Experts Urge Stronger Emphasis on Cancer Prevention in Older Population

Cancer prevention efforts rarely focus on the distinct needs and circumstances of older people, who are at greatest risk for developing cancer, but society can do more to reduce cancer risk and preserve health as adults enter their 60s, 70s, and beyond — according to a new supplement to GSA’s journal The Gerontologist.

The entire supplement, titled “Opportunities for Cancer Prevention During Older Adulthood,” is available free to view online at academic.oup.com/gerontologist.

In April 2017, the National Association of Chronic Disease Directors and the Division of Cancer Prevention and Control at the U.S. Centers for Disease Control and Prevention (CDC) convened a meeting of multidisciplinary experts to examine opportunities for public health action to reduce cancer risk and promote health among older adults. The discussions at this event resulted in the 11 total articles appearing in the supplement.

Serving as guest editors were Richard A. Goodman, MD, JD, MPH, of Emory University and Dawn Holman, MPH, and Mary C. White, ScD of the CDC.

“A comprehensive approach to cancer prevention at older ages would lower exposures to known causes of cancer, promote healthy social and physical environments, expand the appropriate use of clinical

Statements and bios continued on page 8
From the CEO

GSA: Champion of the Unmet Need

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

The nation has just wrapped up its annual observance of Older Americans Month, and I applaud the Administration for Community Living on the choice of this year’s theme: “Connect, Create, Contribute.” These words were evocative of four C’s that we regularly use to describe GSA as an organization — that we are an ideal convener, connector, collaborator, and communicator for all the diverse components within and across the gerontological “ecosystem.” As such, GSA is frequently asked to help address unmet needs that require an interdisciplinary approach and a 360 degree perspective on aging adults.

Last year I wrote a column here that talked about GSA having a “seat at many tables.” I was referring to the important role that GSA volunteer leaders and staff are playing at events and in coalitions to provide a gerontology perspective to the dialog, advocate on members’ behalf, and showcase members’ research.

GSA continues to be actively engaged in opportunities like these that address unmet needs. We are increasingly sought out as a valuable partner by well-respected groups representing diverse topic areas.

GSA’s Oral Health Initiative is getting spotlight attention at major meetings. In April, GSA was invited to participate in a keynote session at the American Society on Aging’s Aging in America conference. GSA Vice President of Strategic Alliances Karen Tracy and Oral Health Workgroup Chair Stephen Shuman, DDS, FGSA, both gave presentations. And Vice President of Professional Affairs Trish D’Antonio will talk about the initiative at June’s National Council on Aging Age+Action Conference.

Trish continues to serve as secretary of the Friends of the National Institute on Aging (NIA), the primary advocacy group championing increased federal funding for NIA. She’s also now serving as co-chair of the steering committee of the Adult Vaccine Access Coalition. Given the current intense public focus on vaccines, GSA’s work with this group is more vital than ever. And Trish is also on the steering committee of the Protecting Access to Pain Relief Coalition, a meaningful position as the nation develops strategies for addressing the opioid crisis.

I myself have been proud to represent GSA at a recent financial services conference to address the demographic transformation underway in America. This provided an opportunity to share insights from GSA’s report on longevity economics and to introduce the Reframing Aging Initiative. In July, I’ll be giving another invited presentation on the Reframing Aging Initiative at the National Association for Area Agencies on Aging Annual Conference. Finally, I am now into my second year of a four-year term on the NIA National Advisory Council on Aging. I’ve found this a most rewarding experience as it has provided insight into the extraordinary new research underway across the aging field and a strengthened appreciation for the essential work of the NIA staff in making this research possible.

Looking to the future, GSA President Michal Jazwinski, PhD, FGSA, will represent GSA at a Pan American Health Organization event, “Strengthening Partnerships with the U.S. on Healthy Aging in the Americas,” here in Washington, DC. With the WHO declaring the next decade (2020 to 2030) as the Decade of Healthy Aging, it is exciting to see the Society playing a vital part in this international undertaking.

We here at GSA headquarters will remain dedicated to capitalizing on the Society’s unique position in the gerontological ecosystem — a position that represents all disciplines without bias — and pursue as many new collaborations as we can to improve the lives of people as they age. We have a seat at more tables than ever before, and we are continuing to find new tables at which to sit.

By James Appleby
Award Named in O’Neill’s Memory
At the recent What’s Next Boomer Business Summit in April, event host Mary Furlong and Associates renamed one of its Leadership Longevity Awards in memory of long-time GSA staff member Greg O’Neill, PhD, who passed away in September 2018. The Greg O’Neill Vision and Integrity Award was given to Susan Morisato, president of UnitedHealthcare Insurance Solutions, for her preeminent support of millions of older adults in its MedicareAdvantage plans nationwide. O’Neill, who himself received the honor in 2017, served as director of the GSA’s public policy institute, the National Academy on an Aging Society.

Ailshire, Curran Earn Mentoring Awards
The University of Southern California (USC) recently recognized Jennifer Ailshire, PhD, FGSA, and Sean Curran, PhD, FGSA, for their work as mentors. Curran, associate dean of research at the USC Leonard Davis School of Gerontology, was presented with the Provost’s Mentoring Award during the 2019 USC Academic Honors Convocation on April 9. The award recognizes exemplary investment in and generosity toward the academic and professional success of other USC faculty, postdoctoral fellows, graduate students, or undergraduate students. Ailshire, an assistant professor of gerontology and sociology at the Leonard Davis School, received a USC Mentoring Award on March 25 for her work mentoring graduate students.

Colón-Emeric Takes Top Duke Geriatrics Post
Cathleen Colón-Emeric, MD, MHS, FACP, AGSF, is now chief of the Division of Geriatrics at the Duke University Department of Medicine. Her major areas of research include studies of fall and fracture prevention in older adults, especially after hip fracture and in nursing facilities. She took over the post from longtime GSA member Ken Schmader, MD.

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org!

Here’s what members have been talking about:

• Pamela Saunders, PhD: “I am teaching Theories of Gerontology for the first time. My students are asking if there is a timeline/flow-chart/tree-structure that shows the links between the theories in gerontology?” (Posted in the Academy for Gerontology in Higher Education Community.)

• Chelsie Burchett, MA: “What are some of the obstacles you’ve faced getting a representative sample for your research on behavioral interventions, and how have you addressed those obstacles? Does anyone have any helpful resources or articles that you’ve found useful?” (Posted in the Behavioral Interventions for Older Adults Interest Group Community.)
On Capitol Hill and Elsewhere, Caregiving Gets Its Due

By GSA Policy Advisor Brian W. Lindberg, MMHS

From my inside-the-beltway perspective, this May was an excellent Older Americans Month. Congressional hearings and legislation, Medicare, Geriatrics Workforce Education Program (GWEP), and ombudsman meetings, Twitter chats, and organizational activities focused on ways we can innovate to provide opportunities for and better integrate older adults in our communities.

During May, the Senate Special Committee on Aging held hearings on the Older Americans Act (OAA), technology to improve the lives of older adults and individuals with disabilities, and robocalls. Other committees held hearings on surprise medical billing, prescription drug prices, Medicare physician payment, and paid family and medical leave. The House Education and Labor Subcommittee on Civil rights and Human Services also held a hearing on the OAA; more on that below.

On the legislative front, Representative Jan Schakowsky (D-IL) joined Representative Michael Burgess (R-TX) to introduce Public Health Service Act Title VII reauthorization legislation (EMPOWER for Health Act - H.R. 2781) that includes language to authorize the GWEP (which includes caregiver training) and the Geriatric Academic Career Awards (GACA) program. The GWEP and GACA programs are authorized in the bill for five years at $51 million, which is an increase from last year’s bill of $40.7 million.

As you may recall, we need authorizing laws, which are followed each year with appropriations. You may also recall that Schakowsky was one of the six members of Congress to participate in GSA’s “Congressional Stories of Family Caregiving” briefing in November 2017 supported by The John A. Hartford Foundation.

Several other bills have been introduced during Older Americans Month, including a bill by Senator Tina Smith (D-MN) on social isolation and loneliness, a bill to expand programs under the National Resource Center for Women and Retirement by Senators Doug Jones (D-AL) and Martha McSally (R-AZ), the Stamp Out Elder Abuse Act by Senators Susan Collins (R-ME) and Jacky Rosen (D-NV), and Senator Sheldon Whitehouse’s legislation (D-RI) on care for those with advanced illness.

Following her participation in the House Education and Labor’s Committee’s hearing on the OAA, I was inspired to follow up with GSA member C. Grace Whiting, J.D., who is the president and CEO of the National Alliance for Caregiving (NAC) and Secretariat for the Governing Board of the International Alliance of Carer Organizations. GSA and I have been working with NAC for many years, first with their previous CEO, Gale Gibson Hunt, and now with Grace and her team, including Mike Witteke, director of advocacy. Her testimony and the broad-based support — on both sides of the Capitol and political aisle — for family caregiving is both inspiring and a signal that family caregiving may finally be receiving its due respect. My interview with Grace follows.

Brian Lindberg: Congratulations on being chosen to testify before the House Education and Labor Committee’s Subcommittee on Civil Rights and Human Services for its hearing “Examining the Older Americans Act: Promoting Independence and Dignity for Older Americans.” Could you tell us what about the process and experience stands out for you?

C. Grace Whiting: I was very excited to get to talk about caregiving with members of Congress. What stood out to me the most was how many of our congressional representatives shared their own personal experiences. Many shared the impact of Alzheimer’s and dementia on their family and communities. One member shared that her grandmother had raised her and then needed care in her advanced age, which goes to show you that caregiving can cast a long shadow over our lives. Caring for others is truly universal across diverse backgrounds, socioeconomic status, heritage, and gender.

Brian: What were your goals for this direct interaction with the members of Congress?

Grace: I want members to think more broadly about the role that caregivers play within our systems of care, particularly under the Older Americans Act. When people talk about caregiving, they tend to focus on the emotional, personal impact of caregiving. Yet in the aggregate, this “caring workforce” is conducting millions of hours of care each year at an economic value of $470 billion. Caregiving is about the personal experience, but it is also about how our health care and long-term care systems use caregivers to lower health system costs and deliver better quality care.

Brian: It seems like everything is so partisan these days. How was this hearing in the political sense?

Grace: There seems to be widespread agreement that supporting healthy aging is necessary for a healthy society. The value proposition of the aging network is well understood by policymakers in Congress on both sides. Notably, Republican members seemed most interested in how the aging network and OAA programs could streamline services and foster innovation in states and communities. Democratic members seemed very interested in how the program might be expanded and improved to better meet the needs of an aging population. There was discussion on both sides about the need to innovate and evolve these programs as we look ahead to the future.

Brian: What was your sense of their understanding of the OAA and the challenges that the older adults and their caregivers face?

Grace: Most members seem most familiar with congregate meals and Meals on Wheels as services provided under the act. It struck
During the hearing, there were some interesting exchanges about social isolation, which a number of GSA members study and we even have a new interest group on the topic. Do you see this as an issue attracting more attention?

Grace: Absolutely, although I would argue that this sense of loneliness and isolation cuts across generations. New research has shown that rates of mental and behavioral health issues are rising among people of all ages, and that teenagers to older adults report fewer close friends than previous generations. Systemically, this seems like an opportunity to better support intergenerational programs, and personally, a chance to make new friends of any age.

Brian: There were some emotional moments in the hearing when members discussed their experiences as caregivers.

Grace: Yes, and I was surprised how many were perhaps talking about caregiving in public for the first time. Even members of Congress can have difficulty identifying and recognizing their role as caregivers. The experience of caring for someone can be stigmatizing and lonely. That’s why recognition and support are critical if we’re going to rely on caregivers to deliver health care and social services.

Brian: You and your team have a set of OAA reauthorization recommendations. Would you like to speak about those?

Grace: One of the highest priority recommendations is the need to extend the life of the RAISE Family Caregivers Act Advisory Council, which will sunset in 2021. The Advisory Council has not yet met and will have less than 18 months to develop a strategy for HHS [the Department of Health and Human Services]. We know from our global colleagues that a national plan is essential to better integration of services for caregivers. We’d also like to see the Administration for Community Living create a National Resource Center on Caregiving to make it easier for friends and family to find the help they need. There’s a need for more research, particularly about those who care for adults with disabilities who are aging.

In fact, one of our recommendations relates to the National Academies of Sciences, Engineering, and Medicine’s “Families Caring for an Aging America” report. Several GSA members were instrumental in developing the report’s content and, as you recall, one of the recommendations was to launch a multi-agency research program to evaluate caregiver interventions in real-world health care and community settings, across diverse populations, so we can evaluate outcomes and best practices. We believe that it could be helpful if the assistant secretary for aging would provide leadership in developing a plan to implement that recommendation.

We have been working with AARP on ways to help increase the use of standardized family caregiver assessment tools. We need to more consistently assess the specific problems, needs, strengths and resources of family caregivers, determine whether they would benefit from supports and services, and provide referrals to family caregiver supportive services. Finally, our primary OAA program needs more funding, as well. We estimate the current National Family Caregiver Support Program is serving somewhere between two and four percent of families. That’s good, but not good enough to keep us going for the future. We were very pleased that the House Appropriations Committee has provided an $18.8 million increase for the program for FY 2020, along with $2 million more for Native American Caregiver Support Services, and increases in respite care.

Brian: Tell me more about the National Alliance for Caregiving and how your advocacy on behalf of OAA programs fits into your larger areas of work.

Grace: When we were founded in 1996, NAC was an organization started by members of the aging community including NCOA [the National Council on Aging], n4a [National Association of Area Agencies on Aging], and the U.S. Department of Veterans Affairs. Since then, we’ve expanded our focus to caregiving issues across the lifespan. In recent years, we’ve tried to concentrate on areas of unmet need where we still need knowledge about the impact of caregiving. New areas of focus include mental illness and rare disease. In addition to research and our national advocacy work, we are the founder of an international coalition of 16 countries, each represented by a non-profit, non-governmental organization, so that we can work on a global strategy as the world’s population ages. I see our national work as fitting hand-in-hand with that global effort.

As we look ahead to mid-century, we’re thinking about how to define better pathways for caregivers. Last fall, we started a conversation with the FDA [Food and Drug Administration] about the caregiver’s role in drug and device development, particularly clinical trials. We look forward to publishing a white paper this month on the topic, with input from over 40 partners. We’re continuing to study new populations of caregivers, such as research on caregivers of people with IBD [Inflammatory Bowel Diseases] and sandwich caregivers (older adults and children). Where we can push the movement forward to support families, we’re all in. We still have a long way to go.

Brian: NAC is doing exciting work and I know that GSA will continue to be a part of it. I definitely want to point out that GSA has two interest groups that are involved in this work: the Family Caregiving Interest Group and the Grandparents as Caregivers Interest Group. Grace, thank you for the work you and your team do for all of us past, current, and future caregivers and our loved ones.
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For more information or to sign up, go to www.geron.org/dwg.

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Questions? Email espa@geron.org.
Graduate school is often synonymous with stress — juggling competing demands, inconsistent schedules, and progress milestones. Students often struggle with feelings of inadequacy and may be susceptible to social isolation, given the self-driven nature of graduate work. Low mood, high anxiety, and poor self-care are often the norm rather than the exception in graduate school, as expectations are high, and time is limited. For graduate students, poor mental health may just be “part of the process,” and is often viewed as a rite of passage. But at what expense?

A study published in *Nature* in 2018 examined the mental health of 2,279 graduate students, 90 percent of which were PhD students. Findings from this study, as well as numerous others, suggest that graduate students are more than six times as likely as the general population to suffer from depression and anxiety. Significant portions of this sample met clinical threshold for moderate to severe symptomatology, as measured by the completed screeners. Findings further highlight the significant mental health need among transgender and gender-nonconforming graduate students, as is consistent with other research. This study joins others in investigating mental health in the graduate student population, and ventures so far as to label it a crisis in academia.

Graduate mentorship has been highlighted as a contributing factor in the development of anxiety and depression. The “publish or perish” mentality has filtered down into graduate schools, and students feel increasing pressure to devote significant time and energy to research and publications. The job market is slim, and productivity in graduate school is a critical component to securing a position. Students who feel unsupported by their mentors, or those who lack “real” mentorship, may be increasingly likely to experience depression and anxiety.

Strong and supportive mentor/mentee relationships are correlated with decreased anxiety and depression, and students often find these relationships to be substantial assets to their careers.

A cultural shift is necessitated to protect and improve the health of current and future graduate students. Interventions, however, require efforts on personal, departmental, and institutional levels. Research illustrates that a work-life balance is essential to preserving mental health, not only of graduate students but also professionals at large. Students must work to implement self-care strategies and learn to properly identify signs of burnout. Strong boundary-setting is crucial to preserving personal time, a skill that is honed with time and effort. Departments and advisors must also stress the importance of developing effective self-care behaviors and taking personal time when needed. This attitude needs to be emphasized at the institutional and departmental level in order for change to be attainable.

The stigma around mental health, while improving, is still prevalent and often prevents individuals from seeking help when needed. Academia must work to de-stigmatize mental illness and ensure that mental health is not a barrier to gaining tenure or achieving success in the field. Individuals with mental health disorders must not feel compelled to hide or eschew services for fear of negative consequences. Students must feel safe to reach out and communicate with their advisors, mentors, and peers about unmet mental health needs, and to secure services when needed. Departments should make these resources available to students and provide information about when and how to seek help. Further, mentors and advisors should work to establish a space in which their students feel safe to approach for support and guidance when needed.

Pursuing a higher education should not be accompanied with the risk of mental illness. Anxiety, depression, and low self-worth in graduate school should not be considered “part of the process,” nor should it be considered a rite of passage. The mental health crisis within graduate schools must be addressed, and critical changes are necessitated throughout academia. We, as an institution, need to be promoting positive health and self-care, and strongly consider our role in the development of future gerontologists.

For more information, please visit www.nimh.nih.gov or www.nami.org.
Continued from page 1 - Powers

I bring a 35-year experience in geriatric program development at both university and VA as well as coordination of institutional relationships to the office. It is my firm belief that the field of gerontology is rapidly increasing in importance relevant to the aging of the population and increasing interest in healthcare and social security as services which are driving growing sectors of the economy.

I am honored to be nominated to serve and pledge to be responsive to the membership and contribute to the effective functioning of the Society.

James S. Powers, MD, FGSA, received a BA cum laude from Wesleyan University in Connecticut and MD with distinction in research from the University of Rochester in New York, followed by residency in internal medicine at Cleveland Clinic and Case Western Reserve University Hospitals. He is the recipient of the 2009 Marsha Goodwin-Beck VA Interdisciplinary Award for Excellence in Geriatric Clinical Care Delivery, and is board certified in medicine, geriatrics, and palliative Care.

Powers is a professor of Medicine at Vanderbilt University School of Medicine, where he has led the effort to develop a geriatrics program. Author of 110 papers, books, and book chapters, he has mentored over 2,200 trainees and holds fellowship in the American College of Physicians, American College of Nutrition, American Geriatrics Society, The Gerontological Society of America, and the Royal Society of Medicine. He serves as associate clinical director for the VA Tennessee Valley Geriatric Research Education and Clinical Center, and is the founding program director for the Vanderbilt Geriatric Fellowship.

Powers’ research interests include educational outcome evaluation, aging body composition, and models of geriatric care, and he leads numerous studies focused on falls prevention, caregiver support, treatment of agitated dementia, and geriatric models of care and health systems improvement.

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 11. Reminders will be sent prior to the voting deadline of July 1. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org.

If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office will be available online at www.geron.org/elections by June 11.

Continued from page 1 – Harvath

Terri Harvath, PhD, RN, FAAN, FGSA, is the executive associate dean at the Betty Irene Moore School of Nursing at the University of California, Davis. She also serves as the founding director of the school’s Family Caregiving Institute, which launched in 2017 to advance research, education and policy to support caregivers.

An internationally recognized expert in gerontological nursing and nursing education, Harvath focuses her scholarship on improving the health and healthcare for frail older adults and their family caregivers. Prior to her UC Davis appointment, Harvath was the director of the Hartford Center for Geriatric Nursing Excellence and the Advanced Practice Gerontological Nursing Program at Oregon Health & Science University School of Nursing, where she was also a professor.

Harvath has been a member of GSA since 1987. She was elected as the chair of the Health Sciences Section in 2016 and is currently the immediate past chair. She earned a master’s degree and a doctorate in nursing from Oregon Health & Science University and a Bachelor of Science Degree in Nursing from the University of Wisconsin, Madison.

Continued from page 1 – Experts Urge Stronger Emphasis on Cancer Prevention in Older Population

preventive services, and engage older adults in these efforts,” the editors write, joined by Lisa C. Richardson, MD, MPH of the CDC, in the opening article.

The supplement’s collection of articles calls for such a comprehensive approach, coupled with an intensified application of evidence-based measures and best practices to reduce cancer risk in the growing population of older adults, and provide innovative insights for exciting new directions in research and practice.

Older people represent a growing population at special risk of cancer. More than two-thirds of all new cancers are diagnosed among adults aged 60 and above. In presenting their research and discussing the state of the science, the supplement’s authors identify a wide range of targets for prevention activities, including improved health literacy, promotion of adequate sun protection, reduced age discrimination and positive attitudes toward aging, studies on the impact of natural disasters and financial hardship on cancer risk, and the appropriate use of preventive health services at older ages.

“Cancer development is a multi-step process involving a combination of factors,” the editors added. “Each cancer risk factor represents a component of cancer causation, and opportunities to prevent cancer may exist at any time up to the final component, even years after the first. The characteristics of the community in which one lives often shape cancer risk-related behaviors and exposures over time, making communities an ideal setting for efforts to reduce cancer risk at a population level.”
Candidates Unveiled for 2019 Elections

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 11. Reminders will be sent prior to the voting deadline of July 1. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org. If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office will be available online at www.geron.org/elections by June 11.

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funding opportunities

Federal Funds Slated for Research on Parkinson’s Disease-Related Cognitive Impairment

The National Institute on Aging and National Institute of Neurological Disorders and Stroke have posted a funding opportunity announcement for studies that seek to identify neurophysiology and/or biospecimens that predict which patients with Parkinson’s disease will develop cognitive impairment or dementia; experience gradual versus rapid progression of cognitive impairment; and/or develop aberrant behavioral or frankly psychotic symptoms as a part of their dementia. Research to evaluate new candidate biomarkers, or to further update, expand upon, or validate previously-published biomarker candidates, is considered appropriate. Applications should discuss whether the proposed marker is applicable to one particular stage of disease (e.g., minimal cognitive impairment versus dementia), whether it is expected to progress in tandem with disease-progression, or whether a “panel” of markers is optimal for tracking disease/symptoms. Since cognitive decline can occur over many years, applicants are strongly encouraged to leverage existing longitudinal cohorts of Parkinson’s disease and Parkinson’s disease dementia patients that are more likely to be followed to autopsy, so that confirmation of diagnosis and evidence of biomarker validity can be obtained. The first standard application due date June 5 and will expire on May 8, 2022. Full details can be found at bit.ly/2UCgzDv.

New Zealand’s Ryman Prize Welcomes Applications

The Ryman Prize, awarded each year by an international jury appointed by The Ryman Foundation in New Zealand, is an annual NZ$250,000 award for the world’s best discovery, development, advance or achievement that enhances quality of life for older people. Presented each year by the prime minister of New Zealand, the prize is an entirely philanthropic initiative. It is independently funded, apolitical, and the donor is anonymous. The prize is awarded in New Zealand but is open to anyone, anywhere in the world for work completed on an advance that has been proven to enhance quality of life for older people. The work could include, but is not limited to, a mechanical device, a discovery, an invention, a study, a book, an initiative, a proven idea, a completed research project or initiative or any other advance that enhances quality of life for older people. The award can be made to an individual or a team. Entry is by application or nomination, due June 28. Visit rymanprize.com for complete details.
The goal of a forthcoming special issue in the Psychological Sciences section of The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences is to advance the field of views on aging and their link to health by taking a multidimensional, integrative outlook, encompassing key views on aging and their interactive effects on physical and mental health. Authors are invited to submit empirical works that offer significant conceptual contribution to the field with the use of advanced methodological designs. In recent decades there has been a dramatic increase in interest in views on aging and their relationship with health. Scholars have looked at various views, such as subjective age, attitudes toward aging, ageism, awareness of age-related change, and future-oriented perceptions including subjective nearness to death. However, previous studies have typically examined views on aging with one variable or construct or within a specific timeframe (e.g., either short- or long-term assessment). Abstracts are due September 1. View the full call at bit.ly/GSA-CFPs.

Growing Need for Non-Paid Eldercare Disrupts Work of Canadian Women

Despite their growing numbers in the workforce, women continue to bear the greatest responsibility when it comes to the impact of eldercare on work in Canada. According to an Institute for Work & Health (IWH) study published in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, women are much more likely than men to stop working, to work part-time, or to take time off work during the week if they do take time off. Taking all of these factors into account, the study found that, when it comes to taking care of older relatives, women compared to men are 73 percent more likely to permanently leave work; five times more likely to be working part-time; twice as likely to take time off during a work week; and if they do take time off, they are likely to take off about 2.5 hours more per week.

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New Diabetes Guidelines Focus on Older Population

GSA was a cosponsoring association in the recent publication of The Endocrine Society’s “Treatment of Diabetes in Older Adults Clinical Practice Guidelines.” This resource focuses on treatment strategies that take into consideration the overall health and quality of life of older adults with diabetes, defined as age 65 or older. Jeffrey Halter, MD, FGSA, represented GSA on the Guideline Writing Committee. It aims to simplify medication regimens and tailor glycemic targets in older adults with diabetes to improve adherence and avoid treatment-related complications. The guidelines were published in The Journal of Clinical Endocrinology & Metabolism and can be accessed at bit.ly/2JSOXrb.

NIA Launches New Tools for Alzheimer’s Study Recruitment

The National Institute on Aging (NIA) has announced the debut of ADORE — Alzheimer’s and Dementia Outreach, Recruitment, and Engagement Resources — a searchable, online toolbox designed to help researchers engage, recruit, and retain participants in clinical trials and studies for the prevention and treatment of Alzheimer’s disease and related dementias. ADORE brings together hundreds of resources, including journal articles, toolkits, recruitment plans, and more, shared by NIA-supported Alzheimer’s Disease Research Centers and other agencies and organizations. ADORE also includes a series of testimonial videos that tell the stories of study volunteers who discuss what motivates them to participate. Visit ADORE at bit.ly/2M1LtoC.
The integration of the Academy for Gerontology in Higher Education (AGHE) into GSA last year provided an opportunity to introduce several new interest groups with an education focus. While these interest groups were new to GSA members, they had long and active histories as AGHE committees prior to transitioning into interest groups.

**Business and Aging:** AGHE’s Business and Aging Committee joined with GSA’s existing Business and Aging Interest Group to continue its focus on providing an opportunity for business schools, various sectors of gerontology, and the corporate world to share research and implement findings.

**Community College:** Provides a forum to share resources and best practices for gerontology and geriatrics educators within the community college setting, while also increasing the visibility of the role community colleges play in gerontology and geriatrics education.

**Geriatric Education:** Promotes educational strategies for interprofessional training and education and training for gerontology and geriatrics. It also works to advance interdisciplinary collaboration and develop educational strategies to maximize its reach within the educational arena.

**Intergenerational Learning, Research, and Community Engagement:** Investigates, expands, and promotes opportunities for participating in intergenerational learning, research, and community engagement. The group serves as a support network for the community, professionals, educators and students in gerontology, sharing cutting edge intergenerational programs, research, various teaching approaches/platforms, and the incorporation of applicable technology.

**K-12 Gerontology Education:** Dedicated to supporting efforts to infuse gerontology in the K-12 curriculum, particularly in areas such as biology, health, reading, and social studies.

**Age-Friendly University (AFU):** Launched by AGHE members this year, this interest group provides an opportunity for members of the global Age-Friendly University (AFU) network, and those interested in learning more about the AFU initiative, to share information about network developments, AFU campus activities, and resources within and outside of GSA/AGHE that can support age-friendly programs, practices, and partnerships in higher education. (For more information about AGHE’s involvement with the AFU Initiative, see the Educational News column in the April 2019 *Gerontology News.*)

All GSA members are invited to join these new Interest Groups and tap into a wealth of information about gerontology education. Log in to your GSA account to join one of these groups!
GSA 2019 ANNUAL SCIENTIFIC MEETING

Strength in Age: Harnessing the Power of Networks

NOVEMBER 13–17, 2019 | AUSTIN, TEXAS

What does the meeting theme, Strength in Age: Harnessing the Power of Networks, mean to you?

REGISTRATION OPENS: JUNE 28, 2019

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