Fellowships Offer Reporters Valuable Insight as America Ages

The GSA Journalists in Aging Fellows Program has received renewed grant support to welcome its ninth cohort of reporters. The 2018 funders include AARP, The Silver Century Foundation, The Retirement Research Foundation, The Commonwealth Fund, and The John A. Hartford Foundation.

Since its founding in 2010, this program has been responsible for approximately 600 news stories produced by 136 alumni. It has two goals: to educate journalists about issues in aging, better allowing them to spread a new awareness both to ethnic and general-audience populations; and to disseminate information about new scientific findings, policy debates, innovations, and evidence-based solutions.

“We have received tremendous feedback from previous journalist fellows, who share that the program has allowed them to make invaluable connections to expert sources on aging, to each other, and to their communities,” said Todd Kluss, GSA’s associate director of communications. “And GSA truly appreciates the support of our funding partners, who recognize that these connections are a key component to improving the lives of people as they age.”

Kluss co-directs the Journalists in Aging Fellows Program together with Paul Kleyman, the founder and national coordinator of the program’s media partner, the Journalists Network on Generations.

“America’s rapid aging and growing diversity mean communities need a better understanding of the challenges of longevity from their perspectives and in their languages,” Kleyman said. “This program provides reporters the knowledge and sources they need to bring this vital information to their local and national audiences."

As in previous years, half of the fellows will be selected from general audience media and half from ethnic media outlets that serve communities within the U.S.

Report Gives Guidance on Safe Use of OTC Analgesics

The latest issue in the From Policy to Practice report series from The Gerontological Society of America (GSA) addresses recent labeling changes for OTC analgesics and highlights important considerations when recommending the use of these products in older adults.

“Pain management in older adults is challenging and frequently managed with OTC analgesics such as acetaminophen and NSAIDs,” said GSA member Keela Herr, PhD, RN, FGSA, AGSF, FAAN, who served as a faculty advisor for the new publication.

Adults 65 years of age and older use more prescription and OTC medications than any other demographic group and are significantly more likely to experience an adverse drug reaction than younger adults.

“This resource provides the gerontological community with straightforward and practical advice to help support safe use of OTC analgesics by older adults,” said Herr, who serves as co-director of the Cosmay Center for Gerontological Excellence at the University of Iowa.

While pain affects approximately one-third of Americans — and exacts a huge toll from society in terms of morbidity, mortality, disability, demands on the health care system, and economic burden — it is often not adequately managed. GSA’s new publication provides an overview of the need for a thorough evaluation, development of a care plan, and details about nonprescription treatment options.

Continued on page 9
That Paragraph About Population Aging. Do You Need It?

By David J. Ekerdt, PhD, FGSA

Everyone knows the paragraph: “In 1900, 4 percent of the U.S. population was aged 65 and older. Today, 15 percent of Americans are of that age, a figure that will approach 24 percent by 2060.”

The paragraph can go on to list those proportions for persons aged 85 and older. Alternatively, it can observe that the number of older Americans will double from 49 million today to 95 million by 2060. Other variations can categorize older adults with some other age threshold or paint the picture for some other region of the world. In oral presentations, an accompanying chart depicts a trend line rising inexorably upward into the future.

If expressed with adjectives and adverbs of alarm, this message shades into what Ann Robertson in 1990 dubbed “apocalyptic demography” in which the population changes to come portend social and economic crisis.

Let’s be clear: Population aging is true, is a worldwide phenomenon, and has arguably been one of the foremost concerns in our field since the 1980s. But is it an appropriate lead-in to your particular writing or speaking about aging?

For some purposes, the paragraph may be the very thing that needs to be said. Too often, though, as a reader and editor I have seen it used as a kind of rhetorical throat-clearing or knuckle-cracking, something offered to the audience in hopes that it will make the ensuing content seem more important, more urgent. Except for those occasions when the topic really is population aging, there are some reasons to think twice about deploying the paragraph.

First, whatever the focus at hand, trust that it is worth your effort and our attention regardless of the percentage of the population that is older — 4 percent or 24 percent. Articulate that compelling rationale and assert your contribution to knowledge or practice in gerontology. Say why your message matters without borrowing the “so what” from somewhere else.

Second, warnings about the graying of the population are a trap. The FrameWorks Institute, from its analysis of advocates’ discourse about aging, concludes that alarmist messages may garner short-term attention, but they discourage public engagement over more extended periods of time. “When it comes to aging in particular, focusing on the sheer size of the population is likely to fuel public anxieties about the costs associated with caring for an aging population.”

The paragraph, in short, is likely to be a turnoff with an opposite-than-intended effect. If the big numbers do enter the message, FrameWorks encourages the use of cues to communicate that adaptation to new realities is feasible.

Third, the paragraph occupies valuable space in a paper or funding application and takes up scarce time in a presentation. The paragraph burns the first couple of hundred words or a couple of presentation minutes when one should be getting down to the topic at hand and why it matters. In the interest of economy, texts and talks can forego a rehearsal of demographic details comfortable in the knowledge that most everyone has heard it before.

Again, population aging has oriented our field’s attention for decades and will continue to do so. But mention of it should be judicious and appropriate. I once heard the gerontologist Harry R. Moody muse: “Isn’t it too bad that we always have to start out with all those numbers?” Actually, we don’t.
New Books by Members


• “Quality of Life among Cancer Survivors: Challenges and Strategies for Oncologists and Researchers,” edited by Tanya R. Fitzpatrick, PhD, MSW, RN. Published by Springer, 2018.

Members in the News

• The May 12 broadcast of “CBS Saturday Morning” reviewed a recently completed National Institutes of Health-funded project led by Diane Mahoney PhD, FAAN, FGSA. Her team — working with families experiencing stress due to dressing difficulties — developed and tested a prototype interactive smart dresser that prompts persons with cognitive impairment to dress with minimal to no demand on their caregivers. Preliminary research was funded by the Alzheimer’s Association.

• A May 19 article in The Boston Globe, titled “Scientists in Mass. and beyond are working to slow the aging process,” quoted several GSA members: Eric Verdin, MD; Thomas Perls, MD, FGSA; S. Jay Olshansky, PhD, FGSA; Nir Barzilai, MD; and James Kirkland, MD, PhD, FGSA. The piece focused on numerous research efforts that would result in humans living longer, healthier lives.

• On May 21, Former GSA President John W. Rowe, MD, FGSA, and S. Jay Olshansky, PhD, FGSA, were co-authors of an op-ed piece in The Hill titled “Effects of historically low birth rate will reverberate for years to come.” They wrote that “The U.S. birth rate is now at its lowest point in 30 years, a finding that contains a glimmer of good news but is also packed with significant implications for Social Security, Medicare and how we must cope as an aging society.”

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Jeffrey Jutai, PhD

The recipient, who became eligible after referring new member Amelia Gauthier-Beaupré 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:

Abraham Brody, PhD, RN, FGSA

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

Manson to Receive Top Anthropology Honor

Spero Manson, PhD, has been selected as a 2019 recipient of the Society for Applied Anthropology’s Bronislaw Malinowski Award. This distinction is given to an outstanding social scientist in recognition of efforts to understand and serve the needs of the world’s societies and who has actively pursued the goal of solving human problems using the concepts and tools of social science during one’s entire career. Manson is a Distinguished Professor of Public Health and Psychiatry, directs the Centers for American Indian and Alaska Native Health, and serves as associate dean of research in the Colorado School of Public Health at the University of Colorado Denver’s Anschutz Medical Center.

Waite Elected to American Academy of Arts & Sciences

Linda Waite, PhD, FGSA, the Lucy Flower Professor in Urban Sociology and director of the National Opinion Research Center’s Center on Aging at the University of Chicago, has been elected as a member of the American Academy of Arts & Sciences. She will be inducted on October 6. As one of the nation’s oldest learned societies and independent policy research centers, the academy convenes leaders from the academic, business, and government sectors to address critical challenges facing global society.

Fried Honored at Legacies Gala

Lifeforce in Later Years (LiLY) bestowed the Dr. Herbert Pardes Inspire Award to Linda Fried, MD, FGSA, at its annual Legacies Gala on May 7. Fried is dean of the Mailman School of Public Health at Columbia University and is known as a public health leader in the fields of epidemiology and geriatrics. LiLY is an agency founded in response to the growing eldercare crisis in the U.S. It aims to enhance the well being of older community members through free-of-charge services with a corps of dedicated volunteers; bring community partners together; expand its model nationally; and raise awareness to improve eldercare.

GSACoWith Corner

• Lucas Asher: Does anyone know about aging fellowships for professionals without a graduate degree? I am very interested to learn what is out there for professionals like myself who have experience in the field but am not enrolled in a graduate program.

• Gretchen Alkema, PhD, FGSA: Regardless of what the process is called, regulation is vital because laws should only serve as the overarching framework for social policy. Regulation is needed to make that framework workable in various contexts, settings, and among various populations. A good example of this scenario is what we will see later this year from the CHRONIC Care Act section of the Bipartisan Budget Act of 2018. … I hope all of the GSA community follows this regulatory process closely and weighs in on how to best transform Medicare so that it best meets the overall health needs of beneficiaries with complex care needs.
Time Is Running Out on This Congress

Big Picture

We have entered the fourth quarter of the 115th Congress, or if you are an ALL CAPS fan, it’s the third period. Frankly, as this Congress attempts to finish its work and get reelected, my head is spinning with the daily tweets and “crises,” partisan wrangling, intra-party chaos, lies, and incivility … not to mention North Korea, Russia, the special counsel, trade wars, regulation roll-backs, and more. It is a wonder that anything gets done, but it does, and it seemed like a good month to devote the column to where we are and where we may be heading legislatively.

Senate Majority Leader Mitch McConnell (R-KY) has cancelled most of the chamber’s normal August recess to give lawmakers more time to consider President Trump’s judicial and executive branch nominees, even more reason now with the announced retirement of Supreme Court Justice Anthony Kennedy. This will give vulnerable Democrats less time to campaign and raise funds. Senate Democrats have 26 incumbents seeking re-elections this year (10 in states President Trump won in 2016). House Speaker Paul Ryan (R-WI) has not announced any changes to the House calendar, which is scheduled to adjourn July 26 and return after Labor Day.

FY 2019 Budget

The President sent his full budget to Congress in February and it has also been largely ignored. The House recently released its FY 2019 budget bill designed to rein in mandatory spending. Congress has already set its budget caps for FY 2019 and has been moving forward on appropriations bills without a budget. According to the progressive Center on Budget and Policy Priorities, “The committee’s materials show that the budget would make nearly $6 trillion in cuts over ten years to entitlements and non-defense discretionary programs, including $2.1 trillion in health care alone, including cuts to Medicaid, ACA premium tax credits, and Medicare.” The Budget Committee passed the bill along party lines on June 22. The full House may never consider the bill and the Senate would certainly not aproove it, as it is drafting its own partisan measure. Passage of a budget resolution by both the House and Senate enables the majority to write a budget reconciliation bill, which can pass in the Senate with a simple majority (like the one used to try to repeal the ACA and cut taxes). For details of the House budget, search the web for “Budget for a Brighter American Future” or go to the House Budget Committee website.

Appropriations

The House and Senate have pledged to move their respective twelve appropriations bills forward under regular order and so far, so good. You may recall that President Trump vowed never to sign another bill like the giant omnibus appropriations package for FY 2018. So, Congress is passing the bills out of committee and packaging them in small bundles (minibus) for floor consideration. It is possible that the Labor, Health and Human Services, Education, and Related Agencies appropriations bill could be packaged with the Defense spending bill in order to bring “unlikely friends” together in support of a bill.

The Senate Appropriations Committee reported its $179.3 billion fiscal 2019 Labor, Health and Human Services, and Education spending bill to the full Senate with a vote of 30 to 1. During the committee mark-up on June 28, Chairman Richard Shelby (R-AL) noted that it has been since 1989 that the committee has successfully passed all its appropriations bills in a timely and bipartisan manner. He also spoke of the value of the open amendment process and rejection of all poison pill amendments on policy matters that bog down the process.

Senator Roy Blunt (R-MO), who chairs the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, mentioned the increase in Alzheimer’s disease research and the overall increase to the National Institutes of Health (NIH) by $2 billion as his first two points on the bill. Committee member Senator Susan Collins (R-ME), who also chairs the Special Committee on Aging, said about the increase in NIH funding, “It’s difficult to think of another investment that we make that has more of a direct impact on American families than biomedical research. This is going to make a real difference.”

NIH funding would go up to $39.1 billion in FY 2019. The most substantial increase would be for Alzheimer’s research, getting $2.3 billion overall, a $425 million increase. The Geriatrics Workforce Education Program would receive the same $40.737 as FY 2018, which is what the House provided in its draft bill also. The Low Income Home Energy Assistance Program (LIHEAP) got $50 million more in the Senate, and most programs under the Older Americans Act (OAA) and the Social Services Block Grant (SSBG) Program were level funded; the Community Services Block Grant Program received $10 million more for opioid-related efforts. Senator Tammy Baldwin (D-WI) spoke in support of one of her priorities, implementation of the RAISE Family Caregivers Act, which was included in the bill at $300,000.

On the House side, the Labor, Health and Human Services, Education, and Related Agencies Subcommittee has twice postponed consideration of this more partisan bill, which is $2.2 billion less (at $177.1 billion) than the Senate’s bill of $179.3 billion. The House does increase NIH by $1.250 billion, including an increase of $401 million for Alzheimer’s disease research. The bill provides $6.5 billion for Health Resources Services Administration, which is $196 million below the FY 2018 omnibus level. The OAA programs are generally level funded, as are the State Health Insurance Assistance Program, LIHEAP, SSBG, Elder Falls Prevention, Senior Corps, and elder justice programs. Title VI of
the OAA did receive a $3 million increase for services for older Indians and a $1 million increase for Native American caregiver supports. One can view the appropriations bills and related documents on the House and Senate Committee websites.

New Laws

Congress has been able to check off a few items from its “to do” list. Lots of post offices have been named this year, and two of my favorite new laws are the Eliminating Government-funded Oil-painting Act and the Ceiling Fan Energy Conservation Harmonization Act. But seriously, a number of veterans’ bills have passed and become law, including the bipartisan VA Mission Act of 2018 (Public Law No: 115-182), a reform bill designed to expand access for veterans to VA-funded care in the private sector. Congress recently sent to the president for signature the Supporting Grandparents Raising Grandchildren Act. The bill creates a federal advisory council that will be a resource for grandparents. Also, recently signed into law is the Strengthening Protections for Social Security Beneficiaries Act of 2018 (Public Law No: 115-165) which among other things requires the Social Security Administration to support reviews of representative payees. And in May, the Senate passed National Senior Fraud Awareness Day.

ACA Repeal Efforts Continue

An effort to repeal the Affordable Care Act (ACA) through a lawsuit led by 20 states has been given support by the Department of Justice (DOJ). The DOJ has agreed with the lawsuit that argues that now that the individual mandate has been repealed (as part of the tax reform law, H.R. 1), the rest of Obamacare should be declared invalid, especially the protections for pre-existing conditions. Republican lawmakers are scrambling to distance themselves from the administration’s position while McConnell says categorically, “Everybody I know in the Senate — everybody — is in favor of maintaining coverage for preexisting conditions.”

Using regulatory reform to weaken the ACA, the administration recently released final rules governing association health plans (AHPs). AHPs are created when small businesses and the self-employed band together to purchase health insurance which is often quite expensive for these groups. The new rule will allow AHPs to be regulated in the same way as large employer plans are, such that AHPs will be allowed to base an employer’s rates on the gender, age and industry of its workers and offer less coverage, such as maternity benefits. The result could mean firms employing women of child-bearing age, older workers, and workers with health risks will be forced to pay higher premiums. Another consequence will be to make premiums more expensive for those remaining in the Obamacare exchanges.

According to a Kaiser Family Foundation tracking poll, a majority of all respondents — 85 percent of Democrats, 70 percent of independents and 58 percent of Republicans — said it is “very important” that health insurance companies cannot charge sick people more.

Long-Term Care Legislation is Back

Representative Frank Pallone (D-NJ), the ranking minority Member of the House Energy and Commerce Committee, has issued a draft of proposed legislation called The Medicare Long-Term Care Services and Supports Act of 2018. It would establish a public benefit within Medicare, designed for everyone regardless of income or where they live, to provide long-term care services and supports. Currently, Medicare covers primarily acute care with very little coverage for conditions requiring on-going assistance with activities of daily living or instrumental activities of daily living. Individuals are forced to spend-down their income and assets until they become eligible for Medicaid, the only source of financial assistance for long-term health care needs.

Social Security

By the way, Senator Bernie Sanders (I-VT) and Representative John Larson (D-CT) on June 27 introduced another bill that is going nowhere fast: a bill to address the long wait times for Social Security disability appeals decisions, which are now more than 600 days. The bill would provide the Social Security Administration the funds necessary to restore timely service to beneficiaries.

Eldercare Workforce/Conclusion

Hopefully, there will be many more positive accomplishments for older adults this Congress. The Geriatrics Workforce Education Program (GWEP) and Geriatric Academic Career Award (GACA) reauthorization needs to be completed. But there was positive movement on the House Energy and Commerce Subcommittee on Health on June 27, when they passed the GWEP/GACA reauthorization as part of H.R. 3728, Educating Medical Professionals and Optimizing Workforce Efficiency Readiness (EMPOWER) Act of 2017. They also passed H.R. 959, Title VIII Nursing Workforce Reauthorization Act of 2017, and H.R. 1676, Palliative Care and Hospice Education and Training Act.

The Senate version of the GWEP/GACA reauthorization is S. 2888, sponsored by Senators Collins and Bob Senator Casey (D-PA). Many advocates are working to reauthorize Money Follows the Person and to move S.2076, the BOLD Infrastructure for Aging, and several Hill offices and committees continue to plan for the OAA reauthorization next year. GSA has a symposium planned on the OAA for our public policy series at the Annual Scientific Meeting, as well. There is certainly a lot more to write about as we enter this final leg (for you racing fans) of the 115th Congress, but there always more whether one labels a Congress “do-nothing” or “activist.” That leaves me something to write about next month and beyond.
Continued from page 1 – Fellowships Offer Reporters Valuable Insight as America Ages

The centerpiece of the program will be the fellows' participation in GSA's Annual Scientific Meeting, which in 2018 will take place from November 14 to 18 in Boston, Massachusetts — with the theme of “The Purposes of Longer Lives.” The fellowship requires reporters to deliver a story from the conference and a major piece or series in the following months.

On arriving in Boston, the fellows will participate in a daylong workshop before the GSA meeting begins. This session will showcase research highlights from the meeting and host discussions with veteran journalists on how to position aging stories in the current media environment.

All applications for the fellowship program will be reviewed by a selection committee of gerontologists and editorial professionals. The criteria will include clarity and originality of proposed in-depth story projects; quality of samples of published or produced work; and high-impact potential of proposals geographically and across different ethnic or racial populations.

Several previous fellows also will be eligible for support to attend the GSA meeting to cover the newest developments in the field of aging. A continuously updated list of stories from the fellows is available at www.geron.org/journalistfellows.

Report Finds Shortcomings in Federal Medicare Shopping Tool

Older Americans are told they can rely on the Medicare Plan Finder (MPF) tool to compare and choose the plan that best meets their needs. However, a new report co-authored by the National Council on Aging (NCOA) and the Clear Choices Campaign finds that the MPF tool may not be delivering on that promise. The report, “Modernizing Medicare Plan Finder: Evaluating and Improving Medicare's Online Comparison Shopping Experience,” is the result of the first-ever independent stakeholder assessment of MPF conducted by the Clear Choices Campaign, a health care cost transparency initiative of the Council for Affordable Health Coverage, and the nonprofit NCOA. Along with the scorecard, the report highlights the evaluation findings and provides specific recommendations to improve MPF. While the report acknowledges MPF's “wealth of unbiased information,” it also concludes “the status quo is not acceptable, and that a re-tooling of MPF's plan comparison features and enrollment functions is essential.” To that end, the report offers 11 key recommendations to improve MPF:

- displaying costs with decision and prominence;
- basing estimated out-of-pocket costs on more detailed information;
- integrating a provider directory;
- utilizing saved information about consumers' drugs;
- allowing consumers to compare Medicare Advantage plans with an equivalent combination of fee-for-service, Medigap, and standalone drug plans;
- redesigning the layout and display to enhance usability and promote intuitive navigation;
- replacing insurance jargon with graphics, charts, and plain language;
- integrating a web chat feature;
- enabling the website to suggest plan options;
- contracting to ensure more stringent oversight of MPF's accuracy; and
- testing the site with consumers on a regular basis

“Medicare is a great program but it can be confusing for beneficiaries to navigate. While the Plan Finder has worked reasonably well over the years, this report highlights the need and some of the means to modernize this tool so it can better serve beneficiaries going forward,” said Jack Hoadley, PhD, a research professor emeritus at Georgetown University's Health Policy Institute. To read the full “Modernizing Medicare Plan Finder” report, visit bit.ly/2rWVvXG.

Boomers May not Be Aware of New Theater Amenities

Baby boomers remain a significant part of the movie-going audience — with over 70 percent of this demographic segment going to the movie theater and experiencing its amenities. However, there are significant gaps in boomers' awareness of new theater offerings/attractions and premium experiences, according to a new study released by AARP, “What Boomers Want: Insights into Cinema Experience Preferences and Behaviors.”

This report examines the specific preferences of movie-goers in an effort to reveal what boomers want from their movie-going experience as well as reasons why they may not choose to go to theaters more frequently. Despite theater chains having made significant upgrades (such as premium seating, large screen format presentations, reserved ticketing and restaurant food options), boomers are not currently taking full advantage of these offerings. “From our survey we know boomers are continuing to go to the movies frequently, but have not embraced all the efforts of the movie theaters to enhance the overall experience,” said Heather Nawrocki, director of editorial promotions and the Movies for Grownups Initiative at AARP.

While the study shows low engagement with many premium options, those boom movie-goers that did try the amenities overwhelmingly “loved” or “liked” them. The majority of boomers who go to the movies (77 percent) prefer to buy their tickets at the theater. Additionally, only 28 percent are aware of reserved seating. The report can be downloaded at www.aarp.org/movietrends.
Adaptive Gerontological Exposure Syndrome (AGES): A Case Study

By Christina Pierpaoli Parker, MA

An ophthalmologist, my husband Jack underwent years of medical training. When he reflects on this time – particularly the earliest parts of it – he like many of his ilk admits to at least a fleeting period of preoccupation with getting or having the symptoms of the diseases he studied.

I’ve always wondered, when regaled with his harrowing clinical tales, if such an analog to medical student syndrome exists and what it might look like for my colleagues and I studying gerontology. The closest I suspect I’ve gotten happened once while administering a cognitive status exam, questioning anxiously if I had a touch of impairment when I couldn’t easily recall the five objects I had just read aloud. Does that count? You decide.

In any case, questioning the existence of such an analog presupposes aging as a disease, which to the dismay of Aubrey de Grey, has little support. (Self-deprecating) jokes aside, if it does exist, perhaps it assumes the form of something like an equal and opposite force to medical student syndrome – a gerontological exposure syndrome (AGES) – whereby gero disciples like me self-consciously experience ourselves as aging beings, behave, and profit accordingly.

At 26, I’m definitely symptomatic. When people ask why I study aging, I proffer up a catalogue of reasons that always includes how gerontology enhances my own aging process. To combat the flummoxed glances that such a reply gets, I typically volley back the following four reasons:

- **Studying aging may confer unique protective benefits.** Increasing evidence suggests that, through a series of behaviorally mediated processes, negative age stereotypes harbored across the life course can predict a wide range of health outcomes including cardiovascular disease, tobacco use, and depression. Recent findings even reveal that adults with more negative age stereotypes earlier in life evinced more Alzheimer’s disease biomarkers later, including steeper hippocampal density loss as well as significantly greater accumulation of tangles and amyloid plaques. If Allport’s (1954) contact hypothesis stands — that under appropriate conditions, interpersonal contact can deconstruct negative stereotypes assigned to outgroups — then studying aging itself can interrupt and correct internalized stereotypes implicated in undesirable health outcomes.

- **‘Health interest’ compounds.** Gerontologists consume, generate, and apply hot-off-the-press, evidence-based research to understand and promote successful aging — but the routes to reducing disability, increasing functioning, and enhancing life engagement generalize to the entire human lifespan. We know what predicts longevity and how to apply it and the earlier we start applying, the better. Securing seven to nine hours of sleep, for example, will clear out beta amyloid plaque at ages 18, 80 or 108. Volunteering confers physical and psychological benefits at any age. And cardiovascular exercise will densify the hippocampus no matter how gray the stuff between your ears. The functional health literacy internalized from practicing evidence-based gerontology compounds like interest, accumulating over time to yield higher returns later in the life course.

- **Older adults provide stories and maps.** Stories and maps provide guidance. Healthy or otherwise, lifespans tell stories and gerontologists interpret them. Stories have value because they yield the benefits of experience without the high costs of its lessons. In this way, gerontology represents an extended exercise in social learning, providing interested students of life a comprehensive, longitudinal dataset of tried-and-true variables tied to longevity. Gerontologists get privileged, real-time insight into what “works” and what doesn’t, what to approach and to avoid, permitting the “trying on” in our mind’s eye of different things in which to outfit our lives through the protective, warm embrace of wisdom. With enough attention and conscientiousness, those stories can morph into maps that help to orient observers toward healthy, long, and engaged golden years.

- **You learn how not to sweat the small stuff.** As their time horizons shrink, older adults tend to selectively and systemically hone their social experiences to meet shifting emotional needs. These motivational shifts produce a contagious don’t-sweat-the-small-stuff-ness that, under lucky conditions, can prematurely seep into other developmental epochs. Appropriate seepage can buffer the untamed cascades of cortisol flowing from pesky peer reviewers, professional pressures, traffic, and the general existential dread accompanying a Type A-personality-plagued adulthood. For me, all of it sort of assumed laughable smallness after really grappling with the big metaphysical stuff built into gerontological work like life, death, meaning, love, and loss. Now better than ever before, I can ask myself compassionately: “Will this matter when I’m 60? 70? 80?” and can almost always answer “no” honestly. Reducing my cortisol level alone has probably added another five years to my life.

Someone once said we study our pathologies. While I respectfully disagree, I hope whoever said it at least aged well. And talk to your doctor today about AGES.
Earn a Master’s degree from the USC Leonard Davis School of Gerontology

The USC Leonard Davis School of Gerontology is the oldest institution dedicated to aging research in the nation. We offer the most comprehensive selection of gerontology degree programs found anywhere, and we are a pioneer in distance learning education. Our mission is to increase the quality of life for all older adults via research, service and education.

All of our Masters’ programs are available in their entirety to distance learning students online and to those who are able to attend classes on campus. We also award $500,000 to students in scholarships annually.

**Master of Science in Gerontology**

The Master of Science in Gerontology, our flagship and most popular graduate program, positions graduates to pursue their passion for policy and research while studying the mechanics and mysteries of longevity, aging and population health. Additionally, this program offers an internship as well as research methods and grant writing in

**Master of Arts in Gerontology**

The Master of Arts in Gerontology is geared toward busy professionals who already have five or more years of experience in the field of aging, but were educated in other areas. The MAG program will supplement their education so graduates can better accommodate the special needs of older adults.

**Master of Aging Services Management**

The Master of Aging Services Management provides the opportunity for current and future aging services managers to acquire the knowledge and skills needed to respond to a rapidly growing population of older people. Students will be prepared to utilize their skills and respond effectively to changes in the economic, legal and regulatory environments in which they are employed.

**Master of Long Term Care Administration**

The Master of Long Term Care Administration program is the perfect solution for the working professionals who have not had formal education in aging. The curriculum blends an exploration of the social, psychological and biological aspects of aging with training in the administration and management of long term care organizations.

**Graduate Certificate in Gerontology**

The Graduate Certificate in Gerontology provides an opportunity to obtain a greater understanding of gerontology theory and research. The program consists of 16 units of study in gerontology designed to offer a broad range of knowledge, which relate to professional practice.

*The priority application deadline for the Fall 2018 term is March 15, 2018. We will continue to review applications on a rolling basis after this deadline until classes start in August.*

For inquiries email Lisa Huynh - lisahuyn@usc.edu or call (213) 740-5426

For more info visit us @ gero.usc.edu
UAB’s Shock Center Undertaking New Pilot/Feasibility Project Awards

The University of Alabama at Birmingham (UAB) Nathan Shock Center of Excellence in the Basic Biology of Aging has announced the availability of pilot/feasibility project awards for investigators with a research focus on aging, with the goal of developing applications to the National Institutes of Health in comparative biology and/or energetics of aging. The projects must utilize one or more of the three research cores of the UAB Shock Center, which can be found at www.uab.edu/shockcenter/cores. Budgets — generally less than $10,000, although larger budgets are considered if fully justified — are developed in consultation with core leaders and/or co-leaders. Awards are for one year. Applications from institutions outside of the UAB are particularly encouraged. For additional details, visit www.uab.edu/shockcenter/funding. The next deadline is October 1.

NIA Grants Will Support Research on Deprescribing

A new funding opportunity announcement from the National Institute on Aging (NIA) is intended to support a collaborative network to advance scientific research into techniques and outcomes of deprescribing medications for prevention and treatment of older adults with multiple chronic conditions. This network should address the scientific, safety, ethical, and logistical challenges of deprescribing trials and may incorporate focused attention to other relevant and well-justified topics, such as the risks and benefits of target medications, or alternative approaches that may substitute for the deprescribed drugs. Deprescribing, the cessation of long-term therapy under clinician supervision, is a fundamental technique of geriatric practice and palliative medicine to address inappropriate medication use and/or polypharmacy common among older adults with multimorbidity. Important research gaps remain whose resolution may improve approaches to deprescribing and may improve health outcomes by optimizing the goal-directed care of older adults with multiple chronic conditions. This funding opportunity announcement will support the establishment and initial operations of a network over the up to five-year grant period including development of collaborations, resources, and infrastructure. Letters of intent are due September 18. Further details can be reviewed at bit.ly/2s1KdFH.

NIH Aims to Advance Science of Palliative Care in Geriatric Populations

Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement that encourages exploratory or developmental research grant applications to develop new tools, methods, and models focused on palliative care in geriatric populations. The announcement covers studies in a variety of settings including hospitals (and specific sites within hospitals including specialty medical or surgical wards, intensive care units, and emergency departments), post-acute care settings, outpatient clinics and doctors’ offices, patients’ homes and other residential settings, assisted living facilities, nursing homes, hospices, and other healthcare or community settings. The NIH encourages both prospective studies and analyses of existing datasets, health and medical records, claims data, or other sources. Leveraging ongoing cohorts, intervention studies, networks, data and specimen repositories, and other existing research resources and infrastructure are encouraged. Study designs may include observational approaches, quasi-experimental designs, and limited interventional studies where feasible for this R21 mechanism. Standard due dates apply until expiration in May 2020. Full details can be located at bit.ly/2DX504D. A similar funding opportunity for geriatric palliative care is available at bit.ly/2nvqfls.

Continued from page 1 — Report Gives Guidance on Safe Use of OTC Analgesics

The publication focuses on an analysis of safety risks associated with OTC analgesics, including cardiovascular risks, gastrointestinal risks, and renal risks. Information from national and international treatment guidelines for the use of OTC analgesics in older adults, and details regarding recent labeling changes for OTC analgesics, is provided.

Key messages from the Food and Drug Administration’s Safe Use Initiative, which has addressed several issues relating to the use of acetaminophen and NSAIDs, are also shared. Additionally, the issue provides guidance to clinicians regarding how to educate older adults to use OTC analgesics appropriately and safely.

GSA launched its From Policy to Practice series to promote the translation of policy into meaningful health outcomes. The new issue, titled “An Interdisciplinary Look at Labeling Changes to OTC Analgesics and the Implications for Patient Care,” was supported by an educational grant from Johnson & Johnson Consumer Inc. A PDF of the report will be available on GSA’s website at www.geron.org/frompolicytopractice by the end of July; a hard copy also will be mailed to all U.S.-based members.

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Study Examines How Stereotypes Affect Memory in Chinese Immigrants

Until recently, all of the testing on the ways stereotype threat can affect memory in older people had been done on adults in Western cultures. (Stereotype threat is the fear that you will confirm to yourself or others that a negative stereotype about a group you belong to is true.) But San Francisco State University Professor of Psychology Sarah Barber and graduate student Shyuan Ching Tan have just published the first such study of older Chinese immigrants from East Asia in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences. They found that stereotype threat affects memory performance in older Chinese people, too — but that culturally appropriate interventions can lessen the threat. In the study, which was funded by the National Institute on Aging, participants completed a memory test under one of three conditions. Perhaps unsurprisingly, participants performed better when no stereotype was present or when the stereotype threat was alleviated with the intervention language. The findings are important, said Barber and Tan, not only because this is the first study to show that stereotype threats affect older Asian people, too, but also because they show that tests done without stereotype threats offer a more accurate assessment of cognitive skills. “When older adults are in situations where others expect them not to do well, they can feel concerned and anxious,” said Tan. “Stereotype threats can result in them forgetting more than they would have otherwise.” Barber and Tan say the study’s findings are particularly timely because age-based stereotype threat could be considered a public health problem in Asia where the population is aging rapidly. If cognitive tests are better designed to eliminate stereotype threats, said Barber, health care professionals can ensure that older adults are performing to the best of their abilities. Read the full article at https://doi.org/10.1093/geronb/gby049.
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