AGHE Changes Name to Academy for Gerontology in Higher Education

Members of the newly renamed Academy for Gerontology in Higher Education (AGHE) — formerly the Association for Gerontology in Higher Education — have approved a set of bylaws that fully integrates Academy activities into GSA, where AGHE had previously been a separate unit. The vote on these bylaws took place on March 2 at AGHE’s recent Annual Meeting and Educational Leadership Conference in Atlanta, Georgia.

AGHE was founded in 1974 and operated independently until becoming a unit of GSA in 1998. As stated in its bylaws, AGHE’s mission is twofold: to advance gerontology and geriatrics education in higher education globally; and to provide leadership and support of gerontology and geriatrics education administrators, faculty, and students in educational institutions.

“AGHE’s integration with GSA offers the great potential for more impact and reach given the considerable resources, membership, and compatible mission of GSA,” said AGHE President Judith L. Howe, PhD, who recently chaired the Strategic Planning Task Force charged with determining what steps AGHE should take to ensure its long-term success. “I would like to thank everyone who worked together over the last year to ensure a smooth integration and the continued global presence of AGHE in gerontology and geriatrics education.”

Moving forward, AGHE’s operations will be aligned with those of GSA, which is the country’s oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging.

“Education and research. Research and training. These appear to be separate activities but they fold together under the concept of

Continued on page 9
We’re All Younger Versions of Our Older Selves

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

Research from the Reframing Aging initiative — sponsored by GSA and seven colleague organizations with the support of nine philanthropic funders — is now fully available, along with the Reframing Aging Toolkit, at frameworksinstitute.org. Among the troubling insights from the research is the clear way that older persons are otherized by the public. That is, older persons are seen as intrinsically different, and perhaps seemingly alien, stripping them of their identity. It’s all the more ironic when one realizes that we are all younger versions of our older selves.

In this context, the new All of Us Research Program from the National Institutes of Health (allofus.nih.gov) provides a hopeful vision of collective action embracing participation by individuals across the life-course. Its mission is to accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all of us.

This groundbreaking program is expected to provide a new approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle. The initiative is ramping up its efforts in patient engagement and data capabilities. More than 16,000 participants who have agreed to provide medical histories and specimens for future analysis are now enrolled, with a final goal of enrolling 1 million individuals. In March, a conference was held to identify research priorities.

Eventually, behavior and lifestyle data, including information collected from wearable devices, will be included. Ultimately, All of Us is designed to enable research, technology, and policies that empower patients, researchers, and clinicians to work together toward the development of individualized care. This interdisciplinary approach aligns perfectly with GSA’s orientation to research — fostering interdisciplinary solutions to complex questions while advancing disciplinary excellence.

GSA fellow Phillip G. Clark, featured in our website’s March member spotlight, summed this outlook up nicely in his recommendation to emerging gerontologists: “A major recommendation I would make is to seek out interdisciplinary collaborations and create groups or teams of faculty colleagues and students to develop research or instructional programs and projects. Many funding sources are increasingly emphasizing the importance of interdisciplinary research. By far the most rewarding aspects of my career have been related to collaborating with others from backgrounds different from my own.”

In an era in which research seems increasingly oriented to breaking humans down into ever smaller pieces, studying organ systems, organs, tissues and cells, it is exciting to see the longer-term vision of the All of Us Research Program reconstructing this data into a holistic view of the individual. Insights gathered at the intersection of diverse areas of inquiry can often be the best way to achieve the greatest impact. I hope that these insights will provide researchers and clinicians with a more contextual view of individuals, and how health conditions they have are only a small part of who they are.

This big picture approach is also reflected in a new PBS documentary that features a many GSA members. (See page 3.) “Incredible Aging: Adding Life to Your Years,” began airing nationally in March and presents insights about research that could result in a blueprint for healthy aging. It covers a wide number of disciplines, talking about clinical interventions and lifestyle changes. It’s great to see this topic featured in such a visible spot contributing to the national discussion.

It’s all of us, working together across disciplines and areas of scientific inquiry, that will solve the challenges we face in the aging arena.

James
In Memoriam

James N. Morgan, PhD, FGSA, an economist who created the longest-running intergenerational household survey in the world, passed away January 8 at age 99. As an early scholar he was interested in the factors shaping various outcomes such as how much a family spent on housing, factors leading to early retirement or non-market activity and other forms of time allocation. His work challenged the prevailing belief that those in poverty were destined to stay in poverty, arguing instead that the majority of poor families emerge from bad times and achieve middle income status. Morgan came to University of Michigan in 1949, where he became a founding member of the Institute for Social Research (ISR). In 1968, Morgan conceived of and launched the Panel Study of Income Dynamics, an ISR study created to track household data for the same 18,000 individuals over time. He retired in 1997 as a research scientist emeritus and professor emeritus of economics. In 2013, he set up a fund at ISR in his name to support graduate students in making innovative use of SEARCH, a survey data analysis program he created in the 1960s.

New Books by Members

• “A Hands-on Approach to Teaching About Aging: 32 Activities for the Classroom and Beyond,” by Haliee Baker, PhD; Tina Krugr, PhD; and Rona Karasik, PhD, FGSA. Published by Springer, 2018. (This book is a product of the Academic Program Development Committee of GSA’s educational organization, the Academy for Gerontology in Higher Education.)
• “Aging and Mental Health, Third Edition,” by Daniel Segal, PhD, FGSA; Sara Honn Qualls, PhD, FGSA; and Michael Smyer, PhD, FGSA. Published by Wiley/Blackwell, 2017.
• “Age-Friendly Cities and Communities: A Global Perspective,” by Tine Buffel, PhD. Published by Policy Press, 2018.
• “Alzheimer’s Disease and Dementia,” by Benjamin Mast, PhD, FGSA; Brian Yochim, PhD. Published by Hogrefe, 2018.

Members in the News

• Neil Charness, PhD, FGSA, was quoted in The New York Times on February 28 in an article titled “You Can’t Be Afraid of the Tech.” He discussed barriers to older workers entering the tech industry.
• XinQi Dong, MD, MPH, FGSA, was quoted in a March 2 piece in The New York Times titled “Elder Abuse: Sometimes It’s Self Inflicted.” He discussed the reporting and treatment of self neglect among older adults.

Colleague Connection

This month’s $25 amazon.com gift certificate winner:
Tracie Harrison, BSN, MSN, NP, PhD, RN, FGSA

The recipient, who became eligible after referring new member Amelia Manning, MSN, RN 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: Melissa Batchelor-Murphy, PhD
Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Feather Earns NHCoA’s Lifetime Achievement Award

John Feather, PhD, FGSA, the chief executive officer of Grantmakers in Aging, accepted the 2017 Ophelia Rinaldi Lifetime Achievement Award from the National Hispanic Council on Aging (NHCoA) at its annual awards dinner in Washington, DC. The award recognizes Feather’s decades of work in philanthropy, gerontology, and education; his commitment to improving the lives of older people; and his past service on the board of the National Hispanic Council on Aging, which is the nation’s premier organization focused on improving the lives of Hispanic older adults, their families, and caregivers. The Ophelia Rinaldi Lifetime Achievement Award is named for a social worker and founding member of the National Hispanic Council on Aging who passed away in October 2017.

New PBS Program Features Member Input

“Incredible Aging: Adding Life to Your Years,” a documentary that premiered on PBS in March, features interviews from several GSA members. Steven Austad, PhD, FGSA, served as a scientific consultant on the script. Also appearing were Nir Barzilai, MD; Nathan Lebrasseur, PhD; S. Jay Olshansky, PhD, FGSA; Richard Besdine, MD, FGSA; James L. Kirkland, MD, PhD, FGSA; John W. Rowe, MD, FGSA; and Matt Kaeberlein, PhD, FGSA. Based on the latest scientific research, much of it funded by the American Federation for Aging Research, this program cuts a path toward understanding what aging means and how the latest information can help people live healthier lives as they grow older.

Lynn Friss Feinberg, PhD: “Acknowledging the urgency to promote the well-being of caregiving families, Congress recently passed the RAISE Family Caregivers Act to develop a family caregiving strategy. Read the new blog from AARP Public Policy Institute’s Lynn Friss Feinberg to learn why a coordinated strategy is important now more than ever and how it can serve as a policy roadmap for action in the public and private sectors.”

Ruth Campbell, FGSA: “I live in a CCRC where the community is very lively, stimulating, and we feel like a large family. Recently we are going through two periods of quarantine due to first, the flu, and secondly, a gastrointestinal infection. That has meant about three weeks without activities, van trips, and cautions against ‘congregating.’ My husband and I are healthy and can go out and about but others are more limited. I would be interested in any research on what can be done to keep communication going during this kind of period. We have an email group with more than 60 members but there are many who are not on email. Does anyone have any experience with this?”
Ten Years Later: Revisiting the Eldercare Workforce Report

It is April, but this is not a joke; it has been ten years since the National Academies of Sciences, Engineering, and Medicine (formerly Institute of Medicine) released its groundbreaking 2008 report “Retooling for an Aging America: Building the Health Care Workforce,” which challenged policy makers to make immediate and significant investments to create the health care workforce needed to provide supports and services to the aging boomers. And forty years ago in 1978, the Academies released “Aging and Medical Education,” sounding a warning signal on the demand for a larger geriatric workforce.

As the “Retooling” report opens, it quotes Goethe, “Knowing is not enough; we must apply. Willing is not enough; we must do.” So, time has slipped by and policy makers and politicians have not responded very well. Yet, some of you, our colleagues, and a couple coalitions haven't wasted these years, have been quite persistent, and have recognized that it is not too late to make a difference for older adults in the decades ahead. GSA is a co-convenor of one of those groups, the Eldercare Workforce Alliance, but more about that later.

First, let me remind you a bit about the still very relevant report. Its committee was chaired by one of our very own past presidents, John W. Rowe, MD, FGSA, and both the study committee and the report’s reviewers included other GSA scholars, and me. The report clearly laid out the challenges — the dramatic shortage of health workers, a lack of appropriate training and understanding of older patients, the need for new models of care, the need for public-private partnership, a population with multiple chronic illnesses, the role of diversity and diverse needs, and much more.

The foreword stated that, “During the course of its work, the committee sought to answer a number of questions that will be crucial in determining our readiness to meet the health care needs of a rapidly aging society, including: what is the best use of the paid health care workforce and informal caregivers in meeting the needs of older adults? What new models of care, the need for public-private partnership, a population with multiple chronic illnesses, the role of diversity and diverse needs, and much more.

The foreword stated that, “During the course of its work, the committee sought to answer a number of questions that will be crucial in determining our readiness to meet the health care needs of a rapidly aging society, including: what is the best use of the paid health care workforce and informal caregivers in meeting the needs of older adults? What new roles or new types of providers might be necessary to facilitate efficient, high-quality care? How should the health care workforce be educated and trained to deliver high-value care to older adults, and how should this training be financed? And, what will strengthen the recruitment and retention of the needed workforce?”

As is often the case, coming to terms with terms was necessary. The committee expanded the definition of the health care workforce to include health care professionals, direct-care workers, informal caregivers (usually family and friends), and patients. They determined that all these players needed access to essential data, knowledge, and tools to provide high-quality health care.

After reviewing the evidence, the committee concluded the following:

1. The future health care workforce will be woefully inadequate in its capacity to meet the large demand for health services for older adults if current patterns of care and of the training of providers continue.
2. In all of the health professions where efforts to promote geriatric specialization have been undertaken, these efforts have been mostly insufficient to produce a larger number of geriatric leaders.
3. Informal caregivers provide a large amount of long-term care services to families and friends and will continue to be a significant part of the health care workforce.
4. The structure of public programs precludes both the effective delivery of care to many older adults and the development of an appropriate workforce.
5. Immediate and substantial action is necessary by both public and private organizations to close the gap between the status quo and the impending needs of future older Americans.

Further, it said, “The nation is responsible for ensuring that older adults will be cared for by a health care workforce prepared to provide high-quality care. If current Medicare and Medicaid policies and workforce trends continue, the nation will fail to meet this responsibility. This report is not simply a call for more Medicare and Medicaid spending. Throwing more money into a system that is not designed to deliver high-quality, cost-effective care or to facilitate the development of an appropriate workforce would be a largely wasted effort. Rather, this report serves as a call for fundamental reform. If such reform is to occur, it will require both timely information and ongoing reexamination.”

Eldercare Workforce Alliance

In response to the report, the Eldercare Workforce Alliance (EWA) was created with representatives including family caregivers, the direct-care workforce, health care professionals, and consumers. GSA joined with the American Geriatrics Society to serve as co-conveners, with Past-President Michèle J. Saunders, DMD, FGSA,
leading for GSA. The John A. Hartford Foundation continues to fund its work today.

As stated on the EWA website, the coalition believes that:

• An essential step in addressing our fragmented health and long-term care system is to adopt care models that provide well-coordinated, person-directed and family-focused services across settings.

• All unpaid caregivers - including family, friends and other caregivers - should be supported and have opportunities to acquire the needed skills, knowledge, and information to care appropriately for older adults.

• Resolving the workforce crisis requires addressing recruitment, retention, training and compensation issues across the direct-care and professional health care workforce - which is essential to improve the quality of care and quality of life for older adults.

For years this group of 31 organizations has proven its commitment to developing practical solutions to strengthen our eldercare workforce and improve the quality of care. Its membership includes many other familiar advocacy organizations such as AARP, Alzheimer’s Association, American Society on Aging, PHI – Quality Care through Quality Jobs, LeadingAge, National Alliance for Caregiving, and the National Association for Geriatric Education. The EWA also uses its convenings and relationships to garner support for related issues such as family caregiver initiatives, advanced illness and end of life care, Older Americans Act caregiver support, Medicaid, dual eligibles, access to home and community-based services, chronic care legislation, the Geriatric Workforce Enhancement Program funding and reauthorization, accountable care organizations, substance abuse and mental health services, Department of Labor rules regarding federal minimum wage and overtime protection for paid home- and community-based care workers, dementia research, care and services, the Commission on Long-Term Care, and much more. Their fact sheets, testimony, convenings, and tool kits are used widely both inside and outside the beltway to advocate for a better eldercare workforce.

Moving Forward

April 11 is the 10th anniversary of the “Retooling” report. The EWA is leading the #TogetherWeCare —Advancing a Well-Trained Workforce to Care for Us as We Age campaign. Throughout the year, EWA will create opportunities each month to examine progress made and discuss solutions for addressing our workforce challenges.

GSA and others will collaborate with the EWA on various projects this year. There will be weekly blogs, coalition building activities, social media thunderclaps, Capitol Hill briefings, testimony, and lobby days. During Older Americans Month in May, the EWA will focus on geriatric training and advocacy for the GWEP. The following months will cover Alzheimer’s and dementia training, pharmacists, the direct care workforce, release of a white paper on a National Academies follow-up meeting, mental health, family caregivers and veterans, care coordination, cultural competency training, social work, and social determinants of health across care settings.

I believe that the “Retooling” report remains a valuable resource and includes many recommendations that are still relevant to our work. The EWA’s plan to highlight various aspects of the report and issues is a very positive way to engage and energize us to keep the pressure on policy makers and to keep the research, analysis, education, and advocacy in the forefront of our field’s efforts.

Let me conclude by highlighting GSA’s Careers in Aging Week. This is observed the first week in April each year, but you can make a difference by spreading the good word about career opportunities in aging all year long. Check out the activities at www.careersinaging.com. This is one more way that we can advance the recommendations of the “Retooling report” to close the gap between the need for a trained and knowledgeable workforce and the older people who need us.

Recent GSA Policy Actions

GSA Senior Director of Professional Affairs and Membership Patricia D’Antonio represented GSA at a recent meeting with National Institute on Aging (NIA) Director Richard Hodes, PhD, and members of NIA’s leadership. The meeting was convened by the Friends of NIA coalition and focused on the status of NIA funding, NIA’s accomplishments and future objectives.

GSA signed on to a letter of support for the Strategies to Address Antimicrobial Resistance (STAAR) Act. This legislation would help continue and expand the federal response to the public health crisis of antimicrobial resistance. The STAAR Act promotes efforts to minimize antimicrobial resistance, strengthens efforts to prevent the transmission of antimicrobial infections, and enhances research to deepen our understanding of resistance and the best ways to combat it.

GSA signed on to a letter from the Adult Vaccine Access Coalition requesting that Congress support the U.S. Centers for Disease Control and Prevention’s Immunization Program at $650 million and the national Vaccine Program Office (NVPO) at $6.4 million. The NVPO plays an essential role in coordinating immunization activities among the various federal agencies. These dollars will also help ensure robust implementation of the National Adult Immunization Plan.
AARP Online Tool Helps in Financial Advisor Selection
A new free online tool, AARP Interview an Advisor, was recently launched by AARP and the North American Securities Administrators Association. It is designed to take the guesswork and mystery out of the process of interviewing and hiring a financial advisor. It walks the user through a short series of suggested questions to ask a financial professional as part of the hiring decision. Included are questions regarding the advisor’s qualifications, methods of compensation, and whether the advisor is required to act as a fiduciary—that is, whether the advisor is obligated to act in the investor’s best interest. In addition to the suggested questions, Interview an Advisor includes a sample script to help start a conversation with a financial advisor. The web-enabled tool is free and available to anyone. Access it at: www.aarp.org/InterviewAnAdvisor. Interview an Advisor is optimized for mobile use, and can run on any smartphone, tablet device or computer.

HRSA Unveils Dementia Care Training Modules
The Health Resources and Services Administration (HRSA) recently released new training modules to educate the primary care workforce and caregivers about caring for people living with dementia and develop skills to address the challenges. These new modules are designed to better support the caregivers and providers to become better members of the team who support people living with dementia. The HRSA also created a dementia curriculum for the primary care workforce which includes primary care practitioners, health professions faculty and students, primary care practitioners, and direct service providers. The curriculum has 16 core modules and four supplemental modules designed to train the primary care workforce about dementia care and to help providers address caregiver needs. The curriculum is flexible and can be adapted to meet specific training needs. These tools are accessible at bit.ly/2tbKjha.

U.S. Prepares for 2030 Demographic Milestone
The year 2030 will mark an important demographic turning point in U.S. history, according to the U.S. Census Bureau’s 2017 National Population Projections. By 2030, all baby boomers will be older than age 65. This will expand the size of the older population so that 1 in every 5 U.S. residents will be retirement age. “The aging of baby boomers means that within just a couple decades, older people are projected to outnumber children for the first time in U.S. history,” said Jonathan Vespa, a demographer with the U.S. Census Bureau. “By 2035, there will be 78.0 million people 65 years and older compared to 76.4 million under the age of 18.” The 2030s are projected to be a transformative decade for the U.S. population. The population is expected to grow at a slower pace, age considerably and become more racially and ethnically diverse. Net international migration is projected to overtake natural increase in 2030 as the primary driver of population growth in the U.S., another demographic first for the country. The 2017 National Population Projections are the third set of projections based on the 2010 Census. This series updates the prior series released in 2014. For the first time, the national population projections will account for the generally lower mortality rates and higher life expectancy of the foreign-born, which allows us to better project for the effects of international migration on the population of the United States. The 2017 series also includes projections of the racial and ethnic composition of children and older adults for the first time. To learn more, visit www.census.gov/programs-surveys/popproj.html.

Aging Committee Issues Report on Fraud
According to the U.S. Government Accountability Office, financial fraud targeting older Americans is a growing epidemic that costs older adults an estimated $2.9 billion annually. One of the top priorities of the Senate Aging Committee is to combat scams that target older Americans. The committee officially released its 2018 Fraud Book at a hearing detailing the top 10 scams reported to the committee's Fraud Hotline last year. In 2017, the hotline received more than 1,400 complaints of frauds targeting older adults around the country, demonstrating the extent of this epidemic. “This Committee’s dedication to fighting fraud against older Americans is raising awareness and it is making a real difference,” said Committee Chair Senator Collins (R-ME). “Just two weeks ago, the Department of Justice announced it has charged more than 250 people with stealing more than a half billion dollars from more than a million Americans. This is the largest ever law enforcement action to protect our nation’s seniors from fraud.” The committee’s ranking member, Senator Bob Casey (D-PA), said, “It is our sacred responsibility to help keep seniors safe from scams and we must take aggressive action to ensure that not one more senior loses another penny to a con artist. I will continue to ensure that law enforcement has the resources necessary to punish perpetrators and we must strengthen our work with businesses to ensure they are another line of defense to help prevent assets from ever leaving the hands of unsuspecting victims.” Access the 2018 Fraud Book at bit.ly/2oQUEdQ.

AARP Releases Consumer Insights Survey on Nutrition, Brain Health
Adults age 40-plus who say they eat healthy foods most of the time are twice as likely to rate their brain health and mental sharpness as “excellent” or “very good” compared to adults who rarely eat a healthy diet (77 percent vs. 39 percent), according to a new AARP consumer survey on brain health and nutrition. But only about one-third (35 percent) of adults surveyed reported eating nutritious and well-balanced meals “most of the time” (five to seven days). The new report finds that a plant-based diet rich in fruits and vegetables is associated with better brain health, and eating fish and other seafood seems to benefit cognitive function. However, excessive alcohol, high levels of saturated fats, and high salt intake are all harmful to brain health. A heart-healthy diet is also a brain-healthy diet because high blood pressure, high cholesterol, and diabetes — all common conditions influenced by diet — harm both cardiovascular and cognitive health. And contrary to recent reports, the Global Council on Brain Health recommends a healthy portion of skepticism for people who are drinking coffee, tea, and red wine expecting a brain health benefit until more evidence is developed. More information about the 2017 AARP Brain Health and Nutrition Survey can be found at www.aarp.org/2017FoodandtheBrain. Additional surveys and reports on brain health can be viewed at www.globalcouncilonbrainhealth.org.
As emerging scholars, it is essential to understand the realm of public policy to best align one’s research agenda to have the greatest impact on the ever-evolving political landscape. The shift toward translating research into public policy is gaining momentum and challenging investigators to consider the implications of their work on a broader scale. To have the widest influence possible, building a program of research that addresses public policy from inception through to completion becomes key.

This inclusion of policy in our research begins with acknowledgement that policymakers may have different priorities and expectations of how information is delivered. According to Ross C. Brownson and colleagues in their 2006 paper titled “Researchers and Policymakers: Travelers in Parallel Universes,” policymakers may require a more superficial level of knowledge on a greater variety of topics, they may be more willing to accept uncertainty, and have shorter timeframes to address and/or solve an issue.

To address the different areas of expertise for researchers and policymakers, it is incumbent upon us as researchers to recognize and adopt the needed skills to effectively collaborate with policymakers. According to Brownson, these skills revolve around how we as researchers frame our research so that it aligns with public policy, including:

- Transparency of methods (Are they appropriate, transparent, replicable?)
- Plausibility of analysis (Is the analysis congruent with the policymaker’s analysis?)
- Credentials of the researcher (What makes the researcher an expert?)
- Perceived impartiality (Are there conflicts of interest?)
- Perceived track record (What has the researcher done well in the past?)
- Perceived honesty (Has the researcher adequately framed their conclusions?)

Equipped with the skills policymakers recognize as essential, emerging researchers are better positioned to collaborate with policymakers in formulating research questions, disseminating findings, and developing policy solutions. It is therefore important to recognize your key research interests that correspond with political priorities. In John W. Kingdon’s 1995 book “Agendas, Alternatives, and Public Policies,” he notes that politicians and entrepreneurs have their “pet” problems and polices that are poised for when a political window opens.

We as researchers must also be proactive and able to act quickly to capture these moments of opportunity to promote our research agendas, which involves not only being aware of current events in the political sphere, but also becoming actively engaged. This can be accomplished in a variety of ways including: meeting your elected officials, transforming data for staffers and politicians to make it easily accessible, becoming a part of community advocacy coalitions, writing for newspapers, and supporting like-minded candidates.

Beyond being actively engaged, Brownson underscores numerous ways to align your research with policy. For example, when publishing a scientific article, consider developing a short policy summary or publishing a popular piece about the findings. In addition to presenting your research at professional meetings, provide testimony at a legislative hearing or community meeting. Collaborating with legislative staff members might be one of the most essential ways to gain an understanding of the political climate while aligning your research with current topics to influence future policy development.

Ultimately, realizing the unique differences between research and politics is the first step in understanding how to best reach policymakers and work with them to shape political agendas that are informed and driven by evidence.
Earn a Master’s degree from the USC Leonard Davis School of Gerontology

The USC Leonard Davis School of Gerontology is the oldest institution dedicated to aging research in the nation. We offer the most comprehensive selection of gerontology degree programs found anywhere, and we are a pioneer in distance learning education. Our mission is to increase the quality of life for all older adults via research, service and education.

All of our Masters’ programs are available in their entirety to distance learning students online and also to those who are able to attend classes on campus. We also award $500,000 to students in scholarships annually.

Master of Science in Gerontology
The Master of Science in Gerontology, our flagship and most popular graduate program, positions graduates to pursue their passion for policy and research while studying the mechanics and mysteries of longevity, aging and population health. Additionally, this program offers an internship as well as research methods and grant writing in

Master of Arts in Gerontology
The Master of Arts in Gerontology is geared toward busy professionals who already have five or more years of experience in the field of aging, but were educated in other areas. The MAG program will supplement their education so graduates can better accommodate the special needs of older adults.

Master of Aging Services Management
The Master of Aging Services Management provides the opportunity for current and future aging services managers to acquire the knowledge and skills needed to respond to a rapidly growing population of older people. Students will be prepared to utilize their skills and respond effectively to changes in the economic, legal and regulatory environments in which they are employed.

Master of Long Term Care Administration
The Master of Long Term Care Administration program is the perfect solution for the working professionals who have not had formal education in aging. The curriculum blends an exploration of the social, psychological and biological aspects of aging with training in the administration and management of long term care organizations.

Graduate Certificate in Gerontology
The Graduate Certificate in Gerontology provides an opportunity to obtain a greater understanding of gerontology theory and research. The program consists of 16 units of study in gerontology designed to offer a broad range of knowledge, which relate to professional practice.

The priority application deadline for the Fall 2018 term is March 15, 2018. We will continue to review applications on a rolling basis after this deadline until classes start in August.
For inquiries email Lisa Huynh - lisahuyn@usc.edu or call (213) 740-5426

For more info visit us @
gerouusc.edu

USC Leonard Davis
School of Gerontology
New 2018 GSA Member Benefit: Special Rates on Open Access Fees

GSA is now offering members special article processing charges ($500 savings) for all open access papers in the GSA journals. Authors have the option to publish their paper under the Oxford Open Initiative (academic.oup.com/journals/pages/open_access), whereby, for a charge, their paper will be made freely available online immediately upon publication. After a manuscript is accepted, the corresponding author will be required to accept a mandatory license to publish agreement. As part of the licensing process authors will be asked to indicate whether or not they wish to pay for open access. GSA members receive a special rate on these charges. Details can be found in the journal Author Guidelines.

New Special Issues Hosted Online; Email Alerts Available

The GSA journals have published several special issues and supplements this year. Visit the GSA family journal page at academic.oup.com/gsa to access and learn more. Some of this content includes The Journal of Gerontology, Series B: Psychological Sciences and Social Sciences special issues “Cortisol Special Joint Section,” “Methodological Innovations,” and “Psycho-social Influences of African Americans Men’s Health”; The Journal of Gerontology, Series A: Biological Sciences and Medical Sciences special issues “Caloric Restriction and Restrictive Diets: Interventions that Target the Biology of Aging” and “Sex, Gender and Aging,” and translational section “The Mediterranean Diet”; The Gerontologist special issue “Aging in Context,” and supplement issue “Alzheimer’s Association Dementia Care Practice Recommendations”; and Public Policy & Aging Report supplement issue “Policy Advocacy: The Change AGEnts Initiative.” Stay up to date on the latest research from all of GSA’s journals, including its newest journal, Innovation in Aging, via journal content alerts delivered to your email. Sign in to your free Oxford Academic account at academic.oup.com/journals to customize your email alerts. Once logged in, select “Email alerts” from your account drop down menu.

The Gerontologist Hosts Virtual Collection on Dementia, Caregiving

With the number of people living with dementia expected to increase each year, caregivers continue to play an integral role in maintaining quality of life and quality of care of those living with dementia. A new virtual collection of journal article highlights studies recently published in The Gerontologist that focus on caregiving for persons with dementia. The selected article covers a broad range of issues including care-related stress, impact of caregiving on families, sociocultural factors in care seeking behaviors, caregiver involvement in treatment management, post-caring well-being, and psychosocial interventions to improve the quality of life for caregivers. This virtual collection can be accessed at bit.ly/TG58-2. Additional research on dementia care to improve quality of care and quality of life for persons with dementia and their caregivers is available in the supplement, “Alzheimer’s Association Dementia Care Practice Recommendations,” published in February 2018. Visit academic.oup.com/gerontologist to view content.

GSA Offers Methodological Innovations Webinar

GSA recently held a webinar that highlighted key features of the recently published special issue on methodological innovations in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, led by co-editors Deborah Carr and Shevaun Neupert. I-Fen Lin described applications of the multiple-indicators and multiple-causes (MIMIC) model to intergenerational transfer and reporting bias, and Nilam Ram presented core concepts from each of his four papers in the issue. Access the recorded webinar and webinar-related materials at geron.org/webinar.

Continued from page 1 – AGHE Changes Name to Academy for Gerontology in Higher Education

‘knowledge.’ With AGHE as an integral part of GSA, our focus on knowledge about aging — generating it and sharing it — is stronger,” said GSA President David J. Ekerdt, PhD.

AGHE will now convene as part of GSA’s Annual Scientific Meeting and offer programming there, allowing both constituencies to participate in all sessions. AGHE will have an Executive Committee comprised of volunteer leaders and the schedule of elections, as well as award and fellowship nominations, will now coincide with GSA’s.

“Now in its 44th year, AGHE is nationally and internationally recognized as the preeminent organization in the world providing leadership and support to its members in promoting gerontological education — both within academic institutions and society at large,” said Nina M. Silverstein, PhD, the immediate past president of AGHE who established the Strategic Planning Task Force. “The clear focus on education in AGHE’s mission makes it uniquely qualified to fulfill our vision and ensure that the current and future workforce have the knowledge and skills to make a difference in the lives of older people, their families, and communities across the globe.”

AGHE will offer four membership categories: educational institution, educational affiliate, organizational affiliate, and individual. GSA members may choose to elect affiliation with AGHE as well. Gerontology & Geriatrics Education will continue be AGHE’s official journal; this publication is devoted to improving awareness of best practices and resources for gerontologists and gerontology and geriatrics educators.

“Gerontology as a discipline or infused across the curriculum in educational settings from K-12 through higher education is valuable to combat ageism, subtle or overt, that is prevalent across societies today — and to assure that individuals who work directly or indirectly to benefit the lives of older people, their families, and communities have the knowledge and skills necessary to demonstrate the competence needed to achieve that benefit,” Silverstein said.

More details about AGHE’s transformation, as well as a list of commonly asked questions and answers, can be found at www.aghe.org/transformation.
NIA Will Support New ADRCs
The National Institute on Aging (NIA) is inviting applications for Alzheimer’s Disease Research Centers (ADRCs), which serve as major sources of discovery into the nature of Alzheimer’s disease and related dementias and into the development of more effective approaches to prevention, diagnosis, care, and therapy. They contribute significantly to the development of shared resources that support dementia-relevant research, and they collaborate and coordinate their research efforts with other National Institutes of Health-funded programs and investigators. Letters of intent are due May 4 and applications are due June 4. For further details, visit bit.ly/2BFqwp8.

Federal Funds Slated for ADRD Assistive Technologies
The National Institute on Aging has issued a funding opportunity announcement — under its Small Business Innovation Research grants program — for research and development of assistive technology for individuals with Alzheimer’s disease and related dementias (ADRD) and their caregivers/care partners. The supported research should enhance health and well-being, reduce illness and disability, and improve quality of life. Particularly of interest are technologies for providing psychosocial support (enhancing mood, mitigating the effects of loneliness, and enhancing social connection and communication), reducing stress (e.g., through the provision of biofeedback or other forms of behavioral therapy), and assisting with care management and activities of daily living. To achieve these ends, this announcement encourages a multidisciplinary approach to foster collaborations between geriatricians (particularly those with knowledge of cognitive impairment and dementia), psychologists, neurologists, computer scientists, and mechanical, electrical and software engineering professionals. Applications should demonstrate the potential for broad population impact, including that the proposed assistive technology is innovative; efficacious and effective; scalable; and low-cost. The application due dates are January 8, 2019, and January 8, 2020, with letters of intent due 30 days prior. View bit.ly/2rRo0wv for additional information.

April 30, 2018 | 1pm-2pm EST
Presenter: Una Makris, MD, UT Southwestern Medical Center
Developing, Refining, and Evaluating a Behavioral Intervention that Targets Comorbid Chronic Back Pain and Depression in Older Adults

May 14, 2018 | 1pm-2pm EST
Presenter: Mary Janevic, PhD, MPH, University of Michigan
A Technology-Assisted Chronic Pain Self-Management Intervention for Older Adults in a Low-income, Urban Setting

June 26, 2018 | 1pm-2pm, EST
Presenter: Julie Wetherell, PhD, University of California at San Diego
Acceptance and Commitment Therapy for Chronic Pain in Older Adults

The TRIPPL webinar series is a web based training resource for health professionals, researchers, and others with interest (or working) in the aging field.

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

ADVERTISE WITH US!
This newsletter reaches GSA’s 5,500 members both in print and online.

Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

See the current rates at www.geron.org/advertising.
NIH Aims to Advance Science of Palliative Care in Geriatric Populations
Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement that encourages exploratory or developmental research grant applications to develop new tools, methods, and models focused on palliative care in geriatric populations. The announcement covers studies in a variety of settings including hospitals (and specific sites within hospitals including specialty medical or surgical wards, intensive care units, and emergency departments), post-acute care settings, outpatient clinics and doctors’ offices, patients’ homes and other residential settings, assisted living facilities, nursing homes, hospices, and other healthcare or community settings. The NIH encourages both prospective studies and analyses of existing datasets, health and medical records, claims data, or other sources. Leveraging ongoing cohorts, intervention studies, networks, data and specimen repositories, and other existing research resources and infrastructure are encouraged. Study designs may include observational approaches, quasi-experimental designs, and limited interventional studies where feasible for this R21 mechanism. Standard due dates apply until expiration in May 2020. Full details can be located at bit.ly/2DX504D. A similar funding opportunity for geriatric palliative care is available at bit.ly/2nvqqls.

NIA Offers Pragmatic Trial Grants for Dementia Care in LTSS
The National Institute on Aging (NIA) is inviting applications for pragmatic trials for dementia care in long-term services and supports settings that will be designed to address practical comparative questions faced by Alzheimer’s disease and related dementia (ADRD) patients, clinicians and caregivers (both paid and unpaid); include broad and diverse populations; and be conducted in real-world settings. These trials are intended to produce results that can be directly adopted by healthcare providers, patients or caregivers for rapid translation. Successful applications will improve quality of care of persons with dementia; improve quality of life for persons with dementia and their informal caregivers; deliver more patient-focused, cost-effective care in LTSS; and/or reduce disparities in LTSS care. The next available submission due date is February 20, 2019. Visit bit.ly/2rRR8ns for more information.