GSA’s Journals Lead Among Most-Cited Aging Publications

The latest impact factor metrics from Journal Citation Reports show that GSA’s journals have reached new highs — and further solidified their position at the top of the list of their peers.

In Journal Citation Reports: Social Sciences Edition’s Gerontology category, The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences upheld first place on the list of 32 publications for the seventh consecutive year. The Gerontologist held its position at third, while The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences climbed one spot and ranked fourth.

“The increasing impact factors and continued top ranking of the GSA journals is indicative of the dedication and tireless efforts of our journal editors, GSA editorial staff, and leadership — as well as the strong collaboration with our publisher, Oxford University Press,” said GSA Publications Committee Chair Noah J. Webster, PhD. “Through these efforts GSA’s journals continue to attract and publish the highest quality science across the spectrum of gerontological research, from basic to applied with contributions from multiple academic disciplines. This success is also directly attributable to the groundbreaking research being conducted and submitted to the journals by GSA members and the larger scientific community.”

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

Cognitive Impairment Toolkit Facilitates Detection, Earlier Diagnosis

GSAs website now features a free toolkit to aid health care providers in detecting cognitive impairment and diagnosing dementia as soon as possible.

The GSA-developed toolkit is focused on the KAER model, first introduced in a 2015 report from the Society’s Workgroup on Cognitive Impairment Detection and Earlier Diagnosis. The acronym is derived from a four-step process:
• Kickstart the cognition conversation
• Assess if symptomatic
• Evaluate with full diagnostic workup if cognitive impairment detected
• Refer to community resources and clinical trials, depending on the diagnosis

“This toolkit is a valuable resource because it brings together in one place a comprehensive amount of existing evidence-based, practical, and easy-to-use guidance to the busy primary care provider about how to work with older adults and their families who are concerned about brain health and cognitive decline,” said Richard Fortinsky, PhD, FGSA, chair of the GSA workgroup. “To our knowledge, there is no other such comprehensive and evidence-based toolkit available to clinicians and health systems.”

Fortinsky said the GSA Workgroup developed the KAER model with the goal of greatly increasing communication between older adults, their families, and primary care providers about the importance of preserving brain health and addressing concerns about memory loss and other symptoms of cognitive decline. Workgroup member and GSA visiting scholar Katie Maslow, MSW, oversaw the development of the toolkit with review and input from the other members. In general, the tools they chose to include can be adapted by primary care providers, health plans, and health care systems to fit their existing primary care structure, organization, and procedures.
From the Executive Director

Advancing Science Transcends Borders

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

Science is an international language. And at this month’s IAGG World Congress in San Francisco, nearly 6,000 people from more than 70 countries will be speaking it together.

For the past eight years, GSA has worked to increase its international presence in anticipation of hosting the 2017 World Congress. And these efforts won’t end when we leave San Francisco. GSA is fully committed to fostering collaboration and cooperation among researchers, clinicians, and educators from around the world to improve the lives of people as they age.

I am inspired by the commitment of international scholars to join us at the World Congress. GSA is proud to host a global event where you can network with your peers and share your research widely — because the uninterrupted exchange of information between scientists of all nations is paramount. To ensure the science presented in San Francisco is widely accessible, all World Congress abstracts are being published as a supplement to GSA’s new open access journal, Innovation in Aging.

Moving forward, the IAGG secretariat will be based in the U.S. at Columbia University under the stewardship of former GSA President Dr. Jack Rowe. And GSA itself will continue to cultivate relationships that cross borders. Currently, almost one in five GSA members are based outside the U.S., and that number is growing.

GSA’s journals will remain a first-rate outlet for published scholarship from around the world. More than half of submitted articles to GSA’s established peer-reviewed journals come from a country other than the U.S. As you read on the cover, the impact factors for these titles continue to rise. Our field is being made stronger by the global community of gerontologists that we have cultivated. (And speaking of publications, GSA’s popular “Communicating with Older Adults” guide is about to be translated into German!)

Our international partnerships will continue to grow as well. In the last year alone, we undertook projects on oral health and human-animal interaction with support from organizations that have global reach. And we continue to team up with institutions as co-sponsors of international conferences. Over the past several years, GSA has provided its members with a number of opportunities to join our delegation to such meetings. The next one will be the Chinese Congress on Gerontology and Health Industry in Suzhou, China, this September.

Other relationships we have forged with individuals and institutions in China remain strong, too. Following a successful pilot last year, GSA will again be a partner on a Geriatric Nursing Training program with Beijing Hospital. Thirty-six students will take part in this training session in Beijing in September and will be provided with one-year GSA memberships courtesy of the hospital.

We also are working to continue an institution-bridging program we launched in 2016 that initiated an exchange between U.S. and Chinese universities. As part of the program, two physicians from the Beijing Friendship Hospital Capital Medical University spent three months with the Department of Internal Medicine at the University of Michigan. They received training in comprehensive geriatric assessment and multidisciplinary diagnosis and treatment — and shared information on the two countries’ approaches to geriatrics care systems and clinical scientific research.

These relationships highlight GSA’s role as a convener and connector of stakeholders in our field. They also demonstrate our unique professional “home.”

James

Gerontology News

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tkluss@geron.org

Karen Tracy

mmccutcheon@geron.org

Megan McCutcheon

ktracy@geron.org

Kelsey Heinze

kheinze@geron.org

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Gerald E. “Jerry” McClearn, PhD, FGSA, passed away on January 5 at age 89. He was a leader in the field of behavioral genetics. He received his undergraduate degree from Allegheny College and PhD in psychology from the University of Wisconsin. McClearn moved on to the Department of Psychology at the University of California, Berkeley, from 1956 to 1965, after which he joined the Department of Psychology at University of Colorado Boulder as an associate and later full professor from 1965 to 1981. It was during his early years at Colorado that McClearn devised his plan to form a research institute, now known as the Institute for Behavioral Genetics, dedicated to research and teaching in behavioral genetics. At that time he also became a founding member of the Behavioral Genetics Association and served as one of its first presidents in 1974. McClearn earned GSA’s Robert W. Kleemeier Award in 2009.

Resnick Honored with Public Service Award
GSA President Barbara Resnick, PhD, CRNP, FGSA, has earned the David H. Solomon Public Service Award from the American Geriatrics Society. Resnick’s career in higher education has spanned more than two decades, and includes a focus on clinical work as a geriatric nurse practitioner and on education for future healthcare professionals in the classroom. Her clinical work includes providing primary care to older adults across all long-term care settings, as well as work in senior housing to facilitate healthy aging. Among other contributions to educational excellence, Resnick is the editor of Geriatric Nursing, associate editor of numerous other journals related to research on aging, and editor of the Geriatric Nursing Review Syllabus. A researcher, clinician, faculty member, and mentor, Resnick is a steadfast champion for interdisciplinary research and practice, and for assuring that older adults receive the best care possible based on current evidence and clinical expertise.

Ferraro Earns Award from Purdue
Ken Ferraro, PhD, FGSA, has received the Provost’s Award for Outstanding Graduate Mentor at Purdue University. This distinction recognizes relationships with students that lead to successful completion of masters and doctoral degrees. Ferraro’s recent research focuses on health inequality over the life course. Current projects examine minority health, obesity and health, and the long term consequences of childhood misfortune on later life. Many of Ferraro’s former students are active GSA members, and several are editorial board members of GSA journals. Ferraro is a past chair of GSA’s Behavioral and Social Sciences Section.

In Memoriam

Member Spotlight

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

New Books by Members

• “Couple Relationships in the Middle and Later Years: Their Nature, Complexity and Role in Health and Illness,” by Jamila Bookwala, PhD. Published by American Psychological Association, 2016.
• “Autism Spectrum Disorder in Mid and Later Life” by Scott D. Wright, PhD, FGSA. Published by Jessica Kingsley Publishers, 2016.
• “The Spectrum of Family Caregiving for Adults and Elders with Chronic Illness,” by Louis D. Burgio, PhD, FGSA, Joseph E. Gaugler, PhD, FGSA, and Michelle M. Hilgeman, PhD. Published by Oxford University Press, 2016.

Members in the News

• On February 17, Marcia Ory, PhD, FGSA, was quoted by US News & World Report in an article titled, “6 Ways to Age Well and Save Money Doing It.” She recommended staying physically fit, mentally engaged, and reducing stress.
• Briana Mezuk, PhD, FGSA, was profiled in Diabetes Forecast on May 1, in an article titled, “Is Stress the Link between Diabetes and Depression?” The piece highlighted Mezuk’s current research in depression and diabetes links.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Briana Mezuk, PhD, FGSA
The recipient, who became eligible after referring new member Charles Gurd, JD, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.
“That time of year” is earlier this year. Sounds like something Yogi Berra would have said, but it’s true. I usually do an article in the fall highlighting sessions at the GSA Annual Scientific Meeting from our Public Policy Series. This year I have moved forward the article to give you a sense of just a few of the amazing policy sessions scheduled for the IAGG World Congress in San Francisco from July 22 to 27. GSA Public Policy Director Greg O’Neill, PhD, and I got a sneak preview of the schedule for this record-setting conference, which has registrants from close to 80 countries. Yes, and 4,749 presentations, including symposia, selected papers and abstracts from which to choose. So, the fact is that our biases and our document search function limitations may have left your session out. Please take no offense and take a peek at the very tip of the IAGG iceberg.

Usually we have our policy series take place in the same room, but that was not possible for IAGG. Another challenge will be to keep focused on the sessions over and above the equally amazing opportunities to sit down and chat with gerontologists from all around the world. Good luck. Here are some sessions to consider in order of how they appear in the program.

Saturday, July 22
“Reframing Aging: A New Approach to Change the Public’s Misperceptions of Aging”
1 to 5 p.m., Moscone West Room 2006
(Note: this is a preconference workshop requiring a separate fee and pre-registration.)
The work that has been done on this project is fascinating. Supported by eight national aging organizations working with a cutting-edge communications research group and led by Laura Robbins, this endeavor has produced actionable approaches to changing the way that the public and policy-makers think about older persons and their role in society, with the ultimate result of improving policies that affect all of us as we age. Julie Sweetland from the FrameWorks Institute will present.

Monday, July 24
“Comparative Perspectives on the Financial Exploitation of Older Adults”
6 to 7:30 p.m., Marriott Salon 8
Chair: Bridget Penhale
As the public policy director for the Elder Justice Coalition, I spend a good bit of time on the legislative and regulatory front on elder abuse, neglect, and exploitation in DC. We are working on both reauthorizing the Elder Justice Act and securing funding for it. This presidential symposium brings to one panel several very interesting aspects of the growing tragedy of elder exploitation. First, there will be a look at the best data on the prevalence of fraud against older adults, followed by insights on the fertile financial abuse environment in low and middle-income countries. The panel also will address financial exploitation predictors and the “bull market” for exploitation in North America. Presenters include David Burns, Karl Pillemeter, Charles Henderson, Christine Sheppard, Rebecca Zhao, Mark Lachs, Peter Lloyd-Sherlock, Nelida Redondo, Kendon Conrad, Scott Beach, Marian Liu, Marguerite DeLiema, Zachary Gassoumis, Madelyn Iris, and Stephen Gresham.

Tuesday, July 25
“From Evidence to Practice and Policy: Translating Promising Practices Into Sustainable Programs”
8 to 9:30 a.m., Marriott Salon 8
Chair: Howard Degenholtz; Co-Chair: Sheryl Zimmerman; Discussant: Barbara Resnick
It covers a range of critically important issues including person-centered care in nursing homes, care coordination for home care, and an examination of the INTERACT Program. This panel will show the value of and need for evidence-based research in addressing long-term care quality. Presenters include Phillip Rocco, Howard Degenholtz, Kimberly Van Haisma, Adrienne Mihelic, Katherine Abbott, Amy Elliott, Tonya Roberts, Carol Benner, Pat Chiorello, David Grabowski, Laura Hatfield, Anupam Jena, David Cristman, Michael Flair, Kylie Kator, Katie Dean, Geoffrey Nudd, and Alice Bonner.

“GSA Maxwell A. Pollack Award for Productive Aging Lecture”
8 to 9:30 a.m., Marriott Salon 10-11
Chair: Robyn Stone
A long-time DC colleague and friend, Robyn Stone, was GSA’s 2016 Pollack Award recipient and will provide her perspective on “International Transfer of Research on Aging Services Policy and Practice — Why It Matters.” The international flavor is part of what makes IAGG so thought-provoking, and Robyn is one of our most insightful, candid, and challenging peers. I trust that she will push us to better use what we learn from each other to move the field forward.

“Alternate Models of Public Long-Term Care in the United States”
4 to 5:30 p.m., Marriott Salon 6
Chair: Larry Polivka; Co-Chair: Robert Applebaum
As one knows from the chair and co-chair line-up, some of GSA’s best policy thinkers are a part of this panel. A look at the good and bad that has come out of Florida’s use of for-profit manage care organizations for providing long-term care. The Oregon and Washington models will show the participants how an aging network administered public long-term care system compares. This should lead to a spirited discussion of the future of the aging network and how innovations are a necessity. Presenters also include Baozhen Luo and Jung Kwak.
GSA joined more than 60 national organizations in publishing an ad urging Congress not to cut and cap the Medicaid program. The full-page ad ran in Politico on June 27.

GSA and the Leadership Council of Aging Organizations (LCAO) sent a letter expressing strong opposition to provisions of the House-passed American Health Care Act (AHCA) because of the harm they would inflict on the nation’s older adults. The letter urged Senate leadership to reject including these proposals in any Senate legislation. The AHCA would cut Medicaid by $834 billion. The president’s budget calls for an additional cut of more than $600 billion. GSA also drafted language for an LCAO letter supporting increased funding for the National Institutes of Health and other aging programs in FY 2018.

GSA signed a letter expressing strong support for the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (H.R. 2575). The BENES Act requires that a clear and detailed notice explaining Part B enrollment rules is mailed to all individuals aging into Medicare and those nearing eligibilities because they receive Social Security disability benefits, aligning the mailing of this Medicare notice with existing Social Security notices, where possible. Additionally, the measure would bring Part B enrollment periods in line with those of private insurance products, including Medicare Advantage and Part D prescription drug plans, allowing for more uniform education and outreach. GSA also signed a letter organized by the Alliance for Aging Research to Senate leadership to support and build upon existing state Medicaid expansion. This letter outlined the negative impact per capita caps will have on all citizens living with chronic disease and, in particular, highlighted the devastating impact on individuals with Alzheimer’s disease and related dementias and their family caregivers.

GSA Senior Director of Professional Affairs Patricia “Trish” D’Antonio represented GSA at a recent Friends of the National Institute on Aging (FoNIA) meeting with NIA Leadership. NIA Director Richard Hodes, MD, and Deputy Director Marie Bernard, MD, provided updates regarding the impact of the passage of the 2017 budget. The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on Thursday, June 22, to review the FY 2018 budget request for the National Institutes of Health. D’Antonio and GSA Senior Director of Strategic Alliances and Communications Karen Tracy attended the hearing.

Sara Mamo, Hae-Ra Han, Sarah Szanton, Becky Slogeris, Mike Weikert, Becky Powers, Sara Espinoza, Valerie Taylor, Lyda Arevalo, Carrie Nieman, Sara Mamo, Nicholas Reed, Peggy Korczak, and Nicole Polyak.

“Addressing Issues Facing a Diverse Aging Population: Scientific Perspectives for Practice and Policy”
4 to 5:30 p.m., Moscone West Room 2020-2022
Chair: Deborah DiGilio; Co-Chair: Margaret Gatz; Discussant: Toni Antonucci
This is a dynamic session with great GSA panelists covering a range of issues. Two presenters will address the evolving world of retirement income. One presenter will address family caregiving, which has been a priority issue for GSA as we have been working to disseminate the National Academies of Sciences, Engineering, and Medicine (NASEM) report on family caregivers and secure support on Capitol Hill for caregiver issues. Sara Czaja, one of GSA’s members on the NASEM caregiving committee, will be presenting on long-term care services and supports. The last speaker will address society’s long-overdue need to step up, acknowledge and work to stop elder abuse. Presenters include Joseph Quinn, Kevin Cahill, Jacqueline Boone James, Christina Matz-Costa, Sara Qualls, and Karen Roberto.

“Active Engagement in Productive Activities: Comparison Between East Asia and the West”
6 to 7:30 p.m., Marriott Salon 10-11
Chair: Keiko Katagiri; Co-Chair: Kyong Hee Chee; Discussant: Rashmi Gupta

Thursday, July 27
“Hearing Loss Initiatives from the National Academies and the White House — Recommendations and Progress”
Noon to 1:30 p.m., Moscone West Room 2014-2016
Chair: Frank Lin; Co-Chair: Margaret Wallhagen
Hopefully you have seen either my recent article or another alert on the groundbreaking research and legislative advocacy that several of GSA’s members and staff have been doing to expand the availability of hearing aids. In fact, the session chair, Frank Lin, recently testified before Congress in support of a bill to direct the Food and Drug Administration to promulgate regulations allowing for the sale of over the counter hearing aids. As a session bonus, GSA’s 2014 M. Powell Lawton Award recipient Laura Gitlin will serve as the discussant. This symposium examines the need for affordable and accessible hearing aids and addressing hearing loss as a public health priority through social design and innovations. Presenters also include Carrie Nieman, D’Antonio, Carrie Nieman, Sara Mamo, Nicholas Reed, Peggy Korczak, and Nicole Polyak.

 Recent GSA Policy Actions

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New HRS Family Data Files Available
The RAND Health and Retirement Study (HRS) has released HRS Family Data Files for its 1992 through 2012 Core Waves. The data contain a cleaned, processed, and streamlined collection of variables related to the family of the respondent. The files include characteristics of all children of HRS respondents and spouses, and summary measures of parents and siblings of respondents. This new release file contains data for thirteen waves. The files incorporate only the core interviews. They do not include exit interview data or any restricted data. They were developed by the RAND Center for the Study of Aging. Visit hrsonline.isr.umich.edu for more information.

Film Aims to Increase Older Adult Participation in Clinical Trials
The Alliance for Aging Research has released a new animated film, “Pay it Forward: Volunteering for a Clinical Trial,” to encourage clinical trial volunteerism. The five-minute film explains what clinical trials are, the science and methodology behind them, the benefits of participation, and how to learn about trial availability. Under-enrollment is an especially significant problem among older adults, who are also those most disproportionately impacted by chronic disease. For example, even though more than half of all cancers are diagnosed in people ages 65 and older, only 25 percent of cancer-focused clinical trial enrollees are from that age group. This vast under-enrollment of older adults is due to many factors, including a high likelihood of comorbidity exclusion, perceived financial issues, transportation barriers, and a fear of the science and the system. Also, a lack of awareness about what clinical trials are and how they work plays a large role, an issue this film aims to tackle head on. “Pay it Forward: Volunteering for a Clinical Trial” also features easy-to-understand language that educates patients and caregivers on the importance of clinical trials. It offers care providers a valuable basic questions and misconceptions their patients have about clinical trials. It is also ideal for displaying on waiting room televisions and monitors, smart phones, and tablets in the clinical encounter, and devices and computers at home. This film was made possible through a partnership between the Alliance for Aging Research and the Pharmaceutical Research and Manufacturers of America. This film is the latest in the Alliance’s “Pocket Film” series, and can be accessed at www.agingresearch.org/pocketfilms.

Report Shows Sustained Reductions in Preventable Hospitalizations, Hospital Deaths
America’s older adults are seeing improvements in clinical care but are facing significant economic barriers to better health, according to the key findings from United Health Foundation’s fifth annual “America’s Health Rankings Senior Report.” Accompanying the report is new survey data, released in partnership with the Alliance for Aging Research, highlighting risks of health savings shortfalls among current and future seniors and uncertainty about future health care savings needs. The report offers a comprehensive analysis of senior population health on a national and state-by-state basis across 34 measures. In commissioning the report, United Health Foundation seeks to promote discussion around the health of older Americans while driving communities, governments, stakeholders and individuals to take action to improve senior health. Researchers draw data from more than a dozen government agencies and leading research organizations to create a focused, uniquely rich dataset for measuring senior health at the state level, including the U.S. Department of Health and Human Services, the U.S. Department of Commerce, the U.S. Department of Labor, The Dartmouth Atlas Project, the National Foundation to End Senior Hunger, and The Commonwealth Fund. For more information, visit www.americashealthrankings.org. In addition, “Preparing for Health Care Costs in Retirement: An America’s Health Rankings® Issue Brief,” released by United Health Foundation in collaboration with the Alliance for Aging Research, examines the degree to which current and future retirees are prepared to meet rising health care costs in retirement. The issue brief is based on a national survey of 1,997 retired seniors (age 65+) and non-retired adults (age 50 to 64), as well as a review of studies on recommended health care savings targets in retirement. Read it at bit.ly/2rjvlK5.

AARP Releases State Scorecard on LTSS
With baby boomers beginning to turn 80 in 2026, states must accelerate the pace of improving long-term services and supports (LTSS) for older people and adults with disabilities, according to AARP’s new state scorecard released in June. The report, “Picking Up The Pace of Change: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers,” shows that although most states have made some progress, the pace of change overall remains too slow and has not kept up with demographic demands. LTSS include assistance with activities of daily living provided to older adults and people with disabilities who cannot perform these activities on their own because of physical, cognitive, or chronic health conditions. The types of assistance include such things as help with bathing, dressing, managing medications, preparing meals, and transportation, as well as support for family caregivers. “This scorecard sounds the alarm, but it also provides a range of tools states can use to spark new solutions and create systems that are aligned with the new realities of aging and living with a disability,” said Susan Reinhard, RN, PhD, FGSA, senior vice president and director of the AARP Public Policy Institute. “The proposed cuts to Medicaid — the largest public payer of long-term assistance — would result in millions of older adults and people with disabilities losing lifesaving supports.” The scorecard was funded by AARP Foundation, The Commonwealth Fund, and The SCAN Foundation. It ranks states based on their performance on LTSS in five main categories: affordability and access; choice of setting and provider; quality of life and quality of care; support for family caregivers; and effective transitions between nursing homes, hospitals and homes. To view the full report, go to www.longtermscorecard.org.
Where Do I Sit? The Role of the Gerontologist on Interdisciplinary Teams

By Christina M. Pierpaoli, MA, and Martha R. Crowther, PhD, MPH

The premise of interdisciplinary teams assumes that no isolated discipline can meet the multiple, complex care needs of patients, particularly that of older adults. Reflecting this, definitions of interdisciplinary team work emphasize it as a dynamic, clinical process — involving two or more health professionals with complementary backgrounds and skills — sharing common health goals and exercising concerted effort in assessing, planning, or evaluating patient care. Interdependent collaboration, open communication, and shared decision making across disciplines facilitate these processes, generating value-added patient, organizational, and staff outcomes.

Interdisciplinary teams have grown in importance due to the increasing complexity of skills and knowledge required to provide comprehensive care to patients and the resulting increasing specialization within health professions. But the primary catalyst? An aging population with a larger number of patients experiencing more complex, diverse health needs than ever before.

Interdisciplinary Teams in Geriatric Care

Interdisciplinary teams are essential to the delivery of quality geriatric care, particularly to chronically-ill, community-dwelling folks. Compared to usual care, interdisciplinary models demonstrate better cost effectiveness as well as better patient outcomes, including reduced patient readmissions, increased social engagement, and improved cognitive functioning. But how well team members — including geriatricians, geropsychologists, social workers, nurses, and pharmacists — can collaborate with each other appears to moderate the effectiveness of these teams. For example, the greatest reductions in hospital readmission rates tend to occur when physicians, nurses, psychologists, and social workers report satisfaction with their professional relationships on the team.

What predicts that satisfaction? Open communication across disciplines, flexible decision-making, and most importantly, clearly defined role expectations and appropriately specified goals within those expectations. With the latter two left unaddressed, role competition and pesky turf issues inevitably arise.

Reducing Conflict: Clarifying the Role of the Gerontologist

So, what exactly can the gerontologist add to an interdisciplinary team without inciting ugly territory-based rifts? The inherently multidisciplinary nature of gerontology differentiates it from other forms of applied clinical practice and can sometimes leave its disciples in sticky professional situations. In many respects, the competent gerontologist must also be a competent physician, pharmacist, dietician, and physical therapist without actually being the physician, pharmacist, dietician, or physical therapist. To apply these competencies and add value without stepping on toes, gerontologists on interdisciplinary teams can differentiate themselves by:

- Providing education to team members, patients, and other stakeholders about normative (vs. pathological) aging and the bi-directionality of physical and mental health in later life;
- Considering and contextualizing the roles of cohort and culture in patient conceptualization;
- Offering mental health services such as cognitive and depression evaluations, as well as capacity assessments;
- Consulting with physicians and other health care professionals about ways of adapting assessments, clinical environments, and patient interactions to optimize performance among older adults;
- Managing and resolving conflicts on the team, and
- Helping the team to identify, manage, and resolve caregiving issues as needed or appropriate.

While nearly doubling adult life expectancy is an unquestioned triumph of the 20th century, gains in longevity have introduced clinical complexities that require diverse skills and perspectives to be brought to the table. Gerontologists, no doubt, have a seat at that table. The question is, and will continue be: where, exactly, do they sit?
Monday, July 24

“Expanding Perspectives on Vaccine-Preventable Disease in Older Adult Populations”
Pfizer, Inc. Breakfast Symposium
6:30 to 8 a.m. • Moscone West Room 3020
This symposium will provide insights into immunization among the older adult population. Topics to be discussed include the importance of immunization as a part of preventive care, the impact on caregivers supporting older adults, and the role of public policy in shaping the prioritization of preventive care for older adults.

“Nestlé: Nutritional and Skin Health Solutions for Independence, Functional Ability and Wellness as We Grow Older”
Nestlé Lunch Symposium
12:30 to 2 p.m. • Moscone West Room 3024
As we live longer, skin health and nutrition are becoming increasingly critical determinants of our overall wellness and successful aging. Meeting our health needs — both inside and out — can be challenging at any stage of life, and particularly as we grow older. The 20th century miracle of longevity now leads to the 21st century opportunity for transformation into healthier and more active lives. In this session, a panel of leaders from across Nestlé, including Nestlé Health Science and Nestlé Skin Health, will introduce some of the innovative solutions that are empowering us to manage our own wellness throughout the life course. Ranging from the low tech to the high tech, these innovations offer accessible solutions for all that contribute to greater independence, functional ability and wellness as we age. In a moderated discussion, the panelists will explore how these solutions — from simple care regimens to personalized digital solutions — are putting us in control of our own successful aging.

“Interprofessional Solutions for Improving Oral Health in Older Adults: Addressing Access Barriers, Creating Oral Health Champions”
GlaxoSmithKline Consumer Healthcare Lunch Symposium
12:30 to 2 p.m. • Moscone West Room 3022
As an essential element of healthy aging, oral health in older adults deserves expanded attention in clinical, economic/financial, and humanistic aspects of care as well as in the curricula for dental and other health professionals. Hear about the concepts and solutions generated by a multidisciplinary audience to address access barriers and create interprofessional oral health champions in research, education, policy and funding arenas.

Tuesday, July 25, 2017

“Regenerative Medicine Alternatives for Aging Conditions”
Longeveron Lunch Symposium
12:30 to 2 p.m. • Moscone West Room 3016
Stem cell therapy is emerging as one of the most promising new treatment option for chronic diseases and injuries affecting various organ systems. One of the most exciting ideas emerging from the field of regenerative medicine is the theory that stem cells can treat aging-related disability and frailty, reducing inflammation and improving function capacity and quality of life for human beings. Stem cells have the potential to increase longevity and could ameliorate diseases and disorders associated with aging. Despite its promise and possible life-saving application, there are no FDA approved stem cell treatments in the U.S. In this session, participants will understand how stem cell therapies are being used as to study and treat various aging-related conditions such as Frailty and Alzheimer’s disease. Longeveron is a life sciences company developing biological solutions for aging and aging associated diseases through the use of its proprietary Longeveron Mesenchymal Stem Cells which are currently being evaluated in FDA approved clinical trials.

“The Multiple Roles of Modernized Chinese Herbal Drug CDDP in the Treatment and Prophylaxis of CHD-Induced Angina Pectoris”
Tasly Holding Group Lunch Symposium
12:30 to 2 p.m. • Moscone West Room 3022
This symposium aims to propagate CDDP (Compound Danshen Dripping Pills), the first Chinese herbal drug about to be marketed in the U.S., and communicate the expert consensus on clinical...
Application of CDDP in China. The results of the FDA-regulated Phase-II and Phase-III clinical trials, the improvement of subjects’ quality of life after administration, and the clinical application of CDDP to CHD-induced angina pectoris.

“The EASYCare Project: A Global Initiative for Healthy Ageing Through Person-Centred Assessment, Caregiver Training, and Use of Data to Inform the Development of Policy, Products, and Services”
EASYCare Academy Lunch Symposium
12:30 to 2 p.m. • Moscone West Room 3024
The aim of this symposium is to announce to and inspire the global community of the creation of the EASYCare Academy and its potential to promote healthy ageing. The learning objectives include: (1) To engage policy-makers and academics in on-going research and development for person-centred assessment and asset-based community development; (2) To engage health and care professionals and educators in the development of on-line training for caregivers; and (3) To engage industry in the development of products and services to promote healthy ageing.

“Emergent Issues in Pneumococcal Disease Among Aging Populations”
Pfizer, Inc. Lunch Symposium
12:30 to 2 p.m. • Moscone West Room 3020
This symposium will include a discussion of the impact of pneumococcal disease among older adults, including the burden of pneumococcal pneumonia and IPD, insights into overcoming barriers to adult vaccination, and a detailed discussion of one of the pneumococcal vaccination options currently available for older adults.

Wines & Vines
Wednesday, July 26 • 6 to 8 p.m.
San Francisco Marriott Marquis Golden Gate Hall
Don’t forget to join us for Wines & Vines. IAGG’s ticketed closing reception brings the California wine country experience to you! Enjoy the different flavors of Napa Valley with wine tasting, handcrafted food-pairing menu, and local olive oils from McEvoy Ranch.

Get your ticket today at www.iagg2017.org/register-now
Continued from page 1 – Cognitive Impairment Toolkit Facilitates Detection, Earlier Diagnosis

“We have tried to offer assessment tools and materials primary care providers can share with their patients in an easily accessible format,” Maslow said. “Another advantage of the toolkit is that it provides rationales for the four steps and choices of tools and materials so that primary care physicians can select what will work best for them.”

Available data show that cognitive impairment is severely under-detected in the U.S. On average, only about half of people with dementia have a diagnosis of the condition in their medical record, according to Maslow, who added that the proportion varies a lot among practice settings.

“We also provided a choice of tools whenever possible,” Maslow said. “One reason for that is that some primary care providers may already be using a tool for a particular purpose; for example, a brief cognitive assessment instrument. Another reason is that primary care providers practice in a wide array of settings, including single-provider offices, physician group practices, and large, multi-provider healthcare systems. Particular tools may fit better with particular primary care practice settings.”

Contents of the toolkit include tips for communicating with older adults about brain health; actual clinically-relevant and scientifically supported measurement instruments for detecting cognitive impairment; links to clinical practice guidelines for conducting diagnostic evaluations for dementia; and comprehensive listings of community resources that are available to help older adults and families living with the daily challenges of cognitive impairment and diagnosed dementia.

“The toolkit’s release coincides with numerous other initiatives at state and federal levels to raise public awareness about the importance of considering the health of the brain in the same way that the health of all other parts of the body are essential to consider to optimize well-being and quality of life as we all age,” Fortinsky said.

Among such initiatives: increased monitoring of the uptake of the Medicare Annual Wellness Visit by the Centers for Medicare and Medicaid Services, which includes the requirement that cognitive impairment be assessed; the focused involvement of the Centers for Disease Control and Prevention on promotion of brain health and raised awareness of mid and later life risk factors associated with development of cognitive impairment; and development of milestones to address the numerous goals and objectives regarding care and support services in the National Alzheimer’s Plan Act (NAPA), which include improved detection, diagnosis, and management of cognitive impairment, and diagnosed Alzheimer’s disease and other types of dementia.

“Knowing that most older adults have a primary care physician and often visit them several times per year, we directed the KAER process to that primary audience to raise their awareness of the need to begin discussing the importance of brain health for all older patients — even those with no symptoms or concerns about memory problems or other cognitive changes,” Fortinsky said. “And assessing cognitive symptoms using evidence-based assessment tools, evaluating those older adults with clearly significant symptoms to arrive at a careful diagnosis, and referring these patients and their families to the rapidly growing number of dementia-capable services in the community — all are part of this process where primary care physicians could greatly help these patients and families.”

The KAER toolkit is accessible at www.geron.org/kaer. Its development was supported in part by Eli Lilly and Company.
Continued from page 1 – GSA’s Journals Lead Among Most-Cited Aging Publications

*Reports*, one of the most respected publication evaluation tools, is distributed by Clarivate (formerly part 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.

“Considering the careful and practiced dedication that GSA devotes to its journals, it is no surprise that the society’s journals dominate the very top of the field,” said Niko Pfund, the president of Oxford University Press, USA. “Boasting 3 of the top 4 journals in gerontology, GSA’s portfolio is indispensably influential to research on aging populations across the globe.”


In *The Journals of Gerontology, Series A*, the most-cited article in 2016 was “Impact of Longevity Interventions on a Validated Mouse Clinical Frailty Index” 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 2016 was “Training Older Adults to Use Tablet Computers: Does it Enhance Cognitive Function?” 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*, three articles tied for the most-cited in 2016: “Self-Rated Health, Interviewer-Rated Health, and Their Predictive Powers on Mortality in Old Age,” “Cardiorespiratory Fitness Is Associated With Cognitive Performance in Older But Not Younger Adults,” and “The Transfer of Cognitive Speed of Processing Training to Older Adults’ Driving Mobility Across 5 Years”; the journal’s most-cited article to date is “Cumulative Advantage/Disadvantage and the Life Course: Cross-Fertilizing Age and Social Science Theory” from 2003.

*Journal Citation Reports* further included five-year impact factors for the three publications, each of which saw all-time highs: 5.783 for *The Journals of Gerontology, Series A*, 3.878 for *The Journals of Gerontology, Series B*, and 3.924 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, 2016). 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’s newest journal, *Innovation in Aging*, is open access and does not require membership or a subscription. Its first impact factor metrics are expected to be reported in 2020.

Oxford continually offers free online access to several highly-cited articles from each journal. The respective websites are academic.oup.com/biomedgerontology, academic.oup.com/psychsocgerontology, and academic.oup.com/gerontologist.
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