

expected physical and cognitive changes. Implications for interventions targeting aging expectations will be discussed.

INTERVENING TO REDUCE THE NEGATIVE IMPACT OF STEREOTYPE THREAT ON OLDER ADULTS' MEMORY PERFORMANCE

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Stereotype threat occurs when people know that poor performance on their part will confirm a negative, self-relevant, stereotype. In response to this people often underperform compared to their potential and inadvertently confirm the stereotype. This in turn has important clinical implications. In one study, stereotype threat more than doubled the number of older adults who fell below a clinical threshold for cognitive impairment on a brief cognitive status examination. The goal of the current research was to test whether affirming personal and cultural values would reduce stereotype threat in English and Chinese-speaking older adults. Although value affirmations are effective for younger adults, there was mixed support with older adults. This adds to other research showing that factors modulating stereotype threat effects in younger adults do not always hold when examining older adults. It also highlights the need to identify interventions that effectively eliminate stereotype threat effects specifically in older adults.

PROVIDING INTEGRATED DIGITAL SERVICES TO ISOLATED OLDER ADULTS—INTERNATIONAL RESEARCH AT IBM

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IBM Research, which developed an answering computer called Watson, is now being applied to Aging-in-Place support for isolated seniors in Japan and Italy, two countries that are leading the demographic transition of an aging world. Cognitive 'assistants' designed to understand and interact, along with aging-accessible mobile technologies are examples that will be presented in a case study from Bolzano, Italy where IBM is implementing an optimized aging in place solution to support caregivers to make informed decisions and enhance both quality of life and safety. In a second case study from Japan, IBM research will demonstrate how pioneering text analytics and accessibility technologies (such as natural language analysis and tracking) have been used to connect rural older adults to health services through Japan Post. We will report the results of the expansion of these large-scale demonstrations of how technology device-based services can preserve personal dignity and independence.

PARTNERING TO BETTER SERVE VULNERABLE OLDER ADULTS: THE OPTIMIZE AGING COLLABORATIVE

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All U.S. communities are facing the demographic imperative of serving increasing social and medical needs of older adults. Despite this, there is poor integration of social and medical services, and most professionals working with older adults do not have formal training in key knowledge

areas related to the care of older adults. In San Francisco, we formed a partnership of public, private and academic groups engaged in aging services, called the *Optimize Aging Collaborative*, with the goal of training all professionals in the skills needed to be competent in responding to the needs of all older adults. We included a specific focus on particularly vulnerable older adults- those who live alone, who are lesbian, gay, bisexual or transgender, or who have dementia. We will demonstrate how our collaborative has increased knowledge and commitment to improve the well being of older adults and which elements of this partnership contribute to its success.

SESSION 3005 (SYMPOSIUM)

CREATING CARING COMMUNITIES: SOCIAL CAPITAL FORMATION AND AGING IN PLACE

Chair: A.E. Scharlach, *University of California, Berkeley, California*

Discussant: T. Scharf, *Newcastle University, United Kingdom*

Communities throughout the world are seeing the emergence of new types of consumer-driven support structures to promote aging in place, driven in part by global transformations in traditional family and societal supports. Of particular interest are grassroots community-based efforts that not only provide needed assistance, but also promote social connection, meaningful activity, civic engagement, and an increased sense of communal trust and solidarity. This symposium examines existing evidence regarding four of these initiatives: the Village model (US, Netherlands, Australia), Supportive Communities (Israel), Active Caring Communities (Belgium), and civil society voluntary care networks (Sweden). In the Village model, older community members create their own elder-led support organizations, assuming primary responsibility for operations, financing, and peer support. In Supportive Communities, a retired community member serves as a convener and key source of social and instrumental support, with administrative and financial assistance from the government. Active Caring Communities involve a neighborhood-organized model of care that supports frail older people to age in place in deteriorated neighborhoods. Finally, Swedish data examine the growth of peer and cross-generational informal assistance networks in the context of declining societal supports for older adults. Leading scholars will critically examine existing knowledge regarding each of these approaches, with particular attention to the ways in which they contribute to individual well-being, community social capital, and the ability to age in place.

FOSTERING SOCIAL CAPITAL THROUGH THE VILLAGE MODEL

A.E. Scharlach, C.L. Graham, *Social Welfare, University of California, Berkeley, California*

The Village model is an innovative approach to aging in place through social capital development, reflecting Villages' unique combination of community development, consumer direction, social engagement, civic engagement, and collective bargaining for services. This paper reports findings from a 3-year longitudinal study of 191 members of seven