Older adults are powerful allies in addressing climate change, according to “Gray and Green Together: Climate Change in an Aging World,” the latest edition of GSA’s Public Policy & Aging Report (PP&AR).

Research shows that older adults are at risk for the effects of extreme weather events and climate change; but they are also a potential resource for climate action. The new PP&AR highlights ways that this demographic can meet the climate change challenge on behalf of themselves, their descendants, and the population at large.

Bucknell University professor and GSA Fellow Michael A. Smyer, PhD, played a central role in organizing the new publication. He currently is a Civic Innovation Fellow at Stanford University’s Hasso Plattner Institute of Design (the d.school), where he is combining human-centered design, gerontology, and climate communication strategies to engage older adults on climate change.

“Can Intergenerational Cooperation Defeat Climate Change?"

The program is co-directed by Todd Kluss, MA, GSA’s senior manager of communications, and Paul Kleyman, the senior editor of NAM’s ethnic elders newsbeat and national coordinator of the Journalists Network on Generations.

As in previous years, half of the fellows will be selected from general audience media and half from ethnic media outlets that serve communities within the U.S.

The centerpiece of the program will be the fellows’ participation in the World Congress of Gerontology and Geriatrics, which GSA will host from July 23 to 27 in San Francisco, California — with the theme of “Global Aging coverage that our program has produced,” said Karen Tracy, GSA’s senior director of strategic alliances and communications. “We help the participating reporters build bridges to expert sources on aging, to each other, and to their communities.”
From the Executive Director

Changing Language to Help End Aging Stereotypes

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

The Leaders of Aging Organizations (LAO) — our collaborative partnership that seeks to close the gap between expert and public understanding of aging — is looking for a new ally: you.

GSA and seven other aging-focused organizations established this coalition in 2014, with support from nine funders. Our overarching goal is to help shape a more productive narrative around aging issues — to “reframe” aging by using different language to help change attitudes. And now we are working on ways for professionals in our field to get involved in this process.

There will be a pre-conference workshop held at July’s World Congress of Gerontology and Geriatrics in San Francisco. It will showcase the evidence-based tools developed by The FrameWorks Institute, which is the communications research group conducting work on behalf of the LAO.

What the researchers at FrameWorks found was that a set of deep cultural beliefs both impede support for a range of key aging policies and limit our options for supporting older adults and enabling their contributions to society. We do have the ability to change these attitudes, but the research demonstrates that it will take a coordinated communications effort beginning with changes in the language and “framing” we use every day.

At the workshop, aging professionals will be able to take what we have learned and apply recommendations to reframe messages about aging. Two evidence-based narratives have proven effective: “Embracing the dynamic” provides a positive vision that forefronts the dynamic potential of an aging society; “Confronting injustice” explains why ageism is a problem that impacts all of American society, and points to concrete solutions to address it.

We have also just launched Gaining Momentum: A Communications Toolkit, which provides a collection of resources with models on how to apply framing recommendations to messaging. For those who want to learn more about the social sciences research behind these recommendations, there is a companion report, “Finding the Frame: An Empirical Approach to Reframing Aging and Ageism.” These new products, as well as other reports generated by the LAO’s work, can be found at bit.ly/aging_toolkit.

The experts at FrameWorks have made it clear that it will take time for us to see the impact of our efforts, but the time to start is now. Because you are the leading scholars discovering new insights to help us understand aging, it’s important for you to be aware of this new initiative. Some of the findings about the most impactful language to use may also be worth incorporating into your scholarly publications.

The LAO’s work to reframe aging will be a priority area for GSA for a number of years to come. With support from the LAO, one of GSA’s staff members, Program Manager Laurie Lindberg, will now be devoting half of her time to supporting Laura Robbins, the project director for the LAO’s reframing efforts. GSA also has agreed to join the steering committee for a companion project being conducted by The FrameWorks Institute related to elder abuse. That initiative is being directed by long-time GSA member Laura Mosqueda, MD.

I again express my gratitude to our many partners on this continuing effort. The other members of the LAO are AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, Grantmakers in Aging, the National Council on Aging, and the National Hispanic Council on Aging. The funding organizations are AARP, Archstone Foundation, the Atlantic Philanthropies, the Endowments for Health, the Fan Fox and Leslie R. Samuels Foundation, the John A. Hartford Foundation, the Retirement Research Foundation, the Rose Community Foundation, and the SCAN Foundation.

World Congress of Gerontology and Geriatrics
July 23 to 27, 2017
www.iagg2017.org

Next date to remember: Last week of June
Discounted hotel rates end
In Memoriam

GSA Fellow Robert Kane, MD, passed away unexpectedly on March 6. He was the Minnesota Chair of Aging and Long-Term Care at the University of Minnesota’s School of Public Health, where he directed the Center on Aging, the Clinical Outcomes Research Center, the Minnesota Area Geriatric Education Center, and an Agency for Healthcare Research and Quality-funded evidence-based practice center. Kane was a distinguished researcher, prolific author, and dedicated advocate for better management of chronic illnesses and improved delivery of long-term care. He was determined to help people age with grace and dignity. He was committed to his scholarship and advocacy; he was also devoted to his colleagues with whom he collaborated generously, and his students for whom he was a supportive mentor. His recent books dealt with health care outcomes, geriatrics, chronic care provision, and the failure of the health care system. Kane was the 1998 recipient of GSA’s PGC Polisher Research Award, now the M. Powell Lawton Award. He is survived by his wife of 54 years and frequent professional collaborator, GSA Fellow Rosalie Kane, PhD.

New Books by Members

• “Geriatrics at Your Fingertips, 2016,” by GSA Fellow David B. Reuben, MD. Published by the American Geriatrics Society, 2016.

• “Hazzard’s Geriatric Medicine and Gerontology, 7th Edition” by GSA Fellows Jeffrey Halter, MD, Joseph Ouslander, MD, and Mark Supiano, MD; and Stephanie Studenski, MD, Christine Ritchie, MD, and Kevin High, MD, and Sanjay Asthana, MD. Published by McGraw-Hill Education, 2016.

Members in the News

• GSA member Adele Goman, PhD, was quoted in an article on March 2 in HealthDay News titled “Hearing Loss May Double in United States by 2060.” The article discussed the need for affordable hearing aids for older adults.

• GSA Fellow Sharon Inouye, MD, MPH, was quoted by Next Avenue on March 3 in an article titled “How You Can Protect Your Parent from Delirium.” Inouye shared her work with the Hospital Elder Life Program.

• The Wall Street Journal published an article on March 2 titled “Why Men Have Such a Hard Time with Aging.” The piece quoted GSA Fellow Edward Thompson, PhD, as he discussed masculinity models within sociology.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: 
Julie Robison, PhD

The recipient, who became eligible after referring new member Kaleigh Ligus, 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: 
George Demiris, PhD

Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Gubrium Awarded Honorary Degree

The School of Social Work and the Department of Sociology at Lund University in Sweden have awarded GSA Fellow Jaber F. Gubrium, PhD, with an honorary doctorate. Gubrium was nominated for the award because of for his longstanding collaboration with Nordic researchers in studies of the social organization of experience in human service institutions. Gubrium has contributed to new research approaches in qualitative interview methods, narrative analysis, narrative ethnography and discourse analysis. He has also contributed to discussions on sociology of knowledge with significant international impact. He will receive the award on June 2 in Lund, Sweden.

Haley Among USF’s Outstanding Teachers

GSA Fellow William Haley, PhD, has received the outstanding undergraduate teaching award from the University of Southern Florida (USF). The award program encourages excellence in teaching at the undergraduate level. Haley is a professor at USF’s School of Aging Studies as well as the director of the Education Core of the National Institute on Aging designated Florida Alzheimer’s Disease Research Center. His primary research interest is in the study of stress, coping, and adaptation in older adults and their family members.

De Medeiros Named Educator of the Year

Kate de Medeiros, PhD, an associate professor of sociology and gerontology at Miami University, has been named educator of the year by the Ohio Association of Gerontology and Education. This award recognizes individuals in Ohio’s educational institutions that have used educational programs to improve services to older adults in Ohio or advance gerontological education and training for students and practitioners.

GSA Connect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org! Here’s what members are talking about:

• Jennie Clark, MA: “We have a robust transitions of care program here at Stanford Hospital and are looking to improve by discussing and understanding others’ processes and practices in their transitions of care programs. Please contact me!”

• Kathleen Cameron, MPA: “The National Council on Aging’s National Falls Prevention Resource Center has established a review process for program developers and others to apply for possible inclusion on the approved list of programs for future fall prevention discretionary funding opportunities through the Administration for Community Living.”
GSA Members Relevant to Policy Challenges

Aging and health advocates in the nation’s capital are reeling with the number of legislative issues on the table and the significance of the threats to the status quo. Yet these advocates are speaking out for themselves and for those who may lose health coverage or other critical services and supports. GSA members continue to be significant contributors to our public policy challenges. Here I share two great examples that I hope will inspire you, because frankly, all of us need to be involved now. We must ensure that the value of our programs and research is well-understood by the decision-makers for funding and programmatic design through the budget and appropriations processes ahead.

First, the Budget

Presidential budget proposals are almost always considered dead on arrival at Congress’s door. In that sense, this year is no exception, but in so many ways this year and this budget are exceptional. We often label the first budget of a new administration a “skinny budget” to be followed by a more robust or detailed budget a couple of months later (mid-May probably). President Donald Trump’s skinny budget is skinnier than all others from the past (shorter in length and detail), but it clearly reflects his priorities. It has some of the largest increases for defense, homeland security, and veterans’ services and some of the deepest cuts to non-defense discretionary spending in history — short on detail but long on pain for those who rely on many federal programs.

The Trump budget, “America First: A Budget Blueprint to Make America Great Again,” states, “The budget eliminates programs that are duplicative or have limited impact on public health and well-being.” Funding for defense is increased by $54 billion and is afforded by cuts to more than 18 agencies, including reductions of more than 30 percent to the Environmental Protection Agency and more than 20 percent to the Departments of Agriculture, Labor, and State. In addition, Trump has requested a supplemental appropriation for FY 2017 of $30 billion for defense spending.

The Department of Health and Human Services (HHS) would be cut by 17.9 percent in the proposal (about $15.1 billion). For the National Institutes of Health (NIH), there’s a cut of $5.8 billion, along with a major reorganization of the institutes and centers and consolidating the Agency for Healthcare Research and Quality within NIH. There’s also a reduction of $403 million in health professions and nursing training programs, “which lack evidence that they significantly improve the nation’s health workforce.” An example of this would be the Geriatrics Workforce Enhancement Programs, which were highlighted in my article last month: we will fight this ill-informed attack on them. Complete eliminations include the Senior Community Service Employment Program, Low-Income Energy Assistance Program, Community Services Block Grant (CSBG), Community Development Block Grant (CDBG), Legal Services Corporation, Corporation for National and Community Service (including Senior Corps - RSVP, Foster Grandparent and Senior Companion programs), U.S. Interagency Council on Homelessness, and the Neighborhood Reinvestment Corporation. Although the budget is slim on details, it is hard to imagine that cuts of more than 17 percent at HHS would not result in harm to other programs not listed, such as the Older Americans Act, Social Services Block Grants, and programs serving people with disabilities.

Meals on Wheels in the News

With news that the CSBG and CDBG would be eliminated came the misinformation that the Meals on Wheels program would be eliminated. (The Older Americans Act is the primary federal source of home delivered meals funding.) State and local governments do use some CSBG and CDBG for meals and supportive programs, so the press took the opportunity to challenge these cuts with the Office of Management and Budget Director Mick Mulvaney.

He defended the cuts saying, “We can’t spend money on programs just because they sound good … Meals on Wheels sounds great.” He argued that money should not be spent “for programs that don’t work.” Here is where our colleague and GSA member Kali Thomas, PhD, comes in. Thomas is an assistant professor of health services, policy, and practice at Brown University, where she has spent many years proving that these programs work. She has volunteered with the program, and she is the granddaughter of a former Meals on Wheels client.

Thomas became interested in the role of home and community-based services in allowing “low-care” nursing home residents to be cared for at home. She and her colleagues analyzed the data and found that states with larger home delivered meals programs had the lowest levels of low-care nursing home residents. Thomas’ studies are now providing evidence to states that they can save millions of dollars in unnecessary nursing home care by boosting expenditures on home delivered meals and supportive services — in other words, that important link between supports and services and health-related outcomes. Now, if we could only get the health care system to pay for these services, we’d be integrating the payor more appropriately, as well.

Thomas and her colleagues have successfully used their research to influence public policy by showing the evidence-based value of meals programs. They have shared their findings with key stakeholders, the Brown University media relations team and translated the findings into understandable and motivational terms.

Cherry Blossoms Yet Again

On March 2, another piece of the advocacy puzzle fell into place for the Dementia CalMediConnect project created by the Alzheimer’s Greater Los Angeles team (AlzGLA) led by GSA
member Debra Cherry, PhD. A year ago, I reported on Cherry’s efforts to address the care of persons with dementia and their caregivers enrolled in California’s financial alignment pilot. Cherry and her team had developed a training protocol for dementia care specialists and care managers with funding from the U.S. Administration for Community Living (ACL). The training provisions had been accepted into the three-way contract between the State of California, the U.S. Centers for Medicare and Medicaid Services (CMS), and the health plans in California that are part of the pilot.

Cherry turned to her colleagues on the Dementia Caregiving Network (DCN) of the Hartford Change AGEnts Initiative for help with the next steps. DCN member Katie Maslow, MSW (currently a GSA scholar-in-residence), suggested that they ask the CMS to issue a guidance letter aka an “informational bulletin.”

Cherry, with assistance from DCN co-chair Nancy Wilson, LCSW, and others, approached the CMS about a guidance document that would help inform and guide the California health plans in their implementation of the three-way contract. A respectful dialogue ensued with Cherry providing the business case about the costs and benefits of dementia care and services as well as evaluations of the trainings.

In the meantime, other DCN members were trying to replicate the success of the California education and advocacy effort in other states. Wilson, based at Baylor University School of Medicine in Houston, assembled a team of like-minded professionals from two of the five Texas counties involved in the Financial Alignment Initiative (duals pilot). They approached state leaders in aging and Medicaid to inform them of the work of Dementia Cal MediConnect and gauge their willingness to adopt key components of it for Texas. State agencies, health plans, academics, and community-based organizations were involved early on. A successful application to ACL’s Alzheimer’s Disease and Supportive Services Program for a “Texas Takes on Dementia” project was funded for Fall 2016 to Summer 2019.

The DCN saw another opportunity in the State of Rhode Island since its three-way contract was still in the final stages of development. DCN and GSA staff member Laurie Lindberg discussed the California language on dementia care with Maureen Maigret, MPA, a well-known health policy leader and advocate in Rhode Island. Maigret did not hesitate to have the exact provisions inserted into Rhode Island’s contract. Equally important, DCN member Gary Epstein-Lubow, MD, started the process of meeting with stakeholders with the goal of applying for a grant that would, like in Texas, address workforce issues around dementia care and services throughout Rhode Island, including a focus on its duals pilot.

Back to California and the tale of the guidance letter. On March 2, Cherry’s persistence was rewarded with the publishing of a CMS informational bulletin, which “provides information about prevalence, cost, and quality of care for Medicare-Medicaid enrollees, and reminds plans of contractual requirements for care coordination staff in dementia care management … urges the MMPs (Medicare-Medicaid Plans) to plan more broadly and work to ensure that all workforce are trained in dementia, have a basic level of knowledge of dementia, and understand the needs of both enrollees and caregivers.”

To make this success sweeter for us was the bulletin’s reference to GSA’s Cognitive Impairment Workgroup and its report on the detection and early diagnosis of cognitive impairment. The CMS informational bulletin will be circulated throughout California and may be re-issued to the other states that are implementing the dementia care specialist/care manager training protocols for dually-eligible individuals.

Making public policy is often messy and complicated, but we at GSA add our best and brightest, sound research, evidence-based findings, and a measure of compassion to the recipe (and some of us even deliver meals). Our work may be more important now than ever — keep it up!
A Challenge to ESPO Members: Join an Interest Group

By Heidi Moyer, PT, DPT, and Stacy Andersen-Toomey, PhD

One of the perks of being a GSA member is becoming involved with the Society’s interest groups. This is a great way to connect with professionals from not only other sections, but also other disciplines around a specific topic. Interest groups meet at the Annual Scientific Meeting and share information throughout the year through e-mail listservs and the GSA Connect online networking platform.

GSA offers 51 different interest groups with focuses ranging from older adults in the workforce and as caregivers all the way to the very end of the life spectrum with hospice and palliative care.

As a basic introduction to interest groups, here are a few frequently asked questions:

Do I have to join an interest group?
No! They are open to anyone, but it is not mandatory to be a member of one if you are a GSA member.

Can I join more than one interest group?
Yes! You may join as many as you like. Many groups offer unique resources and networking opportunities that can help to enrich your student/early career experiences.

Do I have to be a member of the interest group to attend interest group meetings?
Not at all. Conference meetings are a great chance to get an idea of what the group is like and if you will be a good fit. They are also opportunities to meet the people in charge of the group.

Some interest groups focus on the needs of specific populations such as women or the LGBTQIA community. Can I still join an interest group even if I am not a member of the focus population?
Yes. These groups work to serve these unique aging populations, and you do not have to be one to help one!

How do I get involved?
Since January, we have been highlighting a different interest group each month on GSA Connect within the ESPO community. By logging into your account at connect.geron.org, you can see what each of these groups is working on for the IAGG World Congress this July and beyond. You can also connect with many of the interest groups through GSA Connect in their individual portals to gain access to their resources, members, and networking opportunities. Information about interest groups can also be found on the GSA webpage under the “Stay Connected” tab.

As your ESPO representatives to the Interest Group Executive Committee, we challenge you to contact at least one group with which your interests are aligned to learn more. Who knows, you might find a connection you didn’t expect that could lead you on the journey of a lifetime!

Continued from page 1 – Journalism Program Renewed; 2017 Cohort Will Attend World Congress

and Health: Bridging Science, Policy, and Practice.” The fellowship requires participating reporters to deliver a story from the conference and a major piece or series in the following months.

“At this time of demographic turmoil, it’s increasingly important for the media to tell the stories of ethnic elders, including so many immigrants, in their own voices and those of experts from diverse backgrounds,” said NAM Executive Director Sandy Close, a MacArthur Foundation “genius grant” fellow and Academy Award-winning documentary producer.

“This year’s World Congress should give our journalism fellows ample opportunities to report more deeply on how global aging is impacting communities throughout America.”

On arriving in San Francisco, the fellows will participate in a daylong workshop before the World Congress begins. This session will showcase research highlights from the meeting and host discussions with veteran journalists on how to position aging stories in the current media environment.

All applications for the fellowship program will be reviewed by a selection committee of journalists and experts in aging. The criteria will include clarity and originality of proposed in-depth story projects; quality of samples of published or produced work; and high-impact potential of proposals geographically and across different ethnic or racial populations.

Previous fellows also will be eligible for support to attend the World Congress to cover the newest developments in the field of aging. A continuously updated list of stories from the fellows is available at www.geron.org/journalistfellows.
Continued from page 1 – Can Intergenerational Cooperation Defeat Climate Change?

having an energy audit; for someone else, it is saving energy by washing clothes in cold water.

Eventually, several articles contend, older adults need to exert leadership in their families and communities — making sure that local, state, and federal office holders understand that they are concerned about climate change and taking actions that will contribute a better future for future generations.

“Importantly, however, the authors do not see older adults solely as victims of climate change but also as leaders of climate action,” Smyer said. “The time is now for that action — those 60 and above have time, talent, and a desire for a sense of purpose as they reap the benefits of their longevity bonus.”

GSA members can access the new issue of PP&AR for free by logging in at www.geron.org/ppar.
Learn what’s in store at the 2017 World Congress of Gerontology and Geriatrics

Technology and Aging: Innovation for Independence and Inclusion

Technology has the potential to improve the lives of a growing proportion of today's aging population by helping them maintain independence and increase control of their environments.

As such, the IAGG 2017 World Congress of Gerontology and Geriatrics will offer an unprecedented one-day Technology and Aging Track on Wednesday, July 26, that will bring together leading companies, gerontologists, and entrepreneurs engaged in developing technology solutions for older adults.

This event will feature symposia on key innovations in robotics, autonomous vehicles, virtual and augmented reality, predictive analytics, and other emerging technologies as well as a startup pitch event called “Minute Madness” and a “Startup Alley” in the Exhibit Hall.

The fee for attending these sessions is included in the World Congress registration. For individuals wishing to take part only in this event, a separate registration is available.

Support provided by Avanir and Otsuka, supporter of the Global Council on Alzheimer’s Disease.

Preliminary Program (Agenda subject to change.)

8:30 to 8:40 a.m. • Welcome
David Lindeman, PhD, CITRIS University of California; and Charlene Quinn, PhD, University of Maryland

8:40 to 9 a.m. • Keynote: “The Promise of Technology in Aging”
Presenter: Joseph Coughlin, PhD, MIT AgeLab

9:00 to 9:50 a.m. • “Using Robots to Address the Psychosocial, Health and Functional Needs of Older Adults”
Panel Moderator: William Kearns, PhD, International Society for Gerontechnology

9:50 to 10:20 a.m. • Networking Break and Startup Alley Stroll

10:20 to 11:10 a.m. • “Autonomous Vehicles: The Next Stage of Independence”
Panel Moderator: Steve Ewell, Consumer Technology Association Foundation

11:15 a.m. to 12:15 p.m. • IAGG Symposium: “Technology and Aging — Promising Solutions, Global Challenges”
Moderator: David Lindeman, PhD, CITRIS University of California

Panelists: Alex Ross, MSPH, BSPH, WHO Global Aging Technology Initiative; Andrew Sixsmith, PhD, AGE-WELL Network of Centres of Excellence; and Stephen Johnston, MBA, Aging2.0

12:15 to 1 p.m. • Lunch/Networking Break – Startup Alley Stroll

1 to 1:50 p.m. • “Co-Designing Technologies for Older Adults: Working with Stakeholders”
Moderator: Vera Rulon, MS, RHIT, FAHIMA

Panelists: June Fisher, MD, University of California, San Francisco and Aging 2.0; Jody Holtzman, AARP; Mary Anne Sterling, CEA, Connected Health Resources and Sterling Health IT Consulting; and Sherwin Sheik MBA, CareLinx (invited)

1:50 to 2:50 p.m. • Minute Madness: “Breaking Technology Research from New Investigators”
Moderator/Facilitator: Alex Mihailidis, PhD, PEng, AGE-WELL Network of Centres of Excellence
Featuring speed presentations from new investigators.

2:50 to 3:10 p.m. • Break and Startup Alley Stroll

3:10 to 4:00 p.m. • “Advances in Analytics: Voice Recognition, Predictive Analytics, Machine Learning”
Panel Moderator: Alex Mihailidis, PhD, PEng, AGE-WELL Network of Centres of Excellence

4 to 4:45 p.m. • “Global Technology Policies and Regulations: Emerging Issues”
Panel Moderator: Chris Cassel, MD, Dean Kaiser Permanente Medical School

4:45 to 5 p.m. • Closing Keynote
Presenter: Christine Cassel, MD, Kaiser Permanente Medical School

5 to 6 p.m. • Reception in Startup Alley

6 to 8 p.m. • Aging Tech Pitch Session
Coordinated by AGE-WELL and Aging 2.0.

For more information, visit www.iagg2017.org/keynotes
GSA Receives Funds to Support Human-Animal Interaction Research

GSA, in collaboration with the WALTHAM Centre for Pet Nutrition and Mars Petcare, is offering a $50,000 grant to support high-quality, innovative research into the impact of companion animals on healthy aging in humans. Much has been written on the roles that pet ownership and other forms of human-animal interaction (HAI) may play in promoting human health. This call for applications represents an opportunity to meaningfully advance the study of causality and the mechanisms of action underlying the effects of HAI on older adults (50+ years of age) and their caregivers. The grant recipient must be a GSA member. The grant follows an April 2016 workshop that GSA convened in order to develop a roadmap for future research on HAI in an aging population. The deadline to apply is May 1. Further details can be found at www.geron.org/hai.

Federal Agencies Will Support Research on Drug Use Among Older Adults

A new funding opportunity announcement issued by the National Institute on Drug Abuse (NIDA) and the National Institute on Aging (NIA) is aimed at supporting innovative research that examines aspects of marijuana and prescription opioid and benzodiazepine use in adults aged 50 and older. This announcement encourages research that examines the determinants of these types of drug use and/or characterizes the resulting neurobiological alterations, associated behaviors, and public health consequences. The initiative will focus on two distinct populations of older adults: individuals with earlier onset of drug use who are now entering this stage of adult development, or individuals who initiate drug use after the age of 50. Applications are encouraged to utilize broad methodologies ranging from basic science, clinical, and epidemiological approaches. The insights gleaned from this initiative are critical to our understanding of the determinants of drug use in later life, as well as its consequences in the aging brain and on behavior. This knowledge may have the potential to identify risk factors and to guide clinical practices in older populations. The next submission due date is June 5. Read the full funding opportunity at bit.ly/2mNjurQ.

Seed Grants Available for Supportive Services to Relatives Raising Children

The Brookdale Foundation Group has issued a request for proposals for the creation or expansion of supportive services to grandparents and other relatives raising children. Up to 15 programs will be selected to receive a seed grant of $15,000 ($10,000 and $5,000 respectively), contingent upon progress made during year one and potential for continuity in the future. On-going technical assistance will also be provided. Any 501(c)(3) or equivalent not-for-profit organizations can apply. The guidelines can be downloaded by visiting brookdalefoundation.org. Proposals are due on October 20 to 22 in Denver, Colorado. For additional information, contact Melinda Perez-Porter, director of the Relatives As Parents Program, at mpp@brookdalefoundation.org.

NIA Interested in Tools for Alzheimer’s Management

Through a small business innovation research funding opportunity announcement, the National Institute on Aging (NIA) is seeking to stimulate research focusing on the development of innovative technologies that would enhance the treatment and clinical management of Alzheimer’s disease (AD), Alzheimer’s disease-related dementias (ADRD), and their related comorbidities. AD is the leading cause of dementia individuals over the age of 65 years and as many as 5 million older Americans have AD and/or ADRD. A primary goal of this announcement is to encourage research that translates existing clinical guidelines into new and effective tools for the clinical care and management of AD, ADRD, and comorbidities. In addition, the NIA also seeks to encourage the development of more personalized approaches, and aims to stimulate the development of clinical-care and management tools suitable for use by caregivers. Standard submission dates apply. This announcement expires in September 2019. Full details can be found at bit.ly/2lcY89D.
Louisiana School Adds Nursing Degree Program
The University of Louisiana Monroe Kitty DeGree School of Nursing recently received approval from the Louisiana State Board of Nursing to move forward with admissions to the Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP) program, which will award a Master of Science in Nursing (MSN) degree. The new AGPCNP program will share many of the same courses as the school’s existing Clinical Nurse Leader program, including courses in advanced physical assessment, advanced pharmacology, advanced pathophysiology, and health policy. Students in both programs also complete six hours of gerontology courses as a part of their requirements. The AGPCNP program requires 40 credit hours for completion of the degree. In addition, students in this program of study will complete over 600 clinical practice hours in primary care clinics that are supervised by approved clinical site preceptors. The new program offers four specific health management courses to prepare graduates to provide primary care services for adults and geriatric patients in primary care settings. These nurse practitioner students will be qualified to take a national certification examination upon receipt of their MSN degree and then seek advanced practice registered nurse licensure (APRN). As an APRN, these graduates will be able to conduct physical assessments, order and interpret laboratory and diagnostic testing, write prescriptions for appropriate drug therapy and provide ongoing care management for their patients, with a strong focus on health promotion and disease prevention. For additional information on the program, visit www.ulm.edu/nursing.

Admissions Open for New Master’s Program in Singapore
Nanyang Technological University (NTU) will be launching a Master of Science program in applied gerontology through its School of Humanities and Social Sciences. The graduate program, with classes beginning in July, is designed for students preparing for a career in aging-related fields or professionals who are working as service providers in these related fields. According to NTU, this is Singapore’s first such program in applied gerontology, with an interdisciplinary Asia-focused curriculum that is grounded in theory and practice, allowing students to structure their studies based on their needs. Students will complete a practicum, where they may work with voluntary welfare organizations or in the healthcare sector. Students are also able to select course modules in leadership and policy engagement or in clinical practice and care management, for example. More information may be obtained at sss.ntu.edu.sg/programmes/gerontology.
Innovation in Aging™ is an open access journal of The Gerontological Society of America (GSA) that publishes conceptually sound, methodologically rigorous research studies that describe innovative theories, research methods, interventions, evaluations, and policies relevant to aging and the life course.

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KEYNOTE SESSION SPEAKERS

Check out the incredible lineup of speakers for **Monday, July 24, 2017, 10:00 am - 11:00 am.**

**Palliative Care in the Mainstream—Stepping up to the Plate: The Case for Integrated Geriatric and Palliative Care Strategies**
- **Faculty:** Diane Meler, Luc Dellens, Irene Higginson

**How Early Can We Detect Cognitive Disorders?**
- **Faculty:** Ronald C. Petersen, Frank Jessen, Marilyn Albert

**Genes, Environment and Behaviors That Predict Healthy Longevity**
- **Faculty:** Luigi Ferrucci, Diana Kuh, S. Jay Olshansky

**Beyond Rhetoric: Taking Global Action on Ageing**
- **Faculty:** Norah Keating, John Beard, Peng Du, Isabella Aboderin

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