May 2019

GSA Headquarters Welcomes Two Members in Visiting Roles

Long-time members Richard Browdie, MBA, FGSA, and Patricia W. Slattum, PhD, have joined the GSA staff as part of the Society’s Visiting Scholar Program. Launched in 2011, this opportunity is open to members able to make a full- or part-time commitment to conduct work on GSA projects related to his or her area of expertise.

“Our two new visiting scholars have distinguished themselves throughout their careers, and their knowledge and experience will make them valued members of the GSA team,” said GSA CEO James Appleby, BScPharm, MPH. “I look forward to working with them as we advance innovation in aging.”

Slattum said that as she transitions to retirement from her role in academia, she is excited about the opportunity to work with GSA as a visiting scholar.

O’Neill’s Legacy Continues with Selection of Inaugural Intern

GSA member Haley Gallo, a doctoral student at the University of Southern California Leonard Davis School of Gerontology, will spend the summer in Washington, DC, as the first participant in the Greg O’Neill Student Policy Internship.

The internship is named in memory of long-time GSA staff member and scholar Greg O’Neill, PhD. This eight-week summer experience will enable one intern per year to be immersed in aging-related policy development and experience this process at the national level.

Gallo, a GSA member since 2017, said she is honored and excited to be selected for the experience.

“Attending the Annual Scientific Meeting in 2018 reminded me that GSA not only provides members the opportunity to learn from other academics, but also allows members to unite research and policy efforts to create measurable changes that improve quality of life for people of all ages,” she said. “I look forward to supporting GSA this summer while honoring Dr. O’Neill’s contributions to the field.”

Her internship duties are expected to include attending congressional hearings; researching and analyzing issues that impact older individuals; meeting with federal regulatory agencies and national coalitions; monitoring legislation and regulations; contributing to GSA’s Public Policy & Aging Report; developing policy sessions for the GSA Annual Scientific Meeting; drafting communications; and attending networking events with GSA staff.

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From the CEO

GSA Honors Its History as a Steadfast Champion for Science

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

I recently read “The Death of Expertise: The Campaign against Established Knowledge and Why It Matters,” a book by Tom Nichols. Informed by a great deal of research, this book really resonated with me, as it addresses a paradox that scientific researchers must wrestle with every day. As increased levels of education and technological advances give us better access to information, our society is seeing a rise in “ill-informed and angry citizens who denounce intellectual achievement and distrust experts.”

Some have described this as a “war on science.” While I don’t know that it’s a coordinated effort, it’s extraordinarily disturbing to see how this distrust of evidence-based research seems to be gaining momentum. With some elected leaders discounting the science of global climate change and suggesting that vaccines cause autism, citizens seem to be given a “pass” to believe whatever they wish, despite overwhelming evidence to the contrary.

We’re seeing a clear manifestation of this disregard for science today in the form of the current measles outbreak. There have been approximately 700 reported cases so far in 2019, with more on the way, making this the worst year since the disease was declared eliminated from the U.S. in 2000. Why the resurgence? It’s a byproduct of distrust of experts and science, fueled by an ongoing disinformation campaign saying that vaccines are unsafe. This is a case study of how ill-informed people can impact public health.

I have been a particularly strong advocate of programs that improve and protect the public health, and I am thankful for the role vaccines play in preventing disease across the life course. It has been rewarding to see the ongoing success of GSA’s National Adult Vaccination Program (NAVP), steered by GSA member experts. This program has made a real difference in health systems across the country, particularly through the NAVP’s Immunization Champions, Advocates, and Mentors Program (ICAMP).

Likewise, the Society has counted on its expert members to guide the development and implementation of the new KAER model for earlier detection of cognitive impairment. The model pulls together a diverse set of expert-developed resources that help clinicians manage the complex task of identifying patients that may be experiencing cognitive decline and guiding them through the care process.

While these are just two examples, the Society and its 5,500 expert members are advancing scholarship across the field of gerontology. Hundreds of volunteers have played a role in the just-completed peer review process for abstracts submitted for the 2019 GSA Annual Scientific Meeting. And many more are involved in the ongoing reviews of GSA journal articles. GSA relies on the expertise of its members and stands ready to champion this expertise day in and day out.

It’s important to acknowledge that experts aren’t perfect. As Nichols points out in his book, it is possible for experts themselves to make mistakes, but he argues that the key point is the ability of other well-informed experts (peer review) to challenge these mistakes and lead to solutions. We must be vigilant in this era where all voices in a debate demand to be taken seriously, no matter how uninformed.

In order to protect the public health, GSA stands ready to support the experts within our membership and help bring the new insights they discover to the field and society-at-large.

The story outlined in “The Death of Expertise” is a cautionary tale of what happens when the value of science becomes discounted in the public square. As GSA approaches its 75th anniversary in 2020, it’s time to recommit to the value of scientific expertise — expertise that was prized by our founders in 1945 and continues to serve as the Society’s North Star.

James
Ancoli-Israel Earns Sleep Medicine Award

The American Academy of Sleep Medicine (AASM) has named Sonia Ancoli-Israel, PhD, FGSA, as a 2019 recipient of its William C. Dement Academic Achievement Award. This distinction recognizes members of the sleep field who have displayed exceptional initiative and progress in the areas of sleep education and academic research. Ancoli-Israel is a professor emeritus of psychiatry and a professor of research at the University of California, San Diego School of Medicine. She is certified in sleep medicine and in behavioral sleep medicine. She is a fellow of both AASM and GSA. Ancoli-Israel also is a past president of the Sleep Research Society and is published regularly in medical and psychiatric journals, with more than 500 publications in the field.

Berg-Weger Recognized for Service to Older Adults in St. Louis

Former SRPP Section Chair Marla Berg-Weger, PhD, LCSW, FGSA, has been selected as the recipient of the 2019 Harvey A. and Dorismae Hacker Friedman Award for Excellence in Service to Older Adults by the Harvey A. Friedman Center for Aging at Washington University in St. Louis. The purpose of this award is to recognize an individual who has made outstanding contributions in service to older adults. Individuals might have made this contribution through practice, education, advocacy, or research. The award is supported by The Foundation for Barnes-Jewish Hospital from the Harvey A. and Dorismae Hacker Friedman Fund. Eligible nominees must be professionals currently involved in work that is related to older adults within the St. Louis Metro Region. Berg-Weger currently is a professor in the Saint Louis University School of Social Work and executive director of the Gateway Geriatric Education Center.

Colleague Connection

Congratulations to everyone who participated in GSA’s Membership Month during March. In lieu of the usual Colleague Connection, every member who referred a new member to the Society earned a $25 Amazon gift certificate.

Thank you to all who helped grow our membership!

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on:

Rita K. Chow, EdD, RN, FGSA, AHN-BC (Ret)

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

GSAConnect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org! During Membership Month in March, GSA members posted about their introduction to the field of aging/gerontology (edited for length):

• Joy Poskozim, DDS: My grandmother needed a new lower partial denture. Ten minutes from my practice, I would go to her home during my lunch break to perform the steps to make her a custom lower dental prosthesis. The one place she would go was church. I remember inserting the denture without any need for adjustments on a Friday. The following Monday I get a phone call from a fellow parishioner asking if I would see her grandmother, who also needed a denture. That was over ten years ago and I have never looked back. It is a pleasure helping seniors with their oral care — especially the house calls.

• Karen Hirschman, PhD, FGSA: While I always enjoyed spending time with my grandparents, when I was in college, I helped out in a nursing home and discovered a great love for working with older adults in the long-term care setting. When I decided to become a social worker, I shifted to working with children and young families, but never had the same excitement, joy and fulfillment that I felt working with older adults and their families. Eventually, I found myself back in the long-term care setting working as a social worker in a nursing home. That position set the stage for my work today focused on transitions in care for older adults with cognitive impairment and their family caregivers.
Opioid Crisis Brings Implications for Elder Justice

Happy Older Americans Month! The theme this year is “Connect, Create, Contribute,” which the U.S. Administration on Aging tells us encourages older adults and their communities to:

• Connect with friends, family, and services that support participation.
• Create by engaging in activities that promote learning, health, and personal enrichment.
• Contribute time, talent, and life experience to benefit others.

With many of our communities under siege now with the opioid addiction crisis, the Older Americans Month theme is very relevant to the subset of older adults who may not be as connected with society and are at risk of being neglected, abused, and financially exploited. In fact, there is evidence that the incidence of older adults experiencing abuse is on the rise because the opioid crisis brings them into contact with family members and caregivers who are desperate to find opioids or the resources to buy the drugs, creating a sub-crisis within the opioid crisis. Society has not yet adequately recognized and responded to this escalation in elder injustice.

GSA members Pamela B. Teaster, PhD, FGSA, and Karen A. Roberto, PhD, FGSA, both from the Virginia Tech Center for Gerontology, have been working on the issue of elder abuse (and elder justice) for many years. Teaster recently testified before Congress on issues related to elder abuse and guardianship.

I have had the privilege of working with both experts on several articles and sessions on elder abuse at GSA’s Annual Scientific Meeting. Teaster and Roberto have also been conducting cutting edge work on the opioid topic. They developed an idea for a study that would examine a “more hidden pathway” to elder abuse — how the opioid addiction of family members, caregivers, and “others who rely on them for money, child care, food, shelter, and the like” may strip older adults of their resources and quality of life because of the struggles of those around them.

According to a story in The Boston Globe, Massachusetts has seen an increase of 37 percent in reports of elder abuse in the past five years as more adult children with addiction problems are moving back in with their parents.

Teaster and Roberto developed a survey instrument and conducted focus groups with 20 carefully selected representatives in four states (Kentucky, Ohio, Virginia, West Virginia), from Adult Protective Services, the state attorney general’s offices, Mental Health/Substance Abuse Services, law enforcement, senior services, and the Medicaid Fraud Control. Representing the Elder Justice Coalition (EJC), I provided input on the survey instrument and participated in the focus groups, which was a fascinating and enlightening endeavor, although the results are haunting. You may recall that GSA is a member of the EJC, and our long-time friend, Bob Blancato, is its national coordinator.

The results of the study, “The Opioid Epidemic and Its Effect on Elder Abuse,” found that in all four states, “The problem is escalating in scope and severity. Elder exploitation was the predominate form of abuse, but participants indicated that when desperate perpetrators had gone through money, the drugs, or both, older adults were also psychologically and physically abused.

“In one case from Kentucky … a grandson who had a heroin addiction went to live with his elderly grandfather. The grandfather had a diagnosis of dementia, and the grandson exploited the grandfather for money ($85,000) to support his heroin addiction. He was taking money out of his debit card, writing checks to his friends, and opened credit cards in his grandfather’s name to support his addiction.”

Another aspect of the issue is self-neglect, as described by a focus group participant from Virginia, who reported “complaints of self-neglect where bills are not getting paid/elders missing appointments, and after investigation, they find that there is a drug issue going on.”

The problems are not confined to the older adults living in the community. It affects people living in nursing homes as well. In one case, “an LPN at a nursing home had an opioid addiction and took multiple medications off the medication cart one night and was found passed out at a nearby gas station after her shift … near the point of overdose. The residents whose medications were taken didn’t receive medications and were in pain as consequence.”

Although their work continues with a detailed review of cases from Kentucky, Teaster and Roberto’s study concluded with the following preliminary findings based on the comment of the focus group participants, who:

• Believed that the opioid crisis is indeed contributing to cases of elder abuse and that the problem is increasing in severity.
• Estimated a 25 to 35 percent increase in drug-related exploitation cases.
• Stressed that there is a dangerous lack of resources to help with drug-related cases of elder abuse. Resources are highly inadequate because the community itself is under-resourced, its financial base from which to operate is thin, and there is a lack of state and federal funding to address this problem.
• Confirmed that there are NO reliable, retrievable data to document the scope of the problem.
• Validated that the time is now to conduct research to enhance understanding of the opioid-elder abuse connection to design effective prevention and intervention efforts to address this growing problem.
What Should We Do About This Injustice?

Based on the evidence and input from professionals in the field, the EJC and our Virginia Tech experts have developed policy recommendations for consideration by Congress, the presidential administration, and others in positions to address elder abuse at the local level, particularly in rural America. First, a grants program is needed to support the aging network’s work to tackle this local crisis.

The goal of such a grants project would be to improve the ability of local stakeholders and human service providers to coordinate their response to the growing abuse tied to the opioid crisis by helping communities establish programs for strategic planning, data collection and sharing, and outcome measurement. Resources could also be used to develop educational materials, promote cross-county and cross-state communications so they can learn from each other, and test replicable models for making changes in service delivery and practice.

Given the billions of dollars that Congress has provided to deal with opioid addiction, it makes sense that it should also provide dedicated funding to the Administration on Aging from current and future opioid appropriations for competitive grants to address this problem. This could include a rural set-aside.

Resources are needed to bring together key public and private sector stakeholders, including Adult Protective Services, Area Agencies on Aging, the state units on aging, courts, drug and law enforcement, prosecutors, the long-term care ombudsman program, other service providers with behavioral health experience, and appropriate private sector stakeholders, such as financial institutions, hospitals, and the faith community for strategy development and information sharing. This collaboration should lead to multiple agency coordination, and inter-agency agreements and programs to deal with data collection, referral protocols, emergency shelter arrangements, better connections with law enforcement, and much more.

Training of services and supports staff in recognizing, documenting, and intervening in cases of abuse is also needed to deal with older adults experiencing abuse, neglect, and exploitation related to opioid abuse. Training Older Americans Act-funded program staff and family caregivers reflects a previous mandate of the 2016 Older Americans Act reauthorization as well.

Funding could also be used for developing materials, public service announcements, a hot line to report cases, senior center programs, and other outreach to empower older persons and provide a safe place to contact if an opioid-related situation arises.

Resources for the Long-Term Care Ombudsman Program dealing with opioid-related issues in nursing homes could also be provided. Finally, communities need to have strategies to ensure that older persons who legitimately need opioids and other drugs for medical reasons can safely access their medications.

As I mentioned, GSA is a member of the EJC, which has been actively working to secure support and funding for these proposals by providing testimony before the Elder Justice Coordinating Council, the House and Senate Appropriations Committees, and by spreading the word that this is a growing problem in need of a nation solution implemented community by community.

Back to Older Americans Month — as if you aren’t already doing enough — please check out the Administration for Community Living/Administration on Aging website at www.acl.gov/oam and consider doing your part to promote “Connecting, Creating, and Contributing.” These three C’s can help stem the tide of elder abuse, neglect, and exploitation linked to the opioid crisis.

Recent GSA Policy Actions

GSA supported a Friends of NIA (FoNIA) letter to Congress regarding fiscal year (FY) 2020 appropriations, which requested that federal resources be dedicated to sustain and enhance timely and promising aging research at the National Institute on Aging (NIA) and across the National Institutes of Health (NIH). FoNIA requested at least $41.6 billion in FY 2020 for the NIH, which aligns with overall recommendation of the Ad Hoc Group for Medical Research. Within this amount, FoNIA requested an increase of at least $500 million over FY 2019, designated to support cross-institute aging research initiatives at the NIH, including but not limited to biomedical, behavioral, and social sciences aging research and an increase of at least $350 million above the final enacted amount for FY 2019 for Alzheimer’s disease and related dementias research at the NIH. This sustained federal investment will make it possible for the NIA to continue the acceleration of ground-breaking research while building an infrastructure to further expand the NIA’s research footprint in the field.

GSA signed an April 2 letter with nearly 850 organizations urging lawmakers to work in a bipartisan fashion to quickly develop an agreement to raise spending caps for discretionary programs, emphasizing the importance of non-defense discretionary programs to the American economy. Without Congressional action, the nation faces deep cuts in the coming fiscal year in funding for critical non-defense discretionary programs — affecting investments that touch every sector of our economy, from health care to infrastructure, scientific research, and education — as well as for defense.
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“One is continuing to explore my interest in medication outcomes in later life and how drug development and use can be improved to maximize benefits and minimize risks. Medications can influence many of the outcomes of interest to gerontologists, so this is a great opportunity for collaboration,” Slattum said.

“I also hope to work with GSA members and staff to strengthen professional development and mentoring opportunities available through GSA for trainees and gerontologists throughout their career trajectory,” she added. “This role as a visiting scholar is exploratory and I imagine that it will evolve over time. I look forward to the discovery process!”

Browdie, coming from a non-academic background, will take on the title of visiting executive at GSA. He recently retired after 16 years as president/CEO of the Benjamin Rose Institute on Aging. Previously, he served as Pennsylvania’s secretary of aging and executive director of the National Association of Area Agencies on Aging.

“My whole career has always been involved with designing programs and services to meet the needs of low income older people,” Browdie said. “I hope to work with GSA leaders to develop ways to increase the dialogue between program developers and system managers and researchers and policy analysts.”

Browdie and Slattum join the company of Katie Maslow, MSW, who has been a visiting scholar since 2016. Maslow’s work focuses primarily on improving care and services for people with cognitive impairment, dementia, and coexisting medical conditions, and supporting their family caregivers. Ning Jackie Zhang, PhD, FGSA, previously served as a visiting scholar during the 2011–2012 academic year, focusing on the Society’s Asia Initiative.

The program is ideally suited for faculty taking a sabbatical leave from his or her institution, or those who have reached emeritus status; the length of service can be dependent on the member’s schedule. It is designed to provide members with the opportunity to advance GSA initiatives related to their professional interests; combine their research projects with GSA’s programmatic needs; view the aging research enterprise through the lens of the larger Society; and broaden their professional network. For further information, contact GSA Vice President of Professional Affairs Patricia D’Antonio at pdantonio@geron.org.

Age-Friendly Universities (AFU): Principles, Practices, and Opportunities

AGHE’s journal, Gerontology & Geriatrics Education, is pleased to announce the publication of its special issue on “Age-Friendly Universities (AFU): Principles, Practices, and Opportunities.” The issue profiles a diverse range of institutions who have joined the AFU network of institutions endorsing the AFU principles.

The AFU initiative reflects the work of an international, interdisciplinary team of educators, researchers, and policy makers convened by Dublin City University (Ireland), who identified 10 principles institutions can use to evaluate and develop age-friendly programs and policies. The AFU principles reflect six pillars of institutional activity: teaching and learning, research and innovation, lifelong learning, intergenerational learning, encore careers and enterprise, and civic engagement.

The AFU principles advocate that older adults have access to educational, career, cultural, and wellness activities at institutions, and that institutions extend aging education to younger students and promote age-integration by bringing younger and older learners together in educational exchange. Age-friendly institutions support aging research by developing agendas informed by older adults’ diverse needs, and look to develop partnerships beyond their campuses with the local aging community.

To date, more than 46 institutions representing North America, Europe, and South East Asia have become partners in the AFU global network.

In the special issue, authors describe how their institutions launched their AFU efforts and discuss how the AFU concept has inspired new opportunities. Recognizing that the AFU movement is in its early stages of development with inevitable challenges, authors share information about difficulties encountered and insights gained to address them.

Visit www.tandfonline.com/loi/wgge20 to access the articles.
The Replication Crisis: Where Do We Go From Here?

By Katie Sakel

Students from junior high to graduate school hear that their research methods need to be specific enough to be replicated (or repeated), but not enough to bore the reader. Yet, at some point throughout the years, studies in large fields of science have lost the ability to replicated by other scientists.

The sciences are currently going through a replication crisis within which the results of many studies are unable to be reproduced. Some of these cases are failures of exact replication, or following the methods step-by-step; while some of failures are of conceptual replications. A conceptual replication may differ from an original study by having a different sample population, for example.

The replication crisis has been found in numerous fields of study, including but not limited to psychology, biology, medicine, and epidemiology. It is anticipated to be a widespread crisis. Only one third of all psychology studies have been hypothesized to be able to be replicated. Popular studies in the area of psychology that have been accused include the bystander effect (Latane & Rodin, 1969), the study that concluded a person's facial expressions will affect their mood (Strack, Martin, & Stepper, 1988), and the study of priming a person with words pertaining to aging with a result that they will walk slower (Bargh, Chen, & Burrows, 1996).

However, the replication crisis has been renounced by some in the psychological field. The controversial nature of the replication crisis is two-fold. Some argue that any study, in an attempt to replicate an earlier study, may itself become nonreplicable. Others posit that the original studies lack detailed methodology, thus making it difficult to achieve perfect replication.

Irrespective of opinions regarding the validity of the replication crisis, best practices should be implemented for future research:

• Publish Null Findings: Insignificant findings are important for two reasons. First, published null findings extends the current literature by providing important and interesting research. Second, all those who are completing meta-analyses will be appreciative of higher-powered study with the addition of more available studies in the literature.

• Sample Wisely: As a statistician, I recommend utilizing the largest possible sample size with a double-blind methodology. As a researcher, I know that budgets and populations do not always lend to the perfect conditions. Therefore, to prevent sampling error, or not having a representative population, calculate the sample size prior to the study, when appropriate (e.g., G*Power is a statistical tool that can aid in such calculations). Additionally, report as much detail of the methodology of an experiment as possible. Variables should be clearly defined in the methods section, and they should be controlled for in the statistics when necessary. Individual variables can influence the sample, and must be accounted for in the analyses.

• Repeat A Step: As scientists, we are notorious for working off of theory and building off of others work. To protect ourselves against a replication crisis, a scientist should determine that the results of the previous literature upon which the work is based is replicable. If it is not, then publish the lack of replication. If it is replicable, then complete the experiment.

We, the current members of the GSA Emerging Scholar and Professional Organization, have a choice regarding the future impact of our research. What steps will you take in your next research project? Respond at kklotz@bgsu.edu with the subject line: Replication Crisis.

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Gallo will report to GSA Vice President for Professional Affairs Patricia M. D’Antonio, BSPharm, MS, MBA, BCGP.

“This is a terrific professional development opportunity for emerging scholars in the aging field,” D’Antonio said. “In welcoming Ms. Gallo, we felt it appropriate to choose someone who shared Dr. O’Neill’s passion for policy, while embracing his love of mentoring and experiential learning.”

O’Neill enjoyed a 20-year career at GSA, rising to the position of director of the Society’s nonpartisan public policy institute, the National Academy on an Aging Society. In this capacity, he served as managing editor of Public Policy & Aging Report, and the go-to person for Capitol Hill staffers working on aging-related issues.

Gallo’s research interests include long-term services and supports and developing policies that enable older adults to maintain independence and stay engaged with society. She is currently working on the Purposeful Aging Los Angeles Initiative, a project that seeks to create livable communities for all ages.

Her previous experiences include working in the Drug Discovery Lab and the Memory and Lifespan Cognition Lab at UCLA. She also served as the executive secretary for the Task Force on Research and Development for Technology to Support Aging Adults (Tech4Aging) in the White House Office of Science and Technology Policy. She received a Bachelor of Science degree in in psychobiology with a minor in gerontology from the University of California, Los Angeles in 2017.
Journal Examines Outcomes of Cash and Counseling Programs

Ten years after the results from the Cash and Counseling controlled experiment were first published, what are people with disabilities and their caregivers saying about this option, which allows them to direct their own home and community-based services and supports and individualize their own budgets? And what is the latest research saying about what it will take to improve this approach and make this option available for all people with disabilities? The articles in a new special issue of the Journal of Gerontological Social Work (volume 62, number 2), edited by Kevin J. Mahoney, PhD, FGSA, present: findings on what needs remain unmet even when people can manage their own budgets; participants’ and their family caregivers’ views on what support broker activities really help (or hurt); and the results of a project involving the Council of Social Work Education and nine schools of social work to develop modules for training future social workers on person-centered planning and participant direction. These articles will be open source through June and can be accessed at bit.ly/2TVoJ8D.

Family Caregivers Performing Complex Tasks with Little Instruction, Report Finds

Half of the nation’s 40 million family caregivers are performing complicated medical and/or nursing tasks for their family members and friends — including giving injections, preparing special diets, managing tube feedings, and handling medical equipment — according to a new report from the Home Alone Alliance (AARP, United Hospital Fund, Family Caregiver Alliance, and the University of California, Davis Betty Irene Moore School of Nursing). In addition, 70 percent of these caregivers are dealing with the stress of managing pain relief in the midst of a national opioid crisis. “Home Alone Revisited: Family Caregivers Providing Complex Care” was produced with funding from the John A. Hartford Foundation and the AARP Foundation, and took an in-depth look at the specific medical/nursing tasks that family caregivers are doing. The report found that family caregivers are performing a variety of complex nursing and medical tasks typically performed by trained health care professionals, including:

- A majority (82 percent) manage medications;
- Almost half (48 percent) prepare special diets;
- Half (51 percent) assist with canes, walkers, or other mobility devices;
- Over a third (37 percent) deal with wound care;
- One third (30 percent) manage incontinence;
- To read the full report, go to bit.ly/2KPnvMV.

New AARP Research on Grandparents Depicts Changing Landscape

AARP has released the results of its Grandparents Today National Survey, highlighting the latest trends among grandparents in the US. Since 2001, the number of grandparents has grown by 24 percent from 56 million to 70 million. The research found that grandparents spend an average of $2,562 annually on their grandchildren, equaling approximately $179 billion dollars per year. The youngest grandparent is about 38 years old, with 50 being the average age of becoming a first-time grandparent. The research found that grandparents have, on average, four to five grandchildren, down from six to seven in 2011. The number of grandparents in the workforce has increased in the past seven years, with 40 percent of grandparents currently employed, up from 24 percent in 2011.

Other key findings of the research include:

- 94 percent of grandparents provide some sort of financial support to their grandchild(ren);
- 87 percent would accept an LGBT grandchild;
- 34 percent have grandchildren of mixed or different race/ethnicity;
- 71 percent say their health status is very good or excellent;
- 89 percent say their relationships with their grandchild(ren) is good for their mental well-being;
- 29 percent live more than 50 miles away from their closest child, up from 19 percent in 2011;
- 11 percent have a grandchild living with them, consistent with 2011 results;
- 5 percent of those in multigenerational households are primary caregivers of a grandchild living with them.

The full report is available at www.aarp.org/grandparentstudy.

Cornell University’s Edward R. Roybal Center and University of Florida’s Pain Research and Intervention Center of Excellence present:

Mechanisms and Management of Later Life Pain

A Free Monthly Webinar Series

Monday, May 20, 2019 | 1pm-2pm EST:
Presenter: Joseph Riley, PhD, University of Florida
Assessment of Pain Modulation in Older Adults

Monday, June 24, 2019 | 1pm-2pm, EST:
Presenter: Debra Weiner, MD, University of Pittsburgh
Chronic Low Back Pain in Older Adults: Evolution of a Research Agenda

The TRIPLL webinar series is a web-based training resource for health professionals, researchers, and others with interest (or working) in the aging field.

Please visit our website at www.tripll.org for more information or contact Jacquie Howard at jah3011@med.cornell.edu
Federal Funds Slated for Research on Parkinson’s-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.

NIA Grants Encourage Geroscience Approaches to Alzheimer’s Disease

A funding opportunity announcement issued by the National Institute on Aging (NIA) invites applications proposing research on the specific role of aging biology in the development, etiology, and treatment of Alzheimer’s disease. Aging is by far the main risk factor for most chronic diseases, a fact recognized by the field of geroscience. Recent advances in the fields of basic aging biology and geroscience now allow researchers to address mechanistically the role of aging in Alzheimer’s disease. Applications that make use of geroscience principles and test the role of different hallmarks of aging biology are specifically appropriate, while those focused solely on aging biology, or solely on Alzheimer’s disease will be deemed nonresponsive to the announcement. Applications are due July 2. Further information can be found at bit.ly/2Ci1q30.
Innovation in Aging Earns Joins Prestigious Indices

Innovation in Aging, GSA’s interdisciplinary, open access, online-only journal, has been accepted to be indexed in two major databases: PubMed Central (PMC) and Emerging Sources Citation Index (ESCI) of Web of Science.

PMC is a free archive of biomedical and life sciences journal literature at the U.S. National Institutes of Health’s National Library of Medicine. All articles published in Innovation in Aging since its launch in January 2017 are now freely available and discoverable on the PMC website.

ESCI, a newer addition to the Web of Science Core Collection, is a multidisciplinary citation index covering all areas of the scholarly literature of the sciences, social sciences, and arts and humanities. ESCI complements the other highly selective indexes by providing earlier visibility for sources under evaluation as part of the rigorous journal selection process for Science Citation Index Expanded, Social Sciences Citation Index, and Arts and Humanities Citation Index.

The journal has also been accepted in the Directory of Open Access Journals (DOAJ). The DOAJ is very thorough in their review of applicant journals, ensuring that their index does not include predatory journals. Innovation in Aging’s inclusion in both databases reflects the editorial team’s commitment to publishing high quality scientific articles and maintaining a transparent review process. It will also improve the visibility and discoverability of the journal, allowing broader dissemination of the work of contributing authors and encouragement of further submissions.

Innovation in Aging publishes conceptually sound, methodologically rigorous research studies that describe innovative theories, research methods, interventions, evaluations, and policies relevant to aging and the life course. Visit geron.org/innovateage to learn more about the journal, read the latest published articles, and submit manuscripts.

Series B Special Issue Will Focus on Preregistered Studies of Personality Development

Although the benefits of preregistration are reasonably established, ambiguity remains about how preregistration should be implemented when conducting research with existing data. The Psychological Sciences section of The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences is planning a special issue to showcase empirical examples of preregistered research on personality development and aging that uses existing data. The goal is to highlight the benefits of preregistration in the context of these
specific examples, while also using this work to address issues regarding the challenges of preregistration in studies that use existing data. The editors anticipate that most papers will report new, preregistered analyses; but they will also consider methodological or theoretical papers that discuss and propose solutions to the challenges of preregistering studies that use existing data. Abstracts are due June 1; view the full call at bit.ly/GSA-CFPs.

For Older Adults, Sense of Control Tied To Feeling Younger

A recent study finds that older adults feel younger when they feel that they have more control over their daily lives, regardless of stress or health concerns. However, stress and health — not a sense of control — play a significant role in how old younger adults feel.

“We recently found that there are things older adults can do to improve their feelings of control in their everyday lives,” said Shevaun Neupert, PhD, FGSA, a professor of psychology at North Carolina State University and co-author of a paper on the work. “Now this study highlights how those feelings of control influence perceptions of age. The more control older adults think they have, the younger they feel.”

For this study, researchers had 116 older adults (ages 60 to 90) and 107 younger adults (ages 18 to 36) fill out a daily survey for eight consecutive days. Study participants were asked questions aimed at assessing their daily stresses, physical health, sense of control over their daily lives, and how old they felt.

Everyone’s sense of control fluctuates from day to day, or even over the course of a day — that’s normal. Neupert said. “We found that when older adults felt more in control, they also felt younger. That was true even when accounting for stress and physical health.”

However, an individual’s sense of control had no bearing on self-perceptions of age for young adults. But stress and adverse changes in health did make young people feel older.

“This highlights the importance of having older adults retain some sense of autonomy,” Neupert said. “It’s not just a nice thing to do, it actually affects their well-being.”

The paper, “Feeling Young and in Control: Daily Control Beliefs are associated with Younger Subjective Ages,” is published in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences. The first author is Jennifer Bellingtier, PhD, a former doctoral student at NC State who is now a postdoctoral researcher at Friedrich Schiller University Jena. The work was done with support from NC State’s College of Humanities and Social Sciences.