For persons with dementia, especially those living in highly-disadvantaged US areas, transitions from the acute care hospital to home are high-risk. Yet, few transitional care interventions are designed to be feasible and sustainable in these highly-disadvantaged US regions. The Coordinated-Transitional Care (C-TraC) program was designed specifically to fill this gap, has decreased rehospitalizations in preliminary testing, and now is being rigorously assessed via a 5-year NIH-funded prospective randomized controlled trial for hospitalized patients with mild, moderate and severe dementia (and their carers) discharging to the community. The peri-discharge period is a challenging recruitment window for this population, but, thus far, enrollment has been near-target with well over 125 patient-carer dyads randomized. In conducting this trial, person-centered approaches have been employed by all study personnel and have facilitated subject participation and retention to the 90 day endassessment time-point. Future prospective interventional trials in this population may benefit from employing similar techniques.

REDUCING RATES OF AVOIDABLE TRANSITIONS TO HOSPITAL FOR NURSING HOME RESIDENTS

M.G. Downs¹, A. Blighe¹, C. Powell¹, A. Feast², K. Froggatt³, B. McCormack⁴, E.L. Sampson², 1. School of Dementia Studies, University of Bradford, Bradford, Yorkshire, United Kingdom, 2. University College London, London, United Kingdom, 3. Lancaster University, Lancaster, United Kingdom, 4. Queen Margaret University, Musselburgh, United Kingdom

Reducing transitions from nursing homes to hospitals for residents with Ambulatory Care Sensitive (ACS) conditions is a government priority in the UK. ACS conditions are those, which if not actively managed in the community, can lead to unplanned or avoidable hospital admissions. Early identification of changes in residents' health is essential to ensure active management of ACS conditions in nursing homes. The purpose of this paper is to describe the development and feasibility testing of a multi-component, complex intervention for early detection of ACS conditions. Six key components were identified including: an adapted early warning tool; a care pathway for the 4 conditions; a knowledge and skills competency framework; structured communication tool for nurses and primary care; family involvement; and implementation support. The feasibility of introducing and embedding this complex intervention and gathering data on outcomes was tested in 2 nursing homes. Findings have implications for policy, practice and research.

COMMUNICATION OF DEMENTIA SYMPTOMS AND CARE NEEDS DURING HOSPITAL TO NURSING FACILITY TRANSITIONS

A. Gilmore-Bykovskyi¹, M. Hovanes¹, R. Johnson³, A.J. Kind^{2,1}, 1. *University of Wisconsin-Madison, Madison, Wisconsin*, 2. *William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin*, 3. UC Berkley, Berkley, California

Transitions from hospitals-to-Skilled Nursing Facilities (SNFs) are frequently poorly in quality. SNF providers have identified under-communication of dementia-related symptoms and associated care needs as a major barrier to

facilitating safe, effective and person-centered transitions. The extent of discharge communication between hospitals and SNFs regarding these care needs has not been previously examined. This retrospective cohort study identified omission rates for behavioral symptoms in hospital discharge communication as compared to medical record documentation for stroke/hip fracture PwD discharged from one of two hospitals to a SNF (N=343) between 2003-2008. High rates of omission were found across all symptoms and care needs, anxiety (94%), agitation/aggression (79%), hallucinations (86%), need for 1:1 supervision (90%) and high fall risk (78%). Consistent with other research, these findings underscore the urgent need for additional research on the role of cross-setting communication for PwD-who often cannot communicate their care needs—in facilitating high quality, person-centered transitions.

SESSION 4665 (SYMPOSIUM)

SOCIAL JUSTICE AND AGING

Chair: J. Baars, University for Humanistic Studies, Netherlands

Social Justice refers to normative discussions (including their presuppositions, logical structures and practical outcomes) about issues that are crucially important for society and its institutions. In this symposium some issues will be discussed that are vital for the well being of older people. First, Joachim Duyndam will analyze the question whether there should be a United Nations Convention on the Rights of the Elderly, analogous to the 1989 UN Convention on the Rights of the Child. Next, Harry Moody will address the role of elders in the environmental challenges that are facing the world population in connection with climate change, thus changing central terms of the debate about intergenerational justice. Finally, Peter Derkx will discuss the ambitions of 'Geroscience' and inquire whether fighting obesity might not only be more efficacious in extending life span and health span, but also more ethically just than developing sophisticated and expensive technology to delay processes of senescence.

GENERATIONAL DIFFERENCES AND COMMUNICATIVE ETHICS

H.R. Moody, Fielding Graduate University, Santa Barbara, California

Gerontologists seem reluctant to discuss openly justice and intergenerational politics. In the case of Brexit vote, as well as in the U.S. Presidential election of 2016, there were substantial differences in political behavior based on age. In both cases, older people commonly felt "this is no longer my country" and were supportive of right-wing political views hostile to immigration and globalization. By contrast, academics, in both the USA and other countries, tend toward progressive or left-wing political outlook favorable toward multiculturalism and globalization. Although recognized this disparity in political outlook is almost never openly discussed in gerontology. In this session, we look at specific policy challenges related to social justice, including immigration, climate change, and public pension programs. Instead of silence about political differences across age-groups, we

adopt the communicative ethics of Jürgen Habermas with the aim of promoting intergenerational solidarity by more open discussion of challenges affecting us all.

SOCIAL JUSTICE AND EXTENDING HEALTH SPAN: GEROSCIENCE OR FIGHTING OBESITY?

P. Derkx, University of Humanistic Studies, Geldermalsen, Netherlands

Before 1995 biogerontology came down to description of specific age-associated diseases. The last twenty-five years biomedical gerontology has started to aim at explanation of underlying processes of senescence and at (genetic, dietary, and pharmacologic) interventions and technology to delay those processes. 'Geroscientists' such as Brian Kennedy and Felipe Sierra have been writing about the 'Prospects for Life Span Extension' and have argued that 'it is critical to expand geroscience research directed at extending human healthspan'. They pay attention to social effects that might occur, but issues of social justice are mostly ignored. In this paper an ethicalphilosophical argument is developed. It makes plausible that fighting obesity might be more efficacious in extending life span and health span and also more ethically just than developing sophisticated and expensive technology to delay processes of senescence. It is not a matter of one or the other, but priorities should be debated.

SESSION 4670 (SYMPOSIUM)

NEW METHODS FOR STUDYING AGING AND SOCIOEMOTIONAL PERCEPTION

Chair: D.M. Isaacowitz, Northeastern University, Boston, Massachusetts

Co-Chair: U. Kunzmann, Leipzig University

Discussant: J.T. Stanley, University of Akron, Akron, Ohio

A large body of research has investigated age differences in the ability to accurately perceive emotional expressions on faces. This work has generally found consistent age-related declines in such emotion perception abilities, though it has been limited by the particular paradigm most commonly used: a participant sits in front of a computer and makes judgments about the emotion expressed on a static face. This session highlights cutting-edge methods that bring the study of aging and emotion perception into more everyday, ecological contexts. Moving away from making simple judgments about a static face may allow older adults to display more of their experience not only in making accurate emotion assessments, but also in social judgments more broadly. Talks in the session will consider to what extent computer-based emotion perception tasks lead to similar conclusions as in-person assessments about other individuals (Vicaria), the nature of more complex socioemotional judgments like personality and rapport (Castro), the cues that lead to empathic accuracy (Wieck), and the nature of emotionoriented perception in the context of emotion regulation in couples (Rohr). Together, these talks highlight methods that can be used to give a more ecological perspective on the types of socioemotional judgments typically made by older adults, and when they are (and are not) accurate.

AGE-BASED PERFORMANCE DIFFERENCES IN THREE INTERPERSONAL JUDGMENT TASKS

I. Vicaria, D.M. Isaacowitz, *Psychology, Northeastern University*, *Boston*, *Massachusetts*

Older adults have traditionally performed poorly on computer-based assessments of emotion perception skills. However, they report experiencing emotionally satisfying relationships in real life. The current study assesses the difference between computer and interaction-based interpersonal judgments in younger and older adults. Participants complete a computerbased emotion perception task, then interact with someone of their age or the opposite age group for 20 minutes. Afterwards they judge their partner's personality traits and ratings of rapport, which are later correlated with partners' self reports to obtain accuracy scores. Analyses of 19 younger and 37 older adults revealed that older adults' accuracy on the computerbased tasks was significantly poorer (p <.001) than younger adults', but their performance on the interaction-based judgments was as good (rapport; n.s.) or even better (personality traits; p<.05) than younger adults'. The interaction-based judgments better approximate real life judgments and may draw on experience obtained with age.

AGE DIFFERENCES AND SIMILARITIES IN PERCEPTIONS OF PERSONALITY AND RAPPORT IN DYADS

V. Castro, I. Vicaria, D.M. Isaacowitz, *Psychology, Northeastern University, Boston, Massachusetts*

This study examined young, middle-age, and older adults' accuracy in perceiving personality and rapport in young and old dyads. Participants were presented with twelve videos depicting two young adults or two old adults interacting. Perceivers were randomly assigned to one target within each dyad and asked to judge the target person's personality traits and level of rapport. Videos varied in length (i.e., 10 secs, 20 secs, 20 secs) and location (i.e., second vs. third minute of the interaction). Results were mixed: age differences were found for the perception of some social qualities (e.g., agreeableness, satisfaction) but not others (e.g., extraversion, openness, conscientiousness, rapport). Accuracy was higher for shorter videos and videos from earlier rather than later portions of the interaction. These findings augment recent studies on social perception and aging to consider the myriad aspects of the perceptual process that may contribute to social perception accuracy across the lifespan.

AGE DIFFERENCES IN EMPATHIC ACCURACY: A BRUNSWIKIAN APPROACH

C. Wieck, S. Nestler, U. Kunzmann, *University of Leipzig, Leipzig, Germany*

Previous research has shown that older adults perform worse than younger adults at recognizing others' emotions accurately. The goal of the present study was to better understand the processes underlying these age-related differences in empathic accuracy. Applying a Brunswikian approach, we tested age differences in the utilization of multiple facial, prosodic and semantic cues selected to reflect three emotions: anger, sadness, and happiness as experienced and expressed by twelve targets who were videotaped while they relived an emotional memory. Facial, prosodic and semantic cues were measured objectively

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