

## ABSTRACTS

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Abstracts are arranged numerically by session and in the order of presentation within each session.

### SESSION 5 (PAPER)

#### INEQUALITIES AND HEALTH: EXPLORATIONS OF GENDER, RACE, AND EDUCATION

##### GENDERED HEALTH AND ITS LONG TERM CONSEQUENCES IN SOUTH ASIAN REGIONS

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

##### HEALTH STATUS IN LATER LIFE: CAN YOUR ADULT CHILD'S EDUCATION BUY YOU BETTER HEALTH?

A.M. Pienta, *ICPSR, University of Michigan, Ann Arbor, Michigan*

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

sociodemographic characteristics (including own education). Both women and men benefit from having a more educated adult child. Also, when adult children have completed more education than the parents, parents' health is better. The paper outlines several theoretical mechanisms linking parents' later life health to the education of their adult children.

##### THE EFFECT OF EDUCATIONAL ATTAINMENT ON ALLOSTATIC LOAD: DOES THE SOCIAL GRADIENT IN HEALTH VARY BY AGE?

T. Bhatta, J. Kelley-Moore, *Sociology, Case Western Reserve University, Shaker Heights, Ohio*

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

##### CHILDHOOD CONDITIONS, EDUCATIONAL ATTAINMENT, AND ADULT HEALTH: WHO BENEFITS THE MOST FROM COLLEGE?

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College-educated adults are able to age more successfully than other people in the United States, but selection bias complicates the understanding of how education affects health. This article focuses on the possibility that the health benefits of college may vary according to people's propensity to attain a college degree in the first place. Several perspectives from life course sociology offer competing hypotheses as to whether the most or the least advantaged gain the most from educational attainment. The authors use a national survey of middle- and older-age American adults to assess risk of three serious health problems and

## SESSION 1260 (SYMPOSIUM)

### QUALITY OF CARING RELATIONSHIPS: THE ROLE OF STAFF-RESIDENT INTERACTION DURING CARE ROUTINES

Chair: *A. Custers, Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, Netherlands*

Discussant: *H. Wahl, Department of Psychological Aging Research, Heidelberg University, Heidelberg, Germany*

Interpersonal relationships with staff are known to influence the experience and well-being of older people in residential long term care. Although there is some evidence that older people describe relationships developed with staff as an important aspect of the quality of care they receive, there is limited literature that explains how positive caring relationships are developed. This symposium proposes that positive caring relationships are integral to the delivery of resident-centered care. Four papers from different countries and disciplines, using different research methods, highlight how care routines may be used to develop positive caring relationships through resident-centered interaction. The first paper describes a typology of resident-staff interaction that was developed using ethnographic data to compare two non-profit nursing homes. This is followed by a paper that examines 'elderspeak' used by staff in three different care settings. The fulfillment of residents' needs of relatedness, autonomy and competence during care interactions is the focus of the third paper, which also addresses the relation with residents' well-being. The final paper explores how caring relationships are developed during care routines presenting an evidence based model for supporting staff in implementing resident centered care. The symposium will conclude with an interactive discussion that considers the characteristics of a high quality caring relationship and how this might be developed in practice.

### STAFF-RESIDENT INTERACTION IN NURSING HOMES: AN ETHNOGRAPHY OF DISPARITIES AND COMMUNITY CONTEXTS

*M. Ryvicker, Center for Home Care Policy and Research, Visiting Nurse Service of New York, New York, New York*

Although there is growing evidence of racial/ethnic and socio-economic disparities in health outcomes of nursing home (NH) residents, less is known about disparities in the quality of staff-resident interaction. This study used ethnographic data to compare staff-resident interaction in two non-profit NHs and develop a typology of interaction. One facility served a white, middle-class community; the other served a low-income, historically underserved Black and Hispanic community. Three categories of interaction emerged – activating, relating, and attending – that were performed differently between facilities. Whereas staff in the more affluent NH interacted with residents in a dynamic fashion, adapting to residents' responses, staff in the safety-net facility interacted with residents in a one-directional, didactic fashion. These differences reflected disparities in staff communication skills related to each NH's relationship with its local community. This study raises further questions about how neighborhood contexts influence organizational processes that influence staff-resident interaction and resident quality of life.

### RELATIONAL COMMUNICATION ACROSS LONG-TERM CARE SETTINGS: ELDERSPEAK'S IMBALANCE OF CARE, RESPECT, AND CONTROL

*K.N. Williams, School of Nursing, Univ of Kansas, Kansas City, Kansas*

Older adults who reside in long-term care rely on staff for interpersonal relationships that are reflected in communication. Elderspeak is a common speech style used by nursing home staff that reflects an imbalance in care, respect, and control. Naïve raters listened to audio clips collected in long-term care settings and rated staff speakers on care, respect, and control dimensions of emotional tone. We examined these

ratings of staff communication, comparing staff communication in traditional nursing homes, dementia care, and assisted living settings. Emotional tone of staff communication with residents varied significantly from their communication with coworkers and age peers. Staff communication was rated as less caring and more controlling in dementia care units compared to nursing homes and assisted living facilities. Respect ratings were highest in assisted living and lowest in dementia care. Implications for staff communication training to improve interpersonal relationships with residents in these settings will be discussed.

### NEED SUPPORT AND WELL-BEING DURING CARE: AN OBSERVATIONAL STUDY ON RESIDENT-STAFF INTERACTION

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In this study the quality of care interactions was investigated using Self-Determination Theory. We explored to what extent professional caregivers support residents' needs of relatedness, autonomy and competence and how this is related to residents' well-being. Four nursing homes in the Netherlands participated. Three video-observations (with different caregivers) of each resident (n=20) were made during morning care and questionnaires were completed. The results show that residents' needs were, on average, moderately fulfilled during care interactions. Higher resident well-being as observed during care was related to a higher level of needs being supported by professional caregivers. Resident and caregiver characteristics were explored, with the education and job function of caregivers being related to need support. Professional caregivers demonstrated many good quality interactions, but there was also a recognised need for improvement. Suggestions are presented for improving resident-centred care by taking the three psychological needs of relatedness, autonomy and competence into account.

### USING RELATIONSHIPS IN CARE ROUTINES TO DEVELOP RESIDENT CENTRED PRACTICE IN LONG TERM CARE

*C. Brown Wilson, University of Manchester, Manchester, United Kingdom*

This study explored the influence of relationships on the experience of residents, families and staff using constructivist methodology. Three nursing homes within the United Kingdom participated. Data collection included participant observation (256 hours), interviews with residents (n= 16) families (n= 18) and staff (n=25). Focus groups (n=8) enabled the development of shared meanings between all stakeholders. A framework was developed that described how different approaches to care adopted by staff influenced the type of relationships able to be developed. Key components of resident centered care were described by residents, families and staff as: finding out what mattered to them, incorporating these important details into care routines and knowing why these details were significant. When staff consistently adopted this approach, personal and responsive relationships were developed, with residents describing positive experiences. The implications of this model for improving quality in residential long term care will be discussed.

## SESSION 1265 (SYMPOSIUM)

### SOCIAL RELATIONSHIPS AND HEALTH OVER THE LIFE COURSE: PERSPECTIVES FROM AROUND THE WORLD

Chair: *T.G. van Tilburg, VU University Amsterdam, Amsterdam, Netherlands*

Co-Chair: *K.J. Ajrouch, Eastern Michigan University, Ypsilanti, Michigan*

In old age social relationships promote social integration, receipt of support, and aid in the prevention or delay of poor health. Having beneficial social relationships and its effects on health vary over time, place