Registration and housing are now open for the 2017 World Congress of Gerontology and Geriatrics, which GSA is hosting on behalf of the International Association of Gerontology and Geriatrics (IAGG) from July 23 to 27 in San Francisco, California. Submissions for the Late Breaker Poster Sessions also are being accepted until February 15.

As one of the most highly acclaimed meetings in its field, the World Congress offers a global platform for breakthrough scientific results, and is expected to welcome more than 6,000 experts on every aspect of aging. The chosen theme for 2017 is “Global Aging and Health: Bridging Science, Policy, and Practice.”

The deadline for early bird registration rates is April 13. Discounted lodging is available at the meeting’s headquarters hotel, the San Francisco Marriott Marquis, and several other nearby properties. The World Congress sessions will take place at both the Marriott Marquis and the Moscone West convention and exhibit center.

GSA received more than 7,100 individual abstract submissions, which is greater than any previous World Congress and twice the number normally submitted for a GSA Annual Scientific Meeting. Acceptance notifications were sent December 15.

“We, as program planning chairs, are so pleased with the number and quality of submissions for the program of the 2017 IAGG,” said former GSA President Terrie “Fox” Wetle, PhD, who is serving as a co-chair along with GSA Fellow Jeffrey Halter, MD. “The Organizing Committee has worked hard to develop an interdisciplinary and international program. We are particularly enthusiastic that the first authors for these submissions represent 73 different countries.”

LATE BREAKER DEADLINE: FEBRUARY 15

continued on page 6

The provision of long-term care in the U.S. has shifted from what was once a predominantly institutionally based system of care to one in which recipients can increasingly receive a range of both medical and supportive services at home and in the community, according to the latest edition of GSA’s Public Policy & Aging Report (PP&AR).

Further, individuals have gained the increased ability to choose how, where, and from whom they receive these services.

Today, almost 850,000 Americans direct their own care through 270 long-term services and support (LTSS) programs that are generally heralded by those on both sides of the political spectrum. Self-direction is the umbrella term applied to an approach to the delivery of LTSS in which those eligible receive cash payments in place of traditionally delivered services. With these payments, they can decide how best to meet their support needs.

continued on page 12

Studies show that self-directed care programs can improve participant well-being, care quality, and cost containment. And as the PP&AR notes, this unique policy innovation became a reality through the promotion,
With New Year Comes New Hope

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

GSA’s best Annual Scientific Meeting keynote speakers are the ones who provide a message of hope and inspiration. Author and journalist David Bornstein, our guest at the recent meeting in New Orleans, fits this category. He demonstrated how we could be agents of change for bringing about a society where aging is appreciated for its opportunities rather than its challenges.

His message came at a welcome time, as much of the audience was just beginning to confront the uncertainty of how aging-related programs and research funding will fare in America’s new presidential administration. He reminded us that while some things may be uncertain, we are still in control of the work we do — work that is more important than ever.

GSA members, particularly in the interdisciplinary environment that the Society fosters, can make a difference in the world around us. We believe the intersection of research from diverse areas is the best way to achieve the greatest impact and promote healthy aging. This was the driving force behind the launch of our new interdisciplinary journal, Innovation in Aging. And as host of the upcoming World Congress of Gerontology and Geriatrics, it was integral in our choice of the theme “Global Aging and Health: Bridging Science, Policy, and Practice.”

This core value is also reflected in how GSA represents its members as an organization. In the past several years we have taken prominent roles in a number of national coalitions in the aging arena. GSA does this to make sure its members voices are heard, and that the research-based evidence they provide can be put before policymakers and other stakeholders. We have been especially active in recent months.

For example, GSA was named to the steering committee of the Adult Vaccine Access Coalition in December. GSA has become a recognized leader in this area thanks to its long-running National Adult Vaccination Program. In its first two years, the coalition has established relationships within the U.S. Department of Health and Human Services, worked closely with dozens of bipartisan members of Congress, and continues to create new alliances.

We are also bringing an interdisciplinary voice as one of the few research-based organizations in the Better Medicare Alliance. This coalition is focused on supporting Medicare Advantage as an option under Medicare. In December, the group addressed letters to the new presidential administration and leadership of the Department of Health and Human Services — in an effort to ensure the program remains stable, accessible, high quality, cost effective, and financially viable.

Another coalition you will hear more about in 2017 is the Leaders of Aging Organizations (LAO), which is the collaborative partnership that GSA founded with seven other aging-focused organizations to address issues of common concern across the field. The LAO’s first major project is to “reframe” how the public sees aging and to combat ageism. Our research has demonstrated that members of the public tend to have pessimistic views about aging, while experts know that advances in research, care, and services have opened a world of possibilities for personal, social, and economic contributions by the older adult population.

Spreading the word about these contributions sounds very similar to Bornstein’s call to action, doesn’t it? Thankfully, the next phase in the LAO’s work will help you be successful in accomplishing this. We are developing a toolkit that will enable all of us to be more effective communicators about the importance of our work, using solutions-oriented approaches.

Working together, we are stronger, and working together, we will make a difference. Happy New Year!
**In Memoriam**

**Helen Martin Raisz, PhD**, passed away at the age of 89. As a professor, Helen had a powerful impact on her colleagues and on a cadre of students in the greater Hartford, Connecticut, area. She published a number of articles in professional journals, and reviewed books for *Educational Gerontology* on issues related to aging and social policy. From 1983 to 1987, Raisz served as president of the Connecticut Society of Gerontology. She was a charter member, president, and vice-president of the Connecticut Coalition on Aging and an active member of the Northeastern Gerontological Society.

**Alex John Zautra, PhD**, passed away at age 68. He joined the Arizona State University Department of Psychology in 1976. He was twice appointed director of the Graduate Training Program in Clinical Psychology and more recently was appointed Foundation Professor of Clinical Psychology. He dedicated his career to the study of psychological, social and organizational roots of resilience, and the design of interventions that enhanced well-being for individuals, organizations, and communities. His recent research focused on resilience across the life-span and the development and testing of interventions for depression, chronic pain, and social intelligence.

**John C. Beck, MD**, passed away at age 92. At the time of his death, he was an emeritus professor of medicine within the David Geffen School of Medicine, at the University of California, Los Angeles. His research interests focused on the prevention of disability in older adults. Beck was a distinguished academic who contributed enormously to the development of medical institutions in the U.S., Canada, Israel, and countries in Africa and Southeast Asia.

**New Books by Members**

- “HIV and Aging,” by GSA Fellow Mark Brennan-Ing, PhD, and Rosanna DeMarco. Published by Karger Medical and Scientific Publishers, 2017.
- “Brocklehurst’s Textbook of Geriatric Medicine and Gerontology,” by GSA Fellow Howard Fillit, MD, GSA member Kenneth Rockwood, MD, and John Young. Published by Elsevier, 2016.

**Members in the News**

- *Providence Journal* interviewed GSA Fellow Elizabeth Dugan, PhD on October 13 in an article titled, “R.I. seniors’ report card: Chronic health problems plague state’s elderly.” The piece focused on how Rhode Island’s older adult population have the highest rates of chronic health in New England.
- GSA Fellow Susan Stark, PhD, was quoted by the *Journal Gazette and Times-Courier* on November 21 in an article titled “Can Occupational Therapy Slow Alzheimer’s Decline?” The piece examined how home-based occupational therapy may not slow down the physical decline that comes with Alzheimer’s disease.
- *Forbes* wrote about GSA Fellow Tom Meuser, PhD, in an article titled “University Of Missouri-St. Louis Psychologist And Gerontologist Records, Studies Life Stories,” published on December 1. The story summarized his current research on how an older adult views their personal legacy.

**Colleague Connection**

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

The recipient, who became eligible after referring new member **Donna Galbreath, MD**, 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.

**Harden Accepts Advisory Council Post**

GSA Fellow J Taylor Harden, PhD, RN, FAAN, executive director and senior scientific with the National Hartford Center of Gerontological Nursing Excellence, has accepted the U.S. secretary of health and human services’ invitation to serve as a member of the National Advisory Council on Aging for a term beginning January 1 and ending December 31, 2020. A major responsibility of the council is to review and make recommendations to the director of the National Institute on Aging regarding grant applications to support biomedical research and research training activities. Harden was induced into the American Academy of Nursing in 2006 and was selected a fellow of GSA in 2006.

**GSA Connect Corner**

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

Here’s what members are talking about:

- Sarah Greene Burger, RN, MPH: “Dear Colleagues: Have there been any peer reviewed articles on the village movement or the results from the villages?”
- Gayle Hersch, PhD: “Our team is looking for recent studies on older adults relocating to LTC residential settings, and in particular, any interventions (group or individual with social and/or cultural content) that are used to help residents adapt to relocation.”
Year Ends on High Note with Cures Act Passage; Congressional Forecast Remains Cloudy

The legislative work of the 114th Congress has come to an end, more or less. Under the new normal, the Senate continues to hold brief pro forma sessions with no real business being conducted until about five minutes before the 115th Congress convenes at noon on January 3. This maneuver prevents President Barack Obama from making any recess appointments, such as that of his Supreme Court nominee, Merrick Garland. Nonetheless, as a matter of form, my article this month will touch on some of the aging and health related legislation that has become law during this Congress, and some that will be on the agenda next Congress.

21st Century Cures Act

One of the last bills that President Obama signed into law was the 21st Century Cures Act. I had the honor of attending the White House signing ceremony. These events are always exciting but this was even more rewarding because included within the legislation was another bill (the Special Needs Trust Fairness Act) that I worked on. You may recall a previous column where I shared that Evelyn Clingerman, one of the participants in the John A. Hartford Foundation ChangeAGEnts Initiative, helped me successfully lobby the chair of the Energy and Commerce Committee to pass this bill back in June.

After months of negotiations, a revised cures bill moved quickly through the House and Senate in late November and early December. The act is a major bipartisan piece of legislation that includes Vice President Joe Biden’s “Cancer Moon Shot” ($1.8 billion) developed in part by the Cancer Moon Shot Task Force and the National Cancer Institute. The new law will increase funding for biomedical innovation, the Precision Medicine Initiative, BRAIN Initiative, Alzheimer’s disease, and opioid addiction treatment. It addresses a broad range of other issues including mental health and Medicare payments. The bill is designed to provide incentives for new medical treatments by expediting the approval process for drugs and devices to reduce the time and money needed. The bill provides $4.8 billion for the National Institutes of Health (NIH) and $500 million for the Food and Drug Administration’s (FDA) “regulatory modernization” over ten years.

Passing such a significant bill that shifts some funding from Medicare and Medicaid and favors the pharmaceutical industry was not easy. Groups such as the Center for American Progress, the AFL-CIO, and the American Federation of Teachers tried to delay the nearly 1,000-page bill until next year. Public Citizen fought against passage, stating, “The bill fails to deliver on its original promise of mandatory NIH funding, as appropriators will have discretion whether to release the promised funding each year, starting the bargaining process over again and potentially forcing further public health concessions.” They further argued that the FDA mandate to use “real world evidence” will weaken standards for review and approval of drug applications. Senators Bernie Sanders (D-VT) and Elizabeth Warren (D-MA) were among a small group that tried unsuccessfully to change the bill to reduce drug costs and company profits. Yet the bill passed in the House by a vote of 392 to 26 and in the Senate by a vote of 94 to 5. At the end of the legislative session, most Democrats were not willing to fight to delay the bill when they supported much of it. In addition, lawmakers will be able to use this bill as an example of bipartisan accomplishment.

Budget and Appropriations

Both the House and the Senate passed a continuing resolution (CR) to fund the federal government until April 28. Government funding was due to expire at midnight on December 9. Republicans in both chambers were able to put together this “short-term” CR which will allow the administration of President-Elect Donald Trump to have early input on the next spending bill and an approach to issuing reconciliation instructions for overturning the Affordable Care Act. The CR includes $872 million in funding for the 21st Century Cures Act of 2016, which boosts critical medical research, drug approval, and drug abuse efforts. This includes $20 million for the FDA Innovation account, $352 million for the NIH Innovation account, and $500 million for states to respond to the opioid abuse crisis. It also keeps most programs in the remaining 11 individual appropriations bills funded at FY 2016 levels through April 28. Again, most programs will continue on their FY 2016 funding levels, but that could change after April 28, when this bill would expire.

Legislation Passed in the 114th Congress

The 114th Congress spanned two years, so here is a reminder of some of the aging-related laws that were enacted. It took years, but Congress finally fixed the way we pay doctors under Medicare with the passage of the Medicare Access and Children’s Health Insurance Program Reauthorization Act. And it took way too long, but Congress finally passed the Older Americans Act Reauthorization Act of 2016. The Medicare Independence at Home Medical Practice
Demonstration Improvement Act of 2015 extended the Independence at Home demonstration for two more years. With the Notice of Observation Treatment and Implication for Care Eligibility Act, patients no longer have to guess their inpatient or observation status, but the bill does not fix the underlying observation problem. The Bipartisan Budget Act of 2015 extended the life of the Social Security Disability Insurance program.

Looking Forward to the 115th Congress

Warning: The expiration date on this information may have passed.

Every day, Capitol Hill pundits and insiders seem to have new information on how the 115th Congress will unfold and how the Republican majority will move their agenda forward. So, when you read this, things may have changed or some of the efforts I’ll address may have already begun.

For the Affordable Care Act (ACA), otherwise known as Obamacare, we know that for the majority and the new president, the highest political and policy priority will be repeal of the ACA. This is likely to begin immediately when Congress returns and much of it could be completed in January. Congress is likely to use a process called budget reconciliation (FY 2017) to do some of the repeal because it allows for passage with a simple majority in the Senate, which will be 52 Republicans and 48 Democrats/Independents. The repeal is likely to be phased in over two to four years. Proposals to replace the ACA are being drafted and may be revealed in January, but they are more likely to become part of a second budget reconciliation package (FY 2018) that will also include a major tax reform bill. Also, some of the ACA will not be eligible to be part of budget reconciliation, so other vehicles will be needed and they will be more difficult to get through the Senate.

For Medicaid and Medicare, House Speaker Paul Ryan (R-WI) has been talking about Medicaid block grants for years, and although a “per capita cap” bill is more likely to be enacted, the effort to reform Medicaid and replace the ACA is likely to take place in the summer of 2017. Also on the speaker’s agenda is changing Medicare into a premium support or voucher type program. On November 16, Health and Human Services Secretary nominee and House Budget Committee Chair Tom Price (R-GA) said lawmakers are likely to consider Medicare reforms “within the first six to eight months” of the new administration. House Ways and Means Committee Chair Kevin Brady (R-TX) noted that proposals could reflect ideas in Ryan’s policy paper “A Better Way.” This may face a more difficult journey given Trump’s promise not to hurt Medicare and Social Security and the moderates in the Senate who are wary of touching Medicare.

It is much tougher to govern than to oppose those who are governing, and with all of these issues the majority risks hurting millions of their constituents and causing chaos in the insurance marketplace. Real people will need time to make arrangements for coverage and insurance companies will need to develop new models, plans, and marketing. All that, plus Americans will expect that premiums will not go up.

On the good news front, introduced on December 6 by Senators Elizabeth Warren. The act would allow hearing aids that are intended to be used by adults to compensate for mild-to-moderate hearing loss to be sold over the counter (OTC), and would eliminate the requirement that people get a medical evaluation or sign a waiver in order to acquire these hearing aids. It also asks the FDA to issue regulations containing safety and labeling requirements for this new category of OTC hearing aids and update its draft guidance on personal sound amplification products.

GSA authored a letter of support for the Over-the-Counter Hearing Aid Act of 2016 introduced by Senators Chuck Grassley and Elizabeth Warren. The act would allow hearing aids that are intended to be used by adults to compensate for mild-to-moderate hearing loss to be sold over the counter (OTC), and would eliminate the requirement that people get a medical evaluation or sign a waiver in order to acquire these hearing aids. It also asks the FDA to issue regulations containing safety and labeling requirements for this new category of OTC hearing aids and update its draft guidance on personal sound amplification products.

GSA signed on to a letter encouraging the Trump Administration to retain National Institutes of Health Director Francis Collins. Led by the Alliance for Aging Research, this effort echoes national support from leading several congressional Republicans.

GSA signed on to letters of introduction from the Better Medicare Alliance (BMA) to President-Elect Donald Trump, Vice-President Elect Mike Pence, Health and Human Services Secretary nominee Tom Price, and Centers for Medicare and Medicaid Services Administrator nominee Seema Verma. GSA is a member of the BMA, an alliance of over 75 organizations, including health plans, providers, health systems, aging service agencies, business groups, as well as beneficiaries, who support and advocate for Medicare Advantage.

GSA Senior Director of Professional Affairs Patricia “Trish” D’Antonio will represent the Society on the Steering Committee for the Adult Vaccine Access Coalition (AVAC), which was formed to raise awareness, improve access, and increase utilization of vaccines among adults. With more than 50 members, the goal of AVAC is to foster an inclusive partnership of organizations to inform and engage federal policymakers in working towards common legislative and regulatory solutions that will strengthen and enhance access to and utilization of adult immunization services across the health care system.

Recent GSA Policy Actions

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Orrin Hatch (R-UT), Ron Wyden (D-OR), Johnny Isakson (R-GA), and Mark Warner (D-VA), the Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act of 2016 addresses the challenge of how to deliver coordinated medical care to Medicare beneficiaries living with multiple chronic conditions. The bill is the product of a multiyear study by the Senate Finance Committee’s Chronic Care Work Group. The workgroup received 530 submissions from stakeholders on improvements and produced a policy options paper in December 2015. The Chronic Care Act would encourage improvements to care coordination, telehealth services, advance care planning, and quality measurement, among other things. In addition, the act would extend the Independence at Home demonstration project until September 30, 2019, which would provide Congress more time to consider converting the 17-site demonstration project into a national Medicare benefit for high cost, high need Medicare enrollees. There is no cost estimate for the legislation yet, but some are hopeful that it will produce significant savings. In addition, Congress will also have to face the expiration of the bipartisan Children’s Health Insurance Program at the latest next fall.

Happy New Year from the nation’s capital!
Two keynote speakers have been chosen for the World Congress Opening Ceremony and Lecture. GSA Fellow Linda Fried, MD, will present “Benefiting from the Third Demographic Dividend.” Her talk will demonstrate how the assets of an aging population can be brought to fruition, and societies can become stronger because of longer lives. And in “Disrupt Aging,” AARP CEO Jo Ann Jenkins will discuss her organization’s efforts to change the conversation about what it means to grow older so aging can be something to look forward to, not something to fear.

“Our opening session speakers will stimulate attendees to think about aging in exciting new ways, encouraging us to consider the dividends of an aging population,” Wetle said. Joining GSA as co-hosts for the World Congress are the American Federation for Aging Research, the Association for Gerontology in Higher Education, the American Aging Association, and the National Council on Aging.

The World Congress is only held in the U.S. once every 32 years. GSA was selected by IAGG to host the 2017 event following a competitive bid process in 2009. As a result, GSA will not convene its own Annual Scientific Meeting in November 2017.

To register, make a hotel reservation, or learn more about the conference, visit www.iagg2017.org.
ESPO Looks Proudly at 2016 Accomplishments and 2017 Opportunities

By the ESPO Executive Committee

With another Annual Scientific Meeting behind us, ESPO is celebrating yet another successful year. This column will highlight some of what ESPO accomplished both in New Orleans and throughout 2016, and will look ahead to different opportunities in 2017.

Professional Development Opportunities

ESPO recognizes not all students or trainees are housed at institutions that offer a wealth of aging-related resources. To this end, ESPO continues to identify avenues through which its members can benefit from ongoing professional development through GSA. If there is a particular professional development topic or workshop you would like to see offered, please let us know.

ESPO Pre-Conference Workshop

ESPO was pleased to hold its inaugural Pre-Conference Workshop, *Tools for Building a Solid Career in Gerontology*, in New Orleans. The workshop consisted of interactive sessions on scholarship, leadership, and networking. Visit the ESPO Resources page under www.geron.org/espo to view a copy of the workshop materials.

ESPO Informal Chats

During the Annual Scientific Meeting, ESPO hosted several informal chats in the ESPO Lounge. Topics included tips on navigating your first Annual Scientific Meeting, networking, and tips for building a research career. We were fortunate to be joined by Carl Hill, PhD, MPH, director of NIA’s Office of Special Populations, for our final chat.

ESPO Events at the Annual Scientific Meeting

In response to your feedback, the ESPO Executive Committee restructured some of our annual events, including the ESPO Wine & Cheese Networking Event and the ESPO Breakfast to be more interactive in nature. These events gave members an opportunity to network in a relaxed environment, learn more about ESPO, and talk with ESPO representatives about ideas and initiatives for the upcoming governance year.

Membership Engagement and Retention

This past year, ESPO the Executive Committee began to focus on strategies for improving member engagement and retention, and will continue to build on these efforts in the coming year. We redesigned our member welcome letter and procedures, including personal communication from ESPO Council representatives. In the coming year, we will continue to work on more monthly and quarterly communications using the ESPO Community on GSA Connect as well as improving our online ESPO resource library.

For other year-round resources, be sure to sign up for the Mentor Match program (connect.geron.org), check your e-mail for quarterly ESPO e-newsletters from incoming Chair Kristen Porter, and tune into the regular installments of the ESPO Professional Development Webinar Series.

We also welcome your involvement in ESPO at any time. This spring, ESPO will hold its annual call for self-nominations for one of our termed volunteer leadership positions. These positions include representatives to all GSA sections and committees, and ESPO task forces. However, if you are interested in opportunities with a shorter time commitment, please reach out to us. We always welcome involvement on several of our ESPO Task Forces, including the Newsletter, Webinar, and International Task Forces.

Looking Ahead

A Year of Opportunity: IAGG World Congress

GSA will not hold its Annual Scientific Meeting in November 2017. Instead, GSA will host the International Association of Gerontology and Geriatrics (IAGG) World Congress in San Francisco from July 23 to 27. This meeting will be a unique opportunity to take in research from a wide range of disciplines and interact with colleagues from across the globe. The ESPO Executive Committee is hard at work planning a number of different networking and professional development events in partnership with other international gerontology student organizations.

AGHE Annual Meeting

2017 is the year to try AGHE! Whether or not you plan to attend the World Congress in San Francisco, consider attending AGHE’s 43rd Annual Meeting and Educational Leadership Conference in Miami, Florida, from March 9 to 12. The meeting will bring together a diverse group of educators, students, administrators, and leaders to discuss ideas and issues in gerontological and geriatrics education. Visit aghe.org for more information, including details on how to apply for a student travel award.

Thank you, ESPO Council!

The accomplishments highlighted throughout this column would not be possible without the hard work and dedication of ESPO’s many volunteer leaders. This includes the ESPO Executive Committee and our larger ESPO Council, which is made up of representatives to all GSA sections and committees and ESPO task forces. A special thanks goes out to the 2016 ESPO Newsletter Task Force for their contributions to this monthly column. Contributors included: Adrian Badana, Glenna Brewster, Patricia Hewston, Danielle Jahn, Daniel Mick, Lindsey Peterson, Amy Plant, Elizabeth Rickenbach, Kelly Smith, Donna Volpe, and Mary Whipple.

Finally, let us hear from you! Whether you have an idea to share or you’d like to learn about how to become more involved, contact us at espo@geron.org!
Diverse Attendance
Approximately 3,600 people made their way to New Orleans, Louisiana, for GSA’s 69th Annual Scientific Meeting. Among them, 17 percent came from a total of 40 countries outside the U.S. The program featured 483 sessions during the five-day event at the New Orleans Marriott Hotel and Sheraton New Orleans Hotel. The meeting’s theme was “New Lens on Aging: Changing Attitudes, Expanding Possibilities.”

Unique Events
The keynote address for the President’s Opening Plenary Session was delivered by David Bornstein, a journalist and author who focuses on social innovation. He co-authors the “Fixes” column in The New York Times Opinionator section, which explores and analyzes potential solutions to major social problems. He also is the co-founder of the Solutions Journalism Network, which supports journalists who report on constructive responses to social problems. During his talk, Bornstein discussed how society can shift its approach to aging to look more at the assets of older people — rather than primarily at their deficits and health care issues.

For the first time, GSA used a presentation management system that will allow an archive to be stored on the GSA Connect online networking platform. Members will be able to further disseminate their research findings as well as view PowerPoint slides from presentations they missed.

Several new features were carried over from last year’s meeting, including the Technology Track and Clinical Interventions Track. Presenters also had the opportunity to identify their presentations as part of the Interdisciplinary Track. In light of the recent U.S. presidential elections, many attendees attended one or more sessions in the Policy Series, where aging experts provided insight on how aging-related programs may fare in the new administration.

The photographs on the right give more details about these and many other unique events.

The Exhibit Hall hosted booths from approximately 70 organizations, and also served as the venue for the meeting’s many poster sessions.

Members of the GSA staff donned IAGG 2017 World Congress pullovers to promote next year’s highly anticipated meeting.

On Saturday morning, conference-goers met at dawn for the annual Fun Walk & Run, which is held in partnership with GSA’s Health Sciences Section to benefit the Doris Schwartz Gerontological Nursing Research Award.

Participants in rebuild a home with a community that s
Get with the Trend

More than 700 people contributed to the conversation on Twitter using #GSA16, which generated more than 3,000 tweets! Be sure to view all of the photos on GSA’s Facebook page at facebook.com/geronsociety. In just four days, more than 1,700 unique users engaged with GSA on Facebook. Be sure to like the page and tag yourself in photos if you haven’t done so already.

GSA Connect also had an increase in traffic with more than 1,000 logins during the week of the meeting. Members can also download scientific presentations beginning in early 2017 thanks to the new presentation management system introduced at this meeting.

GSA in the News

GSA issued press passes to more than 30 reporters in New Orleans, including representatives from U.S. News & World Report, Smithsonian, NBC News, The Louisiana Weekly, La Opinion, and several NPR affiliates.

Among these press attendees were 16 new and 9 continuing participants in the Journalists in Aging Fellows Program, which GSA organized for the seventh consecutive year in conjunction with New America Media — with support from The Silver Century Foundation, AARP, Commonwealth Fund, The Retirement Research Foundation, and The John A. Hartford Foundation. Half of the participants in the program represented media outlets that serve minority audiences.

Visit www.geron.org/press for links to news articles that resulted from sessions at the meeting. This page will be updated continuously as participants in the Journalists in Aging Fellows Program submit their stories in early 2017.

Looking Ahead

In place of its Annual Scientific Meeting in 2017, GSA will be hosting the World Congress of Gerontology and Geriatrics on behalf of the International Association of Gerontology and Geriatrics (IAGG). It will be held from July 23 to 27 in San Francisco, California. Abstract acceptance notifications have already been sent, and registration and housing are now open! Submissions for the Late Breaker Poster Sessions are due February 15. The theme of the World Congress is “Global Aging and Health: Bridging Science, Policy, and Practice.” Visit www.iagg2017.org to learn more!
The following awards were announced during GSA’s 69th Annual Scientific Meeting in New Orleans, Louisiana. The Society salutes the outstanding researchers below for their contributions to gerontology and thanks the selection committees for their time and efforts in choosing the recipients.

Society-Wide

Senior Service America, Inc., Senior Scholar Award for Research Related to Disadvantaged Older Adults
Sarah Szanton, PhD, MSN, BA, BSN, FAAN
Johns Hopkins University School of Nursing
“Assistance Reduces Nursing Home Admissions for Maryland’s Dually Eligible Older Adults”

Senior Service America, Inc., Junior Scholar Award for Research Related to Disadvantaged Older Adults
David Burnes, PhD
University of Toronto
“Varying Appraisals of Elder Mistreatment among Victims: Findings from a Population-Based Study”

Behavioral and Social Sciences Section

Student Research Award – Dissertation
Patricia M. Morton, PhD
Rice University
“The Inflammatory Sequelae of Childhood Misfortune”

Student Research Award – Pre-Dissertation
Jasmine L. Travers, MPH, MS
Columbia University
“Racial/Ethnic Disparities in Nursing Home Influenza and Pneumococcal Vaccination Receipt and Non-Receipt”

Biological Sciences Section

George Sacher Award
Allison M. Steele, BA
University of Kentucky
“Evaluating the Influence of Atrophy and Myopathy in Post-Sepsis Muscle Dysfunction”

Health Sciences Section

Research Award
Junhong Zhou, PhD
Harvard University
“The Complexity of Standing Postural Sway Predicts Falls in Older Adults: The MOBILIZE Boston Study”
Social Research, Policy, and Practice Section

**Outstanding Student Poster Award**
Yalu Zhang, MSW  
Columbia University  
“Outpatient Services Utilization Among Older Chinese Living the Community: Findings from the WHO Study on Global AGEing and Adult Health (SAGE)”

**Emerging Scholar and Professional Organization**

**Interdisciplinary Paper Award**
Min Hee Kim, MSW  
University of Michigan  
“Difference in Organizational Resources Across Neighborhoods for Community-Dwelling Older Adults with Deteriorating Physical and Cognitive Health”

**Poster Award**
Brystana Kaufman, MS  
University of North Carolina at Chapel Hill  
“Are Trends in Hospitalization Prior to Hospice Use Associated with Hospice Episode Characteristics?”

**Poster Award**
Jennifer Perion, MA  
University of Toledo  
“The Effect of Friendship on Malignant Social Psychology in Persons with Dementia”

**Poster Award**
Amber Pham, BA  
DePaul University  
“Promoting Positivity or Reducing Negativity? Age Differences in How Exercise Regulates Emotions”

**Poster Award**
Nicole Silva, MS  
West Virginia University  
“Negative Social Exchanges Mediate the Personality-Health Association”

**Douglas Holmes Emerging Scholar Paper Award**
Glenna S. Brewster, PhD, RN, MSN  
University of Pennsylvania  
“Determinants of Daytime Sleepiness in Adults New to Long-Term Services and Supports”

**Minority Issues in Gerontology Committee Student Poster Award**
Soohyun Park, MA  
The University of Alabama  
“Reasons for Immigration and Mental Disorders Among Immigrant Elders: Ethnic Differences Existed”

For information on GSA’s awards, visit [www.geron.org/membership/awards](http://www.geron.org/membership/awards).
Continued from page 1 – PP&AR Finds Americans More in Control of Their Long-Term Care

design, implementation, and assessment of a cadre of experts and thought leaders.

“Self- or participant-directed care has been a model of successful public policy development and implementation — a movement coming from the grass roots and developed through the combined efforts of federal and state governments, philanthropic organizations, professional and advocacy organizations, and committed social and health care researchers,” states PP&AR Editor-in-Chief Robert B. Hudson, PhD, in the issue’s introduction.

The new publication explores the evolution of the self-directed care movement in LTSS, as told by many of the principals who helped to shape and grow it. It examines many of the implementation challenges as self-direction moved from a controlled experiment to a national option, as well as the major changes in the environment that have shaped its development.

Among the expert authors is former GSA Social Research, Policy, and Practice Section Chair Kevin Mahoney, PhD, who is currently the director of the National Resource Center for Participant-Directed Services.

“...they mean groups of participants on whom substantial longitudinal data have already been collected. By “leveraging,” they mean engaging in any activities that will improve statistical power of the combined cohorts. Approaches that could elucidate the etiology of AD/ADRD or cognitive resilience are especially encouraged (e.g., “-omics” based approaches). Projects that clarify how the age of exposure, the duration of exposure, or the total “dosage” of exposure affect lifelong risk of AD/ADRD or the age of onset of dementia are of great interest. The first application due date is February 5, with the announcement expiring in 2019. Visit bit.ly/2hMpDD4 for more details.

NIA Grants Will Enable Better Dementia Care in LTSS Settings

The National Institute on Aging (NIA) is inviting applications for pragmatic trials for dementia care in long-term services and support (LTSS) settings that will be designed to address practical comparative questions faced by Alzheimer’s disease and related dementia patients, clinicians, and caregivers (both paid and unpaid); include broad and diverse populations; and be conducted in real-world settings. These trials are intended to produce results that can be directly adopted by healthcare providers, patients or caregivers for rapid translation. Successful applications will improve quality of care of persons with dementia; improve quality of life for persons with dementia and their informal caregivers; deliver more patient-focused, cost-effective care in LTSS; and/or reduce disparities in LTSS care. All details can be found at Applications are due by February 3.

Continued from page 1 – PP&AR Finds Americans More in Control of Their Long-Term Care

GSA Receives Funds to Support Human-Animal Interaction Research

GSA, in collaboration with Mars Petcare/WALTHAM™, has $50,000 available in 2017 to fund high quality, innovative research into the impact of companion animals on healthy aging in humans. The purpose of this call for applications is to promote innovation and enable the conduct of high-quality research on the impact of HAI (pet ownership or other forms of interaction) on healthy aging in older adults (50+ years of age) and/or their caregivers. Much has been written on the roles that pet ownership and other forms of HAI may play in promoting human health. This call represents an opportunity to meaningfully advance our knowledge of causality and the mechanisms of action underlying the effects of HAI in an aging human population. To apply, please read the full call for applications at www.geron.org/hai. Applications are due by 11:59 p.m. EDT on April 3.

NIH Offers Funds to Combine Cohort Studies Related to Alzheimer’s Disease

A new funding opportunity announcement issued by the National Institute on Aging invites applications that will combine multiple cohorts in order to improve statistical power and clarify risk and protective factors for Alzheimer’s disease and related dementias (AD/ADRD). It encourages combined cohorts (or consortia) to use and/or harmonize existing data, to collect data on new variables not present in all cohorts, to add new participants, or to link participants to administrative data. By “existing cohorts,” they mean groups of participants on whom substantial longitudinal data have already been collected. By “leveraging,” they mean engaging in any activities that will improve statistical power of the combined cohorts. Approaches that could elucidate the etiology of AD/ADRD or cognitive resilience are especially encouraged (e.g., “-omics” based approaches). Projects that clarify how the age of exposure, the duration of exposure, or the total “dosage” of exposure affect lifelong risk of AD/ADRD or the age of onset of dementia are of great interest. The first application due date is February 5, with the announcement expiring in 2019. Visit bit.ly/2hMpDD4 for more details.

A total of seven articles are included, starting with a look at the evolution of participant-directed care in home and community-based services in the U.S. and a review of recent trends in demand and availability. The issue also documents changes in federal legislation, regulation, and practice that have encouraged the growth of self-directed LTSS. Another piece makes international comparisons between programs in Australia, England, Germany, the Netherlands, and the U.S. — and highlights significant differences in terms of eligibility, policy, and process between the approaches taken in each of the countries. The final article focuses on where the field of participant-directed care is likely to go next from its current status in the American health care system.

The new issue of PP&AR, titled “Participant Self-Direction in Long-Term Supports and Services,” is freely accessible to GSA members by logging in at www.geron.org/publications.

12 • January 2017 • gerontology news
Report Underscores Alzheimer’s Concerns for Latino Population

According to a new report, “Latinos & Alzheimer’s Disease: New Numbers Behind the Crisis,” U.S. Latinos living with Alzheimer’s disease are projected to increase from 379,000 in 2012 to 1.1 million by 2030 and to 3.5 million by 2060 — a growth of 832 percent. The report was produced as a collaboration between the USC Edward R. Roybal Institute on Aging at the USC Suzanne Dworak-Peck School of Social Work and Latinos Against Alzheimer’s, a network of UsAgainstAlzheimer’s. In addition, this report released unprecedented findings on the cumulative direct and indirect costs of Alzheimer’s disease on the U.S. Latino community, including millions of family caregivers, which would ultimately cost the U.S. economy $373 billion by 2030 and $2.35 trillion (in 2012 dollars) by 2060. Because of advanced aged and socioeconomic determinants, U.S. Latinos are 50 percent more likely to get Alzheimer’s than non-Latino whites, yet are less likely to receive a diagnosis from a physician. Despite an increased prevalence for Alzheimer’s and other diseases, clinical trial participation among U.S. Latinos is extremely low at approximately one percent, punctuating the need for increased efforts to engage U.S. Latinos in clinical research. As outlined in the report, the direct cost of Alzheimer’s includes expenditures for medical and long-term care, while indirect costs include unpaid informal care and earnings lost by people with Alzheimer’s disease. A goal of the report is to make sure the nation is prepared to address these disparities. To that end, the authors outlined a host of solutions that need immediate action. View the full report at bit.ly/2cml4Le.

PRB Looks at Determinants of Healthy Aging

In a new report from the Population Reference Bureau (PRB), researchers have identified many factors — including genetics, social connections, early-life experiences, and even certain personality traits — that may affect life expectancy. “Longevity Research: Unraveling the Determinants of Healthy Aging and Longer Life Spans” highlights recent work by National Institute on Aging-supported researchers to answer two main questions: What do we know about the key social, behavioral, and genetic determinants of longevity and healthy aging?; and what are the implications of rising life expectancy for the health and well-being of older adults? To view the full report, visit bit.ly/2fRsecy.
University of Pennsylvania Introduces Online Health Care Innovation Degree

The Perelman School of Medicine at the University of Pennsylvania has announced it will offer a new online Master of Health Care Innovation (MHCI) degree. The program will recruit working health care professionals worldwide. The master's will focus on three areas related to innovation in health care delivery: health policy, behavioral economics, and operations management. Located in the department of Medical Ethics and Health Policy in the School of Medicine, the MHCI is the University of Pennsylvania's first online master's program. The MHCI is designed as a practitioner program with the goal of accelerating professional development. Students in the MHCI program will earn their degree in 18 months through online coursework, a capstone project, and two brief on-campus seminars. The program's small class size allows students to engage in valuable interactions with faculty experts. The program will draw its faculty primarily from the School of Medicine, with additional members coming from the Wharton School of the University of Pennsylvania, the University of Pennsylvania Law School, and the University of Pennsylvania School of Nursing. Core courses for the MHCI include The American Health Care System, Evaluating Health Policy and Programs, Health Care Operations, and Innovations in Health Economics. Among numerous elective courses are Health Care Systems Around the World, China's Health Care System and Reform, and Driving Value in the System. Applications for the program, which begins in August 2017, are due on February 1. They are available online at the Penn Medical Ethics and Health Policy Online Education Center at www.med.upenn.edu/ethics-and-policy-online/home.

Turkey's Offers University Education Exclusive to Older Adults

According to multiple media outlets, students studying at Turkey's first “Senior Citizen University,” which accepts only students over the age of 60, have started their first year of education. The education center was founded by Akdeniz University as part of professor Ismail Tufan's project on Turkey's Gerontology Atlas, which was launched in 2000 and will continue until 2023. The center is free and open to the public. Students can attend weekly or monthly 40 minute classes that are offered across many departments. The education center had 385 older students enrolled last year, with positive feedback about the center. Additional classes are being offered this year that aim to improve the daily lives of those students who live alone.
RAND is pleased to announce the 24th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 10-13, 2017.

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.
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