Based on input from the aging community, the organizers of the 2015 White House Conference on Aging (WHCoA) decided to focus their efforts on four priority areas: retirement security, healthy aging, long-term services and supports, and elder justice. In response to this July 13 event, GSA has produced a special issue of *Public Policy & Aging Report* (Volume 25, Number 2), wherein the nation’s foremost experts on these topics make policy recommendations to improve the lives of all Americans as they age. The publication was supported by AARP.

The WHCoA has been held once every decade since the 1960s and offers a unique opportunity to shape the national landscape for aging-related policies. Writing in the new issue’s opening editorial, *PP&AR* editor Robert B. Hudson, PhD, said that the rights, roles, and needs of older Americans will hold center stage at this year’s event.

“Policy Papers Aim to Boost WHCoA’s Momentum”

Impact factor metrics for GSA’s journals have hit new highs, according to the latest issues of *Journal Citation Reports*, solidifying these publications’ status among the highest ranked in their field. In *Journal Citation Reports: Social Sciences Edition’s* Gerontology category, *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* took the top spot on the list of 32 for the fifth consecutive year, and *The Gerontologist* and *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* climbed to take the fourth and fifth spots, respectively.


“The GSA journals continue to attract and publish the highest quality science in the field of gerontology,” said Peter A. Lichtenberg, PhD, chair of GSA’s Publications Committee. “That is a testament to the GSA leadership, our journal editors, and the partnership with our publisher, Oxford University Press.” Impact factor is a measure of the frequency with which articles in a journal have been cited during the two preceding years. *Journal Citation Reports*, one of the most respected publication

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From the Executive Director

Orlando Weaves Its Magic into GSA’s Meeting Program

By James Appleby, BPharm, MPH
jappleby@geron.org

July’s the time to join the Orlando-bound! That’s where we’ll be headed from November 18 to 22 for GSA’s 2015 Annual Scientific Meeting. So where should you start your planning? The best place is www.geron.org/2015. You can now register for the meeting and book your hotel room. Act quickly to get the best rates.

By the time you read this, you should also have received your abstract acceptance notices. We received a total of 3,603 abstracts, which ranks this GSA meeting in the top five when measured by number of submissions. That’s a strong indicator of a terrific program to come. The submission period for the Late Breaker Poster Session is opening in the middle of July.

In my April column, I shared some highlights of the meeting’s schedule, such as the keynote address by Dr. Ezekiel Emanuel; a clinical interventions track from the Health Sciences Section that will provide clinicians with a series of sessions that focus on translational research; and a celebratory session commemorating the 30th anniversary of the National Institute for Nursing Research.

The GSA team has been hard at work on other aspects that will give this meeting a distinct feel. We have extended the length of the popular Section Business Meetings to 90 minutes, which will allow everyone to enjoy their lunches and still have time to network with their colleagues. Also, to better meet the needs of our volunteer leaders, governance meetings have been integrated into the main schedule rather than taking place prior to the start of the conference. GSA will send a message out to all committee members affected alerting them to the new times.

The annual Policy Series this year will include an update on congressional issues and an examination of aging policy in the context of news year’s presidential election. Another highlight will be a session focusing on the unprecedented work of the Leaders of Aging Organizations (LAO), a collaborative partnership that GSA and seven other aging-focused organizations recently formed. (See the May 2015 issue of Gerontology News.) The LAO has uncovered major gaps between expert and public understanding of older adults’ needs and contributions to society — and we are currently working to close these gaps. This symposium will review the progress and findings the LAO has made to date.

All sessions for the Annual Scientific Meeting will take place at the Swan and Dolphin Hotels in Orlando. (In order to continue providing the most value to attendees, we ask you to help GSA meet its contractual obligations through your patronage of one of the two official hotels when booking your room.) This duo has become a popular site for scientific conferences and tradeshows — and with good reason. The hotels are located right on the Walt Disney World property and are within walking distance of Epcot Center and the Disney Boardwalk, making them very family-friendly. In fact, meeting attendees are able to purchase discounted theme park tickets via a link from our website. You can even participate in a full day of GSA programming and visit one of the Disney parks in the evening with a special reduced price for admission. Or you can purchase a discounted full day ticket and extend your stay in Orlando should you choose. We have also secured discounts with Delta Airlines and United Airlines for your travel needs.

Again, all the information you’ll need for the meeting is at www.geron.org/2015, where you can register, submit a late-breaker poster, take advantage of hotel and travel discounts, and discover the unique experiences and value you and 4,000 colleagues will find in the Sunshine State.

James
Ha T. Nguyen, PhD, passed away on May 22 at age 44. She was an associate professor of family and community medicine at the Wake Forest School of Medicine. Nguyen earned her PhD in human development and family studies at Pennsylvania State University in 2000 and an MPH at Johns Hopkins Bloomberg School of Public Health in 2006. She completed post-doctoral fellowship research at the University of Texas Medical Branch at Galveston and at the Laboratory of Behavioral Neuroscience at the National Institute on Aging. Her research focused on cognitive aging and health disparities. In addition to research with minority populations in the U.S., she worked with medical schools in Vietnam to help build a gerontology research infrastructure. Her research on older adult health in Da Nang was awarded the 2012 Most Outstanding Research Project by the Vietnamese Ministry of Health in Hanoi.

New Books by Members

• “Excellence in Dementia Care: Research into Practice,” edited by GSA Fellow Murna Downs, PhD, and Barbara Bowers, PhD. Published by Open University Press, 2014.
• “Latinos in an Aging World: Social, Psychological, and Economic Perspectives,” by Ronald J. Angel, PhD, and GSA Fellow Jacqueline L. Angel, PhD. Published by Routledge, 2015.

Members in the News

• On May 1, GSA Fellow S. Jay Olshansky, PhD, was interview by The New Yorker about the lack of scientific consensus on how to gauge someone’s biological age in an article titled “What’s Written on Your Face.”
• Frances Wilby, PhD, and GSA Fellow Marilyn Luptak, PhD, were interviewed for Next Avenue in an article published on April 3. The piece, titled “Why We Need to Get Rid of Senior Centers,” examined the perceived needs of baby boomers in retirement.
• Reuters interviewed Jeffrey Burns, MD, for an article published on May 28. The piece, titled “Fitness in Middle Age Linked to Healthier Brain in Later Years,” looked at the potential cause and effect of intelligence and exercising.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Rachel Roiland, PhD
Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Appleby Receives Honorary Degree from Alma Mater

The University of the Sciences conferred an honorary Doctor of Science degree to GSA Executive Director and CEO James Appleby, BPharm, MPH, on May 20. He earned this recognition for his longstanding contributions and dedication to the field of pharmacy as well as his alma mater, the Philadelphia College of Pharmacy at University of the Sciences. Before coming to GSA, Appleby had a 17-year career with American Pharmacists Association (APhA), ultimately reaching the position of chief operating officer. There, he was a principal architect of the APhA Pharmacy-Based Immunization Delivery training program, used by pharmacy chains and schools of pharmacy nationwide to prepare pharmacists to immunize patients. In addition, he spearheaded the APhA Self-Care Institute and the APhA Pain Management Partnership. Appleby also oversaw the establishment of the APhA’s certificate training program series and the introduction of its news magazine, Pharmacy Today. Appleby continues to be active in pharmacy, serving as vice-chair of the District of Columbia Board of Pharmacy and a member of the Philadelphia College of Pharmacy Board of Visitors.

Kauffman Earns Physical Therapy Award

GSA Fellow Timothy L. Kauffman, PT, MS, PhD, FGSA, FAPTA, was recently honored by the American Physical Therapy Association (APTA) with the Catherine Worthingham Fellows Award. Kauffman has had a long-term impact on the definition of physical therapist intervention for geriatric patients, and the promotion of physical therapists among other players in the health care profession. Via research and publications, Kauffman has promoted effective intervention for the older adult on national and international levels. A recent international engagement on this topic was via Health Volunteer Overseas in Suriname, where he taught and served as a resource as faculty gained familiarity with the new material. The Catherine Worthingham Fellows Award is the highest honor among APTA membership categories.

GSACConnect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org! Here’s what members are talking about:
• Carrie Johnson, LCSW, MSW: “I am happy to share with you a new video resource available on delirium. Too often delirium is either unrecognized or mistaken for other neuropsychiatric conditions such as dementia and depression. The video describes the epidemiology, common risk factors, clinical manifestations, assessment techniques, and prevention and management strategies.”
• Sonya Barsness, MS: “We have an amazing opportunity in the field of aging to change how we age and how we care for each other as we age. Use your knowledge and experience to be a part of this change so that we can all grow older with meaning and well-being.”
GSA Makes Its Mark on the WHCoA: Setting the Agenda, Framing the Issues

By GSA Policy Advisor Brian W. Lindberg, MMHS

Shortly after the appointment of Nora Super, MPA, as executive director of the 2015 White House Conference on Aging (WHCoA), I enlisted her to participate in a listening session at the GSA Annual Scientific Meeting in Washington, DC.

The concept was simple: we featured two GSA presenters, from two generations and perspectives, for each of the four priority topics chosen for the WHCoA. Super would listen and respond, and the audience would provide additional comments. The session was a success in terms of size and response to the presentations, and Super requested that it be further developed in writing.

That writing is now available in the form of the latest issue of GSA’s Public Policy & Aging Report (Volume 25, Number 2), which I endorse as worth reading and contemplating as a policy agenda. GSA members can access this journal by logging in at www.geron.org/publications. Below, I provide a short summary of the authors’ noteworthy arguments.

Healthy Aging

GSA Fellow Laura L. Carstensen, PhD, Mary E. Rosenberger, PhD, GSA member Ken Smith, MS, and Sepideh Modrek, PhD, lay out a scenario on healthy aging that shows the contrast between our past and our future. “All told, nearly 30 years were added to average life expectancy in a single century. Increases continue today, with 3 months added to life expectancy at 65 every year… In 2012, for the first time in history, the U.S. population included more people over 60 than under 15 years old.”

Now, however, Carstensen says that new challenges have been brought about by our past successes: eradication or reduction in acute diseases, improvements in food availability, and less physically demanding work leading to increase in obesity and chronic diseases. “Many experts today believe that in a single generation, obesity may erase all of the health gains made in the last 50 years.”

Despite this dire prediction, Carstensen sees a way out. “We need to reconsider the current paradigm, focused heavily on individual responsibility, and implement integrated population-wide strategies to improve health and fitness.”

“With sustained attention, public and private partnerships, improvements in the nutritional content the food supply, and modifications to neighborhoods, park, schools, and workplaces, we can reverse the trends in obesity and improve fitness at all stages of life. The 2015 White House Conference on Aging is an excellent venue in which to highlight the risks of increasing obesity and decreasing national fitness levels across all ages within the larger public discourse.”

GSA member Emily A. Greenfield, PhD, focuses on one of the efforts to promote healthy aging: in the community where older adults live. Evidence shows that the right kind of community can play a role in the health outcomes of older adults. Greenfield considers the importance of community to elders: they are more likely to have lived in their neighborhoods for a longer period of time and developed an attachment to place; they are less likely to travel outside of their community for paid work; and they are more likely to rely on social interactions within their immediate environment.

Community-level barriers to healthy aging include social factors, such as economic insecurity, lack of valued roles for older adults, and difficulties navigating fragmented systems of care — as well as physical factors, such as poor transit in communities with limited walkability. One of the ways to promote healthy aging is through age-friendly community initiatives (AFCIs).

Greenfield points out that a number of factors affect the federal response: “Challenges within public affairs — such as fragmentation in publicly funded services, silos across government agencies, entrenched ways of thinking about social institutions, and conflicting interests in local politics — might make federal leaders wary of further investing in AFCIs. However, it is arguably the gravity of these challenges that makes increased federal leadership in this area all the more critical.”

Retirement Security

GSA Fellow Eric Kingson, PhD, MPA, and Molly Checksfield, BS, point out that this WHCoA has an opportunity to follow in the footsteps of some notable conferences, such as the 1961 WHCoA, which spurred the enactment of Medicare, and the 1971 conference, when President Nixon supported automatic cost-of-living adjustments for Social Security. For Kingson and Checksfield, a specific action of a similar magnitude might be the White House altering its website to reflect a more respectful and realistic approach to older Americans. Currently, the White House places “seniors” in the “issues” section of its website — with Social Security. Kingson and Checksfield state, “Defining seniors as ‘an issue’ is, at best, inaccurate, and, at worst, disrespectful. And presenting Social Security narrowly as an issue primarily of concern to the old misframes policy discussions.”

The authors go on to point out that while economic security has improved for many older Americans, there are a number of sub-populations or demographic groups who rely on Social Security for a substantial portion of their retirement income, including African Americans, Hispanic Americans, unmarried women, the disabled, and the oldest old. Many people of color are less likely than whites to have assets or savings, so their reliance on Social Security is greater. The WHCoA has an opportunity to emphasize that “seniors” is not a monolithic group.

Pamela Herd, PhD, describes how these economically insecure older adults are disproportionately affected by the administrative burden inherent in applying for programs that are supposed to help them. She uses the Supplemental Nutrition Assistance Program (SNAP) as an example, showing that people are leaving benefits on
the table. The administrative burden disproportionately affects older adults because of their increased risk of physical disability and cognitive decline.

“Less than 40% of older adults eligible for SNAP are enrolled in the program compared to upwards of 90% of other age groups.”

For older adults, there is also a stigma associated with using SNAP. “Many preferred to not be dependent upon what were seen as government handouts. Many also reported a desire for others not to observe them shopping with food stamps, know they had financial needs, or a desire to avoid going to the welfare office.”

Long-Term Services and Supports

GSA members Kali Thomas, PhD, MA, and Robert Applebaum, PhD, point to some positive developments in the long-term services and supports (LTSS) narrative, such as greater use of home and community based care, higher nursing home standards, and fewer financing disincentives. But they quickly jump to the crux of the matter: since so many of us will end up needing LTSS at some point in our older years, much more progress must be achieved in order to avert a long-term care crisis down the road.

They propose several areas where policy changes can make a significant difference. One is more support for family caregivers. Another is increasing support for research and development on technology and adaptive aids. For example, they suggest that the health care system should employ telehealth more broadly and make reimbursement and coverage for it consistent across public and private insurers.

A major area of concern is the eldercare workforce. “Turnover rates remain high, recruitment and retention rates remain abysmally low, and concerns about the quality of workers and the quality of the work environment have been consistent,” they write.

Financing LTSS is the third rail in the discussion. “There is so little consensus on this topic that the Bipartisan Commission on Long-Term Care could not agree to make any financing recommendations in their 2013 report to Congress,” Thomas and Applebaum stated.

“It is our contention that the challenges faced in the LTSS financing arena over the next 30-40 years are so great that the solution will require an improved recognition of individual responsibility, an enhanced and responsible private sector involvement, and a clear financing and regulatory role of the federal and state government.”

Thomas and Applebaum believe that the CLASS Act represented such a joint effort to addressing the problem of financing LTSS. That was one large step forward, but with its demise, how long until we have a Congress willing put the federal government such a leadership role?

Elder Justice

The approach that GSA member Daniel Kaplan, PhD, LICSW, and GSA Fellow Karl Pillemer, PhD, take to addressing elder justice is broad, sweeping, and comprehensive. In their view, the approach must be multi-faceted. One critical step involves gathering data. “The lack of scientific research is not just an academic concern. The gaps in knowledge about elder mistreatment make an organized, comprehensive approach to prevention and intervention impossible.” They recommend the next step be to declare elder abuse a national public health problem and establish a National Elder Abuse Awareness Day, which could be modeled after World Elder Abuse Awareness Day.

Another step requires a full scale, comprehensive national plan for elder mistreatment education. Topics to be addressed through such materials include screening tools and practices, elder mistreatment definitions and examples, reporting procedures and requirements, and the needs of elder abuse victims.

Because of the wide variation in Adult Protective Services guidelines and responses to elder abuse and exploitation, they call for a national protective service system that can disseminate best practices and implement a consistent and complete response to elder abuse.

“We hope the WHCoA is a tipping point for the much needed national resolve to invest in the fulfillment of the Elder Justice Act,” Kaplan and Pillemer write. Of course, that is in the hands of the WHCoA staff and the president.

The PP&AR concludes with a piece by GSA member Debra Bailey Whitman, “Unsolved Mysteries in Aging Policy.” Although Whitman was not a featured speaker at the aforementioned listening session, her clever presentation of aging challenges does add helpful fuel to the WHCoA discussion. She explains, “I sometimes think of these problems as mysteries because they have proven so hard to solve.”

Her mysteries include: How will we pay for the LTSS needed by an aging population? How can we support individuals and their families with advanced illness? How can society best deal with growing numbers of people with diminished mental capacity?

Conclusion

By the time you read this article, the WHCoA may have taken place, but the issues that our GSA members discuss in the PP&AR will not be resolved on that one humid day in our nation’s capital. The expertise and depth of understanding of the broad range of aging challenges of this century is what GSA brings to the policy discussion table on an ongoing basis.

Super, as WHCoA executive director, has had one of the toughest jobs in town. This is not our parents’ or grandparents’ WHCoA. It is a new model, with no funding from Congress, no delegates from across the nation, and no list of recommendations upon which to vote. But Super and her staff, in their modest and resolute way, will make history with the 2015 conference. With listening sessions like ours, the five regional forums, several issue specific forums, and the main event taking place on July 13 at the White House and streamed live nationally, they will have included more participants than ever before. Further, it is expected that the president will actually be making policy and change that day using his executive powers, announcing partnerships, and by using the bully pulpit — all based on the work of a small staff with little resources, but with input from the best thinkers in aging.
Turkey Releases Statistics on Its Older Population

According to a report by the Turkish Statistical Institute, the percentage of adults age 65 years and older in Turkey is expected to triple in the next 60 years. In 2014, older adults made up eight percent of the population, and by 2050, that figure will jump to 27.7 percent by 2075. Many other statistics, including socio-economic characteristics, current and future demographic structure, education, health, marital status, employment status, poverty, and life satisfaction, have also been released, and can be found in the publication “Elderly Statistics, 2014” at www.turkstat.gov.tr.

Japanese Population Falls to 15-Year Low

The number of Japan citizens has continued to decline for the fourth year in a row, bringing the population to a number last seen in 2000. As reported in The Guardian, more than one in four people in Japan are now 65 years of age or older. A recent government report indicated that the number of adults in this age demographic is now larger than those aged 14 or younger. This shift in Japan’s population is causing concern for policymakers due to the decreasing amount of workers and the growing number of pensioners. It is forecasted that Japan’s population will continue to decrease, with the proportion of those at least 65 years of age to increase and comprise almost 40 percent of its total by the year 2060.

Nonprofit Reveals Abuse in Japanese Geriatric Care Facilities

Nearly 20 percent of Japanese nursing homes and hospitals providing geriatric care admitted that abuse or suspected abuse occurred at their facilities between 2012 and 2014, according to an article published in The Asahi Shimbun. This finding was a result of a survey completed by Zenkoku Yokusei Haishi Kenkyukai, a nonprofit group that is studying the prevention of restraints used on older adults. The survey also revealed that more than 20 percent of nursing homes physically restrained residents with dementia and other illnesses to wheelchairs using a belt or other form of constraint.

Continued from page 1 – Journalism Program’s Growth Spurs New Aging Coverage

evaluation tools, is distributed by the Institute of Scientific Information, a division of Thomson Reuters.

A strong impact factor indicates the research published in a journal is being widely cited elsewhere, which is often a reflection of the quality of this research. This, in turn, encourages scholars to send their best material to the journal, thereby building on its status.

“The continued rise in influence and importance of the GSA’s journals comes as no surprise,” said Oxford University Press President and Academic Publisher Niko Pfund. “As the challenges and opportunities of an aging population affect all spheres of society, the research conducted by GSA members and authors becomes increasingly vital. GSA’s careful stewardship and concerted efforts to disseminate influential scholarship are gratifyingly evident in the growth of its journals.”

The Gerontologist saw the greatest improvement over the past year, with its impact factor jumping from 2.772 in 2014 to 3.231 in 2015. During the same period, The Journals of Gerontology, Series A rose from 4.984 to 5.416 and The Journals of Gerontology, Series B increased from 2.852 to 3.213.

In The Journals of Gerontology, Series A, the most cited article in 2014 was “Rapamycin Extends Life and Health in C57BL/6 Mice” and the most cited article to date is “Frailty in Older Adults: Evidence for a Phenotype” from 2001. In The Gerontologist, the most cited article of 2014 was “What Does the Evidence Really Say About Culture Change in Nursing Homes?” and the most cited article to date is “Assessment of Older People - Self-maintaining and Instrumental Activities of Daily Living” from 1969.

In The Journals of Gerontology, Series B, five articles tied for the most cited in 2014: “Leisure Activity, Health, and Medical Correlates of Neurocognitive Performance Among Monozygotic Twins: The Older Australian Twins Study,” “Age and Interviewer Behavior as Predictors of Interrogative Suggestibility,” “Ups and Downs of Daily Life: Age Effects on the Impact of Daily Appraisal Variability on Depressive Symptoms,” “Implications of Marital/Partner Relationship Quality and Perceived Stress for Blood Pressure Among Older Adults,” and “Longitudinal Change of Self-Perceptions of Aging and Mortality”;

the journal’s most cited article to date is “Self-Ratings of Health - Do They Also Predict Change in Functional Ability” from 1995.

Journal Citation Reports further included five-year impact factors for the three publications: 5.406 for The Journals of Gerontology, Series A, 3.856 for The Journals of Gerontology, Series B, and 3.380 for The Gerontologist. The five-year impact factor is the average number of times that articles from the journal published in the past five years have been cited in a Journal Citation Reports year (in this case, 2014). It is calculated by dividing the number of citations in a Journal Citation Reports year by the total number of articles published in the five previous years.

GSA membership includes access to the complete back catalog of The Gerontologist and both Journals of Gerontology, as well as another GSA journal, Public Policy & Aging Report. Members can view the articles online by logging in at www.geron.org/publications.


GSA also is holding a symposium titled “How to Publish” at the Annual Scientific Meeting in Orlando, Florida, this November. It will provide an opportunity to meet with several editors of GSA’s journals and ask specific questions about getting published.
The Art of Saying No

By Amy J. Plant, MA, CDP, and Christina E. Horsford, LMSW, MPA (PhD student)

After a long day of answering e-mails, participating in conference calls, and navigating academic and professional life, you come home to clutter, unopened mail, and a long to-do list. All you really want is a moment to catch your breath, but you open a message in which you have been offered an opportunity to work as lead on a project that seems tailored to your interests. You know you really don’t have the time to take on more assignments and responsibility. How should you respond?

Conventional wisdom tells us yes, and that we shouldn’t turn down an opportunity to advance our knowledge, professional position, or personal interests. Why not say no instead? What is the worst that will happen? Disappointing another person, feeling obligated to serve, or experiencing anxiety about setting limits are common reasons for not saying no; but this can be detrimental to mental and physical health.

To find balance and reduce stress you must have the courage to say no. Stephen Covey, author of “The 7 Habits of Highly Effective People,” wrote, “You have to decide what your highest priorities are and have the courage — pleasantly, smilingly, non-apologetically — to say no to other things. And the way to do that is by having a bigger yes burning inside. The enemy of the best is often the good.”

Saying no is an art that requires understanding, acknowledging, and honoring your personal limits. Taking on too many commitments may mean you are settling for the good instead of the best. Here are suggestions to help you think about reasons to say no, and ways to handle rejecting another person’s offer:

**Set limits:** Saying yes all the time is detrimental to your health. Take care of yourself, and nurture your relationships with family, friends, pets, plants, and anything you care about. Then, focus on everything else.

**Value your time:** Be honest with yourself about what matters to you, and what demands are already competing with your time.

**Know your priorities:** Even if you do have some extra time, is this new commitment really the way you want to spend it? If the answer is no, let the person down gently.

**Maybe later — a.k.a. the Yes-No-Yes:** If approached with an offer for an opportunity simply say, “This sounds very interesting, but I just don’t have the time at the moment. Perhaps you could contact me in (give a time frame) or think of me in the future.” But, if the offer is something you don’t really want to do, move on to:

**It’s not you, it’s me:** Even if the offer seems interesting, but just isn’t right for you, be honest. You can complement the idea, the project, the project team, or the organization. Just say the project is not the right fit for you, or that it is not what you are looking for at the moment. Be sincere.

**Practice saying no:** Practice makes perfect. Saying no often is one way to get more comfortable setting limits. Also, sometimes repetition is the only way to manage a persistent person.

**Pre-empting:** If you know requests are likely to be made, be clear before a meeting starts that you will be unable to take on any new requests that week. Sometimes it’s easier to pre-empt than say no after they ask. And if they ask you anyway:

**Don’t be afraid to get back to someone:** Instead of providing an answer on the spot, tell the person you will give their request some thought and get back to them. Be sure to ask what your exact role will be, and how much time you’re expected to give. Make an informed decision before saying no or yes.

**Don’t apologize:** Remain polite, but you needn’t be apologetic about guarding your time.
BRAIN Initiative Yields Opportunities for Neuroscience Research

As part of the National Institutes of Health’s Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, several agencies are offering a funding opportunity to support the development of novel tools and technologies through the Small Business Technology Transfer program to advance the field of neuroscience research. This includes tools to facilitate the detailed analysis of complex circuits and provide insights into cellular interactions that underlie brain function; proof-of-concept testing and development of new technologies and novel approaches for large scale recording and manipulation of neural activity (at or near cellular resolution, at multiple spatial and/or temporal scales, in any region and throughout the entire depth of the brain); and iterative refinement of such tools and technologies with the end-user community with an end-goal of scaling manufacture towards reliable, broad, sustainable dissemination and incorporation into regular neuroscience practice. Standard application dates apply. Visit 1.usa.gov/1CP3LIN to learn more.

NIA Encourages Translational Research for Novel Interventions

The National Institute on Aging (NIA) is encouraging exploratory and developmental research projects to accelerate the pace of development of novel therapeutics involving biologics, pharmacological, and non-pharmacological approaches for preventing and treating key health issues affecting the older adult population. This funding opportunity is being offered for translational research, which is defined as the application of basic and clinical biomedical findings towards the development of new strategies for prevention and treatment of age-related pathologies. The earliest submission date is September 16. Standard applications dates apply. Full details may be obtained at 1.usa.gov/1B1q1iK.

NIH Offers Administrative Supplements for Research on Dietary Supplements

Administrative supplements are available to support research that would investigate the role of dietary supplements and/or their ingredients in health maintenance and disease prevention. This funding opportunity announcement, issued by the National Institute of Health (NIH) and several participating organizations, indicates that primary consideration for support will be given to applications that stimulate dietary supplement research where it is lacking or lagging, clarify gaps, opportunities and balance between benefits and risks where data are in conflict, target special population groups where additional science on dietary supplements is needed, and focus on the use of dietary supplements in improving or maintaining health and reducing the risk of chronic disease. Research interests of the Office of Dietary Supplements (ODS) include all types of research, including pre-clinical, clinical, behavioral, and epidemiological. Additionally, ODS supports research and training programs that build future research capacity for studying the role of dietary supplements in health and disease prevention. Standard applications dates apply with the earliest submission date of September 16. Details may be found at 1.usa.gov/1PSp2gV.

Continued from page 1 – In Response to WHCoA, GSA Journal Offers Policy Guidance

The latest issue of PP&AR is part of a larger effort GSA is undertaking to help ensure the 2015 WHCoA is a success. On June 25, GSA hosted a webinar titled “New Visions for Long-Term Services and Supports: The Aging Network & the White House Conference on Aging.” GSA also is a founding member of the Leadership Council of Aging Organizations, which together with AARP held a series of five WHCoA regional forums designed to gain input on the key issues from older Americans, their families, caregivers, and authorities in the field of aging. In April, another GSA journal, The Gerontologist, dedicated an issue (Volume 55, Number 2) to the four themed topics of the WHCoA.

“GSA always has had a special relationship with the WHCoA,” said GSA’s director of public policy, Greg O’Neill, PhD. “I view the articles in this issue of PP&AR as continuing our long tradition of providing the WHCoA with thought leadership that supports our common missions to develop effective policies that will benefit our aging society in the years ahead.”

GSA members can access the new PP&AR by logging in at www.geron.org/publications. The Policy News column on page 4 of this edition of Gerontology News explores the significance of the individual articles in greater detail.
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New Livability Index Offers Community Comparisons

The AARP Public Policy Institute has launched the AARP Livability Index, a resource that allows people to determine how well their communities are meeting their current and future needs. People, policy makers, and the private sector can use the index to measure how their location — down to the neighborhood level — rates across a comprehensive range of metrics that reflect user friendliness, and customize their search based on their own priorities. “Whether you’re a city planner or a person who wants to improve your life, it’s important to know what you have, what you’ll need, and then plan accordingly,” said GSA member Debra Whitman, PhD, AARP’s chief public policy officer. “Every community has areas where it can improve and the Livability Index provides the tools and resources to help people meet their needs and wants.” The index, available at www.aarp.org/livabilityindex, was designed to provide the best basis for comparing localities across the nation by dozens of experts at the AARP Public Policy Institute and elsewhere. Aided by a national survey of 4,500 Americans aged 50 and older about the aspects of their communities most important to them, these experts selected 60 factors spread across seven categories: housing, neighborhood, transportation, environment, health, engagement and opportunity. Users can also incorporate their own preferences by changing the weights of how different components are scored.

AARP Shows Older Workers Are ‘Critical Components’ of Successful Business

A new AARP report, “A Business Case for Workers Age 50+: A Look at the Value of Experience 2015,” finds that the business case for employing workers age 50+ has grown even stronger in the last 10 years, reinforcing a 2005 AARP study that found that these experienced workers are highly motivated, productive, and cost effective. In 2002, workers age 50+ made up 24.6 percent of the workforce. By 2012, they were 32.3 percent. And by 2022, they are projected to represent 35.4 percent of the total workforce. The new study addresses the misconception that older workers cost “significantly more” than younger workers. In fact, adding more age 50+ talent to a workforce “results in only minimal increases in … labor costs,” AARP found. The report notes that 90 percent of large employers now base pay in part on performance, rather than exclusively on tenure. In addition, in terms of retirement costs, only 22 percent of large companies now offer a defined benefit pension plan, down dramatically from the 68 percent in 2004. AARP commissioned the study to assess the advantages of both retaining and attracting older workers. The analysis relies primarily on data from Aon Hewitt databases, an extensive literature review and interviews with 18 large employers to obtain anecdotal information on how they approach older workers. To view this report and its key findings, visit bit.ly/1JsnnY6.
GSA Connect, a professional networking tool, was inspired by GSA members themselves.

As gerontologists call GSA their professional home, they requested a tool that allows them to share resources, communicate easily with their networks on a small or large scale, and connect with others on a professional level. That is where GSA Connect was born — an essential tool for GSA members and a part of our ongoing efforts to better serve your needs.

GSA Connect provides you an easy way to reach out to other gerontologists; whether searching for a psychologist or an economist, GSAs multidisciplinary membership spans disciplines as well as the globe.

Get started now! Visit www.geron.org and log in to GSA Connect to create your profile and start interacting with your network.

Join GSA Connect Today in Three Easy Steps:

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Registration and housing are now open! Start making plans today at geron.org/2015.