Cole Chosen as New Meeting Keynote; Registration Opens

As GSA begins welcoming early bird registrations for November’s Annual Scientific Meeting in Boston, author, historian, filmmaker, and gerontologist Thomas R. Cole, PhD, FGSA, has been selected as the keynote speaker for the President’s Opening Plenary Session. (He replaces Henry Louis Gates Jr., who recently withdrew.)

Cole is currently the McGovern Chair in Medical Humanities and director of the McGovern Center for Humanities and Ethics at The University of Texas Health Science Center at Houston.

“Gerontologists study aging for the crucial work of solving problems, but aging itself is not a solvable problem,” Cole said. “We rarely think carefully about the personal, cultural, historical meanings of aging or the purposes of aging — questions that the humanities are best suited to do. The various answers will have important guidance for enhancing personal experience, cultural cohesion, and ethical decision-making in clinical care and social policy.”

GSA President David Ekerdt, PhD, FGSA, said that Cole’s habit of provoking thought will be well-matched to the meeting in Boston and to its theme, “The Purposes of Longer Lives.”

“In his book ‘The Journey of Life: A Cultural History of Aging in America,’ Thomas Cole asked what has been, to my mind, one of the most searching questions about aging: Is there anything important to be done after children are raised and careers completed?” Ekerdt said. “Now, that question may infuriate you and you

Meeks Chosen as Next Editor of The Gerontologist

GSA has named Suzanne Meeks, PhD, FGSA, of the University of Louisville as the editor-in-chief of The Gerontologist, effective January 2019.

“It is a great honor to be named the editor-in-chief of The Gerontologist. Simply put, I love this journal!” Meeks said. “Its multidisciplinary and applied emphases pull together contemporary science and thought to advance the field of aging studies in creative new ways.”

Meeks also commended the work of the outgoing editor-in-chief, Rachel Pruchno, PhD, FGSA, and said she hopes to continue building on Pruchno’s achievements.

“My vision is for The Gerontologist to provide excellent service to authors while demanding rigor and good writing,” Meeks added. “As a top journal on the study of aging, and as the primary GSA journal that attracts articles from across the disciplines of GSA members, The
Summit Provides Opportunity to Showcase GSA Members’ Work

By James Appleby, BSPharm, MPH, ScD (Hon) • jappleby@geron.org

During last month’s Healthy Aging Summit in Washington, DC, I often had the feeling it was November rather than July. The interactions I had with GSA members and representatives from partner organizations in attendance gave me the same high level of positive energy that I usually feel during the GSA Annual Scientific Meeting.

GSA and other stakeholder organizations across the health care and research continuum were invited to participate in an initial listening/input session for the 2018 Healthy Aging Summit last November. The summit is co-hosted by the Office of Disease Prevention and Health Promotion (ODPHP) and Office on Women’s Health (both within the U.S. Department of Health and Human Services), and the American College of Preventive Medicine (ACPM).

This was the second Healthy Aging Summit convened (the first was held in 2015) and attracted 600 attendees. Both events were made possible through the vision and leadership of Don Wright, MD, MPH, the deputy assistant secretary for health and director of the ODPHP.

The 2018 summit focused on keeping individuals healthy as they transition into older adulthood, maximizing the health of all older adults through prevention strategies — like encouraging healthy lifestyles, planning for aging, improving the use of preventive services, and more. The sessions presented highlighted interventions, services, supports, and strategies designed to optimize health and prevent, avert, or delay entry into the healthcare system.

The summit goals align closely with GSA’s, and our Society was proud to serve as a summit supporter. Like GSA, there was a strong focus on interdisciplinary approaches and an emphasis on promoting preventive care, which fits in with GSA’s comprehensive view of aging across the lifecourse. In that regard, I had the opportunity to visit with ACPM’s new executive director, Donna Grande, and I look forward to future collaborations between GSA and ACPM.

GSA had several presentations on the schedule that showcased Society projects made possible by our expert members. The GSA National Adult Vaccination Program was represented in a session on preventing communicable diseases. There was a poster on our oral health initiative put together by a GSA workgroup. And not only did we have a booth in the exhibit hall, but the Healthspan Futures Lab at the summit included a presentation on GSA’s KAER toolkit, which is garnering increased attention. The toolkit was developed by a GSA workgroup and provides primary care providers with a four-step process for detecting cognitive impairment and achieving earlier diagnoses of dementia.

Some of the biggest names in the field of aging were on hand, including those from federal agencies, such as Assistant Secretary for Aging Lance Robertson. He has accepted an invitation to also speak at the GSA Annual Scientific Meeting in Boston this November as part of our brand new Momentum Discussions series. (See the November 2017 issue of Gerontology News for our exclusive interview with Robertson.)

And other preparations for Boston are going well, too. The story on the front-page reports that we’ve got a great speaker lined up for the opening plenary session, early bird discounts are available for registration and housing, and we’re accepting abstract submissions for the Late Breaker Poster Sessions. Based upon the large number of scientific abstracts submitted for the meeting, we expect to have a great turnout in Boston. It will be a wonderful way to build on the heels of the record-breaking World Congress we hosted last year. I look forward to seeing you a few months!
Mosqueda Addresses Top U.S. Officials at EJCC Meeting
On June 5, Laura Mosqueda, MD, testified before the U.S. Elder Justice Coordinating Council (EJCC) and described how the opioid crisis is impacting older people. She responded to questions from Attorney General Jeff Sessions and Secretary of Health and Human Services Alex Azar. View videos and read more about the EJCC Spring 2018 Meeting at www.acl.gov/node/1599. Mosqueda is the director of National Center on Elder Abuse and dean of the Keck School of Medicine at the University of Southern California.

Meuser to Lead New Center at University of New England
Thomas M. Meuser, PhD, FGSA, has been chosen as the founding director of the University of New England’s new Center for Excellence in Aging and Health, to become effective September 1. Meuser is currently serving as the interim associate dean of the College of Arts and Sciences at the University of Missouri—St. Louis, where he is the director of the school’s gerontology program and a professor of gerontology and sociology. At the new center, Meuser will oversee the university’s efforts in support of new geriatrics and gerontology programs, as well as finding new approaches to healthy, active and “meaning-filled” aging.

Colleague Connection
This month’s $25 amazon.com gift certificate winner: Barbara J. King, PhD
The recipient, who became eligible after referring new member Jillian Bodden was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Members in the News
• Former GSA Social Research, Policy, and Practice Section Chair Sheryl Zimmerman, PhD, FGSA, was quoted in a June 21 article in The Washington Post titled “Bill before D.C. Council would block assisted living facilities from taking new dementia patients.” She spoke about appropriate placement of patients with dementia in assisted living facilities.
• A June 28 article in the Los Angeles Times titled “Can humans reach even older age? We haven’t maxed out yet, some scientists say” quoted S. Jay Olshanksy, PhD, FGSA. He spoke about probable upper limits of the human lifespan.
• GSA Visiting Scholar Katie Maslow, MSW, was quoted in a July 2 article in Kiplinger’s Retirement Report titled “Finding a New Path With Dementia.” She spoke about efforts to help people live well with dementia.
• GSA Public Policy Committee Chair Lynn Friss Feinberg, MSW, FGSA, was quoted a July 9 article in The Washington Post titled “When you’re aging alone, who will take care of you if you get sick?” She commented on demographic trends as well as resources for individuals who may need occasional assistance in managing their health.

GSA Connect Corner
• Lena K. Kunz: “Are you a professional caregiver? A family caregiver? Working in aging services? We invite you to complete our online questionnaire about your views on dementia for our online Dementia Mindset Study. Participation is anonymous and data will be used for scientific purposes only.”
• Amy R. Eisenstein, PhD, FGSA: “Q. How do you improve your research on aging? A. Engage those often left out. Stakeholder engagement in research can help you address common research challenges by supporting you to develop meaningful research questions, expand funding opportunities, address low response rates, and even interpret complex research findings.”
Let’s Not Forget About LTC Residents:
Ombudsmen’s Perspectives

Many of our aging and health care colleagues have been working hard to regain momentum on issues of long-term care (LTC) — aka long-term services and supports — since the demise of the Community Living Assistance Services and Supports (CLASS) Act. Some excellent work has been done on long-term care financing, health care and services integration, and delivery system change.

But while major legislative initiatives remain in a holding pattern and the U.S. presidential administration attempts to weaken LTC facility regulations, more than two million Americans are living in nursing homes and assisted living facilities, often experiencing poor quality of care and little opportunity to move back into their homes or communities. This month’s column is all about the Long-Term Care Ombudsman Program (LTCOP) and its role in protecting the rights of those LTC residents.

I have had the honor of working with the LTCOP since my days on the Hill and the Omnibus Budget Reconciliation Act of 1987, and since 1993 as their association’s policy advisor. Each state long-term care ombudsman (LTCO) faces different challenges; therefore, I asked three ombudsmen to contribute to this interview.

Providing responses are Melanie McNeil, the Georgia ombudsman and current president of the National Association of State Long-Term Care Ombudsman Programs (NASOP), and her two most recent predecessors, Patty Ducayet of Texas and Joe Rodrigues of California. They are consummate professionals dedicated to protecting the rights and quality of care for LTC residents in their states.

For readability, I have combined their answers for each question, and this interview will stretch partway into next month’s column.

Brian: For those who do not know about the LTCOP, what are the most important things to know?

Ombudsmen: The LTCOP is federally mandated under the Older Americans Act to advocate for residents of nursing facilities and board and care homes such as assisted living facilities. Ombudsman services are free. Every long-term care facility should have a poster with the phone number for the ombudsman program so that residents and families are able to make contact. Most LTCOPs utilize trained volunteers to assist with the broad range of services that ombudsmen provide. Ombudsmen make personal visits to residents. We listen and observe. Ombudsman representatives help residents resolve problems they have with the quality of care and the quality of life.

Brian: Are you a source for information on choosing a long-term care facility?

Ombudsmen: Yes. An ombudsman frequently visits facilities and can advise the public about facility quality and services. We speak with family members about how to choose a facility, including what to look for on their exploratory visits, and advise them about government websites that offer valuable information for their search. Ombudsman representatives are able to share information about their experience with facilities.

Brian: What are the top issues of concern for residents and their loved ones?

Ombudsmen: From our experience, residents and their families are most concerned about a decent meal, protection from eviction from their facility, getting help when they need care, and having enough staff to care for everyone in a facility every day of the week at all hours of the day.

Brian: Are families active in supporting their loved ones in long-term care facilities?

Ombudsmen: The role of caring family members in the quality of care a person receives in a long-term care facility cannot be overstated. Family involvement can be the difference between good and bad care. In addition, being present in a facility as often as possible allows family members to monitor care and communicate with staff and management. Family members can also start, join, and lead a family council where they can find strength and influence in numbers. The best facilities have an active family and resident council with whom the facility management engages and listens. Unfortunately, many residents have no family nearby. Family council members, volunteers, and ombudsmen can help fill the void in those circumstances, but there is a great need for more members of the public to take time to visit residents in their neighborhood long-term care facility.

Brian: How do you spend most of your days on the job?

Ombudsmen: Our daily work really varies. During a legislative session, some of us spend a great deal of time on systems advocacy, education of the public, and voicing the needs of residents to legislators and in public forums. The phone rings and email dings a lot with requests for help and advice. State long-term care ombudsman programs are a network between its leadership and advocates in facilities who can personally respond to problems. As mentioned, those individual problems feed the program leadership with information that serves as the basis for policy solutions.
Brian: Would you mind explaining your advocacy role to us? You have somewhat unique authorizing language describing your independent role in the aging network.

Ombudsmen: The program is designed to be a voice for long-term care facility residents at both individual and systems levels. For individuals, when a problem is voiced to us, we can help the resident or a legal decision-maker with constructive ways to bring the problem to the attention of facility management. Facilities are often persuaded to do the right thing when it is a win-win; that is, a facility can satisfy its regulatory requirements and a resident gets the care and services they deserve. For systems, we learn about problems from the complaints we investigate and resolve, and from that information we identify trends that are better addressed with policy changes at state and federal agencies or state and federal legislation.

Brian: Could you say a bit more about systems advocacy?

Ombudsmen: Each state LTCOP has a state long-term care ombudsman who develops and leads a systems advocacy agenda on behalf of residents. Through our advocacy at the state level, and in coordination with other advocates and stakeholders, the state long-term care ombudsman program works to raise the voices of long-term care facility residents, and raise awareness of the public about residents’ needs, abilities, and vulnerabilities. Some examples of systems advocacy include advocating for improvements in the law to combat abuse of adults and individuals with disabilities, changing the regulations for board and care homes, and assisting residents to petition their lawmakers for an increase in the residents’ personal needs allowance.

Brian: Could you share an example or two of a success story where you helped resolve a life-threatening or demanding situation or stopped a perpetrator?

Ombudsmen: In a small assisted living facility, an ombudsman had visited over several months to build rapport with the six residents who lived there. One day, the ombudsman received a call from one of the residents who whispered, “Listen to how the staff’s treating us.” The ombudsman listened over the phone as a caregiver screamed at one resident, saying, “You’re so lazy you can’t even wipe your own butt” and other abusive comments. The ombudsman quickly drove to the facility and encountered frightened residents, who lived there. One day, the ombudsman received a call from one of the residents who whispered, “Listen to how the staff’s treating us.” The ombudsman listened over the phone as a caregiver screamed at one resident, saying, “You’re so lazy you can’t even wipe your own butt” and other abusive comments. The ombudsman quickly drove to the facility and encountered frightened residents, including one with a black eye. The ombudsman called in a report to the state regulatory agency and stayed in the facility until agency representatives and the police arrived. The caregiver was sent away and residents were immediately moved to a safe location. The ombudsman’s report and later her testimony resulted in the owner and caregiver losing their right to operate a long-term care facility or serve as a caregiver in a state licensed facility.

Brian: The state LTCOPs receive about $17 million each year through the Older Americans Act to provide services in all 50 states, the District of Columbia, Guam and Puerto Rico. This seems shockingly low. Any comment on that?

Ombudsmen: We couldn’t agree more. Any state that operates its program exclusively on federal funds isn’t providing adequate services to the residents of its long-term care facilities, and it’s the residents who suffer. We provide a valuable service — and use volunteers where we can to keep costs low and support our services. Our services protect residents’ dignity, inform facilities of their required responsibilities, and seek win-win solutions in the challenging world of long-term care services. If we were adequately funded, residents and families — and facility management too — would have access to advocates that could mitigate or resolve the common problems that emerge from communication breakdowns and emotional reactions. But we can’t be that always-available resource without sufficient funds to keep high-quality staff and recruit and retain high-quality volunteers.

To be continued in next month’s issue.

Recent GSA Policy Actions

GSA supported a letter from the Friends of the National Institute on Aging (FoNIA) regarding FY 2019 appropriations to members of the House of Representatives and Senate. The FoNIA requested a $500 million increase in the FY 2019 National Institutes of Health (NIH) budget to support biomedical, behavioral, and social sciences aging research efforts across the NIH. And additionally, a minimum increase of $425 million specific to research on Alzheimer’s Disease and Related Dementias, resulting in an NIH-wide dementia research budget of at least $2.253 billion in FY 2019.

GSA Vice President of Professional Affairs Patricia D’Antonio (far right) represented the Society in a recent meeting between the Protecting Access to Pain Relief (PAPR) Coalition and two White House staffers — Deputy Assistant to the President/Deputy Director of the Domestic Policy Council Lance Leggitt and Special Assistant to the President for Health Care Policy Kathryn Talento. D’Antonio serves as vice chair of PAPR, which is a multi-stakeholder coalition whose goal is to ensure that Americans have access to and choice of appropriate over-the-counter pain relief.

GSA, through its work as a founding member of the Eldercare Workforce Alliance, is supporting efforts to promote the bipartisan Geriatrics Workforce Improvement Act (S.2888), which was recently introduced by Senator Susan Collins (R-ME) and Senator Bob Casey (D-PA). This bill echoes similar bipartisan legislation proposed in the House of Representatives that would ensure communities across the U.S. have access to health professionals and other critical supports improving care for people as they age. It supports two critical objectives. First, it would formally establish funding for the Geriatrics Workforce Enhancement Program at $45 million per year over the next five years. Second, it would reestablish the Geriatric Academic Career Awards, a previously funded program for developing clinician-educators at $6 million per year.
Burnout: What It Is and How to Avoid It

By Heidi Moyer, PT, DPT

Nobody enters the field of studying aging and older adults because it's going to be an easy job. Navigating your way through an academic or clinical undergraduate and/or graduate program(s) can be taxing physically, financially, and emotionally. These seemingly relentless stressors can lead to a breakdown of your resilience over time, which is known as burnout. Burnout is defined as physical or mental collapse caused by overwork or stress; and we all know that there is plenty of overwork and stress in the academic world as well as the clinical realm. By identifying, preventing, and managing burnout, you can help to elongate your career in aging as well as making it a sustainable and pleasurable experience.

Identifying Burnout: Burnout can manifest itself in several different ways, making it difficult to catch early. It can be as simple as needing additional caffeine throughout the day despite no change in your sleep schedule, an inability to be productive on your “off” days due to fatigue, lack of empathy to a patient’s needs, or increased emotional irritability to normal daily annoyances. Essentially, your reserve for tolerating the out of the ordinary dwindles until it is null. You take work stress out on those in your personal life and you take personal stress out on those in your professional life. This inability to compartmentalize is the first sign of burnout as mental resolve begins the fail. The chronic fatigue and exhaustion comes later on with dwindling physical resolve.

Preventing Burnout: There are a few key ways to prevent the onset or full intensity of burnout. One is through social support. This is important not only within your personal realm, but also within your professional realm. Maintaining a solid group of friends both on and off the battlefield, so the speak, will help to get you through the rigors that any clinical or academic training may present to you. Another way to prevent burnout is to plan breaks into your schedule. This might be ten minutes during the day in which you meditate (which is something to look forward to in the short term) or a planned vacation/staycation once a year in which you know you will have the time you need to decompress. Exercise is another way that helps to prevent burnout. Picking an activity that brings joy to your life as well as provides a relief (physical, emotional, or both) can help to modulate stress in your life. Some examples of common activities include running, boxing, or yoga. Finally, another important factor of avoiding burnout is staying well hydrated and eating the proper nutrition. This enhances your physical resilience to stressors.

Managing Burnout: The best way to manage burnout is to avoid it in the first place, as once it sets in it is very difficult to try to navigate through self-healing while continuing to navigate the stressors which triggered this state in you. However, if you feel that you are already burned out, I highly recommend speaking with a healthcare professional equipped to handle this sort of issue (psychologist, psychiatrist, etc) to identify the root cause of your burnout and help resolve it. Is the burnout caused by lack of sleep? Is it a difficult mentor or professor that is pushing you beyond your limits? Maybe your field of study wasn't what you thought it might be and you need to change your focus? Once you find the catalyst (or catalysts) for your burnout, you can address them to alleviate the symptoms.

Burnout is an ugly state that we don’t talk about often enough, although it is known to be very common across multiple fields. Having the tools you need in your tool box to manage this issue will help you to experience a fulfilling career in aging, making it to the finish line of your education and beyond.

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will argue with it. Or you may try to answer it. Either way, you will find yourself articulating your own goals as a gerontologist.”

“The Journey of Life” was released in 1992 and was nominated for a Pulitzer Prize, and Cole has published many other books and articles on the history of aging and humanistic gerontology. He was the senior editor of “The Handbook of Humanities and Aging,” “Voices and Visions: Toward a Critical Gerontology,” and “What Does It Mean to Grow Old?” His current project is “A Country for Old Men,” a book exploring the lives, ideas, and identities of contemporary male elders. Cole also has produced a number of award-winning films, including “The Strange Demise of Jim Crow,” broadcast nationally on over 60 PBS stations and internationally by the State Department; “Still Life: The Humanity of Anatomy,” which explores the relationship between medical students in the anatomy lab and the people who donate their bodies; and “Living with Stroke,” about the world of stroke survivors.

The GSA Annual Scientific Meeting will take place from Wednesday, November 14, to Sunday, November 18. Cole’s talk will take place on the morning of Thursday, November 15.

Meeting sessions will take place at the John B. Hynes Veterans Memorial Convention Center, Sheraton Boston Hotel, and Boston Marriott Copley Place; these properties are all connected by indoor walkways.

GSA is offering discounted registration rates for the meeting until September 13. Hotel discounts are available until October 22, but rooms may sell out earlier. Submissions for the Late Breaker Poster Sessions are due September 13. Visit www.geron.org/2018 for complete details.
GSA Honors Outstanding Individuals

Please join us in congratulating our 2018 awardees!

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

The awardees will be recognized at this year’s GSA Annual Scientific Meeting, taking place November 14 to 18 in Boston, Massachusetts. Check the final meeting program for all dates, times, and room location assignments for award events.

SOCIETY-WIDE AWARDS

**Donald P. Kent Award**
Presented to Lewis Lipsitz, MD, FGSA
Hebrew SeniorLife and Beth Israel Deaconess Medical Center

**Robert W. Kleemeier Award**
Presented to Keith Whitfield, PhD, FGSA
Wayne State University

**Maxwell A. Pollack Award for Productive Aging**
Presented to Karen Fredriksen Goldsen, PhD, FGSA
University of Washington School of Social Work

**M. Powell Lawton Award**
Presented to Carol Whitlatch, PhD, FGSA
Benjamin Rose Institute on Aging

**Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology**
Presented to Frank J. Infurna, PhD
Arizona State University
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)
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)

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

Nathan Shock New Investigator Award
Presented to Dudley Lamming, PhD, FGSA
University of Wisconsin-Madison

Minority Issues in Gerontology Outstanding Mentorship Award
Presented to Yuri Jang, PhD, FGSA
The University of Texas at Austin and the Suzanne Dworak Peck School of Social Work at the University of Southern California

SPECIAL ADDITIONAL AWARD

Additionally, 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
Austin Bloch Post-Doctoral Fellow Award
George Sacher Student Award

Health Sciences Section
Person-In-Training Award
Research Award

Social Research, Policy, and Practice Section
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

funding opportunities

Borchard Foundation Requests Proposals
Legal, health sciences, social sciences, and gerontology scholars and professionals are invited to submit research proposals to The Borchard Foundation Center on Law & Aging. The objectives of the center’s Academic Research Grants Program are to further research and scholarship about new or improved public policies, laws, and/or programs that will enhance the quality of life for older adults, including those who are poor or otherwise isolated by lack of education, language, culture, disability, or other barriers. Up to four grants of a maximum of $20,000 each will be awarded. The center expects grantees to meet the objectives of the grant program through individual or collaborative research projects that analyze and recommend changes in one or more important existing public policies, laws, and/or programs relating to older adults; or, anticipate the need for and recommend new public policies, laws, and/or programs for older adults necessitated by changes in the number and demographics of the country’s and the world’s older adult populations, by advances in science and technology, by changes in the health care system, or by other developments. It is expected that the research product will be publishable in a first-rate journal. A detailed request for proposals can be accessed on the center’s website at www.borchardcla.org. The online application form will be available after September 15. Applications should be submitted no later than October 15. Selections will be made on or about December 15. For more information, contact Catheryn Koss at ck@borchardcenter.org.

NIA Welcomes Applications for Next NHATS Cycle
A funding opportunity announcement issued by National Institute on Aging invites applications for the next five-year cycle of the National Health and Aging Trends Study (NHATS), which is the leading nationally representative, longitudinal data resource in the U.S. for research on trends, dynamics, and disparities in late-life disability, and for studies of the social and economic consequences of late-life disability for individuals, families and society, including caregiving and end-of-life issues. NHATS has conducted seven annual rounds of data collection to date (an eighth round is in process) and is linked to the separately funded National Study of Caregiving. The goals of the next cycle are to continue the current structure and design elements of NHATS; permit studies of long-term trends in disability prevalence; enrich measurement of cognitive capacity; enhance measurement of physical activity and sedentary behavior; continue linkages with administrative records; and augment data dissemination and user support. Applications are due October 1. View the full announcement at bit.ly/2KfrWDr.
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the gerontology category of Journal Citation Reports: Social Sciences Edition.

GSA Publications Committee Chair Margie Lachman, PhD, FGSA, who also spoke highly of Pruchno, said GSA is fortunate that Meeks will succeed her in the role of editor-in-chief, given the strong vision and innovative ideas that Meeks has for the future of the journal.

“Dr. Meeks, who has made outstanding contributions to the field of gerontology especially in the areas of mental health and aging, is exceptionally well qualified for this position and the ideal person to assume editorialship of The Gerontologist at this time of unprecedented upward momentum,” Lachman said.

Meeks is a professor in the Department of Psychological and Brain Sciences at the University of Louisville, where she began as an assistant professor in 1987. She has served as department chair since 2009. Her research interests have broadly covered psychopathology and well-being in late life, and she has spent much of the last decade developing and refining an intervention for depression in nursing home residents called BE-ACTIV.

Her work has been published in journals such as Psychology and Aging, The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, Aging and Mental Health, and The Gerontologist. She has received funding from the National Institute of Mental Health, the Kindred Foundation, and most recently from the National Endowment for the Arts to study well-being among older theater audiences.

Meeks teaches undergraduate and graduate courses related to clinical psychology and aging. She was the 2008 president of the Society of Clinical Geropsychology, and she is a member of American Psychological Association (Divisions 12 and 20), Psychologists in Long-Term Care, and the Kentucky Psychological Association. She is a GSA fellow, which represents the highest category of membership within the Society.

Among her achievements, Meeks earned the 2012 Psychologists in Long-Term Care Award for Outstanding Contributions to Psychology in Long-Term Care. She was previously an associate editor (intervention research) for The Gerontologist, has served on the editorial board of Clinical Gerontologist, and has been a frequent grant reviewer for the National Institute of Mental Health.

New Virtual Collection Focuses on Care Quality in LTC Settings

The Gerontologist has released a new virtual collection of qualitative and mixed methods articles recently published on quality of care in long-term care, including eight studies that explore factors contributing to resident quality of care and quality of life from the perspectives of staff and residents. These articles provide insights into staff decision-making regarding use of antipsychotic medications; the impact of leadership involvement and the challenges to sustaining effective quality improvement interventions; strategies for implementing quality improvement initiatives; and residents’ views of quality and quality indicators. Visit bit.ly/TG-Virtual to access this virtual collection.

GSA Journals Issue Multiple Calls for Papers

Innovation in Aging is planning a special issue on “Translational Research on Caregiving.” The journal has issued a call for papers with the aim of publishing studies with results that could be rapidly translated to the development of methods, interventions, and treatments that will improve the everyday lived experiences of caregivers and care recipients. Abstracts are due by September 1. Open Access waivers will be available for all articles published in this special issue. Review the full call for papers at bit.ly/IA-Caregiving.

The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences invites submissions for a new special issue to be titled “The Mechanistic Target of Rapamycin (mTOR).” mTOR, an evolutionarily conserved serine/threonine kinase, plays a significant role in integrating cellular and environmental cues that modulate cell metabolism, growth, proliferation, survival, and longevity. There continues to be growing interest in identifying strategies, including development of new drugs, timing, or dosing, to translate new findings to approaches to improve healthy aging at both the basic and translational levels. The journal invites investigators to submit primary research papers, reviews, or commentaries for the special issue by September 1. Access full details at bit.ly/A-mTOR.

The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences is planning a special issue titled “Null Effects.” The goal is to showcase empirical examples of conceptually relevant null age effects in which some of the key hypothesis tests show meaningful null age differences using one of the newly presented methods. Together, the hope is that the manuscripts will show the promise of these new techniques for refining the understanding of age-related similarities as well as differences in psychological processes. Abstracts are due by September 1. Review the full call for papers at bit.ly/B-Null-Effects.

The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences is seeking submissions for a special issue titled “State of the Science on Mild Cognitive Impairment (MCI).” Controversies still exist about how best to operationalize the clinical (and research) criteria for MCI to best predict progression to dementia, about what cognitive, neuroimaging, and other biomarkers are most sensitive to early cognitive impairment and neurodegeneration, and about how living in this transitional stage affects one’s functioning in the social, problem-solving, and everyday functioning domains. The journal invites papers reporting cutting-edge quantitative research on psychological aspects of MCI. Full manuscripts are due by October 1. Learn more at bit.ly/2v4FQxA.
NIH-Funded Scientists Put Socioeconomic Data on the Map
The Neighborhood Atlas, a new tool to help researchers visualize socioeconomic data at the community level, is now available. This online platform allows for easily ranking and mapping neighborhoods according to socioeconomic disadvantage. Seeing a neighborhood’s socioeconomic measures, such as income, education, employment and housing quality, may provide clues to the effects of those factors on overall health, and could inform health resources policy and social interventions. The Neighborhood Atlas is housed at the University of Wisconsin. The project is funded by the National Institute on Aging (NIA) and the National Institute on Minority Health and Health Disparities (NIMHD), both part of the National Institutes of Health (NIH). Developed by Amy Kind, MD, PhD, from University of Wisconsin School of Medicine and Public Health, the Neighborhood Atlas uses the “Area Deprivation Index,” which includes 17 measures of education, housing quality and poverty, updated with current American Community Survey data. Users can easily download maps indexed with measures of neighborhood disadvantage — ranging from national down to the local level. The Neighborhood Atlas is built so that it can be merged with other data sources to foster better understanding of how neighborhood disadvantage impacts health. Researchers, policy makers and front-line health and social service personnel can use the Neighborhood Atlas to study fundamental social-biological mechanisms of health and disease, develop or study the impact of health policy or better align resources. To learn more, visit www.neighborhoodatlas.medicine.wisc.edu.

NIH Clinical Center Releases Dataset of 32,000 CT images
The National Institutes of Health’s (NIH) Clinical Center has made a large-scale dataset of CT images publicly available to help the scientific community improve detection accuracy of lesions. While most publicly available medical image datasets have less than a thousand lesions, this dataset, named DeepLesion, has over 32,000 annotated lesions identified on CT images. The images, which have been thoroughly anonymized, represent 4,400 unique patients, who are partners in research at the NIH. With the release of the dataset, researchers hope the others will be able to develop a universal lesion detector that will help radiologists find all types of lesions; mine and study the relationship between different types of lesions; and more accurately and automatically measure sizes of all lesions a patient has, enabling the whole body assessment of cancer burden. Images are available at nihcc.box.com/v/DeepLesion.

NIA Establishes Research Resources Database
The National Institute on Aging (NIA) recently launched the NIA Research Resources Database, which can be used to find NIA-supported scientific resources, datasets, informatics resources, and more. The database can be searched by keyword, resource type, or NIA Division or the NIA’s Intramural Research Program. Users can access the database at www.nia.nih.gov/research/resources.

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