professional. Further, true empowerment requires access to reliable information that can be used by the elder to make informed choices as well as connecting with peers who are facing the same challenges. This session presents five papers describing various models aimed at empowering older adults to make their own, informed decisions. Heyn presents a model of empowerment designed to increase the healthy lifespan of older adults by providing tools for better health care decision making and creating more opportunities for managing ones' own health. Freeman is working with a First Nations community in British Columbia and will discuss a program that reduces social isolation by providing elders a leadership role in the community. Thiamwong's research examines the use of empowerment as part of a falls prevention program in Thailand. Graham will discuss research on the Village Model—grassroots, consumer-driven, neighborhood groups where older adults are empowered to assist each other to age in place. Finally, Ring, Glicksman and Graham will present findings from a research study conducted in Philadelphia that examined eight different approaches to building neighborhood based programs that integrate service access, socialization, and empowerment of older adults.

A SELF-HEALTH EMPOWERMENT AND WELLNESS MANAGEMENT APPROACH FOR INDIVIDUALS AGING WITH COMPLEX HEALTH CONDITIONS

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FiEffective approaches to promote self-health and wellness empowerment for individuals with complex health conditions must be person-focused and multi-disciplinary to be successful. The goal of such program is to support patients and caregivers with decision making power over their health to increase utilization of low cost and accessible community resources to better manage their health. Empowering patients with such self-health management and decision-making tools can have a profound effect on patient's wellbeing and healthspan. We will present an innovative, person-focused self-health management and wellness empowerment program that was evaluated in 70 adults with disabilities who are facing the premature development of chronic diseases and the effects of aging. 60% of the participants reported increased physical activity levels, 57% made positive changes to their diet and 55% showed the health recommendations to a health professional with the goal to involve the health care provider in the self- health management goals.

PROMOTING INTERGENERATIONAL RELATIONSHIPS USING DIGITAL STORYTELLING IN A FIRST NATIONS COMMUNITY

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The Nak'azdli Whu'ten is a First Nations community located in northern British Columbia Canada. They have prioritized support for the mental health and wellbeing of their Elders and were keen to strengthen intergenerational linkages in the community to preserve cultural wisdom held by the elders for future generations. We co-created a digital storytelling workshop using technology to facilitate knowledge-sharing between Elders and youths. This pilot 10 session workshop involved all grade 6 and 7 students at a First Nations school and 20 First Nations Elders. Students recorded the Elders who orally shared stories and then added imagery and sounds to capture their understandings and create a digital story. The workshop was led by elders. Our project demonstrates one way to document oral histories while simultaneously building intergenerational relationships. We will discuss how this project successfully fostered intergenerational relationships, helped preserve cultural identity, and reduced social isolation of First Nations Elders.

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This study aims to empower community-dwelling older adults for addressing falls risk and falls prevention and to make informed health decisions. The framework is guided by the WHO falls preventive model which include three pillars: 1) developing awareness of the importance of fall prevention; 2) enhancing the appraisal of falls risk factors; and 3) promoting culturally appropriated evidence based interventions (WHO, 2007). This study provides the opportunity for older adults to share their experiences, learn from the experiences of others, take an active role in preventing falls based on their health status and context, keep track of their outcomes, and give input into prevention strategies. However, due to liability issues, promoting older adults' independence and empowerment may not follow the same direction in the health care facilities, which put high priority on safety and less emphasis on allowing older adults to make their own choices.

THE VILLAGE MODEL: EMPOWERING OLDER ADULTS TO AGE IN COMMUNITY

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This paper presents a summary of longitudinal research examining Village Model programs in the US. Villages are a fairly new, consumer-directed model in which older adult "members" are empowered provide support to each other to reduce unwanted relocations and increase quality of life for community dwelling seniors. Villages are proliferating rapidly in the US, with over 200 operational Villages. Villages are unique in that they are highly consumer driven-- often developed and governed by older adults themselves. In fact over 40% of Village members volunteer for other members. Villages also empower members through self-advocacy education and information and referral. Results of member surveys