Geriatrics Workforce Training Must Be Preserved, GSA Member Tells Senate

Speaking at a May 22 hearing of the U.S. Senate Committee on Health, Education, Labor & Pensions (HELP), GSA member and University of Washington professor Elizabeth A. Phelan, MD, MS, urged lawmakers to continue their support for the Geriatrics Workforce Enhancement Program (GWEP) — the only U.S. government program dedicated to preparing primary care providers to care for older adults.

At the University of Washington, Phelan is an associate professor of medicine, gerontology, and geriatric medicine, and adjunct associate professor of health services in the Schools of Medicine and Public Health; founding director of the UW Medicine Fall Prevention Clinic; and director of the Northwest Geriatrics Workforce Enhancement Center, one of 44 federally funded GWEP awardees nationally.

The HELP Committee’s ranking member, Senator Patty Murray, represents the state of Washington. In summer 2017, GSA Public Policy Advisor Brian Lindberg invited committee staffers to visit Phelan’s GWEP site, a visit that ultimately led to the invitation to provide testimony. GSA also works through its role as a co-convener of the Eldercare Workforce Alliance to promote and advocate for support of GWEPs.

Phelan was joined by two other experts at the hearing, which was titled “The Health Care Workforce: Addressing Shortages and Improving Care.” She told the committee that most health care providers “want to do the right thing” for their patients, but many are not familiar with treatments that optimally meet the needs of older adults.

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Population Aging Presents Economic Opportunity, Report Demonstrates

Older Americans — growing in numbers and diversity — will be key to the nation’s future economic health, but the public and private sectors must adapt to these demographic realities, according to “Longevity Economics: Leveraging the Advantages of an Aging Society,” a new report developed by GSA with support from Bank of America Merrill Lynch.

It was released at a May 10 Capitol Hill briefing moderated by GSA CEO James Appleby, BSPharm, MPH, and can be downloaded at www.geron.org/longevity.

By 2035, adults age 65 and older will outnumber children under age 18 for the first time in American history. The report argues that as the longevity era develops, actions are needed now to address ageism and age discrimination, develop coherent policies and laws regarding retirement and pensions that recognize people are living far past the historical retirement age of 65, and enhance the economic impact of older workers and retirees at the local, regional, state, and national levels.

“Longevity Economics” was produced by a GSA workgroup chaired by Peter Cappelli, director of the Center for Human Resources at The Wharton School at the University of Pennsylvania.

“Longer life expectancy is a tremendous boon for Americans,” Cappelli said. “In this report, we hope to stimulate a policy conversation on how society and the economy can make the best use of living longer.”

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Meeting Abstract Stats Tallied

GSA received a total of 4,395 abstract submissions (including individual symposium abstracts) for this November’s Annual Scientific Meeting in Boston — a 21 percent increase from the 3,612 received in 2016! Forty-six percent of the abstracts were received on the March 15 deadline. Submissions were received from 45 countries, with the majority coming from the U.S., Canada, Japan, China, and the U.K. Acceptance notifications will be sent in July!

Share Your Professional Achievements!

Gerontology News proudly includes updates about members’ career accomplishments on page 3 each month. The majority of these items are submitted by members themselves, and the editors invite you to send in news about new jobs, board postings, fellowships, promotions, awards, books, and more. These items can be e-mailed to news@geron.org.
What do the National Association of County and City Health Officials, National Foundation for Infectious Diseases, and the American Nurses Association all have in common? They’ve all sat down together to work toward a common goal as a result of GSA’s outreach.

And they are just three of many organizations who fall into the same category of GSA collaborating partners. Those specifically came to mind because they were among the 30 groups represented at a May 2 GSA-hosted summit, “Charting a Path to Increase Immunization Rates in the Long-Term Care Setting.” This particular event brought together immunization champions, long-term care advocates, health professional associations, and policy experts focused on the challenges of vaccinating in long-term care settings and methods to increase uptake of recommended strategies that will improve rates.

We heard many positive comments from the attendees, and a few told us they wouldn’t have been aware of some of the other organizations in the room if it hadn’t been for GSA. And this May event is just the latest of many examples I can provide. We had similar success at another recent GSA summit, “Developing an Interprofessional Roadmap to Improving Oral Health in Older Adults.” It’s amazing how much GSA and its members can accomplish by inviting the right stakeholders to come together.

This work makes me think back to some old commercials from the EF Hutton brokerage firm, which always included a voiceover saying, “When EF Hutton talks, people listen.” Increasingly, people are listening to GSA and responding to our invitation to join forces in search of solutions to contemporary challenges. Thanks to GSA’s multidisciplinary, interprofessional outlook, the Society has established itself in four “C” categories — as a convener, connector, collaborator, and communicator.

GSA has the optimal capacity to advance innovation in aging because we see value in looking at issues from multiple points of view. Our members study every facet of aging, and they do it across the life course — not just in the population age 65+.

This 360 degree perspective enables GSA physicians, nurses, biologists, behavioral and social scientists, psychologists, social workers, economists, policy experts, those who study the humanities and the arts, and many other scholars and researchers in aging to bring more nuanced insights to the discussion. Because of this, we are seen as very approachable by many different organizations.

While planning the international-focused IAGG World Congress of Gerontology and Geriatrics last year, I would often refer to GSA as the “Switzerland of aging” because the Society is discipline agnostic, comprised of experts who study all key aging issues, and utilizes a life-course approach.

All researchers, clinicians, educators, and scholars in the aging field can find a home at GSA. This “big tent” approach also applies to welcoming other stakeholder organizations who have a role in advancing key Society initiatives. GSA is open to two-way collaboration, making it a natural and easy partner to work with.

Thank you for everything you do to keep GSA strong and to maintain the Society’s leadership role in the aging research arena. Your expertise makes it possible for GSA to play the dynamic roles of convener, connector, collaborator, and communicator. Thanks to you, when GSA calls, people listen.
Gubrium Gives USF Lecture
Jaber F. Gubrium, PhD, FGSA, of the University of Missouri, presented the University of South Florida (USF) Spencer Cahill Lecture on February 23. His talk was titled “Novelty and Pattern in Life Narratives.” Cahill was a prominent researcher of the ethnography of identity at USF. His contributions from a sociological perspective to research on the situated contours of identity added significantly to an everyday, outside-the-laboratory, focus. Gubrium was selected based on his pioneering contributions to the comparative institutional extensions of the everyday. His lecture presented the latest iteration of this work, focusing on the seen but undocumented novelty of pattern formation of aging and at the end of life.

Kolanowski Tapped for Buffalo Nursing Lecture
Ann Kolanowski, PhD, RN, FAAN, FGSA, presented the State University of New York at Buffalo School of Nursing’s 21st Annual Bonnie Bullough Lecture on April 20. Her talk, titled “The Challenge of Delirium in People Living with Dementia,” explored the differences between delirium and dementia, and caring for people with both conditions. The lecture also shared her recent findings on the effect of cognitive activities for people with delirium and dementia. Kolanowski is a professor of nursing in the Pennsylvania State University College of Nursing and a professor of psychiatry in the College of Medicine. She was the 2012 recipient of GSA’s Doris Schwartz Gerontological Nursing Research Award.

Fulmer Earns Honorary Doctorate
Former GSA President Terry Fulmer, PhD, RN, FAAN, FGSA, the current president of The John A. Hartford received an honorary doctoral degree in nursing with distinction from the University of South Florida at its recent spring commencement ceremonies. The university’s dean of the College of Nursing, Victoria Rich, PhD, RN, FAAN, nominated Fulmer and noted that she “has dedicated her four-decade nursing career to improving the health of older Americans through her many roles — nurse, professor, dean, researcher, lecturer and advocate.”

Colleague Connection
This month’s $25 amazon.com gift certificate winner:

Skye Leedahl, PhD
The recipient, who became eligible after referring new member Dara LaBuona, MS 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.
Summer-like weather (minus the humidity) has arrived in the nation’s capital — and along with it the bittersweet experience of attending the RTI-sponsored half-day symposium titled “Josh Wiener’s Legacy: Keep on Marching!” in memory of our brilliant colleague, friend, and GSA fellow.

The panels and participants, including many GSA members and Josh’s closest professional friends — those who agreed with him and those who didn’t — discussed the challenges and opportunities we face in long-term care. We missed his humor and his knack for getting to the heart of an issue with his pointed questions, but his enthusiasm and legacy were well represented. So, it was a good day, with funny stories and serious policy. Josh had just begun his work as the editor-in-chief for GSA’s Public Policy & Aging Report (PP&AR) when he passed away in January. More on how we will march forward in that area later in the article.

Research Summit Final Report

One of the projects in which Josh was involved was the Research Summit on the Care, Services, and Supports for Persons with Dementia and Their Caregivers, which was held last October at the National Institutes of Health (NIH). He would have been pleased to see that the final report has now been published and the work of the next steps have begun.

I went to Katie Maslow, GSA’s visiting scholar, to gain a better perspective on how we reached this milestone. Katie co-chaired the summit with GSA Fellow Laura Gitlin, who now chairs the National Alzheimer’s Project Act (NAPA) Advisory Council. Katie and Rohini Khillan, federal lead of the NAPA Advisory Council, took on the ginormous task of reading the close to 700 recommendations that emerged from the summit. The pair worked diligently to organize the recommendations into 12 logical categories. The report can be found on the website of the Assistant Secretary for Planning and Evaluation (aspe.hhs.gov).

Katie pointed out to me that the goal of the summit was to obtain recommendations for research that would help us improve care, services, and supports to increase quality of life and well-being for persons living with dementia and their caregivers. A necessary step toward achieving that end was to identify knowledge gaps and determine what research is needed to fill those gaps.

A significant aspect of this research summit was the concerted effort to gather input from a wider array of stakeholders in the field of dementia. There were stakeholder groups of persons with dementia, family caregivers, service providers, state government agencies and programs, workforce experts, and payers. Working closely with members of the persons with dementia group and seeing their personal challenges and determination to make a difference for others was an enlightening and moving experience.

There were eight pre-summit meetings, and the summit website was a portal for input from the public and the summit audiences. As an illustration of how this affects the results, Katie explained: “The research recommendations that have come out of the previous National Institute on Aging (NIA) and National Institute of Neurological Disorders and Stroke (NINDS) summits focused on biomedical research and have come from the summit speakers, who are researchers. For the research summit on care, services, and supports, about half of the final research recommendations came from summit speakers and the remaining half came from the other stakeholder forums we created. As a result, a wider range of research topics and perspectives are reflected in the recommendations than would have occurred otherwise. I am very pleased and excited about that this, especially because many of them came from persons with dementia themselves, family caregivers, and service providers.”

In fact, I found the recommendations in theme 3: caregiver relationships, roles, and networks very much in tune with the needs of caregivers. For example, one recommendation focuses on the need to identify, understand, and make programmatic changes to address the impact of dementia stage and severity on caregivers. Such work would examine the adaptation of current programs and supportive services to address caregiver quality of life issues for different cultural groups.

The degree of interest and excitement around the summit and the wealth of research recommendations sound to me like the summit was a major success. Katie said, “The good news is that NIH has now decided to include a research summit on dementia care, services, and supports in a regular three-year rotation with the NIA summit on biomedical aspects of Alzheimer’s disease and the NINDS summit on biomedical aspects of Alzheimer’s disease-related dementias. So, the next research summit on dementia care, services and supports is now scheduled for March 24 to 25, 2020, to fit into that regular rotation.”

I asked Katie about whether there were any recommendations that dealt specifically with policy. Katie said that while many policy changes are needed, and that some of the research recommendations we have could result in findings that might eventually drive policy changes, progress on the policy front will occur sometime in the future.
Additional topics for future discussion include, for example, issues around detection of cognitive impairment and diagnosis of dementia. “GSA has already provided substantial leadership to the field in this area, and I would like to continue working on this and several other issues with GSA,” Katie said.

I am hoping to plan a webinar around the summit recommendations as well.

Kaskie Takes PP&AR Helm

GSA’s PP&AR is published quarterly using thematic issues to stimulate debate and explore policy options to address aging and health topics. GSA Fellow Robert B. “Rob” Hudson had served as the PP&AR’s editor-in-chief from 1996 until Josh Weiner took over last year. Suffice it to say, Rob’s work was brilliant, and his dedication is unmatched and greatly appreciated by GSA members and staff alike.

Some of you may know Brian Kaskie as a well-respected researcher, academician, professor, or from his role as a health and aging policy fellow and professional staff of the U.S. Senate Special Committee on Aging. GSA leadership and staff have recently gotten to know Brian as the gentleman who quietly stepped in to help with the work of the PP&AR as interim editor-in-chief when Josh passed away. I have had the pleasure of working with Brian for a number of years but got to know him well during his stint in the Senate, where frankly I wish he had stayed instead of returning to his great life out in Iowa with his wife and their family.

Brian has a long and distinguished track record of engagement with GSA, including membership in the SRPP section, the Mental Health Practice and Aging Interest Group, and Academy for Gerontology in Higher Education. He is a regular presenter at the Annual Scientific Meeting, and an author, reviewer, and editorial board member of The Gerontologist, which recently published one of his articles on cannabis use and older adults.

He also has a strong link to the issues around Alzheimer’s and dementia, having begun his career in gerontology at Washington University in St. Louis researching the staging of dementia, and applied a focus on state policy for Alzheimer’s for his dissertation. Brian received his PhD in gerontology with an emphasis in public policy and state adoption of dementia policies from the University of Southern California. His experience includes managing the California Strategic Planning Initiative for Older Adults at the University of California and, in Iowa, serving on the National Governors Association Taskforce on Long-Term Care.

I had a chance to catch up with Brian recently to talk about his work and his new role with the PP&AR. First, I should say that Brian is a big fan of the PP&AR, has been reading it since it began, and is quite honored to serve in this role. He said his view is that it a very good product and “if it isn’t broken, don’t try to fix it.”

He recently was on a site visit in Des Plaines, Illinois, and saw a copy of the new PP&AR on isolation on the desk of a senior center director.

“Wow, it was cool to see that because I believe we really need to keep working to fill that gap between scientists and public policy and practitioners,” he said. It is great to bring our work to folks beyond the academic readers and to key policy-makers, as well. That is what I found on the Hill … people want to hear from the experts on aging, but they often don’t have much time. I see part of our job to make what we do relevant to folks in Des Plaines and DC.”

Brian has been speaking with GSA staff about various ways to do this, including doing more webinars, taking advantage of social media opportunities, doing Hill briefings, and sessions at the ASM and elsewhere — all with expanding our PP&AR outreach in mind.

In addition, Brian is excited about a 2018 issue that will use interprofessional author teams. In other words, there will be articles written by a physician and a social worker, an economist, a lawyer, and a nurse, and other pairings that will feature the benefit of interprofessional approaches to tackling the challenges and opportunities of our aging society. I look forward to working with “the other public policy Brian” on these ideas and more over the next few years.

Recent GSA Policy Actions

GSA, together with The Population Association of America and seven other organizations, sponsored an April 9 Capitol Hill briefing titled “Grave Consequences: Why Some Americans Are No Longer Living Longer.” The briefing materials and a video of the presentation can be viewed at bit.ly/2H3P4je.

GSA led the development of a Leadership Council of Aging Organizations (LCAO) support letter to the congressional sponsors of the Building Our Largest Dementia Infrastructure for Alzheimer’s (BOLD) Act. The bill applies a public health approach and creates an infrastructure for the many aspects of Alzheimer’s and related dementias, including prevention, early detection and diagnosis, and treatment. This approach is both patient- and caregiver-centered and cost effective.

GSA Vice President for Professional Affairs Patricia D’Antonio represented the Society at the Research Priorities in Caregiving Summit, which was convened by the Family Caregiver Institute at the University of California, Davis Betty Irene Moore School of Nursing on March 22 and 23. The agenda focused on four areas to identify a research agenda: caregiving and technology; caregiving across the trajectory; multicultural caregiving (including LGBTQ); and heterogeneity of caregiving (e.g., rural vs. urban, setting, condition). The institute’s director, GSA Health Sciences Section Chair Terri Harvath, PhD, RN, FAAN, chaired this event; many other GSA members participated.
Distinguished Members Granted Fellow Status

GSAs Executive Committee has approved the following 89 individuals for fellow status within the Society. In addition to being honored during the Fellows and International Reception (Thursday, November 15, 7 p.m.) at the Annual Scientific Meeting, 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
Nicole Anderson, PhD, Rotman Research Institute, Baycrest; Allison Bielak, PhD, MS, Colorado State University; Iraida V. Carrion, PhD, University of South Florida; Grace Caskie, PhD, Lehigh University; Kyong Hee Chee, PhD, Texas State University; Denise Cloutier, PhD, University of Victoria; Megan Dolbin-MacNab, PhD, Virginia Tech; Amy Eisenstein, PhD, CJIE SeniorLife; Malitia Engstrom, PhD, MSW, University of Pennsylvania; Cassandra Ford, PhD, RN, MSN, MBA, University of Alabama; Esme Fuller-Thomson, PhD, University of Toronto; Alyssa Gamaldo, PhD, The Pennsylvania State University; Patricia Griffiths, PhD, Emory University, GA Tech & VHA; Marnin Heisel, PhD, University of Western Ontario; Martin Hyde, PhD, Swansea University; Nancy Karlin, PhD, University of Northern Colorado; Migette Kaup, PhD, Kansas State University; Corinne Leach PhD, MPH, American Cancer Society; Anja Leist, PhD, University of Luxembourg; I Fen Lin, PhD, Bowling Green State University; Eileen MaloneBeach, PhD, Central Michigan University; Jennifer Morgan, PhD, Georgia State University; Adam Perzynski, PhD, Case Western Reserve University; Christine Proulx, PhD, University of Missouri; James Raymo, PhD, University of Wisconsin-Madison; Amy Roberts, PhD, Miami University; Sonia Saliari, PhD, University of Utah; Markus Schafer, PhD, University of Toronto; Oliver Schilling, PhD, University of Heidelberg; Suzanne Segerstrom, PhD, MPH, University of Kentucky; Adam Shapiro, PhD, CSU San Marcos; Myrna Silverman, PhD, University of Pittsburgh; Renae Smith-Ray, PhD, Walgreen Co; Samantha Solimeo, PhD, DO, MPH, Iowa City VA Health Care System; Jennifer Stanley PhD, MS, University of Akron; Ann Steffen, PhD, University of Missouri-Saint Louis; Christine Stephens, PhD, Massey University; Antonio Terracciano, PhD, Florida State University; Amber Watts, PhD, University of Kansas; Loriena Yancura, PhD, University of Hawaii at Manoa; Jeremy Yorgason, PhD, Brigham Young University; Zhenmei Zhang, PhD, Michigan State University

Health Sciences Section
Joel Anderson, PhD, University of Tennessee; Melissa Batchelor-Murphy, PhD, RN, FNP, FAAN, Duke University School of Nursing; John Batsis, MD, Dartmouth College; Richard Bohannon, EdD, University of Connecticut; Ashley Bryant, PhD, RN, University of North Carolina; Thomas Buford, PhD, University of Alabama at Birmingham; Mary DiBartolo, PhD, Salisbury University; Stefan Gravenstein, MD, MPH, Brown University; Sherry Greenberg, PhD, Hartford Institute for Geriatric Nursing at New York University Rory Meyers College of Nursing; Theresa Harvath, PhD, RN, FAAN, University of California, Davis, Betty Irene Moore School of Nursing; Barbara Holtzclaw, PhD, RN, FAAN, University of Oklahoma Health Sciences Center; Natalie Leland, PhD, University of Pittsburgh; Heather Leutwyler PhD, RN, University of California, San Francisco; Sheila Molony, PhD, Quinipiac University; Manuel Montero Odasso, MD, PhD, University of Western Ontario; Joanne Murabito, MD, Boston University School of Medicine; Subashan Perera, PhD, University of Pittsburgh; Michelle Porter, PhD, University of Manitoba; Ingrid Pretzer-Aboff, PhD, RN, Virginia Commonwealth University; Carol Rogers, PhD, University of Oklahoma Health Sciences Center; Tatiana Sadak, PhD, University of Washington School of Nursing; Stephen Shuman, DDS, University of Minnesota; Amy Silva-Smith, PhD, University of Colorado Colorado Springs; Laurence Solberg, MD, University of Florida College of Medicine; Jenny van der Steen, PhD, Leiden University Medical Center; Nancy Woods, PhD, University of Washington; Lan Yao, PhD, RN, Oakland University; Tracey Yap, PhD, Duke University

Social Research Policy and Practice Section
Jean Accius, PhD, AARP; Sunha Choi PhD, MSW, University of Tennessee at Knoxville; Emily Greenfield, PhD, Rutgers, The State University of New Jersey; Man Guo, PhD, The University of Iowa; Emily Iliara, PhD, MSW, George Mason University; Kathryn Kietzman, PhD, MSW, UCLA Center for Health Policy Research; Judith Lucas, EdD, Seton Hall University; Richard Morycz, PhD, University of Pittsburgh; Emily Nicklett, PhD, MA, MSW, University of Michigan; Mary Parker, PhD, Institute for Palliative & Hospice Training, Inc; Judith Smith, PhD, Fordham University; Gail Towsley, PhD, University of Utah; Denise Tyler, PhD, RTI International; Amanda Woodward, PhD, Michigan State University; Heather Young, PhD, RN, FAAN, University of California, Davis, Betty Irene Moore School of Nursing

To learn more about GSA fellowship, the nomination process, and see a listing of all fellows, visit www.geron.org/membership/fellows.
Professional Academic Progression 101

By Daniel J. Mick, PhD, RN, and Karen O. Moss, PhD, RN, CNL

Progression through levels of higher learning is relatively common knowledge. Most people know that a master’s degree follows a bachelor’s degree, and that doctoral degrees are terminal degrees. However, options available for professional academic progression are often unknown, even among doctoral students. An amorphous understanding of tenure as a goal seems to be the extent of understanding for many. This primer sheds light on basics of professional academic progression for those considering faculty positions.

Institutions of higher learning incorporate models of life-long learning and productivity tied to or required of professional progression for faculty. Different models describe a variety of components of academic practice, but the universal core properties are as follows: research and/or scholarship; education and/or practice; and service and/or leadership.

Documented continual involvement and growth in these areas are required not only for advancement, but also as contractual obligations of employment. Institutions can weight these areas differently — there is often a percentage split outlined in job descriptions. For example, these can assume a 10 percent service/leadership component with the remaining divided between research and education, e.g., 70/30. Be sure to determine the focus of the institution and specific position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for! For example, you might be passionate about education but the position you are applying for!

In such a scenario, at best, you will have frustrated interviews with miscommunication about emphasis of qualifications. At worst, you may end up in a position with unbalanced expectations, leaving you and your employer disappointed.

Similar to industry, job performance in academia is tied to academic rank. It may be assumed the title of “professor” (lower-case “p”) is the same for all academic positions. However, the common academic rank progression is: assistant professor, associate professor, and (full) professor.

Additional faculty positions and titles exist (e.g. adjunct, lecturer, clinical professor, research professor, etc.), and there are other positions such as distinguished or endowed professors. The ranks of assistant, associate, and full professor are loosely correlated by institution with professional experience. Assistant professor is usually the entry-level rank. Associate professor is a mid-career title bestowed after approximately five+ years of demonstrated work, and/or when tenure is granted in some institutions. The title of full professor varies widely by institution but tends to reflect prominence, leadership, or renown in research or education.

Integral to academic rank progression is the question, “To tenure, or not to tenure?” Despite increasing calls in the last decade for disposal or heavy reform of academic tenure, and vociferous debate about whether tenure protects against or exacerbates exploitation of adjunct professors, a quarter or more of academic faculty positions are still tenured in the U.S. The issue of tenure alone may be a deal-breaker, either way, for your interest in an institution. Regardless, careful research is necessary about the exact professional development standards required for academic progression, whether contractual or tenured. Some institutions have rigid timelines, fixed publishing and funding hauls, and minimum student review scores for tenure. Others allow flexibility and choice within the emphasis of the core components of your professional track.

Continued from page 1 – Population Aging Presents Economic Opportunity, Report Demonstrates

Recognizing that the future of aging won’t look like the past, GSA’s new report presents:

• Several myths associated with older people in the workforce and facts that dispel them;
• A perspective on five phases of aging and reasons why older adults are not a homogeneous group and should not be viewed as such;
• Ways that Americans are contributing to the productivity of American society far past age 65;
• Ways that the consumer habits of older Americans create ripple effects in the economy;
• Actions that have been taken by other countries that already have super-aged societies; and
• Changes that should be considered in the U.S. to eliminate ageism and foster the emergence of longevity economics.

“The public and private sectors have a helpful role to play in the age of longevity,” said Kevin Crain, enterprise financial solutions executive at Bank of America. “In our experience and through our research, we find that the majority of employees would like to continue working past the typical age of retirement — but on their terms, in new fields and with greater flexibility. Policies that attract and retain this experienced talent will be helpful to the economy.”
Report Finds Antipsychotic Use not Dropping Among Some Dementia Patients

While ongoing efforts by the Centers for Medicare and Medicaid Services have helped reduce the risky off-label use of antipsychotic drugs among dementia patients living in nursing homes, the use of these drugs has increased slightly among dementia patients living in the community, according to a new AARP Public Policy Institute report titled “Off-Label Antipsychotic Use in Older Adults with Dementia: Not Just a Nursing Home Problem.” It found that the share of older people with dementia age 65 and older who used antipsychotic drugs while living in assisted living facilities or at home increased by about 6 percent from 12.6 percent in 2012 to 13.4 percent in 2015. Off-label antipsychotic use was highest among certain groups: women, people age 75-plus, and those living in the South. The report is available at www.aarp.org/APDstudy.

Dementia Care Summit Research Recommendations Released

The National Advisory Council on Alzheimer’s Research, Care, and Services has issued a final report from the first National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers. Sponsored by the U.S. Department of Health and Human Services and private sector organizations, the summit was held in October 2017 to develop national recommendations for research priorities. GSA members Laura Gitlin, PhD, FGSA, and Katie Maslow, MSW, served as co-chairs. A total of 58 main research recommendations resulted from nearly 700 submissions by summit participants. These recommendations will help set the agenda for the next summit in March 2020. The research recommendations are organized into 12 major themes: Heterogeneity of Persons Living with Dementia and their Caregivers; Research Methods to Develop More Effective Dementia Care, Services and Supports; Caregiver Relationships, Roles, and Networks; Clinical Approaches and the Lived Experience of Dementia; Engaging Persons Living with Dementia and Caregivers in Research; Dementia-Related Terminology, Nomenclature, and Stigma: Words Matter; Comprehensive Models for Dementia Care, Services, and Supports; Strategies for Scaling and Disseminating Existing Evidence, Drawing Upon Implementation Science; Living Places, Physical and Social Environments, and Processes of Care for Persons with Dementia, Including Those Who Live Alone; Financial Burden and Out-of-Pocket Costs to Persons Living with Dementia and their Caregivers; Ensuring an Adequate and Qualified Workforce to Support Persons with Dementia and their Caregivers; and Technology to Support Persons with Dementia and their Caregivers. To read the final report with detailed recommendations and other summit materials, visit bit.ly/2s9GHHz.

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“That is because geriatrics … has not been part of the training of most health professionals in practice today,” Phelan said in her testimony. “And even those in current training for health professions careers usually still get to the end of their training and never receive any formal exposure to geriatrics. With GWEP funding, we have the opportunity to change that.”

Administered by the U.S. Health Resources and Services Administration, GWEPs focus on enhancing the ability of America’s primary care workforce to provide high-quality care for older adults.

“We are trying to break down silos of care between clinic and community, because care that is tuned into the resources that the community can bring to bear can optimize the health of an older adult and keep him/her living in the community — and avoid the unnecessary costs of hospitalizations and long-term care that so often otherwise results,” Phelan said. “And we are finding that even minimal exposure to geriatrics principles of care makes a difference in trainee knowledge and confidence to bring area agency on aging resources to bear on the care of their older patients.”

Phelan added that because most older adults will continue to receive primary care from frontline providers in the fields of family medicine and general internal medicine and from nurse practitioners — not geriatricians — the country must support the geriatrics training of providers in those disciplines to make good care a reality.

“We have a long way to go to realize this imperative,” Phelan said. “Doing the right thing does have a large impact on how well an older adult lives and how long he/she stays living in the community. For this reason, I urge the entire committee to continue to support the Geriatrics Workforce Enhancement Program.”
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 also 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

USC Leonard Davis School of Gerontology
Series B Begins Virtual Collections
The May issue of The Journal of Gerontology, Series B: Psychological Sciences Social Sciences introduced a new Social Sciences feature: a “virtual” collection that includes online-only articles on important and timely topics in aging. The debut virtual collection focuses on long-term care, and features quantitative and qualitative studies focused on long-term care insurance, race and marital status disparities in long-term use, the social support networks of assisted living facility residents, the impact of formal long-term care on caregiver well-being, and Medicare spending on different types of long-term and end-of-life care. These papers focus on both the U.S. and international contexts, and suggest important implications for long-term care policy and practice. Look for future virtual collections focused on elder abuse and mistreatment, caregiving strains, and other essential topics in social gerontology. The long-term care virtual collection can be accessed at bit.ly/B-LTC.

Joint Section in Series B Looks at Smoking, Alcohol, Drug Use
The May issue of The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences featured a special joint section bringing together six papers that show the complex ways that older adults’ substance use is both a source and consequence of one’s physical health, emotional well-being, and social relationships. Substance use, including drinking, smoking, and illicit drug use is often thought of as a problem facing adolescents and young adults, but older adults also are vulnerable. Older adults may increase their smoking or heavy drinking in the face of a stressful life event like spousal loss, or may adjust their smoking and drinking patterns to match those of their spouse. Substance use in turn can hurt one’s daily functioning and physical health, including one’s risk of stroke. Modest drinking carries some health benefits, although these benefits vary based on one’s other social and economic resources.

PP&AR Assembles Articles in Wiener’s Honor
A new online collection of Public Policy & Aging Report (PP&AR) articles has been created to recognize the many contributions to the field of aging made by the late Joshua M. Wiener, PhD, FGSA. At the time of his passing in January, Wiener was a distinguished fellow at RTI International who just started his term as co-director of the Administration for Community Living-funded National Alzheimer’s and Dementia Resource Center, and led the development of the first comprehensive long-term care microsimulation model in the U.S. The articles can be viewed at academic.oup.com/ppar/pages/joshua_wiener.

PP&AR Looks Ahead in Hudson’s Final Issue
The latest issue of Public Policy & Aging Report (PP&AR) — the last under the direction of long-time editor Robert B. Hudson, PhD, FGSA — is titled “The Futures of Aging Policy.” This issue includes articles by some of PP&AR’s principal contributors over the past 20 years. These authors were asked to reflect on what the future holds for aging policy across a number of domains. As Hudson states in his introduction article, “This passage of time has seen us go from the federal budget surpluses found in Al Gore’s lock-box, putting Social Security financing concerns to rest, forward to the current era of Republican Washington where Donald Trump and Paul Ryan, in the wake of recent tax reform legislation, may choose to assault Social Security rather than to strengthen it. The articles in this issue provide highly-informed guidance as to what aging policy may look like in the years ahead and the challenges that it will face.”

Editors Showcase Journals in Hong Kong
Laura Sands, PhD, FGSA, and Rachel Pruchno, PhD, FGSA — the editors-in-chief of Innovation in Aging and The Gerontologist, respectively — conducted a “How to Publish in GSA Journals” workshop at the U.S.-Hong Kong 2018 Conference held May 19 and 20. GSA was a co-organizer of this conference along with the CUHK-NCKU Joint Centre for Positive Social Science and the Chinese University of Hong Kong. In the past few years, GSA has successfully co-organized numerous conferences in China, with the aim to foster the development of strong linkages and collaboration between aging researchers in the U.S. and China.

Innovation in Aging Plans Special Issue on Translational Caregiving Research
Innovation in Aging has issued a call for papers for a special issue with the aim to publish studies with results that could be rapidly translated to the development of methods, interventions, and treatments that will improve the everyday lived experiences of caregivers and care recipients. Abstracts are due by August 1. Open access waivers will be available for all articles published in this special issue. Review the full call for papers at bit.ly/IA-Caregiving.

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