Older Adults Benefit from Balanced Pain Management, Report Says

The latest entry in GSA’s From Publication to Practice series, titled “Addressing the Society Burden of Opioid Misuse: Focus on a Balanced Approach to Older Adults with Chronic Pain,” aims to ensure that researchers, practitioners, educators, and policy makers are aware of issues that affect the safe use of opioids in older adults.

Chronic pain is common in older adults, who have a greater prevalence of degenerative, oncologic, and neuropathic pain conditions. According to the new publication, it is estimated the prevalence of pain complaints is twice as high in those older than 60 years of age compared with younger adults. Further, it reports that managing chronic pain, which affects one-third of adults in the U.S, is challenging and often not optimally treated and addressed. And although older adults are at lower risk for abusing opioids, they are more likely to experience medication side effects, such as falls and fractures, due to age-related changes in pharmacokinetics and multiple other conditions that affect responses to medications.

“Addressing the Society Burden of Opioid Misuse: Focus on a Balanced Approach to Older Adults with Chronic Pain” can be found at www.geron.org/membership/abstracts.

IAGG 2017 Abstracts Welcomed; Keynote Sessions Named

The International Association of Gerontology and Geriatrics (IAGG) has begun accepting abstracts for its 21st World Congress of Gerontology and Geriatrics, which GSA will host from July 23 to 27, 2017, in San Francisco, California.

Abstract submissions will be due July 15, 2016; abstract notifications and meeting registration will be available December 15. The World Congress is only held in the U.S. once every 32 years. GSA was selected by IAGG to host the 2017 event following a competitive bid process in 2009. As a result, GSA will not convene its own Annual Scientific Meeting in November 2017.

The World Congress Call for Abstracts is available at www.iagg2017.org.

“Nearly all nations are confronting the challenges and opportunities presented by an aging society — resulting in an increased need for global dialog, cooperation, and problem solving,” said former GSA President John W. Rowe, MD, who is also the IAGG president-elect. “The value of sharing your research at this World Congress can’t be overstated.”

As one of the most highly acclaimed meetings in its field, the World Congress offers...
From the Executive Director

Collaboration Brings Progress on Many Fronts

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

April is a big month for collaboration at GSA. We have teamed up with some of the biggest names in aging — both organizations and individuals — to advance the field of gerontology.

First up is Careers in Aging Week from April 3 to 9. This is something GSA sponsors every year with its educational unit, the Association for Gerontology in Higher Education (AGHE). Dozens of universities and colleges participate nationwide by hosting events at their schools or in their communities. Through an application review process, GSA and AGHE also provide small awards to some of these institutions to support their activities, which may include guest speakers, career fairs, poster sessions, video presentations, panel discussions, and receptions. In an upcoming issue of Gerontology News, we will showcase the Careers in Aging Week participants and share some highlights from our social media campaign.

Next on the collaboration calendar is the “Disease Drivers of Aging: 2016 Advances in Geroscience Summit,” which GSA is co-hosting with the National Institutes of Health’s Trans-NIH Geroscience Interest Group (GSIG), the American Federation for Aging Research (AFAR), and the New York Academy of Science. It is being held in New York City on April 12 and 13.

Geroscience — a field that looks at the relationship between aging and disease — has been a topic of interest ever since we co-sponsored the first GSIG summit in late 2013, and it is an area of focus for many of our members. The field of aging research is at an inflection point with promising innovation in aging. Thank you for making GSA such a dynamic part of the gerontological ecosystem.

And now we get to perhaps the biggest collaboration of them all, convening the 2017 World Congress of Gerontology and Geriatrics. GSA is hosting this major event next July 23 to 27 on behalf of the International Association of Gerontology and Geriatrics. We are honored that AFAR, AGHE, the American Aging Association, the American Society on Aging, and the National Council on Aging are serving as co-hosts for this global event that only comes to the U.S. once every 32 years.

So I’ve mentioned the big-name organizations GSA is collaborating with, but who are the big-name individuals? The answer is you, GSA’s members. As of April 1, we are now accepting abstract submissions for the World Congress. We are hosting this meeting in place of a GSA Annual Scientific meeting in 2017, so this is going to be the premiere venue for gerontologists from around the world to present their research next year. We’re expecting upwards of 6,000 people from at least 80 countries. Think of the networking opportunities! Visit www.iagg2017.org to learn more. Your science will fuel the World Congress program, making you the most important collaborator of all.

GSA regularly plays the role of collaborator, connector, convener, and communicator. Our Society’s multidisciplinary membership, studying all facets of aging across the life course, enables GSA to work with a broad range of stakeholders to advance innovation in aging. Thank you for making GSA such a dynamic part of the gerontological ecosystem.
In Memoriam

GSA Fellow Edmund A. Sherman, Jr. passed away January 8 at age 88. He was a professor emeritus at the State University of New York at Albany, where he taught graduate courses in aging, human development, social work practice, and research for 22 years in the School of Social Welfare before retiring in 1995. He was also a faculty research associate in the university’s Institute of Gerontology during this time. He was a U.S. Navy veteran and worked professionally in child welfare, family service, psychiatric, and gerontological settings. He later obtained a PhD in social research and began teaching at the Graduate School of Social Work and Social Research of Bryn Mawr College in Pennsylvania. Sherman then taught at the Hunter College School of Social Work, City University of New York, and was also a senior research associate at the Child Welfare League in New York City. During his university teaching and research career he continued to engage in clinical practice in settings such as Jewish Family Services and the Albany Center for Psychotherapy. He later maintained a small private practice of counseling and psychotherapy after his retirement. He authored or co-authored twelve books, plus numerous articles, book chapters, and book reviews on practice and research in social work and aging.

New Books by Members

• “Alzheimer’s Disease: Life Course Perspectives on Risk Reduction,” by Amy R. Borenstein, PhD, and GSA Fellow James A. Mortimer, PhD. Published by Elsevier Academic Press, 2016.

Members in the News

• The New York Times quoted former GSA President Terry Fulmer, PhD, and Joann Lynn, MA, MD, MS, in an article published on January 25. The piece, titled “As Population Ages, Where Are the Geriatricians?” looked at the geriatrician shortage in the U.S.
• GSA Fellow Karl Pillemer, PhD, was featured in a today.com article on February 12. The piece, titled “How to Find Lifetime Love: 10 Secrets from Couples Married for Decades,” discussed his team’s research on love and lasting relationships.

Colleague Connection

This month’s $25 amazon.com gift certificate winner:
Sarah Kagan, PhD
The recipient, who became eligible after referring new member Sharon Rose, 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:
Kevin E. Hansen, PhD, JD, LLM
Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Cutler Receives International Award for Research

Former GSA President Stephen J. Cutler, PhD, and his Romanian colleague from the University of Bucharest, Corina Brăgaru, have received an Award for Research Results from the Romanian Executive Agency for Higher Education, Research, Development, and Innovation Funding. This honor was bestowed for their co-authored article “Long-Term and Short-Term Predictors of Worries About Getting Alzheimer’s Disease,” which appeared in the European Journal of Ageing. The study used up to ten measurements of self-perceived cognitive functioning collected from 1992 to 2010 for respondents 50 years of age and older at the time of their entrance into the University of Michigan’s Health and Retirement Study. The analysis showed evidence that worries about getting Alzheimer’s disease were due both to short-term effects of depression, age, beliefs about the role of genetics, and the interaction of beliefs and personal knowledge of someone with Alzheimer’s, as well as to long-term effects of self-assessment of cognitive functioning. Cutler is a professor of sociology, emeritus, at the University of Vermont.
Election Year Offers Unique Advocacy Opportunities

If this year’s presidential election has not gotten your attention then nothing will. Those of you in academia and those of us who call ourselves policy wonks are much perplexed by what we are seeing. It has my attention so much that I have even returned to watching Saturday Night Live for the impressions, the parodies, and the candidates themselves. At first I had only to watch the live debates to get my entertainment, but now they have lost their luster.

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. Truth be told, many of the seats will not change hands because they are “safe seats” that have been gerrymandered (with the district shapes resembling snakes or Rorschach test cards) to preserve the electoral status quo. Some seats are safe because their longtime lawmakers have perfected the arts of fundraising and keeping constituents happy. But there is more to this election year than high reelection rates, humor, and dread, as I outline below.

There are dozens of issues in the field of gerontology that may be influenced by the outcome of this election including biomedical research, funding for services for older adults (meals, transportation, ombudsmen, senior centers), support for paid and family caregivers, Geriatric Workforce Enhancement Program Awards, elder abuse prevention, advanced illness and hospice, and the future of Social Security, Medicaid, and Medicare.

Elections often determine whether my job is defense or offense. At a partisan time like this, having a Democrat in the White House and the Senate and House led by Republican majorities, a shift in control could have significant ramifications for programs we support.

That being said, this article is really less about getting out the vote and more about using election years to move forward with our agendas. Part of my role as a public policy advisor and lobbyist is to convince people that they should educate and advocate because it will make a difference in the lives of older people and individuals with special needs. Election years are often written off because the word on K Street is that few if any major bills will make it through the legislative process during an election year, particularly a presidential election year. While this may be true to a large degree, I am here to say there are many opportunities for us to use this year for educational and advocacy purposes, and maybe some of us will get lucky and have legislative or regulatory success too.

The Leadership Council of Aging Organizations (LCAO) recently chose to take advantage of the election year by holding a candidate policy forum called Seniors Decide to provide a fair and unbiased platform for sharing the views of presidential candidates on policies and programs affecting older Americans. All candidates were invited to participate. GSA is a member of the LCAO; therefore, President Nancy Morrow-Howell, Executive Director and CEO James Appleby, Senior Director of Professional Affairs Patricia D’Antonio, and I all attended the event.

Senator Bernie Sanders (D-VT) skyped in from the campaign trail. Former U.S. Representative Tom Davis (R-VA) spoke on behalf of Ohio Governor John Kasich. Two pollsters representing the Republican and Democratic viewpoints made presentations and revealed how the various demographic groups are polling this year and what the predominant issues are. In addition to the more than 150 people who attended the event, there were watch parties that took place across the country. Go to seniorsdecide.org to see the video.

We don’t have to plan something as large as the LCAO’s candidate forum to take advantage of this campaign season and the accessibility of the candidates, who actually want something from us too (our support, votes, and money). Hopefully, you have already taken on the role of education and advocacy with your elected officials in the past, so this year will serve to continue and expand ongoing efforts. Certainly don’t stop, because building the relationships is key, regardless of the year. And now is a great time to begin to do the outreach necessary to create new relationships.

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.

Election years are unique for a number of reasons that help make my case for getting involved. 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.

In addition to simply communicating with congressional staff or the member of Congress, there are other campaign year opportunities for involvement. Campaigns often hold additional
town hall meetings, debates, and other forums where one can pose questions and make suggestions.

Election years can be used as building and planning periods for your issue and organizations as well. It is a good time to take stock in what you have been doing in the policy arena and whether your policy priorities are still relevant and have good potential. Now is a good time to think through a strategic plan for the change that you want.

With a new Congress and president, what might you need to change either in substance or approach? Would certain issues be more feasible now or less? Are there additional partners or coalition building that you need? Are there different members that should be targeted next year? Have you used the media effectively? Which relationships need some additional work?

Congressional staff, reflecting the demands of their bosses, like to begin a new session of Congress with more than the same old bills that didn’t pass the previous Congress. It is their job to be creative and forward thinking. Who better than you to help identify issues and problems in the district or state or best practices that would make sense at the national level? Staff know that helping constituents helps the member. Off-years can be used for requests to the Government Accountability Office, the Centers for Medicare and Medicaid Services, and other entities. The results of that work could be ready for the next Congress and used in a hearing, press event, or for introduction of legislation based on the new findings.

As you think through a plan for the next Congress, consider where your interests intersect with the members’ or candidates’ interests and committee assignments. Don’t be misled by stereotypes about what one party or the other might support. I think that it is safe to say that although Republicans are often perceived as not supporting health care reforms, many would prefer offering solutions to voting once again to repeal Obamacare. The phrase “repeal and replace” reminds us of this. In other words, figure out how to work with who ends up getting elected. Many aging and health care issues are bipartisan in nature. Constituents as well as the members of Congress themselves deal with caregiver issues on a daily basis. Alzheimer’s and Parkinson’s diseases, elder abuse, and advance care planning concerns are important regardless of one’s party affiliation. Saving health care dollars is also bipartisan, as are any changes that improve efficiency and effectiveness.

We as a nation are pretty evenly divided and Congress will continue to reflect those perspectives for the foreseeable future. Our job is to educate legislators so that they see the need but also see places where they can fit into the issues and make a difference. We need to provide credible information and work to become a valued resource. We should be clear about what we are requesting and hold them accountable for their positions and votes.

During an election year, members are back home in their districts more often and you will have various opportunities to interact with them. Requesting a meeting or attending policy forums or town hall meetings may get you on their radar. Of course, sometimes it is essential to speak with the aging or health policy staffer, and they are more typically in DC. Sometimes there are staff in district or state offices who specialize in supporting federal grant requests, but either state or DC offices will know where to direct you for a letter of support for a grant proposal.

It can be very effective if you are able to use the district staff and a visit to the district or state by the member to show them a specific problem or successful program in person. It can also be beneficial to the senator of member of the House to be seen as supporting, visiting, or examining programs back home.

Let me conclude with a few ideas on what you can work on for next year (or this year if you think the timing is right): A plan for bill introduction next year, getting support for an idea from the new administration, getting a job in the new administration, preparing a memo on your issues to submit to the presidential transition team. Draft letters of support for various issues brought up in the campaign or ask them to address issues at forums. Form a task force or focus an organization’s public policy committee on selecting issues, developing a strategy, and draft white papers and talking points, identify key players, and build a coalition.

For reminders on the basics of contacting members of Congress and how to successfully prepare for and conduct Hill meetings, go to the Policy Center under Programs and Services on the GSA website at www.geron.org.

If you are concerned about the rules/laws that govern participation in election year politics, you may want to check out Bolder Advocacy’s Election Checklist. 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.
Mobile App Provides Elder Abuse Resources

To assist California law enforcement personnel in dealing with the problem of abuse and/or neglect, the University of California, Irvine's Center of Excellence on Elder Abuse & Neglect has partnered with the Bay Area's nonprofit Institute on Aging to develop a mobile app called 368+ Elder & Dependent Adult Abuse Guide for CA Law Enforcement. “We want to provide law enforcement agencies and emergency first responders with a ‘cheat sheet’ about the signs of elder abuse and neglect, the penal code and other resources,” said GSA member Laura Mosqueda, MD, chair of UC Irvine's Department of Family Medicine and director of the university's geriatrics program and Center of Excellence on Elder Abuse & Neglect. The resultant app — achieved with input from colleagues in law enforcement, civil law and medicine — features warning signs of abuse, neglect and financial exploitation, including what to look for in the home environment, caretaker behavior, senior or dependent adult with a disability; an easy-to-reference summary of California Penal Code 368 (concerning the abuse of elder and dependent adults) and other common crimes/charges that may accompany an arrest; quick tips on memory loss, people with dementia as witnesses, documenting the caretaker’s role, and assessing such injuries as bruises and pressure sores; agency contacts for cross-reporting and victim assistance; short training videos; and a way to sign up for bimonthly elder abuse news. For a limited time, the app (designed to run on iPhones, iPads and Android devices) is available at no cost, thanks to supporters including the Archstone Foundation, UniHealth Foundation, and the San Francisco Higher Education, the American Aging Association, the American Federation for Aging Research, the Association for Gerontology in Higher Education, the American Aging Association, the American Society on Aging, and the National Council on Aging.

In addition to the Call for Abstracts and list of key dates, the IAGG 2017 website also has been updated with information about the planned keynote sessions, including full descriptions and speaker biographies. The Program Committee has developed these sessions to highlight a variety of topics with a global perspective. The titles are listed below.

Keynote sessions

Monday, July 24, 2017; 10 to 11 a.m.
• How Early Can We Detect Cognitive Disorders?
• Genes, Environment and Behaviors that Predict Healthy Longevity
• Palliative Care in the Mainstream: Stepping Up to the Plate The case for integrated geriatric and palliative care strategies
• Beyond Rhetoric: Taking Global Action on Ageing

Tuesday, July 25, 2017; 10 to 11 a.m.
• Emerging Issues in Mobility and Aging
• Healthy Brain Aging: A Lifespan Perspective
• Longitudinal Studies on Aging: from Science to Policy
• Social Inequality and Social Justice

Wednesday, July 26, 2017; 10 to 11 a.m.
• What Could Come from Understanding the Biology of Aging?
• Technology and Aging: Promising Solutions, Global Challenges
• Dietary Determinants of Life-long Health
• Where We Grow Old: Environmental Perspectives
What Can ESPO Do for You?

By Patricia Hewston, OT, PhD(c), and Kelly M. Smith

Did you know GSA student and transitional members are automatically Emerging Scholar and Professional Organization (ESPO) members? ESPO promotes the study of aging among students, trainees, and junior scholars to advance membership in GSA as a whole and to represent the interests of these members within the GSA community. The purpose of this article is to highlight unique ESPO membership benefits and how to connect with other members.

Member Section: Opportunities and Awards
ESPO members can choose to affiliate with a GSA section based on their interest. These sections include Behavioral and Social Sciences (BSS), Biological Sciences (BS), Health Sciences (HS), and Social Research, Policy, and Practice (SRPP). Individuals can also choose not to affiliate with a section by becoming an at-large member. Each section is committed to the development of the next generation of researchers and professionals in the field of gerontology and provides unique collaboration and mentorship opportunities for emerging scholars. ESPO members are encouraged to apply for travel scholarships and research awards within their section. For additional information, please visit: www.geron.org/membership/member-sections.

Mentor Match
Are you looking to connect with other GSA members but not sure where to start? Why not join Mentor Match? This tool is designed to enhance your professional development and network with GSA members from around the world. Engaging in Mentor Match is simple: complete your profile, enroll as a mentee, search for a potential mentor, and start to connect. For additional information about Mentor Match, please visit community.geron.org/mentoring.

ESPO Resources: How to Publish and Professional Webinar Series
Are you navigating the peer-review publication process or responding to reviewer comments for resubmission for the first time? Several resources are available to help ESPO members to learn more about the peer-review publication process. Notably, the “How to Publish” symposium series presented at past GSA Annual Meetings are archived in ESPO Resources. All installments of the ESPO Professional Webinar Series are also archived and available online. Topics include publishing, mentoring, grant writing, networking, and work-life balance. For audio recordings and presentation slides, visit the resources page at www.geron.org/espo.

Let Us Hear From You
Are there particular scientific or professional resources that you would like to see made available to ESPO members? This year’s ESPO Council is currently developing an online library of such resources. Tell us what you’d like to see by e-mailing espo@geron.org.

Stay Connected
We encourage all ESPO members to connect through GSA Connect discussion boards, Facebook, LinkedIn, or Twitter (@geronsociety). Let’s keep the conversation going.

Continued from page 1 – Older Adults Benefit from Balanced Pain Management, Report Says

individualized pain management plan will help to prevent the misuse and inappropriate use of pain medications and will result in more successful outcomes for the older adult with chronic pain.”

Balance pain management is defined as a comprehensive approach to diagnosing, treating, and controlling pain. It used a multi-pronged and individualized treatment plan to coordinate safe and effective options that can address the physical, emotional, social, and psychological aspects of pain.

“Our goal is to provide resources to help GSA members and like-minded colleagues tackle these complex issues in a meaningful way,” Appleby said.

The publication also indicates that a thorough and respectful approach to chronic pain assessment and treatment for patients receiving opioids can reduce stigma, improve patient care, and contain overall risk. It also discusses strategies to prevent misuse and abuse of opioids, including abuse deterrent formulations, patient and prescriber education to support appropriate opioid use, and safe opioid storage and disposal.

“When having a discussion on how to optimize patient function and quality of life, expectations for the potential risks and benefits of treatment should be explored,” said GSA Senior Director of Professional Affairs Patricia M. D’Antonio, BPharm, MS, MBA, CGP. “A balanced approach ideally includes nonpharmacologic and pharmacologic multimodal strategies that should be implemented to support patients with chronic pain.”

This new issue was developed by GSA with support from Mallinckrodt, and serving as faculty reviewers were Stephen Crystal, PhD, Roger B. Fillingim, PhD, Jeff Gudin, MD, and Michael Toscani, PharmD. It was mailed to all members in March and is available through GSA’s online store at www.geron.org.
CDC Releases 2015 Prevention Status Reports
The U.S. Centers for Disease Control and Prevention (CDC) recently released the latest in its series of Prevention Status Reports (PSRs). The PSRs highlight — for all 50 states and the District of Columbia — the status of public health policies and practices designed to prevent or reduce 10 important public health problems. Heart disease and stroke, which are the leading causes of death for men and women in the U.S., are featured in the report. As highlighted in the PSRs, the use of electronic health records (EHRs) and pharmacist collaborative drug therapy management policies are key evidence-based strategies that can help reduce or prevent heart disease and stroke. Health care providers can help save lives by using EHRs to identify and support patients who need help addressing risk factors for heart disease and stroke, including controlling high blood pressure or high cholesterol. Pharmacists can play a role through participating in team-based approaches to improve the quality of care for patients. According to the 2015 reports, all 50 states increased the number of office-based physicians who use EHRs to engage with patients. The majority of states have a pharmacist collaborative drug therapy management policy in place for all health conditions. The reports can be accessed at www.cdc.gov/stltpublichealth/psr.

Postdoctoral Training in Pain & Aging Research
The University of Florida is seeking postdoctoral candidates for our Integrative and Multidisciplinary Pain and Aging Research Training (IMPART). The UF IMPART Program provides research training for postdoctoral fellows interested in pain and aging research. IMPART provides the opportunity to pursue research training with our accomplished cadre of mentors from both the UF Pain Research & Intervention Center of Excellence (PRICE) and the UF Institute on Aging (IOA).

Trainee Eligibility: We seek candidates interested in pain and aging research across the entire translational continuum. By the date of appointment, trainees must have received a doctoral degree (e.g. PhD, MD, DMD, DDS, DVM). Also, the candidate must be a U.S. citizen, a non-citizen national, or a permanent resident. Each postdoctoral fellow will be supported for between 1 and 3 years, and will work closely with a primary mentor and a mentoring team.

More information is available at: http://price.ctsi.ufl.edu/education/impart-t32-training-grant

Application Process: Applications are accepted on an ongoing basis. To apply, the candidate should submit the following:
• Curriculum Vitae
• Personal Statement describing research interests and goals
• Three letters of recommendation

Address applications or inquiries to:
Roger B. Fillingim, PhD
Distinguished Professor, University of Florida College of Dentistry Director, UF Pain Research and Intervention Center of Excellence 2004 Mowry Road, CTRB Room 3216 PO Box 100404 Gainesville, FL 32610-0404 email: rfilling@ufl.edu

New NSLTCP Wave Data Published Online
The National Center for Health Statistics (NCHS) recently published six new reports with results from the 2013-2014 wave of the National Study of Long-Term Care Providers (NSLTCP). “Variation in Residential Care Community Nurse and Aide Staffing Levels: United States, 2014” presents national and state estimates of staffing levels in residential care communities for registered nurses, licensed practical or vocational nurses, and aides. It is available at www.cdc.gov/nchs/nsltcp/nsltcp_reports.htm. “Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014” presents the most current descriptive national information on the supply, organizational characteristics, staffing, and services offered by paid, regulated providers of long-term care services in five sectors; and the demographic, health, and functional composition of users of these services. PowerPoint Presentation slides of figures from the report are also available. It is accessible at www.cdc.gov/nchs/nsltcp/nsltcp_db.htm. Lastly, four data briefs provide the latest national and state information on the prevalence and characteristics of adult day services centers and participants and residential care communities and residents. They are available at www.cdc.gov/nchs/nsltcp/nsltcp_db.htm. The NCHS conducts the biennial NSLTCP to provide reliable, accurate, relevant, and timely statistical information to support and inform long-term care services policy, research, and practice. The NSLTCP includes five major sectors of the long-term care services industry — adult day services centers and participants, assisted living and similar residential care communities and residents, home health agencies and patients, hospices and patients, and nursing homes and residents — to produce representative national and state estimates. More NSLTCP publications and information are available at www.cdc.gov/nchs/nsltcp.htm.

Dartmouth Atlas Project Issues Report on Older Adults’ Health Care
A new report from the Dartmouth Atlas Project, “Our Parents, Ourselves: Health Care for an Aging Population,” is a report card that shows where the U.S. is making progress in patient-centered care and where improvements need to be made for older adults, a population predicted to surge from 43.1 million in 2012 to 83.7 million by 2050. This report highlights areas of health care that present distinctive challenges faced by older adults, including those with multiple chronic conditions or dementia. The report also offers a historical look at where continued monitoring of key practices and measures has led to improvements in recent years, such as a more than 10 percent increase in adherence to diabetes testing guidelines, when comparing data from 2003-05 and 2012. In addition, the report looks at 30-day readmission rates, annual wellness visit rates, and the number of unique clinicians that patients see on average, as well as end-of-life treatments, such as late hospice referral and the number of days spent in intensive care, among other findings. The full report can be found at www.dartmouthatlas.org/downloads/reports/Our_Parents_Ourselves_021716.pdf.
disproportionately affected,” said Toby Porter, the chief executive of HelpAge International. “For the international response to be effective we need to address the needs of older people.” HelpAge will provide medicine and training on older people’s needs, and upgrade existing medical facilities to be more age friendly. Patients’ health will be monitored and healthy behavior promoted, such as giving up smoking and regular exercise. HelpAge International has been working with older Syrian refugees in Lebanon since 2013. To date, it has provided screening for more than 3,000 patients for type 2 diabetes and hypertension, medical consultations for more than 2,000 patients, classes on health, nutrition and cooking, and social events. HelpAge has also given training to humanitarian and government workers on older people’s health needs.

HelpAge International Seeks to Aid Older Syrian Refugees

HelpAge International has launched a project to support older Syrian refugees’ healthcare needs. This endeavor aims to improve access to treatment of diseases such as diabetes and hypertension over the next three years, helping nearly 2,000 older refugees each month, and is supported by the German government and HelpAge Deutschland. “As the conflict enters its sixth year, it’s clear that older people are disproportionately affected,” said Toby Porter, the chief executive of HelpAge International. “For the international response to be effective we need to address the needs of older people.” HelpAge will provide medicine and training on older people’s needs, and upgrade existing medical facilities to be more age friendly. Patients’ health will be monitored and healthy behavior promoted, such as giving up smoking and regular exercise. HelpAge International has been working with older Syrian refugees in Lebanon since 2013. To date, it has provided screening for more than 3,000 patients for type 2 diabetes and hypertension, medical consultations for more than 2,000 patients, classes on health, nutrition and cooking, and social events. HelpAge has also given training to humanitarian and government workers on older people’s health needs.

Tanzania to Launch Ministry for Older People

Older people in Tanzania will soon have a specific ministry devoted to their welfare for the first time in the country’s history. The Ministry of Health, Social Development, Gender, Older People and Children was announced in December 2015, indicating that aging is being given a high priority under the incoming government. There are 901 million people aged 60 and over worldwide, predicted to reach 1.4 billion by 2030, mostly living in developing countries, according to HelpAge International.

SFU Tier 1 Canada Research Chair (CRC) in Aging and Health

Simon Fraser University

The Faculty of Arts and Social Sciences (FASS) at Simon Fraser University invites applications for a Tier 1 Canada Research Chair in Aging and Health funded by CIHR. This competition is an open search.

We are seeking an outstanding and innovative researcher with a proven track record in one or more areas in aging and health with expertise in analyses of longitudinal data coupled with an interest in interdisciplinary research and knowledge translation. In particular, the candidate will have interest in developing a program of research harnessing the Canadian Longitudinal Study on Aging data, as well as other major gerontological data initiatives. They will also be expected to play a leadership role in building collaborative research clusters and networks at Simon Fraser University, nationally and internationally. We seek a candidate who is an internationally recognized leader in social/behavioural sciences, social epidemiology, health sciences, and/or health policy science with an outstanding record of high-impact publications and sustained research funding from national and international foundations, research councils, and development agencies.

The chair holder is expected to build research strength at SFU in aging and health; and foster effective linkages among the Department of Gerontology, the Gerontology Research Centre, and other SFU units; as well as external agencies with mandates in aging and health research. The position requires an individual who will promote a trans-disciplinary team approach to problem-solving through research, teaching and service to aging and health problems facing a rapidly aging population. Although 75% of their time is protected for research, demonstrated excellence in teaching, and to attract, supervise and mentor graduate students and post-doctoral fellows, is also required.

To apply, candidates should submit a full curriculum vitae, a letter of application, and a brief descriptive statement of a proposed research program, teaching, and leadership plans for the next five years. These materials, along with the names of six academic references should be addressed to: Dr. Robert Gordon, Chair, Aging and Health CRC Search Committee, Associate Dean and Professor, Faculty of Arts and Social Sciences, Simon Fraser University. The materials should be electronically sent to: Ms. Anne Marie Barrett at geradmin@sfu.ca. The deadline for applications is May 15, 2016.

Simon Fraser University is committed to employment equity and encourages applications from all qualified women and men, including visible minorities, aboriginal people, and persons with disabilities. All qualified applicants are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. The position is subject to availability of funding and final approval by the SFU Board of Governors. Under the authority of the University Act personal information that is required by the University for academic appointment competitions will be collected. For further details of this policy see: http://www.sfu.ca/vpacademic/Faculty_Openings/Collection_Notice.html
**RWJF Diversity Program Reaches 10th Anniversary**

The Robert Wood Johnson Foundation (RWJF) is celebrating its 10th year of supporting research grants and career development opportunities for a network of more than 830 researchers from diverse, underrepresented, and disadvantaged backgrounds. The New Connections: Increasing Diversity of Robert Wood Johnson Foundation Programming program aims to expand the diversity of perspectives that inform RWJF programming and introduce new researchers to the foundation to help address research and evaluation needs. New Connections is a career development program for early career researchers. Through grantmaking, mentorship, career development, and networking, New Connections enhances the research capacity of its grantees and network members. The researchers in this program transcend disciplines (health, health care, social sciences, business, urban planning, architecture, and engineering) work to build the case for a culture of health with strong qualitative and quantitative research skills; and produce and translate timely research results. There will be a total of up to 17 grants of up to $50,000 each awarded through this program. Of the 17 grants awarded in this funding round, up to two grants will be designated for New Connections–Policies for Action awards. Grants will be 12 months in duration. The deadline for receipt of full proposals is May 4, 2016 (3 p.m. EDT). Full information may be viewed at rwjf.ws/1Mf7478.

**NIA Interested in Funding Research Examining Role of Cytoskeleton in Cellular Aging**

The National Institute of Aging (NIA) has issued a funding opportunity announcement to stimulate the development of innovative research strategies aimed at increasing the understanding of the molecular and cellular changes in the cytoskeleton that occur during the aging process. Applications considering the effect of age on factors such as cytoskeleton structure and function, the impact of the cytoskeleton on intracellular organelle interactions, and signaling or regulatory molecules controlling cellular architecture are encouraged. There is also interest in studying the role of the cytoskeleton in nuclear-cytoplasmic communications, and in spatio-temporal relationships during the aging process and in age-related diseases. The next available application due date is May 25. This funding opportunity expires in September. Visit 1.usa.gov/1o6Bhdc for more information.

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**Cornell’s Translational Research Institute on Pain in Later Life (TRIPPLL) presents**

**Mobile Health, Pain & Aging**
a free 2016 webinar series

- **April 25th | 3pm-4pm EST**: Improving Self-Management Support for Chronic Pain via Mobile Health Tools, John Piette, PhD, University of Michigan
- **May 23rd | 3pm-4pm EST**: A Design Research Approach to Geriatric Care, George Edward Torrens, PhD, and Tom Page, PhD, MPhil, Loughborough University
- **June 27th | 3pm-4pm EST**: The Ins and Outs of Building mHealth for Older Adults, Kelly Grindrod, PharmD, MSc, University of Waterloo
- **July 25th | 3pm-4pm EST**: mHealth tools for older adults: usability and possible aging barriers, Gaby Anne Wildenbos, MS, MA, University of Amsterdam

Register at goo.gl/vlHVNT or contact zsg2001@med.cornell.edu
GSA AWARDS NOMINATIONS

Due May 1, 2016
Nominate an outstanding colleague for their contributions to the field today!

GSA Awards

- Recognize leadership in gerontological teaching and service
- Focus attention on new developments in the area of aging

The variety of awards available reflect the multidisciplinary breadth of the Society’s membership. Some awards honor outstanding achievement in gerontology irrespective of discipline, while other awards are focused on each of the Society’s four sections or disciplines.

Honor the extraordinary - visit www.geron.org/membership/awards for the link to the nomination form and more information. The deadline is May 1.
SAVE THE DATE

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David Bornstein is a journalist and author who focuses on social innovation. He co-authors the Fixes column in The New York Times Opinionator section, which explores and analyzes potential solutions to major social problems.

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This Continuing Education activity is jointly provided by The Annenberg Center for Health Sciences at Eisenhower and The Gerontological Society of America.

Submit your abstract at geron.org/abstracts by March 15, 2016.