As many of my predecessors have said, I am greatly honored to have been selected to serve as The Gerontological Society of America’s president for the next year. Given the challenges I have been faced with over the past six months, I am particularly thrilled to say I plan to be among the living to make it happen!

Several months after learning that I was chosen as president-elect, I was diagnosed with esophageal cancer. I subsequently endured chemotherapy, radiation, and multiple surgeries. I want to publically thank the GSA staff, board, and my many geriatric colleagues within GSA as well as colleagues nationally and internationally for their understanding and support throughout the treatment period. There are no words to describe what it means to have colleagues believing you can make it through these ordeals and giving you the strength to continue during the most challenging moments.

In addition to the help of colleagues, over the course of close to 40 years as a geriatric nurse practitioner I have had the opportunity to learn from my patients how to be resilient in the face of physical challenges, including those that occur as part of aging, disease, or treatment. All of us in geriatrics have been amazed at how older adults overcome the functional and painful symptoms of arthritis and continue to walk functional distances, recover from acute events such as pneumonia, and endure and recover from treatment of the all too common malignancies noted in older adults such as breast, bowel and prostate cancers.

In their memory and with their support I simply could not give up. Lastly, family and the support

By Barbara Resnick, PhD, CRNP

GSA’s New President Outlines Vision for 2017

Awareness of Biases Is Key to Better Health Care Decisions, Says GSA

GSA has expanded its Communicating with Older Adults publication series with the release of “Recognizing Hidden Traps in Health Care Decision Making.”

This unique guide offers solutions to overcoming two specific obstacles that could impede optimal health outcomes: common heuristics, described as mental shortcuts or “rules of thumb,” and cognitive biases, which are predictable systematic errors in reasoning. “The heuristics and biases outlined in the report are very common — we all use them,” said Jake Harwood, PhD, chair of the advisory board that oversaw the new publication’s development. “Sometimes they are functional, but a lot of the time they lead to poor decision making. What’s great about the report is that it raises awareness of these shortcuts, and awareness is a great way of improving decision making.”

Select heuristics and biases are illustrated in hypothetical cases involving the use of nonprescription analgesics and the need for recommended immunizations. Each case includes communication tips for overcoming the heuristic or bias. The objective is to encourage more productive decision-making conversations with older adults.

One example provided is that of the anchoring effect, where people may use an initial piece of information (the anchor) to influence subsequent judgments. If a physician has previously instructed a patient to take a certain dosage of a medication, the patient may feel it is safe to use...
From the Executive Director

History Won’t Soon Forget 2016

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

I’m wrapping up this final 2016 column a few days before we head to our Annual Scientific Meeting, so the dominant news topic right now (and likely for some time to come) is the presidential election we’ve just witnessed in the U.S. If for that reason alone, this will be a year we’ll remember for a long time. But there are many other memorable events that occurred in the past 12 months, and not all of them carry the angst surrounding a change in presidential administrations. For example, the FY 2016 federal budget was favorable for those in the field of aging research. In particular, we saw a healthy increase in funding for the National Institute of Aging — a somewhat rare but very welcome piece of news. The Older Americans Act will host from July 23 to 27, 2017, in San Francisco. I’m so very thankful for each and every GSA member that has been involved over the course of GSA’s seven-decade existence, and the first time we’ve offered its catalog of highly rated publications. That’s only happened a handful of times but it’s going to require the help of the entire GSA membership. The key to all of this is its multidisciplinary membership is a professional home for scholars, clinicians, and educators regardless of nationality, gender, race, religion or sexual orientation. Our members love science and are dedicated to advancing innovation in all facets of the aging field.

So will 2017 be as unforgettable? That’s a tall order, but the answer is yes, it will be, but it’s going to require the help of the entire GSA membership. The key to all of this is the International Association of Gerontology and Geriatrics World Congress, which GSA will host from July 23 to 27, 2017, in San Francisco. I’m so very thankful for each and every GSA member that has been involved and/or helped spread the word so far. Those efforts were reflected in 7,100 abstract submission we received, which not only shattered the record for any previous GSA meeting, but any World Congress as well.

But it’s not just the fact that this may be a record-setting World Congress that will make it memorable. It’s more about collectively strengthening the field by uniting gerontologists and geriatricians across the globe. While GSA’s membership is already international, with 18 percent based outside the U.S., this World Congress will bring thousands of scholars worldwide to the U.S. who have never considered GSA membership.

The World Congress only takes place in this country once every 32 years — only once in a generation. So this has to be our shining moment to demonstrate GSA’s amazing capabilities to bring the best minds together, and encourage new members to join. GSA’s multidisciplinary membership is a professional home for scholars, clinicians, and educators regardless of nationality, gender, race, religion or sexual orientation. Our members love science and are dedicated to advancing innovation in all facets of the aging field.

I know that many GSA members already enjoy strong professional relationships with non-member scholars outside the U.S. As the year-end approaches, I’m asking you to make a new year’s resolution to commit to recruiting just one of your colleagues from another country to join GSA. There are many benefits of GSA membership that you can talk up — pick a few of your favorites such as the meetings, the journals, the interest groups, or the mentoring and networking activities. And don’t forget the professional development opportunities through volunteer leadership.

Of course, the World Congress will be a wonderfully immersive introductory experience for them to see how GSA “rolls” when it’s responsible for organization a global event. And let your friends know there is still time for scholars to be part of the World Congress program thanks to the call for abstracts for the Late Breaker Poster Sessions. Submissions are due February 15! Together, we are stronger. And to that end, I wish everyone a happy, healthy, and especially restful holiday season. The July dates of the World Congress means that we’ll be meeting four months earlier than any time in recent memory. So I look forward to seeing all of you again soon!

World Congress of Gerontology and Geriatrics
July 23 to 27, 2017
www.iagg2017.org

Next date to remember: February 15, 2017 Late breaker submission deadline
Merle Broberg, PhD, passed away on September 12 at age 87. He taught for 20 years at the Graduate School of Social Work and Social Research of Bryn Mawr College. Broberg had numerous local and national appointments, honors, and awards in social work, corrections, child welfare, housing, urban renewal and gerontology. He served as fellow or board member of The National Association of Social Workers, American Anthropological Association, Community Services Planning Council of Southeastern PA, Citizens Council of Montgomery County, Jewish Family Services, The Green Tree School, Kendal Crosslands, YMCA of Germantown, American Public Welfare Association, The United Way and the Urban League of Philadelphia, among others.

Xiaodong Ma, PhD, passed away on September 13. She was an associate professor of psychology, adult development, and aging in the College of Human Sciences and Humanities at the University of Houston-Clear Lake. She taught undergraduate and graduate courses in aging, aging experience, research methods in lifespan development, and lifespan development psychology. Her research interests focused on age differences in human judgment and decision making, affective forecasting, and age stereotypes.

New Books by Members

• “The Short Guide to Aging and Gerontology,” by Kate de Medeiros, PhD. Published by Policy Press, 2016.


• “Elder Abuse and Nursing: What Nurses Need to Know and Can Do About It,” by Carol A. Miller, MSN. Published by Springer Publishing Company, 2016.

Members in the News

• Wall Street Daily interviewed GSA Fellow Leonard Hayflick, PhD, on October 12 in an article titled, “Autophagy: How ‘Self-Cleaning’ Cells Are Key to Curing Disease.” The article focused on how cells are used to treat diseases such as cancer, Alzheimer’s disease, diabetes, and more.

• Richard Lipton, MD, was quoted by Reuters on October 26 in an article titled “Dementia Risk May Rise in the Wake of Disaster.” The piece covered his recent research on older adults affected by the 2011 tsunami and earthquake in Japan.

• The New York Times quoted Frank Infurna, PhD, in an article titled “When a Spouse Dies, Resilience Can Be Uneven,” published on September 26. The article reviewed Infurna’s recent research on widowhood in Australia.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Sharon Brangman, MD

The recipient, who became eligible after referring new member Teresa Koulouris, MSN, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Thomas Meuser, PhD

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

Lewis Earns Lifetime Achievement Award

Marsha Lewis, PhD, professor and dean of the University at Buffalo School of Nursing, received a Lifetime Achievement Award from her alma mater, the University of Wisconsin-Oshkosh College of Nursing. Lewis is the first alumna to receive a Lifetime Achievement Award, chosen by the college for her leadership and excellence in nursing and her contributions to clinical practice, nursing education and research. She is an internationally recognized nursing educator with over 30 journal publications and more than $10.6 million in grant funding. A specialist in psychiatric-mental health and nursing education, her research focuses on family caregivers of people with dementia and decision making for patients and families.

GSA Members Selected for 2016 Influencers in Aging

Next Avenue has published its annual Influencers in Aging List, which in 2016 which includes 14 GSA members. Next Avenue is public media’s first and only national website for America’s older population. The 2016 list recognizes 50 remarkable people who are at the forefront of changing how we age and think about aging in America. GSA Fellows named to the list include John Feather, PhD, Terry Fulmer, PhD, Becca Levy, PhD, David Lindeman, PhD, S. Jay Olshansky, PhD, Susan Reinhard, PhD, and Sarah Szanton, MSN, PhD. Also featured are member Helen Dennis, MA, Ruth Finkelstein, DSc, Teresa Ghilarducci, PhD, Gail Hunt, Kathleen Kelly, MPA, Mark Lachs, MD, and June Simmons, MSW.

GSACConnect 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:

• Ruth Campbell, MSW: “Does anyone know the incidence of people with dementia wandering and getting lost in the U.S.?”

• Lynn Feinberg, MSW: “The AARP Public Policy Institute has issued the first major research report on family caregivers’ needs within the emerging field of managed long-term services and supports.”
How Will Aging Programs Fare in Trump’s Administration?  

Congressional Leadership Forecast Provides Clues

I began writing this column on my flight home from GSA’s recent Annual Scientific Meeting in New Orleans. Having spent five days with GSA members and other aging policy experts and advocates was, as always, educational and stimulating. But in the light of the recent presidential election, this year it took on many other qualities — gut-wrenching, heartening, and inspiring.

It is pretty safe to say that many of the meeting attendees fell under at least one of the categories of voters whose majority supported Hillary Clinton — people with graduate degrees. At times, the policy sessions, particularly those with post-election analysis (or as some called it, psychoanalysis) seemed like group therapy sessions, providing cathartic opportunities to vent. There was also a sense that many were actually going through one or more stages of grief. As one journalist put it, “For some, the hardest part is the realization that older Americans, who will likely be hardest hit by changes to healthcare and discretionary spending, were among Republican President-Elect Donald Trump’s biggest supporters.”

GSA is a non-partisan organization. Our Policy Series sessions focus mostly on evidence-based discussions and analysis; Greg O’Neill, GSA’s director of public policy and professional affairs, makes sure that is the case.

As the nation, the media, and policymakers adjust to the outcome of the election, the process moves on. Congressional leaders and committee chairs are being chosen, stakeholders are weighing in on the next administration’s appointments, and organizations are putting their priorities into letters and memos addressed to the Trump transition team.

The results of the 2016 congressional contests, which maintain Republican majorities in both the House and the Senate, bode very well for the future Trump Administration’s ability to move its agenda forward. For the first time since 2006, Republicans will control the presidency and both houses of Congress. One can expect attempts to repeal of many provisions of the Affordable Care Act (ACA), restructure Medicare and Medicaid, and tax reform. Democrats are already looking for ways to work with Trump on infrastructure, trade deals, and family caregiver tax credits, while also strategizing on ways to slow or defeat many of the proposals that the new president and the majority party will attempt to move forward.

Congressional Leadership

Pending the results of the run-off in Louisiana, which is likely to go to the Republican candidate, the makeup of the Senate will be 52 Republicans and 48 Democrats. Procedurally, overcoming a filibuster in the Senate often requires a cloture vote, which requires 60 votes to pass. This rule will give Democrats bargaining power to extract concessions from Republicans who want to get bills passed. However, their leverage is greatly reduced without the threat of a veto from the president. At this point, the House will have 238 Republicans and 194 Democrats, with a few races still undetermined.

Senator Mitch McConnell (R-KY) will remain as Senate majority leader, and Representative Paul Ryan will continue as speaker of the house. Nancy Pelosi (D-CA) will likely continue as House democratic leader, but the elections were postponed until after this newsletter goes to print, and Tim Ryan (D-OH) has officially challenged her.

The Senate’s Democratic leadership will change with the retirement of Minority Leader Harry Reid (D-NV). Senator Chuck Schumer (D-NY) will move into that position. Senator Patty Murray (D-WA) will now serve as the assistant Democratic leader and Senator Debbie Stabenow (D-MI) will chair the Policy and Communications Center. Democratic Whip Dick Durbin (D-IL) will continue in that post. Schumers also added progressive senators Bernie Sanders (D-VT), Tammy Baldwin (D-WI), and Elizabeth Warren (D-MA) to the leadership team.

Committee Assignments

My favorite committee — the Senate Special Committee on Aging — will remain largely unchanged, with Susan Collins (R-ME) continuing as chair, but Bob Casey (D-PA) will take over as the ranking member.

The Senate Appropriations Committee will see some changes. The current chair, Senator Thad Cochran (R-MS) is term-limited according to Republican rules. Richard Shelby (R-AL) will be the new chair, and with Ranking Member Barbara Mikulski (D-MD) retiring, Patrick Leahy (D-VT) will take her place. Diane Feinstein (D-CA) will take his ranking position on the Judiciary Committee. Sanders is the ranking member on the Budget Committee.

The leadership of the Senate Finance Committee, which has jurisdiction over Medicare, Medicaid, and Social Security, will remain unchanged. Senators Orrin Hatch (R-UT) and Ron Wyden (D-OR) will serve as chair and ranking member, respectively. It is worth noting that Wyden has drafted Medicare reform legislation with Representative Ryan in the past, much to the chagrin of his Democratic colleagues.

The Senate Health, Education, Labor, and Pensions Committee stays the same with Senator Lamar Alexander (R-TN) as chair and Senator Patty Murray (D-WA) as ranking member. They are likely to take up Titles VII and VIII of the Public Health Service Act next year, which includes the Geriatric Workforce Enhancement Program.
On the House side, the Appropriations Committee is likely to have Representative Frelinghuysen (R-NJ) as the next chair. The committee will also have six highly sought-after openings.

The House Education & Workforce Committee will get a new chair with Representative Joe Wilson (R-SC) up against Representative Virginia Foxx (R-NC). Also unknown is who will serve as ranking member of the Higher Education and Workforce Training Subcommittee, which has jurisdiction over the Older Americans Act.

Several members are competing to chair the powerful House Committee on Energy and Commerce with primary jurisdiction over Medicaid and many other issues: Representatives John Shimkus (R-IL), Greg Walden (R-OR), and Joe Barton (R-TX). Representative Tim Murphy (R-PA), known in part for his work on the mental health issue, and Representative Michael Burgess (R-TX) will likely vie for the Health Subcommittee chair.

The House Committee on Ways and Means looks to have the same leadership in the 115th Congress, but the ranking member of the Health Subcommittee has not yet been determined between Mike Thompson (D-CA) and Ron Kind (D-WI). This committee has primary jurisdiction over Medicare, Social Security, and tax policy.

**Issues in the Lame Duck and Beyond**

An emboldened Republican majority is reassessing what it will try to accomplish during the lame-duck session and what can wait for a Republican in the White House. It has also sent a letter to President Barack Obama requesting that no further regulations be promulgated during the rest of his term.

Government funding runs out on December 9, 2016, and Congress plans to return for several days of work prior to that to pass a short-term continuing resolution to fund the government through March 31, 2017. The final FY 2017 appropriations bills will be passed after Trump takes office, ensuring that the bill(s) are not vetoed. The GOP may want to modify the current spending plan and caps and shift funds from domestic spending (non-defense discretionary spending) to defense spending. They could also attempt to defund specific programs like the ACA or Planned Parenthood.

Items possibly on the plate for the lame-duck session also include: the 21st Century Cures Act to accelerate the cycle of discovering, developing, and delivering new treatments to patients (Food and Drug Administration and National Institutes of Health), and major conference agreements on energy programs and water projects. But Republicans may decide to hold off on these agreements until next year. The annual defense authorization bill still needs to be approved as well, and Obama had vetoed the first version sent to him.

Discussions are underway about how to use the budget reconciliation process to move major programmatic changes and avoid the need for 60 votes to stop a filibuster. For advocates, understanding the federal budget process will be helpful to tracking and addressing developments in the year to come. In addition, the Trump Administration will have to raise the debt limit in March in order to pay the government’s bills. This will be inconvenient for many who have opposed raising the debt limit when Obama requested it; now it will be the Trump Administration having the responsibility to pay our bills.

**Moving Forward**

For those of you who have participated in or followed the work of the Center for Medicare & Medicaid Innovation, next year will be critical. In the very near future, the Centers for Medicare & Medicaid Services may find itself in disarray. With so many staff working for so long on implementing the ACA and a possible repeal around the corner, along with new agency leadership, it may be a difficult period for the professional staff. Regulatory work may grind to a halt; employees may leave or hunker down to see if they are eliminated through cuts in appropriations or programmatic repeal.

Trump has recently floated the possibility of maintaining some aspects the ACA, rather than repealing it entirely. However, Congress is likely to proceed quickly with repealing the law and work on replacing pieces later. The president-elect has said that he would not make changes to Medicare, but improvements connected to ACA (e.g. drug benefits, preventive health care) could be lost. In addition, millions of individuals could lose their coverage. Given the slim Republican majority in the Senate, parts of the repeal and replacement would likely have to be done through the budget reconciliation process, which allows the Senate to advance the bill with a simple majority vote. Yet, such an expedited process can only be used for certain tax, spending, and debt limit provision. This could exclude various aspects of ACA such as the ban on insurance companies excluding those with preexisting conditions and the age underlying restrictions. It is possible that the ACA’s Elder Justice Act provisions would also be protected.

The administration could undermine the law through administrative action or inaction, by not defending itself in lawsuits, and by simply not implementing or promoting its use.

Speaker Ryan’s proposals to block grant Medicaid and stop and reverse its growth from the ACA is likely to be supported by the new administration. Threats to Medicaid long-term care eligibility are very real once again and various state waivers could be rejected.

Many in Washington are steadying themselves for a difficult period, in which those that care about social programs for older adults will be left out of the process and older persons’ needs will go unmet. I take a slightly different approach, in part because we know so little about the president-elect, and what we do know is that he is not an ideologue opposed to all government.

We have no indication that he would object to the role we play in the lives of those in need or the educational and training programs that prepare our professionals for serving older adults. So, my view is that we have a strong case to make to the new Congress and the new president and his staff that our work is an essential part of the health, aging, and long-term care puzzle.

We will make our case early, often, and with both stories and evidence-based research that show the need for and value of aging programs. We will continue our work in the field; we will testify, educate, and prevail. That is the message I took away from our colleagues in New Orleans.
New Federal Report Focuses on Prevention’s Role in Healthy Aging

“Healthy Aging in Action: Advancing the National Prevention Strategy,” is a new report from the National Prevention Council (NPC) that identifies recommendations and actions to promote healthy aging and improve health and well-being in later life. The report highlights federal and nonfederal policies and programs that reflect the National Prevention Strategy’s approach of targeting prevention and wellness efforts to promote healthy aging to further advance the Strategy for an aging society. Through the report, the NPC aims to support prevention efforts to enable older adults to remain active, independent, and involved in their community; highlight innovative and evidence-based programs from NPC departments and agencies and local communities that address the challenges related to physical, mental, emotional, and social well-being that are often encountered in later life; and inform future multisector efforts to promote and facilitate healthy aging in communities. The NPC, comprised of 20 federal agencies and chaired by the surgeon general, developed the report with input from key stakeholders and the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. It can be accessed at go.usa.gov/xkzBY. Use hashtag #HealthyAging to call attention to existing policies and programs that advance the National Prevention Strategy’s approach of targeting prevention and wellness efforts to promote healthy aging. For more information on the National Prevention Strategy, visit www.surgeongeneral.gov/priorities/prevention/strategy.

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that my husband, four children, a daughter and son-in-law, and three grandchildren provided further bolstered my resilience, endurance and determination to recover. I take on this presidency confident that my recent experiences as an older cancer patient combined with my prior work in aging as a geriatric nurse practitioner and researcher will help me to serve you better as we work toward our ultimate mission which is to advance the study of aging and disseminate information among scientists, decision makers, and the general public.

I have frequently been referred to as someone who tends to take the less traditional path to achieve desired outcomes. My year as president will likewise be somewhat nontraditional in that we will not be having our usual November meeting. Instead we will be hosting the 21st International Association of Gerontology and Geriatrics (IAGG) World Congress from July 23 to 27, 2017, in San Francisco, California. As a note of reminder, decisions regarding submissions for presentations will be sent by December 15, along with the call for late breaking abstracts, which will be due February 15, 2017.

Many of you may not have previously been familiar with IAGG, which has 73 member organizations in more than 65 countries worldwide with a combined membership of over 45,100 professionals. The IAGG World Congress of Gerontology and Geriatrics is held only every four years and occurs in the U.S. every 32 years. I certainly hope you will all join me to participate in this once-in-a-lifetime opportunity to expand your international perspective as we learn together to provide the best possible care to older adults within different countries, cultures, and health care systems.

Although the IAGG meeting may not have the traditional venues for networking we all look forward to during the typical GSA meeting, there will be opportunities for networking that reach beyond our meeting with known colleagues across the country.

One event that I always look forward to at the GSA conference is the meeting of the Nursing Care of Older Adults Interest Group. This group pulls together all of the nurses working in geriatrics across the country. It is the time each year we celebrate the work done in geriatric nursing, recognize outstanding individuals through awards, learn about new opportunities within the field, and reconnect with colleagues. I also am excited to welcome our international nursing colleagues to the IAGG World Congress.

The nurses group meeting, which includes hundreds of nurses focused on care of older adults, is an example of what I would love to see happen in the coming years for all disciplines that have interests in geriatrics. How exciting to think about large groups of physicians, physical therapists, social workers, engineers, architects, dentists, lawyers, etc., all coming together at GSA and honoring and celebrating the work done within their disciplines. We can begin planning for these networking events and make this our goal for the 2018 GSA Annual Scientific Meeting, which is being held from November 14 to 18 in Boston, Massachusetts.

So yes, 2017 will be a bit different than other years at GSA, but our work and our mission remain the same. Aging is currently of interest to all given the increasing number of older adults nationally and internationally. GSA and our rich interdisciplinary membership are already leading the way in numerous areas. Among them are the immunization of adults and the development of immunization champions via the National Adult Vaccine Program, which is geared toward increasing adherence to immunizations as a way to optimally prevent disease and subsequent disability; in guiding conversations around cognitive impairment and assessment among older adults; the impact of aging on development of multimorbidities; the use of pets to optimize quality of life among older adults; and other initiatives. In innovative and exciting ways, I look forward to working with you all to improve what we know about and do to optimize the aging experience in our country and the world around us.

Barbara Resnick, PhD, CRNP, is a professor in the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing; co-directs the Adult/Gerontological Nurse Practitioner Program and the Biology and Behavior Across the Lifespan Research Center of Excellence; holds the Sonya Ziporkin Gershowitz Chair in Gerontology; and does clinical work at Roland Park Place.
Developing and Maintaining a Professional Identity

By Danielle R. Jahn, PhD, and Elizabeth Rickenbach, PhD

An important part of the transition from student to professional is having a professional identity. So what, exactly, is a professional identity? In a research setting, a professional identity means having a clear sense of the skills and specific research agenda that characterizes your role as a scientist. Knowing your professional identity and the goals that accompany that identity can help to improve your competition for research funding.

Clinically, a professional identity can net you referrals from other practitioners and health insurance companies. As a faculty member, your professional identity may attract graduate students who want to work with you. When people know who you are and what you have to offer professionally, then this may also increase opportunities for invited talks and publications.

How do you develop a professional identity? In graduate school, many people identify primarily as a student in their specific field or as the student of an advisor. When that is no longer your primary identity, though, how do you go about developing and maintaining a professional identity?

First, it is important to think who you are broadly, as well as more specifically. For example, you may be a psychologist and clinician broadly, with a specific interest in cognition in older adulthood or the role of mental health in long-term care facilities. You may be a gerontologist and researcher broadly, and more specifically interested in aging-related stigma and stereotypes.

Establishing who you are or want to be is important in shaping your career and the opportunities available to you.

Some of this identity will be guided by decisions you have already made and work you have already done. Your graduate program and degree, advisor, and line of research (your master’s thesis and doctoral dissertation, for example) will determine part of your identity. Look for themes in your research, clinical practice, and other professional activities to help determine your specific professional identity. When you identify these themes, continue to refine and build on them.

Publish in your subject areas, give conference presentations about your specific topics, seek research funding to develop your program of research, and find continuing education to keep current on the clinical areas in which you practice. It is important to identify projects, skills, workshops, and learning opportunities that can help make you an indispensable researcher or clinician in your specific area(s).

Don’t be afraid, though, to continue cultivating this identity. Networking, maintaining memberships in professional organizations, and attending professional conferences can help you develop areas in which you may be interested but have not had the opportunity to pursue.

Balance exploring a limited number of new areas with your already-established identity. It may not be helpful to belong to six organizations in different fields, but joining one additional organization or attending a new conference may prove to be beneficial to your professional identity. It allows you to learn about a new field or area, network with other professionals, and introduce your work to a new audience. In tenure-track positions or other research-focused positions, it is also helpful and in some cases, necessary, to develop relationships outside of your institution in the community that can help foster your research.

Becoming too disparate in your professional identity may make it difficult to focus on your trajectory and for others to understand who you are. The members of GSA come from a wide variety of disciplinary backgrounds. Thus, the key to marketing your identity well is to identify your strengths and skills and remember your audience. Speaking to your skills in a way that your specific audience values and understands can help shape and improve opportunities for different disciplines to connect and work with one another.

As a member of GSA, it is also important to shape your identity as one in which you are an expert in gerontology with knowledge vital to a variety of fields, such as social work, medicine, nursing, or psychology. Bringing two distinct but related disciplines together in your professional identity provides an opportunity for unique contributions and skills without seeming unfocused. You can bring your discipline-specific knowledge to GSA, and bring your gerontology knowledge to your discipline.

As we embark upon the end of 2016, it is a great time to reflect on accomplishments and strides made toward developing a professional identity. It is equally helpful to begin a new year with specific goals in mind towards accomplishing all that is required of our professions, whether it be research, teaching development, service, or clinical work. This new year, consider how these goals may advance and improve your professional identity. Best wishes for happy and healthy end of the year!

Continued from page 1 – Awareness of Biases Is Key to Better Health Care

the same dosage to treat any future condition. However, when using nonprescription analgesics, it is important to follow the directions for use on the medication label; exceeding the recommended dosage can lead to serious adverse effects, particularly among older adults.

Harwood added that when people notice that they are using a bias, they can correct for it, and make a better decision.

“Everyone involved in health care decision making — including patients, providers, and caregivers — benefits from being aware of these shortcuts. I’m not aware of any other publication that describes these issues in such an accessible manner for the health care context,” Harwood said.

This new publication is intended for physicians, physician assistants, nurses, pharmacists, psychologists, social workers, and other health care practitioners who seek to have the best possible interactions with older patients.

“Recognizing Hidden Traps in Health Care Decision Making” was developed by GSA with support from McNeil Consumer Healthcare. It can be accessed for free at www.medicinenews.org/cwoa.
NIA Preparing to Issue Numerous Alzheimer’s-Related Grants
A recent National Advisory Council on Aging, 26 concept proposals were approved, which are expected to lead to numerous funding opportunities from the National Institute on Aging (NIA). GSA member and NIA Director Richard Hodes, PhD, has written a blog that explains the process and the opportunity this provides in the work to find a cure for Alzheimer’s disease. The blog, as well as a link to the 26 concepts, can be accessed at bit.ly/2eaZwbd.

Funds Target Comorbid Conditions Among Alzheimer’s Patients
The National Institute on Aging is inviting applications proposing to conduct research into improving the effectiveness of treatment strategies for comorbid conditions that occur frequently in combination with Alzheimer’s disease and related dementias. The resulting grants will support advanced-stage observational treatment studies or pragmatic clinical trials. This evidence will inform practice guidelines for the prevention and treatment of comorbid diseases in the presence of Alzheimer’s and related dementias, which may include recommendations to discontinue widely used but inadvisable treatments. Applications are due January 12, 2017. Additional details can be found at bit.ly/2fbqVVO.

NIA Will Support Non-Mammalian Neurodegeneration Studies
The National Institute on Aging (NIA) is seeking applications to develop systems biology approaches to understand the basic biology underpinning neurodegeneration which might ultimately contribute to Alzheimer’s disease or related dementias, using non-mammalian laboratory animal models. It is expected that research carried out under the auspices of this funding opportunity announcement will lead to discovery of new mechanisms that provoke neurodegeneration and to new molecular pathways that might be involved in causing, amplifying or protecting against neurodegeneration. Applications should propose to use established non-mammalian laboratory animals which have a history of contributions to our understanding of neurobiology or aging biology. Applications are due January 18, 2017. All details can be found at bit.ly/2eAd4fN.

Grants Target Cell Biology of Genetic Variants in Alzheimer’s Disease
A new funding opportunity announcement from the National Institute on Aging calls for proposals to establish functional genotype-phenotype relationships of genetic variants, suspected of altering the risk of Alzheimer’s disease, in neural cells using human induced pluripotent stem cells or other human cell reprogramming approaches. The causal linkage of Alzheimer’s-associated genetic variants identified in genome-wide association studies and genome sequencing studies to molecular and biological cell phenotypes in human neural cells is expected to give greater insight into molecular targets contributing to the etiology of Alzheimer’s disease. The application due date is February 10, 2017. Visit bit.ly/2fT4k40 to review the full announcement.

Funds Slated to Improve Care Quality for Dementia Patients
The National Institute on Aging and National Institute of Nursing Research have issued a funding opportunity announcement to invite applications that address clinical and translational research gaps in the study of end-of-life care needs in order to improve quality of life at the end of life of people with Alzheimer’s disease and related dementias and their families. Research that either employs secondary analysis of existing data from longitudinal cohort studies or from administrative records; primary data collection for stage 1 behavioral intervention development is particularly encouraged. The earliest submission date is January 5, 2017. Further information can be found at bit.ly/2eAlplt.

Grants Available to Support Neuronal Research Related to Alzheimer’s Disease
A new funding opportunity announcement from the National Institute on Aging is encouraging research projects on the role of aging-related changes in systemic, peripheral, and/or non-neuronal factors — individually or in combination — to the pathogenesis, presentation, and/or progression of Alzheimer’s disease. The goal of these grants are to support innovative multidisciplinary research that will integrate the Alzheimer’s science with the basic biology of aging and clinical aging research. Successful studies may identify critical processes and pathophysiological pathways to inform novel prevention or intervention strategies for Alzheimer’s and other dementias. Successful applications will likely involve a broad range of expertise including the biology of aging, geriatrics/gerontology, neurodegenerative diseases, and other clinical and translational specialties focused on systemic diseases or specific tissue/organ pathophysiology to identify interrelationships among peripheral systems and the brain. The earliest date of submission is January 5, 2017. This announcement can be found at bit.ly/2eZt6OM.

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Australians Confront Revisions to Care Services for Older Adults

Australia’s nonprofit aging care providers have recently released a document outlining nine funding model principles to the country’s federal government as it seeks to develop an alternative to its existing Aged Care Funding Instrument (ACFI) used to assess care needs among residents. These nonprofit organizations deliver about 60 percent of residential aged care services and 85 percent of all community aged care services in Australia. They also stated that they believe the development of a new funding model must be underpinned by a strong set of principles that reflect the importance of achieving positive outcomes for consumers, enabling equitable access to high quality care and supporting consumer choice and control.

Eyesight, Memory Loss Are Leading Concerns Around Aging

Internationally, the top five physical conditions that people worry most about having, either now or as they age, are eyesight getting poorer, not being as mentally alert, lacking energy, having trouble taking care of themselves physically, and being unable to walk or drive. These are the findings from a GfK survey of the online population across 17 countries, which asked people which physical conditions they worry most about having from a list of 19 different choices. For example, 38 percent of the international online population said “eyesight getting poorer” is a worry. But this rises to over half in Spain (53 percent), Mexico, and Argentina (both 52 percent). Similarly, “not being as mentally alert” is a concern for 38 percent of people internationally, but is much wider concern in Spain (66 percent), Argentina (58 percent), Germany (52 percent), Mexico (51 percent), and Italy (50 percent). Some countries also stand out as being more concerned about specific physical conditions compared to others. Russia is the only country surveyed where “losing your teeth” is a top five most popular concern, while in Japan and Korea “getting wrinkles or sagging skin” is in their top five. Japan also has “losing muscle tone” in their top five, which again does not feature in other countries’ top five. Differences between men and women are also seen. Both genders have the same top five physical concerns around aging — although in slightly different order. However, looking further down the list, far more men than women worry about “losing sexual drive” (22 percent men; 11 percent women), and far more women than men are worried about “getting wrinkles or sagging skin” (32 percent women; 11 percent men). To download full findings for each of the 17 countries, visit www.gfk.com/global-studies/global-study-overview.
Texas State University Will Add New Master’s Program
The Texas Higher Education Coordinating Board has authorized Texas State University to offer a degree program to help address the growing needs of an aging population. The new Master of Science in Dementia and Aging Studies degree will be offered online. This is an area of gerontology that focuses on training individuals to help improve the quality of life for persons stricken with this debilitating ailment with a focus on “dementia citizenship” and empowerment of persons with dementia. The idea for the new degree originated with GSA member Christopher Johnson, PhD, a gerontologist in the Department of Sociology. While in Europe he saw the extensive infrastructure that existed to help those Europeans live fuller lives, even though they were persons with dementia, and realized that the U.S. lacked such infrastructure for its own rapidly aging population.

Five Universities Receive Grant to Study Depression in Older Adults
UCLA, Washington University in St. Louis, the University of Pittsburgh, the University of Toronto and Columbia University have been awarded a $13.9 million grant to evaluate treatment strategies for older adults with depression who have not responded to medications. The study is funded by the Patient-Centered Outcomes Research Institute, an independent, non-profit organization that funds evidence-based research to help people make better-informed health care decisions. The study will provide clinicians with evidence on the comparative effectiveness of switching people to a new medication, or augmenting their current medication with a second drug. It will also explore how aging-related factors affect the benefits and risks of different antidepressant strategies.

Washington State Will Advance Research on American Indians’s Cognitive Health
Researchers at Washington State University Health Sciences Spokane recently were awarded a $3.655 million four-year grant from the National Institute on Aging to study cognitive health among elderly American Indians. The work follows up on brain scanning done as part of the ongoing Strong Heart Study of Native Americans that began in 1989. The work will be done within the framework of the University of Washington Alzheimer’s Disease Research Center.

Nominations now being accepted

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