Fifty years after the creation of Medicare and Medicaid, GSA joined the federal government in highlighting the impact that the country’s two largest public health insurance programs have had on the nation’s older adult population. Medicare and Medicaid were both signed into law by President Lyndon Johnson on July 30, 1965, as part of the Social Security Amendments of 1965. Today, Medicare covers more than 55 million Americans, 80 percent of which are aged 65 years or older. Medicaid, a joint federal and state program, provides health coverage to more than 4.6 million low-income older Americans, nearly all of whom are also enrolled in Medicare, according to the U.S. Centers for Medicare and Medicaid Services (CMS).

“At the time these programs were signed into law, about half of older adults had no health care coverage,” said GSA Executive Director and CEO James Appleby, BPharm, MPH. “Over the past five decades, Medicare and Medicaid have become essential to the care of older adults and ensuring they have the opportunity to live healthy, productive lives.”

Appleby, therefore, said it is vital that the programs be sustained in order to meet the needs of the aging population.
Did We “Make It Count?”

By James Appleby, BPharm, MPH
jappleby@geron.org

Last month I had the privilege of representing GSA at the 2015 White House Conference on Aging (WHCoA). I was impressed by the work done by conference staff and supporters with such limited resources. The Obama administration requested $3 million to support the gathering, but nothing was appropriated by Congress. This lack of funding actually foreshadowed another aspect of the WHCoA: a lack of urgency to address critical issues facing our aging society.

Multiple speakers noted the milestone celebrations for Medicare and Medicaid (50 years old) and Social Security (80 years old) being marked in 2015. These programs have become a part of the fabric of American life and a demonstration of our collective commitment to helping adults live healthy, productive lives as they age. In many ways, these programs represent a legacy passed forward from one generation to the next.

Looking back at last month’s conference, I find myself asking, what will we be celebrating 50, 30, or even 10 years from now? It won’t be much of anything without a new sense of urgency today. Every 67 seconds, a person is diagnosed with Alzheimer’s disease. Four million older adults are victims of elder abuse each year. Hunger threatens 9.3 million older adults. More than 50,000 people, most of them older adults, die each year as a result of vaccine-preventable illnesses and their complications. Chronic pain afflicts half of community-dwelling older adults. Forty-three million people in the U.S. provide unpaid care to loved ones. Only 12 percent of older Americans are covered by private long-term care insurance. What statistic will tip the scales? There are many major challenges to confront, but we’ve got to start somewhere.

I took a personal as well as professional interest in this conference because I am a care provider for my 83-year-old mother, who suffers from several chronic conditions and has been diagnosed with dementia. I share this responsibility with my 5 siblings. Given the general trend in the U.S. toward lower fertility rates in recent decades, the future will feature fewer helping hands trying to provide the caregiving support necessary to sustain the ballooning older adult population. U.S. government statistics tell us that 7 in 10 Americans today will need some form of long-term services and supports once they reach age 65, even if briefly. This includes formal and informal care at home or in assisted living and nursing facilities, most of which isn’t covered by Medicare. How will families cope?

The issues that gerontologists must address are great, but solutions can be found through a sustained commitment to research — and research demands funding. There is no other way around it. A public and private funding commitment for aging research combining the research heft of the National Institutes of Health with the applications research showcased by companies participating in the WHCoA would be a good place to start.

President Obama reminded us that because the WHCoA only happens every 10 years, “we’ve got to make it count.” Step one should be a commitment to fully fund NIH, bolster aging related research funding, and encourage continued collaboration across all NIH institutes and centers to solve aging-related research questions. Pursuing this with urgency in 2015 would be a first step toward creating a proud legacy for the next generation of Americans.

So in 2025, at the next WHCoA, where will you be? Caring for your spouse or parent, struggling to pay for long-term services and supports, or using smart technology to live a healthier life? I hope we will be able to say that in 2015, we “made it count” and committed the federal and private research funds necessary to overcome the challenges before us.
Liebig Earns USC Lifetime Achievement Award

On April 15, GSA Fellow Phoebe Liebig, PhD, received the University of Southern California (USC) Faculty Lifetime Achievement Award, which recognizes eminent careers and notable contributions to the university, the profession, and the community. Liebig's work at USC began in 1971 when she became a grants specialist for the Ethel Percy Andrus Gerontology Center. After completing her PhD in public administration at USC in 1983, she joined the Davis School of Gerontology faculty as a research assistant professor. As a faculty member, Liebig has taken on numerous leadership roles, including directing the USC Pacific Geriatric Education Center, directing information outreach for the USC Alzheimer's Disease Research Center, and being a co-principal investigator of the USC Fall Prevention Center of Excellence.

Wagner Takes Dean’s Post

GSA Fellow and Association for Gerontology in Higher Education President Donna Wagner, PhD has been named dean of the New Mexico State University (NMSU) College of Health and Social Services. Wagner had served as the interim dean for the college since August 1, 2014. Her tenure at NMSU began in January 2011. As associate dean of academic affairs for the college, she taught courses, conducted research, and assisted with administrative responsibilities. Wagner is one of the country's leading experts in the field of eldercare. She was the founding director of Towson University's gerontology program. She received her PhD in urban affairs from Portland State University.

GSA Connect Corner

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

- Adriana Perez, PhD: “The 2015 White House Conference on Aging differs in many ways from previous conferences — with no funding from Congress, no delegates from across the nation, and no list of recommendations upon which to vote.”

- Laurinda Reynolds, BS: “Since there are no consistent and reliable means to assess or confirm a specific type of dementia diagnosis in its early and sometime even in late stages, and since in the early stages the diagnosis a specific type of diagnosis can be extremely stigmatizing to aging adults, it seems to me that it would be appropriate to create a matrix of dementia symptoms.”
Obamacare or SCOTUScare, a Law by Any Other Name Would Smell as Sweet

In the five years since becoming law, the Affordable Care Act (ACA) has withstood an onslaught of attacks in the form of congressional repeal votes, Supreme Court challenges, and in the court of public opinion swaying elections. If not for the gravity of what was at stake in the latest ACA case before the Supreme Court, King v. Burwell, we might be able to guffaw at the descriptive artistry of Justice Antonin Scalia: “interpretive jiggery-pokery,” “somersaults of statutory interpretation,” and the majority's opinion is “pure applesauce.” The bottom line is that if Scalia had been writing for the majority instead of ranting for the minority, the ACA would be on its way to being dismantled.

King v. Burwell involved the interpretation of a phrase that referred to subsidies being available for health coverage purchased through “an Exchange established by the State.” The plaintiffs argued that the law should be read literally, invalidating subsidies provided through exchanges that relied on the federal government. The Obama Administration countered that the law never intended to limit subsidies in such a way.

The subsidies are actually tax credits that help low- and middle-income people afford their health care premiums. They are available both to people who are in states that have set up their own marketplaces (exchanges) and to people in states that rely on federally facilitated marketplaces. More than six million people in federally funded marketplaces could have lost their subsidies if the Supreme Court had found in favor of the plaintiff.

Pundits generally agree that the Supreme Court will probably not be the source of the ACA's undoing any time soon. And Americans are becoming accustomed to its benefits — the protection for pre-existing conditions, the coverage for children up to age 26 on parents’ health care plans, filling the Medicare Part D prescription drug “donut hole,” Medicare coverage of preventive services with no copayments or deductibles, and the coverage for individuals who couldn’t afford it previously.

For example, the Paraprofessional Health Institute (PHI) found that 650,000 direct-care workers now have access to healthcare (in states that have opted to expand Medicaid). Interestingly, the Bureau of Labor Statistics has found that the number of people who choose to work part-time has gone up and that young parents made up the biggest part of this increase. According to Alan Barber of the Center for Economic and Policy Research, “This essentially means that now that working people can get health insurance from the exchanges, they are no longer locked into a full-time job because they need to rely on their employer for coverage. Parents can now work part-time to accommodate the needs of family life.”

Looking beyond coverage successes, the work of the Center for Medicare and Medicaid Innovation is an example of the ACA's role in supporting and examining service delivery models that may improve the quality and coordination of care for older people (and ultimately, everyone). The holy grail is to provide higher quality, better coordinated care while reducing unnecessary costs.

I have looked to the experts for thoughts on what comes next on the Obamacare roller coaster and here are some of the challenges we face.

Medicaid Expansion

Currently, 31 states (including the District of Columbia) are expanding Medicaid to cover adults with incomes below the federal poverty level. Seventeen states have declined to expand Medicaid at this point; these states have Republican governors or have legislatures controlled by a Republican majority. Four states, Montana, Wyoming, Utah, and Tennessee, have not made the decision about expansion, but it is under consideration.

Approximately 4 million more Americans would obtain health insurance coverage if all of these states expanded Medicaid. According to PHI, “Decisions not to expand Medicaid eligibility disproportionately impact direct-care workers in Southern states and direct-care workers who are under age 35, Black or Latino.”

Laura Snyder, a senior policy analyst at the Kaiser Family Foundation, noted that “Some expansion states already have seen budget savings because the federal funds have reduced the amount of money they have had to spend on initiatives like uncompensated care funds.” The federal government is offering to pay for 100 percent of the cost of expansion through 2016, but this will decrease gradually so that after 2020, only 90 percent will be covered. By not taking federal funds, states are losing a valuable handout, in order to save the ten percent match they would need to provide post-2016.

To put Medicaid expansion into perspective, Matt Salo, executive director of the National Association of Medicaid Directors, noted that it took from 1965 until 1970 for all 50 states to implement Medicaid. He said, “While it is not surprising all states have not been on board to expand at this point, they are all on pace to expand.”

Enrollment

The ACA has accomplished important goals. It has expanded health care coverage to 25 million people since its launch in 2010. People with pre-existing conditions are no longer denied insurance. Children through age 26 have coverage through their parents’ health plans. People with major illnesses or disabilities are no longer at risk of running out of coverage due to annual or lifetime limits. Although there have been many votes to repeal Obamacare, most politicians say they support these provisions.

However, 18 million people who are eligible to buy insurance in federal and state marketplaces haven’t purchased it. Penalties for not having coverage go up next year to $695 per adult (or 2.5 percent of family income). Federal funding used by state health insurance...
exchanges to pay for advertising and enrollment assistance is drying up, according to Kaiser Health News. Interestingly, a new analysis by Avalere Health shows that federal exchanges enrolled and retained enrollees at a higher rate than state-run exchanges did.

Affordability

Out-of-pocket costs present a problem for many insured. A recent Families USA report found that more than one in four people who had year-long coverage through the private individual insurance market were unable to get needed care because they could not afford the out-of-pocket costs, particularly the high deductibles. In addition, people are sometimes forced to pay unexpected medical bills when they go to an in-network facility but the providers at the facility are not in the consumer's plan.

Further, Ron Pollack of Families USA pointed out, “Pervasive disparities in health and health care persist based on race and ethnicity. These unequal burdens of health risks and inequitable distribution of health care resources in communities of color must be eliminated so that everyone has access to timely, affordable, high-quality, culturally-competent, and language-accessible care.”

Chipping Away at the ACA’s Foundation

Some have said that the law was put together like a Rube Goldberg design. Let’s admit that at the very least, many of its parts are interdependent. So repeal of the “Cadillac Tax” is an issue that has the potential to bring the ACA’s progress to a standstill. The Cadillac Tax in the ACA will not go into effect until 2018. But when it does, the Congressional Budget Office has estimated that it could raise $87 billion over 10 years. This is one of the sources of revenue that Congress proposed to use to pay for Obamacare. If you take away its sources of revenue, the ACA becomes the budget buster some have called it.

Employer-sponsored health insurance is considered part of an employee's compensation package, but is not taxed as wages. This is essentially a government subsidy that encourages employers to offer, and employees to enroll in, more expensive plans that cover more of the cost of medical care. There is some evidence that the current tax exclusion for employer-paid health insurance distorts the economy and contributes to greater use of health care and higher prices. In addition, it ties health care coverage to employment, with the effect of pressuring employees to stay at their jobs. Of course, employer based coverage has been critical to covering millions of families over the years.

The “tax” part of Cadillac Tax refers to a 40 percent non-deductible excise tax on employer-sponsored health coverage that provides high-cost benefits. Cost of coverage includes the total contributions paid by both the employer and employees, but not cost-sharing amounts such as deductibles, coinsurance, and copays when care is received. For employers who use insurance companies, the insurer will pay the tax. For employers who self-insure, the employer will pay the tax.

The Cadillac Tax issue has succeeded in uniting congressional Republicans and Democrats into a coalition to prevent it from ever going into effect. Add the strange bedfellows of drug companies, health insurers, and unions into the mix, and there could be trouble for this important funding source. Unions are against the Cadillac Tax because it will interfere with their ability to negotiate better health benefits for workers, which in some cases they have been doing while forgoing pay increases.

If the Cadillac Tax provision of the ACA is repealed, as it very well could be due to the alliance of high-powered lobbyists, anti-Obamacare Republicans, and pro-labor Democrats, then funding for the affordable part of the Affordable Care Act could be severely compromised and that kind of funding is hard to find these days.

Building on the ACA

For those of us who have focused on various aspects of improving the delivery system through care coordination, multi-disciplinary teams, patient and family-centered care models, accountable care organizations, innovations in advanced illness care, care for the dual eligibles, etc., the ACA has pumped hundreds of millions of dollars into research and demonstrations. Many GSA members have done the groundbreaking work that has led to these innovations and we know that efforts by CMS and their contractors will pay off over time with improved quality of care and service delivery efficiencies. I hope that GSA members will continue to be a part of this grand experiment.

Political Theatre

Some of you may have noticed that the presidential campaign has now begun in earnest. It’s likely that Republican candidates will be running, in part, on the repeal of Obamacare. It’s ironic that many of the ideas within ACA came from previous Republican proposals (Romney, Nixon, Hatch). And when they talk about repeal, how are they going to protect all of those benefits that Americans currently enjoy, such as coverage of pre-existing conditions, no lifetime limits, and Medicare prescription drugs? On the other hand, given public opinion on Obamacare, Democratic candidates will have to decide whether they will continue to run away from Obamacare, as they did in the last election cycle, or embrace it as a successful legacy of the president and their party.

So as Jon Stewart of “The Daily Show” (the true North Star for Washington politics) calls it a wrap and President Obama moves toward his final year in office, and as pundits and candidates are talking about the wins and losses of this administration, it seemed apropos to comment on health care reform. Obamacare is far from perfect, but from what we remember of the worn out lecture on the roles of policy, politics, and process in the making of laws, we all should have known it wouldn’t be perfect and that it would take decades to refine. After fifty years, drug coverage is a recent Medicare benefit and it still has coverage gaps like dental care. The old and politically incorrect joke “Other than that Mrs. Lincoln, how did you like the play?” comes to mind. The production has at times been quite messy and some of that will continue, but the play itself has some wonderful elements and, public opinion polls aside, continues to be successful in its goal of providing health insurance to those who would not otherwise have it.
Renewed NIA Centers Focus on Translation of Aging Research

The National Institute on Aging (NIA) has announced the renewal of funds for 11 Edward R. Roybal Centers for Research on Applied Gerontology, as well as the designation of two new centers. The centers have been innovative models for moving promising social and behavioral research findings out of the laboratory and into programs and practices that can be applied every day to improve the health and well-being of older people. The two new centers and their principal investigators are the Boston Roybal Center at Brandeis University, led by GSA Fellow Margie E. Lachman, PhD; and the Johns Hopkins Roybal Center at Johns Hopkins University, led by GSA member David L. Roth, PhD. To view the complete list of existing centers and their principal investigators, visit 1.usa.gov/1cDn4zc. “The Roybal Centers’ comprehensive research infrastructure facilitates collaborations among academic researchers and those in the public and private sectors who can help design and deliver novel approaches to a number of challenges of an aging society,” said NIA Director Richard J. Hodes, MD. “Through a range of projects, the centers seek to find new and better ways to maintain mobility and physical function; support sound financial and medical decision making; aid cognitive function; manage pain; and enhance caregiving.” This new round of support for translational centers is expected to total more than $23.4 million over the next five years, pending available funds.

Swansea Unveils New International Master’s Program

Swansea University’s Centre for Innovative Ageing now offers a new international master’s degree. The MSc in international gerontology and aging studies has been developed in response to student demands to learn about international applied gerontology and how other countries are addressing an aging population. The 18-month program includes a three month placement at the University of Alberta. Whether full time or part time, this course is delivered one day a week to provide a comprehensive learning experience whilst retaining flexibility for students to work alongside their studies. The new program will feature lectures delivered by subject leaders from around the globe. Previous international lecturers have included GSA members Hannah Marston, PhD, Natalie Leland, PhD, and GSA Fellow Norah Keating, PhD. More information is available at bit.ly/1HYwAG0.

Eastern Illinois Launches Online Program

Eastern Illinois University is now offering an aging studies Master of Arts online cohort program designed to examine the concepts of aging and give students the opportunity to research intergenerational aspects of aging. All of the classes will be offered online over the course of 18 months. The first cohort of graduate students will complete the program in December 2016. Visit eiu.edu/~ma_geron/ for additional information.

Continued from page 1 – Nation Shares in First Social Media-Friendly WHCoA

WHCoA regional forums designed to gain input on the key issues from older Americans, their families, caregivers, and authorities in the field of aging. On June 25, GSA hosted a webinar titled “New Visions for Long-Term Services and Supports: The Aging Network & the White House Conference on Aging.”

President Barack Obama addressed the participants in Washington, DC, telling them that “because this conference takes place just once a decade, we’ve got to make it count.”

He added that the country has to do more to ensure that every older American has the resources and the support that he or she needs to thrive.

“Protecting our seniors, dealing with the rising costs of an aging generation, ensuring we have enough home care workers looking out for our family members, maximizing the contributions that older Americans can make to our country — these challenges are just becoming more urgent,” Obama said.

The White House Has released a fact sheet that lists new federal initiatives underway to assist older Americans and their families. It can be found at 1.usa.gov/1UUmqPw. It lists steps that are being taken, among others, to facilitate state efforts to provide workplace-based retirement saving opportunities; modernize federal rules that affect long-term care, healthy aging, and elder justice; and utilize technology to support older Americans.

The most immediately visible outcome of the 2015 WHCoA was the launch of www.aging.gov, a website intended to provide older Americans, their families, friends, and other caregivers a “one-stop resource for government-wide information on helping older adults live independent and fulfilling lives.” It links to a broad spectrum of federal information, including how to find local services and resources and how to find key information on programs such as Social Security and Medicare.

GSA Executive Director and CEO James Appleby, BPharm, MPH, and Director of Public Policy Greg O’Neill, PhD, were invited to attend the WHCoA on the Society’s behalf.

“With older adults being the fastest growing segment of the country’s population, it is essential that we keep the national focus on aging issues more than once every ten years,” Appleby said. “We also must recognize that aging is a lifelong process. All generations must be engaged in the planning we undertake as individuals and as a nation.”

Appleby additionally called for a greater emphasis on support for aging research, particularly through increased funding for the National Institutes of Health. “Research is the key to informing and advancing our approach to all facets of aging — including caregiving, elder abuse, retirement security, medical care, policy development, and many other arenas — and ultimately to ensuring more productive and meaningful lives for people as they age,” he said.

Appleby provides further commentary on the WHCoA in his column on page 2 of this issue.

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GSA Honors Outstanding Individuals

Please join us in congratulating our awardees at the 68th Annual Scientific Meeting in Orlando, Florida, this November!

GSA salutes outstanding research, recognizes distinguished leadership in teaching and service, and fosters new ideas through a host of awards. The recipients’ achievements serve as milestones in the history and development of gerontology.

Society-Wide Awards

**Donald P. Kent Award**
Presented to Eric R. Kingson, PhD
Syracuse University
Presented at the President’s Opening Plenary Session
Thursday, November 19, 10:30 a.m.

**Maxwell A. Pollack Award for Productive Aging**
Presented to Katie Maslow, MSW
National Academy of Sciences Institute of Medicine
Friday, November 20, 5 p.m.

**Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology**
Presented to Nilam Ram, PhD
Pennsylvania State University
Thursday, November 19, 1:30 p.m.

**Robert W. Kleemeier Award**
Presented to Kyriakos “Kokos” Markides, PhD
University of Texas Medical Branch at Galveston
Presented at the President’s Opening Plenary Session
Thursday, November 19, 10:30 a.m.

**M. Powell Lawton Award**
Presented to Sharon K. Inouye, MD, PhD
Harvard Medical School
Friday, November 20, 3 p.m.

**Doris Schwartz Gerontological Nursing Research Award**
Presented to and lecture by
Mary D. Naylor, PhD, RN
University of Pennsylvania
Presented at the Nursing Care of Older Adults Interest Group Meeting
Thursday, November 19, 6:30 p.m.
2015 awardees

Behavioral and Social Sciences

**Distinguished Career Contribution to Gerontology Award**
Presented to Margie E. Lachman, PhD
Brandeis University
Presented at the BSS Business Meeting and Award Presentation
Friday, November 20, 11 a.m.

**Distinguished Mentorship in Gerontology Award**
Presented to Barry A. Edelstein, PhD
West Virginia University
Presented at the BSS Business Meeting and Award Presentation
Friday, November 20, 11 a.m.

**Richard M. Kalish Innovative Publication Award (Article)**
Presented at the BSS Business Meeting and Award Presentation • Friday, November 20, 11 a.m.

- Erika L. Sabbath, ScD
  Boston College

- Iván Mejía-Guevara, PhD
  Harvard University

- M. Maria Glymour, ScD
  University of California, San Francisco

- Lisa F. Berkman, PhD
  Harvard University

**Richard M. Kalish Innovative Publication Award (Book)**
Presented at the BSS Business Meeting and Award Presentation • Friday, November 20, 11 a.m.

- Vern L. Bengtson, PhD
  University of Southern California

- Susan C. Harris, PhD
  University of Southern California

- Norella Putney, PhD
  University of Southern California

If you are interested in learning more about GSA awards, visit www.geron.org/membership/awards.
2015 awardees

Health Sciences

Joseph T. Freeman Award
Presented to XinQi Dong, MD
Rush Medical College at Rush University
Friday, November 20, 1 p.m.

Excellence in Rehabilitation of Aging Persons Award and Lecture
Presented to Walter R. Frontera, MD, PhD
Vanderbilt University School of Medicine
Friday, November 20, 1 p.m.

Additional Award

Minority Issues in Gerontology Outstanding Mentorship Award
Presented to Keith E. Whitfield, PhD
Duke University
Thursday, November 19, 6:30 p.m.

Futhermore, the following will be given at the Annual Scientific Meeting:

Society-Wide
Senior Service America Senior Scholar Award for Research Related to Disadvantaged Older Adults
Senior Service America Junior Scholar Award for Research Related to Disadvantaged Older Adults

Behavioral & Social Sciences Section
Student Research Award: Dissertation Level
Student Research Award: Pre-Dissertation Level

Biological Sciences Section
George Sacher Student Award

Health Sciences Section
Austin Bloch Post-Doctoral Fellow Award
Person-In-Training Award
Research Award

Social Research, Policy, and Practice Section
Carroll L. Estes Senior Scholar Award
Elaine M. Brody Junior Scholar Award
Outstanding Student Poster Award

Emerging Scholar and Professional Organization
Interdisciplinary Paper Award
Poster Award (five)
Douglas Holmes Emerging Scholar Paper Award
Minority Issues in Gerontology Committee Student Poster Award

GSA thanks the following award sponsors:

The New York Community Trust (Pollack Award)
Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life (Lawton Award)
Margret M. & Paul B. Baltes Foundation (Baltes Award)
Baywood Publishing (Kalish Awards)
Senior Service America, Inc. (Minority Issues in Gerontology Outstanding Mentorship Award)
Senior Service America, Inc. (Senior and Junior Scholar Awards)
Minority Issues in Gerontology Committee (Minority Issues in Gerontology Outstanding Mentorship Award)
RESQCARE Interest Group (Douglas Holmes Award)

Please check the final meeting program for all dates, times, and room location assignments for award events.
Continued from page 1 – Washington Observes 50th Anniversary of Medicare, Medicaid

“With 10,000 members of the baby boomer generation turning 65 each day, our elected leaders must continue their commitment to providing care for the fastest growing segment of our population,” he added. “As President Obama said at the recent White House Conference on Aging, ‘one of the best measures of a country is how it treats its older citizens.’”

In total, Medicare and Medicaid cover nearly 1 out of every 3 Americans. Nearly two-thirds of nursing center patients and one-fifth of assisted living residents rely on Medicaid for their care. In the 50 years since its creation, Medicare has expanded to cover 23 types of preventive services, including flu shots and diabetes screenings. Medicare also covers hospital stays, lab tests and supplies like wheelchairs, as well as prescription drugs. The CMS reports that 94 percent of Medicare beneficiaries are satisfied or very satisfied with the quality of medical care they received last year.

“No other program has changed the lives of so many of our families, friends, and neighbors. No other program has given so many hope,” said Secretary of Health and Human Services Sylvia Burwell, adding, “For 50 years, Medicare and Medicaid have shown how effective policy can dramatically improve the lives of millions of Americans. But they have served another vital role in our health care system: a catalyst for change.”
Most Canadians Plan on Semi-Retirement or No Retirement at All

According to several news outlets, a recent survey suggests that more than half of Canadians either plan to slowly transition into retirement by working reduced hours before fully retiring or do not have plans to stop working. The report by HSBC found that 45 percent of working-age Canadians had expectations of a semi-retirement period of time before full retirement, while 15 percent reported no expectation of retirement. Of the current retirees who were surveyed, 17 percent indicated that they experienced a period of semi-retirement. The survey results are timely, given Statistics Canada reports that indicate a new high set late last year of a ratio of household debt to disposable income. The results showed households owing over $1.50 in debt for every $1 of disposable income. According to the news articles, the record level of debt can be attributed to the prolonged period of low interest rates that enabled easy borrowing and contributed to growing home prices. The online survey by HSBC was part of a global review of approximately 16,000 working and retired people in 15 countries and territories, including 1,000 Canadians.

Report Reveals Elder Abuse Rate Increases in India

In June, HelpAge India released the report “Elder Abuse in India (2014).” It finds 50 percent of elders have experienced abuse, up from last year’s reported 23 percent. The report encompassed 12 cities across eight states, with a sample size of 1,200 elders. It was developed to measure the extent of elder abuse, the reasons for its occurrence, and what according to older adults were the most effective measures to deal with the problem. According to the report, the abuser was typically a trusted source from within the elder’s family, with a daughter-in-law (61 percent) and son (59 percent) emerging as the topmost perpetrators, which is a trend that is continuing from the previous years. The majority (77 percent) of those surveyed live with their families. Verbal abuse (41 percent), disrespect (33 percent), and neglect (29 percent) were ranked as the most common types of abuse experienced by the older adults. While abuse has gone up, 41 percent of those abused said they did not report the matter to anyone. For additional findings, visit helpageindia.org or bit.ly/1ycxtp6.
Does your 2015 GSA Meeting presentation relate to disadvantaged older adults?

Consider applying for either the Junior or Senior Scholar Award for Research Related to Disadvantaged Older Adults, sponsored by Senior Service America, Inc. and GSA.

**Junior Award**
Researchers with less than 5 years of post-graduate work.
$500 honorarium

**Senior Award**
Researchers with 5 or more years of experience.
$1,000 honorarium

**DEADLINE:** September 15, 2015
For details, visit www.geron.org/ssai.

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**SHRM Issues Report on Aging Workforce Preparations**

The Society for Human Resource Management (SHRM) recently released a research report comparing the results of its Aging Workforce Survey and the SHRM Foundation’s “Aging Workforce Effective Practice Guidelines Report.” The result is a look at the potential gaps between current practice in preparing for an aging workforce and the effective practices recommended by human resources academics and other experts. The new publication, “Preparing for an Aging Workforce: Gap Analysis Report,” identified the following four potential shortcomings in the current practices of employers: a short-term mindset on demographic changes and the impact of an aging workforce; a lack of urgency in preparing for impending demographic shifts; a lack of formal long-term demographic forecasting, planning, and skills assessment; and an absence of older workers in diversity recruiting plans. The report is part of a three-year national initiative by SHRM and the SHRM Foundation to highlight the opportunities and challenges of an aging workforce and identify effective practices for recruiting and employing mature workers. The initiative is funded by the Alfred P. Sloan Foundation. The report and accompanying slide presentation can be accessed at bit.ly/1zzw7M9.

**EPA Offers Free Guides**

With the summer underway, The U.S. Environmental Protection Agency (EPA) has developed fact sheets for caregivers and older adults regarding environmental health issues. These include information on how to be safe during a heat wave, or how to find information about the air quality in different communities. The EPA also has assembled a guidebook to make communities a great place for all ages to live. These resources are free and available in 17 languages. All of these materials are free and can be viewed at epa.gov/aging/factsheets/index.htm.

**Tool Aims to Reduce Prescription Medicine Misuse**

The Alliance for Balanced Pain Management, of which GSA is a founding member, launched a new educational tool, “Are You the Only One Taking Your Medicine?” that consumers and health care providers can use to assess whether a home is at risk for medication misuse, abuse, or diversion. The tool also includes tips for how to monitor, safeguard and properly dispose of prescription medicines, including pain medicines, to minimize the risk of inappropriate use. This free tool can be accessed at alliancebpm.org/asset/2015-06-03-afbpm-checklist-pdf.
IOM Report Identifies Three Top Actions to Help Promote Cognitive Health
Gradual and variable change in mental functions that occurs naturally as people age, not as part of a neurological disease such as Alzheimer’s disease, is one of the most challenging health issues encountered by older adults, says a new report from the Institute of Medicine (IOM) entitled, “Cognitive Aging: Progress in Understanding and Opportunities for Action.” The report emphasizes that cognitive aging has significant impacts and widespread consequences on society, including financial losses. The study was sponsored by the McKnight Brain Research Foundation, National Institutes of Health (National Institute of Neurological Disorders and Stroke and National Institute on Aging), Centers for Disease Control and Prevention, Retirement Research Foundation, and AARP. The full report can be found at bit.ly/1LQkaoK.

AARP Public Policy Institute Releases Updated Economic Report of Family Caregiving
Family caregivers in the U.S. provided 37 billion hours of care — worth an estimated $470 billion — to their parents, spouses, partners, and other adult loved ones in 2013, according to the AARP Public Policy Institute’s new report, “Valuing the Invaluable: 2015 Update, Undeniable Progress but big Gaps Remain.” The report, available at bit.ly/1V3OvQ, updates national and state estimates of the economic value of family caregiving using the most current data available. It also explains the challenges that family caregivers face, highlights key policy developments for family caregivers since the last “Valuing the Invaluable” report was released in 2011, and provides recommendations to better support caregiving families.

AHRQ Has Continuing Education Offerings Related to Falls, Pressure Ulcers
New resources from the Agency for Healthcare Research and Quality (AHRQ) are now available at no cost for clinicians’ continuing-education credit. The resources cover two important patient safety topics from the evidence report “Making Healthcare Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices.” A new video, “Preventing In-Facility Falls,” helps hospital-based caregivers learn how to recognize patients who are at high-risk for falls and lists what steps can be taken to prevent falls. This is available at bit.ly/1C3q3WC. A new brief topic profile, “Preventing In-Facility Pressure Ulcers,” reviews strategies for preventing pressure ulcers in both acute and long-term care settings. This is available at bit.ly/1GwC4K9.
Community Programs, Policies Are Target of NIH Grants
The National Institutes of Health (NIH) is welcoming exploratory/developmental research projects on translational research directed towards development of health care practices and community programs and policies, including monitoring and quality improvement for pharmacological and non-pharmacological approaches for preventing and treating key health issues affecting older adults. For the purposes of this announcement, translational research on aging is defined as research to gather information needed to develop or evaluate methods of translating results from clinical studies into everyday clinical practice and health decision making (e.g., adapting an efficacious intervention for application in clinical practice and evaluating its effectiveness in different clinical settings). Methods for translational research include but are not limited to intervention studies, systematic reviews, meta-analysis, outcomes research, and implementation research. Standard applications dates apply with the earliest submission date of September 16. Additional information may be obtained at 1.usa.gov/1A4RWDq.

NIA Slates Funds for Research to Address Health Disparities
The National Institute on Aging's (NIA) Office of Special Populations has announced the availability of administrative supplements to support aging research that addresses disparities in health, including preclinical, clinical, social, and behavioral studies. The NIA is interested in basic research on aging to explore the biological mechanisms through which disparities influence age-related change; in behavioral studies on disparities and aging that investigate environmental, sociocultural, and biological influences that delay or accelerate aging health disparities; and in research on geriatric conditions where disparities emerge in diagnosis, prognosis or treatment, including palliative and end-of-life care. NIA-designated health disparities populations include African Americans, Hispanic or Latinos, American Indians, Alaskan Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, sexual and gender minority populations, persons with disabilities, and rural populations. Applications are due September 17. Visit 1.usa.gov/1U4yH2H for more details.
**NEW CORE FACULTY POSITION - GEROPSYCHOLOGIST**

**Department:** This position will serve as researcher and teacher that will lead a new concentration and mentor the next generation of geropsychologists at the institution, as they expand their focus and training in Geropsychology.

**Qualifications:** Candidate must hold a Ph.D. or Psy.D, in Clinical Psychology, be licensed or license-eligible in Massachusetts, and have teaching experience. The successful applicant will maintain an active program of research with the expectation of external funding. In addition, a reduced load of departmental service will include teaching, advising, and supervision of doctoral research projects.

**Application Procedure:** Review of applications will begin immediately upon receipt. Interested candidates should submit:
1. A detailed letter of application responding to the stated qualifications;
2. a curriculum vitae; and
3. a list of three professional references with complete contact information. (References will not be contacted without the candidate’s prior permission.) Materials should be submitted electronically to: Ms. Mary-Alice Howard, Director, Human Resources, at Mary-Alice_Howard@williamjames.edu.

**Important Notice:** William James College is an equal opportunity employer and is a community that embraces multiculturalism. As such, persons from historically under-represented minority groups are encouraged to apply.

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**Federal Funds Slated for Cannabinoids Research Related to Chronic Pain**

The National Institutes of Health is offering grant funding for projects that will expand understanding of the role of cannabinoids in the management of chronic pain—in part, to help mitigate the high rate of use and abuse of opioids. Applicants should consider the following points: if plant derived cannabis material is proposed, it should be well-justified, with a statement on where the material or compounds will be obtained, and the status of a schedule 1 license should be noted; explicit sex/gender analyses of effects are highly encouraged; and the role of cannabinoids in the modulation of HIV pain is also encouraged. The earliest submission date is September 5. Standard application dates apply. Additional details can be viewed at 1.usa.gov/1KaM3rG.

**Federal Funds Will Support HIV/AIDS Research**

Three funding opportunity announcements have been issued by the National Institutes of Health to invite applications proposing to study HIV infection, HIV-associated conditions, HIV treatment, and/or biobehavioral or social factors associated with HIV/AIDS in the context of aging and/or in older adults. Research approaches of interest include clinical translational, observational, and intervention studies in domestic and international settings. Standard dates apply. The next available due dates for cycles II and III are September 7 and January 7, 2016. See more at nia.nih.gov/research/funding.
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GSA 2015
Aging as a Lifelong Process
Annual Scientific Meeting = Nov. 18-22, 2015 = Orlando, FL

Now Available: Submit Your Late Breaking Poster
The Late Breaker Poster Sessions are an opportunity to present your most pressing research results. The program is organized around the four sections of GSA, as well as a new fifth track—interdisciplinary. Deadline to submit is September 14, 2015.

Save up to $175 by registering by September 15! Register today at geron.org/2015.

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