

users and therapists' perceptions of exergames in assisted living facilities and provides valuable insight into the barriers, facilitators, contextual factors and perceived benefits or drawbacks following 12 weeks use.

PSYCHOLOGICAL PREDICTORS OF FALLS EFFICACY AMONG FILIPINO OLDER ADULTS IN AN ELDERLY DEVELOPMENT PROGRAM

Godfrey Josef R. Torres,¹ Katrina Marie Jolejole,¹ Nephtaly Joel Botor,¹ Teri-Marie Laude¹, 1. *University of the Philippines - Los Banos, Los Banos, Laguna, Philippines*

Falls, common among aging persons, typically lead to catastrophic health consequences. Studies show several factors influencing an older person's risk to falling. Depression, a psychological condition, was identified as one of these factors. With the goal of determining potential psychosocial interventions for older persons, the present study explores what other psychological variables may explain falls efficacy, i.e., perceived concern about falling. 81 older adults who were participants in an elderly development program answered a socio-demographic survey and several scales (i.e., Satisfaction with Life Scale, Flourishing Scale, Geriatric Depression Scale – Short Form, Falls Efficacy Scale – International) to measure falls efficacy and other psychological variables. Bivariate correlation revealed that falls efficacy significantly increases as family problems ($r=.228$, $p=.045$), health concerns ($r=.231$, $p=0.040$), financial difficulties ($r=.345$, $p=.002$), and depression ($r=.403$, $p<.001$) increase. Conversely, it significantly decreases as psychological well-being ($r=-.255$, $p=.022$) and perceived resilience ($r=-.459$, $p<.001$) decrease. Multiple regression analysis confirmed that while depression is a significant positive predictor, $F(1,79)=15.31$, $p<.001$, $R=.403$, explaining 16.2% of falls efficacy variance, anxiety-provoking situations (i.e., family problems, health worries, financial worries) also explain additional falls efficacy (6.6% variance), $F(4, 71)= 5.234$, $p<.001$, $R=.477$, wherein financial worry is a significant positive predictor. Furthermore, entering psychological well-being and resilience in the model adds an additional variance of 6.6%, $F(6, 69)=4.533$, $p<.001$, $R=.532$, but only resilience is a significant negative predictor. This paper culminates with recommendations on potential research on the psychosocial dimension of falls and possible interventions to mitigate falls among older persons.

SOCIAL AND BIOLOGICAL PREDICTORS OF HOSPITAL ADMISSIONS FOR A FALL IN THE ENGLISH LONGITUDINAL STUDY OF AGEING (ELSA)

Jessica G. Abell¹ Camille Lassale² Andrew Steptoe,¹ G. David Batty,¹ and Paola Zaninotto¹, 1. *University College London, London, United Kingdom*, 2. *IMIM (Hospital del Mar Medical Research Institute), Barcelona, Spain*

Falls are the most frequent type of accidents among older people, with one in three people aged over 65 falling each year. Falls serious enough to result in hospital admission are especially problematic, since they can lead to an increased likelihood of future disability, loss of independence, and premature mortality. Understanding the factors that may determine the risk of experiencing a fall, which requires admission to hospital, is therefore an important priority. This paper seeks to examine this issue using Hospital Episode Statistics (HES) data

– administrative data from English hospitals in the National Health Service (NHS). These data have recently been linked with the English Longitudinal Study of Ageing (ELSA). We examine the association between a range of predictors (demographic, social environment, physical and mental functioning) drawn from wave 4 of ELSA with the first occurrence of hospitalisation due to an accidental fall, identified using ICD-10 codes. Analysis using Cox regression suggest a range of factors are negatively associated with admission to hospital with diagnosis of a fall, such as living alone (HR=1.42; 95% CI: 1.19, 1.68), urinary incontinence (HR=1.33; 95% CI: 1.09, 1.61) and depressive symptoms (HR=1.50; 95% CI: 1.23, 1.82). High walking speed (HR=0.30; 95% CI: 0.23, 0.39) and good hand-grip strength (HR=0.97; 95% CI: 0.96, 0.98) were found to be protective. The prevention of serious falls amongst older people will require determinants to be identified and managed effectively by health and social care services.

SESSION 735 (SYMPOSIUM)

GERONTOLOGICAL PEDAGOGY: PASSION, PARADOX, AND PROMISE

Chair: Sarah J. Hahn, *Mercy College, Dobbs Ferry, New York, United States*

Discussant: Rona J. Karasik, *St. Cloud State University, Saint Cloud, Minnesota, United States*

Gerontology programs in the United States are on the decline despite the need for trained professionals who can serve a growing aging population (Pelham, Schafer, Abbott, & Estes, 2012). For many students, a gerontology course may be their only formal exposure to the concepts of aging. The development of gerontological pedagogy is important, but there is limited knowledge about what is being taught around the nation and to what extent course content reflects the current scope of the discipline. This symposium explores the role of individual instructors, the larger environment, and the efforts of organizational level criteria (i.e., AGHE standards to advance the field) to promote higher-quality gerontological education. The first presenter reports dissertation findings that examined college students' self-perceptions of aging and how stereotypes impact them even after taking an introduction to gerontology course. The second presenter discusses the need for service-learning and community engagement in gerontology, while reporting on theoretical and practical suggestions, as well as potential pitfalls to avoid. The third presenter reports on student evaluations in a Master of Science program before and after the implementation of the Association for Gerontology's proposed competencies. And our final presenter provides insights on applied perspectives and pedagogical approaches in and out of the classroom, including pitfalls and possibilities. Our discussant brings our ideas together to report on the discipline of gerontology and our potential to advance to the next level of pedagogical strategies.

THE INFLUENCE OF REVISING AN ONLINE GERONTOLOGY PROGRAM ON THE STUDENT EXPERIENCE

Kara B. Dassel¹ Katarina Felsted,² and Jacqueline Eaton², 1. *University of Utah, Salt Lake City, Utah, United States*, 2.