GSA Promotes Aging Careers with New Partners, Resources

GSA and its educational organization, the Academy for Gerontology in Higher Education, have unveiled a series of resources to coincide with Careers in Aging Week 2019, which took place from March 3 to 9. Joining GSA for the first time in promoting this event were the American Health Care Association/National Center for Assisted Living (AHCA/NCAL), Argentum, and LeadingAge.

Careers in Aging Week is celebrated at businesses, clinics, coalitions, organizations, universities, and other institutions around the world — where activities provide important information about the wide range of professions in the field of aging and aging research, raise awareness about older populations and their needs, and inform students and the public of the many academic programs available to get one started on a career path.

Regardless of the career path that one chooses, demographic trends in the U.S. indicate that a high number of the people you serve are likely to be older adults,” said GSA CEO James Appleby, BSPharm, MPH. “The possibilities of careers in aging are limitless, and we are proud to join with new partners to cultivate the workforce of tomorrow.”

GSA premiered a new 25-minute video, “The Information and Tools You Need to Promote Careers in Aging,” in which various organizations shared their plans for spreading the word.

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Meeting Abstract Stats Talled
GSA received a total of 3,676 abstract submissions (including individual symposium abstracts) for this November’s Annual Scientific Meeting in Austin, Texas. Submissions were received from 42 countries, with the majority coming from the U.S., Canada, the U.K., China, Hong Kong, and Japan. Acceptance notifications will be sent in July.

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Your Leadership, Your Society!
Planning is underway for June elections in accordance with the recently amended GSA bylaws. This month, the GSA secretary will communicate with all members regarding the open positions and invite nominations (including self-nominations).

Under the new governance model outlined in the 2020 Vision for Growth and Impact, members will be electing candidates for the Board of Directors and vice chairs for each section. Visit www.geron.org/elections to see full details on the open positions, responsibilities, and eligibility criteria.

GSA Will Oversee Advancement of Reframing Aging Initiative

On behalf of eight national aging organizations, GSA has secured multi-year grant funding from several foundations to lead the next phase of the Reframing Aging Initiative — a long-term social change endeavor designed to improve the public’s understanding of what aging means and what contributions older people bring to society. Ultimately, this understanding will counter ageism and guide our nation’s approach to ensuring healthy and productive aging for all people across the life course.

The new work will be supported by Archstone Foundation, The John A. Hartford Foundation, The Retirement Research Foundation, and The SCAN Foundation, with additional funding from Endowment for Health. The eight involved organizations — collectively known as the Leaders of Aging Organizations (LAO) — launched the Reframing Aging Initiative in 2014 as a way to address negative views of aging, promote more accurate perceptions of aging, and develop supportive aging policies.

“It’s now been 50 years since pioneering gerontologist Robert Butler coined the term ‘ageism,’” said GSA CEO James Appleby, BSPharm, MPH. “Changing cultural attitudes is not a small undertaking, but we have to start, playing our appropriate leadership role as researchers, practitioners, and educators in the aging field.”

The LAO previously partnered with the nonprofit FrameWorks Institute to conduct rigorous research, and found that the public’s perception of aging is decidedly negative and antithetical to how most older people feel and what experts in the field know to be true. FrameWorks then developed and tested strategies and tools that

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A Generation’s Work — Reframing Aging Together

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

As you read in the cover story of this month’s newsletter, GSA has taken on the role of leading the initiative known as Reframing Aging, which challenges the incorrect narrative around aging that predominates in American culture. This project was launched by an eight-member group of organizations in the aging field with funding provided by nine forward-thinking sponsors. We are grateful for their leadership and vision.

The stage is now set to advance this initiative — truly the work of a generation. In the beginning, a team of committed social scientists at the FrameWorks Institute conducted extensive research to support this initiative, including field-testing new narratives around aging that increase public support. Achieving meaningful culture change will require a long-term commitment, beginning with the aging field itself and expanding out to all stakeholders and constituencies over time, at both a national and local level. Changing American culture is challenging and changing attitudes and behaviors around the universal experience of aging especially so.

GSA’s role will be to nurture and sustain this initiative and to help it gain momentum over the next three years. GSA is a natural “home” for the Reframing Aging Initiative, as this work relates to all aspects of aging and will be informed by all disciplines. (I envision a time when a full-scale national center dedicated to advancing this long-term vision of reframing aging and addressing ageism will be established.)

Advocacy organizations working to advance age-friendly policies have long known that some policymakers have an inaccurate perception of aging, which impacts the level of support they offer for policies to improve the lives of older individuals. Over the long-term, the Reframing Aging Initiative will help advance the development and implementation of age-friendly policies as elected representatives, cultural leaders, and the public at-large develop a more accurate understanding of aging in America. But that time is over the horizon. For now, we must begin and lead from where we stand.

Research on major social change initiatives suggests that an essential means for changing the way people talk about and perceive an issue is to start with the scientific community. For example, in a major movement around childhood toxic stress, experts first advocated conceptualizing a different way of talking about the issue that enabled the movement to engender public support. This change took a generation to fully take hold but has borne meaningful results that have advanced the field and improved lives.

The Reframing Aging Initiative will take a similar amount of time to fully develop. As you learn about the new evidence-supported narratives developed by the FrameWorks Institute, you may rightfully feel skeptical about the impact such an initiative can have. There are no magic words here, no “silver bullet” of language that transforms everyone’s perception of aging and ends ageism. Instead, the initiative will require an intentional, sustained discipline to apply the new narratives over time to inform public understanding. Its success will require the active engagement of all involved in the aging field, including researchers, practitioners, educators, community organizations, advocates, service providers, and more.

While changing cultural perceptions is not easy, the alternative is to acquiesce to an unacceptable status quo that undermines our ability to build support for aging-friendly policies, necessary research investments, and the future of our every-generation-nation.

Let’s change the “conventional wisdom” on aging together.
New Publications by Members

- “To Survive on This Shore: Photographs and Interviews with Transgender and Gender Nonconforming Older Adults,” by Jess T. Dugan, MFA, and Vanessa Fabbre, PhD, LCSW. Published by Kehrer Verlag, 2018.


Members in the News

- Maria Claver, PhD, MSW, CPG, and colleague Long Wang, PhD, MD, RDN, appeared on NBC4 News Los Angeles and Spectrum One News, and in the Long Beach Press Telegram and Long Beach Post, to discuss their course, “Women and Aging: Lessons from the Golden Girls.”

- On February 18, Next Avenue featured an interview with Toni Miles, MD, PhD, FGSA, titled “Bereavement Researcher: We Must Do Better for the Grief-Stricken.”

- Laura Gitlin, PhD, FGSA, was profiled in the February 27 edition of Diverse Issues in Higher Education in an article titled “Dr. Laura N. Gitlin Takes An Interdisciplinary Approach to Patient Care.”

- Former Academy for Gerontology in Higher Education President Marilyn Gugliucci, PhD, FGSA, was mentioned in a February 28 column in The Boston Globe titled “My brush with (virtual) death.” The piece focused discussed a program that uses virtual reality to improve health care for older patients, on which Gugliucci consulted.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: **Christopher Kelly, PhD**

The recipient, who became eligible after referring new member Zolana Baumel, PhD 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: **Brian Downer, PhD**

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

Estes Awarded by National Academy of Social Insurance

Former GSA President Carroll L. Estes, PhD, FGSA, has been named a 2019 recipient of The National Academy of Social Insurance’s Robert M. Ball Award for Outstanding Achievements in Social Insurance. This distinction recognizes innovation in changing, educating about, or otherwise furthering public understanding and informed policy-making in a specific area of social insurance; and effectiveness in deepening public understanding, fostering collaboration, informing policy, implementing policy, or teaching others about social insurance. Estes is an emeritus professor of sociology at the University of California, San Francisco, where she founded and directed the campus-wide Institute for Health & Aging (from 1979 to 1998) and chaired the Department of Social and Behavioral Sciences in the School of Nursing from (1981 to 1992).

Owsley Earns Two Vision-Related Awards

Cynthia Owsley PhD, FGSA, a professor and the Nathan E. Miles Chair of Ophthalmology at the University of Alabama at Birmingham, has been awarded the Oberdorfer Award in Low Vision Research for 2019. This recognition is given by the Association for Research in Vision and Ophthalmology Foundation for Eye Research with support from the Lighthouse Guild. The award recognizes the recipient’s role in furthering low-vision research and rehabilitation. In addition, Owsley was recently named the 2019 recipient of the Jenny Pomeroy Award for Excellence in Vision and Public Health. Bestowed by Prevent Blindness, this award recognizes an individual, team, or organization that has made significant contributions to the advancement of public health related to vision and eye health at the community, state, national, and/or international level.

GSACConnect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org! During Membership Month in March, GSA members posted about their introduction to the field of aging/gerontology (edited for length):

- S. Michal Jazwinski, PhD, FGSA: I moved to New Orleans in the summer of 1984 and experienced a lull in bench research as I set up my new lab. I had time to muse around the boundaries of my research, and I began to wonder about how cells knew whether to continue to proliferate or just give up the ghost. I had been studying what controls one round of division of yeast cells, and it seemed to me that yeast would be a great model to study replicative aging of cells. What’s more, no one else seemed to be doing this, which also made this a hard sell. In 1985, the GSA meeting was held in New Orleans, and I made an appointment to talk to Huber Warner, who was just starting as a program officer at NIA, around the fringes of the meeting. He was very supportive, so I applied for a grant. Surprisingly, I got funded in 1986. I decided that now it would be good to learn something about aging, so I joined GSA that year.

- Terrie Fox Wetle, PhD, FGSA: In 1969, in addition to working with returning Vietnam veterans at the Portland VA hospital, I had the opportunity to talk with World War II veterans, many of whom were at the end of their lives. Their life experiences were compelling, leading me to questions about community-based services, distribution of scarce resources, and end of life care. Despite advice that I should center my work on children, I enrolled in an urban studies PhD program focused on aging, supported by an Administration on Aging traineeship. This training program included monthly campus visits with top leadership in gerontology from around the country including Bob Binstock, Bernice Neugarten, Rob Hudson, Carl Eis dorfer, and others. This opportunity to learn gerontology at the feet of giants, as well as to call upon them as my career developed, was invaluable. I have greatly enjoyed working in both government and academe, and have never regretted my decision to focus on aging populations.
Aging-Focused Programs Would Take Hits Under Trump Budget 3.0

On March 11 (with more details on March 18), President Donald Trump sent up to Capitol Hill his $4.75 trillion fiscal year (FY) 2020 budget, titled “A Budget for a Better America,” with the tagline, “Promises Kept. Taxpayers First.” Now for the political and policy scrutiny and rejection. Unlike the Barack Obama-era budgets we grew to think of as wish lists for growing the programs he believed were needed to help our citizens and the economy, the Trump budgets are more like wish lists for the cuts he would like to make in part to pay for significant increases in defense, security, and tax cuts.

His draconian cuts actually make this administration look more out of sync with Congress than asking for too much spending. It has also been interesting over the past couple years to watch the able staff of various agencies like the National Institutes of Health, Administration on Aging, and the Health Resources and Services Administration present and defend their budgets regardless of an apparent lack of support from the White House and Office of Management and Budget. However, parts of this budget (bad and good proposals) may end up in law, so it is always appropriate to pay attention to the details and direct one’s advocacy accordingly.

As we have discussed in the past, Congress does not have to approve the president’s budget or a budget of their own, but they do need to determine spending caps for the fiscal year and pass appropriations bills to fund the government. That process has begun.

Big Picture

The House Budget Committee majority estimates that the president’s budget would cut non-defense discretionary programs by more than $1 trillion over ten years, starting with a nine percent ($54 billion) cut in FY 2020. Included in this figure are cuts of about $327 billion from mandatory programs or entitlement programs, such as the Supplemental Nutrition Assistance Program. Congress recently rejected similar attempts to cut the program. On the defense side of the equation, the budget would increase spending by $34 billion to $750 billion in FY 2020.

If you hadn’t noticed that the 2020 election season is well underway, here is what Senator Bernie Sanders (I-VT), the ranking member of the Senate Budget Committee, said about the budget:

“T rump’s proposed increase in base defense spending could make every public college and university in America tuition-free over the next decade.”

The budget also cuts $5.8 billion from nutrition assistance for low-income pregnant women, infants, and children under the age of five, eliminates the Agency for Healthcare Research and Quality, and would cut $845 billion from Medicare, according to a Senate committee document. Overall, the Department of Health and Human Services is cut by about 12 percent, while Housing and Urban Development is cut 18 percent and the Environmental Protection Agency is cut by 31 percent, while funding for the Department of Homeland Security goes up 15 percent and Veterans Affairs rises seven percent.

You may have thought that we were done with attempts to repeal Obamacare, but the president’s budget would, according to the Center on Budget and Policy Priorities, add millions of Americans to the ranks of the uninsured by repealing the Affordable Care Act (ACA) and cutting Medicaid. “It proposes cutting $777 billion over ten years from Medicaid and ACA subsidies that help people afford marketplace health coverage, primarily by repealing the ACA, including the Medicaid expansion, and replacing that coverage with an inadequate block grant, while also imposing a per-capita cap on the rest of the federal Medicaid program.” It also would take coverage away from those that do not meet a work requirement. The Kaiser Family Foundation has estimated that this would result in 1.4 million to 4 million people losing coverage.

National Institutes of Health

The Trump budget would cut National Institutes of Health (NIH) funding from $39.3 billion to $34.4 billion. According to NIH Director Francis Collins, “This request for a $34.4 billion total program level seeks to recognize the need for fiscal austerity, while advancing NIH’s mission to seek fundamental knowledge about the nature and behavior of living systems and to apply that knowledge to enhance health, lengthen life, and reduce illness and disability.” The request for the National Institute on Aging (NIA) is 2.7 billion, a decrease of $429.3 million from the FY 2019 enacted level. The breakdown in proposed funding is interesting, with non-competing research project grants receiving an increase of $479.7 million for a total of $1.5 billion, while competing research project...
grants would be cut by $785.6 million for a FY 2020 total of only $279.3 million. This would decrease the total of competing grants from 848 in 2019 to 366, in part based on a transition of previously awarded grants into non-competing status, according to NIA. Research centers will be cut by $12.9 million, a decrease of 14 centers.

Other Aging Programs

**Geriatric Education:** Once again, the Trump budget recommended eliminating the Geriatrics Workforce Enhancement Program and provided no funding for the recently reinvigorated Geriatrics Academic Career Awards. These programs are currently funded at $40.7 million. The Health Resources and Services Administration was cut by a total of $991 million.

**Older Americans Act:** For me it’s hard to imagine that for around $2 billion per year, older adults across the nation would receive an amazing range of services through the Older Americans Act (OAA) programs, both in their homes and communities and ombudsman services in long-term care facilities. The President’s request for OAA programs this year was slightly below FY 2019 levels with most programs, including supportive services and nutrition, receiving level-funding. There were several harmful cuts, however, including a 17 percent ($30 million) cut to the Family Caregiver Support Program; a $1 million cut to the long-term care ombudsman program, now funded at around $17 million (need I say for the whole country); a $2 million cut to the Elder Justice Initiative, currently funded at $12 million; and elimination of the Title V Senior Community Services Employment Program administered by the Department of Labor and serving and training very low-income older adults. The budget does propose something that GSA has supported through the Elder Justice Coalition, funding ($2 million) to support programs to address elder abuse related to the opioid abuse epidemic. Unfortunately, these funds were taken from already underfunded Elder Justice Initiative.

**Senior Corps Programs:** The President’s budget proposes the elimination of the Corporation for National and Community Service in FY 2020 and all of its programs, “returning responsibility to fund national service and volunteerism to the private and nonprofit sectors.” This would end the Retired Senior Volunteers Program, the Foster Grandparent Program, and the Senior Companion Program.

**State Health Insurance Assistance Program:** The budget includes a $13 million (25 percent) cut to the only federally funded, unbiased resource for Medicare counseling, which is largely administered through area agencies on aging. Additional programs proposed to be eliminated include the Low-Income Home Energy Assistance Program, which provides financial assistance for utility bills; the Community Development Block Grant, including some funds for home-delivered meals. Also cut severely are the Social Services Block Grant and Section 202 Senior Housing (by $34 million, or five percent), which would increase rents for Department of Housing and Urban Development-assisted households, including those benefiting older adults. Overall, the budget requests $44.1 billion for housing programs, which is a nearly 17 percent decrease over FY 2019 spending.

**Social Security:** Who says that harming Social Security is the third rail of American politics? This administration’s budget proposal slashes more than $84 billion from Social Security and Supplemental Security Income over 10 years, including at least $72 billion to Social Security’s disability programs. Cuts would hit all Social Security programs.

In concluding, I want to make the pitch that if there are opportunities for you to be a part of the political process, please take them. Attending a town hall meeting, a campaign event, or a fundraiser can provide an opportunity to thank members of Congress for their support or ask them to show their support for a program or position about which you care. And of course, setting up a meeting to discuss the work you do back in the state or when you are in DC is great too. The Trump budget proposal may be going nowhere, but we need to educate policymakers about the harm his policies would do to older adults and our programs.

**Recent GSA Policy Actions**

**GSA** signed on to an Adult Vaccine Access Coalition letter requesting full funding of immunization-related activities at the Department of Health and Human Services in the FY 2020 Budget. The coalition requested that Congress strongly support programs in the Centers for Diseases Control and Prevention National Center for Immunizations and Respiratory Disease, as well as the National Vaccine Program Office. The latter plays an essential role in coordinating immunization activities among the various federal agencies.

**GSA** signed on to a U.S. Stakeholder Forum on Antimicrobial Resistance letter outlining FY 2020 funding requests. The letter urged Congress to provide the robust funding needed to address the urgent public health threat through a “One Health” approach domestically and globally, which includes infection prevention, antimicrobial stewardship, surveillance, research, and innovation, and additionally asked Congress to raise the budget caps to allow for deeper investments.
LEAD Produces Brief on Medicaid, Dementia

The Leaders Engaged on Alzheimer’s Disease (LEAD) Coalition recently released an issue brief showing the vital role of Medicaid in providing essential medical and support services for individuals and families impacted by Alzheimer’s disease and other forms of dementia. The brief notes that people living with dementia often require and count on Medicaid for services that Medicare and private insurance do not cover. This includes long-term care, transportation, and respite for caregivers, making it indispensable for many individuals with significant health care needs. The LEAD Coalition has five main recommendations: maintain the current Medicaid funding system to ensure that the program is able to meet the needs of an expanding aging population and growing number of people living with Alzheimer’s disease and other forms of dementia; do not impose Medicaid funding limits or per capita caps and do not restructure Medicaid into a block grant program for states; continue to assist states to “rebalance” their Medicaid programs to encourage greater utilization of home and community-based services and reduce premature institutionalization; increase options for individuals and families to self-direct their home and community-based services to better meet their needs; and enhance support for family caregivers within Medicaid, including assessment of caregiver needs and access to evidence-based family support programs. Access the brief at bit.ly/MedicaidandDementia.

AARP Explores Technology Platforms Designed for Family Caregivers

Family caregivers can benefit from technology designed to meet their specific care needs, according to an AARP report recently issued that details how technology can help caregivers and their care recipients. The report, “Designing Technology for Caregivers: Understanding What Works and What Doesn’t,” includes insights from the results of three recent pilot tests of how technologies can help caregivers overcome three identified challenges: care coordination, emergency alerting, and selecting and hiring in-home aides. Family caregivers were recruited from across the U.S. to participate in the research and were given a technology product to use for up to six weeks — either a care coordination platform, a personal emergency response system device, or an online screening tool for hiring paid caregivers — and reported on which aspects of the technology they found most useful, desirable, and necessary. The report’s findings indicate that there is a need in the marketplace for technology products that support family caregivers. It is available for download at bit.ly/2E13r5M.

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were found empirically to reduce implicit bias against older people. These resources were compiled in “Gaining Momentum,” a toolkit available at frameworksinstitute.org/toolkits/aging.

In this next phase, GSA will build an infrastructure to sustain the initiative’s momentum; engage professionals in the field to increase their awareness of the initiative and the resources available to them; provide training and technical assistance; and support local, regional, and state organizations in their efforts to counter pervasive negative beliefs about aging. A 10- to 12-member Advisory Board of influential thought leaders will provide guidance and serve as spokespeople for expanding the reach and adoption of the reframing aging principles in the aging community.

As principal investigator on the new grants, GSA Vice President of Professional Affairs Patricia M. D’Antonio, BSPharm, MS, MBA, BCGP, will oversee the planned work on the Reframing Aging Initiative.

“Ageism simply is not an issue Americans are thinking about as a matter that requires a public response,” D’Antonio said. “This reality reveals a serious risk of policy inertia, or worse, rollbacks of existing supports.”

She added that unless advocates who care about aging issues cultivate a more visible, more informed conversation about older people, it will remain difficult to advance the systemic changes needed to adjust to a society with increased longevity.

“To change this dynamic, the field of aging needs to advance a set of core ideas that shifts public understanding essential to building the political will to create a more age-integrated society,” D’Antonio said.

In addition to GSA, other founding members of the LAO include 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 LAO’s previous work was funded by AARP, Archstone Foundation, The Atlantic Philanthropies, the Endowment for Health, The John A. Hartford Foundation, the Fan Fox and Leslie R. Samuels Foundation, The Retirement Research Foundation, Rose Community Foundation, and The SCAN Foundation.

“The history of social movements strongly suggests that harnessing the unifyng power of shared narratives is essential to enact long-term social change,” Appleby said. “Thanks to our forward-thinking funders, GSA and the LAO will continue to promote the widespread use of the field-tested Reframing Aging narratives. This work is critical for moving toward a more just, and more inclusive, every-generation-nation.”
Burnout: What is it, and how can it be avoided?

By Jacquelyn Minahan, MA

Burnout — a word so enmeshed in popular culture and professional settings. As work is increasingly available outside of the office, due in part to the advent of smart phones, it can be difficult to truly step away. Many have discussed burnout with friends, family, and/or colleagues, and may have even experienced it personally. But what exactly is burnout, and how can it be avoided?

Defining burnout

Burnout is defined as a specific type of prolonged and excessive stress (often work-related) that produces emotional, mental, and/or physical exhaustion. Burnout often occurs due to a confluence of factors, such as feeling unfulfilled in one’s job, experiencing a lack of control over decisions that may affect one’s life (e.g., work assignments, caseload, schedule), work-life imbalance, dissatisfaction with workplace dynamics, and poor social support, to name a few.

Symptoms of Burnout

Common symptoms of burnout fall into three main categories: physical, behavioral, and emotional. Physical indicators that you’re feeling burnt out include constant fatigue, headaches and/or muscle pain, sleep and appetite changes, and frequent illnesses. Behavioral signs include social isolation, projecting your frustrations onto others around you, avoiding responsibilities, alcohol and/or substance misuse, and insufficient completion of tasks. Emotional signs may include symptoms of depression, amotivation, self-doubt, decreased satisfaction or accomplishment in your work, and feeling detached from friends, family, and loved ones.

Individuals with burnout often describe reduced pleasure in their employment and may feel as though their job no longer gives them pleasure or a sense of purpose. Individuals may feel increasingly overwhelmed by simple tasks and no longer care about the work they produce. Cynicism may creep into their daily lives, and they may develop a negative outlook on life.

It is important to note the distinction between stress and burnout. While stress is often characterized by “too much” (too much work, significant physical and mental demands), burnout is described as “not enough” (not enough motivation, feeling constantly drained or detached, and perhaps believing nothing will change). This may arise when individuals experience an imbalance of extremes in their job, such as constant states of chaos or monotony, and may feel undervalued for their efforts.

How to Handle Burnout

Luckily, burnout can be handled once recognized.

- Evaluate the situation. Can you work with your supervisor to re-evaluate expectations? Can you better identify goals and accomplishments? Work with your supervisor/mentor to see whether working situations can be improved.
- Social support. Reaching out to those in your social network can be the best way combat burnout. Develop meaningful friendships at work, as well as social connections outside of your job. Prioritize those that make you feel supported and appreciated, and limit contact with those who do not.
- Self-care. Exercise, eat well, and get enough sleep – while seemingly obvious, these activities are re-energizing, and will help to combat daily stress. Engage in extracurricular activities that leave you feeling restored, rather than drained. Prioritize self-care activities without guilt or shame.
- Take time off. Taking a break (whether a day, a week, or longer) can be an effective way of managing stress and symptoms of burnout. Use the time away to mentally and physically recharge, to prioritize self-care, and to seek support from those in your social network. Use this time to re-evaluate your situation, and look for potential areas of improvement.
- If needed, seek professional help.

Burnout is prevalent at all career stages. As emerging scholars and young professionals, it is important to identify not only one’s career trajectory, but the ways in which one intends to support this aspiration. Support, in this instance, refers not only to publications, presentations, and career advancement, but also to identifying mechanisms to unwind, to decompress, and to disconnect from work. Prioritizing self-care is not an indulgence, but rather a necessary skill in the pursuit of a long-lasting career. Learning these skills early and infusing them regularly can help reduce the risk of burnout and increase fulfillment in one’s chosen profession.
The Age-Friendly University (AFU) Initiative —
A Call to Action for Higher Education

Shifting age demographics are reshaping societies and challenging institutions of higher education to consider how they can respond to aging populations through new approaches to teaching, research, and community engagement.

GSA’s Academy for Gerontology in Higher Education (AGHE), whose mission is to foster the commitment of higher education to the field of aging, recently endorsed the Age-Friendly University (AFU) initiative in a pioneering effort to advance this mission more deeply and broadly. The AFU initiative reflects the work of an international, interdisciplinary team convened by Dublin City University (DCU), who identified 10 principles educational institutions can use to evaluate and develop age-friendly programs, policies, and partnerships across their campuses.

Although in its early stages of development, AGHE has been working with DCU to build the network, which now have over 46 institutions across the globe representing North America, Europe, and South East Asia.

AGHE invites you to learn more about the AFU initiative, and how your institution can join others in shaping more age-friendly institutions, in the AFU webinar series developed by AGHE members whose institutions were among the first in the U.S. to endorse the AFU principles. Made possible through a grant from the Retirement Research Foundation to AGHE for the Founders 3.0 Project, the series includes three webinars.

The first webinar, “Becoming an Age-Friendly University (AFU) Partner,” presented by Joann Montepare and Kimberly Farah of Lasell College, describes why higher education needs to be more age-friendly, the vision of the AFU initiative, and how your institution can join the global AFU network. The second webinar, “One Vision, Many Paths: Making an Age-Friendly University Work for You,” presented by Carrie Andreoletti and Andrea June of Central Connecticut State University, discusses how different institutions are approaching their AFU vision with examples of how institutions can draw on their distinctive strengths to realize the AFU principles. The final webinar, “A Starting Point for Looking at Age-Friendliness on My Campus: AGHE Can Help,” presented by Nina Silverstein of the University of Massachusetts, Boston and Marilyn Gugliucci of the University of New England, offers ideas for data gathering approaches to explore your institution’s age-friendly assets, gaps, and opportunities, along with information about AGHE’s age-friendly resources.

All webinars are archived and can be accessed at www.geron.org/webinar. For more information, contact: Joann Montepare at 617-663-7006 or jmontepare@lasell.edu.
NIH Will Fund Studies on Contribution of Sleep Disturbances to Pain

Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement to encourage mechanistic research to investigate the impact of sleep disturbances on pain. The mechanisms and processes underlying the contribution of sleep and sleep disturbances to pain perception and the development and maintenance of chronic pain may be very broad. This announcement encourages interdisciplinary research collaborations by experts from multiple fields — neuroscientists, psychologists, endocrinologists, immunologists, geneticists, pharmacologists, chemists, physicists, behavioral scientists, clinicians, caregivers, and others in relevant fields of inquiry. Applications proposing to study the impact of pain on sleep will be considered low priority and are unlikely to be funded under this announcement. Standard dates apply, with the first standard application due date June 5. Visit bit.ly/2F48TEC for full details.

NIA Grants Encourage Geroscience Approaches to Alzheimer’s Disease

A funding opportunity announcement issued by the National Institute on Aging (NIA) invites applications proposing research on the specific role of aging biology in the development, etiology, and treatment of Alzheimer’s disease. Aging is by far the main risk factor for most chronic diseases, a fact recognized by the field of geroscience. Recent advances in the fields of basic aging biology and geroscience now allow researchers to address mechanistically the role of aging in Alzheimer’s disease. Applications that make use of geroscience principles and test the role of different hallmarks of aging biology are specifically appropriate, while those focused solely on aging biology, or solely on Alzheimer’s disease will be deemed nonresponsive to the announcement. Applications are due July 2. Further information can be found at bit.ly/2Ci1q30.

Grants Will Advance Late Stage Clinical Trials for Cognitive Decline Interventions

The National Institute on Aging is inviting research grant applications that enable the testing of promising pharmacological and non-pharmacological interventions for cognitive and neuropsychiatric symptoms in individuals with age-related cognitive decline and in individuals with Alzheimer’s disease across the spectrum from pre-symptomatic to more severe stages of disease. This funding opportunity will support Phase III clinical trials testing pharmacological (small molecules and biologics) and non-pharmacological interventions, using a combination of biomarkers (fluid and imaging), cognitive, and functional measures as outcomes. These applications may include trials testing combinations of interventions that may act synergistically to produce a more robust and long-lasting response, as well as combinations of interventions that attempt to address multiple risk factors simultaneously (e.g., obesity, hypertension, diabetes, physical inactivity, anxiety, and depression). Investigators will be expected to collect DNA and other biosamples from these studies to enable subsequent interrogation of treatment responsiveness, as well as examination of predictors of decline in the groups receiving placebo. Phase III clinical trial applications that are appropriate for this funding opportunity announcement will have established proof of mechanism or target engagement at earlier stages of clinical development for the intervention(s) being tested. The intervention(s) being tested in Phase III trials should also have adequate safety data for the populations under study. Studies designed to address heterogeneity of response are strongly encouraged. This would include the identification of specific individuals according to genetic profiles, behavioral factors, and/or sociocultural or demographic factors who are more likely or less likely to benefit from the intervention(s). Potential mediators of the therapeutic intervention, such as continued educational opportunities, social network exposure and engagement, and continued engagement in driving or financial decision-making, may facilitate effective real-life function and should be considered in interpreting therapeutic outcomes. Standard application due dates apply. View the full funding opportunity announcement at bit.ly/2mZoZW2; the expiration date is September 2021.

NIH Will Fund Studies on Contribution of Sleep Disturbances to Pain

Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement to encourage mechanistic research to investigate the impact of sleep disturbances on pain. The mechanisms and processes underlying the contribution of sleep and sleep disturbances to pain perception and the development and maintenance of chronic pain may be very broad. This announcement encourages interdisciplinary research collaborations by experts from multiple fields — neuroscientists, psychologists, endocrinologists, immunologists, geneticists, pharmacologists, chemists, physicists, behavioral scientists, clinicians, caregivers, and others in relevant fields of inquiry. Applications proposing to study the impact of pain on sleep will be considered low priority and are unlikely to be funded under this announcement. Standard dates apply, with the first standard application due date June 5. Visit bit.ly/2F48TEC for full details.

NIA Grants Encourage Geroscience Approaches to Alzheimer’s Disease

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De Medeiros Joins The Gerontologist as Humanities and Arts Editor

The Gerontologist welcomes Kate de Medeiros, PhD, to the journal’s leadership team as editor, humanities and arts. De Medeiros is the O’Toole Family Professor of Gerontology in the Department of Sociology & Gerontology at Miami University. She has played an active role in advocating for and promoting humanities and arts scholarship within GSA and the broader field of gerontology. She has served as chair of the GSA Humanities and Arts Committee three times, has been an editorial board member of The Gerontologist since 2011, and was an inaugural member of the North American Network in Aging Studies. De Medeiros replaces Helen Q. Kivnick, PhD, FGSA, who served as from 2011 to 2018 and will continue in the role of editor, on film and digital media.

The Gerontologist Plans Special Issue on Immigration

In a forthcoming special issue, The Gerontologist seeks to explore how contemporary trends in immigration, migration, and refugee movement affect how people age, and how societies care for aging people. The editors seek conceptually sophisticated papers that advance scholarly understanding or methodology, meeting high standards of scholarly rigor. Consideration will be given to papers about immigration and aging from perspectives including the aging experience of immigrants, impact of changing neighborhoods on aging, workforce issues with foreign-born direct care workers, economic impacts, family dynamics, and impacts on institutions where older people belong, live, or receive care. In keeping with the applied research mission of The Gerontologist, articles should identify implications for policy or practice. Full papers are due by May 1, 2019. Review the full call for papers at bit.ly/GSA-CFPs.

Series B Special Issue will Focus on Preregistered Studies of Personality Development

Although the benefits of preregistration are reasonably established, ambiguity remains about how preregistration should be implemented when conducting research with existing data. The Psychological Sciences section of The Journals of Gerontology Series B: Psychological Sciences and Social Sciences is planning a special issue to showcase empirical examples of preregistered research on personality development and aging that uses existing data. The goal is to highlight the benefits of preregistration in the context of these specific examples, while also using this work to address issues regarding the challenges of preregistration in studies that use existing data. The editors anticipate that most papers will report new, preregistered analyses; but they will also consider methodological

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**TITLE: POSTDOCTORAL SCHOLAR - RESEARCH ASSOCIATE**

**DEPARTMENT: UC SAN DIEGO, DEPARTMENT OF NEUROSCIENCES**

Study of Latinos - Investigation of Neurocognitive Aging (SOL-INCA) directed by Hector M. González, Ph.D., in the Department of Neurosciences and the Shiley Marcos Alzheimer’s Disease Research Center at University of California, San Diego is currently seeking a Post-Doctoral Fellow in the field of Population Neurosciences to join our longitudinal research effort in investigating neurocognitive aging and Alzheimer’s disease among diverse Latinos. The SOL-INCA is funded by multiple NIH grants.

This position offers rich opportunities to investigate neurocognitive aging and dementias in the largest study of well-characterized (e.g., MRI, whole genome) middle-aged and older diverse Latinos. The successful candidate will work at the new Altman Clinical Translational Research Institute, which offers a stimulating and multi-disciplinary environment in beautiful La Jolla, California. The fellow will work as part of a team of scientists at UC, San Diego, local institutions (e.g., Salk Institute) and with collaborators from across the US. In addition, the fellow will be eligible for additional research support and mentorship from our new UC San Diego, Alzheimer’s Disease-Resource Center for Minority Aging Research (AD-RCMAR). He or she will be responsible for developing and initiating a high impact, innovative and sustainable research program on neurocognitive aging, mild cognitive impairment (MCI) and dementias. The fellow will have ample opportunities for publication and grant writing in collaboration with the PI and other multidisciplinary team investigators. Applicants should have a background in cognitive science, genomics, epidemiology, neuroimaging, neurosciences, or equivalent combined education and experience.

Spanish fluency or familiarity (spoken and written) are highly desirable but not required. Effective communication and organization skills as well as the ability to work independently and as part of a team are critical for this position. The ideal candidate should be highly motivated, enthusiastic, detail-oriented, and well-versed in quantitative empirical research and field requisite analytical and statistical techniques. Time-management, multitasking and the ability to work under pressure in a fast-paced research program are essential.

Applications and inquiries should be submitted by e-mail to Yugandi Ranaweera (yranaweera@ucsd.edu). Please include your CV, a representative writing sample, a cover letter describing previous research and research interests, as well as 3 references.
Opioid Misuse Sending More Older Adults to Emergency Departments

Emergency department (ED) visits by people age 65 and older who were identified with opioid misuse and dependence more than tripled between 2006 and 2014, according to new research published by researchers at Towson University. The study also discovered that opioid misuse was associated with an increased number of chronic conditions, greater injury risk, and higher rates of alcohol dependence and mental health diagnoses.

These outcomes are reported in the article “Increasing Rates of Opioid Misuse Among Older Adults Visiting Emergency Departments” appearing in the journal Innovation in Aging.

“The steep increase in opioid misuse observed among older adult ED visits underscores the critical need for additional research to better understand the national scope and impact of opioid misuse on older adults, as well as to better inform policy responses to meet the needs of this particular age group,” the authors stated.

The lead author is Mary W. Carter, PhD, an associate professor in the Department of Health Sciences at Towson University. Co-authors include Bo Kyum Yang, PhD, RN; Marsha Davenport, MD, MPH; and Allison Kabel, PhD.

The findings come from multiple years of nationally representative, cross-sectional data from the Nationwide Emergency Department Sample. This included roughly 953 participating hospitals with EDs, sampled across 34 states and the District of Columbia. Sample inclusion was restricted to ED visits by adults aged 65 years or older. ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) diagnoses and e-codes were screened to identify ED visits related to opioid poisoning and dependence. An analysis indicated that the population visit rates by older adults identified as having at least one diagnostic code indicating opioid misuse increased 217 percent from 2006 to 2014.

“Findings demonstrate the breadth and scope of opioid misuse and dependence among older adults visiting emergency departments — and indicate that targeted programs aimed at screening, intervention, and treatment specifically geared toward older adults are warranted,” the authors wrote. “Results from this study also highlight the complexity of treating opioid dependence in this population, which reflect in part, high rates of coexisting mental health and other substance abuse disorders.”
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