of life and the quality of care. Using ordered logistic regression, this study analyzed the length of stay of 7,307 patients who died in 2015 while receiving care in the largest hospice agency in the DC metro region. Cancer diagnoses and residence in a higher median income neighborhood were associated with shorter lengths of stay. Female sex, older age, and residence in a lower median income neighborhood were associated with longer lengths of stay. The findings indicate that differences in demographic and diagnostic characteristics likely affect hospice length of stay.

SESSION 1265 (SYMPOSIUM)

THE INTERSECTION OF ETHICS AND VULNERABLE ELDERS
Chair: Pamela B. Teaster, Virginia Tech, Blacksburg, Virginia, United States
Discussant: Georgia Anetzberger, Case Western Reserve University, Cleveland, Ohio, United States

Researchers, practitioners and policymakers are daily confronted with multiple and competing situations regarding vulnerable older adults and the complex issues that they face in all aspects of their lives. Challenges can arise in the provision of social services, dispensing justice, conducting research, or addressing legal issues. The purpose of this symposium is to discuss dilemmas that vulnerable older adults and concerned others face by elucidating current and future challenges facing this population, particularly in the realms of compromised health (cognitive impairment); effective status (gender); care arrangements (home and community-based services); and abuse, neglect, and exploitation. Teaster and Anetzberger discuss relevant ethical theories and principles as well as a definition of vulnerability. Santos and Nichols-Hadeed report on ethical issues embedded in vulnerable elders’ cognitive status. Bowland and Halaas highlight the intersection of ethics, gender and vulnerable elders. Niles-Yokum and Beaumaster discuss the nexus of ethics and the development of programs and services that allow all older adults to develop and implement programs and services that allow all older adults the opportunity for self-determination and justice. Throughout the papers, we weave the ethical principles of autonomy, beneficence, nonmaleficence, and justice.

ETHICAL DILEMMAS PRESENTED BY COGNITIVE IMPAIRMENT AND VULNERABLE ELDERs
Elizabeth J. Santos,1 and Corey A. Nichols-Hadeed1, 1. University of Rochester School of Medicine & Dentistry, Rochester, New York, United States, 2. University of Rochester Medical Center, Rochester, New York, United States

Identification and assessment for cognitive impairment is a difficult task further complicated by the need to determine capacity. Issues related to cognitive impairment and capacity create ethical dilemmas potentially spanning all four ethical principles: autonomy, beneficence, non-malefascence, and justice. This paper uses a case scenario to describe different types of cognitive impairment and demonstrate ethical issues that commonly arise when treating patients with cognitive impairment in the clinical setting. The authors also recognize the complexity of capacity as an issue that spans both the medical and legal fields and provides explanations and distinctions. The overall goal of this paper is to raise awareness of the impact of cognitive impairment on the vulnerability of older adults, describe the complex ethical issues that cognitive impairment and capacity raise and the importance of defining capacity in the context of the legal and medical fields.

A PRACTICE FRAMEWORK FOR CONSIDERATION OF GENDER IN ETHICAL DECISION-MAKING
Sharon Bowland,1 and Beth Halaas1, 1. University of North Texas, Denton, Texas, United States, 3. Eastern Washington University, Cheney, Washington, United States

Gender role stereotypes, social norms and social policies negatively influence health and well-being for marginalized groups. These inequalities are embedded in the fabric of our society and are often unquestioned and hidden. Practitioners frequently use an ethical lens that does not consider the influence of gender on life course decision-making. We developed the Practice Framework for Older Persons (PFOP) to assess past and current realities that take gendered experiences into consideration. By contextualizing means and opportunities, a more complete picture can be drawn about a person’s unique gender experiences. Subsequently, we can better understand their decision-making processes, wants, needs, and desires. This type of assessment may be particularly beneficial for women and transgender persons given ethical demands for practice paradigms which consider gender fluidity and development of a sense of personal agency.

THE INTERSECTION OF VULNERABILITY AND OLD AGE: ETHICAL CONSIDERATIONS FOR LONG-TERM SERVICES AND SUPPORTS
Kelly Niles-Yokum1, 1. University of La Verne, La Verne, California, United States

This session focuses on ethical considerations in the context of long-term services and supports (LTSS) for vulnerable older adults. Long-term supports for vulnerable older adults can no longer adhere to a “one-sized fits all” solution. We will explore the intersection of vulnerability, old age, and community which present a myriad of ethical issues in both the planning and delivery of supports for older adults. The quest for a just society goes beyond understanding and considering the critical issues of the vulnerability of older adults in our society in that this pursuit provides a pathway to develop and implement programs and services that allow all of us the opportunity to live in a world that both protects and can provide the opportunity for self determination and dignity.

ETHICAL DILEMMAS, VULNERABLE ELDERS, AND ELDER ABUSE
Candace J. Heisler1, 1. Heisler and Associates, San Bruno, California, United States

Elder abuse is a growing concern worldwide. It is described across multiple professional disciplines: as a social justice issue by social workers; as a medical syndrome and public health issue by health care providers; and as a violation of human rights and criminal laws by courts, legislators, and the justice system professionals. Elder abuse assumes different forms, including physical, emotional, and sexual abuse,
financial exploitation, neglect, and abandonment. Forms often co-occur in a variety of settings. This presentation explores key ethical conundrums emerging when different professions address elder abuse. Specifically examined is how the ethical principles of autonomy and non-maleficence conflict with mandatory reporting laws, for example, if their purpose is to incarcerate older offenders who are ill and vulnerable serving lengthy mandated prison terms. The presentation also explores the rights of perpetrators, including how rights of crime victims are weighed against those of perpetrators in a just society.

**SESSION 1270 (SYMPOSIUM)**

INTEREST GROUP SESSION—TECHNOLOGY AND AGING: THE POTENTIAL AND PITFALLS OF EXTENDED REALITY SOLUTIONS FOR SUPPORTING AND ASSESSING OLDER ADULTS
Chair: Neil Charness, Florida State University, Tallahassee, Florida, United States
Discussant: Balaji Narasimhan, Iowa State University, Ames, Iowa, United States

Extended Reality (XR), which encompasses Virtual Reality (VR) and Augmented Reality (AR), holds a great deal of promise for improving the health and well-being of older adults. These opportunities include providing rehabilitation, physical exercise, skills training, leisure opportunities, and support for instrumental activities of daily living. Further, XR presents novel assessment opportunities. This session will explore the potential of XR solutions, and also crucial barriers to XR implementation, adoption, and engagement, particularly with respect to the “digital divide.” Some older adults, for a number of reasons, experience greater challenges adopting and using newer technologies. This session will start with a broad overview of issues related to XR solutions and will identify critical research needs, with an emphasis on the needs of older adults. This will be followed by a presentation of older adults’ perceptions of XR using data derived from a large, nationally representative sample. While some older adults reported not being ready for XR solutions, many older adults reported being willing to accept them to support optimal aging. Next, a study is presented that directly compares older adults’ perceptions of presence and immersion in virtual environments. Using VR to assess wayfinding and navigation abilities of older adults is discussed next. The final talk will present VR usability issues derived from interview and focus group data. The session discussant will bring an interdisciplinary perspective to these important issues.

PERSONALIZED AND ADAPTIVE VR/AR FOR OLDER ADULTS: EIGHT CRITICAL NEEDS
Stephen B. Gilbert,1 Iowa State University, Ames, Iowa, United States

In the past decade there has been considerable progress in the technology associated with virtual reality and augmented reality, along with decreased costs. But with these advances come a new set of research questions. In July 2017, the National Science Foundation hosted a VR/AR visioning workshop to explore these challenges. The workshop focused on the research needed to achieve individual personalization and adaptation in the areas of visual, auditory and tactile perception, as well as the social, behavioral and cognitive patterns key to adaptation. These discussions yielded eight priorities for upcoming research for VR/AR. In this paper, we will describe these eight priorities from the perspective of the gerontology community, looking at the research gaps that must be addressed to apply VR/AR successfully with older adults.

GERONTECHNOLOGY PERCEPTIONS AND POTENTIAL ROLE OF VR/AR IN OPTIMAL AGING
Jennifer Margrett,1 Wally Boot,2 Neil Charness,3 Christopher Hertzog,3 Mack Shelley,1 and Balaji Narasimhan1,1 Iowa State University, Ames, Iowa, United States, 2. Florida State University, Tallahassee, Florida, United States, 3. Georgia Institute of Technology, Atlanta, Georgia, United States

Technology presents opportunities to optimize whole person wellness and functioning. To understand tech readiness and the potential role of virtual (VR) and augmented reality (AR) to support optimal aging, we surveyed 604 participants from the nationally representative RAND American Life Panel. Participant age ranged from 50-90+, 51.5% were female, and 50% reported bachelor’s education or higher. Overall, 8% of the sample identified as Hispanic, with 15% of individuals also identifying as Black, Asian, or Asian Indian or Alaskan Native. Males reported greater optimism and technology innovation and adults aged 50-64 were the most optimistic. Overall, 80% of the sample reported VR familiarity compared to 33% AR. Regarding future needs, 75% of the participants expressed specific concerns about future ADL ability. Almost half of the respondents indicated willingness to use VR and AR to maintain or improve functioning with age and increased personalization of optimal aging emerged as a significant predictor.

EXPLORING OLDER ADULTS’ PERCEPTIONS OF PRESENCE AND IMMERSION IN DIVERSE VIRTUAL ENVIRONMENTS
Walter R. Boot,1 Andrew Dilanchian,1 and Ronald Andringa1, Florida State University, Tallahassee, Florida, United States

Virtual Reality (VR) holds great promise for enhancing the health, well-being, and skills of older adults. However, VR solutions must consider the age-related “digital divide;” many older adults have less experience and proficiency with a number of newer technologies, which may serve as a barrier. Older adults especially have less experience with virtual environments, an experience many younger adults have acquired through video gaming. This study compared younger and older adults’ perceptions of immersion and presence in a series of diverse virtual environments using the HTC Vive. Participants experienced a VR meditation task, “indoor” and “outdoor” navigation tasks, and a fast-paced action game. Importantly, younger and older adults reported similarly high experiences of immersion and presence within virtual environments, and contrary to expectations, older adults reported fewer symptoms of cybersickness. Results suggest VR as a promising tool to promote the health and well-being of older adults.