Journal Depicts Gerontologists Facing Aging in Their Own Lives

The latest special issue of *The Gerontologist*, titled “Aging: It’s Personal,” is unique in the publication’s history. In its call for papers, the journal challenged gerontologists to think about their own aging process and the experiences of their families. The authors were asked to examine whether academic knowledge about the positive and negative transitions of aging made it easier to adapt to or more difficult. They were encouraged to write about how their personal experiences identified gaps in the knowledge base and how their experiences could identify future directions for research, policy, and service.

“The personal stories reveal that even gerontologists who have spent lifetimes studying aging are overwhelmed by the realities of aging,” said Rachel Pruchno, PhD, editor-in-chief of *The Gerontologist*. “When we have to take the car keys away from our father or seek nursing care for our mother, the challenges are daunting.”

Included in the special issue are 19 essays addressing caregiving, driving cessation, illness, bereavement, retirement, getting old, and aging in context.

Together, these articles suggest that gerontologists have a slight advantage over the general public in addressing challenges that arise, largely because they have a built-in network of experts (their colleagues who are also gerontologists) who can provide advice.

In some cases, expert knowledge made a significant impact on health outcomes. In the article by GSA member Robert M. Kaiser, MD, MHSc, and his sister Susan L. Kaiser, MSW, LGSW, the siblings describe how they were able to catch and correct multiple mistakes made by their mother’s health care team. In another article, GSA Fellow Peter A. Lichtenberg, PhD, GSA Fellow Karen I. Fredriksen-Goldsen, PhD, a professor in the University of Washington School of Social Work, served as editor for this journal issue, which contains 10 articles.

New Data Reveal Aging Experiences of LGBT Americans

A new supplemental issue of *The Gerontologist* presents the findings of the largest national survey to date focused on the health and well-being of lesbian, gay, bisexual, and transgender (LGBT) older adults.

The issue, titled “Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS),” provides cutting edge research, drawing upon the 2014 wave of data from the first national, longitudinal study of more than 2,400 diverse LGBT adults aged 50 to 100. This research was supported by a grant from the National Institute on Aging.

GSA Fellow Karen I. Fredriksen-Goldsen, PhD, a professor in the University of Washington School of Social Work, served as editor for this journal issue, which contains 10 articles.

“These articles provide the opportunity to consider how social, historical, and environmental contexts influence the health and well-being of LGBT older adults as we move forward in aging-related research, services, and policies — especially if we are to understand the realities of older adulthood across diverse and vulnerable communities.” said Fredriksen-Goldsen. “The insights gleaned from this study of aging among...”
From the Executive Director

Science: The Driving Force Behind Improving Lives

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

“I’m not asking about individuals, I’m asking about science,” Senator Bob Menendez recently told Representative Tom Price at the latter’s confirmation hearing to become secretary of the Department of Health and Human Services. In his new role, Price would oversee a vast array of health-related agencies including the National Institutes of Health, the largest biomedical research agency in the world.

This exchange reminded me of something we all see as self-evident but that bears reinforcing on a regular basis — the role of science in improving the health and welfare of society.

GSAs bylaws begin by stating the Society’s main purposes: “To advance the scientific and scholarly study of aging and to promote human welfare by the encouragement of gerontology in all its areas.” As GSAs 75th birthday approaches in 2020, I feel it’s important to reaffirm our commitment to the value of science and to give credit to all members for the role you play in keeping the scientific community strong. I particularly thank all who serve in a peer reviewer capacity for GSA. It is you we rely on to ensure quality, uphold standards, and provide credibility.

Whether its for one of our journals, a special project, or our Annual Scientific Meeting, the field is stronger because of your peer review.

There will always be those who doubt scientific findings. For example, there appears to be a resurgence of those who question the safety of vaccines despite all scientific evidence to the contrary. This is a disappointing development because GSA has seen wonderful achievements through its scholar-driven National Adult Vaccination Program, and its work with Generations United and the American Academy of Pediatrics on the Valuing Vaccines Across Generations initiative.

Likewise, some people may question the validity of climate change research. That’s another troubling trend, because GSA’s journals contain numerous studies showing that older adults are disproportionately affected by weather-related natural disasters, changes in the environment, and exposure to pollution.

When well-vetted, proven science is dismissed, it undermines scientific inquiry across all fields and disciplines. As a scientific professional membership society, GSA will continue its leading role in publishing and disseminating only high quality research for the benefit of the field and society at large. Science will always remain GSA’s North Star.

Although everything has its limitations, the scientific method is one of the most valuable tools in the history of civilization, and it is the most powerful tool we have for improving human health. And that power brings progress, and ultimately the promise of a better life for people as they age.

This history of vaccines provides a good example of this. Just ask GSA Past President Leonard Hayflick. In the early 1960s, he discovered a cell strain still safely used in most human virus vaccines to this day — including vaccines against polio, measles, rubella, chicken pox, rabies, hepatitis A, mumps, and shingles. The number of people who have benefitted from these vaccines now numbers in the billions. The world is getting closer to eliminating some of the diseases completely. Yet these efforts are compromised by people who put more trust in anecdotal evidence than a process that has been proven to save millions of lives.

Mendendez concluded his line of questioning by asking Price if he would commit to “swiftly and unequivocally debunk false claims.” Price responded, “What I’ll commit to doing is the due diligence” that HHS always does to provide factual information to the public. “Dictated by science, I would hope?” Menendez asked.

“Without a doubt,” Price said.

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

Next date to remember: April 13, 2017
Early bird discounted registration ends

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Carstensen Elected to National Academy of Medicine

GSA Fellow Laura Carstensen, PhD, was one of 79 new members elected to the National Academy of Medicine in October. Election to the academy is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. New members are elected by current active members through a selective process that recognizes individuals who have made major contributions to the advancement of the medical sciences, health care, and public health. Carstensen is a professor of psychology and the Fairleigh S. Dickinson Jr. Professor in Public Policy at Stanford University, and the founding director of the Stanford Center On Longevity, which explores innovative ways to solve the problems of people over 50 while improving the well-being of people of all ages.

Education Grant Will Support Cummins’ Research

Phyllis Cummins, PhD, will be heading a new project at Miami University’s Scripps Gerontology Center thanks to a $1.4 million grant from the U.S. Department of Education. The three-year grant, which became effective July 1, will go toward researching older students in the labor market. Cummins is the assistant director of research for the Scripps Gerontology Center.

Pahor to Lead Initiative Focused on Physical Activity

Marco Pahor, MD, will be leading the coordinating center for a new national research consortium known as Molecular Transducers of Physical Activity in Humans (MoTrPAC). The consortium is part of a $170 million push from the National Institutes of Health to study the molecular changes that occur during physical activity. Pahor is the director of the University of Florida Institute on Aging and chair of the department of aging and geriatric research within the university’s College of Medicine. Pahor and his team of researchers will examine the effect of exercise on humans both in the short term and over time. These experiments will be mirrored in animals at the initiative’s three preclinical animal study sites.

New Books by Members

• “Creating Aging-Friendly Communities,” by GSA Fellow Andrew Scharlach, PhD, and Amanda Lehning, PhD. Published by Oxford University Press, 2016.
• “The Big Move: Life Between the Turning Points,” by GSA Fellows Helen Kivnick, PhD, and Anne Wyatt-Brown, PhD, and Ruth Ray Karpen and Margaret Gullette. Published by Indiana University Press, 2016.

Members in the News

• GSA Fellow Anne Barrett, PhD, was quoted in an article in The Washington Post titled “Worrying about Getting Older Might Be Worse than Actually Getting Older.” The story discussed Barrett’s recent study examining the effect of women’s aging anxiety on their psychological well-being.
• Christopher Johnson, PhD, was quoted by the Christian Science Monitor on December 13 in an article titled “Shooting of Elderly Bakersfield Man Points to Gaps in Police Training.” Johnson provided expertise on police training needed to identify individuals with Alzheimer’s disease who may be in danger.
• Next Avenue wrote about GSA Fellow Laura Carstensen, PhD, in an article titled “Why Older Adults Are So Susceptible to Financial Fraud,” published on December 15. The article utilized her theory on positivity bias to explain how older adults may be taken advantage of by scammers.
• Kaiser Health News interviewed GSA Fellow Susan Reinhard, PhD, for an article titled “Inside Hospital, Families Find Refuge With Recliners, Tissues And Cake” on January 18. The piece looked at support for family caregivers in a hospital setting.
• Stephen Bartels, MD, MS, was interviewed for the PBS special “Alzheimer’s: Every Minute Counts,” which aired on January 25 and focused on families affected by the disease as well as advancements in field of finding a cure.

Colleague Connection

This month’s $25 amazon.com gift certificate winner:

Sarah Gilbert, PhD, RN

The recipient, who became eligible after referring new member Hollie Caldwell, PhD, RN, 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:

Abby Schwartz, MGS, MSW, PhD

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

GSAConect 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:

• Timothy Schmitt, MSN: “I am an adult-gerontology primary care nurse practitioner student and I am having difficulty getting clinical experience in a geriatric setting.”
• Sarah Greene Burger, RN, MPH: “Thank you for that update and heads up for future publishing. How wonderful that you are trying to move this model forward in low income neighborhoods. We look forward to the results.”
New Administration, Congress Set Swift Pace for Policy Shifts

It has been a busy few weeks here in the nation’s capital with the swearing in of members of the 115th Congress, the inauguration of President Donald Trump, the Women’s March on Washington, and many executive orders from the new president to federal agencies. The Republican-led Congress has been very active as well, conducting hearings on the nominations of President Trump’s cabinet secretaries; it has wasted no time acting on its ambitious legislative agenda.

Congressional leaders have begun to tackle Trump’s policy priority of dismantling the Affordable Care Act (ACA). Other priorities by the Trump administration include enacting tax cuts, funding a major infrastructure plan, making changes to immigration policy, reducing federal regulations, and rolling back regulations promulgated by the Obama Administration.

Accomplishing all of this will not be easy. First, there remains some division within the GOP on key issues and differences of opinion with the president. Second, the Democrats are working hard to portray the proposals as anti-patient, anti-environment, anti-lower and middle-class, and anti-immigrant, to name just a few antis. Third, one could argue that the U.S. Senate is designed not to pass legislation but to keep bad legislation from passing, so it is not as easy as one might think to pass a bill in a chamber with a 52 to 48 majority.

The other thing keeping many in D.C. busy has been fact-checking — primarily statements of the new president. Over the years, I have shared with some of you what I think is a great piece by Judy Feder titled “Why Truth Matters: Research versus Propaganda in the Policy Debate.” I am dusting off my copy as we enter a period where using our knowledge, experience, research, and empirical data will be more important than ever in our work on behalf of older and disabled individuals, in part because many of the programs that serve them will be under fire and in part because some of the attacks may not be based on fact.

ACA Repeal

Insurers, healthcare providers and other healthcare advocacy groups have launched campaigns that express concerns about dismantling the ACA without a comparable replacement plan. In a letter to Trump, the American Hospital Association and the Federation of American Hospitals said repealing the ACA without implementing a replacement could cost hospitals hundreds of billions of dollars and result in “an unprecedented public health crisis.”

The Trump Administration shut down advertising and outreach efforts during the final five days of open enrollment for the health insurance marketplace used for the ACA. This made it less likely that people would know about the ending of the enrollment period or about their rights and ACA options. It was reported that even the advertisements that had been paid for were scrapped.

For the past five years, Republicans have been eager to repeal the ACA, also known as Obamacare. Now that they are in charge, there has been pushback from some Republicans who are hesitant about repealing this law without a replacement that provides affordable coverage for people. Because of that, the Trump Administration and several members of Congress and Republican leadership are working on proposals to replace Obamacare during the repeal process or shortly thereafter. There is no more talk of a two- to four-year phase in for replacement.

Obamacare replacement bills were introduced at the end of January by senators keen on keeping the best or some of the health plan but catering to more conservative demands. Senators Bill Cassidy (R-LA) and Susan Collins (R-ME) offered the Patient Freedom Act and Senator Rand Paul (R-KY) the Obamacare Replacement Act. The former appeals to moderates who want to keep pre-existing condition coverage but its drawback is that it maintains some of the tax provisions that conservatives hate. Paul’s bill removes the mandate and other disliked provisions, but no one has cosponsored the legislation yet. It may come down to the fact that any bill that retains any iota of Obamacare will never get any traction in this Congress.

Configuring ACA Repeal: Procedure

In mid-January, the Senate and House passed a budget resolution laying the groundwork for dismantling Obamacare. The budget resolution instructs the four congressional committees that have control over health care policy to cut at least $1 billion from the budget over the next 10 years. (The four are the House Energy and Commerce Committee, the House Ways and Means Committee, the Senate Finance Committee, and the Senate Health, Education, Labor and Pensions Committee.) These committees can now assemble repeal language (putting to use the dozens of repeal measures introduced in the last five years) to gut Obamacare — such as repealing subsidies for private health insurance obtained through the exchanges, eliminating the billions of dollars provided to states for Medicaid expansion, and eliminating the tax penalties imposed on individuals without insurance and large companies who do not provide health insurance.

Because of these budgetary implications, the repeal legislation can take the form of a budget reconciliation bill, which uses a fast-track process of moving through the Congress which does not allow for filibuster and allows a simple majority in the Senate (51 votes) for passage. The Obamacare repeal legislation was due to the House and Senate by January 27, so the timetable could shift. The president won’t present his own plan for replacement until his nominee for secretary of health and human services has been confirmed and settled in. Republicans leaving their annual retreat the last week in January stated that they would be moving small bills that would replace parts of Obamacare over the coming months. Passing numerous bills in the House could lead to a backup in the senate where bills would require the 60 votes to protect against filibuster. On the other hand, this approach could put pressure on Democrats to support legislation that helps those hurt by ACA repeal.

Skinny Budget

The 114th Congress had passed a continuing resolution (CR) to fund the federal government until April 28. This means that most
federal agencies are still operating under FY 2016 spending levels, and it is possible that another CR will fund agencies through the rest of the year. Final FY 2017 appropriations have not yet been considered.

The FY 2018 budget proposal will be the first order of business for the newly confirmed head of the Office of Management and Budget. President Trump’s pick for this post is former representative and Tea Party member Mick Mulvaney, a dedicated stickler for reducing wasteful spending. This budget will be the blueprint enabling a (second) budget reconciliation package (for 2018) addressing tax reform, Medicaid reforms, etc. Mulvaney is expected to produce a “skinny budget” early this spring that would set maximums for each federal department for non-discretionary spending for FY 2018. Interestingly, the budget chief has a history of consistently voting against defense department funding increases, while the commander-in-chief campaigned on promises to increase military spending to pay for troops, ships, and warplanes. This disagreement should make for a welcome distraction from the dismal news on the health care front.

Public-Private Option for the VA

According to an official on the transition team, President Trump is considering a “public-private” option for the Department of Veterans Affairs (VA). In October, Trump outlined a plan that would allow veterans to choose to receive care at a VA facility or non-VA hospital and allow any veteran to see a doctor who accepts Medicare. The official also stated that the president is considering creating an advisory committee to “help us navigate through what’s a very complicated process, providing healthcare to veterans.”

Advocacy Begins with Education: Transition Memos

One of the ways that organizations and advocates make their positions known to a new administration is the transition memo. This letter, usually at least several pages long and often much longer, describes a specific issue or set of issues, often with background materials, cited research, even legislative language, for the incoming White House and federal agency staff. The idea is to provide the new administration with information early in the governing period and in preparation for legislative or regulatory action that might be proposed or implemented.

Make Your Voice Heard

During this time of transition and upheaval, it is important to weigh in as an individual citizen with your elected officials. I understand that GSA member viewpoints vary on many of the issues that Congress and the Trump Administration will attempt to address during the 115th Congress. Please use the following information as is or as a starting point for your own ideas and feelings about issues of your choosing related to aging and health care. You can reach your congressional representatives by dialing the Capitol switchboard at 202-225-3121 or looking them up online at www.house.gov and www.senate.gov.

Sample Advocacy Messages from the Leadership Council of Aging Organizations

• No repeal of the ACA without simultaneous replacement

If Congress votes to repeal the ACA, a replacement package that provides equivalent or improved access to affordable, quality health coverage must be included in the same legislation.

• No cuts to and restructuring (block granting) of Medicaid

Older people and people with disabilities account for two-thirds of Medicaid spending. The program is the primary public source of funding for long-term services and supports. Program cuts, along with block grant or per capita cap proposals would hurt people who have no alternative means of paying for essential services.

• Preserve Medicare for current and future older people and people with disabilities

Medicare is a huge success story, with strong support from all Americans. Please oppose Premium support or any proposal to shift more costs onto beneficiaries or make health care far less affordable and accessible to older people and people with disabilities.

**Recent GSA Policy Actions**

**GSA** Past President Michèle Saunders, DMD, MPH, and Senior Director of Professional Affairs Patricia “Trish” D’Antonio, RPH, MS, MBA, BCGP, represented the Society at the Eldercare Workforce Alliance (EWA) Biannual Meeting in December 2016. The agenda included presentations from two GSA members: Michelle M. Washko, PhD, deputy director of the National Center for Health Workforce Analysis, who provided an overview of the Health Resources Services Administration Primary Care Workforce Report; and John Beilienson, MA, president of SCP Communications, provided an update on the Leaders of Aging Organizations Reframing Aging project. Saunders serves as co-convener of the EWA on behalf of GSA.

**GSA** voted to approve comments and recommendations from the Leadership Council of Aging Organizations to the presidential transition team regarding issues affecting older Americans.

**GSA** signed on to a letter to new presidential administration about the importance of continuing work on antimicrobial resistance as part of the continued support of antibiotic stewardship and infection prevention efforts. GSA is a member of the U.S. Stakeholder Forum on Antimicrobial Resistance convened by the Infectious Diseases Society of America.

**GSA** signed on to a letter directed to the leaders of the Senate Health, Education, Labor, and Pensions Committee and Senate Finance Committee with a request that they seek to ascertain Health and Human Services Secretary-nominee Tom Price’s commitment to vaccines during his confirmation hearing.

**GSA** Senior Director of Professional Affairs Trish D’Antonio, RPH, MS, MBA, BCGP, and Senior Manager of Communications Todd Kluss, MA, represented the Society at the January National Advisory Council on Aging meeting. Information regarding recently approved concepts for potential National Institute on Aging research were subsequently published on GSA Connect.

**GSA** signed on to a joint letter from a coalition of leading American scientific and engineering professional societies, asking the Trump Administration to rescind its recent executive order placing restrictions on visas and immigration from certain countries.
The International Association of Gerontology and Geriatrics (IAGG) 2017 World Congress will offer twelve pre-conference workshops on Saturday, July 22, and Sunday, July 23, 2017. These focused sessions offer a unique opportunity to explore some specialized topics before the main event. Additional fees and advanced registration are required.

**Saturday, July 22 • 1 to 5 p.m.**
**Global Ageing: Building Framework for LGBTQ Cross-Cultural Research**
Discover ways to reach LGBTQ older adults in research, best practices for developing culturally and linguistically sensitive materials and measures, and obtaining information on key risk and protective factors.

**Cognition in the Health and Retirement Study and Around the Globe: The Harmonized Cognitive Aging Project**
Hear from principal investigators of the Health and Retirement Study (HRS), the Mexican Health and Aging Study (MHAS), the English Longitudinal Study of Ageing (ELSA), and the Longitudinal Study of Aging in India (LASI).

**ReFraming Aging: A New Approach to Change the Public’s Misperceptions of Aging**
Examine findings about what works to Reframe Aging and take what you learn “out for a spin.” Working in small groups to apply recommendations to frame-up messages.

**Implementation of Frailty Screening in Health Systems**
Explore the impact of frailty on patient-centered outcomes, quality of life, and health resource consumption; and how we can improve care of the frail elderly.

**Translating Research on Aging & Work into Practice: Effective Strategies for Communicating with Employers (Part 1 of 2)**
Learn the state of knowledge about workplace-based policies and practices that make it possible for older adults to extend their labor force attachment.

*Funding for this conference made possible in part by grant 1 R13 AG050451-02 from the National Institute on Aging.*

**Sunday, July 23 • 8 a.m. to Noon**
**Translating Research on Aging & Work into Practice: Effective Strategies for Communicating with Employers (Part 2 of 2)**
A continuation of the discussion on the state of knowledge about workplace-based policies and practices that make it possible for older adults to extend their labor force attachment.

*Funding for this conference made possible in part by grant 1 R13 AG050451-02 from the National Institute on Aging.*

**Sunday, July 23 • 8 a.m. to 4:30 p.m.**
This RCMAR pre-conference will focus on key conceptual, design, measurement, and analytic issues in reversibility and mutability research building on the work of the Network on Reversibility. Sponsored by the NIA and the Economic and Social Research Council (ESRC) of the United Kingdom.

**Pain and Aging: Measurement, Mechanisms, and Management**
Geriatric practitioners and researchers will benefit significantly from this session on measurement, mechanisms, and management of later life pain.

**Common Data Elements for International Research in Long-term Care Homes: Advancing Person-Centered Care**
Develop a set of international, residential long-term care CDEs resulting in a summary report, in partnership with the NIH/National Institute of Aging.

**Rhythm and Wellness: The Science and Sensation of Music-making with Older Adults**
Receive the skills needed to plan and facilitate music-making that enlivens older adults in clinical as well as community settings.

**Third IAGG Global Social Initiative on Aging (GSIA) Master Class: Population Ageing and Livable Environments of Older Persons**
A great opportunity for early career scholars to work with global leaders in research and methods on livable environments for older persons.

**Sunday, July 23 • 12:30 to 4:30 p.m.**
**Crossing Geographic and Disciplinary Boundaries: Professional Development for Emerging Scholars**
Gain skills in various areas of professional development including networking and mentoring, advanced research methodologies, selecting an ideal position, and building an interdisciplinary career in aging.

There is no question that you will benefit from attending IAGG 2017. Register today at iagg.com/register to be part of something big.
Meet the New ESPO Executive Committee

Thanks are given to the new ESPO Executive Committee members for their contributions to this month’s column.

Chair • Kristen E. Porter, PhD, MS, MAC, LAc, JP
Kristen received her PhD in Gerontology and a certificate in survey research from UMass Boston. She is a postdoctoral fellow at ACRIA’s Center on HIV and Aging in New York. Her current research project is on grandmothers living with HIV in South Africa. As chair, her goal is to tangibly support ESPO members in successful completion and dissemination of their dissertations. She chaired and presented in the ESPO 2016 presidential symposium, “A New Lens on Before, During, and After the Dissertation.” She also created a folder on GSA Connect with dozens of dissertation-related resources. In preparation for her transition to chair, she put together a special task force that is adapting a peer-led dissertation writing group she previously developed to provide ESPO members with tools and support to achieve a timely completed dissertation. She said she looks forward to supporting the 2016-2017 ESPO leadership council in carrying out their exciting section, committee, and task force initiatives.

Chair-Elect • Shani Bardach, PhD
Shani received her bachelor’s and master’s degrees in psychology from Wesleyan University and a PhD in gerontology from the University of Kentucky. She is an assistant professor in gerontology at the University of Kentucky and serves as the director of outreach and recruitment for Alzheimer’s disease clinical trials at the Sanders-Brown Center on Aging. Shani has been involved in GSA and ESPO for several years and has been a member of The Gerontologist’s editorial board since 2014. Her goals for the coming year are to support the continuation of existing mentoring and networking opportunities while encouraging greater ESPO member involvement. In particular, she would like to encourage increased ESPO participation in interest groups and, with IAGG, to explore ways to better learn from and support our increased ESPO participation in interest groups and, with IAGG in member involvement. In particular, she would like to encourage networking opportunities while encouraging greater ESPO participation in interest groups and, with IAGG in member involvement.

Past Chair • Jaime M. Hughes, PhD, MPH, MSW
Jaime is a postdoctoral fellow at the Center for Health Services Research in Primary Care at the Durham VA Medical Center where she focuses on the role of interprofessional care teams in integrating brief behavioral health interventions into geriatric primary care. Jaime completed her doctoral training in social work and public health at UNC Chapel Hill and earned her MPH and MSW degrees from the University of Michigan. She became involved in ESPO in 2012 when she assisted with the development and launch of the ESPO Professional Development Webinar Series. As ESPO chair, Jaime helped to launch several new professional development activities, including the inaugural ESPO pre-conference workshop and a series of informal chats held in the ESPO Lounge at the 2016 Annual Scientific Meeting. She hopes to continue to offer ESPO members more professional development resources including workshops and events for IAGG.

Secretary • Catheryn Koss, JD, PhD
Catheryn recently completed her PhD in gerontology at the University of Kansas. Prior to returning to graduate school, she founded and directed a non-profit elder law organization where she helped clients with guardianship, estate planning, and financial exploitation matters. Her research focuses on advance directive completion by older couples and race disparities in end-of-life planning. She looks forward to working with the Newsletter Taskforce to meet the information needs of ESPO members, including making past ESPO columns more easily accessible on the GSA website.

Communications Chair • Salom Teshale, PhD
Salom received her PhD in social and developmental psychology from Brandeis University. She is interested in strategies that middle-aged and older adults can use to manage resources, maintain high levels of well-being, and make good decisions as they age. She got involved in ESPO to meet other scholars, learn about fields outside of her specialization, and learn about how GSA is governed. As the ESPO communications chair, Salom will focus on sharing content from GSA that is of interest to ESPO membership and helping ESPO members connect with each other and engage with GSA. Her goals for the upcoming year are to share information about upcoming GSA events and resources on GSA Connect and create materials about using GSA Connect to help members gain the most out of the platform.

Past Communications Chair • Patricia A. Fletcher, MA, MS
Patricia is a PhD candidate in interdisciplinary studies in public policy and social change with an aging studies specialization. She examines the use of mental imagery to improve cognitive abilities in dementia patients and the use of visual cues to help these individuals live in their homes safely. Patricia uses design thinking methodology to provide strategic consulting in the areas of communications, research and development, gerontology, and public policy for organizations. She serves as vice-chair for the Charlotte-Mecklenburg Public Arts Commission and is a subject matter expert on aging for the Office of Minority Health-Resource Person’s Network. Patricia joined GSA and ESPO for professional mentorship, professional development, and networking opportunities. She looks forward to continuing to build relationships with ESPO members as we prepare for the IAGG World Congress in San Francisco.
GSA is deeply indebted to the following agencies, corporations, foundations, and individuals for their contributions to the Society and its activities during 2016.

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Carbonell served as the third Assistant Secretary for Aging at AoA, appointed by President Bush in 2001 and served in the position until 2009. She is currently the Senior Vice President of Long-term Care & Nutrition at Independent Living Systems and serves on the Board of Directors of the National Council on Aging.

MARTHA PELAEZ

Pelaez is a founder and consultant for Network Development and Operations at Florida Health Networks, LLC and leads the Health Foundation of South Florida, Healthy Aging Regional Collaborative (HARC). She was previously the Pan American Health Organization/World Health Organization Regional Advisor on Aging and Health.

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Continued from page 1 – Journal Depicts Gerontologists Facing Aging in Their Own Lives

ABPP, shares how his experiences as a young widower and a clinical psychologist helped him confront widowhood a second time later in life.

Caring and intimacy is a topic addressed by 11 of the essays, but the issues challenging the authors are distinct. GSA Fellow Sarah Laditka, PhD, recommends the advancement of research on “readiness” — the extent to which older people are prepared to accept care and family members are set to provide care. Other papers reported difficulties in navigating poorly coordinated long-term care services.

Prucho said her hope is that this collection of articles will be used to educate future generations of gerontologists.

“The reflections in these essays show how embracing and learning from our personal experiences can add an important richness to science,” she said. “The essays teach us to think more deeply. We have a long way to go and many research questions to answer, but the insightful essays in this special issue are sure to help guide the questions we ask, the research studies we design, and the practices and policies we implement.”

All GSA members can access The Gerontologist and the Society’s other journals for free by logging in at www.geron.org/publications.

Writing Resources Available for ESPO Members

Twenty-nine resources — aimed at supporting members of GSA’s Emerging Scholar and Professional Organization (ESPO) through the dissertation process and developing their writing skills — have been posted at www.geron.org/esporesources. These materials include those presented at the 2016 GSA Annual Scientific Meeting ESPO Presidential Symposium in New Orleans, as well as presenter PowerPoint slides, a dissertation timeline calculator, a tool kit for how to start a writing group, a bibliography of books on writing, mindfulness apps, and more.

NIA Makes Health ABC Data Available

The National Institute on Aging (NIA) is offering a resource for investigators seeking to analyze biomedical data. The Health, Aging and Body Composition (Health ABC) Study began in 1997 and collected data for 17 years on a cohort of older black and white adults living in Memphis and Pittsburgh. Participants were aged 70 to 79 at baseline. These data are now online on NIA’s website and available to qualified researchers. Read more in a blog post by GSA Fellow Tamara Harris, who serves as chief of the NIA’s Interdisciplinary Studies of Aging Section.

AARP Foundation Draws Attention to Social Isolation

AARP Foundation recently announced the launch of Connect2Affect, a response to the growing epidemic of isolation affecting more than eight million older adults. The goal of Connect2Affect is to create a network that not only builds awareness about social isolation and its impact, but also identifies solutions. This initiative — for which GSA is a member of its Executive Council — features tools and resources to help evaluate isolation risk, reach out to others who may be feeling lonely and disconnected, and find practical ways to reconnect with the community. Connect2Affect’s online tool includes a fast, easy self-assessment test that asks yes or no questions relating to relationships, mobility, and major life changes. The assessment, which will continue to evolve as new findings on social isolation emerge, can be taken at any age — giving users the opportunity to consider how they want to age and the types of relationships they want to have as they get older. For more information about social isolation and the Connect2Affect platform, visit connect2affect.org.
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Order cups, pens, lip balm and more to promote your event by March 20, 2017.

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Join the conversation using the #CIAW on Twitter and tell the world why you choose to work with older adults. To participate, download the printable cue card from careersinaging.com, write your answer, and snap a picture! Tweet the picture with the #CIAW from your own account or e-mail the picture to ciaw@geron.org

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Continued from page 1 – New Data Reveal Aging Experiences of LGBT Americans

LGBT older adults can deepen our understanding of the richness, diversity, and resilience of lives across the life course.”

Findings in the journal reveal that 2.4 percent of older adults in the U.S. currently self-identify as LGBT, accounting for 2.7 million adults aged 50 and older, including 1.1 million aged 65 and older.

Collectively, the articles cut across three major themes: risk and protective factors and life course events associated with health and quality of life among LGBT older adults; heterogeneity and subgroup differences in LGBT health and aging; and processes and mechanisms underlying health and quality of life of LGBT older adults. The authors address the intersection of health and well-being with such topics as race and ethnicity, HIV status, military service, marriage, social networks, and depression.

“LGBT older adults face disparities in health and well-being compared to heterosexual peers, including higher rates of disability, cardiovascular disease, depression and social isolation,” Fredriksen-Golden said. “Discrimination, stigma, and lack of healthcare access is associated with these elevated disparities. It is important to understand that these communities are diverse, and unique groups face distinct challenges to their health.”

All GSA members can access The Gerontologist and the Society’s other journals for free by logging in at www.geron.org/publications.
The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 10-11) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 12-13). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2017 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our web site: www.rand.org/labor/aging/rsi/.

For additional information, please contact Cary Greif (cary_greif@rand.org).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity Employer Minorities/Females/Vets/Disabled.
Open University’s New Research Area Includes Aging Topics
The Open University, based in the U.K., has identified health and wellbeing as one of its priority research areas (PRA), which will mobilize its resources to better respond to the challenges of the external environment. The Health and Wellbeing PRA will facilitate multi and cross-disciplinary research collaboration across University Campus and welcome discussions with researchers and stakeholders. Within the Health and Wellbeing PRA, there are five special interest groups (SIG): Death & Dying; Health Discourse; Mental Health; Sexuality & Reproduction; Technology & Ageing; and Cancer Diagnostics, which will be running a series of events and seminars throughout 2017. All SIGs meet regularly to discuss grant applications, publications plans, paper discussions, and to support early career researchers.

UTA’s Expansion of Graduate Nursing Degrees Includes Gerontology
The University of Texas at Arlington’s (UTA) College of Nursing and Health Innovation will offer five of its graduate nursing degrees online beginning in spring 2017. The degrees include four master of science in nursing (MSN) degrees and one doctor of nursing practice (DNP) degree. The MSN degrees have nurse practitioner specialties in pediatric primary care, pediatric acute care, adult gerontology acute care, and adult gerontology primary care. The college also will continue to offer these degrees in traditional classroom settings. The MSN nurse practitioner programs are designed to prepare advanced practice nurses to become expert providers and healthcare leaders in high demand areas such as pediatrics, adult care and gerontology. The online DNP is geared toward nursing practice application. It prepares graduates for nursing leadership and health care consulting opportunities as well as careers in higher education.

Officer Candidates Unveiled for 2017 Elections
Ballots and a voter’s guide for the election of GSA’s next officers will be sent by e-mail to all members on March 1. Reminders will be sent again prior to the voting deadline of March 31. Please make sure GSA has your correct e-mail address on file by checking your member profile at www.geron.org. If you wish to receive a paper ballot, contact ballots@geron.org.

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