). Unmarried care recipients receiving assistance from their sons were 139% more likely to be depressed than those being cared for by their daughters (p < .06). No significant differences in depressive symptoms were found among those care recipients who were married and received help solely from the spouse compared to those receiving help from others and/or the spouse. These results suggest that interventions may be needed, in particular, with caregiving sons in order to assist them in their caregiving responsibilities. Mental health interventions with the care recipient may also be critical to help them manage the challenges they face while being cared for by professional helpers.

NEGO[TIATING PRIVACY AND AUTONOMY: FRONT LINE STAFF AND BODY CARE IN ASSISTED LIVING
R. Hrybuk, A. Frankowski, C.R. Bennett, Center for Aging Studies, UMBC, Baltimore, Maryland

The autonomy of residents, especially as it pertains to body care, is often constrained by the workload of the direct care staff in some assisted living (AL) settings. Schedules for bathing, dressing, and medications are set, to a large degree, by the time available to care aides and the number of residents who need assistance. Altering personal routines to fit the pattern of daily life in the AL and accepting help with intimate body care can erode the residents’ sense of self and delay adjustment to the collective living environment. In AL settings care giver and care receiver negotiate issues of safety, control, and privacy. This poster offers insight into how direct care staff support or constrain autonomy relating to body care using excerpts from ethnographic interviews with staff and residents. Factors such as the size of the AL and its business model, physical setting, direct care staff to resident ratio, and the mission / philosophy of the AL are discussed. Ethnographic data for this poster are drawn from a four-year, NIA-funded qualitative study, “Autonomy in Assisted Living: A Cultural Analysis.” Fieldnotes and interview transcripts from five ALs, ranging in size from 16 to 75 residents, were coded and analyzed using Atlas ti software. This poster concludes with recommendations on how the autonomy of residents can be supported by front line staff in AL settings.

JOURNEY TO OPTIMAL RECREATION PARTICIPATION: DEVELOPMENT OF AN OBJECTIVE QUALITY INDICATOR
K. VanHaitsma, K. Eshraghi, S. Humes, S. Crespy, C. Duntzee, M.H. Kleban, M. VanValkenburgh, Polisher Research Institute, North Wales, Pennsylvania

There is growing consensus as to the desirability of providing care that is tailored to needs and preferences of frail elders; there remains a significant gap in measuring tailored care for quality improvement purposes in long term care communities. This paper reports on the development of a new person centered quality indicator (QI) measuring preference congruent (PC) recreational approaches. This QI is constructed by assessing resident preferences using the Preferences for Everyday Living Inventory (PELI) and tracking monthly preferred activity attendance. The reported indicator represents an objective measure of preference fulfillment for each resident. To demonstrate feasibility, we utilized a sample of 222 residents in a single large skilled nursing home. Participants were largely female (81%), Caucasian (100%), ranged in age from 47 to 103 and 73% were Medicaid recipients. Data on PC was tracked for 6 months (Sept. 2012-Feb. 2013). Information regarding the demographics, diagnoses, health service utilization, and the medical, psychological, functional status of participants was drawn from the chart. Using community participatory research methods we engaged therapeutic recreation specialists to determine person-environment barriers and facilitators of congruence. Discussion of the new quality indicator will include: 1) pattern of preferences in comparison to a national sample of publicly reported MDS 3.0 Section F preference data (n=1,124,156); 2) overall levels of PC found during study period (range: 46-50%) and 3) qualitative and quantitative reasons for incongruence as articulated by practicing recreational therapists and discussing the significant predictors of PC that resulted from hypothesis driven multiple regression analyses.

QUALITATIVE EXPLORATION OF OUTPATIENT PALLIATIVE CARE PATIENTS’ EXPERIENCES IN SYMPTOM MANAGEMENT
C. Azuero1, R.S. Allen1, E. Kvale2, G. Harris1, 1. University of Alabama, Tuscaloosa, Alabama, 2. University of Alabama at Birmingham, Birmingham, Alabama

Background: Outpatient palliative and supportive care services are designed to provide care to seriously-ill patients and families early in the course of their illness, most often using an interprofessional approach. Mental health (MH) practitioners are often part of the team in order to address comorbid physical and MH needs of patients living with serious illness. In spite of collaborative care models, MH services are under-utilized in this population. Methods: Using qualitative methods, we
explored the symptoms that brought thirteen patients to an outpatient palliative care clinic and the treatments they received for these symptoms. Results: Reasons for seeking treatment were: pain, fatigue/sleep disturbance, depression/anxiety, and memory deficits. Primarily, pharmacologic interventions were reported by patients for pain and sleep disturbance; although physical and massage therapy for pain were also employed. Depression and anxiety were most commonly reported to be treated with pharmacotherapy, however many patients also reported general time and understanding offered by their palliative physician as helpful. Psychotherapy was utilized occasionally. The primary reason participants gave for seeking MH services were for supportive services related to coping with illness or other life/family stress. Discussion: Results indicate seriously-ill patients may understand the role of MH services separate from their symptom management plan. Patients seem more likely to characterize their pharmacologic interventions as “treatment” This characterization of MH services as adjunctive, and separate from “treatment” may limit uptake, or adherence to, MH interventions demonstrated to be effective in symptom management. Further work to identify determinants of uptake of MH services is indicated.

SESSION 1620 (POSTER)

COGNITION, DECISION-MAKING, AND MEMORY

INDIVIDUAL DIFFERENCES IN DECISION-MAKING STYLES ACROSS THE LIFE SPAN


Little research investigates decision-making styles (habitual decision-making patterns) across adulthood. Theorists suggest older age may be associated with greater spontaneity, intuition, dependence on others, or avoiding decisions due to declines in cognitive abilities necessary for a rational style. We investigated decision styles as a function of age and age-related individual characteristics (perceived decision-making ability, fluid cognitive ability, and perceived health). Members of RAND’s American Life Panel (N=733, 20-93 yrs, M=55 yrs) completed a web-based survey. Hierarchical regressions predicted reported decision-making styles (rational, intuitive, spontaneous, dependent, avoidant). Age, gender, ethnicity, family income, and education were entered in Step 1. Perceived ability, fluid ability, and perceived health were entered in Step 2. Significant Betas indicated: older age predicted less spontaneity and avoidance; more education predicted less intuition, higher income predicted less avoidance, and men were more spontaneous. Better perceived ability relative to age peers predicted a more rational style, and less dependence and avoidance. Perceived improved decision-making ability over time and better perceived health predicted less avoidance. Implications for dual-process models of decision making and aging are discussed.

ROLE OF WORK STATUS IN STRUCTURING FUTURE TIME PERSPECTIVE: EVIDENCE OF A THREE-WAY INTERACTION

H.C. Gutierrez1, J. Koposko1, P. Gerrans2, D.A. Hershey1, 1. Oklahoma State University, Stillwater, Oklahoma, 2. University of Western Australia, Crawley, Western Australia, Australia

Studies appearing in the literature have examined demographic indicators of future time perspective (FTP). However, we were unable to identify any investigations that sought to compare the FTP levels of working adults and retirees. In this study, FTP was assessed among a group of Australian pre-retirees (n = 1,273) and retirees (n = 863) using a modified version of an existing 5-item time perspective scale (Jacobs-Lawson & Hershey, 2005). In addition to examining the role of work status, two other demographic indicators previously shown to be related to time perspective were included in the study: household income and educational level. We predicted these latter two independent variables would be positively linked to FTP scores, but the probable impact of work status on time perspective was unclear. All three of the independent variables—work status, income, and education—were dichotomized and analyzed using a 2x2x2 analysis of variance (ANOVA). In addition to three main effects and a two-way interaction, a three-way interaction was found to emerge (p = .01). Decomposition of effects revealed that for high income respondents, the impact of work status and educational attainment on FTP was negligible. However, among low income respondents, the FTP of low-education workers was appreciably more present oriented than those other respondents, which suggests a greater focus on day to day activities. These findings have important implications for those who seek to extend individuals’ FTPs through intervention efforts, such as health educators and financial planning professionals.

EMOTIONAL CATEGORY MODERATES THE AGE-RELATED POSITIVITY EFFECT IN MEMORY

L.E. Popham, T.M. Hess, Psychology, North Carolina State University, Raleigh, North Carolina

In a previous study, we found that the age-related positivity effect in memory was moderated by picture content (Hess, Popham, Dennis, & Emery, 2013). The typical age-related positivity bias was observed for images without people in them, whereas a similarly sized negativity bias was observed for young, middle-aged, and older adults for images featuring people, many of which depicted sadness. We were interested in examining whether this effect would be extended to other emotional categories, with the specific hypothesis that the moderating effect of social content on positivity effects would be stronger for pictures associated with high-arousal emotional categories than for those associated with low-arousal categories. To test this hypothesis, we presented 35 social images varying in emotional content to 50 younger (M age = 34.7) and 51 older (M age = 75.2) adults. Positive and negative images varied in their depiction of high (i.e., excitement and anger/fear) and low arousal (i.e., contentment and sadness) emotions. Neutral pictures were also included. A significant Age X Picture Type was obtained, F(4,396) = 2.54, p = .04. Consistent with expectations, the age-related positivity effect in memory was observed for high arousal stimuli (p = .01), but not low arousal stimuli (p = .50). We suggest that lower arousal negative stimuli associated with emotions such as sadness may induce obligatory processing, resulting in enhanced memory. Although high arousal negative images may also initially attract attention, older adults may be more likely to disengage attention from these stimuli.

THE EFFECTS OF DEPRESSIVE SYMPTOMATOLOGY, INTRUSIVE THINKING, AND AGE ON COGNITIVE FUNCTIONING


The negative relationship between depressive symptomatology (DS) and cognitive performance is well supported in the literature. In addition, many studies have demonstrated a similar relationship between intrusive thinking (IT), which is commonly associated with depression) and cognitive performance. Recent research also suggests that age of onset of DS influences the rate of deterioration of certain neural structures resulting in cognitive decline. However, the literature has not explored the potential moderating effect of IT on the relationship between DS and cognitive performance and how that varies across age groups. The current sample consisted of 227 participants ranging in age from 18 - 88 (M = 45.24; SD = 21.87). We assessed DS and trait IT at the beginning of the study session. Later, the participants completed episodic and working memory tasks. The results revealed a significant three-way interaction between age, IT, and DS, indicating that the relationship between these variables is not uniform across the life span.
interaction between DS, trait IT, and age on both tasks. Specifically, there was a positive relationship between DS scores and memory performance for the younger adults who reported low and moderate levels of trait IT. In contrast, there was a negative relationship between DS and memory performance for the older adults who reported low and moderate levels of trait IT. The current findings suggest that aspects of DS may be beneficial for cognitive performance in young adults who exhibit lower levels of IT. However, the relationship between DS and cognitive performance is reversed in older adults, implying the effect of DS and IT on cognitive performance differs between age groups.

WHAT DOES IT MEAN TO BE RATIONAL? LAYPEOPLE’S CONCEPTIONS OF RATIONALITY


Models of judgment and decision making assume that rational decisions emerge from a process that entails thoughtful examination of various available options prior to decisions. However, little is known regarding the extent to which people themselves understand rationality the same way that researchers do. The current study investigates laypeople’s conceptualizations of rationality. Members of RAND’s American Life Panel (Panel N = 343, 20–89 years, M = 59.67) provided open-ended responses to a question “What do you think it means to be a rational decision maker? Please list as many behaviors as you can to characterize a rational decision maker.” Responses were categorized using a qualitative coding scheme. A majority of respondents (81.6%, N=280) defined a rational decision maker as one who deliberates, gathers and analyzes information, and consults others. Respondents also indicated that rationality encompasses consideration of consequences (39.7%, N=136), minimization of emotion and gut feelings (23.3%, N=80), and specific personal characteristics (i.e., age, maturity, experience, intelligence, education, knowledge; 23%, N=79). Additional analyses revealed that respondents who rated themselves as usually adopting a rational decision making style were less likely to mention consideration of consequences, Wald test = 3.96, p = .047, but those with a limited future time perspective were more likely to mention consideration of consequences, Wald test = 5.13, p = .024. Other individual differences in conceptualizations of rationality as a function of age, education, and ethnicity were also found. Discussion focuses on laypeople’s conceptions of rationality compared to dual-process theories of decision making.

SOCIAL NETWORK, GENDER AND RECALL ABILITY AMONG OLDER EUROPEANS

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Objectives: This study examined social network size, composition and satisfaction in relation to cognitive function, as represented by recall ability. Methods: The analysis was based on a subsample of men (n=12,024) and women (n=15,239), aged 65 or older, from the 4th Wave of the Survey of Health, Ageing and Retirement in Europe, collected in 2010–2012. Recall ability was measured by immediate and delayed word recall (0-20). Network variables were derived from a name generator employed for the first time in SHARE, in which up to seven confidants were named by each subject. The social network characteristics included network size (number of cited confidants); two dummy variables coding the extent of diversity of three tie types in the network: (1) spouse, (2) children and other family and (3) friends and others; and a measure of satisfaction with the social network (0-10). The analysis regressed recall ability on the social network characteristics, controlling for socio-demographic background and health variables. Results: Regressions showed that those who had no confidants had poorer recall. Among respondents with at least one confidant, network size was positively related to the recall scores of both men (n=11,535) and women (n=14,696). Tie diversity and network satisfaction were both related to the extent of recall among the women. For men, tie diversity was partly related to recall and network satisfaction was unrelated. Discussion: The findings underscore that one’s social network in late life is associated with better recall, on the whole, but that the association is nuanced by gender.

IMPACT OF TASK DIFFICULTY AND MEMORY SELF-EFFICACY ON OLDER ADULTS’ MEMORY PERFORMANCE

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How much can confidence affect performances of a declining ability? As the capacity for memory declines with age, it is important to examine factors that help maintain this ability in the increasing older adult population. Previous research has shown that memory self-efficacy (MSE) has an important link to memory performance. The goal of the current study was to examine the impact of task difficulty and MSE on older adults’ memory performance and subsequent MSE reports. The present study used an experimental design in which participants completed a memory task of either high or low difficulty. Fifty-two participants aged 60 and older were randomly assigned to one of the conditions. Participants completed a paired-associates recall task, an MSE measure pre- and posttask, and a health measure. Results revealed a significant main effect of task difficulty on memory performance, indicating that individuals performed worse on the more difficult task. Both initial MSE and memory performance correlated with posttask MSE, suggesting that MSE is relatively stable, but also may be influenced by a single performance. Results further showed a significant correlation between MSE and physical health, suggesting that decline in one might result in decline in the other, thus exacerbating aging effects. In sum, findings support prior work showing that MSE is important for performance, and extends prior research by showing that exposure to one task can influence MSE, and, also, that MSE and health are related. Thus, findings provide a deeper understanding of the reciprocal relationships among MSE, memory performance, and health.

MOOD, THINKING STYLE AND COGNITION IN LATER LIFE: THE IMPACT OF COGNITIVE RESERVE

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Lower mood in later life is related to impaired cognitive function. In contrast, higher levels of cognitive reserve (CR) are related to better cognitive function. Limited research to date has examined the influence of CR on the relationship between mood and cognitive function, and results are inconsistent. Method: Two hundred healthy participants aged 60+ completed measures of mood (depression and anxiety), thinking style (rumination and cognitive flexibility), CR (indicated by the Lifetime of Experiences Questionnaire) and four cognitive tasks. Results: Multiple regression analyses indicated that mood, thinking style and CR accounted for between 10.7% and 13.9% of the variance in scores on the cognitive tasks. Each of these models was significant and all included CR and depression as individually significant predictors. For those with lower levels of CR (dichotomised at the median) variance in three of the cognitive tasks was significantly explained by the mood and thinking style variables. In contrast, none of these variables predicted a significant amount of variance in any cognitive task in those with higher levels of CR. Conclusion: The results indicate that mood, thinking styles and CR contribute to variance in cognitive function. They also signify that the relationship between mood, thinking styles and cognitive function differs depending on the individual’s level of cognitive reserve. These results support the view that it is important to continue to build on CR, which is a fluid construct, in order to maintain cognitive health in later life.
ARE OLDER ADULTS MORE ACCURATE IN PREDICTING MEMORY PERFORMANCE FOR EVERYDAY TASKS?  
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Studies that have examined the connection between beliefs and memory performance suggest that the subjective beliefs that individuals report often do not correlate highly with their objective memory performance. This may be due, in part, to the nature of the testing environment. Older adults may be more likely to accurately recognize their memory shortcomings in context of daily struggles (e.g., forgetting someone’s name) but they may be less accurate in an in-lab testing environment where they are faced with unfamiliar tasks (e.g., recalling lists of non-categorizable nouns). Therefore, this study examined the relationship between memory performance predictions and objective memory performance using lab-based and everyday types of tasks. Older adult participants were randomly assigned into one of two groups. One group received everyday memory tasks that were designed to approximate memory in daily life, such as remembering a grocery list. The other group received equivalent laboratory based tasks, such as remembering a list of categorizable nouns. We hypothesized that the correlation between memory predictions and objective performance would be larger when older adults predicted their performance for tasks that mirror their daily experiences compared to an unfamiliar laboratory task. Results suggested, however, that correlations between subjective and objective memory were no larger than correlations in the laboratory condition. Older adults made higher predictions of performance in the everyday tasks, but they were not more accurate in their predictions of performance.

INFORMATION SALIENCE AND BIAS IN OLDER ADULTS  
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Perception of risk information presented as ratios is affected by numerical format. When alternatives are expressed as ratios, people tend to prefer the ratio of larger numbers to the ratio of smaller numbers. For example, in a game of chance where picking a red jellybean will win a prize, most participants prefer to draw from a large urn that has 9 red and 91 white jellybeans compared to a small urn that has 1 red and 9 white jellybeans, even though the actual probability of winning is lower in the bigger urn. This is called Ratio Bias or Denominator Neglect. A related bias is the Group Diffusion Effect where the likelihood of being affected by a negative outcome seems lower when the exposed group size is increased. Using college-aged adults we confirmed that varying the salience of numerator or denominator elicits denominator neglect or group diffusion effect. The study also showed that with equal salience on both numerator and denominator, these biases can be eliminated. The current study sought to extend this finding to older adults. Results showed that community dwelling older adults (average age: 74 years), showed less bias than younger adults when salience was skewed. The study also showed that with equal salience the ratio of larger numbers to the ratio of smaller numbers.

WORRY AND INTRUSIVE THINKING AS MEDIATORS OF THE DEPRESSIVE SYMPTOMATOLOGY-COGNITION RELATIONSHIP  

Prior research states that depressive symptomatology (DS) is negatively related to cognitive performance in both younger and older adults. It has been suggested that this relationship may be due to increased worry or intrusive thinking (IT). However, this relationship has yet to be tested empirically. The current study examined a three-path mediation model where worry and IT mediate the relationship between DS and cognitive performance. The sample included 227 adults ranging in age from 18-88 (M = 45.24, SD = 21.87) and consisted of primarily highly educated, Caucasian women. DS was indexed using the geriatric depression scale and IT was measured using the task relevant and task irrelevant subscales of the cognitive interference questionnaire (CIQ). The three cognitive outcomes were a word recall task (episodic memory), the automated Operation Span task (working memory-updating), and a forward-backward digit span task (working memory-shifting). The results revealed that the three-path mediation model was significant only when using task relevant thoughts to predict forward-backward digit span performance. Specifically, DS was positively related to self-reported worry, which was related to more task-relevant IT, which was ultimately related to poorer working memory-shifting performance. Importantly, none of the models were significant when using task-irrelevant IT, when switching the order of worry and IT, and did not vary as a function of age. The current findings suggest that worry and IT mediate the relationship between DS and working memory-shifting performance. The findings will be discussed in light of resource allocation and attentional control theories.

NARRATING EXPERIENCE: QUALITATIVE AND QUANTITATIVE FACTORS IN THE RELATIONSHIP BETWEEN AGING AND WISDOM  
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Interest in how individuals develop wisdom through experience has surged in the past two decades. As a result of this interest, progress has been made in the development of several wisdom frameworks. Research has shown that older adults have either preserved or heightened wisdom scores compared to younger adults. Aging may offer older adults more thoughtful and reasoned decision-making capacity (i.e., wisdom). Using a mixed-method approach, we examined potential age differences in wisdom. A narrative writing measure and the 3DWS (wisdom self-report questionnaire) were used to explore the age related differences and aspects of wisdom for younger and older adults. Young adults (18 – 30; n=36) and older adults (59 – 89; n=36) were asked to provide written accounts of influential life experiences and instructional advice for living a successful life. We found the following wisdom themes most salient for young and older participants: empathy, social support, self-determination, self-focus, balance, and flexibility. These themes were highly prevalent for both age groups to an equivalent degree. When asked about life experiences as they related to wisdom, older adults stressed the importance of religion and were generous with providing advice, where as younger adults stressed the importance of being self-determined and self-focused. The age group differences in 3DWS scores interacted with the prevalence of narrative themes in multiple ways. Older adults with higher 3DWS scores stressed the importance of religion, whereas younger adults with lower 3DWS scores stressed the importance of being self-focused. Implications for understanding age related differences in wisdom are considered.

DECISION-MAKING ABILITY IN HEALTHY OLDER ADULTS AND OLDER ADULTS WITH PRE-MILD COGNITIVE IMPAIRMENT  
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Decision-making is an essential skill that involves executive function. Declines in decision-making ability in older adults may be the first
The gerontological society of America

Sign of cognitive decline related to disease. More definitive knowledge is necessary to understand decision-making ability in later life so that researchers can differentiate between normal aging and cognitive decline due to disease. Mild Cognitive Impairment (MCI) is an initial indicator of future dementia; therefore understanding decision-making ability in adults with pre-MCI will help to elucidate initial cognitive processes that diminish with very early stages of disease. The purpose of this study is to examine the logical consistency in decision-making behavior in both healthy adults and adults with pre-MCI. Method: In a sample of 12 older adults with pre-MCI and 12 age and gender matched controls (50-80 yrs old), we examined the consistency of their decision-making through a financial behavioral task in which participants chose between risky gambles and sure choices. This paradigm measures consistency of decision-making behavior as well as susceptibility to contextual bias. Results: Adults with pre-MCI were significantly less logically consistent in their decision-making behavior than healthy controls, (p=0.002). Furthermore, adults with pre-MCI were more risk-seeking overall when faced with a loss, than healthy controls, (p <.001). Discussion: Results from this study indicate decline in decision-making is evident, even in early stages of disease. Older adults with pre-MCI demonstrate significantly less logical consistency in their decision-making behavior. This suggests that individuals with pre-MCI are more likely to be susceptible to contextual bias, possibly leading to detrimental outcomes.

Experiencing repeated memory failures does not affect older adults’ subsequent memory performance
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Research has shown that stereotype threat is an important mediator of older adults’ memory performance. However, the conditions that reliably elicit this effect in a person’s daily life are largely unknown. Typically, stereotype threat studies have primed age stereotypes by asking participants to read information about age related decline. The objective of this project was to determine if making individuals aware of their own memory failures would activate negative age-related stereotypes and impact subsequent memory performance. Young and older participants completed two blocks of easy or difficult trivia questions followed by a stereotype activation measure and a face-name memory task. Difficult trivia questions produced more incorrect answers and presented individuals with frequent feedback about their memory failures. Older adults’ subsequent memory performance was unaffected by receiving repeated negative feedback. In contrast, young adults’ memory performance was worse on the face-name task after experiencing negative feedback in the trivia task. Neither group demonstrated activation of negative age stereotypes in an implicit measure, but older adults reported perceiving negative age stereotypes explicitly across both easy and difficult conditions. Young adults reported more negative affect at the end of the session compared to the start of the session whereas older adults’ affect did not change, despite receiving more negative feedback overall. The results suggest that experiencing memory failures adversely affects younger adults’ cognition and affect, but that older adults’ cognition may be insulated from the negative effect of memory failures, perhaps due to superior emotional regulation.

Serial position recall patterns predict attention and memory decline in healthy older adults
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Objective: Individuals with dementia tend to recall fewer items from the beginning of a word list (primacy portion), relative to the end of the list (recency portion). The following analysis explored the validity of serial position scores for predicting changes in cognition. We hypothesized that primacy scores, not recency scores, would predict one-year cognitive decline. Methods: Baseline (N = 204) and one-year follow-up data were collected from cognitively-intact participants (mean age = 76.7 years) recruited from senior centers. Participants were administered the Rey Auditory-Verbal Learning Task (AVLT) and Dementia Rating Scale-2 (DRS-2). Using residualized change scores for DRS-2 subtest scores, participants were classified as cognitively Declining (change score of -1 SD or lower) or Stable. Logistic regression modeling was used to identify significant predictors of decline, and bootstrapped values of the C-index evaluated classification accuracy for significant models. Results: Decreased baseline recall from the primacy portion of the list predicted one-year decline on DRS-2 Attention using a variety of methods: absolute primacy recall (C-index, .81); primacy recall relative to total recall, (C-index, .72); and primacy recall relative to recency recall (C-index, .74). Similarly, a lower baseline primacy recall predicted one-year decline on DRS-2 Memory (C-index, .76). Greater baseline recency recall relative to primacy recall predicted decline on both DRS-2 Attention (C-index, .72) and Memory (C-index, .66). Conclusion: Lower primacy recall and higher recency recall predicted one-year cognitive decline on the DRS-2 Memory and Attention. Results indicate that serial position recall patterns may be useful for predicting cognitive change.

Aging and social expertise: disentangling descriptive from evaluative information in social inferences
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Our previous research demonstrated that age is associated with an increase in expert-like use of trait-diagnostic behavioral information when making social judgments. The present study examines the extent to which expertise can help compensate for age-related limitations in deliberative processes. 130 adults, aged from 25 to 85 were presented with descriptions of people that consisted of lists of positive and negative characteristics. The lists were either 6 or 12 items in length. For each description, participants made either a general impression judgment about the person or evaluated whether their personality would make them a good fit for a particular job. In addition to varying valence of the characteristics, we also systematically varied their particular relevance in regards to occupation being judged. We hypothesized that, in spite of age-related decline in executive processes that might negatively affect the ability to inhibit irrelevant information, accumulated social experience and the associated social expertise would enable older adults to discriminate between relevant and irrelevant information when assessing job competence. The study extends our previous work by examining the specificity of expertise effects. Our analyses support this disconnect between executive and social cognitive skill: no dramatic age differences in the ability to filter out irrelevant social information were observed. The results of subsequent multilevel modeling analyses that examine more fine-grained distinctions regarding the types of information that influence different-aged adults’ social judgments, including tests of hypotheses focused on positivity and age-related preferences for traits reflecting agentic versus communal traits, will be reported.

Basic cognitive abilities and everyday functioning: a multidimensional approach
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Evidence suggests that everyday functional ability is related to basic cognitive abilities. However, much of this evidence examines everyday ability as a unidimensional construct. The current study examined how basic cognitive abilities were related to specific dimensions of every-
day functioning. We analyzed data from 188 older adults (M = 72.79, SD = 6.79) who completed measures assessing inductive reasoning, verbal ability, processing speed, declarative memory, and working memory. In addition, participants completed the Observed Tasks of Daily Living (OTDL) measure, which assesses everyday functional ability in three domains, including financial management, telephone use, and medication use. Results of a path model that accounted for age, sex, race, and education, found that the pattern of relationships between basic abilities and everyday functioning differed depending on the domain of everyday functioning. Performance on the telephone-related tasks were related to declarative memory and working memory. Performance on medication-related tasks was related to verbal ability, declarative memory, and working memory. Finally, performance on finance-related tasks was related to processing speed and working memory. Overall, the model accounted for a significant amount of the variance in telephone-related ability (20%), medication-related ability (26%), and finance-related ability (21%). These results may have implications for identifying targets for interventions focusing on specific dimensions of everyday functioning.

LONGITUDINAL MEDIATION OF PROCESSING SPEED ON AGE-RELATED CHANGE IN MEMORY AND FLUID INTELLIGENCE

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Age-related decline in processing speed has long been considered a key driver of cognitive aging. While the majority of empirical evidence for the processing speed hypothesis has been obtained from analyses of between-person age differences, longitudinal studies provide a direct test of within-person change. Using recent developments in longitudinal mediation analysis, we examine the speed-mediation hypothesis at both the within- and between-person levels in two longitudinal studies, LASA and OCTO-Twin. We found significant within-person indirect effects of change in age, such that increasing age was related to lower speed which, in turn, relates to lower performance across repeated measures on other cognitive outcomes. Although between-person indirect effects were also significant in LASA, they were not in OCTO-Twin, which is not unexpected given the age homogeneous nature of the OCTO-Twin data. A more in-depth examination through measures of effect size suggests that, for the LASA study, the within-person indirect effects were small and between-person indirect effects were consistently larger. These differing magnitudes of direct and indirect effects across levels demonstrate the importance of separating between- and within-person effects in evaluating theoretical models of age-related change.

SESSION 1625 (POSTER)

COMMUNICATION AND LANGUAGE

LOOKING AT DENSITY AND COMPLEXITY IN CONVERSATIONS WITH OLDEST-OLD PERSONS WITH DEMENTIA

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We report on an exploratory study using a linguistics-based approach to the quantitative analysis of audio recorded and transcribed natural conversation by six women (3 Black; 3 White) with moderate dementia, who are aged 81-100. Using CPIDR®, a software that analyzes lexical and propositional density, we extend previous work on question-driven interactions in dementia communication to include a larger population of oldest-old participants. Question-types are analyzed in order to identify those which are harder to answer; using pausing as the measure, people with dementia (PWD) take longer than unimpaired persons to answer questions, and they take longer to answer some questions than others, indicating that some questions are more difficult for them to respond to than others. Tag questions (you like rice, don’t you) are easiest to respond to, followed by other yes/no questions, and so-prefaced questions; questions beginning with who what when why how) are hardest. Not surprisingly, lexical density shows variation by question type, though propositional density is well worth examining. For example, researchers suggest that yes/no questions may also be responded to more correctly though we find no simple relationship between question type and quality of response where quality is defined as complexity measured by proposition. Investigating this issue supports the expanded understanding of language production by very old speakers, and the development of materials that initiate and sustain engagement with PWD, supporting strategies for more effective interactions.

AGE DIFFERENCES ON THE EFFECTS OF MORTALITY SALIENCE ON THE USE OF SOCIAL LANGUAGE

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Terror management theory posits that the same cognitive capacity that allows people to recognize the inevitability of their own mortality also allows people to develop defenses for dealing with the potential for anxiety that death-related thoughts can create. Previous research suggests that, after mortality is made salient, older adults may employ different defenses, more often related to generativity, than younger adults. For this study, age differences in language use were examined following a mortality salience (MS) manipulation. Forty-two older adults and 42 younger adults were randomly assigned to MS or control conditions and asked to speak for 2 to 3 minutes on the neutral prompt, “Describe a memorable event from your past.” There was a main effect of age, F(1, 80) = 8.65, p < .01. Older adults used more socially-oriented words (i.e., words indicating relationships, such as family, and social interaction such as talk) than younger adults. This main effect was qualified by an age by MS interaction, F(1, 80) = 3.84, p = .05. Older adults in the MS condition used more social words than those in the control condition, while younger adults tended to use fewer social words in the MS condition compared to the control condition. In other words, age differences were present in the MS condition, but not the control condition. Results suggest that when mortality is salient, older adults become more socially-oriented whereas younger adults do not, providing additional evidence of age differences in methods for shielding oneself from the potential for death-related anxiety.

VOCALIZED AUTONOMY IN ASSISTED LIVING: “WHOEVER HEARD OF A HOT DOG WITHOUT ONIONS?”

M. Brazda, J.K. Eckert, R. Hrybyk, C.R. Bennett, A. Frankowski, UMBC, Baltimore, Maryland

One way residents in assisted living (AL) express their autonomy is through the spoken word. AL settings often view these residents as complainers whereas the residents perceive themselves as advocates for their concerns and for others in the residential setting. In this poster we explore vocalized autonomy – the ability to assert one’s independence through narrative expression - through two case studies of outspoken residents who tackle issues in their respective ALs, one involving food choices and the other medical care and staff attitudes and response. We examine (1) how issues or “complaints” are communicated and resolved with management; (2) how resident complainers/advocates are perceived in AL; (3) the personal consequences residents receive in response to their
vocal demands, e.g., what determines which residents are negatively typed as troublemaker, which are not, and why; (4) the effects of contested discourse on everyday life in AL; and (5) the resultant attitudes held by staff toward complainers/advocates. We conclude with suggestions on how vocalized autonomy can be integrated into the culture of AL in order to enhance quality of life and care and the well-being of residents. Data for this poster are drawn from two qualitative NIA-funded multi-year, multi-site studies, “Autonomy in Assisted Living: A Cultural Analysis” and “Stakeholders’ Models of Quality in Assisted Living.”

LANGUAGE AND AGE ONLINE: A SOCIOLINGUISTIC ANALYSIS OF INTERACTION IN AN INTERNET CLASS FOR RETIREES

D. Divita, Pomona College, Claremont, California

Gerontology and sociolinguistics have seldom intersected. The former has rarely considered language use as a means of understanding the ways in which age both informs and is constructed through social interaction; the latter has tended to conceive individuals in later life as the bearers of linguistic “relics” that derive from earlier stages of a language that has since evolved (though see Coupland et al. 1991, Coupland 2001, Divita 2012, Eckert 1997, and Rose 2006 for exceptions). In this paper, I seek to bring these two fields together, analyzing conversational data collected in an Internet course at a social center for senior citizens. Discourse analysis of interactions between students and their younger instructor shows how age informs the construction of social meaning as both a chronological fact and a dynamic social category. Students and instructor alike create stances and assume interactional positions in part by indexing age-related social categories that align with or subvert communicative expectations based on chronological age. Analyzed within the context of a larger ethnographic project, the data reveal the complex ways in which age as a discursive construction may be experienced and manipulated by individuals through strategic linguistic practices. After attending this talk, participants will be able to identify such practices as well as articulate current advances in sociolinguistics with regard to age as a linguistic variable.

CORRELATES OF DEPRESSION AMONG OLDER KOREAN IMMIGRANTS: FOCUSING ON ENGLISH LANGUAGE PROFICIENCY

B. Kim1, E. Auh2, L.B. Maradik Harris3, W. Lum4, D. Divita

Background/Purpose: Language is typically a key component of the acculturative change process. According to 2000 census data, approximately 30% of all Korean Americans had difficulty speaking English (Shin & Bruno, 2003). Language barriers can limit economic opportunities, access to health and social services, and exposure to other mainstream institutions for elderly immigrants and can be a significant life stressor that contributes to emotional function for Asian elderly groups (Mui et al., 2007). The objective of this study is to explore the independent effect of English language proficiency on depression among elderly Korean immigrants. Methods: Data for this study were collected from a survey of a convenience sample of 210 community-dwelling, cognitively competent elderly Korean immigrants (age 65+) in Los Angeles County. Depression, measured with a 15-time Geriatric Depression Scale-Short Form, was regressed on age, gender, marital status, income, length of stay in the U.S, and English language proficiency. Results: After controlling for demographic variables, English language proficiency was negatively associated with depressive symptoms (β = -.29, p<.05). Other background variables such as length of stay in the U.S, gender, and marital status also significantly influenced depressive symptoms. Conclusions/Implications: Overall, our findings affirm the importance of attending to the language needs of older Korean immigrants, as we found the influence of English proficiency on well-being. Interventions aimed at decreasing depression among elderly Korean immigrants may be more effective if English language and cultural programs for elderly clients are provided.

OLDER AND YOUNGER ADULTS’ RESPONSES TO TIME FRAMES: AN INVESTIGATION OF AGE DIFFERENCES IN CONSTRUAL LEVEL

B. Maloukis, J. Molden, M. Maxfield

Construal level theory (CLT; Liberman & T trope, 2008) suggests that perception of psychological distance influences how people construe information. In relationship to time specifically, when people perceive events in the distant (versus near) future, they tend to construe them at a higher, more abstract level (versus a lower, more concrete level). To date, CLT research has included only younger adults. Given older adults’ comparatively greater time limitations, this population may be prone to a chronically concrete mode of thinking. In an initial CLT and aging study, older and younger adults were randomly assigned to near future (tomorrow), distant future (in one year), or neutral control (no time frame) priming conditions; they were then asked to complete measures of behavioral identification (indicating whether a variety of behaviors are abstract or concrete in nature) and future time perspective. Although older adults conceptualized behavior more abstractly than younger adults, this main effect was qualified by a significant age group by priming condition interaction. Younger adults identified behaviors more abstractly in the distant future compared to near future and control conditions, replicating previous CLT research (e.g. Liberman & T trope, 1998). Conversely, older adults identified behaviors more abstractly in the near compared to distant future condition. Further, while both near and distant future primes led older adults to display more expansive future time perspective compared to control, younger adults’ time perspective was unaffected by priming condition. Results from both measures indicate that older and younger adults differ in their responses to temporal distance cues.

SESSION 1630 (POSTER)

DEATH, DYING, AND BEREAVEMENT

COMPARING RESILIENCY IN EARLY AND LATE-LIFE BEREAVEMENT

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Although evidence suggests that there are differences in bereavement-related coping styles between older and younger adults, few studies have been conducted focusing solely on such differences and why they exist. The purpose of this project was to examine the differences in negative emotions, affective complexity, and repressive coping between recently bereaved younger and older adults. Since bereaved older adults have been demonstrated to have resiliency during bereavement (Bonanno et al., 2002), we hypothesized bereaved older adults would report fewer negative emotions, have greater emotional complexity and use repressive coping compared to their younger counterparts. Recently bereaved participants included 73 older adults and 166 younger adults recruited throughout Louisville, Kentucky. We compared reactions to grief in both groups by administering the Positive and Negative Affect Schedule (PANAS), State Trait Anxiety Inventory (STAI), and Marlow-Crowne Social Desirability Scale (MC), among other measures less than 12 months post-loss. Our results show that older adults were more likely to exhibit affective complexity, as measured by the correlation between positive and negative affect [younger: r = .0232, p = .005; older: r = -.151, p = .208], and older adults reported sig-
significant less anxiety than their younger counterparts \[F(1,199) = 133.36, p = .00\]. Since affective complexity and low anxiety can be indicators of resiliency in late-life bereavement, we conclude that older adults demonstrated a more resilient coping style than their younger counterparts. Future research might examine how affective complexity may be advantageous to the bereavement process, particularly for older adults struggling with loss.

PERSONALITY, GRIEF, AND ADJUSTMENT AFTER BEREAVEMENT
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Several studies have investigated associations between personality and depression, typically focusing on the association between neuroticism and depression (e.g., Bienvenu et al., 2004). However, links between personality and adjustment after the death of a loved one have generally not been examined, even though depression is frequently used to assess adjustment. In the present study, 109 middle-aged and older adults (age 35-66, M = 46.14, S.D. = 8.67; 64.2% female) were recruited to examine associations between age, gender, the six personality traits measured by the MIDI Personality Scales (Mroczek & Kolarz, 1998), and grief, and adjustment after the death of a loved one. Most participants’ loved ones died of prolonged illness or natural causes (58.7%), and most participants experienced the death of a genetic relative (74.3%), rather than a spouse (7.3%) or a friend (15.6%). Three hierarchical linear regressions were used to predict grief (\(F (10, 98) = 1.82, p = .067; R^2 = .156\)), depression (\(F (10, 98) = 12.71, p < .001; R^2 = .565\)), and posttraumatic growth (\(F (10, 98) = 3.31, p = .001; R^2 = .252\)). The significant unique predictors of depression included agreeableness (\(\beta = .259\), neuroticism (\(\beta = .367\)), gratitude (\(\beta = -.415\)), and cynicism (\(\beta = -.167\)). The unique predictors of posttraumatic growth were only gratitude (\(\beta = .379\)) and cynicism (\(\beta = .322\)). Results are discussed in terms of ways in which individuals’ dispositions may promote or inhibit better adjustment after stressful experiences, such as the death of a loved one.

THE EFFECTS OF MARITAL QUALITY AND MASTERY ON DEPRESSIVE SYMPTOMS AFTER WIDOWHOOD
M. Ye, Department of Sociology, Bowling Green State University, Bowling Green, Ohio

Although accumulated research findings have addressed the effect of previous marital quality on elderly widow(er)s’ depression, there is no consistent conclusion on this topic. Also, research seldom has tested the interaction between marital quality and environmental mastery on elders’ depression after widowhood. The current study uses three waves of the National Survey of Families and Households (NSFH), a nationally representative sample of 3,853 people ages 50 and above, to test whether environmental mastery and previous marital quality moderate depressive symptoms after widowhood. Using Ordinary Least Squares (OLS) regression models, the study shows that better controlling marital quality and personal mastery levels, individuals who were widowed were more depressed than those who were still married. Moreover, after controlling demographic characteristics, results showed that previous marital disagreements and physical marital aggression were positively associated with depression after widowhood, while environment mastery level was negatively related to depression. Furthermore, the interaction model discovered that previous marital disagreements and physical marital aggression strengthen the relationship between widowhood and depression after losing a partner in later life. The study revealed that escaping from a bad marriage through the death of a spouse results in higher depression. The study helped to understand how previous personal life experiences affect individuals’ mental health in later life.

ASSISTED DEATH UNDER THE OREGON DEATH WITH DIGNITY ACT: PRE AND POST GRIEF EXPERIENCES
E. Srinivasan, Psychology, Portland Community College, University of Wisconsin-LaCrosse, Portland, Oregon

Oregon’s Death With Dignity Act provides Oregon residents with a terminal illness the option to make a request for lethal dosages of medication, prescribed by physicians, for the purpose of self-administering to end one’s life. Studies in Oregon have focused on reasons for seeking and using assisted-death, attitudes toward assisted-death, and healthcare professionals experiences with persons seeking an assisted death. Few studies, however, have explored grieving experiences with an assisted death. This paper will explore family member’s pre and post grief experiences with a loved one’s assisted death. Twenty-two participants were interviewed about their caregiving and bereavement experiences using a semi-structured interview. Data were analyzed using thematic analysis. Six themes relating to pre and post grief with an assisted death included choosing the time of death, the specific moment of death, legality of assisted death, agreement with using assisted death, conflict and grief resolution, and grief expression and stigma. Deeper exploration of themes show how they connect to the grieving process, as will be discussed in the presentation. Results from this study indicate that there are some grieving issues unique to the mode of death, and some overlap with grief reactions from a natural death following a terminal illness. Implications for practitioners will be discussed.

PROVIDING AND RECEIVING HELP IN BEREAVEMENT SUPPORT GROUP MEETINGS
M. Caserta¹, R. Utz², D. Lund³, ¹ University of Utah, Salt Lake City, Utah, ² California State University, San Bernardino, California

A unique feature that distinguishes bereavement support groups from individual-focused counseling is the opportunity for the members to support and learn from each other. Using data from the Living After Loss project, which examined a 14-week group intervention for recently widowed adults in mid and later life (age 50+), we assessed to what extent participants (N = 328) believed they provided and received support, if the two perceptions were related, and for whom did either or both of these processes occur. As expected, 96% noted that others in their group often helped them in the meetings. Also noteworthy is that almost all (98%) believed their participation helped others. About one-third continued to provide support (38%), as well as receive support (32%) from their fellow group members outside the meeting setting. These bidirectional exchanges of support were largely independent of age, gender, race and educational background, but were associated with higher meeting attendance (average r = .21, p < .05). Most importantly, however, those who believed they were helpful or supportive to fellow group members — whether in the meetings themselves (r = .53, p < .001) or outside of the group setting (r = .42, p < .001) — were more likely to report feeling supported themselves. These findings suggest that while bereaved individuals can benefit directly from the help they receive in a support group meeting, they also benefit from the belief they are helping others as well. (NIA RO1 AG023090)

ADULT CHILDREN’S PERCEPTIONS OF WIDOW’S BEREAVEMENT
M.S. Moss, S. Moss, Arcadia University, Glenside, Pennsylvania

We explore widowhood in a study of 34 bereaved families, where a husband/father (mean age 82) had died within the previous 6 months to a year. Widows (mean age 80), as well as one or two of their adult children (mean age 52) were interviewed. Two lengthy qualitative interviews with each adult child explored, in addition to the son or daughter’s personal experience, their perceptions and understandings of their widowed mother’s bereavement. Overall, adult children indicated that they had transferred their attention from their deceased father to the widow; they were concerned about her wellbeing; and they recognized that the widow focused on her own loss, not the meaning of the loss for...
SHORT TERM FLUCTUATION IN DEPRESSED MOOD AS A PREDICTOR OF LONG-TERM DEPRESSION IN A SAMPLE OF RECENT WIDOWS


Widowhood is common among older women, placing them at risk for physical and psychological health problems, social isolation, poverty and death. Although loss of a spouse is extremely stressful, most individuals eventually adapt, showing patterns of recovery, if not resilience. An interesting question is whether patterns of early adjustment to bereavement predict more distal mental health outcomes. In a follow-up study, previously modeled patterns of variability and change in daily ratings of depressive affect collected from 20 older adult recent widows over a 98-day period beginning a few weeks after the spouse’s death were examined to determine whether they predicted longer-term adjustment as assessed by measurements of depressive symptoms over the subsequent two years. Latent growth models of change in depressive symptoms over time indicated that frequency and damping parameters describing oscillations in depressive mood in the first few months after losing a spouse reliably predicted change in longer-term changes in depressive symptoms. Contrary to our predictions, individuals who oscillated more slowly and who interestingly amplified showed sharper decreases in depressive symptoms across the first 2 years of bereavement. However, widows who amplified also had higher levels of depressive symptoms at the start of the adjustment period. Understanding the short-term role of depressive mood on long-term adjustment in widows can help elucidate the process by which women experience conjugal loss.

PREDICTING ATTITUDES TOWARD DYING AND DEATH IN THE OLDEST-OLD: A PATH ANALYTICAL APPROACH

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Could a deeper insight into attitudes toward dying and death (ADD) enhance the understanding of successful aging in very old age? To date, only few studies aimed at shedding light on this field of research, and little is known about the death-related attitudes of the oldest-old—though these might be of particular importance in latest life close to death. Hence, in this paper we analyzed determinants expected to explain ADD by use of data from the LateLine project (N=113; age range 87-97 years, 78% female), differentiating between fear of one’s own dying (FODy), fear of one’s own death (FODe) and acceptance of one’s own dying and death (AODD). As expected theoretically, we found that protective and risky personality factors, religiosity, as well as functional status were particularly predictive for ADD and that these effects are partially mediated by variables reflecting issues of life quality, such as subjective health and future time perspective, whereas no effect was found for social integration. Interestingly, the predictors proved to be of different importance for the ADD observed. Thus, trait anxiety and pain are predictive for FODy, whereas FODe is determined by religiosity, functional status, pain and subjective health and AODD is determined by protective and risky personality traits, future time perspective as well as age and education. These findings provide firsthand insight into the determinants of ADD for a group of oldest-old and underpin the importance to empirically address these attitudes as a component for outcome variables such as subjective well-being and successful aging in general.

SESSION 1635 (POSTER)

DISEASE: EXPERIENCES AND OUTCOMES

THE EFFECT OF DANCE ON JOINT PAINSTIFFNESS AND PAIN MEDICATION USE IN OLDER ADULTS WITH OSTEOARTHRITIS

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Introduction: Chronic pain is associated with a wide variety of chronic conditions (e.g. osteoarthritis, cancer, and diabetes) that cost society an estimated $635 billion annually. Because people with chronic pain use healthcare services at a higher rate than those without chronic pain, these conditions create significant personal and societal burdens.

Method: Thirty-seven senior housing residents (31 females; Mean age=80.6 years; SD=8.9) were randomized to 12-weeks of Lebed Method dance therapy (dance) or wait-list control (control) with 34 residents completing the study. The primary aim was to compare the effect of dance (n=19) to the control (n=15) on self-reported knee/hip pain/stiffness and pain medication use at baseline and post-intervention. Results: A Fisher’s exact test revealed no statistically significant reduction in pain/stiffness. However, compared to baseline, there was a suggestion of pain/stiffness reduction within the dance group (p=0.094). The effect was found even greater in participants who attended more than 19 sessions (p=0.077). Among all participants, acetaminophen (24%) and non-steroidal anti-inflammatory agents (18%) were the most commonly reported pain medications. The frequency of pain medication usage was reduced in the dance group by 39% compared to an increase of 21% in the control group. Discussion: Reducing pain/stiffness among older adults with osteoarthritis may increase participation in daily activities and improve quality of life. Further research is needed to investigate the effects of the Lebed Method of dance therapy on pain/stiffness among a larger sample of older adults.

PREDICTORS OF PERCEIVED DAILY STRESS AMONG OLDER BLACK AND WHITE WOMEN WITH ARTHRITIS: A DAILY DIARY STUDY


Little is known about how older women with osteoarthritis (OA) perceive daily stressors. The present study investigated relationships between emotional well-being (positive and negative affect), severity of arthritis pain, race, socioeconomic status (SES), perceived stress from arthritis pain, perceived severity of stressful events, and appraisal of daily stressors (e.g., how much stressors threatened one’s health or finances) among 21 Black and 20 White women with OA (age range=48-89, mean=68.7). Participants completed 10 daily telephone interviews, and relevant variables were averaged across this time period. Descriptive analyses showed that pain severity was higher for Blacks, and both pain severity and negative affect were negatively associated with SES.
Regression analyses were conducted to examine emotional well-being and pain severity as predictors of arthritis-related stress, daily stress severity, and daily stress appraisal; race and SES were examined as mod-ifiers. For arthritis stress, pain (β=0.68, p=0.02) and the pain*SES inter-action (β=-3.4, p=0.03) were significant predictors; participants with higher pain and lower SES reported the most stress. Positive affect (β=0.72, p=0.05) and the positive affect*SES interaction (β=-0.72, p=0.01) were associated with stress severity, such that participants with higher SES and greater positive affect reported the lowest severity. For stress appraisal, a significant race*negative affect interaction was found for financial threat (β=1.09, p=0.01). Blacks with higher negative affect were more likely to report that stressful events threatened their finances relative to other participants. These findings could be useful for design-ing interventions aimed at reducing disparities in perceived daily stress among individuals with chronic pain.

FEASIBILITY OF IMPLEMENTING ¡FUERTE Y EN FORMA! IN LATINOS WITH ARTHRITIS

C. Der Ananian1, S.L. Hughes1, A. Shah1, D. Heide1, A. Miller1, L. Montoya1, J. Arizona State University, Phoenix, Arizona, 2. University of Illinois at Chicago, Chicago, Illinois

Dissemination of evidence-based physical activity (PA) programs is recommended to reduce the burden of arthritis. Currently, there are few culturally appropriate, evidence-based PA programs available in Spanish for Latinos with arthritis. Purpose: This study examined implementa-tion of a Spanish version of Fit and Strong! (¡Fuerte y en Forma!) in Latinos with osteoarthritis. The primary aim of the study was to evaluate the effectiveness of the program. Methods: This study used a single-group, pre-post design (baseline, 8 weeks and 6 months). ¡Fuerte y en Forma!, an 8-week multiple component exercise and health educa-tion program, was implemented in two community-based centers serv-ing Latinos (Chicago (n=18) and Phoenix (n=21). Primary outcomes were physical function (six-minute walk and timed chair stands) and perceived pain, physical function and stiffness (Western Ontario and McMaster Universities Osteoarthritis Index). Secondary outcomes were self-efficacy for arthritis management (ASE) and self-efficacy (SE) for exercise. Dependent t-tests were used to evaluate changes from baseline to 8 weeks; 6-month outcome data are pending. Results: Participants had a mean age of 58.8 [8.1] years, were primarily female (n=34; 87.2%) and had less than a high school education (n=31; 81.6%). In pre-liminary analyses, significant improvements were observed for timed chair stands (t=4.36, p<0.0001), perceived physical function (t=4.63, p<0.0001), pain (t=4.46, p<0.0001), and stiffness (t=2.10, p=0.04) from baseline to 8 weeks. ASE (t=-3.92, p<0.0001) and SE for exercise (t=-3.3, p=0.002) also significantly improved. Conclusion: Similar out-comes were seen when ¡Fuerte y en Forma! was provided to Latino older adults.

DIAGNOSIS AND TREATMENT EXPERIENCES OF FAMILY MEMBERS OF OLDER AFRICAN AMERICAN WOMEN WITH BREAST CANCER


Discovery and disclosure of the diagnosis of a life-threatening ill-ness, such as cancer, can be stressful for the individual who is diagnosed as well as for family members who are most likely then entrusted with new roles as “caregivers”. African American family caregivers may face particular challenges as the combination of age and ethnicity puts older African American women at high risk for poor cancer outcomes. The primary aims of this study were to understand the “cancer experience” of family members of older African American women diagnosed with breast cancer as they provided caregiving support throughout treatment. A qualitative phenomenological approach was utilized in this study. In-depth interviews were conducted with 15 family members of older African American women (45 and older) who had been diagnosed with and received treatment for breast cancer. Relationships were: 3 husbands, 4 daughters, 1 daughter-in-law, 3 sisters, 2 nieces, 1 friend and 1 mother-in-law. Interviews were semi-structured, audio-taped, transcribed, and data organized with Atlasi software. Meaning units and themes were extracted from the transcripts illuminating the participants’ lived experiences. These respondents described diagnosis and treatment experiences in the context of family relationships. Themes that emerged included: reluctance to disclose diagnosis to family member; varia-tions in caregiving support (instrumental, emotional, financial); reli-gious/spiritual coping; differential need for information from health providers; and concerns/fears for the individual, self, own family. The experiences of these family members revealed the importance of obtaining information that can support their caregiving role and help incor-porate cancer diagnoses into their lives.

CANCER DISCLOSURE AND COMMUNICATION AMONG OLDER ADULT, CANCER SURVIVORS

H.T. Renzhofer, C. Altbitz, G. Deimling, C. Cronin, S. Brown, Case Western Reserve University, Cleveland, Ohio

Successful navigation of cancer and other illnesses in later life is predicated on having a strong support system of family and friends. If cancer patients are reluctant to disclose aspects of their illness or limit their communication with others out of fear of stigma or upsetting them, their support resources may be limited. This research examines patterns of disclosure and cancer-related communication among older adult sur-vivors. Descriptive and correlational data from a ten year, six-wave lon-gitudinal NCI-funded project (n=471) are presented. In terms of disclo-sure and talking about cancer, results of data analysis indicate that nearly half (46%) of survivors avoid telling individuals about their cancer and half were reluctant to discuss their cancer for fear they would make their family members uneasy. In terms of initiating conversa-tions about cancer, survivors identify themselves and others in nearly equal proportions. Regarding the inter-correlation among these fac-tors, survivors who reported the highest levels of anxiety were less likely to be the one who started the conversation about cancer (r=-.22). Older survivors were less likely to talk about cancer because of fear of making family members uneasy (r=.29). These findings show that around half of survivors have some concerns about disclosure of their cancer and the way family members feel about discussing the disease. Of par-ticular importance is that feelings about initiating conversations were linked to anxiety and that fears about making family members uneasy increases with age. These concerns may have implications for the poten-tial for older survivors enlisting support.

SUPPORT SERVICE PREFERENCES OF OLDER ADULT CANCER SURVIVORS IN TRANSITION: THEN AND NOW

C. Cronin, G. Deimling, S. Brown, H.T. Renzhofer, Case Western Reserve University, Cleveland Heights, Ohio

Research has identified the transition from cancer patient to survivor as a critical juncture in the course to recovery. Moreover, older survivors face the dual vulnerability of cancer and aging; therefore, cancer sup-port services may be particularly important for this group. This presen-tation provides results from a 10-year longitudinal study of 471 older adult cancer survivors (core study) from a large tumor registry sample and supplemental data on service use preferences from a subsample of 44 survivors collected in 2011 (supplemental study). The subsample was surveyed regarding their preferences for specific types of support services for psycho-social, health and practical concerns, including commu-nication with health care providers. Within the supplemental study, 68% continue to have health concerns after cancer treatment and 43% would be likely to use a support intervention to address these. Of those interested in one or more interventions, nearly all (or 41% of the entire subsample) expressed interest in telephone services and about half (or 22% of the entire subsample) expressed interest in internet-based serv-ices. This is compared to 8% of the core study who had actually used

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CHRONIC ILLNESS NARRATIVES: A LOOK AT TIME IN ILLNESS

S.M. Hannum, R. Rubinstein, Sociology and Anthropology, University of Maryland, Baltimore County, Baltimore, Maryland

Chronically-ill older adults (age 65+) who receive a new cancer diagnosis face many unique challenges (e.g., medication management, fractioning of care, etc.), yet little is known about how this group of individuals experienced and felt about their diagnoses. This qualitative study thus sought to describe how chronically ill, older individuals experienced a new cancer diagnosis and the effects this had on their overall healthcare trajectories and their notions of personal health, well-being, and life satisfaction. A series of three, semi-structured interviews was conducted with each of fifteen informants. The interviews asked questions that explored each person’s life history, experiences of chronic disease, and their direct experiences with cancer. Interview transcripts were analyzed thematically to describe how individuals presented and described the personal meaning of the cancer experience through descriptions of their diagnosis and the events preceding it: the stories of illness, its meaning, and its consequences. One of the major themes to arise from this research, and the focus of this paper, was Time in Illness. In this study, it was clear that cancer (and some chronic conditions) was a disruption to individual biography, fragmenting time into three distinct segments: The Recalled Past, The Existent Present (or Illness Time), and The Imagined Future. These various elements of time were very important to the particular and individual experiences of cancer among chronically ill older adults, having implications for when and how individuals seek care in the present and for the future.

CHRONIC ILLNESS: A LOOK AT IDENTITY AS AFFECTED BY ILLNESS

S.M. Hannum, R. Rubinstein, Sociology and Anthropology, University of Maryland, Baltimore County, Baltimore, Maryland

Chronically-ill older adults (age 65+) who receive a new cancer diagnosis face many unique challenges (e.g., medication management, fractioning of care, etc.), yet little is known about how this group experienced and felt about their diagnoses. This qualitative study thus sought to describe how chronically ill, older individuals experienced a new cancer diagnosis and the effects on their overall healthcare trajectories and notions of personal health, well-being, and life satisfaction. A series of three, semi-structured interviews was conducted with each of fifteen informants. The interviews asked questions that explored each person’s life history, experiences of chronic disease, and their direct experiences with cancer. Interview transcripts were analyzed thematically to describe how individuals presented and described the personal meaning of the cancer experience through descriptions of their diagnosis and the events preceding it: the stories of illness, its meaning, and its consequences. One of the major themes to arise from this research was Identity as Affected by Illness. Intrinsic within and beyond the illness experience was the ability of people with new cancer diagnoses to maintain a stable sense of self and personal identity. Though illness appeared to represent a temporary fracture to personal identity, the interviews detailed that notions of who we are remain salient across time, despite this break. Thus, elements of time were heavily implicated in notions of identity and to the individual experiences of cancer among chronically ill older adults, with implications for when and how individuals sought care in the present and for the future.

SELF-REPORTS OF CANCER: REPORTING ERRORS AND THEIR CONSEQUENCES

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Background. Most population health studies rely on self-reports of chronic conditions, making accurate reporting critical. Cancer is widely believed to be a well-reported condition due to its salience to individuals and their families. Objective. This study uses longitudinal data from a nationally-representative sample to test the consistency and precision of cancer reporting for respondents with multiple self-reports. Methods. Data are from 890 cancer survivors in the Panel Study of Income Dynamics, 1999-2009. Descriptive and multivariate (regression) methods analyze the consistency of reporting a cancer occurrence and precision of the timing of onset. To measure the impact of reporting error, we analyze the changes in employment and income after diagnosis among respondents with different levels of consistency and precision. Results. Almost 30% of respondents gave inconsistent cancer reports (stating they never had cancer after reporting cancer in a previous interview); 50% reported the diagnosis year with a discrepancy of two or more years. The differences in the consistency and precision had profound effects on substantive results: the effects of cancer on employment and income were significant and substantial for consistent and precise reporters but not those with high degree of reporting error. Conclusions. Despite cancer’s salience to individuals, retrospective self-reports of cancer diagnosis contain substantial measurement error. The extent of the reporting error, moreover, has a pronounced impact on analyses of economic consequences of cancer, especially if timing of onset is important. It is likely that estimates of consequences of health shocks underestimate the true effects due to measurement error.

RELIGIOSITY AND SUBJECTIVE WELL-BEING AMONG OLDER ADULT CANCER SURVIVORS

S. Vang, A.C. Mui, Columbia University, New York, New York

The purpose of this study is to explore the spiritual coping and other predictors of subjective well-being among older cancer survivors, a rapidly growing population. The secondary data for this research is from the National Health and Aging Trends Study (NHATS), a longitudinal survey conducted with a nationally-representative sample of Medicare beneficiaries age 65 and older. Data used for this study were collected from the first wave of NHATS interviews conducted in 2011, and included all participants who reported a history of cancer (n=1953). Demographic data show that 48% were males and 52% were females. The average age group of respondents was 75-79 years old. Approximately 53% were married and 44% were separated, divorced, widowed, or never married. Roughly 6% reported living in poverty. Bivariate findings indicate that older cancer survivors who felt greater sense of subjective well-being tend to be male, married, and younger than those who felt less sense of well-being. Multiple regression results suggest that correlates of greater sense of subjective well-being among older cancer survivors are more religious service attendance, more friend and family contacts, and better health status, after controlling for other demographic differences. Findings indicate that social support and religiosity are important coping resources for older cancer survivors when they have had to deal with cancer treatment or mortality issues. Religious service participation may bring stable social and emotional support from a faith community and that may help them counteract the sense of social isolation.

CLINICAL HEALTH EFFECTS OF BEREAVEMENT IN OLDER ADULTS

S. Stahl, S.S. Sankey, R. Schulz, University of Pittsburgh, Pittsburgh, Pennsylvania

Multiple studies identify bereavement as a risk factor for poor health and mortality. Although the physical health and mental health effects of bereavement have been studied extensively, less research has examined the clinical health effects of bereavement. This study examined the
STROKE OVER 43 YEARS OF FOLLOW-UP
ALCOHOL CONSUMPTION AT MIDLIFE AND RISK OF
the identified clinical health effects.
accompany bereavement— we will explore possible mechanisms for
married controls. These health effects are likely to be associated with
incidence of clinical health events and mortality compared to matched
controls. For coronary heart disease F(1, 936) = 7.26, p = .01; and stroke F(1, 1108) = 8.41, p=.01; coronary heart disease,
8.41, p=.01; coronary heart disease,
and moderate-to-heavy (>24g/day; 3%, 5%/<0.5%) drinkers. Adjusting
for sex, sex-by-alcohol category interaction, alcohol type, smoking,
and moderate-to-heavy (>24g/day; 3%, 5%/<0.5%) drinkers. Adjusting
for sex, sex-by-alcohol category interaction, alcohol type, smoking,
BMI, hypertension, diabetes, and exercise, hazard ratios (HRs) for
abstainers (HR=1.22), light (HR=1.23), moderate (HR=1.20), and mod-
erate-to-heavy (>24g/day; 3%, 5%/<0.5%) drinkers. Adjusting
for sex, sex-by-alcohol category interaction, alcohol type, smoking,
BMI, hypertension, diabetes, and exercise, hazard ratios (HRs) for
abstainers (HR=1.22), light (HR=1.23), moderate (HR=1.20), and mod-
erate-to-heavy (HR=1.51) drinkers indicated an increased risk of stroke
(p<0.05) compared with very-light drinkers. Conclusion: A J-shaped
relationship between alcohol and stroke risk was observed, with
the effect stronger in women. Very-light drinking, corresponding to 1/2
drink/day (an amount lower than suggested as “healthful” by the AHA
guidelines), may at least modestly reduce risk of stroke. Acknowledgments:
Funded by the European Regional Development Fund-Project
FNUSA-ICRC (No. CZ.1.05/1.1.00/02.0123).

SESSION 1640 (POSTER)
EMOTION
AGE DIFFERENCES IN EVERYDAY REJECTION EXPERIENCES: FREQUENCY, CONTEXT, AND
REACTIONS
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Raleigh, North Carolina
Interpersonal rejection is a social experience encountered by indi-
viduals of all ages. It may elicit negative emotions in the short-term
and may lower life satisfaction in the long-term. However, less is known
about the actual rejection events individuals experience in their daily
lives. Life span developmental theories (e.g., Socioemotional Selectivity
Theory) suggest age differences in the preference for different social
environments. As a result, we expected that age groups differ in sev-
eral aspects of the rejection events, such as frequency, context, rela-
tionship with the rejector, attribution of the cause, and emotional re-
tions to rejection. To investigate these ideas, we asked 280 adults (53.6%
females) ranging from 18 to 84 years old (M = 33.66, SD = 13.34) to
report their rejection experiences in the past month as well as to pro-
vide detailed descriptions of a recent rejection event. Surprisingly, there
were no age differences in the frequency of social rejections. However,
frequent experiences of rejection were more detrimental for older adults’
life satisfaction. Rejection events took place more often in family set-
tings than in professional settings, and more often from friends and
acquaintances than from strangers. Older participants reported more
age-based rejection whereas younger and middle-age participants
reported more appearance-based rejection than other stereotype-based
rejection (i.e., gender, race). However, when the rejector was a family
member, older adults and middle-age adults felt more positive toward
the rejector (more forgiving) than younger adults. Results will be dis-
cussed in the framework of socioemotional developmental theories.

NOT WORSE, JUST DIFFERENT: OLDER ADULTS’ USE OF
CONTEXT IN EMOTION RECOGNITION
N. Ngo, D. Isaacowitz, Northeastern University, Boston, Massachusetts
Previous research suggests that emotion recognition, a crucial skill
in social interactions, might decline as we age. However, differences in
emotion recognition between older and younger adults might not reflect
an age-associated deficit, but a divergence in strategy. Older adults might
rely on context to recognize targets more than younger adults in daily
life, and perform worse in the traditional laboratory task where targets
are presented without context. The present experiment (N = 60) aims to
explore older adults’ context use as an emotion recognition strategy.
Older and younger adults were instructed to ignore context when iden-
ifying angry, disgusted and fearful faces paired with emotionally con-
gruent, incongruent or neutral background of other faces, objects and
scenes. Both age groups benefited from congruent context, compared
to neutral and incongruent ones. However, older adults used contextual
emotion to identify targets more often than younger adults, even when
the context was neutral and the target was emotional. Older adults exhib-
ited no difference in contextual influence in disgusted target recogni-
tion from younger adults, which replicated previous findings on older
adults’ intact disgust recognition. These findings indicate that older
adults employ contextual cues more than younger adults, although it
also depends on emotion-specific effects.

AGE DIFFERENCES IN EMOTION EXPERIENCE AND
EXPRESSION DURING CONVERSATION
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Older adults report experiencing less negative affect compared to
younger adults. In studies of static images of facial expressions of emo-
tion, older adults were rated as less emotionally expressive by both older
and younger adults. This study tested whether similar age differences
would be found in conversation about remembered events via video-
conference. Older (n = 24, M = 70.50 yrs., SD = 6.85 yrs.) and younger
(n = 24, M = 19.62 yrs., SD = 2.42 yrs.) individuals of the same
gender discussed three remembered events (happy, sad, and angry) alone
and with both a younger and older conversant via videoconference (9
trials). Participants rated the accuracy (1-very inaccurate to 9-very accu-
rate) of 16 emotion words for their own and their partner’s feelings dur-
ing the preceding conversation. The emotion words were collapsed to

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form four four-item scales: Happy, Astonished, Sad, and Irritable. Multilevel models were used to test for age and partner effects separately for self-reported emotion and for other-rated emotion. Participants reported greater happiness when speaking to a younger partner compared to when speaking alone. Participants also reported greater astonishment and less irritation when speaking to someone compared to when speaking alone. Finally, older conversational partners were rated as expressing greater sadness compared to younger participants. These findings suggest that previous work on age-related differences in emotion expression and experience may be more representative of trait levels as opposed to state levels of emotion, particularly in the context of conversations.

THE IMPACT OF SAD MOOD ON THE INTERPRETATION OF EMOTIONALLY AMBIGUOUS INFORMATION ACROSS AGE GROUPS
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Past studies have found a mood congruence effect on interpretation bias among younger adults, where sad mood increases the likelihood of negative interpretation bias. This bias may in turn affect individuals’ mood, and ultimately be part of the process of a downward spiral. The current study aimed to examine whether sad mood also affects older adults’ interpretation of emotionally ambiguous information. Seventy-seven younger adults and 52 older adults participated in this research study and were randomly assigned to either sad or neutral mood induction. After the mood induction, participants were asked to rate their levels of sad mood and how positive or negative the morphed faces of 50% sad and 50% happy expressions were. There was a significant interaction between age group and levels of sad mood (F-value=5.92, p=.016) irrespective of mood induction group. The level of sad mood was associated with negative interpretation bias in younger adults. However, level of sad mood was associated with a more positive interpretation bias in older adults. These findings support the positivity effect with regard to the interpretation of emotion in ambiguous faces.

AGE DIFFERENCES IN AN EMOTIONAL STROOP TASK AND ITS RELATION TO EMOTIONAL EXPERIENCE
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Positivity effects refer to emotion regulation processes that alter the information processing in favor of positive compared with negative stimuli in older adults. Arousal has been identified as a moderator of this effect. Emotion regulation processes affect, for example, attention processes. To test age differences in attention processes regarding emotional stimuli, a modified Stroop task was conducted. In the first study, 26 young (19 – 28 years) and 19 older adults (61 – 79 years) took part. A 2 (age: young vs. old) × 3 (Arousal: low vs. medium, negative vs. high, negative) analysis shows an interaction between age and arousal. While there is no Stroop effect in the young age group, older adults only exhibit a significant Stroop effect (20 ms) with medium arousal negative words. Moreover, the larger the Stroop effect is the smaller was negative affect in the last 12 months in the older age group (r = -.53). This finding implies that instead of inhibiting negative information to achieve positive emotions, (some) older adults may attend to medium arousing negative stimuli more, potentially to reappraise their meaning. In a second study, additionally positive stimuli are considered. Moreover, the time perspective (close vs. expanded time horizon) is experimentally manipulated to test its effect on the information processing. Furthermore, mood measures are taken throughout the study to test immediate effects of regulation. Results are discussed in light of the need for linking processes and outcomes in the study of emotion and aging.

AGE-RELATED DIFFERENCES IN THE USE OF COPING STRATEGIES WHEN REACTING TO UNFAVORABLE CHOICE OUTCOMES
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Research on age differences in coping reveals that older adults may be more adaptable when dealing with highly emotional and interpersonal problems compared to younger adults (e.g., Blanchard-Fields, 2007). Little research, however, has examined whether this increased adaptivity extends to situations in which they feel personally responsible. The present study tested whether younger and older adults differed in the degree of emotion-focused (EF) and problem-focused (PF) coping strategies employed while reacting to an unfavorable choice outcome. We used the Articulated Thoughts in Simulated Situations (ATSS) paradigm (Davison, Robins, & Johnson, 1983) to capture PF and EF coping language. Participants engaged in a hypothetical airport scenario where they were asked to choose between two flights. The control condition engaged participants in the same scenario without the choice point. A 2 (younger, older) by 2 (choice, control condition) between subjects ANOVA was conducted for both coping strategies. For PF coping, results revealed a significant main effect of condition F(1, 71) = 15.00, p < .001, η² = .08 such that participants in the choice condition verbalized more PF coping language than participants in the control condition. For EF coping, a significant interaction effect was found F(1, 71) = 5.81, p = .02, η² = .03, revealing that older adults verbalized more EF coping language than younger adults in the choice condition but not in the control condition. Results are discussed in relation to previous research and implications are made regarding the way older and younger adults may react to poor decision outcomes.

OXYTOCIN IMPROVES EMOTION RECOGNITION FOR OLDER MALES
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Older adults (≥60 years) perform worse than young adults (18-30 years) when recognizing facial expressions of anger, sadness and fear. Two neurological changes that might account for worsening emotion recognition are declines in brain volume and declines in transmission between neurons. In the present study, we examined the neuropeptide oxytocin that functions to increase communication between neurons. Recent research suggests oxytocin improves functional connectivity between cortical regions and the amygdala, providing greater cognitive control to motivate positive social interactions, emotion recognition and social bonding. Research also suggests that the persons most likely to benefit from oxytocin are those with more pronounced emotion recognition difficulties (i.e., those with autism and young males with impaired social functioning). Older males have worse emotion recognition than older females so oxytocin might be most likely to facilitate older male’s emotion recognition. We examined the idea that oxytocin could improve older adults’ emotion recognition ability using a double-blind design, testing 64 older and 64 young adults randomly allocated to receive oxytocin nasal spray (24IU) or placebo. Forty-five minutes afterwards they completed an emotion recognition task assessing labeling accuracy for angry, disgusted, fearful, happy, neutral and sad faces (192 items in total). Older males receiving oxytocin showed improved emotion recognition relative to those taking placebo. This improvement reflected a reduction in errors involving mislabeling positive emotions as negative emotions. No differences were found for older females or young adults. We hypothesize that oxytocin facilitates emotion recognition by enhancing functional connectivity between emotion processing areas of the brain.
Stress reactivity refers to activation of physiological and psychological systems that help organisms meet stress-related challenges. Because poor stress responses can have serious health consequences, variability in stress reactivity is thought to be a key pathway between stress and health outcomes. A current controversy is whether stress reactivity becomes impaired with age. We explored the effects of age, daily stress, and emotional stability/neuroticism on stress reactivity, measured by cortisol diurnal rhythms using data from the Normative Aging Study (Spiro & Bossé, 2001). The 72 men were aged 67 to 93 (M = 79, SD = 5); all were European-American and married. They completed daily diary studies in 2008-09 to assess numbers of stressors reported in a day. Cortisol diurnal rhythms were assessed by collecting cortisol samples at 4 times throughout each of four days; steeper slopes are thought to indicate better stress reactivity. Emotional stability was assessed through Goldberg’s Big 5 personality measure. Multilevel modeling showed that higher daily stress predicted flatter cortisol diurnal rhythms, B = .09, p < .001, as did age, B = .01, p < .001, but higher emotional stability preserved steeper slopes, B = -.04, p < .001. These results indicated that age and emotional stability levels explain some of the variance in individual differences in stress reactivity and provide a basis for future research focused on the effects of psychosocial variables on physiological outcomes.

A BALANCED TIME PERSPECTIVE IN ADULTHOOD: WELL-BEING AND DEVELOPMENTAL EFFECTS

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Although time is an integral element of aging, little coordinated empirical work has been conducted in this area, particularly in relation to a balanced time perspective. We conducted a direct replication of the recently developed Balanced Time Perspective Scale (BTPS; Webster, 2011) and included middle-aged and older adults. Participants included 90 younger, 69 middle-aged, and 69 older adults who completed the BTPS and a measure of life satisfaction and happiness. A factor analysis replicated original findings with separate Past and Future subscales obtaining simple structure (alphas = .94 and .95, respectively). Individuals categorized as having a balanced time perspective (i.e., time expansive category) scored higher on both measures of well-being (i.e., happiness and satisfaction with life) replicating the original Webster (2011) findings. A Chi-square analysis indicated, as predicted, the percentage of younger adults tended to be higher in the future focused category, and the percentage of older adults tended to be higher in the past focused category. Implications of a balanced time perspective on mental health over the lifespan are discussed.

ATTACHMENT AND EMOTION REGULATION WITH CLOSE OTHERS

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An important objective of the attachment system is to regulate emotion. One hypothesis concerns a maximizing as opposed to minimizing strategy in relation to emotion. Specifically, some insecurely attached individuals (for example, dismissing) have a minimizing strategy in relation to emotion while fearfully attached individuals may have a maximizing strategy. 130 community-dwelling older adults were recruited to participate in a study examining affective experience and well-being. The sample of 130 included 80 women (M = 67.68, SD = 8.497) and 50 men (M = 67.70, SD = 9.519) with an average age of 67.568 (SD = 8.873). Participants completed a modified version of the Day Reconstruction Method (DRM). Of the 130 participants, 32 were securely attached while 98 were insecurely attached (i.e., preoccupied, dismissing or fearful). Affect was examined in relation to whether or not the participant was with a close social partner as opposed to a more distant social partner based on an assumption that close social partners are more likely to activate the attachment system. ANOVA for positive affect was significant (F(3, 151) = 4.228; p < .001, with preoccupied individuals with not close others reporting the highest positive affect while the lowest positive affect was reported by fearfully attached individuals with close others. ANOVA for negative affect was significant (F(3, 151) = 2.870; p < .01), with preoccupied individuals with not close others reporting the highest negative affect while fearfully attached individuals reported the lowest negative affect when with close others.

SESSION 1645 (POSTER)

EPIDEMIOLOGICAL STUDIES

BIOMARKER-CALIBRATED PROTEIN INTAKE AND physical function in the women’s health initiative


INTRODUCTION: Preserving physical function with aging may be partially met through modification in dietary protein intake. DESIGN: Women’s Health Initiative Clinical Trials (CT) and Observational Study (OS). SETTING & PARTICIPANTS: Women age 50–79 y (n=134,961) with dietary data and ≥ 1 physical function measure. MEASUREMENTS: Physical function was assessed by short form RAND-36 at baseline and annually beginning in 2010-2015 for all WHI participants, and at closeout for CT participants (average ~7 y after baseline). In a subset of 5,346 participants, physical performance measures (grip strength, number of chair stands in 15 seconds, and timed 6-meter walk) were assessed at baseline and years 1, 3, and 6. Calibrated energy and protein were derived from regression equations using doubly labeled water and 24-hour urinary nitrogen as reference measures. Associations between calibrated protein and each of the physical function measures were assessed using generalized estimating equations. RESULTS: Calibrated protein intake ranged from 6.6 to 22.3% energy. Higher calibrated protein intake at baseline was associated with higher self-reported physical function [quintile (Q) 5 vs. Q1: 85.6 (95% CI, 81.9 to 87.5) vs. 75.4 (73.2 to 78.5)] and a slower rate of functional decline [Q5 vs. Q1 annualized change: –0.47 (–0.63 to –0.39) vs. –0.98 (–1.18 to –0.75)]. Higher calibrated protein intake also had higher grip strength at baseline [Q5 vs. Q1: 24.7 (24.3 to 25.2) vs. 24.1 (23.6 to 24.5)] and showed slowed declines in grip strength [Q5 vs. Q1 annualized change: –0.45 kg (–0.39 to –0.63) vs. –0.59 kg (–0.50 to –0.66)]. Additionally, women with higher calibrated protein intake completed more chair stands at baseline [Q5 vs. Q1: 7.11 (6.91 to 7.26) vs. 6.61 (6.46 to 6.76)]. CONCLUSION: Higher calibrated protein is associated with greater strength and balance and slower rates of decline in postmenopausal women.

MORTALITY RISK AFTER INJURY AMONG ELDERLY NURSING HOME RESIDENTS

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Injuries, especially fractures, are an important source of morbidity and mortality among the elderly. The impact of injuries is believed to be underestimated because of the lack of longitudinal data to track their

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consequences. This paper uses a unique data source, the 2004 National Nursing Home Survey (NNHS) linked to 2004-2006 death records from the National Death Index (NDI), to calculate the risk of mortality after injury among a national sample of elderly nursing home residents. The NNHS has information on whether a resident has fallen within the past 6 months and whether s/he has experienced a fracture (hip or other type). Survival analyses were conducted using proportional hazards modeling. The models control for chronic conditions and functioning at the time of nursing home interview. Preliminary analyses show differences by sex in the relative risk of death among nursing home residents who experienced a fracture in the 6 months prior to their inclusion in the NNHS sample. The relative risk of death for women with a hip fracture was 1.8 times higher than for those without a hip fracture, while the corresponding risk for men was 2.3. For other types of fractures, women had 1.5 times the risk of death compared to women who did not report a fracture; the risk difference among men was not statistically significant. Detailed cause of death information is also explored to investigate the reporting of falls and hip fractures as causes of death.

THE ROLE OF SMOKING AND PHYSICAL ACTIVITY IN LATE-LIFE COGNITION TRAJECTORIES
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This study examines: a) the impact of physical activity (PA) in early-old age on subsequent trajectories of cognitive function; and b) the joint effects of smoking and PA on cognitive function. Data came from a nationally-representative sample of 3,424 adults, born between 1931 and 1941, who were interviewed bi-annually between 1992 and 2008, for a total of 9 waves divided into two phases. Hierarchical linear models with time-varying and time-constant covariates were used to define intra-individual trajectories of a global cognitive function score between 2002 and 2008 (Phase 2). PA trajectories, identified using group-based mixture modeling (persistent inactive, increasingly active, decreasingly active, and persistent active), and smoking patterns were assessed between 1992 and 2002 (Phase 1). Results show that individuals who were persistently active during Phase 1 had the highest levels of cognition in 2002, followed in order by increasingly active, decreasingly active, and persistently inactive. The rates of decline in cognition during Phase 2 were comparable across the 4 PA groups, such that the pattern of differences in cognition was preserved over time. Smoking was associated with worse cognition at the beginning of Phase 2, and a faster rate of decline in cognition during Phase 2. We found no evidence of an interaction effect between smoking and PA after adjustment for sociodemographic and health status indicators. We conclude that, although smokers and individuals who were consistently inactive during early-old age experienced poor trajectories of cognitive function in later life, these behaviors are most likely indirectly associated with cognitive functioning.

WORK-RELATED STRESS, MIDLIFE SOCIOECONOMIC POSITION, COMPLEX AND SEVERE HEALTH PROBLEMS IN OLD AGE
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Introduction: Complex and severe health problems are common among the oldest old. Furthermore, we spend a noteworthy part of our lives working hence our working conditions long term effects could be associated with health in old age. Aim: To explore the associations between self-reported work-related stress, socioeconomic position in late midlife, as measured 20-24 years earlier, and complex and severe health problems in old age. Method: Two linked nationally representative Swedish surveys were used in the analyses, with baseline data from 1968 (re-interviewed 1992 aged 77+), 1981 (re-interviewed 2002 aged 77+ and 2004 aged 69+) and from 1991 (re-interviewed 2011 aged 76+), giving us a follow-up time of 20-24 years. The total sample size was 1,545 observations. Health was assessed by self-reported diseases/symptoms, functional impairments, and cognitive problems. Those having simultaneous problems in two or more health domains were classified as having complex health problems. Work-related stress was assessed by self-reported job demand and job control. The data was analysed using binary and ordered logistic regressions. Results: High job demand was associated with worse health in all health domains among women. For men the trend was the opposite. High job control and high socioeconomic position was associated to less severe and complex health problems. When analyzed simultaneously the effect of socioeconomic position was stronger than the effect of work-related stress. Conclusions: Both socioeconomic position and work-related factors were associated to complex and severe health problems in old age, but the effect of socioeconomic position was stronger.

RELATIONSHIP STATUS DIFFERENCES IN SELF-RATED HEALTH, BMI, AND HEALTH BEHAVIORS IN MID-TO LATE LIFE
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The health benefits of marriage have been well established. Most research in this area has focused on the distinction between married and unmarried couples, however. With the growing number of middle-aged and older adults cohabitating without being married, the increasing number of individuals who are divorcing later in life, and some individuals never marrying, it is important to examine the effects of relationship status on health, beyond the married/unmarried distinction. This study accordingly sought to examine the association between five relationship status groups and physical health indices. Utilizing a population-based sample of middle-aged and older adults (45+) from the 2007 and 2009 California Health Interview Survey (N = 70,613), we examined differences in self-rated health, body mass index (BMI), and specific health-enhancing behaviors, including engaging in regular physical activity. Results from weighted regression analyses revealed that both married and cohabitating individuals reported similar levels of self-rated health and engagement in physical activity, but better health and more physical activity than divorced/separated, widowed and single individuals. Results also revealed that single individuals had the highest likelihood of being obese, whereas separated/divorced and widowed had the highest likelihood of being underweight. The findings from this study have the potential to bring greater understanding to the differences in health statuses and behaviors among married individuals, and different groups of unmarried individuals. Additionally, it may shed light on what differences, if any, exist between married couples and cohabitating couples to further explore the underlying protective factor in marriage that confers these benefits.

SOCIAL STRATIFICATION, WORK COMPLEXITY, AND PSYCHOLOGICAL DISTRESS IN OLD AGE: EXPLORING THE ASSOCIATIONS
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Psychological distress is socioeconomically stratified among older persons in Sweden. Individuals with lower education, lower incomes and manual occupations are more likely to be afflicted by psychological problems than individuals with more advantageous socioeconomic positions. However, the mechanisms generating these inequalities are not yet fully understood. In this study we examine the associations between mid-life socioeconomic position, work complexity and psychological distress in old age. To what extent can socioeconomic inequalities in psychological distress in later life be attributed to differences in work complexity during mid-life? The study is based on three different
Swedish nationally representative samples. Data on mid-life conditions where gathered in 1968, 1981 and 1991. The surviving respondents were then re-interviewed in 1992, 2002/2004, and 2011. In total, this gives a total sample of 1809 observations with a follow-up time of 20-24 years. The results showed that higher socioeconomic position and higher work complexity in mid-life where both independently associated to less psychological distress in old age. Moreover, the associations between socioeconomic position and psychological distress were substantially attenuated when differences in work complexity were accounted for. Thus, the results suggest that some of the some of the socioeconomic inequalities in psychological distress in later life may be attributed to differences in work complexity during mid-life. However, whether the association between work complexity and psychological distress is causal or a consequence of indirect or direct selection has yet to be determined.

A NEW APPROACH FOR ESTIMATING LONGITUDINAL COGNITIVE PERFORMANCE IN OLDER ADULTS

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Background: Innovative approaches are needed to combine existing longitudinal data in psychometrically sophisticated ways across multiple studies and measures. Methods: We harmonized a factor for general cognitive performance across 16 large clinical and epidemiologic studies using item-level cognitive data in a pooled sample of 52,451 longitudinally followed older adults. We first identified common tests across studies. We then used item response theory to estimate cognitive ability for each observation, scaled to national norms. Results: Median follow-up time in the pooled sample was 4.0 years (0-22 years). The composite had interval-level properties, was internally consistent (Cronbach’s alpha=0.96), had minimal floor or ceiling effects, and demonstrated reliable measurement precision over a broad range of cognitive ability. Conclusions: We harmonized neuropsychological tests across diverse studies into high-quality composites. We discuss how our approach can be used maximize power of genetic studies and in integrative data analyses to address big questions in cognitive aging.

FRAILTY SYNDROME AND ASSOCIATED FACTORS IN COMMUNITY-DWELLING ELDERLY IN NORTHEAST BRAZIL


Introduction: Frailty syndrome in the elderly, characterized by decreased physiological reserves, is associated with increased risk of disability and high vulnerability to morbidity and mortality. This study is part of a multicenter project on Frailty in Elderly Brazilians (REDE FIBRA). Aims: To investigate characteristics, prevalence and associated factors related to frailty. Methodology: A total of 391 randomly selected elderly patients aged 65 years were interviewed. Data collection was performed using a multidimensional questionnaire containing information about sociodemographic and clinical variables. Fried’s phenotype was used to characterize the frail elderly. Data were analyzed using descriptive statistics, bivariate analysis (x2) and binary logistic regression. Results: The prevalence of frailty was 17.1%. In the final multivariate analysis model, the following factors associated with frailty were obtained: advanced chronological age (p < 0.001), presence of comorbidity (p < 0.035), dependence in basic (p < 0.010) and instrumental (p < 0.003) activities of daily living and negative perception of health status (p < 0.003). Conclusion: The factors associated with frailty suggest a predictive model that helps in understanding the syndrome, guiding actions that minimize adverse effects in the aging process.

THE SOCIAL GRADIENT IN PSYCHOLOGICAL WELL-BEING AMONG OLDER U.S. ADULTS

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That there are social gradients in health and disease has been well established. Psychological well-being, however, has not received much attention in research on social inequalities in health. Psychological well-being is not only an important indicator of quality of life, but also a potential marker of resilience against, or susceptibility to, the harmful effects of adversity and hardship on disease and functioning. The objective of this study is to determine the extent of the social gradient in psychological well-being among older U.S. adults. We use data from the 2006 Health and Retirement study, which included extensive information on psychosocial factors. Using the 2010 follow-up, we also examine how change in well-being relates to socioeconomic position. Education is used as the main marker of socioeconomic position. We examine multiple indicators of psychological well-being in order to demonstrate the breadth of the association with education, including: hopelessness, optimism, pessimism, mastery, constraints, and life satisfaction. Cross-sectional results show a large and consistent educational gradient in psychological well-being that persists after controlling for age, gender, race/ethnicity, and marital status. Further control for disability and disease only slightly reduced the gradient. Longitudinal models showed that over time those with less education were more likely to become even more hopeless and pessimistic, feel additional constraints, and have lowered life satisfaction. Education was not related to changes in optimism or mastery. These results not only show a consistent gradient across multiple aspects of psychological well-being but also worsening in well-being over time.

OCCUPATIONAL PRESTIGE AND INFLAMMATION IN POSTMENOPAUSAL WOMEN

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While the link between socioeconomic status and health is well established, the mechanisms are less clear. This study estimated the association between occupational prestige and inflammation in women aged 50-79 years. We analyzed data from the controls in a nested case-control study of the Women’s Health Initiative. Six markers of inflammation, C-reactive protein (CRP), interleukin-6 (IL-6), tumor necrosis factor (TNF-α), soluble intercellular adhesion molecule-1 (sICAM-1), vascular cell adhesion molecule-1 (VCAM-1), and E-selectin were measured in 2,198 randomly selected women free from diabetes and cardiovascular disease. Women reported up to three jobs held longest since age 18, which were coded using the 2010 Standard Occupational Classification (SOC). Occupational prestige was assessed for each SOC code using the Occupational Information Network social status item, a standardized and occupation-specific descriptor ranging from 0 to 100. Multivariable linear regression was used to test the association of occupational prestige from the longest held job and inflammation adjusting for age, marital status and education. A ten unit increase in prestige score...
was associated with decreased inflammation; CRP (-0.31, 95% confidence interval (CI) -0.48, -0.13), IL-6 (-0.10, -0.23, 0.03), TNF-α (-29.78, -53.93, -5.62), sICAM-1 (-3.95; -6.82, -1.08), VCAM-1 (-4.10; -11.65, 3.61), and E-selectin (-0.76; -1.39, 0.12). Occupational prestige merits further investigation as a plausible mechanism linking SES and adverse health outcomes.

CHANGES IN FRAILTY STATUS AMONG THE FITTEST EUROPEANS ARE ASSOCIATED WITH NATIONAL INCOME

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Background: In European countries, the proportion of people classified as the fittest (by a frailty index) is positively correlated with GDP per capita; it is not known whether national income affects the ability of these populations to maintain fitness over time. Objective: This study aimed to investigate four-year changes in frailty among the fittest residents of 12 European countries, in relation to national income. Methods: A frailty index comprised of 64 deficits was constructed for 28,130 participants aged 50+ (65.2±9.8 years; 55% women) at Wave 2 (2006) of the Survey of Health, Ageing and Retirement in Europe. The fittest individuals were defined as those with 0 or 1 deficit. Countries were ranked by GDP per capita and grouped into 3 equal tiers: Tier A (highest GDP: Denmark, Austria, Netherlands, Switzerland); Tier B (France, Germany, Belgium, Sweden); Tier C (lowest GDP: Poland, Czech Republic, Spain, Italy). Results: Nine percent of the sample was classified as the fittest at baseline (60.2±7.4 years; 46% women). At four-year follow-up (2010) mortality rates among the fittest participants were similar between the three country Tiers (1.3%-1.8%). The average number of deficits at follow up was lowest in Tier A countries (3.2±3.5), followed by Tier B (3.7±2.6) and Tier C (4.3±4.1) countries. The proportion of fittest participants who remained in the fittest state was higher in Tier A (27%) than in Tier B (19.8%) and Tier C (19.9%) countries. Conclusion: Four-year changes in frailty level among the fittest middle-aged and older Europeans are associated with national income.

THE ROLE OF SOCIOECONOMIC CONDITIONS THROUGHOUT THE LIFECOURSE AND HEALTH BEHAVIORS IN THE CHILDHOOD-ADULT’S HEALTH ASSOCIATION: EVIDENCE FROM TEN EUROPEAN COUNTRIES

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Poorer childhood health is associated with poorer health in adulthood. The effect of lifecourse exposure to different socioeconomic situations in adult’s physical health decline remains to be elucidated. This study aims to 1) examine the association between childhood health and 7-years decline in adult’s health; and to 2) evaluate to what extent the socioeconomic conditions throughout the lifecourse and adult’s health-related risk behaviors mediate the childhood-adult’s health association. We analyzed data from 12,583 non-institutionalized persons aged 50 years or older from 10 European countries who participated in Wave 1 (2004/05), Wave 3 (2008/09) and Wave 4 (2011/12) of the Survey of Health, Ageing, and Retirement in Europe. Lifecourse socioeconomic conditions were defined by childhood socioeconomic status, exposure to mid-life traumatic events and adult’s years of education. The association between childhood health status and 7-years evolution in adult’s functional impairment -namely limitations in basic and instrumental activities of daily living and grip strength-, was established using generalized linear mixed-models. After adjusting for lifecourse socioeconomic conditions and adult’s health behaviors (physical inactivity - neither moderate nor vigorous-, obesity, and smoking), we found fair and poor health during childhood to be associated with increased physical impairment when compared to excellent health during childhood. Our results contribute to existing evidence showing that lifecourse socioeconomic conditions and health-related risk behaviors are not enough to explain the childhood-adult’s health association.

SESSION 1650 (POSTER)

FRIENDSHIP, SOCIAL NETWORKS, SOCIAL SUPPORT

SOCIAL ISOLATION AND NON-ADHERENCE TO DISCHARGE INSTRUCTIONS AMONG OLDER ADULTS


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Older adults are at increased risk of social isolation, but little is known about its effect on adherence to medical recommendations. We examined the association between social isolation and non-adherence to discharge instructions among hospitalized community-dwelling adults aged 65. Participants were enrolled 24-72 hours following admission to the general medical and surgical services of a tertiary-care hospital. Social isolation was measured at baseline and defined as a score of <12 on the 6-item Lubben Social Network Scale. Non-adherence to three domains of discharge instructions (medications, follow-up appointments, lifestyle recommendations) was assessed three times by phone during the 31-day post-discharge period. Patient self-report was compared with written discharge instructions from patients’ medical charts. Generalized Estimating Equations were used to estimate the effect of social isolation on non-adherence to each domain over time, as well as overall non-adherence. Models were adjusted for depressive symptoms, disability, marital and living status, and recent falls. Among 750 participants, 89 (12%) were socially isolated. Social isolation was significantly associated with non-adherence to follow-up appointments (odds ratio (OR) 2.72, 95% confidence interval (CI) 1.35, 5.46), lifestyle modification recommendations (OR 1.65; 95% CI 1.02, 2.68), and lower summary adherence score (cumulative OR 1.64; 95% CI 1.20, 2.24). Social isolation was not significantly associated with non-adherence to medications (OR 0.68; 95% CI 0.34, 1.39). Understanding the association between social isolation and adherence to discharge instructions could lead to more effective interventions to increase adherence and improve patient health.

SOCIAL NETWORK TYPOLOGIES AND DEPRESSION: THE ROLE OF CONFIDENT NETWORK TYPES

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Previous research suggests that social interconnectedness is associated with better mental health in late life. Findings show that greater social capital is associated with fewer depressive symptoms. This research expands the domain through differentiation of types of social connection identified through use of the name generator social network module in the 4th wave of the Survey of Health, Ageing and Retirement in Europe (SHARE). The analytic sample included respondents age 65+ (20,708). K-Means cluster analysis was applied using a set of eight variables from the name generator tool, all of which were proportionally descriptive of the relational composition, geographic proximity, frequency of contact or emotional closeness of named confidants. The optimal solution produced six network types; “children and spouse”, “children”, “spouse”, “other family”, “friend”, “other”. A seventh network type, “no network”, reflected respondents who reported no named

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cated that negative influence was related to lower self-efficacy, which and females, but that it was more positive for males. Results also indicated found that positive support was related to higher self-efficacy. 

SES AND LONELINESS: COMPARING RESULTS USING DIRECT AND INDIRECT MEASURES OF LONELINESS

This study investigates the interplay of social, health, and behavioral influences and how social structure may influence relationships and loneliness. Social structural factors can influence a person’s career, lifestyle, and the ability to form and maintain social ties. Each of these variables can subsequently affect the degree of loneliness that an individual experiences. Data were from a nationally representative sample of the United States population 50 years of age and older surveyed in the 2006 Health and Retirement Study. SES is measured by education, income, occupation, and wealth. The sample is predominately female (59%), married (68%) and white (78%). The mean age is 68 years with an average level of education completed of over 12 years and approximately 16% of subjects were lonely. Risk factors for loneliness were determined using multiple logistic regression analysis. A filtration model is used with 7057 respondents to test the relative impacts of socioeconomic factors as predictors of loneliness after controlling for the mediating effects of demographics, health and social networks. We compared the risk factors identified when using either a direct measure (single loneliness item from the CES-D) versus an indirect method (the 18-item Hughes loneliness scale). First, the findings show that education which is predictive of decreased loneliness using the direct method is no longer predictive when using the indirect method. Second, workers in white-collar occupations had decreased odds of loneliness using either the direct method or indirect method of measuring loneliness. Third, widowed or never married individuals that are often associated with loneliness using the direct method are no longer associated with loneliness using the Hughes 3 item scale.

THE ROLE OF POSITIVE AND NEGATIVE SOCIAL INFLUENCE ON SELF-EFFICACY FOR PHYSICAL ACTIVITY

Rates of obesity among older adults have been increasing over the past several years. In 2009-2010, 44% of adults between 65-74 years old met the criteria for obesity and only 14% met federal guidelines for physical activity, which is one of the most effective methods of weight management. The current study focused on self-efficacy, which is one of the most consistent psychosocial predictors of physical activity levels. Specifically, we examined the relationships of positive and negative social influence with self-efficacy for physical activity, as well as the potential moderating role of sex. Data related to perceived self-efficacy and positive/negative social influences were collected from 232 adults between the ages of 55 and 75 (Mage = 58.79, SD = 7.1). A hierarchical linear regression controlling for age, physical health, and education found that positive support was related to higher self-efficacy. However, this was qualified by a significant interaction with sex. Simple-slopes tests found that this relationship was positive for both males and females, but that it was more positive for males. Results also indicated that negative influence was related to lower self-efficacy, which was also qualified by a significant interaction with sex. This suggested that negative influence was related to lower self-efficacy for males and females but this relationship was stronger for females. Overall, the model accounted for 14.9% of the variance in self-efficacy for physical activity. Findings are discussed in terms of how physical activity interventions focused on increasing self-efficacy should account for sex and the role of social influences.

“My Goal is to Make Sure Our Residents are Engaged”: Activity Programming and Coresident Relationships in Assisted Living

The well-established link between social relationships and well-being across the life course is particularly salient for the growing population of frail elders who reside in assisted living (AL) settings. Research indicates that coresident relationships are especially significant in this regard and identifies factors influencing their development, including facility-based activity programming. Although these programs represent potentially important intervention sites for enhancing coresident relationships, research has yet to explore their influence systematically or in-depth. Drawing on qualitative data collected as part of a three-year, mixed-methods, NIA-funded study, this paper: (a) examines how activity programming influences coresident relationships and (b) identifies factors influencing the connection between activity programs and coresident relationships. Guided by principles of grounded theory method, we analyze data gathered through formal in-depth interviews with residents, staff, and administrators alongside participant observation and informal interviews conducted over a one-year period in eight distinct AL communities. Activities can facilitate positive and negative coresident encounters, and hence relationships, by providing opportunities for neighboring (i.e., cooperation, helping, sharing) and anti-neighboring (i.e., criticizing, arguing, bullying) behaviors. The structure and content of activities can simultaneously include or exclude residents on the basis of their functional abilities. Activity participation and ensuing coresident interactions are influenced also by: resident characteristics (e.g., gender, marital status), interests, preferences, attitudes, and family involvement; staff training, attitudes and behaviors; facility size, location and resources; and administrators’ ability and willingness to invest in activity programming. We offer recommendations for strengthening activity programming in ways that enhance positive coresident interactions and, consequently, resident well-being.

DECLINING SELF-PERCEPTIONS OF GENERATIVITY PREDICT LOWER MEMORY FUNCTION IN OLDER ADULTS

Empirical evidence links greater self-perceptions of generativity, or care and concern directed towards the welfare of others, to lower physical disability and mortality risk in later life. This study extends previous research by examining self-perceptions of generativity as predictors of another important domain of later life health, memory, among adults age 60 and older (n = 679) who participated in the baseline and 10-year follow-up waves of the National Survey of Midlife Development in the United States (MIDUS). The predictor of self-perceived generative contributions was assessed with a single-item rating (0—worst to 10—best) of contributions to the well-being of others. Memory was assessed with a z-scored composite of immediate and delayed verbal memory scores. In a regression model adjusting for age, sex, race, and education covariates, baseline levels of perceived generative contributions predicted small, but significantly higher levels (B = .02, p < .05) of memory function ten years later. In addition, significant declines (2 or more points) in perceived generative contributions over the 10-year period predicted lower memory function at follow-up (B = -.16, - .23).
HEALTH STATUS AND TRAJECTORIES OF SOCIAL SUPPORT IN LATER LIFE: FINDINGS FROM THE NORMATIVE AGING STUDY

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We used socioemotional selectivity theory (SST; Carstensen, 2006) and dynamic integration theory (DIT; Labouvie-Vief, 2003) to examine the impact of health status on social support trajectories in older men. SST predicts that poorer health (reflecting time left to live) should decrease quantitative support (frequency of social contact) but increase qualitative support (reliance on social partners) in later life, while DIT would predict that health is a resource which allows for the maintenance of both quantitative and qualitative support. Participants were 1,067 men from the VA Normative Aging Study (Mage = 61, SD = 8) surveyed in 1985, 1988, and 1991. Conditional growth models found that the mean trajectory of frequency of social contact was a U-shaped with a peak at age 54, while the trajectory of reliance on social partners was stable. As both theories hypothesized, having better self-reported physical health predicted higher levels of frequency of contact over age, B = 0.41, SE = .22, p = .07. However, contrary to SST, having poorer functional status tended to predict more frequent social contact, B = 1.26, SE = .66, p = .06, but not qualitative support, B = .03, ns. Supporting DIT, having memory problems predicted decreasing reliance on social partners, B = 0.25, SE = .07, p < .001, and better self-reported health predicted higher levels of reliance, B = 0.26, SE = .07, p < .001. These findings suggest that different domains of health may have different effects on trajectory of social support in later life.

RELATIONSHIP BETWEEN SOCIAL SUPPORT NETWORK AND EMOTIONAL LONELINESS OF OLDER ADULTS IN SINGAPORE

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We investigated how the structural, associational, and subjective dimensions of social network are related to emotional loneliness reported by older adults in Singapore. Our analysis is based on the 2009 Social Isolation, Health and Lifestyles Survey that collected data from 5000 Singaporean older adults aged 60 years and older. The emotional loneliness was measured as combined scores of the three items that asked respondents to rate the extent to which they felt: lack of companionship, being left out, and isolated from others. While 45% of the sample reported no sense of loneliness, 18% of the sample reported fairly frequent occurrence of emotional loneliness. Ethnic minority groups (Malays and Indians) were less likely to report loneliness compared to their counterparts. Logistic regression on emotional loneliness showed that having more frequent contact with families or friends for support tended to be positively associated with their sense of loneliness, whereas the number of families or friends listed as available for support and consultation were not strongly related with emotional loneliness. On the other hand, reporting a higher level of satisfaction with the overall contact with relatives and friends was negatively associated with emotional loneliness. These results indicate that maintaining a positive outlook on the overall level of contact with relatives and families is likely to have the most significant influence on reducing older Singaporeans' emotional loneliness.

A LONGITUDINAL PATH ANALYSIS OF ADULTS’ EXPERIENCES WITH VIOLENCE, PERCEIVED SOCIAL SUPPORT, AND HEALTH

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Acts of violence can have broad effects on individuals’ health over the life course. Current research has focused mainly on the effects of violence on survivors’ mental health, indicating a need to consider physical health indicators in addition to mental health outcomes. Factors such as perceived social support can impact health in the context of violence, though prior research demonstrates inconsistent findings about the associations between these variables. Moreover, this area of study lacks sufficient longitudinal investigation of the effects of violence and perceived social support on survivors’ health. To address these gaps in the literature, this study uses longitudinal path analysis to assess associations between the experience of violence across the life course, marital and non-marital perceived social support, and health outcomes among adults in the first four waves of the Americans’ Changing Lives study. Our sample includes 673 survivors of at least one physical attack or assault during their lives and a comparison group of 2743 adults without violent experiences. We examine the impact of violence separately for physical and mental health outcomes, using moderating, main-effects, and mediating models. Our findings demonstrate the importance of perceptions of social support with respect to multiple indicators of individuals’ health after a violent experience, encouraging researchers and clinicians to consider how social support from a variety of interpersonal relationships may impact survivors’ well-being across the life course.

SUPPORT NETWORKS OF THE CHILDLESS OLD IN EUROPE

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Western societies age rapidly. Today, people do not only live longer, they also have fewer children. These developments exert considerable pressure on pension and health systems. Children are the most important source of support in old age, especially when there is no partner. Older parents do not only receive most support from their children but also transfer significant amounts of money to them. In times of rising childlessness we thus face new challenges: On which support networks do childless older people rely? (How) can the lack of children be compensated? Who provides help and care? Who profits from financial resources of the elderly? We assess the support networks the childless aged 50 and over in 14 European countries based on the Survey of Health, Ageing and Retirement in Europe (SHARE). When comparing support networks of childless older people to parent’s networks we focus the importance of the extended family as well as public services. Our analyses show that financial transfers are diminished considerably and private help is often taken over by the extended family and neighbours. Intense care tasks, however, are mostly provided by public providers. The family and especially inter-generational relations play an important role for support in old age. When there are no children (or children live far away), vital support for older persons has to be taken over by public providers in many cases. In countries with low social service provision, childless older people thus experience a lack of help, especially when depending on vital care.

GIVING OR RECEIVING SUPPORTS: WHICH ONE IS HELPFUL TO AVOID CARDIOVASCULAR DEATHS?

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Objectives. The amount of social support is a well-known factor to estimate the risk of cardiovascular mortality but few studies examined...
the effect of reciprocity of social support. In this prospective cohort study, we examined if reciprocal intergenerational supports had effects on the mortality from cardiovascular disease. Methods. We examined the KangWha Cohort Study data that has followed a sample of 3,600 elderly people in KangWha Island in South Korea. Respondents were aged between 55 and 85 when they were surveyed for the first time in 1985. A set of intergenerational social support questions were added at the following up in 1994. The reciprocity of social support was operationally defined by the ratio of number of providing supports over number of receiving supports: support reciprocal index (SRI). Mortality data were constructed by matching social security numbers in death registry of year 2005. Cox proportional hazards regression model was adopted to examine the impact of the reciprocity of social support on the cardiovascular death. Results. The females with rich reciprocal intergenerational social support were more likely to survive with compared to women who unilaterally received or provided supports (95% CI of SRI coefficient was 0.75 to 0.96). Among males, the reciprocity of social support did not reveal any effects. Discussion: Our finding suggests that the reciprocity of social support significantly reduces the risk of cardiovascular mortality as well as an amount of social support for the female elderly. It is not clear why similar effects were not observed among male. Maybe unlike femininity, masculinity is not compatible with receiving helps even from adult children.

SOCIAL NETWORK COMPOSITION AND PHYSICAL HEALTH IN MIDDLE-AGED AND OLDER ADULTS IN BEIJING: PERIPHERAL PARTNERS DO MATTER

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Much research supports the beneficial effects of close relationships. However, little has been done to investigate the beneficial effect of peripheral partners. Moreover, little was known about the social network compositions in China. In the current investigation, we sought to extend the existing literature by testing the beneficial effect of peripheral partners on physical health in a sample of Beijing residents. 102 middle-aged and older adults from Beijing participated in the present study. Their social network composition was measured by Social Convoy Questionnaire, and in the questionnaire, partners’ supports (both provided to and received from participants) were also measured. Physical health was assessed by the 36-item short-form health survey. Other demographic information, including marital status, education level, number of children, and income were also measured. Social partners were categorized into emotionally close partners and peripheral partners. First of all, participants had a relatively small network size, and age was associated with more peripheral partners nominated but fewer close partners in this sample from Beijing. Regressions were conducted to examine how close and peripheral social partners could influence participants’ reported physical health. Results indicated that, regardless of age, both support received from and support provided to emotionally close social partners were not or even negatively associated with self-reported physical health, whereas the association between support provided to peripheral partners (but not support received from partner) and physical health was positive. In summary, the current investigation provided support for the argument that peripheral partners could also be beneficial for physical health.

SESSION 1655 (POSTER)

HEALTH RISK BEHAVIORS

HOW ARE THEY DIFFERENT? HEALTH RISK BEHAVIORS OF THE OLDER POPULATIONS IN SAGE COUNTRIES: 2007-2010

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Recent attention to population aging has primarily focused on higher-income countries, yet the majority of the world’s older population lives in less developed countries. Relatively few lower-income countries have the age-specific health and health-risk data necessary to determine population health parameters and to formulate health policies. The World Health Organization’s Study on global AGing and adult health (SAGE) – in China, Ghana, India, Mexico, Russia, and South Africa – provides much needed cross-country comparable health data from low- to upper-middle income countries. Results from SAGE Wave 1 (2007-2010) data show that high levels of risky health behaviors continued into older ages, particularly for men. Consistent across the six countries, men aged 50 and over had higher health risks than their female counterparts, being much more likely to use tobacco and drink alcohol. Also similar across the six countries are the urban and rural differences in risk factors and preventive health behaviors. Rural residents were more likely to use tobacco, drink alcohol, or report insufficient fruit and vegetable intake, than urban residents. However, they had higher physical activity than urban residents despite their higher levels of chronic conditions and disability. Interesting contrasts in health risk behaviors were found among the six countries. More than half of older Chinese and Indian men used tobacco, while the majority of older Ghanaian, Mexican, and Russian men reported moderate to heavy daily alcohol consumption. Older Indians had the largest proportion consuming insufficient fruits and vegetables, and older South Africans were most likely to have low physical activity.

PERCEIVED RISK OF BREAST CANCER AND ADHERENCE TO MEDICAL RECOMMENDATIONS

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According to the American Cancer Society (2013), recommendations for detection of breast cancer include yearly mammogram screenings starting at age 40, more frequently for women with a family history or genetic tendency. Adherence to these guidelines is important for early detection of breast cancer, which is crucial to survival. In the present study, 714 females, ages 40-93 (M = 58.52, SD = 9.69), from the RAND American Life Panel responded to questions regarding their adherence to mammogram guidelines and their perceived risk of getting breast cancer. Of the 714 participants, 630 (88.1%) had received a mammogram at some point in their lives. Lifetime perceived risk of breast cancer was associated with adherence to mammogram guidelines, $\chi^2 (4, N = 629) = 11.96$, p = .02. Of the participants who did not adhere to mammogram guidelines, 21.4% indicated a lifetime perceived chance of getting breast cancer between 0-20%, 9.5% a 21-40% lifetime chance, 12.1% a 41-60% lifetime chance, 20.0% a 61-80% lifetime chance, and 15.8% a 81-100% lifetime chance. In addition, participants who know other women who have been diagnosed with breast cancer are more likely to adhere to mammogram guidelines, Wald test = 5.03, p = .03. Participants whose insurance covered all (Wald test = 10.31, p = .01) or part (Wald test = 3.66, p = .06) of the mammogram screenings were more likely to adhere to mammogram guidelines. Possible reasons for these findings and suggestions for future research are discussed.

THE IMPACT OF ALCOHOL INTAKE ON DEMENTIA: A POPULATION-BASED STUDY FROM THE SWEDISH TWIN REGISTRY

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Alcohol consumption has been implicated in differences in risk for dementia. However, results remain mixed. We examined midlife consumption of beer, wine, and spirits in relation to incidence of dementia.
DO AS I SAY, NOT AS I DO: THE ROLE OF PARENTAL abstaining and averaging >8 drinks/week may slightly increase the risk between beer and risk of dementia was not significant. In summary, both dementia approached significance (HR=0.98, p=.09). The association and the association between drinking more wine and reduced risk of spirits was related to an increased risk of dementia (HR=1.02, p<.05) drinks per week of beer, wine, and spirits, consuming more drinks of exercise did not affect these results. In analyses mutually adjusted for lling for the same covariates. Also controlling for body mass index and data dependence due to the presence of twin pairs indicated a sig-
ificant quadratic effect between alcohol consumption and risk of dementia (p<.05). Based on this, participants were classified as non-
drinkers, very light (1-2 drinks/week), moderate (3-4 drinks/week), heavy (5-8 drinks/week), and very heavy (>8 drinks/week). Not drinking alcohol (hazard ratio [HR]=1.07, p<.05) and having >8 drinks of alcohol/week (HR=1.07, p<.05) increased the risk of dementia when compared to consuming moderate amounts (3-4 drinks/week), controlling for the same covariates. Also controlling for body mass index and exercise did not affect these results. In analyses mutually adjusted for drinks per week of beer, wine, and spirits, consuming more drinks of spirits was related to an increased risk of dementia (HR=1.02, p<.05) and the association between drinking more wine and reduced risk of dementia approached significance (HR=0.98, p<.09). The association between beer and risk of dementia was not significant. In summary, both abstaining and averaging >8 drinks/week may slightly increase the risk of dementia compared to having 3-4 drinks/week. More drinks of spir-
its may confer a greater risk.

DO AS I SAY, NOT AS I DO: THE ROLE OF PARENTAL ATTITUDES AND BEHAVIOR ON CHILDREN’S SMOKING

Research indicates that parents’ health behaviors, such as smoking, are transmissible to their children. However, less research has been devoted to understanding the mechanisms through which health behav-
iors are transmitted, such as behavioral modeling and socialization through parents’ attitudes. The current study capitalized on dyadic reports of parent and child smoking behavior and attitudes to explore the role of behavioral modeling and socialization in children’s smoking behavior. Specifically, we examined whether exposure to parents’ smoking behavior (reported by parents) and parents’ anti-smoking attitudes pre-
dicted children’s smoking behavior in adulthood. Data came from the year 2000 wave of the Longitudinal Study of Generations (LSOG). Par-
ents’ smoking behavior and parents’ permissive attitudes toward smoking were examined as predictors of children’s smoking behavior in adulthood using multinomial logistic regression in 531 parent-child dyads.

Results indicate that both parents’ smoking and more permissive atti-
tudes toward smoking predicted child’s smoking in adulthood (OR = 2.84, p <.05; OR = 2.22, p <.01, respectively). However, when simult-
eaneously examined in the multivariate regression model only parents’ anti-smoking attitudes were a significant predictor of child’s smoking. Findings suggest that both modeling and socialization mechanisms may shape children’s smoking behavior in adulthood with a potentially greater influence of parental attitudes. We will also discuss the effect of timing and duration of parental modeling.

RACE AND ETHNIC DIFFERENCES IN ALCOHOL CONSUMPTION AFTER DIAGNOSIS OF CHRONIC DISEASE

Alcohol consumption has differing implications for chronic illness, such as heart disease, stroke, and diabetes, depending on the level of consumption. Excessive alcohol consumption is detrimental to health, whereas moderate consumption has generally been shown to be benef-
cial to health. This study examined differences in alcohol consump-
tion following new diagnosis of heart disease, stroke, or diabetes, among white, African-American, and Latino participants in the Health and Retirement Study (N = 4,337). The number of drinks and consumption categories (less than moderate, moderate, excessive/occasionally exces-
sive) were investigated using longitudinal linear and logistic regres-
sion models that adjusted for complex sampling design. Overall the re-
duction in the number of drinks per day was modest overall and declined significantly only among whites (from .82 pre-diagnosis to .74 post diagnosis). Results indicated that all groups reduced excessive and occasionally excessive drinking between pre- and post-diagnosis (whites, from 15.11% to 12.05%; African-Americans, from 10.88% to 7.28%; Latinos from 11.11% to 8.67%). African-Americans who drank moderately before diagnosis were more likely to abstain from alcohol consumption following diagnosis than whites after controlling for fac-
tors such as age, gender, education, income, insurance, and health (OR = 1.54, p <.05). The findings have important implications for known racial disparities in risk of subsequent cardiovascular and cerebral events, health complications, and longevity.

THE STRESS PROCESS AND SMOKING CESATION: EVIDENCE FROM THE AMERICANS CHANGING LIVES STUDY

Much research has focused on the demographic, behavioral, and health-related predictors of smoking cessation, but less is known about its psychosocial determinants, particularly those related to the stress process. Smoking has been identified as a coping mechanism for man-
gaging stress, but how stress impacts smoking behavior is dependent on the magnitude and sources of stress exposure as well as the presence of mediating factors such as environmental mastery and social support. Prior studies examining stress and cessation have been limited by small, non-representative samples and usually focus on either stress exposure or stress mediators but not both. We address this gap by examining the relationship between psychosocial factors in the stress process (stress associated with finances, parenthood, marriage, and work; as well as potential mediators: the availability and quality of social support and individuals’ environmental mastery) and smoking cessation. We use data from up to 25 years of follow up in the American Changing Lives Study, a nationally-representative sample of Americans aged 25 and older first interviewed in 1986. We will construct person-spell data in order to assess the relationship between the timing of smoking cessa-
tion and psychosocial measures, as well as their relative importance compared with demographic (age, gender, race, socioeconomic sta-
tus), behavioral (smoking intensity, body weight, alcohol intake), and health-related (physical illness) predictors of cessation. Preliminary results indicate a negative association between cessation and financial stress. Cessation is not associated with other sources of stress, envi-
ronmental mastery, or social support.

SESSION 1660 (POSTER)

LIFE COURSE AND DEVELOPMENTAL CHANGE

COGNITIVE TRAJECTORIES BY CUMULATIVE ADVANTAGES/DISADVANTAGES: EXPLORING DIFFERENT COGNITIVE DOMAINS

Previous studies have demonstrated that late-life cognitive change is associated with cumulative advantages/disadvantages from childhood to adulthood. Although age-related cognitive change occurs differently by cognitive domains, few studies examined it explicitly. Therefore, the purpose of this study was to investigate the association between cumu-
labative advantages/disadvantages and three different cognitive domain (global cognition, memory, and mental status) changes among older adults. Using a nationally representative sample from 1998 to 2010
Health and Retirement Study (HRS), growth curve models were employed to estimate cognitive trajectories. Cumulative advantages/disadvantages were measured combining the levels of childhood socioeconomic status, respondent’s education, and respondent’s household income. Adjusted for confounding variables, advantaged respondents had higher cognitive functions (global cognition, memory, and mental status) at initial level than disadvantaged respondents. All cognitive functions declined with age, but the results about the rate of decline were different by cognitive domains. For the global cognition, the rate of decline was not significantly different between advantaged people and disadvantaged people. However, the rate of decline in memory was steeper for advantaged than disadvantaged. In contrast, the rate of decline in mental status was steeper for disadvantaged than advantaged. These findings suggest that cumulative advantages are beneficial for the level of late-life cognitive functions as a whole, but may have different impact on rate of change by cognitive domains.

TIME AWAY FROM WORK PREDICTS LATER-LIFE COGNITIVE FUNCTION - DOES EDUCATION MATTER?
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Objective. Working-life employment gaps should be associated differently with later-life cognitive function depending on their potential to decrease or increase cognitive reserve, e.g., by cognitively stimulating activities carried out during the gap. Employment gaps due to unemployment or sickness should worsen cognitive function, whereas gaps due to training should promote cognitive function. However, the role of education in these associations remains unclear. It is hypothesized that individuals with higher cognitive reserve, i.e., higher education, suffer less from unemployment or sickness spells, but also benefit less from training spells compared to lower-educated individuals. Method. Cognitive function (verbal fluency, immediate recall, delayed recall, orientation, numeracy) of 18,419 respondents aged 50-73 to the Survey of Health, Ageing, and Retirement in Europe of 13 countries was assessed in 2004/5 and 2006/7. Employment gaps were derived from complete work histories assessed in 2008/9. Respondents’ information on International Standard Classification of Education was recoded into low (< upper secondary), upper secondary, and post-secondary education. Results. For low-educated individuals, employment gaps due to sickness were associated with increased risk of cognitive impairment, gaps due to training associated with decreased risk of cognitive impairment. In both low- and high-educated individuals, gaps due to maternity were associated with decreased risk of cognitive impairment. Adjustment for childhood socioeconomic status and self-rated school performance attenuated but did not eliminate associations. After adjusting for late-life socioeconomic status and health, associations held for maternity spells. Discussion. Training and maternity spells seem to promote later-life cognitive function particularly in low-educated individuals.

IMPACT OF EARLY LIFE EXPERIENCES ON LATER-LIFE PSYCHOLOGICAL OUTCOMES: THE VA NORMATIVE AGING STUDY
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Early-life adversities are linked to poor psychosocial adjustment in old age, but little is known about how positive and negative facets of early experiences can jointly influence later-life outcomes. We aimed to characterize profiles of early-life experiences in relation to later-life psychological well-being. We used data from the VA Normative Aging Study. In 1996, 1,076 men (age: M=69, SD=7) responded to the Childhood Experiences Scale (CES), which measured positive and negative events, parental discipline and praise, positive relationships, achievements, self and parental perceptions of character in childhood. In 2001, 649 of these men (age: M=74, SD=7) completed measures of psychological outcomes, including positive and negative affect; life satisfaction (LSI-A); extraversion and neuroticism (EPI-Q). We conducted a latent class analysis to identify distinct profiles of early-life experiences. Classes were then compared on demographics and psychological outcomes, accounting for uncertainty in class assignment. Three classes provided the best fit. Class A (42%) showed high endorsements of both positive and negative experiences, and positive self and parental ratings. Class B (43%) reported the highest level of parental praise and was least likely to have been unfairly punished. Class C (15%) had high levels of childhood physical discipline. The classes differed across all indicators of later-life psychological well-being, with Class A generally reporting higher levels of positive and negative affect, life satisfaction, and extraversion than the others. Despite potential retrospective bias in the CES, our findings highlight the value of considering multiple dimensions of childhood experiences on long-term well-being.

LIFE COURSE TRAJECTORIES OF SELF-ESTEEM: DOES EDUCATION MATTER?
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Drawing from the existing literature on the life course influences of education on self-esteem, this study examines the influence of parental education as well as education of the individual on self-esteem over the life course. Self-esteem has been observed to vary over the life course. Previous studies based on cross-sectional and longitudinal data have suggested a curvilinear relationship between self-esteem and age. Self-esteem is lower during early years, increases during middle years, and eventually declines in later years. Even though age-based trajectory of self-esteem has been studied, the potential heterogeneity in those trajectories has received little attention. Drawing from a Longitudinal Study of Generations (LSOG) conducted between 1971 and 2000, this study utilizes a mixed-effects ordinal logistic regression model to explore the heterogeneity in the trajectory of self-esteem attributed to education. The findings are consistent with previous studies in that self-esteem increases over time, with slight decline at later years. The individuals with less than high school education have on average lower self-esteem at initial level. Parental education did not have any independent effect on initial level of self-esteem. Its influence on initial self-esteem appears to have been mediated by children’s education. Even though the individuals with higher education appear to have higher self-esteem over time, the effect was not statistically significant. Yet, the random slope reflective of change in self-esteem over time was statistically significant, suggesting heterogeneity in age-based trajectory of self-esteem. Hence, future research should explore other indicators of socioeconomic status that could potentially explain such heterogeneity.

PROXIMITY AND CORESIDENCE: LIVING ARRANGEMENT TRANSITIONS OF OLDER PARENTS AND THEIR CHILDREN
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Late-life migration research is often limited by data that do not allow further specifications about older parents’ living arrangements transitions. This study investigates how social, health, and medical events are further specifications about older parents’ living arrangements transitions. This study investigates how social, health, and medical events are associated with parent-child proximity and their coresidence over time. Data from the 2006 and 2008 Health and Retirement Study and the Cross-Wave Child Proximity file are used to construct older parents’
living arrangement transitions patterns coordinated with their adult children’s geographic information. Among 4,993 older respondents, 17% lived with at least an adult child, 52% had at least a non-resident child living within 10 miles, 10% had at least a non-resident child living within 30 miles. Multinomial logistics regression models are used to examine living arrangements transitions over a two-year period. Preliminary findings partly support those results from previous studies, indicating that recent widowhood is related to transition to co-residence, and that declines in physical health increases the likelihood to become closer to one’s children, both relative to stable living arrangements. Baseline proximity is also related to further move closer to each other in contrast to staying stable. In particular, recent medical events are predictive of transition to co-residence or increases non-resident proximity, both relative to no living arrangement transitions. However, recent nursing home stays are found to be predictive of a reduced proximity. These preliminary findings suggest that older parents’ life events can trigger their moving and influence where to move, and that geographic distance among family members can be reconfigured for older parents’ changing needs.

OLDER ADULTS USE VISUALIZATION OF THEIR DATA WHEN TIME IS AVAILABLE AND NEED IS SALIENT

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Evaluation and comparison is an essential component of self-regulation and adult development. Web-based microlongitudinal studies that direct participants to visualizations of their responses provide an opportunity to understand under what circumstances individuals interact with visualizations of their data. To examine the qualities of a day that predict increased use of data visualization on that day, we used data from the Personal Understanding of Life and Social Experiences (PULSE) project. Ninety-nine Oregon residents (age: 52 – 88) completed daily surveys over a 100-day time period. The surveys measured health and social goal progress, and emotional and physical well-being. Following each survey, participants were directed to visualizations of their responses. Visualizations illustrated participants’ current responses in comparison to their averages in the domains of health and social goal progress, affect, social contact satisfaction, and optimism. Toggling a show/hide details button revealed a timeseries view of responses and the distribution responses into discreet response categories. The duration of visualization use and the toggling of show/hide details buttons were logged daily. Multilevel analyses suggest that the duration of visualization was linked to time spent on the daily survey, and also longer when participants reported lower positive affect and stress, higher negative affect, and more health symptoms. The odds of toggling the show/hide details button increased when participants report lower positive affect and health goal progress, higher negative affect, and more physical symptoms. The results suggest that available time and days of poorer quality inspire individuals to reflect on their data. Supported by #NSF DGE 0956280.

SATISFICING, TIME PERCEPTION, AND DECISION-MAKING AMONG OLDER AND YOUNGER ADULTS

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Satisficing (Simon, 1956) is a decision-making strategy by which individuals make choices leading to acceptable results. In contrast, maximization locates the “best” available option. Satisficing can be viewed as an adaptive time/energy conservation shortcut leading to acceptable outcomes. Few studies, however, have addressed satisficing in later life. In this study we examined age-related differences in decision-making strategies (satisficing vs. maximizing), time-perception, procrastination, cautionfulness, multitasking, and perceived control over life events. Survey data were gathered from older (n=189; M-age= 72.51) and younger adults (n=204; M-age= 21). Although both age groups perceived having less available time than in the past (p= .838), older adults believed the amount of time they had was sufficient to accomplish things (p<.001). Younger adults also felt that they had less control over life situations (p<.001). Consistent with previous research, younger adults were more characteristic of maximizers than the older adults (p<.001).

With regard to discrete satisficing (time/energy conservation) strategies, older adults were more likely to utilize these behaviors (p<.001). Older adults were more cautious and thoughtful in their decision-making processes (p<.001). Younger adults, however, were significantly higher in procrastination (p<.001), multitasking (p<.001), and post-decision regret (p<.001). These results suggest at least two possible explanatory pathways. For example, satisficing (as an adaptive time/energy conservation strategy) might heighten with age and in concert with emerging wisdom (Baltes and Staudinger, 2000) and selective-optimization with compensation (Baltes, 1993). An alternative hypothesis, however, might explain these findings as cohort effects that portrait today’s younger generation as products of “hurried” development (Elkind, 1981, 2006).

IS AGE A LEVELER FOR THE INEQUALITIES IN THE PROCESS OF DISABILITY OF OLDER ADULTS IN A MIDDLE INCOME COUNTRY?

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Introduction: There has been a debate about the relationship between socioeconomic position (SEP) and health in old age. Some studies support a consistently diverging socioeconomic gap across the life course including the old age. Others studies, instead, show a weakening of the effect of inequalities in health (or convergence) after the age of 60. More of these studies have been conducted in high-income countries. Aim: To provide evidence about the dynamics between SEP and the process of disability among elderly in a middle-income country. Methods: Data came from a 10-years (2000-2010) longitudinal study of the SABE cohort. This is a probabilistic and representative sample of 1019 adults aged 60+y (75.6% women; 72, 2±8.2) living in the community in Santiago, Chile. Functional limitation was defined from a combination of 6 ADL, 7 IADL, and 7 mobility activities (non-limited; and limited). SEP was assessed combining household equipment, wealth, and education (Low, Medium and High). Results: The initial prevalence of functional limitation was 47.3% (95%CI: 44.2;50.4) with a socioeconomic gradient (60.1% low; 47.5% medium, and 28.7% high; p<0.001). After 10years follow-up, the multilevel model parameters adjusted by age for the process of disability (limited/no limited), including the variation within-subjects and time, show that being female (OR: 2.7; CI: 1.98-3.92), and the trace of time (5 years:OR: 1.0; CI: 0.78-1.51; 10 years:OR: 10.9; CI: 7.0-17.2) are risks factor to be functionally limited. But also, the effect of a lower SEP remains statistically significant (High: 1.0; Medium: 1.96; CI: 1.21-3.18; Low: 3.52; CI: 1.90-6.54) as a risk factor. Conclusion: Results corroborate the social stratification of functionality, adding evidence to support the hypothesis that aging is not a leveler for socioeconomic inequalities, at least in the process of disability in Chilean Older People from the age of 60.

MOTHERS’ AND DAUGHTERS’ FEMININITY ACROSS THE LIFESPAN: LONGITUDINAL FINDINGS FROM THE INTERGENERATIONAL STUDIES

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The Intergenerational Studies are rare long-term longitudinal studies, with data collected from participants beginning in 1929, and from their spouses and children beginning in 1969 (Eichorn, 1981). Here the
focus is on original participant women (N=180) and daughters of original participants (N=190), with respect to score on the 32-item Femininity (FM) scale, taken from the California Psychological Inventory (Gough & Bradley, 1996). Earlier analyses of original participant women, using two-level hierarchical linear modeling (HLM; Bryk & Raudenbush, 1992) found a significant linear decrease in Femininity from age 33 to 85 (Jones, Peskin, & Livson, 2011). Sufficient data have recently been collected from daughters of original participants to allow simultaneous analysis of both cohorts of women, via three-level HLM. Such analyses more clearly detail lifespan change in femininity in the context of cohort and family, linking together rich theories of adult development and socio-cultural context (e.g., Gutmann, 1994; Stewart & Healy, 1989). On average, the older cohort is significantly higher than the younger in initial level of FM, centered at age 33. However, the two cohorts show an equivalent, statistically significant linear decrease in score with age. Results are robust because family-level dependencies in score are systematically modeled rather than included as error, the age range examined is extensive (20s through 80s), repeated measurements are available (maximum of 3 points for the younger cohort; 5 for the older cohort), and a standardized measure of femininity is used. Results illustrate both cohort and individual developmental movement toward less femininity in women.

SESSION 1665 (POSTER)

PERSONALITY

DO HASSLES MEDIATE THE EFFECT OF PERSONALITY ON MORTALITY? FINDINGS FROM THE NORMATIVE AGING STUDY

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There is a growing literature on relationship between personality and health outcomes, including mortality, but the pathways through which this occurs are still controversial. A major pathway may be through stress. Several studies have found that those higher in hostility, anxiety, or depression perceive situations as more stressful (Krantz & McCeney, 2002), which in turn is related to a variety of adverse physical health outcomes (Kiecolt-Glaser, 2009). We examined whether the influence of personality on mortality is mediated by hassles trajectories in a sample of 1,472 men from the Normative Aging Study (NAS), who completed the MMPI-2 in 1986 (Mage = 61.82; SD = 8.37). We examined three personality attributes: anger, anxiety and depression. Using growth mixture models, we identified four classes of trajectories for hassles intensity scores: low stable (12.5%), middle stable (7.8%), middle nonlinear (78.7%), and high stable (1.1%). By 2010, 41% of the sample was deceased. Hierarchical Cox proportional hazard models were computed controlling for age, education, marital status, self-rated health, and smoking and drinking status. Model 1 included three personality attributes and their covariates; higher anger increased the risk of mortality (HR = 1.31, p < .05). In Model 2, we added the hassles classes. The effect of anger remained significant (HR = 1.36, p < .05). Compared to those in the low stable hassles class, NAS men in the middle nonlinear (HR = 1.49, p < .05) and high stable (HR = 2.92, p < .05) classes had higher mortality rates. Thus, anger and hassles trajectories are independently associated with mortality among older men.

PERSONALITY AND SUBJECTIVE HEALTH AMONG MIDDLE-AGED AND OLDER ADULTS

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Little research has investigated links between personality and subjective health among middle-aged and older adults. What research has been done typically links neuroticism and extraversion with perceived health (e.g., Chapman et al., 2006; Duberstein et al., 2003), but has had little to say about other personality factors. In the present study, 193 middle-aged and older adults (age 40-82, M = 50.82, S.D. = 8.40; 67.9% female) were recruited to examine associations between age, gender, the six personality traits measured by the MIDI Personality Scales (Mroczek & Kolarz, 1998), cynicism, gratitude, and the physical health subscales of the SF-12 (Ware et al., 1996) in a series of hierarchical linear regressions. The regressions predicting general health (F (10, 181) = 6.14, p < .001, R2 = .253); physical functioning (F (10, 180) = 3.51, p < .001, R2 = .163), physical role limitation (F (10, 177) = 3.41, p < .001, R2 = .161), and bodily pain (F (10, 181) = 2.66, p = .005, R2 = .128) were significant. Similar to prior research, neuroticism was a unique predictor of general health (β = -.175) and physical role limitation (β = -200). Interestingly, conscientiousness was a unique predictor of general health (β = -.236), physical functioning (β = -.176), and physical role limitation (β = -.194); cynicism was also a unique predictor of physical role limitations (β = -.173). Results are discussed in terms of personality’s potential impact on broader health.

ALCOHOL, EXERCISE, AND PERSONALITY: A TEST OF EGO DEPLETION VS. COMPENSATION MODELS IN ADULTHOOD


It is a long-established finding that, paradoxically, alcohol use is positively correlated with exercise frequency. This relationship is explained by ego depletion theory (Baumeister, 1998), which proposes that by engaging in effortful health regulatory behaviors, individuals exhaust their self-control. Previous research on an online adult sample (N=705, ages = 18-64; Whitbourne et al., 2013) replicated the alcohol-exercise link and indicated, in addition, a contributing role of extraversion. However, the findings were limited in that the full Five Factor Model (FFM) personality traits were not investigated. In the present study, we examined relationships among exercise and alcohol use in an age-stratified sample (N=454, ages = 19 to 86) interviewed in their homes on a variety of health behaviors and personality, including the full FFM personality traits. Preliminary analyses yielded a positive significant relationship between alcohol use and exercise frequency across age groups, indicating a higher proportion of people who drink among exercisers than non-exercisers. Linear regression testing a moderating role of personality in the alcohol-exercise relationship showed a significant contribution of extraversion, replicating the previous study’s findings. Thus, there may be individual differences in the tendency toward ego depletion. However, as the majority of ego depletion studies have used an experimental paradigm, it is also possible that the present findings can be explained by a compensation model in which individuals who drink alcohol use exercise as a way to compensate for their unhealthy behaviors. Further analyses will compare subgroups based on age, and examine the role of additional traits, including conscientiousness, which is known to relate to positive health behaviors.

THE INFLUENCE OF EDUCATION AND PERSONALITY ON HEALTH IN THE OLDEST OLD: FINDINGS FROM THE GEORGIA CENTENARY STUDY

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The purpose of this study was to investigate the influences of level of education and personality (i.e. neuroticism and extraversion) on the...
overall perceived health in the oldest old. Using data from the Georgia Centenarian Study, three hundred and twenty-one octogenarians and centenarians were interviewed about their personality and educational attainment levels, life events, and their current health status. Education ($\beta = .13$, $p < .05$) and extraversion ($\beta = .21$, $p < .001$) were significantly associated with the frequency of life events, suggesting that more highly educated and extraverted participants had experienced more life events; however, neuroticism was not associated with life events. Direct effects on current health status were also significant indicating that education ($\beta = .17$, $p < .05$), neuroticism ($\beta = -.12$, $p < .05$), and extraversion ($\beta = -.14$, $p < .05$) were significantly associated with overall perceived health status. Number of life events was not directly associated with perceived health. No significant indirect effects were found for educational status and personality on current overall health status. In sum, education level and personality traits predicted the current quality of overall perceived health in the oldest old. These findings can be used to more readily identify older individuals who may be more susceptible to report poorer health due to education and personality factors, without the use of clinical scales. Program interventions can specifically target individuals that fit the education and personality criteria to aid them in developing skills that will assist them in their daily living.

PERSONALITY AND SELF-REPORTED PAIN INTENSITY IN THE NATIONAL SOCIAL LIFE, HEALTH, AND AGING PROJECT

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Pain verbal descriptor scales are reliable indicators of physical and mental health and predict social inclusion. Despite the fact that 30 to 80 percent of the population reports persistent pain, pain assessment measures are frequently absent in studies on older populations. Similarly, whereas personality has been explored as a predictor of physical health outcomes, few studies have examined the relationship between personality and pain. This research used data from the National Social Life Health and Aging Project (NSHAP) to investigate the relationships among health, personality and self-reported pain intensity. We posited that extraversion and conscientiousness moderate self-reported pain intensity by promoting positive health behaviors and helping to maintain cohesive social support networks. Personality was measured in NSHAP using the Midlife Development Inventory (MIDI). Pain in the past 4 weeks was assessed using a 7-point verbal descriptor scale. Personality was not a significant predictor of pain intensity among women. Among men, neuroticism was positively correlated with pain intensity. Conversely, extraversion was associated with less intense pain, with extraverted men demonstrating a smaller effect of health on pain intensity. In addition, among men, extraversion appeared to mediate the relationship between participating in volunteer work and reporting pain. These results imply that socially outgoing men may have an advantage over their counterparts when dealing with mobility issues and chronic health conditions. The fact that these relationships were not significant among women underscores that older men have reduced social support networks in general.

THE IMPACT OF PERSONALITY ON LIFE SATISFACTION IN LATER ADULTHOOD: FINDINGS FROM PROJECT TALENT


Satisfaction with life is often viewed as a hallmark of successful aging. Substantial evidence suggests that the personality traits of Extraversion and Neuroticism are related to life satisfaction (Costa & McCrae, 1980; Diener & Lucas, 1999). However, relatively little is known about how personality influences life satisfaction in later adulthood. The majority of studies have not included older adults or examined other personality dimensions (Openness, Agreeableness, Conscientiousness) and are limited by small sample size and few follow-ups, with short intervals between assessments. Within the context of the Project Talent (PT) study, we examined the influence of personality on life satisfaction over a 50-year period. In 1960, PT was initiated to assess the knowledge, personality, interests, and abilities of approximately 400,000 US high school students. Follow-up surveys were administered at one, five, and 11 years post-graduation. In 2012, individuals enrolled in the initial study were randomly selected to complete and return a short mail survey. Individuals were included in the present analyses if they participated in the 2012 follow-up assessment ($N = 1,952; M = 68$ years). Consistent with past research, cross-sectional analyses indicated that Extraversion and Neuroticism were significantly associated with life satisfaction. Conscientiousness was also positively associated with life satisfaction ($p < .05$). Preliminary longitudinal analyses suggest that personality measured in 1960 was associated with life satisfaction in 2012. Specifically, Extraversion and Conscientiousness were positively associated with life satisfaction more than 50 years later ($p < .01$), suggesting that early life temperament might impact well-being in adulthood.

DISPOSITIONAL FLOW: A RESOURCE FOR SUCCESSFUL AGING


Flow has been characterized as full engagement in activity, in which action and awareness merge, and skill and challenge are perceived to be balanced (Csikszentmihalyi, 1996). Previous research has conceptualized Flow as a state experienced during specific activities, and has neglected the possibility that individuals self-regulate activities to achieve this experience as an ordinary part of life. We report data from a Dispositional Flow (DFlow) scale based on that used to measure the state of flow (cf. Payne et al., 2011), administered to 150 older adults (60 to 91 years of age) from a wide range of educational backgrounds. This scale showed good internal consistency ($\alpha = 92$), the same scale properties as the state of flow, and was age insensitive. Older adults high in DFlow were conscientious ($r = .31$), open ($r = .23$), mindful ($r = .40$), and higher in life satisfaction ($r = .27$). The ability to self-regulate to achieve flow is an important resource for successful aging.

AGE DIFFERENCES IN GOAL CONCORDANCE AND SUBJECTIVE WELL-BEING: MODERATING EFFECTS OF PRIVATE SELF-CONSCIOUSNESS

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Goal concordance has been defined as “the degree to which one’s self-chosen initiatives match and represent one’s developing interests and core values” and is therefore, according to Sheldon (2008), thought to represent “a state of congruence between one’s self-generated goals and deeper, growth-relevant aspects of one’s personality” (p. 557). Previous research has shown a consistent link between aging, goal concordance, and well-being. Based on the Self-Determination Theory (Deci & Ryan, 1985), and core tenants of the goal concordance model, our study predicted that dimensions of personality, (operationalized as private self-consciousness), would significantly moderate the relationship between goal concordance and subjective well-being. Participants were 437 adults (55% female) between the ages of 18 and 79 (M = 31.8, SD = 13.6). Measures of goal concordance, subjective well-being (life satisfaction and positive and negative affect), and private self-consciousness (insight and rumination) were collected to determine their potential associations and test for age differences between younger and older adults. Significant age differences were found in ratings for introjected motivation. Older adults were less motivated by a sense of obligation, or that they “ought to” do something because they would feel
AMONG OLDER ADULTS IN ISRAEL
CONTINUOUS-CARE RETIREMENT COMMUNITIES
TRAIT ROUTINIZATION AND ADAPTATION TO
personality attributes.
life satisfaction by selecting a career that was congruent with their per-
tude. Thus, our results indicate that people could partially optimize their
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.01) and less Conscientiousness (p < .09) or a more laissez-faire atti-
greater Extraversion (p < .01) and less Openness (p < .09); and greater
trait-routinization and adaptation to new living arrangements in old age is a
complicated process impacting emotional, functional and social out-
comes, and general quality of life. Various factors have been associ-
ated with facilitating or posing hurdles to successful adaptation to instit-
tualized living environments, including personality traits. The current
study examined the role of one personality trait ‘trait-routinization’ in
independent older adults’ adaptation to life in continuous-care com-
munities. Method: Using a correlational design, 120 older adults that
transitioned to one of six continuous-care retirement facilities partici-
ipated in this study. In-person interviews were conducted to collect data,
using the Relocation Adjustment Index and Trait Routinization with
Variety Assessment Scale. Results: Routinization subscale (disliking
disruption) showed moderate association with adaptation (b = -.18, p = .02), controlling for decision to enter the institution, satisfaction with the facility, family relationship, functional status, years of education, family status, and type of setting. In addition, an interaction effect
between two types of settings (differentiated by level of satisfaction and adaptation) and routinization was found: in the higher adaptation level
group, there was no association found between the variables. In the lower adaptation group, the association was moderately high (r = .33; p < .01; n=78). Conclusion: Older adults with higher desire (i.e., per-
sonality) for a stable, undisturbed life style may experience more diffi-
culties in adapting to new living arrangements. With a personality-driven
adaptation effect expressed only in communities where residents reported
less satisfaction and lower adaptation, further research is needed to
explore associations between personality-environment fit and adapta-

SESSION 1670 (POSTER)
ASSESSMENT
ARE FALLS RISK AND PHYSICAL FUNCTIONALITY ASSESSMENT TOOLS EQUALLY EFFECTIVE IN DETECTING FUNCTIONAL CHANGES?
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Ageing-related declines in physiological capacities can increase the
risk of falls and reduce physical functionality, both of which can be
measured using valid and reliable assessment tools, including the Con-
tinuous Scale Physical Functional Performance 10TM (CS-PFP10) for
testing physical functionality and the FallScreenTM for assessing falls
risk. This study assessed the effectiveness on falls risk and physical functionality of a balance-specific training program and tested the tools’
sensitivity to detecting differences in intervention outcomes. Thirty-two
independently-living adults aged 65-92 years were allocated to either a
16-week wobble-board intervention (n=15) or to a control group (n=17). Participants were tested pre- and post-intervention using the
FallScreenTM and the CS-PFP10. Data were analysed through inten-
tion-to-treat repeated measures t-test. Post-intervention, those in the
wobble-board group showed a significant reduction in their falls risk
(p = 0.009, np2 = 0.396) and also had a significantly and substantially
lower risk of falling (M= 11.10%, F (1, 30) = 5.829, p = 0.022). They also demonstrated sig-
nificantly better balance on the CS-PFP10 (p = 0.029, np2 = 0.297),
although their overall CS-PFP10 score did not change from pre- to post-
testing. Those in the control group recorded no change on any meas-
ure. A balance-specific intervention program can significantly reduce
falls risk and improve balance. Falls risk and physical functionality
assessment tools measure distinct risks and capacities: the choice of an
appropriate screening method is critical when assessing treatment effi-
cacy.

SIMPLE SCREENING FOR, AND BRIEF EDUCATION ON, HEARING LOSS IN PRIMARY CARE IMPROVE OUTCOMES
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Background: Hearing loss (HL) is common among older adults yet
screening rates and follow-through after referral are low. Method: We
tested the effectiveness of a simple hearing screening protocol, a 5-
minute education session, and a brochure in promoting better use of
hearing healthcare services. The intervention was refined through work
with clinic personnel and hearing specialists and tested in 2 clinics.
Results: 94 of 125 older adults screened evidenced HL by hand-held audiometry; 67 agreed to participate and completed follow-up. Half
were either referred by their physicians or went on their own for assess-
ments by hearing specialists. Of these, all but 2 had either made appoint-
ments or were planning to at the three-month follow-up. The value of
the education material for inducing change was further evidenced by

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Muscle activation was measured over three trials of double-limb static hold MVC per muscle were normalized to each participant’s EMG values. Wireless surface electromyography (EMG) electrodes were placed on the right side of the body over the following muscles: vastus medialis (VMO), vastus lateralis (VL), tibialis anterior (TA), biceps femoris (BF), and gastrocnemius (GAS). Preliminary maximal voluntary contraction (MVC) per muscle were normalized to each participant’s EMG values. Muscle activation was measured over three trials of double-limb static hold on the Biodex Balance machine. Results: One-way analyses of variance (ANOVA) indicated significant between group differences in muscle activation and postural sway parameters, respectively (α = .05). Significantly greater muscle activation in the BF (p = .006), VL (p < .001), and VMO (p = .001) was present in older adults compared to younger. Postural sway was significantly greater within all parameters in older adults; anterior/posterior balance (p < .001), medial/lateral balance (p < .001), and overall balance score (p < .001). Conclusion: Findings of this study suggest greater muscle activation in older adults is likely due to increases in postural sway. Greater proximal muscle activation suggests utilization of secondary balance strategies to maintain postural stability.

FIELD MEASURES OF FUNCTIONAL FITNESS PREDICTS GROUND REACTION FORCES IN OLDER ADULTS

Muscular power has been correlated with functional fitness (FF) as well as activities of daily living. It is essential for researchers and clinicians to recognize the importance of assessing power and provide older adults with strategies to improve it. Historically, power has been assessed using field measures such as vertical jump; however, this type of movement can be contraindicated in older adults. For older adults, assessing maximal ground reaction forces (mGRF) during a power chair stand (PCS) has been acknowledged as an effective way to determine explosiveness and has been positively related to levels of FF. However, many clinics do not have access to a force plate due to cost. Therefore, the purpose of the present investigation was to compare field measures of FF to mGRF production. Twenty adults over 65 (71.60 years) volunteered for the study, mGRF was assessed with a Kistler force plate (600 Hz) during an explosive PCS. Field measures of FF included stair climb power, 8-foot-up-and-go (8UG), 30-second chair stand, and habitual gait speed (20 m). Multiple regression analysis was conducted to determine the amount of variance that was predicted from the field measures of FF. Results revealed that the predictor variables contributed 55.7% of the variance in mGRF (F[4,19] = 7.21, p = .011). The variables with the greatest unique contributions to the model were the 8UG (14.67%) and habitual gait speed (18.15%). The results from the present investigation indicate that 8UG and gait speed can be used as proxy measures for mGRF and power.

SELECTED PARAMETERS OF HEALTH AND STRESS AMONG INFORMAL CAREGIVERS

Informal caregiving (CG) was defined as providing unpaid care to another adult. This type of care has been related to increases in levels of perceived stress, however, has not been quantified using the stress hormone, cortisol. The aim was to determine differences in cortisol and perceived stress among CG and non-caregivers (nCG). A secondary aim was to determine differences between CG groups on various parameters of health (cholesterol, glucose, body composition). Salivary cortisol measurements were taken six times per day for seven days among 31 females. Perceived stress was determined by the Perceived Stress Scale (PSS). Blood cholesterol and blood glucose were taken after an overnight fast. Body composition was determined by dual energy x-ray absorptiometry. The first analysis looked at both cortisol and PSS between CG groups. The second analysis looked at CG differences on the health parameters. Results revealed a significant difference between CG groups for levels of PSS (F = 6.261, p = .02); however, not for cortisol levels (F = 0.764, p = .39). Health parameters were not different between groups. There was a trend for higher percent body fat in the CG group (p = .056); caregivers had nearly 1/3 more abdominal fat mass when compared to nCG. It appears that CG have higher levels of perceived stress; however, physiological measures of stress do not follow the same pattern. Sample size was moderate and could have influenced study outcomes. Future work should be performed with caregivers and levels of stress as well as health parameters.

A QUESTION OF SAFETY: HAZARDS OF IN-HOME DATA COLLECTION

Purpose: This poster describes results from a literature review investigating natural and imposed hazards associated with in-home data collection. In addition, the presentation provides training and protocol recommendations to increase data collector safety. Methods: The literature review describes hazardous experiences faced by data collectors and offers successful policies developed to prevent incidents. Articles were identified by keyword search from 5 databases. Based on pre-identified inclusion and exclusion criteria, 21 articles were selected for in-depth analysis and synthesized to illustrate specific hazards and recommendations for mediation. Results: Data collection in an investigator’s setting (e.g. office, lab) maintains a level of authority and control that may not be present when entering a study participant’s home. Unlike providers of home-based care and services, research involves the removal (taking) of information rather than provision of service. Imposed hazards include potential for accidents, travel dangers, lack of security and peer support, communication difficulties, structural/environmental dangers, and heightened vulnerability to physical and psychological harm. Data collector safety is often an afterthought in study protocol and training and collectors are often faced with limited resources and generally sense significant pressure to collect meaningful data, despite observed risks. Discussion: The limited number of studies implicitly addressing researcher safety made it difficult to identify direct associations between hazards and home-based data collection. Inferences
are made from similar-environments including home-based healthcare and experiences from alternate fields. Future prospective studies are needed to solidify recommendations for researcher safety and researchers are encouraged to include safety protocols in their training and protocol.

SESSION 1675 (POSTER)

CARDIOVASCULAR

ADAPTING HEART FAILURE GUIDELINES FOR NURSING CARE IN HOME HEALTH SETTINGS: CHALLENGES AND SOLUTIONS

Background: Nurses provide the majority of home health services for patients with heart failure, yet there are no evidence-based guidelines for home health nurses. Purpose: The purpose of this study was to review the challenges and solutions for adapting generally available heart failure clinical practice guidelines to home health nursing. Methods: Adapting heart failure guidelines to the home health nursing setting included; identifying best-practice guidelines relevant to home health and attaining expert consensus on the guideline recommendations through Delphi rounds. Results: We identified 162 recommendations relevant to home health nursing from the American Heart Association and Heart Failure Society of America. The recommendations were divided into five groups based on shared patient characteristics (generic for all patients with heart failure; minority populations; normal ejection fraction; reduced ejection fraction; patients with multiple co-morbidities). These five groups were further divided into subgroups. Experts agreed that 85% of the recommendations were relevant to home health nursing and their opinions were split on the remaining 15%. Experts mostly disagreed on guidelines related to heart failure medication and lab prescription as well as heart failure patient assessment. Disagreements were due to unclear scope of practice and the lack of patient information available to home health nurses. After the third Delphi round, we achieved 100% agreement on the recommendations. The finalized guideline included 153 recommendations. Conclusions: Guideline adaptation projects should include a broad scope of nursing practice recommendations from which home health agencies can customize relevant recommendations in accordance with state and agency regulations.

PNEUMOCOCCAL VACCINATION IS ASSOCIATED WITH LOWER RISK OF HEART FAILURE AND MORTALITY IN OCTOGENARIANS
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Objective: Octogenarians are the fastest growing segment of US population and have the highest incidence of heart failure (HF). We determined if pneumococcal vaccination is associated with lower risk of incident HF in community-dwelling octogenarians. Methods: Of the 5555 Cardiovascular Health Study (CHS) participants aged ≥65 years with data on pneumococcal vaccination, 5290 were free of baseline HF, of whom 851 were octogenarians. Of these, 258 received pneumococcal vaccination, 258 developed HF and 662 died. Hazard ratio (HR) and 95% confidence interval (CI) for associations of pneumococcal vaccination with incident HF and death were estimated using multivariable Cox regression models during 13 years of follow-up, adjusting for demographics, traditional risk factors including hypertension, coronary heart disease, atrial fibrillation, diabetes, stroke, and left ventricular hypertrophy, and non-traditional risk factors including smoking, body mass index, physical activity and C-reactive protein. Results: Octogenarians had a mean (±SD) age of 83 (±3) years, 52% were female, and 17% African American. Pneumococcal vaccination use was independently associated with lower relative risk of incident HF (HR, 0.73; 95% CI, 0.54–0.99; P=0.044) among octogenarians, but not among those 65-79 years (HR, 1.14; 95% CI, 0.96–1.35; P=0.126). Pneumococcal vaccination also had independent association with lower all-cause mortality (HR, 0.81; 95% CI, 0.67–0.98; P=0.028) among octogenarians, but not among those 65-79 years (HR, 1.05; 95% CI, 0.93–1.18; P=0.480). Conclusion: Among community-dwelling older adults, pneumococcal vaccination was independently associated with significant lower risk of incident HF and mortality among octogenarians, but not among those 65-79 years.

THE EFFECT OF HMG COA REDUCTASE INHIBITOR ON ISCHEMIC HEART DISEASE AND CEREBROVASCULAR ATTACK IN ELDERLY DIABETIC INDIVIDUALS: DIFFERENCE IN RISK BY AGE
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Background LDL-cholesterol (LDL-C) is the risk for ischemic heart disease (IHD) and HMG-CoA reductase inhibitors (statins) decrease IHD in middle-aged diabetic individuals; however, in late-elderly older than 75 y.o., is not known. Methods We performed a prospective cohort study (Japan Cholesterol and Diabetes Mellitus Study) with 5.5 years of follow-up, 4,014 patients with type 2 diabetes and without previous IHD or CVA (1,936 women; 67.4±9.5 years, ≥75y.o., n=1,016) were recruited throughout Japan. Lipids, glucose, and other factors such as blood pressure (BP), were investigated. 405 sub-cohort patients were selected randomly and their medication and their changes with biochemical data were followed in detail as well as those from patients suffered from IHD and CVA. Effect of statin was investigated by Case-cohort study revised by Barlow. Results: 153 IHDs and 104 CVAs occurred over 5.5 years. In lipids, HDL-cholesterol (HDL-C) was risk for IHD and CVA in patients ≥75y.o. (P<0.01). With IHD, LDL-C and non-HDL-C were correlated in subjects <65y.o., and LDL-C/HDL-C in all subjects. In patients prescribed no lipid-lowering agents, frequency of IHD and/or CVA increased by age. We divided statin users in new users during 5.5 years (Gp.New), continuous users prescribed statin before registration (Gp.C) and non-users (Gp.Non). In IHD, Gp.N and Gp.C are more than Gp.Non in total, especially patients older than 75y.o. In CVA, Gp.N and Gp.C are less than Gp.Non in total, especially patients older than 75y.o. Conclusions: IHD and CVA in late-elderly diabetics were predicted by HDL-C. Prescription of statin from old may prevent CVA. These age-dependent differences in effect of agents are important. Trial Registration: UMIN-CTR, UMIN00000516

INFLUENCE OF METABOLIC SYNDROME AND ITS COMPONENTS ON THE PREVALENCE OF AIRFLOW OBSTRUCTION: AN INVESTIGATION WITHIN THE BERLIN AGING STUDY-II (BASE-II)
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Introduction: Earlier studies suggested a common pathomechanism for the metabolic syndrome (MetS) and airflow obstruction (AO). One of several causal links is systemic inflammation. Aims within the Berlin Aging Study II were to detect common aspects of the MetS and AO. Method: A total of 1075 subjects were analyzed (women= 57%, men=43%), 218 young (23-34 years old) 857 old (60-84 years old). AO was detected by pre-bronchodilator spirometry and diagnosed according to the LLN-criteria (FEV1/FVC<LLN), GOLD-criteria

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(FEV1/FVC<70%) and the age-adjusted Hardie-criteria. MetS was diagnosed according to the IDF/AHA/NHLB criteria (2009). Results: 43.5% of our measurements met the GOLD spirometry quality criteria. The prevalence of AO within the older group was between 7.3% and 21.3% depending on the criteria used and 5% within the younger group (criteria independent). The prevalence of MetS was 29.7% in older men and 37.2% in older women, and 13.3% in younger woman (0% in man). The prevalence of MetS was nearly 40% in older subjects with AO. Several characteristics of MetS such as triglyceride levels, fasting glucose levels and abdominal obesity were found to be significantly associated with the diagnosis of AO in men. Conclusion: Prevalence of MetS and AO was high in subjects of the Berlin Aging Study II. Determinants of the MetS could be shown to be also associated with AO. Screening subjects with AO for MetS could be a sufficient tool to prevent cardiac disease. Additional factors such as physical activity, lifestyle and genetics will be analyzed during further progress of the study.

**CHANGE IN N-TERMINAL PRO B-TYPE NARIURETIC PEPTIDE LEVELS IN OLD AGE: THE LEIDEN 85-PLUS STUDY**

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Introduction N-terminal pro B-type natriuretic peptide (NT-proBNP) level is a diagnostic marker for heart failure and prognostic marker for long-term cardiovascular morbidity and mortality, also in older age. We aimed to assess the course of the NT-proBNP levels over time, the underlying determinants related to changes and the prognostic implications of changes. Methods Changes in NT-proBNP levels between 85 and 90 years and their associations with various baseline and follow-up characteristics were assessed in a population-based sample of 272 participants aged 90 years of the Leiden 85-plus Study. Results Median NT-proBNP increase over five years was 276pg/ml (IQR 77-1579) for men and 147pg/ml (IQR 20-412) for women. At baseline, a history of myocardial infarction, higher levels of creatinine and lower creatinine clearance were all associated with higher increase in NT-proBNP (p for trend all <0.05), while history of heart failure was not (p=0.18). During follow-up, subjects with the highest increase in NT-proBNP more often had incident atrial fibrillation and clinical heart failure (both p for trend <0.005), but not myocardial infarction or stroke (both p for trend >0.10). Conclusion In the oldest old, subjects with renal dysfunction have higher increase in NT-proBNP. Moreover, increase in NT-proBNP associates with incident atrial fibrillation and heart failure. Repeated measurements of NT-proBNP might add useful information in the clinical assessment in older persons.

**PREVALENCE AND PROGNOSIS OF AORTIC VALVE DISEASE IN THE OLDEST OLD**

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Background: Little data exists concerning prevalence and prognosis of degenerative aortic valve disease (AVD) amongst the oldest old. Thus study investigates the impact of AVD on five-year mortality among a representative cohort aged 85 years old. Methods: Subjects were recruited from the Jerusalem Longitudinal Cohort Study. Echocardiography was performed at home in 498 randomly selected subjects. Subjects were dichotomized into 3 groups: normal valve, valve calcification but without stenosis (AVC), and aortic stenosis (AS). Five-year mortality data were collected. Kaplan-Meier survival curves and Cox proportional hazards ratios with 95% confidence intervals (HR, 95%CI) were determined. Results: Prevalence for normal aortic valves, AVC and AS was 36.8%, 55% and 8.2% respectively. No significant differences existed between the three groups for associations with any clinical parameters examined, including risk factors for atherosclerotic heart disease. Of the 498 subjects, 107 (21%) had died at the time of 5-year follow-up. Five-year mortality was similar among normal and AVC subjects (17% vs. 20%, p=ns) but was significantly higher among subjects with AS (46%, p<2222). After adjusting for sex, physical activity, diabetes, ischemic heart disease, congestive heart failure, hypertension and renal disease, mortality HR for subjects with AS was 3.7 (95% CI 1.4-9.3). Conclusions: Among the oldest old the prevalence of AVC and AS was higher than previously reported, and was not associated with traditional vascular risk factors. AS (but not AVC) is independently predictive of 5-year mortality. This information is useful in risk assessment when considering intervention for aortic stenosis among the oldest old.

**SERUM β2-MICROGLOBULIN AND CARDIOVASCULAR DEATH IN A GENERAL POPULATION OF OLDER ADULTS**

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Background/Purpose: The clinico-epidemiological relevance of moderately increased serum β2-microglobulin (β2-M) has not been fully determined. We reported previously that serum β2-M concentration is highly predictive for total mortality in a general older population. To further clarify the role of serum β2-M, this prospective study examined the association of serum β2-M and cardiovascular death. Methods: 1,023 initially non-disabled older adults aged 65-89 in two communities in Japan were followed for 10 years. Mortality was categorized into three major causes of death and cardiovascular subtypes. The Cox proportional hazard model was applied for determining independent association between serum β2-M and mortality, controlling for demographics, cardiovascular mortality risks (medical history, alcohol drinking and smoking status, BMI, Hb, Alb, HbA1c, total and HDL-cholesterol, systolic BP, self-rated health, grip-strength, usual walking speed), and renal function (proteinuria, eGFR, cystatin C) and inflammation measures (WBC, CRP, TNF-α, IL-6). Results: During the follow-up period, 74 cancer, 115 cardiovascular (57 stroke and 56 heart disease) and 101 other-causes deaths occurred. Baseline serum β2-M concentration was highly predictive for cardiovascular mortality. As compared with individuals having β2-M concentrations of less than 1.6 mg/L, those having β2-M concentrations of 1.6-1.8 and >1.8 mg/L showed the fully-adjusted hazard ratios of 2.36 (95% CI: 1.21-4.61) and 3.31 (1.62-6.76) for cardiovascular mortality, 3.78 (1.45-9.88) and 4.58 (1.59-13.2) for stroke mortality, and 1.29 (0.49-3.44) and 2.02 (0.74-5.51) for heart disease mortality, respectively. Conclusion: Serum β2-M concentration was a strong predictor for cardiovascular mortality, in particular stroke in a general population of Japanese older adults.

**MEDICAL ECONOMICAL SIMULATION OF THE EFFECT OF LIPID CONTORL ON THE INCIDENCE OF CARDIOVASCULAR EVENTS IN ELDERLY DIABETIC INDIVIDUALS**

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Introduction Interventions by medication for dyslipidemia on diabetic patients decrease cardiovascular events, however its economical effectiveness in elderly is not always evident. We simulated incidence of cardiovascular events in diabetic elderly in relation to LDL-cholesterol(LDL-C) and HDL-C levels based on the results of our cohort study to estimate medical expenses as next step. Method We used the data of our prospective cohort study of 4,014 type 2 diabetic patients (67±9.5 years). The primary end points were onset of ischemic heart disease(IHD) or cerebrovascular accident(CVA). In this simulation, we used results of 2-year survey of cardiovascular events. We supposed one hundreds thousands of 67 years old elderly male diabetic individuals. Results IHD and CVA occurred in 1.6 and 1.4% of participants.
respectively, over a 2-year period. We assessed rate of occurrence of IHD or CVA according to patients’ LDL cholesterol levels. When LDL-C levels was lowered from about 125mg/dl to 90mg/dl, about 40% of reduction of incidence of IHD and 25% of reduction of CVA were expected. Cost of medical and care expenses are calculated as well as the number of patients in the long-term care hospitals, nursing home etc. These results were expected to be continued during ten years. Control of LDL-C and or HDL-C levels lowers incidence of cardiovascular events even in elderly, however the effect is different from those of controlling lipid levels from younger. Conclusions In this simulation, lower LDL-C reduced cardiovascular events in elderly diabetic individuals. The cost-effectiveness of medication interventions of LDL-C/HDL-C will be assessed from these results.

PREVALENCE AND MEDICAL RELEVANCE OF MILD ANEMIA AND LOW-NORMAL HEMOGLOBIN IN A COHORT OF COMMUNITY-DWELLING ELDERLY INDIVIDUALS: AN INVESTIGATION WITHIN THE BERLIN AGING STUDY (BASE-II)

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Introduction: Epidemiologic data correlate anemia and low-normal hemoglobin (hb) with functional decline and disability in the elderly population. The aim of this study was to determine the prevalence of anemia and low-normal hb. We also compared anemic and non-anemic patients and those with low-normal hb and higher hb with regard to physical and mental performance and several laboratory values. Method: A total of 638 subjects aged 65 years or older were analyzed. Physical and mental performance was measured using several assessment tools including the Tinetti-Test and the Dem-Test-Test. Among the laboratory values examined homocystein, 25(OH)-vitamin D and testosterone. Results: Anemia was present in 8.8% and a low-normal hb was present in 11.7% of the subjects. Most individuals classified as anemic were only mild anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%). The testosterone level was significantly lower in the male anemic. We diagnosed a high rate of unexplained anemia (66.1%).

CHANGES IN RESTING HEART RATE ACROSS THE LIFE-COURSE AND DEATH FROM ALL-CAUSES: THE NATIONAL SURVEY OF HEALTH AND DEVELOPMENT (NSHD)

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Elevated resting heart rate (RHR) has long been associated with increased risk of mortality, independent of other risk factors. Nevertheless, it is not clear whether changes in RHR over time are predictive of mortality in later life. We sought to determine the association between RHR across the life-course, along with its change, and the risk of all-cause mortality. Methods: We studied 4,231 men and women born during one week in 1946. RHR was obtained during childhood at ages 6, 7, and 11 years, and in adulthood at 36 and 43 years. Using multivariable Cox regression models, we examined the hazard ratio (HR) for incident mortality to age 65 years according to RHR measured continuously and categorically at each time point, along with changes in the RHR with age. RHR in childhood was not associated with mortality risk. Following adjustment for potential confounders, each 10 beat/min increment in RHR at ages 36 and 43 years was associated with a 1.23 (95% CI = 1.09-1.39) and 1.43 (95% CI = 1.22-1.51) increased risk of mortality. Higher mortality rates were observed among those in the highest quintile of RHR at ages 36 (HR 1.75, 95% CI 1.19-2.58) and 43 (HR 2.80, 95% CI 1.88-4.16) years. Notably, an increase of more than 25 beats/min in RHR from age 36 to 43 years was associated with an almost four-fold increased risk of mortality. Elevations in midlife RHR, along with greater changes over time, are associated with increased risk of all-cause mortality.

SESSION 1680 (POSTER)

CHRONIC DISEASE MANAGEMENT POSTERS

ENHANCING PROVIDER KNOWLEDGE & SCREENING FOR PALLIATIVE NEEDS IN HOME-BASED MULTIMORBID PATIENTS


Palliative care (PC) initiatives have expanded to include symptom management in patients earlier in illness trajectories. As such, PC can provide relief for a range of symptoms in chronic multi-morbid patients. The Veterans Administration has been exploring means of integration of PC into primary care, and models of co-management across provider teams. A pilot project was initiated at one hospital, with three objectives: 1) To enhance interdisciplinary teams’ palliative expertise through education, 2) To improve identification of patients with PC needs through
use of a validated assessment tool, and 3) To build working relationships between primary care team members and members of the PC Consult Team. During the six month time period, 164 patients were screened, with 51 individuals flagged at the cutoff score for discussion of palliative needs. Six of eight deaths were caught by the screen, and 7 of 11 Long Term Care placements, a 68% accuracy rate. Nurses were positive about implementation, indicating that the screen was quick and easy to complete, and surmising that it would be a useful objective tool in a place where teams do not have embedded PC specialists. This model shows promise for enhancing collaborative care and patient access. By working closely with team members at all levels, education, provision of resource materials, and simple screeners can have a tremendous impact. With the implementation of the Affordable Care Act, models that offer cost-effective, low-burden options for targeting services to patients who can most benefit will be increasingly useful.

SHOULDER PAIN AND IMPAIRED FUNCTION IN A GERIATRIC PRIMARY CARE POPULATION
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Background: Musculoskeletal problems including shoulder pain are common in the general population and are frequent reasons for physician visits. Risk factors for shoulder pain, relationship to function and quality of life are poorly characterized in the elderly. A prior survey of older adults from a VA primary care clinic found a high prevalence of shoulder pain, warranting an expanded survey. Methods: A convenience sample of patients over age 60 was recruited. Measures included demographic and medical information, the Health Assessment Questionnaire and Constant Scale, both validated measures of shoulder function. Results: Data on 77 subjects showed that those with diabetes and those on statins were more likely to report pain, had worse function, and worse self-assessed health. Diabetics on statins were more likely to report pain, had worse function, and worse self-assessed health. Diabetics on statins were similar to non-diabetics on statins. Pain involving the right shoulder was more common, and those with pain and impaired function on the right were more likely to have it on the left. Conclusions: With right-handed dominance in 90% of the general population it is likely that a combination of diabetes and general use over time contributes to loss of functionality. Shoulder impairment in this group was also significantly related to statin use. Conclusions: With right-handed dominance in 90% of the population it is likely that a combination of diabetes and general use over time contributes to loss of functionality. Shoulder impairment in this group was also significantly related to statin use.

DIABETES FOOT EDUCATION PROGRAM FOR HEALTH CARE PROFESSIONALS IN GERIATRIC CARE: RESULTS FROM AN INTERPROFESSIONAL EVIDENCE BASED TRAINING IN NURSING HOMES
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Introduction: The results presented here are part of an innovative Evidence-Based Practice (EBP) training program for nurses that examines if EBP training program on diabetes foot care and foot education improves 1) knowledge and 2) clinical practice among nurses in long term care setting. The overarching purpose of the training is to encourage trainees to incorporate regular foot examination and foot care education in clinical practice and to use this knowledge to prevent and manage diabetic foot lesions before more severe foot problems can develop. Methods: A pre-post design was used to test the knowledge of the 52 nurses before and after the training in two nursing homes in South Florida. The measures include a Likert scale survey (20 questions) with 2 open ended questions that explored knowledge related to diabetes foot care. Additionally, chart reviews and self-reports were used before and after the training to measure clinical practice change. Data was analyzed in SPSS v21. Results: Our pre-post data analysis predicted significant improvement in knowledge in one nursing home. We also tracked clinical practice changes for the nurses who participated in the EBP trainings through chart reviews and self-reports. Findings indicate a 27% increase in practice change, from 8% Pre-Test to 35% Post-Test. Implications for Education, Research, and practice: Implementation of the training program improved knowledge and practice among nurses about the need to conduct regular foot exams on patients with diabetes. Future education sessions should incorporate trainings for certified nursing assistants on diabetic foot education.

THE DISTRIBUTION OF HEALTH LITERACY IN THE SOCIAL NETWORKS OF OLDER PEOPLE WITH LONG-TERM HEALTH CONDITIONS
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Introduction Health literacy involves abilities in finding, understanding, appraising and communicating health information in order to engage with the demands of different health contexts. Older people tend to have poorer health literacy and consequently they experience more adverse health outcomes in terms of physical and mental health functioning. Health literacy is part-cognitive skill and part-social skill and can be distributed amongst family, friendship and other social networks. This study aims to explain the ‘distributed’ nature of health literacy and identify how older people living with a long term condition draw on their social network for support with health literacy related tasks. Method A longitudinal qualitative interview study including 80 participants (aged 65+) with a long-term health condition (diabetes or depression) recruited from a large population study of the health and wellbeing of older people in Wales, UK (CFAS Wales II). The transcripts were analyzed using the ‘Framework’ approach. Results The results from phase one interviews explain how older people draw on health literacy mediators within their social network to self-manage their condition and engage with health/social care service support. Differences are identified experiences of social support for health literacy based on physical and mental illness, different types of social networks, rural and urban location, age and gender. Conclusion Social support is essential for older people to engage with health literacy tasks that promote and manage health. Identifying differences in health literacy support in different social network types may help in designing and targeting appropriate community level health literacy interventions.

WARFARIN USAGE IN ELDERLY ATRIAL FIBRILLATION PATIENTS WHO EXPERIENCED TRAUMATIC BRAIN INJURY
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Warfarin is highly effective for the prevention of ischemic stroke among elderly patients with atrial fibrillation (AF). Traumatic brain injury (TBI) is prevalent among older adults and has been associated with increased risk of bleeding and thromboembolic event. The injury presents a significant challenge in balancing risks and benefits of initiating or resuming warfarin among elderly AF patients. This study examined warfarin usage patterns among elderly Medicare patients with AF who have also suffered a TBI. Using the 5% Chronic Condition Data Warehouse administrative claims data, we included fee-for-service Medicare beneficiaries who had a single TBI hospitalization between 1/1/2006 and 12/31/2009, complete Medicare Part A, B and D coverage age 6 months before TBI, were 65 years or older, and were diagnosed with AF at least one year before TBI. We evaluated warfarin usage status during months with Part D coverage before and after the injury. 1634 patients met the Medicare coverage requirement and were diagnosed with AF at least one year before TBI. About 45% of the 1634 AF patients were using warfarin before TBI. After TBI, there was a dramatic decrease in warfarin use, with 17%, 24%, and 24% of patients using warfarin in the 1st, 2nd, and 3rd month after TBI, respectively. By 12 months after TBI, warfarin usage increased to 30% but remained significantly lower than the pre-injury level. The perceived excessive risk of bleeding in
the brain may prevent initiation or resumption of warfarin in elderly AF patients who experience TBI.

BUILDING THE EVIDENCE BASE FOR THE MANAGEMENT OF DIABETES IN OLDER ADULTS: TRAJECTORIES OF HEMOGLOBIN A1C, LDL CHOLESTEROL, AND BLOOD PRESSURE IN PATIENTS 76 YEARS AND OLDER

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Forty percent of Medicare beneficiaries with diabetes are 76 years and older. Yet, we have poor understanding of the natural history of diabetes in these patients and limited evidence to guide its treatment. We hypothesized that older diabetes patients, compared to other ages, have differing trajectories for hemoglobin A1c (HbA1c), LDL cholesterol, and systolic/diastolic blood pressures (SBP, DBP). We analyzed the Michigan Patient Centered Outcomes Database (MI-PCOD), a large, longitudinal (2005-2010) database linking three sources: 1) physician-adjudicated clinical data (chronic disease registries programmed from the electronic medical record of a large healthcare system); 2) health system administrative data; 3) complete Medicare claims for those diabetes patients with Medicare. The study population included 6,679 patients. We performed longitudinal analysis using mixed effects models to investigate trajectories of HbA1c/LDL/DBP/DBP for the following age groups: 36-50, 51-64, 65-75, and ≥76 years old. Trajectories sorted by age. We found substantial and statistically significant baseline differences; compared to other ages, adults ≥76 years had lower HbA1c, LDL, and DBP and higher SBP (p<.01 for each). Likewise, there were complex differences in the trajectories; HbA1c, LDL, and DBP had quadratic terms that were statistically significant for some age groups. Confirming our hypothesis, older diabetes patients had differing trajectories for HbA1c, LDL, SBP, and DBP. These findings suggest a treatment mismatch for some older adults (overtreatment), with implications for patient safety and poor outcomes. Continued research is needed to build an evidence base able to guide individualized diabetes care for older patients, especially those with medical complexity.

DIABETES QUALITY OF LIFE AND DEPRESSIVE SYMPTOMS IN MIDDLE-AGED AND OLDER KOREAN IMMIGRANTS

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OBJECTIVE: To examine age and gender differences in the relationship between diabetes specific quality of life (DQOL) and depressive symptoms among Korean immigrants with type 2 diabetes (DM).

RESEARCH DESIGN AND METHODS: In this descriptive cross-sectional study, a community sample of 160 Korean immigrants with DM ages between 40 and 80 years were assessed for depressive symptoms (measured by the Center for Epidemiological Studies-Depression Scale [CES-D]), DQOL, and related demographic, clinical, and psychosocial factors. RESULTS: Middle-aged and older adults were similar in the proportion with CES-D scores ≥16 (54% and 56% respectively) and levels of DQOL (M = 2.31 and 2.37 respectively). Higher levels of depression were associated with greater impact of diabetes on QOL (b = 5.56, p = .002) and worse overall health (b = -0.09, p = .011). The relationship between depression and DQOL was stronger for men than women (b = 5.95, p = .037). Whereas there were no main effects of age or gender in predicting depressive symptoms, there was a significant three-way interaction between gender, age (middle-aged or older), and DQOL on depressive symptoms, with older men demonstrating the strongest positive association between DQOL and depressive symptoms (interaction b = 14.19, p = .025). CONCLUSION: Age and gender differences should be considered in the assessment of DQOL and depressive symptoms in diabetic Korean immigrants. Particular attention should be paid to older men in this group as their DQOL has greater impact on depressive symptoms than that of older women and middle-aged adults.

TYPE 2 DIABETES MELLITUS IN PATIENTS 75 YEARS AND OLDER: FINDINGS FROM A “REAL WORLD” SETTING


Recent studies have highlighted burden and safety of intensive glycemic management in older diabetes patients, with guidelines now emphasizing individualization of glycemic goals. Little is known about treatment decision-making in patients ≥75 years and whether individualization occurs. We hypothesized that patients ≥75 years were less frequently managed with insulin and more likely to experience low blood sugar levels with insulin. We used clinical data from the VA Ann Arbor Healthcare System and examined all patients ≥75 years with type 2 diabetes in 2011-2012 (n=547). We grouped patients by treatment: no medication, 31%; oral only, 45%; insulin only 15%; combination, 9%. We reviewed medical records from a randomly selected subset (35 patients/group), collecting additional clinical and laboratory data. Analyses used the following tests: Kruskall-Wallis/Pearson’s chi square/Fisher’s exact test. Hemoglobin A1c levels were lower in the no medication and oral medication groups (6.7%, 7.0%) versus the insulin and combination groups (7.7%, 7.6%) (p<0.001). Patients on medication were more frequently prescribed statins (73.0%-91.8%, p<0.001) and ACE inhibitors (50.6%-58.4%, p=0.002), compared to patients not on medication (57.7% and 39.3%, respectively). Treatment for dementia did not differ among groups. Low blood sugar levels were more frequent in patients on medication (31.4%-54.3%, p=0.016). Hemoglobin A1c goals were documented in 50.0% of reviewed records. Diabetes patients ≥75 years were less frequently treated with insulin and more likely to have low blood sugars on medication. Cognitive status did not appear to influence treatment choice. These findings have implications for the individualization of treatment decision-making in this age group.

KNEE EXTENSOR MUSCLE STRENGTH, DYSPNEA, FATIGUE, AND ACTIVITY INTOLERANCE IN HEART FAILURE PATIENTS

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Background: Maintaining muscle strength is problematic for patients with heart failure (HF) and may be related to increased HF symptoms and activity intolerance, leading to further decline in physical functioning. No recommendation for muscle strength assessment with HF patients is established in routine clinical practice. The purpose of this study was to compare differences in HF symptoms (dyspnea/fatigue) and activity intolerance between patients with high versus low knee extensor strength. Method: Using a cross-sectional design, 102 patients with HF, NYHA class II-IV were recruited at a Midwestern HF clinic. Measures included: muscle strength (hand-held dynamometer); dyspnea with ADLs/IADLs/physical functioning (0-10cm visual analogue scale); fatigue (Piper Fatigue Scale); and activity intolerance (6-Minute Walk Test). Results: Patients were, on average, 59.6 years of age.
ANTICOAGULANT USE POST TRAUMATIC BRAIN INJURY

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Introduction: Patients with traumatic brain injury (TBI) are at increased risk of venous thromboembolism (VTE). However, physicians are reluctant to use anticoagulants post-TBI because of perceived risk of exacerbating intracranial hemorrhage (ICH). This clinical dilemma is particularly relevant to older adults since they are at higher risk for both VTE and hemorrhage than younger adults. Objective: To summarize the existing literature on benefits and risks of anticoagulant use post-TBI. Methods: Medline, IPA, Health Star and CINAHL were searched up to October 11, 2012 using MeSH terms and/or keywords related to TBI and anticoagulants. Human studies evaluating the effects of post-TBI anticoagulation on VTE, hemorrhage, mortality or coagulation parameters with original analysis were eligible for the review. Reviews, case reports, guidelines and studies reported in languages other than English, Chinese or Arabic were excluded. Reference lists of included studies were reviewed for identifying additional studies. Results: Thirty-eight studies were identified from the literature. Meta-analysis was unwarranted due to the varying design and quality of the studies. Six studies were randomized clinical trials while the rest was observational studies. Six retrospective cohort studies examined the timing of pharmacological prophylaxis and three studies compared enoxaparin with another agent, while eight studies did not have a comparison group. Most studies found no difference in the incidence of VTE (0%-17%) or ICH progression (0%-12%) between patients with prophylaxis and those without prophylaxis. Conclusion: The majority of the literature suggests that post-TBI anticoagulation neither promotes ICH nor has beneficial effects in preventing VTE.

QUALITY OF PHARMACOTHERAPEUTIC MANAGEMENT OF ATRIAL FIBRILLATION FOR NURSING HOME RESIDENTS

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Objective: Stroke prevention is a cornerstone of pharmacotherapeutic management of individuals with atrial fibrillation (AF). Older nursing home (NH) residents are at high risk for stroke based on their age and poorer health status. This study describes the quality of stroke prevention in NH residents with AF. Methods: Using a retrospective cohort design with Medicare administrative claims linked to the Minimum Data Set, older (≥65 years), long-stay NH residents with AF were identified. Individuals were followed for all months with NH residence and Medicare coverage following the first observed AF diagnosis between 1/1/2007-12/31/2009. Quality measures, based on ACC/AHA guidelines for AF management, were defined as monthly use of antithrombotic medications and receipt of recommended laboratory monitoring (i.e., INR). Average monthly prevalence is reported. Results: The cohort (n=23,935) was predominantly female (76.9%), white (87.7%), and aged ≥80 (74.3%). Individuals were followed for a median of 12 months (range 1-36) and 53.8% died during the study period. The average monthly prevalence of any antithrombotic use was 44.8%, of which warfarin comprised 76.4%. Among those receiving warfarin, 84.8% had evidence of laboratory monitoring test during the month. Age was negatively associated with antithrombotic use (p<0.001) but there was no difference in antithrombotic use by sex. Conclusion: Use of antithrombotic medications is low among long-stay NH residents with AF despite guidelines that recommend their use, although monitoring is adequate. Better understanding of the individual- and facility-level factors influencing medication decisions may assist in developing interventions to improve care for NH residents with AFIB.

PHARMACOLOGIC MANAGEMENT OF DIABETES IN NURSING HOMES

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Background: Diabetes mellitus, affecting 26.9% of older adults, is an independent predictor of nursing home placement. Little is known about its therapeutic management in nursing homes. Methods: We used the 2004 National Nursing Home Survey (a nationally representative study of U.S. nursing home residents) to identify 10,526 residents with a stay >100 days and a diabetes diagnosis (ICD-9 codes 250.x–250.99). Medication classes were identified by National Drug Code. Multivariable logistic regression weighted to account for complex sampling was used to evaluate factors associated with anti-diabetic medication receipt. Results: One-quarter had diabetes mellitus, of which 28.4% received no anti-diabetic medications, 48.4% used one and 23.1% used two or more. Eighty-one percent used antihypertensives, 23.8% used lipid-lowering agents and 18.1% used a combination of antidiabetic, antihypertensive and lipid-lowering agents. Anti-diabetic medications included insulin (53.0%), sulfonylureas (40.5%), thiazolidinediones (20.8%), biguanides (20.1%) and other agents (3.2%). Residents aged ≥85 years were less likely to receive anti-diabetic medications than residents aged <65 years (85-94 years: adjusted Odds Ratio (aOR) 0.52, 95% Confidence Interval (CI) 0.37-0.73; 95+: aOR 0.41, 95% CI 0.25-0.68). Racial minorities were less likely to receive anti-diabetic medications than whites (blacks: aOR 0.65, 95% CI 0.50-0.85; Asian/Pacific Islanders: aOR 0.37, 95% CI 0.19-0.75). Gender and impairment in activities of daily living were not associated with anti-diabetic medication receipt. Conclusion: Non-receipt of anti-diabetic medication is prevalent in nursing homes. Although we lacked information on adequacy of care and dietary interventions, age and race may be independent predictors of anti-diabetic medication receipt.

WHITE MATTER DISEASE OF THE BRAIN AND ITS ASSOCIATION WITH OSTEOPOOROSIS

K. AlagiaKrishnan, J. Hsueh, E. Zhang, K. Khan, A. Senthilvelan, Medicine, University of Alberta, Edmonton, Alberta, Canada

Introduction: Evidence now suggests the role of neural effect on bone mass control. The role of neural pathophysiology on bone diseases like osteoporosis has not been studied. Aim: To investigate the association of WMD of the brain with osteoporosis in the elderly. Methods: In this retrospective cross-sectional study, 780 consecutive patient charts between 2010-2011 were reviewed in the outpatient Senior’s Clinic at the University of Alberta Hospital. Subjects with brain CT were included in the study. Subjects with incomplete information, intracranial hemorrhage, acute stroke, cerebral edema, and/or normal pressure hydrocephalus on the CT were excluded. WMD was quantified on CT using Wahlund’s scoring protocol. Logistic regression analysis was done to determine the association of WMD severity with osteoporosis after con-

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SPINAL MANIPULATIVE THERAPY (SMT) FOR CHRONIC LOWER BACK PAIN IN OLDER VETERANS: A PROSPECTIVE RANDOMIZED PLACEBO CONTROLLED TRIAL


Background: Chronic Lower Back Pain (CLBP) is a significant public health concern in older adults with few randomized controlled trials of Spinal Manipulative Therapy (SMT). Purpose: To compare the effectiveness of SMT to a sham intervention. Design: A prospective randomized placebo controlled trial was performed in two VA clinics. Patient Sample: We recruited age 65+ veterans with no prior chiropractic care. 136 eligible patients were randomized to SMT and Sham intervention. Outcome Measures:VAS Pain scale, SF-36 Pain subscale, Oswestry Disability Index (ODI), and Borkovek and Nau scale (BNS) that measured patients’ treatment credibility. Methods: Patients were treated two times per week for four weeks. We assessed outcomes at baseline, 5 and 12 weeks post. Results: We found no statistically significant group or site differences at baseline. We found no differences in treatment credibility at the start of treatment. Compared to baseline, both the SMT and sham control group demonstrated significant decrease in pain and disability at 5 and 12 week follow up, indicating a non-specific treatment effect. SMT group also showed significantly greater decline in ODI and more positive BNS at follow up compared to the controls, supporting a SMT specific treatment effect. Conclusions: SMT was effective in reducing disability associated with CLBP compared to controls, but results also indicate non-specific therapeutic effects associated with the treatments. Further studies are necessary to better understand the doctor patient interaction in CLBP treatments and the relationship between pain and disability.

IMPACT OF DIABETES SHARED MEDICAL APPOINTMENTS ON VA HEALTH SERVICE UTILIZATION

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Shared Medical Appointments (SMAs) or “group visits” have efficacy similar to or better than usual care (UC). SMAs, a form of planned visit, use a multidisciplinary team. Intermediate outcome measures (e.g., A1C, blood pressure) and process measures of (e.g., annual eye examination, foot examination) have had favorable results, but little is known of patient health care utilization. The current study compared health service utilization of participants who participated in SMAs with those who only used UC. Data were collected from medical records of 988 patients with type 2 diabetes, age 50 and older at a large Midwest VAMC hospital. There were 371 cases who attended SMAs and 617 cases who attended UC only. The mean age of the patients was 70.1 years (S.D. = 9.4). 19.6% were black and 71.6% were white, with a mean A1C of 7.88 (s.d. = 1.55). The mean A1C value for individuals who attended SMAs was 8.55 (s.d.=1.72) and 7.49 (s.d.=1.28) for those who only had UC (p<.001). Significant differences (p<.001) were found in health care utilization over a 3 year period for clinical visits [SMA (mean = 27.98, s.d.=14.00) vs. UC while (mean 18.62, sd=13.54)] and emergency room visits [SMA (mean = 3.42, sd = 5.15) vs. UC while (mean 1.37, sd=3.54)]. As indicated by their A1c values and emergency room visits, veterans who attend SMAs have much higher levels of chronic illness co-morbidity. Future studies need to focus on describing the characteristics of these high health care utilizers in order to develop additional treatments.

OLDER ADULTS WITH CHRONIC LUNG DISEASE PERCEIVE LESS FUNCTIONAL IMPAIRMENT


Rationale: Disability guidelines are often based on an objective assessment of impairment, such as pulmonary function testing, which is used as a surrogate for functional limitation. However, factors other than lung function influence how an individual experiences their physiologic impairment. Among those with chronic pulmonary disease, the perception of impairment may differ in older adults compared with younger adults. Methods: The Lung Tissue Research Consortium (LTRC) provided data on 981 participants with chronic obstructive pulmonary disease (COPD) and interstitial lung disease (ILD). We examined responses to health-related quality of life (HRQL) surveys and used multiple logistic regression to determine if responses differed in older adults (age ≥65 years) compared with younger adults. Results: After adjusting for potential confounders, the odds of reporting general health status as fair or poor were 42% lower in older adults compared with younger adults (OR 0.58, 95%CI 0.40-0.85). The odds of reporting that their physical health limited the kinds of activities they performed were reduced by 57% in older adults (OR 0.43, 95%CI 0.28-0.66), and similarly, the odds of reporting that their health caused them to accomplish less than they would like were also lower in older adults (OR 0.43, 95%CI 0.28-0.65). The odds of reporting that their breathing problem stops them from doing most things or everything were again reduced (OR 0.37, 95%CI 0.24-0.57) in older adults versus younger adults. Conclusion: Older adults with chronic lung disease were less likely to report significant impairment in their activities compared with younger adults.

SESSION 1685 (POSTER)

DEPRESSION AND ANXIETY POSTERS

SLEEP ARCHITECTURE OF DEPRESSED AND ANXIOUS COMMUNITY DWELLING OLDER MEN

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Background: Changes in sleep architecture are found in depressed individuals, including decreases in the percentage of time spent in slow wave and increases in the percentage of time spent in rapid eye movement (REM) sleep. Mixed findings in anxiety disorders indicate trends towards lighter and less REM sleep. Despite the potential diagnostic and prognostic utility of sleep architecture measures in these disorders, to date, there have been no large-scale community based studies in older adults. Methods: Unattended in-home polysomnography measured the percentage of time spent in each sleep stage and latency to the first REM period. These parameters were compared between older men with and
A THREE-YEAR EVALUATION OF A DEPRESSION MANAGEMENT PILOT PROGRAM FOR MEDICARE BENEFICIARIES WITH MEDIGAP COVERAGE

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Research Objective: To estimate outcomes associated with participation in a depression management program for adults with an AARP® Medicare Supplement Insurance Plan insured by UnitedHealthcare Insurance Company (for New York residents, UnitedHealthcare Insurance Company of New York). Methods: In-person, telephonic, and mailed services to improve care coordination were provided from 12/1/2008 to 12/31/2011 to Medicare beneficiaries with Medigap coverage who screened positive for depression (PHQ-9 score >9) or who were referred into the program. The study included 1,204 engaged individuals who were in the program and 1,295 individuals who were qualified but did not participate and were used for comparison. Propensity score weighting was used to remove case-mix differences between engaged and non-engaged individuals. Second stage regression analyses were used to estimate changes in depressive symptoms and healthcare savings, comparing engaged individuals and non-engaged individuals. Results: Fifty-nine percent of engaged individuals had clinically meaningful decreases in depression symptoms. Three other findings were noteworthy, although not statistically significant: engaged individuals were about 40% less likely to be readmitted within 30 days of a previous hospitalization, the program saved $1.47 million, and the per individual per month average savings increased as the year of engagement increased from 2009 to 2011. The majority of savings were attributable to Medicare. Conclusions: This is the first known depression management program designed solely for Medicare beneficiaries with Medigap coverage. The program was associated with improved depressive symptoms and healthcare savings, comparing engaged individuals and non-engaged individuals. The average number of drugs initiated or continued was highest among those aged ≥55 years old prescribed an opioid have increased over time. Efforts should be made to monitor the potential for additive effects on sedation.

CONCOMITANT USE OF OPIOIDS AND CNS DEPRESSANT MEDICATION IN OLDER ADULTS

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Introduction: Sedation and mild cognitive impairment are common side effects of opioids in the elderly. Combination of opioids with other CNS depressant drugs may have additive effects on sedation. Since polypharmacy is common in the elderly, a review of concomitant medications is crucial for older adults on opioid therapy. Objective: To compare prevalence of and trends in concomitant use of CNS depressant medications between younger and older adults taking opioids. Methods: The National Ambulatory Medical Care Surveys between 2001 and 2010 were analyzed. The proportion of office visits for antidepressants (AD), anxiolytics/sedatives/hypnotics (AX) among opioid (OP) visit were stratified by patient age (18-54 vs. ≥55) and compared over time. Results: Between 2001 and 2010, an opioid was initiated or continued at approximately 475 million visits by adults, of which 45.3% were aged ≥55. Prevalence of OP prescribing per 100 visits per year increased over time in both strata, from 5.9 to 10.3 (≥55) and 8.1 to 12.6 (18-54). Concomitant AD use rose from 2.8% to 9.6% (≥55) and 8.1% to 10.3% (18-54). Prevalence of concomitant AX use rose among those ≥55 from 6.6% to 12% but did not change substantially over time among those 18-54. The average number of drugs initiated or continued was highest among those aged ≥55 with either concomitant AD or AX. Conclusion: Prevalence of concomitant CNS depressant medication use in adults ≥55 years old prescribed an opioid have increased over time. Efforts should be made to monitor the potential for additive effects on sedation.

PREVALENCE AND PERSISTENCE OF DEPRESSIVE SYMPTOMS AND INFLAMMATORY CYTOKINES IN OLDER WOMEN IN THE YEAR AFTER HIP FRACTURE: FINDINGS FROM THE BALTIMORE HIP STUDIES

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Background: Depressive symptoms have been associated with elevated levels of inflammatory cytokines in older adult populations, though prospective studies are lacking. This association has not been assessed in the hip fracture population, which is at risk for an increase in both depressive symptoms and inflammatory cytokines immediately post-hip fracture. Persistently elevated depressive symptoms are predictors of impaired physical function after fracture but have not yet been linked with impaired immunologic function. Methods- Study participants were community-dwelling women age 65 and older with surgical repair of an incident hip fracture. At baseline and 2 months postfracture, depress-
sive symptoms were measured using the 15-item Geriatric Depression Scale (GDS). At 2, 6 and 12 months postfracture, serum was analyzed for levels of IL-6 and sTNF-αR1. Generalized estimating equations were used to model relationships between depressive symptoms and inflammatory cytokines over the year postfracture. Results—Clinically significant levels of depressive symptoms were present in 12.5% of the study sample at baseline. Baseline GDS scores were associated with higher levels of IL-6 and sTNF-αR1 at 2, 6 and 12 months postfracture, though not statistically significant. Participants with persistently high depressive symptoms had significantly lower sTNF-αR1 levels at 2 months (β=−383 pg/mL; 95% CI: −722.45; p=0.02) than those without persistently high depressive symptoms, with increasing sTNF-αR1 levels over the year postfracture (p<0.0001). Conclusions—Persistently high depressive symptoms are associated with altered immunologic function after hip fracture. Elevated cytokine levels in the presence of persistent depressive symptoms may represent a novel antidepressant treatment target in older adults.

ASSESSING FOR USEFULNESS IMPROVES PREDICTION OF DEPRESSION DIAGNOSIS IN CCRC RESIDENTS
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Brief screening tools for depression that assess for sadness and anhedonia are convenient for use with older adults in community and long-term care settings, but their use is limited by low specificity for correctly identifying depression in older adults. Additionally, older adults are less likely than their younger counterparts to endorse sadness as a symptom of their depression. Feelings of usefulness or self worth are additional non-somatic components of depression. The purpose of this study was to test if assessing how often the resident ‘feels useful to family or friends’ in addition to the two-item brief screen improved prediction of a depression diagnosis in a sample of 127 residents living in a continuing care retirement community (CCRC). All participants completed a one-time survey. Logistic regression was used to predict depression diagnosis. Participants were 88.0±6.5 years old, mostly female and Caucasian. 34% had a confirmed diagnosis of depression. Controlling for pain, fear of falling and co-morbidities, usefulness significantly explained depression diagnosis beyond that explained by depressive symptoms and anhedonia (X2=32.31, df=6, p<.001). As expected, both feeling depressed (p=0.05; OR=1.93) and anhedonia (p<0.05; OR=3.01) significantly increased the odds of a depression diagnosis. Additionally, for every unit decrease in feeling useful, the odds of depression diagnosis increased by 1.88 (p<.01). Inquiring about feelings of usefulness along with symptoms of sadness and anhedonia may increase accuracy of detecting depression among residents of a CCRC.

PREDICTORS OF DEPRESSIVE SYMPTOM TRAJECTORIES ACROSS 12 YEARS AMONG OLDER MIDLIFE WOMEN
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Patterns of depressive symptoms during late midlife are unknown. Knowledge of such patterns could inform understanding of women’s depressive symptoms in old age. We aimed to identify depressive symptom trajectories and associated baseline characteristics. Data from 3200 participants aged 42-52 at baseline in the Study of Women’s Health Across the Nation (SWAN), a longitudinal multisite study of menopause and aging, were analyzed. Depressive symptoms were assessed annually with the Center for Epidemiologic Studies Depression Scale (CESD). PROC TRAJ in SAS was used to identify subgroups with different trajectories of CESD scores from baseline through visit 12. Five groups were identified: consistently low symptoms (≤10, 78.0%), consistently high symptoms (either 22, 5.2% or 30+, 2.4%), increasing symptoms (12 to 19, 6.1%) and decreasing symptoms (22 to 12, 8.4%). In adjusted analyses, compared with the low symptom group, other groups had more upsetting life events, low role and social functioning (SF36), body pain, and low social support (ps=0.0001). Among those that began with symptom scores of 22, the decreasing symptom group reported higher social support (OR=1.25). Compared to the consistently 22 group, the 30+ group were more likely to report upsetting events (OR=4.88) and high body pain (OR=1.42). Age was similar among groups. Although the large majority reported low depressive symptoms over 12 years, 13.5% had consistently high or increasing depressive symptoms. Importantly, women aged 42-52 with pain, low social support, upsetting events and compromised functioning were at the greatest risk of high depressive symptoms over time independent of baseline age.

EXAMINING MEDIATION EFFECT OF FAMILY SUPPORT BETWEEN WORK CONDITION AND DEPRESSION FOR ELDERLY
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This study examined mediation effect of family support between work condition and depression. 800 elderly dwelling in Gyunggi province in Korea were participated in this study. The result of this study was as followed. First, sex, education, and health condition were primary factors in relation between work condition and family support. Second, age, education, and health condition were main factors in relation between work condition and depression. Finally, family support has a full mediation effect between work condition and depression, which shows that family support reduces depression. Therefore, this study confirms that work condition does not directly influence depression, but influences through family support. Based on this result, the study recommends that family support system including effective communication style, leisure program, and also health and finance supports has to be developed.

SUICIDE PREVENTION AMONG OLDER ADULTS RECEIVING HOME CARE: EVIDENCE FOR RISK AND PROTECTIVE FACTORS
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Predictive models for suicide-related behaviour need to be specific and sensitive, and for older adults, tailored to factors that are unique to their cohort. The current study examined risk and protective factors associated with suicide-related behaviour among community-residing older adults receiving home care services in Ontario, Canada. Record linkages between hospital data (DAD, NACRS, OMHRS) and home care data (HCRS) were employed to carry out the analyses. Information in the HCRS is based on the Resident Assessment Instrument – Home Care (RAI HC), an assessment tool that identifies strengths, preferences and needs of long-stay home care clients. The sample included Ontario home care clients aged 60 years or older assessed with the RAI HC between 2007-2010 (N = 222,149). Univariate and multivariate analyses were performed to describe the sample and examine predictors of suicide-related behaviour. In this study, 1.01% (n=2,077) of home care clients experienced intentional self-harm (ISH). Risks of ISH included younger age (OR=3.31, CI: 2.89-3.77), depression (OR=2.9, CI: 2.90-3.77), alcohol use and dependence (OR=1.68, CI: 1.33-2.11), and depressive symptoms (OR=1.68, CI: 1.49-1.89). Protective factors were found for marital status and social involvement, yet significant gender differences emerged. Results indicated several key areas to be assessed in practice by home care professionals. This study based on provincial data adds to the evidence on risk and protective factors associated with suicide-related behaviour among older adults. Of notable interest were the protective factors that differed by sex, suggesting that approaches to suicide prevention in home care need to be gender-specific.
EVALUATION OF A GERIATRIC MENTAL HEALTH DAY TREATMENT SERVICE

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A Geriatric Mental Health Day Treatment Service GMHDTS was opened in May 2008 with the goals of expanding treatment options available to seniors with mood and anxiety disorders, and of promoting independent living by providing an alternative to hospitalization and rapid access to outpatient psychiatric assessment and stabilization in the community. Clients enrolled in the GMHDTS attend three days per week for 10 weeks and participate in intensive group therapy and one-to-one support offered by a primary mental health therapist and psychiatrist. The goal of this project was to conduct an outcome evaluation of the efficacy of the new GMHDTS to assist with program planning and development. A retrospective chart review of all clients who attended the GMHDTS since its inception was conducted. Focus groups were also run with clients who attended the GMHDTS during the previous 12 months, to delineate the strengths of the program and to identify areas for improvement. Results show that access to the GMHDTS was much quicker than to the standard Community Geriatric Mental Health Program, circumventing weeks of wait time, 4 weeks versus 10 weeks, on average. Analysis of clinical outcomes clearly showed a significant reduction in depressive symptoms and psychological distress among clients who completed the program and focus group participants overwhelmingly described the GMHDTS as very beneficial. The desire for ongoing follow-up was clearly articulated by focus group participants, potentially along the lines of a peer support model. A step-down or follow-up model of care might further enhance outcomes.

SESSION 1690 (POSTER)

FALLS/MOBILITY

SLEEP-DISORDERED BREATHING AND FUNCTIONAL DECLINE IN OLDER WOMEN


Sleep-disordered breathing (SDB) has been linked to poor health outcomes, but little is known about its association with functional decline. We examined the prospective association between SDB and increases in instrumental activities of daily living (IADL) impairment and mobility impairment in 302 older women (mean = 82.3 years). Participants completed polysomnography and reported whether they had difficulty completing IADLs (i.e., preparing meals, doing heavy housework, shopping) or mobility impairments (i.e., walking 2 to 3 blocks, climbing 10 steps, descending 10 steps); they repeated IADL/mobility measures 5.0 ±0.7 years later. Overall, 24% had an apnea-hypopnea index (AHI) <5 (no SDB); 41% had an AHI ≥5 and <15 (mild to moderate SDB); and 35% had an AHI ≥15 (moderate to severe SDB). After adjustment for age, baseline IADL and mobility impairments, BMI ≥30, diabetes, chronic obstructive pulmonary disease, and coronary artery disease, compared to women with AHI <5, those with an AHI ≥5 and <15 and an AHI ≥15 had a greater odds of an increase in number of IADL impairments at follow-up (odds ratio (OR) = 2.0, 95% confidence interval (CI) 1.0, 3.7 and OR = 2.3, 95% CI 1.1, 4.4, respectively). In 177 women without baseline IADL impairments, those with an AHI ≥15 had a greater odds of incident IADL impairment, compared to those with an AHI <5 (OR = 3.1, 95% CI 1.3, 7.4). There was no association between AHI and increased mobility impairments. Findings suggest that SDB is a risk factor for decline in IADLs in older women.

STATIC FOOT POSTURE AND MOBILITY ASSOCIATED WITH BALANCE IN ELDERLY MEN USING A 3D FOOT SCANNER

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The maintenance of balance is a complex phenomenon that is influenced by a range of sensorimotor factors. Foot posture and mobility may also influence balance and functional tests. On the other hand, recently the use of 3D foot scanners allows a large number of subjects to be scanned quickly and easily and helps to reduce the patient’s radiation exposure from x-rays. This cross-sectional study included 145 community-dwelling elderly men (74.4±5.5 years) recruited in Kasama City, Japan. Balance was assessed using: (i) one leg stance (OLS), (ii) timed-up-and-go (TUG), and (iii) functional reach (FR). The most prominent portion of the navicular tuberosity was palpated and marked with a small round black sticky point while the participants maintained a relaxed sitting position. This black point was later decided as the point of navicular in the 3D foot print machine software. The amount of vertical navicular excursion between the positions of subtalum joint neutral in sitting position and relaxed bilateral standing was considered as foot mobility. All data were normalized to truncated foot length. After adjusting for potential confounders, univariate analyses revealed that sitting and standing navicular heights were associated with TUG (P = 0.017) and OLS (P = 0.001), respectively. Foot mobility was associated with OLS (P = 0.001). Our findings suggest that navicular height and foot mobility are associated with balance in elderly men and might be an important factor in defining balance control in older adults.

EFFECTS OF AGE AND FALL HISTORY ON MINIMUM TOE CLEARANCE ADAPTATIONS TO GAIT SPEED AND OBSTACLES

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Background. Toe speed during gait generally nears its maximum while its height reaches a local minima halfway through swing phase. Trips are thought to frequently occur at these local minima (minimum toe clearance or MTC events) and trip risk has been quantified using the minimum distance between the toe and ground here (MTC). We have demonstrated that MTC value and frequency varies with walking surface and gait speed, but these adaptations have not before been evaluated in older adults with and without a recent history of falls. Methods. Unimpaired younger (N=14, age=27±5), unimpaired older (N=14, age=72±5) subjects, and older adults who had fallen in the past 6 months (N=11, age=75±5) traversed a 4.88m walkway 4 times at slow, preferred, and fast speeds across surfaces with no obstacles, visible obstacles, and hidden obstacles. Shoe and joint kinematics were recorded using a motion capture system after digitizing the shoes and lab flooring surfaces. Results. All subject groups had similar MTC values and joint angles at MTC across all surfaces and speeds, although these changed considerably with speed and surface. All unimpaired subjects looked downward more at visible obstacles, visible obstacles, and hidden obstacles. Shoe and joint kinematics were recorded using a motion capture system after digitizing the shoes and lab flooring surfaces. Results. All subject groups had similar MTC values and joint angles at MTC across all surfaces and speeds, although these changed considerably with speed and surface. All unimpaired subjects looked downward more at visible obstacles, visible obstacles, and hidden obstacles. Shoe and joint kinematics were recorded using a motion capture system after digitizing the shoes and lab flooring surfaces. Results. All subject groups had similar MTC values and joint angles at MTC across all surfaces and speeds, although these changed considerably with speed and surface. All unimpaired subjects looked downward more at visible obstacles, visible obstacles, and hidden obstacles.
THE NUMBERS OF COMORBIDITIES AND HEALTH OUTCOMES FOR OLDER PERSONS WITH HIP FRACTURE IN TAIWAN

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Objectives. More than 80% elderly in Taiwan suffered at least one chronic disease, and the high prevalence of hip fracture usually impacts their functional abilities. A lack of studies on the influence of comorbidities on recovery for patients with hip fracture in Taiwan was found. Therefore, the purpose of this study was to examine the influences of comorbidities on post-operative physical function and quality of life for older persons with hip fracture in Taiwan. Data and Methods The secondary data of 461 elders with hip fracture from two clinical trials (162,299 respectively) in Taiwan was analyzed by generalized estimating equation approach. Elder’s membership among the two studies, their assigned groups and pre-fracture ADL performance were controlled in the analysis to reduce the bias. Outcomes were measured for one year by the Chinese Barthel Index (as activities of daily life; ADLs) and Short Form-36 Taiwan version (as quality of life; QoL). Results There were 105 (22.8%) elderly with no comorbidity, 136 (29.5%) with one, 137 (29.7%) with two, and 83 (18%) with more than two comorbidities. After controlling the covariates, higher number of comorbidities was found to associated with poorer the trajectory of ADLs (B=-2.902, p=0.002) and QoL including physical function (PF, B=-2.311, p=0.000), general health (GH, B=-4.208, p=0.000), vitality (VT, B=-2.496, p=0.000), and mental health (MH, B=-2.214, p=0.000). Conclusions The numbers of comorbidities negatively influenced the trajectories of the ADLs and QoL of the hip-fractured elderly. The results could provide a reference for further development of related interventions.

THE ASSOCIATION OF NEUROCOGNITION ON POOR MOBILITY IN OLDER ADULTS WITH SCHIZOPHRENIA

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Background: Older adults with schizophrenia have poor physical health and poor mobility may be a contributing factor. Decrements in mobility contribute to poor health outcomes, increased use of health services, and decreased quality of life. Impaired neurocognitive function is a central aspect of schizophrenia and is distinct from the symptomatology of the disease. The associations linking neurocognitive performance and mobility in older adults with schizophrenia are not known. Design and Methods: In this cross-sectional study, 45 older adults with schizophrenia were assessed on neurocognitive function (MATRICS Consensus Cognitive Battery) and mobility (Timed Get Up and Go test). Pearson’s bivariate correlations (two-tailed) and univariate linear regression models were used to test the following hypothesis: More severe neurocognitive deficits are associated to poorer mobility. Results: Higher scores on global cognition (p=0.04) and, in particular, speed of processing (p=0.009) tasks were associated with faster timed get up and go (TGUG) scores. For every standard deviation increase in global cognition, the TGUG score decreased by 0.3 indicating faster performance. For every standard deviation increase in speed of processing, the TGUG score decreased by 0.4 indicating faster performance. Conclusion: Our data suggest better global cognition and faster speed of processing positively impacts mobility in an older sample of patients with schizophrenia. Future research should evaluate the additional impact of schizophrenia symptoms on time to complete the TGUG. Mobility interventions for this population need to target neurocognition for optimal results.

FRAILTY AND PRE-FRAILTY WERE ASSOCIATED WITH LIFE-SPACE MOBILITY IN COMMUNITY-DWELLING OLDER PEOPLE

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Aim. We studied the relationship between different stages of frailty and life-space mobility in community-dwelling 75-90-years-old men and women. Methods. Cross-sectional analyses of baseline data of the Life-space mobility in old age (LISPE) cohort study (N=848). The life-space assessment questionnaire was used. Life-space mobility score reflecting the spatial area a person moves through, the frequency of travel and need for assistance was calculated (range 0-120). Frailty indicators were: unintentional weight loss (<5kg in past year), weakness (age- and gender-based cut-off 5x chair rise time), self-reported exhaustion (CES-D question 7 and/or 20); slowness (age- and gender-based cut-off 2.44m walk time), only low physical activity. Frailty status was defined as no frailty (0 indicators), pre-frailty (1-2 indicators), and frailty (≥3 indicators). Results. Life-space mobility was on average 63.9±SD 20.6. In total, 52% had no frailty, 43% pre-frailty and 5% frailty. Number of frailty indicators (rs=-.549, p<.001) and frailty status (rs=-.513, p<.001) were associated with life-space mobility. Of those with frailty, 81% had life-space restricted to neighborhood level, for those with pre-frailty and those without frailty indicators the numbers were 46% and 8%, respectively. Conclusion. In these relatively healthy older people, the presence of frailty indicators was associated with a restriction of the life-space. In addition, the need for assistance and the frequency of travel through the life-space were affected by the presence of frailty indicators. Further study is needed study longitudinal changes in frailty and life-space mobility.

ELDERLY FALLERS WITH HEAD INJURY RESIDING IN A CONTINUING CARE RETIREMENT COMMUNITY: WHO IS AT GREATEST RISK?


Background: Falls are a leading cause of brain injury in those over age 75. In long-term care where falls are frequent, little evidence exists of risk factors and outcomes of residents with post fall head injury. This study sought to determine differences, if any in clinical and/or demographic factors between fallers with and without head injury. Purpose: To determine the relationship between head injuries sustained during each fall with various known high risk health and demographic factors predictive of falls. Design: Prospective cohort study conducted over 1 year in a Continuing Care Retirement Community located in the northeastern United States. Methods: A secondary analysis of clinical and demographic characteristics among 69 elderly fallers with and without head injury were performed using General Estimating Equations. Findings: 173 falls (average of 2.9 times) were observed for 62 patients. Residents were more likely to experience repeated falls after their first fall (111 repeat falls in 38 patients); be female (77.4%) and widowed (60%). Injuries were recorded in 40.5% of falls, with 41.4% being head injuries. Head injuries were more likely to be hematomas than lacerations (66.7% vs. 14.7%) and among assisted living residents (p=0.04), who were more likely to be walking at the time of the fall (69% vs. 36.1%) and less likely to have bowel incontinence (3.5% vs. 28.5%; p=0.04). No significant differences were observed between groups on anti-platelet agents, or pertinent past medical history of dementia, Diabetes Mellitus or Parkinson’s Disease. Conclusions: Fallers with head injury were more likely to reside in assisted living; to be ambulatory and to use an assistive device. A new look at the clinical practice protocol for ambulatory elderly residents in assisted living is warranted.
HOW DOES FALLING PROGRESS OVER TIME?: THE EFFECT OF COMMON GERIATRIC CONDITIONS ON THE TRAJECTORY OF FALLING IN THE OLDER ADULT POPULATION

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Falling is a geriatric condition that may progress over time, but the pattern and predictors of that progression are not yet fully described. We hypothesized that the presence of other geriatric conditions, in addition to sociodemographic characteristics and diseases, predicts progression in falling. We used data from waves 1995-2010 of the Health and Retirement Study, a nationally-representative longitudinal health survey. Our sample included 8,847 adults 65 years and older, yielding 31,701 observations. We performed longitudinal analysis using ordered logistic and mixed effects models to investigate trajectories of falling across interview waves. Falling was specified as no falls; 1-2 falls/2 years; or ≥3 falls/2 years and/or any injurious fall. Key covariates included sociodemographic characteristics (age/sex/race/marital status/education), functional status, depressive symptoms, four cardiovascular diseases, and four geriatric conditions (cognitive impairment/incontinence/visual impairment/hearing impairment). Analyses were adjusted for mortality, attrition, and proxy status. Falling progressed predominately in a linear fashion (odds ratio [OR] 1.38, p<.001). Geriatric conditions (OR 1.50, p<.001) and Hispanics (OR 0.78, p=.001) were less likely to fall. A key covariate included was the presence of other geriatric conditions, in addition to diseases, predicting future falls over time. A key next step in falling research is to examine how geriatric conditions, a key contributor to older adult multimorbidity, interact with diseases in leading to falling.

PREVALENCE AND CONSEQUENCES OF FALLS IN COMMUNITY-LIVING OLDER PERSONS AT FIVE DIVERSE SITES OF THE IMIAS STUDY

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Background and Aims: The prevalence of falls and their consequences were compared among three research sites in Latin America and Southern Europe and two research sites in Canada. Methods: 1939 community-living older persons (aged 65-74 years) were recruited in Canada (Kingston, n=389 and St Hyacinthe, n=383), Albania (Tirana, n=388), Brazil (Natal, n=402) and Colombia (Manizales, n=377). The outcome included falls in the previous year. The need for hospitalization and the worst injury suffered as the consequence of the fall were recorded. Those with ≥2 falls were identified as recurrent fallers. Results: 27% participants reported at least one fall in the previous year. Site-wise prevalence was significantly different (P<0.001) with highest at Kingston (39%) followed by Manizales (34%), Natal (26%), St. Hyacinthe (23%) and Tirana (18%). Prevalence of the recurrent falls was 19% with no site-specific differences (P=0.245). A substantial proportion of fallers (30%) reported bruised as the worst injury following a fall. Kingston and Manizales had lower rates of hospitalizations post fall (6% and 7%, respectively) and a fracture (excluding hip fracture) as the worst injury after fall/s (8% and 5%, respectively). The lowest hospitalization rate was reported at St Hyacinthe and Natal (3% each) which also had lowest fracture rates (2%). The proportion of participants reporting no injury as a consequence of fall was highest in Kingston (35%) and lowest in Tirana (5%). Conclusion: Factors contributing to the large differences in prevalence and consequences of falls in older persons across countries should be further examined.

DAILY LIFE MOTOR ACTIVITY ASSESSED BY SMARTPHONE IN THE ELDERLY: FARSEEING PILOT STUDY

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Objective and Methods: Poor mobility is considered potentially reversible precursor of mobility loss and disability that should prompt clinical investigation and possibly implementation of preventive intervention. FARSEEING Pilot Study enrolled older volunteers free of disability in ADLs, cognitive impairment (Mini-Mental-State Score<24), positive history of falls and severe acute or chronic diseases. Lower extremity performance was assessed by the traditional performance-based tests used in the InCHIANTI study and by Timed-Up-Go-Test (TUG), and three different movement sensors included in a common Smartphone (S). The S placed in a pocket was positioned on the back of the subject and kept in place by a belt. At the end of the session of performance assessment, each P was trained to properly handle the device to record usual daily activity over 7 consecutive days. Movement activity (MA) was computed as the percentage of recorded signals with high variability above a determined thresholds calculated over a 4 sec period (daily average % of the registration period: 8am-5pm). Results: 27 P were evaluated (65-91ys, 13 male and 14 female) and provided valid Smartphone records. MA was significantly lower in older participants (p=0.01). The times to perform the TUG was significantly lower in P with low MA (p=0.08) and, similarly, a lower 7m usual-pace walk test also tended to be associated with lower MA (p=0.09). The 400m gait speed was not significantly associated with MA (p=0.14). Conclusions: wearable devices reveal difference in motor activity that correlate with tests of lower extremity performance even in healthy elders.
In aging, the ability to be spatially and socially engaged within one’s world is important for quality of life. Life space mobility (LSM), or the degree to which people move through their environment, can decrease with age. The New Theoretical Framework for Mobility (Webber, Porter, & Menec, 2010) proposes that financial, psychosocial, environmental, physical, and cognitive factors determine the extent of one’s LSM. The purpose of this study was to examine these factors as proposed in the model and their contribution to LSM in a sample of older adults. In this study, 142 community-dwelling, cognitively intact adults aged 62 to 96 were asked about the quality and quantity of traveling in their environment using the Life Space Questionnaire (LSQ). A multiple regression model was constructed using financial, psychosocial (Lubben Social Network Scale), environmental (the type of residence), physical (a health score including number of medications used, vision using the Snellen eye test, and assistive devices used), and cognitive measures (Trail Making B test) to examine their effect on LSM. The final model indicated cognitive abilities (p=.0486), physical health (p=.001), psychosocial status (p=.0014), and environment (p=.0041) were significant predictors for LSM. Healthier individuals with better cognitive abilities, who have larger social networks and live in their own homes versus senior residential complexes, were predicted to have higher LSM. A better understanding of the contribution of these factors to LSM can lead to interventions to decrease mobility burden and prevent limitation of life space in older adults.

ASSOCIATIONS BETWEEN NEUROPATHY, GAIT, MOBILITY, AND BALANCE IN OLDER COMMUNITY-DWELLING ADULTS

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Each year, older individuals experience serious injuries from unintentional falls. Disorders of gait, mobility and balance, peripheral neuropathy, and a past-year fall history are known to predict the likelihood of falling. Interventions such as programs that incorporate balance training have shown to be efficacious in reducing the risk for falls in older adults. The purpose of this feasibility, descriptive correlational study is to examine the relationships between sensory neuropathy of the planar feet, gait asymmetry, functional mobility, and balance in older community-dwelling adults, aged 65-95, and to discover facilitators and barriers for the development of a fall prevention program in their area. With 67 participants to-date, mean age is 75 years of age with approximately half being African-American and the other being Caucasian. Pearson’s r demonstrated age to be correlated with vibration sense of both feet (r = .32, p = 0.03 and r = .34, p = 0.02) but not with light touch. Analysis also reveals that the use of a computerized plantar pressure mapping system to be useful for measuring gait asymmetry and this factor showed associations with three items of the Berg Balance Scale and the Timed-Up-And-Go test (r = .70, p = 0.001). From 48 individuals, 35% reported at least one fall within the past year and 10% of them indicated seeking health care as a result of the fall. Contact with these research volunteers was facilitated by a collaborative group designed to connect researchers and community members to establish evidence and community-based interventions to decrease health risks.

HOW DO FALLS BY OLDER ADULTS VARY BY RACE AND GENDER? FINDINGS FROM THE HEALTH AND RETIREMENT STUDY

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Falls are a serious problem for community-dwelling older adults. We investigate the association between race and falls and also examine if/how gender modifies this association. Data were from the Health and Retirement Study in the US (2008 and 2010 waves). Falls were measured by self-report on the number of falls in the past 2 years. Logistic regression was conducted to assess the association of race and falls and the modification effect of gender on this association adjusting for age, education, height, alcohol use, pain, functional limitation, arthritis, depression, cognition, psychiatric medications, and health conditions. Among the N=6250 participants with a mean age of 75 (range: 65-106), 42% experienced at least one fall, and 26% had recurrent falls. Being female accounted for 64%; 78% were White, non-Hispanics; 14% Black, non-Hispanics; 4% Hispanics; and 4% other race. Being white increased the odds of falls by 1.7 times compared to black (OR: 1.7, 95% CI: 1.4-2.0). Results found an interaction between race and gender (p<0.05). Among the male group, white increased the odds of falls 2.7 times compared to black (OR: 2.7, 95% CI: 1.8-4.0). Among females, white increased the odds of falls by 1.4 times compared with black (OR: 1.4, 95% CI: 1.1-1.8). No statistical associations were observed in males or females in other races. In summary, we observed the likelihood of falls was higher in whites, especially white males compared to blacks. Further research is needed to investigate how to reduce the risk of falls among white male elderly.

THE MOBILITY AND INDEPENDENT LIVING IN ELDERS STUDY (MILES): DESIGN AND BASELINE CHARACTERISTICS

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Background: Demographic increase in the older population is most rapid in developing countries and will have major impact on public health. Indian population is not well described, but evidence suggests that the current demographic transition provides a unique opportunity to better understand future disability. To accomplish this, we established a longitudinal cohort study – MILES, in a rural population of older Indians. Methods: We enrolled a random sample of 564 men and women aged 60+ from Medchal Mandal region in Andhra Pradesh state. Baseline visit consisted of two separate clinic visits for measurements of blood pressure, anthropometry, short physical performance battery, 400-meter walk, grip strength, ankle-arm index, cognitive examination, peripheral quantitative computerized tomography, knee x-ray, carotid ultrasound, blood draw and a comprehensive interview. Annual follow-up visits are planned to collect information on incident disability and disease. Results: According to preliminary data analysis from the first clinic visit, median age of the participants was 66 years (60-92); median body mass index, 21.7 kg/m²; median grip speed, 0.67 m/s and median grip strength 17 kg; 55% self-reported their health status as fair or poor and 13% reported falling >1 times in past 12 months. Conclusion: Preliminary data estimates suggest a much greater population in this cohort compared to US subjects age 66 years. MILES will provide...
estimates of global burden of disease and disability and their risk factors in older adults, and findings from the study will be used to identify potential interventions to prevent disability appropriate in this rural population of Indians.

PHYSICAL PERFORMANCE AS A DETERMINANT OF BALANCE CONFIDENCE

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PURPOSE: The purpose of the study was to: (1) test the hypothesis that there is a relationship between a person’s perceived self-efficacy (balance confidence) and their physical performance (balance performance and functional mobility) on standardized balance assessments and (2) examine the extents to which balance confidence can be explained by clinical measures of balance, functional mobility, as well as demographic characteristics. BACKGROUND/SIGNIFICANCE: The prevalence of falls among the elderly is linked to increased morbidity and mortality. Fear of falling can predispose an individual for future falls. Balance confidence (perceived self-efficacy) will be investigated for its potential clinical implications for falls screening and prevention strategies. SUBJECTS: Participants were a convenience sample of 30 community-dwelling residents of a senior housing complex in a large New Hampshire community (mean age X=66, SD=14.0). METHODS AND MATERIALS: Balance confidence was measured by the Activity-Specific Balance Scale (ABC). The Timed-up and Go (TUG) was administered to reflect functional mobility abilities and the Berg Balance Scale (BBS) measured balance ability. Demographic information of each subject was collected via interview including age, gender, risk factors for falls (neurological deficits, diabetes, arthritis, cardiac disease, cognitive deficits, ambulation with an assistive device). ANALYSES: The Pearson product moment coefficient of correlation was used to examine the relationship between BBS, TUG and ABC Scale. To determine the extent to which balance performance (BBS), physical performance (TUG) and subject characteristics could explain balance confidence (ABC), a multiple regression analysis was performed with ABC Scale as the dependent variable, with independent variables including the subject characteristics. To investigate whether balance confidence differed between people at risk for falls and those not risk, separate independent t tests analyzed ABC scores of those determined at risk by BBS of 45 and Tug score of 14 seconds. RESULTS: The regression analysis determined that 48 percent of the variance in ABC Scale scores could be explained by BBS scores. ABC scores were higher for subjects with no falls risk when compared to those identified as at risk on BBS and TUG. The TUG scores and the BBS scores were both highly correlated with balance confidence (ABC Scale) indicating relationships between functional mobility and balance confidence and balance performance and balance confidence.

SESSION 1695 (POSTER)

FRAILTY

EXPLORING THE ENERGY FOOTPRINT OF POLYPHARMACY: MOLECULAR CHARACTERISTICS OF MEDICATIONS ASSOCIATED WITH FRAILTY AND FATIGUE

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Frailty phenotype is associated with polypharmacy, however, the role of polypharmacy and its contribution at cellular level in generation of this distinct syndrome has not been widely studied. Based upon their molecular characteristics namely size, molecular weight, metabolism and intended site of action, medications usually require clinically insignificant energy for its transport, metabolism and excretion and hence their energy requirements are not clinically significant in a robust cellular system. However, the impact of multiple medications in elderly is known for significant risk of poor outcomes such as falls and other unintended drug-drug as well as drug body reactions. This might explain the common knowledge that certain medications are more likely to be associated with frailty, particularly in the elderly. In this paper, we examined the molecular characteristics and other pharmacological properties of certain group of medications commonly associated with frailty and fatigue in elderly, and their plausible impact on cellular energy homeostasis in contributing to the frailty phenotype manifestation. We observed that medications associated with frailty are likely to share the following molecular characteristics: 1) higher molecular weight, 2) specific transport proteins ATP binding cassettes, 3) metabolism through P 450 system. We propose that drugs associated with frailty, due to their specific molecular structure and properties, require significant energy for their transport, receptor activity, metabolism, and excretion. This energy has to be provided by ATP generated through cellular mitochondria ATP phosphorylation apparatus. Therefore, polypharmacy in frail elderly could act as an additional physiological stress on cellular energy apparatus by tasking energy demand. Since energy required to sustain vital homeostatic processes cannot be diverted, this additional energy demand posed by medication pharmacokinetics must be supplied by muscles’ mitochondrial oxidation which hypothetically, can potentially contribute to a worsening of the clinical symptoms of frailty.

RECIPROCAL RELATIONSHIP OF FRAILTY AND COGNITIVE FUNCTIONING OF THE ELDERLY

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Purpose: This study was to explore the mechanism of frailty and cognitive function by examining their reciprocal relationship among the Taiwanese elderly. Methods: The study evaluated a 5-wave panel of elderly Taiwanese elderly in the analysis (n=3,155 respondents, 9,417 observations). Frailty was measured by low physical activity, exhaustion, poor appetite, grip strength, and carrying 10-pound subjects, and defined as frail if meeting 3 or more of the criteria above. Cognitive function was measured by 5 items of SPMSQ scale. The time-lagged model and the time-concurrent model were analyzed to examine the reciprocal relationship of cognitive function on frailty. The growth curve hierarchical linear modeling was applied. Results: Concurrent cognitive function was related to frailty and on the intercept and time slope, and vice versa. The lagged non-frail state was related to later higher cognitive function on the intercept and offset a little over time. However, the lagged cognitive function had no significant effect on frailty. Age, education, gender, self-rated health, chronic disease, physical function, and economic satisfaction were significant. Conclusion: Frailty and cognitive function are correlated, and frailty may be prior to cognitive impairment.

AN IMPLICATION OF THE SHORT PHYSICAL PERFORMANCE BATTERY (SPPB) AS A PREDICTOR OF ABNORMAL PULMONARY FUNCTION IN AGING PEOPLE

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If association between the decline in physical performance and the decline in pulmonary function is confirmed, the SPPB could be used as a predictor for pulmonary functional declines in aging people because of its convenient use. This study aimed to elucidate the association of the SPPB with the pulmonary function test (PFT) to determine the usefulness of the SPPB as a predictor of PFT decline. The SPPB and PFT were performed on random sample nested in the Korean Longitudinal...
A PHYSICAL ACTIVITY INTERVENTION TO TREAT THE FRAILTY SYNDROME - RESULTS FROM THE LIFESTYLE INTERVENTIONS AND INDEPENDENCE FOR ELDERS-PILOT (LIFE-P) STUDY


Background. The frailty syndrome is a key condition for designing preventive programs against disability. Among such programs, physical activity (PA) is particularly promising. This study was aimed at measuring the effects of PA on frailty in community-dwelling older persons. Methods. Data were from the Lifestyle Interventions and Independence for Elders-Pilot study, a two-arm, single blind, multicenter, randomized controlled trial comparing a PA intervention versus a usual care intervention. PA intervention included aerobic, strength, flexibility, and balance training, and was specifically focused on soliciting the participant’s walking with the aim of making him/her reach at least 150 minutes per week. Frailty was defined according to the phenotype proposed by Fried et al. (2001). Participants were considered pre-frail if they had one or two of the following: unintentional weight loss, exhaustion, weakness, slow walking speed, and low physical activity. Those who had three or more of these conditions were classified as frail. Anemia was defined using the WHO cut-off point (women: 12g/dL; men: 13g/dL). Hierarchical multinomial logistic regression models adjusted for sociodemographic and health characteristics were used in the analyses. Results: Prevalence of pre-frailty was 41.3% and frailty was 6.6% in this population. Anemia was found in 7.7% of participants. Results indicate that anemia is positively associated with frailty (RRR=5.75; p<0.001), even after the inclusion of sociodemographic and health variables. Other characteristics were also positively associated with frailty, such as being older than 80 years, male, and having stroke, arthritis, depression or being obese. In pre-frailty model, anemia was no longer significant (RRR=1.85; p=0.076) after adjusting for health conditions and nutritional status. Conclusions: Anemia is a strong independent factor associated with frailty in Brazil, which makes it an important target for preventive actions among older adults.

ESTIMATING THE VALIDITY OF A DATA-DRIVEN FRAILTY PHENOTYPE


Background: To date, indicators of frailty have usually been analyzed as predictors of health outcomes, based on a priori dichotomization of criteria. Our previous longitudinal analysis indicated different data-driven thresholds separating low functioning individuals for five criteria. This study aimed to estimate the extent to which pre-frailty and frailty phenotypes based on the derived cut off points predicts the incidence of mortality and first incidence of hospitalization over 5 years (2005-2010) Methods: We used data from women ages 65 years and older (at baseline) who enrolled in one or more of the Women’s Health Initiative Clinical Trials, consented to participate in the Extension Study and had data available on all five of the frailty markers, Cox proportional hazard models used to estimate the effects of pre-frailty and frailty on mortality and the first incident hospitalization on a final sample of 4385 women. Results: At baseline, 1410 women were defined as non-frail, 2537 pre-frail, and 438 frail. Levels of frailty were significantly associated with an increased risk of death and incident hospitalizations in models adjusted for potential confounders. Pre-frail status carried additional 29% risk of death 95% CI [1.03, 1.63] compared to the non-frail group; being frail was associated with 1.92 fold risk of death 95% CI [1.41, 2.60] using same reference category. Similarly, frail individuals had 59% higher risk of incident hospitalization 95% CI [1.29, 1.95] than functionally healthy group. Conclusion: The data-driven frailty in older persons. The promotion of PA programs in this population should be encouraged with the ultimate goal of preventing the onset of disability.

ANEMIA IS ASSOCIATED WITH FRAILTY SYNDROME AMONG BRAZILIAN OLDER ADULTS

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Objective: Investigate the association of anemia and frailty syndrome among older adults in São Paulo, Brazil. Methods: We used data on 1,256 elderly (≥60 years) who had valid data from blood sample from the third wave of longitudinal survey SABE (Health, Well-being and Aging) conducted in 2010. Frailty syndrome was evaluated according to the phenotype proposed by Fried et al. (2001). Participants were considered pre-frail if they had one or two of the following: unintentional weight loss, exhaustion, weakness, slow walking speed, and low physical activity. Those who had three or more of these conditions were classified as frail. Anemia was defined using the WHO cut-off point (women: 12g/dL; men: 13g/dL). Hierarchical multinomial logistic regression models adjusted for sociodemographic and health characteristics were used in the analyses. Results: Prevalence of pre-frailty was 41.3% and frailty was 6.6% in this population. Anemia was found in 7.7% of participants. Results indicate that anemia is positively associated with frailty (RRR=5.75; p<0.001), even after the inclusion of sociodemographic and health variables. Other characteristics were also positively associated with frailty, such as being older than 80 years, male, and having stroke, arthritis, depression or being obese. In pre-frailty model, anemia was no longer significant (RRR=1.85; p=0.076) after adjusting for health conditions and nutritional status. Conclusions: Anemia is a strong independent factor associated with frailty in Brazil, which makes it an important target for preventive actions among older adults.
phenotype was useful for predicting clinically relevant outcomes of mortality and hospitalization.

OPTIMIZING FUNCTION WITH LOW INTENSITY PHYSICAL ACTIVITY IN FRAIL DISABLED OLDER ADULTS
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Introduction: Exclusion of frail older adults with multiple co-morbid conditions and disability in previous research has limited understanding of exercise effects in older adults. Estimates of upper body strength required to maintain independence are unavailable. This low intensity SIGN Chi Do (SCD) exercise intervention is designed to optimize functional fitness in sedentary older adults, offering an innovative, low intensity exercise incorporating diaphragmatic breathing, choreographed sign gestures, meditation, and music to create harmony between the mind and body. In this study, the original SCD routine was revised to include participants unable to stand for exercising. Methods: Study aims were to use a pre-test/post-test single group design testing effects of a 12 week revised SCD exercise intervention on functional fitness. Case study analysis was used to describe outcomes of 36 disabled participants. Results: Measurable changes were seen in disabled participants. Example: A 75 year old female with multiple chronic conditions, walking only with a walker, attended all 12 classes, and exercised from the seated position. Modifications included need for rest time prior to the class and changing arm movements due to shoulder injury. This participant was sweating profusely during class, indicating moderate to vigorous intensity for her. A review of her outcome data indicates upper body strength and endurance improved over time (arm curls and endurance changed from 25th to 50th percentile). Implications: This low intensity PA intervention has demonstrated improvement in outcomes for frail and disabled older adults. Scaling the intervention to the general population is feasible.

OUT-OF-POCKET HEALTH EXPENDITURES AND FRAILTY AMONG A MEXICAN SAMPLE OF RURAL ELDERLY
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Frailty is a clinical syndrome that increases vulnerability, disability and premature death of older adults. However, research has focused on the importance of frailty in terms of health outcomes, although almost nothing is known about its economic costs. The objectives of this study were to estimate the outpatient care and medicines expenditures in Mexican rural older adults, and to compare these expenditures into three groups: not frail, pre-frail, and frail. Cross-sectional study conducted in 2007 with a sample of 11,296 older adults living in rural areas of Mexico. The frailty was determined using the methodology proposed by Rockwood. We used 32 variables of health and functional statuses in different stages of functional decline it may be useful to evaluate a person’s life space. Aim To determine the different life spaces between subject groups. Methods Participants were recruited from three different subprojects of the Longitudinal Urban Cohort Ageing Study (LUCAS) in Hamburg, Germany. Details of LUCAS and its subprojects are published elsewhere. The life spaces were assessed using the Life-Space Assessment and the Mobil-ity Protocol. Results Overall 270 persons participated in this study, derived from two different cohorts with different functional competence: (a) “FIT” (“robust”), “preFRAIL” (“deterioration and increasing behavior of avoidance”) or “FRAIL” (“slightly impaired or instable”) community-dwelling elderly. (b) “FALLEN” (“loss of functional competence”) consecutively recruited from a geriatric hospital. More participants from the “FALLEN” group were in need of long term care and were home-bound most of the day. FIT and preFRAIL participants shared outside activities like cycling or stair climbing almost every day. The most complex behavior demonstrated FRAIL participants: Falls, fear of falling and instable health conditions led to changes in the ability to perform mobility activities as a matter of course. Fewer FRAIL participants have been to the greater Hamburg area. Conclusion Instruments to assess life space should be chosen appropriately according to different target groups (heterogeneous elderly population) as well as tailored preventative measures according to their special needs. Mobility performance and life space deliver worthwhile information.
ELDER ABUSE AND NEGLECT, FINANCIAL EXPLOITATION AND DOMESTIC VIOLENCE

WARD AND PROGRAM CHARACTERISTICS AND COST SAVINGS OF PUBLIC GUARDIANSHIP


Public guardianship is the appointment and responsibility of a public official or publicly funded entity to serve as a legal guardian due to a lack of suitability or resources to employ a private guardian. This examination of public guardianship program data used an on-line survey from 15 PG programs serving 20 (18 urban and two rural) out of 67 counties in Florida. The programs served 2,208 PG wards with an overall staff-to-ward ratio of 1:21. Annual PG state funding costs were $2,057,413. The average annual cost per PG ward was $2,648. Total PG program annual cost savings were $3,940,456 for an annual net cost savings of $1,883,043. Eighty percent of public guardianships are plenary; 11% are limited guardianships. This presentation will illustrate the evolving characteristics and needs of public guardianship wards and will recognize how public guardianship saves state dollars while it increases ward quality of life.

INFORMING EVIDENCE BASED PRACTICE: A REVIEW OF RESEARCH ANALYZING ADULT PROTECTIVE SERVICE DATA


The mission of Adult Protective Services (APS) is to protect older and vulnerable adults from abuse, neglect, and exploitation. The complexity of APS cases and the potential for life-changing interventions points to the need for research that examines and evaluates APS practices. A review of the literature between 1996 and 2011 identified 50 studies conducted in the United States that used APS agencies, clients, data, or resources to test hypotheses regarding elder abuse. Each study was categorized according to its essential research questions; several studies were placed into more than one category. The seven categories include (a) characteristics of abuse, neglect, and exploitation; (b) screening instruments and rating scales; (c) reporting abuse and neglect; (d) substantiation of abuse and neglect reports; (e) characteristics of alleged perpetrators; (f) outcomes of APS-involved cases (including criminal justice outcomes); and (g) health outcomes among APS-involved cases. Few studies used national data; few employed longitudinal designs or a control or comparison group. The analysis revealed promising efforts towards knowledge development about characteristics associated with different forms of elder mistreatment but also significant gaps in research knowledge. However, APS specific agencies, clients, and resources have been underutilized to study the effectiveness of APS practices in investigating and intervening in alleged and confirmed elder abuse, with little research that follows older adults who become involved in the system from first report to case closure and beyond. Future research will require carefully developed research protocols that are protect client confidentiality and effective partnerships between researchers and practitioners.

DEATH IS BETTER THAN MISERY: A PHENOMENOLOGICAL STUDY OF ABUSED ELDERS IN ETHIOPIA

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Culturally, elder abuse in Ethiopia is not perceived as a problem. In Ethiopia, there are no public welfare services, no social insurance, and no data on the extent or types of elder abuse. To increase understanding of the issue, a phenomenological study was conducted based on the lived experiences of 15 elders (9 women, 6 men) in Ethiopia who experienced domestic abuse. Data were analyzed using interpretive phenomenological analysis. Extreme poverty was evident. Some elders owned only one outfit and shared a hut with a single bug-invested room and no electricity with multiple family members. Meals may be only bread and coffee. Poverty, conflicts of interest, physical and health conditions, mutual dependency, family size, living arrangements, powerlessness, drunkenness, and sexual impotency were risk factors for abuse. Elders experienced psychological, financial and physical abuse and neglect at the hands of caregivers, spouses, children, grandchildren, in-laws, nephews, housemaids, friends, neighbors, and employees. Abused elders suffered from loss of property, poor living conditions, hunger, diseases, denial of privacy and rights, low self-esteem, hopelessness, fear, shame, anxiety, inferiority, isolation, depression, hatred, stigma, remorse, and grief. One elder stated, “Life is meaningless without food and without a caregiver. I am ready to welcome death.” Elders responded to abuse through praying, using holy water, forgiveness, silence, tolerance, sharing feelings, criticism, improving money management, begging, accusing abusers, crying, and suicide attempts. Documentation of elder abuse in Ethiopia and sharing abuse stories may contribute to the recognition of abuse as a problem deserving public attention and response.

FRAMING SCANDALOUS NURSING HOME CARE: WHAT IS THE PROBLEM?

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Using a constructionist approach this paper identifies different ways of framing nursing home scandals in Sweden. Data consisted of media reports and official investigations on cases of mistreatment, supplemented by interviews with informants involved in providing or monitoring nursing home care. Three different debates were identified based on how the problem was described regarding its character, consequences, causes, responsibility and solutions. One prominent debate concerned the role of care workers, who in many cases were portrayed as negligent or perpetrators of abuse. In stark contrast some claims-makers cast care workers and care users as jointly victimized by a lack of resources or bad management and suggested that better working conditions was the solution to the problem. A second debate focused on corporate greed as the cause to the problem and appeared when scandals concerned facilities run by profit corporations. Left-wing claims-makers argued that for profit care was immoral, while liberal/conservative claims-makers discussed solutions in terms of better contracts and monitoring. In a third debate populist claims-makers described older care users as particularly deserving but disfavored by corrupt politicians who unjustly favored the welfare of immigrants/refugees and prison inmates. To redirect resources from undeserving to deserving populations was the preferred solution. The paper argues that there is a need for a fourth debate where mistreatment at nursing homes is framed as a matter of ageism and that failures in providing good elderly care shows that older care users have a problematic status in society.
SUBSTITUTE CONSENT PRACTICES OF CANADIAN RESEARCHERS IN AGING UNDER EXISTING CONDITIONS OF UNCERTAINTY

In Canada and elsewhere, research policies require researchers to secure consent from a legally-authorized representative (LAR) for prospective participants unable to consent. Few jurisdictions, however, offer a clear legislative basis for LAR identification. Objectives: To describe Canadian researchers’ practices regarding the involvement of decisionally-incapacitated participants and correlate practices to (a) researchers’ understanding of the law on third-party authorization of research and (b) their comfort with allowing families to consent on behalf of an incapacitated relative. Methods: We surveyed 177 researchers in aging from four Canadian provinces about their practices with prospective participants deemed incapable of consent, their understanding of relevant law and comfort with family consent for research purposes. Understanding and comfort were measured with research vignettes that briefly described hypothetical studies in which an adult who lacks the capacity to consent was invited to participate. Results: Many respondents reported soliciting consent from a family member (45.7% for low-risk studies and 10.7% for serious risks studies), even in jurisdictions where such authority is uncertain at law. Researchers’ tendency to solicit family consent was associated with their comfort in doing so, but not with their understanding of the law on substitute consent for research. Conclusions: Findings underscore the need to clarify and enhance researchers’ understanding of who may authorize an incapacitated adult’s participation in research. Meanwhile, people should inform their relatives of their desire to participate or not in research in the event of incapacity, given researchers’ tendency to turn to family for consent, even where not supported by law.

PREVALENCE AND PREDICTORS OF SELF-NEGLECT AMONG OLDER ADULTS LIVING ALONE IN SOUTH KOREA
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Policy makers and social and health service providers have overlooked the issue of elder self-neglect in the Korean society. This study aims to explore the present prevalence of self-neglect and to identify predictors of self-neglect among older adults who live alone. Data were collected from face-to-face interview responses from 1,023 older citizens living alone in a metropolitan city in South Korea who were selected through stratified random sampling, while considering population size by gender, age group, and district. Descriptive statistics were used to present the prevalence of self-neglect and hierarchical multiple regression analysis was conducted to test significant predictors of self-neglect among the sample. The results showed that at least 24.3% of the research participants suffered from self-neglect. Consistent with previous research, it was found that higher levels of committing elder self-neglect are associated with older people who have medical comorbidities, depressive symptoms, or lack of social network. The data also showed unexpected results in that higher levels of education and cognitive abilities, and having more children were associated with higher severity of self-neglect. Additionally, the data showed that social support from friends and the use of social services did not affect the degree of elder self-neglect. On the basis of this study’s findings, implications for gerontological practice and policy can be suggested, especially for older people living alone in Korea.

A STUDY OF DOMESTIC VIOLENCE AMONG OLDER COUPLES IN JAPAN: SIGNIFICANT DIFFERENCES BETWEEN WIFE AND HUSBAND ABUSER TRAITS
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Research on elder abuse has grown tremendously; however, little remains known about continuation of domestic violence (DV) among older couples. The main purpose of this study is to explore factors related to differences between victims among Japanese older couples, depending on which spouse was the abuser. The data used in this study is Japan’s first nationwide survey of Certified Social Workers (CSWs) who were assigned to 4,042 Community Comprehensive Support Centers (CCSCs) throughout the country. The survey was conducted in August of 2010. Structured questionnaires were sent to randomly selected 1,282 CCSCs. Respondents were CSWs at each CCSC. A total of 621 responses were obtained (a response rate=48.4%). Out of the 621 respondents, 379 (61.0%) reported that the most recent case of DV they dealt with was a situation of DV among an older couple. Preliminary analyses revealed that there were statistically significant relationships between whether or not the victim was a husband or wife and factors, such as abuser’s age, degree of care burden, kinds of abuse, perceived cause of abuse, continuation of DV, and existence of revenge of DV. That is, among male abusers, it is more likely that abusers were older age, having higher degrees of care burden, conducting more physical abuse than female abusers, and continuing DV from their younger age, while female abusers were more likely to cite existence of revenge of DV as a cause of abuses than male counterparts. It is suggested that social workers need to find out solutions, knowing these differences.

INFLUENCES ON PERCEPTIONS OF FINANCIAL ABUSE AMONG OLDER ADULTS
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Financial exploitation of older adults is a common form of elder abuse, which is growing quickly (Reeves and Wysong, 2010) and has become a significant social problem. However, financial mistreatment of older adults may be underestimated and underreported due to reluctance to report and also to unawareness of the abuse by victims (Darzins et al., 2009). Two vignettes describing different types of financial mistreatment of older adults were used to test perception of abuse. In the first vignette, an older woman’s money ($ 1000, 5000, 10,000) had been withdrawn by a child or a paid caregiver. The health condition of the victim (Alzheimer’s disease, physically frail) was also varied. In the second vignette, an older woman signed over ownership of the house to a family member. The vignette varied age (70, 90) and type of relationship (child, grandchild, niece, nephew). After reading each vignette, participants (n=488) age 60 and over were asked to judge whether the hypothetical situation was financial abuse or not. Logistic regressions showed main effects for relationship in both vignettes, such that the financial maneuvers by a close family member were less likely to be considered financial abuse as compared to paid caregiver (vignette 1) or more distal family (vignette 2). Amount of money, age, health condition, and their interactions with relationship type were not statistically significant. Findings were consistent with existing literature suggesting that incidence and prevalence may be underreported because older adults usually do not recognize financial mistreatment by close family as financial abuse.

EXPLORING ELDER ABUSE USING THE ECOLOGICAL SYSTEMS MODEL
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Background: Elder abuse is a problem that our society must address. Using Bronfenbrenner’s ecological systems theory, the goal was to exam-
ine allegations of elder abuse made to Kentucky Adult Protective Services (APS) and the investigation that followed from these allegations to carefully explore how APS addressed the needs of abused elders. Methods: Allegations of abuse and neglect of older Kentuckians made to APS during the study week (October 1 – 7, 2007) were collected using three study tools. Allegations and resulting investigations were analyzed. Studies: During the study week, APS received 1,002 calls alleging the abuse and neglect of adults 60 years of age and older. The mean time for call intake was 5 minutes and reporters of abuse were mostly police or law enforcement officials. Of these total calls, 483 were categorized as reports needing protective services, from which 177 reports were screened in for investigation and 167 actually investigated. Types of elder abuse investigated included: caretaker neglect, self-neglect, abuse, and exploitation. Most victims were female, white, and the mean age was 76.3 years. Perpetrators were frequently adult children or staff member in a facility. Of the total number of cases investigated, 30% were substantiated and the recidivism rate was 20%. Conclusion: This study explored how APS conducted work, focusing on investigations of elder abuse allegations. APS casework was analyzed through the lens of nested systems (i.e., micro, meso, exo, and macro) frames. Such an examination has the potential to improve the quality of services provided to older adults.

**PERSONAL, SOCIAL, AND ENVIRONMENTAL FACTORS RELATED TO THE FINANCIAL EXPLOITATION OF OLDER ADULTS**

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Although violent crimes are decreasing across the nation, financial crimes against older adults are rising. Unfortunately, limited research exists evaluating the vulnerability of seniors and preventative strategies to reduce this criminal activity. Surveys were distributed in-person and on-line to independent living elders in Carroll County, Maryland to ascertain the frequency of solicitation and to evaluate the personal, social, and environmental factors that make subsets of the senior population vulnerable. Follow-up qualitative interviews were conducted with five older adults who were victims of financial exploitation by non-family members. Understanding factors related to financial crimes is an important first step that can be used in the development of intervention programs to reduce financial crimes against elders.

**SESSION 1705 (POSTER)**

**FAMILY CAREGIVING**

**OUTCOMES AND IMPACT: A COMMUNITY PARTNERSHIP EXTENDS AN EVIDENCE-BASED EARLY-STAGE ALZHEIMER’S GROUP**


The needs of people with early-stage Alzheimer’s disease are often overlooked, as are the needs of their care partners. Given more support early in the disease process, quality of life could possibly be maintained longer, and caregiver burden delayed. In response to this unmet need, a community partnership of four agencies implemented an Alzheimer’s Association education and support group for people with early-stage Alzheimer’s disease and their care partners at a centrally located accessible community center. The evidence-based model is a closed, three-hour, structured/topical, eight-week education and support group offered to between six and nine dyads by Master’s level social workers, supplemented with invited guest speakers. Care partners and individuals with dementia meet separately for one hour of each three-hour weekly meeting. Screening, implementation, reach, and challenges in offering this program were systematically documented for three separate groups attended by 46 persons with dementia and their care partners. Open-ended online evaluation surveys asked for the most and least helpful topics and formats, and sought perceived outcomes, to guide future group planning. Qualitative analysis indicated beneficial outcomes in several domains, including increased self-confidence, communication, and social engagement, and decreased stigma. Findings also suggested the importance of expanding services to meet the changing needs and preferences of those with early-stage dementia and addressing the needs of those excluded by a mild cognitive impairment diagnosis. We will present details of program implementation and outcomes, and next steps to help individuals transition to and from group participation, and to other community engagement options.

**GEORGIA FAMILY SUPPORT PROGRAM: EXPLORING THE DIFFERENCES BETWEEN AFRICAN AMERICAN AND WHITE DEMENTIA CAREGivers PARTICIPATING IN AN EVIDENCE BASED CAREGIVER SUPPORT PROGRAM**

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The Georgia Family Support Program is a translation of the New York University Caregiver Intervention delivered to caregivers in rural Georgia. An emphasis was placed on recruiting and serving African American families to test the intervention’s effectiveness with that population. The intervention was implemented through two Area Agencies on Aging in Georgia. This poster presentation will focus on challenges and lessons learned in serving rural African American families coping with Alzheimer’s Disease and related dementia. Further, we will compare and contrast preliminary findings regarding outcomes for Caucasian and African American participants. Findings indicate a pre-post difference in reduction of mean scores for burden and depression across all participants. Specifically, African American caregiver mean scores demonstrated greater decreases than their Caucasian counterparts.

**RISK FACTORS OF NURSING HOME ADMISSION FOR MARRIED OLDER ADULTS: DO SPOUSAL CAREGIVER CHARACTERISTICS MATTER?**

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In response to the desire of an overwhelming majority of older adults to remain in their own homes and the need to reduce long-term care costs, policies and programs place a great emphasis on reducing nursing home admissions. Assistance provided by informal caregivers is thought to delay or prevent nursing home admissions, but the majority of studies include few variables related to the caregiver. Among the limited studies that have focused on the influence of caregiver characteristics, indicators of caregiver stress and burden increase the risk of nursing home admission. However, these studies have rarely focused on married older couples. Using data from the 2000-2006 waves of the Health and Retirement Study, our sample included 1,177 observations from 805 married/partnered couples age 65 and older in which one spouse was providing care to the other in the community at baseline. We examined the risk factors for care receivers’ nursing home admission over two-year periods. Multilevel logistic regression models included potential risk factors from Pearlin’s stress process model, with a focus on the effects of spouse’s hours of ADL/IADL care and the physical and mental health of the caregiver. Contrary to our expectations, neither the number of caregiving hours nor caregiver’s health was associated with nursing home admission. However, caregiver age was significant. Other significant factors reflected the care receiver’s health. Findings suggest spouses continue home care regardless of their own health and well-being until the health of their spouse reaches a critical level requiring institutionalization.
FAMILY CAREGIVERS’ CULTURAL BELIEFS AND FAMILY HARMONY ON DEPRESSION IN MULTIETHNIC SINGAPORE

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Aranda and Knight’s sociocultural stress and coping model posits that cultural values influence caregiving experience and outcomes for family caregivers across various ethnic groups. In this study of a convenience sample of 490 family caregivers across three ethnic groups—Chinese, Malays, and Indians—in Singapore, we examine the influence of filial piety, familism, and family harmony on caregiver depressive symptoms, while controlling for caregiver demographics, various coping strategies and caregiving burden. At the bivariate level, we found that caregivers who held traditional views of filial piety reported significantly lower depressive symptoms and caregivers with greater disagreements about family harmony reported greater depressive symptoms. In a multivariate model, the relationship between filial piety and depressive symptoms disappeared, but the negative relationship between family harmony and depressive symptoms remained significant. Further, we found that family caregivers who reported greater difficulty in performing their caregiving tasks, poorer self-rated health, greater use of self-blame, denial, religious coping and venting negative emotions had significantly higher numbers of depressive symptoms. Interestingly, neither ethnicity in itself nor familism was predictive of depressive symptoms. Unlike previous studies, we did not find a significant link between cultural values pertaining to filial piety and familism and depressive symptoms among family caregivers of various ethnic groups in Singapore. In treating depression among caregivers, practitioners might consider interventions targeted at the caregivers’ family system. We discuss the implications of our findings for further understanding caregiving outcomes and policy development.

EXAMINING CULTURAL IMPACT ON CAREGIVERS’ HELP-SEEKING BEHAVIORS IN MULTI-ETHNIC SINGAPORE

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Purpose. This study examines the influence of cultural values on family caregivers’ help-seeking behaviors, namely through their utilization of social services and employment of foreign domestic worker (FDW) among various ethnic groups, Chinese, Malay, Indian, and others, in Singapore. Methods. We utilize Andersen’s (1995) service use model to guide our choice of factors related to caregivers’ use of services and employment of FDW. Using convenient sampling, we obtained a sample of 500 informal caregivers of older adults aged 60 and above. While controlling for predisposing, enabling, and needs factors, we test the impact of cultural values (i.e., filial piety and familism) on service use and the employment of FDWs. Using logistic regression, we constructed the service use variable based on information collected from caregivers regarding service use in any of twelve caregiver support service areas. The employment of FDW is measured by whether caregivers hired FDW due to elder care. Results. In our bivariate analysis, we found that those who use services and/or hire a FDW report lower levels of filial piety and familism. Multivariate tests confirm that only filial piety significantly and negatively influences service use and employment of FDW. Implication. This study concludes that caregivers’ help-seeking behaviors through social services utilization and employment of FDW are influenced by their cultural values and beliefs. A better understanding of cultural barriers can enable the development of caregiver support programs that are culturally acceptable and accessible to caregivers of various ethnic groups in a multi-cultural setting such as Singapore.

DRESSING DIFFICULTIES IN DEMENTIA CAREGIVING: THE PRESERVATION OF SELF MODEL

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Family caregivers (85%) provide assistance with activities of daily living (ADLs) for relatives with dementia. Dressing is the most reported (61%) pressing ADL concern in late early to mid-stage Alzheimer’s disease (AD); yet the most understudied. We conducted a qualitative study employing focus groups (3) with 25 family caregivers to explore their dressing issues. The sessions were recorded and analyzed using content analysis and member checking. Results indicated that dressing “battles” were frequent. Caregivers learned management through trial and error. They reported being exhausted by the physical and psychological dressing demands and frustrated by aides who lacked knowledge about dressing. Six themes emerged (Preserving dignity, Placating, Problem solving, Pitfalls, Progression, Precipice) resulting in a “Preservation of Self Model” that portrays the caregiving transition from protecting the care recipient’s self to that of the caregiver. The Model depicts the dressing stages to enable more proactive counseling and resource referrals by clinicians.

BLOCKING HEALTHY TRANSITIONS IN OLD AGE: THE FAILURE OF THE MEDICARE HOME HEALTH BENEFIT TO ADDRESS THE NEEDS OF PERSONS WITH ALZHEIMER’S DISEASE AND THEIR CAREGIVERS

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Aging is both a part of the life course and has its own life course (Morgan & Kunkel, 2011; Quadango, 2010). The trajectory of health within “old age” is increasingly important the world’s aging population increases in many countries (Fahs, Gallo, & Cabin, 2012). Public policy may provide protection or increase health risk in “old age”. The paper presents a study on Medicare home health policy in the United States as a health risk accelerator, specifically for persons with
Alzheimer’s disease and their caregivers. The study is based on interviews of 47 home care social workers and 51 home care nurses in the New York City metropolitan area between 2008-2011. Preliminary study results indicate Medicare home health policy results in significant unmet client needs by not covering evidence-based psychosocial interventions; de-emphasizing treatment of mental health conditions; limiting social work service coverage; not covering caregiver needs; requiring clients to be home-bound; and basing care on demonstrable short-term, acute physical health improvement instead of addressing documented client need. Nurse and social worker coping strategies and policy implications are discussed.

CAREGIVING FOR OLDER KOREAN AMERICANS WITH DEMENTIA SYMPTOMS: WHAT DO FAMILY CAREGIVERS AND PERSONAL CARE ASSISTANTS SAY ABOUT THEIR EXPERIENCE?

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OBJECTIVE: With a rapid increase of ethnic older population, the demand for dementia care for this population is growing. Yet, there is a dearth of information about dementia care among Asian Americans. This study explored the experience of and the issues concerning dementia care among older Korean Americans (KAs). METHOD: 23 family caregivers and 10 personal care assistants (PCAs) of older KAs with dementia participated in six focus group interviews. All interviews were conducted in Korean by a trained bilingual interviewer, and the audio-recorded interviews were transcribed and translated for analysis.

RESULTS: The interviews with family caregivers revealed eight themes: 1) Struggling and overwhelmed, 2) Keeping the cultural role and responsibility, 3) Doing it by themselves, 4) Family as a source of stress, 5) Diagnosed and misunderstanding medical care, and 8) Barriers to use services and a need for culturally sensitive services. The interviews with PCAs identified six themes: (1) learning as they go; (2) difficult and challenging; (3) caring for love and affection; (4) feeling for family struggle; (5) limited dementia medical care; (6) dementia programs tailored for KAs. CONCLUSION: Study findings reveal important implications for dementia care for KAs: need for educational programs, steps to eliminate disparities in dementia care, and consideration for linguistically and culturally appropriate design and delivery.

FROM HELPERS TO PRIMARY CAREGIVERS: THE IMPACT OF ROLE ON SERVICE USE FOR LATINO GRANDPARENTS RAISING GRANDCHILDREN

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According to the U.S. Census Bureau in 2011 there were 6.7 million grandparents raising grandchildren. Of these, approximately 17% were of Hispanic origin. Despite the growing numbers of Latino grandparenting, few researchers have attempted to understand the Latino culture and how it influences these grandparents’ experiences, needs, and service usage. Recognition of cultural differences is crucial when developing services, programs and policies related to grandparents raising grandchildren. Thus, the goal of this study was to understand Latino cultural influences on the experiences, needs, and service use Latino grandparents raising grandchildren. Using a grounded theory approach, Latino grandparents raising grandchildren living in Northern Colorado were interviewed in their homes via open-ended questions in the language of their choice. This study included fourteen participants: four self-identified Latino grandparents, 58 years of age and over, one White 63-year-old grandmother, who married a Latino; and 9 grandchildren. The interview-generated themes were developed into a substantive theory which suggests Latino grandparents raising grandchildren view their role as helpers, not as primary caregivers. This view can keep grandparents from seeking out and accessing services. These findings emphasize the need to understand the experiences of these grandparents and the importance of tailoring services, programs and policies to this subgroup. The use of this theory provides professionals with a new way of looking at services for Latino grandparents raising grandchildren and opens the door to a new set of implications for practice and policy.

EFFECTS OF ALZHEIMER CAREGIVING AND MULTIPLE CAREGIVING ROLES ON ALLOSTATIC LOAD

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Alzheimer’s family caregivers, typically women, will increase in numbers as Alzheimer’s prevalence increases; thus the cumulative toll of caregiving is also likely to increase. This study examined role strain differences between African American females who provide care for a family member with Alzheimer’s (Single Caregivers) and African American females additionally providing care to children, grandchildren, or other chronically ill individuals (Compound Caregivers). Using an acknowledged and underappreciated group, from a Social Cognitive Theory base, we hypothesized that Compound Caregivers would have higher levels of role strain (burden, depression, anxiety, and perceived stress) than Single Caregivers. We conducted a secondary analysis of baseline data from an NINR sponsored parent study, Caregiver Opportunities for Optimizing Lifestyles – Alzheimer’s Disease (COOL-AD). Descriptive statistics and t-tests were calculated from baseline data to describe the sample and compare measures between the two groups. Preliminary results for this ongoing study indicate that 38% (27) of 71 participating African American women function as Compound Caregivers; their average age is 57.5. The Compound Caregivers are slightly younger and self-report significantly greater distress, with higher scores on Zarit Role Stain (p = .037) and Pearlin Loss of Self (p = .018) measures. Results also trend toward significance for Zarit Personal Stain (p = 0.20) and PROMIS depression (p = 0.15). These preliminary findings may point to an unacknowledged and underappreciated cadre of caregivers (Compound Caregivers) who merit further study. The compounded caregiving condition may require specific and better-tailored interventions to address their unique needs and to reduce their emotional stress.

RESILIENCE AND ALZHEIMER’S CAREGIVER BURDEN: A JOURNEY TOWARD OPTIMAL LIVING

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Informal caregivers of individuals diagnosed with Alzheimer’s disease face many stressors that lead to caregiver burden. However, resilience has been shown to have a positive effect on caregiver burden. This study examined the moderating effect of resilience on the relationship between caregiver stressors and caregiver burden. Data were collected from 110 aging informal caregivers for a relative diagnosed with Alzheimer’s disease in a southern state. The Stress Process Model informed the development of this study. Independent variables were caregiver’s knowledge of Alzheimer’s disease, care recipient behaviors, caregiver’s perception of behaviors, and care recipient’s level of functioning. The moderator variable was resilience and the dependent variable was caregiver burden. The results indicated a statistically significant main effect for caregiver stressors indicating that at least one caregiver stressor has a linear relationship with caregiver burden [R2 = .270, F = 7.680, p = 0.000]. There was no statistically significant moderating effect of resilience on the relationship between caregiver stressors and caregiver burden [R2 = .417, F= 1.524, AR2 = .045, p = .189]. While resilience did not moderate the relationship between caregiver stressors and caregiver burden, the results indicated a main effect for resilience [AR2 = .102, F= 16.801, p = 0.000, accounting for approximately 10.2% of the variance in caregiver burden scores. Specifically, as resilience...
increased, caregiver burden decreased, [b= -.299, t = -4.099, p < .001]. These findings suggest a need for additional resilience research with Alzheimer’s caregivers and the development of resilience-building interventions for Alzheimer’s disease caregivers.

OLD AGE SUPPORT TO PARENTS-IN-LAW IN CONTEMPORARY CHINA
X. Li, J. Hallman, the University of Alabama, Tuscaloosa, Alabama

Despite abundant research concerning the provision of support to parents in both China and other countries, the difference between parents of adult children and parents-in-law of adult children has not been given sufficient attention. These two types of kinships, parents versus parents-in-law, are likely to be substantially different since one is formed by blood and another is by marriage. This study used Chin general social work, 2006 panel to examine the prevalence, factors and gender patterns of support provision to parents-in-law. The result of multinomial logistic regression shows that providing support to parents-in-law is commonplace in China. Moreover, a majority both financial and instrumental support and only a minority focus on only one type of support. Reciprocity, adult children’s resources and parents-in-law’ needs are relevant factors. No gender difference was observed in terms of patterns of support, but the mechanisms of providing support differ by gender. The patterns and factors also differ by kinship. This study is the first one systematically examines support provision to parents-in-law in Chinese culture. Disappearing gender and kinship boundaries is strength of Chinese family. Men and women work collaboratively to provide support to both sets of parents. Family-based old age support is feasible and sustainable, complying with the old age support policy in China. However, the findings also suggested some potential situations that may cause disputes between men and women. Family social worker can use this information to understand and resolve family conflict related to old age support.

SESSION 1710 (POSTER)

LONG TERM CARE II

TALKING AND DOING NOTHING? HOW RESIDENTS CREATE RESPITE SPACES IN DEMENTIA CARE SETTINGS
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Ethnographic data was collected over 5 months in a dementia care setting in Sweden. With an analytic focus on interactions taking place between task-oriented routines, the aim was to analyze how residents actively carve out spaces that provide temporary “respite” from institutional life. Specific attention was paid to residents’ interactions with each other and their shared understanding of these interactions. Although people who live in dementia care settings spend much time engaging in very mundane activities - such as chit-chatting with each other, watching TV together, looking out the window or waiting for meals - researchers rarely pay any analytical attention to these aspects and they remain under-theorized. The results showed that individuals with dementia not passively adjusted to institutional order; they also actively carved out temporary “respite spaces” through conversation. Interestingly, individuals with dementia interpreted conversational cues and often acted logically according to a shared definition of the specific situation. Sometimes researchers describe how a person with dementia is in his or her own little world, but the findings from this study show that people with dementia may not only be in their own individual worlds, but they may indeed share experiences with each other and have shared understandings of how a situation should be framed. These findings also show that by looking beyond task-oriented routines between staff and residents, we can gain a more nuanced picture of everyday life in dementia care settings.

THE IMPACT OF 1915(C) MEDICAID WAIVER INVESTMENT ON STATE INSTITUTIONAL LONG-TERM CARE EXPENDITURES, 1996-2008
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As demand for long-term care increases, states will continue to grapple with how to provide care to more people through their Medicaid programs. This study seeks to understand the effect of 1915(c) waivers, on institutional spending hypothesizing that increased waiver spending will reduce institutional spending. With a thirteen-year panel of state Medicaid expenditures, I employed four types of statistical models, pooled Ordinary Least Squares, Fixed Effects, Two-Stage Least Squares, and Two-Stage Least Squares with Fixed Effects to regress institutional expenditures on 1915(c) waiver expenditures. I used both a contemporaneous and lagged key independent variable resulting in eight total regressions. Control variables included economic, socio-demographic, supply and policy factors. I used state ideology for the instrumental variable. The results indicate a weak, positive relationship: a 0.05-0.08 percentage point increase in institutional spending for every one percentage point increase in waiver spending. Other effects include a positive association between per capita income and institutional spending. Conversely, the results present a robust negative relationship with larger state Hispanic populations and these expenditures. Nursing home supply and Medicaid reimbursement rates have the predicted, positive relationship to institutional spending. Waiver services are meant to be cost-neutral alternatives to institutionalization, and many policymakers anticipate substantial savings from HCBS investment. However, state institutional spending does not appear to decrease with waiver spending. These findings provide new insight into the impact of waiver spending on institutional services, a critical issue given the incentives in the Patient Protection and Affordable Care Act to promote waiver programs.

CONTRADICTIONS AND AMBIGUITIES BETWEEN DISCOURSE, POLICY AND LIVED EXPERIENCE IN LONG-TERM CARE
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As part of a larger study examining notions of community and belonging in a long-term care (LTC) home, this paper describes contradictions and ambiguities between discourse, policy and lived experiences and the potential implications of these tensions on personal experiences of LTC living. Conducted in a large for-profit LTC home in Ontario, Canada, this study analyzed messaging in marketing materials supplied to potential residents and their families in anticipation of a move to a LTC home and in the staff policies and procedures manuals using document and narrative analysis. Themes emerging from this phase were then compared with the first-hand experiences of living and working in a LTC home as told by residents and staff. After completing the research and analysis of the four sets of data, a broader level analysis revealed five tensions of: constructing home from the outside; person-centered care within a biomedical, business model; promoting individuality in a communal structure; synthetic connections at the expense of long-standing relationships; and fostering living in a death-indifferent culture. In examining life in long-term care homes from multiple layers, the findings of this study bring to light the contextualized lived experiences of individuals living in a LTC home. This research highlights the structural and social barriers that shape those experiences and continue to produce discrimination by “problematizing” aging and supporting dividing practices (Foucault, 1982) within society.

EVALUATING THE IMPLEMENTATION OF A CARE DELIVERY MODEL IN BRITISH COLUMBIA, CANADA: DILEMMAS AND DISJUNCTURES
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As the population ages, there is a growing need for efficient and effective residential care services. At the same time, health authorities...
in provinces are faced with shrinking budgets and increasing pressure to standardize care delivery within facilities. While care delivery innovations are continually being developed and implemented, very few have ever been systematically evaluated. The current study addresses the paucity of evaluation/assessment evidence in this area. In this mixed-method study, university researchers partnered with the largest health authority in British Columbia, Canada, to evaluate how the Residential Program Care Delivery Model (CDM) has impacted quality of care within residential care facilities operated by the health authority. In this presentation, we highlight the qualitative findings from the study. Based on interviews and focus groups with staff, residents, and family members, we found notable variations in the evaluation of the CDM across groups. While the standardized CDM aimed to create consistency in care, its implementation underscored a number of inconsistencies. We identified several major disjunctures which underlay barriers to the success of the implementation of the CDM; in particular, gaps between the model and reality, staff education and workplace knowledge, decision-makers and staff, demands and resources, research and practice, teamwork and role division; and values and action. Grounded in participants’ experience, we discuss these disjunctures and relate them to broader issues in health human resource management.

LINKING AFFORDABLE SENIOR HOUSING AND COMPREHENSIVE CARE SERVICES
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This study investigates the first cohorts of residents in a newly opened Affordable Housing Plus Services (AHPS) model. AHPS links older residents in subsidized multi-unit housing to health and supportive services to promote aging in place. The housing complex consists of 150 apartments and two groups of residents, seniors from diverse 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. The other group consists of seniors meeting age and income qualifications for housing who may or may not be utilizing long-term services and supports such as Case Management, Adult Day Services, or In-Home Supportive Services. The study groups also include comparison groups of eligible seniors not chosen for residency. Data concerning demographics, health status, service utilization, and quality of life were collected from interviews and chart review upon move-in and 6 months later. We compared types and frequencies of services before and after relocation using repeated measures least square regression for service use units and expenditures, and/or logistic regression for use/non-use comparisons of health status, service use and quality of life measured at admission, 6 months after relocation and 12 months after relocation. The goal of this project is to advance the knowledge base about the influence of an Affordable Housing Plus Services (AHPS) model on residents’ health status, service utilization and quality of life. This study was funded by the SCAN Foundation (grant #11-007).

A NEW BEGINNING, OR THE BEGINNING OF THE END?
INTEGRATED LONG TERM CARE
C. Koch, R. Applebaum, Miami University, Oxford, Ohio

The integration of care for people who are eligible for both Medicare and Medicaid is a critical issue in public policy. The current fragmented system is believed by many to result in poor quality of care and high expenditures. Medicare and Medicaid operate as entirely different entities, often resulting in poor communication between providers and negative incentives to provide quality. In addition, while only 15 percent of Medicaid beneficiaries are dually eligible for Medicare, this population accounts for 40 percent of Medicaid spending. In order to better coordinate care and cut costs, 26 states have, or are planning, initiatives to integrate care. These efforts are popular because they are seen as a way for states to achieve predictability in Medicaid expenditures.

Although the rationale to improve care integration is clear, there is limited evidence that it will impact cost or quality over the long run. This paper will use previous literature to review the evidence on the success of previous integrated care demonstrations and programs. We also review longitudinal expenditure data from Ohio’s Medicaid program to assess whether integrated care could actually save Medicaid dollars for the state. The paper will also discuss the challenges in evaluating integrated care demonstrations, and the difficulties in generating high quality data in this arena.

INVOLVEMENT AT THE END OF LIFE IN LONG-TERM CARE: COMPARISON BETWEEN RESIDENTS AND THEIR FAMILIES
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Although one fourth of the deaths of U.S. older adults occur in long-term care (LTC) settings, research regarding end of life in LTC is rare. In particular, examining the experiences of social workers, who are generally tasked with dealing with end of life issues, is needed. Using a comprehensive survey, we examined the involvement of social workers and administrators with residents and their families at the end of life in LTC. We mailed the survey package (study information, survey instrument, and consent form) to 139 potential LTC participants (59 social workers and 80 administrators) in four U.S. states. The survey instrument addressed several areas of involvement (e.g., situations, initiation, barriers, training) and demographic information. Respondents (n = 24[16 social workers; 8 administrators]) were largely white (88%) and female (88%). Most of the respondents reported they were involved with both residents (88%) and their families (96%) in discussing advance directives (e.g., DNRs) and options for medical treatments. However, regarding emotional support services, the respondents were more involved with residents (54%) than their families (26%). On the other hand, more than half of respondents were never involved with residents in discussing what to expect at the end of life while most of the respondents (79%) discussed it with families of residents. While limited by a small sample size, this study contributes to knowledge regarding current social work roles in end-of-life care in LTC communities to guide future research, especially differences in social work involvement between residents and their families.

MODEL TO INTEGRATE EVERYDAY COMPETENCE IN PLANNING TRANSITIONS FROM NURSING HOMES TO THE COMMUNITY
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Living independently in the community is a primary goal for older adults striving for optimal aging, particularly for the estimated 10-20% of long-stay nursing home residents with low care requirements. According to the model of person-environment fit, if the demands of the environment are not balanced with everyday competence (ability to problem-solve), individuals are at risk for poor outcomes. Older adults with high levels of everyday competence and low care needs have poor person-environment fit in nursing homes, placing them at risk for declines in function, distress behaviors, and affective disorders. Our aim is to present a model for the integration of everyday competence with standardized goal-setting and care planning processes to enable the transition of appropriate nursing home residents back to the community. Review of the literature reveals that barriers to community transitions exist across several key domains: rehabilitation, personal assistance and services, caregiver support, finances, housing, and transportation. To
overcome barriers to transition, we propose a model and toolkit for use by nursing home staff in care planning to 1) assess residents’ everyday competence for safe and independent living, 2) develop personally meaningful goals that facilitate transition, and 3) conduct structured care planning to support resident goals around returning to the community. If successful, such a toolkit would have the potential to reduce costs associated with nursing home care and to improve functional health, psychological well-being, and quality of life. The proposed model and toolkit complement national priorities to support transitioning nursing home residents back into the community.

REFINEMENT OF THE OHIO DEPARTMENT OF AGING - RESIDENT SATISFACTION SURVEY FOR USE IN ASSISTED-LIVING SITES IN BRITISH COLUMBIA, CANADA

In the absence of a comprehensive, empirically-sound Canadian instrument for assessing resident satisfaction within assisted living (AL), the largest health authority in British Columbia (B.C.) has utilized the Ohio Department of Aging - Resident Satisfaction Survey (ODA-RSS) to assess the satisfaction of all publicly-funded AL tenants. However, a recent study examining the applicability of the ODA-RSS for use in AL settings outside of the U.S., revealed poor validity and reliability for four of the eight measurable domains (Choice, Meals and Dining, Building Environment, and Tenant Environment) in the health authority sample. Focus groups were subsequently conducted with 38 residents at three B.C. AL sites to identify aspects of these domains considered most relevant to residents’ AL experience. Although several identified aspects were reflected in existing items (e.g., privacy, maintenance of building and grounds, cleanliness), the majority were not. Domain items were refined, and cognitive interviews conducted with 12 residents to explore their comprehension of, and response to, the revised items. In August 2012, the revised survey was distributed to all 1,351 publicly-funded tenants within the health authority. Confirmatory factor analyses conducted on data from the 903 completed surveys revealed improved (i.e., good) overall model fit, and improved (i.e., good) fit for the modified domains. The scale reliability for every domain was appropriate (.626 to .875). As such, the revised ODA-RSS is a psychometrically-sound and culturally-appropriate measure of AL resident satisfaction for B.C.

END-OF-LIFE CARE PLANNING: DO RACIAL/ETHNIC DIFFERENCES PERSIST FOLLOWING HOSPICE ENROLLMENT?
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Racial/ethnic variation in advance care planning decisions at end-of-life (EOL) is well-documented. Studies have reported stronger preferences for aggressive care among Blacks, and lower rates of health-care proxy designation among Blacks and Hispanics; however, little is known if these differences persist following hospice enrollment. Further clarification is critical to understanding hospice care quality for racial/ethnic minorities. Using the 2007 wave of the National Home Health and Hospice Care Survey (NHHCS), this study examines racial/ethnic differences in advance care planning decisions following hospice enrollment. Differences in care preferences and healthcare proxy designation were analyzed among 3,661 White, Black, and Hispanic Medicare-enrolled hospice patients ages 65 and older. Results indicate that being Black (RR=0.518; p<.001), younger (RR=1.006; p=.003), married (RR=0.864; p=.008), and had fewer comorbidities (RR=1.010; p=.006) were less likely to designate a healthcare proxy. Despite electing to forgo curative measures and enroll in hospice, racial/ethnic differences in EOL care planning choices persisted following hospice enrollment. Further investigation into additional factors associated with reported differences and the impact of such differences on care utilization is needed to better understand and improve the quality of hospice care for racial/ethnic minorities.

PHYSICIANS’ OPINIONS ABOUT WITHDRAWING VS. WITHHOLDING LIFE-SUSTAINING TREATMENT AT THE END OF LIFE: FINDINGS FROM A NATIONAL PHYSICIAN SURVEY
G.S. Chung, K.A. Rasinski, F.A. Curlin, University of Chicago, Chicago, Illinois

Context. Decisions to withhold or withdraw life-sustaining treatment precede the majority of ICU deaths. Although it is recognized that withdrawing is a more psychologically complex decision, the view that withholding and withdrawing treatment are ethically and legally equivalent is prevalent in medical ethics and professional guidelines. Objectives. To investigate the effects of physicians’ demographic, practice, and religious characteristics on their opinions about withdrawing versus withholding treatment. Methods. In 2010, a survey was mailed to 2016 practicing U.S. physicians. Criterion measures included whether physicians should always comply with a competent patient’s request to withdraw treatment, whether withdrawing is more psychologically difficult than withholding, and whether withdrawing is typically more ethically problematic than withholding. Results. Of the 1880 eligible physicians, 1156 responded to the survey (62%). 92% agreed that physicians should always comply with a competent patient’s request to withdraw treatment. Nearly two-thirds (65%) agreed that they find withdrawing more psychologically difficult than withholding, and nearly two-thirds (64%) agreed that withdrawing is typically more ethically problematic than withholding. Physicians who were immigrants, cared for fewer patients, and had an end-of-life specialty were more likely to find withdrawing both more psychologically and ethically difficult than withholding. Though religious physicians were more likely to find withdrawing more psychologically difficult, none of the religious measures were significantly associated with finding withdrawal more ethically problematic. Conclusion. Despite the shift towards patient autonomy in Western medicine, conflicting viewpoints regarding the presence of an ethically relevant distinction between withdrawing and withholding life-sustaining treatment are far from a consensus.

SESSION 1715 (POSTER)

PSYCHOLOGICAL AND PHYSICAL HEALTH

SPIRITUAL CONNECTEDNESS AND PSYCHOLOGICAL WELL-BEING AMONG OLDER CHRISTIANS
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The purpose of this study is to explore the significance of spiritual connectedness as a facet of religion, on psychological well-being in old age. The secondary data for this research is from the national longitudinal study known as the Religion, Aging and Health Survey. Two waves of interviews were conducted separately in 2001 and 2004, and it is the data collected in 2004 (WAVE II) that is used in this study. The sample (n = 1024) included all Black or White household residents who were English-speaking, non-institutionalized, and aged 66 years or older. The study examines the association between spiritual connectedness (defined as connectedness with God and fellow believers), religious practices and three facets of psychological well-being (life satisfaction, sense of hope, and self-esteem). Demographic data show that 37% were males and 63% were females. The average age of respondents was 502 The Gerontological Society of America
WHAT HAPPENS AFTER A STRESSFUL LIFE EVENT? THE BUFFERING ROLE OF PERSONAL RESOURCES ON QUALITY OF LIFE

C.L. Barragan, Wayne State University, Detroit, Michigan

Introduction: Elders are susceptible to a decline in their quality of life (QOL) following a stressful life event (LE), which can lead to negative impacts in other areas of their lives. Because not everyone copes with or is affected by a stressful LE in the same way, different reactions can be due to resources in the community, personal coping strategies, social support (Pearlin & Skaff, 1996) or a combination of factors (Edsel & Lin, 2000). Depending on the impact of the event, it can have long-lasting effects on well-being (Pearlin & Skaff, 1996) and with strong personal resources, even the most stressful events can be buffered. This buffering effect can be realized by the manner in which elders adjust, or do not adjust, to a LE and their subsequent perception of QOL.

Methods: The 2004 Health and Retirement Study (HRS) was utilized to perform a two-way MANCOVA was conducted to determine the effect of autonomy and social support on QOL. Findings: Interaction is significant between LE and autonomy (F(4, 7336) = 2.41, p < .05, partial n² = .001) and LE and social support (F(4, 7336) = 2.58, p < .05, partial n² = .001). Conclusion: The impact of a LE on QOL is buffered by a sense of autonomy and social support. Understanding the experience of elders and the importance of resources on successful aging is key to implementing appropriate and relevant policy.

QUALITATIVE FEEDBACK FROM OLDER-ADULT PARTICIPANTS IN “BETTER CHOICES, BETTER HEALTH” S. An, N.G. Choi, School of Social Work, University of Texas at Austin, Austin, Texas

We conducted a pilot study to explore computer training need for and acceptability of an online chronic disease self-management program, “Better Choices, Better Health,” among the recipients of home-delivered meals (HDM) in a large city in central Texas. The National Council on Aging offers the program nationally. A total 20 HDM recipients aged 60 years and older were purposively recruited to include 10 older adults with no or limited computer/Internet navigation skills (low-skilled group) and 10 older adults with computer/Internet skills that were deemed sufficient for online navigation and search (high-skilled group). There was no significant difference between two groups in baseline demographic and clinical characteristics. This study reports the findings from the qualitative data collected through detailed field notes about the computer training sessions for the low-skilled group members and in-depth individual follow up interviews and the focus group meetings of all participants. Before and during their workshop participation, the low-skilled group needed training in the following computer/Internet operating skills: turning on and off the computer; using function keys; mousing skills; using web browser functions; and reading and posting comments in the bulletin board of the workshop. Regardless of their initial level of computer skills, all participants were extremely positive in their experience. Three overarching themes that emerged from their experience were: (1) improved knowledge of disease and healthy behaviors (2) positive attitude toward and increased confidence about self-management of their chronic conditions; and (3) benefits of the exchange of support and interaction with other participants.

TRAJECTORIES OF FUNCTIONAL LIMITATIONS AMONG ACTIVE MIDDLE-AGED PERSONS WITH ARTHRITIS K.J. Johnson, N. Kwan, Gerontology, Univ Mass Boston, Boston, Massachusetts

Recent studies suggest physical activity is important in reducing the risk of functional limitations among older adults with arthritis. However, socioeconomic status (SES) plays an important role in the functional health outcomes of aging people. The purpose of this study is to investigate the contribution of physical activity and SES at midlife on functional limitations of aging persons with arthritis. Using six waves (1998–2008) of data from the Health and Retirement Study, we compare the trajectories of functional limitations among 4,398 individuals with arthritis age 50–64 at baseline who engage in regular physical exercise or are sedentary. We assess the degree to which SES and physical activity among persons with arthritis contributes to changes in functional limitations over a 10-year period. Results from a Multivariate linear growth model indicate functional limitations increase over time regardless of the level of physical activity among those with arthritis. Compared with individuals who engage in regular physical activity, sedentary individuals have significantly more functional limitations. However, the rate of functional deterioration for individuals with lower levels of SES is faster even when level of physical activity, additional chronic conditions, depression, health behaviors, and other demographic factors are adjusted. These findings suggest that SES is a significant component of the development of functional limitations from midlife into older adulthood, even when individuals with arthritis engage in physical activity. Further research is needed to determine whether there are specific activities that could minimize the disparities in functional health for those aging with lower SES and arthritis.

PROTECTING OLDER ADULTS FROM Adverse Health Outcomes ASSOCIATED WITH AIR POLLUTION N. Woodward, University of Southern California, Los Angeles, California

Air pollution has been a ubiquitous environmental toxin since the industrial revolution, causing an estimated 500,000 deaths per year in the United States alone. The large scale morbidity and mortality caused by air pollution is not shared equally across the population; children and older adults carry a disproportionate amount of the burden. A 10ug/m³ increase in particulate matter causes a 0.7% increase in all age mortality, and 0.8% increase in older adult mortality. Because within city variance in pollution levels is extremely high, often varying by as much as between cities, most areas include relative safe zones, as well as high concentration areas. Ultrafine particulate matter, considered by many to be the most harmful component of air pollution, is diminished by 80% at a distance of 500 feet from a major roadway. Ultrafine particulate exposure exhibits a monotonic function for adverse physiological outcomes, and a distance of 500 feet from the source of the pollution has been shown to significantly reduce morbidity associated with pollution inhalation. Due to the increased risk from pollution exposure to children, legislation in California has been enacted requiring a minimum distance from major roadways (California Senate Bill 352, major roadways defined as 50,000 cars/day in rural areas, and 100,000 cars/day in urban environments). Legislation extending these protective measures to older adult community and care centers could significantly reduce morbidity and mortality caused by air pollution exposure.
EARLY WORK LOSS IN OLDER WORKERS CONSULTING PRIMARY CARE PHYSICIANS FOR OSTEOARTHRITIS: A PROSPECTIVE COHORT STUDY

R. Wilkie1, G. Fransky2, C. Phillipson1, E. Hay1, 1. Center for Disability Research, Liberty Mutual Research Institute for Safety, Hopkinton, Massachusetts, 2. University of Massachusetts Medical School, Worcester, Massachusetts, 3. Keele University, Keele, Staffordshire, United Kingdom

Objective: To describe the extent and evaluate the factors associated with early work loss in older workers who consulted a primary care physician for osteoarthritis. Design: Population-based prospective cohort study. Setting: General practices in Staffordshire, England. Participants: 4029 adults aged 50 years and over who had completed questionnaires at baseline, 3 and 6-year follow-ups and were of working age at baseline. Main Outcome Measure: Early work loss defined as transition to retirement prior to state retirement age (65 for men, 60 for women), or off work due to health or prolonged unemployment. Results: At baseline, prevalence of early work loss in primary care consultants for osteoarthritis was 35.4%. Over the six year study period, one in four consultants for osteoarthritis left the work place early. This was associated with increasing age, being male, pain interference and lower co-worker support. Conclusions: Early work loss in persons consulting with osteoarthritis is common. The frequency of osteoarthritis in working age persons and the rate of work loss means this is a frequent issue for general practitioners. Early identification, improved treatment and prevention of pain are strategies that may prevent early work loss. Good communication with employers may help to improve support for workers with osteoarthritis.

ALZHEIMER'S: MASTER NARRATIVES AND PERSONAL TROUBLES IN MARY GORDON'S MRS. CASSIDY'S LAST YEAR

S. England, Silver School of Social Work, New York University, New York, New York

This paper is one of a series on dementia care in literature, drama, and autobiography exploring concepts of moral reasoning and cultural meta-narratives to the development of alternatives to current long term care schemes and practices. The stories we study deal with such ordinary questions as: “Did she mean to do that?” “Is he who he was?” Underlying these questions are ethical and moral concerns about selfhood, intention, and obligation. My reading of the short story by Mary Gordon, Mrs. Cassidy’s Last Year, draws upon Ricoeur’s concepts of narrative identity and moral norms (Oneself as Another, 1992), and Bruner’s insight about how “culturally shaped cognitive and linguistic processes that guide the self-telling of life narratives structure the very events of life.” (1987/2004: 694). Gordon’s Mrs. Cassidy has Alzheimer’s and is angry and abusive to her husband, who long ago made a promise to allow her to die in her own bed. The narrator, Mr. Cassidy, is anguish by his thoughts of wanting her dead yet cannot break his promise. The story helps to illuminate questions of authoring/re-authoring selfhood when one’s deepest sense of relationships and moral identity is severely challenged, and, by its verisimilitude, challenges long term care models based on cultural assumptions of the altruism of caregivers and ideologies of austerity and family self-sufficiency. After this presentation participants will be able to reflect on the role of moral reasoning in caregiver decisions, and articulate a framework for identifying aspects of the social construction of opportunity and choice in caregiving.

PATHWAYS TO POSTTRAUMATIC GROWTH AMONG MEN WITH HISTORIES OF SEXUAL ABUSE


Background and purpose: Sexual abuse in childhood increases the risk of a wide range of biopsychosocial problems for adult survivors that extend across the lifespan into old age. Through their struggles, however, some survivors experience positive changes in areas such as appreciation for life, personal strength, and interpersonal relationships. Based on theory and previous empirical work, this study examined factors that influence posttraumatic growth among men with histories of sexual abuse. Methods: The sample included 487 men with a mean age of 50.4 years (range=18-84) who completed an anonymous, online survey. To assess the direct and indirect paths to growth through five variables in our model (cognitive processing, social support, masculine norms, turning points, and time since the abuse), data were analyzed using path analysis and bootstrapping procedures Results: The final model had excellent fit: χ2 (3, N = 472) = 2.97, p = 0.397, CFI = 1.00, NFI = .99, RMSEA = 0.00. Four of the five hypothesized direct paths to growth were supported: cognitive processing (.25), turning point (.25), masculine norms (-.1), and social support (.09). Most of the hypothesized indirect paths (through cognitive processing and social support) were also supported. Conclusion and Implications: To promote posttraumatic growth, clinicians should help survivors process the meaning and impact of the sexual abuse on their lives and deconstruct rigid gender norms that may interfere with these processes. More research is needed with this stigmatized population, especially on mechanisms to accelerate turning points in the recovery process.

EARLY INTERVENTION FALLS PREVENTION PROGRAM FOR COMMUNITY-DWELLING ELDERLY WITH DEMENTIA


BACKGROUND. Limited health services research and evidence-based programming has been focused on elderly fall prevention, despite high fall-related morbidity and mortality. PURPOSE. Although persons with dementia, living in the community, have an increased fall risk, assessment and management of fall risk is not routinely part of standard clinical care. RESULTS. A multi-disciplinary collaborative representing Public Health, Sociology, Occupational Therapy, Neurology and Rehabilitative Medicine, has adapted an evidence-based fall prevention program (PROFET) for delivery to community-dwelling elderly diagnosed with mild to moderate dementia who have not experienced a fall-related injury. Program participants are enrolled through an outpatient neurology clinic. Intrinsic risk factors indicative of poor functionality (cognition, gait, balance, grip strength, polypharmacy) — elders diagnosed with mild to moderate dementia, and extrinsic risk factors (hazards in home environment) are identified through a comprehensive clinical assessment and home visit and an individualized fall risk reduction protocol developed for each participant (N=20). Data is collected on the short term (6 month) impact of the program on reduction in fall risk factors, fear of falling and falls experienced. The RE-AIM framework is guiding the analysis of essential program elements for sustainable adoption and implementation. CONCLUSIONS. Implementing fall prevention programs prior to an injury-sustaining event can delay or prevent unintentional injuries among community-dwelling older adults. Expanding the reach of fall prevention efforts to include at-risk clinical populations, such as community residents with mild to moderate dementia, could substantially reduce healthcare costs and sustain the health and functioning.

THE CHALLENGES AND SUCCESSES OF RESpite ACROSS THE LIFESPAN: WHAT THE STATE OF OHIO NEEDS TO KNOW

A.J. Plant, D.J. Van Dussen, Youngstown State University, Youngstown, Ohio

With escalating numbers of informal caregivers across the lifespan, it has become increasingly important to identify the needs of family...
Session 1720 (Symposium)

IGF-1 and Aging

Chair: W. Sonntag, Health Sciences Center, Oklahoma State University, Oklahoma City, Oklahoma

The relationships between growth hormone (GH), function, healthspan, and longevity are controversial. Paradoxically, benefits have been reported of short-term GH administration at critical phases during development or in adulthood. Conversely, lifelong decreased somatotropic signalling during critical developmental phases can be beneficial. This apparent paradox will be discussed, as will the roles of particular tissues that are targets of somatotropin signalling, including brain, fat, liver, and muscle as well as the roles of mediators associated with GH action, including IGF-1 and insulin.

Different Actions of GH vs. IGF-1

J.J. Kopchick, Edison Biotechnology Institute, Ohio University, Athens, Ohio

A constant challenge in the GH field is differentiating the biological effects of GH versus those of IGF-1. This is particularly important since recombinant human GH and IGF-1 are now approved and currently in use. In this talk, I will present data that attempts to ‘disentangle’ the actions of GH versus IGF-1. Attempts to separate the actions of the two molecules have used both in vitro and in vivo systems. For example, mouse lines have been generated in which the GH, the GH receptor (R), and/or the IGF-1 gene have been manipulated. Results from several of these mouse lines will be discussed. Also, it is well recognized that some patients receiving GH treatment do not show an increase in IGF-1. Similar results have been reported in mice. Data describing this ‘disconnect’ between the levels of GH and IGF-1 as well as new biomarkers of the respective molecules will be presented.

Thermoneutral Environment Alters Metabolic Characteristics of GH Receptor Knock-Out (GHRKO) Mice

A. Bartke1, R. Westbrook1, J.J. Kopchick2, M. Masternak3. 1, Geriatric Research, Southern Illinois University School of Medicine, Springfield, Illinois, 2. Ohio University, Athens, Ohio, 3. University of Central Florida, Orlando, Florida

Phenotypic characteristics of GHRKO mice include reduced body size, increased oxygen consumption (VO2), reduced respiratory quotient (RQ), increased adiposity, enhanced expression of genes related to fat metabolism and increased longevity. To determine whether these metabolic characteristics are related to increased energy demand for thermogenesis, we measured VO2 and RQ at thermoneutral (30°C) and “standard” (23°C) ambient temperature. Compared to normal (N) controls, exposure of GHRKO to 30°C produced a much greater reduction in food consumption and VO2. Importantly, the differences between GHRKO and N mice in terms of VO2 and RQ were abrogated at 30°C. We conclude that at 23°C the diminutive GHRKO mice experience cold stress and have increased energy demands for thermogenesis that are met by increasing the metabolic rate and shifting mitochondrial metabolism to greater utilization of fatty acids versus glucose. These metabolic adaptations may contribute to increased longevity of GHRKO mice. (Supported by NIA.)

Agings, Atherosclerosis, and IGF-1

P. Delafontaine, Tulane University, New Orleans, Louisiana

Insulin-like growth factor-1 (IGF-1) is an endocrine and autocrine/paracrine growth factor that circulates at high levels in the plasma and is expressed in most cell types. IGF-1 has major effects on development, cell growth and differentiation, and tissue repair. There is evidence that disruption of insulin or IGF-1 signaling increases longevity in invertebrates and in mammals. However, increasing age is accompanied by a reduction in IGF-1 levels and a major increase in the prevalence of cardiovascular disease. Recent evidence indicates that...
IGF-1 reduces atherosclerosis burden and improves features of atherosclerotic plaque stability in animal models. Potential mechanisms for this atheroprotective effect include IGF-1 induced reduction in oxidative stress, cell apoptosis, pro-inflammatory signaling and endothelial dysfunction. Aging is associated with increased vascular oxidative stress and vascular disease, suggesting that IGF-1 may exert salutary effects on vascular aging processes. We present data using gain-of-function and loss-of-function transgenic models to explore mechanisms whereby IGF-1 modulates vascular oxidative stress and limits atherogenesis and the vascular complications of aging.

**SESSION 1725 (SYMPOSIUM)**

**THE LONG LIFE FAMILY STUDY AND THE GENETIC AND PHENOTYPIC STUDY OF EXCEPTIONAL AGING**

Chair: T.T. Perls, Medicine & Geriatrics, Boston University School of Medicine, Boston, Massachusetts

Discussant: M.A. Province, Washington University St Louis, St. Louis, Missouri

The Long Life Family Study (LLFS) is longitudinally following 551 families (4,875 subjects) with family members demonstrating clustering for longevity. We present five studies of this cohort: (1) Sociodemographic, physical and functional measures were used in the Cardiovascular Health Study to construct a predictive model of exceptional survival. When tested in the LLFS, a greater than expected proportion of the offspring generation were predicted to survive into their 90s. (2) The sociodemographic and health data registries in Denmark were used to assess health spans in multiple generations of families (including LLFS families) containing at least two siblings surviving 88+ years. We found for example a 25% reduced cancer rate in the offspring (n=5,420), lower first year of life mortality rate and lower hospitalization rates for ages 0-18 years in the 10,441 grandchildren. (3) HBA1C is a marker of risk for premature mortality. Genome wide association and linkage studies were performed in 4,088 non-diabetic LLFS subjects and two other studies of HbA1C were available for replication. Two loci already associated with Hba1C were found by GWAS. Two loci already associated with Hba1C were found by GWAS. Two significant and novel linkage regions on chromosome 2 were also identified that harbor seven prioritized candidate genes/variants. (4) A non-parametric linkage analysis for extreme longevity was performed with LLFS sibships and suggestive LOD scores were noted for regions on chromosomes 3, 4, 7, 8 and 19. (5) Genome wide association and linkage studies were performed for telomere length. The GWAS identified 1 SNP that was genome wide significant and the linkage study identified 4 loci with significant HLOD scores.

**GENOME SEARCH FOR GENETIC VARIANTS/LOCI ASSOCIATED WITH TELOMERE LENGTH IN FAMILIAL HEALTHY AGING**

J.H. Lee1, L.S. Honig1, R. Cheng1, R. Mayeux1, M.A. Province2, C.M. Kammerer1, T.T. Perls2, K. Christensen3, J. Sergievsky Center, Columbia University, New York, New York, 2. Washington University, St. Louis, Missouri, 3. University of Pittsburgh, Pittsburgh, Pennsylvania, 4. Boston University Medical Center, Boston, Massachusetts, 5. University of Southern Denmark, Odense, Denmark

Telomere length (TL) may be a measure of biological aging and has been shown to be heritable. Short TL is associated with increased risks of late onset diseases, including cardiovascular conditions, dementia, and earlier mortality. Previous studies have identified several candidate genes, but some of these studies examined cohorts selected for chronic diseases. To identify genetic variants that influence variation in TL in families with exceptional aging, we performed a genome wide association study and genome wide linkage study. Using 2.5M SNPs, we searched the entire genome, and identified one relatively common intergenic SNP (rs7680468) on 3q that had genome wide significance (4.7E-8). From our linkage analysis, we identified four loci with significant HLOD scores, including 4.77 for 17q23.2, 4.36 for 10p11.21, 2.05 for 6q14.1, and 1.99 for 12p12.1 (LOD=1.98). These loci harbor a number of novel candidate genes which may contribute to successful healthy aging.

**PREDICTING FUTURE LONGEVITY IN LLFS OFFSPRING BASED ON THE CARDIOVASCULAR HEALTH STUDY (CHS) COHORT**


LLFS probands were selected for extreme longevity. Offspring of probands are hypothesized to exhibit future long lifespans. Predicted longevity is a candidate Survival Exceptionality phenotype. Methods: CHS white participants aged 65-85 (1,733 men, 2,178 women), 18 years followup, were used to develop predictive gender-specific Weibull survival models producing expected age at death (EAD), based upon baseline socio-demographics, BMI, comorbidities, physical and cognitive function, ADLs, blood pressure, lipids and inflammation — including interactions. The CHS model applied to LLFS offspring (baseline age 65-85) obtained conditional EADs based on 3.99 years mean followup (or death). LLFS birth-cohort adjustment was added. Results: Of 217 male and 288 female LLFS offspring, 42.9% and 49.7%, respectively, were predicted to survive beyond age 90, and 14.8% and 11.1% to survive beyond age 95. Each percentage exceeded the CHS percentages. Conclusion: There is evidence that LLFS offspring will have higher future longevity relative to the general-population-similar CHS cohort.
GENOME-WIDE ASSOCIATION STUDY, WHOLE-GENOME LINKAGE SCAN AND SEQUENCE ANALYSIS IDENTIFY NOVEL GENE LOCI AND GENE VARIANTS INFLUENCING CIRCULATING GLYCATED HEMOGLOBIN (HBA1C) LEVELS IN NON-DIABETIC SUBJECTS: THE LONG LIFE FAMILY STUDY (LLFS)


HbA1C is a stable index of chronic glycemic status and hyperglycemia associated with progressive development of IR and frank T2D. HbA1C is also associated with premature aging and increased mortality. To uncover loci for HbA1C, we conducted GWAS and linkage scan in 4088 nondiabetic subjects with European ancestry from the LLFS. A total of 8231 nondiabetic subjects from the ARIC and HABC were used for replications. HbA1C was adjusted for age, centers, PCs w/o BMI, within sex. From GWAS, two known loci (GCK, HK1) were confirmed (p<5e-8). From the linkage scan, two regions (2p22.2, 2q31.3, LOD=3.9) were significant. Our best prioritized common loci involved SLC25A5P2, OPCT, NEUROD1, NAB1. Assessment of currently available sequence data under 2p22.2 revealed significance of gene (LBH, p-SKAT=0.009) and variants (XDH, TTC27, p=0.0003). This analysis confirmed loci (GCK, HK1), identified linkages (2p22.2, 2q31.3), and prioritized seven common/rare candidate genes/variants under the significant linkage peaks for HbA1C.

ARE LLFS FAMILY MEMBERS HEALTHIER OVER THE WHOLE LIFE COURSE? A THREE-GENERATION REGISTER-BASED STUDY

K. Christensen, I. Petersen, J.K. Pedersen, Danish Aging Research Center, University of Southern Denmark, Odense C, Denmark

LLFS families are characterized by long-lived siblings – “the probands”. Whether this survival advantage in the probands translates into better health and survival in the offspring and grandchildren was investigated using the unique Danish, nation-wide health and family registers. We used a systematic approach to identify 648 families (including the 76 LLFS families) with at least two siblings surviving to age 88+, and we were able to demonstrate a 25% (95% CI 19-31%) reduced cancer risk in the 5,420 offspring compared to the background population. Furthermore, our preliminary results indicate that even in the 10,441 grandchildren, there is significantly lower mortality in the first year of life and significantly lower hospitalization risk in the age range from 0-18 compared to the background population. These findings indicate that these families exhibit a good health trajectory over the whole life course, likely due to a combination of favorable genetic and environmental factors.

SESSION 1730 (SYMPOSIUM)

ENVIRONMENTAL GERONTOLOGY: TOWARD A WELL-IMAGINED FUTURE

Chair: R.J. Scheidt, Kansas State University, Manhattan, Kansas
Discussant: B. Schwarz, University of Missouri, Columbia, Missouri

Over the past 50 years, environmental gerontologists have contributed significantly to applied research aimed at improving the quality of life of elders on a global scale. In this symposium, internationally-recognized researchers illustrate innovative research initiatives and chart new agendas to guide future research within four critical arenas in the ecology of aging: theories and models; methodology and measurement; diverse care environments (i.e., community, long-term care); and under-served/under-studied populations. Social geographer Stephen Golant focuses on the theoretical value of resiliency as a moderator of successful adaptation to residential environments, setting an agenda for a more complete theory of residential normalcy. Migette Kaup and colleagues address the development of new methodological frameworks, illustrating reflexive methods and measures useful for assessing place complexity in new holistic long-term care settings. Using VHA Community Living Centers, Sonne Lemke and Penny Brennan illustrate the importance of an ecological perspective for transforming care provision in communal settings; their specific agenda establishes closer connections between evaluation and research tools. Allen Glicksman and colleagues draw upon the age-friendly Philadelphia project to illustrate the critical role of evaluation of community based age-friendly programs; their agenda outlines both existing and emerging methods of value for supporting new public policy initiatives. Finally, Robert Rubinstein and his team establish an agenda for the study of under-served elderly populations; they address national public housing policy, with particular focus on the housing needs of LGBT elders. Benjamin Schwarz, editor of the Journal of Housing for the Elderly, discusses the contributions.

COPING REPERTOIRES INFLUENCING THE RESIDENTIAL NORMALCY OF OLDER PERSONS

S. Golant, University of Florida, Gainesville, Florida

My earlier theory equated the construct of residential normalcy with older persons having overall favorable emotional experiences, whereupon they feel both in their comfort and mastery zones. Older persons, however, often find themselves in residential or care settings that are incongruent with their needs or goals. Consistent with the arguments of human development theorists, the model also proposed that older persons initiate assimilation or accommodation coping strategies to alleviate the adverse qualities of their environments. This paper extends this theoretical model by proposing that older persons who adapt the most successfully have enriched coping repertoires. These are more resilient individuals, who make decisions of their own volition, and who occupy more resilient environments. This formulation will help future researchers explain why older persons differ in their ability to age in place successfully or alternatively find more supportive residential and care arrangements elsewhere.

ADVANCING METHODS AND MEASURES IN LONG-TERM CARE


New long term care models that address the holistic needs of elders and replicate the familiar patterns of residential living are being devised under the auspices of a person-centered care. Yet, these settings must continue to respond to the institutional paradigm which is deeply entrenched in our healthcare system. Measuring the effectiveness of these new holistic settings becomes complex because of the high degree of environmental and operational interconnectivity; change in one dimension changes the context for others. Therefore, studying these transformational places requires reflexive methods and measures which are sensitive to these contextual shifts. This presentation will focus on the development of methodological frameworks which explore these emerging place-types and highlight studies which bridge the research-practice divide. Authors will propose a research agenda for engaging...
multiple stakeholders in identifying the strategies, aspects, and patterns that are considered critical to inform person-centered practices.

TRANSFORMING ENVIRONMENTS: CARE-BASED SETTINGS
S.P. Lemke, P. Brennan, Center for Health Care Evaluation, Veterans Administration, Menlo Park, California

Even as we imagine new forms of care provision for the older population, we must recognize that some of that care will continue to occur in communal settings. This situation requires a continuing commitment to improve these settings as living and working environments and calls for innovative approaches to regulatory, evaluation, and research activities. Reflecting the communal nature of these settings, this presentation first highlights the critical importance of understanding them through an ecological (vs. individual) perspective.

INTO THE LIGHT: UNDERSTUDIED POPULATIONS AND TOPICS
R.L. Rubinstein, Soc/Anthro, UMBC, Baltimore, Maryland

This paper focuses on two diverse topics that have been understudied in research on the environment and aging. These topics are (1) the long term care needs of LGBT persons and (2) public housing as a venue for aging in place. Certainly, there are many other topics that may be considered as understudied and there even are some areas with a good deal of research which certainly require additional and on-going study. Yet we focus on these two because of their high salience and relevance for so many. First, LGBT persons make up some 3-8% of the American population and their residential needs in later life have been grossly understudied, especially in the realm of residential care. This paper will outline what some of the critical residential needs of the LGBT population might be and will identify some barriers to successful residential care in later life. Second, the paper will review some figures on the use of public housing by older adults and will also identify some problems in the area of public housing for both successful aging in place and the facilitation of health and well-being services in such environments.

SESSION 1735 (SYMPOSIUM)

HOME CARE OF THE AGING AND THE DYING: CHALLENGES AND ISSUES OF FAMILY CAREGIVING IN ASIAN COUNTRIES
Chair: K. Chee, Department of Sociology, Texas State University, San Marcos, Texas
Co-Chair: R. Gupta, San Francisco State University, San Francisco, California
Discussant: C. Corley, Fielding Graduate University, Santa Barbara, California

Caring for older adults in a family setting is increasingly a preferred option in Asia. This symposium addresses issues of family caregiving in the Asian context, such as the erosion of commitment to family caregiving, caregiver stress and burnout, the conception of good care, and end-of-life home care needs. Presenters in this symposium will speak to cultural dimensions and challenges, and unmet needs of home care provision in India, China, Korea, and Japan. Rashmi Gupta will explore health care decision-making involving 31 caregivers and care receiver dyads in India. Vivian Lou Weiqun will examine caregiver burden with the data collected from 925 pairs in China. Elsei Yan will report on her findings concerning family caregiving of 177 patients suffering from dementia in China. Next, Sooyoun Han will use qualitative data collected from 10 families to explore good care for elderly hospice patients with dementia in Korea. Finally, Masako Terada will present the results of a study on end-of-life home care in Japan, using data from 57 family caregivers. As a discussant, Connie Corley will highlight controversies in the family caregiving discourse, including family roles and ethical dilemmas in collectivistic cultures where families and physicians make health care decisions when older adults are unable to make them. Understanding the unique challenges faced by family caregivers in Asia may help develop appropriate social policies and support systems in order to allow caregivers to find value in caregiving tasks and care recipients to maintain a sense of dignity.

HEALTH CARE DECISION MAKING AND WELL BEING AMONG OLDER ADULTS AND CAREGIVERS IN ALLAHABAD
R. Gupta1, D. Paneth2, A. Rani2, I. School of Social Work, San Francisco State University, San Francisco, CA, California, 2. Allahabad University, Allahabad, Uttar Pradesh, India

The purpose of this study was to examine the psycho social well-being and health care decision making among caregivers/care receiver dyads in the Allahabad, India. We employed mixed methods to collect data from 31 dyads. In addition, we interviewed 5 physicians on their experiences of who makes health care decisions of withholding or withdrawing medical treatment from older adults. Results from the qualitative data show the following themes: 1) In a collectivistic culture large number of health related decisions regarding kind of medical treatment is negotiated between the caregiver and the physician, as older adults have very little health literacy. 2) Relationship quality of the dyad influences quality of caregiving. 3) Extent of social network of the dyad influences the normative behavior of filial piety which influences caregiving. 4) Married daughters are now increasingly taking the role of a discussant, Connie Corley will highlight controversies in the family caregiving discourse, including family roles and ethical dilemmas in collectivistic cultures where families and physicians make health care decisions when older adults are unable to make them. Understanding the unique challenges faced by family caregivers in Asia may help develop appropriate social policies and support systems in order to allow caregivers to find value in caregiving tasks and care recipients to maintain a sense of dignity.

CAREGIVER BURDEN IN SHANGHAI AND HONG KONG: THE ROLE OF RELATIONSHIP CONGRUENCE
V. Lou, 1. Department of Social Work & Social Administration, The University of Hong Kong, Hong Kong, Hong Kong, 2. Sau Po Centre on Ageing, The University of Hong Kong, Hong Kong, Hong Kong

Objective: The purpose of this study was to investigate the role of relationship congruence on caregiver burden by comparing evaluations from caregivers and care receivers in Shanghai and Hong Kong.

The Gerontological Society of America
Method: Standardized questionnaire using pre-existing reliable and valid scales were translated in Mandarin. Trained interviewers interviewed caregivers and care receivers separately. A total of 925 pairs (720 from Shanghai and 205 from Hong Kong) of family caregivers and frail older adults living in the community were successfully interviewed. Then, caregivers were grouped into three groups based on congruence between evaluations on caregiver and care receiver relationship, which refers to “Optimistic”, “congruent”, and “pessimistic” group. Results: As compared to Hong Kong caregivers, more caregivers in Shanghai belonged to the optimistic caregiver group (Chi square=82.5, p<.001). Optimistic caregivers were more likely to report a lower emotional burden but a higher physical burden (F=3.99, 6.84 respectively, p < .05 and .001).

PSYCHOLOGICAL DISTRESS REPORTED BY FAMILY CAREGIVERS OF OLDER PERSONS WITH DEMENTIA IN HONG KONG

E. Yan, 1. Social Work and Social Administration, University of Hong Kong, Hong Kong SAR, Hong Kong, 2. Sau Po Center on Aging, Hong Kong SAR, Hong Kong

The purpose of this study was to examine psychological distress reported by family caregivers of dementia patients in Hong Kong. A sample of 177 caregivers was recruited from local non-governmental organizations. Patient self-care ability and behavior problems, caregiver burnout symptoms and psychological distress were assessed, using validated Chinese versions of existing reliable and valid scales. Regression analyses were conducted to determine the impacts of self-care ability, behavior problems and burnout symptoms on caregiver psychological distress. Results showed that patient self-care ability and problem behavior were associated with caregiver psychological distress (B=-1.85 & .277, p<.05). A full mediation was observed where the addition of burnout symptoms to the regression model reduced the relation of patient self-care ability and problem behavior to caregiver psychological distress (B=.000 & .039). The final model accounted for 54% of the variance in caregiver psychological distress. Implications for practice and policy are discussed.

EXPERIENCES OF OLD-OLD SPOUSE CAREGIVERS IN SOUTH KOREA: CARIN FOR HOSPICE PATIENTS WITH DEMENTIA

S.K. Han, T. Kim, CARE Rights, Seoul, Seoul, Republic of Korea

Two thirds of family caregivers in Korea are wives aged >75 years old, spending more than 20 hours a week. Elders’ hospice admission rate is much lower than that of the U. S. (6% vs. 38%). This study analyzed Korean old-old, spouse caregivers’ notions of good care in the context of hospice-eligible elderly patients with dementia. The study used qualitative research methods, involving two family sessions and focus group interviews with ten family caregivers. One session occurred before hospice admission and the other focused on how to cope with grieving two months after the patient’s death. Finding include caregivers’ guilt over deciding hospice care without other family members’ agreement, confusion about what constitutes good care, complaints about insufficient information about hospice care, and clinically depressed conditions for some. Further work must be done to develop culturally-sensitive family intervention programs for them, and locally-appropriate community advocacy programs for dying well in a hospice context.

SESSION 1740 (SYMPOSIUM)

MIND, BODY, AND SPIRIT: CONDITIONS AND BEHAVIORS RELATED TO HEALTH AND AGING

Chair: A.L. Nguyen, Family Medicine, UC, Irvine, Orange, California
Discussant: K. Chee, Texas State University- San Marcos, San Marcos, Texas

This symposium addresses various conditions and behaviors related to health and aging in Asian populations from the United States and Asian countries. The overall emphasis of this symposium is on health from a holistic perspective. Secondary data analysis from studies conducted in Asian countries will highlight specific issues related to diabetes and osteoarthritis. Qualitative studies from the US will highlight the perceived benefits of yoga and holistic approaches to health that can be performed over the lifespan. Dr. Hye-Ryoung Kim will identify the prevalence of osteoarthritis and its correlates among community dwelling adults aged 50 and over in Korea. This discussion will focus on prevention strategies among high-risk Korean elders and implications for screening. Ms. Xi Pan will discuss the associations between diabetes self-management factors, such as health practices and insulin injection, on self-rated health in Chinese diabetics. The impact of culturally-influenced health care and intensive chronic disease management on self-rated health will be discussed. Dr. Sudershana Pasupuleti will discuss the evidence-based health benefits of yoga and present the views of older Indian American yoga practitioners on the practice of yoga as a comprehensive activity with holistic health benefits. Dr. Annie Nguyen will provide a brief overview of Chinese and Hmong American elder’s subjective definition of healthy aging and discuss the factors that are perceived to contribute to and promote good health. These behaviors span from youth to old age and encompass a mind, spirit, and body perspective.

PREVALENCE OF OSTEOARTHRITIS AND ITS’ CORRELATES AMONG KOREAN POPULATION AGED 50 AND OVER

H. Kim, Nursing, Inje University, Busan, Republic of Korea

Purpose: The purpose of this study was to identify the prevalence of osteoarthritis and its correlates among community dwelling adults aged 50 and over in Korea. Methods: Data from a total of 2,640 subjects from the 2010 Korean National Health and Nutrition Examination Survey were selected. Results: The prevalence of osteoarthritis was estimated at 14.3%. Multivariate logistic regression analysis showed that osteoarthritis was more prevalent with: older age; being female; having lower education levels; lack of home ownership; having larger waist lines and participating in moderate intensity physical activity. Conclusion: The prevalence of osteoarthritis and its correlates is important as healthcare policy makers debate the importance of screening for and understanding the risk-factors associated with osteoarthritis. The discussion will focus on possible prevention strategies to reduce osteoarthritis among high-risk Korean elders aged 50 and over.

MIND, BODY, AND SPIRIT: ASIAN AMERICAN ELDERS’ PERSPECTIVES OF HEALTHY AGING BEHAVIORS

A.L. Nguyen1, D.W. Seal2, 1. Family Medicine, UC, Irvine, Orange, California, 2. Tulane University, New Orleans, Louisiana

In-depth interviews were conducted with 44 (21 Hmong; 23 Chinese) men and women living in Milwaukee, WI, aged 60+. A brief overview of participants’ definitions of successful/healthy aging will be presented. Factors believed to contribute to healthy aging fell into two categories: outside one’s locus of control (governed by the concept of fate) and within one’s locus of control (governed by the concepts of self-discipline and balance). Behaviors that promoted health over the lifespan reflected mind, body, and spirit thinking. Health promotion behaviors started in younger age (e.g., pursuing education, forming good habits and positive relationships), shifted over time as exercise and diet adapted to physical and metabolic changes, and evolved in older age (e.g., getting preventive care, having daily routine and structure). Attendees will be able to discuss older Hmong and Chinese elder’s perspectives of behaviors that promote healthy aging.

FACTORS ASSOCIATED WITH DIABETES SELF-MANAGEMENT AND SELF-RATED HEALTH: A CHINESE STUDY

X. Pan, Miami University, Oxford, Ohio

Objective: To assess the association between diabetes self-management (DSM) related underlying factors, insulin injection and self-rated

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health (SRH) among age 45 and older Chinese with type 2 diabetes in China. Methods: A model of the hypothesized relationships between the constructs was proposed and tested using structural equation model (SEM), and the data were selected from the Chinese Health and Nutrition Survey (1997-2006). Results: Insulin injection ($\beta = -0.15; p = 0.04$) and holistic health practices ($\beta = -2.29; p = 0.03$) were negatively associated with SRH. However, conventional DSM or lifestyle modifications did not predict SRH. The model had acceptable fit with the data ($\chi^2 (16, n = 247) = 17.13, p = 0.38; \text{RMSEA} = 0.02; \text{CFI} = 98; \text{TLI} = 98; \text{WRMR} = 0.60$). Conclusion: It is not surprising that insulin injection negatively predicted SRH, however further discussion is needed to assess the negative association between holistic health practices and SRH.

THE PRACTICE OF YOGA: A COMPREHENSIVE ACTIVITY FOR HEALTHY BODY AND MIND AMONG INDIAN AMERICANS
S. Pasupuleti, Social Work, Univ Toledo, Toledo, Ohio

Yoga emerged as the sixth most common complementary health practice among adults (National Health Interview Survey, 2007) with more than 13 million practitioners. Yoga improves physical fitness, health and quality of life, while relaxing mind and reducing stress. Research demonstrated the benefits of improving mental health as well (Doraiswamy, 2013). Different forms of Yoga are associated with different health benefits. Yoga typically integrates physical postures, breathing techniques, and meditation or relaxation (Barnes, Bloom & Nahin, 2007). Methods: It is qualitative study based on case studies of Indian Americans who practice Yoga. The results are supported by the content analysis of prior research studies. Results: The evidence suggests that yoga is found to have reduced stress, improved fitness and reduction in risk factors for heart disease and high blood pressure (Lipton, 2008). Efficiency of lungs and cardiovascular health, flexibility and motion, balance of body and strength are positively affected with regular practice of Yoga. Even patients with mental health problems such as depression, pain, anxiety and insomnia have benefited from the practice of Yoga (NCCAM, 2011) and reduction in sleep problems and symptoms of schizophrenia and ADHD among patients (Doraiswamy, 2013).

SESSION 1745 (SYMPOSIUM)

OPTIMAL AGING THROUGH COLLABORATIVE RESEARCH: THE NORTH AMERICAN NETWORK OF AGING STUDIES
Chair: K. de Medeiros, Sociology and Gerontology, Miami University, Oxford, Ohio
Discussant: L. Marshall, University of Wisconsin -Stout, Stout, Wisconsin

As social gerontologist Stephan Katz wrote, “Gerontology started out as a multidisciplinary adventure, but it got lost and splintered along the way. … Now critical gerontology…is trying to bring the many facets of aging back together in conversation.” The purpose of our symposium is to accomplish exactly that: to bring the many facets of gerontology and humanities-based age studies together in conversation. We argue that that conference theme, “Optimal aging through research,” is not limited to social science or biological science research; it needs to include humanities-based scholarship as well. Humanities scholarship, particularly age studies, can enhance understanding in the social sciences, biological and medical sciences by applying the knowledge and critical analyses of literary, historical or philosophical methods. Literature, for example, is a mirror to culture and provides insight not accessible through surveys and interviews. Our symposium focuses on humanities research, specifically an historical view of the humanities and arts within GSA; the need for a common language between age studies and gerontology; and the rationale for development of the North American Network on Aging Studies (NANAS) to foster a comprehensive, analytical engagement of beliefs and experiences of aging and old age—fictional and factual. Overall, humanities perspectives address gerontology’s limitations as engendered by the methodological pitfalls of “positivist ‘rigor’” and “physical, social, and psychological reductionism.” In addition to humanities-based theories and critical responses supporting the intellectual rigor in the medical sciences, we present research in this symposium that cross-disciplinary methodologies and content can lead to improved outcomes.

IN THE BEGINNING: AN OVERVIEW OF THE DEVELOPMENT OF HUMANITIES AND ARTS SCHOLARSHIP WITHIN GSA
T.R. Cole, McGovern center, University of Texas Medical School, Houston, Texas

Although the humanities were originally part of the overall concept of the GSA, it wasn’t until the 1970s that a Humanities and Arts Committee was formally established. Since then, humanities and arts scholarship has had periods of great success within GSA as well as relative obscurity. This paper will provide a historic overview of the work of the humanities and arts committees within GSA, tracing the development of intellectual issues while also highlighting some of the notable chairs and their accomplishments within GSA. The emergence of humanistic gerontology as a field in the 1980’s and early 1990’s reflected both the dramatic growth and impressive quality of scholarship and publication. Despite a new burst of enthusiasm and scholarship in recent years, the structural place of the humanities in GSA remains unresolved.

THE GERONTOLOGIST AND HUMANITIES AND ARTS SCHOLARSHIP: ADDING THE MISSING INTERDISCIPLINARY PIECE
H.Q. Kivnick, School of Social Work, University of Minnesota, Saint Paul, Minnesota

In 2011, The Gerontologist began actively soliciting and publishing manuscripts from humanities and arts scholars as part of its commitment to comprehensive interdisciplinarity. One of the challenges of bringing humanities and arts work to the larger GSA community has been overcoming the perspectives of researchers from the natural and social sciences, whose work mainly focus on matters of causality and intervention (e.g., diseases and cures, social inequities, and their amelioration). In contrast, frameworks and methods of the arts and humanities focus on interpretation and meaning of the experience of growing older. Questions in humanities and arts work are generally not based on the “why does it happen,” but rather “what does it mean.” The purpose of this paper is to provide an overview of humanities and arts manuscripts published from 2011 through 2012, the unique contribution and perspective that each piece brings, and suggestions for continuing dialogue among all researches in gerontology.

FINDING A COMMON LANGUAGE IN INTERDISCIPLINARY GERONTOLOGICAL RESEARCH
R. Maihofer, Center for Inter-American Studies, University of Graz, Graz, Austria

The growing fields age studies and gerontology share many common words such as age, self, identity and culture, but with very different meanings. In Europe, several small conferences over the past 10 years have attempted to bring together scholars from the humanities (history, literature, philosophy), the social sciences, film and culture studies, and others to foster productive dialogue on how aging is understood and experienced. Issues such as the construction of gender identities with age, the history of female and male menopause, aging portrayed in novels and other mediums, and other questions that may fall outside the boundaries of traditional gerontological research have been explored. In this session, I will highlight differ-
REFERENCES IN LANGUAGE AND MEANING BETWEEN THE TWO FIELDS AND TO SUGGEST WAYS TO BRIDGE THE MEANINGS IN ORDER TO FURTHER THEORY AND RESEARCH.

OPTIMAL GERONTOLOGY WITH NANAS: ENGAGING THE HUMANITIES TO IMPROVE OUTCOMES
L. Marshall, Department of English and Philosophy, University of Wisconsin - Stout, Menomonie, Wisconsin
C.J. Camp, Center for Applied Research in Dementia, Cleveland, Ohio
Discussant:
Chair:
LIVES OF INDIVIDUALS WITH DEMENTIA
SESSION 1750 (SYMPOSIUM)

OPTIMAL AGING: APPROACHES TO ENHANCE THE LIVES OF INDIVIDUALS WITH DEMENTIA
Chair: H.L. Menne, Margaret Blenkner Research Institute, Benjamin Rose Institute on Aging, Cleveland, Ohio
Discussant: C.J. Camp, Center for Applied Research in Dementia, Solon, Ohio

When one hears “optimal aging” the thinking often turns to an older adult who has strong relationships, engages in various activities, and is physically healthy. Rarely do we extend this thinking to consider the optimal aging of an individual experiencing the cognitive declines associated with dementia. This symposium highlights a range of approaches for optimizing the aging experience for individuals with dementia. Dr. McGee’s paper reviews how positive psychological factors (e.g., gratitude, love, faith, optimism) are related to the health and well-being of individuals with dementia. Findings from a mixed-methods study of 28 individuals with mild Alzheimer’s disease will be shared as well as a strengths-based model for helping people with dementia thrive. The paper led by Dr. Judge will discuss the merits of using a strength-based approach for developing and implementing interventions and subsequent care goals for individuals with dementia and their family caregivers. Drawing from the study: Project ANSWERS, caregiving dyads were trained on a core set of educational and counseling based skills along with several cognitive rehabilitation techniques to cope and manage with the symptoms of dementia. Areas targeted included: effective communication, managing memory, staying active, and recognizing emotions and behaviors. A Strength-Based Approach guided the selection, tailoring, and implementation of intervention skills to meet the individual care needs of each care partner. Results indicated the Strength-Based Approach was an acceptable and feasible method and improved a variety of psychosocial outcomes for both the individual with dementia and their caregiver. Discussion will focus on how to use the Strength-Based Approach for addressing a variety of care needs across the illness continuum.

BEST INTERGENERATIONAL PRACTICES SUPPORT POSITIVE OUTCOMES FOR ELDERLY WITH DEMENTIA AND YOUTH
S.E. Jarrott, Human Development (0416), Virginia Tech, Blacksburg, Virginia

Practitioners increasingly offer intergenerational programming to optimize development of youth and elders. Researchers of programs involving adults with dementia, such as co-located child and adult day programs, report inconclusive participant outcomes. Some indicate negative outcomes for children; others demonstrate benefits for all participants. Evidence-based intergenerational practices can be mapped to contact theory tenets (equal status, authority support, common goal, cooperation, and opportunities for friendship), which support positive intergroup exchange. At the close of the session, Dr. Camp will provide reaction and thoughts about the opportunity to optimize the aging experience for individuals with dementia.

A POSITIVE PSYCHOLOGICAL APPROACH TO OPTIMIZING HEALTH AND WELL-BEING IN PEOPLE WITH MILD DEMENTIA
J.S. McGee, H. Carlson, D. Myers, Neurology, Baylor College of Medicine, Houston, Texas, 2. Amazing Place Memory and Wellness Center, Houston, Texas, 3. Baylor University, Waco, Texas

There is evidence suggesting that a range of positive psychological factors (such as gratitude, hope, love, faith, forgiveness, optimism, and happiness) have a positive impact on the health and well-being of people with a variety of medical illnesses. However, little is known about the impact of these factors on the health and well-being of people with dementia. We will share findings from our mixed methods study, which involved extensive one-on-one interviews with twenty-eight people with mild Alzheimer’s disease (CDR=1) as well as objective measures of positive psychological factors which were modified specifically for use with this population. Based on the results of our study, we have developed a strengths-based model which is aimed at helping people with mild dementia thrive in the context of living with dementia. We hope to stimulate further discussion and research on optimizing the aging experience for people with dementia through sharing our research in this area.

USING A STRENGTH-BASED APPROACH FOR DEVELOPING AND IMPLEMENTING A DYADIC INTERVENTION FOR INDIVIDUALS WITH DEMENTIA AND THEIR FAMILY CAREGIVERS: RESULTS FROM PROJECT ANSWERS
K. Judge, N.T. Dawson, Psychology, Cleveland State University, Cleveland, Ohio

The following presentation will discuss the merits of using a Strength-Based Approach for developing and implementing interventions and subsequent care goals for individuals with dementia and their family caregivers. Drawing from the study: Project ANSWERS, caregiving dyads were trained on a core set of educational and counseling based skills along with several cognitive rehabilitation techniques to cope and manage with the symptoms of dementia. Areas targeted included: effective communication, managing memory, staying active, and recognizing emotions and behaviors. A Strength-Based Approach guided the selection, tailoring, and implementation of intervention skills to meet the individual care needs of each care partner. Results indicated the Strength-Based Approach was an acceptable and feasible method and improved a variety of psychosocial outcomes for both the individual with dementia and their caregiver. Discussion will focus on how to use the Strength-Based Approach for addressing a variety of care needs across the illness continuum.
for enhancing the lives of individuals with dementia through intergenerational practice.

**SESSION 1755 (SYMPOSIUM)**

**PATHWAYS LINKING SELF-PERCEPTIONS OF AGING TO DEVELOPMENTAL OUTCOMES**

Chair: M. Miche, Human Development and Family Studies, Colorado State University, Fort Collins, Colorado  
Co-Chair: A.F. Brothers, Human Development and Family Studies, Colorado State University, Fort Collins, Colorado  
Discussant: M.L. Hummert, Human Development and Family Studies, Colorado State University, Fort Collins, Colorado

Evidence that self-perceptions of aging (SPA) influence health and well-being across the second half of life is growing. An increasing amount of research further substantiates the predictive validity of SPA in this relationship. This symposium aims to extend this knowledge by focusing on the conditions and mechanisms through which SPA may impose developmental constraints or opportunities on the individual. Building on stereotype embodiment theory, this session will highlight the multitude of potential pathways by which SPA and developmental outcomes might be linked, with particular focus on psychological and behavioral pathways. The first two presentations examine psychological pathways. Miche and Brothers will address the emerging construct of Awareness of Age-Related Change (AARC). This presentation emphasizes the mediating role of conscious representations of age-related gains and losses and demonstrates the influence of cultural factors on SPA. Kotter-Grühn will examine the predictive utility of self-regulation and health variables on SPA, in order to address commonly held assumptions of pathways involved. Third, Sargent-Cox will show how psychological and behavioral pathways might be intertwined, as her findings reveal that expectations of aging function as a mediator in the association between age-stereotypes and physical activity. Finally, Kornadt and Rothermund establish a link between views on aging and developmental outcomes through preparation for age-related changes with a particular emphasis on domain-specific effects. The symposium concludes with summarizing remarks from the discussant who will explore possible directions for future research, and opportunities for understanding the complex pathways linking self-perceptions of aging to developmental outcomes.

**THE POWER OF PERCEPTION: AWARENESS OF AGE-RELATED CHANGE AS A MEDIATOR BETWEEN ATTITUDES TOWARD OWN AGING AND DEVELOPMENTAL OUTCOMES**


Evidence has accumulated to show that attitudes toward aging (ATOA) affect health and well-being in later life. ATOA might guide individuals’ attention to events and experiences that are being attributed to age. To investigate whether such a perceptual focus mediates the relationship of ATOA with health and well-being, we developed a questionnaire measuring the awareness of age-related gains and losses in five domains (health and physical functioning, cognitive functioning, interpersonal relations, social-cognitive and social-emotional functioning, and lifestyle and engagement). Cross-sectional studies both in the U.S. (N=250, 40-98 years old) and Germany (N=423, 40-98 years old) showed that ATOA are related to functional health through awareness of age-related losses but not through awareness of age-related gains. Only in the German sample did awareness of age-related losses also mediate the relationship between ATOA and well-being. Cross-cultural differences and implications for targeting subjective experiences of aging through interventions will be discussed.

**POSITIVE SELF-PERCEPTIONS OF AGING: THE ROLE OF HEALTH, SELF-REGULATION, AND ATTITUDES TOWARD AGING**

D. Kotter-Grühn, Department of Psychology and Neuroscience, Duke University, Durham, North Carolina

Previous studies have shown that older adults are relatively satisfied with their own age and aging despite the experience of negative age-related changes. Explanations for this phenomenon have focused on the following assumptions: (a) not age per se but health explains inter-individual differences in older adults’ perception of aging, (b) older adults use self-regulation strategies that help them adapt to age-related changes and (c) older adults’ positive attitude towards aging in general accounts for positive perception of one’s own aging. The present study uses data from N = 183 adults aged 18 to 92 years to examine the relative predictive power of several indicators of health, self-regulation, and attitudes towards aging on self-perceptions of aging. Results show that health variables equally predict self-perceptions of aging across younger, middle-aged, and older adults whereas the predictive values of self-regulation variables and age attitude variables differ between younger and older adults.

**INDIRECT INFLUENCE OF EXPECTATIONS OF AGING ON THE RELATIONSHIP BETWEEN AGE-STEREOTYPES AND SEDENTARY BEHAVIOR**

K.A. Sargent-Cox, C. Donelly, T. Vanags, C. Aitken, K.J. Anstey, Centre for Research in Ageing, Health & Wellbeing, Australian National University, Canberra, Australian Capital Territory, Australia, 2. Centre for Applied Psychology, Faculty of Health, University of Canberra, Canberra, Australian Capital Territory, Australia

Negative age-stereotypes are argued to influence health outcomes in later life through poor expectations of aging and subsequent low adherence to preventive health behaviors. An Australian survey of 739 adults (20 to 97 years; mean=57.3; 42% female) was used to examine the indirect relationship between age-stereotypes and physical activity through expectations of aging. Results confirmed this indirect relationship, and showed that it was moderated by both age and gender. For males negative stereotypes were associated with poor expectations of age, which in turn was associated with an increased likelihood of sedentary behavior. In contrast, this relationship was dependent on age for females. The findings demonstrate gender differences in the influence of age-attitudes and expectations for performing physical activity across ages. Findings suggest policy interventions and education may need to be targeted differently for males and females, particularly in the context of aging well across the lifespan.

**HOPE FOR THE BEST, PREPARE FOR THE WORST? VIEWS ON AGING AND PREPARATION FOR AGE-RELATED CHANGES**

A.E. Kornadt, K. Rothermund, Department of Psychology, Friedrich-Schiller-University Jena, Jena, Germany

Identifying the determinants of appropriate and timely preparation for age-related changes that arise during the aging process is an important factor in promoting successful aging. Perceptions of aging have been established as determinants of future-related behavior, however, research linking them to preparation for age-related changes has been scarce. Furthermore, the consideration of different domains of views on aging and preparation seems to be important when investigating this relationship. We present findings from a study with N = 769 participants aged 30-80 in which we find a positive relationship between views on aging and self-reported preparation. Furthermore, the relationship between views on aging and domain-specific outcome variables was mediated by preparation in some domains (e.g. social relationships, leisure, finances, fitness, looks), implying a behavioral pathway from views on aging to adaptation. The findings point to the importance of...
SESSION 1760 (SYMPOSIUM)

SEXUAL HEALTH CONCERNS AMONG OLDER ADULTS

Chair: T.N. Taylor, Medicine, SUNY Downstate Medical Center, Brooklyn, New York
Co-Chair: M. Brennan-Ing, AIDS Community Research Initiative of America (ACRIA), Manhattan, New York
Discussant: S.E. Karpfak, AIDS Community Research Initiative of America (ACRIA), Manhattan, New York

The sexual health of older adults in the United States is a neglected area of research. This neglect is premised on assumptions that older adults do not engage in sexual activity. Yet studies consistently show older adults are sexually active and engage in sexual risk behaviors as evidenced by increased incidence of sexually transmitted infection, including HIV among persons 50 years of age and older. In older adults with poor sexual health, high levels of psychological distress and poorly managed mental health issues (e.g., depression, loneliness, anxiety, and chronic stress) are common. Studies have demonstrated consistent associations between unprotected sex and depression, anxiety, and loneliness. This constellation of life stressors emerge as critical determinants of sexual risk behavior among older adults. Very little is known about how age-related physical and psychosocial changes impact sexual health and sexual risk behaviors. Urgent attention is needed to understand how biologic events such as, menopause or declining sexual function and other life course changes affect the sexual wellbeing of older men and women. Using qualitative and quantitative research, the symposium will explore how biopsychosocial issues impact the sexuality of older adults. After attending this symposium, participants will understand of how aging-related events, such as menopause, and sexual risk behaviors of older HIV+ women. Identification of these factors can provide important background for the development of interventions designed to meet the prevention needs of this population. Using grounded theory to analyze 40 individual and 8 focus group interviews, with older HIV+ women we describe how menopause, depression, substance abuse, fears of disclosure, and loneliness affect safer sex practices. Safer sex practices for some older women with HIV declined due to the need for intimacy and changing beliefs in the risk of HIV transmission.

SESSION 1765 (SYMPOSIUM)

STUDYING RURAL AGING: INCLUSION AND METHODOLOGICAL CONCERNS

Chair: B. McCann, Gerontology, University of Louisiana Monroe, Monroe, Louisiana
Discussant: T. O'Brien, University of North Carolina Charlotte, Charlotte, North Carolina

This symposium will address the ways in which scholars and practitioners can promote optimal aging for older adults living in rural areas. Presenters will discuss the methodological challenges associated with recruiting and retaining participants from rural regions across the US. Additionally, presenters will reflect upon why it is important to include rural elders in gerontological research. Each presenter will focus on a specific area of rural aging research and address the importance of including rural elders in research. Each presenter will focus on a specific area of rural aging research and address the importance of including rural elders in research. Each presenter will focus on a specific area of rural aging research and address the importance of including rural elders in research.
their research so that we can better promote optimal aging among rural elders. Tara O’Brien will serve as discussant.

DEFINING RURAL POPULATIONS: THE CASE OF APPALACHIA
B. McCann, Gerontology, University of Louisiana Monroe, Monroe, Louisiana

For researchers interested in promoting optimal aging, defining rural populations can be problematic. Governmental designations may be misleading and difficult for researchers to comprehend. Moreover, the generic term rural may not capture the diversity of subgroups or the unique needs of elders within a rural population. For example, Appalachia, a designation that connotes rurality, yet according to the Appalachian Regional Commission, Appalachia covers 420 counties in 13 states, including growing urban and suburban areas. Additionally, many counties in the region are characterized by chronic economic distress and low rates of out-migration while other counties are relatively prosperous and mobile. I will argue that experiences of aging can vary dramatically depending on the degree of rurality, and should be an important consideration when recruiting rural participants for research.

OLDER ADULTS LIVING IN RURAL AREAS: REDUCING COVERAGE ERRORS IN THE 2010 MONTANA HEALTH MATTERS STUDY
V. Call, L. Erickson, J. Yorgason, BYU, Provo, Utah

Undercoverage errors due to address issues in sampling frames are particularly problematic when studying older people living in rural areas. Using the USPS Delivery Sequence File of all addresses in Montana, the 2010 Montana Health Matters study randomly selected 5,700 potential addresses. When matched against name files about 1200 addresses did not have a name linked to the address. Typical approaches discard these addresses as ineligible. This paper reports the results of targeted mailings, Google-Earth searches, and a certified mail experiment to determine whether these addresses were inhabited households. Completed questionnaires were returned from 27% of the 1200 “no name” addresses indicating the potential for a serious coverage error if excluded from studies. However, Google-Earth and certified mailings suggested many of these addresses were uninhabited (e.g., vacation homes, undeveloped properties, farm-related structures, etc.) and when included in the sampling frame, artificially lowers the response rate by about a third.

INSIGHTS INTO METHODOLOGICAL CHALLENGES AND OPPORTUNITIES OF RURAL COMMUNITY ASSESSMENTS
C.D. Ford, College of Nursing, The University of Alabama, Tuscaloosa, Alabama

Working with rural populations to address issues related to managing chronic disease provides a unique but sometimes challenging opportunity to move towards addressing health disparities in minorities in rural populations. To begin addressing these disparities, a community assessment was conducted in rural Alabama. Focus groups and semi-structured interviews were conducted with community members to ascertain and describe resources currently available to support the development of programs to address health disparities related to cardiovascular disease. Key findings indicate a richness of culture and people in the community; however, residents of this medically under-served area encountered increased rates of disease, decreased resources, and lack of healthcare access. This further underscored the need for continued research and programs in this area. The focus of this paper is to discuss the insights, challenges, and opportunities encountered while conducting a community assessment and program readiness study addressing health disparities of African Americans in rural Alabama.

FEASIBILITY OF A WELLNESS MOTIVATION INTERVENTION AMONG RURAL DWELLING OLDER ADULTS: IMPORTANCE OF COMMUNITY PREFERENCES AND PARTNERSHIPS
S. McMahon1, E. Hekler2, J.F. Wyman1, N. Shearer2, M. Belyea2, J. Fleury2, 1. University of Minnesota, Minneapolis, Minnesota, 2. Arizona State University, Phoenix, Arizona

This study tested the feasibility of a wellness motivation intervention (WMI) to increase physical activity behaviors among rural dwelling older adults with fall risk. Community partnerships were established with leaders and older adults in the community who advised researchers throughout the design, implementation, and evaluation processes. Participants randomized to WMI and attention control arms attended 8 week programs delivered in small groups. Theoretical mechanisms of change and outcomes (behavioral and health) were measured pre and post intervention. Thirty older adults volunteered; 93% were female with a mean age of 84. Attrition and mean attendance were 7% and 7.2, respectively. Mechanisms of change and outcomes that improved significantly among intervention participants compared to control participants included use of community resources, social support, readiness, self-regulation, physical activity behavior, and fall risk. Community partnerships enhanced the conduct of WMI research in this rural setting by ensuring strategies used were realistic and relevant.

SESSION 1770 (SYMPOSIUM)

TECHNOLOGY AND AGING INTEREST GROUP SYMPOSIUM
Chair: C.C. Quinn, School of Medicine, University of Maryland, Baltimore, Maryland

The purpose of this symposium, sponsored by the Technology and Aging Interest Group, is to present recent studies in the rapidly expanding scientific field. Dr. Charlene Quinn, Symposium Convener and Discussant will present an overview in the use of technology for two major purposes: as research data collection tools and use of technology as innovative intervention opportunities for an aging population. Research of individual scientists illustrate the impact of technology and aging research. Results of the Dodge study indicate user-friendly internet communication may improve social interaction prevention studies. The Davidson team reports on analyses of older adult focus groups addressing health technology design. Heyn reports on comparative effectiveness of technology-based job coach prompting systems for adults with cognitive disabilities. Hyde reports on a study of an interactive Personal Emergency Response System (PERS) to reduce unnecessary hospitalizations. As presented by Xie, web-based video tutorials may improve older adults e-literacy. The Discussant will summarize the major research impact of presented studies and address government and private funding opportunities for future studies. Included in the discussion is a report of technology approaches (web-based, mobile health, telehealth, e-health, sensor and automatic data). Although substantial interest in technology and aging is promoted, few technology interventions are backed by scientific evidence or include older adults as users.

INTERACTIVE PERSONAL EMERGENCY RESPONSE SYSTEM: ADOPTION IN A COLEMAN MODEL CARE TRANSITIONS PROGRAM
J. Hyde, Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts

Personal Emergency Response Systems (PERS) are designed to respond to the needs of an older or disabled person in an emergency and often result in transport to a hospital. As part of a wider effort to discourage unnecessary emergency room use a new type of PERS has been developed that also has a one-button call feature whereby patients can access a nurse 24-hours a day to answer questions and help coordinate medications, doctors visits and other health-related issues. This study...
In gerontology, there has been research on aiding older adults in technology adoption, but little focus has been placed on involving older adults in technology creation. To examine the benefits of involving older adults in the process, we conducted five focus groups with older adults (aged 65+), and asked them to sketch an interface for a health/wellness mobile application. Seven domain experts judged the designs using the Creativity Product Semantic Scale. The most creative design was from the group who had no smartphone experience, and who were not exposed to critiquing apps before devising an idea of their own. We claim that involving older adults, regardless of their level of technical experience, in the early stages of the technology design process is beneficial because participatory design is a low-cost, effective way to elicit their needs. This work was supported by the National Science Foundation under Grant No. DGE 0965820.

**COMPARATIVE EFFECTIVENESS OF TWO TECHNOLOGY-BASED JOB COACH PROMPTING SYSTEMS FOR ADULTS WITH COGNITIVE DISABILITIES**

P.C. Heyn, C. Bodine, M. Melonis, University of Colorado Anschutz Medical Campus, Aurora, Colorado

This study evaluated the comparative effectiveness of two technology-based job coach prompting systems for adults with cognitive disabilities. We investigated the effectiveness of a linear task-prompting system versus a non-linear task-prompting system acting as a “job coach” for specific workforce tasks. Adults with cognitive disabilities from Community Centered Boards (N=37, age= 25-60 yrs old, MMSE=23.8 + 4.4) were invited to participate in the study and to come to our Product Testing Lab for the experimental procedures. The experimental condition was based on participants’ working on simple and specific assembly line job tasks such as organizing contents by size and shape in small boxes and packaging the materials with the aid of each of these technology-based job coach prompting systems. Our study evaluated which of these two systems were more effective for the specific job tasks needs of this population. The study protocol, procedures and results will be presented. This study was funded by the National Institute on Disability and Rehabilitation Research (NIDRR) US Department of Education and the Coleman Institute for Cognitive Disabilities as part of a center grant, The Rehabilitation Engineering Research Center for the Advancement of Cognitive Technologies (RERC-ACT). RERC-ACT is the nation’s first center to conduct research and development of assistive technologies for people with cognitive disabilities. RERC-ACT projects are aimed to improve the lives of people with cognitive disabilities such as traumatic brain injuries, intellectual disabilities, and Alzheimer’s disease.

**CONVERSATIONAL ENGAGEMENT AS A MEANS TO ENHANCE COGNITIVE FUNCTIONS: A TECHNOLOGY-ENABLED RANDOMIZED CONTROLLED TRIAL**

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Accumulating epidemiological evidence suggests that increasing social interaction could be a promising intervention for improving the cognitive well-being of the elderly. However, only a few trials have attempted to increase social interaction. We developed a randomized controlled behavioral clinical trial to examine whether cognitive stimulation as delivered through frequent Internet-enabled video conversations has high adherence and positive effects on cognitive functions (NIH R01 033581). Daily 30 minutes face-to-face communications have been conducted over a six week trial period through the use of personal computers, webcams, and a user-friendly interactive Internet interface using a touch screen. As an interim analysis, we examined levels of adherence, without breaking trial blindness to examiners. As of February of 2013 (n=64), there has been no drop out and mean % of days completed out of targeted days is 90.3%. User-friendly Internet communication programs may improve the feasibility and cost-effective execution of home-based prevention trials.

**SESSION 1775 (SYMPOSIUM)**

**THE IMPACT OF ART CART: SAVING THE LEGACY - AN INTERGENERATIONAL, INTERDISCIPLINARY PROGRAM FOR OLDER ADULT PROFESSIONAL ARTISTS**

Chair: J. Jeffri, Research Center for Culture and the Arts, National Center on Creative Aging, Washington D.C., District of Columbia

Co-Chair: F.M. Rizzo, School of Social Work, Columbia University, New York, New York

Discussant: V.H. Raveis, Psychosocial Research Unit on Health, Aging and the Community, New York, New York

According to Healthy People 2020 (CDC, 2010), there will be a 10% increase in the need for enhanced long-term services/supports for older adults by 2020. A public health challenge in response to this need is to maximize older adults’ participation in the activities and roles that are most meaningful to them for as long as possible. Research data support productivity and social engagement as means to reducing morbidity and mortality, while increasing psychosocial and physical well-being (Clark, Azen, Zemke, Jackson,Carlson, Mandel, et al., 1997; Jackson, Carlson, Mandel, Zemke, Clark, 1998; Waille, 2011; Cohen, 2000, 2006; Miller, 2003a, 2003b, 2004, 2008; Miller & Toner, 1991). Despite contributions to our understanding of factors related to “successful” aging from the health/social science professions, there is a paucity of research on the ways in which older adults make choices that contribute to how they cope and adjust to age-related changes or morbidities in order to continue engagement in the activities and roles most meaningful to them. ART CART is a nine-month interdisciplinary, intergenerational service-learning program that connects aging professional artists with interdisciplinary teams of university students to prepare/preserve their creative work. During the program, artists also make choices to increase continuity of their participation in the art world more frequently, comfortably, and safely. The purpose of this symposium is to describe, and present the preliminary results of, a study of the effectiveness of ART CART on the psychosocial well-being and safe functioning of older adult professional artists (62 years of age and older).

**THE IMPACT OF ART CART: SAVING THE LEGACY - AN OVERVIEW OF THE RESEARCH PROJECT**

J. Jeffri, Research Center for Arts and Culture, National Center for Creative Aging, Washington D.C., District of Columbia

ART CART is a nine-month interdisciplinary, inter-generational service-learning program that connects artists with interdisciplinary teams of university students to prepare/preserve their creative work. In its second iteration, this program includes 20 artists and 40 students from several universities in New York City and Washington DC. In preparation for a 2014-2015 national rollout of ART CART, an experimental research study was conducted to measure the impact of ART CART on the following outcome variables for two groups of artists (those participating in ART CART and a matched control group): morale/depression, social
THE IMPACT OF ART CART: SAVING THE LEGACY – MEASURING ARTISTS’ PSYCHOSOCIAL WELL-BEING AND SAFE FUNCTIONING OUTCOMES

P.A. Miller, Columbia University, Department of Occupational Therapy, New York, New York

In Above Ground, the study of visual artists that led to the development of ART CART, 34% of artists said that health problems limit the amount of time they can spend on their art; 34% said these problems limit their productivity. Cohen’s studies (1990 to 2006) revealed that older adults’ active, regular participation in the arts resulted in considerable mental, physical and social benefits including increased self-esteem, decreased loneliness/depression, fewer doctor visits and less medication. As well as helping artists preserve their work, ART CART likely impacts the psychosocial well-being (mortality, depression, social isolation, productivity/activity levels) and safe functioning of older professional artists. Informed by previous research, this presentation discusses: 1) the identification of artists’ outcomes and the rationale for study inclusion; 2) the selection of the standardized measures to be used to measure artists’ outcomes; and 3) the training of research staff to recruit/enroll clients, and administer the study questionnaires.

THE IMPACT OF ART CART: SAVING THE LEGACY – THE INCLUSION OF PROFESSIONAL ARTISTS IN RESEARCH

A.C. Rocha, School of Social Work, Columbia University, New York, New York

The ART CART impact study examines the effectiveness of the ART CART program on the psychosocial well-being and safe functioning of older adult professional artists using a 2 X 3 experimental design. The study includes two subject groups: 1) the intervention group of artists, who are participating in ART CART (n=18) and 2) a matched control group of artists (n=20), who expressed interest in participating in the study even though they were not selected for program inclusion. Questionnaires consisting of background information and standardized instruments that measure morale/depression (positive aging), social isolation (social inclusion), productivity/activity levels (productivity), and safe functioning (health promotion) are administered to artists at baseline, post-test at program completion (9 months); and follow-up (6 months after program completion). This presentation will describe the data collection process, including successes/difficulties with questionnaire administration, artists’ reactions to the data collection process, and barriers/ facilitators to retention of artists across measurement.

THE IMPACT OF ART CART: SAVING THE LEGACY - FINDINGS AND IMPLICATIONS

V.M. Rizzo, School of Social Work, Columbia University, New York, New York

Research focused on the ways in which older adult artists make choices that contribute to how they cope and adjust to age-related changes or morbidities in order to continue to engage in activities/roles most meaningful to them is limited. The impact of ART CART study addresses this gap in the literature by examining the effectiveness of ART CART on the psychosocial well-being and safe functioning of older professional artists. Artists participating in ART CART (n=18) are compared to artists in a matched control group (n=20) on outcomes including morale/depression (positive aging), social isolation (social inclusion), productivity/activity levels (productivity), and safe functioning (health promotion). This talk will present: 1) the findings from measurement periods one (baseline) and two (post-test); 2) implications for data analysis after measurement period 3 (follow-up); and 3) implications for older professional artists and national replication of the ART CART program in 2014-2015.

SESSION 1780 (PAPER)

END-OF-LIFE ISSUES

DOES HOSPICE USE AT END OF LIFE IMPACT SURVIVING SPOUSES’ DEPRESSION AND SELF-REPORTED HEALTH?

K. Ornstein, Q. Du, A. Kelley, visiting doctors program, mount sinai, New York, New York

Family caregivers of patients with life-limiting illness are at risk for poor health outcomes, including depression. Hospice provides support and bereavement services for family caregivers and studies suggest that hospice use improves satisfaction with care and quality of life for caregivers. Yet few studies have examined the impact of hospice services on survivor health in a population-based sample. We used data from the nationally- representative Health and Retirement Study (HRS) linked with the Dartmouth Atlas of Healthcare and Medicare claims to examine the impact of hospice use on the health of surviving spouses. We compared patients enrolled in hospice for at least 7 days prior to death to non-hospice controls using propensity score matching on individual and regional characteristics. Multivariate regression models were used to predict change in depression (CES-D score) and self-reported health (SRH) associated with hospice enrollment. Among HRS decedents 2002-2008 there were 1007 Medicare beneficiaries with surviving spouses interviewed post-bereavement (>90 days following death). Twenty-four percent used hospice services >=7 days prior to death. In unadjusted analyses, there was a non-statistically significant association between hospice use and improved spousal depression (OR= 1.4; 95%CI=97-2.02). This association was not significant in adjusted matched analyses (AOR=.98; 95%CI=.48-1.71). There was no association between change in SRH and hospice use. Findings were unchanged when limited to those spouses identified as primary caregivers assisting with care at end of life. More research is necessary in population samples to determine whether and how hospice impacts the health and well-being of surviving spouses among patients of all disease types.

WE DON’T TALK ABOUT IT; END OF LIFE COMMUNICATION IN AFRICAN AMERICAN FAMILIES

S.W. Williams1,2, J.T. Roberson3, 1. Allied Health; Speech & Hearing Division, UNC-CH, Chapel Hill, North Carolina, 2. Institute on Aging, Chapel Hill, North Carolina, 3. Shaw University, Raleigh, North Carolina

While death and dying are difficult topics, research documents that African Americans traditionally have low levels of formal end of life (EOL) discussions. However, they are more likely to discuss EOL preferences within the family than to complete advance directives. We used Curtis and colleagues’ (2002) communication content, style, and support framework to generate open and closed-ended EOL questions during a semi-structured telephone interview. The purpose of this paper is to report on thematically analyzed responses to the communication content questions. The sample of 61 African American caregivers of seriously ill older family members was recruited via community-based physicians, churches, radio stations, and organizations. The sample was 82% female with a mean age of 48.5. Themes related to 1) fear of death, 2) challenging family dynamics, and 3) overall discomfort with the topic of death emerged from the data. Quotes related to fear included ‘it is the unthinkable,’ and ‘my fear of not understanding her is key.’ Expressions reflective of challenging family dynamics included ‘there are two sets of daughters,’ and ‘they know, but they don’t want to be involved.’ In terms of overall discomfort, caregivers spoke of ‘not sure where to start,’ and ‘I find it hard to talk about.’ It is noteworthy that...
55% of caregivers reported they wanted to talk more within the family about death and dying. Perhaps, health care providers, as initiators and encouragers of EOL communication, can build upon this desire to talk more within families and thereby improve EOL outcomes.

PUBLIC PERCEPTIONS OF HOSPICE AND PAIN MANAGEMENT

Misperceptions about hospice and pain management are barriers to care at the end of life – and may help explain racial/ethnic disparities in access to, and use of, hospice. We conducted telephone interviews with 123 individuals exploring knowledge related to hospice (a 23-item measure), and attitudes about end-of-life, pain, and pain management. Interviews were offered in English or Spanish, and the resulting response rate was 46%. Respondents were 64% female, 60% White, 13% Latino/Hispanic with a mean age of 47 years. Most respondents (86%) had heard of hospice, and of those, 95% indicated a favorable opinion. On average, respondents got 78% of the knowledge questions correct; 38% correctly knew that hospice cannot provide curative care. Adjusting for education, Black respondents had lower knowledge (M=14.4) than White respondents (M= 18.4) (p=.006). Both Black and Latino/Hispanic groups were more likely to report that “good patients do not talk about pain.” Additionally, a greater proportion of Latino/Hispanics (56%) agreed that admitting pain was a sign of weakness compared to non-Latino/Hispanics (10%) (p<.001). Researchers, practitioners, and policymakers are advised to attend to racial disparity in hospice knowledge and beliefs about pain management to promote equitable care.

WISH TO DIE IN ELDERLY PATIENTS: PREVALENCE AND ASSOCIATED FACTORS
S. Monod1, A. Dürst1, E. Rochat1, B.E. Spencer2, C. Mazzocato3, S. Fustinoni2, C. Bula1, 1. Service of Geriatrics Medicine, Lausanne University Medical Center, Lausanne, Switzerland, 2. Institute of Preventive and Social Medicine, University of Lausanne, Lausanne, Switzerland, 3. Service of Palliative Medicine, Lausanne University Medical Center, Lausanne, Switzerland

Background: Very few data exist regarding the wish to die (WTD) in elderly persons. The objectives of this study were to determine the prevalence of the WTD in elderly patients, and to identify characteristics associated with the WTD in this population. Methods: Participants were patients aged 65 and over, with MMSE score>20 and estimated life expectancy≥6 months, consecutively admitted to post-acute geriatric rehabilitation. Patients’ functional, cognitive and affective status were systematically assessed using Katz’s basic ADL, MMSE and 15-item Geriatric Depression Scale (GDS), respectively. Pain was assessed using visual analogical scale (0 to 10). The Schedule of Attitudes Toward Hastened Death (SAHD-OLD) (score from 0 to 20, higher score indicating more severe WTD) was used for current analysis, score ≥10 defined severe WTD. Quality of life was assessed using the WHOQOL-OLD (score 0 to 100, higher score indicating higher quality of life). Results: Overall, N=101 patients (82.6±7.4 years, 67.3% female) were enrolled. SAHD-OLD scores ranged from 0 to 17 (median=3, IQR 1.6). Overall, WTD had direct associations with age and depressive symptoms, and was inversely related to quality of life and cognitive status (Spearman’s Rho 0.35, 0.36, -0.24 and -0.25 respectively, all P<.05). More specifically, compared to the other patients, those with severe WTD (SAHD-OLD ≥10; N=3/101, 12.9%) had significantly lower WHOQOL-OLD scores, lower MMSE scores, higher GDS scores and higher level of pain (all P<.05). Conclusion: Severe WTD was present in about one in ten elderly patients undergoing rehabilitation. Its relationship with pain and depression, two remediable factors, calls for further investigation.

A COMPARATIVE STUDY OF END-OF-LIFE COMMUNICATION AMONG AFRICAN AMERICAN ELDERS
L.F. Samuel, T.L. Peterson, A.P. Glass, Social Work, Savannah State University, Savannah, Georgia

Background: Culture influences African American elders’ end-of-life decisions and practices. Yet, few studies have examined within group differences of African American elders’ communication with family members. This paper reports on a comparative study of family communication regarding end of life issues among two age cohorts of African American elders. Methodology: This study employed a qualitative phenomenological approach using in-depth interviews. This subgroup was part of a larger study. The subsample consisted of 21 African American elders (n=11, Baby Boomers, 40 to 60 years of age; n=10, 70 and older). Snowball sampling procedures were used. Data was collected in 2009 in two southeastern states. Baby boomers had at least one parent living and the community-dwelling elders had at least one living child. Interviews were audiotaped and transcribed verbatim. Transcripts were entered into NVivo software and separately analyzed and coded for themes. Findings: Three reoccurring themes for elders 70 and older were: (1) feel like they know my wishes, (2) tried to talk to children but they do not want to listen, and (3) reliance on spiritual beliefs. Among baby boomers 40 to 60 years, common themes were: (1) unpleasant and difficult to talk about with parents, (2) if in good health, don’t need to discuss end of life, and (3) may need to discuss it but have not done so. Discussion: The findings suggest cohorts of African American elders might benefit from tailored interventions that account for emotional ambivalence associated with effective communication between family members about end-of-life issues.

SESSION 1785 (PAPER)
HEALTH CARE AND PROMOTION
IMPLEMENTING AND EVALUATING A STRENGTHS-BASED SOCIAL WORK INTERVENTION TO REDUCE REHOSPITALIZATIONS: A RANDOMIZED CONTROLLED TRIAL
L. Bronstein1, S.A. Berkowitz2,1, K. Marks2,1, 1. Department of Social Work, Binghamton University, Binghamton, New York, 2. UHS, Binghamton, New York

The Patient Protection and Affordable Care Act (ACA) views the rehospitalization of a patient within the first 30 days after initial discharge, as being a result of poor hospital performance and therefore not reimbursable by Medicare (Averill et al., 2009; Brown, 2009). In response to the threat of losing funds and receiving penalties, hospitals are seeking solutions to reduce readmission rates for the Medicare population. Multiple studies have been implemented and reveal the role of translational care as promising (e.g., Hernandez et al, 2010), however results of studies relying on nurses for support at discharge have been mixed (Krumholz et al., 2002; Rau, 2012). In response, we developed and implemented a randomized controlled trial to examine the impact of follow-up at discharge by MSW interns in one upstate New York hospital. The intervention relied on a strengths-based model of social work practice and included one phone call and one home visit per Medicare-eligible patient post discharge. After implementing the study with over 100 participants, and using an intention to treat (ITT) analysis, results are encouraging, with the intervention group showing less than half the readmissions of the control group. Cost figures reveal that if scaled up...
and factored in costs of hiring social workers, one hospital could potentially save 7.5 million dollars.

RACE AND GENDER DIFFERENCES IN HEALTH CARE UTILIZATION AFTER STROKE AMONG MEDICARE BENEFICIARIES


Race and gender differences in long-term outcomes after stroke have been found in multiple studies, with African Americans and women usually found to have poorer outcomes relative to their respective comparison groups. However, these stroke survivor subgroups often differ in multiple ways including marital status, socioeconomic indicators, and the prevalence of comorbidities and important risk factors. One relatively unexamined factor is the utilization of formal care services after stroke. In this analysis, Medicare claims data were examined for 247 survivors of confirmed ischemic stroke events from the Reasons for Geographic and Racial Differences in Stroke (REGARDS) project. Women were significantly more likely than men to have home health care claims in the 6-months after stroke (24% vs. 7%, p = .002). African Americans used 3.3 more total hours of home health care than Whites (p = .03), but Whites were more likely to be seen by a neurologist after stroke than African Americans (65% vs. 23%, p = .004). One-year post stroke outcome data including the Barthel index and Stroke Impact Scale were obtained for 71 of these patients. Our conceptual model highlights important linkages among race, gender, caregiving factors (e.g., living with or without a family caregiver), care utilization differences, and long-term functional outcomes. With the large increase in Medicare beneficiaries expected to occur in coming decades, analyses of the factors that predict both care patterns and associated outcomes after common medical problems such as stroke are critical for guiding the future allocation of valuable health care resources.

ACCOMPANIED MEDICAL VISITS AND MEDICAL EXPENDITURE IN COMMUNITY-DWELLING OLDER ADULTS

M. Park, Y. Kang, H.B. Degenholtz, University of Pittsburgh, Pittsburgh, Pennsylvania

Objectives: To examine the relationship between accompanied clinic visits and total medical expenditure in the community-dwelling older adult population. Methods: We conducted a retrospective study using 2002-2003 data from the Medicare Current Beneficiary Survey (MCBS), a continuous survey of a nationally representative sample of Medicare beneficiaries. We limited our analysis to non-institutionalized older adults (age 65, n= 11850). The major independent variables were accompanied medical visit and the functions of the accompanied caregivers during medical visits (taking notes, explaining things to doctor, explaining the doctor’s instruction to the patient, asking questions, and translation). Descriptive analyses were used to characterize the study sample. Bivariate and multivariate regression models were used to determine the associations between medical expenditure and accompanied clinic visits. Results: Approximately 42% of older adults endorsed having someone who usually goes with him/her to doctor’s office visit. The majority of accompanied caregivers were female kin (e.g. wife, daughter). Controlling for individual and clinical characteristics, having an accompanied caregiver to medical visit was associated with, on average, $1647.3 greater medical expenditure (p = 0.038). The number of caregiver functions during the accompanied visit, however, appears to moderate the associations between accompanied visit and total medical expenditure, particularly among older adults with diabetes. Conclusion: As an untapped resources, family caregivers play significant role in older adults’ health outcomes. Thus, accompanied clinic visit may be a great opportunity to engage with older adults and their caregivers. Furthermore, accompanied visit appears to be a marker for severity of functional and disease impairment, providing simple ways to identify high risk population in primary care. Funding: The Pittsburgh Claude D. Pepper Older Americans Independence Center provided support for data acquisition and management.

OUTCOMES OF A HEALTH COACHING INTERVENTION FOR OLDER ADULTS WITH UNCONTROLLED TYPE 2 DIABETES

J. Kro1, R. Shim2,3, R. Nagel3, J. Lehman1, M. Myers1, C. Lucey4, D. Post1,4. 1. Comprehensive Cancer Center, The Ohio State University, Columbus, Ohio, 2. Department of Internal Medicine, College of Medicine, The Ohio State University, Columbus, Ohio, 3. Office of Medical Education, College of Medicine, The Ohio State University, Columbus, Ohio, 4. Department of Family Medicine, College of Medicine, The Ohio State University, Columbus, Ohio, 5. Office of Geriatrics, College of Medicine, The Ohio State University, Columbus, Ohio, 6. School of Medicine, University of California, San Francisco, California

Effective strategies are needed to address the health behaviors of older patients with diabetes. One approach is health coaching, the practice of health education and health promotion through a structured partnership designed to enhance well-being and facilitate the achievement of individuals’ health-related goals. This study examined the effect of a 9-month health coaching intervention delivered by 29 medical students randomly paired with 29 adults ≥ 65 years old with uncontrolled Type 2 diabetes. Baseline and end of study measures of biological, emotional, and social functioning were analyzed. Focus groups were used to assess patient and student experiences with the program. Results showed significant increases in quality of life over time in SF-36 subscales, including role limitation due to physical health (p = 0.02), social functioning (p = 0.01), and pain (p = 0.03). At the conclusion of the intervention, there was sustained diabetes and hypertension medication adherence (89% and 92%, respectively). Patients also reported increased adherence of recommended exercise (36.4%) and healthy diet (40.9%). Medical student health coaches were highly rated by patients. Overall, this project appears to be a feasible and effective intervention targeting older adults with uncontrolled diabetes. While health coaching cannot replace the need for primary care, it does demonstrate a critical adjunct for aging patients. Future studies of this novel curriculum may improve medical students’ competence in providing continuous compassionate care for diverse patients with a spectrum of health care needs.

SPOUSAL CONGRUENCE ON SOCIAL COGNITIVE VARIABLES AND PHYSICAL ACTIVITY DURING MIDDLE AND OLDER ADULTHOOD

B.J. Ayotte1, N.M. Silva2, J.A. Margrett1, J.H. Patrick1. 1. Psychology, University of Massachusetts Dartmouth, North Dartmouth, Massachusetts, 2. West Virginia University, Morgantown, West Virginia, 3. Iowa State University, Ames, Iowa

Evidence suggests that individual and spousal characteristics are related to physical activity during adulthood. This study extends this area of study by examining how similarity between spouses on social cognitive characteristics was related to the physical activity levels of husbands and wives. A total of 116 married couples between the ages of 55 and 75 (Mean age= 58.86 years, SD = 7.16) completed measures assessing physical activity and several social cognitive characteristics related to physical activity, including: (a) self-efficacy, (b) outcome expectations, (c) goals, (d) plans, and (e) barriers. Couples were coded as congruent (+/- 1SD apart), incongruent with wife higher, or incongruent with husband higher on all of the social cognitive variables. A dyadic approach to data analyses was used in order to simultaneously analyze husband physical activity and wife physical activity in the same model. Results indicated that incongruence between husbands and wives...
SESSION 1790 (PAPER)

MINORITY AND DIVERSE POPULATIONS

SELF-RATED MENTAL HEALTH AND THE GAP BETWEEN PSYCHIATRIC DISORDERS AND MENTAL HEALTH SERVICE USE: A STUDY OF AFRICAN AMERICANS

Y. Jang, H. Yoon, D.A. Chiriboga, V. Molinari. The University of Texas at Austin, Austin, Texas. 2. University of South Florida, Tampa, Florida

The unmet need of mental health care in racial/ethnic minorities has been a major source of public health concern. Using a sample of African Americans, this study examined whether the link between psychiatric disorders and mental health service use is modified by self-rated mental health (SRMH), an individual’s subjective assessment of personal mental and emotional status. The data were from the Milwaukee African American oversample of the Midlife Development in the United States (MIDUS II) study, 2005-2006. Self-identified African Americans/Blacks aged 40 to 85 (n=460) were included in the analyses. The direct and interactive effects of psychiatric disorders (the presence of any major depression, generalized anxiety disorder, or panic disorder measured by DSM-III-R) and SRMH (excellent/very good/ good or fair/poor) on the use of any mental health services in the past year (psychiatrists, general doctors, mental health counselors, and clergy) were examined by hierarchical logistic regression models. The proportion of individuals with any psychiatric disorder was 12.2%. Among them, only 55.4% had used mental health services in the past year. Multivariate analyses identified a significant interaction between psychiatric disorders and SRMH. The likelihood of service use increased substantially when individuals with psychiatric disorders reported their mental health to be either fair or poor. Reflecting its subjective nature, SRMH enhances our understanding of individual variations in self-recognition and help-seeking behaviors. Findings suggest avenues to intervene the gap between mental health care need and service use in African Americans.

I’M IN GOOD HEALTH BUT NOT HEALTHY: CONCEPTS OF HEALTH OF AFRICAN AMERICAN CUSTODIAL GRANDMOTHERS

P.T. Ryder, C. Oshodi. College of Pharmacy & Health Sciences, Butler University, Indianapolis, Indiana

The Kinship Care Program at the Martin Luther King Community Center in Indianapolis provides support, education, and referrals for fulltime family caregivers, typically grandmothers. Two group interviews with Kinship Care participants were completed, followed by subsequent individual semi-structured interviews. Fourteen grandmothers participated in interviews. Individual interviewees receive a $25 gift card. Ages of participants ranged from 50 to 75, (median=56); all participants identified as African American/black. Participants agreed that ‘health’ is a multifactorial concept, with large subjective and environmental components and that stress, depression, and anger affect it; one’s relationship with God was its most important determinant. Many participants reported some distrust of and poor communication with healthcare providers; they felt providers did not view them as individuals or spend sufficient time with them. Other participants had good relationships with providers. Participants felt strong senses of control over their health; reporting that they ‘knew what to do,’ while simultaneously mistrusting conventional wisdom on health determinants (e.g., obesity) and health behaviors. Participants regretted not ‘taking care of themselves;’ noting that caring for their grandchildren was their primary focus. Participants, in general felt that they were in good-to fair-health, but were not necessarily ‘healthy.’ Being ‘healthy’ involved positive health behaviors (eating, exercise), which they did not have time or energy to perform. As these women envision ‘health’ as involving many concepts and levels, interventions need to address multiple domains. Health promotion efforts should go beyond education about behaviors to help women strategize to find more time for self-care.

THE ASSOCIATIONS BETWEEN SUBJECTIVE SOCIAL ISOLATION, SOCIAL INVOLVEMENT, AND LIFE SATISFACTION AMONG IMMIGRANTS IN THE UNITED STATES

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The associations between age and life-satisfaction have been largely mixed in the literature. One factor that could influence life satisfaction is international migration, particularly in adulthood, with the associated stress of adjusting to new social environments adversely impacting psychological well-being. It is increasingly recognized that older immigrants in the United States may be at increased risk for social isolation due to language and cultural differences within communities. Such isolation may, in turn, lead to lower levels of life satisfaction. We examined the relationships between self-reports of social involvement with mainstream Americans, frequency of social interactions with others from the same ethnic background, feelings of social isolation, and life satisfaction. The sample used in the present analyses was from a larger study (Successful Aging in Immigrants after Midlife) being conducted in the Midwest region. The sample included 73 immigrants (Bosnian, Chinese, Korean, Indian, and Vietnamese; 49% women) who moved to the U.S. as adults (18 or older) and were 60 years of age or older (mean age = 72). A multiple regression analysis indicated that social involvement with mainstream Americans and feelings of social isolation were significant predictors of general life satisfaction, even after controlling for level of social interactions with same ethnic background individuals. Taken together, these results implicate the social aspects of acculturation as an important part of life satisfaction among older immigrants. Practical implications concerning the well-being of older immigrants, including the roles of accessible community centers, will be discussed.

APPRECIATION & ACCEPTANCE IN MIDLIFE ETHNIC IDENTITY: CONSIDERATIONS FOR THE BABY BOOMER GENERATION

I.S. Park. Human Development and Family Studies, University of Wisconsin-Madison, Madison, Wisconsin

Research on adults in midlife and U.S. Baby Boomers has focused primarily on white non-Hispanics. The intersection of various contexts—demographic, historical and social—has implications for later adult development. Ethnic identity formation in conjunction with midlife development has not yet emerged as a topic of interest. Consequently, we know little regarding midlife adults from different ethnic backgrounds. The U.S. Census projects the Asian population to more than triple by 2050. This calls for more applied research to address their unique position in American society, and yet comparatively Asian Americans continue to be a relatively neglected population. This aim of this case study of second-generation Korean-American Baby Boomers was to connect different cumulative experiences influencing ethnic identity formation from youth to midlife. Data from interviews revealed two themes: appreciation and acceptance of themselves as Korean-Americans. Midlife status facilitated connections of their many sides, including who they were as Korean-Americans after many years of setting it aside as something extraneous in their lives. This paper complicates
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the limitations of western psychological theories on human development when applied to Asian Americans. Understanding differences in characteristics of people from different racial and ethnic backgrounds in midlife has important policy and service implications for an aging population which may differ significantly from the dominant white (European-based) community. Identity is connected to individual psycho-social functioning, along with its association to incorporation within the dominant and immigrant communities. This also connects to the future growing needs of caregiving issues and health disparities within this community.

GENDER DIFFERENCES IN THE IMPACT OF CULTURAL DISRUPTION: BOARDING SCHOOLS AND DEPRESSIVE SYMPTOMATOLOGY AMONG AMERICAN INDIANS IN THE NATIVE ELDER CARE STUDY

S. Spencer¹, R. Goins², E. Caye³. 1. University of South Carolina, Columbia, South Carolina, 2. Western Carolina University, Cullowhee, North Carolina

Beginning in the late 19th Century, American Indian children were systematically removed from their homes and placed in off-reservation boarding schools in an attempt to assimilate them into “mainstream” American culture. By 1930, approximately half of all American Indian children attended boarding schools, where they were punished for engaging in traditional cultural practices. Researchers have begun to acknowledge the long-lasting effects of cultural disruption on mental health, yet few studies have explored differences in how men and women were affected by this experience. The purpose of this study was to examine the association between gender, boarding school attendance, and depressive symptomatology among older American Indians. Participants included 149 men and 267 women (M age = 69.7 years) enrolled in the Native Elder Care Study, a community-based sample from a federally-recognized tribe. Linear regression results indicated that participants who attended boarding school (n = 151) had significantly higher depressive symptomatology than those who did not attend boarding school (p<0.01) after adjusting for age, education, physical health, and social support. Boarding school attendance did not have a significant effect on depressive symptomatology among women. However, men who attended boarding school reported significantly higher depressive symptomatology than those who did not (p<0.01). Our results suggest that boarding school attendance had a long-lasting influence on the American Indians in the Native Elder Care Study, and this experience seemed especially detrimental to the mental health of men. These findings have implications for the development of mental health services that are tailored to meet the needs of older American Indians.

SESSION 1795 (SYMPOSIUM)

NOVEL AND MODIFIABLE CONTRIBUTORS TO PHYSICAL FUNCTION: NEW INSIGHTS FROM THE HEALTH ABC STUDY

Chair: E.S. Strotmeyer, Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pennsylvania
Co-Chair: E.M. Simonsick, Translational Gerontology Branch, National Institute on Aging, Baltimore, Maryland
Discussant: J. Guralnik, Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland

Although functional decline and disability commonly occur with aging, several under-recognized and modifiable risk factors may impact these pathways. The Health, Aging and Body Composition (Health ABC) study enrolled 3075 Medicare-eligible, well-functioning, ambulatory adults aged 70-79 years (52% women, 42% black) residing in Pittsburgh, PA and Memphis, TN, in 1997-98, with maintained contact every 6 months through the present. Annual exams were conducted through 2000-01 and bi-annually through 2006-07, with an additional 2007-08 ancillary exam to re-measure peripheral nerve function. Baseline exclusions included difficulty walking ¼ mile, climbing 10 steps without rest, or performing basic ADLs and/or using mobility aids. Incident mobility limitation was defined as difficulty walking ¼ mile or climbing 10 steps and was collected at each 6 month contact. We will relate several novel factors – peripheral nerve function, intentional weight loss, sleep, and vitamin K status - to physical function. The role of peripheral nerve function and decline over time will be described for incident mobility limitation (Ward). Intentional weight loss will be related to changes in physical function (Siordia). Sleep disturbances will be associated to cross-sectional and incident mobility limitation (Thorpe). The importance of vitamin K status to knee osteoarthritis will be shown (Shea). The discussant (Guralnik) will critically review the current work, focusing on future directions to address modifiable risk factors in the prevention of physical function decline and disability in older adults.

LONGITUDINAL SENSORY AND MOTOR PERIPHERAL NERVE FUNCTION AND INCIDENT MOBILITY LIMITATION

R.E. Ward¹, P. Caserotti², T. Harris¹, A.I. Vinik³, E.M. Simonsick¹, J.A. Cauley¹, A.B. Newman¹, E.S. Strotmeyer¹. 1. Epidemiology, University of Pittsburgh, Pittsburgh, Pennsylvania, 2. University of Southern Denmark, Odense, Denmark, 3. Laboratory of Epidemiology, Biometry, and Demography, National Institute on Aging, NIH, Bethesda, Maryland, 4. Department of Neurobiology, Eastern Virginia Medical School, Norfolk, Virginia, 5. Clinical Research Branch, National Institute on Aging, NIH, Baltimore, Maryland

We assessed the relationship between sensory (1.4g/10g monofilament, vibration threshold, pain and numbness), and motor (nerve conduction) nerve function over 7 years and incident mobility limitation (difficulty walking ¼ mile or climbing 10 steps) over 9.1±3.3 years in Health ABC (N=1680, age=76.4±2.8, BMI=26.7±4.3, 47.6% women, 32.9% black, 18.9% with diabetes; 59.8% developed limitation). Adjusting for demographics, height, lean and fat mass, comorbidities (e.g. diabetes, ankle brachial index) and lifestyle factors (e.g. smoking, physical activity), no baseline monofilament detection (HR=1.40, 95%CI: 1.06-1.85), worse vibration threshold (HR=1.19, 95%CI: 1.10-1.28), and symptoms (HR=1.25, 95%CI: 1.06-1.48) were associated with mobility limitation; with stronger HR for sustained poor sensory function over time. Normal to poor (<1 mV) motor amplitude (HR=1.74, 95%CI: 1.19-2.56) transition was associated with mobility limitation. Baseline and sustained poor sensory and decline in motor nerve function were independently associated with incident limitation, suggesting a role in the causal pathway towards mobility disability.

PROSPECTIVE ASSESSMENT OF INTENTION, WEIGHT LOSS, AND PHYSICAL MOBILITY

C. Siordia, D.K. Houston, A. Kanaya, R.A. Murphy, E.M. Simonsick, E.S. Strotmeyer, A.B. Newman, Epidemiology, University of Pittsburgh, Pittsburgh, Texas

In cohort studies, intentionality in weight lost is often assessed only retrospectively. In the Health ABC cohort, we examined the relationship between intention assessed prospectively and weight change after 1 year with subsequent function using a physical function scale (PFS) which assesses level of “difficulty” as well as “ease” in physical mobility. Within the analytic sample (n=2,506, 50% women, 41% black); only 3% reported intention to lose and then lost > 5% of weight (iWL); 8% had unintentional weight loss (uWL); weight gain (WG) occurred in 7%; and the rest were weight stable (WS). When compared to those with WG, subjects with iWL (β 13.77; α <0.001) had the best function — after accounting for baseline PFS, BMI, and demographic and health factors. Similar results are found when considering overweight or obe-
SLEEP, RACE, AND MOBILITY LIMITATION: FINDINGS FROM THE HEALTH AGING AND BODY COMPOSITION STUDY

Little is known about racial differences in functional outcomes of sleep disturbance. We examined the association between sleep and mobility limitation in 2,969 non-limited black (42%) and white, men (48%) and women aged 70-79 participating in Health ABC. Blacks reported fewer hours of nocturnal sleep (6.7 v. 7.0; p<.001), but were as likely as whites to report getting “enough” sleep (43% v. 44%; p=.488). At baseline, accounting for demographic and health factors, those reporting insufficient sleep were more likely to express waking a quarter mile was not very easy (blacks: OR=1.42; 95%CI=1.10-1.85; whites: OR=1.30; 95%CI=1.01-1.68). No associations between nocturnal sleep duration and mobility were observed. After 5 years, neither sleep variable was associated with incident mobility limitation for blacks or whites. Self-reported sleep duration and perceptions of insufficient sleep were associated with mobility deficits, but do not appear to impact incident mobility limitation in healthy black and white older adults.

VITAMIN K STATUS AND KNEE OSTEOARTHRITIS PROGRESSION IN OLDER ADULTS: THE HEALTH ABC STUDY

Osteoarthritis (OA) is the leading cause of lower extremity disability in older adults. A role for vitamin K in OA has been reported, based on the presence of vitamin K-dependent proteins in cartilage and bone. We determined the association between vitamin K status and structural knee OA progression by measuring vitamin K1 in 532 older community-dwelling adults who had baseline and follow-up bilateral knee magnetic resonance imaging scans (mean±SD age=74±3 yr; 67% female). Using knee-based logistic regression with generalized estimating equations adjusted for confounders, those with low plasma K1 (9.5%; <0.1 nM, the lowest detectable limit) were significantly more likely to have worsening of cartilage damage [OR(95%CI): 1.87(1.17-2.90)], subarticular bone loss [2.11(1.19-3.73)] and meniscal damage [2.51(1.37-4.61)] over three years, but not osteophyte, bone marrow lesion, subarticular cyst or synovitis worsening (all p>0.21). These data suggest improving vitamin K status may reduce structural knee OA progression in older adults.

SESSION 1800 (SYMPOSIUM)
NURSING CARE OF AND INTERVENTIONS FOR OLDER ADULTS WITH DELIRIUM AND DELIRIUM ACROSS SETTINGS OF CARE
Chair: A. Yevchak, School of Nursing, The Pennsylvania State University, University Park, Pennsylvania
Discussant: P. Cacchione, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

Delirium occurs frequently in older adults, costing as much as heart disease and independently contributing to poor outcomes. To date, nursing care and intervention research has mainly focused on older adults with delirium in the acute care setting; however, data show that delirium occurs across all settings. The purpose of this symposium is to present findings from two National Institutes of Nursing Research funded projects that assessed nurse knowledge of delirium and nursing-based interventions for delirium in persons with dementia in post-acute and acute care settings respectively. Using standardized case vignettes, Fick and colleagues report on knowledge of delirium and dementia among post-acute care nursing staff. Assessments across three time points indicate that hypoactive delirium is under-identified. Yevchak and other will report on the communication between informal and formal caregivers regarding delirium in the acute care setting and during the transition to post-acute care using data collection from 38 structured, telephone interviews. Lastly, Hill and colleagues will describe the moderating influence of personality on the outcomes of a cognition-focused intervention for individuals with delirium superimposed on dementia. Dr. Cacchione, our discussant is an expert in this field, and will summarize the implications of the work presented and will discuss future research and opportunities in the field of delirium. The findings from these NINR funded projects add to the knowledge base surrounding delirium care across settings and make the case for continuing exploration into nursing-based care and interventions in this highly vulnerable and economically challenging population.

RECOGNITION OF DELIRIUM SUPERIMPOSED ON DEMENTIA OVER TIME BY NURSING HOME STAFF UTILIZING STANDARDIZED CASE VIGNETTES

Delirium superimposed on dementia (DSD) occurs in over half of older adults with dementia and is associated with poor outcomes. The purpose of this study was to describe the recognition of DSD and delirium motoric subtypes among staff in long term care. This study utilized data from a larger NINR funded trial. Nursing home staff across 7 sites in PA were surveyed to assess recognition of delirium and dementia with different subtypes utilizing standardized case vignettes. Overall, 552 (25%) of the staff completed the vignettes. Sixty percent of nursing home staff were able to correctly identify dementia in the vignette at baseline, but only 18% were able to correctly identify the hypoactive form of DSD. Delirium is poorly recognized in long term care (LTC). Interventions to increase early detection of delirium by staff have the potential to decrease the severity and duration of delirium and to prevent unnecessary re-admissions, suffering and costs.

RECOGNITION OF DELIRIUM BY INFORMAL CAREGIVERS IN HOSPITALIZED OLDER ADULTS WITH DEMENTIA
A. Yevchak, D.M. Fick1, A.M. Kolanowski1, V.M. Chinchilli2, 1. School of Nursing, The Pennsylvania State University, University Park, Pennsylvania, 2. The Pennsylvania State University, University Park, Pennsylvania

Delirium is poorly recognized in persons with dementia by formal healthcare providers, despite its significant personal and economic burden. There is a paucity of research investigating informal caregiver recognition of delirium in this vulnerable population. The purpose of this study was to describe the recognition of delirium by informal caregivers compared to research assistant ratings of delirium, and to explore the communication regarding delirium across caregivers in the acute care setting. This study used data from a larger NINR funded project. A total of 39 persons with dementia and their informal caregivers were enrolled across two sites. The majority of caregivers were adult children; all visited the hospitalized older adult. Delirium was assessed using the CAM and FAM-CAM tools. Communication was assessed using a structured post-discharge telephone interview with caregivers. Clinical recognition of delirium by informal caregivers varied considerably, and caregivers’ responses were associated with patient characteristics. The results add to the growing body of research on the recognition of delirium by informal caregivers and highlight the need for targeted interventions to improve communication and recognition of delirium in this vulnerable population.
Interventions targeting delirium in individuals with dementia are largely unexplored. The influence of personality on treatment outcomes has been demonstrated in persons with dementia, and personality can guide activity interventions to increase engagement. This exploratory study examined the moderating effect of premorbid personality on outcomes of a cognitive intervention: five cognitive domains and engagement in the intervention. Informant subjects (n=70) in an ongoing clinical trial completed a measure of five premorbid personality traits of the primary subjects. A linear mixed-effects model was used to test for significant effects of the personality variables on outcome measures. Subjects were primarily female (61%) with a mean age of 85. Subjects with higher/lower than average normative scores were: 30%/28.6% neuroticism, 11.4%/42.9% openness, 21.4%/44.3% extraversion, 50%/14.3% agreeableness, 41.4%/20% conscientiousness. Moderating effects of each trait will be described along with implications for personalizing cognitive interventions for older adults with delirium and dementia.

SESSION 1805 (SYMPOSIUM)

OPTIMAL AGING AND WOMEN'S HEALTH RESEARCH AT THE NIH, NIA AND BEYOND

Chair: J. Harden, National Hartford Centers of Gerontological Nursing Excellence, Gerontological Society of America, Washington, DC, District of Columbia
Co-Chair: C.R. Green, University of Michigan, Ann Arbor, Michigan
Discussant: K.E. Whitfield, Duke University, Durham, North Carolina

A great deal has changed since The Honorable Barbara Mikulski, U.S. Senator, Maryland, shared her angst over “a study of the aging process, they told me women weren’t included because there wasn’t a ladies room available for study participants”.1 Optimal Aging and Women’s Health Research reflects significant advances in women’s health and sex/gender research. This symposium from the National Hartford Centers of Gerontological Nursing Excellence features Marie A. Bernard, M.D., Deputy Director, National Institute on Aging (NIA) who will present an update on a diverse portfolio of research on older women’s health, including studies on Alzheimer’s disease (AD) and other dementias (including caregiving of AD patients), osteoporosis and hip fracture, osteoarthritis, breast and ovarian cancers, ovarian hormone influences on brain structure and function, and sex differences in aging and age-related health conditions. Carmen R. Green, M.D., University of Michigan Health System’s Associate Vice President and Associate Dean for Health Equity and Inclusion will highlight issues related to pain management in older women, and Janiece Walker, an emerging professional and Patricia A. Archbold Scholar, University of Texas at Austin, will provide data that will inform the development of interventions to decrease functional limitations and disability rates in African American women aging with chronic conditions.

PREDICTORS OF DISABILITY IN OLDER AFRICAN AMERICAN WOMEN WITH OSTEOARTHRITIS

J.L. Walker, School of Nursing, The University of Texas at Austin, Austin, Texas

African American women experience functional limitations and disability from osteoarthritis (OA) at twice the rate of their non-Hispanic White counterparts, but the cause of these high rates of functional limitations and disability in African American women is uncertain. It is important that the factors influencing trajectories to disability, specifically in African American women, be explored. The purpose of this proposed study is to examine biological risk factors (body mass index and age), inter individual factors (trust in health care providers and pain), and extra-individual factors (discrimination in health care and health care access) that may influence the disablement process in African American women, ages 50-85, with OA, using the Disablement Process Model combined with The Cumulative Inequality Theory. The broader long-term goal is to provide data that will inform the development of interventions to decrease functional limitations and disability rates in African American women aging with chronic conditions.

UNEQUAL BURDENS AND UNHEARD VOICES: ELIMINATING DISPARITIES AND OPTIMIZING THE QUALITY OF PAIN CARE FOR OLDER WOMEN

C.R. Green, Anesthesiology, University of Michigan, Ann Arbor, Michigan

Pain impacts more than 100 million Americans. As the US diversifies and ages, and is increasingly female, suboptimal pain care and outcomes as well as disparities in pain care are significant national public health problems. The recent IOM report supports the need to optimize pain care as a national priority. This talk will provide a brief history of pain care disparities and summarize the evidence of pain’s impact on older women, especially minorities. Evidence for disparities in access to pain care, variability in clinician and patient decision-making in the pain care, and differential outcomes for pain care in older women will be presented. Patient narratives will be used to illustrate key points. Potential models, the IOM recommendations, and information on research and policy initiatives to address pain care disparities will be provided.

SESSION 1810 (SYMPOSIUM)

PERSONS WITH COGNITIVE IMPAIRMENT IN STUDIES AFTER HIP FRACTURE: WHAT DO WE KNOW AND WHAT CAN WE DO?

Chair: A.L. Gruber-Baldini, Epidemiology & Public Health, University of Maryland School of Medicine, Baltimore, Maryland
Co-Chair: K.S. McGillon, Toronto Rehabilitation Institute, Toronto, Ontario, Canada
Discussant: J. Magaziner, Epidemiology & Public Health, University of Maryland School of Medicine, Baltimore, Maryland

Despite improvements in the surgical repair of hip fractures, the path of recovery is fraught with medical, social, and economic consequences.
that result in significant impairment in mobility and function for many persons over 70 years of age. The course of recovery for patients with a hip fracture is often complicated by the presence of delirium and/or dementia (Lundstrom et al., 2003), which are characterized by the presence of cognitive impairment (CI) across a spectrum of severity. Studies have shown that 31 to 65% of older patients with a hip fracture have dementia and/or delirium (Magaziner et al, 1990), and as such, rehabilitation for patients with a hip fracture and a cognitive impairment becomes more complex. However, emerging evidence shows that patients with dementia and delirium can improve their mobility and function with rehabilitation (Heruti et al., 2003; Morghen et al., 2011).

In the past, researchers have excluded this population from their clinical trials. This symposium focuses on a spectrum of studies focused on the need to include this growing population into research studies and will cover these areas: 1) methodological considerations when trying to tease out dementia and delirium and the epidemiological findings on the magnitude of cognitive impairment and its impact; 2) understanding of the in-hospital associations and outcomes for patients with dementia and delirium; 3) overview of an outreach rehabilitation to improve nursing home residents’ recovery following hip fracture, and 4) intervention work focused on rehabilitating persons with cognitive impairment in rehabilitation settings.

**Epidemiological and Methodological Consideration in Studies of Cognitive Impairment Related to Hip Fracture**

A.L. Gruber-Baldini, Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland

We present data from two epidemiological studies to describe the magnitude of cognitive impairment (CI) following hip fracture, measurement of CI, and rates of recovery and mortality. Baltimore Hip Studies (n=674, collected 1990-1993) found that 28% have CI prior to fracture and 22% develop new CI during hospitalization (8% pre-surgery, 14% post-surgery). New onset CI persisted in over 40% through 12-months post-fracture. Mortality did not differ by CI, but those with CI did worse over 12-months on ADLs, IADLs, Social activities, and depression. FOCUS Cognitive Ancillary Study (n=139, collected 2008-2009) confirm the high rates of delirium (41% post-surgery) and dementia (32%; 17% chart, 4% proxy-reported diagnosis, 11% ICQC=3.44). Delirium persisted through 45-day followup in 14%. Dementia predicted higher rates of delirium post-surgery (59% vs. 33%, p=0.004) and 45-days (25% vs. 10%, p=0.047). Dementia (OR=3.8, p=0.01), and 45-day delirium (OR=4.6, p=0.02) were both predictive of inability to walk at 60-days post-hospitalization.

**Dementia and Delirium After Hip Fracture: In-Hospital Associations and Outcomes**

E. Oh1, H. Lee2, A. Gottschalk1, S. Mears1, F. Sieber1,1. Johns Hopkins University, Baltimore, Maryland, 2. Yale University, New Haven, Connecticut

Postoperative delirium (PD) is a well known complication among older adults undergoing hip fracture repair, and is associated with increased morbidity and mortality. Over 750 patients age ≥65 undergoing hip fracture repair were prospectively followed at the Johns Hopkins Bayview Medical Center. The incidence of PD was higher in the group with probable dementia compared to the group without dementia (50%vs.26%,p<0.001). Age (OR1.07), male gender (OR2.81), BMI (OR0.92), number of medical co-morbidities (OR1.15), and duration of surgery >2 hours (OR2.53) were significantly associated with PD in patients without dementia. Only time from the emergency department to operating room (OR2.83) was significantly associated with PD in patients with dementia. Multivariate analysis showed that survival was significantly associated with a function of age, illness severity, and duration of admission to the intensive care, but was not associated with dementia status.
involves image, accountability, emotional intelligence, and ethical considerations. This year’s ESPO symposium will concentrate on these topics of interest, with the objective of providing additional information to the audience about how they can capture optimally their inner professional. The presentations will help ESPO members learn the “do’s and don’ts” of professional appearance, including dressing on a budget and navigating business and professional etiquette; discuss what it means to be your own advocate; provide “tools for success” to face and manage conflict professionally; and, provide an interactive model to transform theoretical concepts into an experiential format by allowing participants to work through difficult situations with no one “correct” answer. In addition, participants will receive guidance on approaches to identifying and dealing with common ethical problems.

WORKPLACE DILEMMAS: PRACTICAL APPROACHES FOR EMERGING PROFESSIONALS

L. Waters, Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia

Emerging professionals should be prepared to face problems requiring difficult or even agonizing decisions. There is a value in learning to lead or participate in a process of practical moral problem solving. Ethics is a systematic reflection on and analysis of morality (Purtillo, 1993), and takes a specific form when someone assumes a professional role. Acceptance of an identified set of core values across the broad spectrum of employment settings helps protect the individual by focusing on the responsibilities and expectations in which all members of the profession have a stake. Through the resources of ethics and its concepts, this presentation will provide an interactive model to transform theoretical concepts into an experiential format, and allow participants to work through difficult situations with no one “correct” answer. In addition, participants will receive guidance on approaches to identifying and dealing with common ethical problems.

PROFESSIONALISM: THE ETIQUETTE OF YOUR BEING

C.R. Bennett1, C. Brown2, 1. University of Maryland, Baltimore County, Baltimore, Maryland, 2. Virginia Commonwealth University, Richmond, Virginia

We have all heard that “you should not judge a book by its cover.” Yet, appearance is often one of the first aspects potential employers notice. If one’s appearance is unprofessional, one is likely to be judged unprepared for the job or the career being sought. However, for most students and emerging scholars, cost is a significant, prohibitive factor in “dressing for the job you want.” In addition, how one presents himself or herself to others—peers, colleagues, undergraduate students and other professionals—is another undeniable facet of appearance. Etiquette is required for professional email, telephone, teaching, presentation and award interactions, yet students and emerging professionals may rely on mentors as examples of “what not to do.” This presentation will help ESPO members learn the “do’s and don’ts” of professional appearance, including dressing on a budget and navigating business and professional etiquette.

SELF ADVOCACY: FINDING YOUR BALANCE

T.L. McMullen, Gerontology-Doctoral Program, University of Maryland, Baltimore and Baltimore County, Baltimore, Maryland

Finding your sense of control as a student and/or emerging scholar may be difficult. Learning to say no, knowing when to say yes, and knowing when and how to defend your intellect may prove to be challenging and chaotic. As students, we are challenged to explain our work, behavior, thoughts, and research. This is difficult but doable. Learning how to be your own advocate and building upon your professional intelligence may be what you need to get through the “rat-race” unscathed. This presentation will discuss what it means to be your own advocate, how to face and manage conflict, and how to present yourself as the bright, intelligent person you are. In addition, “tools for success” will be provided which are based on the trials and tribulations from peers and scholars alike.

TALES FROM THE GERO DARK SIDE: BRINGING UNTOLD REALITIES OF ACADEMIC POSITIONS INTO THE DAYLIGHT

P.P. Brown, Communication & Sociology, University of Central Missouri, Warrensburg, Missouri

You landed that coveted position as a tenure-track assistant professor, the ultimate dream job. Finally you are headed into the light after years of dissertating. However, no one tells you there is an underworld you have never experienced, the dark side of academics. Many tenure-track faculty actually leave their first position, and we believe you should enter into the world of academics prepared for this underworld, armed with the possibility that this dream position may actually be a nightmare. This presentation, highlighted with stories from professors who have survived this dark side and emerged stronger and more resilient, will provide tools for students and emerging scholars on how they can manage conflict professionally and successfully move forward in their careers.

SESSION 1820 (SYMPOSIUM)

UNDERSTANDING CANCER-RELATED SYMPTOMS AND SYMPTOM MANAGEMENT THROUGH RESEARCH

Chair: C. Leach, Behavioral Research Center, American Cancer Society, Atlanta, Georgia
Discussant: C.W. Given, Michigan State University, East Lansing, Michigan

The impact of cancer on someone’s life continues beyond the end of treatment. Many survivors continue to experience or develop symptoms later related to their cancer and its treatment: physical (pain, fatigue, and lymphedema) and psychosocial (depression). Presently, research addressing ways to reduce the impact of cancer-related symptoms on the overall well-being of older adults is limited. This symposium will highlight efforts to improve the overall quality of life among cancer survivors by understanding the multi-level factors influencing cancer-related symptoms as well as identifying comprehensive strategies for intervention. In the first presentation, Dr. Weinstein will discuss the relationships between cancer-related fatigue, BMI, and biological factors. Next, Dr. Lyons will present a dyadic analysis of lung cancer couples focusing on how the patient’s physical symptoms are related to depressive symptoms in both the patient and his or her spouse. Dr. Parker will then explore the impact of Dragonboat Paddling among an international group of breast cancer survivors on lymphedema, physical, and emotional well-being. Next, Dr. Spoelstra will describe patient preferences for the dissemination of symptom management information among cancer patients taking oral anti-cancer agents. Finally, the discussant will emphasize how these presentations underscore the diversity of ongoing symptoms and the need to tailor symptom management interventions to the individual patient or couple dyad.

THE ROLES OF PAIN & PHYSICAL FUNCTION ON DEPRESSIVE SYMPTOMS IN LUNG CANCER COUPLES OVER 12 MONTHS

K.S. Lyons, J. Bennett, L. Nail, Oregon Health & Science Univ, Portland, Oregon

Lung cancer patients experience more symptoms and poorer physical function over a rapid trajectory than most cancer patients. Little is known about how changes in patient’s pain & physical function impact the depressive symptoms of both the patient and spouse over time. Longitudinal data from 78 lung cancer couples (patient mean age = 68 (11.54) years) were examined using multilevel modeling. Results indicated that for both patients and spouses, patient-rated mean pain severity and physical function were significantly associated with both patient
and spouse depressive symptoms. Changes in patient-rated pain severity and physical function were significantly associated with changes in patient depressive symptoms, but only changes in patient-rated physical function were significantly associated with changes in spouse depressive symptoms. Models also found age, gender, and mutuality to be significant predictors. Findings will be discussed regarding the need for couple-level interventions and identifying couples most at risk.

DETERMINING PREFERENCES FOR SYMPTOM MANAGEMENT ASSISTANCE WHILE TAKING ORAL ANTI-CANCER AGENT PILLS

S.L. Spoelstra¹, B.A. Givens¹, Z. You, K. Ridenour¹, C.W. Givens², ¹. Michigan State University College of Nursing, East Lansing, Michigan, 2. Michigan State University College of Human Medicine Department of Family Medicine, East Lansing, Michigan

Nearly 50 oral anti-cancer agents are on the market, and it’s projected that in 3 years, 25% of chemotherapy will be delivered in pill form. Thus, patients must take responsibility for managing symptoms at home. This was an 8-week exploratory study of cancer patients on oral agents from 3 cancer centers in the Midwest. Baseline interviews collected characteristics, type/stage of cancer, symptoms, and comorbid conditions. Patients were asked preference for information to help manage symptoms. Mean age was 65.2 years, 50% were Female, 87% Caucasian, and 13% African American. Preference for obtaining symptom management information included: 37% phone calls, 27% written, 23% email, and 3% Text message. Data collection is underway. Fisher’s exact test results will be reported. Knowing preferences will allow clinicians to tailor delivery of information for symptom management in a way that will be acceptable and usable to patients so they can minimize or eliminate bothersome symptoms.

DRAGONBOAT PADDLING: A PALLIATIVE ACTIVITY FOR BREAST CANCER SURVIVORS AGE 60 AND OVER

M.H. Parker, IPHT, Inc, Oakpark, Virginia

An Internet survey of 751 breast cancer survivors in BCS Dragonboat teams in the United States, Canada, England, Australia, New Zealand, and South Africa provided data illustrating physical and psychosocial benefits of paddling for women 60-86 after cancer, 46% of the survey respondents. Results for older women showed 99% began to dragon boat paddle after their cancer diagnosis and 89% paddle 2-times a week or more. The palliative benefits of paddling identified by respondents are: increased fitness 98%; feel better 92%; healthier 89%; stronger 89%; energized 88%; happier 83%. Respondents said they would continue to paddle to: Keep physically active, 87%; Maintain a healthy lifestyle, 81%; Have the support of friends and the team, 83%. 90% agreed that paddling made them feel healthier and more in control of life after cancer. Older women with lymphedema, 70% (20%) of respondents; 33 (47%) reported paddling made their lymphedema “better”.

CANCER-RELATED FATIGUE IS NOT ONE SIZE FITS ALL

A.A. Weinstein¹, Y. Wang², L.A. Liotta¹, L.H. Gerber¹, ¹. The Division of Geriatric Medicine and Gerontology, Johns Hopkins Bayview Medical Campus, Baltimore, Maryland, 2. Michigan State University, Grand Rapids, Michigan

Cancer-related fatigue (CRF) is present in approximately 50% of the survivor population and is considered one of the most distressing symptoms post-cancer treatments. We hypothesized that there is a relationship between CRF and biological factors. We analyzed blood samples in 47 breast-cancer survivors (age: 60±9.8 years). It was found that these relationships were different depending on the participants’ body mass index (BMI). Specifically, IL-6 and TNFα (inflammatory markers) were related to self-reported fatigue (r’s range from 0.47-0.76, p’s<0.04) in individuals with BMI≥25.0 (overweight), while in normal-weight individuals (BMI=25.0) the fatigue self-reports were most closely related to cortisol and insulin (r’s range from 0.36-0.41, p’s<0.07). This preliminary cross-sectional analysis may lend credence to potential biological underpinnings of fatigue in breast-cancer survivors that are dependent on anthropomorphic profiles. Current research is experimentally inducing fatigue to determine if these relationships are replicated.

SESSION 1825 (PAPER)

LONG TERM CARE II

TRANSFER RISKS FROM CHRONIC TO SKILLED VENTILATOR UNITS

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Background: In the 1980s long term chronic ventilator units (LTCVUs) were established to provide ventilator support outside of the intensive care unit in a rehabilitation-focused and less costly setting. Recently, some skilled nursing facilities (SNFs) have begun to offer lower cost care. We endeavor to improve patient outcomes through highlighting the need to understand the safety of transfers from LTCVUs to SNFs which is currently unknown. Methods: We conducted a retrospective mortality analysis for all 18 patients from our chronic ventilator facility who met criteria for transfer to a skilled nursing facility from July 1, 2008 to June 3, 2010. We compared mortality of those whose transfer was refused to those who were transferred. We applied basic statistical methods to analyze the results. Results: The incidence of death in the transferred group was 0.00368 compared to 0.0051. Kaplan-Meier curves suggested a survival advantage in the not transferred group (log-rank p-value 0.0251). Conclusions: Compared to patients who remain on our chronic ventilator unit, risk of death is increased for patients transferred to SNFs. We are expanding our data on this subject, partnering with ventilator unit staff in SNFs. We hope to better define criteria for transfer to SNFs, and improve practices to accomplish transfer safely. Ultimately, we hope to understand more completely the intersection of clinical care and economics in this clinical scenario.

PULMONARY REHABILITATION IN LONG-TERM CARE FACILITY: SHORT-TERM OUTCOMES

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Background: Effects of outpatient pulmonary rehabilitation in COPD patients in domains of functional tolerance exercise capacity, dyspnea on exertion, health related quality of life (HRQoL) are well documented. However, study on the effect of inpatient pulmonary rehabilitation (IPR) in these domains in long-term health care facilities for elderly patients with severe COPD exacerbation has been neglected. The purpose of the study was to evaluate changes in these outcome measures in older patients with COPD after 8 weeks of inpatient pulmonary rehabilitation (IPR) following a COPD exacerbation. Methods: This was a pre-test-post-test quantitative design performed in an IPR situated in a long-term care facility. Participants (n=23) discharged from acute care were recruited for 8 weeks of IPR. Participants mean age was 69 years SD±12. All but 2 completed 8 weeks of IPR. The 2 non-completers had similar characteristics to the completers. Before and after functional tolerance capacity was evaluated by the six-minute walk distance (6MWD) test; dyspnea on exertion by the Borgs Scale; and HRQL by the St George’s Respiratory Questionnaire. Results: Findings indicates patients improved in 6MWD test 144.3 meters (P <0.004); perceived dyspnea level (P <0.02), HRQoL (P< 0.026). Symptoms and activity domains of HRQoL were significant (P <0.032) and (p< 0.029) respectively. Impact domain showed no significant change (p <0.158). However, the change showed a positive improvement trend. Conclusions: The study shows early IPR positively impacts older patients in the domains of functional exercise
MEASURING PERSON-CENTERED CARE IN LONG-TERM CARE: STAFF AND FAMILY INSTRUMENT PSYCHOMETRIC TESTING
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Person-centered care (PCC) and “culture change” interventions have been introduced into many long term care (LTC) facilities because administrators simply feel it is the right thing to do. More recently CMS has required surveyors to assess for evidence of PCC. Monitoring resident and staff outcomes in response to PCC interventions has been hampered by an inability to quantify the amount of PCC provided. We developed instruments to measure the “dose” of PCC from three perspectives: staff, family and resident (not reported here). Based on Kitwood’s model of PCC, a parallel three-phase process was used for instrument development. Phase I – item generation from literature, staff and family focus groups; Phase II – content validity testing with staff, families and researchers; Phase III – psychometric testing with staff and families. The 34-item staff instrument has a two-factor structure: “person-centeredness” and “meaningful life and work” explaining 46% of the variance (n=121). One week test-retest reliability coefficient was 0.819. Internal consistency was 0.924 for the total scale; and 0.947 and 0.758 for respective subscales. The 30-item family instrument has a three-factor structure: “staff care about what is meaningful to my family member”, “staff know and respect my family member” and “we are all part of a family/team” explaining 54% of the variance (n=171). One week test-retest reliability coefficient was 0.904. Internal consistency was 0.947 for the total scale; and 0.916, 0.860 and 0.836 for respective subscales. With their strong theoretical and psychometric properties these instruments offer a feasible method of concretizing the abstract concept of PCC.

IMPACT OF SENSORY IMPAIRMENT ON SOCIAL ENGAGEMENT IN LONG TERM CARE ELDERS

Long Term Care (LTC) elders commonly suffer from sensory impairments decreasing their capacity to engage in their environment. Social engagement (SE) is defined as an ability to engage, sustain and participate in social situations. The objective of this study was to explore the relationship between sensory impairment and SE (measured using the Brief Assessment of Social Engagement) in sensory impaired LTC elders controlling for depression [Geriatric Depression Scale, GDS], cognition [Mini Mental Status Exam, MMSE] and co-morbidities [Cumulative Illness Rating Scale, CIRS]. Data from 217 participants from the I-SEE study [NR 008777] were analyzed. Participants were mostly female (73%) and Caucasian (91%) with a mean age of 86.2 years. All participants were either hearing (48%, n=104), visually (20%, n=41), or dually impaired (33%, n=69). In simple models adjusting for co-morbidity, sensory impairment (p=0.0122), depression (p<0.0001), and cognition (p=0.0467) were independently associated with SE. SE for elders with hearing impairment was significantly higher than those with dual impairment (p=0.0035), as well as for elders with lower depression scores and increased cognition. In a comprehensive multivariable model adjusting for co-morbidity (p=0.0974), depression (p<0.0001), and cognition (p=0.0115), SE among elders with hearing impairment continued to be significantly higher than those with dual impairment (p=0.0388). In both the simple and multivariable models, SE did not differ significantly between those with visual impairment versus those with hearing impairment or dual impairment. The implication of this study is that intervention research investigating methods to enhance the senses is needed to improve social engagement in LTC elders.

OPTIMIZING INNOVATION SUSTAINABILITY: KNOWLEDGE TRANSLATION INTERVENTIONS WITH HEALTHCARE AIDES
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Introduction There is a dearth of literature examining the relationship between Knowledge Translation (KT) and healthcare aide (HCA) practices. This cross-disciplinary study explored managers’ and HCAs’ perceptions regarding eight KT strategies employed to sustain HCAs’ use of the sit-to-stand (STS) functional activity. Methods A mixed-methods design involved four manager interviews, seven HCA focus groups and a modified Delphi process to elicit perceptions of eight KT interventions—e.g. reminders and audit-and-feedback posters—implemented in the Mobility of Vulnerable Elders intervention study. Participants ranked interventions according to perceived effectiveness and ease of implementation. Data were coded using thematic analysis and data-driven induction. Codes were revised to clarify emergent themes. Findings Posted STS reminders in care areas were more visible than audit-and-feedback and discussion-group posters on unit message boards. HCAs and managers deemed location important for effective reminders. HCAs enjoyed learning and problem-solving together during focus groups, but managers and HCAs found that groups posed workload challenges. Informal discussions with researchers and flowchart information sessions remedied misunderstandings about the innovation. Leader endorsements and HCA champions were deemed less effective. During audit-and-feedback discussion, HCAs expressed pride and accountability in participating in research to benefit “their residents”. Managers and HCAs ranked reminders most favourably in the Delphi questionnaires as the easiest and most effective intervention. Champion roles were ranked lowest. Implications Adoption of innovations is not enough. We identify KT interventions that were perceived to be effective and easy to introduce to long-term care settings. Sustaining innovations is an important focus for future research.

SESSION 1830 (SYMPOSIUM)
COMMUNITY-BASED AND INSTITUTIONAL LONG-TERM CARE PROGRAMS IN EAST ASIAN COUNTRIES: SERVICE UTILIZATION PATTERNS AND OUTCOMES
Chair: S. Balaswamy, The Ohio State University, Columbus, Ohio
Discussant: B. Wu, Duke University, Durham, North Carolina
Discussant: F.K. Ejaz, Benjamin Rose Institute, Cleveland, Ohio

This symposium addresses service use patterns and outcomes related to institutional and community-based LTC programs in Korea and China using data from different research projects and systematic reviews of research on institutional care (IC). The sources of data were from elderly beneficiaries of publicly funded community-based (CB) service agencies and IC programs. Data collection methodologies included self-administered surveys, in-person interviews or record analysis. Dr. Kim will discuss the profile of elders who utilize government funded LTC in Korea. Program beneficiaries were more likely to be poor, female, living alone and in rural areas. Despite subsidy for IC, co-payment affordability was reported as a major concern among elders. Drs. Yu and Lee will demonstrate how government social and health programs through CB agencies in Hong Kong impact elders with multi-morbidity conditions. Service participation rates differed by elder’s demographics and health conditions. Results suggest active engagement benefits elders with chronic health problems. Ms. Ye and Ms. Chin will discuss evaluation results of “Happily Aging” CB services in Shanghai. Elderly reported higher satisfaction levels with meal service which was influenced by number of people in their social network. Drs. Wu, Wang, and Cao will discuss the status of institutional care in China based on their findings from a systematic review of research on LTC. Results suggest a rapid growth in facilities, competition for resources among

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institutions, restricted services for residents, and absences of regulations. Drs. Ejaz and Wu will compare similarities and differences between studies and discuss implications for research, practices, and policies.

A REVIEW OF DEVELOPMENT OF INSTITUTIONAL CARE IN URBAN CHINA
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In recent years, China has placed a great emphasis on the development of long-term care. This study conducted a systematic review on the literature related to the development of institutional care with a focus on service delivery and finance in urban China. Studies in this area are still very limited. Many of these studies lack empirical data, and were focused on description of policy and system and policy recommendations. Overall, although the targeted populations, the methods and analysis of these studies vary, they found similar results: 1) a significant increase in the number of institutional care facilities in urban China, private-funded institutions in particular; 2) unequal competition between public- and private-funded institutions; 3) limited care and rehabilitation services available to residents, and 4) lack of regulations and standard quality of care indicators. This study also provides policy recommendations for the future development of institutional care in urban China.

HAPPILY AGING: ELDERLY USERS’ SATISFACTION WITH A COMMUNITY-BASED SOCIAL SUPPORT SERVICE PROGRAM IN SHANGHAI
M. Ye 1, L. Chen 1, 1. Department of Sociology, Bowling Green State University, Bowling Green, Ohio, 2. Department of Social Welfare, University of California, Los Angeles, Los Angeles, California

The Jing’an District in Shanghai recently implemented a social supportive program, “Happily Aging”, consisting of 10 community-based services, to assist elders (60+). A consumer satisfaction survey, aiming to improve the service quality, was conducted in 2011. Data was randomly collected from 939 elderly users through face-to-face, structured interviews. Regression analysis identified the association of individual service with the overall satisfaction and estimated the relationship among satisfaction, recommendation, and users’ demographic characteristics. Results showed that the majority of respondents were satisfied with the program. Particularly, it revealed the coefficient of meal service on overall program satisfaction was the largest. Furthermore, respondents who had tablemates during the meal service would share happiness and sadness with each other. This study is the first exploratory evaluation of community-based social support services in urban China. It sheds light on future development of long-term care for the growing number of community-dwelling Chinese elders.

DOES A NATIONAL LONG-TERM CARE INSURANCE PROGRAM PROMOTE THE ACCESS TO SERVICE IN SOUTH KOREA?
H. Kim, Seoul National University, Seoul, Republic of Korea
South Korea introduced public long-term care insurance (LTCI) in 2008, which provides a copayment subsidy for low income population. This study investigates the patterns and factors related to LTC utilization among older beneficiaries. A dataset of 278,482 (5%) national representative sample of people aged 65+ was analyzed. Findings indicate about one fourth of those who received a subsidy were more likely to be female (79.6%), living alone (20.4%), and living in rural areas (22.7%). The elderly were more likely to choose institutionalized care (34.2%) and spend up to their monthly benefit limits. Approximately 6% (n=342,000) of older adults are utilizing nursing home and home care under the Korean public LTCI in 2012. The findings suggest the subsidy policy promotes equity of access to public LTC services in Korea. Further studies are necessary to evaluate the impacts of the policy on the effectiveness of LTC utilization by socially marginalized populations.

THE IMPACT OF ‘SOCIAL AND ACTIVITY ENGAGEMENT’ INTERVENTION ON ELDERS WITH MULTI-MORBIDITY CONDITIONS IN HONG KONG
D.S. Yu, D. Lee, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong, NA, China

Multi-morbidity, the coexistence of two or more chronic diseases, is a common condition among aging adults globally. While an active and socially engaging lifestyle is key to achieving optimal aging, the effects of such interventions with multi-morbidity elders has not been examined in Asian populations. To fill this knowledge gap, 571 elders from 18 community centers in Hong Kong were interviewed using a questionnaire that included data on health profiles, physical functioning, participation in social, leisure and voluntary activities, and health-related quality of life measures. About 30% of elders who reported significantly poorer health-related quality of life had multi-morbidity conditions. The interaction between multi-morbidity and a sedentary lifestyle characteristics was significant (Beta = -0.221, p<0.001) confirming that elders with multi-morbidity reported poorer qualities of life if they did not participate in active lifestyle programs. This study provides important direction for interventions to promote the well-being of older adults with multi-morbidity.

SESSION 1835 (SYMPOSIUM)

UNSOLVED MYSTERIES IN AGING POLICY
Chair: D. Whitman, AARP, Washington, District of Columbia

There’s a lot of talk in Washington about aging. But it’s almost all about the deficit and the cost of Medicare and Social Security. We need to broaden the conversation and be proactive. We need more constructive ideas. We should view the changing demographics not as a tidal wave to be feared but as an opportunity to be welcomed. To do so, we must tackle these issues—and the clock is ticking. Join AARP policy chief Deb Whitman and aging expert and advocate Bob Blancato for this interactive session that will explore the critical policy areas where we need more research and innovative solutions.

SESSION 1840 (SYMPOSIUM)

THE FUTURE OF RETIREMENT SECURITY, THE ENTITLEMENTS AND THE U.S. POLITICAL ECONOMY
Chair: L. Polivka, Claude Pepper Center, Florida State University, Tallahassee, Florida

Sources of retirement security in the private sector have been changing and, for many current and future retirees, declining for over 30 years. The percentage of workers with employer-based retirement plans has remained largely the same at 55-60%, but the nature of these plans has changed dramatically since the late 1970s. The percentage of workers with defined benefit plans offering a guaranteed retirement income has fallen to less than 20% and the percentage with defined contribution plans which provide retirement incomes based on the variable performance of investments now exceeds 80%. This shift is in part responsible for what many retirement experts perceive as an erosion in the economic security of the next generation of retirees. Other factors that contribute to this erosion are steadily rising out-of-pocket health care and long-term care costs among Medicare beneficiaries, low savings, lost housing and investment wealth since 2008 and increasing debt levels incurred to pay for children’s education and to compensate for years of stagnant wages. This symposium will include presentations addressing several dimensions of the emerging crisis in retirement security including a discussion of new findings from a recent series of AARP research reports on retirement security, an assessment of the increasing
increasing "lack of fit" between a neoliberal economy and a stable system of public policy up to the present. This presentation will analyze the policy regime, usually referred to as neoliberalism, which has dominated capitalism of the post-depression, post-war era, which lasted from roughly 1946 until 1978. Economic crisis in the 1970s and early 1980s and the collapse of the Keynesian consensus created political opportunities for a more market oriented, less government dependent economic policy regime, usually referred to as neoliberalism, which has dominated public policy up to the present. This presentation will analyze the increasing "lack of fit" between a neoliberal economy and a stable system of retirement security anchored in the public sector.

TRACKING THE DECLINE, PLANNING FOR THE FUTURE: AARP'S MIDDLE CLASS SECURITY PROJECT

D.L. Redfoot, Public Policy Institute, AARP, Washington, District of Columbia

The AARP Public Policy Institute (PPI) conducted a year-long, multidisciplinary exploration of the well-being of America’s middle class with a focus on prospects for financially secure retirement. The nine reports from this project indicate that: Income has been flat for over three decades among the shrinking middle class. Housing, healthcare, and education costs have risen faster than incomes — contributing to increasing debt at all ages. Projected healthcare costs threaten to further erode retirement security for future cohorts of retirees. Security is particularly imperiled for people of color as well as those with lower levels of education. These trends mean that Social Security, Medicare, and Medicaid are likely to be even more important to most future retirees. Controlling healthcare costs will be especially important to future security.

THE RETIREMENT INCOME CRISIS OF BABY BOOMERS: POLICY AND POLITICS

E. Kingson, School of Social Work, Syracuse University, Syracuse, New York

This presentation examines the retirement security crisis facing many working Americans, especially middle- and late-middle-aged baby boomers. It discusses how savings incentives, efforts to strengthen the occupational pension system, and longer work lives are potentially beneficial to older workers as they plan for and move into their older years. Observing that nothing can replace Social Security and Medicare as the foundation of retirement income security for the vast majority of working persons, it discusses various approaches of moving the income security of aging baby boomers onto the nation's political agenda.

SESSION 1845 (SYMPOSIUM)

THE MISSING LINK: CONNECTING ASSESSMENT OF FAMILY CAREGIVERS TO CARE RECIPIENT OUTCOMES

Chair: L. Feinberg, AARP Public Policy Institute, Washington, DC, District of Columbia

Discussant: S. Szanton, Johns Hopkins School of Nursing, Baltimore, Maryland

Families play a central role in the care of older adults in both the health care and long-term services and supports (LTSS) systems. In recent years, the role of family caregivers has expanded to include carrying out complex medical/nursing tasks in the home, and coordinating care across settings and providers. Family caregivers provide about 40 billion hours of unpaid care with an estimated economic value of $450 billion. Assessing and addressing the capabilities and needs of family caregivers is both a public health and an economic priority. Yet, little is known about whether and how caregiver assessment and supportive services yield better outcomes for the care recipient. A key concern is that the continued reliance on family caregivers, without recognizing and addressing their needs for education and support services, will increase the strain and health risks of the family. In turn, these strains can impede a caregiver's ability to provide care, prevent unnecessary hospitalizations, and prevent or delay nursing home care. This symposium will: 1) highlight new caregiving research sponsored by the AARP Public Policy Institute. Presenters will highlight what a caregiver assessment is, and why assessment and support of the caregiver is essential for better care for the care recipient; 2) identify "push-backs" to the concept of assessing and addressing family needs in health care and in LTSS settings; 3) describe the framework and pathways by which caregiver assessment influences care recipient use of health care and LTSS and related care recipient outcomes; and 4) present the state of evidence from a review of the literature. Research gaps and implications for policy and practice will be addressed.

A CONCEPTUAL FRAMEWORK CONNECTING ASSESSMENT OF FAMILY CAREGIVERS TO CARE RECIPIENT OUTCOMES

J. Wolf, JHU/APL, Baltimore, Maryland

In this session we will present a framework that describes how systematic family caregiver assessment would influence care recipient outcomes. The Model builds from established domains and definitions set forth in a National Consensus Development Conference on Caregiver Assessment. The Model identifies the specific pathways by which new knowledge obtained from assessment of the family caregiver would influence family caregivers, health and social service providers, and care recipients, the quality of their interpersonal interactions and the appropriateness of the care plan, including referral to targeted services and supports that benefit the caregiver, the care recipient, or both. Higher quality interpersonal interactions and a more appropriate and supportive care plan in turn would influence functioning of the family caregiver-care recipient dyad, ability to enact the care plan, and ultimately a range of care recipient outcomes such as quality of life, health and function, as well as health service use and costs.

AN EXAMINATION OF THE EXISTING LITERATURE ON CAREGIVER ASSESSMENT

A. Willink, Health Policy and Management, Johns Hopkins University, Baltimore, Maryland

The linkages between caregiver assessment and care recipient outcomes, as articulated in the Model presented in this symposium, are based on hypothesized interactions between the health system, the family caregiver and the care recipient. To substantiate these pathways, a review of the existing literature on caregiver assessment was conducted. This presentation will discuss the findings of the review process in relation to the pathways of the Model, as well as describe areas where the evidence is limited. It is intended that this evaluation of the evidence will describe the state of the evidence in regard to whether and how caregiver assessment relates to care recipient outcomes, as well as provoke interest in future research to explore the potential benefits of caregiver assessment to inform public policy and practice.

PUSH-BACKS TO ASSESSMENT OF FAMILY CAREGIVERS

K. Maslow, Institute of Medicine, Bethesda, Maryland

Although many experts, including researchers, health care and social service professionals, and other providers of health-related and long-
term services and supports, are convinced that assessment of family caregivers is essential to achieving better outcomes for care recipients, others express various reasons for questioning or rejecting this concept. Sometimes, these reasons, or “push-backs,” are expressed by policymakers and administrators who have the authority to decide whether public and private programs will include and pay for family caregiver assessment. Other times, the “push-backs” come from health care and social service professionals and those who could provide family caregiver assessment or not. Understanding and responding to these “push-backs” is an important step in increasing the availability and use of family caregiver assessment. This presentation will identify common “push-backs,” discuss their meaning, and propose possible approaches to address them.

FAMILY CAREGIVER ASSESSMENT: WHAT IT IS AND WHAT IT IS NOT

C.J. Whitlatch, Benjamin Rose Institute on Aging, Cleveland, Ohio

Assessing and, in turn, addressing the needs of family caregivers is a process that takes many forms. Assessments developed for research environments are often theoretically based and designed to evaluate the effects of caregiver intervention trials on a variety of outcomes. Practice-based assessments are more typically tied to program evaluation, reimbursement for services provided, and/or referral to appropriate supportive services. This paper will describe the process and basic content areas that underlie family caregiver assessment in the context of health care and long-term services and support settings. Specific examples of the domains of family caregiver assessment to be discussed draw upon the recommendations of the 2005 National Consensus Development Conference on Caregiver Assessment. These domains include: the care context; caregiver’s perceptions of health and functional status of the care recipient; care values and preferences; well-being; consequences of caregiving; skills and abilities to provide care; and potential resources.

SESSION 1850 (PAPER)

NURSING HOME OWNERSHIP, REGULATIONS AND PATTERNS OF UTILIZATION

THE EFFECTS OF REGULATION AND LITIGATION ON A LARGE FOR-PROFIT NURSING HOME CHAIN


Objective. To examine the effects of state regulation and civil class-action litigation on corporate compliance with nurse staffing and quality standards, strategies to manage staffing and quality, and the financial status of one of the nation’s largest for-profit nursing home chains. Study Design. A historical case study was used to examine the chain and with a special focus on its facilities in California from 2003-2011. Data Sources. Multiple public data sources were used from state regulatory reports, a class action litigation trial, state statistics, and other documents. Principal Findings. The state survey and certification program issued numerous deficiencies to the chain’s facilities for violations of the nurse staffing and quality standards, with minimal impact. The jury in the class action trial found the chain violated the state’s minimum staffing standard on one-third of the total days during a 6-year period and awarded a $677 million verdict. A subsequent court settlement and supervised injunction resulted in compliance with the state’s minimum staffing standards but had a limited impact on compliance with quality standards and on the chain’s financial status. Conclusions. Civil litigation had more impact on the chain than the regulatory oversight, although the quality of care did not substantially improve.


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Corporate (or chain) firms have consistently owned more than 50% of nursing homes over the last decade. Most previous research on chain ownership of U.S. nursing homes codes chain ownership as a single dummy variable that does not distinguish individual corporate owners, and this approach has led to mixed evidence on the impact of chain ownership on quality and facility management. Our project builds on the few studies that have coded individual chains from accessible federal certification files (OSCAR). We improve precision by comprehensively reviewing and coding corporate chain names for a longitudinal OSCAR data set spanning 1991 through 2011 using external references to support decisions. Our investigation allows us to disentangle heterogeneity in chain ownership for even the smallest of chains, those that include less than 10 facilities, and to study the evolution of chains including changes in chain ownership. We report previously indistinguishable aspects of chain ownership including total number, size, location, and changes over time, allowing us to differentiate chain owners ranging from Whitehall Convalescent Homes, a local 2-facility chain in Michigan, to Beverly Enterprises Inc., a chain owning hundreds of facilities across more than thirty-five states. We highlight here vital information on the demographics of chain owners and describe some of the history of how chains have expanded, contracted, and rebranded themselves while interacting with national policy changes in the nursing home industry over the past two decades.

HOW SEPARATE ARE SKILLED NURSING FACILITIES AND HOME & COMMUNITY BASED SERVICES?

D. Tyler, M. Fennell, Brown University, Providence, Rhode Island

PURPOSE: Recent literature on home and community based services (HCBS) assumes that the long-term care (LTC) industry is moving past a reliance on skilled nursing facilities (SNFs) and towards a model centered upon HCBS. Federal policies to “rebalance” funding for LTC have also embraced this model. This paper examines the extent to which the assumption of “separation” between SNF and HCBS services is supported by empirical data on co-location of SNFs, assisted living facilities (ALFs), and adult daycare (ADC) facilities nationwide. METHODS: Using 2009-10 data on the availability of ALFs and ADCs and 2010 MDS data on operating SNFs, we created a merged dataset on facility co-location, using zipcodes and truncated x/y geographic coordinates to identify instances of SNF/ALF/ADC co-location. Data on demographic characteristics of zipcode areas was merged from the 2010 Census and from the American Community Survey for 2011. RESULTS: 2,008 instances of SNF and HCBS co-location were distributed as follows: 1923 SNF-ALF, 50 SNF-ADC, and 35 SNF-ADC-ALF co-locations. These represent a significant proportion of all ALFs (17% of all ALFs with 25 beds or more), but only 2% of all ADCs. The majority of co-located facilities are in the Midwest (59%). Analyses are in progress to characterize the sociodemographic characteristics of zipcode areas with and without co-locations. Additional analyses will determine organizational characteristics of co-located SNFs (using MDS and OSCAR data). IMPLICATIONS: The frequency with which co-location of SNFs and ALFs occurs suggests that these two sectors are not completely separate. Questions remain concerning the organizational strategy of co-location.
This study examined the demographics, health status, utilization and costs of Medicaid long-stay residents preceding nursing facility (NF) entry compared with those who were not admitted. Researchers at the California Medicaid Research Institute developed an integrated, longitudinal database of Medicaid and Medicare claims and assessment data of those who used Medicaid long term services and supports (LTSS) in California. Approximately 90,000 individuals had first admissions to a NF for a long-stay over the 2006 and 2008 period. The majority received Medicare and Medicaid (MMEs) compared to those receiving Medicaid-only and they were in older age groups. Those admitted had a higher level of disease burden along with higher functional and cognitive limitations and were more likely to be white than non-entrants. More than 40% of MMEs and 65% of individuals with Medicaid only that had long-stay NF admissions did not receive any home and community based services (HCBS) during the three-months preceding admission. The average HCBS expenditures were only slightly higher for those who had a long-stay NF admission than those not admitted, suggesting HCBS spending may not be adequate to prevent or reduce hospitalization and long stay NF use. Finally, those individuals who had long-stay NF admissions had total average monthly expenditures, primarily paid by Medicare, over the prior 12-months that were 3 to 4 times the average expenditures of the non-entry group, primarily for hospital and medical services. These findings suggest the need to identify high risk individuals and develop targeted strategies to avoid or delay nursing home stays.

SESSION 1855 (PAPER)

TRANSPORTATION POLICIES AND BUSINESS OPPORTUNITIES TO DEVELOP SERVICES FOR AGING-FRIENDLY ENVIRONMENTS

TOWARD A NATIONAL POLICY ON SENIOR TRANSPORTATION AND MOBILITY

N.M. Silverstein, B. Kim, A. Gottlieb, Gerontology, Univ Mass Boston, Boston, Massachusetts

The ability to get to where you want to go, when you want to go there is a key factor in aging-in-place in our communities and often taken for granted, until that ability is compromised. Key informant interviews were conducted in 2012 with 32 policy leaders from national transportation and aging organizations in the United States, transportation providers, and researchers in transportation and aging. Several themes were explored related to the readiness of communities to address the specialized supportive and assistive mobility needs of older adults. This presentation focuses on the policy recommendations that emerged. The major recommendation was to tie mobility to healthcare. Many saw mobility as a preventative activity to declines in quality of life and health. The respondents described the direct result of our failure to address the transportation and mobility issue on a policy level. Several respondents called for a national policy on senior transportation and mobility with the rationale that keeping people mobile keeps them in their own homes, keeps them members of society, and saves money. They spoke about managed care and the shift to outpatient services and noted from a public policy standpoint, that leaders should realize that the shift means that people are going to have a variety of different mobility needs based upon their outpatient needs. Another specific policy area mentioned was related to the provision of non-emergent medical transportation. Connecting senior transportation to health policy is an important step toward responding to the mobility challenges of community-residing older adults.

VERTICAL VILLAGE: RESEARCH ON AGING IN PLACE IN A HIGH RISE MULTI-GENERATIONAL COMMUNITY

M.E. Davis, George Mason University, Fairfax, Virginia

The Vertical Village is a special 2 year project designed to provide concierge like services to older adults within a high rise, market rate apartment building serving a multi-generational population of residents. This pilot project was designed to provide a unique opportunity and challenge for promoting aging in place. Many of the older residents have been long term tenants who desire to remain in their homes as long as possible. In order to do so, they will need to access support services and community resources that will allow them to meet their changing needs. The pilot project was designed to provide services coordination and referral, to reduce social isolation, facilitate early identification of adults at risk, promote successful aging and develop private-public partnerships. An AARP study showed over 80% of individuals over age 45 indicated they want to remain in their own homes, even when they need assistance. (Clarity, 2007: Greenwald, 2003). Large market rate, high rise apartments, with multi-generational residents provide a unique opportunity and challenge for promoting aging in place. The evaluation research based upon this project provides insights into the needs of older adult residents in high risk, multi-generational settings. The author was the evaluator of the project and will share the results of this research and its implications for other aging in place programs within this kind of setting. The results suggests unique challenges and the potential for intergenerational programing to promote older adults aging in place and improving access to services and quality of life.

OPTIMAL ENTREPRENEURSHIP: STRATEGIES FOR COMMUNITY AND BUSINESS BASED RESEARCH

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The population is aging and they are immeasurable opportunities and challenges that come with population aging. Businesses are removing blinders seeing opportunities. Publically funded programs and services directed to older adults historically were directed from a top down model ignoring private sector. Of late, new partnerships bridging traditional sectors with private sectors are discussing creative entrepreneurship models within community-level frameworks to address aging services. This paper discusses the critical factors necessary to create an environment to nurture new entrepreneurial enterprises that provide supportive strategies for age related businesses from two distinct business models. The paper will discuss research from two major U.S. cities that encouraged the optimal aging experience for older adults, their families, and the community through entrepreneurship. Next, a community level sustainable plan that provides stability for an intergenerational “Village” from community programs and services through an alternative entrepreneurial solution that is one part typical “Village” neighborhood with membership fees to the targeted neighborhood and one part revenue-generating healthy meal program, not dependent on foundations or grants will be discussed. Finally, the paper concludes by offering recommendations as how to encourage partnerships for optimal relationships in building healthy, entrepreneurial opportunities for sustaining aging in place and older adults, their families and the communities in which they reside economically.

BUILDING AN AGE-FRIENDLY CITY INITIATIVE: AN OPPORTUNITY FOR ALL SECTORS

S. Owusu, R. Finkelstein, New York Academy of Medicine, New York, New York

Meeting the global challenge of population aging requires innovative approaches and new ways of thinking. Age-friendly New York City
LIFELONG SATELLITE-CELL DEPLETION DOES NOT INFLUENCE SARCOPENIA OR AGED SKELETAL MUSCLE HYPERTROPHY

J.D. Lee, J. Mula, C. Fry, T. Kirby, J. Beggs, M. Campbell, J. McCarthy, C.A. Peterson, Rehabilitation Sciences, University of Kentucky, Lexington, Kentucky

We developed the Pax7-DTA mouse that allows conditional and specific deletion of Pax7+ satellite cells with tamoxifen administration to elucidate if the loss of muscle satellite cells associated with age, causes sarcopenia. Four month-old mice were treated (tamoxifen or vehicle) and allowed to recover for one or 20 months, followed by a hypertrophic stimulating surgery. Tamoxifen-treated muscles showed >90% satellite cell depletion after 1 month and no recovery after 20 months, such that the aged mice lived the majority of their lives with a reduced satellite cell pool. With age, vehicle-treated muscles demonstrated an expected reduction (~52%) in satellite cells. Further, an age-associated loss of muscle mass and attenuated muscle hypertrophy in response to overload was observed in 24 month-old mice; however, neither was affected by lifelong satellite cell depletion. Thus, satellite cell loss does not play a causal role in sarcopenia or in diminished muscle adaptability observed with age.
of age-related changes in Germany versus the United States. Using data from an experimental study, Weiss et al. will talk about how older adults can counteract the detrimental consequences of negative age stereotypes. Kotter-Gruen & Neupert present results from an experience sampling study assessing the day-to-day variability in subjective age and its relationship with daily affect, stress, and health. Based on data from the MIDUS study, Stephan and colleagues address the prospective relationship between subjective age and cognition (episodic memory, executive functioning) over a 10-year period. Our discussant Thomas Hess will integrate the four papers and discuss the implications that differences and changes in the awareness and perception of aging may have.

MEASURING AWARENESS OF AGE-RELATED CHANGE: FINDINGS FROM A STUDY IN THE U.S. AND GERMANY

This presentation reports findings from a study with about 400 American and German adults each (age range 40-98 years) validating a multidimensional questionnaire of Awareness of Age-Related Change (AARC). Participants responded to a 194-item questionnaire assessing AARC in five behavioral domains: Physical health, cognitive functioning, interpersonal relations, social-emotional functioning, and lifestyle and engagement. Analyses showed high reliabilities (α’s > .80) of the a-priori scales. Factor analyses with the best 99 items yielded an identical two-factor solution in both cultures: Perceived age-related gains and perceived age-related losses. In both cultures, factor scores indicative of perceived age-related gains were positively correlated with psychological well-being, better functional health and positive personality traits. Conversely, factor scores indicative of perceived age-related losses were negatively associated with psychological well-being, functional health, future time perspective, and life satisfaction, and positively with depressive symptoms, neuroticism, and more negative age stereotypes. There were more similarities than differences across cultures.

WHEN FEELING DIFFERENT PAYS OFF: HOW OLDER ADULTS CAN COUNTERACT NEGATIVE AGE STEREOTYPES
D. Weiss1, K. Sassenberg2, A.M. Freund1, 1. Department of Psychology, University of Zurich, Zurich, Switzerland, 2. Knowledge Media Research Center, Tuebingen, Germany

Negative age stereotypes are pervasive and represent a threat to the self-esteem of older adults. We tested the hypothesis that differentiation from one’s age group reduces the impact of negative age stereotypes on older adults’ self-evaluation. In Experiment 1, older adults (N = 83, M = 71.9 years) were confronted with neutral or negative age-related information followed by a manipulation of self-differentiation. Because research suggests that age stereotypes often operate on an implicit level, Experiment 2 (N = 44, M = 73.55 years) tested the moderating role of self-differentiation in the relationship of implicit attitudes towards older adults and implicit self-esteem. Results of both studies suggest that self-differentiation prevents the impact of negative age stereotypes on older adults’ self-esteem. Self-differentiation represents a self-protective mechanism that allows older adults to maintain a positive self-perception on an implicit and explicit level in the face of negative age stereotypes.

INTRAINDIVIDUAL VARIABILITY IN SUBJECTIVE AGE AS A FUNCTION OF DAILY AFFECT, STRESS, AND HEALTH
D. Kotter-Gruen1, S.D. Neupert2, 1. Department of Psychology and Neuroscience, Duke University, Durham, North Carolina, 2. North Carolina State University, Raleigh, North Carolina

Older adults often report feeling younger, looking younger, and wanting to be younger than they actually are. Cross-sectional and longitudinal studies have identified correlates of and changes in subjective age over longer time periods. Little is known, however, about short-term changes in subjective age. Using an 8-day daily diary approach with N = 43 adults (60 - 96 years old), the present study examined (a) whether older adults’ subjective ages fluctuate on a day-to-day basis and (b) which variables explain intraindividual variability in subjective age. Subjective age showed significant intraindividual variability that could not be explained by time but by short-term changes in other variables. Specifically, on days on which participants experienced higher than average negative affect, stress, or health problems they also felt older than on days with average negative affect, stress, or health. The directionality of these results and their implications for daily life will be discussed.

SUBJECTIVE AGE AND COGNITIVE FUNCTIONING: A 10-YEAR PROSPECTIVE STUDY

Subjective age, how old or young individuals feel relative to their chronological age, predicts important outcomes in old age, including higher well-being and reduced mortality. However, no research have considered the contribution of subjective age on cognitive functioning. This study test whether a younger subjective age is prospectively associated with cognitive function in a 10-year longitudinal study of US adults (N=1352). Regression analysis that accounted for chronological age, sex, education, marital status, disease burden, body mass index, and physical activity, indicate that a younger subjective age predicts better episodic memory and executive functioning assessed 10 year later. Furthermore, body mass index and physical activity partially mediated the contribution of subjective age on episodic memory and executive function, respectively. Even after accounting for chronological age and other risk factors for cognitive decline, such as education, disease burden and sedentary lifestyle, the subjective experience of aging predicts cognitive functioning in old age.

SESSION 1870 (SYMPOSIUM)

ENGAGEMENT IN THE ENCORE STAGE OF LIFE: FROM PSYCHOLOGICAL FACTORS TO POLICY IMPLICATIONS
Chair: A.E. Reed, Department of Psychology, Stanford University, Stanford, California
Co-Chair: C. Halvorsen, Encore.org, San Francisco, California
Discussant: M. Pitt-Catsouphes, Boston College - Sloan Center on Aging & Work, Chestnut Hill, Massachusetts

Engaging older adults in meaningful activities through work, volunteering or education reaps benefits for all of society, yet older adults remain underutilized. Understanding engagement in later life is therefore critical for research and policy reasons. This symposium presents cutting-edge investigations of multiple dimensions and domains of engagement from psychological, behavioral and translational perspectives. First, Halvorsen and colleagues will present results from three nation-wide surveys of encore careers, highlighting personal factors and existing programs that promote (versus hinder) the pursuit of careers that combine “purpose, passion and a paycheck.” Then, Matz-Costa and James will discuss evidence for a wide spectrum of personal beliefs about the concept of encore in later life, ranging from passionate, ambitious goals of giving back to perceptions of “me-time.” Results underscore the need for an expansive and nuanced conceptual framework of encore. Morrow-Howell and Gonzales will then review findings from a novel university-led initiative to facilitate retraining older adults as social workers. Their results shed light on older professional students’ career trajectories and social perceptions, and suggest practical means of improving graduate educational programs to prepare older adults.
ENCORE CAREERS RESEARCH: RESULTS FROM THREE NATIONAL SURVEYS
C. Halvorsen, J. Emerman, M. Hynes, D.M. Bank, Encore.org, San Francisco, California
Research from the national nonprofit organization Encore.org shows that as many as 9 million people ages 44 to 70 have moved into new paid jobs that make a positive social impact in their communities and the world – often called encore careers. Thirty-one million more are interested in pursuing these careers. This presentation will feature the results from three surveys of Americans ages 44 to 70: a nationally representative telephone survey (N=930); an online survey of people currently in or interested in encore careers (N=1,408); and an online survey of potential entrepreneurs (N=400). After attending the session, participants will come away with an understanding of what an encore career is, the challenges faced by those who have already made the transition into these new careers, the key drivers for pursuing encore careers, and some examples of programs that are smoothing the transition.

ON “GIVING BACK” AND “NOT GIVING BACK”: OLDER ADULTS’ DIVERSE NEEDS AND WANTS IN THE ENCORE STAGE
C. Matz-Costa, J. James, Graduate School of Social Work, Boston College, Sloan Center on Aging & Work, Chestnut Hill, Massachusetts
Using focus group data and intensive individual-level data collected from older adults affiliated with various Boston-area nonprofit organizations, including a lifelong learning institute, an urban community center, and a Unitarian church, we report on the micro-level experience of giving back and not giving back in the “encore” stage of life. Findings suggest that there is great diversity among older adults with regard to their reactions to the “encore” idea, ranging from being passionate about the desire to give back in big ways (e.g., through ambitious, large-scale ventures) to thoroughly enjoying giving back in personal ways (e.g., caring for grandchildren, volunteering at their church) to vehemently defending one’s right to some much deserved “me-time” after decades of giving through work. Ideas for refining and extending our understanding of giving through work will be discussed.

RETOOLING FOR AN ENCORE CAREER: PERSPECTIVES FROM A GRADUATE SOCIAL WORK PROGRAM
N. Morrow-Howell, E. Gonzales, Washington University in St. Louis, St. Louis, Missouri
Aim: Washington University has an initiative to facilitate older students obtaining MSW degrees. In this presentation, we review data collection efforts that informed the initiative and current efforts in recruitment and job placement. Methods: We completed an alumni survey as well as focus groups with students who entered the graduate program at age 40 or above. We have subsequently initiated efforts to recruit and support older students. Results: We learned that, on average, older students returned to school after a 20 year career and planned on spending another 20 years in a social work career. The students found that their age was more of an asset than a barrier; and only a few incidents of age discrimination were described. There are several initiatives in recruitment, curriculum, and career development that are relatively easy to institute. Implications: Universities can take leadership roles in preparing mid-life and older adults for Encore Careers.

VOLUNTEERING ACROSS ADULTHOOD: MOTIVATIONS AND PREFERENCES REFLECT AGE-RELATED GOAL PRIORITIES
A.E. Reed1, D.C. Carr1, J. Rowe2, L. Castensen1, 1. Stanford University, Stanford, California, 2. Columbia University, New York, New York
Older people contribute nearly a billion hours every year to formal volunteer activities in the United States. However, the growing resource of older citizens remains underutilized. Only 1 in 4 older adults currently volunteer. Engaging more adults in volunteer work requires a clear understanding of how motivations and preferences vary with age across adulthood. To date, relevant empirical findings remain limited. We conducted a large-scale survey with a sample of volunteers and non-volunteers covering the full adult life span (N = 972). Results indicated that volunteer motives and preferences vary by age consistent with age-related trends in chronically-activated goals: Younger adults prioritized expanding their horizons and preparing themselves for the future, whereas older adults prioritized emotionally meaningful experiences. Moreover, volunteer opportunities that specifically appealed to these age-related motivations generated the highest interest in engagement. We discuss implications for scalable interventions to maximize recruitment and engagement of volunteers of all ages.

SESSION 1875 (SYMPOSIUM)
NOVEL RESEARCH DESIGNS AND METHODS FOR ANALYSIS OF RETEST EFFECTS IN COGNITIVE AGING
Chair: A.L. Gross, Harvard Medical School, Boston, Massachusetts
Discussant: S.M. Hofer, University of Victoria, Victoria, British Columbia, Canada
Repeated cognitive assessments are ubiquitous in longitudinal cohort studies of aging, randomized trials, and clinical practice. Practice or retest effects are systematic boosts in cognitive performance attributable to familiarity with testing procedures and test content after repeated testing. Retest effects are an under-recognized threat to the ability to make accurate inferences about predictors of cognitive change and the pace of change. Modern research design and analytic approaches to adjusting for retest are insufficiently utilized in practice. The presentations in this symposium summarize several cutting-edge methodological and conceptual innovations in the study of retest effects. The first presentation by Jones and colleagues provides a broad overview of what is currently known about retest effects and how they are handled, thus setting the stage for later talks. The second talk by Sliwinski introduces a novel study involving smartphones to acquire measures of working memory, processing speed and spatial memory in natural settings. A formal model for retest effects is proposed in which performance is a function of capacity and practice components of cumulative learning, and warm-up effects. Third, Gross and colleagues use a large sample of community-living older adults to determine whether retest effects are different by demographic and health characteristics. Findings suggest that a considerable amount of retest is attributable to procedural memory (test-taking experience) in addition to episodic memory. Finally, Rast reports recent findings from an innovative measurement burst research design. The utility of retest as a predictor of later cognitive change is discussed.

APPROACHES TO MODELING COGNITIVE RETEST EFFECTS IN MEASUREMENT BURST DESIGNS
M. Sliwinski, Pennsylvania State University, University Park, Pennsylvania
Describing and identifying the causes of change are the central goals of developmental science. These are particularly challenging goals in the context of cognitive aging because repeated assessments provide...
DO RETEST EFFECTS DIFFER BY DEMOGRAPHIC AND HEALTH CHARACTERISTICS?

A.L. Gross1, A. Benitez2, R. Shih3, J.J. Manly4, 1. Harvard Medical School, Boston, Massachusetts, 2. Department of Radiology and Radiological Sciences, Center for Biomedical Imaging, Medical University of South Carolina, Charleston, South Carolina, 3. RAND Corporation, Arlington, Virginia, 4. Taub Institute for Research on Alzheimer’s Disease and the Aging Brain; Department of Neurology, New York, New York

OBJECTIVE: Better performance following repeated test administration could profoundly affect estimated long-term trajectories in cognitive aging. We examined whether retest varies by racial/ethnic group, education, and dementia correlates including APOE4 status, baseline cognition, and cardiovascular risk. METHODS: We used data from the Washington Heights-Inwood Columbia Aging Project, a cohort study of community-living adults age 60+ (n=4,016). Using a factor for general cognition, we modeled retest as the difference between the first two testing occasions using random-effects models. RESULTS: Overall retest was 0.82SD (95% CI: 0.49, 1.15). Retest was higher for participants in the lowest quartile of baseline cognition, consistent with regression to the mean. Retest did not differ by other characteristics. DISCUSSION: Retest effects are large in this community-based sample, but do not vary by demographic, genetic, or health characteristics. Stronger retest in persons with lower cognitive functioning, most of whom had dementia, suggests a large amount of retest is attributable to procedural memory.

RETENST EFFECTS AS PREDICTORS OF LONGITUDINAL CHANGES IN COGNITION

P. Rast, University of Victoria, Victoria, British Columbia, Canada

Retest effects are ubiquitous in longitudinal research, confound analyses of change over maturation, and are related to individual differences such as age, ability level, prior test experience, and anxiety. In most instances, retest effects are considered to ‘spoil’ performance of participants in test situations in the sense that repeated exposure to the testing material increases performance unduly. At the same time retest effects express learning after test exposure and might be also seen as a resource. We evaluate the usefulness of retest effects as predictors for cognitive change in a measurement burst study. For example, retest effects in a choice reaction time task early in the study predicted changes in a memory test across four years. We discuss the implications for inference regarding aging-related change in general and emphasize the importance of including individual differences in retest gains as a predictor of later change.

A REVIEW OF PRACTICE (RETEST) EFFECTS IN COGNITIVE AGING

R.N. Jones1,2, A.L. Gross1. 1. Hebrew SeniorLife, Institute for Aging Research, Boston, Massachusetts, 2. Brown University, Department of Psychiatry and Human Behavior; Providence, Rhode Island

INTRODUCTION: Practice (retest) effects in mental testing have been described since at least 1920. This paper provides a historical overview of design and methodological approaches to dealing with practice effects. METHOD: Selective literature review with an emphasis on cognitive aging. RESULTS: In two-wave studies, practice effects are typically handled by incorporating adjustments in the computation of reliable change indices. In multiple-wave follow-up studies, a combination of fixed effects and random effects are used to handle practice. Empirical studies have demonstrated variability in the magnitude of practice by domain of functioning and length of retest interval. Retest may continue to accumulate over multiple retesting points. DISCUSSION: Thorndike (1920) suggested that practice could be effectively dealt with after 10 minutes of training on mental tests. Statistical modeling of retest effects is another approach, but to date generalities about the magnitude and occurrence of practice effects remain important questions in cognitive aging.

SESSION 1880 (SYMPOSIUM)

PERCEIVED STRESS: EFFECTS ON COGNITIVE AND BRAIN AGING

Chair: E. Munoz, The Pennsylvania State University, University Park, Pennsylvania
Co-Chair: M. Sliwinski, The Pennsylvania State University, University Park, Pennsylvania
Discussant: K.J. Anstey, The Australian National University, Canberra, Australian Capital Territory, Australia

Studies on psychological stress and aging have traditionally focused on the links between stress and mental and physical health. Although recent research identifies stress-related variables as important predictors of cognitive aging, more attention is dedicated to physiological markers of stress and less to psychological stress. The purpose of this symposium is to highlight recent directions and advances in the study of psychological stress, cognition, and aging. Using data from a longitudinal study, Lipton and colleagues show that higher levels of perceived stress are associated with greater rates of cognitive decline and increased incidence of amnestic Mild Cognitive Impairment. Munoz and colleagues examine data from a measurement-burst study and find that overall levels and not rates of change in perceived stress predict declines in cognitive performance. Zimmerman and colleagues use neuroimaging techniques to determine that greater reports of perceived stress are associated with smaller volumes of specific hippocampal subregions. Using data from an ecological momentary assessment study, Scott and Sliwinski identify unconstructive repetitive thought as an important mechanism linking stress to adverse cognitive health outcomes. These presentations employ innovative approaches to the study of stress and cognitive aging by incorporating information across different levels of analysis and implementing diverse research designs that highlight the various possibilities for research in this area. Further, these presentations investigate mechanisms that extend our current understanding on how psychological stress adversely affects cognition. Kaarin Anstey will integrate these studies and discuss the theoretical and methodological promises and challenges of research on stress, cognition, and aging.

STRESS AND RISK OF AMNESTIC MILD COGNITIVE IMPAIRMENT (AMCI): RESULTS FROM THE EINSTEIN AGING STUDY (EAS)

R.B. Lipton1, M.J. Katz2, C. Wang1, M.E. Zimmerman1, M. Sliwinski2, 1. Neurology, Albert Einstein College of Medicine, Bronx, New York, 2. Pennsylvania State University, State College, Pennsylvania

Stress may be a remediable risk factor for cognitive decline and may predict transitions from normative aging to MCI and dementia. Longitudinal analyses were conducted in the EAS cohort. The effect of baseline Perceived Stress Scale (PSS) score on the risk of developing aMCI was examined using Cox proportional hazards’ models, adjusting for gender, race, education, and age at baseline. In the fully adjusted model, a 5 point difference in PSS score was associated with an increased risk...
MECHANISM LIKING STRESS TO OUTCOMES

UNCONSTRUCTIVE REPETITIVE THOUGHT AS A RISK FACTOR FOR AGE-RELATED COGNITIVE DECLINE MAY HELP INFORM STRATEGIES FOR PREVENTION AND INTERVENTION.

PERCEIVED STRESS AND COGNITIVE CHANGE IN OLDER ADULTS

E. Munoz, S. Scott, M. Sliwinski. University Park, Pennsylvania

We examined the longitudinal association between perceived stress (PS) and cognition among 116 adults (aged 66 to 95) who completed “bursts” of daily cognitive assessments across six days. These bursts were repeated every six months for a two-year period and participants completed a measure of PS at the start of every burst. Using a double-exponential learning model, two parameters were estimated: asymptotic level (individuals’ best performance) and asymptotic change (the rate in which performance changed across bursts). We then examined whether level or change in PS across bursts predicted asymptotic level or change in cognitive performance. Results from latent growth curve analyses indicated that level of PS predicted a slowing in cognitive performance but not level of performance. Additionally, changes in PS did not predict level or change in cognitive performance. Results indicate that, compared to increases or decreases in PS, overall levels of PS are associated with cognitive decline.

STRESS, NEUROIMAGING, AND COGNITIVE AGING


Animal models have established that the hippocampus and prefrontal lobe are vulnerable to the negative effects of stress. However, the impact of stress on brain integrity and associated cognitive functions in humans is poorly understood. The goal of this presentation is to review the literature that has examined the relationship between neuroimaging-derived brain structures, cognition, and perceived stress among older adults. Preliminary data from the Einstein Aging Study indicates that higher levels of stress are associated with smaller hippocampal CA4/DG subregion volume (r=-0.31, p=0.04) and CA2/3 subregion volume (r=-0.32, p=0.03) after controlling for total intracranial volume. The findings from this study and others provide support for an association between stress and brain regions thought to be involved in cognitive aging and stress regulation. The identification of stress as a remediable risk factor for age-related cognitive decline may help inform strategies for prevention and intervention.

UNCONSTRUCTIVE REPETITIVE THOUGHT AS A MECHANISM LIKING STRESS TO OUTCOMES

S. Scott1,2, M. Sliwinski3, 1. Penn State, University Park, Pennsylvania, 2. University of South Florida, Tampa, Florida

Diary research has established that individuals report more negative affect (NA) on days they experience stressors. Much of this research, however, focused on individual differences (i.e., identifying who is more affected by stressors); less attention has been devoted to identifying mechanisms underlying the relationship between stressors and outcomes (e.g., explaining what it is about stressors that increases NA). Recently, unconstructive repetitive thought (URT; e.g., rumination, intrusive thinking) has been posited as a mechanism by which stress exerts its effects on functioning. We evaluate the role of URT as a mediator of the relationship between stressors and NA using ecological momentary assessment data. We find evidence that URT partially explains the relationship between exposure and elevated NA. That is, the kind of thoughts a person has in the period between being exposed to a stressor and reporting about it up to 3 hours later helps explain his or her negative mood.

SESSION 1885 (SYMPOSIUM)

PRACTICAL STRATEGIES THAT IMPACT TRANSLATION OF CAREGIVER INTERVENTIONS

Chair: A.B. Stevens, Scott & White Healthcare, Temple, Texas

Family caregiving is known to have substantial negative effects on physical and mental health, as well as impact financial and economic outcomes. Research has produced evidence based interventions that partially address the negative consequences of family caregiving; however, there is less evidence supporting widespread implementation of new community services for caregivers based on these interventions. Presentations will focus on three critical issues relevant to the translation of caregiver interventions - staff training, use of technology and innovative implementation, and evaluation methods. Dr. David Coon’s presentation will focus on key training and supervision issues identified through several intervention projects but most notably through CarePRO, a U.S. Administration on Aging funded ADDSP project, implemented with well over 600 ADRD family caregivers across Arizona and Nevada. Ms. Luk-Jones of the Alzheimer’s Association (AA) North Central Texas Chapter will describe the use of a web-based system to assist in the implementation and data tracking of clients served with the Resources for Enhancing Alzheimer’s Caregiver Health (REACH II) Intervention. Dr. Alan Stevens will describe implementation and evaluation strategies used by the Scott & White Family Caregiver Program (FCP) to embed caregiver support programs in healthcare settings. Laura Bauer (Discussant), Director of National Initiatives, Rosalynn Carter Institute for Caregiving (RCI), will critique strategies used by these projects as well as those she has observed in the numerous community-based caregiving projects funded by RCI.

TRANSLATING CAREGIVER INTERVENTIONS INTO THE COMMUNITY: KEY ISSUES IN STAFF TRAINING & SUPERVISION

D.W. Coon, College of Nursing & Health Innovation, Arizona State University, Phoenix, Arizona

Staff training and supervision is critical to effective translation of evidence-based caregiver intervention programs into the community. This presentation focuses on key training and supervision issues identified through several intervention projects but most notably through CarePRO, a U.S. Administration on Aging funded ADDSP project, implemented with well over 600 ADRD family caregivers across Arizona and Nevada and embedded into Alzheimer’s Association chapters in coordination with local Area Agencies on Aging, the state units on aging, and other aging network partners. Key issues include: competing staff roles and divergent skill levels and prior training experiences; variable interest in evidence-based program implementation versus loyalty to current approaches; staff turnover demanding more flexible training models; training and supervision approaches that foster intervention adoption, maintenance, and sustainability; challenges in treatment fidelity monitoring; strategies to address staff and caregiver diversity; and, complex cases and care transitions to enhance supervision content, process, and outcomes.

THE ROLE OF TECHNOLOGY TO AUGMENT IMPLEMENTATION AND DELIVERY OF THE REACH II INTERVENTION

S. Luk-Jones, T. Meakins-Linn, Alzheimer’s Association - North Central Texas, Fort Worth, Texas

The Alzheimer’s Association (AA) North Central Texas Chapter has provided the Resources for Enhancing Alzheimer’s Caregiver Health
(REACH II) Intervention to caregivers since July 2010 through funding from the Tarrant County United Way. The AA contracted with a vendor for a web-based system to assist in REACH II program implementation and data tracking its clients. Through the second year of the program, 577 caregivers have been enrolled and 300 have completed the 6-month intervention. The success of the current project has also led to the receipt of a new three-year Rosalynn Carter Institute REACH grant to expand the program and an opportunity to serve a new group of Alzheimer’s caregivers. The presentation will discuss the benefits of using a web-based system, specifically how it relates to implementation, tracking, and linking data across multiple programs. Results and lessons learned will also be discussed.

**EMBEDDING CAREGIVER INTERVENTIONS WITHIN PRIMARY CARE SETTINGS**

A.B. Stevens, L.L. Morgan, R. Basu, *Scott & White Healthcare, Temple, Texas*

The Scott & White Family Caregiver Program (FCP) was expanded to primary care clinics in four regions of the healthcare system. Regions were assigned to two conditions, Education and REACH II Skills Training. Outreach was done across clinics and referrals from clinicians were encouraged. Caregivers were assessed with the REACH II Quality of Life measure and provided either education or skills training over 6 months. 118 caregivers from two regions participated in the REACH II skills training program and were offered 4 to 6 one-on-one skills training sessions. On average, caregivers elected to receive three sessions. Thirty-nine caregivers from two regions received written educational information on topics matched to the REACH II skills training and two supportive phone calls to encourage engagement in the educational materials. The REACH II Quality of Life measure is the primary outcome. Outcome analysis will begin in July 2013 and findings will be presented.
SESSION 1895 (SYMPOSIUM)

PSYCHOLOGICAL RISK FACTORS FOR LATE-LIFE COGNITIVE AND FUNCTIONAL DECLINE

Chair: A.L. Byers, Department of Psychiatry, University of California, San Francisco, San Francisco, California, San Francisco VA Medical Center, San Francisco, California

Discussant: L. Barry, Center on Aging, University of Connecticut Health Center, Farmington, Connecticut

Evaluating the effect of various psychological risk factors on cognitive and functional decline is necessary for promoting independent, living and quality of life, particularly into late life. Although much has been studied in this area, there is still much we do not know. Using epidemiological methods, we can determine which factors are most important to target, supporting mental health and non-mental health interventions. Furthermore, by investigating psychological as well as medical factors, we are able to determine the importance of both types of risk factors in the continuum of decline with age. During our symposium, Ms. Korten will present findings examining depressed and non-depressed older adults and determine the relationship between depression characteristics (severity, onset, comorbidity, psychotropic medication, symptom dimension) and various domains of cognitive functioning. Ms. Oosterveld will present data on Alzheimer’s Disease patients, determining which factors, particularly comorbid disorders and cognitive performance, highly impact the clinical manifestation of the disease. Mr. Beris is a study. Clinical manifestation was operationalized using a composite of cognitive decay (MMSE), functional abilities (DAD) and neuropsychiatric symptoms (NPI). Co-morbidity was determined using the Cumulative Illness Rating Scale (CIRS-G) and cognitive performance was established from neuropsychological assessment. A total of 213 AD patients participated (mean age 75 years ± 10 years; 58% females). A linear regression model adjusted for age, sex and education showed that worse cognitive performance and more co-morbidity interacted to produce the worst clinical manifestation ($\beta = -0.14, p = 0.046$). Our findings indicate that interacting physical and cognitive health together may have the largest effect on clinical AD manifestation and may be responsible for part of the heterogeneity in AD presentation.

HETEROGENEITY OF LATE-LIFE DEPRESSION: RELATIONSHIP WITH COGNITIVE FUNCTIONING

N. Korten1, B. Penninx2, R.M. Kok3, M.L. Stek4, R.C. Oude Voshaar5, D.J. Deeg6, H.C. Comijs7, 1. VU University Medical Center, Amsterdam, Netherlands, 2. Parnassia Psychiatric Institute, The Hague, Netherlands, 3. University Medical Center Groningen, Groningen, Netherlands

Late-life depression is a heterogeneous disorder, whereby cognitive impairments are often observed. This study examines which characteristics and symptom dimensions of late-life depression are especially impactful on specific cognitive domains. Data of depressed and non-depressed older adults from the Netherlands Study of Depression in Older adults were used ($N=510$). Associations were examined between depression characteristics (severity, onset, comorbidity, psychotropic medication) and symptom dimensions with cognitive domains. Late-life depression was associated with poorer cognitive functioning. Within cases, higher severity of psychopathology and a first depressive episode was associated with poorer cognitive functioning. In addition, tricyclic antidepressants and benzodiazepines were associated with worse cognitive functioning. Higher scores on the mood dimension was associated with poorer working memory and processing speed, whereas a higher score on the motivational and apathy dimensions was associated with poorer episodic memory and processing speed. Suggesting that heterogeneity in late-life depression may lead to differences in cognitive functioning.
LATE-LIFE PTSD AND RISK OF MORTALITY: THE IMPORTANCE OF COMORBITIES
A.L. Byers, M. Beristianos, T.C. Neylan, K. Covinsky, K. Yaffe,
1. Department of Psychiatry, University of California, San Francisco, San Francisco, California, 2. San Francisco VA Medical Center, San Francisco, California, 3. California School of Professional Psychology, San Francisco, California, 4. Department of Medicine, University of California, San Francisco, San Francisco, California, 5. Departments of Neurology and Epidemiology and Biostatistics, University of California, San Francisco, California

Posttraumatic Stress Disorder (PTSD) tends to be a chronic disorder that continues into old age and is strongly related to psychiatric and medical morbidity. However, little is known about the risk of death associated with PTSD. Using a random sample of 200,000 older veterans (≥ 55 years), we examined: 1) the risk of mortality among those with PTSD and 2) whether psychiatric and medical comorbidities influence this risk. We found a 16% increased risk of death in veterans with PTSD vs those without PTSD (unadjusted hazard ratio [HR]: 1.16, 95% CI: 1.11-1.21). The association remained after adjustment for demographics. After adjustment for medical comorbidities, it attenuated slightly (HR: 1.09, 95% CI: 1.04-1.14). In contrast, adjustment for psychiatric and substance use disorders removed the association (HR: 0.99, 95% CI: 0.94-1.03). These findings suggest that the effect of PTSD on mortality in late life is explained by comorbid psychiatric and substance disorders.

THE MULTI-DOMAIN MOBILITY LAB IN OLDER PERSONS: FROM BENCH TO BEDSIDE

There is increasing evidence that biological systems (central and peripheral nervous, bone, muscle, hormones, nutritional and the cardio-pulmonary system, psycho-social) profoundly interact to maintain mobility in older persons. The multi-domain mobility evaluation is of importance to identify potential therapeutic targets. The correct identification of parkinsonism and types of polyneuropathy allows the initiation of appropriate treatments including polyunsaturated fatty acids, even in diabetic subjects. The assessment of bone density, geometry is required for initiating “supplements”, often forgotten, such as vitamin D. Muscle strength, mass and walking speed should be assessed before starting nutritional supplementation, specific types of exercises and, in selected cases, hormonal replacement. Finally, the imbalance of medications favoring or delaying the onset of low mobility should be daily monitored to adjust dosage and formulation. The “multi-domain mobility lab” in University-Hospitals should become a crossroad of comprehensive “instruments” to integrate all information and adopt strategies optimizing mobility in older persons.

SESSION 1900 (SYMPOSIUM)

QUALITY OF LIFE AFTER CANCER TREATMENT: IMPLICATIONS FROM A STUDY OF OLDER VETERANS
Chair: E.A. Mullogan, VA Boston Healthcare System, Brockton, Massachusetts, Department of Psychiatry, Harvard Medical School, Cambridge, Massachusetts. Co-Chair: A.D. Naik, HSR&D Center of Excellence, Michael E. DeBakey VAAMC, Houston, Texas

Due to improved diagnostic evaluation and advanced therapies, there are nearly 12 million cancer survivors in the United States. Despite the fact that 70% of survivors are older adults, few studies focus on the needs of this group. Cancer survivors are susceptible to numerous physical and psychosocial complications from cancer and its treatment that can significantly affect everyday functioning, emotional well-being, and the trajectory of recovery. The purpose of this symposium is to gain a better understanding of biopsychosocial adaptation of older adults after cancer treatment and implications for cancer survivorship care planning. Presentations will utilize data from a multi-site, longitudinal study of Veterans (M age=65.46, SD=10.04) who participated in structured interviews at 6 (N=170) and 12 months (N=144) post diagnosis for oral-digestive cancers. These head and neck, colorectal, esophageal, or gastric cancers are likely to affect quality of life given commonly associated functional limitations, pain, and/or disfigurement. Study results suggest complex relationships between age, physical symptoms, and emotional distress among Veterans recently diagnosed with cancer. Consistent with patient-centered care, results reinforce the need for an individualized approach to care planning that considers risk factors (e.g., side effects of cancer and its treatment, social limitations), resilience factors (e.g., the ability to perceive positive changes following cancer), and specific values and goals across the lifespan. Taken together, the presentations will help to foster a discussion regarding interventions to address quality of life among older cancer survivors.

THE SOCIAL INTRUSIVENESS OF SIDE EFFECTS OF CANCER AND THEIR ASSOCIATIONS WITH DEPRESSIVE SYMPTOMS

Family members and friends provide critical support to older cancer patients; however side effects of cancer and its treatment may affect the nature of socialization. One framework for conceptualizing these consequences is social intrusiveness, or how an illness and its side effects interfere with valued relationships and recreational activities. Results from a path analysis suggest that both visible (e.g., difficulty eating; β=-.19, p<.01) and internal (e.g., reduced self-image; β=.34, p<.001) side effects of oral-digestive cancer are significantly related to depressive symptoms among Veterans 6 months after diagnosis. The association between internal side effects and depression is partially mediated through intrusiveness in recreational activities (β=-.11, p<.05). Internal consequences of cancer may lead survivors to restrict recreational activities, and this diminished social contact and activity may in turn lead to greater depressive symptoms. These results highlight the need for interventions targeting issues such as self-image and modified participation in valued activities.

DIFFERENT EXPERIENCES OF PAIN IN OLDER VERSUS YOUNGER CANCER SURVIVORS
A. June, A.D. Naik, J. Gosian, J. Moyer, 1. VA Boston Healthcare System, Boston, Massachusetts, 2. Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, 3. HSR&D, Michael E. DeBakey VAMC, Houston, Texas, 4. Baylor College of Medicine, Houston, Texas

Pain is a patient-reported experience, with physical and emotional constituent inputs. As such, pain can be rated in intensity and the degree to which it influences daily life. Approximately 40% of this sample endorsed moderate to high intensity and impact of pain; the remaining participants endorsed low pain intensity and minimal to no impact, with no significant change between 6 and 12 months following diagnosis. Ratings of pain intensity and impact were significantly lower in older adults (>64) than younger adults (t=3.18, p=.002; t=3.07, p=.003). 22% of older adults endorsed high intensity pain while 49% of younger adults endorsed high intensity pain. In older adults pain ratings were associated with chemotherapy and surgery; in younger adults pain ratings were associated with emotional distress. Results suggest aging-related dif-
QUALITY OF LIFE VALUES AND GOALS AMONG VETERANS WITH ORAL-DIGESTIVE CANCERS


Patient-centered care entails dialogue about patient values and goals regarding health and the impact of treatment options on life goals. One year after cancer diagnosis, Veterans rated 16 basic life abilities on (1) importance to quality of life and (2) achievement. On average, most important abilities (rated 1-4) were to: make own life decisions (M = 3.4), control bodily functions (3.2), have relationships with family/friends (3.2), and avoid being a burden (3.2). On average, most achieved abilities (rated 1-5) were to: live at home (4.9), take care of self (4.7), walk/move around by self (4.7), and make own life decisions (4.7). Age did not correlate with importance ratings; older adults had higher ability achievement ratings.

STRESS-RELATED GROWTH AMONG OLDER VETERANS WITH CANCER


Stress-related growth (SRG) – or the perception of positive life changes following a stressful experience – is thought to arise out of meaning making and may provide a roadmap for recovery from life events such as cancer. Few studies have examined cancer-related SRG in the context of aging. In this study, a modified version of a SRG measure was used to assess SRG trait scores ("this describes me") and SRG change scores ("change since cancer") six months after cancer diagnosis. Older age was positively correlated with SRG trait total score (r = .24, p < .01) and negatively correlated with depressive symptoms (r = -.31, p < .01). Both age and SRG trait total score uniquely predicted lower depressive symptoms in a multivariate regression analysis (β = -.24 and -.33, p < .01, respectively). Findings suggest that older veterans with cancer report pre-existing trait factors independent of their cancer experience that may contribute to cancer-related resiliency.

SESSION 1905 (SYMPOSIUM)

REMINISCENCE AND LIFE REVIEW INTERVENTIONS FOR OPTIMAL AGING IN DIFFERENT RISK GROUPS

Chair: G.J. Westerhof, Psychology, Technology and Health, University Twente, Enschede, Netherlands
Co-Chair: E. Bohlmeijer, Psychology, Technology and Health, University Twente, Enschede, Netherlands
Discussant: P. Cappeliez, University of Ottawa, Ottawa, Ontario, Canada

This year celebrates the 50th anniversary of Robert Butler’s seminal article on reminiscence and life review among older persons. It has by now been well established that a constructive autobiographical reflection of the past can contribute to optimal aging. Many studies have shown that interventions developed from this perspective can be effective in alleviating symptoms of mental illness and promoting mental well-being. This symposium brings together researchers from different countries who developed innovative interventions for specific groups: older persons with depressive symptoms, patients in palliative care, older persons with dementia, and trans-gender identified older persons. The specific challenges and requirements in developing interventions for these groups as well as results from empirical studies will be discussed.

EFFECTIVENESS OF A GUIDED SELF-HELP LIFE-REVIEW COURSE FOR OLDER PEOPLE WITH DEPRESSIVE SYMPTOMS

S. Lammers, G.J. Westerhof, J. Korte, E.T. Bohlmeijer, Psychology, Technology and Health, University Twente, Enschede, Netherlands

Although there is substantial evidence for the effectiveness of life review as an early treatment of depression in later life, most trials evaluated group interventions. Therefore, this presentation focuses on a large randomized controlled trial (N = 174) that evaluated life-review therapy as a self-help intervention with e-mail counseling. The guided self-help intervention was compared with care-as-usual and a minimal intervention including expressive writing. Effects were examined directly, three months, and nine months after the intervention. Results showed that the intervention alleviates depressive symptoms and is effective in strengthening positive mental health. These effects remained three months and nine months after the intervention. Besides, moderator analyses showed that the intervention is broadly applicable. These results indicate that life-review therapy can also be successfully implemented as a guided self-help intervention. The next step will be to evaluate whether a self-help life-review intervention can be implemented successfully as online intervention.

LIFE-REVIEW IN PALLIATIVE CARE OF CANCER PATIENTS

G. Kleijn, I. Verdonck - de Leeuw, E.T. Bohlmeijer, 1. Clinical Psychology, VU University Amsterdam, Amsterdam, Netherlands, 2. VU Medical Center, Amsterdam, Netherlands, 3. University of Twente, Enschede, Netherlands

Incurable ill cancer patients often experience emotional distress and reduced quality of life. In clinical practice there is an urgent need for evidence based interventions for this population. The aim of this study is to assess efficacy of structured life review therapy in palliative cancer patients and their partners. In total 122 palliative cancer patients will be randomized into the intervention group (4 sessions of Life Review Therapy (LRT) at their residence) or the control group (waiting list). Additional to the RCT, qualitative interviews will be conducted to obtain insight into how patients experience and evaluate LRT. As the RCT will be completed at the end of this year, the presentation will focus on preliminary observations. Problems encountered conducting the study and experiences of patients who have received the program will be discussed.

GROUP REMINISCENCE LED BY CAREGIVERS TO REDUCE PSYCHOLOGICAL SYMPTOMS OF DEMENTIA IN LONG-TERM CARE

N. Caza, G.C. Ciquier, C. Fournier, C. Lagrange, L. Descôteaux, J. Centre de recherche, Institut universitaire de gériatrie de Montréal, Montréal, Quebec, Canada, 2. Université de Montréal, Montréal, Quebec, Canada

Most institutionalized persons with dementia experience psychological symptoms of dementia (PSD), like anxiety and depression. The goals of this study were to a) examine the effects of reminiscence in reducing PSD in dementia, and b) assess acceptability and appropriateness of reminiscence intervention in formal caregivers (trained to lead the intervention) and in family members (accompanying the person with dementia). Seven caregivers led eight reminiscence sessions for eight persons with dementia and six family members. Patients were tested before and after intervention on measures of anxiety, apathy, and...
depression, whereas caregivers and family were interviewed after intervention using a nominal group technique. Results indicated improvements on measures of anxiety and apathy after reminiscence but not depression. Results also found reminiscence to be an agreeable and relevant intervention for both caregivers and families. However, families were critical of the caregivers’ expertise in leading the intervention, therefore, caregivers should be well trained.

**LIFE REVIEW IN A GLOBAL SAMPLE OF TRANSGENDER-IDENTIFIED PERSONS**

T.M. Witten, Center for the Study of Biological Complexity, Virginia Commonwealth University, Richmond, Virginia

Life review in the heteronormative population can be a challenge. How does one handle life review in a population sample in which suspicion, stigma, violence & abuse (perceived and actual), disparity and frequent isolation are considered the norm? In this presentation we examine the results from two ongoing studies; the TSRI-MLS and the TSRI-LRP. With permission from Metropolitan Life Insurance Company, we revised their MetLife LGBT survey to focus on the experiences and concerns of transgender-identified older adults (TranScience Research Institute MetLife Survey), and distributed the survey through a variety of mechanisms including snowball distribution via e-lists, Facebook, MySpace, transgender advocacy organizations, postings to trans-related websites and point-of-contact emailing. Completed MLS-TSRI electronic survey instruments were received from over 1,963 transgender-identified respondents, from 24 countries, ages 18 to 70. This presentation will briefly review data from the component parts of the TSRI-MLS survey: (1) demographics; (2) personal identifiers; (3) financial situation; (4) caregiving experiences; (5) disability and chronic disease status; (6) future planning; and (7) wisdom. The TSRI-LRP (TranScience Research Institute Life Review Project) is a complex six hour life review that has currently been completed by 10 elders of the global trans-identified community. In the second part of our presentation, we review the instrument that we developed, some of the challenges that we faced and continue to face, and some of the results that we found. Combining the results from both studies, we examine the implications for understanding optimal aging in the global trans-identified population, the transgender older adult population in general, and future research directions, will be discussed.

**SESSION 1910 (SYMPOSIUM)**

**THE GOOD, BAD, AND THE UGLY: RECRUITMENT AND RETENTION ISSUES IN CONDUCTING TECHNOLOGY INTERVENTIONS WITH OLDER ADULTS**

Chair: S.R. Cotten, Sociology, UAB, Birmingham, Alabama

Information and communication technologies have proliferated over the past decade. These technologies are increasingly being used for health promotion and enhancing quality of life activities. Researchers are increasingly implementing technology focused interventions for older adults in a variety of settings. Before beginning interventions using technology, researchers should be cognizant of unique recruitment and retention issues that arise when implementing such interventions among older adult populations. The purpose of this symposium is to bring together researchers from around the United States who have an extensive history of implementing technology focused interventions for older adults in a variety of research settings. Researchers will be discussing their successes, challenges, and key information for researchers and others interested in implementing technology projects to keep in mind for the future. Nahm and colleagues will discuss the retention strategies they utilized in two theory based online health behavior studies and future research needs in this area. Cotten and colleagues will discuss issues in recruiting and retaining older adults in assisted and independent living communities for randomized controlled trials and follow-up studies. Xie and Watkins present findings from their Electronic Health Information for Lifelong Learners research program, focusing on recruitment and retention of over 1,000 older adults, with most participants being socially, economically, and technologically underserved. Czaja and colleagues end the session with findings from their PRISM study focused on older adults at risk for social isolation. They discuss challenges associated with inclusion criteria, outreach to the sample, and retention protocols.

**ELECTRONIC HEALTH INFORMATION FOR LIFELONG LEARNERS (EHILL): RECRUITMENT AND RETENTION ISSUES**

D. Xie, J. Watkins, School of Information, University of Texas at Austin, Austin, Texas

The Electronic Health Information for Lifelong Learners (eHiLL) research program aims to (1) advance theories about learning methods for older adults in informal settings; (2) generate scientific knowledge about effective eHealth literacy interventions and implementation strategies for older adults; and (3) develop a sustainable lifelong learning model that ensures older adults’ continuous, active learning of new technologies. With a continuous and growing amount of federal funding from agencies like the NIH and the Institute of Museum and Library Services since 2007, eHiLL interventions, which typically entail 16 hours over four weeks, have had a positive impact on over 1,000 older adults, the majority of whom are socially, economically, and technologically underserved. The eHiLL program seamlessly integrates resources from credible federal, state, and local organizations, which greatly facilitates participants’ recruitment and retention. In this presentation, we will discuss major challenges encountered and specific strategies proven effective for improving recruitment and retention.

**YOU DON’T MESS WITH BINGO: RECRUITMENT AND RETENTION STRATEGIES FOR ONLINE TRIALS IN OLDER ADULTS: DO WE KNOW WHAT PARTICIPANTS WANT?**

E. Nahm, B. Resnick, J. Brown, M. Rietschel, M. An, B. Park, University of Maryland School of Nursing, Baltimore, Maryland

With the advancement of eHealth technologies, many health behavior studies are being conducted online, and increasing numbers of older adults are participating in online trials. There is, however, a lack of research investigating effective methods to help these individuals stay engaged in those trials. In this session, we will discuss the retention strategies used in two theory-based online health behavior studies (N = 246, N = 866) and future research implications. In the former trial, we...
developed multiple strategies based on the following principles: user-centered design, theory-based approaches, and multi-modal communication methods. Those strategies included help desk courtesy calls, different types of follow-ups, and small mementos. They then were refined in the latter trial. Our findings suggest that the retention strategies used in those studies were effective, as evidenced by low attrition rates (e.g., 19% at 18 months) and many positive comments provided by participants.

RECRUITMENT OF OLDER ADULTS INTO TECHNOLOGY INTERVENTION TRIALS: CHALLENGES AND STRATEGIES
S.J. Czaja1, W.R. Boot1, N. Charness1, A.D. Fisk1, C. Lee1, W.A. Rogers1, J. Sharit1, 1. University of Miami Miller School of Medicine, Miami, Florida, 2. Florida State University, Tallahassee, Florida, 3. Georgia Institute of Technology, Atlanta, Georgia, 4. University of Miami, Miami, Florida

Technology is an integral component of work, education, communication, entertainment and healthcare. Although older adults are increasingly using technology, there is still an age-based digital divide especially among vulnerable populations. Ensuring that older adults successfully adopt technology requires a user-centered design approach where older adults are included in technology design and evaluation trials. This paper will report on recruitment challenges encountered in a randomized trial that is evaluating a simple to use Personalized Reminder Information and Social Management System (PRISM) designed to support social connectivity, memory, knowledge about topics, leisure activities and access to resources. The sample includes 300 adults age 65+ “at risk” for social isolation. Issues that will be discussed include challenges associated with: specification of the trial inclusion criteria; outreach to the study sample; and development of protocols to maximize retention. Data will also be provided on strategies that were successful in achieving study recruitment goals.

SESSION 1915 (SYMPOSIUM)
THE ROLE OF NEIGHBORHOOD CHARACTERISTICS ON HEALTH-RELATED OUTCOMES IN OLDER ADULTS: FINDINGS FROM THE HEALTH AND RETIREMENT SURVEY AND THE UAB STUDY OF AGING
Chair: D.R. Buys, University of Alabama at Birmingham, Birmingham, Alabama
Co-Chair: R.M. Allman, University of Alabama at Birmingham, Birmingham, Alabama
Discussant: A. Rundle, Columbia University, New York, New York

The neighborhood environments where older adults live are increasingly recognized as an important factor in the aging process. As people age and experience physical impairment, they may become more dependent on their immediate surroundings, including their neighborhood, which increases their susceptibility to risk factors in that environment (Lawton’s Environmental Docility Hypothesis). More recent developments in sociology and epidemiology have equipped researchers with the tools to measure and quantify the neighborhood environment, including the social and built characteristics that may enable or constrain positive health-related behaviors and outcomes. Current efforts to create positive environments for aging in place by the Centers for Disease Control Healthy Aging Research Network, the Environmental Protection Agency’s Aging Initiative, and the American Association of Retired People’s Livable Communities Project, all underscore the importance of having a strong evidence base of the effects of neighborhood characteristics on health-related outcomes. The impact of neighborhood characteristics on specific clinical conditions (e.g., cardiovascular disease) and the influence of the general neighborhood environment on older persons have been described. Accordingly, more in-depth investigations of neighborhood characteristics on common geriatric conditions are critical to the improvement of health and outcomes in older persons. This symposium will present findings from two NIA-funded studies, the nationally-representative Health and Retirement Survey and the regional UAB Study of Aging. We will discuss the associations between neighborhood characteristics and multiple health-related domains, including physical health (body mass index), mental health (depression), functional health (falls), and health-services utilization (hospitalization).

NEIGHBORHOOD EDUCATIONAL ATTAINMENT AND BMI IN LATER LIFE
G. Pavela, Sociology, University of Florida, Gainesville, Florida

Objective: Previous research suggests that economic advantage is associated with a reduced likelihood of being overweight or obese in older adults. This research tests whether educational attainment of neighborhoods, as measured by percentage of males and percentage of females with a college degree, is associated with BMI and BMI changes in older adults. Methods: Data come from five waves of the Health and Retirement Study (2000-2008) and the RAND Center for Population Health and Health Disparities (CPHHD) Data Core Series. Hierarchical linear models are used to test the relationship between neighborhood educational attainment and BMI. Results: Net of individual characteristics, percentage of males with a college degree is associated with lower BMI among women (b=-1.55, p<0.01) but not men. Conclusions: Neighborhood educational attainment is inversely associated with BMI among women, and may have sex specific associations with BMI among older adults.

NEIGHBORHOOD CHARACTERISTICS INDEPENDENTLY PREDICT RISK OF FALLS IN COMMUNITY-DWELLING OLDER ADULTS
A. Lo, D.R. Buys, A. Rundle, R.E. Kennedy, P. Sawyer, C.J. Brown, R.M. Allman, UAB, Birmingham, Alabama

Background: The influence of neighborhood characteristics on incident falls has not been previously described. Methods: The UAB Study of Aging is a prospective cohort study involving 1000 community-dwelling older adults. Known fall risk factors were identified during baseline in-home assessments and linked with a validated Neighborhood Disadvantage Index (NDI) incorporating census tract socioeconomic characteristics. Falls were ascertained every 6 months by telephone interviews. Multivariate regression models with generalized estimating equations were used to assess the association of NDI with incident falls. Results: The NDI independently predicted incident falls (OR 1.5, CI: 1.2-2.0; p=0.003), adjusting for known predictors such as prior falls (OR=3.2, CI 2.1-5.0; p<0.001), race (black versus white; OR 0.5, CI 0.4-0.8; p=0.002), incremental Life-Space (mobility) score (OR=0.98, CI 0.97-0.99; p=0.001), and individual level socioeconomic characteristics. Conclusion: Neighborhood characteristics predict falls in older persons. Further research into specific neighborhood characteristics may identify novel strategies to prevent falls.

NEIGHBORHOOD DISADVANTAGE IS ASSOCIATED WITH DEPRESSIVE SYMPTOMS BUT NOT PHYSICIAN DEPRESSION DIAGNOSIS IN OLDER ADULTS
D. Buys, J.L. Locher, R.E. Kennedy, P. Sawyer, R.M. Allman, University of Alabama at Birmingham, Birmingham, Alabama

Objective: Previous research has reported on associations between neighborhood disadvantage (ND) and depressive symptomology (symptomology) but not physician diagnosis of depression (diagnosis). We test for ND effects on both symptomology and diagnosis to assess for neighborhood disparities in mental healthcare. Methods: The UAB Study of Aging is a prospective cohort study of 1000 community-dwelling adults 65+. We obtained symptomology from the Geriatric Depression Scale (n=100/997) and physician diagnosis from self-report (n=84/997). We assessed ND with US Census data using the validated ND index and
fit models with Generalized Estimating Equations. Results: Living in high and mid ND tertiles is associated with symptomology (OR:1.8, CI:1.1-2.7, p=.01; OR:1.6, CI:1.1-2.5, p=.03), adjusting for diagnosis. ND is not associated with having a physician diagnosis of depression.

Conclusions: Older adults living in high and mid disadvantage neighborhoods may be more likely to experience symptomology but not receive diagnosis, indicating a possible disparity in mental healthcare.

NEIGHBORHOOD DISADVANTAGE IS ASSOCIATED WITH HOSPITAL USE AMONG OLDER ADULTS

B. Forda, D.R. Buysb, R.M. Allmana, P. Sawyerd, J. GRECC, Birmingham VA Medical Center; Birmingham, Alabama. 2. University of Alabama at Birmingham, Birmingham, Alabama

Objective: The association between neighborhood disadvantage (ND) and health services utilization is unclear. We examine ND effects on hospitalization in the previous three years, in the previous year and on number of days hospitalized the previous year. Methods: The UAB Study of Aging is an observational study of 1000 community-dwelling adults 65+. We obtained hospital use data from self-reports and assessed ND with US Census data using the validated ND index. We fit models with Generalized Estimating Equations adjusting for comorbidity and other known correlates of hospitalization. Results: Living in the high ND tertile (referent: low) is associated with at least one hospitalization the previous three years (OR:1.5; CI:1.1-2.1; p<.01). Persons in the mid and high ND tertiles spent more nights hospitalized the previous year (β=3.0; CI: 0.22-4.49; p=.03; β=1.5; NS). Conclusions: Neighborhood disadvantage may be associated with greater hospital use in older adults, regardless of comorbid status.

SESSION 1920 (PAPER)

FAMILY CAREGIVING: IMPACT ON HEALTH

CAREGIVER ATTRIBUTIONS FOR LATE-LIFE DEPRESSION AND THEIR ASSOCIATIONS WITH CAREGIVER BURDEN


Late-life depression (LLD) has detrimental effects on family caregivers that may be compounded when caregivers believe that depressive behaviors are volitional or within the care recipient’s capacity to control. We examined three person-centered attributions that place responsibility for LLD on the care recipient (i.e., character, controllability, and intention), and the impact of such attributions on levels of general caregiver burden and burden specific to care recipients’ depressive symptoms. Participants were 212 spouses and adult children of older adults enrolled in a depression treatment study. Over one-third of caregivers endorsed character attributions, which significantly predicted greater levels of both general and depression-specific burden. Intention attributions were significantly associated with general burden, but not depression-specific burden. Contrary to our expectation, controllability attributions did not predict either type of burden. Our findings suggest that the assessment of family attributions for LLD may be useful in identifying caregivers at risk for burden and subsequent health effects, as well as those who may need education and support in order to provide effective care to a particularly vulnerable population of older adults.

ADULT CHILD CAREGIVER HEALTH TRAJECTORIES AND THE IMPACT OF MULTIPLE ROLES OVER TIME

A.E. Barnett, University of Wisconsin-Stout, Menomonie, Wisconsin

Guided by stress process and life course theory, the purpose of this study was to examine how multiple family (caregiving, marital, parenting) and non-family (employment) roles contributed to the psychological and physical health trajectories of adult children providing care to aging parents. Seven waves of data from the Health and Retirement Study were analyzed for 1,300 adult child caregivers. Latent growth curves modeled change in caregiver health over time and the contribution of caregivers’ roles on this change. Results indicated that adult child caregivers have distinct psychological and physical health trajectories that are affected by their multiple roles over time. The CFI (0.98, 0.98), RMSEA (0.06, 0.06), and unstandardized coefficients for average level (~0.76, 3.427) and rate of linear change (0.02, -0.06) for both psychological and physical health models, respectively, showed an acceptable fit, the slope for psychological health increased over time (worsened) and the slope for subjective physical health decreased over time (improved). The importance of any given role varied by the type of health trajectory and timing in the life course. Overall, findings indicate that caregiving alone does not contribute to adult child caregivers’ long-term health; it is the contribution of multiple roles over time that impact caregivers’ long-term health outcomes. As the baby boom generation continues to age and the United States continues to spend billions of dollars to assist our aging population, this study provides a mechanism by which employers, educators and therapists can help improve the long-term health of adult child caregivers.

IMPACT OF A LIFESTYLE PHYSICAL ACTIVITY INTERVENTION ON IMPROVING MENTAL HEALTH OUTCOMES AMONG FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA


Background: Studies on the effects of physical activity on mental health outcomes among family caregivers of persons with Alzheimer’s disease (AD) have typically demonstrated positive gains. However, past interventions have been highly prescriptive in physical activity regimens, raising questions about the feasibility of long-term maintenance by overextended caregivers. The purpose of this study was to evaluate the potential benefits of a more flexible lifestyle physical activity intervention on improving caregivers’ positive affect, depressive symptoms and perceived burden. Methods: A 12-month randomized controlled trial was implemented with caregivers of persons with dementia (n=211) who received the Enhanced Physical Activity Intervention (EPAI, n=106) or the Caregiver Skill Building Intervention (CSBI, n=105). Interventions were delivered during home visits at baseline and telephonically over 3, 6, 9 and 12-months. EPAI emphasized integration of physical activity into daily lifestyles, whereas CSBI concentrated on dementia care tasks, stress management, and resource utilization. Standardized instruments measured caregiver physical activity, positive affect, depressive symptoms and perceived burden. Repeated measures modeling was used to examine variations in mental health outcomes in relation to physical activity. Results: After adjusting for potential confounders, the results revealed that EPAI resulted in significant improvements in caregiver positive affect as compared to CSBI (p<0.04). Improvement in depressive symptoms approached significance (p=0.10). No changes were observed in perceived caregiver burden (p=0.94). Conclusions: Changes in lifestyle physical activity appeared to have the greatest impact on helping family caregivers develop and maintain positive affect while managing their heavy and long-term caregiving roles for loved ones with AD.

TRANSITIONS IN AND OUT OF CAREGIVING: IMPACTS ON HEALTH AND WEALTH

F. Alpass, C. Stephens, B. Stevenson, Psychology, Massey University, Palmerston North, New Zealand

Unpaid family carers are an essential part of the health care system. Caregivers save billions in health care expenditure each year, improve
patient care outcomes, and reduce unnecessary re-hospitalisations and residential care placements. There are 480,000 individuals in New Zealand who provide care for someone who is ill or disabled and 65% of these carers are also in paid employment. Care of elders, in particular, is a key factor in determining whether older workers are able to remain in the workforce. The reconciliation of paid work and informal care is problematic for many carers and impacts not only on their ability to accumulate wealth, but also on their physical health and mental well-being. This study examines the impact of providing care on the wealth and health of carers over time using four waves of data from the Health, Work and Retirement study (N=1853, aged 55-70 at baseline). Those who provided more care over time reported lower economic living standards, had accumulated fewer assets and were on lower incomes at wave four than those who provided less or no care over the six year period. Providing care at any one time over the survey period was generally related to poorer health. Overall working caregivers were in better health than non-working caregivers. Understanding how work and care impact on the wealth and health of the caregiver is an important step in the development of successful interventions at carer, employer, and policy levels.

SESSION 1925 (PAPER)

RESEARCH METHODS

PHOTOVOICE: HOW RESEARCH AND INTERVENTION CAN MERGE FOR OPTIMAL LIVING WITH DEMENTIA IN LATE LIFE

J. McGovern, J.E. Ataie, Social Work, Lehman College, Bronx, New York, 2. Portland State University, Portland, Oregon

This paper suggests that qualitative research methods such as photovoice can optimize living with dementia not only by deepening understanding of the lived experience of marginalized and voiceless populations, but also by raising their voices so that they can be heard in the research and practice communities. Moreover, an empowerment-based approach to knowledge building, photovoice can have a direct effect on the wellbeing of participants, by functioning as a research methodology and an intervention. The paper proposes that qualitative research methods can grant participants increased control over the research process. Significantly, perception of control has been shown to enhance wellbeing. Common qualitative research processes such as interviewing, member-checking, and prolonged engagement support researcher accountability and challenge the traditional balance of power in research projects. The paper illustrates the argument through a dementia-based photovoice project. With an emphasis on self-expression, capacity-building, and social location, participant-generated photographs, small discussion groups, and exhibits — the tools of photovoice — can empower participants affected by dementia by identifying concerns of importance to them and expressing a range of perspectives. The paper demonstrates how the qualitative research process itself, in addition to research findings, can contribute to optimal aging.

“ARE YOU ASKING ME THAT? I DON’T EVEN REMEMBER WHAT I DID TOMORROW!” - QUALITATIVE INTERVIEWING WITH PEOPLE WHO HAVE DEMENTIA

E. Koivunen, Sociology and Social Policy, University of Leeds, Leeds, United Kingdom

The above quote illustrates issues researchers have to adjust to when interviewing people who have dementia: memory problems and mixing concepts. Dementia, as a condition, brings with it memory problems, confusion, anxiety and cognitive problems. This presentation discusses methodological, practical and ethical issues in conducting research with people who have dementia. And on the ways research can be carried out in a sensitive, safe and dignified way. The presentation is based on a research project focusing on the use of telecare by older people living at home. Out of 64 research participants 12 have a dementia diagnosis. Working with participants who have dementia required a sensitively constructed methodology aimed at eliciting rich information from interviews, whilst ensuring the experience was comfortable and not distressing for the participants. Complimentary data collection included field notes, participant diaries and photographs. We conducted 6 interviews with each participant over a year. Repeat visits gave researchers an opportunity to get to know participants well and observe changes in their condition and life situation. Another challenge involved the role of informal carers in the interviews. Their roles varied from being supportive communicators to dominating interviews. The presentation concludes with a discussion about ethical issues when working with vulnerable people, such as assessing capacity and being sensitive to their needs.

PLAYING ALONG? ETHICAL DILEMMAS AS A PARTICIPANT OBSERVER IN ASSISTED LIVING

C.R. Bennett, A.D. Peeples, M.C. Nemec, R. Hrybyk, A. Frankowski, R. Rubinstein, University of Maryland, Baltimore County, Baltimore, Maryland

Qualitative researchers often find themselves at field sites engaged in social interaction not of their choosing. Ethnographers engaged in participant observation in assisted living (AL) may encounter ethical dilemmas when interacting with residents, family and staff. Participant observation requires a researcher enter into the sociocultural life in an AL setting as a neutral onlooker. A researcher may be encouraged to “play along” in conversation with a confused resident, or feel obligated to uphold a falsehood originating with family or staff, for example, telling an 85-year-old woman that her father will retrieve her shortly to go home. These actions impinge on the researcher’s autonomy, create an ethical dilemma, and complicate the working relationship between the researcher and the residents, their family members, direct care staff, and managers in AL. Further, a researcher may need to negotiate disparate degrees of truth in interpersonal interactions on a case-by-case basis. To understand the role of a participant observer conducting ethnography in AL, this presentation examines: (1) the complex contextual and narrative issues in fieldwork; (2) ethical dilemmas faced while interacting with residents, family, and staff; and (3) challenges to the autonomy of both the researcher and the resident. Ethnographic data for this presentation are drawn from four multi-year, multi-site NIA-funded qualitative studies focusing on autonomy, transitions, quality, and stigma in senior housing. This presentation concludes with recommendations on how a researcher can best navigate field sites and narrative exchange while conducting ethnographic research in AL to enhance autonomy of both researcher and resident.

CASE STUDY RESEARCH: THE USE OF COMPARISON-CASES TO EXPLORE DISPARITIES IN THE ‘WORK’ OF EARLY BREAST CANCER SURVIVORSHIP AMONG RURAL-DWELLING OLDER WOMEN

R. Klimmek, R. Thorpe, M.T. Nolan, J. Wenzel, Johns Hopkins University School of Nursing, Baltimore, Maryland, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

In order to understand and address persistent inequalities in outcomes of cancer survivorship, we need a better understanding of the complex interrelationships between unique individuals with cancer and their specific contexts. Case study research is particularly well-suited for exploring this type of complexity, and for generating hypotheses about new targets for research and intervention. In this paper, we compare two prospective longitudinal case studies of early breast cancer survivorship among older African American women from the same rural town who shared the same age, cancer diagnosis, treatment, and treatment center. The purpose of this study was to compare similar cases matched on well-studied risk factors for experiencing cancer health disparities in order to search for new variables and to refine existing theoretical
knowledge related to cancer health disparities. Cases were spatially-bounded as dyads (older women with cancer and one support person) and temporally-bounded from the time of early-stage breast cancer diagnosis through 3+ months post-treatment completion. To achieve the ‘empirical intimacy’ required by case study research, the final dataset included multiple questionnaires, in-depth interviews, biweekly phone calls, weekly out-of-pocket expense logs, and daily journal entries collected from each participant throughout the study. Using evidence drawn from these cases, we will argue that contextual differences impacting the illness-related, biographical, and everyday life ‘work’ of cancer survivorship may help to explain persistent disparities in certain survivor populations. These differences could provide a set of practical targets for policies, programs, and practice refinements to improve outcomes of cancer survivorship.

CONDUCTING VIDEO RESEARCH IN ELDERS WITH DEMENTIA: BENEFITS AND ETHICAL CONSIDERATIONS
S.H. Tak1, S. Hong2, 1. The University of Memphis, Memphis, Tennessee, 2. The University of Tennessee Health Science Center, Memphis, Tennessee

An estimated 90% of nursing home (NH) residents with Alzheimer’s Disease (AD) exhibit major behavioral symptoms such as agitated behaviors; these behaviors increase the risk for social isolation, abuse, and use of restraints. The study collected more than 3000 video clips to assess agitated behaviors among 26 nursing home residents with dementia. The mean age of participants was 85 (S.D. 6.0) years. Their cognitive impairment ranged from moderate to mild dementia with a mean Mini Mental State Exam score of 15.8 (S.D. 4.2). Each participant was videotaped at 5-minute time blocks in every half hour from 9am to 5pm during five days at two different data collection points. Because of the large amount of the data, a preliminary data analysis was done with 234 video clips. Two raters reviewed video data of the same participants and rated them for a score on the Cohen-Mansfield Agitation Inventory. Inter-rater reliabilities were over .90. The benefits of using video-taped data included audio-visual preservation of detailed information on context and social interactions. Triangulation with quantitative and qualitative methods resulted in a deeper understanding of aggressive behaviors among nursing home residents with dementia. Video data was also helpful in establishing inter-rater reliability by allowing multiple raters to examine the data repeatedly. Despite the benefits of video analysis, limitations of video research included time, cost, technical issues, and the complexity and ethical issues associated with the data collection process, management and analysis. Based on the findings, strategies and procedures for video research in dementia are provided.

SESSION 1930 (PAPER)

SEXUALITY

‘DON’T BE TRYING TO BOX FOLKS IN:’ OLDER WOMEN AND SEXUALITY
K.E. Bradway, R.L. Beard, Department of Sociology & Anthropology, College of the Holy Cross, Worcester, Massachusetts

Older adults’ sexual expression is often ignored or ridiculed by younger members of society despite sex being something humans share and experience throughout the life course. Our youth-centered society stigmatizes aging bodies, too often presenting a “deficit model” as the only acceptable response to aging. Since social constructions of the aging body assume illness and asexuality, in advanced age people are framed as losing the interest or ability to be intimate. Furthermore, our cultural conflation of sexuality with youth and beauty perpetuates perceptions that the sexual expression of older adults is disgusting and abnormal, and those who are sexual are labeled as deviant. This study interviewed older women (N=20) about their experiences of and views on love, intimacy and sexuality. Grounded theory methods were used to collect, code and analyze all data. Findings reveal narratives that are far more complex and heterogeneous than current public portrayals about sexuality and aging suggest. Factors such as childhood and gender role socialization, relationship status, attitudes about aging, overt ageism, and views on sexuality and sexual functioning demonstrate both within- and between-group differences for young-old and old-old, gay and straight, coupled and single older women. Nonetheless, important similarities and continuities were reported across age cohorts, relationship statuses, and sexual orientations. Future studies should examine how narratives are affected by ageism and cultural constructions of sexuality and sexual functioning according to variables such as race/ethnicity, class, gender, and sexual orientation.

THE INTERCOURSE IMPERATIVE AND SINGLE OLDER MEN’S SEXUAL DESIRES, EXPECTATIONS, AND EXPERIENCES
E.B. Levaro1, K. Hooker2, A.J. Walker2, 1. Human Development and Family Studies, University of Wisconsin-Stout, Menomonie, Wisconsin, 2. Oregon State University, Corvallis, Wisconsin

Qualitative analysis of transcribed data from in-depth semi-structured interviews with 24 heterosexual individuals actively pursuing new romantic relationships via Internet dating sites and ads consistently revealed a preference for younger partners, with the women’s mean ideal age 10 years younger than themselves and the men’s, 21 years younger. Contrary to ageist stereotypes depicting older adults as asexual, both women and men also expressed interest in an intimate relationship that included sex. Most defined sexual activity exclusively in terms of sexual intercourse. We report findings and discuss the impact of this apparent “intercourse imperative” specifically on the sexual desires, expectations, age and appearance preferences, and lived experience of the 13 men participating in this study. Between the ages of 70 and 92, nearly all of the men expressed distaste for women near their own age, whom they viewed as looking and acting “old.” They reported actively seeking—and frequently being sexually active with—younger dating partners, often with the aid of drugs for erectile dysfunction. We explore the men’s perceptions of older women’s presumption of sexual functionality and performance; the prospect of sexual liaisons made possible by virility-via-Viagra; and the emotionally painful realities of old men’s disadvantage relative to younger men.

CHORES & SEX IN MIDDLE TO LATER LIFE: HOW PERCEPTIONS OF FAIRNESS IMPACT SEXUAL SATISFACTION
A. Raphael, Sociology, Florida State University, Tallahassee, Florida

Previous research has found that perceptions of the division of household chores affect the quality and stability of relationships. However, little attention has been paid to how the division of chores impacts one dimension of relationships—sexual satisfaction. This dimension of relationships is particularly understudied among adults in middle and later life. Using two waves of data from the National Survey of Midlife Development in the United States (MIDUS), this study explores how perceptions of fairness in the division of household chores affect the sexual satisfaction of married and cohabiting couples in middle and later life. It examines two indicators of sexual satisfaction: an overall rating and perceptions of control over one’s sexual life. Drawing on broad theoretical perspectives on gender and distributive justice, I test the hypotheses that greater fairness in the division of household chores improves sexual satisfaction, and that the relationship is stronger for women than men. Results from regression analyses reveal a gender difference in the effect of perceptions of fairness on sexual satisfaction. Among women, perceptions that the division of chores is unfair diminishes sexual satisfaction and sexual control. Among men, perceptions of fairness are unrelated to sexual satisfaction.
GENDER TRANSITIONS IN LATER LIFE: THE SIGNIFICANCE OF TIME IN QUEER AGING
V. Fabbre, University of Chicago, Chicago, Illinois

Concepts of time are ubiquitous in studies of aging. This article integrates an existential perspective on time with a notion of queer time based on the experiences of older transgender persons who contemplate or pursue a gender transition in later life. Interviews were conducted with male-to-female-identified persons aged 50 years or older (N=22), along with participant observation at three national transgender conferences (N=170). Interpretive analyses suggest that transgender narratives emphasizing a sense of “time left” to live and a feeling of “time served” play a significant role in later life development and help expand gerontological perspectives on time in queer aging.

SESSION 1935 (SYMPOSIUM)

MANAGING DEMENTIA IN THE PRIMARY CARE SETTING
Chair: T. Cortes, Hartford Institute for Geriatric Nursing, New York University College of Nursing, New York, New York
Discussant: M. Mezey, Hartford Institute for Geriatric Nursing, New York University College of Nursing, New York, New York

With the aging of the baby boomers and new Federal mandates emanating from the Affordable Health Care Act, primary care settings will be called on to manage increasing numbers of very old people, a large subset of whom will have dementia. The primary care setting will increasingly be the hub for not only the management of chronic disease, but also the prevention of avoidable function loss and the coordination of care as people move in and out of different healthcare settings as their healthcare needs change. This is particularly true for older adults diagnosed with dementia. This session will address the most current patient-family centered, evidence-based geriatric assessment and management strategies in a primary care environment that is responsive to the particular needs of older adults with dementia. Presentations will focus on current research related to diagnosing and managing patients with dementia in primary care settings; barriers to delivering this care, diagnosing and managing mild cognitive impairment, using a collaborative approach for patients with dementia in primary care; and creating an elder friendly primary care environment. The emphasis of the symposium will be on current research and research needs moving forward.

DIAGNOSING AND MANAGING PATIENTS WITH DEMENTIA IN THE PRIMARY CARE SETTING
J. Galvin, New York University Langone School of Medicine, New York, New York

Most primary care practices do not have access to specialized services such as Aging and Dementia Centers or other referral sources with health care providers with specialties in dementia care. However, 80% of the patients with early dementia symptoms will present first to primary care practices. This presentation focuses on evidence for best practice for case finding, diagnosis, potential referral, and management of dementia in a primary care practices, keeping in line with healthcare reform, annual wellness visits and personalized prevention plans. Drawing on research and evidence-based analyses, this presentation will focus on use of readily-available resources and validated, no-cost assessment instruments and tools to diagnosis early dementia, algorithms for working up patients, clinician decision-making related to establishing dementia diagnosis, and a validated, step-wise approach to following-up and managing dementia patients in a primary care office. Areas for further research will be addressed.

OVERCOMING BARRIERS TO CARING FOR PATIENTS WITH DEMENTIA AND FAMILY CAREGIVERS IN THE PRIMARY CARE SETTING
R.H. Fortinsky, University of Connecticut Health Center, Farmington, Connecticut

Many studies have demonstrated sub-optimal dementia care provided by primary care physicians (PCPs), for reasons including time and reimbursement constraints, and lack of knowledge about community resources to which patients and families can be referred. This presentation will review findings from recent PCP surveys which establish this evidence base of PCP-reported dementia care barriers. Then a recently-tested, NIH-funded developmental study testing an innovative dementia care model will be presented as one way to potentially overcome these barriers. This model uses a nurse practitioner trained in Geropsychiatric care competencies to work in partnership with PCPs to conduct home visits with patients with dementia and their family caregivers. Very high levels of satisfaction with this dementia care model were reported by participating PCPs, patients, and families. Implications of this study for improved dementia care will be discussed in light of the rapid growth nationally of PCP-led Medicare Shared Savings Accountable Care Organizations.

DIAGNOSING AND MANAGING MILD COGNITIVE IMPAIRMENT (MCI) IN THE PRIMARY CARE SETTING
V.T. Cotter, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania

Mild Cognitive Impairment (MCI) is a relatively new construct and one that is probably not well understood in primary care practice. This presentation will provide the current scientific understanding of the definition, pathophysiology, and course of MCI, and provide current recommendations for diagnosis and management of MCI in the primary care setting. Of special note will be the brief cognitive assessment tools most suited for primary care, advising patients and family, and methods for follow up. Areas for future research will be addressed.

USING A COLLABORATIVE APPROACH FOR PATIENTS WITH DEMENTIA IN PRIMARY CARE
Y. Zweig, New York University Langone School of Medicine, Pearl Barlow Center for Memory Evaluation and Treatment, New York, New York

This presentation will review the evidence for collaborative approaches to managing memory care in the primary care setting. It will detail how a collaborative approach can be applied in primary care and discuss options for setting up a collaborative memory care team. The relationship between physicians, nurse practitioners, social workers and other providers, and the essential components for collaborative practice will also be addressed.

CREATING AN ELDER FRIENDLY PRIMARY CARE SETTING FOR PERSONS WITH DEMENTIA
S.A. Greenberg, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania

While a body of literature exists as to creating health care environments compatible with exemplary care of older adults in nursing homes, the literature on translating this knowledge to primary care settings is just beginning to emerge. This presentation will review best practices for creating elder friendly primary care environments focusing on 3 areas: 1) Enhancing the physical environment of the practice; 2) Enhancing front office communication and organization; and 3) Enhancing the efficiency and effectiveness of the clinical encounter and follow up care. This presentation will provide an overview of models of care (e.g. use of nurse practitioners, patient navigators) tested in primary care with patients with dementia. The presentation will discuss immediate actions.
Elder self neglect (ESN) is an important public bio-psychosocial and level of ESN. Living alone and poor social network increase severity of self neglect. The Institute on Aging (NIA), one of the 27 Institutes and Centers of the National Institutes of Health, leads the federal government in conducting and supporting research on aging and the health and well-being of older people. The Institute seeks to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life. In 1974, Congress granted authority to form NIA to provide leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. Subsequent amendments to this legislation designated NIA as the primary Federal agency on Alzheimer’s disease research. This Symposium sponsored by the NIA brings prospective and current awardees together with NIA scientific and grants management staff to foster the development of research and clinician scientists in aging and provide research resources. NIA sponsors research on aging and training through extramural programs at universities, hospitals, medical centers, and other public and private organizations nationwide. Dr. Richard J. Hodes, NIA Director, will discuss the latest aging trends, research and findings. Dr. Robin Barr, Director, NIA Extramural Activities, will discuss procedures and provide insights to obtaining a NIH grant at different levels of the academic and research career. NIA speakers and staff representing extramural program divisions, Geriatrics and Clinical Gerontology, Behavioral and Social Research, and Neuroscience, as well as the NIA Training Officer and representatives from the NIA Scientific Review Branch, will be available to meet with audience participants in small groups to answer questions and provide guidance.

CROSS-SECTIONAL STUDY OF ASSOCIATION BETWEEN LIFE SATISFACTION AND SELF NEGLECT IN A COMMUNITY-DWELLING ELDER POPULATION

H. Mardan1, A. Hamid2, L. Gerontology, Serdang, Selangor, Malaysia, 2. Gerontology/UPM, Serdang, Selangor, Malaysia

Elder self neglect (ESN) is an important public bio-psychosocial and health issue. However, little is known about the linking between characteristics of well being and quality of life such as life satisfaction that reduce this complex behavior among community-dwelling populations. To examine the Socio-demographic and health related to elder self neglect and to determine association between life satisfaction and elder self neglect (ESN). Population based study conducted in 2008 with 1077 participating in the project. Subject with the population of 480 elderly filled the questionnaire successfully. The reported group related to perception, experience and awareness of elder abuse in Malaysian population living in community dwelling. Liner regression was utilized to assess association between life satisfaction and self neglect. After adjusting for confounding, higher level of life satisfaction associated to low level of ESN. Living alone and poor social network increase severity of self neglect.

SESSION 1945 (SYMPOSIUM)

OPTIMAL RECOVERY POST TRAUMA AMONG OLDER ADULTS: CHALLENGES AND SOLUTIONS

Chair: B. Resnick, university of maryland, Baltimore, Maryland
Co-Chair: C. Wells, university of maryland, Baltimore, Maryland

Older adults currently account for 25% of hospitalized trauma patients and these rates are anticipated to increase so that by 2050 approximately 40% of all trauma patients will be older adults. Falls are the leading cause of trauma among these individuals with other causes including such things as motor vehicle accidents, pedestrian-motor vehicle accidents, assault and environmental injuries (e.g., hypothermia). Compared to younger adults, older trauma patients have higher mortality rates, longer hospital stays and increased long term morbidity regardless of Injury Severity Scores. Older trauma patients are less likely to achieve full recovery and suffer more complications than their younger counterparts. They are also more likely to develop infections, pressure ulcers and fall when hospitalized and require unscheduled rehospitalizations post discharge. Older adults who experience trauma generally have multiple comorbidities and decreased physiologic reserve and when exposed to acute care environments and medical and nursing interventions that restrict movement an unintentional decline in physical activity and function occurs. During the hospital admission older trauma patients experience a decline of at least one activity of daily living and a third will be discharged to nursing homes and have a greater likelihood of mortality within five years when compared to matched controls. Functional decline is associated with higher mortality rates, longer length of stay, greater resource consumption, likelihood of discharge to nursing homes, risk of adverse events (infections, pressure ulcers and falls) and likelihood of rehospitalizations. This symposium will address the factors that influence exposure of older trauma patients to physical, occupational and speech therapy during their inpatient acute care stays; the assessment and management of pain among these individuals; and the third paper will present innovative approaches to improve outcomes post trauma using function focused care and components of Acute Care for Elders (ACE) Models.

TRAUMA PATIENTS EXPOSURE TO THERAPY AND FACTORS THAT INFLUENCE THERAPY OPPORTUNITIES

B. Resnick, C. Wells, B. Brotemarkle, university of maryland, Baltimore, Maryland

The purpose of this study was to describe exposure of older trauma patients to therapy during their inpatient acute care stays, explore the relationship between demographic factors, trauma admission severity, comorbidities, motivation, dementia, and being totally independent prior to admission on number of treatment sessions received and length of time till therapy was ordered or patients were evaluated. This was a retrospective study using data obtained from electronic medical records, specifically rehabilitation notes, from patients in a Level I trauma center. The sample was randomly selected from a list of 1,387 trauma patients admitted over a two year period. A total of 137 participants were randomly selected and evaluated. The average length of stay was 4.29 (SD = 3.98) days with a range of 1-26 days and 254 therapy sessions occurred. Findings from this study provide guidance for ways in which to improve likelihood of exposure to therapy for older patients.

SYSTEMATIC DESCRIPTIVE REVIEW OF ACE MODEL COMPONENTS IN THE CARE OF ACUTELY ILL OR INJURED OLDER ADULTS

M. Fox, S. Sidani, M. Persaud, D. Tregunno, I.K. Maimets, D. Brooks, K. O’Brien, York University, Toronto, Ontario, Canada

The purposes of this study were to describe components of the Acute Care for Elders (ACE) model implemented in the care of acutely ill or injured older adults, and explore each component’s association with improved outcomes (falls, pressure ulcers, delirium, functional decline, length of stay, discharge destination and costs). We conducted a systematic descriptive review of 32 articles, including 14 trials reporting on the implementation of ACE components and/or the effectiveness of their implementation in 6839 older adults. Effect sizes (ES) were calculated using trial outcome data. Information describing implementation of ACE components in the trials was analyzed using content analysis. Frequent medical review, early rehabilitation, and patient-centered care, characterized by standardized and individualized function-focused
interventions, had the largest ESs averaged across all outcomes (all ES = .20). The findings can be used to design the most effective ACE model to improve outcomes for acutely ill or injured older adults.

OPTIMIZING TRAUMA RECOVERY USING A FUNCTION FOCUSED CARE APPROACH
B. Resnick1, M. Boltz2, 1. University of Maryland, Baltimore, Maryland, 2. New York University, New York, New York

Patients do not always receive rehabilitation services or opportunities to participate in exercise/walking programs in a timely fashion because of environmental and policy issues; beliefs among patients, families, and health care providers that falls are prevented by restricting mobility; and motivational factors among patients. Traditional rehabilitation is insufficient to prevent deconditioning and functional decline without the input and involvement of all members of the health care team. To overcome environmental, policy, philosophical, motivational and other challenges we developed Function Focused Care for Trauma Recovery (FFC-TR). FFC-TR was developed using a Social Ecological Model and Social Cognitive Theory. Function focused care (FFC) contrasts with traditional approaches to patient care in which nurses and other caregivers perform tasks for older patients and limit the amount of activity the patient needs to perform. In this session we will describe FFC-TR and provide findings from testing of this approach in multiple settings.

PAIN AND PAIN MANAGEMENT DURING THERAPY AMONG OLDER TRAUMA PATIENTS
B. Brotemarkle, B. Resnick, University of Maryland, Baltimore, Maryland

The purposes of this study were to describe pain during therapy in older trauma patients and to identify factors associated with pain. Data were collected from initial occupational and physical therapy evaluations (before, during and post treatment) of 137 older patients in a Level I trauma center. Pain was assessed using a Verbal Rating Scale, Verbal Descriptor Scale, or the Checklist for Nonverbal Pain Indicators. Assessments of pain were done during 67% of the physical therapy evaluations and 37% of the occupational therapy evaluations. Across all sessions moderate to severe pain was reported by 71% of the participants. Therapists most often continued therapy sessions or timed therapy with medication. Comorbidities and admitting diagnosis of fracture were associated with pain. The findings suggest that pain may be under-evaluated and managed among older trauma patients. More focused management may be needed particularly for those admitted with fractures and who have comorbidities.

SESSION 1950 (SYMPOSIUM)

PHYSICAL ACTIVITY AND AGING: FACILITATORS AND BARRIERS TO IMPLEMENTING BEHAVIOR CHANGE
Chair: M.J. Benton, College of Nursing, Valdosta State University, Valdosta, Georgia. University of Colorado Colorado Springs, Colorado Springs, Colorado
Co-Chair: A.L. Silva-Smith, University of Colorado Colorado Springs, Colorado Springs, Colorado
Discussant: E. Cress, University of Georgia, Athens, Georgia

This symposium will explore physical and psychosocial facilitators and barriers to regular participation in physical activity by healthy and chronically ill older adults. Strong and convincing evidence exists for the benefits of physical activity during aging. These benefits include prevention and management of chronic diseases, maintenance of functional independence, and overall improvements in quality of life. However, older adults often do not achieve even minimal recommendations. Research on aging provides not only the evidence to support regular physical activity, but can also provide insight into promoting behavior change. Barriers and facilitators that will be discussed during this symposium include motivational aspects of goal setting, availability of community resources, re-prioritization of personal needs subsequent to survival from a life-threatening illness, and gender-based influences on perceived improvements in quality of life. This evidence can be used by clinicians and exercise professionals to promote behavior change in favor of regular engagement in physical activity.

SELF-SCHEMAS AND BEHAVIOR CHANGE IN A RCT TO REDUCE STROKE RISK FACTORS

Self-schemas represent the cognitive processes that shape behavior and predict future behaviors related to health. The types of goals, strategies identified to meet goals, and outcome expectancy for achieving goals, were evaluated in 60 adults aged 60 and older who participated in a RCT of a theory-based physical activity and healthy eating intervention to reduce stroke risk in older adults. The majority of participants identified health goals as management of a medical condition (n=6), a personal behavior in need of changing (n=50), or both (n=4). The purpose of this presentation is to describe the types of goals set reflecting “hoped for” or “feared” health outcomes, the strategies identified to achieve goals, how likely participants felt they would achieve their goals, and the role of age and gender in self-schema type for behavior change in older adults.

FIT & FABULOUS: PROCESSES, PERCEPTIONS, AND OUTCOMES OF A YEAR-LONG GYM PROGRAM IN ASSISTED LIVING
M. Kluge, University of Colorado Colorado Springs, Colorado Springs, Colorado

This study used mixed-methods to better understand how to encourage and support assisted living (AL) residents to exercise in a fitness center where they reside and to determine outcomes of this year-long program. Ten (10) residents participated, supervised by an experienced exercise instructor and university students. Findings indicated that AL residents will regularly use exercise machines (mean participation rate = 53.8%); and, increase active time and lower body strength (p=0.02). Participants prioritized gym time and developed pride and ownership in the program, ultimately describing themselves as “Fit ‘n Fabulous.” Friendships among peers, staff, and university partners created and nurtured in the gym setting supported adherence. When facilities provide space, equipment, trained staff, and additional resource support to deliver safe, effective exercise programming, AL residents with low fitness levels, severe mobility restrictions, and cognitive decline will attend and QoL and perceived well-being will be enhanced in several domains.

OLDER ADULTS AND CANCER SURVIVORSHIP EDUCATION: INTEREST IN LEARNING ABOUT SAFE EXERCISE AND BEYOND
M.C. Schlairet1, M.J. Benton1, S.M. Shirlock1, 1. College of Nursing, Valdosta State University, Valdosta, Georgia. 2. University of Colorado Colorado Springs, Colorado Springs, Colorado

To better understand perceived educational needs regarding exercise in older cancer survivors, 145 adults completed the Pearlman Survey of Needs developed from the City of Hope Quality of Life (QoL) model. Older survivors reported distress related to physical needs, such as fatigue (68%) and balance/walking/mobility difficulty (47%). Interest in education on physical effects associated with survivorship was identified (76%). Despite distress associated with fatigue and mobility difficulty, less than a third (32%) expressed interest in exercise education. Although ‘physical’ need/distress scores were not associated with interest in exercise, QoL model sub-scores for emotional (r = .231, p = .005), ‘social’ (r = .210, p = .011), and ‘other’ (r = .281, p = .001) need/distress were associated with a desire to learn about exercise.

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DOES GENDER INFLUENCE THE RELATIONSHIP BETWEEN STRENGTH, FUNCTION, AND QOL DURING CHRONIC ILLNESS?


To better understand the influence of gender on strength, function, and QOL in older adults with chronic disease, 40 (females=20, males=20) pulmonary disease patients completed assessment of strength, function, and QOL. To compensate for gender differences, strength was normalized for body mass. There were no differences in function, although differences in strength were observed that were not removed by normalization. Strength remained significantly greater for males, who also reported greater physical and social QOL. Gender modified the relationship between strength, function, and QOL. In males, strength was directly related to QOL. In females, strength was directly related to function but not QOL. Instead, function was related to QOL. Our findings demonstrate that functional ability mediates the relationship between strength and QOL in women, while in men there is no intervening influence of function. These gender-specific pathways to QOL may be important to clinicians planning interventions for older adults with chronic diseases.

SESSION 1955 (SYMPOSIUM)

PHYSICAL AND COGNITIVE FUNCTION INTERPLAY: INSIGHTS FROM THE LIFESTYLES INTERVENTION AND INDEPENDENCE FOR ELDERS (LIFE) STUDY

Chair: J.D. Williamson, Internal Medicine, Wake Forest University School of Medicine, Winston-Salem, North Carolina Co-Chair: S.B. Kritchevsky, Internal Medicine, Wake Forest University School of Medicine, Winston-Salem, North Carolina Discussant: J. Verghese, Albert Einstein College of Medicine, Bronx, New York

Physical inactivity predicts both physical disability and cognitive decline in older adults. Substantial evidence from observational studies and small randomized trials suggests that exercise has multiple neurocognitive benefits, but there have yet to be trials confirming the efficacy of exercise for the prevention of age-related cognitive decline. The LIFE Study will fill this gap. LIFE is a Phase 3 multicenter randomized controlled trial comparing the effect of a supervised moderate-intensity physical activity program to a health education program in 1,635 sedentary older adults. Participants (age range 70-89; mean 78.9 ± 5 yrs; 33% male; and 25.8% non-white) were recruited by 8 field centers in 2010/11 and will be followed at least until November 2013. At entry participants were sedentary, at high risk for mobility disability but able to walk 400 m within 15 minutes without sitting, leaning, using a walker or the help of another person. Major mobility disability is LIFE’s primary end-point, though cognitive function, mild cognitive impairment and dementia are also assessed. The symposium will present LIFE data related to the interplay between physical and cognitive function and will include a description of cognitive function at baseline (Sink); cognitive function’s impact on adherence in the LIFE Pilot study (Reid); the effect of a complex mobility tasks on walking performance (Katula), and the use of data from multiple sources to project dementia incidence in the LIFE Study (Miller). LIFE is supported by a NIA grant U01 AG22376 and a supplement from the NHLBI. Additional support comes from the Pepper Centers grants.

LIFE-COGNITION: DESIGN AND BASELINE DATA


The LIFE study will evaluate the effects of physical activity on changes in cognitive function and incident all-cause Mild Cognitive Impairment (MCI) or dementia. We will present the design and baseline cognitive data. Participants completed the Modified Mini Mental Status Exam (3MS), Hopkins Verbal Learning Test (HVLT), Digit Symbol Copy (DSC), Modified Rey Figure, and a computerized battery, selected to be sensitive to changes in speed of processing and executive functioning, at baseline. In follow-up, they will complete the same battery, along with Category Fluency, Boston Naming, and Trail Making tests. Participants with baseline Short Physical Performance Battery (SPPB) scores <7 had significantly lower median cognitive test scores compared to those having scores of 8 or 9: 3MSE 91 vs. 93; HVLT delayed recall 7.4 vs. 7.9; and DSC 45 vs. 48, respectively (all p<0.001). Description of the MCI/Dementia adjudication process will be discussed.

COGNITIVE FUNCTION AND PHYSICAL ACTIVITY

ADHERENCE IN MOBILITY-LIMITED OLDER ADULTS


We examined whether baseline cognitive function was associated with physical activity (PA) adherence in a cognitive substudy (n = 52; age: 76.9 ± 5 yrs) randomized to the PA arm of the LIFE Pilot study. Tests of executive and global cognitive functioning, working memory and psychomotor speed were administered at baseline. Median rate of center-based attendance to 1-year of multi-modal PA was used to dichotomize participants into low or high adherence groups. However, no differences existed for any measure of baseline cognitive function between adherence groups (all P > 0.13). Furthermore, weak and non-significant univariate relationships were elicited between all measures of cognition and overall PA adherence levels (r values ranged: -0.20 to 0.12, P ≤ 0.14). These data suggest that initial cognitive function is not a strong determinant of long term PA adherence in mobility-limited older adults. Additional studies in larger cohorts are warranted to verify these findings.

COMPLEX MOBILITY AND COGNITIVE FUNCTIONING: BASELINE RELATIONSHIPS FROM THE LIFE STUDY

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This study examined the baseline relationships among measures of complex mobility and cognitive functioning in a subsample of the LIFE Study participants. Complex mobility was assessed using a 7-meter walking obstacle course and the Walking Decision Making Task, an 8-meter T-shaped walking task that provides a cognitive challenge during walking. Several instruments were used to assess cognition. Results indicated that walking performance was slower in more cognitively challenging complex walking tasks than simple walking tasks (9.6 sec vs. 10.3 sec; p = .05). Additionally, complex mobility was more related to various domains of cognitive functioning than simple mobility. Participants with lower cognitive functioning (3MS < 88) performed worse on measures of complex mobility as compared to those with higher cognitive functioning (ES range = .78-.97; all p's <.05). The results sug-
gest that complex mobility requires cognitive resources beyond what is required during traditional, simple walking tasks.

**USING EXTERNAL DATA TO PROJECT THE INCIDENCE OF DEMENTIA IN THE LIFE COHORT**


Designing efficient clinical trials for interventions to reduce the risk of cognitive impairment and dementia requires incidence rate projections. Incidence rates and risk factor prediction indices have been developed from large cohort studies, but these may not provide the best basis for projecting incidence within clinical trials cohorts shaped by eligibility criteria and perhaps high volunteerism. We developed prediction models for dementia using data from the Cardiovascular Health Study (CHS), Women’s Health Initiative Memory Study (WHIMS) and Ginkgo Evaluation of Memory (GEM) Study. Using these models and observed incidence distributions from each study, we projected the expected incidence for the LIFE cohort, based on its participant’s baseline characteristics. Although cohort characteristics, incidence distributions and prediction models varied between studies, when applied to the baseline LIFE characteristics, similar projections for the incidence distribution of dementia over time in LIFE were obtained (approximately 18% through 6-years of follow-up).

**SESSION 1960 (SYMPOSIUM)**

**REDEFINING QUALITY & SAFETY FOR OPTIMAL AGING: EXPECTATIONS & INNOVATIONS ACROSS THE CARE CONTINUUM**

Chair: M. Cadogan, Center for the Advancement of Gerontological Nursing Science, UCLA School of Nursing, Los Angeles, California

Discussant: D.L. Woods, Center for the Advancement of Gerontological Nursing Science, UCLA School of Nursing, Los Angeles, California

Because older adults are the most frequent health care consumers, strategies to improve the quality and safety of their care is a high priority. Since the 1999 publication of the Institute of Medicine (IOM) report, To Err is Human: Building a Safer Health System, major initiatives have been undertaken to improve the quality and safety of health care. Initial efforts focused on reducing medical errors and minimizing overall harm. However, other elements of quality and safety have been less well articulated and implemented. The aim of this symposium is to expand the concepts of quality and safety and to discuss innovations for optimal aging among targeted populations of older adults within various care settings. The first paper presents an overview of selected quality and safety measures and their applicability to optimal aging. The second paper uses the AHRQ Nursing Home survey on Patient Safety Culture as a framework for recognition and intervention of elder abuse in SNFs. The third paper presents use of sensor technology to monitor and support daily routines of persons living in assisted living facilities who are at risk for cognitive and functional decline. The fourth paper describes the use of E-Triggers to assure safe transitions of older adults from hospital to home. The final paper presents insights related to quality and safety from the perspectives of older adults seen in the emergency department and discharged home without a hospital admission.

**THINKING OUTSIDE THE BUN: NEW DIRECTIONS IN QUALITY AND PATIENT SAFETY**

C. Cassell, M. Cadogan, L.R. Phillips, University of California, Los Angeles, California

Since the launch of the IOM’s Crossing the Quality Chasm report, a concerted and ongoing effort focused on assessing and improving the nation’s quality of care, particularly for our aging population, has ensued. However, it is unclear whether our current quality and patient safety approaches offer strategies that maximize independence and function and ensure optimal quality of life in later years. This presentation will provide an analysis of existing quality and patient safety initiatives, including the National Strategy for Quality Improvement in Health Care, the National Partnership to Improve Dementia Care: Rethink, Reconnect, Restore, and the Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents to determine their contribution to the promotion of healthy and successful aging. This presentation will highlight the gaps that can guide new directions for quality and patient safety on this topic.

**PATIENT SAFETY CULTURE AS FRAMEWORK FOR RECOGNITION AND INTERVENTION OF ELDER ABUSE IN SKILLED NURSING FACILITIES**

C.E. Ziminski, M. Cadogan, L.R. Phillips, Nursing, University of California, Los Angeles, Los Angeles, California

The AHRQ Nursing Home Survey on Patient Safety Culture (PSC) consists of 42 items measuring 12 dimensions of patient safety. The aim of the survey is to assist nursing homes in developing targeted action plans to improve their overall safety culture, though little work has been done linking nursing home PSC with clinical outcomes. One important clinical outcome of PSC is elder abuse. Many items on the nursing home survey measuring PSC are known to be related to elder abuse in nursing homes. This presentation will describe items from the AHRQ PSC survey and compare their relationship to both safety and elder abuse to highlight how the AHRQ PSC survey can provide a framework for identifying and intervening in elder abuse in nursing home settings.

**USING SENSOR TECHNOLOGY TO MONITOR AND OPTIMIZE DAILY ROUTINES OF RESIDENTS IN ALFS**

M. Yefimova¹, D.L. Woods¹, M.J. Ranzi², 1. University of California, Los Angeles, Los Angeles, California, 2. University of Missouri, Columbia, Columbia, Missouri

Assisted living facilities (ALFs) are the fastest growing housing alternative to the traditional model of long-term care, providing assistance with daily living. Currently, determination of the appropriate level of care is limited by the manner in which resident’s needs are assessed. Since ALFs are not federally regulated and vary in licensing requirements, technological innovations can provide creative solutions for optimal assessment. Environmental sensors, or ambient devices placed in living spaces, can enhance the safety and quality of care in ALFs. Acoustic, pressure, ultrasound and infrared sensors are commercially available to measure multiple facets of a person’s functional status. Continuously capturing this information can establish a resident’s “baseline” routine in order to assess health needs and risk for adverse events, such as falls and cognitive decline. Using data from an ALF equipped with environmental sensors, this presentation will discuss the impact of sensor technology on the promotion of optimal aging.

**E-TRIGGERS AS A STRATEGY FOR ASSURING SAFE HOSPITAL TRANSITIONS**


Yearly thousands of older adults receive care in acute care hospitals. Post-hospital transitions have been identified as particularly unsafe for older adults. Models have been developed for assuring safe transitions
to home or long term care, but implementation of these models in practice is sporadic, particularly in smaller hospitals. In addition, the focus of most existing models is on individuals who are vulnerable or frail and those with certain high-risk medical conditions. Much less attention has been paid to younger elders, those in minority groups and those who are discharged with geriatric conditions for whom transitional care may promote optimal aging. Using a descriptive, retrospective design and an existing administrative database, the purpose of this project was to identify triggers for transitional care planning (e-triggers) appropriate for young-old individuals, particularly those in minority groups with medical-surgical conditions and to develop a framework for incorporating e-triggers into the electronic medical record.

UNMET EXPECTATIONS: VOICES OF OLDER ADULTS IN THE ED

M. Cadogan, L.R. Phillips, C.E. Ziminski, Center for Gerontological Nursing Science, UCLA School of Nursing, Los Angeles, California

Many quality and safety initiatives related to care of older adults have been initiated over the past few decades. However, limited attention has been paid to defining quality and safety from the perspectives of those who receive care. This presentation will describe results from a qualitative analysis of individual interviews with ten older adults (and/or their caregivers) who were seen in the emergency department (ED) and discharged home without a hospital admission. All interviews were audio recorded and transcribed verbatim. Data were analyzed using constant comparative analysis to identify categories, properties, and themes. Emerging themes related to quality and safety include “being stuck in the middle without you” and “anticipating a crisis to come”. Implications of these findings and recommendations for incorporating the patient’s voice into evaluation measures of quality and safety will be discussed.

SESSION 1965 (PAPER)

SOCIAL SUPPORT PAPERS

SOCIOECONOMIC AND DEMOGRAPHIC MODERATORS OF INFORMAL CAREGIVING AND HEALTH IN THE “SANDWICH GENERATION”: EVIDENCE FROM A NATIONAL SURVEY

S.A. Cohen, E.K. Do, M.J. Brown, Department of Family Medicine and Population Health, Virginia Commonwealth University, Richmond, Virginia

Background Nearly 50 million Americans are informal caregivers to an older relative or friend. Many are members of the “sandwich generation”, providing care for elderly relatives and children simultaneously. Although negative health consequences of informal caregiving are often more severe for sandwiched caregivers, little is known about how these associations vary in sociodemographically heterogeneous populations. Objectives The purpose of this study is to determine how the association between caregiving and health is modified by race/ethnicity, socioeconomic status, and whether the caregiver is simultaneously providing care to children. Methods Using data from the Behavioral Risk Factor Surveillance System, we assessed how number of children in the household, income, and race/ethnicity modified the association between caregiving and health using weighted ordinal logistic regression with interaction terms and stratification. Results The association between caregiving and health varied by membership in the “sandwich generation,” income, and race/ethnicity. This association was significant among subjects with one (OR = 1.13, 95% CI [1.04,1.24]) and two or more children (OR = 1.17 [1.09,1.26]), but not in those without children (OR = 1.01 [0.97,1.05]). Associations were strongest in those earning $50,000-$75,000 annually, but these income-dependent associations varied by race/ethnicity. Implications Our findings suggest that the added burden of caregiving for both children and elderly relatives may be impacted by sociodemographic factors. These differences should be considered in designing effective interventions that target the most vulnerable caregiver populations, improve caregiver health, and aid in the maintenance this vital component of the US health care system.

PERSONALITY AND CHANGE IN COGNITIVE FUNCTION OVER 9 YEARS: THE ROLE OF MARITAL STATUS

H. Wang1, J. Svard1, H. Fisher1, 1. Karolinska Institutet, Stockholm, Sweden, 2. Stockholm University, Stockholm, Sweden

Objective: High neuroticism has been associated with a greater risk of cognitive impairment/decline, and being married has been shown to be at a lower risk of dementia. The aim of the current study was to explore the effects of neuroticism and extraversion on the risk of cognitive decline, and to examine whether marital status may modify these effects. Methods: A population-based cohort of 474 old adults aged 75 and over, who were initially free from dementia (DSM-III-R) and cognitive impairment (MMSE score above 23) from the Kungsholmen Project, Stockholm, Sweden, was followed up for an average of 9 years. Personality traits were assessed at baseline using the Eysenck Personality Inventory. Global cognitive function was measured using MMSE at baseline and at 3, 6, and 9 years follow-up examinations. Results: Results from multivariate linear mixed models showed that higher neuroticism was related to more decline in cognitive function (b=-0.10, se=0.04, p<0.05) after controlling for age, gender, education and baseline cognitive function. Further analysis by marital status showed that the effect of neuroticism on worsening cognitive function was more pronounced among individuals who were unmarried or widowed (b=-0.17, se=0.06, p<0.001) but not among persons who were married. No effect of extraversion on cognitive function decline was observed. Conclusion: These findings highlight the importance of marital status in late life to buffer the detrimental effect of high neuroticism on cognitive aging.

CAREGIVER OUTCOMES FOR FAMILY MEMBERS PROVIDING CARE TO COMMUNITY DWELLING OLDER ADULTS

G. McGhan, E.A. Shewark, J. Penrod, Penn State University, University Park, Pennsylvania

Outcomes for family caregivers of older adults is an important topic given the aging of the population, as providing care to a loved one has become a common occurrence. Understanding the caregiving experience is critical given the invaluable service families provide. Resources play an integral role in understanding family caregiving and have been hypothesized to be important in examining caregiver outcomes. Despite the extensive caregiving literature, few studies have examined the consequences of caregiving with a resource-oriented perspective. Using the Conservation of Resources Model as the theoretical framework, this study examined if resources in the caregiving role influence caregiver strain and satisfaction. A secondary analysis of the National Long Term Care Survey (n = 1,592) was conducted using Structural Equation Modeling with robust maximum likelihood estimation. The overall fit statistics for the final model were RMSEA=.046, CFI=.98, SRMR=.021. Social support (i.e. interactions with non-relatives) was a significant, positive predictor of caregiver satisfaction (t=5.59; p<.01) whereas family support (i.e. interactions with relatives) was non-significant. For caregiver strain, family support was a significant, positive predictor (t=10.71; p<.01) whereas social support was significant, negative predictor (t=3.58; p<.01). Findings from this study contribute to the importance of providing targeted resources to family caregivers especially those without a supportive family or social support. This study begins to address the question of how resources in the caregiving role can impact both the positive and negative outcomes for family caregivers. It also highlights that not all resources are equal; some family caregivers draw greater benefit from social support compared to family support.
A CORRELATIONAL STUDY OF SOCIAL SUPPORT NETWORKS WITH QUALITY OF LIFE AND HEALTH PROMOTION BEHAVIORS AMONG CHINESE COMMUNITY-DWELLING HEALTHY ELDERLY

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Objective: To examine the relationships of social networks, quality of life, and health-promotion behaviors among healthy Chinese elderly people; to explore the influence of the three sub-dimensions of the social networks, family networks, neighbor networks and friendship networks with quality of life and health promotion behaviors in Chinese community for elderly people. Methods: A convenience sample of 1442 elderly persons whose age were above 60yrs were recruited in the communities of Beijing, Hubei and Zhejiang province. LUBBEN social network scale, the World Health Organization Quality of Life—OLD scale and Health-Promoting Lifestyle Profile II (HPLPII) were used to measure the social networks, the QOL and the health promotion behaviors of the elderly people. Results: The average age of the elderly people who were involved in the investigation was 67.6±5.56. There were positive correlations between social support network and QOL (r=0.183, P<0.01), and health promotion behavior (r=0.201, P<0.01) of community-elderly people. And there was a moderate intensity positive correlation between the QOL and health promotion behavior (r=0.419, P<0.01). There were significant differences among the three correlations above(P<0.01), family networks have a correlation with QOL (r=0.190, P<0.01) and neighbor networks, friendship networks have a correlation with health promotion behaviors of elderly people (r=0.166; r=0.150, P<0.01). Conclusions: Findings demonstrate the importance of social networks on quality of life and health promotion behaviors in community healthy aging. Intervention programs which improving QOL and health promotion behaviors of elderly people should be developed based on a social support networks.

LONELINESS, SOCIAL ISOLATION AND THE HEALTH OF OLDER ADULTS: THE ECONOMIC COSTS OF INACTION

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Context: Loneliness and social isolation are common amongst older adults, and have been associated with ill-health, premature mortality and increased health and social service utilisation. This study explores the potential cost of loneliness and social isolation to the English welfare state. Objectives: 1) This activity will raise participants’ awareness of loneliness and social isolation amongst the elderly as a major public health challenge. 2) Attendees will be encouraged to discuss the implications of evidence on the cost of inaction for tackling loneliness and social isolation amongst older people. Methods: A scoping review identified available published evidence on the effect of loneliness and social isolation on the use of health and social care services, institutionalisation, morbidity and mortality. This was combined with standard costs for health and social service utilisation, data from the 2011 census and population projections. Results: Current and projected costs of loneliness and social isolation to health and social services in England will be presented, including regional variation in the potential cost burden. Conclusions: Loneliness and social isolation amongst older adults are costly to the state. Tackling both phenomena would reduce demands on health and social care services, and counter the rising costs of caring for an ageing population.

SESSION 1970 (SYMPOSIUM)

FACULTY DEVELOPMENT PROGRAMS TO ADDRESS DIVERSE PARTICIPANTS AND NEEDS


Discussant: N. Tumosa, Bureau of Health Professionals, Rockville, Maryland

Today’s health care workforce is insufficient and ill-prepared to meet the characteristics and needs of the increasing numbers of older Americans, many of whom have multiple chronic conditions and cognitive impairments. Responding to this demand, the Health Resources and Services Administration (HRSA) charged the Geriatric Education Centers (GECs) to develop and implement interprofessional programs to educate/reeducate faculty and students across healthcare professions. The GECs have developed and implemented programs that reflect their educational resources and the needs of local faculty participants. This program will describe the innovative approaches that 5 GECs (Alabama, Arkansas, Florida, Virginia, and the Washington D.C. area) have implemented for interprofessional faculty development. Each of the GECs has approached curriculum development, teaching strategies, evaluation and outcomes measures in creative and innovative ways. All of the GEC curricula include core competencies in geriatrics and gerontology. However, each program differs by innovative use of structures and philosophies that guide the curriculum development. The GECs have utilized varying teaching strategies to meet participant needs, such as online programs, retreats, summer institutes, structured scholarly work, mentoring, and established CME programs for palliative and geriatric fellows. Different evaluation and outcome measures utilized by the GECs include measuring KSAs, assessing PHA competencies, production of scholarly work and publications, and leadership and teaching activities. These programs illustrate how others can develop effective programs for specific faculty learner groups to provide individualized education and mentoring programs.

COMPETENCY-BASED CURRICULUM DEVELOPMENT AND EVALUATION FOR A FACULTY MENTORING PROGRAM IN GERIATRICS

L. Waters, C.L. Coogle, P. Boling, E.F. Ancello, Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia

The conceptual framework for the Virginia Geriatric Education Center’s 160-hour interprofessional faculty program in geriatrics is based on the core competencies established by the Partnership for Health in Aging (PHA) Workgroup on Interdisciplinary Team Training. To stimulate broad interprofessional input, the core faculty used brainstorming techniques to further identify basic subject matter. Mapping of the final curriculum objectives (n=103) showed that every one of the PHA competencies (n=23) was ultimately addressed. Formal templates were developed to facilitate and evaluate participants’ portfolios and project proposals throughout the process. Pre- and post-tests measured attained knowledge and attitudinal changes among the 12 participants. A measure of self-efficacy grounded in the PHA competencies gauged the development of relevant skills. Follow-up evaluation includes participants’ self-reports of curriculum delivered and their evaluations of student learners. This presentation will provide an overview of the project design and implementation, program structure and content, and program evaluation.

INDIVIDUALIZATION IS THE KEY TO SUCCESSFUL FACULTY TRAINING IN GERIATRICS

R. Chernoff¹,², R.E. McAtee, 1. GRECC, Central Arkansas Veterans Healthcare System, Little Rock, Arkansas, 2. University of Arkansas for Medical Sciences, Little Rock, Arkansas

The Arkansas Geriatric Education Center (AGEC) approaches faculty training with a commitment to flexibility and individualization to
The Gerontological Society of America

TRACING FACULTY TO TEACH GERIATRICS TO THE MILLENNIAL LEARNER: A FACULTY DEVELOPMENT PROGRAM

C.R. Ford, P. Sawyer, A.G. Rothrock, C.J. Brown, J. Medicine, University of Alabama at Birmingham, Birmingham, Alabama

The University of Alabama at Birmingham Geriatric Education Center (UAB GEC) provides a year-long 160-hour faculty development program focusing on training and retraining faculty in gerontology and geriatrics while presenting teaching methods targeting millennial learners. The blended curriculum (in-person and online) includes educational geriatrics-focused vignettes that incorporate evidence-based research and principles of Adult Learning Theory. Faculty also receive extensive exposure to innovative teaching techniques and modalities. Evaluation focuses on every level of the program based on the following objectives: 1) content relevance; 2) effectiveness of presenter; 3) integration of material into teaching or clinical curriculum; 4) changes in attitudes towards the provision of interprofessional geriatrics; and 5) long-term impact on teaching practice. Outcomes from the UAB Faculty Development Program include new clinical rotations, new curricula in multiple healthcare professional training programs, and new research collaborations with faculty at UAB and other institutions.

MENTORED PRODUCT SPECIFIC AND TECHNOLOGY BASED FACULTY TRAINING PROGRAM IN GERIATRICS

E.J. Olsen, J. Sherman, University of Miami, Miami, Florida

The University of Miami GEC developed its 160-hour interprofessional faculty training program (AGE Scholars) from the perspective of the end user. The task force of consortium members included the completion of a tangible product (a journal article, grant application, conference presentation or paper, new curriculum, or training program) to increase the attractiveness of the program. A boot camp model was chosen and a cadre of seasoned geriatric experts selected as presenters and mentors. Desirous of maintaining a high degree of interprofessional interaction throughout, the charter cohort was purposely select and small. Two physicians, one nurse and one physical therapist were selected, representing three local colleges/universities. Trainees participated in on-site and online educational workshops and tracked hours, along with research, development and mentor time via Google Docs. Final products (that exhibited the skills and competencies obtained) included two new curricula, two grant proposals, a research article and a training program.

WAGECC MASTER FACULTY SCHOLAR PROGRAM: EMPHASIZING PERSON-CENTERED CARE THROUGH ARTS AND HUMANITIES

D. Lupu, Center for Aging, Health & Humanities, George Washington University, Silver Spring, Maryland

We all want to deliver person-centered care to older adults. But just what is it? And how can we teach it? The Washington Area Geriatric Education Center Consortium (WAGECC) developed its 160-hour Master Faculty Scholar Program (MFSP) as inter-professional training focusing on the skills needed to implement person-centered care (PCC) for older persons. The curriculum integrates arts and humanities to help participants understand and then convey the principles of person-centered care for older adults. Faculty use multi-modal teaching methods and adult learning principles to deliver a curriculum that is experiential and builds upon narrative medicine and story as essential to care of older persons. The first program year was integrated into an existing geriatric and palliative care fellowship. 17 of 18 participants completed the program. In year two, thirty participants from a wide range of disciplines participated. Evaluation shows the training is highly valued by participants.

SESSION 1975 (SYMPOSIUM)

THE ROAD LESS TRAVELED: IMPLICATIONS OF TREATY BODIES AND NATION STATES USING NON TRADITIONAL PATHWAYS TO PROTECT, PROMOTE, AND FULFILL THE SOCIAL AND POLITICAL RIGHTS OF OLDER ADULT WOMEN, GLOBALLY

Chair: S.B. Somers, Admin, INPEA, Nassau, New York
Co-Chair: L. Daichman, Admin, INPEA, Nassau, New York
Discussant: P. Brownell, Admin, INPEA, Nassau, New York

Population Ageing is defining the 21st Century. In 2010 there were 746 Million women over the age of 49. By 2020 there will be 970 million. As the numbers of older women increase so will the numbers exposed to different forms of human rights violations. Disturbingly, the current International Human Rights System fails to support the social, Political and Cultural Rights of Older Women nor does it protect them from Discrimination and Violence. Nonetheless, certain Representatives of the United Nations Treaty Bodies such as the Special Rapporteur (SR) on The Right to the Highest Attainable Form of Health, SR on Violence Against Women, and the SR on Extreme Poverty have carved out new pathways critical to the protection of Older Women’s rights calling into question the traditional application of their mandates and encouraging us to re-think violence against older women. Moreover, although limited, reference to Older Women’s Rights in Domestic Law: Constitutions, National Legislation and its interpretation, is slowly making progress. A panel of Inter-national experts will review National action from Latin America, with Argentina, first to call for the Rights of Older Persons, to Asia, where Japan, first to enact National Older Person’s Protective Legislation and in North Am, specifically the USA’s National Laws, the Violence Against Women Act and the Elder Justice Act. This multi-disciplinary panel of experts, with Medical, Legal and Social Work expertise) will focusing on implementation, violations, and the need for a new universal instrument.

CONSTRUCTING PROTECTIVE AND EMPOWERING POLICIES FOR OLDER WOMEN’S HEALTH AND AGING SERVICES REQUIRES A MORE COMPREHENSIVE KNOWLEDGE ABOUT DISCRIMINATION AND ELDER ABUSE IN LATIN AMERICA

L.S. Daichman, International Longevity Center, Argentina, Buenos Aires, Buenos Aires, Argentina

Today, concern about elder abuse has driven a worldwide effort to increase awareness about the magnitude of the problem and encourage development of prevention and intervention programs. This is predicated on the belief that older people are entitled to live out their advancing years in peace, dignity, good health, and security. However, policies and health and social programs must be constructed cautiously as they can promote or violate older people’s human rights, depending on the way they are designed and implemented. A more comprehensive knowledge about discrimination and elder mistreatment should be facilitated for caregivers and professionals working with older people, as well as the older population and their families.
HOW INTERNATIONAL HUMAN RIGHTS AND DOMESTIC CIVIL RIGHTS LAWS PROTECT OLDER WOMEN FROM ABUSE IN THE USA

The purpose of this presentation is to promote an understanding of the international perspective on elder abuse policy. From an international perspective, the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) General Recommendation No. 27 lays out an agenda for promoting the human rights of older women, including the right to live free of abuse. At the national level, the Violence Against Women’s Act (VAWA) Reauthorization, signed into law by President Obama on March 7, 2013, promotes the civil right of women including older women, to be protected from domestic violence in the United States of America. The complimentary Elder Justice Act (EJA), signed into law as part of the Affordable Care Act of 2010, promotes the civil right of older women and men to live free of abuse in the home and in institutional settings. The CEDAW General Recommendation No. 27, with the VAWA and the EJA, serve as examples of how human rights and civil rights laws can serve to protect older women from abuse. Coordinated action is urgently needed however to to promote a binding instrument in the case of CEDAW General Recommendation No. 27, and funding to implement the EJA.

SESSION 1980 (SYMPOSIUM)

THE STATE OF THE SYSTEM: CURRENT INTERSTATE VARIATIONS AND MODELS THAT INFLUENCE THE TRANSITION OF NURSING HOME RESIDENTS TO THE COMMUNITY
Chair: A.A. Holup, School of Aging Studies, University of South Florida, Tampa, Florida
Discussant: G.E. Alkema, The SCAN Foundation, Long Beach, California

States are challenged to provide high quality, cost-effective care in the least restrictive setting. By shifting long-term services and supports (LTSS) resources from nursing homes (NH) to community based services, states have taken advantage of the increased federal flexibility under efforts to rebalance LTSS spending and resources. This symposium focuses on the interstate variations and models that influence the successful transition of NH residents to the community. We begin with a literature review and synthesis of the effectiveness of current transitions and model programs tested across the nation. A second paper examines the specific relationship between sites of care and transition patterns for hip fracture patients from 1999-2007. The symposium continues with an analysis of the interstate differences in the discharge patterns of long-stay NH residents to understand the effect that state policies have on resident discharge. The fourth paper provides a two-state comparison of NH characteristics that influence the transition of long-stay NH residents to the community at 90 and 365 days. An understanding of current rebalancing efforts offers policymakers and providers help in understanding the importance of NH transitions, the extent of rebalancing efforts nationwide, and insights needed to develop, implement, and improve current interventions. This symposium concludes with a discussion on how the papers, in an effort to discuss effective policy interventions for rebalancing care, inform research, policy, and practice to improve the transition of NH residents to the community.

REBALANCING EFFORTS IN THE EVOLVING LONG-TERM SERVICES AND SUPPORT MARKET
A.A. Holup1, K. Hyer1, K. Wilber2, 1. University of South Florida, Tampa, Florida, 2. University of Southern California, Los Angeles, California

For more than two decades, policymakers have recognized the need for developing home and community based alternatives (HCBS) for institutionalizations. Because of this, rebalancing long-term services and supports (LTSS) spending from institutional settings to HCBS has been at the forefront of policy agendas nationally and within states. While some states have managed to rebalance their LTSS spending and provide individuals with an effective balance between community and institutional LTSS, others have been less proactive. In this session, a variety of rebalancing programs will be explored by examining the research supporting and refuting the success of these programs in cost-effectiveness and in their ability to target elderly NH residents for community discharge.

GETTING HOME AND STAYING HOME AFTER HIP FRACTURE POST-ACUTE CARE
N. Leland1, P.L. Gozalo2, T.J. Christian1, J.M. Teno1, V. Mor2, 1. Division of Occupational Science and Occupational Therapy & The Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. Brown University, Providence, Rhode Island, 3. ART, Boston, Massachusetts

Post-acute care patients, a growing population in nursing homes (NH), are admitted for skilled care with the goal of achieving prior level of function and being safely discharged back to the community. Furthermore, research has documented a positive relationship between skilled nursing facility patient volume and successful community discharge, defined as returning to the community and remaining a consecutive 30 days. This presentation will highlight the interstate variation in skilled nursing facility use as the first site of post-acute care (PAC) after hip fracture rehabilitation (23.0% in LA vs. 88.2% in CT) and successful community discharge. To further characterize high and low volume nursing homes and understand differences in successful community discharge we will highlight variations in staffing and rehabilitation intensity within skilled nursing facilities. Findings suggest that successful community discharge among PAC patients is complex and further works is needed to achieve this desired patient outcome.

PATTERNS OF COMMUNITY DISCHARGE IN CALIFORNIA AND FLORIDA: VARIATIONS AND UNDERLYING POLICY CONTEXTS
Z.D. Gassoumis1, A.A. Holup2, K. Wilber1, K. Hyer1, 1. Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. University of South Florida, Tampa, Florida

Efficient targeting of residents for transition distinguishes between residents who are unnecessarily residing in a nursing facility because of poor discharge from those who are short-stay and will return to the community without targeted intervention. To inform a discussion of these differences, we constructed a series of survival curves to identify the discharge patterns for nursing home residents admitted to a facility between July 1, 2007 and June 30, 2008, looking both at the national context and the patterns for the two states with the largest 65+ populations: California and Florida. We further explored interstate differences in the discharge patterns of nursing home residents to understand the effect that state policies have on resident discharge. Findings underscore the challenge of rebalancing efforts in targeting NH residents who are capable of residing in the community but will not otherwise transition to the community on their own.

FACILITY CHARACTERISTICS THAT INFLUENCE THE TRANSITION OF NURSING HOME RESIDENTS TO THE COMMUNITY
A.A. Holup1, Z.D. Gassoumis1, K. Hyer1, K. Wilber2, 1. University of South Florida, Tampa, Florida, 2. University of Southern California, Los Angeles, California

Since community discharge is considered an outcome of successful acute or institutional care, stakeholders need to identify the facility characteristics that influence the ability of residents to transition to the community. This session provides an examination of the interstate variation in facility characteristics that influence the transition of nursing
home (NH) residents to the community at both 90 and 365 days following admission. Data from the Minimum Data Set 2.0 were used to construct episodes of care for newly admitted residents aged 65 and older in all free-standing Florida and California NHs from 2007 to 2008. Hierarchical generalized linear models were used to assess the facility characteristics that were predictive of community discharge while controlling for resident-level factors that were associated with conversion to long-stay. Findings suggest that facility characteristics were predictive of discharge at 90 and 365 days following admission, but differed according to state.

SESSION 1985 (SYMPOSIUM)

USING NHATS TO EXPLORE POLICY ISSUES IN AGING

Chair: J. Kasper, Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland
Discussant: J. Haaga, National Institute on Aging, Bethesda, Maryland

NHATS was developed as a resource for the study of disability trends and dynamics in older people. This session focuses on ways that NHATS can inform policies and programs directed toward addressing needs of older people experiencing declines in late life functioning and their families. NHATS was designed to allow nuanced measures of disability that capture the interplay of environment, accommodations in the form of devices or personal help, and underlying capacity. Annual follow-up also provides a more complete picture of how functional change develops and progresses. These design elements enhance opportunities for policy-relevant research using NHATS. This session focuses on current and potential contributions of NHATS to informing key policy issues with implications for late life disability. Papers in this session address: the range of residential environments where older people with disability live; the expanding scope of caregiving tasks and implications for family caregiving; the care needs and sources of support for older low income people with functional and cognitive impairments in the context of the Older Americans Act; using NHATS to make estimates of disabled older veterans and opportunities for policy analysis using geographic and medical claims linkages to NHATS. A brief overview of NHATS will be provided and a discussant will identify themes and promising future directions for research.

FAMILY INVOLVEMENT IN OLDER ADULTS’ HEALTH CARE ACTIVITIES

J. Wolff, JHU/APL, Baltimore, Maryland

This study contributes new information regarding nature of health care assistance exchanges among a nationally representative sample of Medicare beneficiaries. Results provide novel insight regarding the extent to which receipt of assistance with physician visits and medication management activities relate to older adults’ socio-demographic and health characteristics, including for the first time, performance-based measures of cognitive function. We describe the relationship of family members who assist with physician visits and medication management broadly, as well as in relation to provision of personal care and mobility assistance, including the extent to which assistance with these activities overlap. Finally, we examine aggregate intensity of assistance (in hours of care) provided by family caregivers and received by older adults, by virtue of the types of assistance exchanged. Study findings provide insight regarding the context in which health care processes transpire for older adults who navigate health system demands within a broader social milieu.

USING NHATS PUBLIC USE AND LINKED DATA SETS FOR HEALTH POLICY RESEARCH

V. Mor, Community Health, Brown University, Providence, Rhode Island

As an annual survey of aging Americans that is linked directly to the Medicare enrollment file, NHATS has enormous potential to address significant health policy issues affecting the older population of Medicare beneficiaries. Furthermore, since NHATS was launched in the early years of the implementation of the Medicare reforms instituted as part of the Affordable Care Act, the changing experiences of the elderly respondents over time make it possible to get a close personal look at the impact of some of these provisions. In this session, examples of health policy research that can be conducted using the public use file will be presented followed by description of the different types of linked, restricted files that are being made available to users who obtained standard CMS Data Use Agreements.

NEW ESTIMATES OF MEDICARE’S RESIDENTIAL CARE POPULATION FROM THE NATIONAL HEALTH AND AGING TRENDS STUDY

V. Freedman1, B. Spillman1, 1. Health Policy Center, Urban Institute, Washington, DC, District of Columbia, 2. University of Michigan, Institute for Social Research, Ann Arbor, Michigan

This study provides new estimates of the Medicare elderly in community residential care settings and compares their demographic, health, and functioning characteristics and unmet needs with those of residents in traditional community and retirement/senior housing. Data are from the 2011 NHATS, a new annual longitudinal study of health and functioning trends and trajectories. Residential care is defined by detailed information from facility and survey respondents. Of 38.1 million elderly Medicare beneficiaries, 3 million (8%) live in residential care settings: 1.1 million in nursing homes and 2 million in assisted or independent living. Another 2.5 million (6.6%) live in community settings identified as retirement/senior housing. Functional capacity follows an intuitive hierarchy with lowest capacity among residents in supportive settings and highest among those in traditional housing. Unmet needs are high (31%-42%) across all settings among those who report difficulty or receive assistance with daily activities.

COMPARING MEDICARE-ONLY ENROLLEES (MEOs) AND MEDICARE-MEDICAID ENROLLEES (MMEs) WITHIN THE NATIONAL HEALTH AND AGING TRENDS STUDY (NHATS)


The primary goal of the Administration for Community Living (ACL) is to keep older adults and people with disabilities living at home with the support they need for as long as possible. Therefore, ACL’s initial analyses of NHATS data have focused on the need for home- and community-based services (HCBS) among two key groups of older Americans: Medicare-Only Enrollees (MEOs) and Medicare-Medicaid Enrollees (MMEs). Research has shown that MMEs are more likely than MEOs to report poor health status, experience multiple chronic conditions, and have functional and cognitive impairments. However, most research on MMEs has focused on the entire population, not just the 65 and over age group. This is an important distinction to make since one third of MMEs are younger than age 65. Comparing MMEs and MEOs age 65 and over provides a more accurate picture of the differences that exist between these two groups of Medicare enrollees.

The Gerontological Society of America
THE ECONOMIC BURDEN OF DIABETES AND DEPRESSION AMONG COMMUNITY-DWELLING ELDERLY
K.A. Zurlo1,2, A. Akincigil1,2, E. Kalay2, S. Crystal2, 1. Rutgers University, New Brunswick, New Jersey, 2. Institute for Health, Health Care Policy and Aging Research, New Brunswick, New Jersey

A growing prevalence of chronic health conditions threatens the retirement security of the elderly and places a heavy financial strain on public and private payment sources. Although Medicare provides health insurance to 95% of the elderly, only about 50% of their health care costs are covered. Improved understanding of the burden of out-of-pocket (OOP) medical costs for Medicare beneficiaries is vital to inform health and retirement policy decisions. This study estimated the OOP burden of medical costs on community-dwelling Medicare beneficiaries aged 65+ in 2007, the year after the implementation of Medicare Part D. Data from the Medicare Current Beneficiary Survey were utilized and burden was measured as the ratio of OOP medical expenditures to total income. Our results indicated that OOP expenditures averaged 8.9% of total health care expenditures with the proportion highest (12.6%) for those with no supplemental coverage. In multivariate analyses, when controlling for income, health insurance coverage, and other chronic diseases, such as cancer, heart disease, stroke, and arthritis, the highest burden of OOP medical expenses was associated with diabetes and depression, while higher income, HMO participation, and having Medicaid only were associated with lesser burden. The implications of these results reflect the current debate on Medicare reform and the potential need for additional cost-sharing measures. Lower-income individuals and those diagnosed with diabetes or depression may have significant difficulty absorbing additional expense given their current OOP cost burden. As a result, policymakers must carefully consider future cost-shifting options, minimizing the risk of increased economic burden.

WHY FRANCE’S PRIVATE LONG TERM CARE INSURANCE MARKET WORKS
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America’s rapidly increasing aging population means that the need for long term services and supports (LTSS) will also increase. Although
Americans favor private solutions to social problems, private long term care insurance (LTCI) has not been widely embraced, despite a variety of government incentives to promote its purchase. Nor has government been successful in providing solutions to this problem. This article discusses the French system, which offers an attractive mix of public and private support for LTSS. In addition to a means-tested universal public LTCI program, there is a successful private LTCI market. Its approximately 5.5 million policyholders comprise nearly one third of those 60 and older. Moreover, the French market has been growing by 15 percent per year, in contrast to declining market growth in the U.S and the exit of companies from the market. Thus, France’s situation is unique; elsewhere, experts have seen little potential for private LTCI to play a significant role in solving the LTSS financing problem. This paper describes how the private LTCI industry is structured in France, discusses factors that have led to its success, and explores whether such a public-private mix of support might be replicable in the US.

SESSION 1995 (PAPER)

UNDERSTANDING FRAILTY AND PERSPECTIVES OF QUALITY

A GENEALOGY OF FRAILTY
S. Pickard, School of Sociology, Social Policy and Criminology, University of Liverpool, Liverpool, United Kingdom

This paper constructs a genealogy of frailty, drawing on texts in the clinical geriatrics literature dating back to the early days of geriatric medicine in the 1930's. Where frailty was not identified as a specific category in early literature I examine the terms in which individuals who would later be described in such a way were identified, including chronic long-term sickness and infirmity. From there I trace the continuities, modifications and transformations that took place, both regarding classifications and the practice and technologies aimed at managing or treating these. In doing so, I inform my analysis by reference to texts in the broader medical, and other literatures, together with sociological commentaries, which will help illuminate how the ‘problem’ of frailty emerged at the interface of a number of different disciplines and was connected to broader social policy towards old age. In particular, through this genealogy, I identify transitional texts which mark a break or discontinuity between one discursive regime and another, for example, moving from the concept that frail older people could be rehabilitated through treatment ‘done’ to them to one in which the role of individuals in their own treatment, and indeed prevention, through ‘lifestyle’ choices, is emphasised. A key objective of this session is to bring to light how characteristics once considered ‘inevitable’ to old age are now considered pathological and remediable and possibly indeed preventable and to demonstrate how this is the joint result of clinical ‘advances’ and social change.

UNDERSTANDING ETHNIC DIFFERENCES IN OLDER PEOPLE’S REPORTS OF HOME CARE QUALITY: EVIDENCE FROM THE ENGLISH HOME CARE USER EXPERIENCE SURVEY
J. Malley1, 2, J. Fernandez3, 1. Personal Social Services Research Unit, London School of Economics, London, United Kingdom, 2. University of Kent, Canterbury, United Kingdom

Surveys of users’ experiences are increasingly being used to monitor the quality of care in a number of countries. In England, results from successive surveys have consistently found that social care users’ experiences of services vary by ethnicity, with people from white backgrounds reporting higher satisfaction and higher quality services compared to people from black and ethnic minorities. There have been very few attempts to unpick the reasons for ethnic differences in reported quality. This paper explores a series of hypotheses using a national survey of home care users aged over 65. One hypothesis is that differences between ethnic groups are confounded by a concentration of socio-economic factors known to influence reported quality within non-white groups. Using regression techniques we find that differences in reported quality between ethnic groups remain after controlling for relevant factors across a variety of quality indicators. We therefore explore two further hypotheses. First that the effect is confounded by a concentration of people from ethnic minorities in poorly performing organisations, and second that the effect is due to differences in the perceived quality of care delivered by an organisation between ethnic groups. Using multilevel regression techniques, clustering by organisation, we find some evidence to support both hypotheses, but stronger support for the effect being due to differences between ethnic groups in the perceived quality of care for the same organisation. We recommend further research to understand whether the differences in perceived quality reflect real differences in care or differences in reporting styles between ethnic groups.

AN ETHNOGRAPHIC STUDY OF TRANSITIONS BETWEEN HOME AND INPATIENT HOSPICE
S. Lysaght, N. Strumpf, F.K. Barg, M. Ersek, University of Pennsylvania, Philadelphia, Pennsylvania

Although most hospice care occurs in the home, a growing number of patients utilize inpatient hospice settings. An inpatient hospice stay requires one or more transitions in care settings, although little is known about these transitions. Using ethnographic methods, this study examined the beliefs and practices of older adults, their caregivers and hospice interdisciplinary team (IDT) members surrounding transitions between home and inpatient hospice. Data collection took place over 11 months in a large not-for-profit hospice agency in the Northeast. Data were collected through observations and 38 semi-structured interviews with patients, family caregivers, and hospice IDT members. Transitions from home to inpatient hospice centered on three important processes: development of a plan for future needs, identification of triggers signaling increased needs for care, and navigation through phases of increased care. Patients, family caregivers or IDT members identified triggers for more care and actions were taken to respond in the home care setting. Challenges to these actions occurred in many phases of care and when needs were ultimately unable to be addressed at home, patients were transferred to the inpatient hospice house. Understanding how care planning, increased needs, and phases of care contribute to decisions about transitioning patients to inpatient hospice can guide IDT members in minimizing transitions and providing a seamless continuum of hospice care.

DIGNITY IN CARE FOR OLDER PEOPLE: PROTECTING THE VULNERABLE OR PROMOTING AUTONOMY – PROFESSIONALS’ PERSPECTIVES
C. Victor, V. Williams, D. Cairns, W. Martin, S. Richards, A. LeMay, D. Oliver1, 1. Brunel University, Uxbridge, United Kingdom, 2. Oxford Brookes, Oxford, United Kingdom, 3. Oxford University, Oxford, United Kingdom, 4. Southampton University, Southampton, United Kingdom, 5. City University, London, United Kingdom

Many Western Health Care systems are increasingly implementing national and local policies championing the need to provide dignity in care for older people in hospital. We have evidence as to what older people and their relatives understand by the term ‘dignified care’ but less insight into the perspectives of staff regarding their understanding of this key policy objective. We undertook a mixed method study including a questionnaire survey, interviews and focus groups with health care staff working with older people to explore health care staff perspectives and experiences of dignified care and the barriers/facilitators to providing it. This paper will utilise findings from the interview data set to examine how staff understand dignity in care for older people. We interviewed staff involved in the care of older people from different professional backgrounds including medical, nursing, clinical psychology,
occupational and physiotherapy and different settings: acute hospital care, community care and mental health settings. Staff were interviewed using a semi-structured interview guide, interviews were audio-recorded, transcribed verbatim and analysed using a thematic analysis approach. Participants’ perception of dignity in care for older people highlighting the tension between two representations of older people as either vulnerable, dependent and helpless individuals who require advocacy and who lack agency and as independent, active decision-makers of their care. These tensions highlight the complexities of how to care for older people in a dignified way by taking into account the individual vulnerabilities and health conditions older people face whilst respecting and maintaining their personhood and autonomy.

SESSION 2000 (SYMPOSIUM)

HEALTH IN CENTENARIANS: FINDINGS FROM GERMANY, PORTUGAL, JAPAN AND THE USA
Chair: D.S. Jopp, Psychology, Fordham University, Bronx, New York
Discussant: R.B. Lipton, Albert Einstein College of Medicine, Yeshiva University, Bronx, New York

In most industrialized countries, the very old represent the fastest growing population group. This global trend has been discussed with respect to compression or expansion of morbidity: If more individuals are able to reach very old age, will they be more or less healthy than prior cohorts? Are there differences between nations in terms of health status? And what are potential antecedents and consequences? This symposium aims at presenting a comprehensive picture of health in centenarians by using different health measures (e.g., disease count, functional indicators, subjective health) and by looking at predictors and outcomes of health (e.g., personality, support, well-being). It further offers an international perspective by reporting on centenarian studies from Germany, Portugal, Japan, and the USA. The presentation by Ribeiro and colleagues reports on functional health on 113 participants of the Second Heidelberg Centenarian Study. The presentation by Ribeiro and colleagues investigates profiles of health and morbidity within the First Portuguese Centenarian Study. The presentation by Jopp and colleagues examines different health indicators and their relations to well-being indicators within the Fordham Centenarian Study. The presentations by Masui and colleagues investigate links between personality and health in a Japanese centenarian sample. The presentations by Boerner and colleagues is based on the Second Heidelberg Centenarian Study and addresses the support centenarians receive in everyday life and its correlates. In sum, the presentations illustrate using different approaches to assess health that many centenarians have health issues, but that some are able to maintain functioning and well-being.

LIVING LATER – BEING HEALTHIER? FUNCTIONAL HEALTH AND CARE IN TWO COHORTS OF CENTENARIANS IN GERMANY
C. Rott1, D.S. Jopp1, K.M. Boch1, V. d’Heureuse1, K. Boerner1, A. Kruse1, 1. Institute of Gerontology, Heidelberg University, Heidelberg, Germany, 2. Fordham University, Bronx, New York, 3. Jewish Home Lifecare, Research Institute on Aging, New York, New York

It has been demonstrated that ADL functioning of centenarians has improved within ten years for the later born women in Denmark. To investigate whether this is also the case in Germany, two population-based cohorts of centenarians (aged 100 years) from the Heidelberg Area were investigated in 2000/2001 and 2011/2012 with respect to ADL/IADL functioning, required care level and health restrictions. Information provided by a close relative revealed that ADL performance was better in three out of seven functions in current centenarians. Improvement was also found in two out of seven IADL functions. At the same time, the level of care did not differ between cohorts, and a comparable proportion (79%) received services from the German Long Term Care Insurance System. The extent of self-reported health restrictions was also comparable. In sum, we found no indication for poorer functional health in today’s centenarians, rather similar levels and indication for improvement.

HEALTH PROFILES FROM THE OPORTO CENTENARIAN STUDY: PRELIMINARY FINDINGS
O. Ribeiro1,2, L.J. Araújo1, L. Teixeira1, N. Duarte1, D. Brandão1, C. Paú1, 1. ICBAS - Institute of Biomedical Sciences Abel Salazar, UNIFAI, Porto, Portugal, 2. University of Aveiro, Aveiro, Portugal, 3. ISSSP, Porto, Portugal

An increase in the number of centenarians is currently seen in all European countries and Portugal is no exception with approximately 1500 centenarians according to last 2011’s Census. The purpose of this study is to present preliminary data from the first Portuguese study on centenarians – the Oporto Centenarian Study (PT100) regarding health, cognition and functionality. Main findings reveal a great variability in the presence of major age-related pathologies, cognitive status and overall physical condition. Obtained profiles are compared with those presented in other international centenarian’s studies, considering the survivors, delayers and escaper’s categorization (Evert et al., 2003) and the typology presented by Gondo et al. (2006) on the centenarian’s functional status: exceptional, normal, frail and fragile. The multiplicity of health related profiles found in our sample accounts for the heterogeneity of this population and provides important knowledge for health care and social services and for further international study comparisons.

HEALTH IN VERY OLD AGE: FINDINGS FROM THE FORDHAM CENTENARIAN STUDY

This presentation addresses health in very old age using data from the Fordham Centenarian Study, including 56 near-centenarians (aged 95 to 99, mean age 97 years; 73% females) and 63 centenarians (aged 100 to 107, mean age 101 years; 83% females). Health was assessed with number of diagnosis, subjective health and activities of daily living (ADL, IADL). Findings indicate that very few individuals had no or only one health issue (4%), the average disease number was 4.86. At the same time, only 10% reported poor overall health, with higher frequencies for poor vision (27%) and hearing (15%). Mean ADL ratings were 12.6, and mean IADL ratings were 17.6. Age groups only differed for subjective vision (lower for older), gender had no effect. All indicators were related to depression and aging satisfaction. In sum, health is compromised in very old age but does not seem to differ between near-centenarians and centenarians.

THE PERSONALITY PROFILE AS LONGEVITY PHENOTYPE
Y. Masui1, Y. Gondo1, H. Inagaki1, N. Hirose1, 1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. Osaka University, Suita, Japan, 3. Keio University, Tokyo, Japan

Previous studies reported that centenarians have special patterns of personality (Martin, 2006). To evaluate whether a typical personality patterns contribute to longevity, we investigated health, physical function and well-being of younger old individuals who had similar personality phenotypes to centenarians. We classified 65 cognitively intact centenarians and 1812 younger old people based on combination of high/low score for the big-5 personality traits (neuroticism (N), extraversion (E), openness (O), agreeableness (A), and conscientiousness(C) assessed by NEO-FFI. Among centenarians, two personality phenotypes, that were higher in N, E, O, C and lower in A and higher in E, O, C and lower in N and A, were over-represented. Younger old who had identical patterns showed higher self-rated health, instrumental activity of daily living, and psychological well-being than other same-aged individuals. In sum, results suggest
that the personality phenotype observed in centenarian might contribute to longevity through higher physical functioning and higher well-being.

SECOND HEIDELBERG CENTENARIAN STUDY: WHO DO CENTENARIANS RELY ON FOR SUPPORT?

K. Boerner1, D.S. Jopp2, C. Roh1, 1. Jewish Home Lifecare/Mount Sinai School of Medicine, New York, New York, 2. Fordham University, Bronx, New York, 3. Heidelberg University, Heidelberg, Germany

This presentation addresses consequences of compromised health in centenarians by examining the social resources German centenarians rely on in everyday life, and their links to well-being and health. Participants were 112 centenarians from a representative, population-based study conducted in the broader area of Heidelberg. Findings indicate that centenarians rely heavily on the support of family, primarily children; 74% have a child, and 70% of those have at least one child living close by. Nearly all of those who provided information about their child’s care involvement indicated intense levels of involvement (98%). Nevertheless, about 40% of the centenarians reported experiencing loneliness. Having fewer grandchildren and not seeing family as often as desired was significantly related to loneliness. Individuals with poorer health, higher depression and lower life satisfaction also reported loneliness. Findings underscore the importance of social resources for centenarians in terms of health and psychosocial outcomes.

SESSION 2005 (SYMPOSIUM)

IMPLICATIONS OF END-OF-LIFE CONTEXTS FOR THE PSYCHOSOCIAL WELL-BEING OF FAMILY MEMBERS

Chair: D. Carr, Institute for Health, Health Care Policy, and Aging Research, Rutgers University, New Brunswick, New Jersey
Discussant: R.S. Allen, University of Alabama, Tuscaloosa, Alabama

Although much research explores physical and mental health consequences of late-life bereavement, far less is known about ways that important aspects of the death context, including the family’s emotional and practical preparation for the death, family conflict, and the patient’s pain and prolongation, affect the psychological well-being and relationship dynamics of surviving family members. This symposium brings together researchers using three different data sets to explore the implications of death context on two outcomes: family relationship quality; and psychological distress. Kramer and Boelk examine a sample of 161 primary caregivers of hospice patients, and find that history of conflict and absence of advance care planning among the most powerful predictors of family conflict. Carr, Kramer, Moorman & Boerner examine a sample 607 bereaved older adults from the Wisconsin Study of Families and Loss, and find that ACP deemed problematic by family members predicts post-loss family conflict, yet this association is partly accounted for by a history of problematic relationships. Prigerson and Garrido document the direct and indirect effects of terminal care on the surviving family member’s bereavement adjustment. Carr, Prigerson, Boerner, and Moorman analyze WISTFL data and find that bereaved spouses and children whose deceased loved one engaged in ACP report lower levels of post-loss distress. However, these protective effects are detected only for those who deemed the ACP as helpful rather than problematic, and effects operate via death quality. The discussant will highlight implications for practice.

CAN ADVANCE CARE PLANNING MINIMIZE DISTRESS AMONG THE BEREAVED? ASSESSING DEATH QUALITY PATHWAYS


Advance care planning (ACP), including a living will and durable power of attorney for health care (DPAHC), is encouraged by health care providers, because ACP is associated with a better quality death. Less is known about the implications for surviving family members’ psychological well-being. We investigate whether a recent decedent’s ACP affects the depressive symptoms reported by bereaved spouses and adult children, and the extent to which this association is accounted for by aspects of death quality, including patient pain, prolongation, receipt of undesired care, and conflicts regarding care. Data are from the Wisconsin Study of Families and Loss (n=607) a new prospective study of bereavement. ACP is associated with less survivor distress, yet effects are limited to ACP that survivors deemed helpful rather than problematic. The association between ACP and distress is partly accounted for by pain and death prolongation. We discuss implications for policy and practice.

PREDICTORS OF FAMILY CONFLICT AT THE END OF LIFE: THE EXPERIENCE OF HOSPICE FAMILY CAREGIVERS


Although family conflict has been reported frequently and is challenging to health care professionals across care settings, limited empirical attention has been given to identifying the determinants of end-of-life conflict among family members receiving hospice care. Guided by an explanatory matrix of family conflict at the end of life, this study sought to identify predictors of family conflict among a sample of 161 primary caregivers of patients currently enrolled in a large multi-county non-profit hospice in the Midwest. Predictors of conflict in the multivariate model included a history of prior conflict, younger caregiver age, absence of advance care planning discussions, communication constraints and assertions of decision-making control by family members; the model explained 60% of the variance in conflict. Implications for routine assessment and screening to identify families at risk and recommendations for the development and testing of advance care planning, communication, and shared decision making interventions are highlighted.

WHAT ASPECTS OF TERMINAL CARE BEST PREDICT FAMILY CAREGIVERS’ BEREAVEMENT ADJUSTMENT?: EVIDENCE FROM THE COPING WITH CANCER STUDY

H.G. Prigerson1, M.M. Garrido2,3, 1. Medical Oncology/psychosocial onc., Harvard/Dana-Farber, Boston, Massachusetts, 2. James J Peters VAMC, Bronx, New York, 3. Icahn School of Medicine at Mount Sinai, New York, New York

Bereaved caregivers are at risk for psychological distress, but little is known about the effects of end-of-life (EOL) care on bereaved caregivers’ mental health. Using data from Coping with Cancer, a multi-site, longitudinal cohort study, we modeled the effect of the intensity of patient care received in their final week on changes in the surviving caregiver’s mental health from before the patient’s death to 6 months post-loss (n=250). Care intensity was not related to onset of depression or anxiety among surviving caregivers, but it was related to regrets about how the patient died. Patient receipt of any aggressive care (e.g., ventilation) in the last week of life worsened caregiver regrets following death (β=0.32, p=.03), but this relationship was mediated by patient’s death quality.
quality of death ($\beta = -0.04$, $p<0.001$). Interventions that improve patients’ quality of death, possibly by reducing burdensome, futile intensive EOL care, may enhance the mental health of bereaved caregivers.

DOES ADVANCE CARE PLANNING PROTECT AGAINST FAMILY CONFLICT? ASSESSING THE CARE CONTEXT PATHWAYS

Advance care planning (ACP), including a living will and durable power of attorney for health care (DPAHC), is encouraged by health care providers, because ACP is associated with a better quality death. Less is known about the implications for surviving family members’ relations with one another, especially if they disagreed regarding end-of-life decisions. We investigate whether a recent decedent’s ACP affects the level and types of family conflicts reported by bereaved spouses and adult children, and the extent to which this association is accounted for by aspects of the death context, including receipt of undesired care, conflicts regarding care, and perceived problems with ACP documents. Data are from the Wisconsin Study of Families and Loss. ACP is associated with less family conflict only when the documents were deemed helpful rather than problematic, revealing that ACP is not universally protective for family well-being. We discuss implications for policy and practice.

SESSION 2010 (SYMPOSIUM)

PERSONAL ATTRIBUTES AND THEIR IMPACTS ON ADULT DEVELOPMENT
Chair: H. Fung, Chinese University of Hong Kong, Hong Kong, Hong Kong
Discussant: T.M. Hess, North Carolina State University, Raleigh, North Carolina

Action theories emphasize the role of human agency in shaping behavior. In the literature of aging, however, the role of human agency is often ignored. The five papers included in this symposium attempt to fill in this gap by examining the roles of personal attributes (perceived time perspective, subjective age and personal value) in predicting adult development. First, Terracciano and colleagues examined the reciprocal relationships between changes in subjective age and changes in personal value over a 10-year period. Then, Jiang and colleagues showed how conscientiousness, as a personal trait that facilitated long-term goal pursuits, was positively associated with life satisfaction only among older adults who perceived future time as extended, but not among those who perceived time as limited. The next two papers experimentally manipulated time perspective. Zhang and colleagues found that when future time was experimentally manipulated, age differences in ideal affect could be altered. Weiss also experimentally primed life’s finitude and demonstrated that doing so increased generation identification, with advancing age. Finally, using data from the World Value Survey, Ho and colleagues examined the associations between age differences in personal values and subjective well being in cultural contexts when these personal values matched or did not match with cultural values. Tom Hess concluded the symposium by discussing the implications of the above findings and the future directions of this line of research.

LONGITUDINAL ASSOCIATIONS BETWEEN PERSONALITY AND SUBJECTIVE AGING
A. Terracciano1, A. Sutin1, Y. Stephan2. 1. Florida State University, Tallahassee, Florida. 2. University of Montpellier, Montpellier, France

Personality traits and subjective age are both predictors of psychological well-being, health, and longevity. Cross-sectional studies suggest that personality and subjective age are related, but their longitudinal dynamics are unknown. We test whether accelerated subjective aging is associated with changes in personality using data from a large longitudinal study of US adults (N=3654). Using latent difference score models that controlled for chronological age, sex, education, ethnicity and health conditions, we found that younger subjective age at baseline was associated with increases in extraversion, openness, agreeableness, and conscientiousness, and higher scores on these four dimensions at baseline predicted slower subjective aging over a 10-year period. Further, we found significant correlated change between all five major dimensions of personality and subjective age (rs ranges from -0.08 to 0.14; ps<0.05). In conclusion, the subjective experience of aging moderates personality changes, which in turn are related to the rate of subjective aging.

DOES CONSCIENTIOUSNESS ALWAYS BENEFIT LIFE SATISFACTION: THE MODERATING ROLE OF FUTURE TIME PERSPECTIVE
D. Jiang1, H. Fung1, T. Sims2, J.L. Tsai2. 1. Psychology, Chinese University of Hong Kong, Hong Kong, Hong Kong. 2. Stanford University, Stanford, California

Conscientiousness motivates people to achieve more goals in life, which leads to a higher level of life satisfaction. However, people with a high level of conscientiousness sometimes tend to adopt too many goals, which lead to negative emotions. As the socioemotional selectivity theory suggests, future time perspective (FTP) plays an important role for goal adoption across adulthood. The present study examines the moderating role of FTP on the relationship between conscientiousness and life satisfaction. Findings from 315 Hong Kong Chinese suggested that Conscientiousness benefits life satisfaction of older adults (aged from 65 and above) only when future time is perceived as expanded (vs. limited). This moderation role of FTP was not found in younger (aged from 18 to 34) or middle-aged adults (aged from 35 to 64). Results suggest that Conscientiousness buffers stress and benefit life satisfaction in older adults only when time is limited.

THE ROLE OF FUTURE TIME PERSPECTIVE IN AGE DIFFERENCES IN IDEAL AFFECT
F. Zhang1, H. Fung1, T. Sims2, J.L. Tsai2. 1. The Chinese University of Hong Kong, Hong Kong, China. 2. Stanford University, Stanford, California

To investigate how manipulating future time perspective (FTP) may influence age-related differences in ideal affect, the present study examined 370 Hong Kong Chinese aged from 18 to 88 years under three FTP conditions. Results showed that after controlling actual affect, younger people valued positive affect (PA) more than older adults, regardless of the arousal level. Meanwhile, although the overall frequency of ideal negative affect (NA) was much lower than ideal PA, older adults expected NA more than younger adults, indicating a higher tolerance of negative life events. When FTP was limited, all three age groups valued positive affect more; and compared with time-expanded group, time-limited group valued high arousal positive affect (HAP, e.g., excited, euphoric) less, and made more low arousal emotion-focused options in choosing doctors, medical centers and drugs. Findings underscore that with limited time perspective, meeting low arousal positive affect is more important to fulfill individuals’ emotional-regulatory goals.
WHAT REMAINS WHEN WE WILL BE GONE? FINITUDE AND GENERATION IDENTITY IN THE SECOND HALF OF LIFE
D. Weiss, Department of Psychology, University of Zurich, Zurich, Switzerland

Research demonstrates that belonging to a specific generation builds the basis for a positive and meaningful social identity in later adulthood. However, it is not well understood why people display increased levels of generation identification with advancing age. The present research examines the idea that when life’s finitude becomes salient generation identity serves the function of realizing generativity and continuity needs on a collective level. As predicted, Study 1 (N = 91, 18-83 years) shows that needs for generativity and continuity associated with one’s generation identity account for increased levels of generation identification with advancing age. Experiment 2 (N = 48, 36-68 years) demonstrates that activating life’s finitude by asking participants to think about the last day of their life (vs. a control condition) led to an increase in generation identification with advancing age. Consequences for the study of generation identity and aging are discussed.

PERSONAL VALUES MATTER: RE-EXAMINATION OF AGE AND SUBJECTIVE WELL-BEING ACROSS NATIONS
Y. Ho1, H. Fung1, R. Zhang2, X. Zhang1, K. Noels2, K. Tam1, 1. Chinese University of Hong Kong, Hong Kong, China, 2. University of Alberta, Edmonton, Alberta, Canada. 3. Peking University, Beijing, China, 4. Hong Kong University of Science and Technology, Hong Kong, China

Socioemotional selectivity theory (Carstensen et.al, 1999, 2006) proposes that advancing age limits individual perception of future time. Compared with younger adults, older adults are more likely to prioritize emotionally meaningful goals over knowledge seeking goals. Although past studies in social network (Fung, Lang, & Cartsensen, 2001; Fung, Stoeber, Yeung & Lang, 2008) supported the above theoretical account, no studies have examined whether individuals would also shift their personal values as they age. Our study analyzed data from Wave 5 of the Would Value Survey. Findings showed that older adults endorsed communal values more and agentic values less across 38 nations. More importantly, older adults with higher endorsement of communal values and lower endorsement of agentic values were positively related to the subjective well-being. Our findings suggested that older adults regardless of their cultural backgrounds, who endorse communal values more and agentic values less would obtain higher subjective well-being. After attending this session, participants would know that aging motivates individuals to pursue communal values more. The age-related changes in personal values also benefit individuals’ subjective well-being.

SESSION 2015 (SYMPOSIUM)

POSESSIONS AND PLACE MATTERS
Chair: T. Perry, Wayne State University, Detroit, Michigan

Ownership of objects and places becomes important in different ways: to one’s aging trajectory, to one’s family, and to one’s community. Participants will learn about the intersections of possessions, place, the aging self, and intergenerational relationships. Ekerdt explores how possessions refine an older adults’ selection and de-selection of a future self. He suggests that the strategic de-selection of selves can ultimately be adaptive. Stum presents reasons why possessions matter to families in inheritance decision situations. Decisions to “let go of” or “hold on” to personal possessions are made within the context of long, complex, and sometimes complicated relationships in families. Decisions about possessions have the power to punish, reward, or control, and also provide continuity and/or disruption in contemporary family structures, relationships, rituals, traditions, and legacy. “Who Gets Grandma’s Yellow Pie Plate?” is a research-based educational program proven to help family members navigate the complexities of possessions and inheritance decisions in positive and constructive approaches. A review of what’s been learned in the past 15+ years from this prevention education program about key decision making challenges and opportunities, target audiences, and needed next steps will be presented.

MOVING BEYOND THE OLDER ADULT: A CASE STUDY OF A FAMILY’S EXPERIENCE WITH RELOCATION
T. Perry, Wayne State University, Detroit, Michigan

As older people prepare and execute relocation, family involvement varies. For some families, moving involves prolonged interactions with adult children. The case study examines the priorities and challenges as a family works together to move a 91 year old widow to a retirement community. ADDRESSING CONCERNS OF HEALTH AND WELL-BEING, undertaking tasks of household disbandment and inheritance planning, and projection of a “future self” as an individual and as a family caregivers are important components in this process. The data are drawn from an ethnographic study of older adults, their family members and supportive professionals as they relocated from their homes located in the mid-western United States. To complete this project, Perry conducted interviews, participant observation of the moving process (packing, garage sales, moving day, adjustment) and document review with 38 older adults.

POSSESSIONS AND THE POSSIBLE SELF
D. Ekerdt, Univ of Kansas, Lawrence, Kansas

People’s use of objects to symbolize themselves is a fundamental observation about possessions. Thus, the retention or divestment of things in later life implies the selection (or de-selection) of “possible selves,” ideas about what they would like to become or return to being. Research on household downsizing for residential moves (conducted in 79 households in the Midwestern U.S.) yielded numerous instances of self-object relations and selves selected or foregone with the fate of objects. Clothing, for example, is something that people can release if there is no longer a role in which one wears it. At the same time, people retain things in order to conjure a future (e.g., as a hobbyist or someone who anticipates Christmas). The de-selection of selves can ultimately be adaptive according to Baltes’ SOC model. The surrender of things can also free one from selves that are feared (e.g., a self that burdens one’s children).

POSESSIONS AND INHERITANCE: LESSONS FROM WHO GETS GRANDMA’S YELLOW PIE PLATE?
M. Stum, University of Minnesota, St. Paul, Minnesota

Inheritance is a normative decision few elders and their family members escape, but which researchers and practitioners have typically ignored. Participants will gain insight into why possessions matter and offer unique challenges in family inheritance decision situations. Decisions to “let go of” or “hold on” to personal possessions are made within the context of long, complex, and sometimes complicated relationships in families. Decisions about possessions have the power to punish, reward, or control, and also provide continuity and/or disruption in contemporary family structures, relationships, rituals, traditions, and legacy. “Who Gets Grandma’s Yellow Pie Plate?” is a research-based educational program proven to help family members navigate the complexities of possessions and inheritance decisions in positive and constructive approaches. A review of what’s been learned in the past 15+ years from this prevention education program about key decision making challenges and opportunities, target audiences, and needed next steps will be presented.
members of their kin and supportive professionals in three stages: pre-movement planning, move in-process, and post-move adjustment.

SEEKING DOWNSIZING BUT "RUSTED IN PLACE" - ARRESTED DEVELOPMENT OR NOT?
C. Lysack, M.R. Luborsky, Gerontology, Wayne State University, Detroit, Michigan

Downsizing, the later life developmental transition of scaling down one’s household and life’s trove of belongings illuminates how possessions support a lifelong experience of ‘being in place’ during times of change or stability. Yet, downsizing can be arrested by macro-economic or life events. Do refashioning developmental tasks continue without physically relocating? Using in-depth interviews we compare Detroit elders who planned but are ‘rusting in place’ to those who accomplished downsizing. Findings include: (a) persons rusting in place energetically elders who planned but are ‘rusting in place’ to those who accomplished downsizing. Findings include: (a) persons rusting in place energetically physically relocating? Using in-depth interviews we compare Detroit elders who planned but are ‘rusting in place’ to those who accomplished downsizing. Findings include: (a) persons rusting in place energetically

SESSION 2020 (SYMPOSIUM)

PREVENTING FALLS AND PROMOTING AGING IN PLACE THOUGH PRACTICE AND RESEARCH
Chair: E. Nabors, Gerontology, University of Southern California, Los Angeles, California, Andrus Gerontology Center, Los Angeles, California, Fall Prevention Center of Excellence, Los Angeles, California
Co-Chair: G. Misiaszek, Gerontology, University of Southern California, Los Angeles, California
Discussant: J. Pynoos, Gerontology, University of Southern California, Los Angeles, California

This symposium will analyze continuing efforts by the Fall Prevention Center of Excellence (FPCE) and its partners to develop evidence-based programs and research that prevents falls and enhances the capacity of older adults to age in place. It will present findings from: 1) Using Universal Design to Enhance Aging in Place, a pilot study conducting a Universal Design intervention following a major insurance claim; 2) FP Connect, a pilot project to develop tools that enable Emergency Medical Services and fire personnel to identify environmental risk factors; 3) Stay Well at Home, a multifactorial intervention to promote behavior change that reduces fall risk among community dwelling older adults, and 4) Incorporating Fall Prevention in Reverse Mortgage Counseling, a qualitative pilot focus group study assessing the potential for educating homeowners about fall prevention and aging in place at the time of reverse mortgage counseling. FPCE is a collaboration 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; David Geffen School of Medicine at UCLA; the USC School of Pharmacy, and the California Department of Public Health.

FP CONNECT: BUILDING THE CAPACITY OF EMS TO ADDRESS FALLS
G. Misiaszek,1,2,3. P. Beck1,2,3. 1. Gerontology, University of Southern California, Los Angeles, California, 2. Fall Prevention Center of Excellence, Los Angeles, California, 3. Andrus Gerontology Center, Los Angeles, California

Emergency Medical Services (EMS) personnel are often the first to arrive at the scene of a fall. FP Connect, funded by the Archstone Foundation, aims to enhance the capacity of Los Angeles EMS/fire personnel to address fall risks and reduce repeat falls. However, integrating a fall prevention/research program within existing structures is challenging, both in changing the role of first responders to act preventively, and increasing the number of tasks performed at the scene of an older adult fall. This presentation will describe the successes and challenges of implementing a fall prevention program with a Fire/EMS organization. A qualitative review will share insights about key partners, champions, and agencies. Mixed methods analysis of findings from focus groups with Fire/EMS will describe the use, perceived effectiveness, as well as adoption of the tool in current Fire/EMS practice.

USING UNIVERSAL DESIGN TO ENHANCE AGING IN PLACE
P. Beck, 1. Gerontology, University of Southern California, Los Angeles, California, 2. Fall Prevention Center of Excellence, Los Angeles, California, 3. Andrus Gerontology Center, Los Angeles, California

Most older adults prefer to age in place, but do not possess the knowledge or resources necessary for making modifications to support aging in place. FPCE conducted a pilot study to determine if educating homeowners about Universal Design (UD) following a major insurance claim influenced their knowledge of UD as well as the number and types of modifications they made. Participants were home insurance policyholders age 55 or older (N=37), with major damage to their kitchen (n=9), bathroom (n=11), or both (n=17). Eligible policyholders (n=116) were mailed an educational pamphlet about UD. Two months later, they were surveyed on their home repairs. Respondents reported an increase in UD knowledge (M=2.96), and made more repairs if they had major damage to the home (M=20.27 vs. M=12.92, p=0.025), or difficulty toileting (M=17.46 vs. M=9.54, p=0.007). This session will share pilot study findings, major implications, and insight on conduct research with insurance companies.

STAY WELL AT HOME: A MULTIFACTORIAL FALL RISK REDUCTION PROGRAM
D. Rose, 1. California State University, Fullerton, Fullerton, California, 2. Center for Successful Aging, Fullerton, California

Stay Well At Home (SWAH) is a multifactorial home-based fall risk reduction program that brings the expert into the home via multimedia and trains home health care workers, caregivers, and/or other health care professionals to facilitate the four components comprising the Stay Well at Home program: (i) fall risk screening and assessment; (ii) individually tailored and progressive exercise program; (iii) home assessment and modification, and; (iv) in-home and telephone counseling focused on changing the recipient’s fall prevention knowledge, attitudes, and behaviors. The long-term goal of this project is to provide an evidence-based fall risk reduction program that can be disseminated with a high degree of fidelity and at low cost by healthcare agencies and other direct service organizations in the United States. Important tangible outcomes of this project will be the development of a program facilitator training program and a program toolkit. Preliminary qualitative and quantitative outcomes will be discussed.

INTEGRATING FALL PREVENTION AND AGING IN PLACE EDUCATION INTO REVERSE MORTGAGE COUNSELING: A PILOT STUDY

The prevalence of reverse mortgages is increasing among baby boomers entering older-adulthood. One in five reverse mortgages is used by baby boomers in order to increase emergency funds, pay down loans, or increase monthly income. More older adults will likely seek reverse mortgages as baby boomers age. Findings will be presented from the
mixed-methods analysis on research and design phases of a pilot project to develop a training module, educational materials, and procedure for reverse mortgage counselors to support applicants’ ability to age in place. The first phase of research conducted focus groups with reverse mortgage counselors and analyzed counseling session data to understand how counselors can provide education to applicants on aging in place. The second phase developed a training webinar and educational materials for consumers, as well as a delivery plan to pilot them. Lessons learned that will inform pilot project implementation will also be shared.

SESSION 2025 (SYMPOSIUM)

PROBLEMATIC INTERGENERATIONAL RELATIONS IN LATER-LIFE FAMILIES

Chair: M.M. Gilligan, Sociology, Purdue University, West Lafayette, Indiana
Co-Chair: J.J. Suitor, Sociology, Purdue University, West Lafayette, Indiana
Discussant: E.A. Greenfield, Social Work, Rutgers University, New Brunswick, New Jersey

In recent years, the study of intergenerational relations has focused increasing attention on the negative dimensions of relations between parents and their adult children, including conflict, ambivalence, and elder mistreatment. This symposium brings together four papers to shed new light on problematic parent-child relations. In the first paper, Suitor, Gilligan, and Pillemer use data from the second wave of the Within-Family Differences Study to explore why particular children become sources of conflict and disappointment to their older mothers, whereas their siblings do not. The next two papers explore estrangement at different points in the life course. In the second paper, Gilligan, Suitor and Pillemer use quantitative and qualitative data from the first and second waves of the WFDS to identify factors that predict stability and change in mothers’ estrangement from their middle-aged adult children across a seven year period. In the third paper, Hartnett, Fingerman, and Birditt use data collected from young adult children as part of the National Longitudinal Study of Adolescent Health to provide estimates on the prevalence of estrangement, and explore predictors of this phenomenon in young adulthood. The fourth, Corinne Recek uses data collected on 60 individuals in long-term gay and lesbian relationships to study strain with their parents and other members of their families of origin. Finally, Emily Greenfield and the other panelists will discuss how the collective findings inform understanding of the processes that lead to problematic relations between parents and children across adulthood.

BECOMING THE “PROBLEM CHILD”: WHY PARTICULAR ADULT CHILDREN BECOME SOURCES OF CONFLICT AND DISAPPOINTMENT

J.J. Suitor1, M. Gilligan1, K. Pillemer2, 1. Sociology, Purdue University, West Lafayette, Indiana, 2. Cornell University, Ithaca, New York

Across the past decade, there has been growing interest in the ways in which older mothers differentiate among their adult children, particularly regarding closeness, confiding, support, and preferences for care. Little attention, however, has been directed toward understanding factors that lead some children to be viewed as sources of conflict and disappointment by their mothers, whereas their siblings are not. We address this question using data collected from 420 older mothers regarding their relationships with approximately 1,500 adult children. Consistent with findings for “positive dimensions” of differentiation, children whom mothers report as the greatest sources of conflict and disappointment are those who do not share their values. However, contrary to findings for “positive dimensions” of differentiation, children’s problems and poor life decisions play an important role in which children mothers choose as those in whom they are most disappointed and with whom they have the most conflict.

CHANGES IN INTERGENERATIONAL ESTRANGEMENT ACROSS TIME: TRANSITIONS IN AND OUT OF BEING THE BLACK SHEEP

M. Gilligan1, J.J. Suitor1, K. Pillemer2, 1. Sociology, Purdue University, West Lafayette, Indiana, 2. Cornell University, Ithaca, New York

Research has shown substantial stability in patterns of mother-adult child relations in the later years; however, little is known regarding whether this is the case for dyads in which mothers and adult children are estranged. In the present paper we address this issue, using quantitative and qualitative data collected on 360 mother-adult child dyads nested within 90 families in which mothers reported being estranged from one of their adult children. These data, which were collected at two time points seven years apart, allow us to explore predictors of continuity and change in estrangement. Drawing from life course perspectives in parent-child relations and recent empirical evidence on estrangement, we anticipated that the strongest predictors of continuity and change would be violation of mothers’ expectations and perceived similarity. Preliminary analyses revealed substantial movement in and out of estrangement across time, fueled primarily by changes in children’s rather than mothers’ lives.

GAY AND LESBIAN INTIMATE TIES IN THE CONTEXT OF STRAINED FAMILY OF ORIGIN RELATIONSHIPS

C. Recek, Sociology, University of Cincinnati, Cincinnati, Ohio

Strain in family of origin relationships, particularly between parents and adult children, has been shown to influence adult children’s marital quality. However, little is known about how strain and estrangement with family of origin ties shapes the intimate relationships of gay and lesbian adults. This paper examines how adults in gay and lesbian intimate partnerships understand and negotiate strained and estranged relationships with family of origin members. Sixty individual in-depth interviews with partners in 30 long-term gay and lesbian couples were analyzed to articulate accounts of strain in family of origin relationships. Findings reveal that strain in family of origin relationships is perceived as having both positive and negative impacts on gay and lesbian intimate relationships. Respondents point to the deployment of resilience, separation, and recasting strategies to negotiate their intimate relationship in the context of family of origin strain. Overall, findings suggest that gay and lesbian adults perceive and negotiate strained family of origin relationships in ways that are both similar to, but also unique from, previous research findings on heterosexuals. The implications for research on intimate ties in the context of family of origin relationships are discussed.

UNRAVELING THE TIES THAT BIND: ESTRANGEMENT FROM PARENTS IN YOUNG ADULTHOOD

C.S. Hartnett1, K. Fingerman2, K.S. Birditt1, 1. University of Michigan, Ann Arbor, Michigan, 2. University of Texas, Austin, Texas

Parents are an important source of support for young adults in the U.S. Young adults who have little or no contact with their parents are therefore a potentially vulnerable group, yet little is known about them. Using data from AddHealth (n=5,114) we find that lacking contact with parents among the population aged 24-32 is uncommon — only 1% who have a living mother-figure talk to her “once a year or less” or “never”, compared with 4% for father-figures. Young adults who lack contact with mother-figures are more likely to be White (versus Black), have lower levels of education, have poor health, and have ever been arrested. Those who lack contact with father-figures are older, have lower levels of education, and are more likely to have been arrested or have been diagnosed with depression. Overall, the group of young adults who lack parental contact is a small but vulnerable group.
INFLUENCE OF HYPERTENSION ON COGNITION IS mediated by brain injury

J. Kuo1, E. Fletcher2, B. Singh2, O. Martinez2, M.H. Haan1, L. Beckett2, C. DeCarli2, 1. Johns Hopkins University, Baltimore, Maryland, 2. University of California Davis, Davis, California, 3. University of California San Francisco, San Francisco, California

Hypertension is a major risk factor for cognitive decline and incident dementia. While it is assumed that vascular brain injury likely mediates this association, these studies are limited. In a subgroup of 207 subjects of the Sacramento Area Latino Study of Aging, we analyzed the relationship between blood pressure, MRI measures and longitudinal cognitive performance (3MSE) using mixed linear models regression analysis. 3MSE performance over time was significantly and inversely associated with increased pulse pressure. Smaller gray matter and hippocampal volumes were cross-sectionally associated with lower baseline 3MSE and greater decline in 3MSE. In a multivariate model, MRI associations remained significant predictors of 3MSE performance, whereas blood pressure measures were no longer significant, suggesting elevated blood pressure’s impact on cognition is mediated through brain injury. This has implications for clinical trials of blood pressure modification designed to improve cognitive health in our aging society.

PREDICTORS OF INCIDENT DIABETES AMONG MEXICAN AMERICANS: HEPSE 1993-2005

A. Afable-Munsuz1, S. Gregorich1,2, K. Markides3, J. Hong1,2, E. Perez-Stable1,2, J. UCSF, San Francisco, California, 2. Division of General Internal Medicine, Department of Medicine UCSF, San Francisco, California, 3. Center for Aging in Diverse Communities, UCSF, San Francisco, California, 4. SUNY Downstate School of Public Health, New York, New York, 5. University of Texas, Galveston, Texas

Effects of language acculturation, socioeconomic status (SES), and immigrant generation on self-reported diabetes in 3,050 Mexican Americans from 5 states aged 65 years were evaluated. Cox’s proportional hazards models were fit to evaluate the moderating effects of language acculturation and SES on the association between generation and incident diabetes. At baseline, 845/3,050 (27.7%) had diabetes, and 321/2205 (14.6%) developed diabetes. Risk of diabetes increased for Spanish-speaking/low SES respondents by generation (HR = 1.76, 95% CI = 1.02-3.03; 1st to 3rd) and (HR = 2.15, 95% CI = 1.20-3.84; 2nd to 3rd). English-speaking/high SES (HR = 0.45, 95% CI = 0.22-0.91; 1st to 3rd) and low SES (HR = 0.47, 95% CI = 0.23-0.96; 1st to 2nd) participants had less diabetes by generation. Mexican Americans who remain less acculturated and have less privileged SES, are more likely to develop incident diabetes, but being more acculturated and affluent was protective of diabetes.

TRAJECTORY OF LIFESPAN INVOLVEMENT IN RECREATIONAL ACTIVITIES IN CULTURALLY DIVERSE OLDER ADULTS


The objective was to examine recreational activities (RA) across the lifespan of older adults. The sample was 284 non-demented participants (mean age=77.6 years) who self-identified as Latino (n=79), African American (n=83), or non-Latino White (n=122). Participants rated frequency of participation in 10 RAs at ages 20, 40, 60 and currently. Confirmatory factor analysis identified a two-factor solution underlying RAs, named social and cognitive activities. After testing invariance of this solution across ages, we regressed social and cognitive factors on ethnicity, gender, education, and age. Social and cognitive were invariant at ages 20 40/60 combined, and current. Cognitive activities were lower in Latinos and declined with age, but social were > than other groups. Women were higher in social. Education was related to cognitive at all ages. RAs at lifespan epochs vary substantially by demographics and type of activity. Research needs to evaluate how lifespan RAs relate to late life cognition. After the presentation, the participants will be able to 1) describe lifespan trajectories of participation in recreational activities and 2) describe differences by ethinc group and gender.
SESSION 2035 (SYMPOSIUM)

REMMARRIAGE AND STEPFAMILY IN LATER LIFE: NEGOTIATING ROLES AND RELATIONSHIPS AND THE LINKS TO WELL-BEING

Chair: C.W. Sherman, Life Course Development Program, Institute for Social Research, Ann Arbor, Michigan

Adults are aging with increasingly complex marital and family histories. Upcoming cohorts of older adults will have experienced unprecedentedly high rates of divorce and remarriage. Research has shown that intergenerational ties within stepfamilies are complex and often ambiguous. Also, nature of these ties has the potential to impact the availability, type and quality of support provided. This symposium includes five papers that highlight different perspectives on intergenerational stepfamily ties and the outcomes for remarried/repartnered older adults. Van Tilburg and van der Pas examine the impact of parental health on contact frequency with stepchildren using longitudinal data from the Netherlands. De Gierveld and Merz, also using data from the Netherlands, present findings from their qualitative study on the influence of children on remarried parents’ decision to live apart together rather than form composite households. Sherman, Webster and Antonucci examine support from non-family ties to remarried dementia caregivers, and how this support buffers the link between stepfamily disagreement and well-being. The last two papers highlight new research on the step-grandparent role. Ganong and Coleman, present the diverse pathways of step-grandparenting in their grounded theory study, and Silverstein and Min use longitudinal data to examine how stepgrandparent care for dependent grandchildren varies by step or biological relationship. These five innovative papers illustrate the intricate nature of intergenerational ties and support dynamics in stepfamilies, and their consequences for remarried older adults’ well-being. Implications of these findings for adults aging in the context of remarriage and stepfamily will be discussed.

THE IMPACT OF PARENTAL HEALTH ON OLDER PARENTS’ CONTACT WITH STEPCHILDREN OVER 17 YEARS

T. van Tilburg, S. Van der Pas, I. Dept. of Sociology, VU University Amsterdam, Amsterdam, Netherlands, 2. VU University Medical Center, Amsterdam, Netherlands

The ‘structural’ approach assumes that contact with stepchildren lags behind contact with biological children. The ‘needs’ approach stresses the importance of intergenerational contact in old age, and assumes increasing contact with adult stepchildren. This study examines the impact of parental health on contact frequency in step-relations. Data are from 240 stepparents (54-91 years old; 564 adult stepchildren) with seven observations (1992-2009) from the Longitudinal Aging Study Amsterdam. Most step-relations are characterized by insignificant contact (38%) or infrequent contact (31%); within 31% contact is at least weekly. Regression shows that contact frequency is higher among stepfathers, younger stepparents, stepchildren older in a stepfamily, stepparents in a LAT-relationship, in absence of biological children, and when travelling distance is small. Longitudinally contact decreases when parents’ health declines. Results do not support the ‘needs’ approach and suggest that the role of step-relations in old age may be limited for current generations of old stepparents.

CHILDREN AFFECTING REPARTNERED PARENTS AT THE START OF COMPOSITE HOUSEHOLDS AFTER DIVORCE/ WIDOWHOOD

J. Gierveld, E. Merz, I. NIDI, Den Haag, Netherlands, 2. Faculty Social Sciences, VU University, Amsterdam, Netherlands

Recent qualitative research showed that comments and behaviour of children urged part of the repartnered parents to give up the start of a composite household with the new partner (with or without his/her children), and to opt for Living Apart Together. The current research investigated the role of children of repartnered parents who realized a new composite household. Data come from 16 semi-structured interviews with a subsample of respondents of the Netherlands Kinship Panel Survey, wave 2 (2006/7; N = 6290). Qualitative analysis showed that these parents investigated a lot of time in anticipating and preventing problems with the children, but nevertheless more than half of these parents reported serious problems with the (young, young adult or adult) children, sometimes continuing for years and years.

THE ROLE OF NON-FAMILY SUPPORT TO REMARRIED DEMENTIA CAREGIVERS: IMPLICATIONS FOR WELL-BEING

C.W. Sherman, N.J. Webster, T. Antonucci, University of Michigan, Ann Arbor, Michigan

Isolation is a hallmark feature of dementia caregiving. Support from non-family members (i.e., friends, professionals or others) may ameliorate isolation and caregiver burden, but unfulfilled expectations of support or negative interactions may further burden an already vulnerable population. These dynamics are especially salient among remarried caregivers who may be experiencing limited support from family and stepfamily members. Data are from a study of remarried dementia caregivers’ support networks (N=61). Findings reveal that a higher proportion of friends in caregivers’ support networks is significantly associated with reports of greater caregiver burden. A higher percentage of professionals, however, is related to significantly lower burden. The presence of other types of network members (i.e., co-workers, church members, etc) was found to minimize the impact of family caregiving-related disagreement on caregiver burden. We will discuss the implications of these findings and the role of friends and professionals, compared to family/stepfamily, on remarried caregiver well-being.

A GROUNDED THEORY STUDY OF STEPGRANDPARENTING

L. Ganong, M. Coleman, HDFS, University of Missouri, Columbia, Missouri

There are three primary pathways into stepgrandparenthood: (1) long-term stepgrandparenthood, where a remarriage or repartnering occurs years before a stepchild reproduces; (2) later-life stepgrandparenthood, a situation in which an individual remarries or repartners with a person who has grandchildren already; and (3) inherited stepgrandparenthood, where an individual’s adult son or daughter marries or repartners with someone who already has these. These pathways represent very different life courses for stepgrandparents and stepgrandchildren, and their relationship trajectories are distinct. In this grounded theory study of how stepgrand-relations are developed and maintained, we examine the meanings of these relationships for both generations. How stepgrandparent and stepgrandchild relationships are defined and experienced by family members varied by type of pathway into stepgrandparenthood. We will present a model of the processes by which stepgrandparents develop and maintain relationships with stepgrandchildren.

IS THERE EVIDENCE OF A STEP-GAP IN GRANDMOTHERS PROVIDING CARE FOR THEIR GRANDCHILDREN?

M. Silverstein, J. Min, 1. Syracuse University, Syracuse, New York, 2. University of Southern California, Los Angeles, California

Divorce and remarriage have produced a proliferation of non-biological family roles, among them step-grandparents. We examined whether grandparents’ care for their dependent grandchildren varied by whether these grand-relations were step or biological. Data derived from 1,223 observations of parents with young children who participated in the Longitudinal Study of Generations between 1994-2005; one in five parents reported about step-grandparents and their...
result is consistent with the "grandmother hypothesis" positing that care for grandchildren is a positively selected genetic trait and raises questions about the utility of grandmothers in complex families where intergenerational boundaries have become increasingly uncertain.

**SESSION 2040 (SYMPOSIUM)**

**RESILIENCE, FLOURISHING, AND SOC: UNDERSTANDING THE SUBJECTIVE SIDE OF SUCCESSFUL AGING**

Chair: E.L. Idler, Sociology, Emory University, Atlanta, Georgia
Discussant: T.M. Johnson, Sociology, Emory University, Atlanta, Georgia

In the Rowe and Kahn model, successful aging is the intersection of avoiding disease and disability, having high cognitive and physical function, and maintaining engagement with life. One critique of this model is that few older persons meet all criteria, and that since disability increases with age, successful aging must necessarily decline. A second is that older persons often define themselves as aging successfully despite disabilities and other losses of physical function. A third is that researchers have found it easier to conceptualize and measure disease, disability, and function, while engagement with life remains under-specified. A better approach is to conceptualize successful aging from the subjective perspective of the older person — as resilience, or selection/optimization/compensation (SOC), or flourishing in the presence of age-related disabilities or losses. Subjective successful aging has typically been measured by single global ratings. This symposium attempts to open the “black box” of this perception with examples of observed processes of resilience, SOC, and flourishing. Ellen Idler will take historical case studies of well-known painters who lived to old age, using visual examples to show how their creativity was not impeded despite serious, well-documented disabilities. Megan Smith will present observations of religion, spirituality, and aging among older mentally ill participants in a faith-based day center. Molly Perkins will focus on situational and relational contexts of resilience based on qualitative research conducted in Georgia assisted living facilities. Corey Keyes will present data from MIDUS on flourishing mental health as a protective factor for mortality over ten years.

**LIFELONG PAINTERS IN OLD AGE: SELECTING, OPTIMIZING, COMPENSATING**

E.L. Idler, P. Ayers, 1. Sociology, Emory University, Atlanta, Georgia, 2. Pratt Institute, Brooklyn, New York

In this presentation we explore the work of painters who continued to make art into late old age. Uniformly, their work demonstrates that there need be no diminishment of creativity in old age, and that in fact adaptation to physical and cognitive limitations may provoke highly creative new artistic directions and bursts of productivity. Painting is a unified act of cognition and physical execution. In some of these paintings we see the diminishment of the physical ability; in others the impairment of the mind. But even with losses of various kinds, the need to continue creating new work is urgent enough to persist despite impediments. Compressed into the moment of painting in old age is all the intellectual power, emotional understanding, and physical prowess the painter has amassed in his or her lifetime; if some capacities are lost, others may be strengthened. Artists discussed are: Cassatt, Matisse, Neel, de Kooning.

**ENGAGEMENT IN LIFE THROUGH RELIGION AND SOCIAL RELATIONSHIPS**

M. Smith, Sociology, Emory University, Decatur, Georgia

In the vulnerable population of older adults with chronic mental illness, many of whom are cognitively and emotionally disadvantaged due to long-term physical and social strains from their mental illness, there is little scholarship on how these individuals “engage in life” as they age. Are their strategies for engaging in life similar to the general aging population? Or do they have alternative approaches? Drawing upon data collected in an ethnographic case study on chronically mentally ill older adults who participate in an innovative faith based day program, a finding has emerged in regards to engagement in life. The religion these older adults experience through attendance at religious services on-site, the counseling and support received from staff, and the shared belief system about love, healing, and forgiveness they share with the other participants serve as a resilience resource. Their active engagement and participation in religious services serves as resilience against the challenges they face on a daily basis.

**RESILIENCE IN ASSISTED LIVING: FINDINGS FROM DIVERSE CARE SETTINGS FOR OLDER ADULTS**

M.M. Perkins, 2. M.M. Ball, 1. Division of General and Geriatric Medicine, Emory University School of Medicine, Atlanta, Georgia, 2. Birmingham/Atlanta Geriatric Research, Education and Clinical Center (GRECC), Atlanta VA Medical Center, Atlanta, Georgia

A strengths-based approach, an important trend in aging research, seeks to promote the successful as opposed to pathological aspects of growing old. To date, little research has explored ways resilience in older adults may operate within different racial/ethnic, cultural, and community contexts. This study involves a synthesis of substantive findings from three externally-funded qualitative projects conducted in diverse (urban, exurban, rural, and small town) assisted living settings in Georgia between 1996 and 2002. Findings show that both the objective conditions of residents’ lives and the ways in which they define their situations shape their capacity for resilience. Cultural strengths (e.g., spirituality and racial/ethnic pride) and social capital (supportive social and community ties) are important protective factors that promote the resilience process. In addition to challenges, we identify strengths at the individual, facility, and community levels that can inform strategies to foster resilience in these increasingly popular community-based residential care settings.

**FLOURISHING AS A PROTECTIVE FACTOR AGAINST ALL CAUSE MORTALITY WITH AGE**

C. Keyes, Emory University, Atlanta, Georgia

Chronological age remains the strongest predictor of risk of death. This paper investigates whether positive mental health predicts all-cause mortality at all ages. Data are from the 1995 Midlife in the United States (MIDUS) study (N=3032), which measured positive mental, past-year mental illness, with ten-year mortality measured through the National Death Index. Covariates included age, sex, race, education, any past year mental illness, smoking, physical inactivity as well as physical diseases and physical disease risk factors. The fully adjusted odds ratio of mortality was 1.62 (p=.05; 95%CI=1.0-2.62) for adults who were not flourishing, net of significant predictors of age, sex, race, education, smoking, physical inactivity, cardiovascular disease, and HIV/AIDS. Age confounded the relationship of flourishing with death because risk of death and flourishing increased with age. Thus, were it not that flourishing increased with age, older adults would be at an even higher risk of death.
SESSION 2045 (SYMPOSIUM)

SOCIAL PSYCHOLOGICAL PERSPECTIVES ON THE IMPLICATIONS OF AGEISM FOR HEALTH AND HEALTH CARE PROFESSIONS

Chair: H. Swift, School of Psychology, University of Kent, Canterbury, United Kingdom
Discussant: J. Goodwin, Age UK, London, United Kingdom

The aim of this symposium is to enhance understanding of the consequences of negative attitudes to age and ageism for older adults’ health and for practising health care professionals. The symposium draws upon social psychological theories of prejudice to explore the consequences of various components of age prejudice on older people themselves, and for health care professionals. The first presentation introduces a specific component of ageism, namely negative age stereotypes, and reviews their real effects on older people’s ability to perform certain tasks in over 26 experimental studies. The second presentation tests hypothesis drawn from social psychological theory that the perceived social status of older people, a second component of age prejudice, can moderate the damaging effect of old-age identification on older people’s perceived health. The next two presentations specifically focus on ageism in health care contexts. One presentation explores the consequences of student and professional nurses’ implicit and explicit attitudes to age. The final presentation explores health care professionals negative and positive contact experiences with older people and provides some insights into how negative outcomes (e.g. negative attitudes to age and organizational attitudes) may be reduced. After attending this symposium, participants will understand the various ways that different aspects of ageism can directly and indirectly affect older people, with specific implications for older people’s health and health care professionals. Finally, they will understand how social psychological theory can help mitigate some of the detrimental effects of ageism on older people.

DEPENDENT ELDERS: THE CONSEQUENCES OF AGE STEREOTYPING

R. Lamont, H. Swift, D. Abrams, School of Psychology, University of Kent, Canterbury, United Kingdom

Ageism is the most commonly experienced form of discrimination (Abrams, et al., 2011), and in part is driven by negative age-based stereotypes. For older adults these stereotypes denote physical and cognitive decline and dependency. However, when applied to the self, these stereotypes can create age-based stereotype threat (ABST). ABST is the burden experienced by an individual when a negative stereotype is highlighted about their age group, under circumstances when they could confirm the stereotype (Steele, 2010). ABST inadvertently leads people to underperform and confirm the stereotype. This paper presents a review and meta-analysis of over 26 studies investigating effects of ABST. The meta-analysis on over 50 hypothesis tests looked at the detrimental effects of ABST on various performance outcomes including memory and cognitive performance, physical strength and driving. The review and results of the meta-analysis are discussed in relation to the theoretical, practical and policy implications of ABST to health care.

BEING OLD AND ILL ACROSS DIFFERENT COUNTRIES: SOCIAL STATUS, AGE IDENTIFICATION AND OLDER PEOPLE’S SUBJECTIVE HEALTH


Identification with ‘old-age’ has been shown influence subjective health; with higher old-age identification related to worse health (Stephan, et al., 2012). Based on Social Identity Theory we hypothesize that the societal status of older people should moderate this relationship, such that the effect of age-identification on subjective health should be stronger in countries where older people have lower status. The perceived status of people over 70 was used as an aggregated contextual variable to moderate the effect of age-identification on subjective ill-health, in a multilevel analysis of the European Social Survey (respondents over 70 years N = 7,819). The hypothesized cross-level interaction was significant showing that as older people’s age-identification increases, they report worse health in countries where older people are perceived to have lower status. Results are discussed in relation to maintaining health, well-being and the positive, protective aspects of age-identification in contexts where negative attitudes to age prevail.

AN APPLIED TEST OF THE CONTACT HYPOTHESIS: EXPLORING THE EFFECTS OF CONTACT WITH THE ELDERLY ON CARE WORKERS’ ATTITUDES

L. Cuthbert, D. Abrams, R. Lamont, H. Swift, School of Psychology, University of Kent, Canterbury, Kent, United Kingdom

The contact hypothesis contends that, under appropriate conditions, contact between members of different social groups can reduce prejudice (Allport, 1954). Negative contact predicts and informs prejudice (Dhont et al., 2010), whereas positive contact is said to counterbalance the effects of negative contact (Pettigrew & Tropp, 2011). However it is not known what degree of positive, compared to negative contact, is required to create this ‘tipping point’ to improve intergroup relations. To investigate this, 200 carers to the elderly in the UK were surveyed about their contact (positive and negative) with older people, their attitudes to age and their work. Determinants of negative and positive contact were analyzed, as was the relationship between contact to prejudice and organizational attitudes. Results are discussed in relation to establishing the optimum ratio of positive to negative contact required to reduce negative outcomes. Theoretical and practical implications for care workers and organizations are discussed.

PREJUDICE: AGEISM IN THE NATIONAL HEALTH SERVICE, IMPLICATIONS ON CARE

P. Nash, I. Stuart-Hamilton, P. Mayer, Centre for Innovative Ageing, Swansea University, Swansea, Wales, United Kingdom

A considerable body of research literature identifies nursing students as holding negative explicit attitudes towards older people (Duerston et. al., 1992; Gatz & Pearson, 1988; Grant, 1996; Higgins, Van der Riet, Slater & Peek, 2007). This is concerning if the bias is reflected in implicit attitudes considering implicit biases are expressed as actions when the stimulus presented is spontaneous and unexpected (Steffens & Schulze Konig, 2006). The research hypothesised that qualified and student nurses would hold negative implicit and explicit attitudes towards older adults. Implicit (IAT) and explicit (Fraboni Scale of Ageism) measures were taken over 3 years on Nursing Students and qualified nurses (N=58). Results indicated that both qualified and student nurses had negative implicit attitudes towards older people but explicitly no prejudice was exhibited. Results are discussed in relation to impacts on physical and mental health of the older adults and the levels of care provided by practitioners.

SESSION 2050 (SYMPOSIUM)

SUBJECTIVE MEMORY COMPLAINTS: NATURE, CORRELATES AND CONSEQUENCES

Chair: G. Hülür, Humboldt University, Berlin, Germany
Co-Chair: D. Gerstorf, Humboldt University, Berlin, Germany
Discussant: G. Rebok, Johns Hopkins University, Baltimore, Maryland

Due to recent demographic changes towards an aging population, the incidence and concerns about memory impairment are continuously increasing. This leads to a growing importance of understanding how subjective memory complaints develop and what their consequences are. At this point it remains an open question whether memory complaints derive from actual memory problems, unfounded...
fears, or both; and whether they can indicate concurrent or future memory problems. The major objective of this symposium is to bring together a collection of papers evaluating the nature, correlates and consequences of subjective memory complaints. Hüür and colleagues use data from the Asset and Health Dynamics among the Oldest Old (AHEAD) study to investigate predictors of levels of change in subjective memory as well as longitudinal associations with an objective memory measure. Lineweaver examines the influence of beliefs about memory on older adults’ subjective memory complaints and memory performance. Snitz and colleagues investigate links between subjective memory complaints, personality, and brain beta-amyloid in cognitively normal older adults and older adults with mild cognitive impairment. Holman and colleagues examine associations between subjective memory complaints and changes in brain structure during normal aging and dementia. The discussion by George Rebok will integrate the four papers and focus on the viability of subjective memory complaints as a predictor of concurrent and future cognitive status.

**SESSION 2055 (SYMPOSIUM)**

**TECHNOLOGY-SUPPORTED INTERVENTIONS FOR PEOPLE WITH DEMENTIA: FACILITATORS AND BARRIERS**

**Chair:** B.H. Davis, Applied Ling/English, UNC Charlotte, Charlotte, North Carolina

**Co-Chair:** D. Shenk, Applied Ling/English, UNC Charlotte, Charlotte, North Carolina

The excitement bubbling around technology-supported interventions for persons with dementia has not diminished as researchers have moved to a new stage, that of identifying facilitators and barriers to the adoption, implementation, and adherence to technology-based projects. Reflections and opinions on data-gathering and data analyses, in pilot studies, early-stage projects, and small business innovation research,
suggest that researchers involved with technology-supported interventions for people with dementia are looking closely at their impact, their collaboration with innovative companies, and their potential for continuation, further development and commercialization. In this session, we look at telecare, sensors and monitors, and behavioral interventions in the context of earlier research. We begin with the discussion of an ongoing project, AKTIVE, which identifies barriers and facilitators to home telecare for older persons with dementia from three perspectives: participant, paid carers and paid care workers. Next, we examine a new model that can be used to consider the adoption of technology-based home monitoring of activities for persons with dementia, keyed to a metasynthesis of previous gerontechnology studies. We present an update on a new (NIH) pilot looking at how sensor-based technology can help with incontinence, agitation and sleep for persons with dementia and their caregivers, and we offer a report on SimpleC, an ongoing NIA-supported project using personalized touch-screen technology to bring behavior interventions to the home for persons with dementia. After attending this session, participants will be able to define both primary facilitators and barriers to technology-supported interventions, and to solicit and offer recommendations for technology-supported interventions.

MAHONEY'S EVIDENCE-BASED ADOPTION OF GERONTECHNOLOGY MONITORING MODEL
D.F. Mahoney, Nursing, MGH Institute of Health Professions, Boston, Massachusetts

Gerontechnology research has been criticized for its' relative lack of theoretical development. Barriers arise from technology’s development expense, iterative lab testing, and lack of major field deployment resulting in small scale studies. To overcome these barriers, a meta-synthesis of 5 Gerontechnology intervention studies was conducted. Each study offered key similarities in wireless remote monitoring technologies for predominantly cognitively impaired community dwelling older adults. Studies employed mixed methods analyses. Original data were re-analyzed using constructs from Rogers’ Diffusion of Innovation model to focus on the reported factors significant quantitatively or qualitatively to the acceptance and use of the technologies by older adults and their caregivers. Findings resulted in Mahoney’s adoption of technology theoretical model to guide future studies. The model highlights the pre-disposing and mediating factors that arose and lead to the key nexus point which influences adoption or non-adoption as well as the related proximal and distal outcomes.

CORRELATES AMONG NOCTURNAL AGITATION, SLEEP, AND URINARY INCONTINENCE IN DEMENTIA
K. Rose1, J.K. Specht1, J. Lach1, J. Stankovic3, W.T. Forch1. 1. School of Nursing, Univ of VA, Charlottesville, Virginia, 2. University of Iowa, Iowa City, Iowa, 3. University of Virginia, Charlottesville, Virginia

Family caregivers of older adults with dementia often face the challenging behaviors of nighttime agitation, sleep disturbances, and urinary incontinence. To date, no study has examined the interrelationships of these behaviors in community-dwelling persons. This single group, descriptive study employs wireless body sensors to objectively collect data on nighttime agitation, sleep and urinary incontinence in persons with dementia in their homes. The aim is to examine the patterns and relationships of these variables and the feasibility of the use of body sensors in persons with dementia and their family caregivers in their home environments. After attending this session, participants will be able to describe opportunities and challenges of using the novel sensing technology (bed sensors, wearable sensors, and DryBuddyTM device) for in home use which enables collection of more objective data, over a longer period of time and with minimal invasion into participant’s private lives.

TELECARE IN EVERYDAY LIFE OF PEOPLE WITH DEMENTIA AND THEIR CARING NETWORKS: BARRIERS AND FACILITATORS
E. Koivunen1, M. Downs2, 1. Sociology and Social Policy, University of Leeds, Leeds, United Kingdom, 2. University of Bradford, Bradford, United Kingdom

A range of telecare technologies are available to aid people with dementia living at home, including GPS tracker devices, personal alarms and medication dispenser. These both directly support the person and can indirectly reassure family carers. The study aims to understand use of telecare as part of the everyday life, from the perspective of the person with dementia, their family member and caring network. Of the 64 older people in our sample, 12 have a diagnosis of dementia. We conducted six semi-structured interviews over a year with participants and their carers and analysed field notes, participant diaries and photographs. Preliminary findings suggest that older people and their family members can hold discrepant views regarding the benefits from telecare; telecare requires supportive caring networks to be effective with people with dementia; and telecare can also have a positive impact on relationships by externalising sources of conflict.

PERSONALIZED ASSISTIVE TECHNOLOGY FOR INDEPENDENT LIVING AT HOME
R. Kumar1, L. Matalenas2, C. Kerssens1. 1. R&D, SimpleC, LLC, Atlanta, Georgia, 2. Georgia Institute of Technology, Atlanta, Georgia

In 2012 we received a Small Business Innovation Research grant from the National Institute on Aging to fund 3 years of research into the usability and feasibility of the SimpleC Companion, an assistive technology for independent living and private homes. The immediate goal is to make the Companion usable and useful for older adults with and without cognitive impairments, and to make it portable on a tablet. The overall goal is to support independence and wellness in daily life by bringing personalized nonpharmacological interventions to seniors in their living environment using well-designed, wireless technology that fits the needs and preferences of seniors. In this session we will present observations and data from the first recruitment phase (n=13) and first set of 3-week technology implementations (n=4) in the home. Intervention goals, adoption, barriers and effectiveness will be discussed along with implications for ongoing and future research as well as technology development.

SESSION 2060 (SYMPOSIUM)

TYPE 2 DIABETES MANAGEMENT IN MIDDLE-AGED AND OLDER ADULTS: THE ROLE OF PSYCHOSOCIAL FACTORS BY KEY SOCIODEMOGRAPHIC CHARACTERISTICS
Chair: L.A. Wray, Penn State University, University Park, Pennsylvania

Type 2 diabetes affects ~25% of middle-aged and older adults in the United States and is of increasing concern in other countries. Although diabetes often severely diminishes quality and length of life, proper management behaviors (e.g., monitoring blood glucose levels, taking medications as prescribed, limiting alcohol consumption, and eating healthfully) can minimize/delay the effects. Ability to engage in these behaviors is influenced by tangible resources (e.g., income). However, access to doctors and prescription medications do not always translate into engagement in management behaviors. The papers in this symposium used the life course perspective and various theories to guide research on the relationships between psychosocial resources and diabetes management in samples of middle-aged and older adults. Dr. Beverly examined how glycemic control varies by factors such as coping style, self-efficacy, and diabetes distress. Dr. Wong investigated the influences of shift-and-persist strategies and social support/strain on glycemic control using the MIDUS-II. Ms. LaCoe used the HRS to
explore relationships between diabetes management-related beliefs, attitudes, behaviors, and glycemic control. Ms. Wilson used HRS data to examine the influence of social support, loneliness, and depression on alcohol consumption in those managing diabetes. Dr. Wray used the HRS to examine how diet-related social support and self-efficacy influence diet-related management and HbA1c by marital status. Dr. Chiu utilized TLSA data to assess the bidirectional relationship between depression and chronic conditions. We discuss the value of understanding these relationships (and differences by sociodemographic characteristics) and their implications for future research, policy, and practice.

SELF-CARE AND PSYCHOSOCIAL FACTORS IN OLDER ADULTS WITH DIABETES
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Psychosocial factors, including ineffective coping, depression, and diabetes distress, are associated with poor self-care and glycemic control. Minimal research has focused on psychosocial factors in older adults. We compared self-care, diabetes distress, frustration with self-care, depressive symptoms, self-efficacy, quality of life, and coping styles in 71 older adults in good glycemic control (A1C<7.0%) and 151 older adults in poor glycemic control (A1C≥7.0%). Groups did not differ by age, gender, type of diabetes, diabetes duration or body mass index; however, older adults in good control had more years of education (p<0.01). Older adults in poor control reported fewer self-care behaviors (p<0.001), higher levels of distress (p<0.001), more frustration (p<0.001), more depressive symptoms (p<0.01), lower diabetes self-efficacy (p<0.001) and lower quality of life (p<0.001). Interestingly, older adults in good control reported more emotion-based coping (p<0.001). These findings confirm the negative impact of psychosocial factors on glycemic control in older adults with diabetes.

SOCIAL RELATIONSHIPS, SELF-EFFICACY AND DIET-RELATED OUTCOMES IN ADULTS LIVING WITH DIABETES
L.A. Wray1, M. Franks1, C. Chiu1, C.L. LaCoe1, 1. Biobehavioral Health, Penn State University, University Park, Pennsylvania, 2. Purdue University, West Lafayette, Indiana, 3. National Cheng Kung University, Tainan, Taiwan

Marriage and self-efficacy are documented predictors of enhanced health outcomes, including those related to diabetes management. Using HRS data from 2002-2004 core interviews and 2003 supplemental diabetes mail survey for 1,481 adults with diabetes, this study examined how diet-related social support and self-efficacy influence diet-related management and HbA1c, and if those relationships differ by marital status. Bivariate analyses showed that married/partnered adults significantly differed from unmarried adults on diet support, diet efficacy, and diet behavior but not on HbA1c. SEM results indicated that: (1) greater diabetes support predicted better diet adherence, more strongly in married than in unmarried adults; (2) higher levels of self-efficacy predicted greater diet adherence in both married and unmarried adults; and (3) self-efficacy and diet adherence explained 10.6% of the effect of diabetes support on HbA1c. Results indicate social support and self-efficacy play important roles in diabetes management, and these roles may differ by marital status.

THE ROLES OF SHIFT-AND-PERSIST STRATEGIES AND SOCIAL SUPPORT/STRAIN ON INDICATORS OF GLYCAEMIC CONTROL IN A SAMPLE OF MIDLIFE AND OLDER ADULTS WITH DIABETES
J.D. Wong, University of Wisconsin, Madison, Madison, Wisconsin

The protectiveness of shift-and-persist strategies has been linked to health outcomes, including allostatic load. Less is known about the effects of shift-and-persist strategies on diabetes management. The roles of shift-and-persist strategies and social support/strain on indicators of glycaemic control were examined in 161 midlife and older adults (M=59.99, SD=11.66) with diabetes. Participants derived from the National Survey of Midlife in the United States (MIDUS-II). Indicators of glycaemic control included fasting glucose, insulin, and Haemoglobin A1c (HbA1c). After accounting for a set of controls (e.g., age, race, BMI, waist-hip-ratio), regression analyses showed that shift, but not persist, strategy was associated with HbA1c such that greater use of shifting strategy was linked to lower HbA1c. The association among shift-and-persist strategies, social support/strain, and glucose control also was examined. Results highlight the importance of one’s ability to control and adjust oneself in the face of challenges on health behaviors.

PSYCHOSOCIAL FACTORS RELATED TO ALCOHOL USE IN MIDDLE-AGED AND OLDER ADULTS LIVING WITH DIABETES
T.D. Wilson, L.A. Wray, The Pennsylvania State University, University Park, Pennsylvania

Optimal diabetes self-management consists of maintaining healthy lifestyle behaviors (e.g., diet management) and minimizing engagement in risky health behaviors (i.e., alcohol consumption) to reduce diabetes-related complications. Existing studies document links between psychosocial factors (e.g., social support, negative affect) and both diabetes self-management and alcohol use. Using 2004, 2006, and 2008 data from the nationally representative Health and Retirement Study of midlife and older age, the current study examined whether psychosocial factors (i.e., social support, depression, loneliness, co-morbid conditions) predict alcohol consumption, controlling on known covariates of diabetes and alcohol consumption. Preliminary results suggest increased age (OR = 0.95, p = .0001) and being female (OR = 0.37, p < .0001) are associated with no alcohol consumption, while more schooling (OR = 1.13, p < .005) is associated with alcohol consumption. Preliminary results imply that females and older adults may be at lower risk for alcohol-related diabetes complications.

DEPRESSIVE SYMPTOM TRAJECTORIES IN ADULTS DIAGNOSED WITH DIFFERENT CHRONIC CONDITIONS
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Depressive symptoms are commonly observed in adults with chronic conditions. This study examined longitudinal patterns of depressive symptoms in individuals with different chronic conditions (including hypertension, diabetes, heart, and lung diseases). Participants aged 50+ from the 1996-2007 Taiwan Longitudinal Study on Aging were included. Depressive symptoms were determined by Center of Epidemiological Studies-Depression (CESD) scale. We used hierarchical linear modeling to estimate depressive symptoms trajectories after a certain condition. Effects of social-demographic factors, health status, co-morbidities, and lifestyles were also evaluated. Results indicate that having a chronic condition elevate adults’ CES-D over time; however this pattern disappeared after adjustment of comorbid conditions, mobility, and exercise. Levels of depressive symptoms at the diagnosis were not associated with subsequent change patterns. Our findings suggests the complexity of psychological burden related to a disease management, and that well-control of comorbid conditions, mobility & improve in exercise may be critical.
Although proper management of type 2 diabetes can prevent complications such as blindness, amputations, and premature death, individuals living with diabetes may not consistently engage in these advantageous behaviors. The Theory of Planned Behavior and Reasoned Action posits that individuals are more likely to engage in a behavior if their beliefs and attitudes are in line with the intended behaviors. However, this theory has been criticized for not taking context into account. We examined the relationships between diabetes management related beliefs, attitudes, behaviors, and health status, while taking important sociodemographic factors (e.g., gender, educational attainment, health insurance, marital status) into account, using data from 1,768 individuals who participated in the Health and Retirement Study 2002-2004 core interviews and the 2003 mail survey on diabetes. Using regression analyses, we found those with more informed, beneficial beliefs, attitudes, and behaviors toward diabetes management were likely to have better health outcomes.

SESSION 2065 (PAPER)

MOBILITY NETWORKS AND SOCIAL SUPPORTS

MOBILITY DECLINE IN OLD AGE: THE JOINT EFFECT OF MOBILITY-RELATED FATIGUE AND SOCIAL RELATIONS

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Mobility-related fatigue is a marker of mobility decline in old age. Poor social relations are also predictive of functional decline, but the joint effect of social relations and mobility-related fatigue is unknown. The aim of this study was to assess the joint effect of measures of social relations (cohabitation, social participation, network diversity) and mobility-related fatigue on mobility decline. The baseline population consisted of 2,204 75-year-olds and 773 80-year-olds without mobility limitations. Baseline questionnaire-data were obtained in 1998/1999 and after 1.5, 3 and 4.5 years. Mobility limitations were assessed as the number of mobility activities performed without need of help (range 0-6), a Rasch-validated scale. Multivariate linear regression models using generalized estimating equations were adjusted for differential dropout. Regression coefficients represented the mean difference in number of mobility limitations when compared to the joint reference category of cohabitation/high social participation/high network diversity and without mobility fatigue (negative coefficient = more limitations). Analyses were stratified by baseline-age. For the 80-year-olds the mean difference in number of mobility limitations between the joint reference category and individuals without fatigue living alone after 3 years was -0.25 (95% confidence interval -0.53;0.04). Fatigue was associated with fewer mobility limitations among those cohabiting (-0.53 (-0.88;-0.18)) than among those living alone (-0.68 (-1.14;-0.22)). Similar tendencies were found at follow-up assessments in both age groups, and with alternative measures of social relations. Fatigue and poor social relations are risk factors for mobility decline over time in old age, but they do not amplify each other’s effects.

RELATIONAL AGGRESSION AND SUBJECTIVE WELL-BEING IN INDEPENDENT SENIOR LIVING COMMUNITIES


Although most empirical research on elder abuse has focused on the frequency and severity of the aggression that staff members’ inflict upon older adults in long-term care communities, recently there has been a call for the study of resident-to-resident aggression in these communities. Research on resident-to-resident aggression has primarily focused on overt physical and verbal aggression because they are often associated with symptoms of dementia or other cognitive impairment. However, a gap still exists in exploring other types of aggression—namely relational aggression—among populations of higher-functioning older adults living independently within other types of senior living communities (e.g., assisted living, independent living, or CCRCs). The purpose of this study was to 1) assess the prevalence of resident-to-resident relational aggression in independent senior living communities and 2) test the associations between relational aggression victimization and subjective well-being. A total of 176 independent living residents of three senior living communities in the greater Chicagoland area participated in the study. Fifty percent of all participants reported they had experienced some form of relational aggression, however, most residents reported this happened rarely. Hierarchical multiple and logistic regression models, controlling for other factors, were computed to test the associations between relational aggression victimization and six measures of subjective well-being. Results indicated that relational aggres-
CONFIRMING A SUPPORT NETWORK TYPOLOGY FOR MIGRANTS WITH A HIGH PROPORTION OF MULTIGENERATIONAL HOUSEHOLDS

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This paper considers the support networks of older people in populations with a preponderance of multigenerational households. Current common typologies of support networks may not be sensitive to differences within and between different cultures. This paper uses cross-sectional data drawn from 400 elders (Indians, Bangladeshis, Pakistanis, Chinese) living in the United Kingdom. Previously, six variables were used in K-means cluster analysis to establish a new network typology for older South Asians. Four support networks were identified: ‘Multigenerational Housesolds: Older Integrated Networks’, ‘Multigenerational Households: Younger Family Networks’, ‘Family And Friends Integrated Networks’, and ‘Non-Kin Restricted Networks’. In this paper, confirmatory latent class analysis is used to test the fit of the model to a sample of older migrants with a preponderance of multigenerational households. The BIC statistic indicates that the model fits the data well. Using network typologies developed with individualistically-oriented cultures distributions are skewed towards more robust network types and could underestimate the support needs of older people from familistic cultures, who may be isolated and lonely and with limited informal sources of help. The new typology identifies different network types within multigenerational households, identifies a greater proportion of older people with vulnerable networks and could positively contribute to service planning.

EFFECTS OF SOCIAL INTEGRATION AND SELF-EFFICACY ON MORTALITY IN LATE LIFE

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Research has demonstrated substantial effects of social support on mortality in late life (House et al., 1988). Social support, as a multifaceted coping resource, may affect mortality directly or indirectly by buffering deleterious effects of life stress on health. Ambiguities still remain, however, about the pathways between social support and mortality. Prior research has focused on structural aspects (e.g., network size) with relatively little attention paid to the role of social integration. Further, less is known about the role of self-efficacy and of gender differences in the effects of social support on mortality. This study explores whether and in what extent social integration and self-efficacy influence mortality in late life. Cox proportional hazards models (1972) were tested to examine the effects of social integration and self-efficacy on mortality during the 7.5 follow-up period. Data were from the Americans’ Changing Lives study, for the subgroup of adults aged 60 to 96 in 1986 (n=1,669). The dependent variable is all-cause mortality. Key variables include social integration and self-efficacy. Results reveal that higher social integration and self-efficacy predicted lower mortality in older women. Especially self-efficacy had more substantial effects on survival in older women. Informal participation had no effects in older women. Social participation and self-efficacy, unexpectedly, predicted no mortality risks in older men. Overall results have demonstrated that social participation and self-efficacy are substantially associated with mortality in older women but not in older men.
Increased production of reactive oxygen species, development of disease-specific pathological processes, increased fat mass, decreased sex hormones, and increased senescent cells are among potential contributors. Epidemiological studies have utilized several serum markers of inflammation including IL-1, IL-6, CRP, and TNF-alpha to examine the associations between adverse outcomes and pro-inflammatory state. We have recently developed a simple measure of chronic low-grade pro-inflammatory burden. This novel inflammatory index is a linear combination of log(IL-6) and log(sTNFaR1). When compared to individual inflammatory markers, the inflammatory index is most strongly associated with frailty (Odds-ratio=2.01 (p<0.0001)) and CVD (Odds-ratio=1.55 (p<0.0001)) at baseline in the Cardiovascular Health Study (N=5176, age=65-100 years), after adjusting for age. We hypothesize that this index is also the best independent predictor of incident frailty and cardiovascular disease over a 10-year follow-up.

THE FRAIL RENIN ANGIOTENSIN SYSTEM IN FRAILTY
P.M. Abadir, L. Powell, J.D. Walston, Johns Hopkins University, Baltimore, Maryland

Aging, frailty, and multiple adverse health outcomes are associated with increased serum levels of inflammatory mediators. The Renin Angiotensin System (RAS) likely influences this. No clear aging-related etiological mechanisms have been identified. As evidence from older mice animal models have suggested that an altered ratio between angiotensin receptors 1 and 2 (AT1R, AT2R) which contributes to inflammatory pathway activation. We therefore hypothesized that aging is associated with changes in AT1R and AT2R expression and function in immune system cells and that these receptor changes contribute to increased production of inflammatory cytokines and to frailty in older individuals. Using qPCR and western blot techniques we measured changes in AT1R and AT2R in monocytes from adults young (age 20-30), older, and in robust and frail older adults (age 70-90) and, and frail, older adults (age 70-90). We compared the responses of inflammatory cytokine production from immune system cells at baseline and in response to in-vitro administered specific AT1R blocker VAL and AT2R blocker PD. Our preliminary evidence in older humans suggests that an altered ratio of AT1R and AT2R may contribute to inflammation and a possible role for IL-6 in this altered ratio between these receptors with aging and that this may be accentuated with frailty.

THRESHOLD EFFECT OF MULTISYSTEM PHYSIOLOGICAL DYSREGULATION ON THE DEVELOPMENT OF FRAILTY IN OLDER WOMEN
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There has been cross-sectional evidence linking dysfunction across multiple physiological systems with frailty. In this study we seek longitudinal evidence of the joint effects of changes over time in 8 biomediators of multiple physiologic systems on the development of frailty. Using data from WHAS 1 over 3 years, we analyzed the effects of changes in the biomediators on the cumulative incidence of frailty and frailty-free mortality using semi-competitive risk models. We found that those experiencing clinically meaningful adverse changes in 4 or more biomediators were 2.50 (p=0.014) times more likely to become frail compared to those experiencing none after adjustment for baseline deficits. Multisystem dysregulation however was not associated with frailty-free mortality, suggesting that frailty is an important mediating outcome between multisystem dysregulation and death. These findings support our a priori hypothesis that the weakening of the network of physiological processes responsible for homeostasis underlies the clinical presentation of frailty.

SESSION 2080 (SYMPOSIUM)

REFINING LEG POWER, PERFORMANCE AND PHYSICAL ACTIVITY MEASUREMENTS FOR STUDIES IN OLDER ADULTS
Chair: E.S. Strötnmeyer, Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pennsylvania
Co-Chair: P. Caserotti, Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark, Odense, Denmark
Discussant: E.M. Simonsick, Translational Gerontology Branch, National Institute on Aging, Baltimore, Maryland

Measurement challenges exist for assessing physical function and activity in older adults for epidemiologic and clinical studies. These physical function and activity assessments are important in determining health outcomes and predictors of disability. Methods should be selected that are feasible for those with a wide range of physical functioning, though should have very few exclusions for completion since comorbidity (e.g., pain, hypertension) and poor function are common with aging. Additionally, practical considerations such as length of testing time and fatigue are critical to consider. The Developmental Epidemiologic Cohort Study (DECONS) was designed to compare multiple measures of physical function and activity in older adults (N=63, aged 78.3±5.7 years, 55.6% women, gait speed 1.15±0.19 m/s) in order to evaluate feasibility and practicality of different measures of similar domains. Several tests of muscle function (including leg press and task-based power, leg press strength) will be compared to physical performance (e.g., gait speed, repeated chair rise, usual and fast paced 400-m walk). A usual vs. fast paced 400-m walk showed greater difference in completion times in older adults with high function vs. low function. Finally, self-reported physical activity from several standardized scales (PASE, CHAMPS) will be compared to armband accelerometry for high vs. low functioning participants. The discussant will describe the implications of methodologic research for large epidemiologic or clinical studies in aging populations with varied abilities. The goal is to evaluate optimal approaches to measuring physical function and activity, while minimizing missing data and capturing a wide range of ability in older adults.
Nottingham \( \beta = -2.8, p = 0.06 \), Keiser \( \beta = -4.6, p = 0.001 \) and repeated chair-rise time (chair-rise \( \beta = -3.8, p = 0.01 \); jump \( \beta = -4.2, p = 0.002 \), Nottingham \( \beta = -2.8, p = 0.003 \); Keiser \( \beta = -5.4, p = 0.0004 \) and varied across tertiles (not shown). These results indicate that association of power and function varies according to the method, and the range of power performance. Selection of power methods must be tailored according to outcomes and level of fitness.

POWER MEASURES ARE DIFFERENTIALLY RELATED TO USUAL AND FAST 400M WALK INDEPENDENT OF STRENGTH

L. Hvid1, R.E. Ward2, E.S. Strotmeyer2, N.W. Glynn2, T. Harris3, P. Caserotti1, 1. Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark, Odense, Denmark, 2. Department of Epidemiology, University of Pittsburgh, Pittsburgh, Pennsylvania, 3. National Institute on Aging, Intramural Research Program, Bethesda, Maryland

The 400m walk measures function and fitness in older adults, though it is uncertain if leg power or strength more strongly influences walk performance. Participants completed timed usual and fast 400m walk tests, and power (Jump, Nottingham power rig) and strength (Keiser leg press) assessments. Regression analysis was adjusted for demographics, height, diabetes, peripheral nerve and vascular disease. Strength was significantly correlated with jump (\( r = 0.42 \)) and Nottingham power/kg (\( r = 0.37 \)). Jump power/kg predicted usual and fast 400m walk (\( \beta = 0.74 \) and \( \beta = -0.60 \), respectively), also after adjusting for strength (\( \beta = 0.71 \) and \( \beta = -0.62 \), respectively). Nottingham power/kg predicted usual 400m walk (\( \beta = -0.46 \)) also after adjusting for strength (\( \beta = -0.44 \)), but not fast 400m walk, either before or after adjusting for strength. Strength was not related to usual or fast 400m walks. These results suggest that jump power is a better predictor for usual and fast 400m walk than the power measured with the Nottingham rig.

A COMPARISON OF PERFORMANCE ON USUAL AND FAST PACED 400M WALKING TESTS IN OLDER ADULTS

B. Lange-Maia, A.B. Newman, E.S. Strotmeyer, N.W. Glynn, University of Pittsburgh, Pittsburgh, Pennsylvania

Fast or usual paced 400m walking tests are used to assess physical fitness or function, respectively. Participants (n=54, 56% female, 89% white) completed both a fast and usual paced 400m walk 8-14 days apart. Walking speed differences were compared using t-tests. Short Physical Performance Battery (SPPB, scores 0-12) assessed function. Finish times for fast and usual paced 400m walks were 330 sec and 379 sec, respectively (p=0.001). Participants with highest SPPB (\( \geq 10 \)) had greater differences between tests compared to those with SPPB \( \leq 10 \) (57 vs. 37 sec, p=0.02). Those with similar walking speeds (defined as \( \leq 0.1 \) m/sec; n=16/54) were older (80.5 vs. 76.9 years, p=0.03) and had greater differences between tests compared to those with SPPB N=45), SWA and PASE were moderately correlated (r=0.34, p=0.03), but not SWA and CHAMPS (r=0.25, p=0.11). For those lower functioning (<10 SPPB, N=15), SWA and CHAMPS were strongly correlated (r=0.74, p=0.009), but not SWA and PASE (r=0.25, p=0.47).

Results suggest that when accelerometry is not feasible, the CHAMPS is superior to PASE for low functioning populations, and that the PASE performs reasonably well in high functioning older adults.

SESSION 2085 (SYMPOSIUM)

SKELETAL MUSCLE FUNCTION DEFICIT: THE NEW SARCOPENIA
Chair: R. Correa-de-Araujo, HHS, National Institute on Aging, NIH, Bethesda, Maryland
Co-Chair: M. Bernard, HHS, National Institute on Aging, NIH, Bethesda, Maryland
Discussant: S. Studenski, HHS, National Institute on Aging, NIH, Bethesda, Maryland

Background: Sarcopenia was first defined in 1989 as an age-related reduction in muscle mass. Scientific advances enhanced understanding of mechanisms underlying sarcopenia and its consequences (mobility-disability and frailty). Sarcopenia’s definition evolved to also include loss of muscle strength and muscle quality. The term sarcopenia is no longer compatible with its current expanded concept. A global consensus on the use of this term and the identification of a better terminology is needed. Methods: Critical appraisal of literature on current knowledge: operational definitions (European Groups, U.S. Group), pathophysiology, impact of advancing medical knowledge on definition and terminology. Development (content, construction, criterion validity) and proposal of a new term “Skeletal Muscle Function Deficit” (SMFD). Results: Sarcopenia’s recognition as a geriatric syndrome and proposed terms such as dynapenia (loss of muscle strength) are not feasible options to resolve sarcopenia’s definition/terminology issues. Some suggest the use of the term sarcopenia should be avoided. Evidence/steps taken to develop the new terminology seem appropriate. SFMD concept resembles the clinical evolution of other conditions involving the organ system function failure with multiple underlying pathophysiologic mechanisms. Conclusion: Presentations include: 1. Introduction of SMFD as a new term to embrace sarcopenia’s evolving concept and as a medical condition recognized by low muscle strength with low muscle mass and/or muscle quality (function) in older adults. 2. Perspectives on the challenges and implications of this recommendation and how it may or may not address the many aspects of the evolved concept of sarcopenia. The Co-chair will summarize main outcomes/recommendations of the session.

CRAFTING A NEW TERMINOLOGY FOR SARCOPENIA
R. Correa-de-Araujo, National Institute on Aging, NIH, Bethesda, Maryland

Background: A global consensus on the use of the term sarcopenia and the identification of a better terminology remain a pressing issue. Methods: Development (content, construction and criterion validity) and proposal of a new term “Skeletal Muscle Function Deficit” (SMFD). Results: SMFD is recognized by the presence of low muscle strength associated with low muscle mass and/or muscle quality (function). Conclusion: SMFD appears to uniquely fit the many aspects of a medical condition resulting from intrinsic pathophysiologic changes and progressive deficits of skeletal muscle in older adults. SFMD is proposed as a new term to embrace the evolving concepts of sarcopenia.
SESSION 2090 (SYMPOSIUM)

VA GRECC SYMPOSIUM: OPTIMAL PRESCRIBING IN ALZHEIMER’S - APPROPRIATE, INAPPROPRIATE & INDETERMINATE

Chair: A. Atri, GRECC, Bedford VA Medical Center, Bedford, Massachusetts, Massachusetts General Hospital/Harvard Medical School, Boston, Massachusetts

Lack of treatment optimization is a modifiable risk factor in Alzheimer’s dementia (AD); it affects healthcare quality, cost, safety, morbidity and mortality. Patients with AD can benefit from pharmacological treatment in the context of a personalized multifactorial care plan; these elderly individuals can also be harmed by prescription of inappropriate medications. Optimal treatment is one informed by long-term clinical effectiveness and safety data and guided by thorough risk-benefit assessment. This GRECC-sponsored symposium will review the latest evidence regarding common medications, appropriately and inappropriately, prescribed to patients with AD and discuss their potential roles (indications/benefits), drawbacks (risks/adverse-effects/warnings), and alternatives. Only 25-50% of AD patients receive FDA-approved anti-dementia medications, and effectiveness is often reduced due to limited treatment duration and persistence. Pharmacological options for non-cognitive behavioral symptoms in AD are also limited. Furthermore, 12-21% of elderly individuals and patients with AD use medications considered to be inappropriate (AGS Beers Criteria), particularly those with high anticholinergic load. Session 1 will provide a symposium overview and discuss the evidence level regarding clinical efficacy, effectiveness and safety data for combination therapy with cholinesterase-inhibitors and memantine, and the use of antipsychotics in AD. Session 2 will present clinical trial data on antidepressants, anxiolytics, “mood stabilizers” and stimulants in AD. Session 3 will highlight early-phase clinical trial data on the emerging experimental use of α-blockers to treat agitation and aggression in AD. Session 4 will provide data on the prevalence, adverse-effects, costs, and assessment of potentially inappropriate and anticholinergic medications in elderly individuals and patients with AD.

THE COGNITIVE AND FUNCTIONAL IMPACT OF ANTICHOLINERGIC MEDICATIONS

J.L. Rudolph, Geriatric Research, Education, and Clinical Center, VA Boston Healthcare System, Boston, Massachusetts

Because many medications have clinically significant anticholinergic properties, this presentation will identify the anticholinergic potential of medications as measured by rating scales. Using delirium and dementia as models of cognitive impairment, we will describe the hypotheses related to anticholinergic medications contributing to worsening of cognitive function. Additionally, we will present recent evidence demonstrating the cognitive and functional consequences of anticholinergic medications. Finally, this presentation will discuss the clinically important interaction between procholinergic and anticholinergic medications.

THE GOOD, BAD AND UGLY: EVIDENCE & UNCERTAINTIES IN COMBINATION THERAPY AND ANTIPSYCHOTICS USE IN AD

A. Atri, 1. GRECC, Bedford VA Medical Center, Bedford, Massachusetts, 2. Massachusetts General Hospital/Harvard Medical School, Boston, Massachusetts

Until “a cure” is available, slowing clinical progression provides a meaningful treatment goal in Alzheimer’s dementia (AD). While, cholinesterase-inhibitors (donepezil, galantamine, rivastigmine) and the NMDA antagonist, memantine, are the only FDA-approved AD medications, many others, including antipsychotics that carry a FDA-Black Box warning and significant risks, are also often used off-label by clinicians to combat AD symptoms and problem behaviors. This session will provide a symposium overview; discuss the evidence level; and interpret data from recent studies of clinical efficacy, effectiveness and safety for combination therapy with cholinesterase-inhibitors and memantine, and non-AD-approved medications, particularly antipsychotics, in AD. Major practical issues associated with AD pharmacologic treatment including rationale; expectations of treatment; when to start and stop therapy; and how to appraise clinical value of treatments from studies will be discussed. The current AD treatment paradigm is one of management of symptoms and reduction of long-term clinical decline and harm to patients.

QUANTIFY IRON DEPOSITION IN BASAL GANGLIA OF HEALTHY VOLUNTEERS AND ALZHEIMER DISEASE PATIENTS USING SUSCEPTIBILITY WEIGHTED IMAGING

D. Wang, Y. Li, W. Li, radiology, Institute of Diagnostic and Interventional Radiology, The Sixth People’s Hospital, Shanghai Jiao Tong University, Shanghai, China

This study aimed to investigate age-related iron deposition changes in healthy subjects and Alzheimer disease patients using susceptibility weighted imaging. The study recruited 182 people, including 143 healthy volunteers and 39 Alzheimer disease patients. All underwent conventional magnetic resonance imaging and susceptibility weighted imaging sequences. The groups were divided according to age. Phase images were used to investigate iron deposition in the bilateral head of the caudate nucleus, globus pallidus and putamen, and the angle radian value was calculated. We hypothesized that age-related iron deposition changes may be different between Alzheimer disease patients and controls of the same age, and that susceptibility weighted imaging would be a more sensitive method of iron deposition quantification. The results revealed that iron deposition in the globus pallidus increased with age, up to 40 years. In the head of the caudate nucleus, iron deposition peaked at 60 years. There was a general increasing trend with age in the putamen,
up to 50–70 years old. There was significant difference between the control and Alzheimer disease groups in the bilateral globus pallidus in both the 60–70 and 70–80 year old group comparisons. In conclusion, iron deposition increased with age in the globus pallidus, the head of the caudate nucleus and putamen, reaching a plateau at different ages. Furthermore, comparisons between the control and Alzheimer disease group revealed that iron deposition changes were more easily detected in the globus pallidus.

PHARMACOLOGICAL MANAGEMENT OF NEUROPSYCHIATRIC SYNDROMES IN DEMENTIA: CURRENT EVIDENCE

P.R. Padala, 1. Psychiatry and Geriatrics, Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, 2. University of Arkansas for Medical Sciences, Little Rock, Arkansas

The estimates of prevalence of Neuropsychiatric Syndromes in dementia range from 50 to 80%. Depression, apathy, anxiety and irritability are the most common of the neuropsychiatric syndromes. These symptoms have serious adverse consequences for patients and caregivers such as greater impairment of activities of daily living, earlier institutionalization, more rapid cognitive decline, and increased caregiver burden. However, few effective treatments for neuropsychiatric syndromes in the context of dementia are currently available. Treatments for similar symptoms in other disorders such as schizophrenia and bipolar disorder may not be as effective in patients with dementia. This session will focus on evidence for pharmacological treatment of common neuropsychiatric syndromes in dementia. Results from studies designed specifically to treat neuropsychiatric syndromes in dementia will be discussed. Discussion will be focused on treatment of depression, apathy, anxiety, and irritability in dementia.

SESSION 2095 (PAPER)

PHYSICAL ACTIVITY PAPERS

THE EFFECT OF DANCE ON MOBILITY IN OLDER ADULTS WITH LOWER EXTREMITY OSTEOARTHRITIS: AN INTERDISCIPLINARY RCT PILOT

J. Krampe, J.M. Wagner, K. Hawthorne, D. Sanzaro, C. Wong-Anucht, C.B. Budhathoki, S. Raaf, Saint Louis University, St. Louis, Missouri

Approximately 50 million adults in the United States suffer from osteoarthritis, making it one of the most prevalent health conditions and the single most common cause of disability in older adults. Thirty-seven senior housing residents (31 females; Mean age=80.6 years; SD =8.9) participated in a pilot randomized control trial. The primary aim of this study was to compare the effect of a 12-week Lebed Method dance therapy intervention, modified for osteoarthritis, to a wait-list control on lower extremity function, of older adults with self-reported osteoarthritis of the hip and or knee. Pre-and post-intervention data included the SF-36, Physical Performance Battery, 8-ff Timed Up and Go test, and the Functional Pain Scale. Spatiotemporal parameters of gait (GAITRite) were collected during a 10M walk from a random subset of the subjects. This pilot study was exploratory in nature with results used to design a larger randomized control trial. Utilizing SAS software, change in scores at pre-intervention and post-intervention was compared using a two sample t-test and a Wilcoxon rank-sum test. Cohen’s d as an effect size was calculated for each measure. A small effect size ([ES] = .33) for lower extremity function (velocity), validated with electronic GAITRite assessments, was correlated with greater than 19 dance sessions. A moderate effect size ([ES] = .57) was observed for step length differential. These effects have implications for improved mobility/maintaining independence for older adults, while adding to the emerging research on dance-based multidisciplinary therapy for older adults.

REDUCING DEATH AND NURSING HOME RESIDENCY AFTER HIP FRACTURE: 5-YEAR OUTCOMES OF HIPFIT RCT

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Objective: We have previously reported that 12 months of high intensity progressive resistance training and multimodal interventions for frailty reduced death and nursing home residency in the year after hip fracture by over 80% in the HIPFIT RCT. Many of the intervention arms (resistance and balance training, falls prevention, nutritional support, medication management, osteoporosis treatment, depression and cognition management, self-efficacy, social support, and vision) were designed for sustained benefits. Documentation of longer term outcomes of this intervention are highly clinically relevant for dissemination models and cost-effectiveness analyses. Methods: 124 older adults with hip fracture who were enrolled in HIPFIT were followed annually by telephone for 4 additional years beyond the active RCT phase of the trial for death, functional status and place of residence. ‘Poor outcome’ was defined a priori as death or nursing home residence at any time point. Logistic regression models adjusted for age and relevant covariates were constructed. Results: Poor outcome adjusted for age was reduced by HIPFIT at 2 years (23% vs. 40%; p<0.017) compared to controls. Poor outcome continued to be lower in HIPFIT group at years 3, 4 and 5 by 4-6%, but was no longer significant. HIPFIT resulted in improved nutritional status at 1 year (p=0.007), and this improvement was significantly related to the lower risk of death or nursing home residency at 2 years (p<0.017). Conclusions: One year of robust exercise and multimodal treatment of undernutrition and frailty risk factors had sustained benefit for mortality and institutionalization for 2 years after hip fracture.

C-REACTIVE PROTEIN AND RESISTANCE EXERCISE TRAINING IN COMMUNITY DWELLING OLDER ADULTS

M. Chang1,*, A. Ramel1, O.G. Geirsdottir1,*, A. Arnason1, P.V. Jonsson1,*, I. Thorisdottir1, 1. University of Iceland, Reykjavik, Iceland, 2. Reykjavik University, Reykjavik, Iceland, 3. Landspitali University Hospital, Reykjavik, Iceland, 4. Icelandic Gerontological Research Center, Reykjavik, Iceland

Background: C-reactive protein (CRP) is a marker of increased cardiovascular risk and it may also be a target for intervention. There is an inverse association between CRP and self-reported physical activity or measured fitness. However, results from exercise training interventions on CRP response have been conflicting, particularly concerning the contribution of weight loss to CRP reduction. The aim of the present study was to investigate the effects of resistance exercise training on CRP in community dwelling older adults. Methods: Subjects (N=237, 73.7±5.7 years, 58.2% female) participated in a 12-week resistance exercise program (3 times/week; 3 sets, 6-8 repetitions at 75-80% of the 1-repetition maximum), designed to increase strength and muscle mass of major muscle groups. Body composition, quadriceps strength, physical function (6 minutes walk for distance (6MWD)) and CRP were measured at baseline and endpoint. Results: Mean CRP levels were 7.1±4.6 mg/dL at baseline and were correlated to quadriceps strength (r = -0.182, P=0.007) and 6MWD (r = -0.238, P=0.001), however, in multivariate models with correction for age and BMI these associations were no longer significant. Mean CRP did not change significantly after the intervention, however baseline CRP was associated to reductions in CRP (r = -0.569, P=0.001). Conclusion: Our data indicate that CRP is associated to muscular strength and physical function in community dwelling older adults, however this relation is mostly explained by age and BMI. In our study resistance exercise did not affect CRP in community dwellers.
ACCELEROMETER-BASED MEASURES OF SEDENTARY BEHAVIOR AND CARDIO-METABOLIC RISK FACTORS IN ACTIVE COMMUNITY-DWELLING OLDER ADULTS
K. Madden, J. Chase, C. Lockhart, M. Ashe, G.S. Meneilly, Medicine, UBC, Vancouver, British Columbia, Canada

BACKGROUND: Sedentary behavior has been proposed as an independent cardiometabolic risk factor even in adults who are otherwise physically active through leisure-time recreational activities. Because little is known about the metabolic effects of sedentary behavior in seniors, we examined the relationship between sedentary behavior and cardio-metabolic risk in physically active older adults. METHODS: 54 community dwelling men and women > 65 years of age (mean 71.5 years) were enrolled in this cross-sectional observational study. Subjects were in good health and free of known diabetes. Activity levels were recorded with accelerometers worn continuously for 7 days. Blood pressure, waist circumference, body mass index (BMI), fasting glucose, lipids, HgbA1C and 2hr glucose tolerance were measured. RESULTS: All but 1 subject met Canada Health guidelines for an active “fit” adult. Despite this, the average proportion of time spent at a sedentary activity level each day was 72.7%. The only significant association found between activity and cardio-metabolic variables was between LDL and sedentary time, with LDL detrimentally associated with average sedentary time per day, Standardized Beta Correlation Coefficient 0.302 (P< 0.05). CONCLUSIONS: Sedentary behavior is associated with adverse metabolic effect on LDL in older adults, even those who are otherwise physically active and meet Canada Health guidelines for an active “fit” adult. Emphasizing activities that accumulate steps (eg: walking, light housework) may be a practical recommendation to reduce sedentary behavior in older adults.

PHYSICAL PERFORMANCE AND TOTAL AND CAUSE-SPECIFIC MORTALITY IN A GENERAL POPULATION OF OLDER ADULTS
Y. Nofuji1, S. Shinkai1, M. Nishi1, H. Murayama1, Y. Taniguchi1, H. Amano1, Y. Fujiwara1, T. Suzuki2, 1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan, 2. National Center for Geriatrics and Gerontology, Oka, Japan

Objective: To examine the independent associations between physical performance measure and total and cause-specific mortality. Methods: A total of 1024 initially non-disabled older adults aged 65 years and over in a general population of Japan were followed for 10 years. The baseline physical performance measurements included walking speed, hand-grip strength and one-leg standing time. Cox proportional hazards models were used to examine the independent association between physical performance measure and death, controlling for age, sex, education level, BMI, history of heart disease, stroke, hypertension and diabetes, depressive mood, Cr-based estimated GFR, Interleukin-6, albumin, alcohol drinking and smoking status and regular physical activity. Results: During the 10-year period, 305 deaths occurred (115 cardiovascular disease including 55 heart disease and 57 stroke, 75 cancer, 103 other-causes, and 12 undetected). All three physical performances were significantly associated with all-cause, all cardiovascular and its subtypes, and other-cause mortality. No physical performance was associated with cancer mortality. Even when three performances were included in the same model, each measurement showed an independent association with all-cause and cardiovascular mortality. Compared with participants in the highest tertile of walking speed, hand-grip strength or standing time, those in the respective lowest tertile showed the adjusted hazard ratio of 1.57 (95% CI: 1.09-2.25), 1.50 (1.08-2.09) or 1.93 (1.38-2.70) for all-cause mortality, and 1.97 (1.03-3.78), 1.84 (1.03-3.29) or 2.52 (1.39-4.56) for cardiovascular mortality, respectively. Conclusion: Walking speed, hand-grip strength and standing balance were significant predictors for all-cause and cardiovascular mortality in a Japanese elderly population independent of potential confounders.

SESSION 2100 (SYMPOSIUM)

POLICY SERIES: THE INDEPENDENT PAYMENT ADVISORY BOARD AND ITS IMPLICATIONS FOR MEDICARE
Chair: G. O’Neill, GSA, Washington, District of Columbia

One of the most controversial features of the Affordable Care Act is the Independent Payment Advisory Board. Once constituted it could reshape Medicare policies and benefits with little ability by Congress to override its recommendations. The 113th Congress has bi partisan legislation pending to repeal IPAB with the support of a number of stakeholder groups. This panel will provide an update on the status of IPAB and its repeal efforts from the standpoint of older adults, underserved populations and the private sector.

SESSION 2105 (SYMPOSIUM)

THE FUTURE OF LONG-TERM CARE POLICY AND PRACTICE IN THE UNITED STATES
Chair: R. Applebaum, Miami University, Oxford, Ohio
Discussant: R. Stone, Leading Age, Washington D.C., District of Columbia

The future of long-term care policy and practice is unclear, even in the face of unprecedented increases in the size of the 80+ populations over the next 30 years. At the national level, Congress, without resistance from the Obama Administration, repealed the CLASS Act, which was a part of the ACA designed to fund a kind of public long-term care insurance program through voluntary payments. Congress also established a long-term care commission to address a broad range of issues in a report due in July, 2013. The ACA also included financial incentives for states to expand community-based care and a Medicare-Medicaid coordination demonstration program which has approved projects in 18 states to improve the quality and efficiency of care for dually eligible beneficiaries. Some of these projects include managed care models of coordination incorporating Medicaid long-term care services. At the state level the cost of Medicaid long-term care is the major concern and they are moving to implement new financing and delivery models. This session will focus on several dimensions of long-term care policy and politics in the context of uncertainty and multiple emerging issues regarding financing and service delivery models and the roles of government, the proprietary and non-profit sections, families and individuals. The presentations will include analyses of the managed care transformation of Ohio’s long-term care system, the proprietary experience in long-term care and its implications for the future of community-based care and system management, and the impact of a neoliberal public policy regime on long-term care policy.

THE FUTURE OF LONG-TERM CARE POLICY AND PRACTICE IN THE UNITED STATES
R. Applebaum, Miami University, Oxford, Ohio

Across the nation states are struggling to contain Medicaid costs. In Ohio, Medicaid accounts for about one-quarter of the entire annual budget, with the aged and disabled population accounting for about 70% of these expenditures. Encouraged by federal initiatives Ohio, along with about half of the other states is attempting to implement an integrated care demonstration. Under the CMS approved proposal all aged and disabled individuals on Medicaid and Medicare will be required to enroll in a managed care plan. It is hoped that these individuals will also enroll in a Medicare Advantage plan also offered by the same carrier. States have embraced this grand experiment because they believe it affords the opportunity to control costs and improve quality. However,
the research evidence on the impacts of such initiatives is quite limited. The presentation will present the Ohio experience, offering a review of the strengths and weaknesses of the demonstration to date.

ROLE OF PROFIT-MAKING ORGANIZATIONS IN LONG TERM CARE
C. Harrington, University of California, San Francisco, California
For-profit companies and large chains now dominate the long term care services and support market in the U.S. Expenditures are growing rapidly both for institutional and home and community based services even though the number of individuals living in nursing homes has declined. This presentation will highlight the national trends and discuss how increasing costs occur at the same time that staffing levels and widespread quality problems exist particularly in for-profit nursing homes and chains across the country. Data from California nursing homes show that profit levels are high and increasing compared to nonprofits and that expenditures for direct care declined between 2007 and 2010. Although less information is available about the cost and quality of residential care, home health and hospice care, there are concerns that some for-profit companies deliver poor quality because of excess profit-taking, at a time when while there is little state and federal regulatory oversight.

SESSION 2110 (SYMPOSIUM)

THE ROLE OF THE SCIENTIST IN CREATING AGING POLICY: THE CASE OF AGE-FRIENDLY CITIES
Chair: L.N. Ring, Planning, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania
Co-Chair: A. Glicksman, Planning, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania
Discussant: K. Fitzgerald, Planning, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania
Research scientists have long been engaged in efforts to turn research findings into practice and in using scientific methods to evaluate the efficacy and impact of various new programs and services in aging. However, there has been little discussion about what roles are appropriate for researchers in these practice/policy situations. Age-friendly efforts (including Villages, NORCs, and similar projects) are designed to help make neighborhoods, cities and other geographic areas more supportive of older adults. These are often complex policy and planning efforts that involve research scientists in a number of ways. Using four cases studies (Portland Oregon, Bowling Green Kentucky, Philadelphia Pennsylvania and a selection of Village efforts) we will discuss the different types of roles that research scientists have played in these efforts and the opportunities and challenges that arise in building policy/research collaborations.

RESEARCHING GRASSROOTS AGE-FRIENDLY INITIATIVES: THE VILLAGE MOVEMENT
A.E. Scharlach, Social Welfare, University of California, Berkeley, California
This presentation will examine the roles of researchers in studying the development, sustainability, and effectiveness of grassroots initiatives such as the Village movement. Attention will be given to strategies for overcoming or ameliorating a variety of challenges to conducting research with grassroots initiatives, including: the competing agendas of program developers, advocates, policy-makers, and research scientists; lack of an adequate research infrastructure; limited human and fiscal resources at all levels; and other inherent barriers to rigorous scientific methods. Examples of strategies, findings, and related policy implications will be provided from the presenter’s current and recent projects designed to examine the uniqueness of the Village model, factors associated with variations in implementation, membership inclusiveness and exclusiveness, long-term sustainability, effectiveness in achieving disparate goals (e.g., service access, social capital formation, aging in place), and potential policy implications. Implications for conducting policy-relevant research with emerging community-based models will be discussed.

ENHANCING AGE-FRIENDLINESS IN PORTLAND, OREGON: THE TRADITIONAL AND NON-TRADITIONAL ROLES OF THE RESEARCHER
M.B. Neal, A. DeLaTorre, Institute on Aging, Portland State University, Portland, Oregon
In this presentation, we will discuss the role of research scientists in creating policy aimed at increasing age friendliness using the case of Portland, Oregon. The traditional roles played by researchers (e.g., data collection and analysis, dissemination of findings through presentation and publication, teaching, grant development) will be described, as will be the less conventional roles engaged in (e.g., advocate, expert witness, partnership developer, media interviewee, staff to advisory groups, town hall master of ceremonies). The opportunities to contribute to knowledge and influence policy and implementation efforts with the goal of increasing Portland’s age friendliness will be detailed, as will the challenges faced as a result of competing political agendas, multiple jurisdictions, lack of resources, role ambiguity, and lack of experience and discomfort in the advocacy and political worlds. Lessons learned, based on the experiences in Portland, will be shared.

CRAFTING THE SCIENTIFIC PARTNERSHIP: AN INSIDERS’ ANALYSIS
D.B. Bradley, Center for Gerontology, Western Kentucky University, Bowling Green, Kentucky
This paper explores the ways that reciprocity, mutual benefit, and peer relationships are important to creating research partnerships between scholars and community leaders. Frequently, the effort to carry out these principles focuses on the quality of interpersonal relations. It is aimed at the way individuals—students, faculty, and administrators—interact with community representatives, particularly where age, cultural, economic, and educational differences are apparent. However, effective implementation is challenging and prone to failure when poorly executed. First-person accounts from five stakeholders in the Bowling Green Age Friendly Cities provide an insider’s perspective on the nature of collaboration. The unique perspectives identify three critical challenges facing the partnership: collaboration, coordination and sustainability. Through consideration of the challenges, we identified several strategies to enhance policy research. Future directions in conducting community based research will be addressed.

SHIFTING THE PARADIGM: NEW MODELS FOR RESEARCH AND POLICY COLLABORATIONS
Philadelphia Corporation for Aging has led an Age-friendly Philadelphia initiative since 2009, which has been supported by PCA’s Research Program from its inception. The presence of both policy and research in the same agency provides opportunities and challenges that require establishing a different model for the interaction between policy and science than is traditional in the scientific community. Rather than research findings strictly leading to policy innovations, our initiative has followed a dynamic pattern wherein the policy demands of the agency also help guide the research program’s agenda. This model has challenges, especially when questions of prioritizing tasks within and across agendas arise, and depends on staff willing to learn the basic tenets and language of the other’s discipline. The presentation will also address the question of whether a model like this can be applied in settings where the researcher and policy planner are not working for the same institution.
SESSION 2115 (SYMPOSIUM)

TRANSMIGRATION AND HEALTH CARE PROBLEMS FOR OLDER ADULTS IN MEXICO AND THE US

Chair: L. Gutierrez-Robledo, Instituto Nacional de Geriatria, Mexico, Mexico
Co-Chair: V.L. Bengtson, University of Southern California, Los Angeles, California
Discussant: V.L. Bengtson, University of Southern California, Los Angeles, California

Increasing trends of late-life migration between the U.S. and Mexico pose challenges to health care systems and their financing. While a majority of U.S. retirees are covered by Medicare, expenses outside the U.S. are not covered. In addition, there is a reciprocal return migration to the U.S. among Mexicans, often Medicare eligible. Unfortunately, this is taking place in a context of insufficient or inadequate services in both nations, including increased demand for formal services and a diminishing supply of informal caregivers. Three patterns of late-life migration are especially relevant: return migration U.S. to Mexico, migration of Mexicans to the US, and American citizens retiring in Mexico. This symposium presents research relevant to policy and program development in health and social services in a framework of transnational migration, focusing on older adults with higher potential need for care. William Vega (USC) sets the context of US-Mexico migration in late life, outlining major issues arising for health care systems. Luis Miguel Gutierrez-Robledo and Mariana Lopez-Ortega (National Geriatries Institute-Mexico), present the case of insurance and health care provision in Mexico, focusing on current schemes and possible options for foreign nationals retiring in Mexico. David Warner (UT-Austin) focuses on portability of Medicare to Mexico, alternative insurance and care arrangements, and their impact on retirees. Richard Kiy of the International Community Foundation presents research results on emerging U.S. retirement trends in Mexico. Discussant Vern Bengtson (USC) will comment on these developments and their implications in a comparative context, citing examples from Northern-European migration policies.

HEALTH CARE INSURANCE AND SERVICE PROVISION IN OLD AGE IN MEXICO: WHAT IS AVAILABLE AND WHAT COULD BE EXTENDED TO FOREIGN BORN

L. Gutierrez-Robledo, M. Lopez Ortega, Instituto Nacional de Geriatria, Mexico, Mexico

This paper presents current insurance status, social security and health care provision schemes available for older adults in Mexico. It reviews traditional coverage by social security institutions, public and private institutions, and presents the recent non-contributory schemes. In addition, it analyses insurance coverage status in old age and how this impacts actual use of services and preferred institution of care, under perceived need. In the context of health care provision, it also analyses the reliance of health and social care systems on ancillary support strategies such as informal care for older adults and on what extent support will be available in the future. Finally, it presents an overview of possible health care provision strategies within the Mexican health care system that could be available for US or other foreign retirees in Mexico.

MIGRATION AND HEALTH CARE GAPS FOR AGING PEOPLE IN MEXICO AND THE US

W. Vega, University of Southern California, Los Angeles, California

This presentation outlines key issues of migration in old age between Mexico and the US, differences in health care expectations and access to care, and services for aging in place. In addition key questions that arise from this process are addressed; Do these population groups have adequate access to care before migrating?; What health and social services benefits are available to them?; Will they have access to affordable, good quality services after migration?; What types of services will they require?; How can they be better prepared for self-management of co-occurring and chronic medical conditions?; and, What types of transnational collaborative strategies are needed?

U.S. RETIREMENT TRENDS IN MEXICO: POLICY IMPLICATIONS FOR THE U.S. AND MEXICO

R. Kiy, International Community Foundation, National City, California

Mexico remains among the most desirable destinations for Americans retiring internationally with well over 1 million U.S. citizens residing in Mexico on either a part time or full time basis. The question remains, however, to what degree recent events (including drug related violence) have changed U.S. retiree preferences and consumer choices in deciding to retire to in Mexico. If so, what key lessons can be learned to address the American retirees growing and changing needs? This session will present research undertaken by the International Community Foundation on U.S. retirement trends in Mexican coastal communities to gain a better understanding of: lifestyle and demographic trends; access to health care; civic engagement, philanthropy and volunteerism; real estate trends; and environmental and quality of life preferences. The session will also explore policy implications and considerations as both countries work proactively to respond to the demographic forces changing the face of North America.

ISSUES IN THE PORTABILITY OF MEDICARE AND OTHER BENEFITS BETWEEN THE US AND MEXICO AND LESSONS TO BE LEARNED ELSEWHERE IN THE WORLD

D. Warner, LBJ School of Public Affairs, University of Texas Austin, Austin, Texas

This paper presents over 25 years of research on options for improved portability of Medicare to Mexico and its potential impact on retirees, Mexican born populations in the US with Medicare, and some of the issues related to elderly Mexican born populations living or visiting the US who do not have coverage. It will also examine alternative arrangements such as coverage for emergencies, their impact on retirees and on their propensity to relocate to Mexico. We will also briefly review several other countries that have requested such an arrangement with the US including Costa Rica, Panama, Israel, the Philippines and possibly Canada. The paper will then examine bilateral and multilateral arrangements such as those between some EU countries and North Africa, between Germany and Turkey, and between Australia and Greece. Some of these existing arrangements might offer hints at initiatives that might be possible between the US and Mexico.

SESSION 2120 (SYMPOSIUM)

USING QUALITATIVE METHODS TO EXPLORE THE EXPERIENCES OF LIFE COURSE TRAUMA, OPPRESSION, AND RESILIENCE AMONG HISTORICALLY MARGINALIZED OLDER ADULTS

Chair: T.M. Maschi, Graduate School of Social Service, Fordham University, New York, New Jersey
Co-Chair: I.V. Carrion, University of Southern Florida, Tampa, Florida
Discussant: T.M. Maschi, Graduate School of Social Service, Fordham University, New York, New Jersey

The use of qualitative methods with historically marginalized populations can be an important source of information rich data that can capture and contextualize life course trauma, stress, and resilience. This symposium offers cutting edge qualitative studies and methodologies to bring awareness and to compare the experiences of historical trauma, stress, and resilience among historically marginalized populations, older Latinos with terminal illness, older lesbians with substance use histories, and minority older adults in prison and transitional housing. The first presentation explores resilience and coping among older Latino men and women using interviews and a constant comparative analysis.

The Gerontological Society of America
approach. The second presentation uses a case study narrative approach to explore the life course pathways of trauma, stress, discrimination, and resilience of a working class older adult in prison. The third paper uses visual qualitative methods, photo voice, to examine the experiences of home among minority older adults residing in transitional housing. The fourth paper uses a phenomenological approach to explore the life course experiences and resilient coping among older lesbians with histories of alcohol problems. The symposium concludes with an interactive discussion of how qualitative methods can be used to build awareness of life course trauma and oppression among historically marginalized populations at all stages of life course, identify commonalities of risk and resilience among different historically marginalized populations, and to craft prevention and intervention strategies that are designed to foster resilience and empowerment.

ONE OLDER WOMAN’S PRISON TALE AS AN OUNCE OF PREVENTION PARABLE
T.M. Maschi, Graduate School of Social Service, Fordham University, New York, New Jersey

There has been a growing attention to the plight of older adults in the criminal justice system and the high health and social care costs of warehousing older adults in frail health in prison. Despite the growing awareness, much less attention has been paid to the special issues faced by older women in prison, especially their life course experience of trauma, stress and oppression. Using an intersectionality theory framework, this qualitative case study explores the life course experiences of trauma and oppression of an an older minority woman in prison. Her life histories narrative reveals pattern of family discord, separation, loss and grief, victimization, and resilient coping even in the stressful conditions of confinement. The findings are analyzed in the context of a human rights framework and advancing intersectionality theory to address issues of marginalization, prevention, intervention, and empowerment for persons with multiple intersectional historically marginalized identities.

RESILIENCE AND COPING AMONG OLDER LATINO MEN AND WOMEN WITH A CANCER DIAGNOSIS

Older Latino women and men diagnosed with cancer experience social inequalities, discrimination, and other barriers due to their limited English language proficiency and health care access (Fernández & Morales, 2007). Additionally, a cancer diagnosis magnifies health disparities (Gehlert & Colditz, 2011) substantially for Latinos. Despite the historical impact of marginalization, older Latinos living in the USA manifest resilience and coping despite the increased risk of cancer among the growing Latino population (Pimheiro, Sherman, Trapiro et al. 2009). The qualitative design facilitated the understanding of the social and cultural contexts among Latinos experiencing cancer. A total of 45 participants in the study attributed psychological resilience to their coping as an ability in adjusting to changing roles and receiving support from family and friends. The impact on social and cultural experiences among Latinos is influenced by migration/immigration, family support, education, English language proficiency, income, and knowledge gaps (Carrion & Nedjat-Haiem, 2013).

RESILIENCE IN ATTAINING AND SUSTAINING SOBRIETY AMONG OLDER LESBIANS WITH ALCOHOLISM
N. Rowan 1, S. Butler 2, 1. Kent School of Social Work, University of Louisville, Louisville, Kentucky, 2. University of Maine, Orono, Maine

Using a phenomenological approach to explore life course experiences, this study illuminates resilient coping among older lesbians dealing with alcoholism. Twenty participants with a total of 60 interviews were conducted using a combination of purposive and snowball methods participating in a series of three in depth interviews to gain a deeper understanding of the lived experiences. While more questions were asked, this research focuses on the key events or situations and significant people that helped in getting and staying sober. Four major themes emerged from the data as key events and significant people leading to the attainment and sustaining of sobriety. They included support in the form of consequences, impact of formal treatment, impact of twelve-step recovery groups, and consequences from other sources. These findings support the need for more culturally sensitive approaches to practice and policy with this subpopulation of older adults.

FACILITATORS OF RESILIENCE: OLDER ADULTS’ MANAGEMENT OF STRESSFUL HEALTH AND HOUSING CHALLENGES AT BUDGET HOTELS
T. Lewinson, School of Social Work, Georgia State University, Atlanta, Georgia

Some older adults move into budget hotels as a shelter option after experiencing numerous life traumas that result in precarious housing situations. Despite meeting housing needs, residents report adverse living conditions at budget hotels, such as exposure to crime, violence, substance abuse, pests/rodents, air pollution, and unsafe/unclean surroundings that interfere with managing stress and contribute to poor health outcomes. Older adults must manage past traumas, chronic health challenges, and adverse housing conditions simultaneously. This qualitative study used photo elicitation and photovoice with ten older adults residing at hotels in Metropolitan Atlanta to understand past and current health stressors, environmental conditions, as well as resident coping and resiliency. Residents identified physical, psychological, and social health outcomes compounded by stressful conditions at budget hotels. However, five themes (intracommunity involvement, faith-based connections, environmental control, entrepreneurial skill, and medical dexterity) emerged as protective factors that facilitated resident resiliency and coping in adverse hotel conditions.

SESSION 2125 (PAPER)

HOSPITALIZATIONS IN NURSING HOME AND COMMUNITY POPULATIONS

CMS’ SKILLED NURSING FACILITY 30-DAY ALL-CAUSE READMISSION MEASURE (SNFRM): DESIGN AND ANALYSES
L. Smith, S. West, M.J. Ingher, Z. Feng, K. Reilly, Aging, Disability & Long Term Care, RTI International, Waltham, Massachusetts

Approximately 20% of Medicare beneficiaries who enter a hospital are readmitted within 30 days, 90% on an emergent or unplanned basis (Jencks, Williams & Coleman, 2009). This results in Medicare expenditures exceeding $17.4 billion annually. Furthermore, hospital readmissions impact patients’ care transition by interrupting therapy/care plan, escalating discomfort and increasing the risk of hospital-acquired adverse events. Under contract with CMS, RTI designed a Medicare claims-based SNF hospital readmission measure (SNFRM) using 2009 MedPAR claims (n>2.5 million). The SNFRM is defined as the percentage of patients admitted to a SNF who experience an all-cause, unplanned, hospital readmission within 30 days of discharge from their prior proximal hospitalization. The SNFRM is harmonized with CMS’ hospital-wide readmission measure used in Medicare’s Hospital Readmissions Reduction Program under the Affordable Care Act. In this session we detail SNFRM specifications including numerator, denominator, and exclusions. We describe risk adjustment analyses based on hierarchical logistic regression and detail seven cohort models developed using the Agency for Healthcare Research and Quality’s Clinical Classification System. Findings indicate cohort modeling did not
improve efficiency, evidenced by the C-statistic for non-cohort model (0.67) equal or greater to the C-statistic from any cohort-specific model. Furthermore, the unadjusted mean readmission rate among SNFs with at least 25 index stays was 22.2% (SD 7.6%) compared to the adjusted mean readmission rate of 23.2 (SD of 2.9%). In conclusion, we discuss measure harmonization with Long Term Care Hospitals and Inpatient Rehabilitation Facilities and explore implications for future SNF quality public reporting and payment policy.

UNDERSTANDING HOSPITALIZATIONS OF NURSING HOME RESIDENTS: AN APPLICATION OF THE MEDICAL STAFF INVOLVEMENT MODEL

K.S. Thomas, O. Intrator, J.C. Lima, T. Wetle, Brown University, Providence, Rhode Island

The purpose of this study is to examine the relationships among nursing home (NH) medical staff organization, processes of care, and hospitalization of long-stay residents using the Medical Staff Involvement Model. This model uses two newly defined measures: Nursing Home Control of Medical Staff (NHICOMS) and Effectiveness of Processes of Care (EPOC). NHICOMS, a structural measure, encompasses three concepts: physician presence, formal attachment to NH, and credentialing. EPOC, a composite processes of care, reflects medical staff attentiveness, physician communication, and staff concerns about physician practice. The Medical Staff Involvement Model posits that resident outcomes, such as hospitalizations, are the result of how the structure of NH medical staff involvement influences care processes and how that care influences outcomes. Data come from the Minimum Data Set, Medicare Claims, and a nationally representative sample of NH administrators and directors of nursing who completed the Shaping Long Term Care in America survey (representing 1623 NHs and 121,451 long-stay residents). Controlling for resident and facility characteristics, results from hierarchical generalized linear models suggest a one point increase in the EPOC score is associated with a 6% decrease in the likelihood of hospitalization. We do not see a statistically significant relationship between NHICOMS and hospitalization of long-stay residents. Results confirm the importance of staff attentiveness, communication, and satisfaction with physician practice in the NH to the quality of care that residents receive. Future research is needed to better understand how the NH’s relationship with providers affects care delivery and outcomes.

RISK OF POST-HOSPITALIZATION FUNCTIONAL DECLINE AMONG OLDER ADULTS IN AN NHATS SAMPLE

L. Peterson, M. Castora-Binkley, H. Meng, K. Hyer, School of Aging Studies, University of South Florida, Tampa, Florida

The literature on older adult functioning shows that hospitalization of older adults with impaired activity of daily living (ADL) functioning is associated with worsening disability, nursing home placement, and death. The objective of this study is to use a new dataset, the National Health and Aging Trends Survey (NHATS) to show that self-reported all-cause hospitalization is associated with a subsequent decline in functioning among Medicare beneficiaries. Functioning was measured by respondents indicating impairment in bathing, dressing, money management, or meal preparation compared to their functioning a year prior. Out of 8,245 respondents 18.9%, or 1,558 respondents, indicated worsened functioning compared to their functioning a year prior. A total of 1,777 respondents had self-reported all-cause hospitalization in the previous 12 months. A logistic regression was used to determine if hospitalization was associated with worsened functioning controlling for demographics and other health conditions. Results showed that self-reported hospitalization in the previous 12 months was associated with 61% increased odds of worsened functioning (CI 1.40-1.85, p<.001). Other factors associated with worsened functioning included female sex (OR=2.31, CI 1.99-2.68), memory decline (OR=2.20, CI 1.88-2.58), worsened self-reported health (OR=1.43, CI 1.34-1.52), and arthritis diagnosis (OR=1.30, CI 1.13-1.49). This study highlights the importance of awareness among discharge planners, family members, and other health care professionals of the risk of functional decline within a year after hospitalization in order to provide the appropriate post-acute care and maintain optimal functioning among older adults.

HEALTHCARE UTILIZATION BEFORE AND AFTER HOSPITALIZATION OF HEART FAILURE PATIENTS DISCHARGED TO HOME HEALTH CARE


Background: Increasing numbers of Medicare beneficiaries hospitalized for heart failure (HF) are discharged to home health care (HHC). There is little information, however, about how patterns of healthcare use prior to HHC admission alongside clinical and demographic factors predict subsequent outcomes. In this paper we 1) describe healthcare use during the 6-month prior to HHC admission and 2) determine how prior use contributes to short- and longer-term outcomes. Methods: National data on all Medicare fee-for-service beneficiaries hospitalized for HF and discharged to HHC between 7/1/09 and 6/30/10 were analyzed. Healthcare utilization patterns 6-months before and after HHC admission are described and multivariate poisson regression models will be estimated to determine how prior utilization and other factors predict 30 days and 6 months post-HHC admission service use including HHC, physician and ED visits, and hospital, SNF and hospice care. Results: We identified 107,781 index hospitalizations for HF discharged to HHC. Almost half had extensive hospital use in the prior 6 months (45% were hospitalized more than 20 days) and 20% spent more than 20 days in a SNF. On average, patients had 12 HHC and 1.6 physician visits within 30 days of HHC admission. Within 6 months, 8.6% were admitted to hospice and 13.7% died. Conclusions: Patterns of healthcare use prior to HHC admission vary extensively and are associated with subsequent outcomes. Specifically, prior hospital use is a strong predictor of several outcomes. Better information about prior use can inform care strategies at HHC admission and, potentially, improve patient outcomes.

SESSION 2130 (SYMPOSIUM)

EXPLORING THE ‘HOW’ OF INTERNATIONAL AGING RESEARCH: CONCEPTS, DATA SOURCES, MEASUREMENTS, AND METHODS

Chair: C.A. Mair, Dept. of Sociology and Anthropology, University of Maryland, Baltimore County, Baltimore, Maryland
Co-Chair: E. Gonzales, Washington University in St. Louis, St. Louis, Missouri

Despite growing interest in international aging research, many emerging scholars are uncertain about how to begin this type of work. To address this need, ESPO’s International Task Force offers research presentations and a structured discussion by ESPO and AGHE members on “how” to do international research. Co-sponsored by AGHE Global Aging Committee and designed in coordination with the ESPO-BSS symposium that highlights senior scholars’ reflections on the “why” of international research, this symposium explores the “how” of international research to assist junior scholars in developing their international research goals. It includes four paper presentations by ESPO members with an emphasis on how they began and completed their analyses (e.g., choosing concepts and theoretical frameworks appropriate for international research, finding data sources, making measurement decisions, applying appropriate analytic approaches, and exploring policy/practice implications). The first presentation is conceptual and includes examples of theoretical and practical considerations in cross-national...
agging research. The following two presentations present empirical data on living arrangements in India and hypertension in six low- to middle-income nations. The final presentation addresses policy by exploring the importance of “age-friendliness” within China. Taken together, these presentations provide accessible examples of conceptual/theoretical, empirical, and policy-based international work being conducted by ESPo members. Following these presentations, the presenters will be joined by two senior AGHE leaders (Suzanne Kunkel and Frank Whittington) with experience in mentoring about international aging research. This panel will spend the second half of the symposium engaging the audience in an interactive, structured discussion of how to execute international research.

THEORETICAL AND PRACTICAL CONSIDERATIONS WHEN CONDUCTING CROSS-NATIONAL AGING RESEARCH

J. Norstrand1, H. Moon2, T. Tran3

Much has been written about the global disruption caused by the Great Recession, yet little focus has been paid to the impact on older adults worldwide. This paper examines aging demographics in both developed and developing countries within four sectors (healthcare, society, policy and the economy). The lens through which the aging experience is examined is Modernization and Aging theory. The review of the literature suggests significant ramifications on older adults due to the Great Recession, particularly in developing countries. Economic hardships may be shaping familial responsibilities, which in turn impact the experience of old age. This presentation will provide theoretical and practical considerations as to how best to conduct cross-national aging research, along with limitations and challenges of this kind of research.

LIVING ARRANGEMENTS & OLDER ADULT HEALTH IN INDIA: UNDERSTANDING CAUSAL RELATIONSHIPS IN CROSS-SECTIONAL SURVEYS

T. Samanta, Indian Institute of Technology, Gandhinagar, Ahmedabad, Gujarat, India

While aging is a global phenomenon, the nature of socio economic ramifications of aging in India merits special attention. This is taking place in the context of globalization accompanied changes in socio-cultural prescriptions around caregiving, urbanization and outmigration of younger people. Laws to preserve family systems and reassert caregiving obligations have been enacted by the Indian government as a response to accommodate these changes. Given this background, the crucial question is: are older adults really better off co-residing with adult children? Until very recently, the answer to this question has been often limited due to unavailability of longitudinal data on older adults in the country. To mitigate this data conundrum, I employ an alternative analytical strategy-propensity score method- and conclude that multigenerational households have protective effects on older adults. Finally, innovative methodologies not only advance the field substantively but can also mitigate the data unavailability challenges of many developing countries.

PREVALENCE AND AWARENESS OF HYPERTENSION ACROSS SIX LOW AND MIDDLE INCOME COUNTRIES

B.D. Capistrant, Carolina Population Center, University of North Carolina Chapel Hill, Chapel Hill, North Carolina

Two-thirds of the world’s population aged 65+ live in low and middle-income countries (LMICs), yet little is known about prevalence of common health conditions like hypertension. New cross-sectional data from the WHO SAGE study with harmonized blood pressure measurements in nationally representative samples of community-dwelling adults aged 50+ in China, India, Russia, South Africa, Ghana and Mexico (total n=33,633), addresses this gap. Age standardized and stratified estimates of hypertension prevalence and awareness were estimated. Among all age groups and across all countries, prevalence of advanced stages of hypertension was high and awareness was low. For example, of those aged 80+ in South Africa, prevalence of Stage 3 hypertension was 28% (95% CI: 20-38) and only 44% of hypertensives were aware of their status. Diagnosis of hypertension is critical to improve adults’ health in rapidly aging LMICs. These results also highlight a newly available dataset for gerontological research in LMICs.

EXAMINING RURAL-URBAN DIFFERENCES IN CHINA FROM AN AGE FRIENDLY COMMUNITY PERSPECTIVE

Y. Wang, E. Gonzalez, N. Morrow-Howell, School of Social Work, Washington University in St. Louis, Missouri

Introduction. WHO’s Age Friendly Communities (AFC) Initiative has gained worldwide momentum. Unfortunately, measures have yet to be explicating and rural settings are often ignored. This study aims to (a) map AFC concepts with measures in the China Health and Retirement Longitudinal Survey (CHARLS) and (b) compare the “age-friendliness” between rural/urban settings. Methods. Community variables in 2008 CHARLS pilot survey were analyzed. Chi-square-t-tests explored differences between 74 rural and 22 urban communities. Results. Several AFC domains were not measured in CHARLS. Information on the built environment was collected. Results suggest major differences between rural/urban community facilities that encourage engagement; where rural settings are less age-friendly and residents were less engaged. Conclusion. Although AFC Initiative shows much promise, there remain many conceptualization and measurement issues. Rural/urban disparities persist and findings point to areas for improvement. Research that examines outcome differences on health, economic security and engagement is warranted.

SESSION 2135 (SYMPOSIUM)

REDUCING RISK FACTORS AT HOME TO IMPROVE FUNCTION: FINDINGS OF STUDIES FROM 3 CONTINENTS

Chair: S.L. Szanton, Johns Hopkins University, Baltimore, Maryland

Disability, the home environment and mood are related in complex ways. These relationships may have both universal and unique cultural attributes. This symposium will provide findings from a range of cultures on disability, the home environment and mood among older adults. The first presenter reports results from a home environment trial with older Latinos. The results show that home hazards and mood are correlated in urban Latinos in the U.S. The second presentation reports cross-sectional results from a disability prevention trial in Baltimore among low income older African-Americans. Relationships between pain, function, specific home hazards, and mood will be reported in a sample with high prevalence of each. The third presenter will report physical environmental barriers and affect in the European ENABLE-AGE sample of older adults with and without Parkinson’s Disease. This presenter found that those with Parkinson’s had more accessibility problems that did controls. The fourth presenter will report data from ENABLE-AGE of those with cardiovascular and rheumatic diseases. This presenter found that those with arthritis had more environmental barriers in their homes than those with cardiovascular disease. The fifth presenter will report data from the HOME program, an occupational therapy discharge planning program in Australia which will explore the range of discharge goals and intervention characteristics with baseline data. Together, these studies illustrate the need to address home environment when addressing pain or mood among older adults in many settings.
HOME HAZARDS AND MOOD IN AN OLDER LATINO POPULATION


This study examines number and type of home hazards and relationship to mood in 20 older Latinos in the US. Most participants were female (n=18, 95.0%), with mean age of 78.9 years (sd=7.7) and < high school education (n=15, 75%). The SAFER Home assessment revealed an average of 14.0 (sd=7.1, range 1–29) home hazards and a weighted severity mean of 20.4 (sd=11.1, range 1–48), with few severe hazards. Most frequently reported hazards were bath/shower transfers (n=17, 85%), vehicle transfers (n=15, 75%), access to fire exits (n = 14, 70%), and lack of grab bars in tub/shower (n=14, 70%). Participants had an average PHQ-8 depression score of 4.26 (sd=3.1, range 0–13); 57.9% (11) reported a score ≥ 4 indicating some depressive symptomatology. A higher number of home hazards was significantly correlated with depressive symptoms (r=.560, p =.013) suggesting that future interventions addressing mood disorders consider home conditions of older Latinos.

PAIN, FUNCTION, MOOD AND HOME HAZARDS AMONG OLDER URBAN ADULTS

S.L. Szanton, R. Thorpe, E. Tanner, L. Roberts, L.N. Gitlin, Johns Hopkins University, Baltimore, Maryland

Disability is the source of enormous suffering and health care spending. Using baseline results from 67 cognitively intact people enrolled in a randomized controlled trial (CAPABLE), we examined home environmental hazards, pain, and mood, all of which are modifiable disability risk factors. Participants were 75.2 (SD=7.6) years old on average and were predominantly African American (87%) and women (94%). Pain, depressed mood and home hazards were highly prevalent in this cohort. Of the 84% who reported moderate to severe pain, they reported an average of 3.32 (SD 1.86) limitations out of 8 activities of daily living. Fifty-one percent reported moderate to severe depression or anxiety. Sixty-two percent of those with bathroom hazards reported limitations with bathing. Fifty-two% of those with kitchen hazards reported limitations with food preparation. These findings suggest that interventions should simultaneously address environment, pain, function and mood to enhance optimal aging for urban disabled older adults.

HOME ENVIRONMENT AMONG VERY OLD PEOPLE WITH PARKINSON’S DISEASE – ASPECTS OF HOUSING AND HEALTH


An increasing proportion of very old people remain living in their ordinary homes despite declines in health. The aim is to present whether function, environmental resources and mood among very old people with self-reported Parkinson’s disease differ from matched controls. Data collected in the European ENABLE-AGE Project were used to identify people with self-reported Parkinson’s disease (n=20) and to select three matched controls per individual (n=60). The results show that housing adaptations and number of physical environmental barriers did not differ between the samples. The Parkinson sample lived in dwellings with more accessibility problems than controls, perceived their homes as less usable in relation to everyday activities and used more aids for mobility. They were less independent and had more functional limitations. Even though not significant, the Parkinson sample reported to a lower extent positive affect than controls, but did not differ as regards wellbeing and life satisfaction.

RELATIONSHIPS AMONG HOME ENVIRONMENT, AFFECT, AND FUNCTION IN CARDIOVASCULAR AND RHEUMATIC DISEASES

S. Schmidt, M.H. Nilsson, S. Iwarsson, M. Haåk, Department of Health Sciences & Centre for Ageing and Supportive Environments (CASE), Lund University, Lund, Sweden

Two of the most common categories of chronic diseases are cardiovascular and rheumatic diseases. While health outcomes associated with most major chronic diseases have been well studied, less is known about the relationships between chronic conditions and housing environments. This study examines that relationship by comparing 4 groups of people with a cardiovascular disease, a rheumatic disease, both, and neither. Our sample (N=1918) of 75-89 year-olds comes from the European ENABLE-AGE project. Results show that those with both a cardiovascular and a rheumatic disease had more functional limitations, more depressive symptoms, and more difficulty in perfroming activities in their home environment. General health did not differ between groups, and the group with only a rheumatic disease had the most environmental barriers in their homes. Not surprisingly, those with both chronic conditions had more functional and affective problems; however, all groups had the same level of general health.

PREPARING OLDER ADULTS FOR SSFE DISCHARGE AND RESUMPTION OF MEANINGFUL DAILY ACTIVITIES: THE HOME INTERVENTION

L.M. Clemson, N. Lannin, K. Wales, L.N. Gitlin, I.D. Cameron, L. Rubensteijn, I. Ageing, Work & Health Research Unit, Faculty of Health Sciences, University of Sydney, Lidcombe, New South Wales, Australia, 2. Johns Hopkins University, Baltimore, Maryland, 3. University of Oklahoma, Norman, Oklahoma

Transition from hospital to home is a critical time for older patients; if not well addressed it can lead to poorer clinical outcomes and readmission. The HOME intervention is an innovative occupational therapy discharge planning program provided primarily within the older adult’s home environment. Rapport building, goal setting and a pre-discharge home visit is provided at a critical transition. The HOME intervention is currently being evaluated for its clinical effectiveness. Of 139 participants recruited (target n=400) analysis of baseline data demonstrates statistical equivalence for functional ability as measured by the Nottingham Extended Activities of Daily Living Scale (NEADL), however participants aged 70-84 years were more likely to have fallen than those aged ≥85 years (43.6% versus 74.4%; p=0.009). We will present a profile of participants exploring the range of goal setting and intervention recommendations with baseline characteristics: living situation, functional status, health status, co-morbidity and a measure of wellbeing.

SESSION 2140 (SYMPOSIUM)

RELATIONAL PROCESSES AND HEALTH IN OLDER COUPLES

Chair: J. Monin, Yale School of Public Health, New Haven, Connecticut
Discussant: L.M. Martire, The Pennsylvania State University, University Park, Pennsylvania

It is widely recognized that close relationships have important consequences for health and well-being across the lifespan. Less research has examined the unique and complex relational processes that influence health in older couples. In this symposium we elucidate some of these processes and their health consequences using multiple relationship theories and methods. The first two presentations will discuss the complex association between perceived relationship quality and health among older couples. Specifically, the first presentation will show how age, gender, and relationship quality interact to influence depressive symptoms and self-reported health in a sample of older and younger
RELATIONSHIP QUALITY RELATES TO HEALTH

Age and Gender Differences in How Perceived Relationship Quality Relates to Health

J.T. Stanley1, D. Isacowitz2. 1. University of Akron, Akron, Ohio, 2. Northeastern University, Boston, Massachusetts

While being married is related to better mental health outcomes, less is known about the role of relationship quality on health outcomes. We examined the association between perceived relationship quality and health in 26 younger couples (18-30 years) and 27 older couples (60-91 years). Interestingly, this association depended on age and gender. For young and older adult females, greater frequency of interactions with their partner was negatively associated with self-reported health, ps < .05. However, the measure did not assess whether interactions were positive or negative. For older adult males, lower scores on the Dyadic Adjustment Scale were associated with more depressive symptoms, p < .001. Young adult males did not show any associations between relationship quality and health. Implications are that health providers and caregivers should consider the importance of relationship quality to health, and how this association depends on the age and gender of the individual.

Gender Differences in How Marital Quality and Support Provision Influence Cardiovascular Reactivity and Recovery Among Older Adult Spouses

J. Monin, Yale School of Public Health, New Haven, Connecticut

Although both men and women benefit from marriage, men derive more health benefits than women. A relational interdependence view suggests that one reason is that men and women react differently to the quality of interactions; however, little is known about this process in late-life. This study examined moderating effects of marital satisfaction on the association between providing support and cardiovascular reactivity and recovery in older couples. Seventy-seven participants watched their spouse with a musculoskeletal condition perform a grocery-carrying task. Support provision and spouse feedback were experimentally manipulated. Results showed that, in less satisfied marriages men benefited more than women, in terms of systolic blood pressure recovery and higher respiratory sinus arrhythmia, when men gave support that was appreciated. In more satisfied marriages, women experienced more stress than men when women gave support that was not appreciated. Evidence suggests that older men may benefit more from support regardless of marital quality.

Spousal Illness and Resilience in Married Elders’ Depressed Affect

J. Bookwala, Psychology, Lafayette College, Easton, Pennsylvania

Longitudinal data were used to examine the effects of spousal illness on married elders’ depressive symptoms and the extent to which the adverse effects of an ill spouse were mitigated by two psychological resources, mastery and self-esteem. Mixed ANCOVA analyses using 1,704 married elders from a national probability-based sample showed that, as hypothesized, having a spouse who remained or became ill over time was linked to greater depressed affect by T2 whereas having a spouse improve in health was associated with a decline in depressive symptomatology. Moderated regression analyses indicated that while higher mastery and self-esteem were linked to lower depressed affect in general, as hypothesized, these effects were stronger in participants whose spouse remained ill at both time points. These findings are consistent with lifespan and life course models’ focus on the contextual forces in and the interconnectedness of individuals’ development and the plasticity and resilience evident in adaptation to stress during the later years.

Longitudinal Health Effects of Partner Support for Growth During the Transition to Retirement

J.M. Tomlinson, B.C. Feeney, Department of Psychology, Carnegie Mellon University, Pittsburgh, Pennsylvania

The transition to retirement is often a difficult time in which people must navigate changes in their identity from ending a career and beginning a new phase of life. Little research has considered the importance of the marital relationship in easing the transition to retirement, which is surprising because older adults depend on their spouses even more so than people in other age groups. The present study investigated “partner support for self-growth,” which may help explain why some people flourish after retirement and others falter. Results from a longitudinal study of 86 recently retired couples suggest that partner support for self-growth at time 1 is associated with increased relationship satisfaction, satisfaction with progress on an important goal, and positive changes in health during a 6-month period following the transition to retirement. Thus, partner support for self-growth is linked to important outcomes that have implications for post-retirement adjustment and health over time.

Session 2145 (Symposium)

The Aging of Gerontologists: How Our Work Changes as We Age

Chair: A.M. Wyatt-Brown, Linguistics, University of Florida, Baltimore, Maryland
Discussant: H. Moody, AARP, Washington, District of Columbia

Gerontologists have studied the aging of writers, musicians, and artists. As a result we know a great deal more about late style in artistic endeavors. Biographers have discussed the aging of the people about whom they have written. Rarely, however, do gerontologists analyze the way in which their own aging affects the work that they do. The purpose of this panel is to examine how the aging of those of us on the panel, as well as the later life of those whom we study, has affected our understanding of the aging process. Each of us will examine this subject in our own fashion. Thomas Cole will discuss Cormac McCarthy’s novel, “No Country for Old Men” (2005), and the film adaptation (2007) as a search for masculinity in later life. Andy Achenbaum will reveal what he has learned from studying the career of the gerontologist Bob Butler. Helen Kivnick reflects upon her work with Erik and Joan Erikson in producing “Vital Involvement in Old Age” (1986). I will examine how the experiences in my later life have shaped my recent response to three creative works: Helen Simonson’s novel, “Major Pettigrew’s Last Stand” (2010), the movie “Amour” (2012), and a Doonesbury script written by Garry Trudeau for the week of February, 4, 2013. The objectives of these presentations are twofold: listeners will learn how aging has affected our work; they also will be encouraged to examine how aging has changed their work with other elders.
This paper will discuss Cormac McCarthy’s novel and its film adaptation through an interpretation of its aging protagonist, Sheriff Ed Tom Bell. The conventional interpretation of Sheriff Bell is that his retirement at the end of the story represents his failure as a man and agent of the law. This paper, on the other hand, will argue that the evolution of Sheriff Bell as a character pushes the boundary of the truncated “masculinity script” available in American culture. This presentation will demonstrate how an aging male film character exemplifies the renunciation of violence and male privilege. Such a character up new possibilities of spiritual development among men in a culture that is sexist and ageist.

ROBERT N. BUTLER: VISIONARY OF HEALTH AGING
W. Achenbaum, University of Houston, Houston, Texas

Robert N. Butler, MD (1927–2010) practiced what he preached. Until virtually the end of his life, Butler worked on his own life review, promoted healthy aging, fought ageism, and lived a life full of friends and interests. The psychiatrist, scientist, administrator, and public intellectual who advanced “productive aging” offered months before he died THE LONGEVITY PRESCRIPTION for living healthfully.

MOVING THROUGH THE TERRITORY
H. Q. Kivnick, School of Social Work, University of Minnesota, Saint Paul, Minnesota

Erik H. Erikson popularized the now-accepted notion that psychosocial development occurs from “womb to tomb.” His life-cycle theory identifies eight stages, each characterized by a unique set of potentials, pressures, and responsibilities — as influenced by an individual’s “nature” along with the “nurture” of social, cultural, historical, and external environments. When Erikson was nearly 80, he and his wife collaborated to explore the stage they called old age. Then moving into my own 30’s, I was the third member of that research team. This paper discusses the conceptual contributions of that collaboration, as contextualized in the disparate life cycles of the three investigators. Now nearly 30 years beyond that project and its book Vital Involvement in Old Age, I consider those same conceptual contributions as they have informed, and are informed by, my own work in gerontology, as I move further into the territory of my own old age.

AGING IN POPULAR CULTURE: THE PRESENTER AND THE SUBJECT MATTER
A. M. Wyatt-Brown, Linguistics, University of Florida, Baltimore, Maryland

This paper will examine how my age and life experiences has affected my interpretations of a contemporary novel, movie, and comic strip. I am discussing Helen Simonson’s novel Major Pettigrew’s Last Stand (2010), the movie “Amour” (2012), and a Doonesbury script written by Garry Trudeau for the week of February 4, 2013. The age of the composers of these works has influenced their presentation of age while my analysis has also been affected by my age and life experiences. As a result the interpretations I am offering are probably quite different from what I might have written about similar works some years ago. The objectives of the presentation will be twofold. I plan to show the audience how my work has changed over time and to encourage all the listeners to analyze how each stage of their lives has contributed to their analysis of the aging of other people.

SESSION 2150 (SYMPOSIUM)

THE CONSTRUCTION, EXPERIENCE AND IMPORTANCE OF NEIGHBORHOOD FOR AGING IN PLACE: FINDINGS FROM EUROPE
Chair: F. Oswald, Interdisciplinary Ageing Research, Goethe University Frankfurt, Frankfurt, Germany
Co-Chair: R. Kaspar, Interdisciplinary Ageing Research, Goethe University Frankfurt, Frankfurt, Germany
Discussant: T. Scharf, Interdisciplinary Ageing Research, Goethe University Frankfurt, Frankfurt, Germany

As people age, the home and the neighborhood become increasingly important. The aim of this symposium is to emphasize the construction, experience and importance of the neighborhood in terms of interaction (e.g., social participation), representation (e.g., identity) and related outcomes (e.g., social inclusion) in urban and rural settings across Europe. The first presentation will combine individual perceptions of space with objective geographical data (i.e., dwelling distances) to identify types of shared subjective neighborhoods among 595 urban citizens (70-89 years old) from Frankfurt (Germany). The role of urban-related identity for the construction and experience of shared subjective neighborhoods will be discussed. The second contribution will highlight the role of perceived community change, feelings of security and safety, as well as strategies of control in the neighborhood for the experience of social exclusion/inclusion among 102 individuals (60 years and older) in deprived urban settings in Brussels (Belgium). The third presentation will consider potentials for maintaining and risks of losing neighborhood connectedness in rural communities based on data from 106 older people from Ireland and Northern Ireland. Research on social participation can foster our knowledge on changes in neighborhood or community construction respectively given global demographic and societal transformations. Although serving as examples for neighborhood, the studies reflect upon a variety of spatial, social and societal realities of aging in place. Thus, the discussion will address outcomes and shortcomings with respect to a more comprehensive and clearly defined understanding of neighborhood and related outcomes for future ageing not only in Europe.

THE ROLE OF URBAN IDENTITY FOR THE SUBJECTIVE CONSTRUCTION OF NEIGHBORHOOD IN OLD AGE
R. Kaspar1,2, F. Oswald1, Interdisciplinary Ageing Research, Faculty of Educational Sciences, Goethe University Frankfurt, Frankfurt am Main, Germany, 2. German Institute for International Educational Research, Frankfurt am Main, Germany

No wide consensus exists with respect to what constitutes a neighborhood, and how effects are carried from the individual to the socio-spatial level or vice versa. We therefore, first, consider geographical and phenomenologic approaches to define neighborhood in old age. Second, we highlight the role of cognitive experiential processes (i.e. urban-related identity) for integrating neighborhood characteristics into individuals’ self-concepts. Based on findings from a survey with 595 community-dwelling urban citizens (Frankfurt/Main, Germany) stratified by age (70–79, 80–89 years) and household composition (living alone, living with partner), we propose a definition of shared subjective neighborhood that combines experiential (i.e. individuals’ perceived neighborhood boundaries) and spatial aspects (i.e. overlap of perceived neighborhoods, dwelling distance), leading to three different prototypes of urban neighborhood in old age. Significant differences in levels of identification with these prototypes are found. Consequences of these varying notions and centrality of subjective neighborhood for counseling and intervention are discussed.
EXPERIENCES OF NEIGHBORHOOD INCLUSION AND EXCLUSION AMONG OLDER PEOPLE LIVING IN DEPRIVED INNER-CITY AREAS IN BRUSSELS, BELGIUM
T. Buffel1,2, N. De Winte2,3, S. Dury1, A. Smetcoren1, L. De Donder1, D. Verte1, 1. The University of Manchester, Manchester, United Kingdom, 2. Vrije Universiteit Brussel, Brussels, Belgium, 3. Hogeschool Gent, Gent, Belgium

This contribution aims to explore conceptual and empirical aspects of the social exclusion/inclusion debate in later life, with a particular focus on issues of place and space in urban settings. Exploratory findings are reported from an empirical study in Brussels, Belgium, which sought to examine experiences of social exclusion and inclusion among people aged 60 and over living in deprived inner-city neighborhoods. Semi-structured interviews were conducted with an ethnically diverse sample of 102 older people. Thematic analysis of interview data identifies four issues in relation to the neighborhood dimension of social exclusion/inclusion in later life: experiences of community change, feelings of security and safety; the management of urban space; and strategies of control. The results suggest that neighborhoods have a significant influence on shaping the experience of exclusion and inclusion in later life. The article concludes by discussing conceptual and policy issues raised by the research.

MAINTAINING AND LOSING NEIGHBORHOOD CONNECTEDNESS: SOCIAL PARTICIPATION IN IRISH RURAL COMMUNITIES
K. Walsh, Irish Centre for Social Gerontology, National University of Ireland Galway, Galway, Ireland

Traditionally, Irish rural neighborhoods are considered rich examples of social connectedness and community participation. However, as elsewhere, demographic, socio-cultural and economic transformations are associated with significant change in the social fabric of rural neighborhoods in Ireland. While the ways in which rural older people socialize in their neighborhoods are likely to have changed, research on social connectedness within evolving rural contexts remains underdeveloped. This paper draws on 106 semi-structured interviews with older people, from Ireland and Northern Ireland, to explore processes of socialization in rural neighborhoods. Findings are presented on: changing social opportunities; social networks; and social resources and loss. Participant narratives illustrate how maintaining and losing neighborhood connectedness is a product of the entangled patterns of an individual’s life-course and rural community change. Participants will: (1) gain new insight on socialization of rural older people; and (2) understand its impact on perceptions and constructions of rural neighborhood in later life.

SESSION 2155 (SYMPOSIUM)

THE FORMATION OF FAMILY CAREGIVING IN CHINESE CONTEXT: FILIAL PIETY AND SHARED CARE
Chair: V. Lou, The University of Hong Kong, Hong Kong, Hong Kong

Chinese older adults are mainly taken care of by family members when they become frail. However, the fast social development and the changing demographic have challenged the normative values and caregiving arrangement such as filial piety and depending on son’s family. The four papers included in this symposium will discuss how these changes affected caregiving practice in Chinese societies. First, Lum and colleagues documented changes in filial piety concept and measure over time and presented a new measure of filial piety to reflect the new focus on providing filial support instead of filial loyalty and authority as in earlier measures. This finding is in line with Liu and Bern-Klug’s paper on the relationship between filial values and caregiving discrepancy (caregivers’ perception of the discrepancy between their actual performance and their expectation of the caregiver role). They found that a stronger filial cultural identity of offspring caregivers was associated with a higher level of caregiving discrepancy. Apart from changing filial value, family caregiving has evolved into a shared care phenomenon in which primary caregivers receive support from other sources. Lou and colleagues found that the majority of primary family caregivers in Hong Kong had received support from secondary caregivers. Emotional and instrumental support provided by secondary caregivers had positive impacts on the psychological well-being of spousal and offspring primary caregivers. Chong and colleagues found that around 7% of the offspring caregivers had live-in domestic helpers in Hong Kong. Moreover, having domestic helper can be a moderator of offspring caregiving distress.

A NEW SHORT MEASURE OF FILIAL PIETY
T.Y. Lumi1,2, J. Wang1,2, E. Yan1,2, M. Lau1,2, T. Tong2, 1. Social Work and Social Administration and Sau Po Centre on Ageing, The University of Hong Kong, Pokfulam, Hong Kong, 2. Sau Po Centre on Ageing, The University of Hong Kong, Pokfulam, Hong Kong

Filial piety is an ancient Asian concept that guides the relationship between older and younger generations. The traditional filial piety concept focuses on loyalty and obedience from the younger generation to older generation. However, the concept has evolved over time to focus more on providing filial support to older generation. This paper introduces a new measure of filial piety to reflect these changes. Methods: We generated items for a new filial piety measure through focus groups and conducted face-to-face interviews with 1,150 community dwelling adults from probability sample. We examined the correlation of this new scale with Yeh’s Filial Piety Scale. Results: The new 10-item filial piety scale has high reliability (Cronbach’s Alpha= 0.874) and validity (correlation with Yeh’s scale is 0.855). Factor analysis identified two subscales of tangible and emotional support. Conclusion: the new measure is a validity and reliability measure for filial piety.

‘MY PARENT NEEDS MORE CARE’: UNDERSTANDING CAREGIVING EXPERIENCE THROUGH A CONTEXTUAL AND CULTURAL PERSPECTIVE
J. Liu, M. Bern-Klug, School of Social Work, University of Iowa, Iowa City, Iowa

The rapidly increasing oldest-old population in China presents a caregiving challenge for adult children. This study explains caregivers’ perception of the discrepancy between their actual performance and their expectation of the caregiver role (caregiving discrepancy) using a sample of 895 pairs of adult-child caregivers and care recipients aged 80 and over in the 2005 Chinese Longitudinal Healthy Longevity Survey. More than forty percent of caregivers reported their parents need more and/or better care. Regression results showed that caregivers’ higher education degree, better health status, a closer relationship with their care recipients and a stronger filial cultural identity were associated with a higher level of their caregiving discrepancy. The caregivers who were daughters and whose care recipients had medical insurance also tended to experience a higher level of discrepancy. The findings point to the importance of studying the caregiving experience of Chinse adult children through a contextual and cultural perspective.

PSYCHOLOGICAL DISTRESS AMONG CHINESE CAREGIVERS: THE ROLE OF SECONDARY CAREGIVERS
V. Lou1,2, C. Kwan1,4, A.M. Chong1, I. Chi1, 1. Department of Social Work & Social Administration, The University of Hong Kong, Hong Kong, Hong Kong, 2. City University of Hong Kong, Hong Kong, Hong Kong, 3. University of Southern California, Los Angeles, California, 4. Sau Po Centre on Ageing, The University of Hong Kong, Hong Kong, Hong Kong

Objective: This study examines the types of support provided by secondary caregivers to spousal and offspring primary caregivers in Hong Kong and the role played by secondary caregivers on the relationship...
between care needs of care recipients and psychological distress of primary caregivers. Method: This study analyzed secondary data on tertiary-based standardized assessment on long-term care applicants. A total of 5,540 initial assessments on community-dwelling older applicants who had a spousal or offspring primary caregivers were included. Results: Around 60% secondary caregivers provided both ADL/IADL and emotional support. Spousal or offspring caregivers who had secondary caregivers who provided both ADL/IADL and emotional support were less distressed as compared to those without secondary caregivers (OR=0.797, p < .05). Conclusion: Emotional and instrumental support provided by secondary caregivers had positive impacts on the psychological well-being of spousal and offspring primary caregivers.

CAN DOMESTIC HELPERS MODERATE THE CARING DISTRESS OF OFFSPRING CAREGIVERS?
A.M. Chong, C. Kwan, I. Chi, V. Lou, Applied Social Studies, City University of Hong Kong, Kowloon, Hong Kong

Objectives: This study examines the influence of domestic helpers on offspring caregiving distress. Methods: This was a secondary analysis of data on 12,677 Hong Kong Chinese aged 60+ from 2007 to 2009. All variables were measured using the Minimum Data Set-Home Care. Results: About 37% of the off-spring caregivers felt distressed and 7.52% were aided by domestic helpers. SEM revealed that, for elders without domestic helpers, caregivers were more distressed when the elders had more physiological needs, more negative mood symptoms, received more IADL care and less psychological support; but these factors had no impact in the non-domestic helper group. Specifically, psychologically support provision had a significant different impact (p < 0.01) between the domestic helper group (coeff. = 0.240, p >0.05) and the non-domestic helper group (coeff. = -0.202, p < 0.001). Conclusion: Emotional and instrumental support provision by secondary caregivers had positive impacts on the psychological well-being of spousal and offspring primary caregivers.

PERCEIVED CONTROL IS ASSOCIATED WITH CARDIOVASCULAR DISEASE AND CANCER-SPECIFIC MORTALITY: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY
F.J. Infurna1,2, T.L. Gruenewald3, 1. Humboldt University, Berlin, Berlin, Germany, 2. German Institute for Economic Research (DIW Berlin), Berlin, Berlin, Germany, 3. University of Southern California, Los Angeles, California

Greater perceptions of control predict better physical health across adulthood, including lower risk of all-cause mortality in old age. However, little is known about links between perceived control and disease-specific mortality, and the factors that underlie these associations. Using data from the Health and Retirement Study (N = 1,048, M age: 75 years, 59% women), we examined whether perceived control was associated with 5-year cardiovascular disease and cancer-specific mortality. Participants who died from cardiovascular disease and cancer (N = 524) were propensity-score matched on sociodemographic variables to surviving case-controls (N = 524). Cox regression models revealed that higher levels of perceived control were protective against cardiovascular disease (HR = 0.77, p < 0.05) and cancer-specific mortality (HR = 0.85, p < 0.05). We discuss the different factors that account for the lower hazard of mortality from cancer (physical activity) and cardiovascular disease (self-rated and functional health) in those with higher perceived control.

CONTROL BELIEFS AND WORKING MEMORY PERFORMANCE TRAVEL TOGETHER: EVIDENCE FROM A SHORT-TERM REPEATED MEASURES STUDY
S. Agrigoroaei1, S.D. Neupert2, M. Lachman1, 1. Brandeis University, Waltham, Massachusetts, 2. North Carolina State University, Raleigh, North Carolina

Past work has focused on between-person differences in level of control beliefs and provided consistent evidence for the positive association between control and cognitive performance. The current study focuses on within-person associations between task-specific control beliefs and working memory performance, across multiple trials, and on the possible mediators. We expected the trials with higher control beliefs to be characterized by better memory performance. We also explored the lagged associations between beliefs and performance across trials. The participants were 56 volunteers, aged 18 to 88. Within-person coupling models revealed significant positive associations between within person variations in control beliefs and in memory performance. Lagged multilevel models were used to address the question of temporal ordering of effects and support was found for bi-directional relationships. In addition, changes in anxiety and distraction played a mediational role in the within-person relationship between control beliefs and memory performance.

COGNITIVE DECLINE MODERATES THE RELATIONSHIP BETWEEN OBJECTIVE AND SUBJECTIVE INDICATORS OF STRESS AND EVERYDAY MEMORY FAILURES
E.A. Hahn1, D. Almeida2, T. Seeman1, M. Lachman1, 1. Brandeis University, Waltham, Massachusetts, 2. Pennsylvania State University, State College, Pennsylvania, 3. University of California, Los Angeles, California

The current study examined whether subjective and objective stress measures were associated with memory reactivity (i.e., increased self-reported everyday memory failures) and the moderating role of cognitive change. Data are from a satellite study (Boston Longitudinal Study)
MORE FAVORABLE PERCEPTIONS OF GENERATIVITY WITH ADVANCING AGE PREDICTS BETTER MENTAL HEALTH

T.L. Gruenewald, E.W. Hagood, Davis School of Gerontology, University of Southern California, Los Angeles, California

Favorable perceptions of generativity (contributing to others), and maintenance of these feelings over time, predict better physical functioning and longevity in middle and older age. The current analyses examine whether these benefits extend to mental health outcomes, such as depression. Ratings (0-worst possible to 10-best possible) of generative contributions at baseline, and 10-year change in these perceptions, were examined as predictors of CES-D depression at a 10-year follow-up in adults (n=981, age 35-86, M=58) from the Study of Midlife in the U.S. Greater baseline generativity perceptions (β = -21, p < .001), and more positive change in these perceptions (β = -.16, p < .001), predicted lower depression levels at the follow-up in age-adjusted models. Age did not moderate these associations, indicating that greater, and increasing, perceptions of making important contributions to others predicts lower depression levels across adulthood. Potential psychosocial and behavioral factors underling these associations will be discussed.

LOVE AND THE AGING BRAIN: ROMANTIC ATTACHMENT AS A PREDICTOR OF LATE-LIFE COGNITIVE HEALTH

R.J. Waldinger, S. Cohen, M.S. Schulz, I. Harvard Medical School, Boston, Massachusetts, 2. Bryn Mawr College, Bryn Mawr, Massachusetts

Links between social relationships and cognitive health in late life have emerged in numerous studies (e.g., Wilson et al 2007). Secure attachment to a romantic partner is hypothesized to support wellbeing in adulthood, but there has been little research to date on the relation of attachment to cognitive health. This study examined security of attachment, coded from in-depth relationship interviews, in 60 octogenarian couples as a predictor of cognitive functioning. For women, more secure attachment predicted better memory functioning on neuropsychological testing four years later, explaining 22% of unique variance above and beyond the contribution of age and premorbid IQ (β=.47, p<.001). This link was not present for men. Implications of these findings for understanding the factors that promote cognitive wellbeing in late life will be discussed.

SESSION 2165 (SYMPOSIUM)

THEORIZING MASCULINITIES AND AGING

Chair: E.H. Thompson, Sociology & Anthropology, College of the Holy Cross, Worcester, Massachusetts
Co-Chair: K.M. Bennett, University of Liverpool, Liverpool, United Kingdom

Studies of old men are becoming common in the gerontological literature. But those that theorize masculinity remain rare. The life course literature and discourses in the popular culture equally see men as softening with age and, eventually, embodying masculinities that set old(er) men apart from young(er) men. This may be so. But this taken-for-granted perspective also assumes that the gender habitus men have embodied is noticeably modified sometime near late life, perhaps when work careers end and questing begins. This perspective also emphasizes the hegemony of aging and takes little notice of the possibility of continuities in masculinities throughout men’s lives. Papers in this symposium encourage a rethinking the cultural discourse on masculinities and aging, advocate a sensitivity to how old men routinely perform gender and present themselves as men, and propose new conceptual frameworks that envision old(er) men as never taking leave from embodying masculinities.

GAY PARTNER BEREA VEMENT: HOW CAN IT INFORM THEORIES OF MASCULINE AGING?

K.M. Bennett, L.K. Soulsby, S. Piatczanyn, Psychology, University of Liverpool, Liverpool, United Kingdom

Research with older gay ‘widowers’ is rare, outside of the HIV/AIDS context. Recent studies of heterosexual spousal bereavement suggest that older widowers are presented with two competing challenges to identity: first, expectations to follow a set process of grieving; second, expectations to conform to hegemonic masculinity. We suggest that gay widowers face additional challenges as they renegotiate their identity as widower. Interviews with 20 older gay widowers, whose partners died from non-HIV/AIDS-related causes, reveal that they reconstruct their identities to take account of expectations of both appropriate grief responses and hegemonic masculinity. Identities are also reconstructed in response both to expectations of culturally determined gay communities and aging. Gay men have to negotiate their position as a grieving widower within the wider society. We discuss the implications for the provision of support to promote optimal aging for gay widowers.

DEPRESSION AND THE PERFORMANCE OF MASCULINITY IN A MILITARY RETIREMENT COMMUNITY

K. de Medeiros, Sociology and Gerontology, Miami University, Oxford, Ohio

Everyday markers of depression such as sadness and uncontrolable crying are often associated with women’s experiences, not men’s. Such gendered characteristics can consequently pose challenges to constructions of masculinity in older men. This paper draws upon interviews from a unique sample—nine older men who reside in a military-sponsored retirement community—to explore how masculinity is performed and subsequently defended in light of threats such as depression, loss of status, and declining health. Findings point to the importance of the lifelong identity of military serviceman as an important site of through which to negotiate (or deny) change with age.

MAINTAINING MANHOOD, AVOIDING ANDROGYNY, WITH ADVANCING AGE

N. King, T. Calasanti, Virginia Tech, Blacksburg, Virginia

Groups have based most ideals of masculinity on those of youth; but age-based changes in the ways men do gender do not necessarily lead to androgyny, contrary to literature that theorizes old age in that term. Interviews with middle-aged men evince the importance to them of doing gender in order to resist ageism and exclusion. Each respondent struggles with gender in response to the interviewer’s questions, finding ways to say “I am a man” regardless of his ability (or even desire) to live up to youth-based ideals of masculinity. While aware of those ideals and their growing failure to live up to them, they discuss various ways in which they remain men. Their discourse reveals both the implicit ageist standard of conceptions of (hegemonic) masculinity (and androgyny) while indicating its dynamic and age-based nature. We conclude with implications for theories of masculinity.
PHYSIOLOGICAL REACTIONS TO MASCULINITY THREATS AMONG AGING MEN

K. Springer, P. Barnwell, B. Kramer, Rutgers University, New Brunswick, New Jersey

Men die earlier than women and have higher rates of most leading causes of death. Research suggests that social pressures associated with masculinity ideals (e.g., threats to masculinity) are one cause of these health burdens for older men. However, research has not yet directly assessed the physiological mechanisms linking masculinity ideals and poorer health, let alone explored how psychosocial variables interact with masculinity threats to produce health endangering physiological reactivity. In the current study, we explore how a stress hormone, heart rate, and blood pressure react to an experimentally manipulated masculinity threat among aging men (45-65 years old). Further, we combine these physiological measures with survey data on demographics, health status, health behaviors, personality characteristics, and masculinity ideals to better understand how, and for whom, masculinity threats affect older men’s health. This research will show how combining physiological and psychosocial data can provide new opportunities for theorizing masculinities and aging.

‘A MAN’ IN THE FACE OF CHANGE: UNDERSTANDING MEN’S ADJUSTMENT TO CARE WORK AND WIDOWHOOD

L.K. Soulsby¹, E.H. Thompson², ¹, University of Liverpool, Liverpool, Merseyside, United Kingdom, 2. Holy Cross, Worcester, Massachusetts

Marital status is central to one’s sense of identity. In this paper, we use interview data from British widowers and US husband caregivers to explore how men’s relational views of self are maintained as, and after, marriage ends. These data corroborate that being married has a key role in identity maintenance for men and that the married relationship and its associated responsibilities affirm a sense of self. Moreover, the married relationship can provide a secure place for men to shelter from hegemonic masculinity expectations. Undertaking care work or becoming a widower removes the security offered by the married relationship and prompts identity work. We find that men attempt to reconstruct a masculine identity through seeking new activities and responsibilities that help them to rebuild their “provider” self-presentation as a man.

SESSION 2170 (SYMPOSIUM)

WELL-BEING AND HEALTH IN ADULTHOOD AND OLD AGE: CURRENT RESEARCH APPROACHES

Chair: I. Schoellgen, Developmental Psychology, Humboldt-Universitaet zu Berlin, Berlin, Germany
Co-Chair: D. Gerstorf, Developmental Psychology, Humboldt-Universitaet zu Berlin, Berlin, Germany
Discussant: J. Smith, Institute for Social Research, Ann Arbor, Michigan

Well-being and health are central components of quality of life. Links between well-being and health are well-established, however, existing research mainly focused on between-person associations and hardly integrated processes on different time scales. Besides, limited knowledge is available on how individual and social characteristics shape variability and change in well-being and health as well as their interrelationships in adulthood and old age. This symposium presents current research approaches addressing these issues. First, associations of well-being and health are examined simultaneously at the between-person and the within-person level using long-term longitudinal data. The results show that, at the individual level, an increase in degree of disability is accompanied by a decrease in life satisfaction. Second, it is investigated how daily religious and spiritual experiences are used as coping resources to mitigate daily stress, regulate emotional responses, and diminish the effects of stress on a broad range of health outcomes. In the third contribution, data from a study with two daily measurement bursts spaced 10 years apart is used to demonstrate that providing routine assistance to a parent in multiple bursts affects negative affect, the cortisol awakening response and the diurnal cortisol slope. A dyadic perspective is employed in the final contribution, with results pointing to beneficial effects of high spousal neuroticism on daily affect quality and physical symptoms when older adults are confronted with problems. The discussion by Jacqui Smith integrates the four papers, highlights potentials and limits of current research on well-being and health, and considers future routes of inquiry.

BETWEEN- AND WITHIN-PERSON ASSOCIATIONS BETWEEN WELL-BEING AND HEALTH IN ADULTHOOD AND OLD AGE

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People who are in better health than their peers also report higher well-being, however, little is known about the within-person association. The present study further explores the construct of health sensitivity, referring to how susceptible an individual’s well-being is to health changes. We used longitudinal data of up to 25 waves from the German Socio-Economic Panel (N = 5,846; 16-100 years old) and applied multi-level modeling to examine the covariation of well-being (life satisfaction) and health (degree of disability) simultaneously at the between-person and the within-person level. Results show that if a participant reports on a given occasion an increase in degree of disability, a corresponding decline in life satisfaction occurs. Education-related differences were found for the between-person association but not regarding health sensitivity. Additional analyses will explore other potential correlates of health sensitivity (e.g., control beliefs). Discussion focuses on the importance of separately examining between- and within-person well-being-health associations.

DAILY RELIGIOUS COPING AND SPIRITUALITY BUFFER THE STRESS-AFFECT LINK AND PROMOTE METABOLIC HEALTH

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The ability to utilize resilience resources, such as religion and spirituality, is essential to successful outcomes in the face of adversity, and may help us to better understand how and why some people flourish and others do not. Research from the Notre Dame Study of Health & Well-being suggest significant stress buffering effects of daily religious coping and spirituality on negative affect. Furthermore, the coefficient representing the buffering effect of daily spirituality on the stress-negative affect relationship was significantly related to a composite measure of metabolic functioning (r = -0.32), with the strongest relationship with A1c (r = -0.39). The commensurate religious coping coefficient was also predictive of metabolic health, albeit to a lesser extent (r = -0.16). Taken together, this suggests that religion and spirituality are important coping strategies for dealing with the day to day stressors that impact us on a regular basis, and may have important implications for health.

ROUTINE ASSISTANCE, AFFECT AND HPA-ACTIVITY IN TWO BURSTS OF NATIONAL STUDY OF DAILY EXPERIENCES

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Providing routine assistance to an older parent is often the first step toward providing long-term or more elaborate care in the future. Caregiver burnout should therefore be studied earlier in the caregiving process. The current study uses a sub-sample of adult children provid-
Marriage partners exert a special influence on health and wellbeing that may become even more central in old age. This study extends past research by examining couples’ reports of neuroticism, a key trait tied to wellbeing and health, and its link with everyday fluctuations in affect quality, physical symptoms, and responses to daily life problems. Up to 27 time-sampled assessments were obtained from 98 spouses aged 60-83 years during their everyday activities. Multilevel modeling confirmed negative associations between individual neuroticism and overall affect quality and physical symptoms. Interestingly, spousal neuroticism had the opposite effect, but only when problems were present. Having a spouse higher in neuroticism was associated with more favorable problem-affect quality associations and problem-physical symptom associations, even when controlling for marital satisfaction, age, gender, and conscientiousness. Findings point to the potential benefits of having a vigilant spouse when older adults encounter problems.

**SESSION 2175 (PAPER)**

**TECHNOLOGY: APPLICATION AND IMPACT**

**EFFECTS OF COGNITIVE IMPAIRMENT, AGE, AND ATTITUDES ON TECHNOLOGY PERFORMANCE – A MIXED METHODS APPROACH**

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In recent years, numerous technological devices have been developed and marketed to older adults seeking to support their health, autonomy, and societal participation. Compared to younger adults, however, older adults reveal more difficulties in learning new technologies and report higher anxiety and frustration. Regarding the considerable segment of older adults with mild cognitive impairment (MCI), there is evidence that technology use is perceived to be even more difficult, but respective studies are rare. The present study examined technology performance in three areas (communication: mobile phone; leisure: e-book reader; health: blood pressure meter) of 53 older adults, 26 with and 27 without cognitive impairment. We applied an intensive data mixed methods approach including an established cognitive testing procedure, standardized observation based on video-recording (intrater agreement >94%), and complementary questionnaires. Participants with MCI rated the usability significantly lower and video-analyses revealed more mistakes and difficulties to solve the tasks. No group differences appeared in perceived benefit of devices or their potential to increase quality of life. As expected, higher performance was related to higher cognitive flexibility and working memory function, but also to higher self-efficacy and more previous technology experience. Spatial abilities and feelings of being antiquated (obsolescence) were among the best predictors to explain effectiveness and efficiency, whereas age was related to the time required, but not to errors. Findings underline that cognitive and psychological factors contribute to differences in technology performance.Acknowledging older adults’ specific difficulties, abilities and resources may help improving the fit of user needs and technological requirements.

**INTERNET USE AND DECISION MAKING IN COMMUNITY-BASED OLDER ADULTS**

B.D. James, P.A. Boyle, L.D. Yu, D.A. Bennett, Medicine, Rush Alzheimer’s Disease Center, Chicago, Illinois

Internet use may provide resources for better decision making, yet little is known about the association of internet use with decision making ability in older persons. We examined this relationship in 690 community-dwelling older persons without dementia from the Rush Memory and Aging Project. Participants were asked to report if they had internet access and how frequently they used the internet and email. A 12-item instrument assessed financial and healthcare decision making using materials designed to approximate real world settings. Associations were tested via linear regression models adjusted for age, sex, race, education, and global cognitive function. Secondary models further adjusted for income, depression, loneliness, social networks, social support, chronic medical conditions, instrumental activities of daily living, life space, and health and financial literacy. Interaction terms were used to test for effect modification. Almost 70% of participants had internet access, and of those with access, 55% used the internet at least several times a week. Higher frequency of internet use was associated with better decision making (estimate=0.24, SE=0.08, p=0.003). The association persisted in a fully adjusted model (estimate=0.17, SE=0.08, p=0.031). Interaction models showed evidence of effect modification: more frequent internet use attenuated the negative associations of older age, lower cognitive ability, more constricted life space, and poorer literacy with decision making ability. Promoting use of the internet could facilitate better healthcare and financial decision making in later years, particularly in high risk groups such as the oldest old, persons with low cognitive ability and literacy, and those who are homebound.

**THE CG ASSIST PROGRAM FOR CAREGIVING DYADS: DESCRIPTION OF A PILOT STUDY AND PRELIMINARY RESULTS**

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Family caregivers often report challenges providing assistance with activities of daily living (ADLs) which is a potentially modifiable direct and indirect risk factor for falls, injury and institutionalization. The primary objectives of the Caregiver Assessment of Skill Sets and Individualized Support thru Training (CG ASSIST) program were to develop and implement an intervention targeting caregivers of older Veterans dependent in ADLs for skills training related to ADL tasks and to obtain data on preliminary effect sizes to power a Phase II study. The intervention consisted of three home visits by a Clinical Expert (CE) to (1) independently assess needs (2) deliver AT/home modifications and dyad training on the appropriate and safe use of AT and (3) reinforce the intervention. Thirty-eight caregivers were recruited; 17 intervention and 15 control caregivers completed the 3 month follow-up assessment. During the intervention, CEs made a total of 729 recommendations for the four ADLs. On average CEs made recommendations and provided training for 7±4 physical modifications, 13 ±11 adaptive methods, 10±10 energy conservation methods, and 9±7 new AT devices. Intervention group was related to change in satisfaction with assistance skills for two of the four tasks, getting in and out of bed, χ2(2, N=32)=6.9, p=0.032, and toileting, χ2(2, N=32)=7.7, p=0.020, but not for dressing(p=0.44) or bathing(p=0.41). Intervention group was also related to change in safety concerns for getting in and out of bed, toileting and bathing. Results and
implications are discussed in terms of the selection and prescription of AT devices and the need for dyadic training.

TECHNOLOGY ACCEPTANCE IN OLD AGE: THE ROLE OF TECHNOLOGY GENERATION, PSYCHOLOGICAL FACTORS, AND TYPE OF DEVICE

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Although technology is increasingly seen as a means to support successful aging, knowledge on older adults’ technology acceptance is limited. The aim of the study was to identify differences in technology acceptance between two technology generations. The so-called “mechanical generation” (MG, born before 1939) and the “household appliance generation” (HAG, born 1939-1951) were compared in terms of technology acceptance (i.e. perceived usefulness and perceived ease of use) and usage intention. The internationally renowned Technology Acceptance Model (TAM; version 3) in a modified version was applied as theoretical background. The study was conducted with 357 German persons aged 60 to 99 (MG N=165; HAG N=192). Three technological devices, representing the areas of care and prevention (sensor mat), household management (robotic vacuum cleaner), and leisure time (video game console) were selected. No technology generation differences appeared regarding the perceived usefulness. However, members of the HAG rated the three devices as easier to use. Device specific analyses showed that particularly the robotic vacuum cleaner and even more the video game console were evaluated differently in ease of use. In terms of psychological factors, neuroticism as well as obsolescence were related positively to the usefulness of prevention technology as well as to the intention to use it. On the other hand they came along with lower perceived ease of use ratings of technologies requiring more interaction on the part of the user. Findings underscore that psychological aspects and affiliation to technology generations are both important to explain variability in technology acceptance.

PATTERNS OF TECHNOLOGY USE AMONG OLDER ADULTS IN THE UNITED STATES


Internet and mobile phones have potential for high impact and broad reach for health communication and education. Little is known about current technology use (TU) patterns in older adults, particularly for those with difficulty with mobility and basic activities of daily living (ADLs). Data from the 2011 National Health and Aging Trends Study, a nationally representative sample of community-dwelling Medicare beneficiaries (N=7609) were analyzed using Poisson regression and adjusting for demographic factors. Standardized in-person interviews assessed TU (email, text messaging, and internet), demographics, and difficulty with ADLs and mobility outside the home. Results showed that 40% of older adults used email or text messaging and 43% used the internet in the past month. TU was associated with younger age, white race, higher education, and being married (all p-values<.001).

The probability of internet use for health-related tasks (e.g., health information seeking, prescription refills) did not differ between those with and without difficulty in mobility function (Prevalence Ratio=0.99; 95% Confidence Interval: 0.84-1.15) and with ADLs (PR=1.12, 95% CI: 0.91-1.37). Depending on severity, people with ADL and mobility difficulty had 18-50% lower likelihood of email/text messaging (p-values<0.01) and 15-39% lower likelihood of internet use for personal tasks (e.g., shopping, banking) (p-values<.04). Overall, TU varies by demographics and disability status in the US older population. Internet use for health purposes did not differ according to difficulty with ADLs or mobility, but did differ for personal tasks. TU might be a viable medium for health promotion and communication, particularly for younger cohorts of older adults.

SESSION 2180 (SYMPOSIUM)

CHANGE POINT MODELS IN COGNITIVE AGING: OVERVIEW, APPLICATIONS, LIMITATIONS AND FUTURE DIRECTIONS

Chair: G. Muniz Terrera, Lifelong Health and Ageing, Medical Research Council, London, United Kingdom
Discussant: S.M. Hofer, University of Victoria, Victoria, British Columbia, Canada

Change point models have become popular models when the focus of research is the identification of the onset of accelerated change. Applications include the identification of the onset of accelerated decline in preclinical dementia, in the proximity of death and in aging-related decline. Change point models can be technically complex and their application not straightforward when features of the process are not standard. In this symposium we will present an overview of change point modeling approaches that have been employed in the cognitive aging literature, present applications, discuss potential limitations of current approaches and present directions for future study designs to prospectively identify the onset of accelerated decline. Muniz-Terrera will present an overview of the modeling approaches previously considered in ageing research, discuss estimation techniques and extensions of standard model formulations to account for non standard features of the processes modeled. Thordvaldsson will present an application of change point models to identify the onset of terminal decline and the association of biomarkers and demographic factors with decline of several cognitive abilities from participants of a Swedish study of ageing. Hall will demonstrate how model conclusions can be affected by left truncation, misclassification of exposure and/or outcome, and informative missing data comparing results from two change point models fitted to memory scores of participants of the Einstein Ageing Study. Rast will present results from simulation studies that will inform those planning future data collections about study designs features that need consideration for the prospective identification of change points.

OVERVIEW OF CHANGE POINT MODELS IN COGNITIVE AGING RESEARCH

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Change point models have been extensively used in ageing research to identify the onset of accelerated aging-related decline, preclinical dementia and terminal decline. Most applications modeled change as following a piece-wise linear trajectory and regarded the change point as fixed effect (i.e. common to all individuals) using profile likelihood estimation. Using Bayesian estimation, others have regarded the change point as a random effect. Extensions to standard formulations of change point models include smooth change point models that assume a period of smooth transition between two linear stages, models that account for ceiling effects, and mixture models to account for the possibility of censored change points. Most mixture models identified groups of individuals with similar trajectories: a linear trajectory for those with censored change points and a random change point trajectory for those who experienced accelerated change. In this presentation, an overview of previously considered modeling approaches is presented and their limitations discussed.
ACCOUNTING FOR INDIVIDUAL DIFFERENCES IN COGNITIVE TERMINAL DECLINE IN VERY OLD AGE

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Individual cognitive changes in old and very old age are often identified as non-linear and accelerated decline with an onset of several years prior to death. This end-of-life or terminal decline period is nowadays verified in many longitudinal aging studies. The present study was designed to examine the role of contributing and determining factors of observed individual differences in terminal decline trajectories and rates of change prior to death. We fitted terminal decline change-point models with random coefficients to data from several cognitive measurements drawn from a representative Swedish sample of individuals age 80 and older. Preliminary findings indicate that the terminal decline process is mediated by vascular factors and biomarkers and moderated by demographic factors, such as education. Our study addresses questions about the underlying mechanisms for cognitive terminal decline as well as methodological challenges in capturing individual trajectories.

MEASUREMENT AND DESIGN CONSIDERATIONS FOR ESTIMATING INDIVIDUAL CHANGE-POINTS: A SIMULATION STUDY BASED ON PREVIOUS FINDINGS

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In cognitive development change-points typically indicate that an individual is no longer performing at their peak or that change is accelerating relative to a previous period. Most research on aging individuals has applied the profile likelihood approach, regarding the change point as an average effect, with few exceptions. In this simulation study, we estimate power and evaluate study design factors that influence the estimation and statistical significance of random “individual” change points (i.e., time to inflection point from within-person intercept; e.g., dementia diagnosis) with particular emphasis on minimizing participant assessments and burden. Data from published analyses of change-points provide a basis to inform simulation parameters. Results from this simulation find that more frequent measurement is required to detect individual change-points that are typically obtained and provide a basis to determine necessary and optimal characteristics for longitudinal study design for the prospective detection of individual change-points.

THE USE OF CHANGE POINT MODELS TO COMPARE TRAJECTORIES OF COGNITIVE CHANGE

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Many studies of cognition in the elderly have used change point models to describe trajectories of change over time. Proper interpretation of results from such models must take into account the underlying population(s), the quality of the measurements, how the reference time point is defined, and the goal of the analyses, and should not focus only on the change point estimate. Model conclusions can be affected by left truncation, misclassification of exposure and/or outcome, and informative missing data. We demonstrate many of these issues by comparing change point models of scores on the Wechsler Logical Memory Test (WLMT) to similar models of scores on the Free and Cued Selective Reminding Test (FCSRT) in the Einstein Aging Study; a naïve analysis might erroneously conclude that the WLMT is superior as a measure of memory decline compared to the FCSRT. We conclude by discussing challenges for future methodological development.

SESSION 2185 (SYMPOSIUM)

FUNCTIONAL CONSEQUENCES OF AGE-RELATED HEARING LOSS FOR OLDER ADULTS

Chair: F.R. Lin, Otolaryngology-Head & Neck Surgery, Johns Hopkins, Baltimore, Maryland
Co-Chair: K.J. Anstey, Australian National University, Canberra, Australian Capital Territory, Australia
Discussant: K.J. Anstey, Australian National University, Canberra, Australian Capital Territory, Australia

The potential functional consequences of age-related hearing loss for older adults are beginning to surface in epidemiologic studies demonstrating independent associations of hearing with cognitive and physical functioning. These associations may be mediated through effects of hearing loss on cognitive load and/or social isolation. Alternatively, a common pathologic cause could also underlie hearing and functioning in older adults. These pathways are not mutually exclusive, and multiple pathways could likely co-exist and contribute to functional impairments. Importantly, the hypothesized mechanistic pathways of cognitive load and social isolation are intriguing because they suggest that hearing rehabilitative treatments could potentially help mitigate cognitive and physical functional declines in older adults. The public health impact of investigating these associations is substantial given that hearing loss is prevalent in nearly two-thirds of adults over 70 years and fewer than 20% use a hearing aid. In this symposium, we will present recent epidemiologic studies that have investigated the association of hearing loss with cognitive and physical functioning, and we will discuss the practical and research implications of these findings for geriatrics and gerontology.

DUAL SENSORY LOSS AND DEPRESSION: THE IMPORTANCE OF HEARING LOSS, ADLS AND SOCIAL ENGAGEMENT

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This study identifies mediating factors that explain the longitudinal associations between Dual Sensory Loss (DSL) and depressive symptoms (CESD). Hearing Loss (HL) was defined by pure-tone average greater than 25dB in the better ear. Vision Loss was defined by corrected visual acuity greater than 0.3 logMAR in the better eye, blindness or glaucoma. Multivariate adjusted linear-mixed models analyzed 16-years of longitudinal data (n=1242). Higher levels of depressive symptoms were associated with HL (β=1.16, p<.01) and DSL (β=2.15, p<.01) but not visual impairment (p=.84). Greater rates of change in depressive symptoms were also evident after the onset of HL (β=0.16, p<.01) and DSL (β=0.30, p<.01). Difficulties with ADLs and social engagement mediated associations between sensory loss and depression. Our findings indicate that vision loss alone has little effect on depression, but does accentuate the effects of hearing loss. This association can largely be attributed to disability and reduced opportunities for meaningful participation in social activities.

ASSOCIATION OF HEARING LOSS AND MORTALITY IN OLDER ADULTS


Hearing loss is prevalent in two-thirds of adults aged 70 years or older. Whether audiometric hearing loss (≥25 dB loss) constitutes a...
.marker of aging or an independent risk factor for mortality is unknown. In 1,984 biracial adults aged 74-83 years participating in the Health ABC study, after adjustment for demographic and cardiovascular risk factors, those with hearing loss had a 24% increased risk of mortality (HR: 1.24, 95% CI: 1.06–1.46) compared to normal hearing individuals. This association was attenuated after adjustment for gait speed (HR: 1.13, 95% CI: 0.97–1.33) and cognitive functioning (HR: 1.09, 95% CI: 0.93–1.28). Hearing loss in older adults is independently associated with mortality, and this association may be mediated through markers of aging like gait speed and cognitive function. Further research is needed to elucidate the basis of this association and whether these pathways are amenable to hearing rehabilitative therapies.

ASSOCIATION OF HEARING LOSS WITH PHYSICAL FUNCTIONAL DECLINE IN OLDER ADULTS

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Whether hearing loss is independently associated with declines in the physical functioning of older adults is unknown. We studied 1985 older adults (mean age 77.9 years) followed in the Health ABC study. Hearing was measured at baseline (Year 5) with pure tone audiometry, and physical functioning was measured with the Short Physical Performance Battery (SPPB) in Years 6, 10, and 11. Mixed-effects regression models were adjusted for demographic and cardiovascular risk factors. Individuals with hearing loss had accelerated decline on the composite SPPB score (-0.40 points/year; 95% CI -0.49 to -0.30; P < .01) compared to individuals with normal hearing (-0.27 points/year; 95% CI -0.34 to -0.20). Further studies are needed to investigate the mechanistic basis of this association and whether hearing rehabilitative therapies could affect declines in physical functioning.

LINKING HEARING AND COGNITION VIA PARTICIPATION IN COMMUNICATION ACTIVITIES

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There is evidence that 1. hearing loss is associated with incident dementia, 2. hearing loss reduces communication functioning and increases risk for social isolation, and 3. engagement in leisure activities is related to cognitive decline. This trio of findings is consistent with the hypothesis that diminished participation in social activities could mediate the association between hearing loss and incident dementia. Measures of hearing and cognition will be examined in relation to self-reported participation in common leisure activities and use of various communication technologies (e.g., phone, television, radio, internet). For those with hearing loss, differences depending on whether hearing aids are used or not will be considered. Datasets will include a sample of about 300 older adults who volunteered for lab-based research on aging, as well as larger datasets drawn from the Swedish Betula Project and the preliminary results from the Canadian Longitudinal Study of Aging.

SESSION 2190 (SYMPOSIUM)

PHYSIOLOGICAL ADAPTATION TO BED REST AND ABILITY TO RECOVER: A MODEL OF RESILIENCY IN AGING

Chair: M. Heer, Nutritional Sciences, Profil, Neuss, Germany Co-Chair: L. Ferrucci, NIH/NIA, Bethesda, Maryland Discussant: L. Ferrucci, NIH/NIA, Bethesda, Maryland

Few people go through their life without ever being admitted to a hospital. The risk of hospitalization increases substantially with aging. Hospitalized patients substantially limit their mobility, either because of constraints of hospital environment or because forced to bed rest. Studies have shown that even short period of bed rest and reduced mobility have strong effects on human physiology, which span across multiple physiological systems including the neuromuscular, energetic, metabolic and cognitive domains. Studies have shown that even after prolonged bed-rest, younger people tend to recover their health and functional status rather soon after discharge, while in older persons the recovery is slow and often incomplete. There is also limited evidence that the speed of recovery can be affected by lifestyle, i.e. mechanical loading, nutrient supply and other factors. It has been suggested that the cumulative effect of incomplete health recovery episodes after bed rest may lead to accelerated aging. The premise of this symposium is that studying the effects of bed rest on multiple physiological systems and recovery after bed rest offers new opportunities to understand reduced functional reserve and impaired resiliency associated with aging. To address this topic, this symposium will be focusing on physiological systems that are directly affected by aging and also potentially influenced by bed rest, including the musculoskeletal system and body composition, neurodegeneration, energy metabolism and changes in the endocrine and immune system. The discussion will be aimed at identifying new methods to improve health recovery after hospitalization.

CHANGES IN ENERGY AND SUBSTRATE METABOLISM DURING LONG-TERM BED REST

D.A. Schoeller, University of Wisconsin-Madison, Madison, Wisconsin

The study of human aging is often performed using cross-sectional or longitudinal trials. Both are valuable, but both have their limitations. Best rest offers an alternative model that mimics some of the changes in aging, while allowing pre- and post-analysis in the same individual. Bed rest mimics an alteration in the direction of body composition change with muscle loss and fat-mass gain. Bed rest introduces rapid decreases in physical activity, total energy expenditure, and energy requirements. Accompanying these changes are increases in insulin resistance and changes in energy substrate utilization. Underlying these changes are increases in sympathetic nervous system activity and hormone levels and rhythms that often mimic the age related differences. The use of bed rest model, offers the potential to study these changes in the same individual and thus avoid interindividual differences related to genetics and prior lifestyle. In addition, the bed rest model allows controlled exercise and nutritional interventions.

METABOLIC AND FUNCTIONAL CONSEQUENCES OF 10 DAYS OF BED REST IN OLDER PEOPLE

W.J. Evans, 1. Muscle Metabolism Discovery Unit, GlaxoSmithKline, Research Triangle Park, North Carolina, 2. Duke University, Durham, North Carolina

Inactivity results in loss of skeletal muscle mass, strength, and quality. Bedrest has been used as a model of extreme inactivity and mechanical unloading in a large number of studies of young and middle-aged subjects to simulate exposure to microgravity. However, elderly people are much more likely to be hospitalized than at young people with
Older adults have the highest suicide rates in the United States. A key element of suicide prevention is the identification of “points of engagement” to interact with potential victims: that is, settings where individuals at high-risk of self-harm can be identified and actions can be taken to reduce suicide risk (e.g., limiting access to lethal means, providing psychiatric care, engaging social networks). This symposium will focus on two potentially important points of engagement for efforts to reduce suicide risk (e.g., limiting access to lethal means, and efforts to reduce suicide risk in these settings). Speakers in this symposium represent a broad range of disciplines and include health practitioners, social workers, and public health researchers. The intended audience for this symposium includes providers, health administrators, and researchers interested in understanding risk and protective factors for suicidal behavior in later life, with a focus on identifying opportunities for prevention.

**SUICIDE RISK AMONG OLDER ADULTS: IDENTIFYING POINTS OF ENGAGEMENT**

Chair: B. Mezuk, Family Medicine & Population Health, Virginia Commonwealth University School of Medicine, Richmond, Virginia, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Older adults have among the highest suicide rates in the United States. Ten days of complete bedrest, in a group well functioning older men and women, resulted in a loss of almost 1 kg of muscle from the legs, a 27% decrease in the rate of muscle protein synthesis, 15% loss in VO2peak, and hepatic and peripheral insulin resistance. After the bed rest overall levels of physical activity were substantially reduced (> 1 hr of inactivity more than pre-bed rest). These data demonstrate that older people respond to inactivity with an exaggerated loss of muscle and function.

M. Heer. 1. Nutritional Sciences, Profil, Neuss, Germany, 2. Department of Nutrition and Food Sciences, University of Bonn, Bonn, Germany.

The musculoskeletal system is one of the systems most affected by inactivity such as bed rest. Even in young, healthy people, reduced mechanical loading leads to significant bone losses as early as the first month of bed rest. Increased osteoclast activity, detected by measuring biochemical markers for bone turnover, is observed as early as the second day of bed rest. Aside from physical activity, a successful way of counteracting muscle mass loss and strength is to administer large amounts of dietary protein, but—because of concomitant greater amounts of sulfur-containing amino acids—this exacerbates the bone-resorbing effects, most likely because of low-grade metabolic acidosis. This effect on bone might even be exacerbated in older people because they may have a reduced capacity for proton excretion. Combining high protein intake with an alkaline diet or with alkaline salt supplementation can counteract the processes that lead to increased bone resorption.

**SESSION 2195 (SYMPOSIUM)**

**SUICIDE RISK AMONG OLDER ADULTS: IDENTIFYING POINTS OF ENGAGEMENT**

Chair: B. Mezuk, Family Medicine & Population Health, Virginia Commonwealth University School of Medicine, Richmond, Virginia, Institute for Social Research, University of Michigan, Ann Arbor, Michigan

Older adults have among the highest suicide rates in the United States. Ten days of complete bedrest, in a group well functioning older men and women, resulted in a loss of almost 1 kg of muscle from the legs, a 27% decrease in the rate of muscle protein synthesis, 15% loss in VO2peak, and hepatic and peripheral insulin resistance. After the bed rest overall levels of physical activity were substantially reduced (> 1 hr of inactivity more than pre-bed rest). These data demonstrate that older people respond to inactivity with an exaggerated loss of muscle and function.

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The musculoskeletal system is one of the systems most affected by inactivity such as bed rest. Even in young, healthy people, reduced mechanical loading leads to significant bone losses as early as the first month of bed rest. Increased osteoclast activity, detected by measuring biochemical markers for bone turnover, is observed as early as the second day of bed rest. Aside from physical activity, a successful way of counteracting muscle mass loss and strength is to administer large amounts of dietary protein, but—because of concomitant greater amounts of sulfur-containing amino acids—this exacerbates the bone-resorbing effects, most likely because of low-grade metabolic acidosis. This effect on bone might even be exacerbated in older people because they may have a reduced capacity for proton excretion. Combining high protein intake with an alkaline diet or with alkaline salt supplementation can counteract the processes that lead to increased bone resorption.

Older adults have the highest suicide rate in the nation, however little is known about the epidemiology of suicide risk in senior living communities (e.g., assisted living (AL) facilities, nursing homes (NH)). These communities may be associated with decreased suicide risk (due to limited access to lethal means, presence of similarly-aged peers) or increased risk (due to the selection of individuals with mental and physical health problems into these facilities, or to characteristics of the facilities themselves). This study used data from the Virginia Violent Death Reporting System (2003 – 2010), matched to license records of AL and NH, to characterize suicide risk in these settings. Of 2963 suicides among adults aged 50+ over this period, 29 occurred among senior living community residents (10 in ALs, 19 in NHs). This talk will discuss the individual and organizational characteristics of these suicide decedents in order to inform prevention strategies in these communities.

**SUICIDE RISK ASSESSMENT FOR GERIATRIC MENTAL HEALTH POPULATIONS IN PRIMARY CARE SETTINGS**

J.E. Malphurs, 1. Mental Health, Miami VA Medical Center, Miami, Florida, 2. Miller School of Medicine University of Miami, Miami, Florida

Older adults are at high risk for suicidal ideation and completed suicide due to high rates of depressive symptoms, increased life stressors, isolation, and multiple medical co-morbidities. Veterans are especially at risk of suicide. A recent Department of Veterans Affairs memorandum outlined an additional significant risk to older veterans recently discharged from Community Living Centers (CLC). The Geriatric Medicine and Mental Health Services of the Miami VA Healthcare System have worked collaboratively to implement a screening protocol for suicidal ideation in older adult at-risk populations, measure outcomes related to the use of screening protocol, and educate providers about increased risk for suicidal behaviors in this population. The integration of a RN mental health science specialist (MHSS) into the geriatric primary care and geriatric specialty clinics will serve as a link between the patient and provider and allow same-time intervention for older veterans at risk for suicidal behaviors.

**RESEARCH AND PRACTICE PRIORITIES FOR SUICIDE PREVENTION IN LATER LIFE**

J. Evans, Geriatrics Research Branch, NIMH, Bethesda, Maryland

The National Action Alliance for Suicide Prevention is a public-private partnership tasked with advancing the National Strategy for Suicide Prevention. The National Strategy calls for developing a research plan capable of generating the kind of knowledge needed to protect vulnerable individuals from suicide behavior. A Research Prioritization Task Force (RTF), started in 2010, is in the process of developing a National Research Agenda aimed at identifying research pathways to
reduce morbidity and mortality by at least 20% in 5 years and 40% or greater in 10 years, if fully implemented. A key step in this process is identifying settings where individuals at risk can be identified and helped, and testing the most promising approaches to preventing suicide attempts and deaths. An overview of the Aspirational Goals developed for the RTF will be reviewed that include research pathways recommended to reduce the burden of suicide among older adults.

SESSION 2200 (SYMPOSIUM)

THE FOUNDATION FOR THE NIH (FNHI) SARCOPENIA PROJECT: DATA-DRIVEN DEFINITION OF WEAKNESS

AND LOW LEAN MASS IN INDIVIDUALS WITH CLINICALLY RELEVANT SLOWNESS OF GAIT

Chair: T.B. Harris, IRP, NIA, Bethesda, Maryland

Co-Chair: S. Studenski, University of Pittsburgh, Pittsburgh, Pennsylvania

Discussant: S. Studenski, University of Pittsburgh, Pittsburgh, Pennsylvania

Background: Low muscle mass and weakness are common and disabling in aging but for recognition as a clinical condition such as sarcopenia, criteria for diagnosis should be based on clinically relevant thresholds and independently validated. Methods: The FNHI Sarcopenia Project used nine studies of community dwelling older persons: Age, Gene/Environment Susceptibility—Reykjavik Study (AGES-Reykjavik), Boston Puerto Rican Health Study (BPRHS), six clinical trials (RCT), Framingham Heart Study (FHS), Health, Aging, and Body Composition (HABC,) Invecchiare in Chianti (InChianti), Osteoporotic Fractures in Men Study (MrOS), Rancho Bernardo Study (RBS), and Study of Osteoporotic Fractures (SOF). Results: The pooled baseline sample included 26,625 participants (11,427 men, mean age 75.2 + 6.1 years and 15,198 women, mean age 78.6 + 5.9 years). Men had greater appendicular and leg lean mass and grip strength, walked faster and took less time to complete 5 chair stands. Approximately 5% of men and 10% of women were unable to rise from a chair without use of arms. Among participants with gait speed measurements, 10% of men and 31% of women had a gait speed of <0.8 m/s. Conclusions: The presentations include development of the definition using gait speed, grip strength, and lean mass measurements, gathering feedback on an interim definition, and the final definition, including application to longitudinal data and comparability with other working definitions. This symposium will give an excellent overview of current studies with data on sarcopenia, methods to develop new working definitions, the new FNHI working definition, and further issues to be explored.

LONGITUDINAL ASSOCIATION OF FNHI SARCOPENIA CRITERIA AND INCIDENT MOBILITY IMPAIRMENT AND MORTALITY


Methods: In pooled data (4,411 men, 1,869 women) from 6 cohort studies, risk for incident mobility impairment, defined as walking speed <8 m/s after 3 years, and mortality over 10 years was tested with the FNHI Sarcopenia criteria. Results: For both men and women, low grip strength, either alone or divided by BMI, was consistently associated with increased risk of incident mobility impairment (odds ratios 1.96-3.70). Low ALM divided by BMI, but not ALM alone, was associated with increased risk of mobility impairment (odds ratios 1.7-1.79). Weakness, regardless of low lean mass, increased the risk of incident mobility impairment. Mortality risk patterns were inconsistent. Conclusions: FNHI criteria for weakness and low lean mass standardized to BMI predict future mobility impairment. Since being weak is associated with mobility impairment, with or without low lean mass, future research should determine if increasing strength among persons with low mass improves strength and mobility.

CUT-POINTS FOR LOW APPENDICULAR LEAN MASS THAT IDENTIFY OLDER ADULTS WITH CLINICALLY SIGNIFICANT WEAKNESS


Methods: In pooled cross-sectional data (7582 men, 3688 women), sex-specific classification and regression tree (CART) analysis was used for cutoffs of appendicular lean body mass (ALM) that best discriminated presence or absence of weakness. Results: CART models identified cutoffs for low ALM (ALM < 19.75 kg in men; <15.02 kg in women). Sensitivity analyses using ALM standardized to body mass index (BMI) (ALMBMI) identified a secondary definition. (ALMBMI < 0.789 in men; ALMBMI < 0.512 in women.) Those with lowALM by the primary definition [men, OR: 6.9 (95% CI: 5.4, 8.9); women, OR: 3.6 (95% CI: 2.9, 4.3)] or secondary definition [OR: men: 4.3 (95% CI: 3.4, 5.5); women, OR: 2.2 (95% CI: 1.8, 2.8)] were more likely to be weak compared to those with higher lean mass, after accounting for age and study. Conclusions: Appendicular lean mass cutoffs identified older individuals in whom low lean mass increased the likelihood of weakness.

AN EVIDENCE-BASED COMPARISON OF CANDIDATE CRITERIA FOR THE PRESENCE OF SARCOPENIA


Background: Consensus on the operational criteria for the diagnosis of sarcopenia is needed. Methods: The FNHI Sarcopenia Project used data on gait speed, grip strength, appendicular lean mass (ALM), and body mass index to create criteria; these operational criteria were compared with existing consensus definitions. Results: Except for the Baumgartner definition based on low lean mass alone (ALM<20%), the prevalence of sarcopenia and agreement rates were higher in women than in men. Prevalence varied significantly between criteria; the lowest prevalence was with the FNHI criteria (1.3% men and 2.3% women). The positive percent agreements between the FNHI criteria and other criteria were low, ranging from 4-32% in men and 6-19% in women. However, the negative percent agreement were high, all well above 95%. Conclusions: The data-based cutoffs from the FNHI Sarcopenia Project did not have high agreement with other operational definitions. Reasons for discrepancy will be discussed.
CUT-POINTS IN GRIP STRENGTH FOR THE CLINICAL DEFINITION OF SLOWNESS WITH WEAKNESS


Methods: In pooled, cross-sectional data (9897 men, 10950 women), classification and regression tree (CART) analysis was used to derive cutpoints for grip strength based on presence or absence of clinically significant slowness of .8 m/s. Results: Among men, grip strength between 26kg and 33kg was classified as “intermediate” and <26kg as “weak”; 11% of men were intermediate and 5% were weak. Among women, grip strength between 16kg and 20kg was classified as “intermediate” and <16kg as “weak”; 25% of women were intermediate and 18% were weak. These cutpoints were associated with mobility impairment across subgroups based on age, body mass index, height, and disease status; body mass index influenced the association between strength and slow walking in women only. Conclusions: Cutpoints for weakness derived from this large sample identified those at high mobility impairment risk. Body mass index may influence the association between strength and slow walking in women.

BUILDING A TOOLKIT FOR IMPROVING BEHAVIORAL HEALTH IN NURSING HOMES: EDUCATION & LEADERSHIP


The goal of the education and leadership sub-group was to conduct a search to identify nursing education sources on existing non-pharmacological approaches to behavioral management in dementia care. We conducted a search of the websites of relevant long-term care, health care professional organizations, and leadership programs in LTC to identify education sources for review and incorporation in the toolkit for long-term care (LTC). A total of thirty-six different organizations’ websites were searched for educational materials for nursing staff on non-pharmacological interventions, the reduction of antipsychotic medication use in NHs, and general dementia care education when it included either of the above. From these sites, a total of thirty-five educational products were found, reviewed and if appropriate, were included on the products list. In this presentation we will discuss the available products, the varying resource types with highlights or barriers to use of specific programs, and challenges encountered in the process.

ASSESSING BEHAVIORAL HEALTH: A REVIEW OF MEASURES

L.N. Gitlin1, K.A. Marx1, K. Van Haitsma2, B.R. Hansen3, A.M. Kolanski3, 1. Center for Innovative Care in Aging, Johns Hopkins University, Baltimore, Maryland, 2. Polisher Research Institute, North Wales, Pennsylvania, 3. Hartford Center of Geriatric Nursing Excellence School of Nursing Penn State, University Park, Pennsylvania

Assessing behavioral symptoms is essential for management. To help clinicians and researchers understand measurement options, we conducted a comprehensive search of published tools (1980 to present). Search terms included: neuropsychiatric measures (neuropsychological tests, neuropsychological measures, dementia, Alzheimer’s disease, behavior, delusions, hallucinations, agitation, aggression, depression, anxiety, eating, euphoria, apathy, disinhibition, irritability, motor disturbance, sleep, vocalizations). The search yielded 2,233 related articles with an additional 27 identified from references. From these 45 behavioral symptom measures for people with dementia were identified. Most measures (n=15) covered varied symptoms; specific assessments were found for apathy, depression, and agitation. No specific measures exist for euphoria, hallucinations, irritability apart from aggression or anxiety, and motor and verbal disturbances. Clinicians and researchers have varied measures to choose from. Choice of measurement depends upon setting, specific behaviors and method of ascertainment. Assessing behavioral symptoms using reliable and valid measures is possible and should be part of routine care.

NON-PHARMACOLOGICAL INTERVENTIONS TO REDUCE AGITATION IN PERSONS WITH DEMENTIA: CONSIDERATIONS FOR FEASIBILITY AND FUTURE RESEARCH


Music therapy, exercise, recreational activities and social interaction encompass the variety of non-pharmacologic approaches that have been used to reduce agitation in persons with dementia who reside in long-term facilities. This working group evaluated efficacy and feasibility of various non-pharmacologic interventions for long-term care residents with dementia. Feasibility was defined as the overall resources
required to successfully implement the intervention including: staff training, staff time, the need for specialized environments or equipment, changes in regulations, and resident/family time requirements. Efficacy was evaluated using findings from meta-analyses and systematic reviews. While the efficacy of some non-pharmacologic interventions has strong empirical support, there are considerable feasibility limitations which may hinder practice change. Future work should emphasize the potential translatability of interventions into practice. Study designs that allow for assessment of singular impact of intervention components (i.e. social contact/music) and individualization are needed.

TOOLS TO INTEGRATE NONPHARMACOLOGIC TREATMENT OF BEHAVIORAL MANIFESTATIONS OF DISTRESS IN RESIDENTS WITH DEMENTIA


Guided by complexity science, the system integration work group identified best practices related to the implementation, evaluation, and sustainability of systemic approaches that support safe and effective alternatives to antipsychotic use for behavioral symptoms of distress experienced by nursing home residents with dementia. Through an iterative approach that included a review of the literature and national websites, consultation with national experts, and committee discussions, a tool kit was created that addresses the social – ecological factors that influence the resident’s well-being. The system integration toolkit is comprised of the following components: 1) baseline and ongoing appraisal of the social and physical environment; 2) educational methodology to support resident, family and staff interpersonal communication and relationships; 3) project management tools to support evidence-based, individualized clinical interventions; and 4) performance improvement measures, tool, and initiatives that support an organizational culture of resident/family-centered care.

SESSION 2210 (SYMPOSIUM)

MAXIMIZING DATA MANAGEMENT SYSTEMS TO CAPTURE EDUCATIONAL PROGRAM PERFORMANCE: THREE MODELS OF QUALITATIVE AND QUANTITATIVE DATA

Chair: C.B. Clarke, University of North Carolina School of Medicine Center for Aging and Health/Carolina Geriatric Education Center, Chapel Hill, North Carolina
Co-Chair: P. Swager, University of Nevada School of Medicine Nevada Geriatric Center, Reno, Nevada

The nature of geriatrics education is to involve multiple disciplines and professionals in a team-care approach. In order to measure the broad-reaching outcomes of geriatrics education, mixed-methods evaluation strategies incorporating both quantitative and qualitative data are often used. In fact, when HRSA-funded Geriatric Education Centers (GECs) were queried, all reported that they are collecting several levels of data (patients, stakeholders and educators) and using surveys as well as qualitative techniques such as key-informant interviewing and/or focus groups. A workgroup of seven Geriatric Education Centers have come together to compare and contrast several data management strategies for holding mixed-methods data. Many GECs use a system called GEC Tracker for their quantitative data reporting, others use online data repositories like RedCap and still others have built homegrown data systems. This symposium will formally review each approach including cost, efficiency, effectiveness and feasibility of implementation. There will be an opportunity for questions, discussion regarding new, innovative approaches, and special topics of interest.

A LOOK AT THE QUALITATIVE AND QUANTITATIVE DATA MANAGEMENT PROCESS OF THE NEVADA GEC

P. Swager, Nevada Geriatric Education Center, University of Nevada School of Medicine, Reno, Nevada

The Nevada Geriatric Education Center (GEC) uses GEC tracker and Excel spreadsheet to manage our data. GEC Tracker allows us to capture demographic data, prepare sign-in sheets and certificates for individual programs, and prepare aggregate data reports to meet HRSA requirements. We use a retrospective self-assessment to capture qualitative data on knowledge, skill, ability and/or attitude. This data is entered in an Excel spreadsheet and summarized for reports. We will explain what modifications we made to the GEC tracker and to our data collection instruments to address the objectives of data collection for the Nevada GEC. GEC tracker and Excel are inexpensive, however, they also have limitations which we will discuss. We will share data collection instruments and how components of our data collection process could be adapted for others to use.

MAXIMIZING DATA MANAGEMENT PROCESSES: A HOMEGROWN MODEL TO CAPTURE EDUCATIONAL PROGRAM PERFORMANCE

S. Tertiary, NovaSoutheastern University, FL, Florida

The purpose of this session is to discuss the strengths and limitations of a homegrown method of data collection and datamangement system at NovaSoutheastern University, Great GEC. The great GEC is affiliated with 14 different disciplines and provides care and services in various domains to older adults 55 and above. In past, tracking and managing qualitative and quantitative training data from various GEC affiliated disciplines has been time consuming. Training data was collected mostly through paper based surveys. To problem solve our data management needs and capture information in a timely and organized manner, NOVA GEC evaluation team has initiated an effort to digitalize the surveys to ease participant and presenter data collection. The presentation will address 1) detailed information on data collection procedures both paper based and online 2) Ongoing challenges in data collection and datamangement processes 3) Missing data and under-reporting and 4) Cost, efficiency, effectiveness and feasibility of implementation.

UTILITY OF REDCAP AS A DATA MANAGEMENT TOOL FOR HRSA PERFORMANCE REPORTING

M.G. Owens, C.L. Goole, J.H. Mathews, Virginia Geriatric Education Center, Virginia Center on Aging, Virginia Commonwealth University, Richmond, Virginia

Annual performance reporting is an integral component of the Virginia Geriatric Education Center’s (VGEC) cooperative agreement with the Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. This requirement drives the need for data management. The VGEC chose Research Electronic Data Capture (REDCap) to store and produce reporting metrics because it is highly intuitive, web-based, and accessible from any location. Importantly, the data export feature includes SAS, Stata, R, and SPSS import syntax complete with variable and value labels. This presentation will highlight how REDCap is being used by one GEC to satisfy performance reporting requirements. Created in 2004 by Vanderbilt University, currently there are 565 member institutions in the REDCap Consortium. Twenty-nine GECs reside at institutions that are consortium members. It is not known how many GECs know about and use REDCap to capture and generate metrics for HRSA reporting.

GERIATRIC EDUCATION CENTER UTILIZATION OF “TRACKER” DATA MANAGEMENT SYSTEM

D. Miller-Martinez, R. Price, Z.S. Tan, University of California, Los Angeles, Los Angeles, California

The Geriatric Education Centers (GEC) are funded by the U.S. Department of Health and Human Services, Health Resources and Serv-
services Administration, to offer training for health professions faculty, practitioners, and trainees to enhance the quality and availability of health care for older adults. GECs are required to submit annual reports on demographic and evaluation data describing both trainees and programs (registration, number of attendees, disciplines, location, etc.). As data management is a core function of all GECs there is variance in how GECs collect, manage, analyze and report program level data. During this session, the California GEC will present a model for utilizing the Geriatric Education Center “Tracker” System to manage and analyze quantitative program data to meet federal reporting requirements. This session will demonstrate and discuss the benefits and challenges to using the “tracker” system and discuss opportunities for using the model in conjunction with other data management systems.

SESSION 2215 (SYMPOSIUM)

STRENGTHENING THE GERIATRIC HEALTHCARE WORKFORCE: OPPORTUNITIES FOR INTERVENTION
Chair: K. Boerner, Jewish Home Lifecare/Mount Sinai School of Medicine, New York, New York
Discussant: C.A. Rodat, Paraprofessional Healthcare Institute, Bronx, New York

Due to the general trend in population aging that shows a breathtaking acceleration of the average life expectancy and related growth of the elderly population, addressing geriatric healthcare needs becomes an increasingly vital issue. Yet, the current geriatric workforce faces major barriers in meeting these needs, including insufficient number of trained professionals entering the field, insufficient training and support mechanisms for staff, and high turnover rates in particular among front-line staff. The purpose of this symposium is to explore opportunities for interventions that could contribute to strengthening the geriatric healthcare workforce. The first two presentations do so by identifying and giving voice to challenges that front-line staff experiences. The presentation by Sandra Butler and Noell Rowan focuses on ethical issues and insufficient training experienced by home care workers in their work context. Kathrin Boerner and Steven Mock address training and support of direct care workers in the context of patients’ end-of-life phase and death. The third and fourth presentations take the next step of implementing and evaluating training opportunities. Abraham Brody presents evaluation results of a geriatric training program for homecare nurses aimed at improving symptom assessment and management. Next, Edward Cisek and colleagues report on a dementia-specific training program for direct care workers that seeks to enhance staff members’ ability to work effectively with clients who have dementia. Finally, Carol Rodat will discuss insights from and implications of the presented work for delivery and quality of geriatric healthcare, as well as for healthcare workforce and policy issues.

ETHICAL ISSUES FACING HOME CARE WORKERS
S. Butler1, N. Rowan2, 1. Social Work, University of Maine, Orono, Maine, 2. University of Louisville, Louisville, Kentucky

The need for home care workers is growing faster than there are workers to fill the positions. Many factors (e.g., low pay, inconsistent hours) contribute to high turnover. The longitudinal, mixed-method Maine Home Care Worker Retention Study tracked the employment status of 261 workers over 18 months; this paper examines the job experiences of the 171 workers who did not leave their jobs. On average, study participants reported high rates of job satisfaction (3.4 out of 4.0) and empowerment (4.0 out of 5.0), and low rates of burnout (1.8 out of 7.0), but also described in telephone interviews challenges and ethical issues they faced in their work. For example, 63 (38.4%) spoke of crossing professional boundaries in relationships with clients, 60 (36.5%) reported never receiving performance evaluations and 31 (18.4%) stated they did not feel adequately trained. Potential interventions to ameliorate these conditions, and thus increase retention, will be discussed.

DIRECT CARE WORKERS’ EXPERIENCES WITH PATIENT DEATH: TRAINING AND SUPPORT NEEDS
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 examined what kind of training or support regarding patient death and dying direct care workers received or wished for. Participants were 140 certified nursing assistants and 80 home care workers, who lost a patient in their care about two months before. Data collection involved comprehensive semi-structured in-person interviews. Findings revealed that lack of training and support to help staff deal with patients’ end-of-life phase and death was common: 53% reported no training at all; and reported instances of “some training” included minimal exposure such as informal learning from observation. Few staff members reported turning to their supervisor or coworkers for support before (13%) and after the patient’s death (17%), but those who did seek support usually found it very helpful. Having received some training was significantly associated with less burnout, and perceived support availability at work was associated with greater job satisfaction, less burnout, and greater job commitment.

IMPROVING GERIATRIC SYMPTOM ASSESSMENT AND MANAGEMENT IN HOME HEALTHCARE THROUGH TRAINING AND MENTORSHIP
A. Brody, 1. NYU College of Nursing, New York, New York, 2. James J Peters Bronx VA GRECC, Bronx, New York

Despite the fact that over two-thirds of home healthcare patients are 65 and older, little focus has been placed on ensuring home healthcare nurses are adequately trained to care for older adults. One area of great significance where further geriatric specific knowledge is necessary is symptom management. This pilot study focused on examining the potential of an easily accessible online modular training program in pain and depression, along with an effective communication module for ensuring appropriate follow-up with primary care providers. These three modules, in conjunction with mentorship and agency policy changes, were administered to a random sample of 10 home healthcare nurses at a single urban home healthcare agency. Results of a pre/post survey showed that knowledge and attitudes improved significantly amongst those receiving the intervention, versus not at all in the control group. Future projects should look at examining patient outcomes and a wider array of geriatric issues.

A DEMENTIA TRAINING PROGRAM FOR DIRECT CARE WORKERS
E. Cisek, M. Kudish, N.L. Hendley, A. Berti, Alzheimer’s Association, New York City Chapter, New York, New York

A 7-session, 50-hour training is offered to enhance direct care workers’ (e.g., home attendants, personal care aides, and certified nursing assistants) ability to work effectively with persons with dementia (PWD). The curriculum includes: stages of dementia, communication with a PWD, understanding and dealing with challenging behaviors, a care-assistance technique, active engagement, and tips for self-care. Evaluation of the program revealed an increase in trainees’ (n=59) knowledge and skill use from session 1 to session 7. In a separate evaluation, trainees (n=18) at one month post-training reported a greater improvement in behavior of the PWD and greater interest in continuing their current job as compared to wait-list controls (n=16). The training content and evaluation results are discussed in the context of the current need for dementia-specific training for direct care workers.
SESSION 2220 (SYMPOSIUM)

THE VILLAGE MODEL: A UNIQUE ORGANIZATIONAL APPROACH TO FOSTERING AGING IN PLACE?
Chair: A.J. Lehning, School of Social Work, University of Michigan, Ann Arbor, Michigan
Discussant: J. Pyneos, University of Southern California, Los Angeles, California

In recent years, a number of innovative community-based initiatives have developed to help older adults age in place. One initiative that has received a great deal of attention is the Village Model, a grassroots community-based approach created in 2001 by a group of older adults living in the Beacon Hill neighborhood of Boston. While this model has spread rapidly to communities across the United States, there remains confusion about the core features of Villages and how these features may contribute to their sustainability and effectiveness. This symposium presents data from a 2012 survey of 69 Villages, representing 86% of Villages operational at that time, which provides the first national snapshot of the implementation of the Village model. The first paper distinguishes Villages from Naturally Occurring Retirement Community programs (NORC programs), another community initiative to promote aging in place. The second paper discusses the evolution of the Village model, particularly in terms of its emergence as a reformist social movement and its increasingly routinized organizational structure. The third paper examines variations from the Village model, using the survey data to develop a typology of Villages that can inform ways to adapt the Village model to diverse settings. The fourth paper looks at indicators of organizational structure and resources that could promote Villages’ sustainability. Each paper discusses implications for research, policy, and practice.

UNDERSTANDING COMMUNITY APPROACHES TO AGING IN PLACE: VILLAGES IN COMPARISON TO NORC PROGRAMS
E.A. Greenfield1, J.K. Davitt1, I. Rutgers, The State University of NJ, New Brunswick, New Jersey, 2. University of Maryland, Baltimore, Baltimore, Maryland

To enhance our understanding of whether Villages occupy a unique organizational space in the universe of community-based initiatives for aging in place, this paper presents a comparative analysis based on national survey data from 69 Villages and 62 NORC programs. Informed by a multidimensional policy/program analysis framework, the study presents the first in-depth examination of how Villages have been implemented nationally, including benefits, beneficiaries, delivery strategies, and financing. Key differences between Villages and NORC programs were found in all areas. Village members were more likely than NORC program participants to be younger, less functionally impaired, more economically secure, and to reside in higher socioeconomic communities. Villages were less likely to offer traditional health and social services, relied more on volunteers including older members, and depended more on member dues. These differences suggest challenges and opportunities for the Village model’s inclusivity, sustainability, expansion, and effectiveness with implications for aging-in-place initiatives broadly.

EVOLUTION OF THE VILLAGE MODEL: THE ROUTINIZATION OF A GRASSROOTS ORGANIZATION
C. Graham, School of Public Health, UC Berkeley, Berkeley, California

The Village movement is reformist in nature, emphasizing independence in old age from family and from mainstream aging network services. Villages seek to replace normative services and informal supports with member-to-member support and community building. Using Weberian theory, we argue Villages are charismatic organizations that are driven by a reformist mission, relatively unbound by rules or regulations, and ripe for innovation. But they also exhibit the instability and uncertainty that accompanies charismatic authority. Using data from a 2012 national survey of Villages, we describe the charismatic nature of Villages and some nascent signs of routinization. Using the Hospice Movement as an example, we predict that the inevitable push for more certainty and efficiency will result in increased routinization of Villages over time. We discuss the different possible paths toward routinization and the consequences of these paths, including increased sustainability but more constrained behavior, both in terms of services and innovation.

VARIATIONS OF THE VILLAGE MODEL: AN EMERGING TYPOLOGY
A.J. Lehning, School of Social Work, University of Michigan, Ann Arbor, Michigan

Villages have been described as: 1) grassroots, 2) self-governing, 3) self-supporting, and 4) membership driven organizations that 5) coordinate access to services, 6) offer vetted discounted providers, and 7) directly provide select services, including transportation, grocery shopping, exercise classes, and lectures. This paper explores variations from this ideal Village type, and presents an emerging typology of Villages based on organizational attributes such as governance (freestanding vs. part of a larger organization), staffing (any paid staff vs. volunteer-based), and method of service delivery (offering services directly vs. making referrals to outside providers). This paper also examines differences between Village types in terms of the populations and communities served, and discusses how variations from the model may promote the inclusion of a more diverse older adult population. The paper concludes with implications for future growth and sustainability of the Village model, particularly in terms of adapting the ideal type to local needs.

HOW SUSTAINABLE IS THE VILLAGE MODEL?
A.E. Scharlach, Social Welfare, University of California, Berkeley, California

This paper examines factors associated with the growth and sustainability of Villages, which as relatively new organizations face major challenges in terms of their survival. Using data from a 2012 national survey of Villages, this study examined factors associated with 1) year-over-year membership growth, and 2) confidence regarding the organization’s ten-year survival. Village one-year membership change, ranging from -63% to +350%, was associated significantly with organizational age, number of paid staff, member volunteerism, and the importance of external affiliations. Confidence in ten-year sustainability, ranging from 10% to 100%, was associated significantly with number of paid staff, financial assets, and community member involvement. Implications for the short-term and longer-term sustainability of grassroots community-based initiatives are discussed, with particular attention to the potential roles of organizational structure, internal fiscal and social resources, and external fiscal and social resources.

SESSION 2225 (SYMPOSIUM)

INTERGENERATIONAL RELATIONSHIPS AND IMPLICATIONS FOR OLDER ADULTS’ WELL-BEING IN ASIA
Chair: Z. Cong, Texas Tech University, Lubbock, Texas
Discussant: M. Silverstein, Syracuse University, Syracuse, New York

This session focuses on intergenerational relationships and their implications for older adults’ well-being in Asia. The session includes 3 empirical research papers with data from Philippines, Japan, and China and 1 review paper. These three empirical research papers are all based on longitudinal studies with large sample size. The review paper reviewed 46 recent empirical studies with a minimum sample size of 400 in People’s Republic of China, Hong Kong, Chinese Taipei, Japan, Singapore, and South Korea. Chen et al. used...
2002, 2005, and 2007 waves of the data from a mother and child cohort study of the Cebu Longitudinal Health and Nutrition Study (CLHNS) to examine the relationship between family transitions and women’s health in Philippines. Takagi pooled two or three-year interval observations from five waves of data in the Nihon University Longitudinal Study of Aging (NUJLSOA) collected between 1999 and 2009 (n=8783) to investigate socio-demographical and familial conditions in which Japanese older adults change their plan to rely on children in later years. Cong & Silverstein used vignette design with a three-wave longitudinal study in Anhui Province, China, with data collected in 2001, 2003, and 2006 (n=1067) to study how parents’ gender, children’s gender, as well as previous intergenerational exchanges affect parents’ beliefs in older adults’ obligations to take care of grandchildren. Lou & Nan reviewed 46 empirical studies in regard to intergenerational support and psychological well-being of older adults in five Eastern Asian countries/communities: The People’s Republic of China, Hong Kong, Chinese Taipei, Japan, Singapore, and South Korea.

FAMILY TRANSITIONS AND THE HEALTH OF FILIPINO WOMEN
F. Chen1, L. Bao1, J. Borja3, S. Gutiano3, B.D. Capistrant2, R. Shattuck1, I. Dept. of Sociology, University of Maryland, College Park, Maryland, 2. University of North Carolina, Chapel Hill, North Carolina, 3. University of San Carlos, Cebu, Philippines

While it is known that marital dissolution/transition affects individuals’ physical and psychological health, we know very little of the health consequences of the transition in and out of the extended family. While such change in living arrangements is different in nature from marital transitions, it also constitutes a dramatic reconfiguration of family relationships and a shift in family environment, which could consequently affect health. The study is set in metro Cebu, Philippines, a transitional society where the intergenerational ties are traditionally strong, but family nuclearization is under way. We use data from a mother and child cohort study of the Cebu Longitudinal Health and Nutrition Study (CLHNS, 2002, 2005, 2007). We examine the relationship between family transitions and women’s health. We define family transitions broadly, which include changes in marital status, transition from extended to nuclear family (or vice versa), and addition of new family members (e.g., grandchildren). We hypothesize that different types of family transition have unique health implications, as they influence various mechanisms that operate to influence health, including those that are psychosocial, behavioral, and socioeconomic.

LONGITUDINAL ANALYSIS OF JAPANESE OLDER ADULTS’ PLAN TO RELY ON CHILDREN
E. Takagi1, Y. Saito1, 1. Health Science, Towson University, Towson, Maryland, 2. Nihon University, Tokyo, Japan

We investigated socio-demographic and familial conditions in which Japanese older adults change their plan to rely on children in later years. Our analysis used pooled two or three-year interval observations from five waves of data in the Nihon University Longitudinal Study of Aging (NUJLSOA) collected between 1999 and 2009 (n=8783). At the beginning of the study intervals, 47% of the sample reported that they did not plan to rely on children, however, 23% of those changed their plan at the end of the interval. Among 53% of the original sample who initially planned to rely on children, 22% of them changed their plan in the end. Separate logistic analyses showed older adults’ educational level, rural residency, living arrangement, and membership of community organizations as significant factors. Results are discussed with consideration of Japan’s national context where the traditional culture of intergenerational support in later life continues to change.

ADULTS’ PLAN TO RELY ON CHILDREN
LONGITUDINAL ANALYSIS OF JAPANESE OLDER

This paper used vignette design to examine factors that affect parents’ beliefs in older adults’ obligations to take care of grandchildren when adult children have the pressure to migrate from rural areas to urban areas to increase their income. The data was from a three-wave longitudinal study (2001, 2003, and 2006) in Anhui Province, China. The sample included 1067 respondents. Multinomial logistic regression was used to predict elders’ belief in the vignette older parent’s obligations to take care of grandchildren. We found that the gender of the vignette older parent and the vignette adult child who needs help did not predict the believed obligations; but respondents’ (older parents’) own characteristics including their marital status, education, health, and income are important predictors. This shows the obligations to help adult children with childcare responsibilities is more contextual to older parents’ ability to provide care instead of adult children’s characteristics in rural China.

SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-BEING OF OLDER ADULTS IN EASTERN ASIA: A REVIEW AND REFLECTION
V. Lou1,2, N. Lu2,1, 1. Department of Social Work & Social Administration, The University of Hong Kong, Hong Kong, Hong Kong, 2. Sau Po Centre on Ageing, The University of Hong Kong, Hong Kong, Hong Kong

Objective: This study aimed to review and reflect themes in regard to intergenerational support and psychological well-being of older adults in five Eastern Asian countries/communities: The People’s Republic of China, Hong Kong, Chinese Taipei, Japan, Singapore, and South Korea. Method: 46 empirical studies were identified by searching six electronic databases on empirical studies published in English between January 2000 and August 2012 with a minimum sample size of 400. Findings: Among the 46 studies reviewed, only around one-fourth provided theoretical definitions of intergenerational support and eight studies included structural, functional, and appraisal dimensions of support. Only six studies included indigenous concepts and measures such as filial piety and adherence to traditional norms. The role of social support on psychological well-being was inconclusive. Conclusion: Studies on social support and psychological well-being among older adults in the Eastern Asian context should focus on both cultural-free and cultural-specific measures.

SESSION 2230 (SYMPOSIUM)
MARITAL RELATIONSHIPS IN AN EXTENDED FAMILY CONTEXT
Chair: J.E. Stokes, Sociology, Boston College, Chestnut Hill, Massachusetts
Discussant: M. Silverstein, Maxwell School of Citizenship and Public Affairs of Syracuse University, Syracuse, New York

Family members and relationships co-exist in a multigenerational family environment. However, research has focused on the parent-child dyad, often overlooking how marriage plays into intergenerational family settings. This symposium addresses this deficiency by approaching marital relationships in the context of the extended, multigenerational family. Together, these presentations situate the marital relationship firmly within the extended family, addressing both marriage’s effects on family relationships and the influence family relationships can have on marriages. Suitor, Gilligan, Johnson, and Pillemer analyze the effects of adult children’s problems on their mothers’ marriages. Scherz and Alaniz examine racial and ethnic differences in relationships with mothers- and fathers-in-law. Mair addresses the impact of marital status, geographic distance, and familialism on support to older parents. Stokes investigates the influence of parent-child relationship quality and gender on...
ADULT CHILDREN’S PROBLEMS AND OLDER PARENTS’ MARITAL QUALITY
J.J. Suijter1, M. Gilligan1, K. Johnson1, K. Pillemer2, 1. Sociology, Purdue University, West Lafayette, Indiana, 2. Cornell University, Ithaca, New York

The consequences of adult children’s problems on their parents’ psychological well-being has been documented in both the middle and later years. However, the effect of such problems on parents’ marital quality has been given substantially less attention, particularly in the later years. In the present paper we use data collected from 269 married mothers ages 65-75 to explore the role of adult children’s problems on mothers’ reports of marital closeness and tension. Multivariate analyses revealed that children’s psychological problems in adulthood, regardless of the timing of these problems, were associated with higher levels of marital tension, but did not predict marital closeness. In contrast, children’s problems with the law did not predict either marital closeness or tension, but did not predict marital quality.

RACE AND ETHNIC VARIATIONS IN INTERGENERATIONAL IN-LAW RELATIONSHIPS
J. Sechrist, Y. Alaniz, Sociology, University of Texas-Pan American, Edinburg, Texas

Family researchers have shown that regardless of race or ethnicity intergenerational relations tend to be close, but many find that minority families appear to have slightly closer ties than White families. Most of this literature deals with the parent-adult child relationship, and little attention has been paid to how race and ethnicity shape relationships between children and parents-in-law. Using data from paired spousal dyads from the National Survey of Families and Households, we explore race and ethnic variation in the relationships between adult children and their parents-in-law and how familialistic values influence race/ethnic differences. Our initial bivariate analyses reveal that Black and Hispanic respondents report higher levels of closeness with both mothers- and fathers-in-law than Whites. Multivariate analyses with structural and cultural factors revealed closer relationships with mothers-in-law for Black (p<.000) and a trend toward closer relationships with fathers-in-law for Hispanic respondents (p=.090) (White respondents the comparison).

EXPLORING SUPPORT TO OLDER PARENTS: MARITAL STATUS, GEOGRAPHIC DISTANCE, AND FAMILISM
C.A. Mair, Dept. of Sociology and Anthropology, University of Maryland, Baltimore County, Baltimore, Maryland

Previous studies examine the relationship between older parents’ marital status and the amount of emotional, practical, and financial social support received from adult children. However, additional untested factors may also affect social support to older parents, such as children’s marital status, geographic distance, and familialistic values. Using the Longitudinal Study of Generations (Wave 8, 2004), this study explores how marital status of parent and child generations, intergenerational geographic distance, and beliefs in familialism predict support to older parents. Controlling for within-family shared variation, the results reveal that parents who are divorced/separated, widowed, familialistic, and have children nearby receive more support from children. Further, familialism and geographic distance moderate the relationship between parent and child marital status and support received by parents. The results of this study contribute to research examining how family marital statuses shape older adults’ support options and highlight the contextualizing role of geographic distance and cultural familialism.

CHANGE IN MARRITAL SATISFACTION FOLLOWING THE DEATH OF A PARENT IN ADULTHOOD
J.E. Stokes, Sociology, Boston College, Chestnut Hill, Massachusetts

The death of a parent in adulthood is the single most common bereavement experience in the West, yet it has received little research attention. Using data from married and cohabiting adults who experienced the death of a parent (N = 316) drawn from the Longitudinal Study of Generations (LSOG), I examine how pre-loss relationship quality with a deceased parent influences adult children’s marital satisfaction over time. I also test whether gender of the parent and child influences that association. Three-level random effects models reveal that high pre-loss relationship quality with a deceased parent is related to improved post-loss marital satisfaction only for sons who lose mothers. This analysis extends and modifies the theory of role context, and underscores the complex role of gender in shaping family relationships. Results suggest that sons who lose mothers are particularly vulnerable relationally and may be especially sensitive to perceived support from their wives.

SESSION 2235 (SYMPOSIUM)

SOCIAL NETWORKS AND HEALTH: LONGITUDINAL AND INTERNATIONAL PERSPECTIVES
Discussant: T. van Tilburg, VU University of Amsterdam, Amsterdam, Netherlands

The influence of social integration on health has been well documented, but fewer studies have explored the bi-directional relationship of social relationships and health among older adults. This symposium presents four longitudinal studies, which shed light on the subtle, but powerful changes among social relationships and health over time. First, a socioecentric study explores changes over two years in the networks of residents in a dementia special care unit and assisted living neighborhood. Ties lost and gained are explored along with changes in health characteristics. Second, data from the Korean Longitudinal Study of Aging are presented to investigate the dynamic associations between health conditions and social networks among older Koreans. Latent Class Analysis is employed to identify network types, and multinomial logistic regressions are used to examine the effects of health conditions on transitions in social network types of 3,501 older respondents. Third, qualitative data collected over three years using grounded theory methods are presented to explore variations in network types across eight assisted living facilities in metropolitan Atlanta. In-depth interviews with residents and providers along with observations were performed to identify changes in residents’ social networks over time. Fourth, data from two waves of the Social Relations, Aging and Health Study examines how functional health limitations are related to changes in the structure and quality of older adults’ relationships among 262 respondents age 50 and older not limited by their health at baseline. Implications for future research and interventions tailored to maintain and support older adult networks are discussed.
CHANGES IN SOCIAL RELATIONSHIPS OVER TIME AMONG OLDER ADULTS IN ASSISTED LIVING AND DEMENTIA SPECIAL CARE

The aim of this study was to conduct a sociocentric social network study of older adults living in one neighborhood of an assisted living (AL) facility and in a dementia special care unit (S-SCU). Face to face interviews were conducted with residents at baseline (N=22) and again one year later. In both environments, ties were primarily lost due to deaths, declines in health, and moves from the facility. On average, AL residents lost four ties, added 1.4 ties and kept 2 ties. In the D-SCU, residents lost an average of 2 ties and gained 2 ties while keeping less than one tie (.33). Findings show that AL and D-SCU residents experience a great deal of change in their social relationships with other residents, even though their overall social network size remains similar over time. Implications and potential interventions to address social embeddedness among AL and D-SCU residents are discussed.

LINKS BETWEEN HEALTH AND SOCIAL NETWORK TYPES AMONG KOREAN OLDER ADULTS
S. Park, B. Kim, N.J. Webster, university of michigan, Ann Arbor, Michigan

This study investigates the dynamic association between health and social network typologies among older Koreans. Data are from the 2006 and 2008 waves of the Korean Longitudinal Study of Aging, including respondents age 65 and older (N = 3,501). Latent Class Analysis was used to identify network types, and multinomial logistic regression was conducted to examine health effects on transitions in social network types. Four social network type transitions were identified including: Remain Restricted, Remain Non Restricted, Become Restricted, and Become Restricted. Older adults who at baseline reported poorer functional health status, self-rated health, cognitive health, and more depressive symptoms were more likely to be Remain Restricted or Become Restricted. Age and gender was found to moderate the association between health and changes in social network type. Findings highlight how health problems can lead to social isolation in old age, and how age can further accelerate the process.

SOCIAL NETWORK TYPES IN ASSISTED LIVING: EXPLORING SIMILARITIES AND DIFFERENCES ACROSS FACILITIES
M.M. Perkins1,2, M.M. Ball1, C.L. Kemp3, 1. Division of General and Geriatric Medicine, Emory University School of Medicine, Atlanta, Georgia, 2. Birmingham/Atlanta Geriatric Research, Education and Clinical Center, Atlanta VA Medical Center, Atlanta, Georgia, 3. Gerontology Institute, Georgia State University, Atlanta, Georgia

The association between social network types and various aspects of health in later life is well-documented; older adults embedded in larger diverse networks tend to have better health outcomes compared to those in more restricted networks. Building on our previous findings, this study uses qualitative data from a three-year NIA-funded mixed methods project (1R01 AG030486-01) and grounded theory methods to explore variations in network types (diverse, community-oriented, family-focused/restricted, and resident-focused/restricted) we have identified across eight assisted living facilities in metropolitan Atlanta. Data derive from 3,590 hours of observation, in-depth interviews with 51 residents and 32 providers, and open-ended survey questions from 190 residents. In addition to variations in facility culture, we identify “relational boundaries” (social, spatial, temporal, and symbolic) at the individual, facility, and community level that shape residents’ social networks over time. Findings have implications for interventions to maximize residents’ capacity for meaningful relationships and improve overall well-being.

THE INFLUENCE OF HEALTH LIMITATIONS ON CHANGES IN OLDER ADULTS’ SOCIAL RELATIONSHIPS
N.J. Webster1, H. Fuller-Iglesias2, T.C. Antonucci1, 1. Institute for Social Research, University of Michigan, Ann Arbor, Michigan, 2. North Dakota State University, Fargo, North Dakota

The influence of social relationships on health is well-documented; however, few studies have examined health’s longitudinal impact on relationships. This study examines how functional health limitations are related to changes in the structure and quality of older adults’ relationships. Data are from two waves (1992; 2005) of the Social Relations, Aging and Health Study, a regionally representative sample of the Detroit Metropolitan area. Respondents include those age 50 and older who report no health limitations at Wave 1 (N=262). Health limitations at Wave 2 were associated with a decrease in spouse/partner positive relationship quality. The impact of health limitations on network contact frequency was moderated by socio-economic status (SES). Among respondents with more education, health limitations were associated with declining contact frequency, whereas among those with less education there was no association. Findings highlight how later-life health transitions can alter social interactions and the role of SES in this process.

SESSION 2240 (SYMPOSIUM)

UNEXPECTED CONSEQUENCES OF EARLY-LIFE TRAUMA ON LATE-LIFE WELL-BEING
Chair: M. Aydin, Center for Health Policy Research, U.C.L.A, Los Angeles, California
Discussant: E. Kahana, Case Western Reserve University, Cleveland, Ohio

The complex interaction between trauma and the normative aging process is poorly understood. Only recently has the gerontological literature considered the importance of early life experiences, such as childhood adversity, in explaining late-life well-being through tested paradigms and theory. Equally challenging is the design of research methods that appropriately measure and explain outcomes in old age which may be linked to current age-related processes and/or traumatic events occurring long ago. This symposium brings together several papers that discuss the unexpected impact of early-life trauma exposure on older adults, and highlights the limitations in current research for measuring this relationship. The first paper by Spiro and Davison provides a conceptual framework under LATR, a notion developed by the authors, for explaining responses resulting from late-life trauma reengagement. The next paper by Greenberg and Scalamiti discusses the vicarious transmission of traumatic experiences from survivors to care providers, and reports on how professional staff training can mitigate the negative effects of these shared memories. S. Stellman then uses the World Trade Center Registry to report on differences in current health status and help-seeking behaviors of older adults as a function of work roles and experiences during the 9/11 event. Similarly, J. Stellman and colleagues present evidence for the buffering impact of military service on well-being among older female career veterans who served in Vietnam. Kahana, a leading expert on the topic, will then bridge these papers into a discussion of how early trauma can serve as an explanatory factor in observed age-related phenomenon.
A psychiatric consultation service was developed to offer specialized training for the staff of community agencies providing services for aging Holocaust survivors. Monthly meetings with case-based sessions were staffed by a geriatric psychiatrist and social worker. Vicarious traumatization, a complex psychological reaction in providers caused by the sharing of traumatic memories with patients, was one of the most commonly presented issues. Vicarious traumatization may lead to changes in the psychological, physical, or spiritual well-being of the provider, to staff burnout, and impact the quality of service delivery. Training tools were offered to staff in developing treatment strategies to meet this challenge. During the past year, 49 providers attended such training sessions. Participant evaluations revealed the most useful tools shared in the workshop to be: methods for setting realistic goals, improving self-awareness and self-care, and creating professional support systems. Most attendees requested ongoing training and supervision.

**CAREER MILITARY SERVICE, FAMILY STRUCTURE AND WELL-BEING AMONG AGING WOMEN OF THE VIETNAM WAR**


Female Vietnam military veterans and deployed civilians reported on wartime experiences, family history, past and current physical and psychological health in a cross-sectional survey approximately 25 years after their warzone service. Forty-seven percent of veterans, 79% of career veterans (20+ years) and 32% of civilians were unmarried and childless. Unmarried childless career military women (UCCs) reported poorer current physical health (SF-36 PCS, age-adjusted), but significantly better mental health (SF-36 MCS, age-adjusted) than married civilian women with children (MCWCs). Marital/childbearing status was a small though significant predictor of better mental health for UCCs (β = 10), adjusted for warzone work stress (β = 26) and age (β = 11, all p<.05). Although personal traits and self-selection into the military may explain these results, findings suggest that the career military environment, even with past exposure to stressful war conditions, is associated with better mental wellbeing for aging women with non-traditional family structures.

**COMPARATIVE IMPACT OF 9/11 ON OLDER RESIDENTS AND WORKERS IN THE WORLD TRADE CENTER HEALTH REGISTRY**


Baseline data for the World Trade Center Health Registry, collected in 2003-4, with a second wave in 2006-7, were used to compare 2,297 persons 60+ to 33,259, ages 18-59, in three subpopulations: rescue/recovery workers (RRWs), area workers (AWs) and residents. Older RRWs reported less new onset asthma (OR: 0.38) and PTSD (OR: 0.29) and better mental and physical health and health-related function, as did older AWs (asthma OR: 0.66; PTSD OR: 0.70). In older versus younger residents, asthma and PTSD did not significantly differ, but older residents reported poorer usual functioning (OR 2.23) and were half as likely to seek professional help for PTSD. Results show different responses among older enrollees. Both older worker subpopulations appear to exhibit a classic healthy worker effect. Older and younger residents have similar risks for PTSD and asthma. Older residents appear more vulnerable for dysfunction and are less likely to seek mental health help.

**FROM LOSS TO LATR: REEVALUATING THE IMPACT OF EARLY-LIFE TRAUMA IN LATER LIFE**

A. Spiro2,3, E.H. Davison1,2, 1. MAVERIC/NAS, VA Boston, Boston, Massachusetts, 2. Boston University, Boston, Massachusetts, 3. VA Boston Healthcare System, Boston, Massachusetts

About a decade ago we and our colleagues proposed the notion of late-onset stress symptomatology (LOSS), to characterize the emergence of symptoms related to early-life trauma among aging combat veterans. We hypothesized that losses that occur with aging (roles, family members, physical and cognitive function) might lead to increased reminiscence or distress among some who previously dealt successfully with these events. Using focus groups, we identified related themes, developed a measure to assess LOSS, and conducted several studies of its causes and consequences. More recently, we re-examined our ideas, and have re-labeled LOSS to better reflect our growing understanding; we now refer to it as later adulthood trauma reengagement (LATR). This paper discusses the link between LATR to classic gerontological perspectives including life review and meaning-making, and further distinguishes it from delayed-onset PTSD. We also consider whether psychoeducation might enhance positive outcomes for those re-engaging with their memories.
AGE-RELATED CHANGES IN THE CIRCADIAN SYSTEM
K. Rakshit, Zoology, Oregon State University, Corvallis, Oregon

Circadian rhythms are 24h cycles in biochemical, physiological, and behavioral processes that maintain temporal homeostasis. These rhythms are generated by biological clocks which consist of dedicated sets of genes and proteins organized into 24h feedback cycles, remarkably conserved from bacteria to humans. Recent evidence suggests bidirectional relationships between circadian rhythms and aging. While disruption of circadian rhythms accelerates aging and may reduce lifespan, output rhythms of sleep/wake and hormone cycling are also dampened during aging. Loss of temporal coordination is one of the early symptoms of several human diseases including Alzheimer’s and cancer. In this presentation, we investigated age-related changes in clock genes and proteins in different fruit fly tissues and report that daily oscillations of four core clock genes are severely dampened in head tissues of middle-aged and old flies. Breakdown of the clock network suggests the possible dysregulation of several clock-controlled downstream processes with age.

ASSOCIATIONS AMONG EMOTIONAL REACTIVITY TO DAILY STRESSORS AND THE DIURNAL RHYTHM OF CORTISOL
R.S. Stawski1, K.E. Cichy2, D. Almeida1, 1. University of Michigan, Ann Arbor, Michigan, 2. Kent State University, Kent, Ohio.

Psychobiological perspectives on stress posit that affective, biological and cardiovascular reactions to stressors may drive the effects of stress on health (e.g., Cacioppo, 1998). While cortisol levels increase in response to laboratory-based and naturally-occurring daily stressors, less is known regarding whether individual differences in emotional reactivity to daily stressors predict the diurnal rhythm of cortisol. Midlife and older adults (N=1,694, ages 33-84) from the second wave of the National Study of Daily Experiences completed eight nightly telephone interviews reporting on their stressors, and positive and negative reactivity to daily stressors predict the diurnal rhythm of cortisol. Midlife and older adults (N=1,694, ages 33-84) from the second wave of the National Study of Daily Experiences completed eight nightly interviews reporting on their stressors, and positive and negative affect. Participants also provided four saliva samples per day for four days. Preliminary results indicate that participants exhibiting particularly high levels of negative emotional reactivity to daily stressors also exhibited a flatter diurnal cortisol slope (p<.01). Additionally, emotional reactivity appeared to have the most potent effects on cortisol between ages 50 and 64, possibly reflecting a period of vulnerability during midlife.

DEVELOPING A THEORETICAL MODEL TO INTEGRATE CIRCADIAN AND EMOTIONAL PROCESSES OF AGING
S. Mejia, J.L. Davidson, L. Lien, R. Nath, N. Thomas, K. Rakshit, P. Allen, School of Social and Behavioral Health Sciences, Oregon State University, Corvallis, Oregon

While research has shown that the majority of age-related physiological changes are deleterious, emotion regulation appears to improve or remain stable well into later life, with the exception of returning to homeostasis following a stressor. Following an extensive interdisciplinary literature review, we have developed a model that connects aging, emotion regulation, circadian rhythms, and hormone processes. Our model will help researchers examine how circadian and hormonal changes affect not only the daily regulation of positive and negative affect, but also the capacity of a person to re-establish an emotional allostatic. Through an understanding of the circadian rhythms of emotion, researchers will be able to explore connections between age-related dampening of the circadian mechanisms at the molecular level and the transactional regulation of hormones and emotion. Our model demonstrates the importance of examining how the lived experience, or environment, mediates the relationship between hormonal changes and emotion regulation.
However, it can be challenging to demonstrate the utility of such findings, and/or translate them to ‘policy-ready’ language. Drawing from a UK-study of care organisation culture and quality, we present and discuss issues in the dialogue between qualitative research and policy-making. Case studies of 11 care settings identified seven elements interacting to produce positive care cultures. Our findings, that positive care culture co-existed with authentic relationships and shared values and purpose, are necessarily contextualised and varied and may not immediately translate into policy directives (e.g. quality measurement). However, the use of stakeholder consultations of the findings helped shape key recommendations for policy, revealing that engaged approaches in research can offer both knowledge development and models for processes of care quality regulation. The CHOICE (Care Home Organisations Implementing Cultures of Excellence) project was funded by the Department of Health and Comic Relief through the PANICOA programme. The views expressed are not necessarily those of the funders.

OLDER ADULTS IN PRISON AND THEIR FAMILIES: QUALITATIVE RESEARCH AS THE IMPETUS FOR POLICY ACTION
T.M. Maschi, J.R. Smith, Graduate School of Social Service, Fordham University, New York, New Jersey

Evidence suggests that older adults in prison are a vulnerable population subject to institutional neglect and abuse (Maschi et al., 2012). However, there is a lack of knowledge about how policies and programming facilitate or oppress family relationships in this population. Given the relationship of family social support to positive outcomes, such as increased health and well-being and decreased recidivism, research in this area is important to pursue (Cullen, 2010). Using a critical theory perspective, this mixed methods study attempts to fill that gap by exploring what a sample of 200 older adults in a Northeastern prison report their experiences of correctional policies and social well-being with their family while in prison. The majority 70% reported no family contact with marital partners, children or grandchildren in the past three months. Using a constructivist ground theory approach to data analysis (Charmaz, 2010), older adults commonly commonly reported about the oppressive nature of correctional policies that resulted in their separation from family during critical family life transitions, such as the serious illness or death of a loved one, stress over the lack of being able to provide support for their family while in prison or post prison release. These findings suggest that qualitative findings that reveal oppressive conditions, especially related to policy should be followed with advocacy efforts. These advocacy efforts may include policy advocacy at the institutional, state, or federal level to reform family visitation policies and improve programming that facilitates connections among family members, especially at critical time points.

USING DATA TO INFORM POLICIES THAT IMPACT SCREENING FOR PSYCHOSOCIAL DISTRESS IN CANCER CARE
F.R. Nedjat-Haiem, 1. Veterans Affairs, Los Angeles, California, 2. School of Social Work, University of Southern California, Pacific Palisades, California

By 2015, a new policy will mandate that accredited cancer institutions implement a distress screening practice for all cancer patients. However, not all cancer patients experience distress and, in fact, some have higher levels and severity of psychosocial distress than others, as in palliative cancer patients facing the end of life. Implementation of a standard practice for everyone could place burden on systems of care for cancer institutions. This paper utilizes case studies from oncology social workers to demonstrate that some cancer patients have higher unmet needs than others and that a universal policy could negatively impact oncology social workers’ ability to provide care.

SESSION 2255 (SYMPOSIUM)

USING TECHNOLOGY TO SUPPORT COMMUNICATION WITH PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS
Chair: D. Shenk, Anthropology, UNC Charlotte, Charlotte, North Carolina
Co-Chair: B. Davis, UNC Charlotte, Charlotte, North Carolina

Initiating and maintaining communication with people with dementia is a crucial component in sustaining a positive personal identity and is a hallmark of person-centered care. This requires time, patience, and imagination. New developments in technology can enable a greater number of environments for talk, sustain the caregiver, and elicit engagement and response, even as the disease progresses. Five papers will report on: 1) findings from a pilot comparing personalized and generic video clips to elicit engagement and prompt a variety of conversational utterance types; 2) Web-based video conferencing to facilitate a support group for caregivers of people with dementia, growing out of work with the Indianapolis Discovery Network for Dementia and the Indiana Alzheimer Disease Center; 3) RERC-ACT, the nation’s first center to conduct research and development of assistive technologies for people with cognitive disabilities, will present current research with a special focus on interventions promoting communication for persons with cognitive impairments; 4) analysis of pilot data on how CIRCA-BC, a multimedia computer program developed for persons in British Columbia, can be viewed as an interactant in stimulating reminiscence-based conversation and facilitating topic management with persons with dementia and 5) preliminary findings from the EN-RICH (Enhancing Rural Interventions for Caregiver Health) pilot, a telephone-based CBT intervention for people with early-stage dementia and their family caregivers residing in rural/geographically isolated areas.

BEYOND REMINISCENCE: INCREASING ENGAGEMENT AND ELICITING A RANGE OF CONVERSATIONAL PHRASES

Video recordings, whether drawn from the Internet or home-made compilations from personal photos and home movies, have been found to be valuable for reminiscence therapy. However, they may have just as strong a value as conversation-starters that can lead to increased social engagement, which is a critical priority in dementia care. The study of engagement is a necessary foundation for the development of non-pharmacological interventions for persons with dementia. In our pilot study comparing personalized and generic recordings, we found that Generic video provokes greater range of language patterns than personalized; and offers just as many areas for developing conversation and narrative. Personalized video has a slight edge for preference in watching, but not by much. Volunteers, aides, and families can create and share inexpensive dvds and cds with multiple kinds of videos, confident that their creations can stimulate engagement.

MULTIPARTY VIDEO CONFERENCE SUPPORT GROUP FOR FAMILY CAREGIVERS
M.G. Austrom1,2, K. Hemmerlein1, S.M. McGuire1, S. Gao1, D. Clark1,3, C. Callahan1,2, 1. Psychiatry, Indiana University School of Medicine, Indianapolis, Indiana, 2. Indiana Alzheimer Disease Center; 3) RERC-ACT, the nation’s first center to conduct research and development of assistive technologies for people with cognitive disabilities, will present current research with a special focus on interventions promoting communication for persons with cognitive impairments; 4) analysis of pilot data on how CIRCA-BC, a multimedia computer program developed for persons in British Columbia, can be viewed as an interactant in stimulating reminiscence-based conversation and facilitating topic management with persons with dementia and 5) preliminary findings from the EN-RICH (Enhancing Rural Interventions for Caregiver Health) pilot, a telephone-based CBT intervention for people with early-stage dementia and their family caregivers residing in rural/geographically isolated areas.

Support groups have been shown to improve outcomes for family caregivers of persons with Alzheimer’s disease (AD by improving education, caregiver burden and depression). Despite the demonstrated effectiveness of support groups, their impact is limited by barriers to participation—e.g., the availability of reliable and affordable care for the care recipient, transportation and a local group. To overcome these
barriers, recent studies have explored the use of technology such as web-based education and support programs. Our Indiana University Roybal Center supported pilot study tested a weekly meeting schedule. Participants were very engaged and reported the emotional support, empathy and compassion from the group delivered conveniently in their homes were the best parts of the study. Four of 5 participants completed the 6-month pilot. The 4 caregivers who completed the pilot reported high satisfaction and showed improvements in anxiety and depression. Attendance was 80 out of 96 person sessions (83%).

THE REHABILITATION ENGINEERING RESEARCH CENTER ON COGNITIVE REHABILITATION (RERC-ACT): CURRENT RESEARCH

P.C. Heyn, C. Bodine, University of Colorado Anschutz Medical Campus, Aurora, Colorado

The RERC-ACT has the objective to increase assistive technology research by designing and evaluating engineering project developments and research methods to create new as well as improve existing assistive technology devices for individuals with cognitive disabilities. The RERC has the aim to contribute to the development and testing of assistive technology products to assist persons with cognitive disabilities to better perform daily tasks and activities at home, school, work, and in the community. Nine years ago, when NIDRR funded the nation’s first RERC focused on technology for persons with cognitive disabilities, this was a population that had largely gone unrecognized by allied health professionals, engineers and manufacturers—and certainly mainstream manufacturers. This paper will illustrated each RERC-ACT project (engineering developments and research) with a special focus on current research related to promoting communication for persons with cognitive impairments.

DYADS OR TRIADS? COMPUTERS IN CONVERSATIONS WITH PEOPLE WITH DEMENTIA

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New computer technology and increasing availability of digital archival material are supporting development of software programs for reminiscence-based conversations with people with dementia. While there is evidence for the accessibility and effectiveness of such programs for stimulating conversation, less is known about how people with dementia and their conversation partners use the technology to achieve this. This presentation draws on discourse analysis to describe the conversations of three dyads, each comprising a person with dementia and a care aide, as they interact with a touchscreen software program that includes photographs, video clips, and music from public archives. Findings highlight how features of the technology, such as randomized access to media and a focus for joint attention, create a role for the computer in the conversation, facilitating topic management by, for example, introducing novel topics or supporting topic maintenance. Implications for clinical intervention and further research are discussed.

FACILITATING FAMILY ADJUSTMENT TO A NEW DIAGNOSIS OF EARLY-STAGE ALZHEIMER’S DISEASE THROUGH A BRIEF, COGNITIVE-BEHAVIORALLY ORIENTED, TELEPHONE INTERVENTION

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This paper highlights findings from the ENRICH-AD (Enhancing Rural interventions for Alzheimer’s Disease Caregiver Health) pilot which was conducted at the Baylor College of Medicine Alzheimer’s Disease and Memory Disorders Center. ENRICH-AD is a brief, telephone-based, cognitive-behaviorally oriented, psychoeducational intervention for people with early-stage AD and their family members who reside in rural/geographically isolated areas. The content of the intervention, which consists of 6 sessions, was based on the expressed needs and treatment preferences of the target population and related more time intensive evidence-based practices. The overarching goal of ENRICH-AD was to develop a culturally relevant, cost-effective intervention for underserved people with AD and their family members at the earliest point after diagnosis in order to prevent or reduce the emotional, behavioral, and relational consequences of the disease. Findings suggest better adjustment after initial diagnosis as compared to a control group who received educational materials only.

SESSION 2260 (PAPER)

HEALTH AND TRAINING EFFECTS ON COGNITION

CHILDHOOD AVAILABILITY OF BOOKS PREDICTS LATER-LIFE COGNITIVE FUNCTION


Background. Cognitive function has been shown to be influenced by individual and social factors across the life course, such as social participation and occupational complexity. Few studies have investigated to which extent early cognitive stimulation may influence later-life cognitive function. We investigated whether the number of books available in the parental household predicts cognitive function and decline at older age. Method. Cognitive function (verbal fluency, immediate and delayed recall) of 10,818 respondents to the Survey of Health, Ageing and Retirement in Europe aged 50 and older was assessed in 2004/5, 2006/7, and 2010/11. Controlling for childhood socioeconomic status (SES) assessed by parental occupation and characteristics of the parental household, we examined the impact of books available at home at age 10 on cognitive function at older age using mixed (random) effects models with random intercept. Results. Controlling for childhood health, childhood SES, education, and school performance, the number of books available in the parental home was positively associated with overall cognitive function at ages 50 and older. There was no association with six-year overall cognitive decline, but this was due to contrasting patterns for different cognitive domains. Having fewer books at the parental household was associated with slower aging-related decline in verbal fluency, but significantly faster aging-related cognitive decline in immediate and delayed recall. Associations remained after controlling for later-life health and socioeconomic status. Discussion. Cognitive stimulation during childhood as measured by the number of books available in the parental household may prevent decline in memory function at older age.

NEURAL MECHANISMS OF AGING BRAIN PLASTICITY: STRENGTHENING COMPLEX THINKING THROUGH BRAIN TRAINING

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Evidence suggests that complex mental activity induces cognitive improvements as well as changes in brain function and structure in animals and young healthy adults. It is not clear to what extent the aging brain is able to exhibit such plasticity. This study builds on previous evidence of generalized cognitive gains after short-term complex mental training in healthy seniors. Using three MRI-based measurements, i.e. arterial spin labeling (ASL) MRI, functional connectivity (fcMRI), and...
diffusion tensor imaging (DTI), we examined training-induced brain changes at three time points pre-training (T1), mid-training (T2, 6 weeks), and end of training (T3, 12 weeks) in a randomized sample (n=37) who received strategy-based cognitive training versus a control group. We found significant training-related brain state changes at rest; specifically, (1) increases in global and regional CBF, particularly in the Default Mode Network (DMN) and the Central Executive Network (CEN), (2) greater connectivity in the these same networks, and (3) increased white matter integrity in the left uncinate fasciculus demonstrated by linear increase in fractional anisotropy. We also found improvements in cognition as well as significant CBF correlates of the cognitive gains. We propose that cognitive training enhances resting state neural activity and connectivity, increasing the blood supply to these regions via neurovascular coupling. These convergent results provide clear evidence that mechanisms of neural plasticity can be harnessed to reverse brain losses with strategy-based cognitive training in seniors.

**FINDINGS FROM A PILOT PROGRAM TO PROMOTE COGNITIVE HEALTH AMONG OLDER ADULTS**

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This study uses a single blind randomized controlled trial design to evaluate a multi-modal intervention to promote cognitive health among 119 older adults in the Chicagoland area. The intervention consists of three components: 1) an 8-week educational initiative to promote cognitive health through adoption of behaviors thought to be associated with reduced cognitive decline, AD, or MCI; 2) practice of memory training techniques; and 3) use of the Dakim BrainFitness system, an online cognitive training program. The primary purpose of this study is to examine the feasibility of the program among the targeted population and to provide preliminary data on the efficacy of the intervention that may serve as the basis for a larger study. Analysis employs a combination of bivariate and general linear models while controlling for potential confounders. Although the intervention group had greater increases than the control group in 5 of 6 “brain-healthy” behaviors, the differences were not significant. Course evaluations and participant and instructor focus groups suggest that such programs may prove more beneficial to older adults if they were shorter in time to completion, focused on fewer lifestyle factors more amenable to change, and had additional emphasis on supporting behavioral changes. Such findings may inform future design of interventions designed to reduce the risk of dementia among older adults.

**VASCULAR RISK FACTORS AND MILD COGNITIVE IMPAIRMENT AMONG AFRICAN AMERICANS**

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Vascular risk factors are associated with dementia. African-Americans have high rates of vascular risk factors and higher rates of dementia than Caucasians. Mild Cognitive Impairment (MCI), often a precursor to or dementia, may be under-represented in African-Americans coming in for general medical care. This pilot study examined cognition in African-Americans coming to see their primary care physicians, for reasons other than cognition. Neuropsychological assessments were given using a computerized tool and paper and pencil assessments. Vascular risk factors included high blood pressure, diabetes, high cholesterol, history of stroke and cigarette smoking. Preliminary results from 42 participants indicated that a large number of participants met criteria for MCI (43%, n=18) despite lack of cognitive complaints by the participants. This suggests under-recognized and untreated MCI in this group. An additional finding is that the majority of these participants have more than two vascular risk factors, most of which are incompletely controlled. Only two participants fit the criteria of having their vascular risk factors under control or to not have any vascular risk factors (i.e., control group). These findings suggest unrecognized MCI in these patients may contribute to their inability to follow medical advice resulting in insufficient compliance. Recognition of and accommodation to MCI could have a significant impact on the provision of medical care to these individuals resulting in improved control of vascular risk.

**SESSION 2265 (PAPER)**

**PHYSICAL ACTIVITY AND EXERCISE**

**SOUTHERN AFRICAN AMERICAN OLDER WOMEN’S PERSPECTIVES ON OBESITY AND PHYSICAL ACTIVITY**

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African American women are disproportionately classified as overweight or obese in comparison to their European American counterparts. As this population ages, obesity will progressively become a public health problem among southern African American older women. Age and culturally appropriate interventions are needed to address this growing problem. Exploration of the lived experiences of obesity and its impact on mobility/functional status among southern African American older women is needed to increase understanding of why this group does not engage in regular physical activity. The purposes of this qualitative phenomenological study were to examine: (1) the impact that being overweight and obese plays on the mobility/functional status of African American older women, and (2) what encourages these women to engage in regular physical activity. Using purposeful and snowball sampling, nine African American older women (65-82 years) were recruited from two predominately African American churches in Jefferson County, Alabama. Two face-to-face interviews were conducted for each participant. The data were collected and analyzed in accordance with Colaizzi’s seven-step method for phenomenological data analysis. The analysis revealed the following themes: maintenance of independence and mobility were equivalent to a good quality of life; the term exercise has a negative connotation; and therapeutic levels of age appropriate physical activity were unclear. Knowledge of these essential themes may assist healthcare providers in developing age and culturally appropriate interventions that could increase physical activity, reduce obesity, and preserve independence among this group.

**WHICH OLDER PEOPLE DECLINE PARTICIPATION IN A PRIMARY CARE TRIAL OF PHYSICAL ACTIVITY AND WHY? INSIGHTS FROM A MIXED METHODS APPROACH**

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Background: Intervention studies and trials of Physical activity (PA) with older people demonstrate low recruitment, yet little is known about non-participants. We compare participants and non-participants in a PA trial exploring reasons for non-participation. Methods: People aged 60-74 years old registered with three practices in Southern England were invited to participate in a nurse-supported pedometer-based walking intervention trial. Demographic characteristics of 310 participants, 147 non-participants and 526 non-responders were compared using practice records. Participants and non-participants completed questionnaires (including health status; PA levels): non-participants rated reasons for non-participation; 15 were purposively sampled and interviewed to explore their reasons further. Results: Trial recruitment was 32% (310/983). There were no significant differences between participants, non-participants and non-responders in age, gender or partnership sta-
At least two authors independently assessed the retrieved articles for the Dementia and Cognitive Improvement Group's Specialized Register.

OPTIMAL INCREASES IN PHYSICAL ACTIVITY THROUGH GOAL SETTING

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Caregivers of persons with dementia can be a highly stressed and burdened population. Physical activity (PA) is an effective health-promoting intervention due to the physical nature of caregiving as well as the effect of improvements on mental health, physical function and quality of life. Several theoretically-based physical activity (PA) interventions incorporate goal setting as a self-management tool to increase PA in older adults. The purpose of this paper is to determine to what extent goal setting quality and attainment increase PA in a sample of strained and sedentary family caregivers of persons with dementia (N=105). This was a randomized controlled trial of a telephone-based physical activity and caregiver skill-building intervention. PA goals were recorded and coded based on elements of the FITT principle (frequency, intensity, time, type). Across 20 intervention sessions, a total of 1,323 goals were set amongst the participants over the 12-month intervention. Of these goals, 75% (999) specified type of activity, 66% (874) specified frequency of exercise, 25% (324) specified duration of activity, and 19 (1%) specified intensity. By type of PA, the majority focused on walking (66%), followed by cardiovascular activity (16%), and stretching (10%). The number of FITT elements included in a goal was significantly positively correlated (p=0.004) with goal attainment, and as expected, goal attainment was significantly correlated (p=0.04) with increased levels of PA. Helping caregivers and other older adults to set achievable, specific, and realistic physical activity goals is an integral tool to help them reach optimal levels of activity.

PROMISING FINDINGS: THE EFFECTS OF PHYSICAL ACTIVITY ON PERSONS WITH DEMENTIA


Background Physical activity has been identified as a potential means of reducing or delaying progression of the symptoms of dementia. Research Questions Do physical activity programs: (1) improve cognition, activities of daily living (ADLs), challenging behaviour, depression, and mortality in older persons with dementia; (2) have an indirect impact on family caregivers’ burden, quality of life, and mortality; and (3) reduce the use of health care services? Approach Randomized controlled trials (RCTs) were identified from searching the Cochrane Dementia and Cognitive Improvement Group’s Specialized Register. At least two authors independently assessed the retrieved articles for inclusion and risk of bias, and extracted data. Using RevMan 5.0 software, standardized mean differences were calculated with a fixed or random effects model. Findings Fifteen RCTs with 780 participants met the inclusion criteria. The required data from four of the trials were not made available. Promising findings revealed that physical activity programs can have a significant impact on improving cognitive functioning and ability to perform ADLs in persons with dementia, and on the burden experienced by family caregivers. There was no significant evidence of the effect of physical activity on the remaining outcomes of interest. No adverse effects were identified. Implications Health care providers who work with persons with dementia and their caregivers should feel confident in promoting physical activity among this population, as decreasing the progression of cognitive decline and dependence in ADLs will have significant benefits for persons with dementia and their family caregivers’ quality of life.

NEIGHBORHOOD EFFECTS ON WALKING AMONG OLDER ASIAN AMERICANS


There is a limited understanding regarding Asian seniors in the Physical Activity (PA) research. This study examined the associations between walking and neighborhood factors among older Asian Americans. Drawing from the 2003 California Health Interview Survey, our sample included 1,045 older adults aged 55 and older representing five Asian groups: Chinese, Filipino, Japanese, Korean, and Vietnamese. White older adults were included as a reference group (n=1,394). The study outcome was the total number of minutes walked for leisure or transportation in the past week. Neighborhood factors included social cohesion (i.e. perceived social connectedness, trust, and solidarity among neighbors), access to a nearby park or playground, and perceived neighborhood safety. Zero-inflated negative binomial regression models were used due to the excessive number of non-walkers and significant overdispersion. Replicate weights were applied to account for the data’s complex survey design. The results showed Asian seniors, overall, walked considerably more than White seniors, averaging 154 minutes/week vs. 114 minutes/week, respectively. However, there was also significant ethnic variability where some groups (e.g. Chinese and Vietnamese) significantly exceeded Whites while other groups (e.g. Filipinos, Japanese, and Korean) lagged behind. These racial and ethnic differences were largely explained by demographic characteristics, such as age, gender, and immigration status. Interestingly, among Asian seniors, increased neighborhood cohesion was associated with fewer minutes walked, but these effects of neighborhood factors on walking varied among the ethnic groups. Health promotion policies and programs should be strategically tailored for specific ethnic groups to achieve better results in promoting PA among seniors.

SESSION 2270 (SYMPOSIUM)

COGNITIVE IMPAIRMENT AND ORAL HEALTH IN OLDER ADULTS

Chair: B. Wu, School of Nursing, Duke University, Durham, North Carolina
Discussant: L.P. Gwyther, Duke University Aging Center, Durham, North Carolina

Recently an increasing number of studies have examined the association between oral health and cognitive status. This symposium includes three studies that provide new knowledge in this emerging field of research. Little is known about the extent to which impairment in specific cognitive domains is associated with oral health problems. Using data from 278 dentate elders aged 70 and above in West Virginia, the
Improving oral health and cognitive status: review of longitudinal studies

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An increasing number of studies have examined the association between oral health and cognitive status. This presentation will review existing longitudinal studies, focusing on the samples selected, methods used, interventions included, analytic approaches, and findings. A systematic search identified 16 studies. Our review found that while some associations between dental and cognitive status might exist, the findings were inconsistent across the studies. Associations present at baseline were not necessarily predictive. Poor dental state did not necessarily predict cognitive decline, and in one study was protective. With appropriate dental care, poor cognitive status was not associated with dental deterioration. Inconsistent findings reflect small, often non-representative samples, brief study duration, diverse approaches to assessing oral health, and cognitive status (medical record derived dementia diagnosis, brief cognitive screens, and comprehensive neuropsychological assessments). Standardization of procedures is desirable if useful information is to be obtained.

Cognitive function and dental care utilization among older adults

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Although regular dental care use is associated with prevention of caries and periodontal disease as well as better oral health-related quality of life, few studies have reported dental care utilization among persons with cognitive impairment. This study examined the relationship of cognitive function to dental care utilization among 278 community dwelling older adults. Dental care utilization was assessed by asking ‘time since last dental visit’ and ‘frequency of regular check-up’. Using a comprehensive neuropsychological test battery, individuals were diagnosed as dementia, cognitive impairment not dementia, and normal cognition. After controlling for covariates, being female, having dental insurance, higher level of social support, and normal cognitive function were significantly associated with less time since last dental visit. Individuals with dementia were significantly less likely to visit the dentist regularly than cognitively normal individuals. This study suggests that addressing dental care use among individuals with dementia might improve their oral health.

Drilling down on the association between oral health and cognitive impairment

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Oral health problems are common among older adults with cognitive impairment, but the role of specific cognitive deficits in oral health has not been studied. 278 dentate older adults received an oral evaluation by dental professionals. Based on results of cognitive testing and a detailed history of changes in the participant’s cognitive and functional ability, we assigned individuals to one of three diagnostic categories: normal, cognitively impaired but not demented, or dementia. Overall, cognitively impaired individuals had poorer oral health. After controlling for age and education, individuals with dementia had higher plaque and gingival indexes, and more decayed teeth than those with normal cognition (p<0.005). Poorer performance on orientation and memory measures was associated with higher plaque and gingival indexes, and more decayed teeth (p<0.01). Since these problems reflect poor oral hygiene, interventions focused on compensating for specific deficits may increase the benefits for individuals with cognitive impairment.

Session 2275 (Symposium)

The Geriatric Scholars Program: Design, implementation, and evaluation of flexibly formatted learning programs for interdisciplin ary healthcare professionals

Chair: J.L. Howe, James J. Peters VA Medical Center, Geriatric Research Education and Clinical Center, Bronx, New York, Mount Sinai School of Medicine, Brookdale Department of Geriatrics and Palliative Medicine, New York, New York
Co-Chair: B. Kramer, VA Greater Los Angeles Healthcare System, Geriatric Research Education and Clinical Center, Los Angeles, California
Discussant: D.M. Kresevic, Louis Stokes Cleveland VAMC, Geriatric Research Education and Clinical Center, Cleveland, Ohio

As indicated in the Institute of Medicine report, “Retooling for an Aging America,” the U.S. healthcare workforce faces serious challenges in caring for an aging population. One solution is to provide training in geriatrics to primary care providers (PCPs). The Geriatric Scholars Program (GSP), a collaboration of ten VA Geriatric Research Education and Clinical Centers, addresses this need by providing learning opportunities through distance learning and other flexibly formatted learning opportunities. These approaches provide options for PCPs to improve clinical care of older adults through shared ideas, interactive sessions, mentorship, expert teachers, and online support. Busy clinicians can access competency-based curricular materials based on their schedules and pace. This strategy is geared to “hard to reach” learners by presenting alternative instructional modalities. Distance learning also provides cross-organization alliances in which professionals from around the country can share ideas and curricula and leverage resources. The GSP provides opportunities for clinicians to apply knowledge and skills competency in flexibly formatted learning environments through: (1) web-based learning modules in geriatrics, (2) professional development webinars to build leadership skills, (3) role playing and games to engage learners in self-paced and relevant learning, (4) workflow analysis, human factors and human-computer interaction, and development of virtual patient registries for patient safety and patient care improvement, (5) quality improvement (QI) projects supported by individual collaboration with a distance expert with an in-person QI inaugural workshop and (6) team-based geriatrics training which is conveniently provided to staff by trainers at remote community clinics.
RURAL INTERDISCIPLINARY TEAM TRAINING (RITT): INFUSING GERIATRICS THROUGHOUT TEAM-BASED PRIMARY CARE CLINICS IN THE UNITED STATES

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The severe shortage of healthcare professionals and interdisciplinary teams trained to provide services for the growing population of older Americans leaves many without access to healthcare. Over forty percent of Veterans enrolled in the VA Health Care System live in rural or highly rural areas and are on average older and in poorer health than their urban counterparts. Yet, rural practitioners are often not equipped with the knowledge and team skills necessary to address the complex healthcare needs of older patients. RITT provides team-based geriatrics training through an intensive 8-hour multi-modal training program geared to enhance knowledge and skills in geriatric assessment, effective teamwork, and team action planning. Between 2011 and 2013 RITT trained 570 providers from 35 rural clinics throughout the US. The RITT evaluation includes administration of the validated Team Development Measure before and after the training to assess changes in team cohesion, communication, roles, and goals.

GERIATRIC SCHOLARS: INTERACTIVE LEARNING

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Building on the face to face educational opportunities offered to the Geriatric Scholars (GS) through the intensive courses and the quality improvement project mentoring, the use of on demand educational technology has proved to be an easily accessible supplement to the GS geriatrics education. The GS have a 5-DVD boxed set of previously held professional development webinars that have been nationally distributed, a second set of 5-DVDs will add to the first set of topics, along with a series of online modules on selected topics in geriatrics. These modules will enhance the intensive coursework and quality improvement experiences that are a significant part of the face to face education offered to the GS. Role playing and games that include videos and other materials are being developed and will be available online for GS to engage in self-paced, and personally relevant, learning.

INNOVATIVE TECHNIQUES COMBINING IN-PERSON WORKSHOP AND DISTANCE LEARNING INFORMATICS TOOLS FOR COACHING SCHOLARS IN QUALITY IMPROVEMENT OF CARE FOR THE GERIATRIC VETERAN POPULATION


Members of the Veterans Affairs (VA)-Tennessee Valley Healthcare System GRECC offer a one day in-person workshop teaching the techniques of quality improvement (QI) to primary care providers from across the country. This workshop includes didactic sessions followed by team exercises and group interaction. Upon completing the workshop, each scholar is charged with completing an improvement project within their clinical setting. An innovative, interactive computerized learning plan using RedCap software as an open source informatics platform supports the design of the scholar’s QI intervention, cycles of implementation, and data reports. QI coaches reinforce learned QI concepts primarily via on-line communication stepping through the electronic learning plan (supplemented by email and phone contact as needed) while scholars complete the prescribed work. This session will review our course, coaching methods, technology, and the impact of distance collaboration between coach and scholar.

VA GERIATRIC SCHOLARS PROGRAM: WEB-BASED EDUCATION IN KEY GERIATRICS TOPICS

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The VA is developing new distance learning modalities as educational outreach to its widely dispersed national workforce. One section of the VA Geriatric Research Education and Clinical Centers (GRECC) provides national leadership for continuous professional development in geriatrics. Through its collaboration in the VA Geriatric Scholars Program, a team of GRECCs is creating enduring web-based education in 12 key geriatric topics for primary care providers (MD, NP, PA), pharmacists, social workers and psychologists based on discipline-specific competencies and skills, under the direction of an education curriculum consultant who will evaluate each phase of development, including end-user feedback, and adoption of content. We will discuss the development, implementation, and assessment of the modules, each of which learners may select as a stand-alone product for CME/CEU or as series to also receive a certificate of completion.

A REAL-TIME ELECTRONIC DASHBOARD FOR GERIATRIC CARE: AN ON-LINE INFORMATICS TOOL FACILITATING DISTANCE COLLABORATION OF GERIATRIC SCHOLAR QUALITY IMPROVEMENT


We developed a patient panel dashboard focused on geriatric clinical conditions as emphasized in the Geriatric Scholars Program. Leveraging VA electronic health record data, it provides information relevant to assessment and monitoring of conditions. Informatics contributions from human factors, human-computer interaction, and workflow analysis inform platform development. Each scholar can view their patient panel to identify gaps in clinical care, blend patient needs with their learning plan, and design quality improvement interventions in collaboration with their distance expert and coach. The tool also supports recording actions taken, writing documentation to the electronic health record, and reporting Quality Improvement results. Additional modules in development include integrating QI education materials and automatic national surveillance of projects for ongoing evaluation of Geriatric Scholars Program impact. This session will review this innovation, collaborative multi-site process for calibration of content, and deployment of the platform as a key component of this distance learning program.

SESSION 2280 (SYMPOSIUM)

THE SEX GAP OF MOBILITY DISABILITY: THE EMBODIMENT OF GENDER

Chair: J. Gurault, Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland
Co-Chair: M. Zunzunegui, University of Montreal, Montreal, Quebec, Canada
Discussant: K. Markides, University of Texas Medical Branch, Galveston, Texas

The International Mobility in Aging Study (IMIAS) is a longitudinal study of aging conducted in Canada (Kingston, St Hyacinthe), Alba- nia (Tirana), Brazil (Natal) and Colombia (Manizales) to explain the sex gap in mobility using a life-course and gender perspective. It is financed by the Canadian Institutes for Health Research. The hypothesis is that the gap in mobility disability between men and women diminishes as gender equality increases in the mainstream societies of different countries. Mobility disability was defined as having difficulty in moving around.
walking 400 meters or climbing a flight of stairs. Physical performance
was assessed by the Short Physical Performance Battery. Activity-
ties of Daily Living disability was established based on difficulty in any
of five mobility-related self-care activities. Life Space was assessed by
the LSA score. Depression was assessed by the CES-D and vision by the
Tumbling E test. Measurement tools are in Alban, English, French,
Portuguese and Spanish. The five papers in the symposium show sim-
ilarities and dissimilarities in aging in different societies and use com-
parisons to better understand the origins of poor function and disabil-
ity: 1) Sex differences in physical performance, mobility and ADL
disability between men and women; 2) Roles of economic and social
resources in life space; 3) Associations between early age at first child-
birth and physical performance in old age; 4) Links between depression
and mobility; 5) Associations between vision and life space.

THE MOBILITY GAP BETWEEN OLDER MEN AND
WOMEN FROM DIVERSE POPULATIONS: THE
EMBODIMENT OF GENDER

M. Zunzunegui, S. Phillips, G.K. Kama, M. Tu, G. Qirjako, R.O. Guerra,
J. Gomez, Université de Montréal, Montréal, Quebec, Canada

We examine sex gaps in mobility, Activities of Daily Living dis-
ability and physical performance (Short Physical Performance Battery,
SPPB) across diverse populations and formulate hypotheses to explain
differences between men and women relating to the embodiment of gen-
der-related life course conditions. Age-adjusted prevalence rates of
low SPPB, self-reported mobility disability and ADL disability at each
site were significantly higher in women than in men except for Kingston
(Ontario). Few differences in physical function or mobility were
observed between men at different research sites. Site differences
between men and women are therefore driven by differences between
women across sites. Among women, and taking Kingston as the refer-
ence site, age-adjusted odds ratios for poor SPPB, mobility and ADL
disability were higher for St Hyacinthe, Manizales, Natal and Tirana.
The mobility-sex gap is small or disappears in the more egalitarian sites
(Ontario) while it remains large in sex-segregated societies (Brazil,
Colombia, Albania).

SOCIAL TIES, SOCIAL ACTIVITIES AND INCOME
INFLUENCE LIFE SPACE ASSESSMENTS (LSA) IN OLD
AGE: DIFFERENCES BETWEEN MEN AND WOMEN

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Family Medicine, Kingston, Ontario, Canada, 4. Universidad Rio
Grande du Nord, Natal, Brazil, 5. Institute of Public Health,
Tirana, Albania, 6. Centre de Recherche, Hôpital
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In IMIAS, we examined the associations of LSA score with income
and social ties and activities across research sites by fitting sex specific
regressions controlling for age, self-rated health, depression score and
physical performance. Both in women and men, a positive gradient in
LSA according to income was observed; being married was not associ-
ated with LSA. Among women, having friends and children and being
involved in social activities were significantly associated with higher
LSA. Among men, no social ties or activities were associated with LSA.
Site-specific analyses showed differences in the nature of social ties rel-
vant for LSA: strongest associations were for friends in Tirana, broth-
ers and sisters in Manizales, social activities in Natal and children in St
Hyacinthe. Social ties were not associated with LSA in Kingston, While
poverty impacts life space in all sites, social relationships may increase
life space only in women and more outside Canada than in Canada.

EARLY AGE AT FIRST BIRTH IS ASSOCIATED WITH LOW
PHYSICAL PERFORMANCE IN OLD AGE

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Early age at first birth (EAFB) is a risk factor for obstetrical com-
plication, because physiological development is often incomplete. It
may have long-term implications for physical performance and mobili-
ity. We examine the relationship between EAFB, defined as ≤18 years
of age, poor physical performance (Short Physical Performance Bat-
tery8) and self-reported mobility disability in community representa-
tive samples of women 65-74 years of age from Canada, Alberta,
Quebec, and Brazil (N=919). EAFB was significantly associated with poor
physical performance and mobility disability. Adjusting for the study
site, age, education and lifetime births, women who gave birth at a young
age had 1.78(95%CI 1.19-2.65) the odds of poor physical performance
and 2.3(95%CI 1.52-3.53) the odds of mobility disability. These rela-
tionships were stronger in Canada and weaker in Albania, Colombia
and Brazil, which may be attributable to decreased survival in women
who would have gone on to have mobility problems had they survived.

SELF REPORTED MOBILITY AND DEPRESSION IN OLDER
MEN AND WOMEN OF FIVE COUNTRIES: THE IMIAS
STUDY

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In IMIAS, we examined whether the association between mobility and
depression remained beyond poor physical performance. Difficulty
walking 400 meters or climbing stairs was used for mobility disability
(MD); CES-D for depression, the Short Physical Performance Battery
(SPPB) for physical performance. Twenty seven percent had CES-D
scores of 16 or over, ranging from 39% in Tirana to 10% in Kingston;
38% had MD, ranging from 53% in Tirana to 20% in Kingston.
Adjusting for SPPB, age, education, income and study site, MD was higher
among people with depression (58.6% vs. 30.8%, p<0.001); this asso-
ciation was strong (OR 2.2; 1.7;2.9) and similar for men (OR=1.9;
1.3;2.8) and women (OR=2.3; 1.7;3.1). Site-specific mobility disabil-
ity OR for depression were 3.8 (1.7;8.5) in Kingston;2.8 (1.5;5.3) in
Natal; 2.3 (1.4;3.7)in Tirana; 2.3(1.3;4.1) in Manizales and 1.4 (0.8;2.5)
in St Hyacinthe. Depressed people are likely to have mobility disable-
ity regardless of their context, sex and physical performance.

THE RELATIONSHIP BETWEEN VISION AND LIFE SPACE
BY SEX AND GLOBAL SITE

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Previous research done in the United States has found a relation-
ship between worse vision and more restricted life space. We determined
whether the relationship between vision and life space varied by sex and across five diverse global sites. Habitual visual acuity was measured binocularly using the Tumbling E chart at 2 meters. Mobility was measured using the composite score of the Life Space Assessment which ranged from 0-120. Multiple linear regression was used to adjust for age, education, general health status, number of comorbidities, and income while stratifying by sex and site. In pooled analyses, worse visual acuity was associated with more restricted life space (P<0.001). Stratifying by sex, vision was only associated with life space in women (P<0.001). Site differences were found. The loss of vision appears to be more detrimental to mobility in women and in some environments than in others. Reasons for this should be further explored.

SESSION 2285 (SYMPOSIUM)

USE OF NIC STANDARDIZATION FORMAT TO DESIGN RESEARCH PROTOCOLS: OPTIMIZING FUNCTION AND LATE STAGE DEMENTIA USING FINDINGS FROM THREE PROGRAMS OF RESEARCH

Chair: A.L. Whall, School Of Nursing, Oakland University, Rochester, Michigan
Co-Chair: M. Maas, University of Iowa, Iowa City, Iowa
Discussant: C. Beck, University of Arkansas, Little Rock, Arkansas

The goal of this symposium is to optimize functioning of persons with late stage dementia via mitigation of three of the most common behavioral problems, i.e. aggression, problematic vocalization, and wandering. To do so, we explore the use of the research results identified in three inter-related programs of research. These three programs are: the IRPG (Interactive Research Project of Whall, Beck, Algase) specifically their findings of the significant Risk Factors for each of these behaviors; the NIC (Nursing Intervention Classification) system as discussed by Maas and Buckwalter as a process for delivering research protocols to mitigate these behaviors; and the views of three behavioral treatments designers regarding this goal, i.e. the MSE or Multi-Stimuli-Environments of Riley-Doucet, PIM (Preserved Implicit Memory) of Harrison, and the PLST model (Progressively Lowered Stress Threshold) of Hall and Buckwalter. It is posited that unless these research findings are incorporated into clinical practice, that maintenance of functional ability in this population will continue to be adversely affected. The Discussant, Beck, addresses pros and cons issues related to this merger; suggestions are made for alternatives to this proposed plan.

THE IRPG RISK FACTORS

The NDB (Need-driven Dementia-compromised Behavior) model, designed by three IRPG research teams (of Whall, Beck, Algase) is used to categorize the Risk Factors as either Background and or Proximal in nature. Each of the three principal Investigators of the six year IRPG, briefly identifies and describes the significant Risk Factors identified for each of the problem behaviors. Whall outlines the Risk Factors for Aggression, Beck for Problematic Vocalization, and Algase for Wandering. The Usage of each of these Risk Factors are then briefly described for their importance and usage in maintaining function in this target population.

THE NIC STANDARDIZATION OF RESEARCH PROTOCOLS
M. Maas1, K.C. Buckwalter1, 1. National Health Law and Policy Resource Center College of Law, Iowa City, Iowa, 2. University of Iowa, Iowa City, Iowa

Three nursing interventions, Multi-stimuli environments (MSE), PIM (Preserved Implicit Memory), and PLST or Progressively Lowered Stress Threshold (PLST), have been reported to reduce problem behaviors in persons with dementia. To contrast their effects in clinical trial, it is important to standardize and distinguish among the assumptions upon which each of the three interventions are based. The Nursing Interventions Classification format for standardized nursing interventions was used for this purpose. This presentation describes the process of delivering the three interventions using the NIC format, describes expected outcomes of interventions, discusses the advantages of standardized interventions for systematic research, for knowledge development for interdisciplinary care of these persons.

MULTI-STIMULI ENVIRONMENTS (MSE)
C. Riley-Doucet, Oakland University, Rochester, Michigan

The Purpose of this presentation is to address how MSE strategies can be operationalized in the care of persons with dementia, through the use of Nursing Intervention Classification (NIC) framework. This presentation addresses the specific steps that nurses must follow as outlined in the NIC taxonomy. Based upon our results in previous studies, three important aspects of MSE are presented that relate to staff training for use of MSE. (1) Developing an interpersonal relationship with the patient to determine the patient’s multi-sensory preferences; (2) the type of visual, auditory, olfactory, and tactile stimuli that are appropriate for use of mild, moderate, and severe levels of cognitive impairment, and (3) the importance of staying with the patient to direct and assist their interaction with MSE equipment.

PRESERVED IMPLICIT MEMORY (PIM)
B.E. Harrison, University of Delaware, Newark, Delaware

The purpose of this presentation is to address how PIM strategies can be operationalized in the care of persons with dementia through the use of Nursing Interventions Classifications (NIC) framework. PIM interventions are broadly defined as caring processes that use sensory stimuli consistent with preserved implicit (unconscious) memory to support understanding of the activity. PIM interventions are designed for persons with dementia in the severe stage where language skills and recent memory are severely impaired. Specifically, this presentation addresses the steps that nurses must follow as outlined in the NIC taxonomy. Three important aspects of PIM will be discussed: (1) assessment of the patient’s PIM (from patient, family, or age cohort); (2) identifying the type of sensory stimuli consistent with the patient’s PIM; (3) and importance of evaluating effect of PIM interventions.

PROGRESSIVELY LOWERED STRESS THRESHOLD (PLST)
K.C. Backwalter, National Health Law and Policy Resource Center College of Law, Iowa City, Iowa

This presentation discusses application of the Progressively Lowered Stress Threshold (PLST) modeled to care for persons with dementia. Specifically, a caregiver training protocol, useful for both formal and informal caregivers in the community and institutional settings, is presented for dementia management based on the PLST model. The protocol is described using Nursing Intervention Classification (NIC) criteria for a nursing intervention including: (1) characteristics of the nursing diagnosis, (2) research base for the intervention, (3) desired patient outcomes, (4) acceptability to the patient, (5) capability of the nurse, (6) feasibility for doing the intervention. Research data evaluating the effects of the training protocol in supporting this conceptual approach to dementia care are presented.

SESSION 2290 (SYMPOSIUM)

WHAT IS HIGH QUALITY REHABILITATION? AN EXAMINATION OF STRUCTURE, PROCESS, AND OUTCOMES
Chair: N. Leland, University of Southern California, Los Angeles, California
Discussant: B. Gage, Brookings Institute, District of Columbia, District of Columbia

Current Federal policy embraces the triple aim of healthcare: improving health, containing costs, and providing high quality services. Rehabilitation-related costs have increased substantially over the past 10 years, rising faster than those for any other healthcare sector. To improve the quality and cost-effectiveness of rehabilitation services, it is crucial to examine the structure, process, and outcomes of these services. This symposium will bring together experts from academia, policy, and practice to discuss the current state of rehabilitation, the challenges and opportunities for improvement, and the potential strategies to achieve high quality rehabilitation care.
RACIAL/ETHNIC PATIENT VOLUME AND DISPARITIES IN INPATIENT REHABILITATION OUTCOMES

N. Leland1, T.J. Christian1, P.L. Gozalo2, J.M. Teno2, V. Mor2, J. Division of Occupational Science and Occupational Therapy & The Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. Brown University, Providence, Rhode Island, 3. Abt, Boston, Massachusetts

Little is known about the racial/ethnic variations in the post-acute care (PAC) outcome successful community discharge—defined as getting back to the community and avoiding readmission in the first 30 days. This study examined racial/ethnic variations in successful community discharge among a PAC Medicare population who experienced their first hip fracture. Analysis included univariate and multivariate logistic analysis. Between 1999 and 2007, 880,339 individuals 75 years of age and older living in the community had a hip fracture. Compared to whites, Hispanics were more likely (OR=1.11, 95%CI 1.05, 1.18) and blacks less likely (OR=0.83, 95%CI 0.80, 0.86) to achieve the outcome. Stratification by sex found Hispanic women had the highest rates of the outcome (71%), followed by white women, Hispanic men, black women, and black men had the lowest rates (55.7%). Further research is needed to identify mechanisms underlying these variations to improve outcomes for all hip fracture patients.

RACIAL/ETHNIC PATIENT VOLUME AND DISPARITIES IN INPATIENT REHABILITATION SUCCESSFUL COMMUNITY DISCHARGE AFTER HIP FRAC TURE

N. Leland1, T.J. Christian1, P.L. Gozalo2, J.M. Teno2, V. Mor2, J. Division of Occupational Science and Occupational Therapy & The Davis School of Gerontology, University of Southern California, Los Angeles, California, 2. Brown University, Providence, Rhode Island, 3. Abt, Boston, Massachusetts

years. Corresponding improvements in patient outcomes are less tangible. This symposium utilizes Donabedian’s quality framework to examine quality in rehabilitation by discussing characteristics of structure, process, and outcomes that are associated with high quality post-acute care across rehabilitation settings. We will begin with a presentation that highlights the relationship of racial/ethnic variations to a rehabilitation outcome across post-acute care settings for patients with a hip fracture. This will be followed by an examination of race/ethnicity as a structural characteristic to understand variations in patient outcomes within inpatient rehabilitation facilities (IRFs). The third paper will discuss regional variations and structural characteristics of IRFs as they relate to cognitive and motor outcomes. Finally we will high-light differences in rehabilitation outcomes for IRFs with and without stroke programs certified by The Joint Commission. The symposium will conclude with a discussion of the four presentations and how these papers inform future research and initiatives to address the quality of post-acute care rehabilitation practice.

FACILITY AND REGIONAL VARIATION IN OLDER ADULT COGNITIVE AND MOTOR FUNCTION FOLLOWING STROKE REHABILITATION

T. Reistetter, Y. Kuo, A. Karmarkar, K. Ottenbacher, J.L. Freeman, University of Texas Medical Branch, Galveston, Texas

Geographic variation in outcomes is an indicator of differences in the quality of the healthcare provided. To improve the quality of care there is a need to understand the variations in rehabilitation outcomes. Our objective was to examine regional variation in functional outcomes for a national sample of adults >65 receiving stroke rehabilitation in an inpatient rehabilitation facility. We conducted a retrospective cross-sectional study of CMS datasets; 2006-2009(N=145,460). Hierarchical linear mixed models included patient level covariates to adjust for the nested structure of individuals within facilities within geographic regions. The majority of regional variation in outcomes is due to the facility: 82% of regional variation in motor and 78% in cognitive outcomes are due to facility. The focus of quality improvement efforts for stroke rehabilitation should target the facility level. Researchers need to assess facility characteristics and practices to determine which structures and processes contribute to better stroke rehabilitation outcomes.

DOES THE JOINT COMMISSION STROKE REHABILITATION CERTIFICATION ASSOCIATED WITH HEALTH OUTCOMES?

A. Karmarkar, UTMB, Galveston, Texas

Evaluation of inpatient stroke rehabilitation programs is a part of the Disease Specific Care (DSC) Certification initiated by The Joint Commission. For this session we will discuss findings based on interactions between the patient-level factors (e.g. patient case mix, proportion of race/Ethnic minority); and facility-level characteristics (e.g. facility type, profit status, Medicare volume, disproportionate share index), with rehabilitation facilities that underwent the stroke rehabilitation certification (yes/no), and outcomes (functional status gains, and discharge to community settings), using the structure-process-outcomes framework. Medicare claims data for 2010-2011, integrated with The Joint Commission stroke rehabilitation certification reports will be used for the proposed objectives. With ‘bundled payment’ in implementation phases, there is an unprecedented need to compare effectiveness of post-acute care ‘processes of care’. Using certification as an indicator, adherence to stroke rehabilitation clinical practice guidelines and outcomes can be compared among facilities, for identifying both quality and efficiency of post-acute stroke care.

SESSION 2295 (PAPER)

ASSESSMENT INSTRUMENT

ASSESSING PERCEIVED CONTROL IN HEALTH CARE AMONG OLDER ADULTS; CONSTRUCTION OF A MEASUREMENT INSTRUMENT

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Maintaining the necessary degree of control over the health care process can be challenging for older adults, especially when they are frail and need complex forms of formal and informal care. The concept of control over the health care process becomes more relevant in many ageing societies because national care policies often require older people to take an increasingly active role in regulating their own care process. To elucidate the meaning of this concept we performed a qualitative study consisting of in-depth interviews and focus group interviews with 32 Dutch frail older adults. Elements of perceived control were identified and integrated into a conceptual framework. Based on this framework, a self-administered questionnaire was developed and revised upon pilot-testing and a field-test with 197 individuals. Our final
29-item questionnaire captures 5 independent sub scales: self-confidence in (I) organising formal health care, (II) communicating with health care providers, and (III) self-management in the home setting; (IV) expectations regarding future health care needs; and (V) perceived support from and interaction with significant others. Currently, the questionnaire has been included in an oral interview with approximately 250 respondents from the Longitudinal Aging Study Amsterdam (LASA), together with measurement instruments to measure quality of life, quality of received care and mastery, among other things. Associations between these concepts and the concept of control over the health care process shall be estimated with the resulting data.

MEASURING HEALTH LITERACY IN ELDERS WITH SEVERE VISUAL IMPAIRMENT

T. Harrison, C. Simpson, H. Hwang, The University of TX at Austin, Austin, Texas

Elders with low or no vision have reported difficulty accessing, processing and applying health information. The purpose of this study was to develop, implement, and assess the psychometric properties of a tool to measure health literacy in elders with severe visual impairments. First, based on the results of two qualitative studies with the blind community, the tool was developed and validated. Second, an on-line survey was developed and tested for accessibility. Third, a cross-sectional study was undertaken using our newly developed health literacy questionnaire for elders with visual impairment (HLQ-VI), a standard measurement of health literacy performance (e.g. the Newest Vital Sign (NVS), visual acuity and health questions, and a demographic questionnaire. The study was completed by 52 people ranging in age from 41 to over 80 years with severe visual impairment recruited through community contacts. Of the sample, all reported visual impairment with over 67% reporting to be completely blind; 78% were white; 33% male, and 33% married. Data was analyzed using factor analysis, Cronbach’s alpha, frequencies and Pearson correlations. Results indicated that the newly developed HLQ-VI was a 3 component measurement tool with a Cronbach’s alpha of .83. The 9-item tool was significantly associated with the NSV as predicted. In conclusion, perceptions of health literacy by elders with VI were associated with the number of correct answers provided on the NSV, which may provide direct intervention strategies to improve outcomes.

EXAMINING THE VALIDITY AND RELIABILITY OF THE ABC-6 IN UNDERSERVED OLDER ADULTS

A. Skipper, R. Ellis, Georgia State University, Atlanta, Georgia

One out of three older adults will fall at least once time annually, and African Americans and low-income older adults have greater overall falls risk in comparison to their counterparts. Furthermore, the psychological consequences of falls, such as losing confidence in the ability to maintain balance, can be more debilitating than a fall. The purpose of this study was to examine the validity and reliability of the 6-item Activities-Specific Balance Confidence Scale (ABC-6), a shortened version of the ABC-16, among underserved older adults. Participants were 251 older adults (M age = 71.2 years, SD = 8.9, 72.1% African Americans, 62.5% low-income, 61% low-education) who volunteered for a community-based falls risk screening. Participants completed assessments of multiple falls risk factors, physical activity, and balance confidence. Reliability of the ABC-6 was demonstrated by excellent internal consistency (α = .90) and almost perfect agreement with the ABC-16 (ICC = .81, p < .01). Construct validity of the ABC-6 was demonstrated by moderate to large correlations with balance, mobility, physical activity, and total falls risk (r = .44 - .66, p < .01); the ability to discriminate between fallers and nonfallers [ABC-6, F (1, 250) = 11.20, p = .001, ηp2 = .04, observed power .92, d = .44]; and the prediction of total falls risk (R2 = .429, β = -.66, p < .01). The ABC-6 is a valid and reliable measure of balance confidence among underserved older adults and may be preferable to the ABC-16 for community-based falls risk screenings.

MEASURING MOBILITY IN OLDER HOSPITALIZED MEDICAL PATIENTS USING DEMMI AND CAS: A VALIDATION STUDY

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Objective: To determine validity and responsiveness of DeMorton Mobility Index (DEMII, scores 0-100) and Cumulated Ambulation score (CAS, scores 0-6) in Danish elderly medical patients. Methods: Acute medical patients (n=235) aged 65+ years were assessed with DEMMI and CAS and Barthel Index (BI) at admission and discharge and with Mini Mental State Examination (MMSE). The patients assessed their mobility status at discharge relative to admission using the Global Rating of Change Scale. Convergent, discriminant and known group validity and criterion based minimal clinical important difference (MCID) was determined for DEMMI and CAS. Results: A moderate relationship existed between DEMMI and Barthel Index (rs = 0.68, p<0.0001), and between CAS and Barthel Index (rs = 0.60, p<0.0001) at admission. A low correlation existed between MMSE score and DEMMI score (rs=0.33, p<0.0001) and CAS score (rs=0.33, p<0.0001), respectively. Patients who used gait aid had lower DEMMI and CAS scores at admission than those who did not (DEMMI= 42.0(SD15.4) vs. 57.6(SD19.4), p<0.0001; CAS= 4.9(SD1.3) vs. 5.5(SD1.1), p=0.045). Patients discharged to home had higher DEMMI scores (p<0.0001) and CAS scores (p<0.0001) at discharge compared with patients who were not. Criterion based MCID were 10.0(SD14.0) points for DEMMI and 0.69(SD1.1) points for CAS. Conclusion: DEMMI appears to be valid, reliable and responsive to change for measuring mobility in hospitalized elderly medical patients. CAS appears to be appropriate for monitoring basic mobility in older mobility limited patients, but is not suitable to measure improvements over time in patients with independent mobility.

PAIN MECHANISMS IN OLDER ARTHRITIS PATIENTS: QUANTITATIVE SENSORY TESTING AND PATIENT REPORTED OUTCOMES

K. Phillips, Internal Medicine, University of Michigan, Ann Arbor, Michigan

Purpose: Arthritis symptoms do not correlate with radiographic damage in knee osteoarthritis, and central pain sensitization (neurobiological alterations in pain signaling) may play a role in some patients. Many patients have suboptimal pain relief and the co-morbid prevalence of pain sensitivity phenotypes in older patients is unknown. Prospective studies may help identify predictors of suboptimal pain management, and a composite index may be useful as part of an initial assessment. Methods: The SOAR (Pain sensitivity in osteoarthritis research) cohort is an NIH-funded prospective, longitudinal study of older patients with chronic knee pain and radiographic osteoarthritis. At baseline, patients completed validated self-report questionnaires, including the PainDETECT survey and PROMIS sleep and wakefulness short forms. A body map was combined with a symptoms severity inventory to create a composite index. Quantitative sensory testing and conditioned pain modulation was evaluated using the MAST device. Descriptive statistics and correlational analyses examined the expression of centrally mediated pain in this cohort. Results Patient scores on a composite index for pain were normally distributed, with less than 10% of patients meeting the criteria for chronic widespread pain using a cut-off score of 13. A composite index score for centrally mediated pain was directly correlated with baseline pain intensity, neuropathic pain complaints, anxiety,
and depression and was inversely correlated with positive affect. Differences were noted in pressure pain thresholds between men and women, but no differences were seen in conditioned pain modulation. Conclusions: In a medically managed cohort of older patients with knee osteoarthritis, a higher composite index score of centrally mediated pain complaints and symptoms was correlated with self-report of higher pain, more neuropathic pain descriptors, higher negative affect, and lower positive affect. Further studies on predictors of pressure pain thresholds and limited conditioned pain modulation may help identify patients who preferentially respond to targeted therapies.

SESSION 2300 (SYMPOSIUM)

MINING FOR GOLD: LINKING STATE AND FEDERAL DATA FOR NURSING FACILITY QUALITY INSIGHTS

Chair: C.M. Maratea, Vital Research, LLC, Los Angeles, California
Discussant: G. Arling, Indiana University Center for Aging Research & Regenstrief Institute, Indianapolis, Indiana

This session will investigate the relationship between large data sets of information collected federally and at the state-level. The Centers for Medicare and Medicaid’s (CMS) Nursing Home Compare is an extensive database with information about the quality of nursing facilities nationwide; however the data is limited to facility-reported Minimum Data Set (MDS) and health inspection data. Ohio and Minnesota have invested in measuring statewide nursing facility consumer satisfaction annually—collecting and analyzing data via face-to-face interviews with residents and mailed surveys with family representatives. Both states publish the consumer satisfaction results in web-based consumer guides and use them as key components in pay-for-performance systems. This symposium will explore the relationships among resident and family satisfaction in Ohio and Minnesota and information available on Nursing Home Compare to better understand nursing facility quality. Through multilevel analysis of resident interview data in MN, we will then demonstrate challenges and opportunities involved in assessing how well person and facility characteristics explain satisfaction. Finally, representatives from Ohio and Minnesota will discuss insights gained from the research, their experiences with different types of data, and policy implications for state governments.

A CASE FOR MEASURING SATISFACTION: MINNESOTA CONSUMER SATISFACTION AND NURSING HOME COMPARE

C.M. Maratea, H. Urman, M. Wheatley, G.C. Uman, Vital Research, Los Angeles, California

Minnesota has invested in annual resident satisfaction surveys at every Medicaid certified nursing facility (n=371) since 2005, conducting approximately 14,000 face-to-face interviews each year. Beginning in 2010, Minnesota has conducted simultaneous annual mailed family satisfaction surveys (n=16,000). The resident survey includes eleven domains and an overall score and the family survey includes six domain scores. Using the data from the 2012 Minnesota Satisfaction Surveys, separate regression analyses were conducted to examine the relationship between resident and family satisfaction and the five Nursing Home Compare (NHC) 5-star ratings. Resident survey results showed little to no relationship between the eleven domains of satisfaction and any of the five NHC 5-star ratings. Similar findings were found with the six family satisfaction domains. This session will highlight the relationship between satisfaction and NHC data and discuss the practical implications of the results.

ANOTHER CASE FOR MEASURING SATISFACTION: OHIO CONSUMER SATISFACTION AND NURSING HOME COMPARE

J. Straker, A. Williams, Scripps Gerontology Center, Oxford, Ohio

Ohio’s web-based Long-Term Care Consumer Guide includes extensive information on Ohio’s 950+ nursing homes, including resident and family consumer satisfaction results. Interview and survey findings are included on the Consumer Guide along with information about deficiencies, resident quality indicators and other information such as staffing levels and facility policies. Also, elements from resident and family surveys are used in Ohio’s pay-for-performance Medicaid nursing home reimbursement formula. To examine whether consumer satisfaction data contribute a truly unique perspective on facility quality, we compared both resident (2009) and family (2010) satisfaction scores with facility scores on the CMS Nursing Home Compare 5-star rating system. Categorical comparisons of overall satisfaction found little or no relationship for families or residents to either overall star ratings or the domains included in Nursing Home Compare. Our results point to the importance of consumer perspectives as an essential and unique part of assessing facility quality.

FACILITY AND RESIDENT-LEVEL INDICATORS FOR QUALITY OF LIFE IN LONG-TERM CARE: USING MINNESOTA CONSUMER SATISFACTION DATA

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This study identifies facility- and resident-level characteristics that were associated with Minnesota NH residents’ self-reported quality of life (QOL). Measures of QOL were collected through the 2010 resident satisfaction survey (N=14,000); clinical data were obtained from the Minimum Data Set. Using factor analysis, we identified eight QOL domains (comfort, environment, autonomy, activity, dignity, mealtime/enjoyment, relationships, and mood). In multilevel models including resident- and facility-level covariates, age, length of stay, Medicaid, facility size and case mix, private ownership, location, and quality improvement score significantly predicted QOL domains. Predictors differed by domain, and resident characteristics accounted for most of the variability in QOL. Our findings indicate strategies for addressing weak areas for QOL, including the need to identify more nuanced measures of facility-level characteristics (e.g., organizational culture) as predictors of QOL.

MEASURING WHAT COUNTS: POLICY IMPLICATIONS OF SATISFACTION DATA FROM THE PERSPECTIVE OF TWO STATES

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Minnesota and Ohio have garnered several years of experience using statewide resident and family satisfaction data for quality improvement through consumer reporting guides and pay for performance systems. While the two states have similar approaches, fundamental differences between the states’ use of these data will be described and the implications for state policy examined. We present how Minnesota and Ohio utilize satisfaction data to support quality improvement goals. The session will explore perceived value of satisfaction data from the perspective of multiple stakeholders including state policy makers, consumers and providers. The session will describe challenges encountered and successes achieved with linking satisfaction data to LTC policy.
SESSION 2305 (SYMPOSIUM)

THEORETICAL AND EMPIRICAL DEVELOPMENTS IN UNDERSTANDING AGING IN PLACE AND RELOCATION

Chair: A.J. Lehning, School of Social Work, University of Michigan, Ann Arbor, Michigan
Discussant: A.E. Scharlach, University of California, Berkeley, California

There has been a growing interest in the U.S. to identify effective strategies for helping older adults age in place in their homes and communities. This interest is driven by such factors as inadequate community-based supports and services offered by the U.S. long-term care system and the desire of the majority of older adults to avoid institutionalization in a nursing home. However, the goal of programs and policies should not be only to promote aging in place, but to help older adults live where they choose while also addressing their health, safety, and quality of life. This symposium addresses these limitations through conceptual and empirical work aimed at improving our understanding of both aging in place and relocation to a new environment.

The first paper draws from previous theories in environmental gerontology to provide an updated framework for understanding housing transitions and living environments for older adults. The second paper applies this framework to two case examples: 1) the influence of neighborhoods on aging in place or being stuck in place, and 2) the influence of individual functional decline on the relocation decision-making process. The third paper will present results from a recent examination of the factors associated with aging in place in assisted living settings. The final paper will call attention to the process of housing transitions among older adults who were recently homeless.

SENIOR TRANSITIONS IN LIVING ENVIRONMENTS: A FRAMEWORK FOR ADDRESSING CRITICAL FACTORS AND CONTEMPORARY ISSUES


The experience of aging may necessitate transitions in living environments, either through adaptation to homes or relocation to more supportive environments. For 50-plus years, the study of these transitions has informed the work of researchers, health and mental health providers, policymakers, and municipal planners. In recent decades there have been major demographic shifts, social transformations, and dramatic changes in the continuum of care. As Baby Boomers age, distinct social, economic, and biological considerations will impact the living environments for this cohort. This paper revisits influential theories of relocation and offers a theoretical framework on housing transitions updating Wiseman’s (1980) model. This enhanced framework incorporates understandings of the motivations of seniors who voluntarily move or age in place as well as those who involuntarily relocate or remain in undesired residences. This paper has implications for practitioners working with older adults and families and for policies governing care and residential options.

APPLICATION OF AN EMERGING THEORETICAL FRAMEWORK ON AGING IN PLACE AND RELOCATION


This paper demonstrates the application of the theoretical framework described above through two examples. The first example draws from the existing literature to examine how neighborhood resources and history influence whether older adults are able to age in place by choice or are stuck in place in an environment that is detrimental to their health and well-being. Particular attention will be given to the ways neighborhood factors may vary depending on the older adult’s race and ethnic and socioeconomic resources. The second example focuses on how an individual’s functional changes can alter the relocation decision-making process and can redefine an optimal living environment. Social isolation can hasten functional decline in many chronic conditions and can increase safety risks among older adults. Newer care continuum models provide for greater personal choice, however economic factors can limit choice among those in lower socioeconomic groups.

AGING IN PLACE IN ASSISTED LIVING: AN EXAMINATION OF PERSON AND ENVIRONMENT

N.L. Fields, The Ohio State University, Columbus, Ohio

The growth in assisted living (AL) and the desire of older adults to remain living as independently as possible increases the need to examine the factors related to aging in place in AL. The ecological model of aging will be used to identify those factors found to influence length of stay and aging in place in AL. Framed by the person-environment model, the researcher conducted an exploratory study of length of stay in AL as a proxy for aging in place in these settings (N = 208). Study findings highlight the importance of focusing on person and environment, however, additional exploration of how we define aging in place may be needed to best understand who is best served and under what conditions in AL settings. Moreover, findings underscore the challenge of aging in place for residents with increased medical needs in residential settings designed to promote autonomy and independence.

AGING IN PLACE IN HOUSING FOR THE HOMELESS

L. Thomas, Social Work, University of North Carolina at Charlotte, Charlotte, North Carolina

Older adults and elders who are homeless are among our most vulnerable aging populations. Although adults age 50 and over make up a substantial and growing part of the homeless population, their aging needs and experiences are rarely examined, particularly in terms of the person-in-environment challenges they face as they transition from the street, emergency shelter, or temporary housing to age in place in housing for the homeless. These challenges – such as required adherence to program rules or integrating into neighborhoods that opposed the location of the homeless facility – contradict or expand current understandings of the personal, service, and environmental processes necessary for environmental fit. Using the concepts of choice, social connection, and neighborhood integration, this paper explores these challenges and examines the implications of aging in place in Rapid Re-Housing and Permanent Supportive Housing, two housing models promoted by the 2010 Federal Strategic Plan to End and Prevent Homelessness.

SESSION 2310 (SYMPOSIUM)

UTILIZATION AND VULNERABILITIES IN THE MEDICARE HOSPICE BENEFIT

Chair: M.R. Plotzke, Abt Associates, Cambridge, Massachusetts
Co-Chair: A. Pozniak, Abt Associates, Cambridge, Massachusetts
Co-Chair: A. Muma, Abt Associates, Cambridge, Massachusetts

Since the early 1980’s, Medicare has covered hospice services, which offers terminally ill patients important access to palliative care services meant to maximize patient comfort and quality of life in the days before death. And though core features of the benefit have remain largely unchanged over the last 30 years, the last decade has shown notable changes in the composition of patients and in the practices of hospice providers. The Centers for Medicare & Medicaid Services and other industry stakeholders recognize that some changes may be driven by vulnerabilities in the current payment system. As a result, researchers and policymakers have devoted increasing attention to understanding
changes in hospice utilization over time and identifying the sources and motivations for these changes, particularly as they relate to the behaviors and practices of hospice providers. This panel focuses on issues salient to understanding vulnerabilities related to the Medicare Hospice benefit. There are four topics being presented. First is a descriptive summary of provider cost reports identifying the distribution of key components of the cost report. The second presentation centers on an analysis of the prevalence of live discharges in the hospice system. The third presentation describes current utilization patterns of general inpatient care while in hospice. And the fourth presentation centers on a descriptive examination of utilization of the Part D drug benefit to cover opioids while a beneficiary is enrolled in hospice.

HOSPICE COST REPORTS: BENCHMARKS AND TRENDS

These analyses use a trimmed set of FY 2004-2011 cost reports from freestanding hospice providers to describe how various cost centers contribute to total costs for a ‘typical’ provider; how sources of costs vary across providers; and how average costs per election period have changed over time. Several consistent inferences derive from the analyses. Although 12% of all costs across providers is attributed to inpatient care, one-third of providers do not report incurring any inpatient care costs. The visiting services typically account for two-thirds of total costs, trending to more over the 2004-2011 periods. The costs of drugs, medical supplies, and DME constitute 20-25% of costs, with the proportion declining over time, driven by a reduction in drug costs. Non-reimbursable services, on average, are a small proportion of costs; but, a high proportion of facilities report zero costs under these cost centers, despite the requirement for bereavement services.

HOSPICE LIVE DISCHARGE: NOT DEAD YET

We examined outcome and characteristics of hospice programs with a higher rate of live discharges in a longitudinal cohort of Medicare Hospice Beneficiaries. In 2010, 18.1% of the 956,497 discharges were a live discharge. Nearly half died in the ensuing six months. Hospice programs’ rate of live discharges varied from 13.4% (25th percentile) to 26.2% (75th percentile) with a median of 18.4%. For-profit hospice programs had a higher rate of live discharges compared to not-for-profit programs (15.3% not-for-profit vs. 21.5%, AOR 0.87; 95% CI 0.82-0.92). Programs with a higher number of admissions had a lower rate of live discharges (i.e., in the highest quintile of admissions, the rate of live discharge is 15.6% compared to lowest quintile rate of 30.6%, AOR 0.43; 95% CI 0.48-0.49). Older hospice programs had a lower rate of live discharges. The rate of live discharges may represent an important vulnerability of hospice payment reform.

UNDERSTANDING VARIATION IN UTILIZATION OF HOSPICE INPATIENT CARE

We used 2010-11 Medicare hospice claims to analyze utilization of general inpatient care (GIP). We found 500,579 beneficiaries had 553,397 GIP stays. Average LOS was 5.7 days and varied by site of service (higher at inpatient hospices compared to inpatient hospitals). Most GIP stays were provided in inpatient hospices. For 65% of GIP stays, the beneficiary was not in hospice immediately preceding their first GIP day. Four-fifths of hospice providers provided at least one GIP day. The average share of hospice days billed as GIP was 1.5%, but a small number of providers exceeded 20%. A higher proportion of older hospices provide GIP than younger hospices, and nearly all large hospices provide GIP compared to half of small hospices. Nearly all New England providers provided GIP vs. three-quarter of Southern providers. These variations in LOS, site of service, and provider characteristics may have implications on the appropriateness of GIP.

FEATURES OF OPIOID MEDICATIONS PRESCRIBED TO MEDICARE HOSPICE BENEFICIARIES AND BILLED TO MEDICARE PART D

We used Medicare hospice and Part D claims to examine analgesic prescriptions received during hospice enrollment and billed to Part D. We identified 773,168 Part D enrolled beneficiaries receiving hospice services in 2010; of these, 112,555 individuals (14.6%) received 334,387 analgesic prescriptions totaling $13,000,430 through Part D during hospice enrollment. The largest proportion of total costs was attributable to Fentanyl (38.8%) prescriptions. Billings were distributed such that 10% of hospice providers accounted for 50.9% of total billings. Over half (57.1%) of analgesics were filled at or beyond beneficiaries’ 60th day on hospice. Institutionalized hospice beneficiaries received 64.4% of identified analgesics. The costs of drugs used for pain management and to palliate beneficiaries’ terminal illness and related conditions are already structured into the Medicare hospice benefit’s per diem payment rate. Our findings suggest that Medicare is being billed again for drugs which are likely already covered by Medicare hospice payments.

SESSION 2315 (PAPER)

NURSING HOME STUDIES OF RESIDENT CARE: CENTEREDNESS, PROCESSES AND OUTCOMES OF CARE

FUNCTIONAL IMPROVEMENT AMONG POST-ACUTE NURSING HOME RESIDENTS USING THE MDS 3.0
A. Wysocki, K.S. Thomas, V. Mor, Center for Gerontology and Healthcare Research, Brown University, Providence, Rhode Island

The latest revision to the Minimum Data Set (MDS) assessment instrument for nursing homes – the MDS 3.0 – was implemented in October 2010. This version requires specific assessment items to be collected at discharge. With this new requirement, it is possible to analyze short-stay residents’ functional improvement between admission and discharge and to assess post-acute care performance viz. an individual’s health status and ability to be independent. In this analysis, we examined short-stay residents’ functional improvement and the variation in improvement across facilities. The sample included residents who were newly admitted to a nursing home from an acute hospital and discharged from the nursing home between July 1, 2011 and July 1, 2012 and who had a length of stay in the nursing home of 100 days or less. We linked Online Survey Certification and Reporting (OSCAR) data from nursing facilities’ annual certification inspections to patients’ assessment data. Hierarchical linear models were used to analyze resident and facility characteristics associated with activities of daily living (ADL) improvement. We found that we new post-acute residents with conditions such as delirium and dementia showed less improvement in ADL performance during their post-acute stay, suggesting that these individuals may require more targeted interventions. Several facility characteristics, including profit-status and hospital-based, were also significant predictors of ADL improvement. The discharge assessment data in the
MDS 3.0 provide new information to post-acute consumers and providers to examine and track quality.

**Finding Gertrude: The Resident’s Voice in MDS 3.0**
K.S. Thomas, A. Wysocki, V. Mor, Brown University, Providence, Rhode Island

The new MDS 3.0 was designed to improve nursing home (NH) resident assessment by requiring self-report of pain, mood, and cognitive functioning. Residents’ ability to coherently respond to these assessments and facilities’ willingness to administer the interviews in practice was open to question. This paper examines the rates of resident completion and facility factors associated with rates of resident self-report. Using annual MDS assessments matched to the Online Survey Certification and Reporting data, we used generalized estimating equations to examine resident and facility characteristics related to rates of resident self-report. Approximately 82% of long-stay residents completed the mood and cognition items, and 87% completed the pain scale. Results suggest that resident characteristics are related to the likelihood completing the self-report scales (i.e. diagnoses, age, marital status, needing an interpreter, behavioral problems, and ADL limitation). Residents who were in hospital-based NHs were more likely to be missing mood, pain, and cognition self-report items (OR= 1.25 (1.12-1.41); OR=1.56(1.35-1.80); OR=1.19(1.05-1.35), respectively) compared to residents in free-standing facilities. In addition, residents who were missing self-report mood information were more likely to be in facilities that had a specialty care unit (SCU; OR=1.10 (1.03-1.16)), had a higher resident acuity index (OR=1.02 (1.01-1.04)) and were not members of chain (OR=0.95 (0.90-0.99)). Residents in facilities with a SCU (OR=1.16 (1.07-1.26), and fewer Medicaid residents (OR=0.95 (0.93-0.97)) had a higher likelihood of not completing the pain scale. With the reliance on these self-reported measures for quality measurement, it is important that we consider the motivation behind this behavior.

**CNA Turnover and Retention: Results from a Nationally Representative Survey**
D. Tyler, K. Thomas, V. Mor, Brown University, Providence, Rhode Island

Purpose: High turnover and low retention among certified nursing assistants (CNAs) have been persistent problems in nursing homes (NHs). The purpose of this study was to examine possible causes of these problems by linking data collected through a stratified, proportionate random sample of US NHs with provider and market level data. Methods: Surveys were administered to nursing home administrators (NHAs) and directors of nursing (DONs) at 4,149 NHs. Survey data included CNA, LPN and RN turnover and retention, NHA tenure, DON tenure, availability of a CNA training program, and the amount of time the DON spent working on the NH’s units. We used ordered logistic regression to examine the effect of these factors and NH characteristics on CNA turnover and retention while controlling for local market characteristics. Results: Both the NHA and DON cooperated at 46% of NHs. Increased RN turnover (OR=1.55) and LPN turnover (OR=1.82) were related to increased CNA turnover, while higher direct-care worker hours per resident day (DCWHPRD) was related to lower turnover (OR=0.88). Higher facility occupancy rates were related to higher CNA retention (OR=9.22), while for-profit facilities had significantly lower retention (OR=0.74). Similar to turnover, higher DCWHPRD was also related to higher CNA retention (OR=1.15). Implications: Results suggest that CNA turnover and retention are influenced by different mechanisms. CNA turnover is related to the turnover of licensed nurses, while retention is related to profit-status and occupancy, both likely indicators of NH resources. This suggests that different, though likely related, efforts must be made to address the problem of CNA turnover and to encourage CNA retention.

**Impact of Cognitive Impairments on Hospital and Emergency Department Use by Medicare Beneficiaries**
Z. Feng, L. Coots, J. Wiener, Y. Kaganova, Senior Research Analyst, Waltham, Massachusetts

Cognitive impairments, including Alzheimer’s disease and related disorders (ADRD), are projected to rise rapidly as the US population ages, placing significant burdens on patients, families and society. Using longitudinal data from the Health and Retirement Study (HRS) linked with Medicare claims, we examined the effect of cognitive impairments, as identified from claims-based ADRD diagnoses and HRS-based cognitive measures, on hospitalizations and emergency department (ED) visits among fee-for-service Medicare beneficiaries, 2000-2008 (N=39,268 observations for 12,428 individuals). Among community-dwelling beneficiaries, the odds of hospitalization or ED use—both overall and for potentially avoidable causes—approximately doubled for beneficiaries with cognitive impairments, as compared to those without cognitive impairments, after adjusting for demographics, physical functioning and a host of potential confounders in multivariate analyses. Among nursing home residents, no significant effect of cognitive impairments was observed on inpatient admissions but the likelihood of ED visits, both overall and potentially avoidable, increased significantly with cognitive impairments. The lack of medical resources and ambulatory care for managing acute changes in home and community settings may have led to more frequent and potentially avoidable hospitalizations and ED visits for cognitively impaired individuals. In nursing homes, the inadequacy of specialized care tailored to cognitively impaired residents may have contributed to more frequent ED visits by these residents than others without cognitive impairments. These findings point to the need for planning and growing appropriate services and supports for older people with cognitive impairments in both community and institutionalized settings.

**How Do We Know If Aged Care Facilities Are Supportive of the Expression of Residents’ Sexuality? The Development of an Organizational Assessment Tool**
M. Bauer1, D. Fetherstonhaugh1, L. Tarzia1, E. Beattie2, D. Wellman1, 1. La Trobe University, Melbourne, Victoria, Australia, 2. Queensland University of Technology, Brisbane, Queensland, Australia

Sexuality is increasingly seen as important for successful ageing and older people’s sexuality is receiving greater public exposure. The expression of sexuality for older people living in residential aged care however, particularly if there is dementia involved, remains a major challenge. Many residential aged care staff do not perceive sexuality to be a priority care need and ascertaining residents’ needs around the expression of their sexuality is not the norm. There is currently little information available to assist and guide aged care facilities in responding to residents’ expressions of their sexuality. This paper will present and discuss the development of an environmental sexuality assessment tool that allows aged care facilities to determine the extent to which they have addressed the sexuality needs of residents (including those with dementia). Development of the tool occurred in three phases: a review of the literature; interviews with aged care staff (n=46), residents (with and without dementia) (n=16) and families (n=7) from six aged care facilities in two Australian states; and a two stage Delphi rating process involving national and international experts (n=13) to determine the final makeup of the tools’ items. The tool addresses facility policies and procedures; information provision, staff education and training; education and support for residents and families; ascertaining residents’ needs; the physical environment and safety and risk management. The application of the tool to practice will be discussed.
2013 Late Breaker Poster Sessions

Organized by the Biological Sciences, Health Sciences, and Social Research, Policy & Practice Sections
2013 Late Breaker Poster Sessions

The Late Breaker Poster Sessions are jointly sponsored by GSA’s Biological Sciences, Health Sciences, and Social Research, Policy & Practice Sections. These sessions are a forum for the presentation of the newest, most pressing, and previously unreported results in aging research.

Participating posters will be grouped together in a special Late Breaker section of the hall. Late Breaker sessions will take place in the Napoleon Ballroom, GSA’s Exhibit Hall in the Sheraton Hotel. The poster number on each board corresponds to the number in front of an abstract in this program.

Posters will be displayed during the times listed below.

*Presenters will be at their boards during the Face-to-Face Time for each session.

**Wednesday, November 20**
6:00 PM to 8:00 PM
Face-to-Face Time: 6:00 PM - 7:00 PM

**Thursday, November 21**
12:00 PM to 3:00 PM
Face-to-Face Time: 12:00 PM - 1:00 PM

**Saturday, November 23**
11:45 AM to 2:45 PM
Face-to-Face Time: 11:45 AM – 12:45 PM

*Presenters: Set-up times for poster sessions is 5:00 pm on Wednesday and upon the Exhibit Hall opening at 9:30 am on Thursday and Saturday. All poster presenters are responsible for the removal of their materials from boards by the end of their presentation day.
Wednesday, November 14

Aging, the Central Nervous System, and Mobility in Older Adults

260. A Randomized Trial to Measure the Impact of a Cognitive Training Intervention on Balance and Gait in Black Community-Dwelling Older Adults: Results from the Healthy Brain, Healthy Body Pilot

Renae Smith-Ray, University of Illinois at Chicago; Beth Makowski-Woidan, University of Illinois at Chicago; Susan Hughes, University of Illinois at Chicago

Fall prevention is important for maintaining mobility and independence into old age. Approaches for reducing falls include exercise, tai chi, and home modifications; however causes of falling are multi-factorial and include not just physical but cognitive factors. Cognitive decline occurs with age, but older adults with the greatest declines in executive function experience more falls. The purpose of this study was twofold: to demonstrate the feasibility of a community-based cognitive training program for Black older adults and analyze its impact on gait and balance in this population. This study used a pre-test/post-test design with random assignment to either an intervention or control group. Participants assigned to the intervention completed a computer-based cognitive training class that met 2 days/week for 60 minutes over 10-weeks. Classes were held at senior/community centers. Primary outcomes included gait speed, gait speed under visuospatial dual-task condition, and balance as measured by the Berg Balance Scale (BBS). All measures were collected at baseline and immediately post-intervention. Participants were community-dwelling Black adults with a mean age of 72.5 and history of falls (N=45). Compared to controls, intervention participants experienced statistically significant improvements in BBS [F(1,31)=5.68, p=0.038] and gait speed [F(1,29)=6.57; p=0.016]. Mean performance on distracted gait speed also improved more for intervention participants compared to controls, but between group differences were not statistically significant. Findings from this pilot randomized trial demonstrate the feasibility of a community-based cognitive training intervention and provide evidence that cognitive training may be an efficacious approach toward falls prevention.

261. Brain Amyloid and Neuronal Injury Influences Mobility Under Dual-task Conditions

Neelosh Nadkarni, University of Pittsburgh; Stephanie Studenski, University of Pittsburgh; Beth Snitz, University of Pittsburgh; Subashan Perera, University of Pittsburgh; Robert Nebes, University of Pittsburgh; Oscar Lopez, University of Pittsburgh; William Klunk, University of Pittsburgh

Background: Gait slowing precedes and may predict the onset of cognitive impairment in Alzheimer’s Disease. Gait speed in those with and without brain amyloid, the key pathological component of AD, and/or markers of neuronal injury, is recently reported to be similar. However, high brain amyloid is a suggested as a new risk factor for falls. Aim: To study the association between brain amyloid deposition and neuronal injury in cognitively normal older adults and their gait characteristics and under single- and dual-task conditions. Methods: Gait parameters under walking only (single task, ST) and while dialing a phone (dual-task, DT) were measured on an automated walkway. Dual-task costs in gait speed was calculated. On PET imaging, amyloid burden was assessed using Pittsburgh B (PiB) ligand and neuronal injury was measured using fluorodeoxyglucose (FDG). Participants were divided in to high-amyloid (PiB+) and low-amyloid (PiB-) groups using established cutoffs. Imaging was performed in one year of gait measures. Results: Ten participants, age:74.5 years, (4 PiB+, 6 PiB-) were studied. The two groups were comparable in age, general cognitive status and general physical performance measures. ST walking speed were comparable between groups (1.2 vs 1.1 m/sec, p=0.2) but dual-task costs on walking speed under DT condition was significantly greater in the PiB+ than PiB- group (0.41 vs 0.24, p=0.02). Atrophy-corrected global FDG significantly correlated with dual-task costs on gait speed. Conclusions: Brain amyloid and neuronal injury may influence the cognition-mobility interface in older adults. Further research with larger sample sizes incorporating falls assessment is warranted.

262. Excitatory Synapses In Hippocampal CA1 Pyramidal Neurons Along The Dorsal-Ventral Axis Of Aged, Behaviourally Characterised Rats

Nicola Corbett, Rush University Medical Center; Eric Buss, Rush University Medical Center; Timothy Musial, Rush University Medical Center; Kwang Oh, Rush University Medical Center; Craig Weiss, Northwestern University; John Disterhoft, Northwestern University; Daniel Nicholson, Rush University Medical Center
Functionally, the hippocampus can be divided into the dorsal, engaged during spatial and temporal memory tasks, and ventral, which helps to regulate emotional and olfactory behaviour. The current work is a detailed synaptic study of the aged rat (AU rat) CA1, and furthermore in the aged CA1 of learning-impaired rats (AI rats) along the dorsal-ventral axis of the hippocampus. The rats were behaviourally categorised using two hippocampal-dependent tasks. The total number of axospinous synapses and their AMPAR were quantified in the proximal and distal stratum radiatum (pSR and dSR, respectively), and the stratum lacunsum-moleculare (SLM) of the CA1 using a conventional and immunogold electron microscopy and unbiased stereology.

The AI rats showed an increased number of nonperforated synapses in the ventral SLM when studying total number of synapses. However, it was the dorsal CA1 of the AI rats that had a greater percentage of synapses that did not contain any AMPARs. Those synapses that did not contain AMPAR were smaller than any other synapses throughout the entire study. These results suggest that there is disruption of the functional integrity of the synapses in the CA1 of AI rats due to the removal of AMPAR leading to “silent” synapses. This may suggest that cognitive impairment in these animals is due to the beginning of deafferecntation of the hippocampus as connections from the entorhinal cortex, an area well known for its early vulnerability in neurodegeneration, to the SLM of the CA1 as well as the perforant pathway are becoming weak.

263. Gait training using visual and auditory feedback cues with older adults who are fearful of falling

Nimali Jayasinghe, Weill Cornell Medical College; Yoram Baram, Technion Israel Institute of Technology; Howard Hillstrom, Hospital for Special Surgery; Sherry Backus, Hospital for Special Surgery; Sandy Ganz, Weill Cornell Medical College; Lisa Spielman, N/A

This feasibility study examines whether a wearable virtual reality device that helps patients with neurological conditions to overcome disruptions in motor circuitry functioning can also help older adults who are fearful about falling. The device provides visual and auditory feedback cues that are generated by inertial sensors and are calibrated to the user's own movements. The study will recruit 24 community-dwelling adults ages 60 and above who have experienced one or more falls during the prior year and who report significant fears. Half will have experienced minor falls (N = 12) and half will have experienced falls with significant injury (N = 12). All subjects will train for 24 minutes with the device in the controlled setting of a motion analysis laboratory. Biomechanical assessments will take place at three time-points: immediately prior to using the device, while using the device, and after using the device. Three subjects (all non-Hispanic White females, ages 67-80) have completed the study, which has just begun. In-depth analyses are presented here of changes over the course of assessments in gait (step-length, walking speed, single support time) and balance (center of pressure sway), as well as impact of the training on ratings of fears of falling. This study takes a first step in exploring whether virtual reality is efficacious in ameliorating modifiable risk factors for recurrent falls—and thereby optimizing adaptation in aging.

264. Frailty Assessment by characterization of open-loop and closed-loop strategy of postural control in older adults

Nima Toosizadeh, Interdisciplinary Consortium on Advanced Motion Performance (iCAMP), Department of Surgery, University of Arizona, USA; Jane Mohler, Arizona Center on Aging, University of Arizona, USA; Bijan Najafi, Interdisciplinary Consortium on Advanced Motion Performance (iCAMP), Department of Surgery, University of Arizona

Background: Frailty syndrome is associated with increased morbidity, hospitalization, and mortality. To prevent frailty, early identification and intervention can potentially result in reversal, and therefore sensitive markers of pre-frailty should be identified. Compromised human balance is associated with frailty and may prove an important indicator. The OLCL approach can provide insights into efficiency of open-loop control based on muscular activities and closed-loop control based on sensory feedbacks; however, it has never been used to predict frailty.

Methods: 120 adults, age ≥ 65 years, with no major mobility disorder were recruited, and frailty measured using Fried’s criteria. Two 15-second trials of balance were assessed, and body-worn sensor data used to develop center of gravity (COG) plots. Traditional and OLCL balance parameters were derived using COG plots.

Results: None of the traditional balance parameters was independently associated with frailty when controlling for age (p > 0.2079), while five OLCL parameters were independently associated with frailty (p = 0.0046–0.0492). A higher level of stochastic activity was observed during open-loop controlling in frail participants, which suggests decreased ability of postural muscles in maintaining balance. We also observed a reduction in the switching time between open-loop and closed-loop control mechanisms in frail participants.

265. Health-Related Quality of Life, Balance Performance, and Falls in Older Cancer Survivors
Min Hui Huang, Physical Therapy Department, University of Michigan-Flint; Kara Miller, University of Michigan-Flint; Kristin Schrag, University of Michigan-Flint; Tracy Lytle, University of Michigan-Flint; Kayle Fredrickson, University of Michigan-Flint; Tracy Sweeney, University of Michigan-Flint

Balance impairments and increased risks of falls can develop after cancer and its treatment. Relatively little is known about the impact of balance impairments and falls on the health-related quality of life (QoL) in older cancer survivors. Thirty-three cancer survivors (age: 66 ± 7 years) living in the community participated in the study. Balance was examined using the Balance Evaluation Systems Test (BESTest), Berg Balance Scale, and Activities-specific Balance Confidence Scale. Participants’ health-related QoL was assessed using the SF-36v2. Pearson correlation was used to measure the strength of the association among variables of balance and QoL. Mann-Whitney U Test was used to compare balance and QoL variables between older cancer survivors with vs. without a history of falls. Only the BESTest was significantly correlated with the Physical Health component of the SF-36v2 (r = 0.54, p <.01). Among all participants, 52% reported having one or more falls during the past 12 months. Participants with a history of falls had significantly lower scores on SF-36v2 Physical Health (mean ± SD = 43 ± 8) than those without a history of falls (mean ± SD = 51 ± 6) (p <.05). Balance performance was associated with the perception of physical health among older cancer survivors. This relationship was found, however, only when balance was assessed using the BESTest. While one in three adults older than 65 years may experience at least one fall per year, the fall rate was higher in older cancer survivors in this study.

266. Higher Step Length Variability Indicates Lower Grey Matter Integrity of Selected Regions in Older Adults

Andrea Rosso, University of Pittsburgh; Megan Olson Hunt, University of Pittsburgh; Jennifer Brach, University of Pittsburgh; Anne Newman, University of Pittsburgh; Stephanie Studenski, University of Pittsburgh

Background: Step length variability (SLV) is higher in neurologic patients, increases risk for falls, predicts dementia, and increases with age in those without overt neurologic disease. Whether higher SLV in older adults without overt disease indicates neurologic abnormalities is not known. Objective: Identify neurologic associations with SLV in older adults without overt disease, using multimodal neuroimaging markers. Methods: A well-characterized, bi-racial cohort of 265 adults (79-90 years) was concurrently assessed by gait mat, magnetic resonance imaging with diffusion tensor, and neurologic exam. Linear regression models adjusted for gait speed, demographic, health, and functional covariates assessed associations of MRI measures (grey matter volume, white matter hyperintensity volume, mean diffusivity, and fractional anisotropy) with SLV. Regional distribution of these associations was assessed by sparse partial least squares analyses. Results: Higher SLV (mean: 8.4, SD: 3.3) was significantly associated with older age, slower gait speed, and poorer executive function and also with lower grey matter integrity measured by mean diffusivity (standardized beta=0.16; p=0.02). Associations of higher SLV with grey matter integrity were strongest for the hippocampus and anterior cingulate gyrus (both beta=0.18) as compared to other regions. Associations of SLV with other neuroimaging markers were not significant. Conclusion: Lower integrity of normal-appearing gray matter may underlie greater SLV in older adults, particularly in the hippocampus and anterior cingulate gyrus, regions involved in memory and executive function. These findings support previous research indicating a role for cognitive function in motor control. Higher SLV may indicate focal neuropathology in those without diagnosed neurologic disease.

267. Link of Cognition and Frailty in Middle and Old Age: Metabolic Syndrome Matters

Feng Lin, University of Rochester Medical Center; Rachel Roiand, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin; ; Ding-Geng Chen, University of Rochester Medical Center; Christina Qiu, University of Rochester Medical Center

Objectives: This study examined whether Metabolic syndrome (MetS) moderates the association of cognition with frailty in middle and old age. Methods: A cross-sectional design was used. Six hundred and ninety participants (age ≥ 50 years) from an ongoing national survey were included in the study. A modified version of MetS was used by adding C-reactive Protein to the ATP III components. Confirmatory factor analysis was applied to determine latent variables of executive function (EF), episodic memory (EM), and MetS based on relevant measurements. Frailty was defined based on modifying Fried’s criteria. Results: Applying structural equation modeling, having MetS significantly increased the likelihood of being frail. Higher EM, but not EF, was significantly associated with lower likelihood of MetS. Lower EF, but not EM, significantly increased the likelihood of being frail. There was a significant interacting effect between MetS and EF, but not EM, on frailty. Further stratification analysis indicated that having MetS strengthened the negative association between EF and frailty. Conclusion: MetS moderates the relationship between EF and frailty. A prospective study is needed to validate such relationships before developing interventions targeting the prevention or treatment of EF and frailty in individuals with MetS.
268. Rapamycin Increases Proteasome Activity in the Brain of Young and Old Mice, but Not in Liver or Visceral Fat

Karl Rodriguez, The University of Texas Health Science Center, San Antonio; Sherry Dodds, The University of Texas Health Science Center, San Antonio; Randy Strong, The University of Texas Health Science Center, San Antonio; Veronica Galvan, The University of Texas Health Science Center, San Antonio; Zelton David Sharp, The University of Texas Health Science Center, San Antonio; Rochelle Buffenstein, The University of Texas Health Science Center, San Antonio

Rapamycin is a canonical inhibitor of the mTOR kinase and is known to have immuno-suppressive activities, yet increases longevity in mice. Recent work has also shown that rapamycin inhibits 20S proteasome peptidase activity in vitro, which contrasts with the current hypothesis that a loss of proteasome activity and disruption of the proteasome-related chaperone network are detrimental to life- and healthspan. In order to understand whether rapamycin effects proteasome activity in a more physiological context we tested proteasome peptidase activity in the whole brain, liver and visceral fat of young and old, male and female mice treated with 2.24mg/kg rapamycin and compared this activity to similarly-aged animals on the eudragit vehicle alone. Further we measured the protein content of selected chaperones known to interact with the ubiquitin-proteasome system (UPS) and heat shock factor 1 (HSF1) transcription factor. While there appeared to be more of an age instead of treatment effect in proteasome activity measure in liver lysates, lysates of visceral fat showed a significant treatment-related decline which was stronger in female fat tissue compared to male tissue. In contrast, proteasome activity in brain lysates fed rapamycin increased. Chaperone showed age-related instead of treatment-related changes except in the case of male liver tissue where old, treated male mice showed a repression of HSF1 and the heat-shock response. Thus, the effects of rapamycin on the proteasome-chaperone network are tissue-specific, suggesting more subtle regulation of the UPS/Heat-shock response by manipulations of the mTOR pathway rather than direct interactions between rapamycin and the proteasome.

269. The Effect of Executive Function on Postural Control: An Evaluation of Simple and Dual-Task Tests on Clinical Tests of Balance

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Background: The relationship between gait and cognition is well documented, but the association between cognition and balance in older adults is limited. An evaluation of cognition on balance tests commonly used to assess postural stability in community-dwelling older adults could enhance the identification and rehabilitation of individuals with deficits. Objectives: To determine: 1) the association between cognition and clinical tests of balance; and 2) the relationship between executive function (EF) and balance under single and dual-task testing. Method: In general, participants (n=24 women, mean age =76.18 years (±16.45)) completed six clinical balance tests (Berg Balance Test, Fullerton Advanced Balance Scale, Postural Sway Test (single and dual-task) and Timed Up & Go Test (single and dual-task)) and four cognitive tests (MMSE, MoCA, Trail Making Test). Results: Poor balance function was associated with poor performance on cognitive testing of EF. In addition, the association with EF was strongest under the dual-task Timed Up & Go Test (TUG) and Fullerton Advanced Balance Scale. Measures of global cognition were only associated with dual-task performance of the TUG. Postural sway measured with the Standing Balance Test, under single or dual-task test conditions, was not associated with cognition. Conclusions: Decreased EF was associated with worse performance on functional measures of balance. The relationship between EF and balance was more pronounced with complex functional tasks and dual-task testing using a complex cognitive task combined with the TUG.
Health Sciences Section

270. “If I Don’t Take Care of Myself, I Can’t Take Care of Them:” Evaluating a Pilot Self-Care Curriculum for Custodial Grandparent Caregivers

Jacquelyn Lee, University of North Carolina Wilmington; Stacey Kolomer, University of North Carolina Wilmington

There is strong evidence that custodial grandparent caregivers are not adequately attending to their own needs due primarily to a focus on the children in their care. The extant literature has focused largely on understanding needs and challenges, and less attention has been given to developing evidenced-based practices to facilitate custodial grandparents’ prioritization of their own health and well-being. This proposal focuses on an innovative community-based intervention designed to increase attention to self-care. It draws on previous research but is grounded in a new conceptualization of self-care offered in the literature, one that focuses on empowerment, intentionality, and self-advocacy. The purpose of the present study is two-fold: 1) to evaluate a pilot 9-session self-care curriculum integrated into a short-term pre-existing program designed to support custodial grandparent caregivers and 2) to explore caregivers’ understanding and experiences with self-care. Using a basic interpretive qualitative design and purposive sampling, data were collected through in-depth, face-to-face interviews with 11 female custodial caregivers. Additional survey data gathered included variables such as health perception and frequency of self-care practices. Thematic analysis revealed caregivers found the curriculum to be very helpful in increasing both stress relief and consideration of self-care, and highlighted caregivers’ perspective that self-care is primarily about physical health and stress relief. Findings indicate the need for ongoing development and implementation of the intervention to continue to promote the notion that self-care is not only a means of healing, stress reduction, and prevention, but also an empowering mechanism to cultivate holistic health and well-being.

271. “Take a Look through My Glasses”: An Experimental Study on the Effects of Age Simulation Suits and their Ability to Enhance Understanding and Empathy

Laura Schmidt, Network Aging Research, Heidelberg University; Katrin Jekel, Network Aging Research, Heidelberg University

Age simulation suits are designed to enable younger persons to experience common age-related limitations such as sensory impairment, joint stiffness or loss of strength. In the field of engineering and product design those suits attracted increasing attention in recent years, but in the field of care-giving this is the first experimental study that evaluates their potentials and constraints and focuses on psychological effects of the simulation. 134 participants, mostly nursing trainees, gerontology/psychology students and care-givers (age: M=37.2 years, SD=16.3), put on a modularized age simulation suit and had to handle standardized everyday tasks such as climbing stairs, counting an amount of money or reading a bus schedule. Perceived physical impairment, attitudes towards aging, and subjective age were assessed with standardized pre- and post-questionnaires. On average, participants ‘felt’ 72.8 years old wearing the suit (SD=11.3; range 43-95). The simulated impairments were rated as realistic (e.g., vision impairment: 91.7% approval, reduced walking ability: 88.1%). 69.3% of participants even reported a higher mental strain during the tasks. After the session, increased understanding for typical everyday problems of older people was found (t(127)=2.91, p<0.01). In part, the simulation evoked fear and negative attitudes towards aging. Findings show the potential of age simulation suits regarding a realistic simulation of physical decline and a means to stimulate empathy for older people in society. However, results suggest that the suit should only be used in combination with expert supervision and education on losses and gains during the aging process to provide a comprehensive and differentiated picture.

272. A Lack of Guidelines for the Care of Elderly Patients with Heart Failure and Other Co-morbidities: An Alarming Issue for Home Health Nursing

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Background: Every day, nurses in more than 11,000 home health agencies across the United States provide care for about 5 million patients with heart failure. An average home health patient suffers from four co-morbid conditions such as: hypertension (49%), diabetes (30%), chronic obstructive pulmonary disease (17%), and osteoarthritis (13%). However, no guidelines focus specifically on how home health nurses should manage co-morbid conditions in patients with heart failure. Aims and methods: We aimed to: 1) identify recommendations within the American Heart Association (AHA) and the Heart
273. An Internet Assisted Weight Loss Program Intervention for Older Obese Appalachian women: A Mixed Methods Study

Tara O'Brien, The University of North Carolina at Charlotte; School of Nursing; Carolyn Jenkins, Medical University of South Carolina; Elaine Amella, Medical University of South Carolina; Martina Mueller, College of Nursing, Medical University of South Carolina; Michael Moore, The University of North Carolina at Charlotte; Meredith Troutman-Jordan, The University of North Carolina at Charlotte.

Rural Appalachian women are at risk for obesity and few studies have explored the use of the Internet to promote weight loss. The objective of this study was to explore the feasibility of a 12-week weight loss intervention using Internet technology. The sample (n = 24) included white women (70%) and black women (30%) age 55 and older recruited from two rural senior centers in the Appalachian region of North Carolina. The centers were randomly assigned to one of two Internet programs ("Lose It" or "Daily Wellness"). The "Lose It" group received an Internet program for recording of daily calories consumed and physical activity. The "Daily Wellness" group received daily wellness tips for older adults. The mean age of participants was 69 ± 8 years, and 66.7% had a high school diploma or GED. Forty-five percent of participants reported a household income of <$29,000 annually. Mean body mass index (BMI) (kg/m2) was 34.2 ± 8. A statistically significant group difference (p = .042) was observed between the intervention and control group scores on the Availability Subscale for consuming high calorie foods. After 12 weeks, the mean weight loss for the intervention group was 7.2 pounds and the control group was 6.8 pounds. Internet weight loss programs appear feasible for older rural women. Internet delivered weight loss interventions that provide ways to record daily calories, physical activity, and weight may provide more visual self-awareness for daily calories consumed and physical activity, thereby leading to increased self-efficacy for weight loss.

274. Analysis of Individual and Health Care Risk Factors Associated with Community-based Accumulation of Home Medications (CACHES)

Carrie Plummer, Vanderbilt School of Nursing; Michael Carter, University of Tennessee Health Sciences Center; Lorraine Mion, Vanderbilt School of Nursing.

Introduction: Stockpiling of unused medications by community-dwelling individuals results in Community-based Accumulation of Home mEdicationS (CACHES). CACHES place the individual, health care and justice system, and ecosystem at risk for adverse outcomes including: a) adverse drug events in older adults, b) diversion of prescription medications by friends and family, c) pediatric poisonings, d) increased criminal justice system costs related to prescription drug abuse, e) increased health care costs, and f) pollution of local water supplies via improper medication disposal. This study describes the prevalence and size of CACHES found in the home of decedents' in Davidson County, Tennessee. In addition, the study explores the relationship among individual risk factors (advanced age), health care risk factors (number of prescribers and dispensers used), and CACHES. Methods: This study involved an analysis of existing data extracted from death scene charts created by the Medical Examiners and Medicolegal Death Scene Investigators of Forensic Medical, PLC in Nashville, Tennessee from January 1 through December 31, 2011. Results: Fifty-six percent of decedents had CACHES. More than half had ≥ 4 bottles of unused medications with a mean of 38.9 ± 43.7 pills. The CACHES group was significantly older and used more prescribers and dispensers than the non-CACHES group. Discussion/Conclusions: This exploratory study corroborates the CACHES model's assertion that the stockpiling of unused medications is a pervasive problem. Furthermore, the analyses support advanced age and the use of multiple prescribers and dispensers increases the individual's risk for the accumulation of unused medications in the home.

275. Antihypertensive Use and Recurrent Falls in Community Dwelling Older Adults: Findings from the Health ABC Study

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Design: Longitudinal. Data source: Health ABC Study years 1-7 (1997-2004). Participants: 2,948 participants at baseline (black 40.8%, female 51.6%, age 70-79 years) with data collected via interview. Main outcome measures: Recurrent falls (2+) in the previous 12 months. Main independent variables: Antihypertensive use defined as: 1) any use, 2) long- vs. short-term (2+ years vs. <2 years) use, 3) summed standardized daily dose (SDD; 1 = max recommended daily dose for one antihypertensive), and 4) any of 9 antihypertensive sub-class use. Results: At year 1, 15.3% reported the use of one or more antihypertensives. Among these, 91.2% took them for 2+ years, and 9.6% took >2 SDDs. Yearly, at least 7.5% of participants reported having 2+ falls. Multivariable GEE analyses, controlling for potential demographic, health status/behaviors and access to care confounders, found no statistically significant increased risk of recurrent falls in antihypertensive users (adjusted OR 1.23; 95% CI 0.96-1.58). Similarly, no increased risk was found among those taking higher SDDs and those with longer duration of use. Of the 9 sub-classes, only any use and long duration of loop diuretics were found to be significantly associated with recurrent falls (adjusted OR 1.36; 95% CI 1.01-1.83 and adjusted OR 1.49; 95% CI 1.01-2.20, respectively).

Conclusions: Antihypertensive use was not significantly associated with recurrent falls after adjusting for important confounders. Use of loop diuretics, which can cause dehydration and/or hypotension, potentially causing dizziness – may be associated with recurrent falls.

276. Bariatric Surgery and Older Adults: Benefits, Side Effects, and Outcomes.

Cindy Marihart, North Dakota State University; Cindy Marihart, North Dakota State University; Angela Geraci, North Dakota State University; Ardhit Brunt, North Dakota State University

The aging population is growing exponentially worldwide. Associated with this greater life expectancy is the increased burden of chronic health conditions, many of which are exacerbated by the continued rise in obesity. In the United States, the prevalence of obesity in adults aged 60 years and older increased from 9.9 million (23.6%) to 22.2 million (37%) in 2010 (Mathus-Vliegen et al., 2012). A comprehensive literature search found 349 articles that referred to bariatric surgery in older adults. Of these, 63 relevant articles on bariatric surgery for older adults were reviewed. The most common types of weight-loss surgery are laparoscopic adjustable gastric banding, vertical sleeve gastrectomy, Roux-en-Y gastric by-pass, and the duodenal switch. Weight-loss surgery procedures are equally safe for both older adults and their younger counterparts. This resulted in changes in age guidelines by the National Institute of Health and Medicare; however, pre-surgical psychological assessment is critical for positive outcomes for older adults. Benefits include a decrease in co-morbidities, chronic disease risk, and medication use coupled with improved mobility and quality of life outcomes. Side effects include surgical failure, changes in psychological status, and increased stress. Costs range from $17000 for laparoscopic procedures to $26,000 for open gastric surgeries. Estimated savings on healthcare costs start accruing within three months of surgery. Recommendations for future research for older adults and bariatric surgery focus on lifestyle changes and quality of life appropriate to the needs of older adults.

277. Comparison of health outcome trajectories between Green House nursing home and traditional nursing home residents

Ju Young Yoon, University of Wisconsin-Madison, School of Nursing; Siobhan Sharkey, Health Management Strategies; Barbara Bowers, University of Wisconsin-Madison

The purpose of this study is to investigate the effects of a small-scale nursing home model from the longitudinal health outcome trajectories. This study used Green House (GH) homes as a representative small-scale nursing home model, and compared the change patterns of health outcomes over time in GH homes and traditional nursing homes controlling for age and gender. This study is a retrospective longitudinal analysis using minimum dataset (MDS). The total sample included 93 GH home residents and 145 traditional nursing home residents. The main health outcome measures were ADL, cognition, and negative mood symptoms. Latent growth curve modeling was utilized. Major study findings are: 1) the ADL function of both groups were reported to become worse over time with no statistically significant differences of intercept, slope, and quadratic term; 2) Cognitive function was quite stable over time in both groups; and 3) GH home residents were reported to have a higher baseline and slope of negative mood compared to the stable change pattern of traditional nursing home residents’ mood trajectory. The increasing patterns of negative mood in GH homes are not necessarily negative findings because GH homes provide more environmental freedom to express negative mood and more proactive care to identify and handle residents’ negative mood. Furthermore, this study was based on MDS assessed by RNs, in which nursing staff might be more sensitive to recognize residents’ changes in mood and more likely to report these changes due to the close relationships between staff and residents in small-scale units.

278. Does Mobility Disability Determine Length of Stay in Elderly Patients Undergoing Elective Noncardiac Surgery?
Leanne Groban, Wake Forest School of Medicine; Sunghye Kim, Wake Forest School of Medicine; Angela Edwards, Wake Forest School of Medicine; Lauren Rustowicz, Wake Forest School of Medicine; Catherine Roach, Wake Forest School of Medicine; Anthony Marsh, Wake Forest University

Introduction: Frailty predicts postoperative complications, increased length of stay (LOS), discharge institutionalization, and increased healthcare costs, but assessment in a preoperative clinic is challenging. Therefore, we identified and compared various geriatric-specific measures of general health status and physical function in elderly patients to determine how non-traditional preoperative measures compared with the frailty score in predicting LOS. Methods: 189 ambulatory, older surgical patients underwent a battery of preop-tests including the Mini-Nutritional Assessment short-form (MNA-sf), self-rated mobility (the Mobility Assessment Tool-short form (MAT-sf), American Society of Anesthesiology (ASA) status, and Fried’s frailty test (for surgical patients). LOS was analyzed using linear regression with a log transformation using Stata /IC11.0. Results: Mean ± SD age was 75±5 yr and 50% were women. Using AHA guidelines, 19% underwent low risk surgery, and the remainder went for intermediate or high risk surgery. 57% of patients were pre-frail and 38% were frail, 38% were at-risk for nutritional deficiency, and 5% were malnourished. Median LOS was 2 days; interquartile range of 1-4 days. After controlling for age, procedural risk, the MAT-sf, ASA status ≥3, and CRP ≥1 mg/dl were significant predictors of LOS. Having a BMI ≥25 m/kg2 was associated with shorter LOS. Frailty status was not a significant biomarker of hospital stay. Conclusions: MAT-sf is a novel and efficient way to measure mobility in older patients prior to surgery; it is a prognostic indicator in this setting. Whether pre-habilitation strategies focused on improving mobility and strength could reduce LOS and morbid events requires further study. 1. Makary et al. J Am Coll Surg 2010:210:901-908. Funded in part by the Translational Science Center and Center for Integrative Medicine at Wake Forest University and Wake Forest School of Medicine and the Anesthesiology Patient Safety Foundation.

279. Effects of Obesity on Incident of Disability and Mortality in Older Mexicans

Amit Kumar, University of Texas Medical Branch Galveston; Soham Al Snih, University of Texas Medical Branch Galveston; Kshitija Kulkarni, University of Texas Medical Branch Galveston; James Graham, University of Texas Medical Branch Galveston; Amol Karmarkar, University of Texas Medical Branch Galveston; Kenneth Ottnebacher, University of Texas Medical Branch Galveston

Background: Prevalence of obesity is increasing in Latin America. It is unclear if the obesity trend is associated with increased risks for disability or mortality among older Mexicans. Methods: The sample was drawn from the nationally representative Mexican Health and Aging Study, an ongoing longitudinal study of Mexican adults aged ≥50. This study included 6,624 participants from first three waves (2001-2012). Measures included sociodemographic variables, medical conditions, body mass index (BMI), and disability. Generalized estimating equation was used to test whether repeated measures of BMI were associated with onset of disability, and Cox proportional hazard regression model was used to estimate the hazard of death as a function of BMI, after controlling for all covariates. Results: Average age was 61.2 years and 49% of them are women. The odds ratio of becoming disabled compared to normal body weight, was 2.19 (95% CI 1.40-3.43) for underweight, 0.87 (0.73-1.03) for overweight, 1.07 (0.86-1.32) for obese, and 1.41 (1.04-1.92) for morbid obese category. The hazard of death over 11 years follow-up compared to normal body weight was 15% higher in underweight, 11% lower in overweight, 14% lower in obese, and 22% lower in morbid obese category. Conclusion: BMI-related risk for incident of disability demonstrated a J-shaped pattern in the two extreme categories (underweight and morbid obesity) were at an increased risk for onset of disability over the 11-years period. The risk of mortality was higher among underweight, however BMI ≥ 25 Kg/m2 showed a protective effect. This information will be helpful for clinical decision making.

280. Electronic Health Records in Long Term Care: Experience of End Users

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Because long term post-acute care (LTPAC) facilities are not eligible for the HITECH Act’s meaningful use financial incentive program, adoption of electronic health records (EHR) among LTPAC facilities has been gradual. In order to ensure the safety of patients being transferred into care, as well as to stay competitive and maintain referrals from hospitals, it will be ever more important for LTPAC facilities to adopt EHRs and have the proficiency to exchange electronic data with hospitals and physicians’ offices. This pilot study used a qualitative method to examine the end user’s (nurses) experience of an EHR system in a LTPAC facility in Northeast Ohio. Nurses (n=20) reported high levels of satisfaction with the system, most often citing the benefit that other clinicians could see residents’ health data efficiently. Many conveyed that EHRs enabled them to spend more time with residents, while only 2 respondents expressed concern over too much time being spent on the computer screen. The majority of respondents agreed that EHRs are better than paper charting at improving health outcomes for residents, primarily because the computer eliminated issues in miscommunication from bad handwriting. There were
frustrations over not being able to access the system if a computer ‘froze’ or the server was down. Data privacy and communication with staff from the transferring hospital were also concerns. Findings suggest that staff input for improvements to the EHR software be made, as well as a more consistent training schedule be put into place to allow staff to share best practices.

281. Functional Capacity Was A Significant Independent Predictor Of Mortality For Octogenarian ASA III Patients, Irrespective Of Type Of Surgery

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Background: The American Society of Anesthesiology’s (ASA) physical status classification remains the most widely used risk stratification tool worldwide. Although this classification has been shown to be one of the most significant predictors of morbidity and mortality, the majority of patients (1049 patients; 65.1% of the total sample) 80 years of age or greater at the Veterans Affairs Western New York Healthcare System were classified as ASA III, significantly limiting the utility of this ASA classification for stratification of perioperative risks. Methods: All data were extracted from the Veterans Affair Surgical Quality Improvement Program, a perioperative prospectively-maintained computerized database. ASA III patients were reclassified into subgroups IIIA or IIIB based on functional capacity (functionally independent = ASA IIIA; partially or fully dependent = ASA IIIB) to assess whether this improved perioperative risk stratification. 759 (72.4%) were classified as ASA IIIA and 290 (27.6%) were ASA IIIB. In this database, mortality data was reliably available for all patients in for the duration of the 96-month follow-up period, as were other perioperative patient data. Results: Early-term and long-term survival was significantly better in the ASA IIIA group, irrespective of type of surgery. ASA IIIB hazard ratios for mortality were greatest for orthopedic and vascular surgery patients, but a significant divergence in survival between ASA IIIA and IIIB patients was observed in all surgical specialties. Conclusion: Functional capacity is a significant independent predictor of mortality for ASA III patients greater than 80 years of age.

282. Gender Differences in Dynamic Coupling between Cognitive Change and Change in Markers of Physical Fitness in the Oldest Old: Terminal Decline from a Within-Person Perspective accounting for Gender and Distance to Death

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Objective: To investigate potential dynamic within-person time-varying covariation between decline in cognitive function (Semantic memory, Episodic memory, Short-term memory, Fluid ability and Motor- and perceptual speed) and markers of physical fitness (grip strength, pulmonary function and gait) in relation to distance from death. We also consider if the dynamic coupling between cognition and markers of physical fitness varies as a function of gender. Method: A population-based sample of 594 individuals, aged 80 years and older, born 1893-1913 were drawn from the OCTO-twin study. A battery of ten cognitive tests was administered at five in-person testing occasions at 2-year intervals. Hierarchical linear models with specification of time as time to death were fitted to test the dynamic coupling between change cognition and markers of physical fitness in relation to distance from death. Results: We found links between change in several cognitive domains and change in markers of physical fitness, especially change in grip strength. We found interaction between gender and change in grip strength on change in several cognitive domains. Conclusion: Our results demonstrate that cognition and physical fitness, especially grip strength, travel together over time in later life until death. I.e. better cognition for a given time point is linked to greater grip strength at the same time point and vice versa. The dynamic coupling between change in cognitive performance and change in physical fitness, especially grip strength, was more pronounced in women.

283. Kidney Function and Cognitive Health in Older Adults: The Cardiovascular Health Study

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Background: Recent evidence has demonstrated the importance of kidney function in healthy aging. In this study, we examine the association between kidney function and change in cognitive function, including an investigation into possible mediating factors. Methods: Our study included 3,907 participants from the Cardiovascular Health Study who had cystatin C measured and were free of prevalent cardiovascular disease at baseline. Kidney function was measured by cystatin C-based estimated glomerular filtration rate (eGFRcys) based on the CKD-EPI equation. Cognitive function was assessed using the Modified
Mini-Mental State Exam (3MSE) and the Digit Symbol Substitution Test (DSST). We also calculated the cognitive impairment-free life-years (CIFY) for each participant. Linear mixed models were used to estimate the association between kidney function and cognitive function. Results: There was a longitudinal association between eGFRcys and cognitive function even after adjustment for confounders; persons with eGFRcys < 60 ml/min/1.73m2 had a 0.62 (95% CI: 0.49, 0.75) point/year faster decline in 3MSE scores compared with persons with eGFRcys ≥ 90 ml/min/1.73m2. This association was only modestly attenuated after adjustment for intermediate cardiovascular events (0.53 point/year faster decline (95% CI: 0.40, 0.67). Results for the DSST were similar. Participants with eGFRcys < 60 ml/min/1.73m2 lived longer and with less cognitive impairment compared with those with eGFRcys ≥ 90 ml/min/1.73m2 even after adjustment for confounders and potential mediators (0.35, 95% CI: 0.23, 0.47, and 0.48, 95% CI: 0.28, 0.68, additional life-years and CIFY, respectively). Conclusion: Older adults with reduced kidney function are at increased risk of worsening cognitive function.

284. Meta-analysis of Nursing intervention on sleep quality in patients with stroke

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Objective To evaluate the impact of nursing intervention on sleep quality in patients with stroke from the perspective of evidence-based medicine. Methods We searched CBMdisc, CNKI and Wangfang Database. RCTs searched for the effect of nursing intervention on sleep quality of patients with stroke. The quality of included studies such as randomization, blinding, allocation concealment and loss of follow up was evaluated and meta-analysis was performed by RevMan5.1 software. Result 12 RCTs and 1431 patients were included. Meta-analysis showed that the sleep quality of stroke patients in nursing intervention was superior to routine care. There were significant statistical differences (P < 0.00001). Conclusions Nursing intervention can improve sleep quality of patients with stroke. However, the evidence was not strong due to the general low methodological quality of RCTs. Further high quality and large sample randomized controlled trials should be carried out.

285. Metabolic and Attachment Mechanisms Linking Childhood Adversity to Hypertension in Midlife Adults

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Adverse childhood experiences (ACE) predict obesity, beginning a chain of risk to metabolic syndrome, hypertension, and cardiovascular disease in midlife. Mechanisms underlying this chain are not well understood. We examined links between a unique measure of ACE (incorporating number of adversities, severity, and chronicity), obesity, adipokines- leptin and adiponectin, and mean arterial blood pressure (MAP) in midlife adults. Leptin and adiponectin are associated with hypertension, while leptin, but less clearly adiponectin, is associated with stress. Attachment coherence, an established correlate of ACE, was explored as a homeostatic mechanism impacting MAP. Sample: 210 mixed-risk Black/African American (58%) and White/European American adults (mean age = 45.8, ±3.3, range 35-55; 52% women) of diverse SES. Measures: Adult Attachment Interviews and Structured Clinical Interventions for DSM-IV captured coherence and ACE. Waist-hip ratio (WHR-central obesity) and body mass index (BMI-overall obesity) were calculated. Radioimmunoassays measured serum/plasma leptin and adiponectin, associated with BMI and WHR respectively. MAP was calculated with 5-minute seated blood pressure: [(2x diastolic) + systolic]/3. Path analyses controlling for race and gender revealed that ACE linked to decreased adiponectin through increased WHR. Simultaneously, ACE directly linked to increased leptin, and through a chain from increased WHR to BMI. Leptin, in turn, was associated with increased MAP. This hypothesized, but not previously demonstrated model predicted 14% of the variance in MAP. Another model, incorporating attachment coherence (predicting 17% variance in MAP), revealed ACE linked to lower coherence, that directly linked to leptin and to increased MAP, revealing a novel mechanism connecting ACE and hypertension.

286. Metformin for Reducing Mortality in Older Adults with Type 2 Diabetes and the Impact of Frailty

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Study Population: Veterans aged 65-89 years with type 2 diabetes (T2D) but without liver, renal diseases, nor cancers at baseline, who used sulfonylureas or metformin alone for ≥180 days. Outcome: incidence of all-cause mortality during the time interval between initiations of the antidiabetic drug to the earliest date between the date of death and September 30, 2006. Statistical Analysis: Cox proportional hazard model adjusting for covariates and the propensity score of metformin use was conducted to compare hazard rates associated with mortality between the metformin and sulfonylurea groups. Covariates included age, race/ethnicity, diabetes duration, Charlson co-morbidity score, statin use, smoking status, LDL, HbA1c and an
indicator of any frailty-related conditions (falls, anemia, coagulopathy, electrolyte disturbances, and weight loss). Results: In this cohort of 2425 veterans, 2110 (87.3%) had prescription(s) for sulfonylureas and 315 (12.7%) had prescription(s) for metformin. Mean age was 73.7±5.2 years, and the mean study period was 5.6±2.3 years. Mean HbA1c at baseline was 6.7±1.0%, and 23% of the cohort had diabetes for ≥10 years. In total, 1048 patients (43.6%) died during the study period. The adjusted hazard ratio (HR) of death for metformin vs. sulfonylurea was 0.81 (95% CI=(0.73,0.91)). For patients with and without frailty-related conditions, HR’s for metformin use vs. sulfonylurea use were 0.92 (95% CI = (0.90, 1.31), p=0.19) and 0.69 (95% CI = (0.60, 0.79), p<0.0001), respectively. Conclusion. In older veterans with T2DM, the metformin effect on reduced mortality incidence may be moderated/mediated via its potential benefit on preventing frailty progression.

287. Mild Cognitive Impairment Status and Mobility Performance: an Analysis from the Boston RISE Study

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Background. The prevalence of mild cognitive impairment (MCI) and mobility limitations is high among older adults. The aim of this study was to investigate the association between MCI status and both performance-based and self-report measures of mobility in community-dwelling older adults. Methods. An analysis was conducted on baseline data from the Boston RISE study, a cohort study of 430 primary care patients aged 65 years or older. Neuropsychological tests identified participants with MCI, and further sub-classified those with impairment in memory domains (aMCI), non-memory domains (naMCI) and mixed domains (mdMCI). Linear regression models were used to assess the association between MCI-status and mobility performance in habitual gait speed (HGS), the Figure of 8 Walk (F8W), the Short Physical Performance Battery (SPPB), and the Late Life Function and Disability Instrument’s Basic Lower Extremity (BLE), and Advanced Lower Extremity (ALE) function scales.

Results. Participants had a mean age of 76.6 years, and 42% were characterized with MCI. Participants with MCI performed significantly worse than participants without MCI (No-MCI) on all performance and self-report measures (p<0.01). All MCI subtypes performed significantly worse than No-MCI on all mobility measures (p<0.05) except for aMCI versus No-MCI on F8W (p=0.05) and BLE (p=0.11). Moreover, compared to aMCI, mdMCI manifested worse performance on F8W and SPPB, and naMCI manifested worse performance on SPPB and BLE. Conclusions. Among older community-dwelling primary care patients, performance on a broad range of mobility measures was worse among those with MCI, appearing poorest among those with non-memory MCI.

288. Neurodevelopmental Pathways Are Associated with Changes in Physical Capability in Early Old Age

Rachel Cooper, MRC Unit for Lifelong Health and Ageing at UCL; Graciela Muniz-Terrera, MRC Unit for Lifelong Health and Ageing at UCL; Diana Kuh, MRC Unit for Lifelong Health and Ageing at UCL

Using data from the MRC National Survey of Health and Development, a British birth cohort, we investigated the factors across life associated with changes in grip strength and chair rise speed between 53 and 60-64 years. We hypothesized that developmental factors would be associated with the peak level of physical capability achieved but not the subsequent decline, whereas key factors in adulthood would also be associated with decline. Using multinominal logistic regression we tested the associations of developmental factors (birthweight and childhood cognition) and adult health and lifestyle (body mass index, health and smoking status and physical activity at age 53) with categories of change in grip strength and chair rise speed (no evidence of decline (reference); low levels at both ages; high levels at both ages; evidence of decline). Model estimated mean changes in grip strength and chair rise speed were: in men, -3.23kg (-3.88, -2.59) and -5.91stands/min (-6.40, -5.42); and in women, -2.07kg (-2.51, -1.63) and -5.23stands/min (-5.71, -4.74), respectively. Lower childhood cognition, higher adult BMI, poor health status, current smoking and physical inactivity were associated with higher risk of decline in physical capability; for example, per 1SD increase in childhood cognition the relative risk of decline in grip strength vs. no decline=0.88 (0.78, 0.99). Birthweight was associated with maintained levels of low or high grip strength but not with decline. Our results suggest that neurodevelopmental pathways may, alongside health and lifestyle factors in adulthood, influence declines in physical capability observed in early old age.

289. Personal End-of-life Care Preferences of Home Health Aides: Ethnoracial Differences

Elizabeth Rosen, Manhattanville College; Kathrin Boerner, Jewish Home Lifecare/Ichan School of Medicine at Mt. Sinai
290. Preoperative Pain: An Important Risk Factor for Postoperative Delirium

Patricia Tabloski, Connell School of Nursing at Boston College; Cyrus Kosar, Institute for Aging Research, Hebrew Senior Life; Sharon Inouye, Institute for Aging Research, Hebrew Senior Life; Edward Marcantonio, Beth Israel Deaconess Medical Center; Richard Jones, Butler Hospital; Eva Schmitt, Institute for Aging Research, Hebrew Senior Life

While previous studies have identified acute postoperative pain as a precipitating factor for delirium, the contribution of preoperative pain has not been investigated. This analysis examined pre-admission patient-reported pain as a predisposing factor for the development of post-operative delirium. In an ongoing prospective cohort of 300 elective non-cardiac surgery patients (mean age=76.9 ± 5.0 yrs, 55% female, 84% orthopedic procedures), pain (current, worst, and average levels within the past week) was assessed from patients prior to hospital admission as rated on a 0-10 scale (10=worst). Worst pain was rated the highest (mean=6.0 ± 3.0), followed by average (mean=4.1 ±2.5) and current levels (mean=2.1 ± 2.5). 27% of patients developed postoperative delirium based on Confusion Assessment Method criteria or chart review. Tests for linear trend revealed a dose-response relationship between both current and average pain and delirium. Patients with severe current pain (scores ≥7) had the highest relative risk (RR) of delirium (RR = 2.7, Ptrend<.01), followed by those with severe average pain (RR=2.07, Ptrend=.05). The risk for delirium associated per point of current pain was further investigated in a multivariable model. After adjustment for demographics, surgical type, co-morbidity, depression and baseline delirium risk (Inouye, 1993), the relative risk was 12% (p=.001) per point, indicating the independent, incremental risk associated with patient-reported current pain. This study indicates that higher patient-reported preoperative pain substantially and independently increases the risk of developing postoperative delirium. Pain represents a newly identified, treatable, predisposing factor for delirium, and may represent a new avenue of delirium prevention.

291. Profiles of Objective and Self- and Informant-Reported Language Abilities in Older Adults with Mild Cognitive Impairment

Melissa Johnson, University of Rochester School of Nursing; Anton Porsteinsson, University of Rochester Medical Center; Feng Lin, University of Rochester School of Nursing

Older adults with mild cognitive impairment (MCI) are at risk for reduced independence and quality of life (QOL). Language abilities and daily communication affect independence and QOL in old age, but are not well understood in MCI. Data from 474 adults with MCI enrolled in the Alzheimer’s Disease Neuroimaging Initiative (ADNI) GO and 2 studies were analyzed. Language was measured using neuropsychological tests and self- and informant-report questionnaires at baseline. Demographic and health variables were collected at baseline. Everyday functioning was assessed using clinician rating and self-report at baseline, six months, and annually through year 5. Latent class analysis of objective and self- and informant-reported language abilities revealed three clusters: 33.1% scored well on all measures (High language group); 28.7% scored poorly on all measures (Low language group); 38.2% had moderate objective scores but high self- and informant-reported scores (Inconsistent language group). There were a higher proportion of women, non-white and unmarried participants in the Inconsistent language group. Generalized Estimating Equation models showed that, compared to the Inconsistent language group, measures of everyday functioning were poorer in the other two groups, and declined faster in the Low language group over five years. Inconsistent language group may include compensatory strategies for everyday communication that had no advantage during neuropsychological testing, but compensated everyday functioning longitudinally. Future research should examine the potential compensatory mechanisms in maintaining MCI group’s independence. The impaired language profile of the Low language group may signal the need for immediate clinical attention.
292. Serum 25(OH)D and Cognitive Decline and Mortality in the Very Old: The Newcastle 85+ Study
Antoneta Granic, Newcastle University, Institute for Ageing and Health; Tom Hill, Newcastle University; Thomas Kirkwood, Newcastle University; Karen Davies, Newcastle University; Joanna Collerton, Newcastle University; John Mathers, Newcastle University

Introduction: Current epidemiological studies support a curvilinear or U-shaped association between serum 25-hydroxyvitamin D [25(OH)D] and several age-related chronic diseases as well as all-cause mortality, suggesting beneficial health outcomes at moderate, but not low or high concentrations. Accumulated evidence from basic and population-based research implicates 25(OH)D in brain function, including cognition. However, prospective studies on 25(OH)D and cognition and mortality in the very old are lacking. Methods: Prospective (up to 6-year follow-up) data from 845 participants in the Newcastle 85+ Study were examined for global cognition (measured by the Standardized Mini-Mental State Examination [SMMSE]) and all-cause mortality (up to 6 years) in relation to 25(OH)D quartiles using multilevel linear modeling and Cox proportional hazard models, respectively. Results: After adjustment for sex, education, and season of blood draw, participants in the lowest 25(OH)D quartile (≤25nmol/L; Q1), compared to those in middle quartiles (Q2+Q3) had worse (log-transformed) SMMSE scores per unit time (β [SE]=0.072 [0.034], p=0.03) over 5 years, and borderline significant poorer performance for those in the highest (≥63nmol/L; Q4) quartile (p=0.09). Further adjustments for health and lifestyle factors annulled the associations. The rate of decline did not vary across 25(OH)D groups. However, both low and high quartiles of 25(OH)D were associated with a higher mortality risk over 6 years (Q1: HR=1.35, 95% CI [1.02-1.78], p=0.04; Q4: 1.36 [1.04-1.78], p=0.03). Conclusion: We found limited evidence of association between low and high 25(OH)D levels and cognitive decline, but an U-shaped relationship between 25(OH)D and 6-year mortality in the very old.

293. Short-Term Within-Person Variability In Patient-Reported Health Outcomes And Associations With Quality Of Life
Amanda Kelly, University of Victoria; Eric Shafonsky, Private Practice; Allen Hayashi, Vancouver Island Health Authority; Kristine Votova, Vancouver Island Health Authority; Christine Hall, Vancouver Island Health Authority; Andrea Piccinin, University of Victoria

Patient-reported health outcomes (PROs) and self-reported quality of life have been shown to contribute unique predictive power to models of mortality and prognostic assessments, and are also consistently identified as important in patient focus groups. Despite their utility, routine practice rarely makes use of standardized PRO measures. A patient sample of 118 late middle-aged and older adults (mean age = 66.28 years) completed seven concurrent daily surveys on health, stress, physical activity and affect. Multilevel analyses were conducted to investigate daily variability and within-person coupling between variables. Results demonstrated that the extent of day-to-day variability differs across several physical, mental and social health domains. The most variability was in the SF-36 ‘role limitations due to emotional problems’ subscale, while the ‘physical functioning’ subscale had the least. A better health state in all domains was associated with more physical activity and positive affect, and less stress and negative affect. Most associations were at the between-person level, possibly indicating a more cumulative effect on health over time than on a day-to-day basis. PROs demonstrate the multi-faceted nature of health and provide a useful complement to traditional physician assessments. In addition, regular and repeated assessments to monitor early and sensitive changes in health may be beneficial to optimize care, treatment, recovery and long-term outcomes.

294. Successful Aging Among Latinos: Is There Evidence For A Paradox?
Wassim Tarraf, Wayne State University, Institute of Gerontology; Hector Gonzalez, Michigan State University, Department of Epidemiology and Biostatistics

We examined the Hispanic Paradox in the context of successful aging, by assessing four accepted successful aging dimensions including: 1) high physical and 2) cognitive function, 3) absence of major disease, and 4) absence of disability. We used 12-years of data on non-Latino Whites, US-born, and foreign-born Latinos ages 65-years and older (baseline n=8,246) from the Health and Retirement Survey (1998-2010) to fit longitudinal growth curve models that test the relationship between successful aging and ethnic background and nativity. We explored how childhood socioeconomic status (SES) and health (healthy immigrant hypothesis), health behaviors (life-style and sociocultural effects hypothesis), and adult achievement (acculturation health hypothesis) indicators influenced this relationship. Both US-born and foreign-born Latinos presented lower odds of successful aging relative to Whites. Childhood SES and health factors and health behavior indicators exhibited independent effects on the probability of successful aging, but did not explain the differences between Latinos and Whites. Midlife indicators of socioeconomic achievement completely explained the statistical differences between the groups providing evidence for the acculturation health hypothesis in later life. Our results did not provide support for the extension of the Hispanic Paradox to successful aging.

295. The Aging Mind: Physical Fitness and Deductive and Probabilistic Reasoning in Community-Dwelling Older Adults
Background: Higher general cognitive ability, including decision-making skills, has been shown to be positively correlated with a higher level of physical fitness in the older adult population. This study is the first to examine two independent aspects of decision-making, deductive and probabilistic reasoning, and differentiate between their relationships to physical fitness. Methods: This study measured the deductive and probabilistic reasoning abilities of 65 community dwelling older adults ranging in age from 55 to 92 (M = 74.88, SD = 6.70). Three-line syllogisms were used to measure both probabilistic and deductive reasoning while physical testing was carried out using the Senior Fitness Test (SFT) which included measures of upper and lower body strength, flexibility, agility/dynamic balance, and endurance. In addition to the reasoning tasks, the Montreal Cognitive Assessment (MoCA) was used to measure general cognitive functioning. Results: Results showed deductive reasoning to be positively correlated with the SFT, particularly lower body strength (chair stands; r = .40), aerobic fitness (2-minute step test; r = .37), and agility/dynamic balance (8-foot up-and-go [smaller score is better]; r = -.29). However, no relationship was found between physical fitness and probabilistic reasoning. There was also no significant correlation between any of the physical fitness measures and the MoCA. Conclusions: Our study suggests that increased physical fitness may differentially relate to different aspects of problem solving. This provides a potential avenue in which to intervene to enhance problem solving in older adults.

297. The Association of Fine Motor Control Performance with Spatiotemporal and Kinetic Gait Characteristics

Danielle Kauffman, National Institute of Aging; Eleanor Simonsick, National Institute of Aging; Luigi Ferrucci, National Institute of Aging

Walking is a highly coordinated task requiring tightly regulated central nervous system (CNS) control. Understanding the relationships of CNS fine motor control and gait parameters may provide insight into the underlying neural mechanisms of gait. Most studies on CNS control examined spatiotemporal gait variables, while the effect of CNS control on kinetic gait parameters remains largely unknown. The data presented are from 462 participants (52% male) of the Baltimore Longitudinal Study of Aging (BLSA) aged 60 and older. A 3D gait analysis system with 10 cameras and 2 force plates was used to analyze participants walking at their preferred gait speed. Finger tapping, a measure of CNS motor control, was assessed as the maximum number of taps performed in 10 seconds averaged over 3 trials. Adjusting for sex, age, height, weight, race, diabetes, and peripheral neuropathy, number of taps was significantly associated with gait speed (r=.597; p =.001), stride length (r=.700; p =.001), and double support time (r=.310; p =.025) and, among kinetic parameters: total mechanical work at the hip and ankle joints along the sagittal plane (r=.410; p =.034 and r=.208; p=.040, respectively). No associations were found for kinematic parameters assessed in the frontal plane. Trends toward significance were seen in step width and stance time. Finger tapping explained up to 13% of variances in gait parameters. These findings suggest that CNS motor control is important for gait performance, perhaps by affecting kinetic parameters in the sagittal plane.

298. The Depressed-Frail Phenotype and Mortality in Late Life
Frailty and depression, each associated with disability and death, are phenomenologically linked, with symptoms common to both late life depression (psychomotor slowing, weight loss, decreased activities, low energy) and the syndrome of frailty (fatigue, low activity, slow gait, weight loss). Despite this shared phenomenology, little research has focused on this high-risk clinical population. Using data from the Nordic Research on Ageing study, we investigated the effect of the presence of frailty characteristics on mortality in older adults with differing degrees of depressive symptomatology. We found that depressed elders showed greater baseline impairment in gait speed, grip strength, activity and energy levels. Simultaneous models including each characteristic of frailty showed slow gait speed and fatigue associated with faster progression to death, specifically in depressed women, while none of the characteristics in these models were associated with death in depressed men. In women, the effect of impaired gait speed on mortality rates nearly doubled when depression was present (nondepressed women: no gait impairment=26%; slow gait=40%; depressed women: no gait impairment=32%; slow gait=58%). A similar pattern was observed for fatigue. This research highlights the clinical importance of the depressed-frail phenotype. The confluence of characteristics of frailty (fatigue and slow gait) and depressive illness is associated with increased mortality in older adults; this association is particularly strong in depressed older women. Future research should investigate whether multimodal interventions targeting depressive illness, mobility deficits, and fatigue can decrease mortality and improve quality of life in older depressed individuals with characteristics of the syndrome of frailty.

Social Research, Policy and Practice Section

299. "Talk of Ages": A Web Resources for Integrating Aging and Intergenerational Activities into College Classes

Joann Montepare, Lasell College, RoseMary B. Fuss Center for Research on Aging and Intergenerational Studies

It is well known that the aging population is undergoing dramatic changes. Despite the significant and widely recognized age shift, college instructors continue to be reluctant to include information about our changing age population and its far-reaching implications in their classes. Instructors who do integrate aging content, have limited resources to draw upon. Thus, far too many students graduate with limited information about aging. As such, they enter a professional world in urgent need of practitioners with aging knowledge, yet they lack the awareness. One practical way to encourage broader and more effective teaching about aging is to provide instructors with a "one-stop" resource where they can explore instructor-friendly teaching tools. This presentation announces the innovative "Talk of Ages" project which seeks to be a catalyst for changing the aged-deprived state of educational affairs by offering easily accessible web-based tools for infusing aging content into courses. These basic tools include: 1) aging content references; 2) age-related and intergenerational activities; 3) media resources; 4) evaluation materials; and, 5) links to related resources. The "Talk of Ages" name reflects the special emphasis given to tools for encouraging interactions across generations so that older adults are not merely viewed as "targets" but rather become "participants" in the learning process. The contemporary intergenerational classroom which is becoming more frequent in higher education is also highlighted, and the website includes resources for teaching older students.

300. An Individualized Physical Activity Intervention for Family Caregivers of Persons with Dementia: Key Findings from a Randomized Controlled Trial

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Background: Over 15 million Americans are family caregivers to persons with Alzheimer's disease (AD), providing 17.4 billion hours of uncompensated care often at a risk to their own health. Past interventions aimed at supporting these caregivers have almost exclusively been psychosocial or psychoeducational. The purpose of this study was to evaluate the efficacy of a lifestyle modification intervention in improving physical activity among relatively inactive caregivers. Methods: A 12-month randomized controlled trial was conducted with 211 AD caregivers (mean age, SD = 61 ± 12) who received the Enhancing Physical Activity Intervention (EPAI, n=106) or Caregiver Skills Building Intervention (CSBI n=105) delivered through home visitation at baseline and by telephone at weekly, bi-weekly, then monthly intervals. EPAI promoted physical activity in the context of caregiving whereas CSBI concentrated on dementia care tasks, stress management, and optimizing resource use. The self-report Community Healthy Activities Model Program for Seniors (CHAMPS) and an objective Actical® accelerometer were used to assess physical activity. Generalized estimating equations examined changes in physical activity over time by...
intervention type using intent-to-treat analyses. Results: More than 60% of caregivers adhered to the pre-established intervention goal of 150 moderate-intensity minutes of physical activity/week across 12 months. As compared to the CSBI participants, the EPAI participants had significant improvements in: (a) total physical activity as measured by Actical® and CHAMPS, and (b) estimated caloric expenditures due to moderate-intensity activities. Conclusions: EPAI is an intervention that helps family caregivers increase their physical health by adopting and sustaining a more active lifestyle.

301. Analysis of Georgia’s Non-Medicaid Home and Community-Based Services

Eric Napierala, Georgia’s Department of Human Resources’ Division of Aging Resources; Kristi Fuller, Georgia Health Policy Center

Enacted in 1965, the Older Americans Act sought to promote the well-being of the elderly population, which includes services intended to alleviate health complications and help clients remain in the community setting of their choice. The most recent recession has strained such programs due to the stagnation of federal funding combined with a sharp increase in the demand for services. Waiting lists for individual services have emerged with priority towards those in poorest health and those living under the poverty line. While the cost savings of such services have been studied, very little has been done to measure the effectiveness of the services on the health of the recipients. This presentation utilizes data from Georgia’s Department of Human Resources compiled over the years 2000-2012 to 1) find factors that contribute to longer stays in the community, 2) find factors that lead to nursing home placement/institutionalization, and 3) determine whether the three most requested OAA services (home-delivered meals, homemaker, and personal care) have a different effect on clients who live below the poverty line. Our results show LOI scores, LON scores, and age each increase NH placement risk by ~0.2% per point increase. Also, females and African Americans both exhibit increased wait times in the community, but also lower risks for NH placement. And lastly, individuals living below the federal poverty level are shown to receive a greater impact from the three most requested OAA services. These findings will guide service allocation within the state of Georgia.

302. I Know Expo: A Pilot for Answering Life’s Changing Questions All In One Place

David Ferrell, University of Kentucky College of Social Work; Gale Reece, ITN Bluegrass

This study will show the student involvement as a member of the steering committee for the i know expo®. The first annual i know expo® was held in Lexington, Kentucky on April 14, 2013. The expo was a conference to provide information for aging persons, caregivers, and other persons experiencing life’s transitions. The expo was free and open to all, not just limited to the Lexington area. The i know expo® steering committee was composed of a diverse group of local professionals in the aging field, government, university, and non-profits. This allowed for a multi-disciplinary approach to community planning for optimal aging. The i know expo® prides itself on its ability to pool together a public/private partnership of professionals in aging. Professionals from across the aging spectrum were in attendance to provide vital information to people as they age, as well as to those who are helping in the transition. In its first year, the i know expo® attracted around 1,000 people in a six-hour period. Twenty-six of Kentucky’s counties were represented at the expo. Among many things, gender, race, age, and ethnic data were analyzed. The majority of Kentuckians in attendance not only voiced great satisfaction in the event’s pilot year, but also felt strongly about the quality and diversity of information provided, rather than an emphasis on “give-aways.” Those in attendance expressed great need for this event, often asking “Where was something like this before?” The i know expo® is currently planning for its second annual in 2014.

303. In-Home and Community Based Alternatives to Nursing Home Care in Rural PA

Janet Melnick, The Pennsylvania State University; Heather Shanks-McElroy, Keystone College

A study of rural home and community based alternatives to nursing home care, in Pennsylvania, was recently conducted. Five key outcomes were examined: (1) The scope and magnitude of home and community-based care alternatives; (2) Current need for rural home and community-based care alternatives to nursing homes among constituent groups; (3) A comparison of the supply and demand existing and potential gaps in service; (4) Identification of current funding issues that enhance or impede the provision of services; and (5) Policy recommendations regarding the development, growth and maintenance of rural home and community-based care alternatives to nursing homes in Pennsylvania. The theoretical model utilized throughout this research project was consistent with a model for assessing the impact of community-based health care policies and program for older adults developed by Wan and Ferraro (1991). This model measures four major components of community-based service delivery: equity, accessibility, quality, and efficiency. Crucial policy recommendations for the state of Pennsylvania were identified in order to continue to support and enhance home and community based alternatives to nursing home care. These recommendations are divided into two categories: funding recommendations and a response to the identified strengths and weaknesses. This study also compared a review of funding models of successful rural home and
community-based care alternatives to nursing homes within other rural states. This study has implications for the provision of rural alternatives to nursing home care in PA and throughout the United States.

304. Lifespace Usage in a Sample of Independent Living Residents Within a Continuing Care Retirement Community (CCRC)

**Evan Plys**, University of Colorado Colorado Springs; **Mary Ann Kluge**, University of Colorado Colorado Springs

Lifespace is commonly used to assess mobility in older adults and is related to physical, cognitive, and psychosocial well-being (Peel, Baker, Roth, Brown, Bodner, & Allman, 2005). However, little is known about lifespace usage in independent living facilities. This paper investigated how independent living residents used lifespace within one year of relocation, contributing to a better understanding of mobility, independence, and autonomy in this population. Fifty-nine independent living residents within a privately owned, suburban CCRC participated in the current study. Residents self-reported lifespace usage within one year of move-in. In addition, demographic, physical, cognitive, and psychosocial variables were collected. The current sample reported a mean lifespace usage of 56.40 (SD = 15.99). The majority of residents moved independently within the facility, but did not leave the town in which the facility was located. In addition, lifespace usage related to physical ability, r = -.50, p = .004, and cognitive functioning, r = .35, p = .012, but not psychosocial well-being. These results indicate that mobility may be confined to the campus of a CCRC and less important to the daily lives and well-being of independent living residents. Because the sampled facility offered a range of healthcare services and opportunities for social engagement on site, residents may not have needed to travel long distances to obtain services and maintain a high quality of life. Therefore, it appears that independence and autonomy may hold a different meaning to independent living residents compared to community living older adults.

305. Medicaid Long-Term Services and Supports in Maryland: Pre-Transition Characteristics of Money Follows the Person Participants

**Rebekah Natanov**, The Hilltop Institute; **Ian Stockwell**, The Hilltop Institute

The Money Follows the Person (MFP) Rebalancing Demonstration Grant was created in order increase the use of home and community-based services (HCBS) and reduce institutionalization by providing HCBS to people who transition out of institutions, as well as provide quality assurance and improvement to existing HCBS programs. Maryland began participating in 2007. Analyses were completed to determine pre-transition characteristics of individuals who transitioned out of nursing facilities in 2012 through MFP, utilizing Medicaid HCBS. Acuity indicators, such as Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), and co-morbidities, were examined using the last Minimum Data Set (MDS) assessment prior to transition from a nursing facility. Claims and eligibility data from Maryland’s Medicaid management Information System were analyzed along with MDS assessments. Statistics covering pre-transition nursing facility acuity, ADL Self-Performance Hierarchy by Medicaid waiver program, mobility device usage, and final dispensation at the second to last pre-transition MDS assessment by waiver program were analyzed. Most individuals were found to require some level of assistance for the majority of ADLs and IADs, and most individuals reported one or more co-morbidities. High levels of wheelchair usage were also reported. Prior to transition, the majority of respondents reported having either a discharge plan or having been referred to a local agency to facilitate their transition to HCBS from nursing facility care. These metrics have been used to inform program development and evaluation by determining the needs of individuals transitioning back into the community within Maryland. Future iterations will examine longitudinal trends.

306. Positive Pursuits: A Behavioral Intervention for Depression and Dementia-Related Behaviors in Long-Term Care

**Christine Etzrodt**, Immaculata University; **Farzin Irani**, Immaculata University

The prevalence of depression and dementia-related behaviors in long-term care residents is well established (Jones, Marcantonio, & Rabinowitz, 2003). Although there are many evidence-based treatments for depression among older adults (Scogin, Welsh, Hanson, Stump, & Coates, 2005), researchers have only recently begun to adapt, develop, and test interventions for long-term care settings. Psychosocial and behavioral treatments involving pleasant events may be an effective adjunct to traditional treatments for depression in this population (Meeks & Depp, 2003; Meeks, Looney, Van Haitsma, & Teri, 2008). The Positive Pursuits Program (PPP) is an activities-based behavioral intervention designed to reduce depression and dementia-related behavioral symptoms in long-term care residents. A total of one hundred three elderly residents were included in the study, aged 73-97 years. The mean age was 86.83 + 5.056. The Positive and Negative Affect Scale (PANAS) was used for evaluation of positive and negative affect, and the Minimum Data Set 3.0 (MDS 3.0) was used for evaluation of mood, behavior and cognition. The intervention effect was evaluated using a paired sample t-test on summary of scores for mood and cognition, and individual item level t-tests for behavior. Preliminary results show that a cost neutral non-
pharmacological intervention integrated into routine practice can reduce some symptoms of depression and dementia related behaviors in long-term care settings. This has implications for improving quality of life for older adults in long-term care.

307. Predictors Of Self-Rated Health: Poverty and Economic Inequality Matter

Beth Simmer, Wayne State University; Amanda Sonnega, Health and Retirement Study, Institute for Social Research, University of Michigan; Jessica Faul, Health and Retirement Study, Institute for Social Research, University of Michigan

The positive correlation between socio-economic resources and health is well documented in the finding known as the health gradient. A framework that is commonly used to explain this gradient has been Link and Phelan’s theory of fundamental causes. This approach highlights the importance of meta-mechanisms, or multiple causes, that can affect health outcomes. Increasingly, this means that researchers are combining individual and societal-level mechanisms in their models. In other words, the impact of poverty may be detrimental to a person’s health, but the economic environment in which they live may alleviate or exacerbate these outcomes. This study investigated two mechanisms that have been thought to be fundamental causes of poor health outcomes: individual income and income inequality. Data from 11,431 respondents in the 2006 wave of the nationally representative Health and Retirement Study (HRS) were matched with the county level Gini coefficient from the U.S. Census Bureau’s American Community Survey (ACS). The Gini coefficient ranges from 0 to 1, where 0 represents perfect equality in income and 1 represents perfect inequality. Logistic regression models were used to evaluate the contribution of the Gini coefficient, age, education, income, wealth, median county income, gender, race, and ethnicity on self-reported health. Gini remained a significant risk factor for poor self-reported health in all models. A second set of models stratified by individual income and the median income of the county of residence showed that this effect was only significant for poor respondents living in poor counties.

308. Self-Rated Mental Health in Socio-Structural Contexts: An Examination with Korean American Older Adults

Hyunwoo Yoon, The University of Texas at Austin School of Social Work; Yuri Jang, School of Social Work, The University of Texas at Austin

Purpose. A growing body of literature has demonstrated the validity of the self-rated mental health (SRMH) measure, asking “How would you rate your overall mental health?”; however, previous efforts in examining correlates of SRMH tend to focus on mental health symptom measures or psychiatric disorders. Furthermore, limited attention has been paid to racial/ethnic older minorities. Following the socio-structural framework (Berkman et al., 2000), the study examined not only the effects of mental health symptom measures but also those of social/interpersonal and environmental/neighborhood factors on SRMH in Korean American older adults. Methods. Using the survey data from 420 older Korean Americans (Mean Age=71.6, SD=7.59), a hierarchical regression model of SRMH was estimated with (a) background information (e.g., demographic characteristics and chronic conditions), (b) mental health symptom measures (e.g., depressive symptoms and anxiety), (c) social/interpersonal factors (e.g., social network and filial satisfaction), and (d) environmental/neighborhood factors (e.g., neighborhood safety and residential satisfaction). Results. Social/interpersonal and environmental/neighborhood factors were found to make a significant contribution to the predictive model even after controlling for background information and mental health symptom measures. Those with higher levels of filial satisfaction and more favorable perceptions of neighborhood safety were likely to have positive ratings of SRMH. The entry of each block made a significant contribution, and the total amount of the variance explained was 31% (F[12, 349]=12.9, p < .001). Implications. Findings highlight the importance of considering socio-structural contexts in the assessment of SRMH and provide implications for mental health services for the target population.

309. The Acceptance of New Technologies for Dementia Care in Germany

Birgit Kramer, Network Aging Research, University of heidelberg; Hans-Werner Wahl, Heidelberg University, Department of Psychological Ageing Research

Demographic changes and a growing number of people with dementia have led to increased discussion about the need to help people with dementia live as long as possible in their homes and to reduce caregiver burden. While assistive aids are widely known and used frequently, new more advanced technologies could significantly improve the care situation, yet they are rarely found in German households. This study examines issues around caregiver acceptance of these technologies, drawing upon Davis’ technology acceptance model. Other factors that contribute to the limited distribution of these technologies are also explored. To examine the question of technology acceptance, 105 in depth interviews with family caregivers (mean age: 62; range: 34-89) were conducted. Data collected included the individual care situation, attitudes toward and experience with technologies generally, the burden of care, and demographic measures. In addition, five new technologies were described in detail and evaluated by caregivers. Only three participants refused the employment of technologies per se. The vast majority of participants (97%) were open-minded and interested in technology. Perceived
usefulness was the strongest predictor of technology acceptance, followed by perceived ease of use. Importantly, there was no significant correlation among attitude toward or experience with technologies, income, and technology acceptance. The results do not indicate an acceptance issue concerning technologies in dementia care, but rather point clearly toward an awareness problem. Further research is needed to find ways to overcome this lack of information among caregivers about relevant technologies.

Thursday, November 21

Biological Sciences Section

275. Aerobic Exercise Mitigates Frailty in Mice

Haiming Liu, University of Minnesota Medical School, Minneapolis, Minnesota Dept. of Physical Medicine and Rehabilitation

Frailty is a clinical syndrome leading to adverse outcomes such as disability and hospitalization. The purpose of this study was to investigate the effects of aerobic exercise as a potential treatment for frailty. We hypothesized that aerobic exercise would reverse or prevent frailty. To identify frail mice, a Frailty Index (FI) was designed with selected criterion based upon clinical measures: inverted-cling grip, Rotarod, endurance score, and physical activity. To rate the efficacy of how the intervention improved each frailty criterion, the Frailty Intervention Assessment Value (FIAV) was developed. The FIAV was a composite score consisting of the measured change, after treatment, in standard deviations (SD) from the mean of each criterion from the baseline value of every mouse. Old (n=11) and adult (n=5) mice were singly housed with running wheels for 4 weeks (voluntary wheel running). The FI of each mouse was assessed before and after the aerobic exercise. We found that two old mice were determined to be frail prior to initiating the intervention. These two mice were then assessed as non-frail following treatment. The other non-frail mice did not progress to frailty. While the mean FIAV demonstrated marked improvement in both the adult (12SD) and the old (3SD) groups, the adult mice demonstrated a far greater positive response to the exercise (p < 0.001). Collectively, voluntary wheel running reverses and prevents frailty in old mice as determined by our FI for mice. The FIAV proved to be a valuable assessment to document functional changes of the individual animal.

276. An fMRI study of attentional lapses across aging

Angela Tam, Queen's University

We investigated the neural correlates of Attentional lapses in young (n=12) and cognitively normal older (n=28) adults, using functional magnetic resonance imaging while participants performed a trial-by-trial attention Stroop task, by measuring the response time to each stimulus. We defined an attentional lapse as a longer response time relative to the average response time and a fast reaction as a faster response time relative to the average. Young and older adults performed equivalently on all behavioural measures, such as reaction time and accuracy (both p > 0.05). Parietal regions of the default mode network, including the precuneus and inferior and superior parietal lobules, exhibited greater activity as reaction time to stimuli increased. Compared to fast reactions, attentional lapses were preceded by decreased activity in frontal attentional regions, including the anterior cingulate and inferior, middle, medial and superior frontal gyri (all p < 0.05). These frontal areas also displayed significantly greater post-stimulus activity during attentional lapses compared to faster responses, potentially as a mechanism to recover from the initial lapse of attention. Older adults displayed reaction time-modulated activity in a greater number of frontal cortices and in more dorsal default mode regions, relative to young adults. Our results support previous research that activity in frontal and parietal regions of the attentional and default mode networks contribute to lapses of attention. Our results also suggest that the neural correlates of attentional lapses change with healthy aging, reinforcing the idea of functional plasticity to maintain high cognitive function throughout the lifespan.

277. Analyzing Patterns of Infection and Indwelling Urinary Catheter Use in BPH Patients with Urinary Retention

Denise Kresevic, Louis Stokes Cleveland VAMC

Worldwide efforts are ongoing to decrease the use of indwelling urinary catheters in all care settings and populations. Although there are numerous studies aimed at the prevention of infections directly associated with urinary catheter use, none of these focus on specific recommendations for patients with benign prostatic hyperplasia (BPH) and urinary retention. In a chart review study a of sample of N= 136 patients was identified.. A total of 59 (43.4%) of indwelling catheters, were placed. Catheters were placed in subjects with low post void residuals (0-150cc) as well as those with large volumes of over 500cc
PVR. Age ranged from 65 to 97 years of age with a mean of 81 years of age. Over half 55% had a diagnoses of dementia, tract infections, 58% renal insufficiency, 44% had a history of urinary incontinence, 34% had diabetes 27% had a history of urinary tract infections and 11% kidney stones.. Hematuria, pain blood transfusions, urgent care and hospitalizations were higher in the group that received catheters. Thirteen of the 59 subjects 22% with a catheter and available laboratory data had a culture with >100,000 bacteria. The majority of subject who did not have a catheter placed did not have urine laboratory data. Hydronephrosis occurred in 4 cases, three of the cases in the catheter group and only one in the non catheter group All the of cases had post voided urine volumes of 301-400cc of urine.

278. Correlations Among Simultaneous Basal Measurements of Human Cerebrospinal Fluid, Saliva, and Total and Free Plasma Cortisol as a Function of Age and Alzheimer’s Disease/Mild Cognitive Impairment

Charles W. Wilkinson, Geriatric Research, Education and Clinical Center, VA Puget Sound Health Care System

In evaluating functional changes in the hypothalamic-pituitary-adrenocortical (HPA) axis with age and with Alzheimer’s disease or mild cognitive impairment (AD/MCI), the relationships among basal morning concentrations of total plasma, free plasma, salivary, and cerebrospinal fluid (CSF) cortisol have not been investigated. In order to determine the degree of correlation among these measures and to evaluate potential differential regulation of cortisol in different compartments in four groups of participants defined by age and diagnosis of AD/MCI, we measured basal morning cortisol concentrations in CSF and saliva, and total cortisol and corticosteroid-binding globulin (CBG) in plasma by radioimmunoassay. Free plasma cortisol levels were calculated from total cortisol and CBG values using a well-validated formula (Coolens JL, et al. J Steroid Biochem 26:197-202, 1987). Samples were obtained from cognitively normal young (20-39 years old; n=59), middle-aged (40-65; n=49), and old (65-88; n=49) individuals and from patients diagnosed with AD/MCI (51-85, n=28). There was a significant (ANOVA, p<0.0001) stepwise increase in CSF cortisol concentration from young to middle-aged to old to AD/MCI participants, whereas salivary cortisol concentrations exhibited a significant (ANOVA, p=0.018) decline across groups. There were no significant age/diagnosis differences in free or total plasma cortisol. Within each of the cognitively normal age groups, all four measures were correlated significantly with one another, whereas in the AD/MCI group, CSF cortisol was not significantly correlated with other measures. These data suggest that basal cortisol levels in separate compartments are differentially regulated as a function of age and that regulation may deteriorate in AD/MCI.

279. Cytomegalovirus Viremia in the Critically Ill Immunocompetent Elderly

Benjamin Zaniello, University of Washington

While the association between CMV infection and poor outcomes in the elderly has been studied in outpatient cohorts, there is little known about advanced age and inpatient CMV despite the disproportionate risk of critical illness in the old. In a prior prospective observational study, we found that CMV reactivation is a risk factor for adverse outcomes in a cohort of 120 CMV seropositive immunocompetent patients admitted to ICUs at a tertiary medical center. Here, we analyze the rate of reactivation (number of days plasma CMV PCR positive/days tested) in that cohort with age. CMV viremia occurred in 33% of patients, including 43% of those > 60 years old and 29% of those <60 years old. Among persons with viremia, the median rate of reactivation was 63% (range 20-82%) for > 60 years old and 43% (range 6.3-100%) for <60 years old. We found that for every 10 year increase in age, there was a 22% increase in rate of CMV reactivation (p = 0.006, 95% CI 6.0-41%). Furthermore, for every 10 year increase in age, there was a possible trend toward an 8% increase in the mean log CMV copies and a 19% increase in maximum log CMV copies but these increases were not statistically significant (p = 0.4, p = 0.3 respectively). This higher rate of reactivation in the elderly may contribute to higher inpatient morbidity and mortality among the critically ill elderly; similar to the immunocompromised, a trial of antiviral prophylaxis, or vaccination, could be beneficial.


Rose Reynolds, William Jewell College

Mutagenesis and RNA interference studies in yeast, worms, flies and mice have revealed dozens of genes whose manipulation can result in substantially increased organismal lifespan. These “longevity genes” are almost always identified to be within genetic pathways that regulate cellular & organismal stress responses, e.g., resistance to oxidative stress. Despite the apparent correlation between stress resistance and longevity genes, there are very few studies showing direct evidence that alterations in stress or stress-related damage play a role in longevity. We used the soil nematode Caenorhabditis remanei to test the functional independence of individual components (including longevity genes) within and among stress response networks. After collecting a wild population of C. remanei from Toronto, ON, we applied artificial selection on subsets of that population for resistance to acute and chronic heat and oxidative stress. Artificially selected populations responded
dramatically to selection on both oxidative and heat stress resistance, but we find no correlated change in lifespan, and little evidence of correlated resistance to other stressors. Mutations at many stress response genes have previously been shown to have broad pleiotropic effects on multiple stressors and on longevity (e.g., daf-16/FOXO). However, our data show that in the context of a functioning genetic network, responses to stressors can be regulated separately from lifespan, and in a stress-specific manner. We are currently localizing genetic responses to selection; low levels of linkage disequilibria in C. remanei should allow us to do this at a 20-50bp resolution.

281. Diabetes and Disability in Older Mexican Americans, 1993-2011

Sanggon Nam Nam, Pfeiffer University

Introduction Diabetes is most prevalent among older adults aged 65 and over, with numbers estimated to be near 11 million (27% of older adults) in the US. Based on a recent CDC report, Mexican Americans have a higher prevalence of diabetes (15.3%) than Non-Hispanic blacks (14.6%) or non-Hispanic whites (9.9%). Diabetes is also a risk factor like obesity for disabilities, particularly among women and older adults, and especially in minority groups (particularly, Mexican Americans), which have a higher prevalence of obesity and obesity-related diseases. Data and Methods Data used the baseline (1993) to wave seven (2011) data from the Hispanic Established Population for the Epidemiological Study of the Elderly. Generalized estimating equations are used to estimate the effect of diabetes on disability 17 years over time. Results The prevalence of obesity, diabetes, and ADL disability ranged from 20.3%, 27.3%, and 13.8% in 1993 to 26.2%, 65.6%, and 51.9% in 2011 respectively. Diabetes was not associated with greater ADL disability by age, gender, or nativity. However, there was an unexpected reverse result that diabetes was associated with less disability among the very old (75-84) and the oldest old (85+) group when compared with the young old (65-74). The very old people who had diabetes and the oldest old people with diabetes were likely to have less ADL disability compared with the young old subjects without diabetes. Conclusion This study showed that older people with diabetes were likely to have less ADL disability compared with the young old people without diabetes.

282. DIFFERENTIATING EARLY- FROM LATE-ONSET MELANCHOLIC DEPRESSION IN OLDER ADULTS: CLINICAL PRESENTATION, COURSE, AND ETIOLOGY

Natalie Sachs-Ericsson, Florida State University Department of Psychology

Objectives: Depression is a risk factor for dementia. However, this risk may vary with age of onset and with depression subtype. Late-onset depression (LOD, 60+ years) is associated with more cognitive decline, whereas early-onset depression (EOD, before 60 years) is associated with more residual depressive symptoms. These differences have not been examined in the melancholic subtype. Design: Data is from the Neurocognitive Outcomes of Depression in the Elderly study. Participants: We examined depressed patients (N=284), 69.5% had EOD Melancholia (EOD-M) and 25.8% had LOD Melancholia (LOD-M). Measurements: Hierarchical linear growth curve models were used to examine changes in depressive symptom (MADRS) and cognitive functioning (MMSE). Factor analyses examined differences in depressive symptoms. An annual clinical review panel assigned diagnoses of dementia. Results: Factor analyses indicated that LOD-M patients had more vegetative symptoms at baseline than EOD-M. Growth curve models showed that LOD-M had greater cognitive decline but fewer residual depressive symptoms than did participants with EOD-M. Among those who remained in the study for at least three years, 39.5% of the LOD-M patients developed dementia compared to 14.4% of the EOD-M patients. Conclusions: There appears to be a late-onset depression that has the phenotypic expression of DSM-IV melancholia (with more vegetative symptoms) but has a different course with respect to cognitive decline and depressive symptoms. LOD-M may represent a syndrome of neuropsychiatric deterioration with expression of both depressive symptoms and cognitive decline. We discuss treatment implications of this formulation.

283. Duration of Rapamycin Treatment Has Differential Effects on Metabolism in Mice

Yimin Fang, Geriatrics Laboratory Department of Internal Medicine Southern Illinois University School of Medicine

The evolutionarily conserved target of rapamycin (TOR) signaling controls growth, metabolism and aging. In the first robust demonstration of pharmacologically-induced life extension in a mammal, longevity was extended in mice treated with rapamycin, an inhibitor of mechanistic TOR (mTOR). However, detrimental metabolic effects of rapamycin treatment were also reported, presenting a paradox of improved survival despite metabolic impairment. How rapamycin extended lifespan in mice with such paradoxical effects was unclear. Here we show that detrimental effects of rapamycin treatment were only observed during the early stages of treatment. As the treatment continued for 20 weeks, these effects were reversed or diminished; the
mice had better metabolic profiles, increased oxygen consumption and ketogenesis, and markedly enhanced insulin sensitivity. Thus, prolonged rapamycin treatment led to beneficial metabolic alterations, consistent with life extension previously observed. Our findings provide a likely explanation of the “rapamycin paradox” and support the potential causal importance of these metabolic alterations in longevity.

284. Effects of a Novel Resistance Training Protocol on Adult and Elderly C57BL/6 Mice

Katie Fandrey, University of Minnesota Medical School, Program in Physical Therapy

Resistance training is a proven treatment for sarcopenia in humans. C57BL/6 mice are a common aging model, useful for studying muscle adaptations to resistance training. This study evaluated a resistance training protocol (RTP) for mice using a powered running wheel and weight harness to mimic human voluntary weight training. We hypothesized that the RTP would improve cellular, whole body physiology, and performance parameters. Male mice were divided into 4 groups: old experimental (OE, 28-months, n=7), old control (OC, 28-months, n=12), adult experimental (AE, 12-months, n=6), and adult control (AC, 12-months, n=14). The animals underwent a 12 (AE) or 14-week (OE) RTP with resistance and/or intensity increasing over the course of the study. The outcome measures included cross-sectional area (CSA) of plantaris muscle fibers, force, work, power, and rotarod performance. Every experimental mouse increased force production over the course of the study. Higher workload translated into larger muscle fibers (total work correlated to CSA: R=0.94). The AE mice had increased power production over the study’s duration (time vs. power, R=0.94), but OE mice did not (R=0.04). On average, AE mice produced 175% more power than OE mice (p<0.001). In comparison to the sedentary control, rotarod performance improved in AE and OE mice after training (p=0.04). However, a greater improvement was seen in the AE mice (age*training interaction, p=0.002). In the OE group, the RTP increased strength and mitigated performance loss, but did not improve power. These results reinforce that exercise programs designed for the elderly should include a power component.

285. fMRI study of attentional lapses across aging

Angeles Garcia, Queen’s University

We investigated the neural correlates of Attentional lapses in young (n=12) and cognitively normal older (n=28) adults, using functional magnetic resonance imaging while participants performed a trial-by-trial attention Stroop task, by measuring the response time to each stimulus. We defined an attentional lapse as a longer response time relative to the average response time and a fast reaction as a faster response time relative to the average. Young and older adults performed equivalently on all behavioural measures, such as reaction time and accuracy (both p > 0.05). Parietal regions of the default mode network, including the precuneus and inferior and superior parietal lobules, exhibited greater activity as reaction time to stimuli increased. Compared to fast reactions, attentional lapses were preceded by decreased activity in frontal attentional regions, including the anterior cingulate and inferior, middle, medial and superior frontal gyri (all p < 0.05). These frontal areas also displayed significantly greater post-stimulus activity during attentional lapses compared to faster responses, potentially as a mechanism to recover from the initial lapse of attention. Older adults displayed reaction time-modulated activity in a greater number of frontal cortices and in more dorsal default mode regions, relative to young adults. Our results support previous research that activity in frontal and parietal regions of the attentional and default mode networks contribute to lapses of attention. Our results also suggest that the neural correlates of attentional lapses change with healthy aging, reinforcing the idea of functional plasticity to maintain high cognitive function throughout the lifespan.

286. Insulin Sensitivity and the Effect of Caloric Restriction on Adipose Tissue Gene Expression in Ames Dwarf Mice

Denise Wiesenborn, Burnett School of Biomedical Sciences, College of Medicine, University of Central Florida; Vinal Menon; Xu Zhi; Tanvir Hossain; Andrzej Bartke; Julio Ayala; Emily King; Michal M. Masternak; Burnett Scho

Ames dwarf (df/df) mice are deficient in growth hormone (GH), prolactin (PRL) and thyrotropin (TSH), and they live significantly longer than their normal siblings (N). Caloric restriction (CR) is known to extend lifespan, reduce body weight, and improve insulin sensitivity in laboratory animals. Ames dwarf mutants exhibit several characteristics of CR mice, but they are not CR mimetics. They show further increase in longevity and enhanced insulin sensitivity when subjected to CR. In the present study, we subjected ~12 month-old male and female df/df and N mice to hyperinsulinemic-euglycemic clamps to determine insulin sensitivity and organ specific glucose metabolism. Following this experiment, we analyzed the expression of...
287. Multi-Tissue Assessment of Mitochondrial Respiratory Chain Turnover with Age, CR, and Rapamycin Treatment

Nathan Basisty, University of Washington

Mitochondrial dysfunction highly implicated in aging and numerous age-related diseases including neurodegenerative disease, cardiovascular disease and sarcopenia. Despite the significance in health and disease, the regulatory dynamics of proteins in mitochondrial metabolism remains unclear. This study aimed to investigate the regulation of protein turnover—the balance of protein degradation and synthesis—of the electron transport chain (ETC) proteins. The effects of aging and treatment with two highly conserved aging interventions, calorie restriction (CR) and rapamycin (RP), on the turnover of ETC proteins were also investigated. To determine the effect of aging, CR, and RP on ETC protein turnover, six treatment groups - young and old control, CR, and RP treated mice- were compared, along with seven different tissue samples from each group to determine tissue specific differences. Determination of protein turnover rates was performed using a combination of heavy labeling, mass spectrometry, and analysis with the software Topograph. Turnover was varied among tissues, treatments, and respiratory chain components. While the turnover of proteins as a whole varied considerably across tissue or treatment, the relative differences between proteins were remarkably conserved. Rates of turnover were significantly correlated with membrane localization and evolutionary ancestry. While the current favored theory is that the protein components of ETC subunits and even the entire ETC apparatus itself turnover at similar rates, this data favors a more complex and highly specific mechanism of turnover.

Health Sciences Section

288. “There’s No Depression in the Walk.” A Qualitative Analysis of How Older Black Women Define and Discuss Depression in the Context of their Spirituality

Jamie Mitchell, Assistant Professor Wayne State University School of Social Work; Daphne Watkins, Assistant Professor of Social Work, School of Social Work, Assistant Professor of Psychiatry The University of Michigan; Tracy Wharton, NIMH Geriatric Mental Health Services Research Fellow Department of Psychiatry, University of Michigan; Helen Kales, Associate Professor, Department of Psychiatry The University of Michigan

Background: The role of spirituality in the health practices of older black adults has been well-documented in the literature. However, a phenomenological examination of the role of spirituality in shaping perceptions of depression has been understudied. This study examines the role of spirituality in how older black women define and discuss depression. Methods: Focus groups were conducted with thirty black women (50+) from three churches in Southeastern Michigan. Transcripts were thematically analyzed using a team-based rigorous data reduction method. Findings: Participants characterized depression as an indicator of spiritual weakness, instability, or being disconnected from God. While participants recognized depression as an illness requiring professional treatment, this was discussed in the context of balancing treatment with spiritual practices such as prayer, reading the bible, and communing with fellow congregants. The expectation that God would guide the process and outcome of formal mental health care was dominant; along with the view that a strong faith orientation should (and has in previous experiences) acted as a buffer against depressive symptoms. Due to their deep commitment to their spiritual relationships and religious practices, several participants chose to forego mental health care. Participants also agreed that physical health problems (e.g. diabetes or hypertension), require immediate attention compared to mental health problems such as depression. Implications include the level of church involvement by older, black women and ways in which these women use spirituality to self-manage depression.

289. Adapting A Transitional Care Approach to Vulnerable Older Veterans in the Outpatient Setting
Drinkers and 65.3% were non.

41.5% reported taking at least one CNS. CNS are acting medications that can lead to falls, fractures, and accidents. Falls were also collected between falls and use of alcohol and CNS-acting medications may cause sedation and impair psychomotor functions that can lead to falls, fractures, and accidents. Falls are a major health concern for older adults that in some cases are preventable. The objective of this study was to understand the effect of concurrent alcohol and CNS-acting medication use on the risk of falls in community-dwelling older adults.

Methods: A cross-sectional analysis of community-dwelling Medicare beneficiaries aged 65 years or older from the 2009 Medicare Current Beneficiary Survey (MCBS) was conducted. Alcohol use was categorized into non-drinkers, moderate drinkers, and heavy drinkers. CNS-acting medications included opioid analgesics, antidepressants, antipsychotics, anxiolytics, anticonvulsants, and sedative-hypnotics. Falls were also collected from the survey. Logistic regression analyses were performed to estimate the association between falls and use of alcohol and CNS-acting medications.

Results: Of the 7,163 older adults included in this study, 21.5% reported falling in the past year and 41.5% reported taking at least one CNS-acting medication. A total of 28.4% were moderate drinkers, 6.3% were heavy drinkers and 65.3% were non-drinkers. The odds of falling increased by 72% (OR: 1.72, 95% CI: 1.13-2.61) for a heavy drinker.
managing pain and cognitive impairment.

292. Dynamic Relationship Between Longitudinal Cognitive Performance and Body Mass Index in Older Adults: Results from the ACTIVE study

Alexandra Kueider, Johns Hopkins Bloomberg School of Public Health; Alden Gross, Johns Hopkins Bloomberg School of Public Health; Jeanine Parisi, Johns Hopkins Bloomberg School of Public Health; George Rebok, Johns Hopkins Bloomberg School of Public Health

Although evidence supports a u-shaped association between body mass index (BMI) and dementia risk, less is known about concurrent trajectories of BMI and cognitive performance. We used 10-year longitudinal data from the Advanced Cognitive Training for Independent and Vital Elderly study (ACTIVE; N=2,802), a randomized, controlled trial of behavioral training interventions for memory, inductive reasoning, and processing speed. We estimated parallel process latent growth curve models of BMI and cognitive performance, adjusting for age, sex, race, educational attainment, and number of health conditions. Findings suggest that, on average, participants were overweight (BMI 28.7 kg/m2) at baseline and lost about 0.1 kg/m2 annually. Higher baseline BMI was associated with initial processing speed performance (β=-0.08, 95% credible interval (CI): -0.12, -0.04) and accelerated improvement in reasoning ability (β=0.12; 95% CI: 0.03, 0.20). Higher baseline performance in memory (β=0.07, 95% CI: -0.01, 0.15), inductive reasoning (β=0.09, 95% CI: 0.01, 0.16), and processing speed (β=-0.20, 95% CI: -0.28, -0.11) were associated with steeper declines in BMI. Of most interest, changes in BMI were associated with changes in memory (r=0.58), inductive reasoning (r=0.39), and processing speed (r=-0.94) over a 10-year period. Results highlight the dynamic relationship between cognitive performance and BMI. Although higher cognitive performance is associated with declining BMI, declining BMI is associated with steeper declines in cognitive functioning. Future longitudinal research is needed to determine the role of intentional weight loss in associations with cognitive performance.

293. Effects of Group-based Walking Program for Cognitive and Mental Health Promotion in Community-dwelling Older Adults: A Randomized Controlled Trial.

Mika Sugiyama, Tokyo Metropolitan Institute of Gerontology; Mutsum Ijuin, Tokyo Metropolitan Institute of Gerontology; Hiroki Inagaki, Tokyo Metropolitan Institute of Gerontology; Kae Itou, Tokyo Metropolitan Institute of Gerontology; Naoko Sakuma, Tokyo Metropolitan Institute of Gerontology; Fumiko Miyamae, Tokyo Metropolitan Institute of Gerontology

AIMS: To test the effectiveness of group-based walking program to prevent cognitive and mental decline for community-dwelling older adults. PROGRAM: Walking program was designed to encourage participants to build a walking habit through small group activities. A walking session was delivered once a week over 20 weeks. The program was designed to stimulate cognitive function and promote mental health through walking. During the session, participants walked together and social interaction for 90 minutes. DESIGN: Eighty older Japanese aged 65 and over were randomly allocated to exercise group (N=40 mean age=73.9±5.1, male=37.5%) and control group (N=40, age=74.0±5.6, male=40.0%). MEASUREMENTS AND ANALYSIS: We focused on four domains of cognitive function (attention/cognitive speed, memory, language, and visuospatial), and assessed these by TMT, AQT, Logical memory, Word fluency, Clock drawing etc. Self-rating cognitive decline, functional capacity (TMIG-IC), general mental health (WHOS), and depressive mood (the Geriatric Depression Scale) were also asked by questionnaires survey. The outcomes were measured before and after the program. A repeated-measures analysis of variance (ANOVA) was used to evaluate the effectiveness of the program. RESULTS: Significant interactions were found in attention/cognitive speed(AQT) (F(1,63)=4.24, p=.04), TMIG-IC (F(1,63)=4.56, p=.04), and self-rating cognitive decline (F(1,63)=80.72, p=.01), indicating that exercise groups had smaller cognitive decline than control group. No significant differences were observed in other cognitive tests and questionnaires. CONCLUSION: Not only walking but also interactions with members of the group might stimulate their cognitive function. Walking program may provide benefits in some aspect of cognitive and mental health promotion in community-dwelling older adults.

294. Evidence-Based Practice Change: Palliative Care Pain Control Results

Mary Emmett, Center for Health Services and Outcomes Research, Charleston Area Medical Center Health Education and Research Institute

Pain is the “fifth vital sign” for patients. Approach to assessment and treatment are essential to effective pain and symptom management. The West Virginia Geriatric Education Center in collaboration with the West Virginia Center for End-of-Life Care has used the PAIN-AD to assess and manage pain for cognitively impaired patients in hospitals with palliative care services.
An educational program, which included information on pain, pain assessment tools, and competency testing using PAIN-AD was developed for practitioners who planned to use PAIN-AD. The Palliative Network in the state agreed to use it in all hospital based palliative services. Six months following implementation of PAIN-AD 63% of the cognitively impaired patients were being assessed and after one year 88% were being assessed. Following assessment, 84% of patients with a cognitive impairment experienced a decrease in pain, 9% showed no change and 8% experienced a higher pain score. Data on assessment and management provide the network with information to continuously improve pain and symptom management. The network is spreading the learning to outpatient palliative care and nursing homes.

295. Feasibility of CASI-D Sleep Intervention for Informal Caregivers of Persons with Dementia: Preliminary Findings

Cherie Simpson, University of Texas, School of Nursing; Patricia Carter, University of Texas School of Nursing

Purpose: To test the feasibility and preliminary efficacy of the CAreiver Sleep Intervention-D (CASI-D) intervention for sleep. Research questions (RQ’s): 1) What are the barriers and facilitators to enrollment, participation in and implementation of intervention strategies and 2) What is the effect of CASI-D on caregiver’s sleep quality? Methods: Eighteen informal caregivers with poor subjective sleep participated in a two group quasi-experimental study. CASI-D is a caregiver-centered multicomponent intervention based on cognitive behavioral therapy for insomnia principles combined with skill building for caregiving and is tailored through the use of goal attainment scaling (GAS). Field notes and exit interviews were used to identify barriers and facilitators. Non-parametric tests were used to assess group differences in subjective (PSQI) and objective (actigraphy) sleep. Findings: Recruitment barriers included concerns for time commitment and caregiver or PWD health problems. Facilitators for participating included flexible scheduling and home delivery. Common goals included sleep hygiene activities (n=9) and mindful interaction with PWD (n=2); Barriers to accomplishing goals included time constraints and non-caregiving related disruptions. 50% of caregivers met or exceeded goals. Differences between groups were non-significant, except baseline depressive symptoms were higher in the intervention group. Subjective sleep quality changes were non-significant; however, intervention group WASO significantly improved over controls. Additionally, sleep efficiency improve by 6.5% and sleep latency reduced 12 minutes. Conclusions: This study describes the barriers and facilitators for enrollment and participation of informal caregivers in a tailored to the caregiver sleep intervention. Further testing is needed to establish efficacy.

296. Finding new ways with pain as fellow traveler –Older women’s experience of living with vertebral compression fractures

Hilda Svensson, Institute of Health and Care sciences at Sahlgrenska Academy, Gothenburg; Lars-Eric Olsson, Institute of Health and Care sciences at Sahlgrenska Academy, Gothenburg

Objective Osteoporosis is a costly and common public health issue worldwide. Against the backdrop of demographic transformation and rising life expectancy, Sweden and other industrialized countries will be faced with a growing number of older people suffering from osteoporosis. Vertebral compression fractures (VCF) are one of the most common osteoporotic fractures, mostly affecting women. Reduced physical activity due to painful fractures accelerates bone mineral losses, which increase the risk of new VCF. However, few studies illuminate the lived experience of these older women in terms reduced physical capacity, altered social identity, and sense of self. Aim The purpose of this study was to explore the lived experiences of older women with VCF using an interpretive phenomenological hermeneutic approach uncovering the hidden meanings through description and interpretation. Method A phenomenological hermeneutics method was used to describe and interpret the experience of 10 older women with osteoporosis and VCF (ages 65-85 years old). Between February and July 2013, audiotaped semi-structured interviews were conducted with the women. Data analysis was completed using a stepped approach to identify themes. The initial questions were developed specifically to allow the participant to narrate as freely as possible regarding their lived experience of having pain after an acute vertebral fracture. For example: “Has your experience of your sense of self and/or your body changed?” and “How do you cope with your symptoms after the vertebral fracture?” Results Eight themes were identified from the interviews: “losing freedom”, “feeling angry and betrayed by one’s unpredictable body”, “longing that what once was”, “finding new ways with pain as fellow traveler”, “being fearful of becoming a burden”, “knowing what you ought to do but not doing it”, “losing sense of self-worth and personal capability”, and “being positioned as redundant and distrustful.” Conclusion Being an older woman with vertebral compression fracture means adjusting all aspects of one’s life and to experience a change in sense of self but also in one’s social identity. Feel grief and anger before the body’s frailty and concerns to be a burden, experience of being betrayed by a changing and unpredictable body. A change in self-image and identity with reduced confidence in the own ability and adapting everyday activities due to pain as a constant companion. Feeling guilty for what you don’t do, though you should, and satisfaction of managing what you want and can do. Feeling of helplessness and doubts facing a fragile and uncertain future with remembrance and longing for
what once was. Loss of freedom and a sense of being trapped with the desire to be involved and needed and not de-marginalized and conceived as untruthful.

297. HABITUAL AND MAXIMAL GAIT SPEEDS DURING SINGLE AND DUAL-TASKS AMONG SEDENTARY, RECREATIONALLY ACTIVE, AND MASTERS ATHLETE OLDER ADULTS

Jordan Glenn, University of Arkansas; Jennifer Vincenzo, University of Arkansas; Michelle Gray, University of Arkansas, Fayetteville; Collin Cannella, University of Arkansas; Keyona Smith, University of Arkansas, Fayetteville

Decrement in gait speed with dual-tasks (DT) have been correlated with higher risk of falls in older adults. Comparisons of gait performance of masters-athletes (MA), sedentary (SED), and recreationally active (RA) older adults are currently unclear. PURPOSE: Evaluate gait speed during single and DT among SED, RA, and MA. METHODS: Participants were SED (n = 20, age = 61.0 ± 5.8), RA (n = 57, age = 63.5 ± 8.4), and MA (n = 25, age = 57.5 ± 7.9). Activity level was established based on the Rapid Physical Activity Questionnaire. MA participated in sanctioned competition within 6-months. Two trials each of four different gait tasks (10-m) were completed: habitual speed (HS), fast speed (FS), dual-task habitual speed (DT-HS), and dual-task fast speed (DT-FS). During DT-HS and DT-FS, subjects counted backwards from a number by three’s. RESULTS: MA (2.08 ± 0.63 m/s) had significantly (p < .05) higher FS compared to SED (1.94 ± 0.30 m/s) or RA (1.99 ± 0.53 m/s). Similar differences were observed for DT-FS (SED = 1.77 ± 0.32 m/s, RA = 1.80 ± 0.51 m/s, MA = 1.89 ± 0.63 m/s). MA had significantly smaller changes between FS and DT-FS compared to RA (12% >) and SED (13% >). No significant differences were noticed for HS or DT-HS among groups. CONCLUSION: MA reached higher speeds during FS and DT-FS compared to SED or RA and better maintained speed during DT-FS. This indicates MA may be at a lower risk of falls than SED and RA.

298. Poor Oral-Health as an Indicator for Pre-diabetes in the University of Alabama at Birmingham Study of Aging Cohort

Loretta Lee, Univ of Alabama at Birmingham, Department of Nursing Adult/Acute Health; Rita Jablonski, Univ of Alabama at Birmingham, Department of Nursing Adult/Acute Health; Patricia Sawyer, Univ of Alabama at Birmingham, Department of Med-Gerontology/Geriatrics/Palliative Care; Sonia Makhija, Univ of Alabama at Birmingham, Department of Behavioral and Population Sciences; Richard Allman, Birmingham/Atlanta VA Geriatric Research, Education and Clinical Center and Univ. of Alabama at Birmingham

Background. Poor oral-health that is associated with diabetes and pre-diabetes is a strong risk factor for the development of type 2 diabetes. This analysis examines the association between oral-health status and pre-diabetes in the University of Alabama at Birmingham Study of Aging cohort. Methods. The Study of Aging, a mobility study, included baseline and telephone follow-up interviews (6, 24, and 48 months); hemoglobin A1C was collected at 48 months. Participants were defined as normoglycemic (A1C < 5.7%); pre-diabetic (A1C > 5.7% and < 6.4%); or diabetic (physician diagnosis, medication, or A1C > 6.5%). ANOVA was used to assess the association of self-reported oral-health variables at 6, 24, and 48-months with pre-diabetic status. Results. The mean age of participants at baseline was 74 + 6 years (50% female; 45% black; 52% rural). At 48 months diabetes status was normoglycemic=272; pre-diabetic =133; and diabetic =70. There were no significant differences in self-reported oral-health measures between the three groups for measures collected at 6 and 24 months. At 48-months, 25% of males with diabetes reported teeth or mouth problems, compared to 4% of the men with pre-diabetes and 14% of the men with no diabetes (p=0.012). Conclusion. These findings confirm the association between diabetes and poor oral-health but suggest that pre-diabetes may not be associated with poor oral-health. Having diabetes may worsen oral-health. Prospective studies that include oral-health examinations in older adults with pre-diabetes may provide more definitive findings.

299. Tight Glycemic Control and Use of Hypoglycemic Medications in Older Veterans with Type 2 Diabetes and Comorbid Dementia

Carolyn Thorpe, University of Pittsburgh School of Pharmacy and the Veterans Affairs Pittsburgh Healthcare System; Walid Gellad, Veterans Affairs Pittsburgh Healthcare System, University of Pittsburgh, and RAND Corporation; C. Bernie Good, Veterans Affairs Pittsburgh Healthcare System; Sijian Zhang, Veterans Affairs Pittsburgh Healthcare System; Xinhua Zhao, Veterans Affairs Pittsburgh Healthcare System; Maria Mor, Veterans Affairs Pittsburgh Healthcare System

Background: Older diabetes patients with dementia are at increased risk for hypoglycemia and other adverse events associated with tight glycemic control, and are unlikely to experience long-term benefits. Methods: We linked national VHA data to Medicare claims for fiscal years (FY) 2008-2009 to identify Veteran outpatients aged 65+ receiving medication for type 2 diabetes and diagnosed with dementia. We used multinomial logistic regression to identify socio-demographic and clinical predictors of FY2008 HbA1c, and use of medications with high risk of hypoglycemia (insulin, sulfonylurea, or both) in the first quarter of FY2009 among tightly controlled patients. Results: A total of 17,495 Veterans with diabetes and dementia were included. 47% of patients had HbA1c<7% (tight control), versus 32% with HbA1c 7-<9% (moderate control), 7% with HbA1c
Social Research, Policy and Practice Section

300. BE-ACTIV vs. Treatment as Usual for Depression in Nursing Homes: Primary Outcomes of a Cluster Randomized Clinical Trial

Suzanne Meeks, University of Louisville; Kimberly Van Haitsma, Polisher Research Institute; Ben Schoenbachler, University of Louisville; Stephen Looney, Georgia Regents University

We report on the primary outcomes of a cluster randomized, controlled, hybrid efficacy/effectiveness clinical trial of BE-ACTIV, a behavioral intervention for depression in nursing homes. Twenty-three nursing homes were randomized to BE-ACTIV or treatment as usual (TAU); 82 depressed long term care residents were recruited. BE-ACTIV participants received 10 weeks of individual therapy after a two-week baseline. TAU participants received weekly research visits. Follow-up assessments, diagnoses based on the SCID-IV structured interview and self-reports, were at three and six months post-treatment. BE-ACTIV participants showed better diagnostic recovery at post-treatment in intent-to-treat analyses adjusted for clustering. They were more likely to be remitted than TAU participants at post-treatment and at three months post-treatment but not at six months. Self-reported depressive symptoms and functioning improved in both groups but the groups did not differ significantly. Treatment integrity analyses suggested that residents, staff, and therapists were engaged in and complied with expectations in the treatment manual. Although there was significant improvement across time on all outcome measures and in both groups, BE-ACTIV was superior to TAU in moving residents to full remission from depression. The treatment was well received by nursing home staff and accepted by residents. The results illustrate the potential power of an attentional intervention to improve self-reported mood and functioning and the added advantage of a theory-based, individualized intervention, but also the difficulties related to both studying and implementing effective treatments in nursing homes, including issues related to comorbidity, recruitment, and maintenance of recovery. Funded by NIMH 1 R01 MH074865.

301. Clostridium Difficile Infection in Texas: A Look at Texas Hospital Discharge Data in 2011

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Background and Objective: Clostridium difficile (CDIFF) is a dangerous and potentially life threatening antibiotic associated infection. The purpose of this study is to explore the incidence and prevalence of hospital acquired CDIFF infection in Texas inpatient settings for the year 2011 and to compare the facility and individual characteristics that increase the likelihood that a patient admitted into the hospital without a diagnosis of CDIFF will acquire the infection before being discharged compared to those who acquired CDIFF outside the hospital. Research Design and Methods: Data for this study were obtained from the 2011 Texas hospital inpatient discharge public use data file maintained by the Texas Health Care Information Council (THCIC). We present descriptive individual and facility characteristics of inpatients who acquired CDIFF in the hospital and those that had a diagnosis of CDIFF on admission. We then used a logistic regression to evaluate the likelihood that a patient admitted in the hospital will acquire CDIFF. Results: Of all those who acquired CDIFF in the hospital, 69% were over 65 years old, 55% were female and 68% were White. The multivariate analyses revealed that individual characteristics are predictive of the likelihood that someone admitted into the hospital will acquire CDIFF. Conclusions: These results show that the driving factors of hospital acquired CDIFF in Texas in 2011 are more attributable to individual characteristics rather than hospital characteristics. This finding is of great importance as CMS has introduced a series of performance based payment changes that includes non-payment for hospital acquired infections.
302. Cognitive Impairment Drives Up Costs in Home Health Care

Daniel Kaplan, Institute of Geriatric Psychiatry, Weill Cornell Medical College

The rapid aging of the population has resulted in increases in the incidence of age-associated illnesses of dementia, and this trend will continue as the proportion of older adults rises in the coming decades. The capacity of the home health care industry to adequately meet the needs of people living with cognitive impairment is highly questionable. This study adapts the Anderson-Newman Health Services Utilization Model and uses newly available health services survey data to make novel comparisons of service use and cost between consumers with moderate-to-severe cognitive impairment and those with little-to-no cognitive impairment. The National Home and Hospice Care Survey is a nationally representative cross-sectional sample survey, and this study links data to examine a random sample of consumers from each of the randomly sampled agencies. Consumers with cognitive impairment receive services for many more days, including more medical and non-medical visits, as compared to their less impaired peers. Excess costs of service associated with significantly higher duration and intensity of service are more likely to be expended on multiple occasions for those with cognitive impairment because of greater likelihood of readmission. Consumers with moderate-to-severe cognitive impairment are shown to require services which cost between 42% and 208% more than the services provided to those consumers who have little-to-no cognitive impairment, on average, depending on the insurance program used to pay for services. These findings are used to inform recommendations for social policy issues and research relevant to social, economic, health, and long-term care policies that affect older adults.

303. Community culture and communication patterns of families of elders in assisted living

Melissa Doffing, University of Colorado Colorado Springs; Sara Qualls, University of Colorado Colorado Springs; Christina Vair, VA Western New York Healthcare System Center for Integrated Healthcare; Rosemary Blieszner, Virginia Polytechnic Institute and State University; Kelly O’Malley, University of Colorado Colorado Springs; Kelli Klebe, University of Colorado Colorado Springs; Michael Williams, CaringFamily

Placement of an older adult in an assisted living (AL) community alters the role family members undertake in the day-to-day lives of their loved one, including family interactions and communication patterns. This study assesses the relationship between community culture of family inclusion and family-resident communication patterns using a device designed to facilitate communication between residents of ALs and their families. The Family Connections Service (FCS) allows AL residents to share text or photos to their electronic social networks from a one-touch digital mailbox. While the device is simple to use, the community culture can impact how families and residents understand the importance of maintaining high levels of communication and how they utilize the technology available. Results of community (3) by time (4) ANOVA suggest that rates of family messages sent to residents across communities are impacted by the culture of the community where the elder resides, F (2, 86) = 4.94, p < .01. Data on the frequency of communication and range of persons communicating with the elder will be presented with differences in patterns across the three communities noted. Congruent with the objective data on FCS use, residents reported an increase in perceived communication rates, t (120) = 3.66, p < .01. High resident and family satisfaction rates were found with on the various aspects of the technology. Findings are interpreted as demonstrating the acceptability of the technology and the value to the families that accrues from more frequent communication with a larger range of the residents’ networks.

304. Demand Side Factors Influencing Utilization of Long Term Healthcare Services in Singapore

Chang Liu, Duke-NUS Graduate Medical School Singapore; Angeliique Chan, Duke-NUS Graduate Medical School Singapore; Amudha Aravindhan, Duke-NUS Graduate Medical School Singapore; Soon Noi Goh, Changi General Hospital; Wayne Freeman, Agency for Integrated Care, Singapore; Shiou Liang Wee, Agency for Integrated Care, Singapore

Research Objective: With the greying of Singapore, the population requiring Long-Term Care (LTC) is expected to increase, however, current utilization rates are relatively low compared to Western contexts. The objective of this study is to uncover the factors that influence the utilization of LTC services and provide a baseline for cross-cultural comparisons across other Asian contexts in the future. Design: Longitudinal study over a 12 month period with dyads of care recipients and their caregivers. Setting: A national representative survey of the patients referred to the Agency for Integrated Care for LTC referrals over a 6 month period (December 2011 to July 2012). Population Studied: 1586 patients who responded to the survey (553 care recipients, 1027 proxies and 1502 caregivers). Principal Findings: Across the six formal LTC services (nursing home, day rehabilitation, dementia day care, home medical, home nursing, and home therapy), the take-up rate of referral at the time of interview ranged from 44% (home therapy) to 88% (nursing home). "No need", "high cost", "complex process", and "having problem transporting" are among the top reasons reported by survey respondents for non-use of referred service. Results from logistic regression models showed that factors associated with the use of referred long term care services include care
recipients' age, housing type, education, income, activities of daily living, use of domestic helper, and care givers' awareness and perception of long term care services. The factors associated with take-up the referral differ across different services.

305. Effect of Staffing on Quality of Care in US Nursing Homes

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Background: The relationship between nurse staffing and quality of care (QoC) in nursing homes continues to receive major attention. The evidence supporting this relationship however is weak since most studies employ a cross-sectional design. This review summarizes the findings from recent longitudinal studies. Method: The methodological quality of 19 US studies was assessed using the Newcastle-Ottawa scale. Staffing was categorized as: (1) total nurse staff including (2) registered nurses (RN), (3) licensed practical/vocational nurses (LPN/LVN) and (4) nurse assistants (NA). QoC outcomes were clinical (e.g. pressure ulcers), process-related (e.g. restraint use), or administrative (i.e. deficiency citations). Results: No consistent relationship between nurse staffing and QoC was found. Higher staffing levels were associated with better as well as lower QoC indicators. More NA staff was more likely to be associated with better clinical and process-related outcomes. The relationship between RN or LPN/LVN staff and QoC indicators was less clear. For example, for restraint use both positive and negative outcomes were found. With regard to pressure ulcers, we found that more staff led to better results, no matter who (RN, LPN/LVN or NA) delivered care. Discussion: No convincing evidence was found for a positive relationship between staffing and quality of care including the specific contribution of each staffing category. Although some positive indications were suggested, major weaknesses in study design (e.g. timing of data collection, assumed linear relationship between staffing and QoC) limit interpretation of results. Our findings demonstrate the necessity for well-designed longitudinal studies.

306. Enhancing Family and Professional Caregiver Well-Being: A Psychoeducational Skills Training Program

Christine Jensen, Riverside Center for Excellence in Aging and Lifelong Health; Lacy Will, Virginia Commonwealth University

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

307. Gateway to Global Aging Data

Jinkook Lee, RAND

The Gateway to Global Aging Data (G2G) is a platform for population survey data on aging around the world. It includes the Health and Retirement Study (HRS) the Mexican Health and Ageing Study (MHAS), the English Longitudinal Study on Ageing (ELSA), Survey of Health, Ageing, and Retirement in Europe (SHARE), Korean Longitudinal Study on Aging (KLoSA), Japanese Study on Aging and Retirement (JSTAR), Indonesian Family Life Survey (IFLS), China Health, Aging, and Retirement Longitudinal Study (CHARLS), Irish Longitudinal Study on Ageing (TILDA), Study on Global Ageing and Adult Health (SAGE), and Longitudinal Aging Study in India (LASI). G2G provides the digital library of detailed metadata and illustrative flow-charts with information about survey questions, response scales, interviewer instructions, survey skip patterns,
and concordance over time. G2G helps users quickly find relevant survey questions through an intelligent search engine, cross-survey concordances, and detailed documentation. G2G facilitates cross-country analyses by providing a set of identically defined (HARMONIZED) variables on demographic, health, health behavior, financial and housing wealth, income, family structure, and employment history. Interactive graphs and tables offer a quick way to examine selected variables and compare the characteristics of older populations in more than 25 countries. G2G is located at g2aging.org.

308. Impact Of Intensity And Duration Of Engagement In Work And Volunteering On Health

Dawn Carr, Stanford University; John Rowe, Mailman School of Public Health, Columbia University

Using data from six waves of the HRS, we evaluated the relationship between the intensity (hours per week) and duration (years) of paid work or volunteering and development of health impairment in initially healthy 51-71 year olds over a ten-year period (2000-2010). Health-related outcomes included chronic diseases (cancer, heart conditions, lung disease, diabetes, and stroke); psychological conditions; and disability (ADL, IADL or mobility limitations). Increasing work intensity was associated with progressive, dose-dependent reductions in likelihood of onset of psychological conditions, ADL, and IADL limitations. Reduced likelihood of chronic disease onset was only significant for full-time work, and onset of mobility limitations was not significant. Increased duration of work was associated with progressive dose-dependent decreases in likelihood of all adverse health outcomes. Volunteering intensity was associated with progressive reduction in likelihood of ADL, IADL and mobility limitations. Onset of chronic diseases was reduced at only low or moderate intensity volunteering, and psychological conditions only at the highest intensity level. Increased volunteer duration was also associated with a progressive dose-dependent reduction in likelihood of onset of all health conditions. Increasing age enhanced most of the beneficial effects of intensity of engagement, but only at high levels of duration. In comparing the benefits of working with volunteering, each additional hour of volunteering had a much greater health benefit than does each hour of working. All noted effects were highly statistically significant. Strong engagement in the workforce or volunteering may reduce or delay disability, adverse health consequences and health care expenditures in late life.

309. Influence of Spousal Caregiver Health on Health Care Utilization of Patients at End-of-Life

Jessica Lendon, Greater Los Angeles Veterans Affairs

Spouses provide much of the long-term for older adults; however, spousal care recipients may have more need for formal healthcare services given spousal caregivers’ own health conditions and age-related declines. Guided by the Andersen healthcare utilization model, we investigate whether spousal caregivers’ health, mediated by caregiving intensity, predicts their spouses’ formal healthcare utilization near the end of life. We used five waves of the Health and Retirement Study to identify 1019 spousal caregiver-patient dyads. Hierarchical logistic regressions included age, gender, race, caregiver health (self-rated health, ADL, IADL, memory, depression, number of health conditions), caregiving intensity (other helpers, daily and monthly frequency), and patient health to predict the likelihood of utilizing a nursing home, hospital, and homecare services 2 years prior to death. Home healthcare use was predicted by spousal caregivers’ self-rated health (OR=.85), number of helpers (OR=1.17), and daily care hours (OR=1.02). Hospitalization was predicted by spouses’ memory (OR=1.23) and nursing home use was predicted by monthly care frequency (OR=.98), after including demographics and patient health. Patient health indicators were more important in predicted likelihood of all healthcare outcomes. Conclusions: Overall, spousal caregivers’ health was indirectly related to their spouses’ healthcare use at the end of life, mediated by caregiving intensity. Unexpectedly, spousal caregivers’ self-rated health and monthly care frequency predicted lower odds of homecare and nursing home use, respectively. Memory problems may indicate challenges for spousal caregivers. Further development of the structural relationship between spousal and patient health on caregiving intensity may clarify these findings.

Saturday, November 23

Health Sciences Section

227. A Declining Home Telehealth Program and Implications for Sustainability: A Texas Case Study

Kavita Radhakrishnan, University of Texas - Austin School of Nursing; Bo Xie, University of Texas

Background: 67% of Medicare beneficiaries discharged from hospitals with a chronic condition are re-hospitalized or die within first year of discharge. To avoid early re-hospitalizations, home health agencies (HHA) are increasingly using telehealth to monitor and promote self-management skills of elderly patients. However, factors contributing to discontinued or sustained
telehealth use is still unclear. This study explored telehealth stakeholders’ perspectives on reasons for initial adoption and eventual decline of a decade-long telehealth program at a Texas HHA. Methods: 13 HHA nursing staff and administrators, 9 patients aged > 55 years and their caregivers, and 1 physician were interviewed using a semi-structured interview guide in summer 2013. Interview transcripts were analyzed using the constant comparative method and major themes were identified. Results: The telehealth program under investigation was initially adopted to improve patient outcomes while reducing nursing visits and attracting more physician referrals. The program has declined due to unsatisfactory patient self-management outcomes; unsatisfactory user interactions with telehealth that were influenced by patient characteristics and context; expensive telehealth updates and maintenance in addition to insurance non-reimbursement; low physicians referrals and unchanged nursing caseload; and, inferior communication and care coordination between HHA staff and physicians that lacked relevant information on patient context in addition to telehealth data. Implications: To realize the anticipated value of telehealth programs, HHA should i) employ cost-effective telehealth models of care; ii) utilize patient characteristics and context to empower patients on the use of telehealth to acquire self-management skills, and, to inform communication and care coordination among healthcare providers.

228. A Newly Developed Scale to Measure Environmental Stimulation and Apathy for Persons with Dementia: Inter-Rater Reliability Test

Ying-Ling Jao, The University of Iowa; Donna Algase, University of Toledo; Janet Specht, The University of Iowa; Elizabeth Edleman, The University of Iowa; Jung Min Lee, The University of Iowa

Apathy is a highly prevalent in dementia but is often clinically ignored. The suggested diagnostic criteria describe apathy as lack of environment-stimulated behaviors, ideas, or emotional responsiveness. However, no established scale measures apathy within the context of environmental stimulation. Our research team developed a scale that simultaneously measures environmental stimulation and apathy. This study was to evaluate the inter-rater reliability of this scale. This is a descriptive and repeated measure study. The scale consists of environmental stimulation and apathy subscales and each subscale has six items scored on a 1-4 scale. Reliability was evaluated using videotapes obtained from an R01 dementia study. The parent study enrolled 180 institutionalized elders with dementia and each participant had 12 videotapes recorded. This study randomly selected 24 participants and 3 videotapes from each participant. In each videotape, we selected one segment of 1-2 minutes that involved social stimulation to test reliability. Using the scale, two trained observers independently rated each videotape for all 72 videotapes. Agreement percentage and weighted Kappa for each item were calculated to indicate inter-rater reliability. For environmental stimulation items, agreement ranges 73.61%-98.61% and, except for physical accessibility, weighted Kappa ranges 0.50-0.93, indicating moderate to almost perfect reliability. For apathy items, agreement ranges 31.94%-65.28% and weighted Kappa ranges 0.17-0.63, indicating slight to moderate reliability. Overall, reliability for the environment subscale is satisfactory but slight refinement is needed for the apathy subscale. Further establishing this scale may help more accurately capture apathy and examine the impact of environmental stimulation on apathy in dementia.

229. An Exploration of Socioemotional Selectivity Theory within Senior Digital Gameplay

Julie Brown, Graduate Center for Gerontology - University of Kentucky; Aasha Hoogland, Graduate Center for Gerontology - University of Kentucky

Introduction: A third of digital gamers are aging adults and most gameplay occurs within a social context, yet there is a dearth of research examining senior digital gameplay from a gerontological perspective. With this in mind, it is argued that seniors may use digital games (DGs) as a means to cultivate meaningful relationships that support relationships with family members, particularly grandchildren, and close friends. More so, younger participants and those who are more socially isolated conveyed greater reliance upon DGs for meaningful socialization via online gameplay. Several participants also noted the value of reminiscence during gameplay as a means to recollect interaction with former playmates. Conclusions: The increasing use of DGs within the older adult population warrants further examination, as findings suggest that it can be an important tool to nurture significant relationships and promote mental health. Furthermore, the application of SST within the context of senior gaming merits continued investigation as more technologically savvy and gameplaying Baby Boomers (“Boomer Gamers”) advance in age and are positioned to become increasingly reliant upon digital interaction to support socialization.

230. Application of a Criterion-Based Time Up-and-Go Test: a Reliability and Validity Study
The Timed “Up and Go” (TUG) test is an assessment commonly used to quantify functional mobility and fall risk in older adults. We evaluated the reliability and validity of a criterion-based TUG timing method. Additionally, the influence of walking distance and seat height on test-retest reliability of the TUG test were investigated. One hundred adults over the age of 50 (51-91 years) performed the TUG test, and were evaluated using the conventional and criterion-based timing methods. Each participant was timed for performing the task of: stood up from a seated position, walked fixed distances (3, 6, or 9m), turned around, and sat down again. The test was administered using both a standard seat height (46 cm) and an individual-specific seat height. All participants completed a 6 minute walk test (6MWT) and SF36v2 health and well-being survey. Test-retest reliability of the TUG test was accessed for each combination of the test procedure on two different occasions within 10 days. TUG performance was correlated with 6MWT and SF36v2 results using Pearson correlations. Our results showed that participants were able to walk significantly faster using the individual-specific seat height across all distances. The test-retest reliability was highest when the criterion-based timing method was used in conjunction with the 9m walking distance (ICC=0.934). TUG performance was significantly correlated with 6MWT performance (p<0.001, R=−0.769) and self-assessed physical well-being (p<0.001, R=−0.422). The automated TUG test may be used as a valid and more reliable tool to assess functional mobility and fall risk in older adults.

231. Application of Pre-hospital Management Model among Elderly before Eye Surgery: a Preliminary Study

JingPing Hu, Peking Univ. Third Hospital

Background: Previous studies revealed that the traditional hospitalization model which were lack of pre-hospitalization care was not good for patients on self-care, self-appraisal and compliance of the treatment for the surgery. Purpose: To explore the effects of the application of the pre-hospital management model among elderly patients before eye surgery. Methods: Historical control was used in the study. The control group was consisted by 300 patients from a tertiary hospital in Beijing. The pre-hospitalization care from January to March in 2012. 168 cases were male; the average age was 68.70±4.11 years old (from 69 to 91 years old). From April to June 2012, another 300 patients from the same hospital were recruited as the experiment group and cared by the application of pre-hospital management model. 188 of the experiment group were male; the age of the patients ranged from 60 to 87 years old; and the average was 70.10±3.45 years old. Results: After the application of pre-hospital management model, both of the surgical knowledge and self-appraisal on the hospitalized operation were significantly increased. Surgical knowledge contains 5 aspects: Basic knowledge (p=0.001), Preparation (p<0.001), Physical condition (p=0.000), Medication knowledge (p=0.000), Precautions (p=0.002). Self-appraisal on the pre-hospitalized care contains 3 aspects: Cognition (p=0.000), Psychological status (p=0.000), Coping skills (p=0.000). The rate of the cancelled operation was reduced from 3.77% to 2.78%. Conclusion: The pre-hospital management model provides the continuous care to the pre-surgical elderly patients who hasn’t been hospitalized for the eye surgery yet.

232. Associations of FOXO3A and Human Lifespan in the Long Life Family Study: A Network Model Approach

Harold Bae, Boston University School of Public Health Department of Biostatistics; Anne Newman, University of Pittsburgh/Center for Aging and Population Health; Jason Sanders, University of Pittsburgh/Center for Aging and Population Health; Thomas Perls, New England Centenarian Study, Section of Geriatrics, Department of Medicine, Boston University School of Medicine; Paola Sebastiani, Department of Biostatistics, Boston University School of Public Health

The association of forkhead box O3 (FOXO3A), a constituent of the insulin–IGF1 signaling (IIS) pathway, and human lifespan has been replicated in multiple longevity studies in different populations. In the Long Life Family Study (LLFS), we conducted a mixed-effects Cox proportional hazard regression (N=4656) to model age at death, censored at the last age at contact for living subjects, adjusting for sex and the top 10 principal components. Six out of eleven known variants replicated (p<0.05), but there were no novel variants identified in 113 tested SNPs. Next we used a network model approach to disentangle the associations between significant FOXO3A alleles and lifespan in relation to age at enrollment, sex, birth year cohort, and the Health Aging Index (HAI)—a composite score consisting of age-related phenotypes including systolic blood pressure, pulmonary vital capacity, serum creatinine, fasting glucose, and Modified Mini Mental Status Exam score. Appropriate regression models were fitted to model follow-up survival time, HAI, age at enrollment and we identified statistically significant predictors through a forward search for each outcome. The joint network model was built by linking through the common variables at each level of regression. Two independent FOXO3A variants remained in the final network. The effect of one FOXO3A allele on longevity was completely mediated by the HAI, while a different FOXO3A allele was associated with lifespan independent of the HAI. The analysis suggests that different FOXO3A alleles may affect exceptional longevity through different age-related mechanisms.
233. **Ballroom Dance and Successful Aging: Exploring Motivations for Ongoing Physical Activity**

**Regena Stevens-Ratchford**, Department of Occupational Therapy & Occupational Science, Towson University

Purpose: The purpose of this pilot study was to explore successful aging factors in relation to ballroom dance as serious leisure. Previous literature indicates that devotees of serious leisure are motivated to expand their participation and develop their skills (Stebbings, 2007). This motivation can perpetuate continued activity engagement. There is a need to explore ballroom dance as serious leisure because it entails both motivational and enjoyable elements that promote the physical and cognitive (Kimura & Hozumi, 2012) functions linked to successful aging (Bowling & Lim, 2011). Design and Methods: Purposive sampling was used to select 31 healthy older adults (14 males, 17 females) with a mean age of 69. A QUAL-quan method used qualitative methods to examine participants’ dance experiences, and quantitative methods were used to examine their successful aging. Results: Three themes emerged from qualitative analyses: (a) The Evolution of Ballroom Dance; (b) The Social World of Ballroom Dance; (c) Dance to Age Well. Participants reported serious leisure qualities in their ballroom dance, $M = 115.77/126$, and positive successful aging, $M = 38.19/44$. Implications: For these older adults, ballroom dance was serious leisure that motivated their continued participation. They described an affinity for dance that fostered their ongoing efforts to meet its physical challenges and its cognitive demands to learn new skills. They associated their longstanding participation with health benefits, positive well-being, and their overall successful aging. Thus, practitioners should encourage older adults to engage in serious leisure activities like ballroom dance to promote greater physical activity and successful aging.

234. **Bilingualism, Executive Control and Cognitive Reserve in Later Life**

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Background: Recent evidence for a bilingual advantage in executive control processes has led to the suggestion that being bilingual might contribute to increased cognitive reserve and delay in onset of cognitive decline in later life. Some studies however have failed to replicate the effect and suggested that where observed it may arise from differences in immigration status or other socio-demographic factors. Method: We examined the performance of socially homogeneous groups of older (≥ 60 years) non-immigrant bilingual Welsh/English speakers (n = 50) and monolingual English speakers (n = 49) drawn from a stable bilingual community in North Wales, UK, on tasks reflecting language ability, tasks where the bilingual executive processing advantage has been previously demonstrated, and a broader range of tasks for which executive control is important. Results: Across the 42 executive function indices assessed, monolinguals performed better on 31, with a mix of mainly small and medium effect sizes, and bilinguals performed better on 11, in most cases with small effect sizes. Only three differences remained significant after correction for multiple comparisons, indicating a robust monolingual advantage on spatial span forwards, elevator counting with reversal and design fluency switching tasks. The degree of use of the two languages in the bilingual group had no significant effect on bilingual performance. The two groups did not differ on a measure of cognitive reserve. Conclusions: Taken together, these findings provide no evidence for a bilingual advantage in executive control processes that enhances cognitive reserve in later life.

235. **Body-Worn Sensor Based Assessment Of Sit-To-Stand For Identification Of Frailty**

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Background: Development of objective tools for frailty assessment are of high importance. Chair sit-to-stand (CST) is a common functional task to evaluate frailty; however total time to task may not be sensitive parameter to discriminate all three groups (F-frail, PF-pre-frail and NF-non-frail). The purpose of current study was to discriminate geriatric population based on kinematic parameters using body-worn sensors. Methods: Data was analyzed for 96 elderly subjects (Age:77±8, BMI:28±6.4Kg/m²) characterized as frail(9), pre-frail(48) and non-frail(39) based on Fried criteria. 5CST was performed while wearing a set of body-worn sensors (LegSysTM, Biosensics LLC) mounted on thighs and back. Kinematic data including thigh and trunk angular velocities (AV), transition times during CST was extracted for each transition. One way analysis of variance was used to determine level of significance between groups. Results: Significant group differences (ANOVA, p<0.05) were observed for total 5CST time, time-to-stand, time-to-sit, total transition time, thigh-flexion AV, thigh-extension AV and trunk flexion angle. Post-doc comparison further revealed parameters including time-to-sit, AV of thigh during flexion and trunk flexion angle to be able to discriminate all the 3 groups from each other, however total CST time could only discriminate NF from PF. Conclusion: Results demonstrate that kinematic parameters including transition time, thigh angular velocity and trunk flexion angle are more sensitive to discriminating frail from pre-frail, pre-frail from non-frail and frail from non-frail
compared to mere total CST time. Our findings highlight the potential of body-worn sensors for in-home as well as quick clinical assessment of frailty.

236. Brain Plasticity Training Effects Correlate With Amount of Transfer to Executive and Memory Abilities

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Brain plasticity training on untrained cognitive outcomes is generally tested by comparing pre and posttest performance across groups. This does not directly determine whether the cognitive processes underlying training have been changed. This would instead be confirmed if trained but not untrained participants show a stronger relationship between trained and untrained task performance after training. Data were from the Improvement in Memory with Plasticity-based Adaptive Cognitive Training (IMPACT) study that randomized 487 healthy men and women aged 65-93 into training or active control conditions. Structural equation modeling covaried preexperimental relationships between trained and untrained tasks and revealed posttraining correlations only in the trained participants, suggesting that the training does support processing changes. Specifically, improved performance after training on a working memory span task correlated .17 with improved supervisory or executive ability outcomes. Story memory improvement was significantly associated with speeded processing (r=.17) and working memory training (r=.18) improvements. These findings are consistent with research identifying basic processes underlying complex task performance in older adults. Study limitations are that only healthy, highly educated older adults with no signs of cognitive impairment who remained in the study for nearly a year participated and that a more precise examination of cognitive processes underlying transfer was not possible. However, the sample size made it possible to model whether transfer occurred at the level of individuals. Findings suggest that training does improve cognitive processes in healthy older adults.

237. Centenarians Delay Retirement and Driving Cessation

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Purpose: Centenarians compress disability until very late in life. We sought to examine if they also delay retirement and driving cessation relative to birth cohort norms. Methods: A subsample of New England Centenarian Study (NECS) participants who were administered a detailed cognitive function assessment were queried, along with their proxies, about employment and driving history. Retirement data were compared with year-specific US Census data. Driving cessation data were compared with results from a study of driving in people age 70 and older. Results: Data were analyzed for 151 participants, age range 101-115 years, mean age 107.5 ± 2.6 years, all of whom had completed the Dementia Questionnaire. Mean retirement age for NECS males was 76 years occurring on average in 1982 compared to an average age of retirement at that time of 63. Mean retirement age for NECS females was 67 and occurred on average in 1971 compared to a mean retirement age for women of 57. NECS males and females stopped driving at an average age of 96 and 89 respectively. In comparison, a published study (Foley et al., 2002) noted that both men and women surviving past age 70 stopped driving at an average of about 81 years. Conclusion: Centenarians from the NECS relatively delay retirement and driving cessation by up to a decade which indicates preserved physical and cognitive function compared to the general population. The ability to stay integrated in occupational and social roles may also have a reciprocal relationship in further maintaining overall well-being.

238. Changes in Daily Time in Physical Activities across Adulthood

Soomi Lee, The Pennsylvania State University; David Almeida, The Pennsylvania State University; Jacquie Mogle, The Pennsylvania State University

Numerous studies have found that people who are physically active are less likely than sedentary persons to experience health problems and cognitive decline in later life. Despite of the benefits of physical activities, research shows that people seem decrease the amount of time spent in physical activities as they age (DiPietro, 2001; Sallis et al., 1985). Less is known about changes in the day to day consistency of pursuing physical activities over time. Changes in the amount and consistency of physical activities may be motivated by positive emotions. Using two bursts of 8 daily telephone interviews ten years apart from the National Study of Daily Experiences (N = 793), we examined age-related changes in the daily amounts and consistency of time spent in physical activities over a ten-year period and how those changes differ by emotional experiences. Results indicated that older adults decreased more in the amount of time spent in physical activities compared to their middle-aged and younger counterparts but increased in the consistency of the time spent in physical activities. Moreover, positive affect predicted changes in time on physical activities; people who experienced less positive affect at baseline decreased more
time in physical activities ten years later. This effect was most pronounced for older individuals. Our findings suggest that individuals at different phases of the life span pursue physical activities differently across time and their emotions play an important role in shaping changes in physical activities.

239. Clinical Video Telehealth (CVT) For Dementia Assessment: Creation of a Teledementia Clinic

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Clinic Development: As part of a seven site Geriatrics Research Education and Clinical Center (GRECC) collaboration, the Pittsburgh VA GRECC has adapted its multidisciplinary dementia clinic model for the care of rural veterans via Clinical Video Telehealth (CVT). CVT capabilities include videoconferencing and a specialized remote enabled stethoscope, otoscope, skin camera, and document camera. These technologies allow geriatricians, geriatric psychiatrists, neuropsychologists, and social workers on the academic hospital team to provide care to veterans in their rural Community Based Outpatient Clinics (CBOCs). Challenges adapting to teledementia visits arose when performing and documenting the geriatric physical exam, neuropsychological testing, and post-visit patient communications. The multidisciplinary team addressed these issues by modifying protocols, ensuring ongoing local staff training, creating a note template, selecting neuropsychological tests requiring no local staff training, and creating an after-visit follow-up template. Findings: Currently teledementia care is provided to five CBOC locations and one medical center with plans for expansion. Within the first four months, 33 individual patients have been seen with 52 provider encounters. Twenty-five of these patients were follow-ups from the on-site clinic. An important quality measure is reduced round-trip driving distance as 83% of the 29 patients with known driving status have recommendations to retire from driving; 3 of whom refuse to do so. In total 2081 miles have been saved so far, an average of 58 per visit and maximum of 183 per visit. 137 miles were saved from the patients refusing to retire from driving. Therefore teledementia visits provide convenience and patient safety.

240. Cortical Thickness Mediates the Effects of Hypertension and Age on Executive Functioning

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Vascular risk is associated with poorer executive functioning (EF), including inductive reasoning ability. EF is critical for independent living, but declines with normal aging; vascular risk may exacerbate this decline. Prior research has demonstrated the association of EF with frontal-parietal neural structures, such as cortical thickness. Interrelationships among vascular risk, EF and cortical thickness are not well understood. This study aims to examine, via structural equation modeling (SEM), whether cortical thickness in frontal/parietal neural structures mediates the association between reasoning ability (dependent variable) and hypertension, age (at time of scan), and educational level. Parcellation of cerebral cortex was executed via FreeSurfer. In contrast to prior examination of cross-sectional/concurrent relationships, we examined the mediational effects of cortical thickness measured 6 to 12 months before cognitive assessment. Seattle Longitudinal Study subjects (N=163; 59% women; 47% with hypertension; M age at scan=67, Range=52-87; M education=16.1 yrs, Range=12-20) participated in structural MRI in 2007 and cognitive assessment in 2008. SEM findings indicated that the following regions of cortical thickness in frontal, temporal and parietal lobes partially mediated the relationship between age and reasoning, and totally mediated the effect of hypertension on reasoning (for all models RMSEAs≤0.03, CFI≥0.98): Frontal lobe: Superior and inferior frontal gyrus; Temporal lobe: Fusiform gyrus, middle temporal and inferior temporal gyrus; Parietal lobe: Supramarginal gyrus, inferior parietal cortex, and isthmus of cingulate gyrus. The utility of interrelationships among cortical thickness, hypertension, and reasoning ability as potential indicators of normative decline in executive functioning will be discussed, as well as prevention/intervention necessity.

241. Decreasing Length of Hospital Stay on an Inpatient Geropsychiatric Unit: Outcomes from an Efficiency Initiative

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Objective: We evaluated the results of an efficiency initiative to decrease the length-of-stay on a geropsychiatric unit. Two core program features are establishing symptom benchmarks for discharge and early discharge coordination with key stakeholders. We used formal and informal provider education, data-driven feedback, and individual case consultations to improve efficiency and unit throughput. Methods: This study used an interrupted time-series design with unequal comparison groups. We compared aggregated monthly outcomes data for a 42-bed geropsychiatric unit during the 12-months prior to, and 12 months
following the start of the initiative. Major outcome measures included length of stay, concurrent insurance denials of payment, and 30-day psychiatric hospital readmission rates. Descriptive statistics were used to estimate population parameters and examine unit characteristics. Statistical significances of the differences in outcome measures between pre- and post-intervention were tested using t-tests and chi-square tests. Results: Between the year leading up to the initiative and the first year following implementation of the initiative, the average length of stay on the geropsychiatric unit decreased by 34% (31.2 days vs. 20.5 days) (p<0.001). Average payment was reduced from 4.5 to 1.0 patients per day (p<0.001). The average 30-day readmission rate on the geropsychiatric unit decreased from 16% to 11% (p=0.03). Over the same period, the same outcomes measures for the rest of the hospital remained unchanged. Conclusion and discussion: Through early discharge planning and discharge coordination, we may be able to increase efficiency of the inpatient geropsychiatric unit and reduce potential financial losses, while maintaining quality of care.

242. Delight or Annoyance: Caring for Grandchildren and Depressive Symptoms of Grandparents

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This study examined how intensity and frequency of caregiving among grandparents and family structure influenced depressive symptoms of grandparents in China. While there has been attention to the negative influences of caregiving for grandparents in China, grandparenting can be a source of emotional support dependent on the frequency of caregiving. Data came from the Chinese Health And Retirement Longitudinal Study (CHARLS) 2011 baseline data, a nationally representative sample of those 45+. The analytic sample contained 2,032 grandparents with grandchildren under 16. The CESD-10 was used to measure depressive symptoms. OLS regression was conducted to examine the association of caregiving and depressive symptoms among grandparents. The results showed that rural grandparents were more likely to provide care and spent more time caring for grandchildren than urban grandparents (29.4% vs. 26.1% spent at least 50 weeks, 16.7% vs. 13.6% spent time more than 84h/w). OLS regression indicated that for rural grandparents, the more weeks they provided care, the less depressive symptoms they had. For urban grandparents, the more time during a week that they provided care, the more depressive symptoms they had. In both rural and urban area, one grandparent living only with grandchildren was likely to have more depressive symptoms. Emotional support from children decreased their depressive symptoms. Grandparenting may contribute to grandparents’ mental well-being in rural China. This may be because in Chinese culture “Pleasure from grandchildren reduces loneliness”, but not all caregiving appears positive. Ongoing is exploring how family resources could be used to contribute to better health.

243. Differential Responses of Minorities to the Medicare Part D Coverage Gap

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The poorer health of the minority elderly has been persistent over time despite efforts to eliminate it. This research provides a better understanding of the health behavioral pathways that affect later life health in diverse groups. Specifically, we try to understand if minority groups respond differentially to the Medicare Part D prescription drug coverage gap, or so-called “doughnut hole.” In the coverage gap, individuals experience a sharp drop in coverage -- how do they respond? Patients experience different levels of cost sharing in the doughnut hole based on their income level, plan, and medications. For example, those who qualify for Medicare Part D’s low income subsidy bear almost no costs for premiums or medication. This work contributes to the current literature by investigating the behavior of minorities versus whites in the gap across a wide range of drug classes. We analyze the behavior of diabetics who enter the coverage gap, comparing medication adherence of blacks and Hispanics, versus whites in eighteen widely used diabetes and non-diabetes drug classes. We examine if the racial variation can be attributed to differences in socioeconomic status, finding that less wealthy individuals react more strongly to the coverage gap. Racial effects persist, with Hispanics responding more strongly to the coverage gap than whites by decreasing use of medication. Hispanics and blacks both stop therapy altogether in higher proportions than whites. Hispanics appear to resume therapy the following year when the Part D clock resets, while blacks are more varied in their resumption behavior.

244. Do Nursing Facility Transition Initiatives Work: Are Patients Able to Stay at Home?

Tracy DeKoekkoek, Michigan State University; Charles Given, Michigan State University Dept. of Family Medicine; Hong Su An, Michigan State University Institute for Health Policy; Monica Schueller, Michigan State University College of Nursing; Sandra Spoelstra, Michigan State University College of Nursing
Older adults prefer to remain in their homes but are forced into nursing home placement because community-based supports are inadequate to meet their needs. Nursing home cost per-month is $2,700 compared to $900 per-month for elderly, disabled, dually eligible clients in the State of Michigan. The State developed a Nursing Facility Transition Initiative (NFTI) to assist clients to return home after nursing home placement, with the support of in-home-based services (e.g., personal care, meals, and supplies) to support their needs. The aim of this research was to examine the NFTI program’s ability to support clients to remain at home. A retrospective secondary analysis was conducted. Data included the first Minimum Data Set for Home Care after return home via NFTI in 2009; and subsequent 12-months of outcomes: remained at home, returned to nursing home, or death. In 2009, 867 clients received NFTI. 38.5% (N=334) were <65 years of age and 61.5% were ≥65 year of age. 49.4% (N=165) were male in the younger group compared to 26.5% (N=141) in the older group. 75.0% (N=650) were able to remain at home 12-months after NFTI, while 12.1% (N=105 returned to the nursing home; and 12.9% (N=112) died. The majority of clients stayed at home for at least 12-months following transition from a nursing home. NFTI supports transitions home when in-home-based services are provided; reducing the cost of care, saving an estimated 5-million-dollars ($1,800 per-month, per-client), while improving quality-of-life of each individual who is able to return to their home.

245. Effects of sensory function on the Montreal Cognitive Assessment: Findings from community-dwelling older adults
Kate Dupuis, University of Toronto; Veronica Marchuk, University of Toronto; Alison L. Chasteen, University of Toronto; M. Kathleen Pichora-Fuller, University of Toronto; Gurjit Singh, Toronto Rehabilitation Institute; Sherri L. Smith, James H. Quillen VA Medical Center

The Montreal Cognitive Assessment (MoCA) has excellent sensitivity, but lower specificity, than other cognitive tests such as the MMSE. It may be that MoCA performance is reduced by respondents' sensory impairments and/or by sub-optimal test environments. Two studies were conducted to examine this hypothesis. In Study 1, 301 older adults (Mean age = 71 years) completed the MoCA as well as a battery of memory, hearing, and vision tests. In Study 2, younger adults (Mean age = 19 years), older adults with normal hearing (Mage = 71 years), and older adults with hearing loss (Mean age = 73 years) completed the MoCA under three different conditions: face-to-face or under headphones with recorded materials presented at two different levels of background noise. In Study 1, half of the participants had normal hearing and vision, 38% impaired hearing, 5% impaired vision, and 7% dual sensory impairment. More participants with normal sensory function passed the MoCA compared to those with sensory impairment. Importantly, this was true even after adjusting the scoring procedure for sensory factors, suggesting greater levels of cognitive loss in those with sensory dysfunction. In Study 2, increasing environmental noise had a deleterious effect on MoCA scores. Together, the results indicate that sensory problems can affect test performance, and they provide support for a growing literature suggesting that people with sensory loss are at greater risk of cognitive decline. These findings underline the importance of considering auditory and visual processing when interpreting scores on standardized cognitive screening measures.

246. Evaluation of a Care Management Program for Veterans with Dementia and their Caregivers: Preliminary Findings
Shahrzad Mavandadi, Mental Illness Research, Education, and Clinical Center; Philadelphia VA Medical Center & Department of Psychiatry; Perelman School of Medicine, University of Pennsylvania; Erin Clark, Philadelphia VA Medical Center; Meagan Graydon, University of Maryland, Baltimore County; Trisha Stump, Philadelphia VA Medical Center; David Oslin, Philadelphia VA Medical Center; University of Pennsylvania; Laura Wray, VISN 2 Center for Integrated Healthcare; Western NY Healthcare System--Buffalo Campus

Objective: Patient-centered, integrated care management programs that involve caregiver (CG) education and psychosocial support may help facilitate service use and improve outcomes for individuals with dementia and their CGs. This project provides preliminary findings that address whether, 1) a telephone-based dementia care management program is feasible and acceptable to CGs, and 2) whether, relative to usual care (UC), a dementia care management program is associated with improved CG (e.g., mastery, burden) and patient (e.g., behavioral symptoms) outcomes. Method: The pilot study used a 2x3 longitudinal, randomized control group design. CGs of Veterans with dementia (n=80) were randomly assigned to the dementia care management program or UC. Dementia care management involved CG education, continuous support, communication and coping skills training, and monitoring of Veterans' symptoms and service needs, via CG report. Data on CG and Veteran characteristics were collected at baseline and 3 and 6 month follow-up. Results: The majority of the sample was female (97.1%), non-Hispanic White (64.3%), and spouses of the Veterans (84.3%). Preliminary, intent-to-treat longitudinal models suggest that CGs in the intervention reported greater reductions (trend-level) in distress due to Veterans' dementia-related memory, depressive, and disruptive behaviors (p=0.07) and neuropsychiatric symptoms (p=.11). Intervention participants also reported significantly greater increases over time in their ability to derive meaning from their caregiving role (p=0.02). Conclusions: Preliminary findings suggest that a care management program for CGs of individuals...
with dementia is feasible and associated with favorable CG-related outcomes, highlighting the value of patient/caregiver-centered interventions that provide psychoeducation, skills training, and support.

247. Factors That Influence Adoption and Implementation of the Arthritis Foundation Walk With Ease (WWE) Program in Mid-size Worksites: A Feasibility Study

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Objectives: The annual cost of arthritis is approximately $128 billion in health care costs and lost productivity. With an aging workforce and nearly half of older adults being affected by arthritis, addressing arthritis-related work challenges is warranted. This study assessed factors associated with worksite adoption and implementation of the self-directed format of the Arthritis Foundation Walk with Ease (WWE) program. Methods: Eight key management interviews and 4 focus groups, totaling 35 employees, were conducted at 4 midsize worksites. Management and employees’ perspectives about the benefits and challenges of offering and participating in worksite health promotion programs were explored. Using content analysis, the interviews and focus groups were coded and themes and categories were identified related to WWE adoption and implementation. Results: Managers were mostly men (75%), and had been in their position an average 11.7 years. Employees, aged 27-70 were mostly women (87%), suffered from joint pain and had been in their position an average of 11.9 years. Management and employees perceived health promotion programming and WWE to be beneficial for all age groups. However, management looked to employees as having primary responsibility for program implementation and vice versa. Numerous strategies to enhance WWE implementation were identified. Conclusion: Top management support is a necessary condition for WWE adoption, but not a sufficient condition for successful implementation. Communications supporting programs permitting exercise on work time, designated staff to handle program logistics, and employee interest in arthritis programming, are also important facilitators of successful implementation.


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Background: Frailty syndrome has been commonly identified using performance tests (PT). However, remote sensor physical activity (PA) outcomes measured in the community have been less investigated. Methods: Fried frailty criteria were collected in a group of 10 non-frail, 5 pre-frail and 5 frail older adults, and routine PTs (MOB-T, Barthel ADL/IADL, 5-Sit-to-Stand, 8-Alternating-Step, Timed-Up-and-Go, Timed-Rapid-Gait and Usual-Gait-Speed) and tri-axial accelerometric PA (percentages of time lying, standing, sitting and walking, walking episodes, and total steps) were measured to examine their relative prediction of categorical frailty status. Decision tree algorithm J48 from WEKA 3.6.10 was used to analyze data. Model performance was evaluated using 80% split holdout (SH) and 8-fold cross-validation. Results: For SH, both the PA and PT sets demonstrated 75% correctly classified instances (CCI). In cross-validation, PA resulted in 55% and PT in 75% CCI. PA yielded three models with 75% CCI at 78% SH: 1) sitting and standing percent, 2) walking percent, and 3) total steps. PT yielded two models with 100% CCI: 1) Timed-Up-and-Go and Usual-Gait-Speed as relevant attributes at 78% SH, and 2) Barthel ADL/IADL, MOB-T and Usual-Gait-Speed at 73% SH. These results indicate that PA and PT models could have similar predictive capabilities for frailty status. Discussion: Further exploration of natural PA parameters and their association with frailty is needed.

249. Functional Status in the Young-old: Concurrent Validity of an Extended-instrumental Activities of Daily Living Scale (E-IADL)

Robert Fieo, Columbia University; Jennifer J Manly, Columbia University; Laura Zahodne, Columbia University; Yaakov Stern, Columbia University
Instrumental activities of daily living (IADLs) have been shown to precede basic activities of daily living (ADLs) models seeking to confirm a formal hierarchy of functional decline. Thus, they exhibit strong predictive power for dementia. However, IADLs are often less effective in younger cohorts or in healthy community-dwelling samples, presenting with massive ceiling effects. This study aimed to describe the predictive validity of an extended activities of daily living scale (E-IADL). An effort was made to incorporate leisure activities, hypothesized to be more stimulating and perhaps more challenging, into a set of traditional IADLs. Methods. We examined performance on an E-IADL scale within a large cohort of young-old (n=952). We used Cox proportional hazards to assess relative risk of incident dementia based on E-IADL sum scores. Using a dynamic change model, we further assessed whether the E-IADL could capture change in function over time, and to clarify its relationship with four cognitive composites over time—language/executive, visuospatial, memory, and speed. Results. The regression model to explain the independent variable. The ICF framework guided the hierarchical multiple regression analyses in which blocks of health condition, sociodemographic risk factors of lowered self-efficacy. It is hypothesized that health-related, personal and environmental (wheelchair, social, and physical) factors will each independently predict the self-efficacy construct in community-dwelling adults aged 50 and over. Methods: This multi-site, cross-sectional study included 124 community-dwelling wheelchair-users (60% male), >50 years of age (mean=59.7 years, sd=7.5). The Wheelchair-Use Confidence Scale assessed the self-efficacy dependent variable. The socio-demographic information form, Functional Comorbidity Index, Seating Identification Tool, Interpersonal Support and Evaluation List, and the Home and Community Environment instrument captured the independent variables. The ICF framework guided the hierarchical multiple regression analyses in which blocks of health condition, personal, and environmental variables were entered sequentially into the model. Results: The regression model to explain self-efficacy (R²=0.44) included 5 personal variables (Age, β=-0.18, 95%CI=-0.82 to -0.09; Sex, β=-0.26, 95%CI=-15.50 to -4.54; Daily hours of wheelchair-use, β=0.20, 95%CI=0.28 to 1.50; Wheelchair-use training, β=0.20, 95%CI=2.93 to 16.66; and Wheelchair-use assistance, β=-0.34, 95%CI=-20.01 to -8.10), and 1 environmental variable (Need for a seating intervention, β=-4.54).}

250. **Future Time Perspective: Limitations But Not Opportunities Are Associated with Well-Being and Hair Cortisol**

**Pavel Kozik**, University of British Columbia; **Amy Ho**, University of British Columbia; **Denis Gerstorf**, Humboldt University; **Christiane Hoppmann**, University of British Columbia

Prominent aging models propose that individual perceptions of time left in life are meaningfully associated with well-being. Though there are a plethora of potential measures researchers could use, perhaps the most popular is the future time perspective (FTP) scale. Recently, Cate & John (2007) have drawn attention to the multi-dimensional nature of this scale. Using cross-sectional data from 69 participants (M age = 72.22 years; 66.7% females, 33.3% males; 64.2% Caucasian, 35.8% Asian), we first replicated the two factor structure of the FTP scale (opportunities & limitations). While past studies have linked overall FTP to participant’s subjective health, our study used hair cortisol, which is an index of chronic stress 3 months prior to study participation, and found that the two different factors of the FTP scale differentially associated with hair cortisol. Specifically, having a more limited future time perspective (limitations factor) was associated with higher hair cortisol concentrations whereas the opportunities factor was unrelated to hair cortisol. Furthermore, well-being which was operationally defined by few depressive symptoms and high morale mediated this association between a limited future time perspective and hair cortisol. Overall findings indicate that future time perceptions are not a unidimensional construct and that the underlying factors are differentially linked with subjective well-being but also important health markers.

251. **Health, Personal, and Environmental Correlates of Self-efficacy with using a Manual Wheelchair in Community-Dwelling Adults Aged 50 and Over**

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Objective: Individuals with lowered self-efficacy with wheelchair-use may experience participation and mobility benefits after receiving targeted efficacy-enhancing interventions. The objective of this study is to investigate health-related and socio-demographic risk factors of lowered self-efficacy. It is hypothesized that health-related, personal and environmental (wheelchair, social, and physical) factors will each independently predict the self-efficacy construct in community-dwelling adults aged 50 and over. Methods: This multi-site, cross-sectional study included 124 community-dwelling wheelchair-users (60% male), >50 years of age (mean=59.7 years, sd=7.5). The Wheelchair-Use Confidence Scale assessed the self-efficacy dependent variable. The socio-demographic information form, Functional Comorbidity Index, Seating Identification Tool, Interpersonal Support and Evaluation List, and the Home and Community Environment instrument captured the independent variables. The ICF framework guided the hierarchical multiple regression analyses in which blocks of health condition, personal, and environmental variables were entered sequentially into the model. Results: The regression model to explain self-efficacy (R²=0.44) included 5 personal variables (Age, β=-0.18, 95%CI=-0.82 to -0.09; Sex, β=-0.26, 95%CI=-15.50 to -4.54; Daily hours of wheelchair-use, β=0.20, 95%CI=0.28 to 1.50; Wheelchair-use training, β=0.20, 95%CI=2.93 to 16.66; and Wheelchair-use assistance, β=-0.34, 95%CI=-20.01 to -8.10), and 1 environmental variable (Need for a seating intervention, β=-4.54).
252. Increased Medical Needs in an Assisted Living Facility

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The Robert Lott Assisted Living Residence is a 127 bed, non-profit, Medicaid supported facility. Over ten years, the rate of falls among residents has increased. When comparing the twelve month period of July 2003 to June 2004 with the period from January to December 2012, the average rate of falls per resident increased from 0.72 to 1.72 and the per cent of residents without any falls decreased from 75 to 48%. More residents were falling, and they were falling more frequently. These changes occurred in spite of increased screening for fall risks, exercise programs, and on-site physical therapy. There are many possible reasons for this increase. As residents and families strongly resist transfer to a skilled nursing facility, the medical needs of these residents in the facility increase. This is consistent with the decreased turnover (deaths and nursing home transfers) in the facility population from 24 to 19% during the two periods. The number of frequent fallers increased. During the earlier period, no resident fell more than ten times over the twelve months, but during the later period four residents had 61 falls between them accounting for 28% of the total. As assisted living facilities are used as an alternative to nursing homes, the medical needs of the residents will require increased services, not all of which will be completely successful.

253. Is The Rand-36 Valid as a Measure of Health Status in the Elderly?

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Background: The Rand-36 is an eight scale health related quality of life (HRQOL) survey instrument. Based on the SF-36 prototype, a relic of the Medical Outcomes Study (MOS), the Rand-36 has been used as a valid health status tool in several populations consisting of participants of different ages, with good results. However, as a health status measure, use in the elderly is controversial due to a lack of evidence that it is equally reliable and valid for different age groups. This study will use data from the UK Data Archive to assess the reliability and validity of the Rand-36 in different age groups in the UK. Method: Rand-36 data were obtained from Wave 9 of the British Household Panel Survey (BHS), cohort (n = 15 157). The main outcomes measures were scores of the eight Rand-36 scales and response to questions on presence of chronic illness and use of health services. Reliability was determined by Cronbach’s α. Results: The results show that Cronbach’s α > 0.7 for all eight Rand-36 scales and that Rand-36 scores were both predictive of visits to the General Practitioner (GP visits) and sensitive to differences in age bands. Conclusions: There was considerable evidence from Rand-36 scores to support its construct validity. Rand-36 can be used as a valid means of assessing health status in the elderly.

254. Knowledge of Alzheimer’s Disease among Caregiving Assistants in Beijing China

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Background: More dementia patients in China are administered to nursing homes at some stages of the disease. Adequate knowledge about dementia among caregiving assistants in nursing homes is important to the quality of care. The purpose of this study was to assess knowledge about dementia among caregiving assistants in Beijing China. Methods: This was a descriptive correlational research design. Convenient sampling was used at one training workshop in Beijing. 135 caring assistants who were from 5 national nursing homes in Beijing participated. Knowledge of Alzheimer’s Disease was evaluated by the validated Alzheimer’s Disease Knowledge Scale (ADKS). Knowledge level was compared across demographic categories, and by whether the respondent had any dementia-caregiving experience and received any dementia-specific training or education. Results: The overall score of ADKS was 17.0 (SD=2.34) out of 30 (57% correct). Knowledge was especially lower for two specific content domains. One was ‘risk factors’ (2.66±1.18, 44% correct), a more medically-oriented domain. The other one was ‘caregiving’ domain (1.64±0.85, 33% correct). The correct rates of the other five domains were ranged from 63% to 70%. There was no significance found on the overall scores for demographic categories (p> .05). Those who had caring experience of dementia patients or experienced dementia-specific workshop did not show any better score on knowledge than those without the experience (p> .05). Conclusions: Specific deficits in dementia knowledge were identified. A systematic dementia-specific education should be introduced into the training curriculum for caregiving assistants. The contents should include medical-oriented as well as caring-oriented.

255. Lifecourse Adversity and Physical Performance in Older Populations Living in Canada, Brazil, Colombia and Albania

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Gerontology, University of Maryland School of Medicine, Baltimore, Maryland; Maria-Victoria Zunzunegui, Centre de recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM), Montréal, Canada

Background: This study aims to examine the associations between life course conditions and physical performance in old age in different societies of North and South America and Europe. Methods: Data come from the baseline survey of the International Study of Mobility in Aging (IMIAS), a multicenter longitudinal study conducted in Brazil, Colombia, Albania and Canada. The study population was composed of community dwelling people between 65 and 74 years of age (N=1995). We assess whether social and economic adversities during the life course predict low physical performance in old age. The Short Physical Performance Battery (SPPB) was used to assess physical performance. Childhood economic and social adversity scores were computed from adverse events occurring before fifteen years of age. Education, occupation, living alone and income sufficiency were indicators of adversity in adulthood and old age. Results: Significant associations between low physical performance (SPPB<8) and childhood social and economic adversity, semi-skilled manual occupations, living alone and income insufficient in old age were observed. Older adults living in Colombia, Brazil and Albania had lower physical performance scores than their corresponding Canadian counterparts, even after extensive adjustment for life course adversity, age and sex. Conclusions: This research provides evidence for the early origins of social and economic inequalities in physical performance during old age in several distinct populations and for the independent contributions of socioeconomic status and living arrangements during adulthood and old age. Keywords: aging, old age, life course, social adversity, economic adversity, physical performance.

256. Medical Orders for Life-Sustaining Treatment (MOLST) in a Long-Term Acute Care Setting – Preliminary Results
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We report preliminary results from a pilot implementation of the Medical Orders for Life Sustaining Treatment (MOLST) in a long-term acute care hospital (LTAC). Patients in LTACs are primarily Medicare insured, typically experiencing decline from at least one of multiple co-morbidities, recently discharged from acute care hospitals, but in need of substantial hospital-level care before transfer to lower care intensity settings. Length of stay is approximately 25 days in the 400+ LTACs across the U.S. Our study collects data from patients, their physicians, and medical records. High agreement amongst clinicians (72%) that MOLST was appropriate for over 90% of this patient population suggests limited clinician bias in patient selection. 75 MOLSTs were reviewed. Patients signed 69%; health care proxies and guardians signed the remainder. 33% specified no resuscitation (DNR), 28% no intubation (DNI); and 7% chose not to be transferred back to an acute care hospital. Preferences about length of time for these and various other forms of mechanical life support, as well as group differences for age, sex, and decision-maker, are established. The proportions of patients selecting DNR in this population is approximately two times those reported in a cancer intensive care population (15%) or a national nursing home sample (18%). This is the first analysis of patient preferences using MOLST in a medically diverse, but chronically inpatient population. These data and subsequent analyses provide evidence for future evaluation of state and national policies to improve quality of care near the end of life.

257. Midlife Hypertension Risk and Cognition in the Oldest Old: Framingham Heart Study
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Midlife cardiovascular risk factors, and hypertension in particular has been related cross-sectionally to poorer neuropsychological (NP) performance in middle age and older adults. This study investigated whether a similar relationship persists between midlife hypertension (HTN) and NP approximately 30 years later. 509 Framingham Heart Study stroke and dementia-free participants, with HTN ascertained between 50-60 years of age (mean age 55±1, 61% women), were subsequently administered a neuropsychological assessment at age >80. Tests included Logical Memory, Visual Reproduction, Paired Associate (PA), Hooper Visual Organization Test, Trail making A & B (TMA, TMB), Digit Span, Controlled Word Association Test (COWAT) and Similarities (SIM). Multivariable linear regression, adjusting for age, time interval between risk factor and cognitive testing, gender, cohort, and premorbid intelligence, assessed association between midlife HTN and NP outcomes. Midlife HTN was negatively associated with TMB-TMA performance overall (p=0.008). Midlife HTN also demonstrated a statistically significant inverse association with performance on the TMA (p=0.026), COWAT (p=0.013), and SIM (p=0.045) tests among individuals with the ApoE4 allele only. Additionally, there were significant interactions between age and HTN on PA (pinteraction = 0.019) and COWAT scores (pinteraction = 0.088) with stratum-specific effects showing that the relationship between HTN and COWAT was significant for those 90+ years old but not for
258. Multimodal Exercise Benefits Mobility in Older Adults with Visual Impairment: a Preliminary Study

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Background: Evidence-based interventions to reduce fall risk in older adults with visual impairment are lacking. A dance-based intervention (Adapted tango) has improved mobility, balance and quality of life (QOL) in older individuals with movement impairment. Likewise, a multidimensional balance and mobility program (FallProofTM) has demonstrated efficacy in improving balance and mobility in older adults with impaired balance. This study compared the efficacy of Tango and FallProofTM in older adults with visual impairment.

Design: Repeated measures, two-group experimental design. Setting: A movement studies laboratory and senior living community. Participants: Thirty older adults (aged 51 - 95 years) with visual impairment. Intervention: Participants were assigned to Tango (n = 14) or FallProofTM (n = 16) and participated in 20, 1.5-hour lessons within 12 weeks. Measurements: Immediately before and after intervention, and one month later, participants underwent assessment of balance, dual-tasking, endurance, gait, and QOL. Group differences were determined using 2X3 (Group by Time) repeated measures ANOVAs. Results: Twelve Tango and 13 FallProofTM participants completed 20 lessons of their program. Both groups reported enjoyment, interest in continuing and physical well-being enhancement. Both groups improved in balance (p<0.001), general health QOL (p=0.012), functional mobility (p=0.035) and manual dual-tasking (p=0.006). Endurance (p=0.008), cognitive dual-tasking (p=0.021), and vision QOL (p=0.018) improved more for Tango than FallProofTM. Group differences and gains were maintained 1-month later. Conclusion: Although motor rehabilitation options are limited for older adults with visual impairment, these two programs had high satisfaction, low attrition, improved mobility and QOL, suggesting either could be effective exercise options.

259. Neighborhood-level social conditions and systemic inflammation in older adults

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Background: As a known indicator of increased chronic disease risk, systemic inflammation is one of downstream biological pathways by which various social exposures influence poorer health in late life. However, little was revealed regarding the relationship between systemic inflammation and neighborhood social conditions and systemic inflammation. Social conditions within neighborhood environments vary in terms of income levels, education levels, employment status, and crime.

Method: A cross-sectional analysis was conducted for a sample from Chicago Neighborhood and Disability Study (n=2,886, aged 65 or older). Participants’ CRP and IL-6 levels were measured and assayed. Variables reflecting neighborhood social conditions – social cohesion, disorder, and crime – were collected over five years and averaged by census block groups.

Results: No significant associations were observed between neighborhood social conditions and levels of CRP and IL-6. However, we found that neighborhood crime variables account for nearly half of racial differences in IL-6 levels. Racial differences of the association between some neighborhood social conditions and inflammatory markers appeared to be significant, especially for the association between social disorder and CRP as well as the association between crime and IL-6. Conclusion: Despite no significant association between neighborhood social conditions and the levels of inflammatory markers, certain neighborhood social conditions such as crime may be a major contributor for the racial differences in systemic inflammation. Moreover, the association between systemic inflammation and some neighborhood social conditions were significantly different among blacks and whites.

260. Older Adults’ Opinions of Wearable Health Technologies

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Many “gero-technologies” are intended to provide assistance with common issues among older adults, such as medication non-compliance and falls. However, these technologies can only benefit older adults if they are accepted. This research...
investigated older adults’ opinions of wearable health technologies. The study featured three non-functioning prototype devices, worn around the neck, which would have the capability to assist with managing medication, tracking activity levels, and detecting falls through sensor technology. These devices, currently in development, could provide user feedback and behavioral interventions to improve health self-management and reduce the likelihood of adverse health outcomes. The prototypes included magnetic, snap, and adjustable concepts (named after type of closure). Twelve older adult participants (Mage = 77.7; SD = 7.2) evaluated the prototypes in terms of their distinct physical characteristics (e.g., size, weight, design), as well as the level of comfort and ease of use while interacting with the prototypes. Across these dimensions, the magnetic concept consistently received higher ratings than the other prototypes. Participant responses suggested that the “ease of putting device on” greatly contributed to the magnetic prototype’s overall top ranking. Open-ended comments regarding appearance revealed participant preferences for discrete design features (e.g., “less bulky”, “like simple jewelry”, “neutral color”). These findings suggest future wearable health technologies for older adults should be both easy to put on and discrete. By including older adults throughout the design process, health technologies can be designed to meet the unique needs and preferences of seniors.

261. Pathways Linking Focal Hyperintensities in the Brain and Slower Gait

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Introduction: White matter hyperintensities (WMHs) are associated with impaired mobility in older adults. Our research is intended to 1) identify the spatial distribution of WMHs most related to slower gait, and 2) quantify the contribution of focal WMHs to gait speed, both directly (disrupting mobility-related circuits) and indirectly (disrupting circuits responsible for executive functions, and subsequently impairing mobility). Methods: In a sample of 253 older adults, WMHs in total brain and in 20 tracts, gait speed, global cognition (Modified Mini-Mental State Examination; 3MS), and executive functions and processing speed (Digit-Symbol Substitution Test; DSST) were assessed. A L1-L2 regularized regression (Elastic Net) model was used to identify the localization of WMHs in relationship to gait speed. Multivariable linear regression and formal tests of mediation were used to quantify the association between selected WMHs and gait speed. Results: The Elastic Net model selected WMHs localized in the frontal corpus callosum (CCF) and right anterior thalamic radiation (ATRR) in addition to the total brain. In linear regression models, there was a >10% slower gait for each standard deviation of focal WMHs. These associations were significantly attenuated after adjustment for DSST, but not 3MS. Concurring with these results, the mediation analyses indicated that DSST significantly mediated the association between focal and total brain WMHs, and gait speed. Conclusion: Depending on localization, WMHs may affect motor control both directly and indirectly. Multi-faceted interventions targeting executive control functions as well as motor functions, such as aerobic exercise training, are optimal candidates to maintenance of mobility across the lifespan.

262. Perceiving Time as Limited is Associated with End of Life Planning among Healthier Older Patients

Tamara Sims, Stanford University; Laura Carstensen, Stanford University.

How do you want to die? Previous research finds that planning for end of life care can enhance the chances of a “good” death. According to socioemotional selectivity theory, as people age and perceive time as limited, they are more likely to make decisions that enhance social and emotional experiences. Thus, planning a “good” death may be most likely among those who perceive time as limited, at least among healthier individuals. Because end of life planning becomes more critical as health declines, people in poorer health may be motivated to plan for end of life regardless of future time perspective (FTP). In this study, we examined the association between FTP, health status, and likelihood of having an advance directive (or living will) among 94 older adult patients (age M = 72, SD=7, range 61 to 93). Participants completed the FTP scale, reported total number of health symptoms, and indicated whether they had an advance directive (59%). We included age, gender, and education as covariates. Logistic regression results revealed a significant FTP x health interaction, p=.05. Among healthier individuals, the more they perceived time as limited, the more likely they were to have an advance directive. By contrast, there was no association between FTP and having an advance directive among those in poorer health. Surprisingly, individuals in poorer health were least likely to have an advance directive regardless of FTP. Thus, at least among healthier patients, perceiving time as limited may motivate people to plan for end of life.

263. Predicting In-Hospital Falls In Geriatric Patients With Dementia Using One Body-Worn Sensor

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Aizenstein et al., Neurology 75 (2010); Dutzi et al., Gerontology J 61(2015).
Center of the University of Heidelberg; Jane Mohler, Arizona Center on Aging, University of Arizona; Bijan Najafi, interdisciplinary Consortium on Advanced Motion Performance (iCAMP), University of Arizona

Background: The development of objective tools for predicting falls in high-risk populations such as inpatients with dementia is of utmost importance. The aim of this study was to predict falls in inpatients with dementia using sensor-derived balance parameters and conventional fall risk measures. Methods: Balance was quantified by a body-worn-sensor during quiet standing (feet together) in 102 geriatric inpatients with dementia during hospitalization. Balance parameters (area, path, angle, anteroposterior and mediolateral displacement) were extracted by automated algorithms. Fall risk was quantified using Timed-Up-and-Go, Performance-Oriented-Mobility-Assessment, Stratify scale, and Consortium to Establish a Registry for Alzheimer's Disease (CERAD) neuropsychological testing. Falls were documented in hospital charts during the 3-weeks rehabilitation period. Validity of each parameter to discriminate between fallers and non-fallers was quantified using t-tests. Logistic regression was used to delineate independent fall-predictor variables and to evaluate their predictive power (R2) and accuracy. Results: Fallers and non-fallers did not significantly differ in conventional measures (p=.095 -.630), except for selected cognitive variables (visuo-constructive ability, verbal fluency, p=.009 -.049). Several balance parameters significantly discriminated between groups (area, path, and mediolateral displacement, p=.001 -.027). Mediolateral displacement had the highest predictive power (R2=.18) and accuracy (81.4%). An index combining mediolateral displacement and visuo-constructive ability increased predictive power (R2=.24) and accuracy (85.1%) of fall prediction. Discussion: Results suggest that sensor-derived balance parameters are more sensitive to predict falls in dementia inpatients when compared to established assessment tools. An index of selected balance parameters and cognitive variables may represent a feasible and sensitive clinical fall risk assessment.

264. Radar Monitoring of Patient Repositioning for Pressure Ulcer Prevention in Long-Term Care

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Wide-area surveillance of patient repositioning activity in long-term care (LTC) settings would be an important tool in the prevention of pressure ulcers (PUs). Since patient repositioning (with or without nursing assistance) is a primary PU preventive measure, the ability to continually and consistently assess patients and residents is critical for reducing facility-acquired PUs. Current patient monitoring methods quantify activity level using either patient-worn accelerometers or bed-installed pressure sensors, both of which require deployment on an individual basis which is challenging in LTC settings with many patients. Further, patient-worn devices pose additional PU risks. In this poster, a new Wi-Fi-band desktop radar system is used to monitor patient repositioning activity remotely over a wide area (e.g. a nursing unit). Our goal was to determine the ability to discriminate repositioning activity (e.g. patient roll-overs) from other motion (such as head or arm motion). The subject in our preliminary experiment performed 45º-rollovers, 90º-rollovers, lifting arm, turning head and moving leg in 3 beds at different distances from the radar. The collected data was processed using time-frequency analysis to provide patient velocity-related features. In total, 1596 repositioning (i.e. 45º-rollovers and 90º-rollovers) and 4212 non-repositioning (i.e. moving limbs or staying still) radar observations were made of subjects on examining tables at ranges from 6 to 20 feet from the radar. Preliminary results indicate that a 90% probably of correct roll-over detection was obtained with 20% false-alarm rate at a range of 20 feet which supports the potential of Wi-Fi radar as a PU prevention tool.

265. Research Results and Lessons Learned: Intergenerational Storytelling Project

Seema Sehrawat, California State University, Chico; Celeste Jones, California State University, Chico

The Intergenerational Storytelling Project (ISP) provided transition-age foster youth the opportunity to be paired with an older adult. Through meetings at restaurants, community areas, and parks, youth engaged with older adults on a weekly basis. By participating in this 12-week process, youth gained knowledge and examples of positive life skills in the life experiences of their older adult partner. The foster youth and older adult collaborated to develop a life biography of the older adult and selected one story for making a digital story. The overall goal of ISP was to examine the impact of intergenerational exchange on transition-age foster youth’s sense of self-efficacy and older adult’s sense of isolation and loneliness and to promote student engagement in research focused on child welfare and aging adults. It was found that intergenerational exchange acts as a protective factor for foster youth and older adults. It resulted in increase in social networks of both population and therefore, enhanced transition-age foster youth’s sense of self-efficacy and older adult’s physical and mental health.

266. Resting Metabolic Rate Increases with Declining Function Ability in the Oldest-Old

Sangkyu Kim, Tulane University Health Sciences Center; David Welsh, Louisiana State University Health Sciences Center; Eric Ravussin, Pennington Biomedical Research Center; Michael Welsch, Louisiana State University; Katie Cherry, Louisiana State University; Leann Myers, Tulane University School of Public Health
FI34 is a frailty index based on 34 health and function ability variables. It is heritable and a reliable phenotypic indicator of healthy aging. Energy metabolism is essential to life, and we have examined the relationship between major components of energy expenditure and the FI34 in participants of the Louisiana Healthy Aging Study. Resting metabolic rate (RMR), which accounts for 60-70% of the total daily energy expenditure (TDEE), was positively associated with FI34, even after adjustment for fat-free mass, fat mass, age, sex, thyroid hormones, and insulin-like growth factor 1 levels, in multiple regression analyses. In contrast, there was no association between TDEE and FI34. FI34 was also positively correlated with circulating creatine phosphokinase (CPK), a clinical marker of muscle damage. However, these associations of RMR and CPK with FI34 were restricted to the oldest-old (≥90 years) and absent in younger age groups. In addition to age dependence, some of the factors showed gender dependence. The association of CPK with FI34 persisted only in oldest old males, while the association an effect of body size and composition with RMR and FI34 pertain only in the oldest-old females only. In the oldest old males, CPK levels were significantly correlated with kidney function and history of heart disease. These results point toward an increasing metabolic burden for the maintenance of homeodynamics as health declines in nonagenarians, and this has implications for contraction of metabolic reserve that may potentially accelerate the path to disability.

267. Stride@Home: A VA Non-institutionalized Care Demonstration Program
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Purpose: We present interim results from Stride@Home, a home-based mobility and exercise program that is offered to “graduates” of the Durham VA STRIDE program (an early mobility program for hospitalized veterans). Program Description and Methods: Stride@Home has two integrated components: (1) inpatient pre-discharge counseling to develop an individualized home-based exercise program, and (2) eight weeks of bi-weekly post-discharge exercise counseling by a Stride@Home Coach. Post-discharge counseling can include in-home video, telephone, home visit, and community clinic-based tele-video counseling. Data presented are from completed Stride@Home patients (N=35; Age=70.5±8.8; BMI=29.4±9.0) and a program eligible comparison group (N=15; Age=71.3±7.7; BMI=28.3±6.6). Post discharge days at home was defined as days not in ED, in the hospital, in other health care facilities, or deceased. Results: In the 60 days after hospital discharge, Stride@Home patients had increased days at home by an average of 1.3 days vs. the comparison group. At 90 days post-discharge we still observed a trend for increased days at home in Stride@Home patients (mean= 0.4 days). This translates into inpatient hospital resources savings of $89,815. Functional improvements were also observed, as defined by self-reported ability to walk several blocks (P=0.03). Conclusions: If an average improvement of 1.3 and 0.4 days at home is maintained at 60 and 90 days post-discharge, respectively, for our projected full sample (N~90), we will have saved our facility $97,000 in one year. Stride@Home is an innovative clinical demonstration program that is a potentially cost-saving alternative to institutionalized care for older Veterans at risk for re-hospitalization.

268. Subjective Health Across the Lifespan: Age and Gender Moderation of Genetic and Environmental Influences in the Consortium on Interplay of Genes and Environment across Multiple Studies (IGEMS)
Carol Franz University of California San Diego; Deborah Finkel, Indiana University Southeast; Kelly Chase, University of California San Diego; Matthew Panizzon and the IGEMS CONSORTIUM, University of California San Diego

Subjective health (SH) is a complex indicator that assesses personality, cognitive status, and general physical health. SH predicts longevity independent of objective health measures. Genetically informative studies may shed insight into the extent to which genetic and environmental influences vary by age and gender across the life course. We examined three components of SH – ratings of one’s own health (SRH), health compared with other’s health (COMP), and if health interferes with one’s activities (ACT) in 12,900 twins (mean age 63.38 range 25-102). Participants comprised nine twin samples from the IGEMS consortium: three from U.S., four from Sweden and two from Denmark. Compared to middle-aged adults, older adults reported worse SRH and ACT, however they reported having better health (COMP) relative to others. Genetic analyses found that 1) with the exception of ACT in women, all SH measures were significantly heritable; 2) genes influencing SH were largely the same for men and women (genetic correlations range from .70 to 1.00); 3) for SRH and COMP environmental variance increased significantly with age for both sexes; and 4) among men, genetic variance for ACT increased significantly with age. Among women, however, unique environmental influences on ACT increased with age. These results support the view that SH has some basis in genetically influenced characteristics that may color perception of health regardless of life stage. Age differences in SH are likely due to environmental influences. Attempts to identify genetic and environmental contributions to health and longevity may need to consider elements of SH independently.
269. The Clinical Utility of a Novel Genomic-Based, Gene Expression Test to Evaluate Patients ≥ 65 Years Old Presenting with Symptoms of Suspected Obstructive Coronary Artery Disease in the Ambulatory Care Setting

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The REGISTRY 1 Study (NCT01557855) evaluated 342 consecutive patients with no prior history of obstructive CAD who presented to nine primary care clinicians for evaluation of chest pain and related symptoms and underwent gene expression score (GES) testing. The GES is a validated quantitative diagnostic test measuring expression levels of 23 genes from peripheral blood to determine the current likelihood of a symptomatic patient having obstructive CAD: in a previous study, patients with low GES (defined as ≤ 15) had a 96% negative predictive value for ruling out obstructive CAD (at least one coronary artery with ≥ 50% stenosis). Each patient had a peripheral blood sample sent to a central reference laboratory for gene expression testing. The GES was reported to the physician within 3 days on average. In the elderly subgroup of 63 patients, the mean age was 72, 61% were female, and the mean GES was 25 (range 9-40). Among low GES patients, 0/7 (0%) were referred for further cardiovascular testing, whereas 48/56 (86%) of elevated GES patients were referred (OR 0.01, p=0.01 adjusted for age, sex, practice and symptom type). There were no MACE events reported among the low GES patients at an average follow-up duration of 9 months. In summary, the GES showed clinical utility in the evaluation of suspected obstructive CAD by influencing clinical decision-making among primary care practitioners and was associated with a significant overall reduction in diagnostic test utilization among elderly patients with low GES.

270. The Effectiveness of a Non-computer-based Multi-domain Cognitive Training in Improving Cognitive Function for Older Institutionalized Residents With Cognition-Impairment

Chien-Ning Tseng, Doctoral candidate, Department of Nursing, College of Medicine, National Taiwan University; Meei-Fang Lou, Associate Professor, Department of Nursing, College of Medicine, National Taiwan University

Aims. To evaluate the effectiveness of the non-computer-based multi-domain cognitive training in improving cognitive function for institutionalized older residents. Methods. An experimental design with pre/post-test evaluations was executed from February 2012 to April 2013. This study conducted 8-week cognitive training with double-blind assessments at baseline (T0), immediate (T1) and 8-week follow-up (T2) after training completion. A total of 98 subjects were recruited from 12 institutions in Taiwan. Centers were randomly assigned into wait-list control, treatment I or treatment II groups. Treatment I group underwent 30 minutes sessions of training with low frequency, twice a week. Treatment II group underwent the same protocol as Treatment I group, but with high frequency, 5 days per week. Results. On our primary outcome, Cognitive Assessment Screening Instrument (CASI) total scores showed significant improvement in the treatment I and treatment II groups at T1-T0 and T2-T0, compared to the wait-list control group (p=0.000, p=0.000). While there were no significant difference between two treatment groups. On secondary outcome measures, 9 CASI sub-domains, most mean difference between groups were also significant at T1-T0 and T2-T0 (all p<0.05), except CASI-FLUEN domain at T2-T0. Conclusions. The findings revealed that non-computer-based multi-domain cognitive training (NCBMD-CT) have positive immediate (T1-T0) and delayed effects (T2-T0) on global cognitive function and special training and non-training cognitive domains even for low educated older institutional residents with cognition-impairment. The low frequency NCBMD-CT was more effective on improving attention, mental manipulation and fluency than high frequency NCBMD-CT did, seemed to be more cost-effective in clinical practice.

271. The Effects of AARP Driver Improvement Course on Driving Performance: A Simulator Study.

Hamid Okhravi, Eastern Virginia Medical School; Tina Cunningham, Eastern Virginia Medical School; Davina Pettrakos, Eastern Virginia Medical School; Laura Skufca, AARP; Barbara Freund, Pasadena City College

Aim: To determine the effect of AARP driving education classes on driving skills. To measure the different effects within different gender or age groups. Methods: Total of 153 licensed, actively driving participants aged 50 and older were recruited through AARP member database. Participants completed a battery of memory tests and driving evaluation on a STISIM Drive™ simulator, at their first visit, followed by randomization to either AARP driver improvement intervention or the control group. Participants underwent second driving evaluation within 6-8 weeks of their first visit. Three types of safety related events including hazardous errors, traffic, and rule violations were measured. Results: Overall, those in the intervention group, though not statistically significant, showed a trend in committing fewer total errors after taking the course compared to those in the control group. Baseline analysis of active group showed higher rates of total errors (p=0.04), and total hazardous errors (p=0.09) in older participants (> 65) vs. younger cohorts. However these differences became non-significant after intervention (p=0.33 and p=0.74, respectively). Gender-based baseline analysis of the active group was also consistent with higher rates of total hazardous errors (p=0.04) and total errors (p=0.05) in female participants. However these differences dissipated after
exposure to the driving education classes (p=0.19 and p=0.14, respectively). These differences were not observed in the control group. Conclusions: Our results suggest driving education classes have a positive effect in reducing driving errors. This positive effect is even more robust in participants with higher rates of driving errors including older drivers.

272. The Relationship Between Cognition and Performance of Activities of Daily Living

Michael Justiss, Department of Occupational Therapy Indiana University School of Health & Rehabilitation Sciences; Melissa Barrick, Department of Occupational Therapy Indiana University School of Health & Rehabilitation Sciences; Clay Bavender, Department of Occupational Therapy Indiana University School of Health & Rehabilitation Sciences; Deborah Calamari, Rosalind Franklin University of Medicine and Science; John Calamari, Rosalind Franklin University of Medicine and Science; John Woodard, Wayne State University

Background: Anxiety sensitivity (AS) has been linked to development of anxiety symptoms and disorders by heightening reactivity to stressful life events (SLEs). Recently, research demonstrated that SLEs also increase AS. This study is the first to examine whether a reciprocal relationship exists between SLEs and AS, and its impact on older adults' anxiety symptom severity (ASS). Method: Community-dwelling adults 65 years and older (M age = 76.7 years, SD = 6.9; N = 204 at initial assessment) completed evaluations of SLEs, AS, and ASS at 4 time points at 6-month intervals. Results: Using regression modeling, AS at initial assessment was positively related to number of SLEs reported 6 months later (r(148) = .17, p < .05), which was positively related to ASS 1 year after initial assessment (r(107) = .44, p < .001). More SLEs at initial assessment was positively correlated with AS score 1 year later (r(96) = .29, p < .01), which was associated with greater ASS 18 months after initial assessment (r(82) = .30, p < .01). Number of SLEs at initial assessment predicted change in AS over 18 months, β = .25, t(63) = 2.67, p = .01; R2 Δ = .06; AS change over 18 months predicted ASS at 18 months, β = .34, t(96) = 2.97, p < .01, R2 Δ = .07. Conclusion: Results suggest a reciprocal relationship in which AS and SLEs amplify one another, which may lead to more severe anxiety for older adults. Prevention and treatment implications are discussed.

273. The Role of Stressful Life Events and Anxiety Sensitivity in the Severity of Anxiety Symptoms in Older Adults

Ashley Makulowich, Rosalind Franklin University of Medicine and Science; John Calamari, Rosalind Franklin University of Medicine and Science; John Woodard, Wayne State University

Background: Anxiety sensitivity (AS) has been linked to development of anxiety symptoms and disorders by heightening reactivity to stressful life events (SLEs). Recently, research demonstrated that SLEs also increase AS. This study is the first to examine whether a reciprocal relationship exists between SLEs and AS, and its impact on older adults' anxiety symptom severity (ASS). Method: Community-dwelling adults 65 years and older (M age = 76.7 years, SD = 6.9; N = 204 at initial assessment) completed evaluations of SLEs, AS, and ASS at 4 time points at 6-month intervals. Results: Using regression modeling, AS at initial assessment was positively related to number of SLEs reported 6 months later (r(148) = .17, p < .05), which was positively related to ASS 1 year after initial assessment (r(107) = .44, p < .001). More SLEs at initial assessment was positively correlated with AS score 1 year later (r(96) = .29, p < .01), which was associated with greater ASS 18 months after initial assessment (r(82) = .30, p < .01). Number of SLEs at initial assessment predicted change in AS over 18 months, β = .25, t(63) = 2.67, p = .01; R2 Δ = .06; AS change over 18 months predicted ASS at 18 months, β = .34, t(96) = 2.97, p < .01, R2 Δ = .07. Conclusion: Results suggest a reciprocal relationship in which AS and SLEs amplify one another, which may lead to more severe anxiety for older adults. Prevention and treatment implications are discussed.

274. The Self-Reported Risky Sexual Behaviors of Older African-Americans

Victoria Foster, Clayton State University; Marcia Holstad, Emory University

Introduction: Older African Americans practice several risky sexual behaviors that put them at risk for HIV and AIDS. The purposes of this study are to: (1) identify the sexual behaviors that put older African-Americans at risk for HIV and (2) examine gender differences among these behaviors. Methods: The study used a cross-sectional and comparative design, using only data on African Americans (N = 78) that were sexually active from a larger project (N = 106) that examined factors associated with risky sexual behaviors in older adults. Upon meeting, a consent form was signed and the study conducted All sexually active participants completed the Sexual History Questionnaire (SHQ). Data were analyzed using descriptive statistics, frequencies, t-tests, and chi-square. Results: Results show that more than one-third (37.2 %) of the sample had multiple partners. Different types of risky sexual behaviors were reported such as: (1) more than half practicing unprotected vaginal
sex, (2) 15.4% practicing unprotected anal sex, (3) about half practicing unprotected oral sex, and (4) at the last sexual encounter, only a third discussed using a condom. Several gender differences were found such as males using condoms more often than females, and males reporting more sexual partners in the past month. Moreover, males reported a significantly higher number of sexual encounters with partners not considered regular partners.

Discussion/Conclusion: Older African Americans are in need of interventions to help reduce the behaviors that put them at risk for HIV/AIDS. HIV prevention strategies may need to be focused differently for older males and females.

275. Use of a Tablet-Computer Aided Respiratory Retraining Program to Enhance Practice Outcome in Hospitalized Elderly with COPD: A Preliminary Report

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Aims. To evaluate the feasibility and effectiveness of a tablet-computer aided respiratory retraining program (TARRP) for hospitalized elderly with COPD. Methods. A pilot randomized control trial with pre/post-test evaluations was executed from May 2013 to Aug 2013. Participants were randomly assigned to an experimental group (n = 11) or a control group (n = 11). Both groups received the same respiratory skill training instruction by a research nurse during hospitalization. A tablet-computer was used to assist participants to practice respiratory skill in the experimental group. Double-blind assessments were conducted before (T0), immediately after (T1) and 1-month after (T2) training. A respiratory skill checklist and self-efficacy were evaluated at T0, T1 and T2. Self-reported frequency of respiratory skill practice was recorded at T0 and T2, and participant’s feedback about TARRP training was also recorded. Results. The participants were mostly male (81.8%) with an average age of 76.93 (SD = 6.05). They all completed the T0 and T1 assessment, but 2 had died and to-date 2 still await one-month T2 follow up. Target outcome indicators (self-efficacy, and skill) were improved but there was no statistical difference between experimental group and control group at T1-T0 and T2-T0. Participants in the experimental group stated that the TARRP inspired their motivation to keep practicing and they felt satisfied with learning. Conclusions. The use a tablet-computers to facilitate respiratory skill learning is feasible for hospitalized elderly with COPD. A larger sample size is needed to further evaluate the effectiveness of such a strategy in the future.

276. White matter hyperintensities, quadriceps strength, and gait speed in older adults

Andrea Rosso, University of Pittsburgh; Bedda Rosario, University of Pittsburgh; Howard Aizenstein, University of Pittsburgh; Stephanie Studenski, University of Pittsburgh; Anne Newman, University of Pittsburgh; Tamara Harris, National Institute of Aging

Objective: White matter hyperintensities (WMH) increase with age and are associated with slower gait. This association has not been assessed with muscle strength, an important contributor to gait. Methods: 309 adults aged 78-90 years old (58% women, 41% black) were assessed by magnetic resonance imaging, gait mat, and for isokinetic quadriceps strength. WMH were assessed as below (healthy) or above (small vessel disease) the median and quadriceps strength as sex-specific tertiles. Linear regression assessed associations of WMH and strength with gait speed (meters/second), with and without adjustment for demographic and health characteristics. Results: Median gait speed was 0.91 m/s. Low strength and small vessel disease were each associated with slower gait speed in bivariate analyses (r2=0.041 and 0.059, respectively; p<0.05) and were independent of one another in multivariable analyses (r2=0.080; p<0.01). Among those with small vessel disease, only those participants with high strength maintained median gait speed (mean (SD) gait speed for highest tertile=0.91m/s (0.21) and lowest tertile=0.83m/s (0.20)). Similarly, among those with low strength, only those without small vessel disease maintained median gait speed (mean (SD) gait speed without small vessel disease=0.90m/s (0.18) and with small vessel disease=0.83m/s (0.20)). Similar results were observed with covariate adjustment. Conclusions: Cerebral small vessel disease may be an important determinant of gait speed in older adults, independent of strength. Further, brain health and muscle strength may provide some measure of compensation for one another such that gait speed is not reduced with deficits in only one domain.

Social Research, Policy and Practice Section

277. Addressing the Growing Need for Dementia Care: Special Care Units (SCUs) in Residential Care and Assisted Living Facilities (RC/ALs)

Rachel Edwards, School of Rural Public Health, Texas A&M Health Science Center; Yichen Zhang, School of Rural Public Health, Texas A&M Health Science Center; Darcy McLaughan, School of Rural Public Health, Texas A&M Health Science Ctr
Purpose of the Study: As America matures and the “Baby Boomer” generation continues to access long-term supports and services, it is imperative to address the well-being and protection of cognitively impaired adults in Residential Care and Assisted Living Facilities (RC/ALs). The purpose of this study is to explore the characteristics of RC/AL dementia specific Special Care Units (SCUs) at the facility level. Design and Methods: Descriptive statistics and multivariate analyses including logistic regression were used in this cross-sectional study of NSRCF data. These methods were used to explore how many and what types of RC/ALs provided all, some, or none of the SCU features of dementia care in their facilities. Results: The logistic regressions show that facilities that claim to have an SCU are more likely to be larger, to be for-profit, to use physical restraints, and to regularly use drugs to control behavior. Of these facilities that claim to have an SCU, approximately 22% had all five of the dementia care features and 13% had one, two, or none of the features. In this country, less than 5% of RC/ALs have a true SCU (all five features) equipped to provide dementia care. Implications: These analyses indicate that there are not enough true SCUs to meet the growing demand for dementia care. The lack of these types of facilities and the absence of federal regulation for RC/AL SCUs leaves this vulnerable population at risk for substandard care and potential exploitation.

278. Ambient Air Pollution Levels Near Nursing Homes In The United States

Felicia Wheaton, University Of Southern California; Jennifer Ailshire, University Of Southern California

Air pollution has been linked to negative health outcomes and premature mortality in older adults, and those with compromised health may be particularly vulnerable to the adverse effects of air pollution. To date, there has been no assessment quantifying the population of older U.S. adults at risk of experiencing pollution-related health events. We use data on nursing home locations, linked to ambient pollution levels, to determine how many frail older adults live in high-polluted areas. We link address data on nursing homes from the Medicare Nursing Home Compare to EPA census tract-level data on fine particulate matter (PM 2.5). About 31% of nursing homes are located in tracts with average annual PM 2.5 concentrations that are considered by the EPA to be hazardous to population health (>12ug/m3). However, there was substantial variation between regions, ranging from 0% in the New England and Mountain regions to 55.1% and 62.7% in the Pacific and East North Central regions, respectively. There is also large variation within regions. For instance, nearly all nursing homes (98.5%) in Los Angeles County were located in tracts with hazardous levels of PM 2.5, but 0% of nursing homes in Humboldt County, CA were located in high-pollution areas. Accounting for the number of residents per nursing home, we estimate that as many as 439,000 nursing home residents in the U.S. may be exposed to harmful levels of ambient air pollution. Efforts to reduce the population health burden of air pollution should focus on reducing exposure in frail older adults.

279. Analysis of Alert Programs for Missing Persons with Dementia

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Background: State funded alert programs, such as Silver Alert (SA), coordinate rapid searches for missing persons with dementia (MPWD) involving law enforcement (LE) and the public. Using evidence-based search protocol can improve outcomes for MPWD. Purpose: To analyze state missing persons alerts (MPA) used for MPWD while comparing dementia-specific alerts (DSA) to non-dementia specific alerts (NDSA). Methods: Data was collected regarding alert eligibility requirements, activation protocols, and responses from government websites, state legislation, and alert representatives. Results: Forty-four MPA have been implemented or approved by legislation; 17 are DSA (38.6%) and only two (4.5%) are model SA programs without additional age or endangerment requirements. Consistent with expert recommendations, no MPA requires a waiting period. Active LE notifications are used in more NDSA (51.8%; n=14) than DSA (41.1%; n=7). Although immediate statewide LE notification occurs in seven DSA (41.1%), alerts should be regional for driving MPWD, local for MPWD on foot, and disseminated to progressively distant LE agencies as duration of the missing incident increases. Seven NDSA (25.9%) and seven DSA (41.1%) use this strategy. Public notifications include use of media broadcast (NDSA 96.3%, n=26; 88.2%, n=15 DSA), electronic highway signs (NDSA 37.0%, n=10; DSA 64.7%, n=11), and local citizen telephone alerts (NDSA 14.8%, n=4; 41.1%, n=7 DSA). Discussion: Alert eligibility and response is highly variable, even in SA states. As few states maintain data for analysis of alert efficacy, an expert committee should design a national SA protocol with uniform eligibility and response requirements to specifically improve outcomes for MPWD.

280. Depression, Self-care, and Symptoms among, Monolingual, Latinos with Diabetes Transitioning from Hospital to Home
Janelle Green, University of Southern California; Davis School of Gerontology; Ruth Barber, University of Southern California; Davis School of Gerontology; Susan Enguidanos, Hanson Family Assistant Professor of Gerontology University of Southern California, Davis School of Gerontology

Penalties for hospital readmission set forth by the Affordable Health Care Act have increased hospital interest in care setting transitions. Diabetics and depression are associated with increased risk for readmission and medical service use. This study aims to investigate the prevalence and relationship of depression on symptoms and self-care among Latino diabetics following hospital discharge. Telephone surveys were conducted among Latino diabetics following hospital discharge. The sample consisted of 203 Latinos age 40 and older, hospitalized for diabetes-related conditions. The mean age of the sample was 60 (SD=5yrs); 59.9% were female. About half (49%) were married, and 50% reported having no primary caregiver. The majority (88.7%) reported Spanish as their primary language. More than half (53.2%) of participants scored positive for depression, 40.7% with mild depression, 25% moderate, 19.4% moderately severe, and 14.8% severe depression. The symptoms most commonly reported included blurred vision (61.8%) feeling shaky (51.2%), cold feet (48.1%), and fainting (36.7%). Bivariate analysis revealed a significant relationship between depression and symptoms. Those with depression were more likely to report blurred vision (p =.001), feeling shaky (p = .003), cold feet (p = .017), and fainting (P = .019). An inverse relationship between exercise and depression was found; those with depression were less likely to exercise (p =.036), consistent with findings from other studies. Identifying depression among Latinos may help target individuals needing additional support in self-care and symptom management. Further research aimed at understanding this correlation will help to inform interventions to mitigate disparities and improve transition programs.

281. Emergency Department Use for Attempted Suicide by Older Adults

Mary Carter, Gerontology Program Director, College of Health Professions, Towson University; Megan Reymann, Towson University

Despite high suicide rates among older adults, little is known about the epidemiology of emergency department (ED) use for suicide attempts and self-harm by older adults. Because previous research has tended to rely on relatively small and specialized samples with limited generalizability, the epidemiology of ED use for attempted suicide by older adults is poorly understood. In response, this study reports on an effort to describe patterns of ED use by older adults for suicide attempts and self-harm injuries using nationally representative data from the Nationwide Emergency Department Sample (NEDS). NEDS contains roughly 26 million ED visits collected from over 950 hospital-based EDs, allowing users to investigate rare events while producing nationally representative and stable estimates. Findings suggest that roughly 22,444 ED visits are made by older adults for suicide-related injuries each year, representing an estimated population rate of 63 ED patient-visits per 100,000 adults aged 65 years and older. Importantly, 53% of these visits were made by older women, while nearly half (49%) of all suicide-related visits involved substance use. Overall, the burden of suicide-related ED visits by older adults is large, with findings suggesting that nationally, an older adult is treated in the ED for a suicide-related injury every 23 minutes. Total ED and hospital charges exceeded $353.9 million dollars. Findings suggest that effort is needed to better integrate and deliver suicide screening and support services in the ED, while also connecting at-risk older adults with mental health services prior to and after the ED encounter.

282. End-of-Life Care Utilization in U.S. Nursing Homes

Kimberly van Vulpen, Ph.D., MSW, Salisbury University Social Work Dept

Studies on end-of-life (EOL) services in nursing homes have found that such services can provide significant benefits such as improved pain and symptom management. However prior research has identified that only a small percentage of nursing home residents actually utilize any specialized EOL services leaving many with unmet needs in their last days of life. The purpose of this study was to explore potential catalysts and barriers to EOL services in U.S. nursing homes. A sample of 1174 facilities and 13,419 residents was drawn from the 2004 National Nursing Home Survey. Logistic and multi-level regression analyses were conducted exploring facility and resident variables that predict presence and use of EOL services. Results of this study indicated that larger, for-profit nursing homes participating in EOL planning initiatives were more likely to offer EOL services in their facilities. Older residents with advanced directives, decreased bed mobility, pain, and emotional distress were more likely to access services. Less than 3% of the residents in the study were identified as utilizing EOL services despite eight of ten nursing homes reporting the presence of EOL services in their facilities. Improving access and utilization of EOL services in nursing homes is essential when we consider that over 20% of the deaths in the U.S. are occurring in these facilities. Findings from this study provide a route to understanding and addressing some of the practice and policy barriers to accessing quality EOL services for individuals dying in U.S. nursing homes.

283. Expectations Regarding Aging and New Friendship Formation in Later Life
According to stereotype embodiment theory, positive and negative perceptions of aging can act as self-fulfilling prophecies, predicting better or worse (respectively) health behaviors and outcomes. With older adults alternately portrayed as lonely curmudgeons or perfect grandparents, more positive expectations about aging likely provide greater motivation to maintain or bolster one’s social network. The present research tests this hypothesis utilizing data from the Baltimore Experience Corps Trial, a longitudinal randomized volunteer intervention with a community sample of adults over age 60. Over 300 participants completed self-report measures at baseline and at 12 and 24 months. Both control and intervention participants with more positive baseline expectations regarding aging made more friends over the next two years, and even considered more of these new friends to be close friends whom they could turn to for support. Within volunteering participants, those with more positive expectations tended to make more friends over the next two years from their volunteer participation. These results were significant when controlling for baseline social network size, intervention condition, and relevant demographic characteristics such as age. Depression, self-reported health, and disability were tested as potential third variables; none accounted for the described relationships between expectations regarding aging and new friendship formation. Reverse causality was explored, and there was no evidence that number of new friends influenced subsequent expectations regarding aging. While experimental confirmation is needed, these data suggest that enhancing age-related self-stereotypes may facilitate more positive trajectories of social engagement in older adulthood and consequently promote better health and well-being.

284. Factors Associated with the Restriction of Participation in Leisure Activities among Japanese Community-Dwelling Frail Elderly People

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Purpose: The objectives of this study are to describe the participation pattern of community-dwelling frail elderly people and to reveal the factors restricting their participation. Method: Data were collected from the Japanese version of interRAI assessment forms from 21 agencies located in Tokyo metropolitan area in Japan. A total of 279 assessments were made by care managers from April 2012 to June 2013. All those assessed were 65 years or older, eligible for the long term care insurance, receiving home and community based services. The restriction of activity is defined as participating no activities from 18 listed leisure activities in last 3 days of the date of assessment. Logistic regression analysis was used to estimate the odds ratios (OR) of the restriction of participation in relation to age, gender, cognitive impairment, ADL dependency, depressive symptoms, diagnoses of somatic diseases. Result: 82.1% were involved in at least one activity although passive individual activities (e.g. watching TV or listening to radio [61.6%]) are more prevalent than active ones (e.g. Dancing [1.4%]). Subject who needs maximal assistance or is totally dependent in performing ADLs increases risk of restriction (OR, 4.005; p=.01; 95% confident intervals (CI), 1.562-10.271) compared with subject who only needs supervision. Conclusions: Most subjects were involved in at least one activity in spite of their frailty. Nevertheless the result showed the significant association between restriction of participation and ADL dependency. It suggests the importance of monitoring ADL dependency properly to predict and prevent the restriction of participation in leisure activities.

285. Family Caregivers On The Decision To Institutionalize Their Beloved Ones

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Introduction: Literature suggests that there is a number of psycho-social and physical-material factors when adaptive behaviour of the older people living at their homes cannot rebalance the macro- and micro-environmental press. At this particular point, termed ‘option recognition’ (Peace et al, 2006, 2011), family caregivers or the older people themselves are leaded to a range of strategic responses, including relocation or institutionalization. This paper is studying family caregivers during the procedure of seeking a nursing or residential setting to place their relatives, with the aim to record the decisive factors that lead their decision to institutionalize their beloved ones. Methods: 53 in-depth interviews conducted on 74 caregivers/decision makers using a semi-structured questionnaire of 9 open-ended questions. Qualitative data were analysed using Nvivo10. Results: On the 53 cases of care receivers/candidates for institutionalization 41 cases reported by the caregivers as diagnosed with dementia. The decisive factors for institutionalization reported by the interviewees were: Diminishing health status and the need for extra care, poor housing quality, lack of supportive community services, dementia related challenging behaviors, safety concerns, emotional burden and psychological stressors, changes in working conditions at the job of the caregivers, feeling of loneliness and need for socialization. Discussion and policy impact: Increased
understanding on the reasons affecting the choice of institutionalization and the needs of family caregivers. Further research should focus on programs to help caregivers cope with the burden of caregiving and avoid institutionalization. Key words: family caregivers, institutionalization.

286. Improving eHealth Tutorials for Older Adults through Participatory Design: Pilot Testing the Online Tutorial Overlay Presenter (OnTOP) 2.0

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Two participatory design sessions elicited older adults' feedback on design features for an enhanced Online Tutorial Overlay Presenter (OnTOP) tool, OnTOP 2.0, which overlays instructions on real websites to facilitate the learning of accessing eHealth information. OnTOP 2.0 includes new features added since our initial presentation of OnTOP at GSA in 2011. These features include: 1) learner-controlled pacing; 2) customizable text instructions; and 3) auditory confirmation cues for task completion. In July 2013, we ran two 2-hour long participatory design sessions with ten older adult (aged 60-79) participants. Participants compared three tutorial formats (OnTOP 2.0, a paper-based handout and an interactive multimedia tutorial). The content of all formats focused on how to locate diabetes information on MedlinePlus.gov. Major findings included: 1) participants had diverse preferences for the pace, language, and tone of audio instructions; 2) audio-only instructions were insufficient for explaining website functionality; 3) lack of visual indicators of progress generated confusion; and 4) participants experienced difficulties recovering from errors. From these findings we incorporated new features to improve the efficacy of OnTOP 2.0 in generating eHealth tutorials to older adults. These include: 1) tailoring the pace, language, and tone of audio instructions to better match diverse preferences; 2) complimenting audio instructions with animated visual cues (e.g., arrows that move towards onscreen targets); 3) providing visual indication of participants' progress and position in the tutorial; and 4) enabling error recovery if participants navigate off the site. Future directions include integrating and testing these features with a larger sample of older adults.

287. Life Review in Groups? An Explorative Analysis of Social Processes that Facilitate or Hinder the Effectiveness of Life Review

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Objectives: Life review can be implemented within a group as well as on an individual level. There have been few discussions about which the format is most effective. This study investigates the social aspects of a life-review group intervention from the perspective of the client within the context of a large, randomized controlled trial. Method: This was an exploratory study using a qualitative methodology. We conducted semi-structured interviews to explore how participants felt about the benefits and barriers of receiving life review in a group. Transcripts of the interviews were analyzed using inductive analysis. Results: The social processes of life review in a group included experiencing a sense of belonging, feeling accepted, finding good company, disclosing oneself, learning to express oneself, finding recognition, realizing that others have problems too, being more successful at coping than others, learning from others, and being able to help others. Negative processes were less often mentioned and included having difficulties with sharing in a group, finding no recognition, and anxiety caused by the prospect of finding no recognition. These social processes can be divided into three categories: first, having a good atmosphere in the group; second, disclosure to peers; and third, relating to others. Conclusion: Our results reveal a variety of social processes that may facilitate the effects of life-review therapy. Future research, however, is needed to further examine the importance of these social processes and their effects on depression.

288. Making a Business Case for Infection Control in Nursing Homes

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Background: Infections such as Clostridium difficile (C. diff) are an increasing problem in healthcare settings. Contact precautions along with patient isolation are recommended to reduce transmission once a case is suspected or diagnosed. This paper examines metrics needed to make the business case for proper care and contagious infection prevention in nursing homes. Methods: Guidelines and related resources for contact precautions and patient isolation in nursing homes were identified. Nursing homes were surveyed to measure time and resource costs associated with care activities. Simulation with bootstrap estimation was used to identify personnel labor time and direct labor costs and consequences associated with level of procedural compliance. Results: Costs per case varied considerably and were highly dependent upon the amount of time devoted to daily care activities and the length of time the patient requires isolation and contact precautions. With perfect compliance, additional labor costs range from less than $20 to almost $200 in incremental costs per resident day. Conclusions: Infections such as C. diff pose a health threat to nursing homes residents and staff. The results of this study show the importance of infection control and prevention programs in the nursing homes and suggest that the additional costs of proper C. diff care could easily exceed the daily Medicaid or other fixed payment rate for typical long-term nursing home residents. Using the typologies from this study, individual nursing homes will be able to determine the cost of contact precautions and likelihood of subsequent infection.

289. Making Changes Stick: The Sustainability of Nursing Home Quality Improvement Efforts

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Increasingly, nursing homes (NHs) are implementing quality improvement (QI) projects; however, relatively little is known about the long-term sustainability of these efforts. As part of an AHRQ-funded evaluation of the Minnesota Nursing Home Performance Incentive Payment Program (PIPP), we explored the extent to which NH QI projects that had received time-limited incentive payments were sustained beyond the funding period. Semi-structured interviews (n=30) and an on-line survey (n=45) were conducted with leaders of QI projects completed between 2007-2012 to determine the extent to which projects had been sustained, challenges and facilitators to sustainability, and strategies employed to sustain QI efforts. A majority of respondents (97.7%) indicated their projects had been sustained to some degree. Of a variety of project components, improvements in resident assessment and documentation were the most frequently sustained (72%). Respondents advised others to plan for sustainability from the project start; 84% felt planning for sustainability was essential or very important. Over half of respondents noted staffing issues, primarily a lack of resources for additional staff, time for staff training, and staff turnover to be sustainability challenges. NHs that struggled with obtaining staff buy-in during implementation subsequently faced challenges with sustainability. Common sustainability strategies included integrating changed practices into the culture of the organization, marketing new programs to the community, making changes to staffing and staff roles, and obtaining administrative support for ongoing budgeting of additional funds toward the QI project domain.

290. Mapping Experts’ Conceptualizations of Issues Related to Older Drivers

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PURPOSE: Older adults are inundated with information and opinions about driving-related risks. A better understanding is needed of how professionals working with older adults think about issues related to older drivers and how their messages are impacted by these views. This pilot study’s purpose was to visually represent “experts” beliefs about older drivers to identify the most common issues experts consider in their work. METHODS: Ten qualitative Mental Models interviews were conducted to explore the how different stakeholders (including physicians, social workers, occupational therapists, driver license examiners, and social service providers) think and talk about issues related to older drivers. Interviews were recorded, transcribed, and analyzed. The expert model was developed iteratively by identifying salient beliefs or considerations and the relationships among them to create a visual map. RESULTS: The visual map represents a broad range of issues related to older drivers, and how stakeholders emphasize different aspects depending on their personal experiences and training. The most common themes identified were balancing safety with quality of life, the amount of awareness older drivers have or acknowledge about their ability to continue driving safely, and how different groups should be involved in communication with older drivers. IMPLICATIONS: Developing a combined mental model for experts in different fields illuminates how the complex web of issues related to older drivers. Understanding how experts approach this growing concern allows identification of messages most salient to them to inform future communications between experts and older adults to maximize public safety and personal quality of life.

291. Nursing Home Survey on Patient Safety Culture

Deborah Carpenter, Westat; Joann Sorra, Westat; Theresa Famolaro, Westat; Naomi Yount, Westat
Patient safety is a critical component of nursing home quality. In response to nursing homes interested in a survey that focuses on safety culture in their organizations, AHRQ contracted with Westat to develop the Nursing Home Survey on Patient Safety Culture. The survey is designed for nursing home staff and asks for their opinions about the resident safety culture in the nursing home. Survey results help nursing homes understand which areas represent strengths and those that need improvement. In addition, AHRQ also sponsored a User Comparative Database which is a central repository of the nursing home survey data. Database participants submit survey data for the purposes of comparing their results to other nursing homes for patient safety improvement. The first edition of the nursing home survey database resulted in the 2011 Nursing Home Survey on Patient Safety Culture Comparative Database Report (http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/nursing-home/2011/index.html) and is based on data from 226 nursing homes in the United States. Analysis linking patient safety culture results for nursing homes in the 2011 database and the CMS Nursing Home Compare Five Star Quality Ratings found that facilities with higher patient safety culture scores had higher Five-Star Quality and health inspection ratings. A second edition of the database will launch in 2014 with registration and submission of nursing home survey data in April 2014. Overall results across nursing homes will be available to the public.

292. Older Adults’ Perceptions of Buying and Using Smartphones and Tablets  
Lesa Huber, Indiana University; Carol Watson, Indiana University; Ingrid Arreola, Indiana University; Ethan Hamer, Indiana University; Robyn Evans, Indiana University; JerNettie Burney, Indiana University  
A brief survey about was distributed to 57 participants, (mean age 70) in a continuing education session about the use of smartphones and tablets. Of the participants, 66% were female, all had at least some college education, and 90% rated themselves as having no or very little experience with these technologies. Almost half owned a smart phone and/or a tablet. Ownership was highly correlated with younger age. Phone owners were most likely to use the phone to make calls. Younger users reporting texting, emailing, photos, internet use and maps as likely or very likely. Tablets were almost exclusively owned by younger participants who used them for email, internet, books, and maps. 50% found shopping very intimidating and 82% of respondents were likely or very likely to consult family or friends before purchasing. Participants were less likely to research items on the internet or read reviews. Participants over 70 were more likely than younger participants to be overwhelmed by the number of features (88% compared to 67%) and after purchase, 84% used very few features. After purchase, participants were more likely to read the user manual than to call a helpline or pay a consultant. Older adults lag in purchasing and using technologies with great potential for supporting health and independent living. Family and friends appear to be the primary and preferred sources of support and may be overlooked as a resource in encouraging adoption and use.

293. Post-Discharge Adverse Events of Individuals Age 65 and Older  
Hanna Lee, Florida State University College of Medicine; John Agens, FSU College of Medicine; Stephen Quintero, FSU College of Medicine; Dennis Tsilimingras, FSU College of Medicine  
Adverse events (AE) are injuries that may be the result of medical management. Adverse events injuries resulting from medications, procedures, diagnostic errors, therapeutic errors, nosocomial infections, pressure ulcers, and falls. Previous prospective studies have examined adverse events in the post-discharged hospitalized patients; however, few have included significant percentages of rural patients in a community hospital setting and older persons. For older persons, criteria have been developed both through expert panel and empirical evidence for potentially inappropriate medications. Prospective data on adverse events involving these medications is rare. Of the age groups, 65-74 and 75 and older who have experienced an AE: Aside from nutrients, statin medications had the highest number of occurrences. The mean number of medications was 10 to 11 medications. Rural patients were on slightly more medications than urban patients. Patients were on at least 1 STOPP and/or Beers. Females tended to be on more Beers medications than males. The relative frequencies of prescribed Beers and STOPP medications within elderly age groups who have experienced an ADE were: For both age groups the mode of Beers drugs were NSAIDS and the mode for STOPP drugs were PPI. The frequency of the implicated drug for the ADE that met the Beers’s and STOPP criteria are as follows: The implicated medication was a Beers medication 7% of the time. The implicated medication was a STOPP medication 15% of the time.

294. Predictors of Adult-Education Program Satisfaction among Urban Community-Dwelling Older Adults  
Takashi Yamashita, University of Nevada, Las Vegas; Lopez Erick, University of Nevada, Las Vegas; Jennifer Keene, University of Nevada, Las Vegas  
With increased attention to population aging, community-based adult education programs have received growing attention in America. However, the benefits of adult education for relatively healthy and well-educated community-dwelling older adults are
understudied since they face fewer issues (e.g., poor health, lower quality of life). Certainly, reaching older adults with health problems and lower educational attainment is important; however we focus on current participants in older adult education programs since supporting their continuous participation in life-long/life-wide learning is crucial as well. A key factor promoting continuous participation in adult education is program satisfaction. This study analyzed data from older adults (n = 185) who participated in educational programs in the diverse urban communities of Las Vegas, Nevada. Using proportional ordinal logistic regression, participants’ program satisfaction was modeled as a function of demographic and socioeconomic characteristics, health, social networks, and experience with the programs. Results showed that older adults who were married (OR = .38), employed (OR = .32), and actively social (OR = .28) were less likely to report greater program satisfaction. Conversely, older adults with greater self-rated health (OR = 1.47) were more likely to report greater program satisfaction. We evaluated several possible explanations for these trends including the role of adult education programs as socialization opportunities for participants, that some participants may have time conflicts due to their multiple social roles, and the burden of traveling to the program sites. Finally, detailed discussions regarding the design of future adult education programs and possible policy interventions are provided.

295. Reciprocal Relationship Between Marital Satisfaction And Depression: A Cross-Lagged Model Among Korean Couples Suffering Fatal Disease

Eun Jee LEE, Yonsei University; Hey Jung Jun, Yonsei University; Susanna JOO, Yonsei University

A longitudinal relationship between marital satisfaction of patients with fatal disease and depression of their spouses was studied to investigate a reciprocal link between these two variables. Fatal disease included cancer, heart disease, and stroke. Using cross-lagged bivariate analysis with Mplus6.12, (1) 206 male patients (aged 45-86) and their spouses and (2) 174 female patients (aged 45-82) and their spouses from the three-wave Korean Longitudinal Study of Ageing (KLoSA) were examined. Results indicate that while a reciprocal relationship exists between marital satisfaction and depression among female patients and their husbands, no such relationship is apparent for the male patients and their wives. More specifically, higher marital satisfaction among female patients results in subsequently lower level of depression among their husbands. In addition, lower levels of depression among these husbands were related to higher marital satisfaction of female patients. These results signify that female patients’ marital satisfaction and their husbands’ depression are associated bi-directionally, while male-patient-couples have no such relationship. In particular, a significant reciprocity appears between ill wives and their husbands: depression of the husbands with wives suffering from cancer, heart disease, and stroke can be influenced by their wives, but they can also influence their wives on the other hand. Therefore, in the case of female patients, it would be especially important to consider couples as one interacting entities if we are to develop intervention programs or policies that effectively assist couples suffering from fatal disease.

296. Reducing Cardiovascular Risk in Mid-life and Older African Americans: Effectiveness of a Longitudinal Church-based Health Intervention

Penny Ralston, Florida State University; Kandauda Wickrama, University of Georgia; Jennifer Lemacks, University of Southern Mississippi; Jasminka Z. Ilich, Florida State University; Catherine Coccia, Florida International University; Iris Young-Clark, Florida State University; Cynthia M. Harris, Florida A&M University; Catherine Walker O’Neal, University of GA

African Americans (AAs) have higher age-adjusted rates of cardiovascular disease (CVD) than Caucasians. Studies show church interventions can improve health of AAs, yet few include older adults and/or incorporate longitudinal designs. This paper reports research conducted to determine the effectiveness of a three-phase 18 month church-based health intervention to reduce CVD risk, using four waves of data over 24 months with three treatment and three comparison churches in a two-county area of North Florida. Using the Transtheoretical model of change (TTM), analyses were performed for dietary intake (fruit and vegetable servings/day [F/V] and fat consumption using single items from NCI F/V and fat screeners), physical activity (PA) (Yale Physical Activity Scale), and clinical assessments (total cholesterol [TCHOL], HDL, LDL and TCHOL/HDL ratio, triglycerides, systolic and diastolic BP, BMI, waist, hip, abdomen, and waist/hip ratio). Age, gender, marital status, education and perceived stress (Cohen Stress Scale) were controlled in the analyses. Latent Growth Curve (LGC) analysis within a structural equation framework and repeated measures ANOVA were used to analyze the data. The results show that the treatment effect on the difference in linear trajectories of outcomes (rate of change in outcomes over program period) between comparison and treatment participants is significant for PA (B=450, p<.05), TCHOL (B=-4.29, p<.001), TCHOL/HDL ratio (B=-.07, p<.05) and triglycerides (B=-.07, p<.05). LGC models showed reasonable model-fit to the data with chi-square/df ratios of less than 2.50. These findings support TTM theory and suggest that sustained church-based health programs can positively influence health outcomes in older AAs.

297. Resident Characteristics and Care in Chinese Nursing Homes: A Systematic Literature Review
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The need for institutional long-term care (LTC) services is increasing in China in part due to the aging population and changing family structures. However, little is known about characteristics and care needs of older adults who currently receive institutional LTC. This systematic review describes, in Chinese nursing homes (NHs), 1) resident characteristics and 2) care in NHs. PubMed, ABI/Inform, CINAHL, Ageline, and Global Health were searched, using “nursing home”, “residential care facilities”, “welfare institutes”, “old age home” and “China” as search terms. We identified 396 peer-reviewed articles published from 2003 to 2013. We excluded papers that were not empirical studies, literature reviews, about Mainland China or about residents’ characteristics or care. We retained 21 articles and abstracted them into a matrix to analyze themes and evaluate the science. These studies covered both urban and rural areas of Mainland China. We identified three themes: residents’ demographics, functional levels and diseases, reasons for institutionalization, and care in NHs. Functional level of Chinese NH residents was higher than that of U.S. NH residents. Unavailability of informal caregivers was the main reason for institutionalization. After residents were institutionalized, adult children continued to provide care. NH staff received little or no training for geriatric care. These findings suggest a need for workforce development and studies to better describe residents' characteristics using comparable measures. The overall quality of the evidence was weak with a few good studies but many were vague about measures and specific findings. Further studies are needed to link these factors to resident.

298. Revisiting Person-Environment Fit: The Reena Experience In The Design of an “Intentional Community with Supports”

Dr. Brenda M. Elias, University of GuelphHumber

This research project is designed to explore the long term physical, psychological, emotional and social responses of a diverse population with special needs as they transition from various residential settings to a new “Intentional Community with Supports”. Methods: Quantitative and qualitative methods were adopted in a longitudinal 5 year case study. Interview questions about the person-environment fit have now been administered 3 times: pre and post move and at one year in September 2013 with 45 tenants. Key stakeholders and family members were interviewed and participated in focus groups. Findings: A new definition of what life is like at the Reena Community Residence is emerging. Visitors, partners, staff and family members, friends and caregivers make comments freely on this “unique phenomenon of how supportive an intentional community can be”. It is fascinating to capture and document these observations at this first stage of the research project along with the self-perceived responses of the lived experience recorded by the new tenants. Early findings reveal highly positive views by the tenants about their new home and in establishing a great pride in their community. In addition, health data indicates increase in overall health and wellbeing with reduced hospital admissions and emergency treatments. Conclusion: The person-environment fit theory (M. Powell Lawton, 1986) is relevant to this research which follows 45 individuals and their lived experience tracing successful aging, lifelong learning, health and wellbeing in an intentional community.

299. Social Support And Depression Among Older Adults In Urban Community-Based Education Programs

Erick Lopez, University of Nevada Las Vegas; Takashi Yamashita, University of Nevada Las Vegas; Jennifer R. Keene, University of Nevada Las Vegas

Social support and adult education are two major mental health determinants among older adults. The positive relationship between social support and mental health over the life course is well established. In general, social support protects individuals from psychosocial stress and in turn, prevents depression. Participation in adult education programs in later life is also beneficial for mental health since it is intellectually stimulating and expands participants' social networks. However, few studies have examined the relationship between social support and mental health among older adults who participate in community-based adult education programs. Thus, little is known about how social support may benefit older adults’ mental health above and beyond the effects of participating in adult education programs. This study examined the relationship between social interaction with friends and depression in the context of community adult education programs. Data were collected from 185 adult education program participants (mean age = 72) in the diverse urban communities of Las Vegas, Nevada. Depression was measured using the Geriatric Depression Scale (score 1-17; higher scores indicate more depressive symptoms). Linear regression analyses revealed that social interaction with friends (b = -1.60; p < 0.05) was negatively associated with depression even after adjusting for demographic characteristics (e.g., marital status), socio-economic status and living arrangement. Results suggested that friendship remains important as one ages even amongst older participants in adult education programs. Possible pathways between social interaction with friends and mental health among older adults were evaluated and implications for geriatric mental health promotion programs were discussed.

300. Strategies for Successful Ageing living Alone : Happiness, Value, Dignity, and Security
Boontip Siritarungsri, School of Nursing, Sukhothai Thammathirat Open University (STOU); Songsri Soranastaporn, School of Art, Mahidol University; Malee Surachet, School of Law, Sukhothai Thammathirat Open University

The purpose of this study was conducted in Thailand to find strategies for ageing living alone successfully in terms of happiness, value, dignity, and security. The sample included 1,087 aging persons who lived alone and related persons (149 practitioners and 83 administrators), and they were selected by the purposive sampling technique. This group resided in 12 provinces over the country. The major results were as follows. 1) The causes of living alone for elderly were death of their spouses, divorce or single, being left, and few wanted to stay alone. 2) These elderly needed help from Thai government in terms of daily living, health and public services, learning support, and receiving information. They wanted their communities to take care of their living, arrange community activities, and do home visit. Moreover, they wanted their families to visit them, give them money, and care when they were ill. 3) Living alone of elderly created both positive and negative affects. The former referred to be proud and independent, so elderly lived with value and dignity. The latter referred to elderly had to take care of themselves alone in terms of living, poorer health, and diseases. They had problems of their mind, emotion, and society especially those whom were left and not prepared to live alone. They would feel lonely, bored, irritate, sad, and sorrow. They lacked interaction with their families and limited their access to their societies, so these elderly risked to be psychosis and may not want to live. Finally, 4) strategies for ageing to live alone in terms of happiness, value, dignity, and security consist of four levels and must be done together. Aging is prepared individually. Aging families provide care for them. Community valued them. Finally, government organizations brought their policy into practice. The higher number of aging persons who live alone in Thailand was shown in this study, and this is a big challenge for both aging persons and their society to help them to live alone successfully. It, therefore, needs for not only aging but all ages to prepare themselves for Living alone that also supported by families, communities and government organizations.

301. Suicide in Long-term Care: A Qualitative Review of Narratives from the Virginia Violent Death Reporting System

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Background: Little is known about the circumstances surrounding suicide among older adults living in or anticipating entrance into nursing home (NH) or assisted living (AL) facilities. The purpose of this study is to provide a better understanding of contextual factors precipitating suicide in these settings. Method: Data come from the Virginia Violent Death Reporting System (VVDRS) and include all suicides of adults age 50 and older in Virginia from 2003-2011. For each suicide case the VVDRS constructs a narrative from information abstracted from coroner, medical examiner and law enforcement reports regarding circumstances surrounding the suicide. These narratives were searched for specific references to NH/AL or anticipation of entry to NH/AL. Common themes and circumstances were abstracted and interpreted. Results: Of 2,963 suicides over the study period, narratives for 109 decedents referenced NH/AL in some way. In 38 cases, decedents were anticipating entering NH/AL, and 52 decedents were living in NH/AL facilities at death. Among those anticipating placement, 29 (76%) had explicitly expressed resistance or intent to commit suicide to avoid NH/AL, and 20 (53%) had history of depression. An additional 19 decedents were despondent over recent or impending placement of a relative, most often a spouse, into NH/AL. Conclusion: Findings suggest that transitions to NH/AL placement may be important for identifying persons at risk of suicide. Common themes of anticipatory distress, caregiver burden, and history of mental illness highlight potential risk factors and prevention approaches for suicide in later life.

302. The Feasibility of Using iPads to Collect Ecological Momentary Assessment (EMA) Data Among Older Adults

Kelsey Klein, Boston College, Lynch School of Education; Corina Laudate, Boston College, Graduate School of Social Work; Christina Matz-Costa, Boston College, Graduate School of Social Work

Ecological momentary assessment (EMA) studies involve using technology to signal respondents at random intervals over the course of a day to collect various types of data in real time. While the EMA method offers several advantages over traditional approaches, previous studies with older adults have relied on paper-pencil methods, with the justification that older adults may find the technology too difficult (e.g., insufficiently sized displays and buttons). Using data gathered from 21 community-dwelling adults age 65 and older as part of the 2013 EngAge Study, this poster will report on the feasibility of using iPad minis to collect intensive data on daily experience in real time. Participants were randomly signaled five times a day over a seven day period and asked to respond to a brief survey. Post-study, participants commented on their experience in an open-ended interview. Among other findings, 80% of the total surveys requested were completed, 95% of participants indicated that they would participate in a similar study again, and 90% indicated the iPad signaling was not intrusive to their daily lives (the remaining 10% indicated it was only “a little” intrusive). Contrary to widespread stereotypes of older adults being unable to
adapt to new technology, findings from this study suggest that it is indeed feasible to use iPads to collect a range of rich EMA data from community-dwelling older adults. Exploiting such technology opens up a wide range of data collection opportunities that have the potential to advance gerontological research and practice in unforeseen ways.

303. The Need for Sleep Interventions to Incorporate Ethnically Diverse Older Adult Participants

Nicole Marcione, University of Southern California; Stacey Schepens, University of Southern California; Natalie Leland, University of Southern California

Sleep disorders are becoming a serious public health concern among older adults. Studies have linked sleep quality with an increased risk of premature death, cognitive impairment, mortality and chronic health conditions such as heart disease and diabetes. Many minority older adults suffer disproportionately from both chronic medical conditions and poor sleep, when compared to their White counterparts. This study presents a scoping review of current research literature focusing on sleep interventions and older adults. This review identifies four main interventions (cognitive behavioral therapy, physical activity, sleep hygiene and multicomponent interventions) that resulted in better sleep outcomes among older adults. While research documenting the efficacy of sleep interventions with older adults was identified, very little research included a minority older adult population. Although the strategies incorporated within the various interventions in this review were effective, it is essential that more sleep interventions focus on participants that are aging and come from a minority background. Occupational therapy can certainly fill this need to address sleep interventions for ethnically diverse older adults.

304. Using the Korean-American Church to Connect Korean Seniors to Services Offered by Outside Agencies

Eunkyung Kim, Ph.D. Candidate in Applied Gerontology at the University of North Texas; Cynthia Cready, Sociology, University of North Texas

My dissertation project examined the use of the Korean American church to connect Korean seniors with two Medicare-related programs, Extra Help (EH) and Medicare Saving Programs (MSP), and with “2-1-1” Texas and Aging Services at United Way. The “2-1-1” program offers a toll-free number for information about non-emergency health and social services. I worked in partnership with the North Central Texas Council of Governments’ Area Agency on Aging. Targeting Korean seniors in two counties in North Central Texas, I called Korean pastors in 53 churches to participate in a telephone survey and an in-depth structured interview. I also asked about their willingness to host program outreach presentations. Thirty telephone surveys and 11 face-to-face interviews were conducted. Five churches hosted the program outreach, in which 405 Korean seniors participated. Three seniors received the EH application information, and 15 MSP application forms were distributed. Additionally, I provided benefits counseling by phone for individuals who submitted their contact information. A total of 28 seniors were assisted, not only for the targeted programs, but also for other benefits information by this service. Together, these outcomes indicate that the co-ethnic church can be a vehicle to connect Korean seniors to services offered by outside agencies.