Publication Highlights Care Challenges of Dementia-Related Psychosis

It is estimated that over 2 million Americans with dementia experience delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). This group of symptoms, known as dementia-related psychosis, may cause significant distress to individuals and their families. Although common, the condition frequently goes undetected in people who may be struggling with other complex behavioral and psychological symptoms of dementia.

A new publication from GSA, “Dementia-Related Psychosis: Gaps and Opportunities for Improving Quality of Care,” brings attention to the need for greater awareness of this condition within the medical community and better support for those affected.

“This new resource provides an excellent overview of an underdiagnosed condition that’s not well understood,” said Banner Alzheimer’s Institute Director Pierre N. Tariot, MD, who contributed his expertise in geriatric psychiatry to the publication’s multidisciplinary review committee. “It will be a useful tool for the research and practice communities to help us build a roadmap for better diagnostic clarity and better patient outcomes.”

A neurologist, a geriatrician, and a long-term care geriatric psychiatrist — Gustavo Alva, MD, Joshua Chodosh, MD, and Gary Epstein-Lubow, MD, respectively — also served as reviewers, as individuals with dementia-related psychosis may require care across various clinical settings.

Currently, there is no consensus in the medical community on how to diagnose dementia-related psychosis, which is clinically...
From the GSA President

GSAs Diverse Disciplines Reveal Complementary Nature

By S. Michal Jazwinski, PhD, FGSA • sjazwins@tulane.edu

“GSA is the oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging,” according to our website. This is, at least, the mantra. Of course, it depends on the definition of interdisciplinary.

Multidisciplinary we certainly are, as much as or more so than many members would like when trying to find their preferred symposium to attend at the Annual Scientific Meeting. But is this interdisciplinary?

Last November, after the transfer of office at the annual meeting, I felt expansively interdisciplinary as the new president of our society. Rather than going with friends to the hotel bar, I decided to look in on a humanities and arts symposium.

I’m not going to name the symposium to protect the innocent. I slipped in and sat down in the back of the smallish meeting room. I listened to an interesting account of an intergenerational exercise focused on creativity and aging.

Astutely, the organizers left much room for a general discussion. It quickly developed that the group felt alien due to the lack of understanding by the GSA membership at large, and especially by, heaven help them, the biologists, who never come to their meetings.

Soon, I quietly interjected, “I’m a biologist!” All heads turned around. Yes, here was a biologist. They asked me what I think regarding the alleged lack of interest in the humanities and arts offerings on the part of the biologists.

Let me digress before I continue this thread. Not a one of the humanities and arts aficionados at this symposium recognized me as the new president, which of course emboldened me. What that meant was that none of them attended the afternoon’s festivities at which I became president. This is both bad and good. It’s bad because all members should contribute to the Society’s governance, at least by participating in elections and showing interest in the direction leadership is taking.

On the other hand, it’s good because members trust leadership not to sink the ship so that they can enjoy what they like most, the annual meeting and the publications. Back to where I was a moment ago. I launched into my explanation which started with a slight scolding. I stated that the mistake the humanities and arts folks make is trying to sell to the scientists what they are doing as science, thinking it might garner acceptance more easily. In my mind, that makes it worse. No one is fooled. Importantly, there is absolutely no need to go down this path.

I was armed by the fact that my wife and I, several years ago, gave back-to-back special lectures at Tulane University, titled “Imagination and Creativity.” I kicked it off by talking about “Imagination and Creativity in the Sciences,” and she lectured on “Imagination and Creativity in the Arts.” She’s a professor of music and a composer, just so you know.

The arts and the sciences are realms of human endeavor very similar in many ways, but there is a key distinction.

In science, there’s a method or process. If this is demonstrably followed, the results are accepted. Depending on those results and the area of science, there may be room for different explanations.

In art, the method is not paramount; instead, it’s the product that matters. There’s a bit more to it though. The product is not final because the consumer of that product is involved in its creation every time the painting is viewed or the music heard.

The product has potentially different meaning each time, and meaning is not only intellectual. It can be visceral. This contrasts dramatically with the finality of the scientific product, which mutates only as new experiments are performed. Arguments about the products of science really boil down to disagreements over whether the methods were proper, while in art the arguments concern the products themselves.

Continued on page 9
Eisenstein Joins RRF Staff
The Retirement Research (RRF) has welcomed Amy R. Eisenstein, PhD, FGSA, as a program officer. She comes to RRF from the Leonard Schanfield Research Institute of CJE SeniorLife, where she served as director of research and continuous quality improvement for the past four years. She is also an ambassador for the Patient-Centered Outcomes Research Institute and serves as an adjunct assistant professor at Northwestern University’s Feinberg School of Medicine. Her research has focused on issues related to aging, health, and disease, with an emphasis on measuring patient-reported outcomes associated with long-term care and community-based living.

Crystal Recognized as Influential Social Work Faculty
Rutgers School of Social Work Distinguished Research Professor Stephen Crystal, PhD, FGSA, was named one of the most influential contemporary social work faculty in an analysis published in the *Journal of Social Service Research*. “According to The 100 Most Influential Contemporary Social Work Faculty as Assessed by the H-Index,” Crystal was listed as one of the top 25 faculty members. Crystal’s work, which has resulted in more than 300 publications with more than 12,500 citations, includes many widely cited books and research articles on old-age policy and services for older adults; the use and outcomes of psychotropic medications and other mental health treatments; HIV/AIDS care; severe mental illness; the opioid epidemic; and numerous other health care and social policy topics.

Fredriksen Goldsen Earns Distinction from Seattle Mayor’s Office
On June 26, at the 2019 Seattle Mayor’s Pride Reception, Mayor Jenny Durkan presented Karen Fredriksen Goldsen, PhD, FGSA, with a 2019 Outstanding Leadership Pride Award. Fredriksen Goldsen is the principal investigator of Aging with Pride: National Health, Aging, and Sexuality/Gender Study, a professor at the University of Washington School of Social Work, director of the Healthy Generations Hartford Center of Excellence, and director of the Institute for Multigenerational Health.

GSACoConnect Corner
Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org!

- **Karen Appert, BA:** We have posted a link to a new report, *In Support of Family Caregivers: A Snapshot of Five States*, authored by Johns Hopkins University researchers (including GSA members Jennifer Wolff and Julia Burgdorf), who analyzed programs supporting family caregivers in five states. The Executive Summary describes, “As states vary widely in demographic characteristics, legislative priorities, and service delivery environments, understanding how states have approached programmatic support for family caregivers could inform state and national policymaking in this area.” For the full report, the link has been posted in our interest group library. (Posted in the Family Caregiving Interest Group Community)
We have further evidence that Congress and the White House can actually walk and chew gum at the same time.

During the same week in July that the House Judiciary and Intelligence Committees met for hearings with Special Counsel Robert Mueller and discussed impeachment, Speaker Nancy Pelosi and Secretary of the Treasury Steven Mnuchin cut a major deal to fund the government for two years and extend the debt limit so that the government’s bills could be paid on time.

Then the Finance Committee reported a bipartisan drug pricing bill, and the previous week the House Energy and Commerce Committee passed the bipartisan H.R. 2781, which includes the authorization of the Geriatrics Workforce Enhancement Programs and the Geriatrics Academic Career Awards Program.

Bipartisanship and bitter fighting are becoming the norm during this first session of the 116th Congress. (By the way, it was reported that President Lyndon Johnson said, “Gerald Ford can’t walk and chew gum at the same time,” or a less publishable version of that.)

So, as Congress heads home for the district work period with no plans to return until the second week in September, I’ll take this opportunity to say a bit about the two-year budget deal and mention a couple happenings on the retirement and income security front, which are often neglected in my writings and by Congress.

But first, I would like to acknowledge the wonderful contributions of Haley Gallo, the first recipient of the Greg O’Neill Policy Student Internship. Haley completed her work at GSA’s Washington, DC, office the last week of July and headed back to the University of Southern California, where she is pursuing her doctorate in gerontology. A young person after my own heart, she has known since high school that she wanted to dedicate her education and career to improving the quality of life for older adults. She excels at both research and the policy-making process, and we are hopeful that her time at GSA, under the tutelage of our Trish D’Antonio, will serve her well. In many respects being “the first” is difficult, but Haley was unassuming, soft-spoken, thoughtful, curious, empirical, and an enjoyable person with whom to work. So, it’s hard to imagine that GSA could have found a better person to start the tradition of honoring Greg.

The Budget

Back to the budget — the budget deal will lead to the official end of the dreaded 2011 Budget Control Act (BCA), which expires in 2021 and was designed to punish Congress for failing to come to agreement on a major deficit reduction deal to cut spending and raise taxes. It has forced them to come up with a short-term spending agreement every one or two years or face automatic funding cuts in both defense and non-defense programs. One of the results is that the national debt has grown from $14 trillion to $21 trillion since 2011.

This year’s deal increases discretionary spending limits (budget caps) for FY 2020 and FY 2021, suspends the debt limit through July 31, 2021, and then raises the limit to reflect what has been borrowed during that period. It was crafted by Pelosi and Mnuchin and is called the Bipartisan Budget Act of 2019 (H.R. 3877).

On one hand, it avoids $125 billion in automatic spending cuts, but the House will need to rework its already passed appropriations bills enough to find an additional $15 billion in non-defense savings. The White House had proposed $150 billion in total cost savings, but the final version appears to save only $54.5 billion within the first 10 years, according to the Congressional Budget Office.

One key component of the deal was no “poison pill” policy provisions, which are often so offensive to one side or the other that it kills the bill. Given this, Senate Majority Leader Mitch McConnell (R-KY) was confident the bill would pass in the Senate, and be signed by the president as the House left town.

Pelosi insisted on linking the budget/funding caps bill to the debt limit extension. This will enable the Senate to move forward quickly in September to complete its 12 appropriations bills before the September 30 end of the fiscal year. Staff will work during the August recess on drafting the measures and beginning to work out differences with the House bills. A bill combining the Labor, Health and Human Services, Education and Related Agencies appropriations bill with the Defense bill is likely to be considered first. Those that are not completed and negotiated with the House appropriations bills enough to find an additional $15 billion in non-defense savings. The White House had proposed $150 billion in total cost savings, but the final version appears to save only $54.5 billion within the first 10 years, according to the Congressional Budget Office.

The budget bill is partially paid for by extending the automatic spending cuts in the BCA for certain mandatory spending programs (Medicare) and certain customs user fees through FY 2029.

Retirement Security

Chairman Richard Neal (D-MA) of the House Ways and Means Committee takes the retirement of American workers very seriously and has dedicated himself to addressing the “retirement income crisis” during the 116th Congress. His primary bill on the topic was passed unanimously by the committee, and now the full House has passed his “Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019.” The bill is endorsed by many of the key players including AARP.

I turned to Cindy Hounsell, a trusted friend, retirement expert, and a regular at GSA annual meetings for counsel on the importance of this bill. Cindy is the President of WISER, the Women’s Institute for a Secure Retirement, a nonprofit
organization that works to improve opportunities for women to secure retirement income and to educate the public about the inequities that disadvantage women in retirement.

WISER has endorsed the bill for a number of reasons including that Cindy believes from her interactions during training sessions with many thousands of older women, that the part-time worker issues must be addressed to ensure a livable retirement. So, I will cover some of the key provisions of the bill and provide Cindy’s viewpoints as I go.

As to the most significant changes that this bill makes for the average person, Cindy said, “This is a big picture retirement bill with a number of complicated provisions that will fix various barriers that prevent some of the 28 million workers who do not have access to a retirement plan to participate. This bill would offer Open MEPs (Multiple Employee Retirement Plans) which will allow up to 700,000 people to improve their opportunity to save for retirement; there is also a $500 credit for small employers who offer a plan and automatically enroll workers in a plan.”

In addition, the bill focuses on home care workers, who are 90 percent women and half are women of color. Most of us know how difficult the work is and how low the pay can be. There is a problem with the current statute which prevents many of these caregivers from participating in a 401(k) or IRA. This may help attract workers to these positions as well.

The bill addresses this, as Cindy points out, “Another glitch affects a number of non-profits with defined benefit plans including the Girl Scouts & Boy Scouts while another fix will help them and Gold Star families.” The legislation helps other workers as well, by requiring employers to allow long-term, part-time workers to participate in the 401(k) plans that are offered to full-time employees.”

The SECURE Act also has a provision that may be of particular interest to GSA members. In Section 106 of the bill, “Treat Certain Taxable Non-Tuition Fellowship and Stipend Payments as Compensation for IRA Purposes,” it removes from current law the restriction that stipends and non-tuition fellowship payments received by graduate and postdoctoral students are not treated as compensation and cannot be used as the basis for IRA contributions. The legislation allows amounts that are includible in income to be considered for IRA contribution purposes, enabling students to begin saving with tax-favored retirement savings.

Another provision allows for penalty-free withdrawals from retirement plans for any “qualified birth or adoption distributions.” Included in the bill is a provision that updates the decades old minimum distribution requirement for age 70 and one half. It will now be age 72.

Cindy’s forte is financial literacy, so I asked whether the bill addresses this. Cindy said: “No. The bill has one provision that would allow the retirement plan sponsor to disclose how much a monthly payment would be if the total account balance was used to buy a lifetime income plan (e.g. A 401k has $100,000; how much would the participant receive in a monthly stream of payments?)”

Finally, I wondered what a second bill we are hearing about in the House and a Senate bill might add to this picture. Cindy: “We are hopeful that the Saver’s Credit (introduced by Senators Rob Portman [R-OH] and Ben Cardin [D-MD]) will either be attached to the budget bill or to retirement #2. It provides a tax incentive and is especially beneficial to moderate and low-income taxpayers. The changes would be enormously helpful and extremely important as it would provide the equivalent of a government match and be the incentive that low-income folks would need to help them save for retirement — it would liberalize the provision. It also comes with an education component as the tax incentive is complicated and only used by a small group of folks as few people know about it.”

On another income security front, the House Ways and Means Committee held a hearing on July 25 entitled “The Social Security 2100 Act.” The legislation which would strengthen Social Security benefits and extend the life of the trust fund is likely to pass in the House this congress. It is long overdue yet will not have the needed Republican support in the Senate. See the hearing, including Social Security Works President Nancy Altman’s testimony on the committee website. More on both these bills as the session continues.

**Recent GSA Policy Actions**

**GSA** — working independently, with the National Association for Geriatric Education, and through the Eldercare Workforce Alliance — is supporting the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) for Health Act of 2019. Among other programs, this bill will formally authorize the Geriatrics Workforce Enhancement Program and reestablish the Geriatric Academic Career Awards. The bill was passed by the full House Energy and Commerce Committee on July 17.

**GSA**, working with one of its visiting scholars, Katie Maslow, MSW, FGSA, submitted comments to the National Institute on Aging in response to a request for information for the 2020 National Research Summit on Care services and Supports for Person with Dementia and their Caregivers. The summit will be held March 24 and 25, 2020, at the National Institutes of Health campus.

**GSA** Vice President for Strategic Alliances and Integrated Communications Karen Tracy and Vice President for Professional Affairs Patricia D’Antonio represented the Society at the 8th Annual Focus on Eye Health National Summit hosted by Prevent Blindness on July 17. The summit included GSA members presenting on a panel titled “The Keystone for Independence: Low Vision, Vision Loss, and Cognitive Decline in Older Adults.” The panel was moderated by Heather Whitson, MD, MHS, of Duke University and included presentations by Bonnielin Swenor, PhD, MPH, of The Wilmer Eye Institute at Johns Hopkins University; Joshua R. Ehrlich, MD, MPH, of the University of Michigan Kellogg Eye Center; and Marcus Escobedo, MPA, of The John A. Hartford Foundation.
Your Vote, Your Society

GSA congratulates the following candidates

Board of Directors

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Terri Harvath, PhD, RN, FAAN, FGSA

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Board Member (two-year term)
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Board member (one-year term)
Marilyn R. Gugliucci, MA, PhD, FGSA, FAGHE

Board Member (one-year term)
Tetyana Pylypiv Shippee, PhD, FGSA

Board Member (two-year term)
Catheryn S. Koss, JD, PhD
2019 Election Results

who will take their offices January 1, 2020.

Section Leadership

Academy for Gerontology in Higher Education
Vice Chair-Elect
Dana Burr Bradley, PhD, FGSA, FAGHE

Behavioral and Social Sciences Section
Vice Chair-Elect
Debra Umberson, MSW, PhD, FGSA

Biological Sciences Section
Vice Chair-Elect
Viviana I. Perez, PhD, FGSA

Emerging Scholar and Professional Organization
Vice Chair-Elect
Danielle A. Waldron, MS

Health Sciences Section
Vice Chair-Elect
Christine Mueller, PhD, RN, FGSA, FAAN

Social Research, Policy and Practice Section
Vice Chair-Elect
Deborah P. Waldrop, PhD, MSW, FGSA

GSA extends its appreciation to the members who cast their vote in this vital Society activity and to all the candidates who volunteered to stand for election.
AGHE Program of Merit (POM) Review for Health Professions Programs

By Marilyn R. Gugliucci, PhD, FGSA, FAGHE • University of New England

In 2017, The Retirement Research Foundation provided funding to advance gerontology and geriatrics education in Higher Education Institution (HEI) Health Professions Programs. The goal of this grant is to conduct outreach to AGHE member health professions programs to educate them about the AGHE Program of Merit (POM) designation for Health Professions Programs.

The grant provides support through the AGHE Consultation Program to assist in applying for AGHE POM status. Established in 1998, the POM designation provides gerontology programs with an AGHE “stamp of approval,” which can be used to verify program quality, to lobby for resources to maintain a quality program, to market the program, and to recruit prospective students.

In 2015, after adopting the Partnership for Health in Aging Health Professions Competencies, the AGHE POM was adapted to implement a voluntary evaluation process for health professions programs that integrate these competencies to prepare students for working with older adults and their informal care partners. These programs are now eligible to apply for the POM designation. The Program of Merit for Health Professions Programs is based on the “AGHE Standards and Guidelines for Gerontology/Geriatrics in Higher Education, Sixth Edition (2015),” specifically chapters 11 and 12:

- Foundational Gerontology/Geriatrics Curricula Guidelines for Health-Related Programs (2014, 2015) Gugliucci, M.R; Perweiler, E; Weaver, S.A; Richeson, N.E; & Hageman, P.A., Chapter 12

POM applications from health professions programs are based on the above chapter which is most appropriate to the program. For those applications that ultimately attain the AGHE POM for Health Professions Programs designation, the following benefits are available:

1. Verifies for students that the program is consistent with vetted criteria in gerontology and/or geriatrics recognized by AGHE;
2. Informs campus administrators of guidelines, expectations, and practice in gerontology/geriatrics education for health professions programs;
3. Assures the public of the quality of programs and their graduates;
4. Clarifies for employers the knowledge and skills imparted to students who graduate from POM designated health professions programs; and
5. Indicates to interested parties that the program is of high quality.

Applications are accepted on a rolling basis. To inquire, call AGHE at 202-289-9806 or find Marilyn R. Gugliucci or Shannon Mathews [POM co-chairs] at the GSA Annual Scientific Meeting.
Consider the following vignette: a colleague approaches you and asks for help running statistics for a manuscript. Your immediate reaction is to say no; you have to prep for the course you are teaching next semester, continue writing your own manuscript or dissertation, and have immense academic and/or clinical responsibilities. In spite of your limited time availability, you find yourself saying yes to your colleague, and are immediately filled with regret regarding this decision. Later, you find yourself increasingly stressed and resent agreeing to help your colleague.

If you identify with this scenario, you may have previously struggled with setting boundaries. Contrary to the name, boundary setting does not involve creating barriers that lead to isolation and estrangement. Rather, the goal of boundary setting is to identify one’s own personal limits (physical, mental, emotional, and spiritual). By setting boundaries, personal needs are communicated to others, thus making them a priority. Boundaries are a measure of self-esteem and are crucial to both healthy relationships and lifestyles.

Setting boundaries is an acquired skill and can be difficult, particularly for early professionals. At early stages of career development, boundaries are still being established, thus leaving them vulnerable to violation. Power differentials may make it difficult to say “no” to more senior colleagues or supervisors. Turning down opportunities (career-related or personal) can be anxiety-inducing given the unknown future impact. The boundaries of peers may be vastly different from ones’ own, and others may struggle with the limitations. Boundary setting may also result in personal feelings of guilt.

Learning to establish effective boundaries is essential to career success. While acquiescing to every request is tempting (particularly in early career stages), it is likely to lead to increased stress, resentment, and burnout. Setting limits prioritizes self-care and contributes to higher self-esteem and more fulfilling relationships. Like most skills, setting boundaries becomes easier with practice and gives way to feeling secure and safe.

Below are several tips to begin identifying and setting boundaries in your life:

1. Identify your limits. What are things that make you feel stressed and/or uncomfortable, and what are things that you can tolerate? Try reducing the activities that inspire negative emotions and increasing those that produce joy and contentment.
2. Start small! Begin with a small boundary that feels attainable and work up to more challenging situations.
3. Work to say “no” without feeling guilty. Don’t be afraid to be direct and identify your limits — by clearly establishing your boundaries, you are communicating your needs to others and working to create more positive relationships.
4. Pay attention to your feelings and listen to your gut! Resentment or discomfort may be a red flag indicating a boundary violation. Ask yourself, what is it about this situation that is contributing to these feelings? This may help you better identify your limits. If you are having a strong internal reaction, it may be an important message.
5. Not all boundaries are created equal. You may not have the same limitations for everyone, because your emotional tolerance may differ by person or situation.
6. Be flexible with your boundaries. It is good to occasionally reassess and ensure that your boundaries are still effective. Limitations that worked in one life stage may be difficult to maintain in another; being flexible can reduce potential conflict.

Questions about boundaries? Email Jacquelyn Minahan at jminahan@ku.edu.

**The Who, What, and Why of Boundary Setting**

*By Jacquelyn Minahan, MA*

Humanities are somewhere between arts and sciences. They possess methods like the sciences, but these do not have the same kind of rigor of proof. There is much more room for individual interpretation (creativity) as in the arts.

So what unites art and science? First, they both provide legitimate means to view reality, even though those means are very different. Second, there is one criterion that can be applied across both, much in the same way. This criterion is whether the results “work.”

Charles Sanders Pierce is quoted as saying, “Consider the practical effects of the objects of your conception.” If the science has application in practice (works), it is useful. If the art has meaning (works) for someone, it is useful. This utility is consistent with the basic tenets of pragmatism, which is often considered the only truly American philosophical tradition.

Thus, I am pleased to note that GSA is interdisciplinary, or at least can be, if it can combine biological sciences and humanities and arts, for example. The one proviso is that one does not pretend to be the other. They are simply different and perfectly complementary ways of looking at things gerontological. So much for some lazy summer thoughts.
GSA Journals Lead Among Most-Cited Publications

The Web of Science Group, part of Clarivate Analytics, has released the 2019 update to its annual Journal Citation Report, which includes impact factor rankings for 2018. It shows that GSA's journals, which took three of the top five spots in the Social Sciences Citation Index's Gerontology category, continue to grow in impact and influence within the gerontology community. Impact factor is a measure of the frequency with which articles in a journal from the two preceding years have been cited in the given year.

- **The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences** remains fifth in the Gerontology category with an all-time high impact factor of 3.418.
- **The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences** held its spot at first in the Gerontology category for the ninth consecutive year, with an impact factor of 4.711.
- **The Gerontologist** remains third in the Gerontology category with an impact factor of 3.628.

To mark the continued growth of these prestigious publications, publisher Oxford University Press has curated a selection of high-impact articles from recent years across GSA's journals and made them free to read online. They can be accessed at academic.oup.com/gsa/pages/top_articles.

Series B Issues Call for Papers on Views on Aging

The goal of a forthcoming special issue in the Psychological Sciences section of **The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences** is to advance the field of views on aging and their link to health by taking a multidimensional, integrative outlook, encompassing key views on aging and their interactive effects on physical and mental health. Authors are invited to submit empirical works that offer significant conceptual contribution to the field with the use of advanced methodological designs. In recent decades there has been a dramatic increase in interest in views on aging and their relationship with health. Scholars have looked at various views, such as subjective age, attitudes toward aging, ageism, awareness of age-related change, and future-oriented perceptions including subjective nearness to death. However, previous studies have typically examined views on aging with one variable or construct or within a specific timeframe (e.g., either short- or long-term assessment). Abstracts are due September 1. View the full call at bit.ly/GSA-CFPs.

Innovation in Aging Seeks Papers on Race, Mental Health

**Innovation in Aging** is accepting abstracts for a special issue to be titled “Race and Mental Health Among Minority Older Adults.” The abstract should include the main findings that will be reported in the full manuscript while emphasizing the contribution of the study to research on the mental health of older adults in racial and ethnic minorities. Robert Joseph Taylor, MSW, PhD, of the University of Michigan will be serving as the guest editor for this special issue. Abstracts are due by October 18. Open Access waivers will be available for all articles published in this special issue. For more details, visit bit.ly/GSA-CFPs.

Continued from page 1 – Publication Highlights Care Challenges of Dementia-Related Psychosis

distinct from psychosis in other disorders (e.g., schizophrenia). There are also no specific International Statistical Classification of Diseases–Tenth Revision (ICD-10) diagnostic codes that would allow providers to document the condition in medical records, making it difficult to identify, monitor and appropriately manage symptoms.

The GSA publication seeks to fill a gap in the available literature by summarizing best practices for treating dementia-related psychosis and proposing improvements to advance quality of care in this area, including: the development of new ICD-10 codes, more research on evidence-based strategies for treatment, and the need for comprehensive care planning.

“Dementia-Related Psychosis: Gaps and Opportunities for Improving Quality of Care” was developed by GSA through an unrestricted grant from ACADIA Pharmaceuticals, and will be available at www.geron.org/dementiarelatedpsychosis by the end of August.

Continued from page 1 – Diets Rich in Blueberries Yield Diverse Benefits, Journal Finds

The journal collection also includes a rodent study, which presents data on the improved memory performance of blueberry-supplemented aged rats compared to rats on a control diet.

NIA Seeks to Expand Marmoset Research

A new funding opportunity announcement from the National Institute on Aging (NIA) aims to facilitate the characterization of the marmoset as a laboratory animal for research on aging and age-related diseases. Nonhuman primates (NHP) are the closest evolutionary relatives of humans, with whom they share anatomical, physiological, and gene interactions features. The common marmoset (callithrix jacchus) is a laboratory animal model of increasing importance for biomedical research worldwide. This new world primate provides some unique advantages for the study of aging and aging-related disorders, including its relatively short lifespan among all the NHP used in biomedical research. The new funding is intended to fill the identified gaps in knowledge related to the optimization of the marmoset for the study of aging. The NIA encourages researchers from different backgrounds to take interdisciplinary approaches to develop standard procedures for marmoset diet, husbandry, cognitive testing, technological platforms, and experimental procedures, and to study functional decline as well as chronic diseases and conditions associated with aging. Applications are due October 22. Visit bit.ly/31UBJki for details.

Federal Grant Targets Alzheimer’s Interpersonal Processes

The National Institute on Aging (NIA) is inviting grant applications focused on interpersonal processes in the context of triadic interactions in clinical contexts involving caregivers, individuals with Alzheimer’s disease and Alzheimer’s disease related dementias (AD/ADRD), and health care practitioners and the impact of those processes on patient outcomes. The goal of this initiative is to support research that can lead to the development of interventions for optimizing communication among patients, caregivers, and healthcare practitioners and for preserving strong and supportive caregiving relationships throughout disease progression along the continuum of care for people with AD/ADRD. To these ends, basic research and translational research is solicited in two high-priority areas: effective communications and relationships among patients, healthcare practitioners, and caregivers; and associations between close relationship processes and health in caregiving relationships. To learn more, visit bit.ly/2X4pORP. Applications are due October 23.

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