

gerontology news

The Gerontological Society of America®

February 2020

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Honor the Past



Key Moment in History

1949: The first Annual Scientific Meeting is held Saturday and Sunday, January 8 and 9, at the Hotel Commodore in New York, New York. Twenty-four papers were presented to approximately 50 attendees, representing the first substantial interdisciplinary gathering of aging experts.

2020 Call for Abstracts Open

March 12 is the deadline to submit abstracts for GSA's 2020 Annual Scientific Meeting, taking place November 4 to 8 in Philadelphia, Pennsylvania. The theme is "Turning 75: Why Age Matters." Visit www.geron.org/abstracts for more details.

JOIN THE CONVERSATION



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New Tool Helps Organizations that Support Family Caregivers

For the first time, healthcare and community service organizations, providers, funders, and policy makers have an easy-to-use, comprehensive resource to learn about and compare many of the top dementia caregiving programs.

Best Practice Caregiving, a new web-based resource at bpc.caregiver.org, provides organizations that serve family caregivers with a tool to easily compare and select evidence-based programs for dementia caregiving. The database serves as a single source of detailed information on more than 40 programs from across the U.S.

Three years in the making, Best Practice Caregiving is a product of the collaboration among three leading organizations in the field of aging and caregiving: Benjamin Rose Institute on Aging; Family Caregiver Alliance; and GSA. The Project funders are The John A. Hartford Foundation, Archstone Foundation,

best practice caregiving

and RRF Foundation for Aging.

Efforts at GSA were led by Visiting Scholar Katie Maslow, MSW, FGSA, who was part of the Project Development Team.

"What's special about Best Practice Caregiving is that each program included in the database has to be both effective, as shown by research, and feasible for implementation outside a research setting, as shown by evidence that it has been used in real-world healthcare and community settings," Maslow said. "This feature of the database addresses an important concern of GSA, other organizations, clinicians, and service providers about 'evidence-based' programs that have not been implemented and may not be deliverable by real-world in healthcare and community organizations."

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Journal Maps Intersection of Im/migration and Aging

The March issue of *The Gerontologist* explores how contemporary trends in immigration, migration, and refugee movement affect how people age and how societies care for aging people.

Under the special issue title "Immigration and Aging," the 16 included papers come from seven countries: Australia, Canada, Germany, the Netherlands, Switzerland, the U.K, and the U.S. Im/migrant groups studied come from across the globe and from within different communities.

"The papers ... address the needs and perspectives of older adults who have experienced im/migration," wrote Suzanne Meeks, PhD, FGSA, the editor-in-chief of *The Gerontologist*, in her opening editorial. "They illustrate the rich variety of communities in which im/migrants live and the cultural and social ties that support and protect the well-

being of older im/migrants despite disruptions inherent in relocating across national borders."

Three U.S. studies focused on Chinese immigrants; two used data from a large sample of Chinese immigrants in Chicago, Illinois, while one studied Chinese immigrants in Hawaii, which has its own cultural distinctness from other U.S. states. Two others focused on im/migrants from Mexico living in California, and a multistate study of Korean-Americans, respectively.

Elsewhere, in the Netherlands, researchers worked with im/migrants from Turkey, Morocco, Surinam, the Antilles, and Indonesia. Authors from the U.K. and Australia studied South Asian im/migrants in their countries. South Asians were also part of a Canadian study, which also included Muslim participants from East and North Africa and the Middle

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From the CEO



AFU Shaping Age Inclusivity in Higher Education

By James Appleby, BSPHarm, MPH • jappleby@geron.org

Is your college or university age-friendly? It's been nearly three years since GSA's Academy for Gerontology in Higher Education (AGHE) endorsed the 10 principles of the Age-Friendly University (AFU) Global Network (see geron.org/afu) and became its champion here in the U.S. And now we're entering a new phase with the creation of a GSA workgroup focused on age inclusivity in higher education.

AFU grew out of efforts started by an international, interdisciplinary team convened at Dublin City University to identify the distinctive contributions institutions of higher education can make in responding to the interests and needs of an aging population.

Since that time, GSA and AGHE have been working to advance AFU's principles nationwide. Most recently, in January, GSA members in North America received a copy of our latest *What's Hot* newsletter, titled "Higher Education and Aging: The Age-Friendly Movement — Building a Case for Age Inclusivity."

Three 2019 GSA-hosted webinars on this topic are available at www.geron.org/webinar, and recent GSA conferences included several AFU-related sessions. We also launched an AFU Interest Group for members last year. And AGHE's journal, *Gerontology & Geriatrics Education*, published an AFU-themed issue in spring 2019. More than 60 institutions are now part of the AFU Global Network.

Following AGHE's adoption of the AFU principles during the tenure of then-AGHE President Nina Silverstein, much of our age-friendly higher education efforts at GSA have been led by Lasell University Professor Joann Montepare, who has been appointed chair of the new workgroup.

I'm grateful to all the members who are contributing their time on this initiative, and who joined us at GSA headquarters in January for the inaugural workgroup meeting. Their efforts are showcasing how individual GSA sections can advance a given topic and develop signature programs of the Society.

This workgroup will be providing insight and input into how GSA can best support its members who are trying to integrate age-inclusive principles into their academic environments. There is increasing attention to the need for more age-diverse campus settings as many institutions of higher learning will be seeing a drop in enrollment in the coming years — due to fewer babies born following the 2008 financial crisis. Some administrators are calling this a "demographic cliff." There is a business case for filling those gaps with older learners, but also increasing evidence on the benefits of age-diverse classrooms in preparing students for age-diverse work settings.

GSA has also been working with other partners on age friendly campus outreach. The aforementioned *What's Hot* was supported by AARP, and we are currently in talks to team up on other related projects. We've also made connections outside the aging arena, most notably with the Association of American Colleges & Universities, with whom we're submitting a joint session proposal for the National Association for College Admission Counseling 2020 Annual Conference.

As researchers, clinicians and educators in the aging arena, GSA members are well-positioned to be local champions of age-inclusive concepts across campuses and disciplines as well as in classrooms. Visit www.geron.org/afu to learn how you can get involved. We can offer guidance on how your institution can go about endorsing the AFU principles. Those who coined the term "demographic cliff" probably have a hard time seeing past the challenge in front of them. But innovative initiatives like AFU highlight opportunity instead, demonstrating that higher education holds the key to a more age-friendly society — and paving the way for a potential "demographic lift."

James

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circulation worldwide: 5,000

Letters to the editor: We will publish letters to the editor in response to issues raised in the newsletter. Please limit letters to no more than 350 words. Letters should include the writer's full name, address, and telephone number. Letters will be accepted or rejected at the sole discretion of the editors and may be edited for clarity or space. Send to: tkluss@geron.org

Gerontology News (ISSN 1083 222X) is published monthly by The Gerontological Society of America, 1220 L Street NW, Suite 901, Washington, DC 20005 and additional mailing offices. Subscription for members of the Society is included in annual dues. Non-member subscription rate is \$50 per year in the US or Canada. Foreign subscriptions are available for an additional \$25 to cover air mail overseas postage and special handling. News items must be submitted by the first of the month prior to publication.

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In Memoriam

James T. Sykes, PhD, FGSA, passed away on December 24, 2019, at age 84. He held a number of positions at the University of Wisconsin at Madison, where he lectured on public policy and long-term care. Sykes also held national leadership positions. He was appointed by President Jimmy Carter to the Federal Council on the Aging; he served as chair of the National Council on Aging; and he was appointed to a congressional commission that made recommendations regarding affordable housing for older adults. In addition to his fellow status within GSA, he was awarded honorary membership in five Latin American gerontological societies. He was also a consultant to national and international organizations. At age 75, he was awarded a Fulbright scholarship to conduct research in Pakistan. Most recently, he received a lifetime achievement award from the American Society on Aging, which he dedicated to future advocates and leaders. Sykes was the father of former GSA SRPP Section Chair Kathy Sykes, MA, FGSA.

New Books by Members

- “Grandparenting: Influences on the Dynamics of Family Relationships,” co-edited by Bert Hayslip Jr, PhD, FGSA, FAGHE, and Christine A. Fruhauf, PhD, FGSA, FAGHE. Published by Springer Publishing Company, 2019.

Members in the News

- Elizabeth Zelinski, PhD, FGSA, was quoted in a Quartz article on November 5 titled “To find the best tech for everyone, look to older adults,” and again on November 19 in an article titled “How the human brain stays young even as we age.”
- Helen Kivnick, PhD, FGSA, Stephen Golant, PhD, FGSA, Graham Rowles, PhD, FGSA, FAGHE, and Anne Wyatt-Brown, PhD, FGSA, Miriam Moss, MA, FGSA, and Sidney Moss, MSW, were quoted in a November 19 Next Avenue article titled “How These Aging Experts Decided Where They’d Live in Later Life.”
- Mariska Van der Horst, PhD, and Sarah Vickerstaff, PhD, FGSA, were quoted in a Forbes article on November 25 titled “Researchers Show How Internalized Age Stereotypes Can Impact Career Decisions.”
- On November 28, Laura Carstensen, PhD, FGSA, authored an opinion piece in *The Washington Post* titled “We need a major redesign of life.”

Colleague Connection

This month’s \$25 amazon.com gift certificate winner:

George L. Sutphin, PhD

The recipient, who became eligible after referring new member **Raul Castro, BS**, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on:

David G. Le Couteur, MD

Click on the Member Spotlight slider image at the top of www.geron.org to read the interview and ask questions.

Camp Receives APA’s Lawton Award

Cameron Camp, PhD, FGSA, was awarded the 2019 M. Powell Lawton Distinguished Contribution Award for Applied Gerontology by the American Psychological Association’s (APA) Division 20. The award recognizes those whose contributions have improved the quality of life of older persons, which include developing or implementing a program, practice, or treatment that has had or will have the great potential to improve the lives of older adults. Camp has been federally and privately funded since 1981, receiving over \$1 million dollars in funding from the National Institutes of Health, Alzheimer’s Association, Retirement Research Foundation, the U.S. Department of Veterans Affairs, and U.S. Health Resources and Services Administration. He has co-authored 19 textbooks, 33 book chapters, and 145 journal articles.

Harris-Love Appointed Associate Dean at University of Colorado

Michael Harris-Love, PT, MPT, DSc, FGSA, is now the associate dean of Physical Therapy Education for the School of Medicine at the University of Colorado Anschutz Medical Campus (CU AMC). He was formerly a laboratory director and associate director of the Human Performance Research Unit at the Washington, DC, VA Medical Center. As associate dean, Harris-Love will lead existing clinical education efforts and help to further develop program residencies, increase interdisciplinary research, and promote community engagement. He will also continue his role as a VA investigator with the Eastern Colorado Geriatric Research Education and Clinical Center.

Senate Hearing Includes Cameron’s Testimony

Kathleen A. Cameron, MPH, the senior director for the National Council on Aging’s Center for Healthy Aging, testified on October 16 at a U.S. Senate Special Committee on Aging hearing titled “Falls Prevention: National, State, and Local Level Solutions to Better Support Seniors.” The hearing focused on the health and economic consequences of falls and explore strategies to prevent and reduce falls-related injuries. Cameron’s testimony included recommendations to establish a coordinated cross-agency federal effort to address falls, to promote early identification of falls risk factors and early intervention, and to improve Medicare policies to prevent falls.

Bern-Klug, Sanders Lead Iowa Program to POM Status

Under the direction of Mercedes Bern-Klug, PhD, MSW, FGSA, and Sara Sanders PhD, MSW, FGSA, the University of Iowa’s Aging and Longevity Studies undergraduate certificate program has achieved Program of Merit (POM) status from GSA’s Academy for Gerontology in Higher Education (AGHE). The POM is a voluntary program of evaluation for AGHE member and nonmember institutions that offer either gerontology programs (degree and non-degree granting) and/or health professions programs whose curricula integrates gerontology/geriatrics content. The POM designation gives gerontology and health professions programs an AGHE “stamp of excellence” that they can use to verify program quality, lobby within their institutions for additional resources to maintain program quality, market the program, and recruit prospective students.

Don't Let DC's Chaos Stop Your Advocacy

We are nearing our annual observance President's Day — but between the impeachment and Senate trial, the debates and campaigning, and a commander-in-chief who is always in the news, it sometimes seems that every day is President's Day in one way or another.

In this partisan and chaotic climate, let us not be lulled into a sense of despair that nothing policy-wise will happen this election year. We must remain vigilant in our education and advocacy. Why? Look no further than the fact that both Congress and the president continue to move forward with their agendas.

The same day that the House announced articles of impeachment, they also announced the U.S. trade agreement with Mexico and Canada, and days later, a 1,773-page package of funding, tax extenders, retirement enhancements, and much more became law.

While the president's lawyers were making his case to the Senate, the president himself was announcing a two-state peace plan for the Israeli-Palestinian conflict, and a bipartisan, bicameral agreement on the Older Americans Act reauthorization was completed.

Public policy work goes on, in part because it is an election year. On the other hand, many pundits are saying that we'll be lucky just to get appropriations done this year, but I'd rather be active and at the very least laying the foundation for next year. Warning: February also includes Groundhog Day, so you may have heard some of this advocacy advice from me before.

Why We Need to Educate and Advocate

Advocacy is defined as the desire “to influence public policy and resource allocation decisions within political, economic, and social systems and institutions; it may be motivated from moral, ethical or faith principles or simply to protect an asset of interest.” A key element of the definition is resource allocation. We must publicly speak out to inform the critical decisions regarding improvements to programs for older adults, funding for geriatric education, and resources for the National Institute on Aging, for example.

This should be personal for all of us. If we don't work toward improving and protecting programs that benefit older adults, we may face cutbacks, our work could be in jeopardy, and older adults will pay the price in terms of lost research, diminished or cancelled programs, and lost opportunities.

We need to be prepared, preemptive, and persistent in our work to educate policy makers about the importance of our work and the needs of older adults.

In this case, *prepared* involves finding out who your representative and senators are, knowing when they will be in their district office, learning what legislation they are pushing, and how they tend to vote on issues important to

you. *Preemptive* means developing relationships with members of Congress and congressional staff before the vote on the bill about which you are concerned. It means promoting yourself as a resource and expert so that you will be used for issue analyses or invited to testify before a congressional committee, thereby educating and influencing many members, staffers, and journalists in one fell swoop. There's no substitute for persistence. Persistence in the face of brusque schedulers, harried legislative aides, broken appointments, and changed venues will enable you to reach your goal of connecting with your member and creating that important relationship.

As GSA members, we are well-qualified for the role of educators and advocates. We know how to use data and research and even anecdotes to make effective cases for policies and programs. We bring truth to a national discussion about transitions across the aging continuum. Your truth helps shape policy directions. Some of us already have relationships with members of Congress or their staff. Many more of us need to develop those links. Some of us will need to make our case at the state and local levels, too. Congress needs to learn how program changes will help or hurt the families who live in their districts and states.

What kinds of advocacy are we talking about? Examples include testifying at hearings, writing letters, making phone calls, meeting legislators, spreading the word to community leaders, and coordinating with and participating in coalitions.

Visiting Your Elected Representative in the Home Office

Connecting with your representative or senators in the district or home office is a great way to start or build upon the relationship. Many congressional staffers look to the district office for opinions, information on constituents' problems, ideas for legislation, and local experts and resources that they can use to answer questions on regional or national issues. If a congressional hearing is being organized on a health, aging, or a program or research topic that is in your field, you want that congressional committee aide to call you to testify. So, make sure that the key staff at home and in DC know about your expertise.

Most congressional websites offer links to make meeting requests more easily. Never underestimate, however, the value of the old-fashioned telephone call, especially after you have initiated contact by e-mail. Because of the busy and hectic schedule of members and their offices, it's easy for requests to be put on the back burner. This is where persistence comes in, along with the proverbial squeaky wheel.

During an election year, members are back home in their districts more often. Attending policy forums or town hall meetings may

get you on their radar, as well. Use the recess calendars below to determine when you want to schedule a meeting. Note that the Senate and House have some different dates.

House of Representatives 2020 District Work Period Schedule	Senate 2020 State Work Period Schedule
February 14 to 24	February 17 to 21
March 12 to 22	March 16 to 20
April 4 to 9	April 6 to 17
May 1 to 11	May 25 to 29
May 22 to 31	July 3 to 17
June 27 to July 6	August 10 to September 7
July 11 to 20	September 28 to 29
August 1 to September 7	October 12 to November 6
October 3 to November 13	November 23 to 27
November 21 to November 30	December 21 to 31

Be preemptive by calling now to set up your meeting with your member of Congress or district office staff. Prepare for the meeting by honing your message to a few points, such as what your research is about, what kinds of results you are achieving, and how your elected representative can serve the needs and interests of your clients and/or your profession. Refer to GSA's Reframing Aging Initiative information to be sure you are using the most effective language in your communications (www.reframingaging.org). Offer to supply the office with information, background materials, and support in other ways. Invite the representative or senator to tour your university, lab, or place of business. Ask the member to present an award on behalf of your department or organization to a notable volunteer or employee. Elected representatives love to be favorably featured in print!

Election Year Advocacy

Although the presidential election gets much of our attention, all the House seats and one third of the Senate seats are up for grabs this year as well. Election years are unique for a number of reasons that help make my case for getting involved. The first step is to determine whom you will contact. It could be an incumbent, a challenger, or both, or it could be an open seat where you could attempt to work with either or both sides to push your issue. Whatever the situation, don't lose track of the current legislators and their ongoing work in Congress, even if you decide to educate and support someone else. Candidates know you may have the choice to support someone who is better aligned with your ideas, so they often make promises to support or oppose certain policies. Further, candidates are looking for good ideas, fresh ideas, to make them appear forward thinking and cutting edge. Also, they need answers for hundreds of questions on how they will govern, so your knowledge and input may be well received. One step further into the political process would be to engage in volunteer support or raising money for your member of Congress or someone else running for the seat(s). I won't get into this very deeply, but there

are obvious benefits and risks to choosing sides in a more public way and you'll have to decide if that fits well with your current job, philosophy, and resources.

Conclusion

Let me conclude by saying that it's not too early to start thinking about next year's advocacy. As opportunities fade in 2020, consider how you might build support for a new bill or program with new members of Congress and a new (or the same) administration. For example, would it be helpful to prepare a memo on your issues to submit to your senator or a presidential transition team.

There are rules prohibiting 501(c)(3) public charities from supporting candidates, but generally I have been writing here about individual involvement, not organizational involvement. Organizations are allowed to conduct various educational and nonpartisan election-related activities. Few of us are restricted by our employers from doing education and advocacy, especially on our own time, but make sure you are not restricted.

Finally, most of what I have suggested is nonpartisan. An election year offers us a great opportunity to secure support for what we want from Republicans, Democrats, Independents, and others running for public office.

Recent GSA Policy Actions

GSA Vice President of Professional Affairs Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, was elected vice chair of the Friends of National Institute on Aging (FoNIA). She served the last two years as secretary. The FoNIA is a broad coalition of organizations committed to the advancement of health sciences research that could affect millions of older Americans. FoNIA supports the research and training missions of the NIA, and serves as a bridge between the NIA and supportive organizations and groups. Its goal is to promote and advocate for the NIA and its initiatives as public policies in health and research take shape.

GSA signed on to a letter organized by the Leadership Council of Aging Organizations (LCAO) commenting on a notice of proposed rulemaking to repromulgate or revise certain regulatory provisions of the Department of Health and Human Services' Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. LCAO opposes this proposed rule and urges the HHS to withdraw it as well as the accompanying notice of nonenforcement. As a threshold matter, LCAO believes that all older people, including older adults at the greatest economic, social, and medical risk, should have access to the services and supports that they need to remain independent — regardless of their gender identity, sexual orientation, sex, or religion. Implementation of this proposed rule would exacerbate the challenges this population faces and reverse the progress our society has made towards equity.

acknowledgment of support

GSA is deeply indebted to the following agencies, corporations, foundations, and individuals for their contributions to the Society and its activities during 2019.

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Doris Schwartz Gerontological Nursing Award Endowment Fund (including contributions made through the Fun Walk/Run at the Annual Scientific Meeting)

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Reframing Aging Initiative

Archstone Foundation
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RRF Foundation for Aging
The SCAN Foundation
New Hampshire Endowment for Health
NextFifty Initiative
Rose Community Foundation

GSA Journal Issues

AARP
Centers for Disease Control and Prevention

"Longevity Fitness: Financial and Health Dimensions Across the Life Course" Report

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"Higher Education and Aging: The Age-Friendly Movement — Building a Case for Age Inclusivity" What's Hot

AARP

GSA Webinars

RRF Foundation for Aging
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Ageism First Aid

Initially funded by a grant from RRF Foundation for Aging

Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology

The Margret M. and Paul B. Baltes Foundation

Maxwell A. Pollack Award for Productive Aging

The New York Community Trust through a generous gift from the Maxwell A. Pollack Fund

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The Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life

Minority Issues in Gerontology Committee Outstanding Mentorship Award

Anonymous donor

Hiram J. Friedsam Mentorship Award

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Douglas Holmes Emerging Scholar Paper Award

RESQCARE Interest Group

new resources

CAPC Provides Overview of Nation's Palliative Care Programs

The Center to Advance Palliative Care (CAPC) has released a report, "Mapping Community Palliative Care: A Snapshot," which provides the first scan of community palliative care programs in the U.S. CAPC began a three-year project in 2016 to identify community palliative care programs nationwide using a multipronged approach that included outreach to hospitals, hospices, home health agencies,

long-term care facilities, physician groups, and other health care organizations. These organizations were invited to complete a short online survey about their community palliative care. The resulting data, although likely to be an underrepresentation, offer insights as to what types of organizations are developing community palliative care capacity, what settings of care are being served, and the ages of patients being cared for.

funding opportunities

Federal Funds Will Support Research on Emotional Well-Being

Several agencies within the National Institutes of Health are inviting grant applications that focus on developing resources by refining and testing key concepts that will advance and further support the study of emotional well-being. This infrastructure grant mechanism will facilitate research networks through meetings, conferences, small-scale pilot research, multidisciplinary cross training, and information dissemination to foster the growth and development of research in the following priority areas: ontology and measurement of emotional

well-being; mechanistic research on the role of emotional well-being in health; biomarkers of emotional well-being prevention research (mechanism-focused intervention development in target populations); technology and outcome measure development for mechanistic studies; and development and validation of well-being measures. Applications must propose new, high-impact activities to advance at least one (minimum) and up to three (maximum) of these high-priority research areas. Letters of intent are due March 22. Further details can be read at bit.ly/2YZ4oU6.

Continued from page 1 – New Tool Helps Organizations that Support Family Caregivers

The Project Development Team and Advisory Committee for Best Practice Caregiving included several other GSA members, and a number were the main developers of many of the programs used in the resource itself.

"This database makes finding high-quality support programs for family caregivers easier and more efficient," said Kathleen Kelly, executive director of Family Caregiver Alliance. "It's a way for health and service providers to compare a range of evidence-based programs, determine the best fit for clients and patients, and learn what training is needed to offer these programs in any community."

Best Practice Caregiving is a free, searchable web-based tool that includes information on each program's evidence base, implementation requirements, as well as information about the implementation experiences of organizations that have delivered the programs. It enables organizations to evaluate which programs best complement their existing services, align with their current available resources and funding opportunities, and meet the needs of family caregivers they serve.

"There is an increasing demand for support, information and training programs for dealing with dementia," said David M. Bass, PhD, FGSA, senior vice president at Benjamin Rose Institute on Aging. "By providing this tool to the local organizations that directly serve family and friend caregivers and people living with dementia,

we hope to expand the availability of proven best practices to many more families across the country."

Approximately 16 million Americans care for loved ones with Alzheimer's disease, stroke and other conditions that cause dementia. This number is growing each year, as the number of people with dementia steadily increases and may triple by 2050.

"We have proven programs that can help families living with the devastating impact of dementia, but they need to be embedded in the practice of organizations that serve family caregivers," said Terry Fulmer, PhD, RN, FAAN, FGSA, president of The John A. Hartford Foundation. "Best Practice Caregiving provides an easy way for organizations to find the vetted, evidence-based dementia caregiving programs that will work best for the people they serve."

Dementia caregivers are twice as likely as other caregivers to report adverse effects of caregiving on their physical and emotional health, financial situation, and personal relationships. Studies show that well designed support programs for caregivers and individuals with dementia can increase skill levels, coping strategies and well-being.

"This resource was compiled by leading experts on caring for persons with dementia," said Nancy R. Zweibel, PhD, FGSA, senior program officer at RRF Foundation for Aging. "Service organizations will not only learn about many effective programs but will also get a leg up on implementing one or more of them given the detailed information Best Practice Caregiving incorporates."

New Year, New You: Setting Writing Goals for 2020

By Jacquelyn Minahan, MA

The dawning of a new year marks the annual setting of resolutions. In the weeks following January 1, goals are considered and set for the coming year. While you're pondering your future accomplishments, take time to consider setting writing goals for 2020. Outlining what you hope to achieve in the coming year can help offset the numerous responsibilities that befall graduate students and early career professionals.

When setting goals, we want to make sure they are SMART: Specific, Measurable, Achievable, Relevant, and Time-bound. Being mindful and intentional about your writing goals increases the likelihood you will accomplish your goals. The below information will help make sure that you are setting yourself up for success and able to achieve your goals in the coming year.

Specific: Setting specific writing goals helps you clearly identify what it is you are working on and towards. When goals are too vague, they can feel overwhelming or unattainable. Be as clear and concise as you can when setting your writing goals — e.g., writing for an hour a day, or reaching a word or page count each writing session. Identify your overarching objective, and then break it down into smaller, specific mini-goals.

Measurable: Identify how you are going to measure your progress or how you know you have reached your goal. Knowing how to measure your progress helps to better identify whether your goal is attainable or needs to be redefined. Common ways to measure your writing goals are to set time or page limits, as these are easily tracked.

Achievable: Make sure your goal is realistic! If you are hoping to write for four hours a day, but are still completing coursework, raising a family, and completing an internship, chances are your goal is unattainable. Setting unrealistic or unachievable goals is the easiest way to become discouraged and give up. Continually re-evaluate whether your goals remain attainable and feel comfortable adjusting them as time goes on to ensure success.

Relevant: Goals should be related to the direction in which you see your career and life moving. Writing goals should add to your research program and be relevant to your career trajectory. Make sure your writing goals are adding to, rather than distracting from, your overall plan.

Time-bound: Your writing goals should be specific enough that you can identify the amount of time it will take to achieve them. Figure out the overall time needed to meet your larger objective and break it down into smaller, attainable time frames that fit into your schedule. If your objective is to complete a section of a manuscript in a month, consider writing for 30 minutes a day; both are time-bound goals, with one contributing to the other.

Remember: being flexible with your goals is important. Life happens and learning how to adjust contributes to success. Good luck, and keep your goals SMART! Questions and comments can be directed to the author at jminahan@ku.edu.

Continued from page 1 – Journal Maps Intersection of Im/migration and Aging

East. The papers also included studies of European migrants from Italy, Spain, and Portugal to Switzerland, and, within Germany, historical "migrants" from East Germany to contemporary, unified Germany.

"Trends in migration, immigration, and refugee movement and resettlement are dramatically changing cultural, ethnic, and age dynamics across the globe," Meeks stated.

She also highlighted common themes woven through the papers in the special issue.

"Strongest of these was the importance of social ties for promoting health and well-being, social ties that come from family and from living in cohesive neighborhoods or ethnically homogeneous communities," Meeks said. "Filial obligation was a common value across many cultures of origin, and while this

obligation may lead to dedicated family caregivers, it also creates barriers to seeking and receiving formal care."

She added that "lack of culturally accessible services, and language barriers were common impediments to receiving care. Discrimination arose as a barrier to care from the perspective of care recipients, and also from the perspective of care providers who also are im/migrants."

Meeks also said the articles suggest that addressing cultural competence in care delivery, and respecting and bolstering community and family ties are important for supporting diverse im/migrant communities.

"As our global population ever moves and shifts, there is a need to move from seeing im/migration history as deficit or risk to recognizing ways in which cultural factors contribute to individual and community resilience," she wrote.

letter to the editor

The following letter was received in response to "Is Targeting Aging the Future of Medicine? Researchers Make the Case," an article that appeared on the cover of the January 2020 issue of Gerontology News, accessible at bit.ly/3a6mhW5.

To the editor,

In the article "Is Targeting Aging the Future of Medicine?" it states that "Twenty-first century medicine should adopt the strategy of directly targeting the molecular mechanisms that cause biological aging." This strategy was first adopted almost a century earlier but it has been virtually ignored by every organization with "Aging" in its' title (1-3). Instead, the main focus of bio-gerontology research has been on age-associated diseases, descriptive studies or the determinants of longevity. The latter is an anabolic process and addresses the question, "Why do life forms live as long as they do?"

Aging is a catabolic process that addresses the question, "Why do longevity systems eventually fail?"

The resolution of one, or even all, age-associated diseases will not advance our understanding of the etiology of aging. The article further states that the "emerging field of geroscience ... seeks to define the biological mechanisms that underlie the diseases of aging. ..." This "emergence," known as "bio-gerontology" for more than one hundred years, has no demonstrable need to require a synonym (1-3, 4).

After surveying dozens of laboratories worldwide in 1951, Nathan Shock found "that relatively few are planning to pursue fundamental studies on the aging process" (5).

In the following seventy years my efforts and those of others to persuade the leadership of the NIA and AFAR to commit resources to research on the etiology of aging have been met with silence.

A 1903 statement attributed to Metchnikoff is: "Old age is not a disease and cannot be cured. ..." (4). I have supported it with these observations: Unlike any disease, age changes: (a) occur in every multicellular animal that reaches a fixed size at reproductive maturity; (b) cross virtually all species barriers; (c) occur in all members of a species only after the age of reproductive maturation; (d) occur in all animals removed from the wild and protected by humans even when that species probably has not experienced aging for millennia; (e) occur in virtually all animate and inanimate matter; and (f) have the same universal molecular etiology, that is, thermodynamic instability. Unlike aging, there is no disease or pathology that shares these six qualities (6).

The irony of these observations is that the mantra believed by most geriatricians and bio-gerontologists, is that: "The greatest risk factor for any age-associated disease is aging." It does not take a great leap of intellect to conclude: "Why has research on the etiology of aging been virtually ignored?"

References

- (1) Cowdry, E.V. "Problems of Ageing", Baltimore; Williams and Wilkins Co. 1942, 936 pp.
- (2) Strehler, B.L. "Time, Cells and Aging", Academic Press, Inc. 1962.
- (3) Comfort, A. "The Biology of Senescence", 3rd Edition, 1979, Elsevier North Holland, Inc. 52 Vanderbilt Ave., New York, 10017.
- (4) Metchnikoff, E. "The Nature of Man, Studies in Optimistic Philosophy", trans. by P.C. Mitchell, New York, 1903.
- (5) Shock, N. W. "Trends in Gerontology, Stanford University Press, Stanford, CA 1951.
- (6) Hayflick, L. "Biological Aging Is No Longer an Unsolved Problem", Ann. N.Y. Acad. Sci. 1100: 1-13 (2007).

Leonard Hayflick, PhD
University of California, San Francisco
Founding Member of the Council of the NIA
Past President of the GSA



RAND is pleased to announce the 27th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 6-9, 2020.

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 6-7) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 8-9). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2020 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our web site: <https://www.rand.org/well-being/social-and-behavioral-policy/centers/aging/rsi.html>.

For additional information, please contact
Cary Greif (cary_greif@rand.org).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity Employer Minorities/Females/Vets/Disabled

Study Looks at How Married Couples Face Chronic Conditions

A new study suggests that as married couples age and develop chronic conditions, the daily demands of coping with their own health demands and those of their spouse may take a mental toll. Depression symptoms increased over time among married men and women who themselves had two or more chronic conditions that need different types of self-care — such as a special diet and medications for heart disease or diabetes along with pain-reducing therapy for arthritis.

When husbands and wives both had chronic health conditions, and needed different kinds of self-care from their partners, husbands fared worse. Their depression symptoms were significantly higher, but this effect was not found for wives.

The new findings, made by a team from the University of Michigan using data from a long-term study of more than 1,110 older opposite-sex married couples from 2006 to 2014, are published in *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*.

While less than 10 percent of the women and less than seven percent of the men in the study had levels of depression symptoms serious enough to suggest a need for treatment, lower-level depression is important for older people, clinicians, caregivers and adult children to understand, said Courtney Polenick, PhD, who led the study. In both husbands and wives, the rise of depressive symptoms didn't begin until a few years after the first assessment of their health and well-being.

“Our results suggest that there's a window where, if one or both of you are managing complex conditions that don't have similar self-management goals, it may be possible to intervene and prevent the development or worsening of depression,” said Polenick, who is part of the University of Michigan Department of Psychiatry and Institute for Social Research. “This might be the time for couples, and those who care for them, to emphasize broadly beneficial lifestyle behaviors that help to maintain both mental and physical health.”

Polenick and her colleagues from the university's Institute for Healthcare Policy and Innovation looked at data from the Health and Retirement Study, which repeatedly interviews and surveys thousands of American adults in their 50s and beyond over time.

They focused on conditions that have similar treatment goals focused on reducing cardiovascular risk (such as diabetes, heart disease, hypertension and stroke) and those with treatment goals and needs that are different from each of the other conditions (such as cancer, arthritis and lung disease).

When one person in the couple had at least one condition with different treatment goals and needs, they're considered to have “discordant” conditions.

“Research has focused on how individuals with multiple conditions, also called multimorbidity, manage their chronic

health needs,” said Polenick. “But most people in later life are partnered, with similar health-related habits, and we need to understand how changing health affects the couple dynamic.”

The fact that both wives and husbands experienced significant increases in depressive symptoms as the years passed, when they were coping with discordant conditions in themselves, is by itself important to understand, Polenick noted. But the fact that wives whose husbands' health needs differed from their own didn't experience an even greater rise in depression is a bit surprising, she added.

Meanwhile, husbands whose conditions had self-care needs that were different from their wives' conditions did experience an additional rise in depression symptoms.

In addition to Polenick, the study team included Kira Birditt, PhD, FGSA, Angela Turkelson, MS, and Benjamin Bugajski of the University of Michigan, and Helen Kales, MD, of the University of California, Davis.

The study was funded by the National Institute on Aging of the National Institutes of Health, as is the Health and Retirement Study.



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Monday, May 18, 2019 | 1pm-2pm EST:

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The Role of Mechanism Discovery and Targeting in the NIH Stage Model

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Presenter: Predrag Klasnja, PhD, University of Michigan
TBD

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Please visit our website at www.tripll.org for more information or contact Jacquie Howard at jah3011@med.cornell.edu

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The Gerontological Society of America®
1220 L Street NW, Suite 901
Washington, DC 20005-4018

Nonprofit Org.
US Postage
PAID
Permit No. 2333
Merrifield, VA

February 2020
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