

## SESSION ABSTRACTS

### Session I- Panel Presentation: LGBT Aging (Guadalupe Room, 9:45 – 10:45)

#### **Lesbian, Gay, Bisexual, and Transgender Aging: What do we know and what are we missing?**

Chair: Brian R. Grossman, PhD MSPH, Assistant Professor, Department of Health Science and Recreation  
San Jose State University

*Description:* In this symposium, the presenters will discuss research that describes the negative, and introduces some of the positive, experiences of aging among LGB and T older adults. Additionally, the presentations will address the limited data collection efforts to explore LGBT aging and the lack of acknowledgement of an existing LGBT aging literature by mainstream gerontology.

#### **What can the NSHAP tell us about LGBT aging?**

Brian R. Grossman, PhD, MSPH and Maria T. Brown, PhD, MSW

*Background/Rationale:* The National Social Life, Health, and Aging Project (NSHAP) is the only nationally representative dataset on the sexual behaviors and practices of older adults in the U.S. Although this dataset includes information on respondents' lifelong history of sexual and social relationships, research on the sample reporting a history of same-sex relationships has been minimal. This paper analyzes the ways in which this subset of the data and the larger literature on lesbian, gay, bisexual, and transgender older adults has been addressed in the fifty-seven (57) publications that have been written on the NSHAP data. *Method/Approach:* This qualitative research project involved both inductive and deductive analyses. All of the NSHAP publications were inductively coded for thematic content. These themes served as keywords for later searches of the literature to see if any papers had been written on older LGBT adults in relation to these topics. Furthermore, each publication was systematically searched for key words and phrases, leading to a series of frequency tables. These searches included not only the text of the articles but the reference pages as well. *Results:* The results of the frequency analyses showed that less than 20% of the articles addressed this subset of the data or the larger LGBT aging literature at all. We generated a spectrum from erasure to inclusion to describe the diverse ways that LGBT aging is acknowledged across this universe of publications. *Conclusions/Implications:* This research highlights the limitations in the NSHAP data for describing the experiences of LGBT older adults. Additionally, this paper illustrates how the data that was collected was actively ignored in the majority of NSHAP publications. Most importantly, we will explain how this analysis demonstrates how the robust literature on LGBT aging has been ignored by mainstream gerontology.

#### **CANCELLED Challenges and Resilience in the Experiences of LGBT Baby Boomers**

Brian de Vries, PhD, Professor, Gerontology Program, San Francisco State University

*Background/Rationale:* There is a burgeoning literature on the health and experiences of LGBT persons in the second half of life. A significant, and appropriate, focus of this work has been on how physical and mental health is (negatively) affected by a lifetime of stigma and discrimination. Increasingly, however, authors are finding and reporting the strengths and resilience that emerge under such conditions of exclusion. This paper analyzes data from the largest, national sample of LGBT boomers reporting evidence of both negative and positive marginality. *Method/Approach:* The MetLife Still Out, Still Aging (2010) study sampled over 1200 LGBT boomers and a comparable number from the general population; the sample included representatives from all regions and states of the country. Questions about health, caregiving, fears, and preparations for later life were included. Quantitative analyses compared the LGBT and general

population (including comparisons by sexual orientation and gender identity) on measures of self-reported health, disclosure, frequency and type of caregiving, and concerns about aging. Analyses within the LGBT population examined presence of chosen families, and appraisals of how LGBT aging has both prepared individuals for aging. *Results:* The results reveal poorer overall health of LGBT persons and a greater likelihood of caregiving, compared with the general population. Comparable concerns about aging were reported (with some exceptions, related to stigma). Over two-thirds of LGBT boomers said they had a “family of choice,” and over three-quarter said that being LGBT helped prepare them for aging. *Conclusions/Implications:* This research highlights the many negative and some positive consequences of marginality. Recently, authors have been addressing the extent to which life at the margins of social disenfranchisement is associated not only with a reliable and distressing list of negative health effects, but also with strength, resistance, resilience, and radical possibilities. A complete understanding of the lives, and aging, of LGBT persons requires an appreciation of both the costs and potential resilience. Such an approach not only provides for a better understanding of stigmatized communities, but offers insight into (self-directed) aging outside of mainstream, heteronormative, and traditional models.

### **Student Poster Presentation (10:30 – 10:45)**

#### **A Secondary Data Analysis: Paths to Care Among Midlife and Older Gay Men and Lesbians**

Francisco José Miranda Gil (Researcher/Graduate Student), Department of Sociology and Sexuality Studies, San Francisco State University. Principal Investigator/Faculty Sponsor: Brian de Vries, PhD

Many lesbian and gay (LG) elders, classified by various social scientific researchers as individuals 50 years of age and older, may feel an increased pressure of aging earlier in life because of various factors such as lack of familial support, partners, children, and legal recognition (Institute of Medicine, 2011). One particular factor that affects LG elders is the lack of support and inconsistent paths to care. Recruitment for this study required that participants self-identify as lesbian or gay, speak English, be at least 50 years of age, and live in the San Francisco Bay Area. This research project analyzes the paths to care composed of conversations, steps, and anticipated outcomes of care, including mental, psychological, physical, and social care among this sample. The sample is comprised of 12 self-identified males, and 8 self-identified females, totaling a sample size of 20 individuals. The data was collected in Spring 2009, through audio-recorded in-depth, semi-structured, in-person interviews, conducted by research assistants of the Principal Investigator (PI). The interview transcripts have been de-identified of all personal identifiable information including each of the participants’ names, home addresses, and phone numbers. The researcher performed a secondary data analysis on the 20 qualitative, semi-structured interviews. Through the analysis and coding of the interviews, two themes arose from the research; fears/concerns for the future and conversations about receiving care. From these central themes, it was found that the participants have fears and concerns for the future, which include the fear of poor health (loss of independence, physical, mental, and psychological health); fear of financial loss (becoming a financial burden, unable to retire, and lose of home); and social fears (becoming a burden to others, loneliness, reduced contact with friends, decreased social engagement, inability to find a partner, and regret of not having children). It was also found that the participants’ conversations about receiving care fall within a spectrum of having no discussions about care; ambiguous discussions about care; and explicit discussions about receiving care. Considering the limited research on older lesbians and gay men living in the San Francisco Bay Area, the anticipated significance of this research to the field of gerontology and sexuality studies, will be beneficial for older lesbians and gay men, especially those considering paths to care. More specifically, the findings from this research project will be used as guides for developing assistance to midlife and older LG individuals and encourage dialogues about care. Anticipated benefits of this research is the possibility of leading to the development of future programs designed to help others anticipate and prepare for individual needs later in life.

**Session II: Physical Activity (Umunhum Room, 9:45 – 10:45)****The benefits of aging: an inverse relationship between osteoarthritis and osteoporosis.**

Elizabeth Weiss, PhD, Associate Professor, Department of Anthropology, San Jose State University, CA.

Osteoarthritis is a common cause of pain and disability in older adults; by some estimates over 50% of individuals 65 years of age and older have osteoarthritis. Osteoarthritis involves changes in morphology, composition, and mechanical properties of joints. Changes include space narrowing between the connecting bones due to a loss of cartilage, cartilage hardening and thickening, tears in cartilaginous tissues, and the formation of osteophytes (extra bone spicules). Bone formation and protection against osteoporosis (which is the most common cause of fractures in the elderly) has been suggested as an evolutionary root cause of osteoarthritis, but not all research on the topic has been able to replicate the inverse relationship between osteoarthritis and osteoporosis. Osteoporosis, which the World Health Organization defines as having bone mineral density 2.5 standard deviations below the mean for a healthy young White female, affects only 2% of males 65 years of age and older, but it affects nearly 20% of females in the same age category. There is some demographic support for the inverse relationship between osteoarthritis and osteoporosis. For example, Asians are more prone to osteoporosis and less prone to osteoarthritis than are Blacks and Whites. Other demographic evidence, however, negates the inverse relationship. For instance, females are more prone to osteoarthritis and osteoporosis than are males. The inverse relationship between osteoarthritis and osteoporosis is supported in clinical studies that have examined weight bearing joints; these results have been used to suggest that the inverse relationship is related to localized mechanical stresses that increase bone strength. Results in non-weight bearing joints, such as hand bones, have been more tenuous. If the inverse relationship between osteoarthritis and osteoporosis has an evolutionary basis, then the relationship should not be dependent on environmental factors, such as localized stress caused by weight bearing activities. The current study examines 113 adults from a prehistoric hunter-gatherer population to aid in determining whether hand osteoarthritis and bone mass are related. Osteoarthritis data taken on trapezia, first metacarpals, and second metacarpals are scored as present or absent and analyzed in regards to their relationships with age, sex, and bone mass. Bone mass was measured using first metacarpal midshaft diameters, midshaft circumferences, and robusticity (which is a ratio of bone length to bone circumference). All three bone mass measurements are higher in osteoarthritic individuals than in non-osteoarthritic individuals (Mann-Whitneys range from 126.00 to 707.50;  $P_s < 0.05$ ). The data presented support that bone mass is higher in osteoarthritic individuals compared to non-osteoarthritic individuals. Thus, it appears that the benefit of osteoarthritis may be that it prevents bone loss; these findings also suggest that osteoarthritis may be a systemic disease that is in large part controlled by genetics rather than activity patterns. Reasons for contradictory demographic patterns, especially in regards to sex differences, will be discussed as will the implications for this research in regards to osteoarthritis and osteoporosis treatment.

**The Effects of Exercise on Balance, Mobility, and Fall Risk in Rural and Urban-Dwelling Older Adults**

Justus D. Ortega, Sarah A. Landis, Department of Kinesiology, Humboldt State University, Arcata, CA

**BACKGROUND:** The increased risk of falling among older adults is closely associated with reduced postural stability and impaired walking performance. Strength and balance exercise has been shown to improve balance and mobility, and reduce fall risk in urban-dwelling older adults. However, it is unclear whether such exercise programs are as effective among older adults living in rural communities. It is also unknown whether a structured exercise program is as effective as unstructured exercise in improving balance and mobility. **PURPOSE:** To determine the effects of a combined strength and balance exercise program and unstructured exercise on postural balance, mobility, and fall risk in rural-dwelling (RD) and

urban-dwelling (UD) older adults. **METHODS:** A cross-sectional analysis of postural balance and physical performance was performed on 92 older adults (mean age 76±8yrs) including 46 RD (23 structured exercisers, 14 unstructured exercisers, and 9 non-exercisers) and 46 UD (28 structured exercisers, 11 unstructured exercisers, and 7 non-exercisers) adults. Postural balance was assessed using single limb balance and modified CTSIB tests. Mobility was assessed using “Timed Up and Go” (TUG), 20 meter walking performance (WP), and chair stand (CS) tests. Fall risk was assessed using a fall history survey. We determined the effects of exercise (structured/unstructured/ no-exercise) and dwelling location (urban vs. rural) on balance and mobility using a 3 X 2 MANOVA. **RESULTS:** Among both RD and UD older adults, non-exercisers performed 25% ( $p=.008$ ), 49% ( $p=.025$ ), and 54% ( $p=.005$ ) worse on the WP, TUG, and CS, respectively, compared to exercisers. However, there was no effect of exercise (structured or unstructured) on single limb or mCTSIB balance scores among RD and UD older adults. Although we found no main effect of living location on balance and mobility measures, living location and exercise had an interactive effect on balance and mobility ( $p=.048$ ). Specifically, among RD older adults, mobility test scores were similar among exercisers and non-exercisers (WP 1.20 m/s,  $p=0.447$ ; TUG 10.9 s,  $p=.066$ ; CS 12.6 s,  $p=.098$ ). However, among UD older adults, non-exercisers exhibited worse performance on all mobility measures compared to their exercising counterparts (WP 0.91 vs. 1.16 m/s,  $p=.009$ ; TUG 15.5 vs. 10.4 s,  $p=.003$ ; CS 18.6 vs. 12.06 s,  $p<0.0001$ ). Despite having similar balance and mobility as UD older adults, RD older adults (both exercisers and non-exercisers) experienced a 85% higher incidence of falls as UD older adults in the year prior to the study (1.33 falls vs. 0.72 falls;  $p=.043$ ). **CONCLUSION:** Among both RD and UD older adults, exercise performed in an organized strength and balance class or independently improves mobility but has little effect on postural balance. Despite having similar or even greater mobility than their UD counterparts, RD older adults (exercisers and non-exercisers) have a higher incidence of fall than their urban counterparts possibly due to an increased exposure to extrinsic fall risk factors.

### **Adapting Dance for Promoting Health and Wellness for Frail Elders from Diverse Backgrounds and Cultures**

Prof. Michael Leitner and Jalissa Lee (M.A. student) at CSU, Chico, Department of Recreation, Hospitality, and Parks Management

**RATIONALE:** The over 85 age group is the fastest growing segment of the older population and is also the segment of the older population with the highest disability rates. This population needs different adapted forms of exercise that can help maintain and improve their health and wellness. Adapted dance, as described in detail in chapter 13 of the fourth edition of "Leisure in Later Life" (Leitner and Leitner, 2012, Sagamore Publishing) is an excellent form of exercise for frail older adults. There are many different forms of adapted dance, such as adapted folk dance, adapted square dance, adapted tap dance, and adapted jazz dance. Different kinds of music can be used for the different adapted dance forms. The type of music used should vary according to what would be best received by the target population. The age, background, and culture of the target population should be considered in selecting the music and adapted dance form used. **METHOD:** Leitner and Leitner (2012) have presented guidelines for how to adapt dance for frail elders and have also devised adapted dances for elders of different functioning levels. The theory and guidelines for adapted dance will be presented in this session, and session attendees will also participate in adapted dance in order to learn how to do it and how to lead and even create adapted dances for frail elders from diverse backgrounds and cultures. Prof. Leitner will present an adapted dance and Jalissa Lee will present another dance designed for elders from a different cultural background. **RESULTS:** Adapted dance positively affects the health and wellness of older adults. Session participants will also experience these benefits through participation in this session. **CONCLUSIONS/IMPLICATIONS:** Session attendees will appreciate the value of adapted dance for frail elders, learn how to lead adapted dance for elders, and will gain an understanding of how to create their own adapted dances.

**Session III: Depression and Health Behaviors (Pacifica Room, 9:45 – 10:45)****A patient-centered approach to understanding older adults' beliefs about depression**

Erin L. Woodhead, PhD, Assistant Professor, Psychology, San José State University

Sarah R. Brunskill, J. Lisa Tenover, &amp; J. W. Terri Huh, VA Palo Alto Health Care System

**Background:** Older adults use mental health services at a low rate compared to other age groups. There is evidence that targeted health communications may encourage health behaviors, though there are no studies examining whether targeted health communications can increase services use among older adults with depression. This mixed-methods study examined beliefs about depression to inform the development of patient-centered education about late life depression. **Method:** Older male Veterans in a primary care mental health clinic (N=23; M=80.2 years, SD=7.6) completed the Brief Illness Perception Questionnaire (Broadbent, Petrie, Main, & Weinman, 2006), the PHQ-9 (Löwe, Unützer, Callahan, Perkins, & Kroenke, 2004), and a semi-structured interview about the components of the Self-Regulatory Model (symptoms, cause, control/cure, consequences, and timeline; Leventhal, Leventhal, & Contrada, 1998). Codes were developed based on prior research. **Results:** Reliability of codes was acceptable (> 0.70). Increased age was associated with less concern about depressive symptoms ( $r = 0.41$ ,  $p = 0.05$ ). Commonly endorsed symptoms included irritability (69.6%) and worthlessness (60.9%). Interpersonal situations (73.9%) and stress (60.9%) were frequently cited as causes of depression. Participants reported increased negativity as the most common consequence of depression (65.2%). Depression was viewed as curable through positive coping behaviors (e.g., exercise, socializing). **Conclusions:** The older Veterans in this study expressed beliefs about depression diagnosis and treatment that are not reflected in current patient education materials about late life depression. Older adults may benefit from belief-congruent education about late life depression, which incorporates anecdotal information about the effectiveness of psychosocial treatments. Targeted education may serve to motivate older adults to seek appropriate mental health services.

**An Exploratory Study of Depression Among Late Life Immigrant Asian Indian Older Adults**

Rashmi Gupta, PhD, Assistant Professor, School of Social Work, San Francisco State University

Eileen F. Levy, PhD, Director and Associate Professor, School of Social Work, San Francisco State University

**Background/Rationale:** In the United States, the elderly population is growing at an exponential rate. As the American population ages, mental health issues like depression among older adults are becoming increasingly common and significant. In addition, the cultural composition of the country is also diversifying, and the ethnic minority elderly population represents a rapidly growing demographic (Hetzl, & Smith; 2000; Barnes & Bennett, 2000). Asian Indians began immigrating to the United States at the beginning of the 20th century, and their numbers increased by 125% between 1980 and 1990 (Alagiyakrishnan & Chopra, 2001). Currently, there are two cohorts of elderly Asian Indians. The first wave of early- life immigrants came to the United States in the 1960's, seeking educational and job opportunities. The second wave, the late-life immigrants, is family members of these early immigrants who came to the US when family reunification laws allowed an increasing number of elderly Indian adults to immigrate. There is evidence to indicate that while a majority of Asian Indian elders are foreign born and speak English very well, about 12% are linguistically isolated (i.e., without any adult who speaks English in the household) (Desai, 1990). In addition, many late-life Asian Indians who immigrated at the time of family reunification are financially and socially dependent on their families, and face the myriad challenges of a adapting to a new life style and role reversal within their families (Leonard, 2000). Healthcare providers must be attuned to mental health issues that exist between clients of different ethnic groups, as well as variations within subgroups in order to provide culturally sensitive care at a time when it is most needed in a client's life.



**Method:** The purpose of this exploratory study was to examine the factors that are related to depression among Asian Indian elderly in the Dallas-Fort Worth, Texas area. Using a cross sectional survey design, the first author posted fliers in temples, mosques, churches and non-profit organizations. Out of the 100 older adults who agreed to participate, about 85 older adults were interviewed via telephone in either Hindi or English. **Results:** The findings from the logistic regression reveal that increased rates of depression among the elderly can be predicted by variables such as being female, widowed, or co-residing with an adult child. **Conclusions:** The findings indicate that Asian Indians are not a homogeneous group of skilled professionals. There are socio economic differences between early life and late life older adults and there are variations in service needs. Although this study was conducted in Dallas Fort Worth Texas, the study has implications for practice with late-life Asian Indian older adult immigrants residing in other parts of United States.

### **Student Poster Presentation (10:30 – 10:45)**

#### **The age of determination: Predicting positive health behaviors among older adults.**

John Kassotakis (Undergraduate Student), Barbi Kerschner (Graduate Student), Stephanie Lim (Undergraduate Student), Daniel Rodda (Undergraduate Student), Chantell Padilla (Undergraduate Student), California State University, Sacramento. Faculty sponsor: Kelly A Cotter, PhD, Sacramento State University

Individuals' concerns about physical health in Western culture surface ubiquitously, but become particularly salient with advancing age. Associated with physical health are aspects of body image, which include an individual's desire to be attractive to others, physically fit, and illness-free. While previous studies examining gender differences on body image among the elderly have reported mixed results, recent research suggests that as we age we have a tendency toward losing our preoccupation with body shape, and instead focus our efforts on engaging in appropriate health behaviors. The present study examined the associations of self-reported physical health and gender with health determination (i.e., the conscious pursuit of a physically healthy lifestyle), illness awareness (i.e., the conscious avoidance of disease), and overweight preoccupation (i.e., the active avoidance of gaining weight or becoming obese) among 141 older adults (34.3% male, 65.7% female) aged 46 to 97 years ( $M_{age} = 73.92$ ,  $SD = 10.64$ ) who completed questionnaires. Results from a 2 (health: poor/fair/average vs. good/excellent) x 2 (gender: male vs. female) between-subjects analysis of variance (ANOVA) revealed a main effect of gender on illness awareness ( $F(1, 111) = 11.54$ ,  $p = .001$ ) such that women ( $M = 5.60$ ,  $SD = 2.92$ ) reported higher illness awareness than men ( $M = 13.62$ ,  $SD = 3.69$ ). A similar main effect of gender on health determination approached statistical significance ( $F(1, 116) = 3.21$ ,  $p = .076$ ). In addition, analyses revealed a main effect of self-reported health ( $F(1, 116) = 7.18$ ,  $p < .01$ ), such that individuals in better health ( $M = 17.08$ ,  $SD = 3.25$ ) reported higher health determination than individuals in worse health ( $M = 15.62$ ,  $SD = 2.88$ ). These results suggest that self-reported health and gender may be important for older adults' decisions to live a healthy lifestyle. While these findings are applicable to a Western, individualistic culture, future studies should compare a culture valuing collectivistic ideals.

### **Session IV: Education and Community Partnership (Umunhum Room, 11:00 – 11:45)**

#### **Strategies for Interprofessional Learning in Aging: Lessons from Utilizing Senior Wellness and Resource Fairs**

Sadhna Diwan, PhD; Sang E. Lee, PhD; School of Social Work, San José State University

**Background:** Educating students on multidisciplinary perspectives on healthy aging and care coordination of fragmented community services is critical to preparing the future workforce to address the challenges of a growing senior population. Interprofessional practice refers to health care that includes partnerships

and a multidisciplinary approach to addressing older adults' physical, emotional, social, and spiritual needs. Thus, exposure to interprofessional practice and community resources for seniors plays an important role in the curriculum for educating students in the allied health professions.

**Method:** The Center for Healthy Aging in Multicultural Populations at San José State University (SJSU) partnered with Santa Clara County's Department of Adult and Aging Services to host two wellness and community resource fairs for older adults. This partnership enabled seniors to learn about available resources from community providers and receive screenings, health education, and physical activity demonstrations from SJSU students. A combined total of approximately 130 undergraduate and graduate students representing eight different departments participated in the fairs (each lasting four hours) to practice providing wellness education and screenings in their own disciplines, learn about services provided by other disciplines, and about community resources. Additionally about 60 students interested in aging issues volunteered to serve as greeters, evaluators, and language translators. An adapted version of the Readiness for Inter-Professional Learning Scale (9 items) and open-ended questions were used to assess students' perceptions of the effectiveness of the wellness fairs in increasing students' knowledge of multiple disciplines, community resources, and skills in interacting with seniors. **Results:** Screenings activities included blood pressure (Nursing), depression and anxiety (Social Work and Psychology), balance (Occupational Therapy), grip strength and physical activity demonstrations (Kinesiology). Health education included diet and dehydration (Nutrition), heart health (Health Sciences), and hearing loss (Communicative Disorders). Community resource providers included health, mental health, income assistance, legal, home repair, home care services. Students (N= 105 of the 130) rated their learning experience very positively on the learning scale (Mean = 39; SD=4.2; Range= 9 to 45). However, undergraduates had consistently higher ratings than graduate students on multidisciplinary and community resource learning and skills in interacting with seniors ( $t= 4.79$ ,  $df=92$ ,  $p < .000$ ). Content analysis of the qualitative responses highlighted the following themes positively related to learning about resources available to seniors; the role of multiple professions in healthy aging; the experience of interacting with seniors; the value of collaboration and events to increase awareness among seniors. Among the challenges noted were: the difficulty of doing screenings in an open setting; the need to control the ratio of students to seniors as too many students in one place was a deterrent to senior participation; the unpredictable flow of participants resulting in uneven opportunities for practice. **Implications:** The fairs appear to be a useful tool for increasing awareness of healthy aging issues from a multidisciplinary perspective especially for undergraduate students. Discussion will include the challenges and rewards of interdepartmental and community collaborations, the resources needed to implement the wellness fairs, and future directions in strengthening interprofessional learning among students in the allied health professions.

### **Silicon Valley Healthy Aging Partnership: Lessons Learned From a Community Partnership**

Tamar Z. Semerjian, PhD, Associate Professor of Sport Psychology, Department of Kinesiology, San Jose State University

Jennifer Schachner, Lecturer and Project Coordinator of SVHAP, Department of Kinesiology, San Jose State University

**Background:** The Silicon Valley Healthy Aging Partnership (SVHAP) was launched in February 2011. At that time the goal of the project was to create a partnership with agencies across Santa Clara County, particularly those that serve diverse populations in terms of ethnicity and social-economic status to facilitate the availability of evidence-based health promotion programs. It is the mission of SVHAP to create partnerships between community organizations to ensure that evidence-based health promotion programs are widely available on an on-going basis throughout Santa Clara County for all older adults.

**Method:** Through the work of the SVHAP leadership council 3 programs were selected to be promoted throughout Santa Clara County: EnhanceFitness (EF), A Matter of Balance (MOB), and Better Choices, Better

Health. Over the past two years SVHAP has facilitated trainings, supported the development of the programs, and collected outcome data at many sites throughout Santa Clara County.

**Results:** Currently various SVHAP partners have offered EnhanceFitness (EF) at 17 sites and Matter of Balance (MOB) at 27 sites throughout Santa Clara County and North San Benito County. We have developed branding materials, launched a website, held 2 annual conferences, and trained 14 Master Trainers in MOB and 2 in EF. Through the training models outlined in these evidence-based programs (EBPs) we have also trained over 20 lay leaders in MOB and EF each. Thus, during the course of the first two years of this project we have made a significant impact in not only the number of programs provided, but also in providing both practice and systems changes in the ways that EBPs are being disseminated throughout the community. These programs lead to measureable changes in the well-being of older adults, and the structure of SVHAP has allowed these programs to become much more widely available while maintaining the fidelity and integrity of the programs. In addition to the benefits to the community provided through SVHAP, we have engaged 7-10 SJSU student interns each semester who have assisted in various components of SVHAP work from data entry to delivery of programs. These internships have provided valuable experiences to students and have in some cases led to employment opportunities for students while still in school and upon graduation.

**Implications:** Community partnerships such as SVHAP can be quite successful in translating EBPs into practice. While there are challenges in meeting the needs of the diverse populations reflected in Santa Clara County, partnerships such as SVHAP allow evidence-based programs to go to scale in ways that would not be possible without the coordinated work that the partnership structure provides. The benefits of housing SVHAP within the university will be discussed, particularly as related to student engagement, incorporation of current research, and the credibility that the university name provides to the organization.

## **Session V: Culture and Mental Health (Guadalupe Room, 11:00 – 11:45)**

### **Chinese Immigrant Elderly and Suicide Attempts**

Evaon Wong-Kim, PhD, MPH, LCSW; Rose Wong, MPA, PhD, Department of Social Work, CSU East Bay

**Background/Rationale:** Suicide is a severe mental health and social problem in the United States, especially in California when suicide ranked tenth among the leading causes of death. Past research on suicide in the Chinese community pointed to multiple factors leading to suicide attempts including isolation, difficulties in acculturating to the dominant society, mental health problems and the lack of social support. An earlier study on factors contributing to Chinese immigrants' suicide attempts found different factors leading to suicide experienced by men and women. Older Chinese men attempted suicide due to bachelorhood, isolation and loss of traditional culture while older Chinese women attempted suicide contributed to the loss of traditional family role and conflicting values and life styles between the culture of origin and U.S. The purpose of this study is to understand why elderly Chinese immigrants who live in the Bay Area attempted suicide. **Methods:** A qualitative study was conducted to explore the research question shortly after a failed suicide attempt, study participants were recruited to enroll in this study. Semi-structured face-to-face interviews were conducted either at the hospital emergency department, or at the participants' homes. The research participant inclusion criteria were: 1) Chinese immigrants who were born outside of the US; 2) were 18 years old or up at the time of suicide attempt 3) living in San Francisco Bay Area or nearby; 4) speaking either Mandarin or Cantonese as their first language. All the interviews are tape recorded and transcribed into Chinese. Although Mandarin and Cantonese are different languages/dialects; the characters used in writing are almost the same. The authors read each of the Chinese transcripts individually, and extracted themes from the transcripts that relate to the important key factors of suicidal attempts. These themes were then compared and a final list of themes was created with the



support of Chinese quotes. These themes and quotes were then translated into English for further analyses. **Results:** Factors associated with suicide attempts include elderly Chinese immigrants' mental health status before suicide attempts; cultural/language barriers; attitudes regarding counseling; feelings towards mental health treatment/facility and social service issues. Medical diagnoses and also health issues are one of the overwhelming reasons that some of the elderly immigrants committed suicide in the first place. Unresolved medical problems and the concern of wasting family resources on the elderly immigrants are two main reasons for suicide attempts committed by two study participants.

**Conclusion/Implication:** Social services programs are still in development in China, therefore immigrants who came from China view social services/social workers as new and foreign concepts. Some of them are reluctant to receive social services and not willing to talk to social workers. The continue challenge for social service providers include breaking down cultural barriers and creating interventions that are considered as acceptable by a traditional Chinese cultural standard. Example of some of the more successful programs will be discussed.

### **A Study of Gerontology and Sociology in Afghan American Community**

Farid Younos, Ph.D., Department of Human Development Studies, California State University-East Bay

**Background:** Afghans are considered to be a new addition to the American cultural mosaic. There are approximately 100,000 Afghans living in the United States, with a major concentration located in the Bay Area. The majority of Afghans who migrated to this country in the 1980s were between the ages of 25 and 55, and were primarily comprised of an educated class that came from an urban lifestyle in Afghanistan. Afghans, from an immigration study point of view, are called forced immigrants. This is because the majority of elders did not come to the United States for a better living or finding jobs but to seek safety and security as refugees and political asylees fleeing political turmoil in Afghanistan. Forced immigration has its own challenges that contribute to the health and aging of the elderly community.

**Method/Approach:** This is one of the first studies on Afghan gerontology in the United States. The study is conducted on the basis of participatory research with an aging elderly group, literary research, and the author's observations. When San Jose State University took the initiative to study health and aging in multicultural communities last year, we highly welcomed the idea. Since there is not much about health and aging on Afghan American communities, research was conducted by personal interviews of fifty Afghan elderly couples. Since the Afghan elderly community is an introverted community, all interviewees requested to remain anonymous. Hence, interviews were coded by numbers. The age range surveyed was between 55 to 85 years old. The religious denomination, such as Shia or Sunni, was not asked on the questionnaire. All interviewees were Farsi speaking and migrated from the major cities of Afghanistan to America, such as Kabul, Herat, and Balkh provinces.

**Results:** The correlation between aging and health found among Afghan groups are within two shared cultural setting beliefs, Islamic religious affiliation and Afghans in context of an ethnographic culture. Both of these are juxtaposed by an optimistic outlook due to faith that makes one hopeful with aging by the grace of god while sharing a pessimistic perspective at the same time and feeling of sense of hopelessness struggling with the loss of an identity when migrating to a different country. There are different factors which contribute to health and aging in Afghan American communities, including accommodations, coupled relationships coping with traditional gender roles in a modern society, relationship with children, diet, families living in diaspora, religious affiliation in non-Muslim society and worries about the future of their motherland, Afghanistan.

**Session VI: Stigma in Old Age (Pacifica Room, 11:00 – 11:45)****Gay, Gray and HIV/AIDS: Double Stigma, Health Disparities and Rhetorical Silence.**

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**Background:** The “graying” of the HIV/AIDS epidemic as documented by the US Public Health Service (US Centers for Disease Control & Prevention) the California Department of HIV/AIDS and the Santa Clara County Planning Council (SCCHPC), represents a critical area of health disparities generally. In particular in many US communities, including most California metropolitan areas heavily impacted by HIV and AIDS, including Santa Clara County, gay and bisexual men (MSM) > 50 continue to represent the vast majority of, and a disproportionate percentage of, **both** HIV & AIDS cases. This population, including gay and bisexual men > 50 years of age present specific medical, bio-psycho-social, and disabilities and specific cultural needs regarding sexual orientation. **Methods:** We reviewed literature and extant (SCC)HIV data; approximately 49 % of the living AIDS cases and 28 % of those with HIV are > 50; moreover approximately 90% of these AIDS cases >50 are gay or bisexual men (MSM) as are over 80% of the HIV cases. **Conclusions/Discussion:** Per CDC (2010), homophobia, stigma, and discrimination persist in the United States and negatively affect the health and well-being of gay, bisexual men who have sex with men (MSM). Homophobia, stigma, and discrimination are clear social determinants of health that affect physical and mental health. In this paper the authors present SCC epidemiological data on HIV, Aging and sexual orientation, compare this data to comparable California and US data. then discuss findings in terms of issues of both LGBT aging generally and HIV/AIDS We conclude by discussing possible reasons for the apparent silence on this issue and propose strategies to address current needs.

**“I’d rather swim nude”: Older women and their primary frustration with aquatic exercise.**

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Women throughout millennia have enjoyed the hygienic and therapeutic benefits of aquatic environments. The apparel in which women have chosen to swim has often exposed the “clash of patriarchal prudery against changing public opinions” (Horwood, 2007). Women’s swim suits have repeatedly been the catalyst to multiple religious, political, emancipatory, body image and health discussions over the centuries (Hargreaves, 1985; Vertinsky, 1990, Crane, 1999). The purpose of this research was to examine the special barriers for older women specifically around the “swim suit” itself, recognizing the cardiovascular and arthritic effort involved with a wet swim suit. Fifteen women (72-90 years old), were recruited from an aquatic center. Using semi structured interviews conducted onsite, open ended and follow up questions were asked. Poignant results indicated older women reap social and emotional benefits, but must overcome previously unidentified frustrations in order to participate. “Fighting the swimsuit without falling over” was the central theme. “The swimsuit: the buying, sagging, snickering, habitually, and as a rule: the getting on, and then the getting off “of the d@#% thing!” Results contribute to understanding the manufacture, marketing and design of the swim suit in addition to the peripheral services necessary for older women in the aquatic environment.