New Data Offering Quantifies Impact of Journal Articles

Who’s talking about your research? And what are they saying? A new online feature on GSA’s journal pages known as altmetrics provides answers to these questions.

The data available through altmetrics (the name is an abbreviation of “alternative metrics”) allows users to see the attention journal articles are receiving from non-traditional sources, including mainstream and social media, published policy documents, online reference managers, and post-publication peer-review forums.

“Altmetrics are an exciting new way to show the impact and reach of scholars’ work beyond the confines of academic journals, said Deborah Carr, PhD, editor of The Journal of Gerontology: Social Sciences. “Many scholars want their work to reach the general public — the media, those caring for older adults, or older adults themselves who want to learn more about their lives.”

Altmetric LLP, which provides the data, collects article level metrics and the online conversations around research papers by tracking a selection of online indicators (both scholarly and non-scholarly) to give a

AGHE Joins Age-Friendly University Initiative

GSA’s educational unit, the Association for Gerontology in Higher Education (AGHE), has announced its endorsement of the 10 principles of the Age-Friendly University Initiative, which is an international effort intended to highlight the role higher education can play in responding to the challenges and opportunities associated with an aging population.

The principles provide a valuable guiding framework for distinguishing and evaluating age-friendly programs and policies, as well as identifying institutional gaps and opportunities for growth.

“With the endorsement of the 10 principles of Age-Friendly Universities, AGHE encourages all universities and community colleges to build the vision of age-friendly campuses into their strategic plans,” said AGHE President Nina M. Silverstein, PhD.

Read the 10 principles on page 8.
From the GSA President

The I’s Have It as GSA Plans for the Future

By Nancy Morrow-Howell, PhD

I have learned a lot about GSA in the last two years as president-elect and now president of our organization. The Society is deeper and wider than I knew, even after 25 years of being a member. Of course, I had attended numerous conferences, served on different committees, and published in and taught from its publications; but having regular contact with the organization as president has been eye-opening — in a good way. To overview some of the things I have come to appreciate about GSA, I use the four I’s that are motivating my university and many organizations these days: interdisciplinary, innovation, implementation, and international.

First, there is a constant drive toward interdisciplinary. As research and education rely more on interdisciplinary and inter-professional teams, GSA supports members to cut across professional silos. Innovations in Aging, the new open-access online journal that will launch later this year, has a particular emphasis on interdisciplinary research that incorporates innovative perspectives, models, and methods. The growing attention that GSA is paying to its interest groups reflects the drive to organize members around substantive issues, not around disciplines. Also, we are experimenting with a new interdisciplinary submission track for Annual Scientific Meeting abstracts.

Second, innovation is expressed in many ways at GSA. At the GSA meeting, abstracts around technology and clinical interventions are being scheduled in daylong tracks and offered to practitioners, policy makers, and other professionals who may not be regulars at our conference. Through GSA Connect, we provide a new forum to allow members to network more efficiently and improve committee functioning. The Corporate Advisory Panel continues to grow; one of its newest participants, Mars Petcare, is taking advantage of our membership’s expertise by organizing a workshop on human-­animal interactions among older adults in order to understand knowledge needs on this topic and explore ways to support this emerging research agenda.

Next, GSA is finding new ways to further the impact of our research by increasing attention to implementation — to moving knowledge into practice. The John A. Hartford Foundation Change AGEnts Initiative, headquartered at GSA, is dedicated to bringing scholars, practitioners, and policymakers together to effect changes in our service delivery systems. Through our From Publication to Practice and From Policy to Practice series, we have several publications that seek to accelerate the translation of knowledge to practice and policy. I am excited that GSA plans to grow the influence of the National Academy on an Aging Society (GSA’s nonpartisan public policy institute) and strengthen our position as a source of knowledge for policymakers at all levels.

Finally, the energy GSA is putting toward international might be the strongest at the moment — due to the fact that GSA is hosting the World Congress of Gerontology and Geriatrics in July 2017. GSA staff members are working hard to ensure the success of this large international meeting, which will not occur in the U.S. again for another 32 years! As president, I have had the opportunity to represent GSA in Beijing, Suzhou, and Taipei. To date, we have 829 international members representing 44 countries, and GSA continues to reach out to colleagues across the globe.

As you can see, our 70-year-old organization continues to find ways to reinvent and reinvigorate what we do and how we do it. We are truly moving in the right direction — toward interdisciplinary, innovation, implementation and international. I am glad to be a part of it and I hope you are too.
In Memoriam

GSA Fellow Lynne Morishita, RN, MSN, a geriatric nurse practitioner, passed away at age 64 on April 2. She began her career as the first nurse practitioner at On Lok, where she introduced and defined the role from 1978 to 1981. On Lok eventually became the model for the national Program of All-inclusive Care for the Elderly (PACE) that now operates in 33 states. After a year in Thailand serving in a Cambodian refugee hospital for the International Rescue Committee, she moved to UCLA as a geriatric nurse practitioner and assistant clinical professor in the School of Nursing from 1983 to 1992. At Century City Hospital, she developed an innovative comprehensive geriatric healthcare program which included a geriatric day hospital, and the model gained national recognition. From 1993 to 1997, she served as an instructor in the Department of Family Practice and Community Health at the University of Minnesota, where she coordinated the evaluation of the PACE model and coordinated a study of health and cost outcomes of outpatient geriatric evaluation and management provided by an interdisciplinary team. From 1998 on, she served as an independent consultant on a variety of projects designed to improve care for vulnerable elders.

New Books by Members


Members in the News

• The Wall Street Journal interviewed GSA Fellow Donna Wagner, PhD, for an article published on March 8. The piece, titled “A Son Cares for His Aging Mother,” profiled personal stories illustrating the increase of sons in the family caregiving arena.

• CNN.com quoted GSA Fellow Kathrin Boerner, PhD, for an article published on January 25. The piece, titled “Living to 100: The Centenarian Tide is on the Rise,” looked at the benefits and potential economic strains of the growing population of the oldest old.

• GSA Fellow Stephen Golant, PhD, was featured in a U.S. News & World Report article on March 30. Titled “Aging Parents at a Distance Who Aren’t Really ‘Just Fine,’” the article discussed aging in place and home healthcare workers for older adults.

Colleague Connection

This month’s $25 amazon.com gift certificate winner:
I-Fen Lin, PhD
The recipient, who became eligible after referring new member Anna Hammersmith, MA, 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:
Marc Aaron Guest, BA, MPH, MSW
Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

GSA Co-Hosts Geroscience Summit

In April, GSA, along with the American Federation of Aging Research, the Trans-NIH GeroScience Interest Group, and The New York Academy of Sciences, co-hosted the Disease Drivers of Aging: 2016 Advances in Geroscience Summit. Several GSA members spoke at the event, including Nir Barzilai, MD, Caroline Blaum, MD, MS, former GSA President Harvey Jay Cohen, MD, GSA Fellow Jeffrey Halter, MD, Corinne Leach, PhD, MPH, and Marissa Schafer, PhD. Organizers from GSA and its membership included GSA Executive Director and CEO James Appleby, BSPharm, MPH, GSA Fellow Steven Austad, PhD, Former GSA President Rita Effros, PhD, GSA Senior Director of Innovation Judie Lieu, and GSA Fellow Felipe Sierra, PhD. The event convened basic, translational, and clinical researchers from academic institutions, pharmaceutical companies, government agencies, and non-profit organizations, who work in the disparate fields of HIV/AIDS, oncology, diabetes, and aging research in an effort to better understand the complex relationship between chronic diseases and age-associated decline.

GSACoConnect Corner

Below are highlights from recent discussions on the GSACoConnect online networking platform. Join the conversation at connect.geron.org! Here’s what members are talking about:

• Dawna Mughal, PhD: “I would like to form a special emphasis group to ensure that the “agenda” or “cause” of individuals with IDD [Intellectual Disabilities and Dementia], their families and other caregivers is included in the summit. This group needs more champions.”

• Rita Effros, PhD: “For example, one of these lectures [at April’s Disease Drivers of Aging: 2016 Advances in Geroscience Summit] addressed psychological stress effects on telomeres, mitochondria, and other facets of aging, underscoring the importance of mental status on physical health over the lifespan. The evolutionary biology facets of aging, and advantages of certain model organisms for testing potential healthspan-enhancing treatments was also highlighted.”
I recently sat down with my good friend and colleague Robert B. “Bob” Blancato, PhD, to get his thoughts about reaching that milestone, age 65. Bob is well-known to nearly everyone in the aging services network, as well as many gerontologists, including GSA members. His career has touched every aspect and setting of aging policy — from legislative, to nonprofit advocacy, to academic, to executive branch, to coalition building, and beyond. His perspective on where he has been and where he is going is a good gauge of the history and future of the aging services movement.

**Brian:** Just last month you turned 65. If that wasn’t enough of an accomplishment, you became the chair of the American Society on Aging (ASA) and you’re being inducted onto the board of AARP this month. How’s that feel, these leadership roles and these milestones in your career and in your life?

**Bob:** Well, at first turning 65 felt more symbolic than anything else, until I received my Medicare card. That sort of told me that I hit a milestone that had significance beyond just a year, but also in terms of my next chapter and how it ties to the work that I have done to support programs for older adults. With regard to these leadership jobs, somebody must have sent out a signal: okay Blancato is 65 — let’s give him some more things to do! I am honored by both opportunities. ASA provides me the opportunity to do some shaping of the direction of the future of an important group. For example, I hope at the end of the two-year term, we will build stronger relationships with other national aging associations, including GSA. I think it’s in the best interest for all aging groups to look for the common ground to work together. I think that probably comes in the policy space and the advocacy space — working more with you on those areas would be rewarding. We need to remember that not all older people that we may be representing are faring as well in this environment as they should and there’s a certain responsibility that these national associations keep this in mind. So it’s my hope to focus more on sharpening the advocacy edge of a group like ASA going forward, but working collaboratively toward solutions.

**Brian:** As a leader in aging advocacy, let me ask you about the void that has been felt since you and I worked with leaders like Claude Pepper and Senator John Heinz. Do you think we’re turning a corner on that or are we still struggling to find the leadership we need?

**Bob:** I think we’re struggling. I point to this campaign for president. Even though there are candidates like Senator Sanders and particularly Secretary Clinton who have solid track records on behalf of issues for older people, aging issues have not emerged as strongly as we would like. When you consider that the older voter becomes more pivotal, not less: consider that older adults made up 16 percent of the voter population in 2012 to 23 percent in 2016. They’ve voted Republican in the last three elections for two basic reasons: the Affordable Care Act (ACA) was successfully — and erroneously — portrayed as impacting Medicare negatively, and second, Obama was at the head of the ticket. Well the ACA is less toxic now because people are beginning to see its benefits, in terms of reforming Medicare, such as savings for older people with prescription drugs. So if you take those two pieces out, it would mean theoretically that the older vote is back in play and if the Democrats can capture 5 to 10 percent more of the senior vote than they have had in the recent past, that may be the deciding factor in the election. On the other side, if the Republicans hang onto their margin they have a better chance of winning. It’s worth noting that Donald Trump has spoken about preserving Social Security and not tampering with it — it has been reported that he also called it a Ponzi scheme — and essentially preserving Medicare. Time will tell if that holds up. But to your original point, we still lack champions with the depth of Pepper and Heinz. I think, in part, once we lost the House Aging Committee in 1993, we lost the built-in forum that Pepper perfected as the advocacy voice for older people in Congress. I mean, both of us worked in that environment, we know their approach. It was: we’ve got a lot of issues to deal with, but what a lot of people forget is that every member who sat on that committee, even though it wasn’t a legislative committee, was on another legislative committee. So they could become the experts on aging in the Ways and Means Committee, in the Appropriations Committee, and others and it made such a huge difference. Because they could go in and be recognized as the authorities. Pepper gave them all the license to be effective. Senator Heinz did the same with the Senate Special Committee on Aging. We need that kind of inspiring leadership and I do believe that there are people who have the capacity to do it and we work with a lot of them.

**Brian:** Yes, you’ve had a long relationship with GSA, particularly at the Annual Scientific Meeting as a panelist, and of course, your famous last minute fill-in to give the keynote speech in New Orleans a couple of years ago. Do you have any specific notions of how ASA and GSA could work together?

**Bob:** Ah, yes, some fond memories. We can work together as researchers, educators, practitioners, and advocates to make the case...
The proper, full name is the Defeat Malnutrition Today coalition (www.defeatmalnutrition.today). It began about seven months ago and already more than 40 groups are in it. We are proud to work especially closely with GSA and at last year’s annual meeting, we featured an important new study on malnutrition and older adults which helped to launch the coalition. The simple issue is we are not focusing enough on malnutrition and older adults which has consequences in terms of health care costs.

Brian: Such as?

Bob: Estimates show that the annual burden of disease associated malnutrition in U.S. adults 65 and over is more than $51 billion. The thing here is that people need to understand what malnutrition is. You could be both obese and malnourished; it’s about the nutrients that go into your system. And a lot of what we’re trying to focus on is how do you build more screening and assessment into the healthcare system around malnutrition. Estimates show that 70 percent of persons 65 and over who are hospitalized are malnourished. We should be exploring their nutritional status when they come into the hospital and monitor it while they’re there and when they’re discharged. The care transition programs — they need to make sure nutrition is at the centerpiece because that could be critical to keeping someone from being readmitted to a hospital. So it’s critical that we build stronger malnutrition components especially screening into the healthcare system. Even medical records should have information about nutrition. So this coalition is only about 6 or 7 months old but we have more than 40 groups.

Brian: How does that link it up with the whole notion of using coalitions as advocacy tools?

Bob: Senator John Breaux may have made the best statement in the world that led to the creation of the Elder Justice Coalition (EJC), when he called one day and he said to me, “Bob I want you to know that we are serious about passing the Elder Justice Act (EJA), but we will need a dedicated coalition that’s equally committed to this bill. That may be the tipping point.” Coalitions give you strength in numbers. And I think their importance will continue. Sometimes you see odd bed fellows in coalitions ... for example, the EJC has the nursing home industry and the nursing home residents’ advocates. The trick there, with every coalition, is to establish where the common ground is that can bring people together, establish that there is a need to have something addressed and then recognize that there could be compromise along the way, but if you sort of stay true to the mission that set the coalition up, then it will do well.

Brian: The EJC is an example of a coalition that has successfully worked with the White House, and we recently saw the elder abuse prevention funding, including funds to improve the quality of guardianship become available as a result our work with the White House Conference on Aging.

Bob: You know, when all is said and done, the Obama Administration has done a positive job in the elder justice space. Its degree of involvement has been unprecedented by an administration; it goes back years to when it gave its support to the Elder Justice Act. The fact that the EJA ended up getting passed as part of the Affordable Care Act was the best thing that could happen and the worst thing that could happen all at the same time. It was the only vehicle available at the time to latch onto. But funding has been difficult in part because it was housed in the Affordable Care Act. It was a very partisan issue.

Brian: So what about the Older Americans Act (OAA)?

Bob: The OAA — why did it take so long? Its slow passage is probably indicative of the dysfunction of the past number of years in the Congress. This is a traditionally non-partisan, non-controversial, almost progressive piece of legislation that could routinely be adopted every few years, so I think dysfunction is certainly one reason. But another one we can lay on the laps of advocates, honestly. And that was because they didn’t create the buzz necessary to make the Old Americans Act a political imperative. But near the end, a combination of factors came into play, starting back when the Republicans took over the Senate. To his credit, Senator Alexander saw that it needed to be bi-partisan and took the groundwork by Senator Sanders and worked with Senator Murray to lead us forward with passage of S.192. The House was asleep for six or seven years, pretending the program did not even exist. But a well-orchestrated effort led by a couple of younger members of the House and pushed by a lot of advocacy groups made a huge difference. I think the other part of it is, when we moved into 2016 and you’re in a political year, why wouldn’t you take a piece of low hanging fruit that you know can be translated into helping older people and move it and then take the credit for it?

Brian: Okay and then maybe finally what’s your thought on GSA, the role they play, and the role they could play?

Bob: Well, as the health care landscape and even to some degree the research landscape continues to change and you see all kinds of new innovations and initiatives, GSA is in a unique situation to influence the direction of some of these policies and programs through the distinguished kinds of people in its membership and its leadership. I think that GSA may have been one of the first to recognize the importance of translational research and its impact on policy and many of its members have made important contributions through translational research applied to policy. So I think GSA needs to continue that role. I think that the work that you and others do through the Change AGEnts Initiative is enormously important because any field that is not looking toward its future by involving interprofessional and younger and different people in the space will fall short.

Brian: Thank you, Bob.
Distinguished Members Granted Fellow Status

GSA’s Executive Committee has approved the following individuals for fellow status within the Society. In addition to being honored at the Fellows and International Reception (Thursday, November 17, at 8 p.m.) at the Annual Scientific Meeting in New Orleans, Louisiana, they will be presented with fellow certificates and pins at their respective section business meetings and award presentations. Fellow status is peer recognition for outstanding contributions to the field of gerontology and represents the highest class of membership. This distinction comes at varying points in a person’s career and is given for diverse activities that include research, teaching, administration, public service, practice, and notable participation in the Society.

Behavioral and Social Sciences Section
Penny Brennan, PhD, University of California, San Francisco; Elisabeth O. Burgess, PhD, Georgia State University; Silvia S. Canetto, PhD, Colorado State University; Ishan C. Canty Williams, PhD, University of Virginia; Habib Chaudhury, PhD, Simon Fraser University; Feinan Chen, PhD, University of Maryland; Patricia K. Cianciolo, PhD, Northern Michigan University; Kelly E. Cichy, PhD, Kent State University; Verena R. Cimarolli, PhD, Jewish Home Lifecare; Sheila Cotten, PhD, Michigan State University; Jerri D. Edwards, PhD, University of South Florida; Denise Eldemire-Shearer, MD, PhD, The University of the West Indies; Erin E. Emery-Tiburcio, PhD, Rush University Medical Center; Elizabeth Braungart Fauth, MS, PhD, Utah State University; Melissa M. Franks, PhD, Purdue University; Christine A. Frerkauf, PhD, Colorado State University; Tara L. Grunewald, PhD, University of Southern California; Janna Heyman, PhD, Fordham University; Patricia C. Heym, PhD, University of Colorado Anschutz Medical Campus; William S. Kremen, PhD, University of California, San Diego; Denise M. Kressevic, PhD, Louis Stokes Cleveland VA Medical Center; Jordan P. Lewis, MSW, PhD, University of Washington; Corinna E. Loekenhoff, PhD, Cornell University; Yvonne Yueh-Feng Lu, PhD, Indiana University School of Nursing; Briana Mezuk, PhD, Virginia Commonwealth University; Lisa J. Mohar, PhD, University of Michigan; Daniel K. Mroczek, PhD, Northwestern University; Shevaun D. Neupert, PhD, North Carolina State University; Margareta J. Penning, PhD, University of Victoria; Elizabeth A. Perkins, PhD, University of South Florida; Jean-Marie Robine, PhD, Inserm; Wendy A. Rogers, PhD, Georgia Institute of Technology; Lesley A. Ross, PhD, The Pennsylvania State University; Kimberly A. Skarupski, PhD, Johns Hopkins Center on Aging & Health; Martin Slivinski, PhD, The Pennsylvania State University; Susan L. Stark, PhD, Washington University; Clemens Tesch-Romer, DrPH, German Centre of Gerontology (DZA); Elaine Wellington, PhD, Cornell University; Katherine Wild, PhD, Oregon Health & Science University; Susanne V. Wurm, PhD, Friedrich University of Erlangen-Nürnberg; Bo Xie, PhD, University of Texas at Austin; Dannii Y. Yeung, PhD, City University of Hong Kong; Anna Zajacova, PhD, University of Wyoming

Health Sciences Section
Heather G. Allore, PhD, Yale University; Melissa J. Benton, PhD, University of Colorado, Colorado Springs; Abraham A. Brody, PhD, RN, New York University Rory Meyers College of Nursing; Yu-Ping Chang, PhD, University of Buffalo; Manfred Gogol, MD, Lindenburg Hospital; Tracie Harrison, PhD, University of Texas; Barbara E. Harrison, PhD, West Chester University; Jeffrey M. Hausdorff, PhD, Tel Aviv Sourasky Medical Center; Keela A. Herr, PhD, The University of Iowa; Rita A. Jablonski-Jaudon, NP, PhD, RN, The University of Alabama at Birmingham; Meridean L. Maas, PhD, The University of Iowa; Anthony P. Marsh, PhD, Wake Forest University; Todd B. Monroe, PhD, Vanderbilt University School of Nursing; Charles P. Mouton, MD, MS, Meharry Medical College; Eun-Shim Nahm, BSN, PhD, University of Maryland School of Nursing; Barbara J. Nicklas, PhD, Wake Forest University; Matthew J. Peterson, PhD, Wright State University; W. Jack J. Rejeski, PhD, Wake Forest University; Mary E. Tinetti, MD, Yale University; Panayiotis D. Tsitouras, MD, University of Oklahoma Health Sciences Center; Karin Wolf-Ostermann, MS, PhD, University of Bremen; Aleksandra Zecevic, PhD, University of Western Ontario

Social Research Policy and Practice Section
Kathleen Abrahamson, PhD, RN, Purdue University; Gretchen E. Alkema, PhD, The SCAN Foundation; Robert Applebaum, PhD, Miami University; Richard Browdie, MBA, Benjamin Rose Institute; Nancy L. Falk, MBA, PhD, RN, The George Washington University; John Feather, PhD, Grantmakers in Aging; Kelly G. Fitzgerald, MPA, MS, PhD, Western Kentucky University; Cindy A. Gruman, PhD, The Lewin Group; Linda K. Harootyan, MSW, Harootyan2; Cheryl A. Irmiter, PhD, Easter Seals, Inc.; Shanthi Johnson, PhD, University of Regina; Teri Kennedy, BS, LCSW, MSW, PhD, Arizona State University; David A. Lindeman, PhD, University of California, Berkeley; John N. Migliaccio, PhD, Maturity Mark Services; Mary E. Morrissey, PhD, Fordham University; Ruth D. Palombo, PhD, Tufts Health Plan Foundation; Bridget L. Penhale, MSW, University of East Anglia; Molly M. Perkins, PhD, Emory University at Wesley Woods; Susan C. Reinhard, PhD, AARP; Tony R. Sarmiento, BA, Senior Service America, Inc.; Noriko Tsukada, PhD, Nihon University; Robert Weech-Maldonado, PhD, University of Alabama; Elsie Yan, PhD, The University of Hong Kong

Biological Sciences Section
Ricki J. Colman, PhD, Wisconsin National Primate Center; Sean P. Curran, PhD, University of Southern California; Gustavo Duque, MD, PhD, University of Melbourne; Sean X. Leng, PhD, Johns Hopkins University School of Medicine; Daniel L. Smith, Jr., PhD, The University of Alabama at Birmingham; Zoltan Ungvari, MD, PhD, University of Oklahoma

To learn more about GSA fellowship, the nomination process, and see a listing of all fellows, visit www.geron.org/membership/fellows.
Finding the Right Fit in Your Dissertation

By Mary Whipple, BSN, RN, CCRP, and Danielle Jahn, PhD

For those of us pursuing doctorates in gerontology-related fields, one of the most critical milestones is the dissertation, yet the process of selecting a dissertation topic is often overlooked as an area of mentorship and guidance. So, how do you find the right dissertation project?

First and foremost, your dissertation has to be a project that you care about. This is likely your biggest and most independent research project to date, and you will spend a substantial amount of time on it. If your professional interests do not align with the topic, you may be in for a long and unhappy dissertation. Think about the areas in which you have enjoyed working or that make you feel like you are contributing to the field. This passion should align with the intended direction of your work, whether it serves as the foundation for your program of research, provides insights into the clinical population with which you intend to work, or develops your expertise to share with students through teaching. Your dissertation data may serve as pilot data for funding applications and, if you choose to publish your dissertation, can begin to position you as an expert in the topic. Thus, your dissertation should be focused on a topic you are passionate about and serve as the basis for your career trajectory.

There are also a number of practical issues that need to be considered when selecting a dissertation topic. Often the most pressing for students is the issue of time. Consider your career and when you would like to finish your dissertation when selecting not only your topic, but also your research design. Your dissertation may not be the time to do original longitudinal data collection for a randomized controlled trial if you are hoping to collect data quickly. Find an area in which a question that has not yet been answered and could contribute to the extent knowledge but also is feasible to answer in a reasonable amount of time. There may also be an opportunity to conduct secondary data analysis on pre-existing data or add a component to an ongoing study.

Publicly available datasets (e.g., the Collaborative Psychiatric Epidemiology Surveys) may also be good for this purpose. You may also want to check with your department and advisor about the possibility of publishing several manuscripts on a theme (usually three) instead of completing one large dissertation project.

In the same vein, practical issues such as funding and potential recruitment sites or populations are also important to consider. If you are able to secure funding, you may have more options for measures or methods that are costly. Funding may also make recruitment easier, as incentives may increase recruitment rates. Without funding, you may want to consider populations in which you can offer other incentives (e.g., college students who can be offered course credit) or designs that increase the likelihood of participation (e.g., brief surveys completed while waiting for a doctor’s appointment).

It is also important to consider your advisor’s expertise and mentorship when choosing your dissertation. Though you do not want to simply replicate your advisor’s work, you also do not want to choose a topic so far outside his or her area of expertise that he or she cannot provide strong mentorship. Finding a niche within his or her program of research can be key to finding the best topic for your dissertation. In addition to the expertise of your advisor, it is also important to think about your own knowledge and expertise. Is there additional coursework in statistical techniques or specific data collection methods that you need in order to successfully complete the proposed work?

In sum, when selecting your dissertation topic, you should think about a topic that you are passionate about, that will provide a basis for your career, and that fits with the practical limitations you are facing (e.g., time, funding). If your program allows it, consider options like secondary data analysis for your dissertation project or publishing manuscripts in lieu of a formal dissertation.
Report Details Financial Impact of Alzheimer’s Disease

The personal financial support required by a person with Alzheimer’s disease may ultimately deprive care contributors of basic necessities, such as food, transportation, and medical care, according to the recently released “Alzheimer’s Association 2016 Alzheimer’s Disease Facts and Figures” report. This resource shows that these care contributors were 28 percent more likely to eat less or go hungry while contributing care to someone with Alzheimer’s, and one-fifth of them sacrificed their own medical care by cutting back on doctor visits. Overall, nearly half of care contributors cut back on their own expenses to afford dementia-related care for their family member or friend. This report found that 13 percent of care contributors sold personal belongings, such as a car, to help pay for costs related to dementia, while nearly half tapped into savings or retirement funds. On average, care contributors, many of whom do not live with the person they’re caring for, spent more than $5,000 a year of their own money to care for someone with Alzheimer’s disease; however, amounts varied with many spending tens of thousands of dollars per year. The financial burden of dementia is compounded for many care contributors, as more than one-third reported having to reduce their hours at work or quit their job entirely while caring for someone with Alzheimer’s, leading to an average loss of income of around $15,000 compared to the previous year. Eleven percent of care contributors have cut back on spending for their children’s education in order to provide support. Unfortunately, a significant number of care contributors today don’t have a complete understanding of the financial implications of supporting someone with Alzheimer’s. According to data from the report, about two out of three people incorrectly believe that Medicare will help them cover nursing home costs, or they are not sure whether the costs will be covered. At the current time, only three percent of adults in the U.S. carry long-term care insurance that might help them cover these costs. The “Alzheimer’s Association 2016 Alzheimer’s Disease Facts and Figures” report is a comprehensive compilation of national statistics and information on Alzheimer’s disease and related dementias. The full text can be viewed at alz.org/facts.

U.S. Population Aging Slower than Other Countries

America’s 65-and-over population is projected to nearly double over the next three decades, ballooning from 48 million to 88 million by 2050. However, the U.S. Census Bureau projects the U.S. population will age at a slower rate compared with other countries. Worldwide, the 65-and-over population will more than double to 1.6 billion by 2050, according to “An Aging World: 2015.” This new report from the Census Bureau examines the continuing global aging trend and projected growth of the population age 65 and over, with an emphasis on the differences among world regions. In 2015, 14.9 percent of the U.S. population was 65 or over. “The United States was the 48th oldest country out of 228 countries and areas in the world in 2015,” said Wan He, a demographer on population aging research at the Census Bureau. “Baby boomers began reaching age 65 in 2011 and by 2050 the older share of the U.S. population will increase to 22.1 percent. However, the U.S. will fall to 85th because of the more rapid pace of aging in many Asian and Latin American countries.” Japan is the current oldest country in the world and will retain that position in 2050. “However, South Korea, Hong Kong, and Taiwan are projected to overtake Germany, Italy, and Greece for second, third, and fourth place by 2050,” He said. Some countries, including China, India, Indonesia, Brazil, Colombia, and Cuba, will experience a quadrupling of their oldest-old population, those 80 and over, from 2015 to 2050. While Europe is still the oldest region today and is projected to remain so by 2050, aging in Asia and Latin America has accelerated in recent decades. Asia is also notable for leading the world in the size of the older population with 341 million people 65 and older. On the other hand, Africa remained young in 2015, where only 3.5 percent of the total population was 65 and over. To view this report, visit 1.usa.gov/1UqN6Jr.

Continued from page 1 – AGHE Joins Age-Friendly University Initiative

The 10 principles are as follows:

- To increase the understanding of students of the longevity dividend and the increasing complexity and richness that aging brings to our society.
- To enhance access for older adults to the university’s range of health and wellness programs and its arts and cultural activities.
- To engage actively with the university’s own retired community.
- To ensure regular dialogue with organizations representing the interests of the aging population.

“As the world grapples with the challenges and opportunities associated with our aging populations, higher education institutions are uniquely positioned to act as engines of change, working collaboratively and in partnership to transform society,” MacCraith said. “DCU is delighted that the Association for Gerontology in Higher Education, an international leader in gerontology, has recognized and endorsed our 10 principles of the Age-Friendly University and we look forward to working with the association and with all of the AFU network members to embrace the challenges and inform change.”
USI Receives Grant to Pilot Dementia Care Training Program
The University of Southern Indiana (USI) Center for Healthy Aging and Wellness has received a $75,000 grant from the Indiana State Department of Health to fund dementia care training for nursing home staff members in Southwest Indiana. The 18-month program will follow occupational therapist Teepa Snow’s Positive Approach to Care (PAC) training model, whose purpose is to improve the quality of life among elders with Alzheimer’s disease and dementia. Housed in the College of Nursing and Health Professions, the USI Center for Healthy Aging and Wellness has been under the direction of GSA member Katie Ehlman, PhD, since its inception in 2008. She said the upcoming PAC training will teach area caregivers how to “live in relationship with a changing brain.” Snow has been a presenter during the annual Mid-America Institute on Aging and Wellness at USI for the past three years. “This pilot effort will be one of the first of its kind across the nation and will serve as a model for other university-to-community translations,” said Snow.

Intergenerational Theater Project Earns Award
As a service learning project, Ithaca College aging studies students staged a play with local senior citizens, which has earned the 2016 Service Project Award from the national gerontology honor society Sigma Phi Omega. The Age on Stage project brings together students and residents of the Titus Towers senior housing community to rehearse and perform a play. GSA member Elizabeth Bergman, PhD, said that the students involved learn about the lives of older adults while earning course credit. “My main goal in doing these projects is to expose students to older adults who aren’t relatives and to broaden their range of experience with respect to older people to break down some of those myths and stereotypes that come from the media,” she said. The seed of the Age on Stage project was planted in spring 2012, when some of Bergman’s students were going to Titus Towers for regular visits with its residents. One of those residents was Jim Tyler, a retired playwright. Upon learning that two of the students visiting him were interested in musical theatre, Tyler wrote the script and score for “Titus Towers,” a play that would be performed the following fall. Since then, the project has become a regular part of Bergman’s introductory courses, and Tyler has written three more plays — “Fountain of Youth,” “Invisible Singing Martians,” and “Ben and Jeff in Ithaca.” He is currently working on a fourth, titled “Clementine.” Bergman credits Tyler as the driving force behind Age on Stage and said that the award from Sigma Phi Omega is a recognition of “the contributions that he made to the project and the efforts that he had gone to.” For more information on aging studies and the Ithaca College Gerontology Institute, visit www.ithaca.edu/gerontology.

RRF Announces Next Grants Deadline
Through a responsive grants program, The Retirement Research Foundation (RRF) supports direct service; advocacy; education and training programs for professionals working with elders; and research to seek causes and solutions to significant problems of older adults. Advocacy, training, and research projects, all with national relevance, are considered from organizations located anywhere in the U.S. The RRF also is seeking proposals for locally focused direct service and advocacy projects from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. The application and instructions, including topics and methodologies, can be found by visiting the WALTHAM website at www.waltham.com/grants-awards/hai. The application deadline is August 15.

NIA Plans to Expand Shock Centers
Through a new funding opportunity announcement, the National Institute on Aging (NIA) is inviting applications to develop a Nathan Shock Center Coordinating Center (NSC3). Major activities of the proposed NSC3 will include methodology, expertise, and facilities needed to facilitate the sharing of resources, collaboration, and coordination among Nathan Shock Centers; improved visibility nationally and internationally; and storing, cataloguing, and streamlining of data presentation. The successful application will include a plan to improve transparency and interactions of NSC3 with the research community, and also further advance research through the sharing of resources. It should also leverage existing bioinformatics resources. Applications due July 27. Visit 1.usa.gov/258jixS.
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Kelly Grindrod, PharmD, MSc, University of Waterloo

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Gaby Anne Wildenbos, MS, MA, University of Amsterdam

Register at goo.gl/vIHVNT
or contact
zsg2001@med.cornell.edu

international news

Report Outlines Path for Cities to Meet Aging Needs
McGraw Hill Financial Global Institute has released “Aging and Urbanization: Principles for Creating Sustainable, Growth-Oriented and Age-Friendly Cities,” a solutions-oriented report created in partnership with the Global Coalition on Aging. The report examines the intersection between two defining demographic trends of the 21st century — rapid urbanization and aging populations — and outlines a set of principles to advance the creation of self-sustaining cities that support residents of all ages. The report also includes the findings of a new survey, commissioned by McGraw Hill Financial Global Institute, to determine global attitudes on these changing demographics and how cities are addressing them. Among a number of other findings, respondents around the world believe their governments are largely underinvesting in the infrastructure — both social and physical — that cities need to successfully adapt to their future population demographics. In 2015, the World Economic Forum (WEF) established its age-friendly business principles to demonstrate how this demographic shift can drive economic growth. Building on foundational work from WEF, the World Health Organization and others, “Aging and Urbanization” identifies four principles to guide how cities can channel their infrastructure investments to ensure the economic vibrancy of their urban communities. In the short and medium term, the report identifies three immediate actions that the public and private sector can take in order to build age-friendly cities with the capability to accommodate future generations. The full report is available online at bit.ly/1n7PjuI and integrates key findings from a global survey of 6,077 people aged 18-65 living in medium, large, or very large cities in the U.S., the U.K., Germany, China, Japan, and Brazil.

New Zealand Turns Attention to Aging Population’s Demands
The New Zealand Planning Institute (NZPI) devoted its recent annual conference to the future implications of a growing older population and its housing needs. NZPI Chief Executive Susan Houston said New Zealand has seen a huge boom in the development of retirement villages to cater for retirees, “but what are the options for the rapidly increasing number of older people who have been life-long renters or cannot afford the lifestyle that many new retirement developments offer? The elderly are some of New Zealand’s most vulnerable in society and often require a certain type and style of housing to accommodate typical age associated ailments. The current market conditions work against supplying affordable homes for these people.” The number of people in New Zealand’s 65+ age group is projected to almost double from around 550,000 in 2009 to around one million in the late 2020s.

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